STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

REQUEST FOR PROPOSALS FOR
A Web-based On-line
Vision Integration Platform (V.I.P.)

RFP NUMBER: 345.01-201
June 17, 2005

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1. INTRODUCTION

1.1 Statement of Purpose

The State of Tennessee, Department of Human Services (DHS), hereinafter referred to as the State, has issued this Request for Proposals (RFP) to define the State's minimum service requirements; solicit proposals; detail proposal requirements; and, outline the State's process for evaluating proposals and selecting the Contractor.

Through this RFP, the State seeks to buy the best services at the most favorable, competitive prices and to give ALL qualified businesses, including those that are owned by minorities, women, persons with a disability, and small business enterprises, an opportunity to do business with the State as Contractors and Subcontractors.

The State shall procure services to perform project management, detailed analysis, business process re-engineering, design, configuration, modification, extension, construction, data conversion, testing, pilot, installation, implementation, training, and temporary post-implementation support of the framework application, herein referred to as the Vision Integration Platform (V.I.P.).

The vendor shall provide the services required by this RFP within the context of the technical environment described by the Tennessee Information Resources Architecture ("Technical Architecture"). The vendor may request an electronic copy of the Technical Architecture by submitting a written request to the RFP coordinator listed in RFP Section 1.5.1. When a contract is executed pursuant to this RFP, the Technical Architecture will be included as Contract Attachment J.

A glossary is provided in Section 6.10 to describe acronyms and to provide definitions of terms used within the context of this RFP.

1.1.1 Background

The current system, the Automated Client Certification and Eligibility Network for Tennessee or ACCENT, as it is commonly known to the State, is a transfer system from the State of Ohio's Family Assistance system, Client Registry Information System - Enhanced (CRIS-E). This system provided an integrated solution to support eligibility processing for three Family Assistance Programs, including: Aid to Families with Dependent Children (AFDC), now known as Temporary Assistance for Needy Families (TANF) at the Federal level and Families First (FF) in Tennessee; Food Stamps; and Medicaid. At that time, significant customization was required to meet the State's requirements, including functionality to support: electronic case files to reduce paper files; interactive client/caseworker interview; automated eligibility logic for all three programs; automated client notices; automated client scheduling functions; on-line case history inquiry; and on-line management reports.

ACCENT was implemented in January 1992 and fully deployed to all DHS offices early in 1993. The final product was designed to operate in a large mainframe environment to support the following high-level business needs: eligibility determination, case updates, and benefit issuance for the AFDC, Food Stamp, and Medicaid programs; State and Federal management reports for eligibility and benefit issuance activities; and deterrence of fraud and abuse.

Since the implementation of ACCENT, several program changes have resulted in extensive modification to this legacy system. In addition to determining eligibility and providing services of cash assistance, food stamp benefits, and Medicaid eligibility for nearly a quarter of the state's population, the State began to assume additional responsibilities. The primary drivers and changes included: (1) Welfare Reform - AFDC changed from an open-ended entitlement program to TANF, a time-limited,

work and training program and expanded the role of eligibility workers to include case management, requiring coordination, monitoring and management of client work, training, and service-related activities; and (2) Medicaid 1115 Waiver Changes - new coverage groups were added to the existing Medicaid categories. This program is known as TennCare. In 2002, DHS assumed responsibility for performing eligibility determination for the TennCare Waiver program.

Legal challenges have resulted in the redesign of portions of the ACCENT automated client notice subsystem. Due to mandated changes in program policy and benefit issuance, food stamps and cash assistance are issued via Electronic Benefit Transfer (EBT). TANF Work Requirements required states to overhaul employment and training programs and share data with FF work support service providers. Also, the State was required to assist FF clients in finding child care placement.

The effective coordination and delivery of services to support Family Assistance Programs by the State and its partners necessitates having a system that is dynamic and flexible enough to support program and policy changes in a manner that is both timely and efficient. ACCENT and other legacy systems that support the Family Assistance Programs were not designed with the flexibility to allow the State to respond to many of the program or policy changes in a timely manner. Many of the changes that have been implemented over the last ten years were very time-intensive and costly to implement. In some cases, the change requests were cost prohibitive or too difficult to implement with the current system design. This has resulted in current day-to-day processes that are cumbersome, labor-intensive, and error prone. Due to the inflexible design of the existing legacy systems, the implementation of policy and program changes have often been delayed and the availability of reports and adhoc queries to support business decisions and to monitor business activities have been inadequate.

1.1.2 Expectations

To address these issues, the State seeks to procure a web-based, framework solution that is specifically geared towards human service programs. The State defines “framework” as a reusable, semi-complete application customized to meet system requirements and that permits the use of Commercial-Off-The-Shelf (COTS) software, which are pre-built components that are designed to be sold on the open market and are available for purchase from a commercial vendor. With a framework approach and the utilization of a product development methodology and standards for software development, the V.I.P. must provide sufficient functionality to query, add, update, and conduct on-line real-time transactions for clients, providers, and staff. The system must interface with external systems to automatically transfer data on-line, real-time without the need to re-login or re-key data just entered. In addition, the system must be designed to accommodate batch processing with other legacy systems.

The State seeks a solution that utilizes existing State resources to the fullest extent possible and adheres to guidelines as specified in the State’s Technical Architecture.

The State is seeking not only to address program and policy requirements, but also innovative solutions to deal with conversion requirements associated with over 10 years of on-line history, mobile workforce requirements, creative and well thought out approaches to deployment, and an aggressive, but reasonable implementation schedule that meets the specific time requirements of the State.

Data conversion is one of the most critical components of the V.I.P. project. The State desires an automated conversion of all current and historical data from all legacy systems to the V.I.P. In the event that manual conversion of any data is required, the State expects creative solutions to accomplish this task. More detailed information about legacy systems can be found in the documentation library that is

described in RFP Attachment 6.9 and *pro forma* contract Attachment B. A well-planned and executed conversion is essential to the implementation of the V.I.P.

In addition to the need to replace the ACCENT System, several other systems that currently interface with and support the Family Assistance Programs will be replaced within the scope of this project, including: Claims On-line Tracking System; On-line Application Tracking System (OATS); Case Reading Support System (CARESS); Job Training and Partnership Act (JTPA); Voter Registration Tracking System; Customer Service Review (CSR), and portions of the Tennessee Child Care Management System (TCCMS).

Currently, the Claims On-line Tracking System interfaces with ACCENT to track and process claims relating to the Family Assistance Programs. Like ACCENT, the Claims On-line Tracking System is a mainframe legacy system that lacks flexibility to respond quickly to business changes and does not provide all the functionality needed to support investigations, audits, accounts receivable, financial, and management information needs. The On-line Appointment Tracking System (OATS) was developed in 2002 to bridge a gap that existed between the TennCare system and ACCENT. The purpose of this system is to track the status of renewals and schedule appointments to support policy and program changes to the TennCare waiver and Medicaid programs. OATS is considered to be an extension of the ACCENT System. The CARESS system captures and reports the results of case reviews. State supervisors review completed cases and enter their findings into CARESS, by program and error type. Each supervisor is required to read a specified number of cases each month. The JTPA system tracks Families First work activities. This system captures the Families First activities for each individual, by provider. Data captured includes the number of hours for the activity, the date the individual entered the activity, any status changes while currently enrolled in the activity, and the date the individual completed or left the activity. This data is used for TANF federal reporting requirements. This system does not interface with ACCENT and requires that this information be manually entered. The CSR system tracks each Families First case that is referred for non-compliance conciliation or for authorization to close the case. This system captures outcomes and provides reports for each case that is referred. The CSR system is web-based, but does not interface with ACCENT. Also, Voter Registration functions are included within the scope of this project. Family Assistance applicants or clients applying for re-certification of benefits or reporting address changes for the following programs must respond to questions regarding their desire to register to vote during the interview process: Food Stamp; TennCare Medicaid; TennCare Standard; Families First; Child Care; Refugee Assistance, and Vocational Rehabilitation. Functionality to perform Child Care eligibility and payment processing, which is currently provided in the existing Tennessee Child Care Management System (TCCMS), must also be included in the scope of the V.I.P. In addition to replacing the functionality provided in these legacy systems, enhanced functionality must be provided in the new system, as defined in the *pro forma* contract and its attachments, to automate and streamline business processes. Provider payments for Child Care services shall require time and attendance verification to be matched against Families First Work activity data using electronic benefit transfer (EBT) technology. Families First training and education activities shall require time and attendance tracking and verification utilizing EBT technology for the purpose of establishing participant compliance.

The V.I.P. must also interface with: the State's Service Center Telecom Solution that supports business functions of Service Center staff and provides Interactive Voice Response (IVR) capabilities; the Appeals Resolution Tracking System (ARTS); and the Tennessee Kid's Information Delivery System (TN KIDS).

The V.I.P. shall be deployed in a uniform manner, across county, district, and central state offices, while permitting components of the system to be accessible remotely by

staff and also by citizens, clients, providers, and other interested stakeholders through the Web. The State's goal is to provide a secure, stable enterprise project approach that promotes interactive communication and collaborative information sharing among all appropriate public and private agencies, and affected citizens. Also, an Enterprise Application Integration (EAI) approach will be applied to avoid or minimize data duplication and fragmentation. EAI will be used to integrate some legacy systems to the V.I.P. with on-line real-time processing. However, systems that are being replaced by the V.I.P. will not be candidates for EAI, including: Claims On-line Tracking System; On-line Application Tracking System (OATS); Case Reading Support System (CARESS); Job Training and Partnership Act (JTPA); Voter Registration Tracking System; Customer Service Review (CSR), and ACCENT.

The V.I.P. shall enable the Department to streamline business processes and re-deploy service delivery mechanisms. The V.I.P. shall support the worker and management, rather than the worker and management supporting the system, as is the business practice today. The system must be intuitive, user-friendly, and, whenever possible, process work such as prepare and send notices, send prompts, initiate alerts and ticklers, and so forth, to enable workers to spend time on client-focused service delivery. Communication among State workers will be improved by linking the various workers assigned to a family within the new system. Additionally, information sharing shall be enhanced, as case material will be accessible to more workers and with third parties such as providers and staff from other State agencies, who work together to provide services to DHS clients.

1.1.3 Objectives

1) Improved Client-Focused Service Delivery to Customers through:

   a. A system that is web-based, with connectivity available through a variety of methods, allowing clients to be served using an internet connection and a computer from remote locations.

   b. A system that meets predefined allowable response times for processing of data. (See also *pro forma* contract section A.24.a.1. and A.24.a.2.)

   c. A system that will support a possible caseload increase of 50% over a 10-year period with no loss of functionality and without having a negative impact on processing time.

   d. A system that is flexible enough to determine eligibility for a specific program or multiple programs simultaneously and with the capability to include eligibility determination for any specific program at any stage of the process.

   e. A system that can be responsive to enterprise challenges that extend beyond the scope of this project and possibly include other state agencies or larger enterprise efforts.

2) Improved Operational Efficiency by:

   a) Streamlining eligibility business processes resulting in more timely and logical workflow to enhance customer service while supporting efficient workload management for staff that can be customized to meet the needs of a specific county or user.

   b) Supporting a "paperless" system, with adequate on-line documentation, that can be associated with each case and/or individual.

c) Providing the capability to allow for remote on-line eligibility screening, with the option to be either client- or worker-driven, utilizing data collected from this process in the eligibility determination function when appropriate.

d) Providing the capability to support each unique program and the program's terminology rather than system-created language.

e) Minimizing the number of different information systems that must be used to provide services to our common clients, with an increased focus on client service, limiting the need for duplicate data entry and multiple interviews.

f) Providing staff with the appropriate technology that will assist in managing fluid caseloads with multiple programs, including case management while continuing to provide timely program access.

g) Developing a customized component-based training program for staff.

h) Procuring a framework application that is modular, scaleable, and provides flexibility to quickly accommodate policy and procedural changes.

i) Providing automated support for all identified business processes that accommodates future changes to the programs.

3) Improved Access to Information for Management Decisions by:

a) Providing a system solution with a well-designed, relational database structure and user-friendly tools that allow users to run queries and generate standard or user-defined reports, as needed.

b) Providing for easy retrieval of information, for both standard and adhoc queries.

4) Improved Communication:

a) Providing the ability to design, develop and deliver a customized training to staff using the most current multimedia and technology available.

b) Allowing for the automated on-line or manual generation, of client-specific eligibility and informational notices to selected groups of clients.

c) Providing the capability to re-create and view each notice with the same content as was sent to client.

d) Providing the capability to generate notices in Spanish and English with the ability for a user to view a notice in English, whether or not the original notice was sent using the client's primary language. Also providing the flexibility to generate notices in other languages in the future, as defined by the State.

e) Allowing for automated or manual client referrals to providers.

f) Supporting a variety of interfaces with other systems, including capturing and documenting sources on-line within the eligibility function, when appropriate.

g) Allowing for the conversion of data from existing systems with minimal staff involvement.

h) Providing the capability to generate forms, reports, correspondence, and notices locally and centrally.

5) Improved programmatic or administrative accountability by:

   a) Generating performance reports.

   b) Providing the necessary audit trails and system edits to promote accountability.

   c) Meeting requirements for the Health Insurance Portability and Accountability Act (HIPAA), Internal Revenue Service (IRS), and Section 508c of the Rehabilitation Act compliance.

   d) Improved fraud and abuse efforts.

1.1.4 Program Descriptions

1) Families First (FF): FF is Tennessee's Temporary Assistance to Needy Families (TANF) program. This program is operated under a federally approved waiver, which is in effect through June 2007. The time-limited, temporary cash assistance program emphasizes work, training, and personal responsibility. As part of the Families First program, each participant agrees to follow a Personal Responsibility Plan (PRP). The PRP is a signed plan agreed upon by the participant and the Department. Unless a participant is exempt from the work requirement, he/she agrees to develop, follow, and complete a work plan. The PRP tells the participant what activities and how many hours that he/she must participate in to receive benefits. The work plan is based on their individual needs and skills and the goal is for the participant to become self-sufficient. DHS caseworkers meet with participants to determine eligibility for the program and assist the participant with their work plan requirements. Support services, such as optical and dental assistance, may be available to Families First participants, and all eligible participants receive Medicaid while on the program. Families First participants may receive child care and transportation assistance. DHS contracts with organizations across the state to provide training and other services to the participants. For 18 months after the participant's case is closed, Transitional Child Care and Transitional Medicaid are available to the participant. Families First subprograms include: Regular FF, FF with Unemployed Parent, FF with Incapacitated Parent, and Transitional Families First Services.

2) Child Care: The DHS provides financial assistance for child care costs for Families First participants and families with low income. If eligible, the Department issues a certificate on behalf of the parent to their chosen provider and makes payments directly to that provider. The full range of provider types is open to the parent, including informal care.

   Types of Child Care programs include:

   a) Transitional Child Care
   b) Low-Income Working Parent Child Care
   c) At Risk Child Care
   d) Families First Child Care
   e) Department of Children's Services Child Care
   f) Low Income Diagnosed Disability/Developmental Delay Child Care

3) Food Stamp (FS): The FS Program is a food assistance program administered by the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA). FNS sets national FS policies and authorizes food retailers to deliver program benefits. FNS monitors retailer compliance and investigates retailers suspected of fraudulent activities.

Although administered by FNS, the program is operated by the State. The State's county offices determine eligibility and authorize benefits. State and county offices are also charged with investigating clients who are suspected of fraudulently obtaining benefits.

FS benefits are used to supplement the food buying power of eligible low-income households. The purpose of the Food Stamp Program is to improve the levels of nutrition among low-income households and to strengthen the agricultural economy through normal commercial channels. FS benefits are now issued and accessed electronically using an EBT Card. The FS subprograms will include: Regular, Transitional, and Tennessee Common Application Program (TNCAP).

4) TennCare Medicaid and TennCare Standard: The Medicaid program became law in 1965 as a jointly funded cooperative between the Federal and State governments to assist States in providing adequate medical care to eligible persons. In 1994 the State of Tennessee implemented a new health care reform plan called TennCare which is an 1115 waiver approved by the United States Department of Health and Human Services (USDHHS). TennCare extended coverage to the Medicaid population (TennCare Medicaid) and coverage to individuals who were determined to be uninsured or uninsurable, using a system of Managed Care Organizations (MCO's). Effective July 1, 2002, the Bureau of TennCare moved eligibility determination for TennCare Standard, the waiver population, to the DHS. Eligibility now extends to currently eligible adults, whose income is less than 100% of poverty, children whose income is less than 200% of poverty, and individuals who are determined to be medically eligible. Currently eligible adults and children whose income exceeds these limits are processed for medical eligibility at the annual renewal. New applicants (both adults and children) must have income under 100 % of poverty and be medically eligible. The Tennessee Department of Finance and Administration (F&A) administers the State's TennCare Program and contracts with the DHS to determine eligibility for more than 40 different Medicaid-eligible groups and the TennCare Standard program. All TennCare Medicaid applicants are required to meet citizenship requirements, provide a social security card or apply for one, be a resident of Tennessee, assign third party benefits and be willing to apply for other benefits. TennCare Medicaid subprograms include: FF linked Medicaid, Medicare Part D, Refugee Medical Assistance, Failed FF due to Sibling Income Medicaid, AFDC Medicaid Only, Transitional Medicaid, Immediate Eligibility, IV-E Foster Care Medicaid, IV-E Adoption Assistance Medicaid, State funded Adoption Assistance Medicaid, Special Newborn Medicaid, Institutionalized Aged, Home and Community Based Services Medicaid, Blind & Disabled Medicaid, Pickle/Passalong Medicaid, Woman in Postpartum Period Medicaid, Pregnant woman in 1st or 2nd trimester Medicaid, PLIS Medicaid for pregnant women and children, Individuals under 21 years old and caretaker of deprived children Medicaid, Non-institutional Aged, Blind & Disabled Medicaid, Qualified Medicare Beneficiary, Special low income Medicare Beneficiary, Qualified Individual, Emergency Medicaid for Non-Qualified Aliens, Presumptive Breast & Cervical Cancer Medicaid, Breast & Cervical Cancer Medicaid, TennCare Standard and Medically Eligibles.

5) Refugee Assistance: The Refugee Resettlement Program is funded by the U.S. Department of Health and Human Services' Office of Refugee Resettlement (ORR). Cash and/or medical assistance is provided for refugees for a fixed period of time following the individual's entrance into the country. Assistance is provided on the basis of need and without regard to the usual cash or medical assistance program requirements. Other immigrant populations are not eligible for the Refugee Resettlement Program.

6) IV-E Foster Care and Adoption Assistance: The IV-E Foster Care Eligibility process involves the gathering, verifying and documenting of information used to determine whether a child in Department of Children Services (DCS) custody is eligible and reimbursable for IV-E Foster Care funds. Authorized under Title IV-E of the Social Security Act, Foster Care and Adoption Assistance programs provide federal matching funds to states that directly administer the programs. Funds are available for monthly payments to foster care providers on behalf of foster children as well as payments to the State to cover administrative and training costs.

1.1.5 Project Management and Approach

1.1.5.1 State's Information Technology Methodology (ITM). The State's ITM includes process definitions, guidelines, document deliverable templates, and tools that support two basic categories of processes (a) Project Management Processes and (b) Product Development Methodology. Upon receipt of a Letter of Intent to Propose, the State will provide a web-site and password to allow access to and review of the ITM in its entirety. The ITM web-site has embedded "help text" in the ITM documents, and the State has used the word processor's "Hidden Text" feature. Therefore, the Proposer may want to turn on the Hidden Text feature when viewing ITM documents and templates.

1.1.5.1.1 The Project Management Processes category describes the procedures for organizing and controlling the work of the project, which will extend over one or more Product Development Phases. Throughout the project, the Contractor will produce various Project Management Process deliverables and outputs. Some of these products are specific deliverables that are managed, produced, and updated by the contractor, while others are natural work-products arising out of the shared effort between the Contractor and the State.

1.1.5.1.2 The Product Development Phases describes the process for developing the V.I.P. project. For each Product Development Phase, the State specifies a minimum set of required deliverables and the party responsible for their production.

1.1.5.2 State's Desired Implementation Date. The State's desired implementation date is provided in *pro forma* contract, Attachment A. The Proposer may propose a different implementation date. However, proposals that meet or improve by three months the State's desired implementation date will receive higher scores than those that propose a later date.

1.1.5.3 Master Project Work Plan. The Master Project Work Plan should be completed using Microsoft Project version 2000 or later.

1.1.5.4 Project Team and Organization. The State's project team is described in the *pro forma* contract. The contractor's project team staff shall be on-site at the State's project site and dedicated full-time (with the exception of Quality Control Manager (QCM) and Configuration Manager (CM), who may be part-time) to the V.I.P. project.

1.1.5.5 Documentation Library. The State's Documentation Library, as defined in Section 6.9, contains additional project information. Proposers are encouraged to utilize this information in the development of the Project Proposal. All reference materials and documents in the Library, as of the date the State issues the RFP, are considered part of this RFP, and as such, are binding for all Proposers. Requirements specified in this RFP take precedence over any documentation in the Documentation Library, if a conflict exists.

The pertinent reference materials and documents which all Proposers should review include the following or other documents as designated by the State:

Existing Reports, Correspondence, and Notices
Existing Interface Documentation, including File Layouts
Batch Flow Documentation for Existing ACCENT System
Internal Communication Forms (Agency and Contractors)
Notice Inserts for Clients
V.I.P. Process and Data Store Cross Reference Documentation

1.1.5.6 Software Procurement. All State standard software proposed for use in the V.I.P. and accepted and subsequently approved by the State shall be procured and licensed by the State. All non-State standard software that is proposed for use in the V.I.P. and accepted and subsequently approved by the State shall be procured by the Contractor, including initial cost of the software, upgrade fees, and annual maintenance fees that are incurred through the contract end date. The Contractor will provide to the State proof of payment before installation on all software procured on behalf of the State. The proof of payment must define the software procured and the scope of the purchase (enterprise, server based, licenses, etc.) Proof of payment must also be submitted to the State for annual maintenance and upgrade fees paid for the software. This proof of payment is required to ensure that all software being utilized by the State is fully compliant with software usage requirements of the manufacturer. State standard software is documented in the State's Technical Architecture, which shall be provided in pro forma Contract attachment J, as referenced in RFP Section 1.1.

1.2 Scope of Service, Contract Period, and Required Terms and Conditions

The RFP Attachment 6.1, *pro forma* contract details the State's required:

- Scope of Services and Deliverables in Section A;
- Contract Period in Section B;
- Payment Terms in Section C;
- Standard Terms and Conditions in Section D; and,
- Special Terms and Conditions in Section E.

The p*ro forma* contract substantially represents the contract document that the Proposer selected by the State MUST agree to and sign.

1.3 Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in the State's contracted programs or activities on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with the State or in the employment practices of the State's Contractors. Accordingly, all vendors entering into contracts with the State shall, upon request, be required to show proof of such nondiscrimination and to post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

The State has designated the following to coordinate compliance with the nondiscrimination requirements of the State of Tennessee, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, Section 508 of the Rehabilitation Act, as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998, and applicable federal regulations.

OFFICE OF GENERAL COUNSEL
TENNESSEE DEPARTMENT OF HUMAN SERVICES
400 DEADERICK STREET
NASHVILLE, TN 37248

1.4 Assistance to Proposers With a Disability

A Proposer with a disability may receive accommodation regarding the means of communicating this RFP and participating in this RFP process. A Proposer with a disability should contact the RFP Coordinator to request reasonable accommodation no later than the Disability Accommodation Request Deadline detailed in the RFP Section 2, Schedule of Events.

1.5 RFP Communications

1.5.1 All communications regarding this RFP should be in writing and must be directed to the following RFP Coordinator, the State of Tennessee's only point of contact for this RFP.

LEESA BRAY
TENNESSEE DEPARTMENT OF HUMAN SERVICES
400 DEADERICK STREET
CITIZENS PLAZA, 7TH FLOOR
NASHVILLE, TN 37248
TELEPHONE NUMBER: (615) 313-3797

VIPRFP.DHS@state.tn.us

NOTICE: Unauthorized contact regarding this RFP with other employees or officials of the State of Tennessee may result in disqualification from this procurement.

1.5.2 The State has assigned the following RFP identification number that must be referenced in all communications regarding the RFP:

RFP-345.01-201

1.5.3 Any oral communications shall be considered unofficial and non-binding with regard to this RFP.

1.5.4 Each Proposer shall assume the risk of the method of dispatching any communication or proposal to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch. Actual or electronic "postmarking" of a communication or proposal to the State by a deadline date shall not substitute for actual receipt of a communication or proposal by the State.

1.5.5 The RFP Coordinator must receive all written comments, including questions and requests for clarification, no later than the Written Comments Deadline detailed in the RFP Section 2, Schedule of Events.

1.5.6 The State reserves the right to determine, at its sole discretion, the appropriate and adequate responses to written comments, questions, and requests for clarification. The State's official responses and other official communications pursuant to this RFP shall constitute an amendment of this RFP.

1.5.7 The State will convey all official responses and communications pursuant to this RFP to the potential Proposers from whom the State has received a Notice of Intent to Propose.

1.5.8 Only the State's official, written responses and communications shall be considered binding with regard to this RFP.

1.5.9 The State reserves the right to determine, at its sole discretion, the method of conveying official responses and communications pursuant to this RFP (*e.g.*, written, facsimile, electronic mail, or Internet posting).

1.5.10 Any data or factual information provided by the State, in this RFP or an official response or communication, shall be deemed for informational purposes only, and if a Proposer relies on such data or factual information, the Proposer should either: (1)

independently verify the information; or, (2) obtain the State's written consent to rely thereon.

1.6 Notice of Intent to Propose

Each potential Proposer should submit a Notice of Intent to Propose to the RFP Coordinator by the deadline detailed in the RFP Section 2, Schedule of Events. The notice should include:

- Proposer's name
- name and title of a contact person
- address, telephone number, fax number, and email address of the contact person

NOTICE: A Notice of Intent to Propose creates no obligation and is not a prerequisite for making a proposal, however, it is necessary to ensure receipt of RFP amendments and other communications regarding the RFP (refer to RFP Sections 1.5, *et seq.*, above).

1.7 Proposal Deadline

Proposals must be submitted no later than the Proposal Deadline time and date detailed in the RFP Section 2, Schedule of Events. A proposal must respond to the written RFP and any RFP exhibits, attachments, or amendments. A late proposal shall not be accepted, and a Proposer's failure to submit a proposal before the deadline shall cause the proposal to be disqualified.

1.8 Pre-Proposal Conference

A Pre-proposal Conference will be held at the time and date detailed in the RFP Section 2, Schedule of Events. The purpose of the conference is to discuss the RFP scope of services. While questions will be entertained, the response to any question at the Pre-proposal Conference shall be considered tentative and non-binding with regard to this RFP. Questions concerning the RFP should be submitted in writing prior to the Written Comments Deadline date detailed in the RFP Section 2, Schedule of Events. To ensure accurate, consistent responses to all known potential Proposers, the official response to questions will be issued by the State as described in RFP Sections 1.5, *et seq.*, above and on the date detailed in the RFP Section 2, Schedule of Events.

Pre-proposal Conference attendance is not mandatory, and each potential Proposer may be limited to a maximum number of attendees depending upon overall attendance and space limitations. The conference will be held at:

TENNESSEE DEPARTMENT OF HUMAN SERVICES
400 DEADERICK STREET
CITIZENS PLAZA, 2ND FLOOR
NASHVILLE, TN 37248

2 RFP SCHEDULE OF EVENTS

The following Schedule of Events represents the State's best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 8:00 a.m. and 4:30 p.m., Central Time.

RFP SCHEDULE OF EVENTS

NOTICE: The State reserves the right, at its sole discretion, to adjust this schedule as it deems necessary. The State will communicate any adjustment to the Schedule of Events to the potential Proposers from whom the State has received a Notice of Intent to Propose.

EVENT	TIME	DATE (all dates are state business days)
1. State Issues RFP		**JUNE 17, 2005**
2. Disability Accommodation Request Deadline		**JUNE 24, 2005**
3. Pre-proposal Conference	**2:00 p.m.**	**JUNE 28, 2005**
4. Notice of Intent to Propose Deadline		**JUNE 30, 2005**
5. Written Comments Deadline		**JULY 15, 2005**
6. State Responds to Written Comments		**AUGUST 5, 2005**
7. Proposal Deadline	**2:00 p.m.**	**AUGUST 31, 2005**
8. State Completes Technical Proposal Evaluations		**SEPTEMBER 28, 2005**
9. State Opens Cost Proposals and Calculates Scores	**9:00 a.m.**	**SEPTEMBER 29, 2005**
10. State Issues Evaluation Notice and Opens RFP Files for Public Inspection	**9:00 a.m.**	**SEPTEMBER 30, 2005**
11. Contract Signing		**OCTOBER 12, 2005**
12. Contract Signature Deadline		**OCTOBER 19, 2005**
13. Contract Start Date		**OCTOBER 31, 2005**

3 PROPOSAL REQUIREMENTS

Each Proposer must submit a proposal in response to this RFP with the most favorable terms that the Proposer can offer. There will be no best and final offer procedure.

3.1 Proposal Form and Delivery

3.1.1 Each response to this RFP must consist of a Technical Proposal and a Cost Proposal (as described below).

3.1.2 Each Proposer must submit one (1) electronic copy on a CD in PDF format, one (1) original paper copy and eighteen (18) paper copies of the Technical Proposal to the State in a sealed package that is clearly marked:

"Technical Proposal in Response to RFP- 345.01-201 -- Do Not Open"

The electronic copy on CD shall be for reference purposes only and shall not be the official copy of the proposal. The paper copies shall be the only official copies of the Technical Proposal. In the event of a discrepancy between the electronic and the paper copies, the original paper copy shall prevail.

3.1.3 Each Proposer must submit one (1) Cost Proposal to the State in a separate, sealed package that is clearly marked:

"Cost Proposal in Response to RFP- 345.01-201 -- Do Not Open"

3.1.4 If a Proposer encloses the separately sealed proposals (as detailed above) in a larger package for mailing, the Proposer must clearly mark the outermost package:

"Contains Separately Sealed Technical and Cost Proposals for RFP- 345.01-201"

3.1.5 The State must receive all proposals in response to this RFP, at the following address, no later than the Proposal Deadline time and date detailed in the RFP Section 2, Schedule of Events.

TENNESSEE DEPARTMENT OF HUMAN SERVICES
ATTENTION: LEESA BRAY
CITIZENS PLAZA, 7TH FLOOR
400 DEADERICK STREET
NASHVILLE, TN 37248

3.1.6 A Proposer may not deliver a proposal orally or by any means of electronic transmission.

3.2 Technical Proposal

3.2.1 The RFP Attachment 6.3, Technical Proposal and Evaluation Guide details specific requirements for making a Technical Proposal in response to this RFP. This guide includes mandatory and general requirements as well as technical queries requiring a written response.

NOTICE: No pricing information shall be included in the Technical Proposal. Inclusion of Cost Proposal amounts in the Technical Proposal shall make the proposal non-responsive and the State shall reject it.

3.2.2 Each Proposer must use the Technical Proposal and Evaluation Guide to organize, reference, and draft the Technical Proposal. Each Proposer should duplicate the Technical Proposal and Evaluation Guide and use it as a table of contents covering the Technical Proposal (adding proposal page numbers as appropriate).

3.2.3 Each proposal should be economically prepared, with emphasis on completeness and clarity of content. A proposal, as well as any reference material presented, must be written in English and must be written on standard 8 1/2" x 11" paper (although

foldouts containing charts, spreadsheets, and oversize exhibits are permissible). All proposal pages must be numbered.

3.2.4 All information included in a Technical Proposal should be relevant to a specific requirement detailed in the Technical Proposal and Evaluation Guide. All information must be incorporated into a response to a specific requirement and clearly referenced. Any information not meeting these criteria will be deemed extraneous and will in no way contribute to the evaluation process.

3.2.5 The State may determine a proposal to be non-responsive and reject it if the Proposer fails to organize and properly reference the Technical Proposal as required by this RFP and the Technical Proposal and Evaluation Guide.

3.2.6 The State may determine a proposal to be non-responsive and reject it if the Technical Proposal document fails to appropriately address/meet all of the requirements detailed in the Technical Proposal and Evaluation Guide.

3.3. Cost Proposal

3.3.1 The Cost Proposal must be submitted to the State in a sealed package separate from the Technical proposal.

3.3.2 Each Cost Proposal must be recorded on an exact duplicate of the RFP Attachment 6.4, Cost Proposal and Evaluation Guide.

3.3.3 Each Proposer shall ONLY record the proposed cost exactly as required by the Cost Proposal and Evaluation Guide and shall NOT record any other rates, amounts, or information.

3.3.4 The proposed cost shall incorporate all costs for services under the contract for the total contract period, including the initial cost for Pre-Existing Application Software, Custom-Developed Application Software, Non-State Standard Third-Party Software, and annual license fees and product upgrade fees for the duration of the contract. See Attachment 6.10 for definitions of software types.

3.3.5 The Proposer must sign and date the Cost Proposal.

3.3.6 If a Proposer fails to submit a Cost Proposal as required, the State shall determine the proposal to be non-responsive and reject it.

4 GENERAL REQUIREMENTS & CONTRACTING INFORMATION

4.1 Proposer Required Review and Waiver of Objections

Each Proposer must carefully review this RFP and all attachments, including but not limited to the *pro forma* contract, for comments, questions, defects, objections, or any other matter requiring clarification or correction (collectively called "comments"). Comments concerning RFP objections must be made in writing and received by the State no later than the Written Comments Deadline detailed in the RFP Section 2, Schedule of Events. This will allow issuance of any necessary amendments and help prevent the opening of defective proposals upon which a contract award could not be made.

Protests based on any objection shall be considered waived and invalid if these comments/objections have not been brought to the attention of the State, in writing, by the Written Comments Deadline.

4.2 RFP Amendment and Cancellation

The State reserves the unilateral right to amend this RFP in writing at any time. If an RFP amendment is issued, the State will convey such amendment to the potential Proposers who submitted a Notice of Intent to Propose. Each proposal must respond to the final written RFP and any exhibits, attachments, and amendments.

The State of Tennessee reserves the right, at its sole discretion, to cancel and reissue this RFP or to cancel this RFP in its entirety in accordance with applicable laws and regulations.

4.3 Proposal Prohibitions and Right of Rejection

4.3.1 The State of Tennessee reserves the right, at its sole discretion, to reject any and all proposals in accordance with applicable laws and regulations.

4.3.2 Each proposal must comply with all of the terms of this RFP and all applicable State laws and regulations. The State may reject any proposal that does not comply with all of the terms, conditions, and performance requirements of this RFP. The State may consider any proposal that does not meet the requirements of this RFP to be non-responsive, and the State may reject such a proposal.

4.3.3 A proposal of alternate services (*i.e.*, a proposal that offers services different from those requested by this RFP) shall be considered non-responsive and rejected.

4.3.4 A Proposer may not restrict the rights of the State or otherwise qualify a proposal. The State may determine such a proposal to be a non-responsive counteroffer, and the proposal may be rejected.

4.3.5 A Proposer may not submit the Proposer's own contract terms and conditions in a response to this RFP. If a proposal contains such terms and conditions, the State may determine, at its sole discretion, the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

4.3.6 A Proposer shall not submit more than one proposal. Submitting more than one proposal shall result in the disqualification of the Proposer.

4.3.7 A Proposer shall not submit multiple proposals in different forms. This prohibited action shall be defined as a Proposer submitting one proposal as a prime contractor and permitting a second Proposer to submit another proposal with the first Proposer offered as a sub-contractor. This restriction does not prohibit different Proposers from offering the same sub-contractor as a part of their proposals, provided that the sub-contractor does not also submit a proposal as a prime contractor. Submitting multiple proposals in different forms may result in the disqualification of all Proposers knowingly involved.

4.3.8 The State shall reject a proposal if the Cost Proposal was not arrived at independently without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other Proposer. Regardless of the time of detection, the State shall consider any of the foregoing prohibited actions to be grounds for proposal rejection or contract termination.

4.3.9 The State shall not contract with or consider a proposal from:

4.3.9.1 an individual who is currently, or within the past six months has been, an employee or official of the State of Tennessee;

4.3.9.2 a company, corporation, or any other contracting entity in which an ownership of two percent (2%) or more is held by an individual who is currently, or within the past six months has been, an employee or official of the State of Tennessee (this shall not apply either to financial interests that have been placed into a "blind trust" arrangement pursuant to which the employee does not have knowledge of the retention or disposition of such interests or to the ownership of publicly traded stocks or bonds where such ownership constitutes less than 2% of the total outstanding amount of the stocks or bonds of the issuing entity);

4.3.9.3 a company, corporation, or any other contracting entity which employs an individual who is currently, or within the past six months has been, an employee or official of the State of Tennessee in a position that would allow the direct or indirect use or disclosure of information, which was obtained through or in connection with his or her employment and not made available to the general public, for the purpose of furthering the private interest or personal profit of any person; or,

4.3.9.4 any individual, company, or other entity involved in assisting the State in the development, formulation, or drafting of this RFP or its scope of services shall be considered to have been given information that would afford an unfair advantage over other Proposers, and such individual, company, or other entity may not submit a proposal in response to this RFP.

4.3.9.5 For the purposes of applying the requirements of RFP subsection 4.3.9, *et. seq.*, an individual shall be deemed an employee or official of the State of Tennessee until such time as all compensation for salary, termination pay, and annual leave has been paid.

4.3.10 The State reserves the right, at its sole discretion, to waive a proposal's variances from full compliance with this RFP. If the State waives minor variances in a proposal, such waiver shall not modify the RFP requirements or excuse the Proposer from full compliance with such. Notwithstanding any minor variance, the State may hold any Proposer to strict compliance with this RFP.

4.4 Incorrect Proposal Information

If the State determines that a Proposer has provided, for consideration in this RFP process or subsequent contract negotiations, incorrect information that the Proposer knew or should have known was materially incorrect, that proposal shall be determined non-responsive and shall be rejected.

4.5 Proposal of Additional Services

If a proposal offers services in addition to those required by and described in this RFP, the additional services may be added to the contract before contract signing at the sole discretion of the State. Notwithstanding the foregoing, a Proposer shall not propose any additional cost amount(s) or rate(s) for additional services.

NOTICE: The Proposer's Cost Proposal shall record only the proposed cost as required in this RFP and shall not record any other rates, amounts, or information. If a Proposer fails to submit a Cost Proposal as required, the State shall determine the proposal to be non-responsive and shall reject the proposal.

4.6 Assignment and Subcontracting

4.6.1 The Proposer awarded a contract pursuant to this RFP may not subcontract, transfer, or assign any portion of the contract without the State's prior, written approval.

4.6.2 A sub-contractor may only be substituted for a proposed sub-contractor at the discretion of the State and with the State's prior, written approval.

4.6.3 At its sole discretion, the State reserves the right to refuse approval of any subcontract, transfer, or assignment.

4.6.4 Notwithstanding State approval of each sub-contractor, the Proposer, if awarded a contract pursuant to this RFP, shall be the prime contractor and shall be responsible for all work performed.

4.7 Right to Refuse Personnel

At its sole discretion, the State reserves the right to refuse any personnel, of the prime contractor or a sub-contractor, for use in the performance of a contract pursuant to this RFP.

4.8 Insurance

The State may require the apparent successful Proposer to provide proof of adequate worker's compensation and public liability insurance coverage before entering into a contract. Additionally, the State may require, at its sole discretion, the apparent successful Proposer to provide proof of adequate professional malpractice liability or other forms of insurance. Failure to provide evidence of such insurance coverage is a material breach and grounds for termination of the contract negotiations. Any insurance required by the State shall be in form and substance acceptable to the State.

4.9 Licensure

Before a contract pursuant to this RFP is signed, the apparent successful Proposer must hold all necessary, applicable business and professional licenses. The State may require any or all Proposers to submit evidence of proper licensure.

4.10 Service Location and Work Space

The service pursuant to this RFP is to be performed, completed, managed, and delivered as detailed in the RFP Attachment 6.1, *pro forma* contract. Work space on the State's premises may be available for contractor use in accordance with the *pro forma* contract or at the State's discretion. Any work performed on the State's premises shall be completed during the State's standard business hours, unless express written permission is otherwise granted.

4.11 Proposal Withdrawal

A Proposer may withdraw a submitted proposal at any time up to the Proposal Deadline time and date detailed in the RFP Section 2, Schedule of Events. To do so, a Proposer must submit a written request, signed by a Proposer's authorized representative to withdraw a proposal. After withdrawing a previously submitted proposal, a Proposer may submit another proposal at any time up to the Proposal Deadline.

4.12 Proposal Errors and Amendments

Each Proposer is liable for all proposal errors or omissions. A Proposer will not be allowed to alter or amend proposal documents after the Proposal Deadline time and date detailed in the RFP Section 2, Schedule of Events unless such is formally requested, in writing, by the State.

4.13 Proposal Preparation Costs

The State will not pay any costs associated with the preparation, submittal, or presentation of any proposal.

4.14 Disclosure of Proposal Contents

Each proposal and all materials submitted to the State in response to this RFP shall become the property of the State of Tennessee. Selection or rejection of a proposal does not affect this right. All proposal information, including detailed price and cost information, shall be held in confidence during the evaluation process. Notwithstanding, a list of actual Proposers submitting timely proposals may be available to the public, upon request, directly after technical proposals are opened by the state.

Upon the completion of the evaluation of proposals, indicated by public release of an Evaluation Notice, the proposals and associated materials shall be open for review by the public in accordance with *Tennessee Code Annotated*, Section 10-7-504(a)(7). By submitting a proposal, the Proposer acknowledges and accepts that the full proposal contents and associated documents shall become open to public inspection.

4.15 Contractor Registration

All service Contractors with state of Tennessee contracts must be registered through the Department of Finance and Administration's Service Provider Registry prior to contract approval. However, registration with the state is not required to make a proposal (any unregistered service provider must simply register as required prior to the final contract approval). Refer to the following Internet URL for more information about the Service Provider Registry and to register "on-line."

www.state.tn.us/finance/rds/ocr/sprs.html

4.16 Contract Approval

The RFP and the contractor selection processes do not obligate the State and do not create rights, interests, or claims of entitlement in either the Proposer with the apparent best-evaluated proposal or any other Proposer. Contract award and State obligations pursuant thereto shall commence only after the contract is signed by the Contractor and the head of the procuring state agency and after the contract is approved and signed by all other State officials as required by State laws and regulations.

In order to ensure the State's goal of obtaining Federal Financial Participation for work performed under this RFP, the State shall submit, prior to the award of the Contract, this RFP, the apparent best-evaluated proposal and the final draft of the Contract to the U.S. Department of Health and Human Services (USDHHS), Administration for Children and Families, and United States Department of Agriculture (USDA), FNS. The State shall receive a written response indicating approval from the above Federal agencies to proceed with Contract award. The Contract award is also contingent on State approvals and is also dependent on State budgetary appropriations for the appropriate State Fiscal year. All reasonable effort shall be made by DHS, both before and after selection, to facilitate rapid approval for the Contract to commence on the "Contract Start Date" indicated in the RFP Schedule of Events or as amended by the State.

4.17 Contract Payments

All contract payments shall be made in accordance with the contract's Payment Terms and Conditions provisions (refer to RFP Attachment 6.1, *pro forma* contract, Section C). No payment shall be made until the contract is approved as required by State laws and regulations. Under no conditions shall the State be liable for payment of any type associated with the contract or responsible for any work done by the

contractor, even work done in good faith and even if the contractor is orally directed to proceed with the delivery of services, if it occurs before contract approval by State officials as required by applicable statutes and rules of the State of Tennessee or before the contract start date or after the contract end date specified by the contract.

4.18 Contractor Performance

The contractor shall be responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and acceptance by the State. The State may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. At reasonable times, the State may inspect those areas of the contractor's place of business that are related to the performance of the contract. If the State requires such an inspection, the contractor shall provide reasonable access and assistance.

4.19 Contract Amendment

During the course of this contract, the State may request the contractor to perform additional work for which the contractor would be compensated. That work shall be within the general scope of this RFP. In such instances, the State shall provide the contractor a written description of the additional work, and the contractor shall submit a time schedule for accomplishing the additional work and a price for the additional work based on the rates included in the contractor's proposal to this RFP. If the State and the contractor reach an agreement regarding the work and associated compensation, such agreement shall be effected by means of a contract amendment, except that change orders may be performed in accordance with the procedures set forth in Contract Section A.19.b and shall require no contract amendment. Any such amendment requiring additional work must be mutually agreed upon by the parties and signed by the contractor and the head of the procuring state agency and must be approved by other State officials as required by State laws and regulations and the Federal officials, as required by the Federal government. The contractor shall not commence additional work until the State has issued a written contract amendment and secured all required approvals.

4.20 Severability

If any provision of this RFP is declared by a court to be illegal or in conflict with any law, said decision shall not affect the validity of the remaining RFP terms and provisions, and the rights and obligations of the State and Proposers shall be construed and enforced as if the RFP did not contain the particular provision held to be invalid.

5 PROPOSAL EVALUATION & CONTRACT AWARD

5.1 Evaluation Categories and Maximum Points

The State will consider qualifications and experience, technical approach, and cost in the evaluation of proposals. The maximum points that shall be awarded for each of these categories are detailed below.

CATEGORY	MAXIMUM POINTS POSSIBLE
Qualifications and Experience	**600**
Technical Approach - General	**695**
Introduction and General Scope	10
Schedule	50
Project Management/Work Plan/Risk/ Assumptions	20
Quality Management	2
Change Management	2
Configuration Management	2
Communications	2
Change Readiness	2
Capacity Analysis & Evaluation	20
Security	20
Backup/Recovery	5
Problem Resolution	10
General & Detail Design	100
Reports Approach	25
Correspondence & Notices Approach	40
General & Technical Approach	5
Test Management	20
Construction	20
Training & Documentation	25
User Acceptance Testing	25
Interface Approach	50
Conversion Approach	50
Implementation/Deployment Approach	40
Turnover/Warranty/Post-Implementation/ Operations	40
Interface Matrix	10
Reports Matrix	10
Notices & Correspondence Matrix	10
General & Technical Requirements Matrix	35
Business User's Vision of Business Processes and Workflow and Business Rules	45
Technical Approach - Architecture	**80**
Technical Approach - Baseline Conceptual Data Model or Entity Relationship Diagram (ERD)	**25**
Cost Proposal	**600**
Total System Cost	510
Change Order Rates	90

5.2 Evaluation Process

The proposal evaluation process is designed to award the contract not necessarily to the Proposer of least cost, but rather to the Proposer with the best combination of attributes based upon the evaluation criteria.

5.2.1 The RFP Coordinator will use the RFP Attachment 6.3, Technical Proposal and Evaluation Guide to manage the Technical Proposal Evaluation and update evaluation records.

5.2.1.1 The RFP Coordinator will review each Technical Proposal to determine compliance with mandatory requirements (refer to RFP Attachment 6.3, Technical Proposal and Evaluation Guide, Technical Proposal Section A). If the RFP Coordinator determines that a proposal may have failed to meet one or more of the mandatory requirements, the Proposal Evaluation Team will review the proposal and document its determination of whether: (1) the proposal meets requirements for further evaluation; (2) the State will request clarifications or corrections; or, (3) the State will determine the proposal non-responsive to the RFP and reject it.

5.2.1.2 A Proposal Evaluation Team, made up of three or more State employees, will evaluate each Technical Proposal that appears responsive to the RFP.

5.2.1.3 Each Proposal Evaluation Team member will independently, evaluate each proposal against the evaluation criteria in this RFP, rather than against other proposals, and will score each in accordance with the RFP Attachment 6.3, Technical Proposal and Evaluation Guide.

5.2.1.4 The State reserves the right, at its sole discretion, to request Proposer clarification of a Technical Proposal or to conduct clarification discussions with any or all Proposers. Any such clarification or discussion shall be limited to specific sections of the proposal identified by the State. The subject Proposer shall put any resulting clarification in writing as may be required by the State.

5.2.2 After Technical Proposal evaluations are completed, the RFP Coordinator will open the Cost Proposals and use the RFP Attachment 6.4, Cost Proposal and Evaluation Guide to calculate and document the Cost Proposal scores.

5.2.3 For each responsive proposal, the RFP Coordinator will add the average Technical Proposal score to the Cost Proposal score (refer to RFP Attachment 6.5, Proposal Score Summary Matrix).

5.2.4 The Proposer shall submit independent audited financial statements as provided in Section A.4 of Attachment 6.3. Reviewed financial statements are <u>not</u> acceptable. The State shall perform an analysis of each Proposer's detailed documentation of financial resources. If a Proposer's detailed documentation of financial resources is not clearly determined to indicate apparent financial strength and resources to provide the subject scope of services as required, the Proposal Evaluation Team shall review the proposal to determine if the State shall:

a) request information to enable the accurate evaluation of the Proposer's financial status; or
b) determine the proposal non-responsive and reject it.

5.3 Contract Award Process

5.3.1 The RFP Coordinator will forward the results of the proposal evaluation process to the head of the procuring agency who will consider the proposal evaluation process results and all pertinent information available to make a determination about the contract award. The State reserves the right to make an award without further discussion of any proposal.

Notwithstanding the foregoing, to effect a contract award to a Proposer other than the

one receiving the highest evaluation score, the head of the procuring agency must provide written justification for such an award and obtain the written approval of the Commissioner of Finance and Administration and the Comptroller of the Treasury.

5.3.2 After the agency head's determination, the State will issue an Evaluation Notice to identify the apparent best-evaluated proposal on the Evaluation Notice date detailed in the RFP Section 2, Schedule of Events.

NOTICE: The Evaluation Notice shall not create rights, interests, or claims of entitlement in either the Proposer with apparent best-evaluated proposal or any other Proposer.

5.3.3 The State will also make the RFP files available for public inspection on the Evaluation Notice date detailed in the RFP Section 2, Schedule of Events.

5.3.4 The Proposer with the apparent best-evaluated proposal must agree to and sign a contract with the State which shall be substantially the same as the RFP Attachment 6.1, *pro forma* contract.

However, the State reserves the right, at its sole discretion, to add terms and conditions or to revise *pro forma* contract requirements in the State's best interests subsequent to this RFP process. No such terms and conditions or revision of contract requirements shall materially affect the basis of proposal evaluations or negatively impact the competitive nature of the RFP process.

5.3.5 The Proposer with the apparent best-evaluated proposal must sign and return the contract drawn by the State pursuant to this RFP no later than the Contract Signature Deadline date detailed in the RFP Section 2, Schedule of Events. If the Proposer fails to provide the signed contract by the deadline, the State may determine that the Proposer is non-responsive to the terms of this RFP and reject the proposal.

5.3.6 If the State determines that the apparent best-evaluated proposal is non-responsive and rejects the proposal after opening Cost Proposals, the RFP Coordinator will re-calculate scores for each responsive Cost Proposal to determine the new, apparent best-evaluated proposal.

6.1 *PRO FORMA* CONTRACT

CONTRACT
BETWEEN the State OF TENNESSEE,
Department of Human Services (DHS)
AND
[CONTRACTOR NAME]

This Contract, by and between the State of Tennessee, Department of Human Services (DHS), hereinafter referred to as the "State" and [CONTRACTOR LEGAL ENTITY NAME], hereinafter referred to as the "Contractor," is for the procurement of a web-based framework application to support the State's Family Assistance programs and related functions. The State shall procure services to perform project management, detailed analysis, business process re-engineering, design, configuration, modification, extension, construction, data conversion, testing, pilot, installation, implementation, training, and temporary post-implementation support of the framework application, herein referred to as the Vision Integration Platform (V.I.P.).

The Contractor is [AN INDIVIDUAL / A FOR-PROFIT CORPORATION / A NONPROFIT CORPORATION / A SPECIAL PURPOSE CORPORATION OR ASSOCIATION / A FRATERNAL OR PATRIOTIC ORGANIZATION / A PARTNERSHIP / A JOINT VENTURE / A LIMITED LIABILITY COMPANY].

The Contractor's address is:

[ADDRESS]

The Contractor's place of incorporation or organization is [State OF ORGANIZATION].

A. SCOPE OF SERVICES:

A.1. General Scope. The Contractor shall provide a web-based, integrated, framework application that supports the State's Family Assistance programs and related functions and meets the State's requirements as defined in this Contract. The State's Family Assistance programs include: Families First (Tennessee's Temporary Assistance to Needy Families (TANF) program); Child Care; Food Stamp; TennCare Medicaid; TennCare Standard; and Refugee Assistance.

The Contractor shall provide an application that is designed to utilize common and reusable components and that is modular, scaleable, and flexible in design. The Contractor shall develop a detailed product development methodology that is tailored to the State's framework application and utilize this methodology and development standards in the development of the V.I.P. to promote application consistency and continued flexibility of the application for the life of the V.I.P.

Business process re-engineering shall be performed to streamline business processes and to standardize interfaces. Where possible, a seamless integration shall be provided between the V.I.P. and external systems that shall interface with the V.I.P.

The Contractor shall also perform analysis and cleansing of legacy data from existing systems that will be replaced. The Contractor shall also perform analysis and cleansing of data in functional components of existing systems that will no longer be

used. The Contractor shall be responsible for the successful conversion and testing of legacy data to the new V.I.P. database, including the setup and use of automated conversion tools.

The Contractor shall provide functionality to collect applicant information and to automate processes to perform eligibility screening, eligibility determination, case tracking, claims tracking, child care enrollment and provider payments, and other related accounting/financial and investigative activities to support the State's Family Assistance, the IV-E Foster Care, and IV-E Adoption Assistance eligibility programs. The Contractor shall provide the capability to generate standard reports, notices, correspondence, and adhoc queries, as defined in this Contract. The Contractor shall be responsible for the successful transition of maintenance and support responsibilities of the V.I.P. to the State.

A.2. Information Technology Methodology (ITM). The Contractor shall utilize the State's ITM in the development of the V.I.P. The Project Management Processes are concerned with organizing and controlling the work of the project and extend over one or more Product Development Phases. The Product Development Phases are concerned with developing the product that the project is intended to produce. Throughout the project, the Contractor shall produce various Project Management Process and Product Development Phase deliverables. Some of these products are specific deliverables that are managed, produced, and updated by the Contractor, while others are natural work-products arising out of the shared effort of both parties. The minimum set of deliverables and responsibilities are defined within this Contract and its attachments.

The V.I.P. project shall include the following Product Development Phases:

a. Design Kick-Off Phase
b. General Design Phase
c. Detailed Design Phase
d. Construction Phase
e. Acceptance Test Phase
f. Implementation Phase
g. Post-Implementation Support Phase

The Contractor's portion of the V.I.P. project shall begin with a transitional product development phase known as "Design Kick-Off."

A.3. Detailed Product Development Methodology. Since the State's ITM is defined at a high-level for use on all types and sizes of IT projects, the Contractor shall develop a detailed product development methodology within the guidelines of the State's ITM and development standards for use in the development and future maintenance of the V.I.P. The State-approved methodology of the Contractor shall be utilized in all phases of software development and hardware configuration to promote consistency and continued flexibility for the life of the V.I.P.

A.4. Tennessee Information Resources Architecture. The Contractor shall comply with the State's Information Resources Architecture and shall supply standards for application development tasks, which shall be subject to State approval.

A.4.a. Development Standards. The Contractor shall provide Development Standards, which will be utilized in the design and construction of the V.I.P. The Development Standards shall promote design consistency and reusability and provide a user-friendly graphical user interface (GUI) with a common "look and feel" that facilitates user training**.** These standards shall include, but not be limited to GUI standards for screen design, report formats, class and object library.

A.4.b. Framework Application Integrated into State Environment in Accordance with State Architecture. The Contractor shall support the State project technical staff in integrating the framework application into the State's hardware and software architecture environment, in accordance with State-approved standards.

The system shall utilize Web Sphere Application Server V5 (or higher) running on the z/OS operating system on an IBM z990 2084-305 mainframe server. The operating system shall be z/OS V1.4 (or higher). The data base shall be DB2 V7 (or higher) or Oracle 9i (or higher).

A.4.c. Mandatory Requirements for Non-Standard Application Development and Support Software Products. For non-standard application development and support software product(s) implemented in addition to or in lieu of the State's Information Resources Architecture, the Contractor shall meet the following requirements:

1) The product(s) shall be currently marketed, and the product shall have been generally available for twelve (12) months prior to the Contract signing.

2) The product(s) shall be operational in a production environment similar to and supporting the State volumes of clients and programs.

3) The product(s) shall be fully supported by the product manufacturer. At a minimum this support shall include the availability of maintenance contracts that provide for product upgrades, onsite support, on-line support, and telephone support 24 hours per day X 365 days per year.

4) The product(s) shall be compatible with the State's hardware, operating system software, network hardware and software, and the database management system's (DBMS's) technical environment identified for this project.

5) The product(s) manufacturer shall have no stated intent to discontinue upgrades and maintenance of the product.

A.4.d. Software Compliance. All software shall be fully "Year 2000 Compliant" in accordance with the Department of Finance and Administration's Standards and Guidelines memo, Subject: "Year 2000 Compliance Standards for Dates and Applications".

A.4.e. State Software Procurement. The State shall procure all State Standard Software identified in the Contractor's Proposal and approved by the State for use in the V.I.P. (application development software, database management systems (DBMS), reporting tools, COTS software, and utilities). Software classified as State Standard is documented in Contract Attachment J.

A.4.f. Contractor Software Procurement. The Contractor shall procure:

1) all Non-State Standard Software for use in the V.I.P. (application development software, reporting tools, COTS software, and utilities).
2) all State Standard Software not identified in the Contractor's Proposal for use in the V.I.P. (application development software, reporting tools, COTS software, and utilities).

A.5. Comprehensive Project Plan. The Comprehensive Project Plan shall outline the Contractor's approach for developing a quality web-based, integrated, framework application in accordance with the State-approved implementation schedule and to meet the State's requirements, as defined within this Contract and the attachments. The Contractor shall provide electronic access to the Comprehensive Project Plan and shall develop the plan in accordance with the State's ITM.

The Comprehensive Project Plan shall be created during the Design Kick-Off Phase and shall be updated throughout the project.

A.6. Implementation Schedule. The State-approved implementation schedule shall reflect key project milestone activities and corresponding dates. The initial Implementation Schedule and any subsequent changes to the Implementation Schedule shall require State approval.

A.7. Master Project Work Plan. The Contractor shall create a Master Project Work Plan that includes all known tasks for the duration of the project, including the critical path time line. The Master Project Work Plan shall reflect the State-approved implementation schedule and shall cover the entire project, including each product development phase. The Master Project Work Plan shall be created during the Design Kick-Off Phase and shall be reviewed weekly with the State Project Manager. The Master Project Work Plan shall be updated throughout the project to reflect current information.

A.7.a. Software Requirements for Master Project Work Plan. The Contractor shall create the Master Project Work Plan using Microsoft Project version 2000 or later and shall provide web access to the Master Project Work Plan, so that the State can assess schedule risk independently. The Contractor shall identify the tasks for which the State is to procure each software package, including the version of the software and the date required by the Contractor for installation of the software in the Master Project Work Plan.

A.7.b. Content of Master Project Work Plan. The Master Project Work Plan shall include the following:

1) Work Breakdown Structure. A work breakdown structure of the major phases of the project, accounting for all tasks, deliverables and milestones shall be provided.

2) Timetables. The Master Project Work Plan shall provide adequate time for the State to review, provide feedback, and approve all deliverables, revisions, or corrections. A timetable shall be developed for each task, deliverable, and milestone, including estimated start and completion dates, actual start and completion dates, estimated and actual task hours, and completion percentage for all in-process tasks. The dates arrived at within the Master Project Work Plan must be mutually agreed upon between the State and the Contractor within thirty (30) days of submission of the Master Project Work Plan, with the State having final authority for approval.

3) Resource Loading. A description, by phase, of the number of Contractor personnel (including sub-contractor personnel, if applicable) to be based at the State furnished project site shall be provided. The Contractor shall ensure that the schedules of the project consulting staff have been designed to guarantee timely completion of deliverables. The full-time equivalents (FTE's) for all State personnel involved in the project are identified in this Contract Section A.12.e. A summary of total Contractor and State hours by phase is required.

4) Critical Path. The Master Project Work Plan shall include a critical path with parallel and dependent project tasks.

A.8. Assumptions and Constraints. The Contractor shall identify and document any assumptions or constraints that relate to the approved Master Project Work Plan and Implementation Schedule. The Assumptions and Constraints document shall be

created during the Design Kick-Off Phase and shall be updated throughout the project to reflect current information.

A.9. Project Risks. The Contractor shall document potential project risks that could impact their ability to meet milestone dates in the Implementation Schedule and Master Project Work Plan. The Contractor shall also document procedures for handling of potential and actual problems; this shall also include general plans for dealing with the slippage of critical dates.

The Project Risks document shall be created during the Design Kick-Off Phase and shall be updated throughout the project to reflect current information.

A.10. Project Steering Committee (PSC) Oversight. The State's PSC provides executive-level guidance for the V.I.P. This committee is made up of the Project Sponsor and other senior business and technical executives. The PSC shall evaluate the project at critical review points as defined by the State. The evaluation shall consider information from project management, and technical groups supporting the project such as database administration, technical systems support, and computer operations. Quality Assurance assessments will be presented to the PSC for review. PSC approval is required for any changes to the project scope or implementation schedule.

A.10.a. Narrative Project Status Report and PSC Presentation. The Contractor shall make a semi-monthly presentation to the PSC. The narrative Project Status Report and presentation shall be provided that details the progress of the project, identifies the monthly activities of the project, documents upcoming key activities and identifies the issues and items needing PSC attention. The PSC may request unscheduled reports from the Contractor to address specific concerns relating to the project status.

A.11. Project Team and Organization. The Contractor shall provide a document identifying the Contractor and State project staff and their role assignments, as well as the organizational structure of the project team. This document shall be updated throughout the project to reflect any changes in project staffing and team organization that occur. The Project Team and Organization document shall be created during the Design Kick-Off Phase and shall be updated throughout the project to reflect current information.

A.12. State Project Team. State roles and full-time equivalents (FTE's) that have been allocated to the V.I.P. project are described in the following sections.

A.12.a. State Project Manager. The State shall provide a Project Manager. The State Project Manager shall be the Contractor's point of contact for the V.I.P. project.

The State Project Manager shall be appointed and on-site at the State office on or before the Contract start date. The State Project Manager shall consult with the Project Sponsor on a continuing basis in every phase of the project. This joint effort shall ensure that the V.I.P. is properly implemented, supporting the State's requirements, and properly documented. The State Project Manager shall provide expertise, assistance, and technical leadership in all State matters, including but not limited to, policy, staffing and organization, environment, data, information processing, current systems, and acceptance testing. The State's Project Manager shall work closely with the Contractor's Project Manager in day-to-day project activities.

A.12.b. Contract Manager. The Contract Manager shall be responsible for ensuring that the project is in compliance with the Contract and satisfies the State's requirements.

A.12.c. Office for Information Resource (OIR) Database Administrator (DBA). The OIR DBA has primary responsibility for the review and approval of conceptual data models/entity relationship diagrams and physical data models. Conceptual data models/entity relationship diagrams shall include the identification and description of entities, attributes, relationships and constraints. Physical data models shall include: physical design address tables, access paths, foreign keys and referential integrity (RI), domain integrity, triggers, stored procedures, plans, security, and data placement.

OIR DBA provides database design consultation for development projects to fine tune designs. OIR DBA shall be responsible for the review and approval of the framework database design. This is to ensure that the data model is well-designed to support the State's requirements and enforces referential integrity; to ensure that State policies and standards are followed; and to ensure that the designs are sound and maintainable. Standards maintained by OIR DBA, related to data modeling and physical database design, include data attribute naming, standard abbreviations, and object naming. The Contractor shall document functions performed by triggers and stored procedures, since they may impact recovery procedures.

OIR DBA shall work with the Contractor Database Coordinator to evaluate each recommended change to the baseline model to determine if the change is warranted and meets the State's requirements. OIR DBA shall be responsible for the review of all changes made by the Contractor staff to the baseline framework database design and shall provide feedback after the review of each version of the data models. The final version of the conceptual and physical data models must be approved by the OIR DBA before generation of the physical database.

OIR DBA has primary responsibility for developing and executing production implementation procedures related to database objects, and for implementing a standard database backup and recovery plan for the production database. This includes migration of database objects including triggers and stored procedures, change management, and implementation of backup/recovery procedures, production utilities and monitoring tasks. These procedures and this plan shall be based on requirements developed in conjunction with the Contractor during the Design Phase.

A.12.d. Quality Assurance Consultant. The Quality Assurance Consultant shall evaluate Contractor work process performance periodically throughout the project. The Quality Assurance staff in the Department of F&A OIR shall conduct independent process assessments and recommend actions in writing to project management. These assessments shall focus primarily on critical processes identified in the Quality Management Plan, but may address other aspects of the project if needed. The Contractor shall make project records available to State Quality Assurance staff and shall make project staff available for interviews on a limited basis, as requested by the State.

A.12.e. Other State Project Staff Assignments. The State shall assign staff to key project roles, as described in the Role Tables below, to participate with the Contractor's staff in all Project Management Processes and Product Development Phases as outlined in the State's IT Methodology. At the State's discretion, state personnel may be substituted, added, or removed.

PROJECT ROLE	FTE ESTIMATE
DHS Program Business Unit Staff	
V.I.P. Project Sponsor (1 @ 20%)	0.20
FA Systems Director (1 @ 95%)	0.95
FA Director (1 @ 10%)	0.10
FA Service Center Director (1 @ 10%)	0.10
FA Program Directors (6 @ 20%)	1.20
FA Program Manager (4 @ 100%, 1 @ 75% and 1 @ 40%)	5.15
FA Program Coordinator (1 @ 100% and 1 @ 50%)	1.50
FA District Staff (8 @ 100%)	8.00
FA District Staff for Implementation Planning (8 @ 50%)	4.00
FA Training Director (1 @ 50%)	0.50
FA Training Officers (6 @ 50%)	3.00
FA Program Manager for Testing (1 @ 50%)	0.50
FA Specialists for Testing (2 @ 50%)	1.00
FA Program Supervisor – Child Care Eligibility (1 @ 75%)	0.75
Assistant Director of Investigation (1 @ 75%)	0.75
Investigator Specialist (2 @ 50%)	1.00
Fiscal Services Director (1 @ 20%)	.20
Fiscal Services FTE (1 @ 50%)	.50
DCS Program Staff (3 @ 30%)	.90
CSR Program Staff (1 @ 50%)	.50
Total Program FTE's	**30.80**

PROJECT ROLE	FTE ESTIMATE
DHS Information Systems (IS) Staff	
Information Systems Director 4 (1 @ 25%)	0.25
Contract Manager (1 @ 80%)	0.80
Project Coordinator (1 @ 95%)	0.95
ACCENT Project Director (1 @ 80%)	0.80
ACCENT Project Manager (1 @ 20%)	0.20
Information Manager 3 (1 @ 100%, 1 @ 50%)	1.50
Information Systems Consultant (1 @ 100%)	1.00
Information Systems Supervisor (3 @ 50%)	1.50
Programmer Analyst 4 (2 @ 100%)	2.00
Programmer Analyst 3 (4 @ 100%)	4.00
Information Systems Analyst 4 (2 @ 50%, 1 @ 100%)	2.00
Information Systems Analyst 3 (2 @ 50%, 1 @ 100%)	2.00
Information Systems Analyst 2 (2 @ 100%)	2.00
Information Systems Manager 2 Test Manager (1 @ 100%)	1.00
Information Systems Analyst Supervisor (1 @ 50%)	0.50
Information Systems Analyst 4 (2 @ 50%)	1.00
Telecommunications Analyst (2 @ 50%)	1.00
Information Systems Analyst – Child Care (1 @ 100%)	1.00
Information Systems Analyst (1 @ 100%)	1.00
TOTAL DHS IS FTE's	**24.50**

PROJECT ROLE	FTE ESTIMATE
F&A, OIR Staff	
State Project Manager (1 @ 100%)	1.00
Database Administrator (DBA) (1 @ 75%)	0.75
Quality Assurance Consultant (1 @ 100%)	1.00
OIR Developers (24 @ 50%)	12.00
OIR Infrastructure (1 @ 100%)	1.00
OIR Security (1 @ 30%)	0.30
Telecommunications Analyst (1 @ 100%)	1.00
TOTAL F&A OIR FTE's	**17.05**

A.13. Contractor's Project Team. The Contractor shall staff the project team appropriately to assure that it can meet the responsibilities defined in this Contract in an efficient, effective, and timely manner. This shall require project team staff with the necessary expertise and in adequate number to perform or administer the activities.

A.13.a. Contractor Core Team. The Contractor shall have full responsibility for providing staff sufficient to complete the project in the required time frame. The initial Core Team and any subsequent substitution of Core Team members shall require approval by the State. Failure of the Contractor to provide a replacement with equal or greater qualifications may result in Contract termination. The Contractor shall be permitted to add or remove core team positions during the Post-Implementation Support Phase, as approved by the State.

At a minimum, the State requires the Contractor to supply the following Core Team personnel:

1) One (1) Project Manager and one (1) Back-up Project Manager
The project manager must have a minimum of five (5) years experience within the last seven (7) years in this job class. The Contractor Project Manager shall have the primary responsibility for coordinating the overall project tasks, including project planning, scheduling and staffing. The Contractor's Project Manager shall have daily interaction with the State Project Manager and shall also attend formal meetings with other State groups, as determined necessary by the State Project Manager during the course of the project.

2) One (1) Lead Business Analyst and one (1) Back-up Lead Business Analyst
The business analyst must have a minimum of five (5) years experience within the last seven (7) years in this job class. The lead business analyst shall perform the following job functions: analyze and document business requirements and processes related to public sector service delivery for a single or multiple related state agencies; formulate alternative solutions to satisfy these requirements which may involve business process reengineering and/or the deployment of information technology; plan and/or conduct end user training for new applications; develop and/or oversee plans for the execution of a solution from project inception to conclusion; construct data models and activity/process models as may be required to define system functions; provide support for the installation, testing, data conversion, implementation, and ongoing maintenance of the system; conduct and document the results of special studies dealing with systems and/or business process issues; facilitate sessions to gather and document requirements and explore solutions.

3) One (1) Database Coordinator (DBC) and one (1) back-up DBC
The DBC shall have a minimum of five (5) years experience within the last seven (7) years in this job class. Responsibilities shall include: relational data modeling and table normalization; database administration; software performance analysis and tuning; application architecture development; and application development DBA support.

The Contractor DBC shall be the primary agency interface with the OIR DBA and shall work with them for technical support and advice regarding design changes, tuning options, technical issues and standards. Apart from this role, the Contractor DBC may also develop and test the project's stored procedures.

4) One (1) Quality Control Manager (QCM)
The Contractor shall provide a management level person to perform QCM duties. The QCM shall: participate in developing the project's Quality Management Plan; assures that Contractor quality control activities are performed and documented; assures that corrections identified through those activities are made; assures that corrections identified by State quality review are made; administers the Contractor's process for resolving reported problems; and collects and reports quality metrics for the Contractor's work activities. The QCM shall have the managerial authority to change the Contractor's quality control activities as needed to improve their effectiveness.

5) One (1) Configuration Manager (CM)
The Contractor shall provide a management-level person or persons to perform the CM duties. The CM shall have the managerial authority to fulfill the following CM responsibilities: administering the project's configuration management process and tool(s); administering the Contractor's responsibilities within the project's change management process; and collecting metrics from these activities as required by the Quality Management Plan.

6) One (1) Data Conversion Manager and one (1) Backup Data Conversion Manager
The Data Conversion Manager shall have at least two (2) years experience within the last five (5) years in the following: data conversion activities for Family Assistance systems; manual and automated data conversion; system software conversion activities and implementation of major information processing systems; design and development of large information processing systems; technical experience and expertise in hardware, operating systems, networks, and database systems.

7) Two (2) Programmer/Analysts
The programmer/analysts shall perform the following tasks: analyze functional business processes and create design specifications for the development of web-based programs and web-based publishing; translate detailed design into computer software; test, debug, and refine the computer software to produce the required product; prepare required documentation, including both program-level and user-level documentation; enhance software to reduce operating time or improve efficiency. A minimum of two (2) years of experience within the last three (3) years in this job class is required.

8) One (1) Operations Specialist
The Operations Specialist shall be responsible for the daily operations of the V.I.P. until the Contract end date. At a minimum, the Operations Specialist shall: work with State information systems staff to coordinate and monitor all aspects of production processing, both on-line and batch; monitor the nightly batch to ensure that jobs are completed and that appropriate Contractor staff are alerted

when problems arise; evaluate system problems and process abends to determine correct recovery and back out procedures to ensure data integrity; perform recovery of databases, recreate files, and ensure interagency interfaces are correct; monitor data sets, databases, and libraries to ensure adequate space allocation and data availability; monitor migrations of new or modified programs and program components across multiple test and production environments; monitor and manage on-line system response time; monitor and schedule batch processes; inform appropriate State information systems staff daily, through electronic mail, of the status of the system, on-line availability, and the results of regular and special batch processing; interface with information systems operations personnel to coordinate batch job scheduling with other State systems; interface with the Department of General Services mail room to understand the State's postal requirements and standards for document and form generation, including page insertion and folding, envelope "stuffing", etc. and to coordinate mailings of the V.I.P. forms and notices; participate in disaster recovery exercises; and provide operations support twenty-four (24) hours a day, seven (7) days per week.

A minimum of two (2) years of current experience within the last three (3) years in this job class is required.

9) One (1) Test Manager
The Test Manager shall be responsible for leading comprehensive software testing and quality assurance associated with a major systems development initiative until the Contract end date. This manager will manage Contractor staff in the development of test scripts, test plans, expected results tables, and system problem documentation and resolution for unit, system, and integration testing of V.I.P. In addition, this Test Manager will work closely with the State Test Manager and provide direction to the State testing team in conducting user acceptance testing.

Responsibilities shall include coordinating with line staff and management representatives from a number of technical and non-technical areas in establishing development and testing priorities and strategies, verifying the correct functions of new and revised batch and on-line system components, monitoring the progress of testing efforts, developing corrective action strategies in response to documented problems, and scheduling and authorizing the implementation of new and revised programs.

A minimum of two (2) years of current experience within the last three (3) years in this job class is required.

A.13.b. Staff Management and Administrative Support. The Contractor shall provide day-to-day management of its staff. The Contractor shall provide administrative support for its staff and activities.

A.13.c. Plan for Working with State Staff within Work-Day Constraints. The Plan for Working with State Staff shall be created during the Design Kick-Off Phase and shall be updated throughout the project. The Contractor shall coordinate with State staff to accommodate unusual schedule needs.

A.13.d. Contractor Work Space, Connectivity, Supplies, and Equipment. The Contractor shall provide supplies and equipment for Contractor staff that meets minimum State platform requirements for work stations. The Contractor shall ensure workstation and laptop devices connected to the State's network are current with OS patches and Antivirus software. The Contractor shall provide office automation software for Contractor staff that is in compliance with minimum State platform requirements.

The State shall provide work space and connectivity for the Contractor staff. Also, the State shall provide all State-approved State-Standard software, including application development software, database management systems (DBMS), reporting tools, COTS software, and utilities.

A.14. Quality Management Plan. The Contractor shall create a Quality Management Plan during the Design Kick-off Phase. The Quality Management Plan's defined activities shall be identified, and time and resources shall be allocated to them. The Contractor shall update this plan in subsequent phases, as more information is available.

The Quality Management Plan shall cover the following topics:

A.14.a. Purpose and Scope of the Plan. The Contractor shall define the purpose and scope of the plan, including the identification of related project management documents.

A.14.b. Project Quality Objectives and Metrics. The Contractor shall describe the project quality objectives and metrics needed to assess progress toward those objectives. Quality assurance activities shall be fully described as to method, schedule, and responsibility. Detailed procedures may be included or referenced from a separate document. The Contractor shall perform quality control on its work. It shall inspect or test all deliverables, both documents and software, before submitting them for State review. Quality assurance shall assure that documents are free from cosmetic errors (spelling, grammar, syntax, etc.), complete, accurate, detailed sufficiently for their intended use, and conform to applicable State standards. The Contractor shall ensure that all components of the V.I.P. function in accordance with the design specifications. Software source code shall be validated by visual inspection. Software executable code shall be tested dynamically to assure that it functions according to its business and technical specifications. Testing shall be performed on each developed or modified software component and on the assembled system. In addition, stress testing shall be performed on the V.I.P. to test capacity and performance.

Each identified metric shall be fully defined in terms of:

1) Purpose and expected use.
2) Definition of data elements used in the metric.
3) Collection, calculation, reporting method, schedule, and responsibility.
4) Standards to be used in the project (these may be references to external documents).
5) Management-level, milestone or payment point review activities.

A.15. Quality Management Record Keeping. The Contractor shall provide up-to-date records on its quality-related activities during the project and make them available to the State upon request. These records shall include documents such as inspection reports, test plans, test results, and metrics required by the Quality Management Plan. Records shall be uniquely identifiable with the subject activity or deliverable (including version), include tracking data such as date created, and be organized to facilitate researching specific process or deliverable issues.

A.16. State Quality Review. The State and the Contractor shall acknowledge completion of all project deliverables. The Contractor shall submit all deliverables to the State for review and approval. For State reviews, the Contractor shall allow a minimum of ten (10) business days, following the date the Contractor submits the deliverable to the State for review of each deliverable that the Contractor has developed with the exception of: functional, report, notice, correspondence, interface, and technical infrastructure design specifications; initial master project work plan; implementation

plan; data conversion mapping and migration requirements; user and operation manuals. A minimum of fifteen (15) business days shall be allowed for State review of each of these deliverables. The State shall review all deliverables to determine their fitness for use. If the State finds deficiencies in deliverables, it shall formally communicate them in writing to the Contractor. The Contractor shall correct all such deficiencies and resubmit corrected deliverables for review (which begins a new review cycle). All deliverables shall be approved in writing by the State to be considered final. Payment for a phase is contingent upon the State's approval of all deliverables in a phase.

A.17. Status Meetings and Status Reports. The Contractor shall conduct weekly status meetings with the State Project Manager and team leaders. The Contractor shall prepare weekly Status Reports that reflect the major activities for the reporting period. The Project Managers and Team Leaders shall use the Status Report as a mechanism to monitor project activity and to detect potential problems or delays. Reports should be primarily in list form and shall serve as agendas for meetings. Topics to be covered include:

a. a GANTT chart generated from Microsoft Project comparing status with the baseline;
b. a listing of significant departures from the Master Project Work Plan with explanations of causes and strategies to achieve realignment;
c. a listing of tasks that were completed since the last report;
d. tasks that were delayed and reasons for delay;
e. tasks in progress;
f. planned activities for the next scheduled period;
g. staffing concerns or issues encountered, proposed resolutions and actual resolutions;
h. an updated report on project risks with recommendations for elimination or mitigation; and
i. a listing of any other topics that require attention from the State's Project Manager or the PSC.

A.18. Action Items and Open Issues Tracking. The Contractor shall establish a repository on the Project Web Site to track action items and open issues. This log shall contain a description of the action item/issue, subject category, the owner of the item, a priority, an expected resolution date, an actual resolution date, description of the resolution, and a resolution status. The Contractor shall update this repository daily and make available an updated report for review.

A.19. Change Management Plan. The Contractor shall create a Change Management Plan during the Design Kick-off Phase. This Change Management Plan shall establish a change management process to control changes to scope, requirements, and other approved deliverables and to ensure that these changes are systematically documented, assessed for need, impact, and appropriateness, and presented for review and approval to the PSC. The Contractor shall update this plan in subsequent phases, as more information is available.

The Contractor shall meet the minimum change management requirements as approved by the State.

A.19.a. Requirement Change Management Plan. The Contractor shall create a Requirement Change Management Plan during the Design Kick-off Phase. The Requirement Change Management Plan shall be updated throughout the project. The State and Contractor shall cooperate in managing changes to previously agreed upon functional business processes and technical requirements. The Contractor shall track the status of in-progress change requests and report to the State upon request. Requirements Change Requests shall be administered using a two-step assessment

and approval process. The first step is to determine the effort required to assess the request. Then, if approved to continue, the second step determines the effort required to implement the request. The PSC shall approve both steps before a change request is accepted.

A.19.b. Written Change Orders. A Change Order is defined as modifications specifically required by new or amended Federal or State laws, regulations, and other required business changes.

1) The State's Contract Manager may, at any time during the contract period and with written notice to the Contractor, request changes to work products within the general scope of the Contract. Requested changes may include modifications specifically required by new or amended Federal or State laws, regulations, and other required business changes. However, any corrections of system deficiencies relating to requirements outlined in the RFP and any investigations necessary to determine the source of the problem will not be considered Change Orders and are the Contractor's responsibility to make without charge to the State. See Warranty Period, Section A.139.b.
2) The written Change Order issued by the State shall specify whether the change is to be made on a certain date or placed into effect only after approval of the Contractor costs statement as described in the following paragraph.
3) As soon as possible after receipt of a written Change Order, but in no event more than fifteen (15) calendar days thereafter, the Contractor shall provide the State with a written statement that the change has no price impact on the Project, or that there is a price impact, in which case the statement shall include a description of the price increase or decrease involved in implementing the change. The cost or credit to the State resulting in a change in the work shall specify the total cost based on the number of staff-hours required to complete the change, times the corresponding hourly rate as defined in Section C.3.
4) Invoices for Change Orders may be submitted upon the State's signed acceptance of the change. Such invoices shall, at a minimum, include documentation of the State's approval for the Change Order work to be undertaken, the name of the individual(s) that worked on the Change Order, the individuals' job title, the number of hours required to complete the Change Order work, the Change Order Hourly Rate, and the total compensation due the Contractor for the Change Order in question. Payments for approved Change Orders may not exceed 10 % of the maximum liability identified in the original base contract without amendments.
5) The State will compensate the Contractor for Change Order work based on the State-approved Hourly Rate schedule, in a total amount for each change request not to exceed the written estimate agreed upon by the parties.
6) The Master Project Work Plan shall incorporate the defined activities for processing the Change Orders and shall allocate time and resources to them.

A.20. Configuration Management Plan. The Contractor shall create a Configuration Management Plan during Design Kick-off Phase to outline procedures for version control for all deliverables, including system source code. The Contractor shall update this plan in subsequent phases, as more information is available.

Version releases of all Contract deliverables shall be tracked, as determined by the State. The configuration management process shall assure that the status of all existing deliverables is known, that only approved versions are released for production use, that prior released versions can be recreated, and that changes are made to released deliverables only when authorized. The final release of each deliverable shall reside in a library under State control. The Contractor shall meet the minimum configuration management requirements of the State, as documented in the Tennessee Information Resources Architecture in Contract Attachment J.

The Contractor shall use an automated configuration management tool that is in compliance with State standards.

A.21. Communication Plan. The Contractor shall create a Communication Plan during the Design Kick-off Phase. The Communication Plan shall be updated throughout the project to reflect current information. The State realizes the criticality of effective project communication to provide the links for people, information, and ideas that are essential for project success. In order to ensure that everyone is prepared to send and receive communication in the most effective manner, a plan for managing project communication is required. The Communication Plan shall define the information and communication needs of the stakeholders, including who needs access to project information, what information is needed, when it will be needed, and how the information will be provided to them.

A.21.a. Information for Communication Planning. The Contractor shall utilize the following information for communication planning: project organization, project stakeholder responsibilities and relationships; familiarity with the State's Family Assistance Programs and policies; identification of individuals that will be involved in the communication process and their locations; external information needs, including the press, governmental agencies, and other interested parties; availability of communication technology; and constraints and assumptions, relating to communication methods or media.

A.21.b. Content of the Communication Plan. The Communication Plan shall include the following:

1) collection structure;
2) distribution structure;
3) description of information to be disseminated;
4) a method for updating the communication plan; and
5) schedules listing when information will be produced.

The Contractor shall update this plan in subsequent phases, as more information is available.

A.22. Change Readiness Plan. The Contractor shall create a Change Readiness Plan during the Design Kick-Off Phase. The change Readiness Plan shall describe how the Contractor shall assist the State in developing a pro-active change readiness campaign. The State shall require assistance in this area due to the business process re-engineering that shall be performed and the differences among geographic and programmatic offices. The focus of the change readiness campaign shall be on determining and implementing ways in which to better prepare State staff at all levels and locations of the organization for the implementation of the new system. The Contractor shall define achievable goals, define campaign materials, design the campaign, work with State staff to target users and managers for review and comment, and establish a schedule for meeting with key State, County, and District office staff regarding the parameters surrounding the campaign. The Contractor shall update this plan in subsequent phases, as more information is available.

A.23. Project Web Site. The Contractor shall develop a project web site, which shall be housed at the State and hosted on the DHS intranet, to facilitate communication to project participants as to project status, activities, work products, milestones, accomplishments, etc. The Contractor shall use the Web site for Change Readiness and Communication Plan activities. Use of the web site for potential early demonstration/training activities is suggested. The Contractor shall utilize the Web site to capture and disseminate updates to the Master Project Work Plan. The

Contractor shall create the project web site during the Design Kick-off Phase and update the project web site throughout the project, providing current information.

A.24. Capacity Analysis and Evaluation Plan. The Contractor shall create a Capacity Analysis and Evaluation Plan during the Design Kick-off Phase. The Master Project Work Plan shall incorporate the defined activities for the Capacity Analysis and Evaluation Plan and allocate time and resources to them. The Contractor shall utilize an automated tool to perform capacity analysis. The Contractor shall update this plan in subsequent phases, as more information is available.

A.24.a. Planning. The purpose of the Capacity Analysis and Evaluation Plan is to identify users of the system and to assist State technical, operations, and telecommunications personnel in projecting the capacity needed and communication requirements (bandwidth, lines, etc.) to support the system. The Contractor shall document the approach for the selection and utilization of servers (application, communications, database, gateways, etc.) that provide a modular, scaleable framework solution that meets the State's minimum performance objectives. The Contractor is not required to provide communications hardware and software for the system. However, the Contractor shall provide the planning coordination for the network to achieve the minimum performance standards indicated below and shall perform all application system modifications required to ensure system performance meets the required performance standards.

1) V.I.P. shall be available and fully functional 100% of the time during core business hours and 30% of the time during non-core business hours, with scheduled down-time taking place during non-core business hours. Core business hours are defined by the State as 5:00 a.m. – 10:00 p.m. (CST), Monday through Saturday, excluding State holidays. Non-core business hours are defined by the State as 10:01 p.m. – 4:59 a.m. (CST) Monday through Saturday, all day on Sunday, and on State holidays.

2) The application response time shall be three (3) seconds or less 95% of the time during core and non-core business hours. The response time measurement will be the amount of time from the application receiving a request until the application sends the result, i.e., internal application response time between receipt and response to a user request. The response time measurement shall not include the time required to transmit the user's request or the request results over the user's network connection.

   Programming techniques shall be employed to minimize CPU consumption and utilize efficiencies in database I/O and system memory. Database coding techniques shall utilize static SQL, where possible, and utilize efficient coding of stored procedures. Additionally, the page size transmitted between the application server and the user workstation / browser shall not exceed 50KBytes.

A.24.b. Evaluation. The Contractor shall be responsible for evaluating system performance. The State requires the Contractor to plan a strategy with review points for capacity evaluation. The initial plan and evaluation criteria should be based on preliminary estimates from data provided by the State, taking into account compatibility with the Tennessee environment; subsequent evaluations and modifications to the strategy shall be made as the project progresses and more detailed data estimates become available. The capacity evaluation strategy shall also address performance issues on non-state sites, which utilize internet connections. Information relating to hardware, software, and communications network is referenced in the Tennessee Information Resources Architecture as referenced in Section A.4 and documented in Contract Attachment J; additional General and Technical Requirements that are specific to this project are documented in Contract Attachment G.

The Contractor should also reference current samples of the State's transaction volume counts for each State system that is being replaced or partially replaced with the V.I.P., as defined in Contract Attachment H. The capacity evaluation shall project processor size and speed, input/output rates (I/O per second), communications requirements (lines, terminals, printers, minimum bit rate, packet loss, latency, etc.), memory, storage, cartridges (number of devices required). These projections shall take into account DBA requirements with regard to configuration and capacity.

A.24.c. State Requests to Conduct Independent Capacity Simulation Models. The State may conduct independent capacity simulation models and, if the State so elects, the Contractor shall provide all necessary support for that process.

A.24.d. Benchmark Tests: To determine the growth and reliability of the system, the Contractor shall design and perform benchmark tests. The benchmark shall be designed to produce information that supports projections of system performance characteristics and capacity projections of the system under statewide operations for two years following statewide implementation. The benchmark shall also address stress tests at each level of technology employed by the System. A capacity simulation and benchmark report documenting the projections shall be submitted to the State for review and approval.

A.24.e. Capacity Evaluation Reporting. The Contractor shall prepare interim and final Capacity Evaluation Reports which documents, in detail, the results of the tests and recommendations for resolving any problems, as outlined in the Capacity Analysis and Evaluation Plan. The Contractor shall provide detailed documentation demonstrating how the required response time shall be achieved by the application. All calculations and assumptions are to be shown. At a minimum, the documentation shall show line speeds, devices supported per circuit and per location, routing, average and peak traffic load and average and worst case response times. The Contractor shall provide to the State all information about the impact of application solutions, including but not limited to additional memory.

A.25. Security Plan. The Contractor shall create a detailed Security Plan describing how the V.I.P. application security features shall be integrated with RACF to provide the security requirements found in Contract Attachment G. Recommended levels of security, limitations of capabilities, and required rules shall be provided. The format and content of security tables shall be included, as well as the recommended starting phase for establishing security profiles. Security requirements are documented in Contract Attachment G.

A.26. Test Management Plan. The Contractor shall develop a Test Management Plan that addresses all testing efforts for the entire project, during the Design Kick-off phase, which is input to the development of test plans for the testing levels; unit, system, integration and user acceptance. The Test Management Plan shall be updated throughout the project. The plan shall address things such as: objectives and approach; resources (personnel, hardware, testing tools); infrastructure safeguards; test level; source and management of test data; test validation procedures; and interface testing.

A.26.a. Unit Test Plan. The Contractor shall create a Unit Test Plan during the Design Kick-off Phase which reflects both positive and negative aspects of each option or condition within the module code. The Unit Test Plan shall be updated throughout the project.

At the State's request, the Contractor must be prepared to replicate any or all Unit tests on-site using the State's testing environment, including the State's Wide Area Network. The Contractor must be prepared to provide the State with the test scenarios and data the Contractor used during its own Unit Tests. In addition, the

results of the Unit tests shall be available for State inspection at any time through a link provided from the project web site to the automated test tool.

A.26.b. System and Integration Test Plan. The Contractor shall create a System and Integration Test Plan during the Design Kick-off Phase, including test conditions and test data for system and integration testing in accordance with the test plan descriptions in the State's ITM. This test plan shall clearly set forth how the system test is designed to fully test system functions and features. The plan shall identify the inputs to the test, the steps in the testing process and the expected results. The plan shall provide detailed descriptions of the test environment, regression testing and other test methods, workflow, and training required. The Contractor shall update this plan in subsequent phases, as more information is available.

All test cases shall be traced to specific requirements and specifications, and specific requirements and specifications shall be mapped to one or more identified test cases.

At the State's request, the Contractor must be prepared to replicate any or all Integration and System tests on-site using the State's testing environment, including the State's Wide Area Network. The Contractor must be prepared to provide the State with the test scenarios and data the Contractor used during its own Integration and Systems Tests. In addition, the results of the Integration and System tests shall be available for State inspection at any time through a link provided from the project web site to the automated software testing tool.

A.26.c. Automated Software Testing Tool. The plan shall also identify the automated software testing tool that shall be used during testing. The Contractor shall use the State-standard automated software testing tool, as defined in the Tennessee Information Resources Architecture in Contract Attachment J.

A.27. Backup and Recovery Plan. The Contractor shall create a Backup and Recovery Plan during the Design Kick-off Phase. In order to prevent loss of data, the Contractor shall develop and implement backup and recovery procedures. This plan shall include procedures for the periodic copying of data to other media and the process for restoring data to its original or prior form. Tests shall be performed to validate the backup and recovery procedures. The Contractor shall include provision for off-site storage of the V.I.P. application and data. The Contractor shall participate in the State's disaster recovery tests during the Implementation and Post-Implementation Support Phases of this project. The Contractor shall update this plan in subsequent phases, as more information is available.

A.28. Problem Resolution Plan. The Contractor shall create a Problem Resolution Plan during the Design Kick-off Phase. A problem repository shall be provided to track all reported problems and issues, including the current status. The Contractor shall utilize the State-provided automated software testing tool for tracking software defects and a repository for tracking other open project issues that are not classified as software defects. The State shall be granted access to these repositories to view information, as needed. The Contractor shall update this plan in subsequent phases, as more information is available.

The Problem Resolution Plan shall address the following requirements:

A.28.a. Problem Reporting. The Contractor shall track reported problems, using the automated problem tracking tool, to closure and report their status upon request. The Contractor shall evaluate each reported problem, estimate the time needed to resolve the problem, identify potential impacts on the system and the project, and report to the State. If the State decides to proceed with the resolution, it shall assign a relative priority to the problem. The Contractor shall then resolve the problem

according to its assigned priority. Resolutions shall be verified and approved in writing by the State to be considered closed.

1) Critical Problems. The Contractor shall classify certain problems as "critical" at its sole discretion. The Contractor shall act to resolve critical problems as quickly as possible, bringing to bear all necessary resources.

2) Non-Critical Problems. The Contractor shall resolve a non-critical problem typically within twenty-one (21) calendar days following the date the State notifies the Contractor to proceed with a proposed resolution. If the Contractor finds it cannot resolve a specific problem within this time frame, it shall provide justification for the delay and propose a new resolution date prior to the end of the twenty-one (21) days.

A.29. User Acceptance Test Plan. The Contractor shall create a User Acceptance Test Plan during the Design Kick-off Phase. The User Acceptance Test Plan shall be a description of the Contractor's role in leading and supporting the State in User Acceptance Testing. The State shall actually perform the User Acceptance Test.

User Acceptance Test Plans shall be developed to provide State testers with clear, user-friendly instructions and expected test results. User Acceptance Test Plans shall include the specific objectives to be accomplished, the conditions that shall be met to prove that the objectives are accomplished, the data that shall be used in testing those conditions and the expected results. All test cases shall be traced to specific requirements and specifications, and specific requirements and specifications shall be mapped to one or more identified test cases.

The User Acceptance Test Plan shall include realistic time frames for completion of the testing by State staff. The Contractor shall update this plan in subsequent phases, as more information is available. This deliverable shall be reviewed with the State; State approval is required before training classes for user acceptance testers are scheduled.

A.30. Training Plan. The Contractor shall create a comprehensive Training Plan during the Design Kick-off Phase. The Contractor shall update this plan in subsequent phases, as more information is available, in order to continuously improve the training process.

A.30.a. Overall State Training. The Contractor shall prepare a separate training plan for each type of training. All training shall be role-based, modular and scaleable in design. The Contractor will conduct train-the-trainer training, while the State will be responsible for training remaining State staff.

1) Modular and Scaleable Classes. The Contractor shall describe their approach to design modular and scaleable training classes to meet the specific needs of each individual who requires training for the V.I.P. and the method of training that will provide the most benefit for each business user.

2) Training Methods. In the Training Plan, the Contractor shall utilize multiple methods of training, including, but not limited to, web training, classroom training, computer-based training (CBT), and video training.

3) Training Content. The Contractor shall present "the big picture" in each training class to address how that specific training component fits into the larger picture and contributes to a result. The Contractor's training content shall include system workflow and usage training for all types of system users. The Contractor shall emphasize the importance of following standard practices for

data entry and other system usage to ensure quality and completeness of data and to achieve maximum system benefits for all users.

4) Training Curricula and Materials. The Contractor shall create role-based training curricula that are customized for each unique training class. The Contractor is responsible for developing all training materials and curricula in Microsoft Word; these training documents shall be converted to PDF format for electronic presentation to training participants. All training materials and curricula shall be owned by the State. The Contractor is not responsible for making copies of training curricula; this task shall be performed by the State. However, the Contractor shall ensure that all training curricula, plans, and other training materials are current prior to training.

5) Training Schedule. In the Training Plan, the Contractor shall schedule training sessions in accordance with the system implementation schedule and the Master Project Work Plan. The Contractor shall prepare a "just-in-time" training schedule for all training classes. The State is responsible for identifying training locations and providing training facilities for training conducted by the Contractor for State business users.

6) Training Preparation. The Contractor shall ensure that all procedures, training environment hardware and software configurations, classroom setup requirements, etc. reflect the most current information for State training.

7) Training Assessment. The Contractor shall implement methods to continuously assess and evaluate the training process and to make adjustments, as necessary. Training approach, curricula, methods, procedures, and materials should be changed as necessary to ensure that State participants are receiving the most effective training for the V.I.P. The Contractor shall implement methods for assessing the results of training by class participants and by State Office management, who shall observe and evaluate the training process.

A.30.b. Business User Training. The Contractor shall provide train-the-trainer training to prepare State trainers to perform training for business users who shall use the V.I.P. to perform daily job functions. State trainers shall train all other DHS business users. Training shall be structured around the new business user roles that are defined during the Design Phase. A business user is defined as a State employee or Contractor hired by the State to perform business functions.

The business user training curricula and materials shall cover, at a minimum, the following topics:

1) System Overview including: system benefits; data inputs, data outputs, and reports produced; major system business functions; and User Manual contents and usage.
2) System Usage including: entering data and data validation; data correction and user help features; menu and system function navigation; problem recovery; report contents, report generation; search and inquiry features; and record update procedures.
3) System Operation including: seeking technical help (application and equipment assistance); all course instructors' and students' classroom materials (e.g. manuals, handouts, etc.).

A.30.c. Technical Staff Training. The Contractor shall train the State's technical team that will perform maintenance and support activities after the Contract end date.

1) Training Assessment by Technical User Role. The Contractor shall identify technical staff that the Contractor is responsible for training. The Contractor shall

assess the training needs of the State's business analysts, systems analysts, DBA's, developers, and operations specialists.

2) Technical Training Content. The Contractor shall train the State's technical staff in the State-approved detailed product development methodology for the V.I.P. and in the use of automated tools that are used to support that methodology for the initial implementation and future maintenance and support of the system. The Contractor shall mentor State technical staff by allowing members of the State technical staff to work in conjunction with Contractor staff to transfer knowledge and build skills that are necessary to promote a successful turnover of future maintenance and support to State technical staff during the Post Implementation Support Phase.

3) Technical Training Curricula and Materials. The Technical Staff training curricula and materials shall cover all aspects of system design, operation, and maintenance, including, at a minimum, the contents and usage of the Operations Manual.

A.31. Data Conversion Plan. The Contractor shall be responsible for all manual and automated conversion efforts. The Contractor shall develop and implement a Data Conversion Plan to convert data in a timely manner and one that ensures data integrity and the validity of the data are maintained throughout the conversion and implementation phases. The Data Conversion Plan shall address the Contractor's strategy for converting and maintaining approximately ten (10) years of legacy data to the new V.I.P. database. The Data Conversion Plan shall be developed in support of the State-approved implementation schedule.

The Data Conversion Plan shall be created during the Design Kick-Off Phase and shall be updated throughout the project.

a. Process for Converting Data from Legacy Systems. The Contractor shall convert data from several legacy systems that are being fully or partially replaced within the scope of the V.I.P. project, as defined in Contract Attachment B. The Contractor shall define the data conversion process that will be used for each of these legacy systems.

b. Integration Testing Requirement. Integration testing shall be performed and results documented on this converted data, prior to User Acceptance Testing.

c. Data Conversion Plan Content. The plan shall address, at a minimum, the following:

1) Data cleansing.
2) Identification of all conversion tasks.
3) Schedule of conversion tasks.
4) Identification of all data sources.
5) Identification of data elements and/or systems to be converted.
6) Identification of data needed to populate the system so that the V.I.P. is a fully functioning system.
7) Data conversion and load process.
8) Conversion environments.
9) Conversion testing.
10) Identification and tracking of defects.
11) Roles, responsibilities, and staffing to support conversion.
12) Conversion overview noting objectives, approach, roles, techniques, testing process, date validation, impact and resources.
13) Conversion strategy for handling "black out" period when switching from the old system to the new and the interfaces associated with each.

14) Conversion process (automated, manual, verification procedures, and acceptance responsibilities).
15) Conversion of data into a common format (i.e. XML) prior to the loading into the V.I.P.
16) Conversion support (system resource requirements, policy and hardware).
17) Manual conversion system/data cleanup activities.
18) Manual data entry activities.
19) Procedure for continually updating V.I.P. data when there are changes to the source systems until all the V.I.P. sites have been implemented.
20) Identification of necessary computer processing workloads.
21) Identification of and planning for manual support requirements.
22) Identification of control procedures and evaluation criteria.
23) Special training for conversion activities.
24) Any interim file maintenance requirements.
25) Development of conversion programs (This includes specifications, program coding, test plans, and complete testing).
26) Backup and recovery of converted data, including methods for returning to legacy state.

A.32. Implementation Plan. The Contractor shall create an Implementation Plan during the Design Kick-off Phase. The Implementation Plan shall describe the strategy for installing the system by defining the processes, schedules, hardware installation, software installation, and site preparation. The Contractor shall update this plan in subsequent phases, as more information is available.

A.32.a. Approach to Implementation. The Contractor shall describe its overall approach to implementation during the Design Kick-off Phase. This approach shall be updated throughout the project as additional information is known. The Contractor shall develop a strategy for providing the necessary staff to ensure that the required level of implementation support is available.

A.32.b. Required Content of Implementation Plan. The Implementation Plan should describe, at a minimum, the following:

1) recommendations concerning third-party software needs and timing of purchase (if applicable);
2) the objectives and approach for components requiring installation with particular emphasis on utilization of the WAN, Intranet, Extranet and Internet;
3) the schedule of installation activities, relating to system issues, data conversion, training, and testing of third party software (if applicable);
4) implementation preparation tasks in detail, readiness to convert the required data, security preparation, staff training, personnel assignments, and level of resources required for each area;
5) site preparation, addressing site-specific requirements and plans;
6) confirmation of the training schedule;
7) confirmation of the systems test objectives and schedule;
8) confirmation of the software completion schedule;
9) confirmation of the data conversion and system conversion schedule;
10) identification of production locations (not to exclude non-traditional DHS location);
11) production job flow and job dependencies;
12) manual support procedures;
13) updated documentation;
14) backup and recovery procedures; and
15) contingency approach.

A.33. State Service Portal Contract. The State has established a State Service Portal to provide a single access point that functions as an interactive information and

transaction gateway to improve the way citizens and businesses access State government services and information over the internet. A contract has been established with a provider of portal services. It is State policy that all internet services provided to citizens and businesses shall go through this portal.

A.33.a. State Service Portal, State Responsibilities. During all project phase activities, the State Project Manager shall work with the State Portal Manager to facilitate the flow of information and the resolution of issues between the new System Contractor and the Portal Contractor.

A.33.b. State Service Portal, V.I.P. Contractor Responsibilities. The V.I.P. Contractor shall work with the State Portal Contractor to provide information and to develop a seamless interface with the State portal application. The V.I.P. shall process these transactions, update databases, extract information to respond to queries and pass data back to the portal application for presentation to the citizen or business. To accomplish this, the Contractor for the new system shall do the following in the appropriate project phases:

1) Include tasks and deadlines in the work plan related to the integration of the portal application with the V.I.P.
2) Develop specifications for the interface between the portal application and the new system. These specifications shall include, but are not limited to, formats, field definitions, whether data is optional or required, screen headings and field captions.
3) Work with the State and the Portal Contractor to thoroughly test the integration of the portal application interface with the V.I.P.

A.34. State Service Center and Interactive Voice Response (IVR) Capabilities. The State has implemented a Service Center to improve the way citizens and businesses access State government services and information over the telephone.

State Service Center, V.I.P. Contractor Responsibilities. The V.I.P. Contractor shall work with the State Service Center Manager to provide information and to develop a seamless interface with the State Service Center application. The V.I.P. shall receive search criteria from the Service Center application, develop queries, and extract information to respond to queries and pass data back to the Service Center application for voice presentation to the citizen or business or screen presentation to the Service Center representative. To accomplish this, the Contractor for V.I.P. shall do the following in the appropriate project phases:

1) Include tasks and deadlines in the work plan related to the integration of the Service Center/IVR application with the V.I.P.
2) Develop specifications for the interface between the Service Center/IVR application and the V.I.P. These specifications shall include the data for search criteria and data returned as search results.
3) Work with the State to thoroughly test the integration of the Service Center application interface with the V.I.P.

A.35. Electronic Benefit Transfer (EBT). A Contract has been established with an EBT Contractor to provide EBT services. EBT cards are used by eligible clients to access food stamp and cash benefits and to track Families First work activities, where appropriate. Provider payments for Child Care services shall require time and attendance verification to be matched against Families First Work activity data using electronic benefit transfer (EBT) technology. Families First training and education activities shall require time and attendance tracking and verification utilizing EBT technology for the purpose of establishing participant compliance.

A.35.a. EBT, V.I.P. Contractor Responsibilities. The V.I.P. shall process EBT transactions, update databases, extract information to respond to queries and send data to and receive data from the EBT application. To accomplish this, the V.I.P. Contractor shall do the following in the appropriate project phases:

1) Include tasks and deadlines in the work plan related to the integration of the EBT application with the V.I.P.
2) Develop specifications for the interface between the EBT application and the V.I.P. These specifications shall include the data for search criteria and data returned as search results.
3) Work with the State to thoroughly test the integration of the EBT application interface with the V.I.P.

A.35.b. EBT, State Responsibilities. During all project phase activities, the State Project Manager shall be the liaison between the V.I.P. and the EBT Contractor, facilitating the flow of information and the resolution of issues.

A.35.c. EBT, EBT Contractor Responsibilities. The EBT Contractor has developed the EBT applications that shall interface with the V.I.P. Citizens and businesses shall interact with these EBT applications which shall accept the information necessary to complete transactions and format the transactions that shall be submitted to the V.I.P.

A.36. Turnover Plan. The Contractor shall create a Turnover Plan during the Design Kick-off Phase. The Contractor shall update this plan in subsequent phases, as more information is available.

A.36.a. Content of Turnover Plan. The Contractor shall outline its plan for turnover from Contractor support to State support. The Turnover Plan shall include the state of readiness required for system turnover. This plan shall outline the conditional criteria required to turn over responsibilities for the operation and support of the V.I.P. from the Contractor staff to State staff. The Contractor shall develop high-level specifications for decreasing Contractor staff responsibilities and increasing State staff responsibilities for system operations, support, and maintenance. The Turnover Plan shall describe all tasks to be performed by the State and the Contractor to ensure a smooth transfer of services to the State. Under the direct supervision of the Contractor and without limiting or revoking the Contractor's warranty, the State technical staff shall assist the Contractor with some of the daily maintenance and support activities during the Post-Implementation Support Phase. This activity shall serve as a method of teaching the State's technical staff to perform the necessary job functions to allow the State to assume full responsibility for the maintenance and support of the system at the end of the Post-Implementation Support Phase.

A.36.b. Measurements for Successful System Turnover. At a minimum, the Contractor's success with system turnover shall be measured by the State's ability to:

1) Demonstrate an understanding of the V.I.P. business processes and rules with the ability to explain concepts to others.
2) Support the on-line environment by resolving any interruptions in a timely manner.
3) Successfully schedule, execute and support the batch cycles (daily, weekly, month end and reporting) and understand the business implications of batch jobs, production issues, etc.
4) Respond to all production issues in a timely manner, providing accurate and meaningful responses and workarounds.
5) Respond to all case inquiries and/or central office staff requests in a timely manner, providing accurate and meaningful responses and workarounds.

6) Demonstrate an understanding of the V.I.P. technical architecture and capability to resolve.
7) Apply data model changes, upgrading as needed.
8) Quickly assess the impact future changes would have on the system by: performing thorough analysis, consulting with stakeholders and end users, and communicating impact of proposed changes; estimating effort required to design, develop, test, document, implement and support requested changes; developing detailed designs and conducting peer reviews, assessing program logic and performance; developing and modifying program logic that meets business requirements and adheres to development standards; developing comprehensive test plans; conducting comprehensive string, systems and user acceptance tests to confirm business requirements and successfully planning, implementing and verifying all system changes.
9) Assess the performance of the V.I.P. application and the impact of future modifications and recommend and implement changes to correct performance issues.

Design Kick-Off Phase

A.37. Contractor's Project Team. In accordance with the Contractor's proposal, the Contractor shall submit a finalized listing of the individuals on the core project team documenting their corresponding role(s) and an organizational structure diagram of the project team.

The Contractor shall have staff on-site at the State office within thirty (30) days of the Contract start date. Contractor responsibilities shall be performed on-site by Contractor staff.

A.38. Establish Project Workgroups. The Contractor shall establish project workgroups which may be assigned specific tasks, based on workgroup expertise.

A.39. Perform Project Documentation Review. The Contractor shall review all information provided in the documentation library. During the first two weeks after the arrival at the State Project site, the Contractor's primary project staff shall review project documentation to become familiar with the objectives, scope and requirements of the project. The Contractor shall thoroughly review the State's requirements as defined in this Contract and attachments and identify any additional information needed.

A.40. Review General and Technical Requirements. During the Design Kick-Off Phase, the Contractor shall review the State's General and Technical Requirements, as defined in Contract Attachment G. The Contractor shall develop V.I.P. in accordance with the State's General and Technical Requirements.

A.41. Project Documentation Repository. The Contractor shall create a repository to store project documentation.

A.42. Change Management Repository. The Contractor shall utilize a repository for the management and tracking of changes relating to software or deliverables.

A.43. Attend Walk-Through Orientation Sessions. The Contractor shall attend walk-through orientation sessions with the State project team. The Contractor shall document questions that arise from this orientation session.

A.44. Perform Data Analysis of Legacy Systems Data. The Contractor shall begin to perform data analysis of legacy system data that will be converted to the V.I.P. database. This analysis shall be completed during the Detailed Design Phase of the project.

A.45. Perform Quality Assurance Activities. The Contractor shall perform quality reviews of project deliverables and submit results of these reviews to the State for review. The Contractor shall demonstrate an understanding of the State's Quality Assurance activities and shall provide documentation to the State as requested for the State's quality assurance reviews.

A.46. Other Contractor Tasks and Deliverables. The Contractor shall be responsible for performing project tasks and completing additional project deliverables, as defined by the Contractor in the Contractor's Master Project Work Plan.

A.47. Contractor's Responsibility for Design Kick-Off Phase Deliverables. The State and Contractor shall acknowledge completion of all Design Kick-Off Deliverables. The Contractor shall provide the following Design Kick-Off deliverables to the State for approval:

a. Detailed Product Development Methodology
b. Development Standards
c. Comprehensive Project Plan
d. Master Project Work Plan
e. Assumptions and Constraints
f. Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation
i. Project Team Organizational Structure document
j. Contractor Staff Assignments and Project Roles document
k. State Office Presence Certification document
l. Project Workgroups document
m. Plan for Working with State Staff
n. Quality Management Plan
o. Weekly Status Reports for Project Team
p. Weekly Status Team Meeting Notes
q. Action Items and Open Issues Repository
r. Change Management Plan
s. Configuration Management Plan
t. Communication Plan
u. Change Readiness Plan
v. Project Web Site
w. Capacity Analysis and Evaluation Plan
x. Security Plan
y. Test Management Plan
z. Backup and Recovery Plan
aa. Problem Resolution Plan
bb. Acceptance Test Plan
cc. Training Plan
dd. Data Conversion Plan
ee. Implementation Plan
ff. Turnover Plan
gg. Written Feedback and Questions from Walk-through Session
hh. Written Feedback from Documentation Review
ii. Written Feedback from Review of General and Technical Requirements
jj. Project Documentation Repository
kk. Change Management Repository
ll. Legacy Data Analysis Results
mm. Quality Review Results
nn. Other Deliverables as Defined in the Contractor's Master Project Work Plan
oo. Written Acknowledgement of Completion of All Design Kick-Off Deliverables

General Design Phase

A.48. Conduct Project Kick-off Meeting. The Contractor shall conduct a Project Kick-Off Meeting with the State to formally announce the initiation of the project. This meeting shall focus specifically on the responsibilities of the Contractor and working relationships and interactions among the Contractor and State staff, which have been defined and approved by the State. In addition, the Master Project Work Plan shall be reviewed with the group. Presentation materials and handouts shall be developed by the Contractor and presented to the State for review and approval, prior to the Project Kick-off Meeting.

A.49. Participate in Detailed Walk-through of Legacy Systems. The Contractor shall participate in a detailed walk-through of legacy systems being completely or partially replaced with the implementation of the V.I.P. The Contractor shall document the results of this walk-through session.

A.50. Provide Guidance in the Installation of Framework Software. As requested by the State, the Contractor shall provide guidance to the State in installing any required software to meet requirements for the V.I.P. on the hardware specified at the State. Installation is anticipated to be on equipment identified as being part of the State platform environment. For COTS software, the vendor shall ensure that the State is fully informed about licensing requirements for selected COTS software before requesting State approval.

A.51. Provide Infrastructure Specifications. The Contractor shall provide specifications to the State for configuration and installation of servers, workstations and any associated hardware, software and telecommunications equipment making up the State's platform environment.

A.52. Conduct Technical Review with State. The Contractor shall conduct a technical review of the Infrastructure Specifications with the State, including participants from DHS and F&A OIR. The Contractor shall document the results of this technical review.

A.53. Initiate Product Development Methodology and Assist in the Installation of Related Software Tools. The Contractor shall initiate the Detailed Product Development Methodology as documented by the Contractor and approved by the State. As requested by the State, the Contractor shall assist the State in the installation of the related software tools which shall be utilized in all phases of the V.I.P. project.

A.54. Analyze the State's Correspondence and Notice Requirements. The Contractor shall perform a detailed analysis of the State's correspondence and notice requirements, as identified in Contract Attachment F. Additional information is provided in the documentation library. The conceptual data model or entity relationship diagram shall contain all data elements and be modeled to support all requirements for correspondence and notices. The Contractor shall develop General Design Specifications for Correspondence and Notices.

A.55. Analyze the State's Standard Reporting and Adhoc Query Requirements. The Contractor shall perform a detailed analysis of the State's standard reporting requirements, as identified in Contract Attachment E, and adhoc query requirements, as defined in Contract Attachment G. Samples of existing reports are provided in the documentation library. The conceptual data model or entity relationship diagram shall contain all data elements and be modeled to support all requirements for standard reports and adhoc queries. The Contractor shall develop General Design Specifications for the State's standard reporting and adhoc query requirements.

A.56. General System Design Specifications. The Contractor shall develop General System Design Specifications that reflect validated and refined requirements and business process changes that have been approved by the State. See Contract section A.19.b. for definition of change orders. In the General System Design Specifications, the Contractor shall validate that the new system design will meet the State's requirements and provide an integrated, streamlined solution to those requirements. The Contractor shall clearly describe the modifications and expansions that are required to the baseline design to conform to the State's unique requirements.

A.56.a. Validate Business User's Vision of Business Requirements, Workflow and Business Rules. The Contractor shall facilitate sessions with the State project team to validate, refine, and document the State's functional requirements and business rules. During these sessions, the functional requirements and business rules shall be reviewed, validated, and refined. Also, the Contractor shall summarize the results of the requirements' and business rules' validation process in narrative format.

Contract Attachment C contains the business user's initial vision of the workflow and functionality in the new system. While high-level functionality for the V.I.P. has been defined by the business users, the content of some of the process documents may exceed the minimum functional requirements and contain initial design considerations for the V.I.P. Any design considerations contained within Contract Attachment C are not to be construed as the final design concept that must be utilized in the development of the V.I.P. or the validation of State's functional requirements and business rules as required by this Section. The Contractor shall review these design considerations as part of the validation and refinement of the State's functional requirements and business rules as required by this Section. However, the Contractor and the State may make recommendations for design improvements, as defined in Contract Section A.56.d, that are within the general functional requirements set forth in Contract Attachment C, and these types of design changes are not classified as a Change Order as otherwise defined in Section A.19.b.

A.56.b Validate Existing System Architecture. The Contractor shall review, validate, and document existing system architecture including network, capacity analysis, and current designs. The Contractor shall take advantage of existing State network infrastructure, as specified by the State. The new solution shall support operations and enable old and new systems to work together more easily through an efficient, reliable technical infrastructure.

A.56.c. Perform Fit-Gap Analysis. The Contractor shall perform a fit-gap analysis by comparing the validated requirements from A.56.a. to the base requirements from the baseline framework solution. The Contractor shall identify, analyze, and document the requirement gaps. This document shall map, at a detailed level, the extent that the framework software can meet the State-required functions. This document shall be at a level of detail sufficient to show how the function can be provided. The Contractor shall detail each change needed to bring the software package into compliance with the State's requirements and a design solution shall be identified that shall meet the State's needs. For each requirement that requires custom code, the impact in cost and time for this customization during the initial implementation as well as for future upgrades shall be documented. For each requirement that can be met out-of-the-box with little or no configuration required, specific examples of screen shots, database relationships, and workflow processes shall be provided to establish that the requirements can be satisfied. The Fit-Gap Analysis document shall be presented to the PSC for review and approval.

A.56.d. Perform Business Process Re-engineering and Develop High-Level Conceptual Requirement Models. The Contractor shall facilitate design sessions with the State

and make recommendations to the State for process improvements, at the general system design level, that correspond to best business practices and that utilize common and reusable objects. Functional requirements and business rules shall be updated to reflect State-approved changes.

Based on the results, Conceptual Requirement Models shall be developed that reflect integration of all components of the V.I.P., including software modules and hardware configuration. The required models shall include, but not be limited to, a high-level business process model, a conceptual data model or entity relationship diagram, and a technical infrastructure model.

A.57. Cleanse Legacy System Data for Conversion. The Contractor shall cleanse legacy system data in preparation for the data conversion process.

A.58. Conduct General System Design Overview. The Contractor shall present an overview to the State of the General System Design Specifications and requirement models. The purpose of this overview is to communicate broad system design concepts and to validate that the design meets the State's requirements. The Contractor shall prepare presentation materials, handouts, and mock screens to demonstrate the workflow of each functional component of the V.I.P. After the overview is presented to the State, the requirements and supporting design documents shall be updated to reflect State approved changes.

A.59. Contractor's Responsibility for General Design Phase Deliverables. The State and Contractor shall acknowledge completion of all General System Design Deliverables. The Contractor shall provide each deliverable listed below for review and approval by the State.

a. Updated Detailed Product Development Methodology
b. Updated Development Standards
c. Updated Comprehensive Project Plan
d. Updated Master Project Work Plan
e. Updated Assumptions and Constraints
f. Updated Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation
i. Updated Project Team Organizational Structure document
j. Updated Contractor Staff Assignments and Project Roles document
k. Updated Quality Management Plan
l. Weekly Status Reports for Project Team
m. Weekly Status Team Meeting Notes
n. Updated Action Items and Open Issues Repository
o. Updated Change Management Plan
p. Updated Configuration Management Plan
q. Updated Communication Plan
r. Updated Change Readiness Plan
s. Updated Project Web Site
t. Updated Capacity Analysis and Evaluation Plan
u. Updated Security Plan
v. Updated Test Management Plan
w. Updated Backup and Recovery Plan
x. Updated Problem Resolution Plan
y. Updated Acceptance Test Plan
z. Updated Training Plan
aa. Updated Data Conversion Plan
bb. Updated Legacy Data Analysis and Cleansing Results
cc. Updated Implementation Plan
dd. Updated Turnover Plan

ee. Updated Project Documentation Repository
ff. Updated Change Management Repository
gg. Project Kick-Off Meeting Presentation Materials and Handouts
hh. Written Summary of Project Kick-Off Meeting
ii. Notes with Feedback from Detailed Walk-through of Legacy Systems
jj. Notes with Feedback from Technical Review
kk. Infrastructure Specifications
ll. General Design Specification for Notices and Correspondence
mm. General Design Specifications for Standard Reports and Adhoc Queries
nn. Written Feedback from Validation of Existing System Architecture
oo. Cleansed Legacy System Data
pp. General System Design Overview Presentation Materials and Handouts
qq. Written Summary of General System Design Overview, including mock screens
rr. General System Design Specifications
ss. Written Results of Requirement Validation Process
tt. Written Results of Fit-Gap Analysis
uu. High-Level Business Process Model
vv. Conceptual Data Model or Entity Relationship Model
ww. Technical Infrastructure Model
xx. Quality Review Results
yy. HIPAA Security Risk Assessment
zz. Other Deliverables as Defined in the Contractor's Master Project Work Plan
aaa. Written Acknowledgement of Completion of All General System Design Phase Deliverables

Detailed Design Phase

A.60. Define Detailed Requirements. The Contractor shall conduct sessions with the State to identify and further document the detailed requirements and business rules for all system functionality, interfaces, reports, notices, correspondence, and data elements. The Contractor shall continue to perform business process re-engineering during detailed system design and make recommendations to the State for process improvements at the detailed design level. See Contract section A.19.b. for definition of change orders.

A.61. Develop Detailed Framework Design Specifications. The Contractor shall develop a detailed Framework Design Specifications document that addresses database design including traceability to all requirements, object models, data models, data flow diagrams, data dictionaries, navigation techniques, screen layouts, standard report layouts, correspondence layouts, notice layouts, form and messaging formats. In developing screen, report, notice, or other layouts, the Contractor shall perform prototyping or demonstrate selected functionality of the framework product to enable State staff to more effectively review, validate and approve designs throughout the design process. Details of inputs, outputs, edits, descriptions of functions and processes, help screens, interfaces and appropriate diagrams of application software design, including back-up and recovery shall be included.

The Contractor shall develop requirement models at the elementary process level that reflect integration of all components of the V.I.P., including software modules and hardware configuration. The models shall reflect real-time, on-line integration with interfacing entities, where possible, and provide for batch-processing where real-time, on-line integration is not an option. The required models shall include, but not be limited to, a business process model with all processes defined at the elementary process level, a physical data model with detailed documentation including a data dictionary, a detailed technical infrastructure model, and a Case Workflow and Procedural Specification Document.

A.61.a. Design Physical Database Model. The Contractor shall develop a relational physical database model that reflects business process re-engineering, the use of common and reusable components, and integration of all business functions. The Contractor shall ensure that the model promotes scalability and modularity. The Contractor shall ensure that data integrity is enforced through table relationships that accurately model the requirements of the State and the State's Objectives and Strategies, as described within this Contract. The Contractor shall provide, at a minimum, the following documentation for this physical data model: definitions of data requirement; file structures, organization, access, and processing limitations; standard patterns for report formats and screen displays, including screen paths; logical entity relationship diagram (logical data model) and physical database diagram (physical data model) and trigger and stored procedure usage documentation.

The Contractor shall determine production space requirements for the V.I.P. database.

A.61.b. Construct Case Workflow and Procedural Specification Document. The Contractor shall construct a Case Workflow and Procedural Specification document. The implementation of the V.I.P. shall result in significant changes in the way day-to-day business is conducted by the State. A key component of the detailed requirements analysis and definition process shall be the identification of these changes for all users of the system. These specifications shall include a complete description of operations workflow under the system. A business case activity diagram to graphically depict business entities, workflow, roles and responsibilities shall be produced for the V.I.P. In addition, class and interaction diagrams should be prepared to document relationships and collaboration among business workers and entities. The workflow and procedural specifications shall become a principal source of input to the process of developing a training and change readiness program for the new system users; these diagrams and specifications shall be kept up-to-date throughout the Project.

A.61.c. Conduct Walk-through of Workflow and Procedural Specifications. The Contractor shall conduct a walk-through of the workflow and procedural specifications to enhance the State's understanding and to facilitate the approval process. The Contractor shall provide presentation materials and handouts for this walk-through session. The Contractor shall document the results of this session.

A.61.d. Develop Interface Design Specifications. The Contractor shall work with the State and other external entities to re-engineer and standardize interfaces with external systems to facilitate seamless integration with other systems. The Contractor shall develop detailed Interface Design Specifications for all interfaces with the V.I.P., as defined in Contract Attachment D. For each V.I.P. interface, the Contractor shall identify interface files and processing limitations, define the operating environment, including architecture of the system and error control procedures. The Contractor shall ensure that the V.I.P. will integrate successfully with the Service Center and IVR functionality. The Contractor is responsible for the design and development of interfaces.

A.61.e. Conduct Walk-through of Interface Design Specifications. The Contractor shall conduct a walk-through of the interface design specifications. The Contractor shall develop presentation materials and handouts for this walk-through session. The Contractor shall document the results of this session.

A.61.f. Develop Design Specifications and Layouts for Reports, Notices, and Correspondence. The Contractor shall develop design specifications and layouts for reports, notices, and correspondence. The Contractor shall review reports, notices, and correspondence in the State's documentation library during the development of the design specifications and layouts for reports, notices, and correspondence.

A.61.g. Define Security Requirements and Security Design Specifications. The Contractor shall document system security and access constraints, requirements and procedures, as defined in the Security Plan. The Contractor shall develop security design specifications and shall detail how role-based security features shall be implemented in the V.I.P., including what products shall be used. Proposed levels of security, limitations of capabilities, and required protocols shall be provided. The format and content of role-based security tables shall be included, as well as the recommended starting point for establishing security profiles.

A.62. Develop Use Case Scenario Template. The Contractor shall develop a template for the State to utilize in documenting use case scenarios.

A.63. Lead State in Documenting Use Case Scenarios. The Contractor shall lead the State in documenting the use case scenarios, utilizing the Use Case Scenario template, to simulate all case conditions that the system shall support. The Use Case Scenarios shall include all functional elements and scenarios addressed in analysis, business requirement and design sessions. Each Use Case Scenario shall be traced to specific business rules, requirements, and specifications.

A.64. Conduct Design Walk-through. The Contractor shall prepare presentation materials and handouts and conduct a walk-through of each functional component of the new system for State quality reviews, including technical topics such as database design. The Contractor shall document the results of this walk-through session.

A.65. Conduct Detailed System Overview. The Contractor shall construct and present a Detailed System Overview of the Detailed Framework Design to State staff, including representatives from various user categories and selected central office, county, and district offices to validate the detailed system design documentation.

The Contractor shall illustrate design flexibility, scalability, and modularity and the utilization of common and reusable components. The Contractor shall also demonstrate how the design facilitates the automation and ease of maintenance of the table-driven business rules.

The Contractor shall develop presentation materials and handouts for this overview session. The Contractor shall document the results of this Detailed System Overview session.

A.66. Conduct Capacity Analysis and Develop Capacity Requirements. The Contractor shall develop capacity requirements and make recommendations to the State, as defined in the Capacity Analysis and Evaluation Plan. During system installation, the Contractor shall evaluate performance factors including, but not limited to, transaction volumes, response times, CPU utilization, memory utilization, and input/output activity.

A.67. Update Detailed System Design Documentation. After the overview is presented to the State, the requirements and the supporting design documents shall be updated to reflect feedback from the Detailed System Overview and the Design Walk-through.

A.68. Cleanse Legacy System Data for Conversion. The Contractor shall cleanse legacy system data in preparation for the data conversion process.

A.69. Perform Legacy System Data Mapping to the V.I.P. Database and Document Data Migration Requirements. The Contractor shall map data fields from each legacy system being completely or partially replaced to the V.I.P. database, in preparation for data conversion process. The Contractor shall document data migration requirements and submit these requirements to the State for review and approval.

A.70. Develop Contingency Approach. The Contractor shall develop a Contingency Approach, as a part of the Implementation Plan. The Contingency Approach is a plan that is maintained for emergency response, operation backup and post-disaster recovery for V.I.P., to facilitate the continuity of operations in an emergency situation and to ensure the availability of critical resources.

A.71. Contractor's Responsibility for Detailed Design Phase Deliverables. The State and Contractor shall acknowledge completion of all Detailed System Design Deliverables. The Contractor shall submit each deliverable for review and approval by the State.

a. Updated Detailed Product Development Methodology
b. Updated Development Standards
c. Updated Comprehensive Project Plan
d. Updated Master Project Work Plan
e. Updated Assumptions and Constraints
f. Updated Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation
i. Updated Project Team Organizational Structure document
j. Updated Contractor Staff Assignments and Project Roles document
k. Updated Quality Management Plan
l. Weekly Status Reports for Project Team
m. Weekly Status Team Meeting Notes
n. Updated Action Items and Open Issues Repository
o. Updated Change Management Plan
p. Updated Configuration Management Plan
q. Updated Communication Plan
r. Updated Change Readiness Plan
s. Updated Project Web Site
t. Updated Capacity Analysis and Evaluation Plan
u. Capacity Analysis and Evaluation Results and Recommendations
v. Updated Security Plan
w. Updated Test Management Plan
x. Updated Backup and Recovery Plan
y. Updated Problem Resolution Plan
z. Problem Repository
aa. Updated Acceptance Test Plan
bb. Updated Training Plan
cc. Updated Data Conversion Plan
dd. Updated Legacy Data Analysis and Cleansing Results
ee. Updated Implementation Plan
ff. Updated Turnover Plan
gg. Updated Project Documentation Repository
hh. Updated Change Management Repository
ii. Updated Infrastructure Specifications
jj. Detailed Requirements and Business Rules
kk. Security Requirements
ll. Detailed Framework Design Specifications
    1) Physical Database Model, including: Data Requirement Definitions; File Structures, Organization, Access, and Processing Limitations; Logical Data Model or Entity Relationship Diagram; Physical Data Model or Physical Database Diagram; Data Dictionary; and Trigger and Stored Procedure Usage Documentation.
    2) Business Process Model (Elementary Process Level)
    3) Detailed Technical Infrastructure Model
    4) Security Requirements and Design Specifications
    5) Case Workflow and Procedural Specifications

6) Interface Design Specifications
7) Design Specifications and Layouts for Reports, Notices, and Correspondence
8) Backup and Recovery Requirements
9) Layouts for All Screens, Standard Reports, Correspondence, and Notices. Standard Patterns for Report Formats and Screen Displays, including Screen Paths.

mm. Use Case Scenario Template
nn. Detailed Use Case Scenarios for Acceptance Testing
oo. Production Space Requirements
pp. Data Conversion Mapping and Migration Requirements
qq. Cleansed Legacy System Data
rr. Unit Test Plans
ss. Contingency Approach, as documented in the State's ITM
tt. Case Workflow and Procedural Specifications Walk-through Materials and Handouts
uu. Written Feedback from Case Workflow and Procedural Specifications Walk-through
vv. Interface Design Specifications Walk-through Materials and Handouts
ww. Written Feedback from Walk-through of Interface Design Specifications
xx. Design Walk-through Presentation Materials and Handouts
yy. Written Feedback from Design Walk-through
zz. System Overview Presentation Materials and Handouts
aaa. Written Feedback from System Overview
bbb. Quality Review Results
ccc. Updated HIPAA Security Risk Assessment
ddd. Other Deliverables as Defined in the Contractor's Master Project Work Plan
eee. Written Acknowledgement of Completion of All Detailed System Design Phase Deliverables

Construction Phase

A.72. Generate Database. The Contractor shall generate the V.I.P. database, according to the specifications defined in the physical data model.

A.73. Lead State in Completing Documentation of Use Case Scenarios. The Contractor shall lead the State in completing the use case scenarios, utilizing the Use Case Scenario template, to simulate all case conditions that the system shall support. The Use Case Scenarios shall include all functional elements and scenarios addressed in analysis, business requirement and design sessions. All Use Case Scenarios shall be traced to specific business rules, requirements and specifications and will require a sign-off by the State. The Contractor shall validate that the inventory of use cases is complete and accurate.

A.74. Construct Software. The Contractor shall develop the V.I.P. in accordance with specifications defined in the Detailed Framework Design Specifications. The Contractor shall comply with the approved Detailed Product Development Methodology and Development Standards. The Contractor shall complete the construction, configuration, and extension of the framework application as part of this task. The Contractor may use triggers and stored procedures in the construction of V.I.P. software.

Each program or framework configuration shall be thoroughly documented, to ensure traceability, by mapping the requirements to the design, the design to the code, and the requirements to the test cases for unit, system and integration testing. The Contractor shall establish configuration management and tracking, in compliance with

State-approved standards, and shall rectify software defects prior to submission to the State as a completed product.

A.75. Construct Interfaces. The Contractor shall construct each interface, as defined in Contract Attachment D. The Contractor shall integrate the interface software with the V.I.P. using Enterprise Application Integration (EAI), where appropriate. Systems being replaced by the V.I.P. are not candidates for EAI. The Contractor shall not be responsible for modifying legacy systems software; however, if coding is required within a middleware product to interface/integrate successfully, it shall be the Contractor's responsibility.

The Contractor shall provide a system that supports electronic data interchange (EDI) capabilities, including: creation and translation of the following ANSI X.12 transaction sets: 834, 997, and EDIFACT HL7; supports transaction set mapping for all ANSI X.12 and EDIFACT transaction sets. The State's automated tool shall be used to meet HIPAA requirements for the TennCare interface.

The Contractor may use triggers and stored procedures in the construction of system interfaces.

A.76. Perform Testing of Interfaces. The Contractor shall perform testing of all interfaces, in accordance with the Test Plans. Each interface shall be tested in conjunction with personnel from the external entity whose system shall interface with the V.I.P.

A.77. Initiate Security Plan. The Contractor shall construct the Security component of the V.I.P. The Contractor shall work closely with the State to define each user's roles. These users shall be assigned access to the system based on need and job role. The DHS RACF Security Administrator shall enter these values into the application software's security tables for any system testing team member and other specified State staff in preparation for system testing.

A.78. Perform Unit, System and Integration Testing of Software. The Contractor shall perform all unit, system, and integration testing of the V.I.P., in accordance with the Unit, System and Integration Test Plans. The Contractor shall test all functionality, reports, correspondence, notices, and interfaces, including the integration of the Service Center and IVR functionality. The Contractor shall utilize the State's automated testing tool, as identified in the Tennessee Information Resources Architecture in Contract Attachment J. The Contractor shall certify the effectiveness of the automated testing tool that is used to maintain HIPAA compliance with the TennCare interface. Any software or automated testing packages used by the Contractor during the system test or the documentation thereof shall be provided by the State.

During and subsequent to programming, the Contractor shall conduct a thorough test of all program subsystems. This shall ensure that when the system is available for User Acceptance Testing, the Contractor is confident that the system is fully functional and operational. At a minimum, the Contractor shall perform:

A.78.a. Unit Testing. The Contractor shall unit test all software developed or provided for use as part of the V.I.P. Documentation of the inputs, outputs, problems identified, and corrections made shall be required, in the form of a unit test results document and in accordance with the State's methodology for unit testing. Unit testing shall be performed by the Contractor on each module/program of the V.I.P. Individual sets of test data and test plans shall be created by the Contractor to completely test internal conditions of the module/program. Successful unit testing occurs when the module's test plan is completed without failure.

A.78.b System and Integration Testing. The Contractor shall test all software that is proposed to meet the V.I.P. requirements to demonstrate the functionality and performance characteristics before the start of User Acceptance Testing. The system tests shall actively use all of the functions, test all interfaces, process all types of input, and produce all reports, correspondence, and notices. The Contractor shall include certain types of cases and transactions in the test, as specified by the State.

In preparation for system testing, at a minimum, the Contractor shall:

1) Install the system in the test environment;
2) Install and configure any automated testing tools/packages;
3) Create the appropriate test environments; and
4) Ensure that sufficient test data is located in the test environment.

Integration testing shall be performed by the Contractor on each sequence of related or dependent modules and on converted data from existing legacy systems during the Construction Phase of the V.I.P. project. Any sequence of modules which will be run concurrently or consecutively (module called subroutines or additional modules) to produce an output or a result will require integration testing. Full sets of test data and test plans will be produced by the Contractor which will completely test any conditions within the sequence.

The Contractor shall be responsible for all aspects of the system and integration testing. State staff shall actively provide input and feedback during the plan's development.

A.78.c. Provide Date Override Capability. The Contractor shall develop and maintain a mechanism for overriding any default machine or operating system date enabling State testers to test system cycles by moving through time.

A.78.d. Walk-through and State Review/Approval of Testing Process. The Contractor shall prepare a software test results document. The software test results document shall include all information necessary for the State to validate that the test has been successfully executed in accordance with the approved Test Management Plan. The State shall conduct a review of the test results. State approval of the testing process is required. The Contractor shall conduct a walk-through of the testing process and the test results to enhance the State's understanding and to facilitate the approval process.

A.79. Complete Legacy System Data Mapping to the V.I.P. Database. The Contractor shall complete mapping of data fields from each legacy system being completely or partially replaced to the V.I.P. database, in preparation for data conversion process.

A.80. Develop Scripts and Convert Cleansed Legacy System Data to the V.I.P. Test Database. The Contractor shall develop scripts and convert cleansed legacy system data to the V.I.P. test database.

A.81. Perform Testing of Data Conversion. The Contractor shall perform unit, system and integration testing of data conversion.

A.82. Correct Problems Reported. The Contractor shall correct all problems reported during the Construction Phase in accordance with the Problem Resolution Plan.

A.83. Evaluate System Performance. The Contractor shall perform capacity evaluation, as defined in the Capacity Analysis and Evaluation Plan, and make recommendations to the State, as necessary. The Contractor shall provide written affirmation and validate that the State's platform environment shall support the V.I.P. in a full production capacity and meet performance standards.

The Contractor shall conduct a Capacity Evaluation Test during the Construction Phase of the project that addresses the needs and performance measurements identified in the Capacity Analysis and Evaluation Plan. Capacity Evaluation Testing shall be performed at a system level by the Contractor and in cooperation with the State project team, including individuals from OIR Database Administration, OIR Mainframe Technical Support, and OIR Telecommunications, during the Construction Phase of the project. The Capacity Evaluation Test shall include a stringent stress test that includes a simulation of workload and volume testing, which shall be used to test and monitor the limits of the system in a simulated production environment. The Capacity Evaluation Test shall be performed at peak times with peak volumes at traditional State sites and non-traditional sites. The Capacity Evaluation Test results shall determine whether the application conforms to acceptable response and hardware load conditions. The Contractor shall be required to perform capacity testing multiple times until satisfactory test results are obtained. The capacity test results shall confirm that the software and the hardware configuration meet the State's requirements.

The Contractor shall perform all application software, file structure, database and system software modifications necessary to ensure system performance reaches acceptable levels in production environments, based upon the results of the benchmarks or the capacity simulation models. The Contractor shall work with State and Contracted Network support staff to make other modifications necessary to ensure system performance reaches required performance standards in a production environment based on the results of system testing. If the State requires additional run-time improvements to meet performance requirements stated in this Contract, the Contractor shall cooperate fully and support any such requests without delay or additional compensation. Any proposed network addition shall be able to integrate with the existing State network.

The State may conduct independent capacity simulation models and, if the State so elects, the Contractor shall provide all necessary support for that process.

A.84. Create System Documentation. The Contractor shall provide the source code for each program, to the State, for all software applications as installed on the State's target platform. The Contractor shall provide program documentation for the final build/compile of each program. This program documentation must correspond to the software/hardware and consist of final compiles/builds run on the State's target platform. If triggers and stored procedures are used in the development of V.I.P., program documentation shall be provided for the usage of each trigger and stored procedure.

A.85. Create Operations Manual. The Contractor shall develop an Operations Manual, which features clear organization of content, easy to understand language, useful graphic presentations, and a thorough index and glossary. The Operations Manual shall provide State technical staff the knowledge to efficiently operate and update the system independent of Contractor assistance. The Operations Manual shall address the view of the system required by technical users. It shall provide an understanding of the application, database design and file structures, relationships between programs, security, troubleshooting, special constraints, procedures for data recovery, and other operational guidelines.

The Operations Manual shall cover all aspects of the technical operation of the system and the following topics:

a. application and database design and architecture;
b. application structure and module/sub-module/program/subroutine relationships;
c. application start-up/shut-down procedures;

d. application backup, recovery, and restart procedures;
e. data dictionary structure and maintenance procedures;
f. database logical and physical organization, and maintenance procedures;
g. application security features;
h. audit and testing procedures;
i. system data input, error checking, error correction, and data validation procedures;
j. user help procedures and features;
k. system troubleshooting and system tuning procedures and features;
l. system administration functions, such as code management and copy file management;
m. system interface processing;
n. on-line and batch processing procedures;
o. unique processing procedures;
p. report generation procedures;
q. menu structures, chaining, and system command mode operations;
r. job scheduling using automated tool;
s. job cycles (daily, weekly, monthly, quarterly, annual, and special); and
t. unique printing requirements.

The Operations Manual shall include overviews of the application, system structure, required administrative tasks, major processing, required interfaces, and required maintenance schedules. The Operations Manual shall also describe the overall process schedule, processing cycles, job streams and job submission logs including dependencies, files accessed, critical sequencing, timing criteria, and operating instructions for each process and process step consistent with the chosen environment. The Operations Manual shall also include, by processing cycle, a list of jobs that are mandatory to be run as scheduled and an explanation of what to expect (impact) if a job is not run. The Operations Manual shall also include a list of jobs that can be deferred and the instructions for running them at a later date and a list of jobs that can be run using concatenated files from multiple days. The Operations Manual shall include descriptions of special date files, parameter files, and other control files, including their purpose, procedures for creating them, specific jobs and programs that use them and procedures for their recovery in the event a cycle shall be restarted or rerun. The Contractor shall develop the backup operating instructions and on-line, batch, and database recovery procedures for the V.I.P. The Contractor shall provide help-desk procedures including problem identification, initial diagnosis along with checklists and problem resolution/referral procedures for the V.I.P.

The Contractor shall develop the Operations Manual in a format approved by the State. The Operation Manual shall be provided by the Contractor in paper and electronic format.

The Operations Manual shall be revised with any changes resulting from the State's Acceptance testing and initial user training sessions.

A.86. Create User Documentation. The Contractor shall create user documentation for the V.I.P. in a format approved by the State. Electronic and hard copies of documentation shall be provided.

A.86.a. User Manual. The Contractor shall develop a User Manual that features clear organization of content, easy to understand language, useful graphic presentations, and a thorough index and glossary. The User Manual shall be used by the State Acceptance Test team to mirror the production environment and verify manual content.

The User Manual shall address all aspects of system functions and operations, including:

1) complete instructions for the users, explaining the use of each system function;
2) system usage scenarios, based on real world examples drawn from the day-to-day workloads of typical users, that fully describe and explain the salient features and operation of the system;
3) how input data is stored and related between system records;
4) how to generate/suppress standard and adhoc reports (See Contract Attachments E and F for Report, Notice, and Correspondence requirements);
5) normal report distribution;
6) prioritization processing and system-determined priorities;
7) system log-on, log-off, and security features;
8) error messages, including a definition if the message is not self-explanatory, and error correction procedures;
9) help features and usage;
9) problem reporting procedures;
10) entering data and data validation;
11) mandatory data fields and default data values;
12) data correction and user help features;
13) menu and system function navigation;
14) screen layouts and contents; and
15) search and inquiry features.

The User Manual shall be able to serve as a reference guide and a teaching aid.

In conjunction with the User Manual, a Quick Reference User Document shall be produced by the Contractor that shall be an immediate aid to the user and quickly describe operations. The Contractor shall develop the User Manual and the Quick Reference User Document in a format approved by the State.

The User Manual and Quick Reference User Document shall be revised with any changes resulting from the State's Acceptance testing and initial user training sessions.

A.86.b. Procedure Manual. The Contractor shall develop the Procedure Manual in a format approved by the State. The Contractor shall develop a Procedure Manual which features clear organization of content, easy to understand language, useful graphic presentations, and a thorough index and glossary.

The Procedure Manual shall document instructions for manual operations and tasks that are performed in direct conjunction with the automated system. It shall address each task performed in a step by step procedure that identifies the action (task to be performed) and the individual with responsibility to complete the action.

The Procedure Manual shall be revised with any changes resulting from the State's Acceptance testing and initial user training sessions.

A.86.c. Business User Staff Training Curricula and Materials. The Contractor shall develop curricula and materials for training business users. The user staff training curricula and materials shall support the role-based training and be developed in accordance with the approved Training Plan.

The Business User Staff Training Curricula and Materials shall be updated to reflect all changes.

A.86.d. Technical Staff Training Curricula and Materials. The Contractor shall develop curricula and materials for training technical staff. The technical staff training curricula and materials shall support the role-based training and be developed in accordance with the approved Training Plan.

A.87. Complete Training Plan. The Contractor shall complete the Training Plan, in preparation for training during the User Acceptance Testing Phase.

A.87.a. Complete Template for Training Assessment. The Contractor shall complete the template that shall be used for the assessment of business and technical staff training.

A.88. Create and Maintain Training Environment. The Contractor shall create and maintain the training environment for all business and technical staff training.

The Contractor shall ensure that the training environment is operational. This includes, at a minimum, the following:

1) Creating and initializing all databases;
2) Installing the (acceptance) tested executable software; and
3) Ensuring stability of the system and refresh of data, as required.

A.89. Production Job Flow and Dependencies. The Contractor shall provide detailed documentation regarding the job flows and dependencies.

A.90. Automated Tool for Job Scheduling. The Contractor shall use a State-approved automated tool for job scheduling.

A.91. Create and Maintain the User Acceptance Testing Environment. The Contractor shall create and maintain the User Acceptance Testing environment. The Contractor shall convert and create test data as required for User Acceptance Testing at the functional level to fully verify the application meets all of the system functional requirements. The Contractor shall provide the fully configured User Acceptance Testing environment utilizing converted data and ensure User Acceptance Testing is performed using converted data that has been tested by the Contractor using all relevant interfaces and EAI processes. The Contractor shall ensure all interfaces, data set-up, tables, conversion sources and user acceptance materials are ready before testing begins.

The Contractor shall ensure that the user acceptance testing environment is operational. This includes, at a minimum, the following:

1) Creating and initializing all databases;
2) Installing the (acceptance) tested executable software; and
3) Ensuring stability of the system and refresh of data, as required.

A.92. Train the State's User Acceptance Testing Team. The Contractor shall train the State's User Acceptance Testing Team to thoroughly evaluate the accuracy, completeness, and understandability of all training materials and curricula. The Contractor shall have a structured approach to tracking and managing the changes to training curricula, resulting from User Acceptance Testing. The Contractor shall require each individual who participates in the State's User Acceptance Testing training session to complete a training assessment form. These forms shall be submitted to the State for review.

A.93. Contractor's Responsibility for Construction Phase Deliverables. The State and Contractor shall acknowledge completion of all Construction Phase Deliverables. The Contractor shall submit the following Construction Phase deliverables to the State for approval:

a. Updated Detailed Product Development Methodology
b. Updated Development Standards

c. Updated Comprehensive Project Plan
d. Updated Master Project Work Plan
e. Updated Assumptions and Constraints
f. Updated Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation
i. Updated Project Team Organizational Structure document
j. Updated Contractor Staff Assignments and Project Roles document
k. Updated Quality Management Plan
l. Weekly Status Reports for Project Team
m. Weekly Status Team Meeting Notes
n. Updated Action Items and Open Issues Repository
o. Updated Change Management Plan
p. Updated Configuration Management Plan
q. Updated Communication Plan
r. Updated Change Readiness Plan
s. Updated Project Web Site
t. Updated Capacity Analysis and Evaluation Plan
u. Updated Capacity Analysis and Evaluation Results and Recommendations
v. Capacity Simulation and Benchmark Test Results
w. Updated Security Plan
x. Updated Test Management Plan
y. Updated Backup and Recovery Plan
z. Updated Problem Resolution Plan
aa. Updated Problem Repository
bb. Updated Acceptance Test Plan
cc. Updated Training Plan
dd. Updated Data Conversion Plan
ee. Updated Legacy Data Analysis and Cleansing Results
ff. Updated Implementation Plan
gg. Updated Turnover Plan
hh. Updated Project Documentation Repository
ii. Updated Change Management Repository
jj. Updated Infrastructure Specifications
kk. Updated Detailed Requirements and Business Rules
ll. Updated Security Requirements
mm. Updated Detailed Framework Design Specifications
    1) Updated Physical Database Model, including: Data Requirement Definitions; File Structures, Organization, Access, and Processing Limitations; Logical Data Model or Entity Relationship Diagram; Physical Data Model or Physical Database Diagram; Data Dictionary; and Trigger and Stored Procedure Usage Documentation.
    2) Updated Business Process Model (Elementary Process Level)
    3) Updated Detailed Technical Infrastructure Model
    4) Updated Security Requirements and Design Specifications
    5) Updated Case Workflow and Procedural Specifications
    6) Updated Interface Design Specifications
    7) Design Specifications and Layouts for Reports, Notices, and Correspondence
    8) Layouts for All Screens, Standard Reports, Correspondence, and Notices. Standard Patterns for Report Formats and Screen Displays, including Screen Paths.
nn. Updated Use Case Scenarios
oo. Updated Production Space Requirements
pp. Updated Data Conversion Mapping and Migration Requirements
qq. Certified Completion of Data Cleansing and Testing
rr. Certification of Date Override Capability
ss. Updated Backup and Recovery Requirements

tt. Certified Completion of Software Construction
uu. Certified Completion of Security Construction
vv. Certified Completion of Interface Construction
ww. Certified Completion of Unit, System and Integration Test Plans
xx. Certified Completion of Acceptance Test Plans
yy. Certified Completion of Unit Testing
zz. Certified Completion of System and Integration Testing
aaa. Certified Completion of Interface Testing
bbb. Certified Effectiveness of Automated Testing Tool to Maintain HIPAA Compliance with the TennCare Interface
ccc. Certification of Readiness of User Acceptance Testing Environment
ddd. Database Created
eee. Scripts Developed to Transfer and Cleanse Legacy System Data to the V.I.P. Test Database
fff. Certification of Completion of Data Conversion Testing
ggg. Certification of Correction of all Problems Reported during Testing, as Reported in the Problem Repository
hhh. Trigger and Stored Procedure Usage Documentation
iii. System Documentation
jjj. Operations Manual
kkk. User Manual
lll. Quick Reference User Document
mmm. Procedure Manual
nnn. Business User Staff Training Curricula and Materials
ooo. Certification of Completion of User Acceptance Tester Training with Converted Data
ppp. Technical Staff Training Curricula and Materials
qqq. System and Integration Test Plans
rrr. Software Test Results Document
sss. Operational Training Environment
ttt. Certified Completion of Training for User Acceptance Testing
uuu. Training Assessment Template
vvv. Individual Training Assessments Completed for each Class
www. Populated Security Table, including User Names and Job Roles
xxx. Production Job Flow and Dependency Descriptions, including use of Automated Tool
yyy. Written Feedback from Walkthrough and State Review/Approval of Testing Process
zzz. Quality Review Results
aaaa. Updated HIPAA Security Risk Assessment
bbbb. Other Deliverables as Defined in the Contractor's Master Project Work Plan
cccc. Written Acknowledgement of Completion of All Construction Phase Deliverables

User Acceptance Test

A.94. Initiate User Acceptance Test Plan. The State with the Contractor's support shall conduct User Acceptance Testing of the V.I.P. The Contractor shall ensure that all use case scenarios have been accepted by the State and that all use case scenarios are traced to specific requirements or specifications and fully tested. All requirements for functionality, interfaces, reports, correspondence, and notices shall be tested during the User Acceptance Testing Phase.

A.95. Utilize the State's Automated Test Tracking Tool. The Contractor shall utilize the State's automated test tracking tool which tracks and facilitates management of issues, problems and discrepancies found during testing or retesting, resolution of these issues and progress towards user acceptance testing completion.

A.96. Provide Dedicated Support for User Acceptance Testing. The Contractor shall provide dedicated support for User Acceptance Testing, including application and technical assistance.

A.97. Correct Problems. The Contractor shall correct all problems discovered during user acceptance testing.

A.98. Conduct Train-the-Trainer Training. The Contractor shall conduct Train-the-Trainer training for business users in preparation for the implementation of the V.I.P. The Contractor shall train State technical staff, as appropriate.

A.98.a. Validate Train-the Trainer Training. In order to validate that training is effective, the Contractor shall:

1) ensure training is completed prior to implementation for all affected staff;
2) prepare report of training effectiveness and validity;
3) adjust training methods and/or materials to correct ineffective training; and
4) revise all training materials for correction of deficiencies or resulting from system changes during the testing, training, and implementation phases.

A.99. Preparation for Pilot Deployment of the V.I.P. The Contractor shall support the operation of a controlled, stable version of the System software to be used during pilot deployment.

A.100. Certification of Completion of User Acceptance Testing of the V.I.P. The Contractor shall certify that the User Acceptance Testing of the V.I.P. is complete and the system is ready to be deployed to State-selected pilot sites and the State's central office during the pilot deployment of the V.I.P.

A.101. Update Data Models and Database. The Contractor shall update the conceptual and physical data models and the database, as required.

A.102. Update Documentation. The Contractor shall update all documentation to reflect changes made during the User Acceptance Testing Phase.

A.103. Evaluate System Performance. The Contractor shall perform capacity evaluation, as defined in the Capacity Analysis and Evaluation Plan, and make recommendations to the State, as necessary. The Contractor shall provide written affirmation and validate that the State's platform environment shall support the V.I.P. in a full production capacity and meet performance standards.

A.104. Contractor's Responsibility for User Acceptance Test Phase Deliverables. The State and Contractor shall acknowledge completion of all User Acceptance Test Phase Deliverables. The Contractor shall submit the following User Acceptance Test Phase deliverables to the State for approval:

a. Updated Detailed Product Development Methodology
b. Updated Development Standards
c. Updated Comprehensive Project Plan
d. Updated Master Project Work Plan
e. Updated Assumptions and Constraints
f. Updated Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation
i. Updated Project Team Organizational Structure document
j. Updated Contractor Staff Assignments and Project Roles document
k. Updated Quality Management Plan
l. Weekly Status Reports for Project Team
m. Weekly Status Team Meeting Notes

n. Updated Action Items and Open Issues Repository
o. Updated Change Management Plan
p. Updated Configuration Management Plan
q. Updated Communication Plan
r. Updated Change Readiness Plan
s. Updated Project Web Site
t. Updated Capacity Analysis and Evaluation Plan
u. Updated Capacity Analysis and Evaluation Results and Recommendations
v. Updated Capacity Simulation and Benchmark Test Results
w. Updated Security Plan
x. Updated Test Management Plan
y. Updated Backup and Recovery Plan
z. Updated Problem Resolution Plan
aa. Updated Problem Repository
bb. Updated Acceptance Test Plan
cc. Updated Training Plan
dd. Updated Data Conversion Plan
ee. Updated Legacy Data Analysis and Cleansing Results
ff. Updated Implementation Plan
gg. Updated Turnover Plan
hh. Updated Project Documentation Repository
ii. Updated Change Management Repository
jj. Updated Infrastructure Specifications
kk. Updated Detailed Requirements and Business Rules
ll. Updated Security Requirements
mm. Updated Detailed Framework Design Specifications
    1) Updated Physical Database Model, including: Data Requirement Definitions; File Structures, Organization, Access, and Processing Limitations; Logical Data Model or Entity Relationship Diagram; Physical Data Model or Physical Database Diagram; Data Dictionary; and Trigger and Stored Procedure Usage Documentation.
    2) Updated Business Process Model (Elementary Process Level)
    3) Updated Detailed Technical Infrastructure Model
    4) Updated Security Requirements and Design Specifications
    5) Updated Case Workflow and Procedural Specifications
    6) Updated Interface Design Specifications
    7) Design Specifications and Layouts for Reports, Notices, and Correspondence
    8) Layouts for All Screens, Standard Reports, Correspondence, and Notices. Standard Patterns for Report Formats and Screen Displays, including Screen Paths.
nn. Updated Database
oo. Updated Use Case Scenarios
pp. Updated Production Space Requirements
qq. Updated Data Conversion Mapping and Migration Requirements
rr. Updated Data Conversion Scripts
ss. Certified Completion of Converted Data for User Acceptance Testing
tt. Updated Backup and Recovery Requirements
uu. Certification of Correction of all Problems Reported during User Acceptance Testing, as reported in the Problem Repository
vv. Updated Trigger and Stored Procedure Usage Documentation
ww. Updated Production Job Flow and Job Dependencies
xx. Updated System Documentation
yy. Updated Operations Manual
zz. Updated User Manual
aaa. Updated Quick Reference User Document
bbb. Updated Procedure Manual
ccc. Updated User Staff Training Curricula and Materials

ddd. Updated Technical Staff Training Curricula and Materials
eee. Results of Testing all Use Case Scenarios (including % of Requirements Tested; Number Passed and Failed; and Status of Retests for Previous Failed Tests)
fff. Certification of Completion of the User Acceptance Testing
ggg. Installation of Automated Testing Tool for User Acceptance Testing
hhh. Certification of Completion of Train-the-trainer Training
iii. Completed Individual Assessments from Train-the Trainer Training Participants
jjj. Report of Training Effectiveness
kkk. Quality Review Results
lll. Updated HIPAA Security Risk Assessment
mmm. Other Deliverables as Defined in the Contractor's Master Project Work Plan
nnn. Written Acknowledgement of Completion of All User Acceptance Test Phase Deliverables

Implementation Phase

A.105. Pilot Deployment. The Contractor shall deploy the V.I.P. to pilot sites, including one rural county, one urban county, and the State's central office during pilot deployment. Pilot deployment shall include all interfaces, including the Service Center and the State Portal, and a complete database/file conversion.

A.106. Scope and Expected Outcomes. The Contractor shall define the scope and expected outcomes for both software functionality and manual procedures.

A.107. Automated and Manual Data Conversion for Pilot Deployment of the V.I.P. The Contractor shall convert legacy data to the V.I.P. database in accordance with the detailed Conversion Plan. Included in the conversion of data is the populating of data necessary to make the V.I.P. a fully functioning system. The Contractor shall monitor the progress and quality of the conversion process and ensure that data shall be continually updated with changes to the source systems as data cleansing activities and manual data conversion activities are performed. The Contractor shall maintain data integrity and validity of the converted data.

A.108. Data Audit for Pilot. The Contractor shall conduct an audit of data before and after conversion, to ensure proper counts are updated and to verify the accuracy of the data conversion process. The State shall also conduct an audit of data conversion results and State approval of these results is required.

A.109. Data Conversion Progress Report for Pilot. The Contractor shall report on the progress of conversion by type of case within the site being implemented.

A.110. Benchmark Tests and Results Reporting. The Contractor shall evaluate the performance of pilot benchmark tests and report the benchmark results to the State.

A.111. Support for Pilot Deployment. The Contractor shall support pilot deployment by providing assistance to State staff that are participating in the pilot deployment, in resolving issues and completing pilot testing.

A.112. Invoke Contingency Approach. The Contractor shall invoke the Contingency Approach, as required in the Implementation Plan and as defined in the State's ITM, if statewide implementation task is delayed for any reason due to issues identified during pilot deployment.

A.113. Initiate Quality Assessment/Management Activities for Pilot Deployment. The Contractor shall monitor the progress of the pilot deployment and ensure the level of

quality of the pilot conversion results. This shall serve as an additional test of conversion data. The Contractor may use an automated tool to support monitoring and reporting on the progress of conversion by type of case within the pilot deployment sites.

A.114. On-Site Support for Pilot Deployment. The Contractor shall provide full-time, on-site system specialists at the pilot sites to assist the staff for the duration of pilot deployment.

A.115. Correction of Problems Reported During Pilot Deployment. The Contractor shall provide correction of any discrepancies identified during pilot deployment within the time agreed upon between the State and the Contractor. All corrections shall be reported to the State Project Manager.

A.116. Pilot Deployment Operations Report (Certificate of Completion). At the conclusion of the pilot deployment, the Contractor shall prepare a Pilot Deployment Operations Report in both electronic and hard copy format that certifies that the System is ready for statewide deployment. This report shall detail all activities that were performed during the Pilot Deployment and that will be required during the statewide deployment. The report shall address the following:

a. all functional aspects of the system;
b. impact on workflow and staff productivity;
c. operability and stability of software;
d. application security;
e. accuracy and completeness of conversion of legacy data and manual data and impact of missing and erroneous data;
f. completeness and accuracy of system documentation;
g. accuracy and effectiveness of training methods and materials;
h. response time and overall system performance;
i. system hardware, software and telecommunications performance; and
j. accuracy/performance of system interfaces and EAI processes.

A.117. Statewide Deployment. After the State's approval of the Contractor's Pilot Deployment Certification Report, the Contractor shall deploy the V.I.P. Statewide. The Contractor shall implement the V.I.P. based on the approved Implementation Schedule and the Implementation Plan and shall provide for rigorous review and documentation of the results of the implementation. The Contractor shall produce the final implementation report at the completion of all implementation activities detailing, at a minimum, the deployment schedule and the dates of implementation.

A.118. Perform Automated and Manual Data Conversion for Statewide Implementation. The Contractor shall perform automated and manual data conversion for statewide implementation, as defined in the Data Conversion Plan.

A.119. Data Audit for Statewide Implementation. The Contractor shall conduct an audit of data before and after conversion, to ensure proper counts are updated and to verify the accuracy of the data conversion process. The State shall also conduct an audit of data conversion results and State approval of these results is required.

A.120. Data Conversion Progress Report for Statewide Implementation. The Contractor shall report on the progress of conversion by type of case.

A.121. Perform Software Maintenance. The Contractor shall perform software maintenance at the State project site.

A.122. Provide Operational Support. The Contractor shall ensure that the system is continually operational. The Contractor shall provide continuing on-line and batch job

operational support to the State and Counties until statewide implementation is successfully completed. The Contractor shall assist with technical and user problems experienced and may be required to travel to specific sites to resolve issues.

A.123. Perform Problem Resolution. The Contractor shall correct all system deficiencies or discrepancies identified as required by the State and in accordance with the Problem Resolution Plan.

A.124. Create/Update Documentation. The Contractor shall complete or correct any system, user, or technical or training documentation that is incorrect or inadequate.

A.125. Provide Training Support. The Contractor shall provide support for the State's training.

A.126. Provide Second-Tier Support for the State's Help Desk. The Contractor shall provide the written procedures and the staff required to respond to user questions regarding the V.I.P. that State Help Desk staff are unable to solve during the pilot deployment. The Contractor staff shall provide backup support to State Help Desk staff after the pilot deployment.

A.127. Capacity Analysis, Evaluation, and Benchmark Tests. The Contractor shall design and perform benchmark tests (to include network tests and pre-quantified and approved response times) before the completion of pilot deployment to project the growth and determine the reliability of the system. The Contractor shall perform any system tuning necessary based upon the results. The benchmark shall be designed to produce information that supports projections of system performance characteristics and capacity projections of the system under statewide operations for two years following statewide implementation. The benchmark shall also address stress tests at each level of technology employed by the System. A capacity simulation and benchmark report documenting the projections shall be submitted to the State for review and approval.

A.128. Modify Software to Enhance System Performance. The Contractor shall perform all application software, file structure, and database modifications necessary to ensure system performance reaches acceptable levels in production environments, based upon the results of the benchmarks or the capacity simulation models. The State is responsible for changes to operating system software. If the State requires additional run-time improvements to meet performance requirements stated in this Contract, the Contractor shall cooperate fully and support any such requests without delay or additional compensation.

A.129. Participate in State's Backup and Recovery Test. The Contractor shall participate in the State's backup and recovery test and shall thoroughly test backup and recovery procedures developed by the Contractor for the V.I.P.

A.130. Contractor's Responsibility for Implementation Phase Deliverables. The State and Contractor shall acknowledge completion of all Implementation Phase Deliverables. The Contractor shall submit the following Implementation Phase deliverables to the State for approval:

a. Updated Detailed Product Development Methodology
b. Updated Development Standards
c. Updated Comprehensive Project Plan
d. Updated Master Project Work Plan
e. Updated Assumptions and Constraints
f. Updated Project Risks
g. Semi-Monthly Narrative Project Status Reports for PSC
h. Semi-Monthly PSC Presentation

i. Updated Project Team Organizational Structure document
j. Updated Contractor Staff Assignments and Project Roles document
k. Updated Quality Management Plan
l. Weekly Status Reports for Project Team
m. Weekly Status Team Meeting Notes
n. Updated Action Items and Open Issues Repository
o. Updated Change Management Plan
p. Updated Configuration Management Plan
q. Updated Communication Plan
r. Updated Change Readiness Plan
s. Updated Project Web Site
t. Updated Capacity Analysis and Evaluation Plan
u. Updated Capacity Analysis and Evaluation Results and Recommendations
v. Updated Capacity Simulation and Benchmark Test Results
w. Updated Security Plan
x. Updated Test Management Plan
y. Updated Backup and Recovery Plan
z. Updated Problem Resolution Plan
aa. Updated Problem Repository
bb. Updated Acceptance Test Plan
cc. Updated Training Plan
dd. Updated Data Conversion Plan
ee. Updated Legacy Data Analysis and Cleansing Results
ff. Updated Implementation Plan
gg. Updated Turnover Plan
hh. Updated Project Documentation Repository
ii. Updated Change Management Repository
jj. Updated Infrastructure Specifications
kk. Updated Detailed Requirements and Business Rules
ll. Updated Security Requirements
mm. Updated Detailed Framework Design Specifications
    1) Updated Physical Database Model, including: Data Requirement Definitions; File Structures, Organization, Access, and Processing Limitations; Logical Data Model or Entity Relationship Diagram; Physical Data Model or Physical Database Diagram; Data Dictionary; and Trigger and Stored Procedure Usage Documentation.
    2) Updated Business Process Model (Elementary Process Level)
    3) Updated Detailed Technical Infrastructure Model
    4) Updated Security Requirements and Design Specifications
    5) Updated Case Workflow and Procedural Specifications
    6) Updated Interface Design Specifications
    7) Design Specifications and Layouts for Reports, Notices, and Correspondence
    8) Layouts for All Screens, Standard Reports, Correspondence, and Notices. Standard Patterns for Report Formats and Screen Displays, including Screen Paths.
nn. Updated Use Case Scenarios
oo. Updated Production Space Requirements
pp. Updated Backup and Recovery Requirements
qq. Certification of Correction of all Problems Reported during Implementation, as reported in the Problem Repository
rr. Updated Trigger and Stored Procedure Usage Documentation
ss. Updated Production Job Flow and Job Dependencies
tt. Updated System Documentation
uu. Updated Operations Manual
vv. Updated User Manual
ww. Updated Quick Reference User Document
xx. Updated Procedure Manual

yy. Updated Business User Staff Training Curricula and Materials
zz. Updated Technical Staff Training Curricula and Materials
aaa. Results of Testing all Use Case Scenarios (including % of Requirements Tested; Number Passed and Failed; and Status of Retests for Previous Failed Tests)
bbb. Certified Completion of All Converted Data
ccc. Documented Results of Implementation
ddd. Certification of Implementation of Fully Operational System
eee. Data Conversion Progress Report for Statewide Implementation
fff. Quality Review Results
ggg. Results of Data Audit
hhh. Role Assignments for Pilot Testing
iii. Updated HIPAA Security Risk Assessment
jjj. Other Deliverables as Defined in the Contractor's Master Project Work Plan
kkk. Written Acknowledgement of Completion of all Implementation Phase Deliverables

Post-Implementation Support Phase

A.131. Operate the V.I.P. The Contractor shall be responsible for the daily operation of the V.I.P. production system during the Post-Implementation Support Phase. At a minimum, the Contractor shall:

a. Work with State information systems staff to coordinate and monitor all aspects of production processing, both on-line and batch;

b. Monitor the nightly batch to ensure that jobs are completed and that appropriate Contractor staff are alerted when problems arise;

c. Monitor and manage on-line system response time and the overnight batch processing window;

d. Inform appropriate State information systems staff daily, through electronic mail, of the status of the system, on-line availability, and the results of regular and special batch processing;

e. Maintain and monitor scheduling of production jobs;

f. Interface with the State's information systems operations personnel to coordinate batch job scheduling with other State systems;

g. Interface with the State's central mail room to understand the State's postal requirements and standards for document and form generation, including page insertion and folding, envelope "stuffing", etc. and to coordinate mailings of V.I.P. forms and notices;

h. Participate in disaster recovery exercises; and

i. Provide operations support twenty-four (24) hours per day, seven (7) days a week.

A.132. Evaluate Capacity and Update Documentation. The Contractor shall perform capacity evaluation, as defined in the Capacity Analysis and Evaluation Plan, and make recommendations to the State. The Contractor shall provide written affirmation and validate that the State's platform environment shall support the new System in a full production capacity and meet performance standards. The Contractor shall provide detailed descriptions of any changes to the State's platform environment that would enhance the performance of the system.

A.133. Mandatory On-Site Contractor Support. The Contractor shall maintain, operate, and provide on-site support staff for the V.I.P. for twelve months after approval of certification from the Contractor that implementation is complete.

A.134. Initiate Turnover Plan. The Contractor shall initiate the Turnover Plan. The Contractor shall provide mentoring and training necessary to enable State staff to operate, support and maintain the V.I.P.

A.134.a. Finalized System Documentation. Once system turnover is approved by the State, the Contractor shall provide to the State the current and complete versions of all System documentation in a form and content consistent with all applicable State standards.

A.134.b. Turnover Results Report. The Contractor shall prepare the turnover results report documenting completion and results of the turnover plans, as well as current system status information regarding outstanding problems and recommendations for system enhancements, if any.

A.134.c. Training Skills Assessment Tool. The Contractor shall develop a skills assessment tool to confirm the effectiveness of training and mentoring of State staff.

A.134.d. Transfer Software Licenses to the State**.** The Contractor shall transfer all software licenses to the State for all software procured by the Contractor and approved by the State for use in the V.I.P. (application development software, reporting tools, COTS software, and utilities) at the end of the Post-Implementation Support Phase.

A.135. Participate in State's Backup and Recovery Test. The Contractor shall participate in the State's backup and recovery test and shall thoroughly test backup and recovery procedures developed by the Contractor for the V.I.P.

A.136. Prepare Documentation for Federal Government. The Contractor shall prepare documentation for submission to the Federal Government to support Federal review and approval of the V.I.P.

A.137. Contractor's Responsibility for Post-Implementation Support Phase Deliverables. The State and Contractor shall acknowledge completion of all Post-Implementation Support Phase Deliverables. The Contractor shall submit the following Post-Implementation Phase deliverables to the State for approval:

a. Updated Comprehensive Project Plan
b. Updated Master Project Work Plan
c. Updated Assumptions and Constraints
d. Updated Project Risks
e. Semi-Monthly Narrative Project Status Reports for PSC
f. Semi-Monthly PSC Presentation
g. Updated Project Team Organizational Structure document
h. Updated Contractor Staff Assignments and Project Roles document
i. Updated Quality Management Plan
j. Weekly Status Reports for Project Team
k. Weekly Status Team Meeting Notes
l. Updated Action Items and Open Issues Repository
m. Updated Project Web Site
n. Updated Capacity Analysis and Evaluation Results and Recommendations
o. Updated Capacity Simulation and Benchmark Test Results
p. Updated Turnover Plan
q. Updated Project Documentation Repository
r. Updated Change Management Repository
s. Updated Infrastructure Specifications Document

t. Updated Detailed Requirements and Business Rules
u. Updated Security Requirements
v. Updated Detailed Framework Design Specifications
   1) Updated Physical Database Model, including: Data Requirement Definitions; File Structures, Organization, Access, and Processing Limitations; Logical Data Model or Entity Relationship Diagram; Physical Data Model or Physical Database Diagram; Data Dictionary; and Trigger and Stored Procedure Usage Documentation.
   2) Updated Business Process Model (Elementary Process Level)
   3) Updated Detailed Technical Infrastructure Model
   4) Updated Security Requirements and Design Specifications
   5) Updated Case Workflow and Procedural Specifications
   6) Updated Interface Design Specifications
   7) Design Specifications and Layouts for Reports, Notices, and Correspondence
   8) Layouts for All Screens, Standard Reports, Correspondence, and Notices. Standard Patterns for Report Formats and Screen Displays, including Screen Paths.
w. Updated Production Space Requirements
x. Updated Backup and Recovery Requirements
y. Certification of Correction of All Problems Reported
z. Updated Trigger and Stored Procedure Usage Documentation
aa. Updated Production Job Flow and Job Dependencies
bb. Updated System Documentation
cc. Updated Operations Manual
dd. Updated User Manual
ee. Updated Quick Reference User Document
ff. Updated Procedure Manual
gg. Updated User Staff Training Curricula and Materials
hh. Updated Technical Staff Training Curricula and Materials
ii. Results of Testing all Use Case Scenarios (including % of Requirements Tested; Number Passed and Failed; and Status of Retests for Previous Failed Tests)
jj. Certification of Successful Turnover of the V.I.P. to the State
kk. Certification that State staff have skills to maintain and support the V.I.P.
ll. On-Site Contractor Support
mm. Documentation to Support Federal reviews
nn. Quality Review Results
oo. Updated HIPAA Security Risk Assessment
pp. Other Deliverables as Defined in the Contractor's Master Project Work Plan
qq. Written Acknowledgement of Completion of All Post-Implementation Support Phase Deliverables
rr. Confirmation of Transfer of all software license procured by the Contractor

Performance Standards and Penalties

A.138. Performance Standards and Damages. The Contractor shall comply with minimum system and procedural performance requirements. At the first incident of failure to meet one or more of the defined performance standards the State, at its discretion, may request a corrective action plan and establish an extension date by which the Contractor shall correct the deficiency. Continued failure to meet performance standards may result in imposition of the damages established in this paragraph or in the State deeming the Contract to be in Breach.

The following table defines the standards required for Contractor performance for the V.I.P. and the associated damages.

PERFORMANCE STANDARDS

Requirement	***Damages***
The V.I.P. performance thresholds for application system response time as projected in the Capacity Analysis and Evaluation Plan system and procedural performance requirements	One Thousand Dollars ($1,000.00) per day
The V.I.P. shall be available to users 100% during core business hours and 30% during non-core business hours, 24 hours per day, 7 days per week, Sunday through Saturday. Any batch or maintenance activity shall occur during non-core business hours. Core business hours are defined as 5:00 a.m. – 10:00 p.m. CST, Monday through Saturday, with the exception of State holidays.	Ten Thousand Dollars ($10,000.00) per day
Failure to provide periodic progress reports as required by Section D.10 within seven (7) calendar days of the request.	Five Hundred Dollars ($500.00) per day
Failure to correct any defects covered by the warranty in A.139 within the timeframes stated in Section A.139.d.	Ten Thousand Dollars ($10,000.00) per day
Failure of the operation of any software program prepared by the Contractor, or the provision of incorrect instructions by Contractor given for the implementation/operation/use of any software programs, or the failure of the Contractor to repair or have repaired defects known to the Contractor in any hardware under the direction or control of the Contractor, any of which results in the incorrect processing of, the incorrect information/text being printed on, or inserts being placed with, any notices or forms; incorrect issuance of benefits, or which results in the incorrect or untimely mailing of any document from the V.I.P..	(a) The actual costs of mailing and postage; (b) The cost for the use of computer time chargeable to the Department of Human Services; (c) The cost required to correct the error; and (d) The value of incorrectly issued benefits.

System Warranty

A.139. Warranty of System Products/Services.

A.139.a. 1) This warranty language shall supersede any warranty language provided by the Uniform Computer Information Transactions Act (UCITA).

A.139.a. 2) General Terms.

The Contractor expressly warrants the V.I.P., and any products or services resulting from change orders and enhancements produced or provided by the Contractor to the State, as being compliant in all respects with the terms of the Contract or the change order or enhancement request, and warrants that these products or services will be free from errors, defects, deficiencies or deviations, and that the products or services will perform in such a manner as the Contract, change order or enhancement request require, so that the intended function of the products or services is accomplished in all respects as intended by the Contract, the change order or enhancement request, and is otherwise consistent with industry standards.

A.139.b. Warranty Periods.

1) The warranty period(s) shall be one (1) year, shall apply to the entire system and to products or services resulting from change orders and enhancements to the system, and shall begin on the following dates:

2) (i) The one (1) year warranty period on the entire V.I.P. begins with the date the State approves in writing the "certification of state acceptance document" provided by the Contractor at the end of the implementation phase certifying full functionality of the V.I.P. pursuant to the Contract Section A.130.ddd. (Certification of Implementation of Fully Operational System)

(ii) If any change orders or enhancements are requested by the State subsequent to the implementation phase, the one (1) year warranty begins on the date the State provides written acceptance of the product or services resulting from a change order or enhancement request.

3) The warranty shall be applicable when State staff performs any function under direction of the Contractor during any turnover, training or maintenance periods required in the Contract.

A.139.c. Warranty Coverage.

1) The warranty encompasses any errors, defects, deficiencies or deviations discovered in any products or services.

2) The warranty requires the correction by the Contractor of all products or services containing any errors, defects, deficiencies or deviations and any necessary modifications or revisions to products or services, including, by example, and not by limitation, the design, coding, and operation of the system's software to perform any function required by the Contract, whether occurring in the original contract or whether resulting from a change order or enhancement requested by the State, or which is procured in any amendment to the Contract, in any interfaces that are created, and in any training manuals and all system documentation provided by the Contractor.

A.139.d. Time Frames for Warranty Services.

1) The Contractor must promptly, at the direction of, and within the time specified, by the State, correct any errors, defects, deficiencies or deviations from specifications and all the V.I.P.-related ABENDS and performance or operational delays.

2) The Contractor shall provide emergency maintenance services to correct code problems or any performance or operational problems related to the design or coding of the system software, it's functioning or interfaces on a twenty-four (24) hour, seven (7) days a week basis.

3) Products and services shall be either replaced, revised, repaired or corrected within twenty-one (21) calendar days of written notification by the State of the errors, defects, deficiencies or deviations; provided, however, that if the continued use of a defective or deficient product or service would cause damage to the State system(s) or associated data, or would otherwise seriously impair, as determined by the State, the ability of users of the system(s) to do their jobs or the functions for which the system was established, then Contractor shall act to repair the deficiencies immediately, unless an extension is otherwise granted in writing, by the State.

4) The State will determine when any errors, defects, deficiencies or deviations have been resolved.

A.139.e. Resources Required for Warranty Service.

The Contractor shall apply all necessary resources to correct the errors, defects, deficiencies or deviations without cost or expense to the State, and shall make these corrections within the time-frame specified by the State.

A.139.f. Failure to Provide Effective Warranty Services.

If the Contractor fails to repair an error, defect, deficiency or deviation for products or services covered by the warranty, the State may, at its option, act to correct or repair the error, defect, deficiency or deviation, and the Contractor shall be required to reimburse the State for all costs incurred to conduct the repair.

A.139.g. Contact for Warranty Services.

1) The Contractor will be the initial contact point for all warranty notifications and support requests, regardless of the perceived source of the problem.

2) The Contractor may elect to have telephone or on-site warranty repair or support services performed by subcontracted personnel; however, if this is the case, the Contractor shall be responsible for coordinating the effort so that the use of any third-party support is transparent to the State and so that the State shall not have to deal directly with the sub-contractor.

3) The State reserves the right to approve Subcontractors for warranty service, and such Subcontractors shall be approved in writing by the State.

A.139.h. Maintenance of Operations and Services During Warranty Work.

The correction of errors, defects, deficiencies or deviations in work products/services shall not detract from or interfere with software maintenance or operational tasks.

A.139.i. Problems Not Caused by Contractor Fault.

1) If Contractor personnel determine that the problem is not the fault of Contractor-provided software or hardware, then the Contractor shall notify State support personnel immediately.

2) If the State agrees that the problem is due to software or hardware provided by the State, the State shall resolve the problem. However, in this case, if requested by the State, Contractor personnel shall remain on-site and/or dedicated to the problem to perform any required joint functions until the problem is resolved, and the State shall compensate the Contractor only for the time the Contractor has to remain on site.

B. CONTRACT TERM:

B.1. Contract Term. This Contract shall be effective for the period commencing on October 31, 2005 and ending on [CONTRACT END DATE]. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

B.2. Term Extension. The State reserves the right to extend this Contract for an additional period or periods of time representing increments of no more than one year and a total Contract term of no more than five (5) years, provided that the State notifies the Contractor in writing of its intention to do so at least thirty (30) days prior

to the Contract expiration date. An extension of the term of this Contract shall be effected through an Amendment to the Contract. If the extension of the Contract necessitates additional funding beyond that which was included in the original Contract, the increase in the State's maximum liability shall also be effected through an Amendment to the Contract and shall be based upon rates provided for in the original Contract.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability for payment of products or services of the State under this Contract exceed [WRITTEN DOLLAR AMOUNT] ($[NUMBER AMOUNT]). The Service Rates in Section C.3 shall constitute the entire compensation due the Contractor for the Service and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The Service Rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

The Contractor is not entitled to be paid the maximum liability for products or services for any period under the Contract or any extensions of the Contract for work not requested by the State. The maximum liability only represents available funds for payment to the Contractor and does not guarantee payment of any such funds to the Contractor under this Contract unless the State requests work and the Contractor performs said work. If case work is requested through an approved change order, the Contractor shall be paid in accordance with the Service Rates detailed in Section C.3. The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

C.2. Compensation Firm. The Service Rates and the Maximum Liability of the State under this Contract are firm for the duration of the Contract and are not subject to escalation for any reason unless amended.

C.3. Payment Methodology. The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A above. The Contractor shall be compensated based upon the following Service Rates:

Total System Cost	[redacted]	**$(NUMBER)**

The Total System Cost stated above shall be paid to the vendor in installments contingent upon the completion of Development Phase Milestones, as follows:

DEVELOPMENT PHASE MILESTONE	**COST BY PHASE**	**RETAINAGE AMOUNT ***	**PAYMENT AMOUNT**
Design Kick-off Phase This is 1% of Total System Cost	$[NUMBER]	None	$[NUMBER]
Design Phase This is 40% of Total System Cost **General Design** = 30% of Total Design Phase Cost **Detail Design** = or 70% of Total Design Phase Cost	$[NUMBER] $[NUMBER	$(NUMBER) or 30% of General Design Phase $(NUMBER) or 30% of Detail Design Phase	$[NUMBER] $[NUMBER]
Construction Phase This is 30% of Total System Cost	$[NUMBER]	$(NUMBER) or 30% of Construction Phase	$[NUMBER]
User Acceptance Test Phase This is 10% of Total System Cost	$(NUMBER)	None	$(NUMBER)
Implementation Phase This is 10% of Total System Cost	$[NUMBER]	None	$[NUMBER]
Post-Implementation Support Phase This is 9% of Total System Cost	$[NUMBER]	None	$[NUMBER]

Upon completion of each Phase Milestone, the Contractor shall submit an invoice and Certification of Phase completion described in Section A of this Contract, in form and substance acceptable to the State, prior to any payment.

***** The total retainage amount shall be paid to the Contractor within thirty (30) days of completion of the User Acceptance Testing phase and the Implementation Phase in the following increments:

Total Phase Amounts Retained	[redacted]	**$(NUMBER)**

Completion of User Acceptance Testing Phase	Payment = 25% of Total Phase Amounts Retained	$[NUMBER]
Completion of Implementation Phase	Payment = 75% of Total Phase Amounts Retained	$[NUMBER]

The Contractor shall submit monthly invoices for Change Order Costs, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall be submitted for completed units of service for the amount stipulated.

CHANGE ORDER RATES

SERVICE	PAYMENT RATE PER HOUR
Senior Project Manager	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Backup Senior Project Manager	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Senior Analyst	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Analyst	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]

Senior Programmer	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Programmer	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Database Coordinator	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Mainframe Operations Manager	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Mainframe Operations Specialist	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]
Documentation Specialist	
Year 1	$ [NUMBER AMOUNT]
Year 2	$ [NUMBER AMOUNT]
Year 3	$ [NUMBER AMOUNT]
Year 4	$ [NUMBER AMOUNT]
Year 5	$ [NUMBER AMOUNT]

C.4. Travel Compensation. The Contractor shall not be compensated or reimbursed for travel, meals, or lodging.

C.5. Payment of Invoice. The payment of the invoice by the State shall not prejudice the State's right to object to or question any invoice or matter in relation thereto. Such payment by the State shall neither be construed as acceptance of any part of the work or service provided nor as an approval of any of the amounts invoiced therein.

C.6. Invoice Reductions. The Contractor's invoice shall be subject to reduction for amounts included in any invoice or payment theretofore made which are determined by the State, on the basis of audits conducted in accordance with the terms of this Contract, not to constitute proper remuneration for compensable services.

C.7. Deductions. The State reserves the right to deduct from amounts which are or shall become due and payable to the Contractor under this or any Contract between the Contractor and the State of Tennessee any amounts which are or shall become due

and payable to the State of Tennessee by the Contractor, including, but not limited to, penalties assessed under Section A.138. or costs to the State for failure to provide effective warranty services under Section A.139.f., or liquidated damages pursuant to Section E.4.a. for contract termination under Section E.4.

C.8. Automatic Deposits. The Contractor shall complete and sign an "Authorization Agreement for Automatic Deposit (ACH Credits) Form." This form shall be provided to the Contractor by the State. Once this form has been completed and submitted to the State by the Contractor all payments to the Contractor, under this or any other Contract the Contractor has with the State of Tennessee shall be made by Automated Clearing House (ACH). The Contractor shall not invoice the State for services until the Contractor has completed this form and submitted it to the State.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Contract until it is approved by the appropriate State officials in accordance with applicable Tennessee State laws and regulations.

D.2. Modification and Amendment. This Contract may be modified only by a written Amendment executed by all parties hereto and approved by the appropriate Tennessee State officials in accordance with applicable Tennessee State laws and regulations.

D.3. Termination for Convenience. The State may terminate this Contract without cause for any reason. Said termination shall not be deemed a Breach of Contract by the State. The State shall give the Contractor at least ninety (90) days written notice before the effective termination date. The Contractor shall be entitled to receive compensation for satisfactory, authorized service completed as of the termination date, but in no event shall the State be liable to the Contractor for compensation for any service which has not been rendered. Upon such termination, the Contractor shall have no right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.4. Termination for Cause. If the Contractor fails to properly perform its obligations under this Contract in a timely or proper manner, or if the Contractor violates any terms of this Contract, the State shall have the right to immediately terminate the Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the above, the Contractor shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Contract by the Contractor.

D.5. Subcontracting. The Contractor shall not assign this Contract or enter into a Subcontract for any of the services performed under this Contract without obtaining the prior written approval of the State. If such Subcontracts are approved by the State, they shall contain, at a minimum, sections of this Contract pertaining to "Conflicts of Interest" and "Nondiscrimination" (sections D.6. and D.7.). Notwithstanding any use of approved Subcontractors, the Contractor shall be the prime Contractor and shall be responsible for all work performed.

D.6. Conflicts of Interest. The Contractor warrants that no part of the total Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, sub-contractor, or consultant to the Contractor in connection with any work contemplated or performed relative to this Contract.

D.7. Nondiscrimination. The Contractor hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Contract or in the employment practices of the Contractor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law. The Contractor shall, upon request, show proof of such nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.8. Records. The Contractor shall maintain documentation for all charges against the State under this Contract. The books, records, and documents of the Contractor, insofar as they relate to work performed or money received under this Contract, shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to audit at any reasonable time and upon reasonable notice by the State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be prepared in accordance with generally accepted accounting principles.

D.9. Monitoring. The Contractor's activities conducted and records maintained pursuant to this Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.10. Progress Reports. The Contractor shall submit brief, periodic, progress reports to the State as requested.

D.11. Strict Performance. Failure by any party to this Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Contract shall not be construed as a waiver or relinquishment of any such term, covenant, condition, or provision. No term or condition of this Contract shall be held to be waived, modified, or deleted except by a written Amendment signed by the parties hereto.

D.12. Independent Contractor. The parties hereto, in the performance of this Contract, shall not act as employees, partners, joint venturers, or associates of one another. It is expressly acknowledged by the parties hereto that such parties are independent contracting entities and that nothing in this Contract shall be construed to create an employer/employee relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

The Contractor, being an independent Contractor and not an employee of the State, agrees to carry adequate public liability and other appropriate forms of insurance, including adequate public liability and other appropriate forms of insurance on the Contractor's employees, and to pay all applicable taxes incident to this Contract.

D.13. State Liability. The State shall have no liability except as specifically provided in this Contract.

D.14. Force Majeure. The obligations of the parties to this Contract are subject to prevention by causes beyond the parties' control that could not be avoided by the exercise of due care including, but not limited to, acts of God, riots, wars, strikes, epidemics or any other similar cause.

D.15. State and Federal Compliance. The Contractor shall comply with all applicable State and Federal laws and regulations in the performance of this Contract.

D.16. Governing Law. This Contract shall be governed by and construed in accordance with the laws of the State of Tennessee. The Contractor agrees that it shall be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Contract. The Contractor acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising therefrom, shall be subject to and limited to those rights and remedies, if any, available under ***Tennessee Code Annotated***, Sections 9-8-101 through 9-8-407.

D.17. Completeness. This Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions of the parties' agreement. This Contract supersedes any and all prior understandings, representations, negotiations, and agreements between the parties relating hereto, whether written or oral.

D.18. Severability. If any terms and conditions of this Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions hereof shall not be affected thereby and shall remain in full force and effect. To this end, the terms and conditions of this Contract are declared severable.

D.19. Headings. Section headings of this Contract are for reference purposes only and shall not be construed as part of this Contract.

E. SPECIAL TERMS AND CONDITIONS:

E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Contract, these special terms and conditions shall control.

E.2. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Contract shall be in writing and shall be made by facsimile transmission, by overnight courier service, or by first class mail, postage prepaid, addressed to the respective party at the appropriate facsimile number or address as set forth below or to such other party, facsimile number, or address as may be hereafter specified by written notice.

The State:
[NAME AND TITLE OF State AGENCY CONTACT PERSON]
Department of Human Services
400 Deaderick Street, 7th Floor, Nashville, TN 37248
[TELEPHONE NUMBER]
[FACSIMILE NUMBER]

The Contractor:
[NAME AND TITLE OF CONTRACTOR CONTACT PERSON]
[CONTRACTOR NAME]
[ADDRESS]
[TELEPHONE NUMBER]
[FACSIMILE NUMBER]

All instructions, notices, consents, demands, or other communications shall be considered effectively given as of the day of delivery; as of the date specified for overnight courier service delivery; as of three (3) business days after the date of mailing; or on the day the facsimile transmission is received mechanically by the telefax machine at the receiving location and receipt is verbally confirmed by the sender if prior to 4:30 p.m. CST. Any communication by facsimile transmission shall also be sent by United States mail on the same date of the facsimile transmission.

E.3. Subject to Funds Availability. The Contract is subject to the appropriation and availability of State and/or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to immediately terminate the Contract upon written notice to the Contractor. Said termination shall not be deemed a breach of Contract by the State. Upon receipt of the written notice, the Contractor shall cease all work associated with the Contract. Should such an event occur, the Contractor shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

E.4. Breach. A party shall be deemed to have breached the Contract if any of the following occurs:

— failure to perform in accordance with any term or provision of the Contract;
— partial performance of any term or provision of the Contract;
— any act prohibited or restricted by the Contract, or
— violation of any warranty.

For purposes of this contract, these items shall hereinafter be referred to as a "Breach."

a. Contractor Breach— The State shall notify Contractor in writing of a Breach.

(1) In event of a Breach by Contractor, the State shall have available the remedy of Actual Damages and any other remedy available at law or equity.

(2) Liquidated Damages— In the event of a Breach, the State may assess Liquidated Damages. The State shall notify the Contractor of amounts to be assessed as Liquidated Damages. The State may withhold the liquidated damage, as provided in Sections C.6. – C.7. The parties agree that due to the complicated nature of the Contractor's obligations under this Contract it would be difficult to specifically designate a monetary amount for a Breach by Contractor as said amounts are likely to be uncertain and not easily proven. Contractor hereby represents and covenants it has carefully reviewed the Liquidated Damages contained in Section A.138, and agrees that said amounts represent a reasonable relationship between the amount and what might reasonably be expected in the event of Breach, and are a reasonable estimate of the damages that would occur from a Breach. It is hereby agreed between the parties that the Liquidated Damages represent solely the damages and injuries sustained by the State in losing the benefit of the bargain with Contractor and do not include any injury or damage sustained by a third party. The Contractor agrees that the Liquidated Damage amount is in addition to any amounts Contractor may owe the State pursuant to the indemnity provision or other section of this Contract.

The State may continue to withhold the Liquidated Damages or a portion thereof until the Contractor cures the Breach, the State exercises its option to declare a Partial Default, or the State terminates the Contract. The State is not obligated to assess Liquidated Damages before availing itself of any other remedy. The State may choose to discontinue Liquidated Damages and avail itself of any other remedy available under this Contract or at law or equity; provided, however, Contractor shall receive a credit for said Liquidated Damages previously withheld except in the event of a Partial Default.

(3) Partial Default— In the event of a Breach, the State may declare a Partial Default. In which case, the State shall provide the Contractor written notice of:

(1) the date which Contractor shall terminate providing the service associated with the Breach; and (2) the date the State will begin to provide the service associated with the Breach. Notwithstanding the foregoing, the State may revise the time periods contained in the notice written to the Contractor.

In the event the State declares a Partial Default, the State may withhold, together with any other damages associated with the Breach, from the amounts due the Contractor the greater of: (1) amounts which would be paid the Contractor to provide the defaulted service; or (2) the cost to the State of providing the defaulted service, whether said service is provided by the State or a third party. To determine the amount the Contractor is being paid for any particular service, the Department shall be entitled to receive within five (5) days any requested material from Contractor. The State shall make the final and binding determination of said amount.

The State may only assess Liquidated Damages against the Contractor for any failure to perform which ultimately results in a Partial Default with said Liquidated Damages to cease when said Partial Default is effective. Upon Partial Default, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount. Contractor agrees to cooperate fully with the State in the event a Partial Default is declared by the State.

(4) Contract Termination— In the event of a Breach, the State may terminate the Contract immediately or in stages. The Contractor shall be notified of the termination in writing by the State. Such notice shall hereinafter be referred to as a Termination Notice. The Termination Notice may specify either that the termination is to be effective immediately, on a date certain in the future, or that the Contractor shall cease operations under this Contract in stages. In the event of a termination, the State may withhold any amounts which may be due Contractor without waiver of any other remedy or damages available to the State at law or at equity. The Contractor shall be liable to the State for any and all damages incurred by the State and any and all expenses incurred by the State which exceed the amount the State would have paid Contractor under this Contract. Contractor agrees to cooperate with the State in the event of a Contract Termination or Partial Takeover.

b. State Breach— In the event of a Breach of contract by the State, the Contractor shall notify the State in writing within thirty (30) days of any Breach of contract by the State. Said notice shall contain a description of the Breach. Failure by the Contractor to provide said written notice shall operate as an absolute waiver by the Contractor of the State's Breach. In no event shall any Breach on the part of the State excuse the Contractor from full performance under this Contract. In the event of Breach by the State, the Contractor may avail itself of any remedy at law in the forum with appropriate jurisdiction; provided, however, failure by the Contractor to give the State written notice and opportunity to cure as described herein operates as a waiver of the State's Breach. Failure by the Contractor to file a claim before the appropriate forum in Tennessee with jurisdiction to hear such claim within one (1) year of the written notice of Breach shall operate as a waiver of said claim in its entirety. It is agreed by the parties this provision establishes a contractual period of limitations for any claim brought by the Contractor.

E.5. Partial Takeover. The State may, at its convenience and without cause, exercise a partial takeover of any service which the Contractor is obligated to perform under this Contract, including but not limited to any service which is the subject of a Subcontract between Contractor and a third party, although the Contractor is not in Breach (hereinafter referred to as "Partial Takeover"). Said Partial Takeover shall not be

deemed a Breach of Contract by the State. Contractor shall be given at least thirty (30) days prior written notice of said Partial Takeover with said notice to specify the area(s) of service the State shall assume and the date of said assumption. Any Partial Takeover by the State shall not alter in any way Contractor's other obligations under this Contract. The State may withhold from amounts due the Contractor the amount the Contractor would have been paid to deliver the service as determined by the State. The amounts shall be withheld effective as of the date the State assumes the service. Upon Partial Takeover, the Contractor shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

E.6. Ownership of Materials and Rights to Knowledge Obtained

E.6.a State and Federal Ownership of Work Products. The State shall have all ownership rights, title, and interest, including ownership of copyright, in all work products and application source code, created, designed, or developed for the State under this Contract; provided, however, the Contractor remains responsible for adherence to all performance and warranty requirements established by the Contract. The State shall have royalty-free, exclusive, and unlimited rights to use, disclose, reproduce, or publish, for any purpose whatsoever, all said work products. The Contractor shall furnish such information and data upon request of the State, in accordance with the Contract, and applicable State law.

The U.S. Department of Health and Human Services reserves a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use for Federal government purposes software, software modifications and documentation developed pursuant to this Contract. This license would permit the Department to authorize the use of software, software modifications and documentation developed pursuant to this Contract in another project or activity funded by the Federal government.

E.6.b. Contractor Proprietary Products. The Contractor shall retain ownership right, title, and interest in the portions of the V.I.P. that were not developed using State moneys or resources, and that were complete and the property of the Contractor as of the effective date of the Contract (known as "Contractor Proprietary Products"). The following provisions apply:

1) The Contractor hereby grants the State a perpetual, royalty-free, paid-up, irrevocable, unlimited, and non-exclusive right to use the Contractor Proprietary Products for the State's business purposes. The Contractor warrants that Contractor is duly authorized to grant this right.

2) The State shall take all reasonable steps, consistent with State law, to preserve the confidential and proprietary nature of the Contractor Proprietary Products. The State shall make reasonable efforts not to disclose or disseminate Contractor's proprietary information to any third party that is not an agent of the State.

E.6.c. Acquired Knowledge and Skills. Nothing in this Contract shall prohibit the Contractor's use for its own purposes of the general knowledge, skills, experience, ideas, concepts, know-how, and techniques obtained and used during the course of providing the services requested under this Contract.

E.6.d. Development of Similar Materials. Nothing in the Contract shall prohibit the Contractor from developing for itself, or for others, materials which are similar to and/or competitive with those that are produced under this Contract.

E.6.e. Pre-Existing Application Software-Related Provisions. If the Contractor's V.I.P. system solution includes Pre-Existing Application Software, the following provisions shall apply (for the definition of "Pre-Existing Application Software" see RFP Attachment 6.10):

i. Perpetual License. Upon the State's written acceptance of the completion of the Implementation Phase, the Contractor shall provide the State with a perpetual, royalty-free, paid-up, unlimited, non-exclusive, and irrevocable license to use and operate the Pre-Existing Application Software for the State's business purposes as a part of the V.I.P. system. The Contractor shall not charge the State any additional fees, on-going licensure fees, maintenance fees, or otherwise, for this perpetual license. This provision shall survive the term of this Contract.

ii. Pre-Existing Application Software Source Code. The Contractor shall deliver the Pre-Existing Application Software source code to the State at the same time that it delivers the source code for the remainder of the V.I.P. system.

E.7. Printing Authorization. The Contractor agrees that no publication coming within the jurisdiction of ***Tennessee Code Annotated***, Section 12-7-101, *et. Seq*., shall be printed unless a printing authorization number has been obtained and affixed as required by ***Tennessee Code Annotated***, Section 12-7-103 (d).

E.8. State Furnished Property. The Contractor shall be responsible for the correct use, maintenance, and protection of all articles of nonexpendable, tangible, personal property furnished by the State for the Contractor's temporary use under this Contract. Upon termination of this Contract, all property furnished shall be returned to the State in good order and condition as when received, reasonable use and wear thereof expected. Should the property be destroyed, lost, or stolen, the Contractor shall be responsible to the State for the residual value of the property at the time of loss.

E.9. Incorporation of Additional Documents. Included in this Contract by reference are the following documents:

a. The Contract document and its attachments
b. All Clarifications and addenda made to the Contractor's Proposal
c. The Request for Proposal and its associated Amendments
d. Technical Specifications provided to the Contractor
e. The Contractor's Proposal

In the event of a discrepancy or ambiguity regarding the Contractor's duties, responsibilities, and performance under this Contract, these documents shall govern in order of precedence detailed above.

E.10. Workpapers Subject to Review. The Contractor shall make all audit, accounting, or financial analysis workpapers, notes, and other documentation available for review by the Comptroller of the Treasury or his representatives, upon request, during normal working hours either while the analysis is in progress or subsequent to the completion of this Contract.

E.11. Lobbying. The Contractor certifies, to the best of its knowledge and belief, that: No federally appropriated funds have been paid or shall be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any federal Contract, the making of any federal grant, the making of any federal loan, and entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal Contract, grant, loan, or cooperative agreement.

If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The Contractor shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, Subcontracts, and Contracts under grants, loans, and cooperative agreements) and that all sub-recipients of federally appropriated funds shall certify and disclose accordingly.

E.12. Public Funding Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Contractor relative to this Contract shall include the statement, "This project is funded under an agreement with the State of Tennessee." Any such notices by the Contractor shall be approved by the State.

E.13. Prohibited Advertising. The Contractor shall not refer to this Contract or the Contractor's relationship with the State hereunder in commercial advertising in such a manner as to state or imply that the Contractor or the Contractor's services are endorsed.

E.14. Confidentiality of Records.

a. The Contractor agrees that strict standards of confidentiality of records shall be maintained in accordance with State and Federal law and regulations (Reference TCA Section 71-1-131, TCA Section 71-3-119, 7 C.F.R. and 272.1, 45 C.F.R. 435 and all other applicable State and Federal law and regulations). All material and information provided to the Contractor by the State or acquired by the Contractor on behalf of the State whether verbal, written, magnetic tape, cards or otherwise shall be regarded as confidential information in accordance with the provisions of State law and ethical standards and shall not be disclosed, except as otherwise permitted by law, regulation or court order, and all necessary steps shall be taken by the Contractor to safeguard the confidentiality of such material or information in conformance with Federal and State law and ethical standards.

b. The Contractor further agrees that any information provided by the State relative to applicants or recipients of public assistance is to be used only for the administration of this Contract or in any investigation, prosecution, or criminal or civil proceeding, conducted pursuant to this Contract. The Contractor agrees to provide safeguards to restrict the use or disclosure of any information concerning such applicants or recipients to purposes stated in this section. The safeguards so provided shall also prohibit disclosure to any committee or legislative body, of any information which identifies by name or address any such applicant or recipient. The Contractor agrees that any Federal or State tax related information shall be treated as confidential, and shall be used solely for purposes of administering the family assistance and child support programs, unless otherwise required by law. Safeguards for tax-related information shall be provided in accordance with IRC, Section 6103(p) (4) and Section 7213A as outlined in IRS Publication 1075. The Contractor agrees to inform each officer or employee of the penalties for unauthorized disclosure of federal tax information prescribed by Internal Revenue Code (IRC), sections 7213 and 7431 and set forth at 26 CFR 301.6103(n)-1. Additionally, the Contractor is to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. The Contractor further agrees that all personnel authorized to handle such tax related information shall sign, annually, an IRS Confidentiality Form, to be provided by the State, with the original signed

forms to be updated by the Contractor along with a current list of employees. These IRS Confidentiality Forms and the list of employees shall be made available to the State and the IRS upon request.

c. It shall be the Contractor's responsibility to ensure that any destruction of confidential information, as described in this section, shall be accomplished in a manner consistent with State policy and Federal regulations pertaining to the destruction of private or confidential data.

d. The Contractor's obligations under this section do not apply to information in the public domain or entering the public domain, but not from a breach by the Contractor of this Contract; previously possessed by the Contractor without written obligations to the State to protect it; acquired by the Contractor without written restrictions against disclosure from a third party which, to the Contractor's knowledge, is free to disclose the information; independently developed by the Contractor without the use of the State's information; or, disclosed by the State to others without restrictions against disclosure.

It is expressly understood and agreed the obligations set forth in this section shall survive the termination of this Contract.

E.15. Copyrights and Patents. The Contractor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims or suits which may be brought against the State for infringement of any laws regarding patents or copyrights which may arise from the Contractor's performance of this Contract. In any such action brought against the State, the Contractor shall satisfy and indemnify the State for the amount of any final judgment for infringement. The Contractor further agrees it shall be liable for the reasonable fees of attorneys for the State in the event such service is necessitated to enforce the terms of this Contract or otherwise enforce the obligations of the Contractor to the State. The State shall give the Contractor written notice of any such claim or suit and full right and opportunity to conduct the Contractor's own defense thereof.

E.16. Public Accountability. If this Contract involves the provision of services to citizens by the Contractor on behalf of the State, the Contractor agrees to establish a system through which recipients of services may present grievances about the operation of the service program, and the Contractor agrees to display a sign stating:

"NOTICE: This Contractor is a recipient of taxpayer funding. If you observe an employee engaging in any activity which you consider to be illegal or improper, please call the State Comptroller's toll free hotline: 1-800-232-5454"

Said sign shall be displayed in a prominent place, located near the passageway(s) through which the public passes to receive State funded services.

E.17. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the Tennessee "Children's Act for Clean Indoor Air of 1995," the Contractor shall prohibit smoking of tobacco products within any indoor premises in which services are provided pursuant to this Contract to individuals under the age of eighteen (18) years. The Contractor shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Contract.

E.18. Date/Time Hold Harmless. As required by ***Tennessee Code Annotated***, Section 12-4-118, the Contractor shall hold harmless and indemnify the State of Tennessee; its officers and employees; and any agency or political subdivision of the State for any

breach of Contract caused directly or indirectly by the failure of computer software or any device containing a computer processor to accurately or properly recognize, calculate, display, sort or otherwise process dates or times.

E.19. Hold Harmless. The Contractor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Contractor, its employees, or any person acting for or on its or their behalf relating to this Contract. The Contractor further agrees it shall be liable for the reasonable cost of attorneys for the State in the event such service is necessitated to enforce the terms of this Contract or otherwise enforce the obligations of the Contractor to the State.

In the event of any such suit or claim, the Contractor shall give the State immediate notice thereof and shall provide all assistance required by the State in the State's defense. The State shall give the Contractor written notice of any such claim or suit, and the Contractor shall have full right and obligation to conduct the Contractor's own defense thereof. Nothing contained herein shall be deemed to accord to the Contractor, through its attorney(s), the right to represent the State of Tennessee in any legal matter, such rights being governed by ***Tennessee Code Annotated***, Section 8-6-106.

E.20. Tennessee Consolidated Retirement System. The Contractor acknowledges and understands that, subject to statutory exceptions contained in ***Tennessee Code Annotated***, Section 8-36-801, *et. Seq*., the law governing the Tennessee Consolidated Retirement System, provides that if a retired member returns to State employment, the member's retirement allowance is suspended during the period of the employment. Accordingly and notwithstanding any provision of this Contract to the contrary, the Contractor agrees that if it is later determined that the true nature of the working relationship between the Contractor and the State under this Contract is that of "employee/employer" and not that of an independent Contractor, the Contractor may be required to repay to the Tennessee Consolidated Retirement System the amount of retirement benefits the Contractor received from the Retirement System during the period of this Contract.

E.21. Debarment and Suspension. The Contractor certifies, to the best of its knowledge and belief, that it and its principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal or State department or agency;

b. have not within a three (3) year period preceding this Contract been convicted of, or had a civil judgment rendered against them for commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or grant under a public transaction; violation of Federal or State anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offenses detailed in section b. of this certification; and

d. have not within a three (3) year period preceding this Contract had one or more public transactions (Federal, State, or Local) terminated for cause or default.

E.22. Public Exigency Service Provision Extension. At the option of the State, the Contractor agrees to continue services for the Department when the Department

determines there is a public exigency that requires the contracted services to continue. Continuation of services pursuant to this subsection shall be in six (6) month increments and the total of all public exigency extensions shall not exceed twelve (12) months. Thirty (30) days notice shall be given by the Department before this option is exercised. The Contractor reimbursement rate during emergency periods shall be the established regular Unit Rate in effect during the last year of this Contract, or as amended during that period and which is effective on the date of the thirty (30) days notice.

E.23. Contract Services Transition. Upon termination of this Contract for whatever reason (expiration or termination), the Contractor shall assist the State to ensure an orderly transfer of responsibility and/or continuity of those services required under the terms of the Contract to an organization designated by the State, if requested in writing.

E.23.a. The Contractor shall deliver, FOB (free on board) destination, all records, documentation, reports, data, hard copy and electronic files, recommendations, etc., which were required to be produced under the terms of the Contract to the State and/or the State's designee promptly and with due diligence after receipt of the written request.

E.23.b. The Contractor shall discontinue providing the service or accepting new assignments under the terms of this Contract, on the date specified by the State, in order to ensure the completion of such service prior to the termination of the Contract.

E.24. Contractor Limitation of Liability. The Contractor's liability to the State, and its indemnification of the State for any acts or omissions attributable to the Contractor under this Contract, shall be limited to two (2) times the value of the Contract. The value of the contract shall be determined by the State's Maximum Liability provisions in Paragraph C.1. of this Contract, or as such Maximum Liability may be amended. This limitation applies to all causes of action, including without limitation, breach of contract, breach of warranty, negligent acts, but specifically shall not apply to criminal acts, intentional torts or fraudulent conduct of the Contractor. The limitation of liability includes liability for consequential, special, indirect or punitive damages.

E.25. HIPAA Compliance. The State and Contractor shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its accompanying regulations.

a. Contractor warrants to the State that it is familiar with the requirements of HIPAA and its accompanying regulations, and will comply with all applicable HIPAA requirements in the course of this contract.

b. Contractor warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by HIPAA and its regulations, in the course of performance of the Contract so that both parties will be in compliance with HIPAA.

c. The State and the Contractor will sign documents, including but not limited to business associate agreements, as required by HIPAA and that are reasonably necessary to keep the State and Contract in compliance with HIPAA. This provision shall not apply if information received by the State under this Contract is NOT "protected health information" as defined by HIPAA, or if HIPAA permits the State to receive such information without entering into a business associate agreement or signing another such document.

IN WITNESS WHEREOF:

[CONTRACTOR LEGAL ENTITY NAME]:

[NAME AND TITLE]	**Date**

Department of Human Services:

Virginia T. Lodge, Commissioner	**Date**

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner	**Date**

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury	**Date**

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT A: STATE'S DESIRED IMPLEMENTATION SCHEDULE

Phase	Completion Dates/Time Frames
Project Contract Start Date	October 31, 2005
Design Kick-Off Phase	October 31 2005 – November 30, 2005
General Design Phase	December 1, 2005 – March 1, 2006
Detailed Design Phase	March 2, 2006 – September 5, 2006
Construction Phase	September 6, 2006 – June 6, 2007
Acceptance Test Phase	June 7, 2007 – January 7, 2008
Implementation Phase	January 8, 2008 – May 8, 2008
Post Implementation Support Phase	May 9, 2008 – May 11, 2009

The State's desired implementation date is May 8, 2008.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT B: EXISTING SYSTEMS REPLACED, TECHNICAL DESCRIPTIONS

A. Automated Client Certification and Eligibility Network for Tennessee (ACCENT)

A.1. Technical Information. ACCENT is an IMS DB/DC data base with IMS Teleprocessing. ACCENT consists of about 1531 program modules. There are approximately 964 COBOL programs, 271 Easytrieve programs and 296 Telon programs. There are 110 Primary IBM IMS Databases. 241,683 cylinders are allocated on IBM 3390 disk volumes.

Several hundred on-line programs provide intelligent navigation via screens that guide the Case Workers in collecting the information necessary to determine eligibility for the Families First, Food Stamps, Medical Assistance, and TennCare programs. The system automatically groups applicants into assistance groups, applies Federal and State policy to determine individual and case eligibility, calculates benefits, posts benefits to client Electronic Benefit Transfer accounts, logs and tracks the Personal Responsibility Plan components of recipients, monitors participation and time limits, applies changes to ongoing assistance groups, and approves, denies, and closes assistance groups with worker approval.

Several hundred additional batch programs issue benefits, produce reports, print client notices, perform data exchange matching to verify income and identity, schedule client appointments, reconcile benefits, perform mass changes, and support interfaces and automated data exchange with internal and external entities.

While the system is constructed with tables that support many of the variables associated with policies, it also has very complex logic that is hard coded and requires programming efforts to modify.

The Application platform type is mainframe. The Host is an IBM 2084-305 with a configuration of 300 MIPS, 184 channels, and 4 gigabytes of central storage. The operating system software is z/OS V1.4. The hardware is located at the State Data Center and the Host machine that ACCENT resides on is a shared machine that has 5 LPARs; 2 production, 1 development, 1 technology, and 1 z/VM for Linux. DHS has a 24/7 Production Support Group to run all batch processing for ACCENT and the rest of the DHS mainframe systems.

The users of ACCENT are connected to the mainframe via the State of Tennessee Wide Area Network. All users either have a Personal Computer connected to the State Wan or a Thin Client Workstation connected to a Citrix Server Farm that is connected to the State Wan. DHS has just upgraded all Thin Client Workstations to a Visara 1883 Network Computing Terminal. Novell GroupWise is the email system that is installed at the State.

State DHS analysts and Office of Information Resource programmers support ACCENT. User Acceptance testing is supported by a combination of DHS system and DHS policy staff.

All of ACCENT Data should be converted to the V.I.P.

A.2. Statistics. The ACCENT current environment supports about 6,000 end users. Of those users 2,500 have update access. DHS expects the users with update access to increase to about 4,000 with the implementation of the new system.

The Department serves the following:

Family Assistance Duplicated Individuals – FFY04 Averages

Families First	195,263
Food Stamp Benefits	820,390
Medicaid*	702,745
TennCare Standard	256,199

* Average from January 2004 through December 2004

A.3 Additional Technical Information

ACCENT DATA BASE DESCRIPTIONS

The following data base description entries contain a description of each data base and the segments within each data base. If a segment is used for multiple purposes, there may be several different layouts for the segment, called overlays. Descriptions of the overlays for segments are given immediately after the segment description in this document.

Many of the segments have the same key fields – history code and sequence number. The history code is used to identify the pending cases, on-going cases and historical data. A value of '0' indicates an on-going segment, '9' indicates a history segment and high-values indicate a segment of information that is pending authorization.

Some segments in the data base have a sequence number in the key. This allows for multiple occurrences of the segment. The sequence number on these segments is different from the assistance group's sequence number (case/cat/seq). The sequence number in a key allows for multiple occurrences of the same segment. For instance, a case may have more than one Absent Parent (AP) segment. The sequence number starts at 999 and is decreased by one for each subsequent AP segment that is added under the case.

Some segments have search fields also available, so that qualification of the call to the segment can get more specific. The DBD Map in conjunction with the DataVantage profile command on each data base will give you the key and search fields.

This document defines all database structures transferred with the system, not all data bases or segments are used in ACCENT and are noted when applicable.

WGDB01P – Application Registration (AR)

The Application Registration Data Base contains the data obtained during the initial interview with individuals applying for assistance. This is a stand alone data base with anticipated high activity.

GS01APPL – Application Information

The Application root segment contains the basic case (household) information for the application. This information includes the household address and expedited FS information. A new GS01APPL segment and subordinate segments are created when adding a new individual via the AEIID screen. The case does not have to be authorized. In this situation, the type of application is a 'W' instead of the 'A' that is created in application registration. The sequence number on the new segment is one greater than the last sequence number.

GS01INDV – Individual Applicant Information
The Application Registration (AR) Individual segment contains the demographic information for each individual in a case such as name, date of birth, sex, race and SSN. This is the only place the statewide clearance results exist.

GS01ADDR – Alternate Application Address
The AR Address segment contains the alternate address if it is different than the household address. This is either a PIP Address (segment type 2) or an alternate mailing addresses (segment type 4).

WGDB02P through WGDB02PJ, WGBD02PZ – Case

The Case Data Base contains the detail information needed to describe a case and its assistance groups. This data base is used to indicate the relationship of the case individuals, maintain detail information for each assistance group in the case, and keep track of the case profile as well as the screen driver sequencing that is used to control the flow of the case. Due to the physical size of this data base, partitioning is required to store all of the information. There are ten partitions for the Case data base (WGDB02P through WGDB02PJ). To determine which partition a case will reside the ninth position of the case number is used. If the number is ZERO the "A" partition contains the case, if the number is ONE the "B" partition contains the case and so on (example: if the case number is 012345678**9** this case will reside in partition "I"). Each partition may be reorganized independently of the other partitions. An eleventh partition, the WGDB02PZ partition, is used in the Scratchpad mode. When a worker enters Scratchpad for a particular case, the case information is copied from the permanent partition to the WGDB02PZ partition to be used for "what if" case scenario processing. Only one "what if" scenario may exist at any time for a case. The scratchpad partition is reinitialized daily. The subroutine GCU030 must be used when accessing this data base.

GS02CASE – Case Residence Group
This segment contains the basic case data such as name, address, caseload number and case status. Only the most current case data is stored on this segment. Historical data is stored on the Case History (GS02HIST) segment.

GS02DRIV – Screen Driver Sequencing
This segment contains the information to control the flow of on-line transactions (conversations) to update the case record. It also indicates whether the various components of the conversation sequence are complete or incomplete. This segment must be revised as screens are added or deleted from the driver sequence. This segment has a maximum of 3 occurrences for a particular data type (i.e. unearned income). Additional entries for the data type are stored in the screen driver overflow segment (GS02DRV2).

GS02DRV2 – Screen Driver Overflow
This segment is used to store the overflow of data types from the GS02DRIV segment. Each GS02DRV2 segment is created as needed and deleted when the data for the data type has been entered. For example, if a case has five (5) types of unearned income (AL, RR, BL, SI and UC), "AL", "RR" and "BL" are stored on the GS02DRIV segment and the overflow switch for AEFMI is set to "Y". A GS02DRV2 segment is then created with a key as of "AEFMI" (the transaction code of the screen). The fourth and fifth unearned income types "SI" and "UC" are stored in the GS02DRV2 segment. There are several redefines of the segment layout depending on the data type being stored which are defined within the copybook GS02DRV2. Screens (data types) that can cause GS02DRV2 segments to be created are: AEICZ (Citizenship), AEISI (Alien Sponsor), AEIDP (Disability), AERLA (Liquid Assets), AERRT (Resource Transfer), AEFMI (Unearned Income), AEFSC (Shelter Costs), AEFUC (Utility

Costs), AEFSU (Shelter/Utility Assistance), AEIED (Non-Financial Eligibility Determination) and AERED (Resource/ Transfer Eligibility Determination).

GS02PROF – Case Profile Information
This segment is a high-level overview, or profile, of the case elements. Fields in this segment indicate whether or not the case has certain types of resources, income and shelter and utility costs. These indicators are used by the driver to process or bypass certain screens.

GS02PTR2 – Case To Individual Pointer
Each of these segments contains the recipient number of an individual in the case. This recipient number points to the recipient in the Individual Data Base (WGDB03P). This pointer is maintained by the Individual Demographics program (GAE130/AEIID). This segment will also give the status of this individual within this case.

GS02RELS – Household Relationships
This segment contains the information that indicates the relationship of the individual identified in the GS02PTR2 segment to another individual in the case. A GS02RELS segment is created for each person on the case except the one identified in the GS02PTR2. For example, a case consists of a father, mother and their son. When the target individual in the GS02PTR2 is the father, there will be two (2) GS02RELS segments created under the father - one has a relationship code of “WIF” and the other has a relationship code of “SON”. When the target individual in the GS02PTR2 is the mother, there will be two (2) GS02RELS segments created under the mother - one has a relationship code of “HUS” and the other has a relationship code of “SON”. Finally, when the target individual in the GS02PTR2 is the son, there will be two (2) **GS02RELS** - segments created under the son - one has a relationship code of “FTR” and the other has a relationship code of “MTR”.

GS02AGXX – Assistance Group Information
This segment defines the composition of the assistance group (category and sequence number) and indicates the assistance program in which individuals are participating.

GS02PTR1 – AG To Individual Pointer
Each of these segments contains the recipient number of an individual participating in the assistance group. This recipient number points to the Individual Data Base (WGDB03P). This pointer is created with a “pending” (high-values or the highest value in the mainframe collating sequence) history code by the grouping programs and is updated with a “current” (0) history code by the authorization program. This segment also indicates the Head of the AG.

GS02BUD1 – ADC/ADC-Related Medicaid/Item-D Budgets
This segment contains one of three different types of budget data that can be associated with an assistance group. These types are ADC, ADC-Related Medicaid, and Item-D. There are separate segments for each program type and the segment exists only if the program type applies to that assistance group.

GS02BUDA – ADC Or ADC Related MA Budget
This is a GS02BUD1 overlay segment that contains ADC or ADC-Related Medicaid budget information depending on the assistance category. The segment type is ‘1’.

GS02BUDD – Item-D Budget
This is a GS02BUD1 overlay segment that contains Item-D budget information. The segment type is '2'.

GS02BUD2 – Medicaid And FS Budgets
This segment contains two different types of budget data that can be associated with an assistance group, Food Stamps and Medicaid. There are separate segments for each program type and a segment exists only if the program type applies to that assistance group.

GS02BUDF – Food Stamp Budget
This is a GS02BUD2 overlay segment that contains Food Stamp budget information. The segment type is '1'.

GS02BUDM – Medicaid Budget
This is a GS02BUD2 overlay segment that contains Medicaid budget information. The segment type is '2'.

GS02ELIG – Assistance Group Eligibility Results
This segment contains the eligibility determination results for the assistance group for each budget month. It contains different types of assistance group eligibility results such as Financial, Non-Financial, Resources, Verifications, 185% Eligibility, 165% Eligibility and 100% Eligibility.

GS02ADDA – Alternate Assistance Group Mailing Address
This segment contains an alternate mailing address for the assistance group. If present, this address is used instead of the case address.

GS02ARAP – Authorized Representative/Alternate Payee
This segment contains the information for a Food Stamp authorized representative or assistance group alternate payee. Authorized Representatives have a segment type of '1', while Alternate Payees have a segment type of '2', but both use the same data layout.

GS02PTR3 – Claim Pointer
This segment contains information used to identify the claim filed against the assistance group. It is used during the benefit recovery processes. This segment points from the assistance group to the claim on the Claims (04) Data Base.

GS02HEAR – Fair Hearing
This segment contains information regarding clients who have requested a fair hearing.

GS02FIAT – Fiat Assistance Group Information
This segment contains information regarding an assistance group's eligibility and benefits that have been overridden by the worker for some reason. Multiple fiat segments may exist for a given assistance group, but only one will be current (history code = 0) and active (status code = A) at any given time.

GS02TMBD – Transitional Medicaid Budget
This segment contains transitional Medicaid budget information such as the assistance group size, earned income, dependent care amount and the 185% Poverty Level Income Standard.

GS02GONE – Absent Parent Information
This segment contains information about the absent parents (AP) for a case. This information includes the AP's name, address, date and place of birth and vital statistics.

GS02KIDS – Children Of Absent Parents
This segment contains the recipient numbers and paternity indicators for the children of absent parents in a case.

S02ADDC – Alternate Case Address
This segment contains the alternate case mailing address. Alternate household mailing addresses have a segment type of '1'. The mailing address segments for the PIP (Primary Information Person) have a segment type of '2', while Long Term Care family addresses have a segment type of '3'.

GS02HIST – Case History
This segment contains a copy of the Case Data Base root segment before any changes were applied to the data. It is used to track the changes to the case. Multiple case history segments may exist at any given time. The most recent history segment is the first one encountered.

GS02HHCH – Household Changes
This segment contains the expected changes in the house-hold that may affect benefits.

GS02PROV – Medical Provider Information
This segment contains information about the medical insurance provider such as the owner of the medical insurance, the policy number or health insurance claim number, the provider's name and address, the insured amount, the policy coverage dates and what type of coverage.

GS02MEDP – Individuals Covered By Medical Provider
Each segment contains the recipient number of an individual who is insured by the medical provider.

GS02SPON – Alien Sponsor Information
This segment contains information about alien sponsors such as the sponsor's recipient number, address, telephone number and the sponsor's spouse's recipient number.

GS02ALSP – Sponsored Aliens
This segment contains the recipient number of a sponsored alien.

GS02NURS – Long Term Care Information
This segment contains long term care/nursing home information such as admission and discharge dates, the amounts of income and resources allocated and the date of assignment.

WGDB03P through WGDB03PJ, WGDB03PZ – Individual Databases

The Individual Data Base contains information relative to an individual (recipient) who is currently active or was previously active in the system. The data base is used to store resource, financial and non-financial data for an individual as well as their participation in assistance groups. Due to the size of this data base, partitioning has been implemented for greater efficiency. There are ten partitions. To determine which partition an individual will reside the eleventh position of the recipient number is used. If the number is ZERO the "A" partition contains the recipient, if the number is ONE the "B" partition contains the recipient and so on (example: if the recipient number is 025234567890 this

recipient will reside in partition “J”). Each partition may be reorganized independently of the other partitions.

An eleventh partition, the WGDB03PZ partition, is used in the Scratchpad mode. When a worker enters Scratchpad mode for a particular individual, the individual information is copied from the permanent partition to the WGDB03PZ partition to be used for “what if” individual scenario processing. Only one “what if” scenario may exist at any time. The scratchpad partition is reinitialized daily. The GCU035 subroutine must be used when accessing this data base.

GS03INDV – Individual Information
This segment contains the basic individual information such as name, date of birth, sex, SSN and other vital statistics.

GS03PTR2 – Individual To Assistance Group Pointer
Each of these segments contains the case number, program category and sequence number of an assistance group in which this individual is participating. This pointer should be used when determining the Case or AG an individual belongs to.

GS03IELG – Individual Eligibility Results
This segment contains the information about the individual’s eligibility factors in a given assistance group such as eligibility dates, state residency, citizenship, eligibility codes, eligibility status and financial and non-financial indicators. This segment also contains a Dept. of Health (DH) code which indicates whether or not the DH has been notified of the individual’s eligibility status during that span.

GS03BUD1 – Individual ADC/FS Budgets
This segment consists of two segment types, one for AFDC assistance groups and the other one for Food Stamps assistance groups. It contains budget detail information for an individual calculated by the ED/BC programs. The segment exists for the corresponding program type applicable to an individual.

GS03BUDF – Individual Food Stamp Budget
This GS03BUD1 overlay contains the individual’s Food Stamp budget information such as gross earned income, gross unearned income, gross self-employment income as well as other information. The segment type is ‘1’.

GS03BUDA – Individual ADC/ADC-Related Medicaid Budget
This is a GS03BUD1 overlay segment that contains the individual’s AFDC budget information. The segment type is ‘2’. Information on this segment includes the amount of earned and unearned income, the $30 and 1/3 disregard amounts, the need standard as well as other information.

GS03BUD2 – Individual MA Budgets
This segment contains budget details for an individual participating in Medicaid assistance groups. If an individual is not participating in a Medicaid program, the segment does not exist.

GS03BUDM – Individual Medicaid Budget
This is a GS03BUD2 overlay segment that contains the individual’s Medicaid budget information such as earned and unearned income amounts, income disregards, dependent allocation and the need standard. The segment type is ‘2’. This is the only overlay for this segment.

GS03FIND – Individual FIAT
This segment contains information that the worker has entered to override an individual's eligibility status and begin-end dates. The segment type is '0'.

GS03VSSM – Vehicle Resource, School Attendance, Shelter/ Utility Assistance and Medical Expenses
This segment has overlays named GS03VEHL, GS03SCHL, GS03SU02 and GS03MEXP. The segment type code determines which type of segment it is. The GS03VSSM segment, not the overlay, is accessed in the program.

GS03VEHL – Vehicle Resources
This segment contains the resource information about vehicles owned by an individual. The segment type is '1'.

GS03SCHL – School Attendance
This segment contains information regarding an individual's school attendance such as the name of the school, the expected graduation date, the attendance code and the school type code. The segment type is '2'.

GS03SU02 – Shelter/Utility Assistance
This segment contains information dealing with an individual's shelter and utility income from sources outside the household. It is used during eligibility determination. The segment type is '3'.

GS03MEXP – Medical Expenses
This segment contains information dealing with the medical expenses incurred by an individual. The segment type is '5'.

GS03ELRD – Employment Information, Lump Sum Income, Real Estate Information and Disability Information
This segment has overlays named GS03EMPL, GS03LUMP, GS03REAL and GS03DSAB. The segment type code determines which type of segment it is. The GS03ELRD segment, not the overlay, is accessed in the program.

GS03EMPL – Employment Information
This segment describes an individual's current employment status and employer as well as hours worked and income derived. The segment type is '1'.

GS03LUMP – Lump Sum Income
This segment contains a description of the source and details of the lump sum payments to an individual. The segment type is '2'.

GS03REAL – Real Estate Information
This segment contains information about an individual's real property and any income derived from that property. The segment type is '3'.

GS03DSAB – Disability Information
This segment contains detail information about an individual who is disabled and the nature of his/her disability. The segment type is '4'.

GS03MEUT – MEU Tracking
This segment is used by the Medical Evaluation Unit (MEU) to track clients' medical appointments. The data about the appointment times, doctor's name, clinic address and the dates the MEU requested and received information from the doctor's office are all stored in this segment.

GS03EIDD – Earned Income Detailed Documentation
This segment is used to store details of how the individual's earned income amount was determined on the AEIEI screen.

GS03LEOX – Liquid Assets, Education Aid and Optional Household Utilities
This segment has the following overlays: GS03ASET, GS03EDAP, GS03EGDT, GS03SCEG and GS03LPEG. The segment type code determines which type of segment it is. The GS03LEOX segment, not the overlay, is accessed in the program.

GS03ASET – Liquid Asset Resources
This segment contains details of an individual's liquid asset resources and the percentage of ownership. The segment type is '1'.

GS03EDAP – Education Aid Applied For
This segment contains information about education aid applied for by an individual. An individual must apply for aid before information about education assistance can be recorded. The segment type is '2'.

GS03EGDT – Eligibility Dates
This segment contains miscellaneous eligibility data, including the $30 and 1/3 eligibility dates and the IPV disqualification begin and end dates. The segment type is '5'.

GS03SCEG – Sanction Ineligibility Data
This segment has an individual's sanction reason codes and ineligibility periods. The segment type is '6'.

GS03LPEG – Lump Sum Ineligibility Data
This segment has individual lump sum data and ineligibility periods. The segment type is '7'.

GS03SASE – Utilities, Shelter, Education Assistance, Armed Forces, and Earned Income Tax Credit Information
This segment has overlays of GS03UTCT, GS03ARMD, GS03EDUC, GS03SCRP and GS03EITC. The segment type code determines which segment overlay is used. The GS03SASE segment, not the overlay, is accessed by the program.

GS03UTCT – Utility Cost Information
This segment contains information about utility costs incurred by an individual. The segment type is '1'.

GS03ARMD – Armed Forces
This segment contains information about the individual's armed services record. The segment type is '2'.

GS03EDUC – Education Aid Income
This segment describes any education assistance received by an individual. The segment type is '3'.

GS03SCRP – Shelter Cost Of Real Property
This segment contains the detail information of an individual's real property shelter costs such as the type of shelter, the cost of the shelter and the dates during which the individual incurs the shelter costs. It is used during eligibility determination. The segment type is '4'.

GS03EITC – Earned Income Tax Credit
This segment contains the detail information of an individual's earned income tax credit such as the date and amount received. The segment type is "5".

GS03IPTX – Benefits Applied For, HMO Information and Tax Return Information
This segment has three overlays: GS03BNAP, GS03PMEX, GS03HMOX and GS03TAXR. The segment type code determines which segment overlay is used. The GS03IPTX segment, not the overlay, is accessed by the program. Only GS02BNAP is used by ACCENT.

GS03BNAP – Benefits Applied For
This segment contains information about benefits applied for by an individual that have not yet been received. The segment type is '1'.

GS03UARB – Unearned Income, Alien Information And Room And Board Information
This segment has overlays of GS03INCM, GS03ALEN, GS03ROOM and GS03BORD. The segment type code determines which overlay to use. The GS03UARB segment, not the overlay, is accessed by the programs.

GS03INCM – Unearned Income Information
This segment contains information about an individual's benefit income from sources outside the household (both earned and unearned). The segment type is '1'.

GS03ALEN – Alien Information
This segment contains information about an individual's alien status, country of origin, and other documentation required for eligibility determination. The segment type is '2'.

GS03ROOM – Roomer Expenses And Earnings
This segment contains details of income derived from a roomer and the associated expenses. The segment type is '3'.

GS03BORD – Room And Board Income And Expenses
This segment contains information about the income earned and expenses incurred by a boarding individual. The segment type is '4'.

GS03UIDD – Unearned Income Detailed Documentation
This segment contains information about how an individual's unearned income amount was determined on the AEFMI screen.

GS03MDSX – Medical Insurance, Dependent Care Expenses, Child Support Payments Outside of Home, Employment and Minor Parent information
This segment has the following overlays: GS03CHSP, GS03DEXP, GS03SELF, GS03DPAY, and GS03MINR. The segment type code determines which segment overlay is used. The GS03MDSX segment, not the overlay, is actually accessed by the programs.

GS03CHSP – Child Support Payments Paid to Someone out of the Home
This segment contains Child Support payment information paid to someone outside of the home. The segment type is "1".

GS03DEXP – Dependent Care Expenses
This segment contains the details about the dependent care expenses an individual paid to the provider for dependent care. The segment type is '2'.

GS03SELF – Self Employment Information
This segment details the income and expenses incurred for an individual who is self employed. The segment type is '3'.

GS03DPAY – Dependent Care Payments
This segment contains the information regarding child care payments an individual makes for dependents living in the home. The segment type is '4'.

GS03MINR – Minor Parent Information
This segment contains the information regarding Minor Parent's living arrangement. The segment type is '5'.

GS03MXLX - Unpaid Medical Expenses, Transfer Information, Life Insurance
This segment has overlays of GS03XFER and GS03LINS. The segment type code determines which segment overlay to use. The GS03MXLX segment, not the overlay, is accessed by the programs.

GS03XFER – Resource Transfer Information
This segment contains information about the value of any transferred resource and its verification. This information is captured for any resource transferred within the last thirty (30) months. The segment type is '2'.

GS03LINS – Life Insurance Resources
This segment contains details about an individual's life insurance resources and the insurance companies involved. The segment type is '3'.

GS03PTRS – Individual to Case, or Assistance Group Pointer
This segment contains **only some** case and assistance group numbers in which this individual is participating. This segment can also represent the Alias information when the segment type is "4", in this situation the GS03ALIS segment must be accessed. This use to represent the Claim number pointer, but since the new interface design the claim number will always be spaces. W**hen trying to find every Case or Assistance group for an individual, use the GS03PTR2.**

A segment type of '1' indicates that this segment points to an assistance group within a case. This segment type uses all parts of the key. **This is only present for work program individuals.**

A segment type of '3' indicates that this segment points to a case. This type of segment uses all of the key except the category and claim number (which will be spaces) and the sequence number (which will be zero).

A segment type of '4' indicates that this segment uses the GS03ALIS segment overlay. This segment uses the history code, segment type and the recipient number on the key.

GS03ALIS – Alias Information
This segment contains an alias recipient number for the current individual. An alias is another ACCENT recipient number under which the individual has received benefits. Alternate TWISS recipient numbers are not the same as aliases because the individual has not received ACCENT benefits under the alternate TWISS numbers. The segment type is '4'.

GS03PWER – Primary Wage Earner Information
This segment contains the detail information about the individual who is the primary wage earner in the case (household). The segment type for GS03PTRS must be “1” to access this segment.

GS03WKPG – Work Program Information
This segment contains the detail information of an individual’s involvement in a work program. The segment type for GS03PTRS must be “1” to access this segment.

GS03FAIL – Work Program Failure To Participate
This segment has two segment types, GS03FAIL (which is also the segment name) and GS03NLWS. The GS03FAIL overlay contains information about an individual’s failure to participate in work programs. The segment type is ‘1’.

GS03NLWS – Net Loss Worksheet This segment is an overlay of the GS03FAIL segment. It contains the data used to show the expense amounts, the net income amount, the deficit amount and the net loss the individual would incur if he were to participate in work programs. The segment type is ‘2’.

GS03PRES – PERSONAL RESPONSIBILITY PLAN
This segment contains information about an individual’s Personal Responsibility Plan such as the date the PRP was signed and any time extensions. This segment is for Families First cases only and will be created for adults and minor parents.

GS03IMHS – IMMUNIZATION, HEALTH, AND SCHOOL
This segment contains information about a child’s immunization, health check, and school attendance. This is a Families First segment and is created for children and minor parents.

GS03APST - APPLICANT INFORMATION
This segment contains information about education levels, work experience, and training information. It also contains information for any support services the state will provide. This segment is for Families First cases only and will be created for eligible adults and minor parents.

GS03EDFF – EDUCATION SEGMENT
This segment contains information about the education of the applicant such as school name, address, and status of all schools attended.

GS03TRFF – TRAINING SEGMENT
This segment contains information about the training of the applicant such as the name of the training, address and status of the training received.

GS03WKEX – WORK EXPERIENCE
This segment contains information about the applicant’s work experience such as the name and address of the employer and the dates of employment.

GS03DUTY – BASIC DUTIES
This segment is documentation about the duties the applicant had on a work experience. This is a child segment of Work Experience.

GS03RESP – CUSTOMER RESPONSE
This segment is the applicant’s response to the work experience. This is a child segment of Work Experience.

GS03PLAN – PERSONAL ACTIVITIES
This segment contains the personal responsibility plan activities an applicant is required to fulfill. Contains the date referred and the date completed along with activity codes.

GS03IHST – Individual History
This segment contains the Individual Data Base root segment information before it was modified and is kept for historical purposes. Each time a change is made to the GS03INDV segment, it is copied to GS03IHST before the changes are made.

GS03PICK – Pickle Pass-along Information
This segment contains data regarding the individuals who received Supplemental Security Income and Social Security Income in the same month.

GS03CSLA – Children In Special Living Arrangements
This segment store information the supervising agency provides about CSLA Foster Care or Adoption Assistance children.

GS03FSIT - FOOD STAMP ISSUANCE TRACKING
This segment stores 36 months of working, exempt, or other reason codes. An individual is not allowed to receive food stamps if they do not meet an exempt condition, are not in approved training or do not work at least 20 hours per week (for the last 36 months).

GS03FSIH - FOOD STAMP ISSUANCE TRACKING HISTORY
This segment contains GS03FSIT history records and is a duplicate layout of GS03FSIT.

WGDB04P – Claims (Recovery)

The Claims Data Base contains Claim data provided by the system. This information consists of, but is not limited to, claim number, claim status, and repayment information.

GS04CLAM – Claim Information
The Claim segment contains information dealing with the status and characteristics of the overpayments.

WGDB04S1 – Social Security Number Secondary Index

This is a secondary index for the Claims Data Base. It is based upon the Social Security Number (SSN) found in the GS04CLAIM segment.

GSSX041 – Secondary Index
This segment contains the fields that comprise a secondary index for the Claims Data Base. The index is based on the GS04CLAM segment and contains the SSN field.

WGDB04S2 – Claim Attached Switch Index

This is a secondary index for the Claims Data Base. It is based upon the claim attached switch field.

GSSX042 – Secondary Index
This segment is a secondary index for the Claims Data Base and is based on the claim attached switch field.

WGDB05P – Caseload

The Caseload Data Base is used to group cases for security purposes. Each worker has at least one caseload number. Each of the worker's cases has one of the caseload numbers. A worker may only update cases within his/her caseload.

The Caseload (WGDB05P), County Worker (WGDB07P) and Administrative Unit (WGDB17P) Data Bases are logically related. This helps to maintain data integrity by automatically updating one data base when a change is made to the other. The relationships for the Caseload Data Base are:

GS07CTWK is the logical parent of the GS05PTR1 segment. When GS07CTWK is updated, so is the GS05PTR1 segment.

GS17UNIT is the logical parent of the GS05PTR2 segment. When GS17UNIT is updated, so is the GS05PTR2 segment.

GS05CSLD – Caseload Information
This segment identifies the caseload number assigned to a specific grouping of cases and contains text describing the caseload.

GS07PTR1 – County Worker to Caseload Pointer
Each of these segments contains a caseload that is assigned to the worker. A worker may have more than one caseload assigned to him/her. Contains half a line of white space.

GS17PTR1 – Administrative Unit to Caseload Pointer
The segment contains the unique key identifying the caseload within a county unit. This is used to associate the administrative unit with caseloads and to identify the caseloads to which a worker has update or inquiry access.

GS05PTR1 – Caseload To Case Worker Pointer
This segment contains the user ID of the worker assigned to this caseload and contains excessive white space on line 1. It also contains the dates during which the worker may access cases in this caseload.

GS07CTWK – Administrator
Each of these segments contains the worker ID of an administrator and the dates during which the worker has administrator privileges.

GS05CASE – Caseload To Case Pointer
Each of these segments contains a case number that is in this caseload.

GS05PTR2 – Caseload To Administrative Unit Pointer
This segment contains the Administrative Unit numbers for this caseload.

GS17UNIT – Unit
This segment contains the detail information about each unit within the administrative unit.

WGDB05L – Logical Caseload

This data base is used to maintain a logical link between the Caseload, County Worker and Administrative Unit (Admin/Unit) Data Bases. This ensures integrity among these data bases.

GS05CSLD – Caseload Information
This segment identifies the caseload number assigned to a specific grouping of cases and contains text describing the caseload.

GS05PT1L – Logical Worker Segment
This segment is a logical link between the Caseload Worker (GS05PTR1) segment and the Worker (GS07CTWK) segment on the Worker Data Base.

GS05CASE – Caseload To Case Pointer
Each of these segments contains a case number that is in this caseload.

GS05PT2L – Logical Administrative Unit Segment
This segment is a logical link between the Caseload Admin/Unit (GS05PTR2) segment and the Administrative Unit (GS17UNIT) segment on the Admin/Unit Data Base.

GS17PTR1 – Administrative Unit To Caseload Pointer
This segment contains the unique key identifying the caseload within a county unit. This is used to associate the administrative unit with caseloads and to identify the caseloads to which a worker has update or inquiry access.

GS17CTK2 – Supervisor/Worker Information
This segment identifies the supervisor of a county unit and detail data associated with this individual.

GS17ADMN – Administrative Units
This segment contains the data used to uniquely identify an administrative unit within a county.

GS17CTWK – Administrator
Each of these segments contains the worker ID of an administrator and the dates during which the worker has administrator privileges.

WGDB06P – Worker Audit Trail

The Worker Audit Trail Data Base contains the audit trail information for each worker. In case maintenance mode, some update transaction the worker performs is logged to assist in tracing the work performed against a case.

GS06USID – Worker/User ID
Each of these segments contains the worker ID number.

GS06USER – Worker/User ID Overlay
This overlay segment contains the worker ID number. This overlay copybook has the same layout as the copybook for the GS06USID segment and can be used interchangeably.

GS06AUDT – Audit Trail Activity
This segment contains the audit trail information based upon the workers transaction activity. Multiple segments may exist for each worker. Data on this segment includes the date and time of the transaction, the transaction (screen) id, the action taken (change, delete, etc.), the key used to access the screen (case, case/cat/seq, recipient number, etc.), the user's county, the terminal id and the application mode (initial, on-going, re-app, etc.).

WGDB07P – County Worker

The County Worker Data Base contains the necessary information for the worker to track his/her client scheduling, manage his/her caseload, and review his/her work messages. The Caseload (WGDB05P) and County Worker (WGDB07P)

Data Bases are logically related. This helps to maintain data integrity by automatically updating one data base when a change is made to the other. The relationships for the County Worker Data Base are: GS05CSLD is the logical parent of the GS07PTR1 segment. When GS05CSLD is updated, so is the GS07PTR1 segment.

GS07CTWK – County Worker Information
This segment contains the most complete worker/user profile and is used to identify the status of the worker/user.

GS05PTR1 – Caseload to Case Worker Pointer
This segment contains the user ID of the worker assigned to this caseload and excessive white space on line 1. It also contains the dates during which the worker may access cases in this caseload and

GS07PTR1 – County Worker To Caseload Pointer
Each of these segments contains a caseload that is assigned to the worker and half a line of white space. A worker may have more than one caseload assigned to him/her.

GS05CSLD – Caseload Information
This segment identifies the caseload number assigned to a specific grouping of cases and contains text describing the caseload.

GS07ALRT – Worker Alerts
This segment contains the "alert" type messages. These alerts are generated automatically by the various subsystems to inform the worker of some pertinent information.

GS07EALR – Data Exchange Alerts
This segment contains "alert" messages generated by Data Exchange programs that interact with external agencies, such as the Social Security Administration or the Internal Revenue Service.

GS07SCHD – Client Schedule
This segment contains the schedules for each day and indicates how many walk-in clients the worker may schedule during the specified standard day.

GS07TIME – Time Slots
This segment indicates how many and what type of activities will take place during a time slot on the given day.

GS07CASE – Scheduled Cases
This segment contains the case or application number and the name of the applicant scheduled for the interview in the given time slot.

GS07STDD – Standard Day
This segment contains the format of the worker's normal daily activities. This information is used to layout the worker's schedule in advance so clients can be scheduled.

GS07MSGS – Messages
This segment contains any mail messages sent to this worker. **NOTE:** The sequence numbers for these segments begin with 001 and continue through 999.

WGDB07L – Logical County Worker Maintenance

This data base is used to maintain a logical link between the Worker, Administrative Unit and Caseload Data Bases. This helps to ensure integrity in these three data bases.

GS07CTWK – County Worker Information
This segment contains the most complete worker/user profile and is used to identify the status of the worker/user.

GS07PT1L – Logical Caseload Segment
This segment provides the link between the County Worker To Caseload Pointer (GS07PTR1) segment and the Caseload (GS05CSLD) segment of the Caseload Data Base.

GS05PTR1 – Caseload To Case Worker Pointer
This segment contains the user ID of the worker assigned to this caseload. It also contains the dates during which the worker may access cases in this caseload.

GS05CASE – Caseload To Case Pointer
Each of these segments contains a case number that is in this caseload.

GS05PT2L – Logical Administrative Unit Segment
This segment is a logical link between the Caseload Admin/Unit (GS05PTR2) segment and the Administrative Unit (GS17UNIT) segment on the Admin/Unit Data Base.

GS17PTR1 – Administrative Unit To Caseload Pointer
This segment contains the unique key identifying the caseload within a county unit. This is used to associate the administrative unit with caseloads and to identify the caseloads to which a worker has update or inquiry access.

GS17CTK2 – Supervisor/Worker Information
This segment identifies the supervisor of a county unit and detail data associated with this individual.

GS17ADMN – Administrative Units
This segment contains the data used to uniquely identify an administrative unit within a county.

GS17CTWK – Administrator
Each of these segments contains the worker ID of an administrator and the dates during which the worker has administrator privileges.

GS07ALRT – Worker Alerts
This segment contains the “alert” type messages. These alerts are generated automatically by the various subsystems to inform the worker of some pertinent information.

GS07EALR – Data Exchange Alerts
This segment contains “alert” messages generated by Data Exchange programs that interact with external agencies, such as the Social Security Administration or the Internal Revenue Service.

GS07SCHD – Client Schedule
This segment contains the schedules for each day and indicates how many walk-in clients the worker may schedule during the specified standard day.

GS07TIME – Time Slots
This segment indicates how many and what type of activities will take place during a time slot on the given day.

GS07CASE – Scheduled Cases
This segment contains the case or application number and the name of the applicant scheduled for the interview in the given time slot.

GS07STDD – Standard Day
This segment contains the format of the worker's normal daily activities. This information is used to layout the worker's schedule in advance so clients can be scheduled.

GS07MSGS – Messages
This segment contains any mail messages sent to this worker. **NOTE:** The sequence numbers for these segments begin with 001 and continue through 999.

WGDB07S1 – Secondary Index

WGDB07S2 – Secondary Index By Worker Name

This segment is a secondary index to the County Worker Data Base. It provides for quicker and more efficient access of that data base by using a key other than the primary key.

GSSX072 – Secondary Index
This segment is a secondary index which contains the fields needed to access the GS07CTWK segment by worker name.

WGDB07S3 – Secondary Index By County And Worker Name

This segment is a secondary index to the County Worker Data Base. It provides for quicker and more efficient access of that data base by using a key other than the primary key.

GSSX073 – Secondary Index
This segment is a secondary index which contains the fields needed to access the GS07CTWK segment by county and worker name.

WGDB07S3 – Secondary Index

WGDB08P – Security Access Profile

The Security Access Profile Data Base consists of two segment types and contains the available User/Worker profiles with their associated transactions. This data base serves as the detail security access control facility for the on-line ACCENT system at a level below RACF and resides in core due to the high activity level required by every on-line program. This data base will be administered by the counties so that special profiles may be assigned for special functions.

GS08ACSS – Security Access Profile
This segment consists of the name of the security profile with its description and a switch indicating the profile is to be used by state level personnel only.

GS08INFO – Transaction Information
This segment contains a list of transactions that may be accessed by a user with this profile.

WGDB09P through WGDB09PJ – Case Running Record

The Running Record Data Base contains all the comments entered through out the interview on the CLRC screen. There are ten partitions for the Running Record data base WGDB09P through WGDB09PJ. To determine which partition the running record for a case will reside, the ninth position of the case number is used. If the number is ZERO the "A" partition contains the case, if the number is ONE the "B" partition contains the case and so on (example: if the case number is 012345678**9** this case will reside in partition "I"). Each partition may be reorganized independently of the other partitions. This data base must be accessed using the GCU090 subroutine.

GS09CASE – Case Number
This segment contains the case number for which the running record data is associated.

GS09RREC – Running Record
This segment contains comments entered by the worker on the CLRC screen regarding a case. The sequence numbers for these segments begin with 001 and continue through 999.

WGDB11P – Number Assignment

The Number Assignment Data Base contains the next sequential number for all assignments in the ACCENT system.

GS11ANBR – Number Assignment
This segment contains ten (10) overlays that control the next number to be assigned for various functions in the ACCENT system.

GS11APPL – Application/Case Number
This overlay contains the next application/ case number to be assigned. The segment type code is '01'.

GS11RCPT – Recipient Number
This overlay contains the next recipient number to be assigned. The segment type is '02'.

GS11RCWT – Recurring Warrants Number
This overlay contains the next recurring or auxiliary warrant number to be assigned. The segment type is '03'.

GS11PRWT – Replacement Warrant Number
This overlay contains the next replacement warrant number to be assigned. The segment type is '04'. This overlay is not used in the ACCENT system.

GS11AXWT – Auxiliary Warrant Number
This overlay contains the next auxiliary warrant number to be assigned. The segment type is '05'. This overlay is not used in the ACCENT system.

GS11WFWT – Work Fare Warrant Number
This overlay contains the next work fare warrant number to be assigned. The segment type is '06'. This overlay is not used in the ACCENT system.

GS11MDWT – Medical Benefit Number
This overlay contains the next medical benefit number to be assigned. The segment type is '07'.

GS11FSWT – Food Stamps Benefit Number
This overlay contains the next Food Stamps benefit number to be assigned. The segment type is '08'.

GS11CTWT – Certified Mail Number
This overlay contains the next certified mail number to be assigned. The segment type is '09'.

GS11CIWT – Client ID Card Number
This overlay contains the next Client ID card number to be assigned. The segment type is '10'.

GS11SCWO – Service Center Work Order Number
This overlay contains the next Service Center Work Order number to be assigned. The segment type is '11'.

WGDB12P – Case II

The Case II Data Base contains information related to specific cases and or assistance groups that is not stored in the Case Data Base (WGDB02P). This information includes an assistance group activity log, running record comments and monthly reporting data. If this information was stored on the Case Data Base, frequent reorganizations would be needed because of the volatility of the data.

GS12CAGS – Case And Assistance Group
This segment is the root of the data base. It groups all of the information for one case together. This information includes the case, assistance category, AG sequence number and monthly reporting status code and termination date.

GS12ACTV – Assistance Group Activity Log
This segment is a log that maintains at least the last ten transactions issued against an assistance group.

WGDB13P – Cash Benefits Issued

The Cash Benefits Issued Data Base contains the details of the cash benefit issued to an assistance group. These benefits are for AFDC assistance groups. This data base also contains the Bonus and Supplement payments from Child Support.

GS13TYPE – Cash Benefits Assistance Groups
This segment identifies the assistance group within the case that received the benefits.

GS13BENF – Cash Benefits
This segment contains information about benefits issued to an AFDC assistance group. The information is for one of the many types of benefits including recurring, auxiliary, child support, initial prorations and bonus payments. Payee information, disposition information, issuance method and replacement information are all stored on this segment.

GS13DETL – Cash Benefit Details
This segment describes the reason the cash benefits were issued, the amount of the benefit and the benefit period.

WGDB13I – Primary Index For WGDB13P

This data base is the primary index for the Cash Benefits Issued Data Base.

GSPX130 – Primary Index
This segment contains the case/cat/seq from GS13TYPE which is the key to the Cash Benefits Issued Data Base.

WGDB13S1 – Benefit History Warrant Index

The Benefit History Warrant Index Data Base consists of one segment type and contains information about cash warrants issued against a program within a case from GS13BENF segment. This is a secondary index.

GSSX131 – Secondary Index
This segment identifies a unique warrant number for a particular check by date. The data is used to process a warrant against an assistance group within a case.

WGDB13S2 - Disposition Status Warrant Index

This data base is another secondary index for the Cash Benefits Issued Data Base. It is based upon the warrant disposition status from the GS13BENF segment.

GSSX132 – Secondary Index
This segment contains the fields needed for the warrant disposition status secondary index for the Cash Benefits Issued Data Base. It is used to create a file for the Treasury Department of cancelled or stopped benefits.

WGDB14P – Food Stamp Benefits Issued

The Food Stamp Benefits Issued Data Base contains the details about the Food Stamps issued to a Food Stamps assistance group.

GS14TYPE – Food Stamp Benefits Assistance Group
This segment identifies the assistance group within the case for which Food Stamps were issued.

GS14BENF – Food Stamp Benefits
This segment describes how and why the Food Stamp benefits were issued, who authorized the benefits, how the benefits were dispositioned, who they were issued to and the worker who issued the benefits.

GS14DETL – Food Stamp Benefit Details
This segment describes the reason the Food Stamp benefits were issued, the benefit amount and the benefit period.

WGDB14I – Food Stamps Benefits Issued Primary Index

This data base is the primary index for the Food Stamps Benefits Issued Data Base.

GSPX140 – Primary Index
This segment contains the fields that comprise the primary index for the Food Stamps Benefits Issued Data Base. These fields are the case number, category and sequence number from the GS14TYPE segment.

WGDB14S1 – Food Stamp Benefits Issued Secondary Index

WGDB15P – Medicaid Benefits Issued

The Medicaid Benefits Issued Data Base contains the details of the Medicaid benefits issued to an assistance group.

GS15TYPE – Medicaid Benefits Assistance Group
This segment identifies the Medicaid assistance group that received the benefits.

GS15BENF – Medicaid Benefits
This segment describes the types of Medicaid benefits issued to the assistance group, their status, their disposition, the worker who authorized the benefits and the reason the benefits were issued.

WGDB15I – Medicaid Benefits Issued Primary Index

This data base is the primary index for the Medicaid Benefits Issued Data Base.

GSPX150 – Primary Index
This segment contains the fields that comprise the primary index for the Medicaid Benefits Issued Data Base. These fields are the case number and the assistance group identifier from GS15TYPE segment.

WGDB17P – Administrative Unit

The Administrative Unit Data Base contains the information related to an administrative unit of a county and excessive white space on line 3. This data is used to determine the composition of the administrative unit and the related workers and caseloads. The Caseload (WGDB05P) and Administrative Unit (WGDB17P) Data Bases are logically related. This helps to maintain data integrity by automatically updating one data base when a change is made to another. The relationships for the Administrative Unit Data Base are: GS05CSLD is the logical parent of the GS17PT1L logical segment. When GS05CSLD is updated, so is the GS17PTR1 segment.

GS17ADMN – Administrative Units
This segment contains the data used to uniquely identify an administrative unit within a county.

GS05PTR2 – Caseload to Administrative Unit Pointer
This segment contains the Administrative Unit numbers for this caseload.

GS17UNIT – Unit
This segment contains the detail information about each unit within the administrative unit.

GS17PTR1 – Administrative Unit To Caseload Pointer
This segment contains the unique key identifying the caseload within a county unit. This is used to associate the administrative unit with caseloads and to identify the caseloads to which a worker has update or inquiry access.
Key: County Number, Caseload Number

GS05CSLD – Caseload Information
This segment identifies the caseload number assigned to a specific grouping of cases and contains text describing the caseload.

GS17CTK2 – Supervisor/Worker Information
This segment identifies the supervisor of a county unit and detail data associated with this individual.

GS17COUP – Food Stamp Coupons Issued (obsolete by EBT)
This segment contains the totals of the Food Stamp coupons issued daily by an issuance clerk working out of one of the issuance centers.

GS17INVN – Food Stamp Issuance Inventory (obsolete by EBT)
This segment contains the number of Food Stamp coupons on-hand and the reorder minimum.

GS17CTWK – Administrator
Each of these segments contains the worker ID of an administrator and the dates during which the worker has administrator privileges.

WGDB17L – Logical Administrative Unit

This is the logical data base that maintains the link between the Administrative Unit Data Base and the Caseload Data Base. This logical data base ensures data integrity by automatically updating the Caseload Data Base whenever the Administrative Unit to Caseload Pointer (GS17PTR1) segment of the Administrative Unit Data Base is updated.

GS17ADMN – Administrative Units
This segment contains the data used to uniquely identify an administrative unit within a county.

GS17UNIT – Unit
This segment contains the detail information about each unit within the administrative unit.

GS17PT1L – Logical Caseload Segment
This segment provides a direct link between the GS17PTR1 segment and the GS05CSLD segment of the Caseload Data Base.

GS17CTK2 – Supervisor/Worker Information
This segment identifies the supervisor of a county unit and detail data associated with this individual.

GS17COUP – Food Stamp Coupons Issued (obsolete by EBT)
This segment contains the totals of the Food Stamp coupons issued daily by an issuance clerk working out of one of the issuance centers.

GS17INVN – Food Stamp Issuance Inventory (obsolete by EBT)
This segment contains the number of Food Stamp coupons on-hand and the reorder minimum.

GS17CTWK – Administrator
Each of these segments contains the worker ID of an administrator and the dates during which the worker has administrator privileges.

WGDB17S1 – Secondary Index For WGDB17P

This segment is a secondary index to the Administrative Unit Data Base. It provides for quicker and more efficient access of that data base by using a key other than the primary key.

GSSX171 – Secondary Index
This segment is a secondary index which contains the fields needed to access the GS17UNIT segment of the WGDB17P data base by worker ID.

WGDB17S2 – Secondary Index For WGDB17P

This segment is a secondary index to the Administrative Unit Data Base. It provides for more efficient access of that data base by using a key other than the primary key.

GSSX172 – Secondary Index
This segment is a secondary index which contains the fields needed to access the GS17ADMN segment of the WGDB17P data base by worker ID.

WGDB18P – SSN/Recipient Number Cross Reference

The SSN/Recipient Number Cross Reference Data Base contains the SSN cross reference to the Individual Data Base. This data base is used to determine an individual's recipient number when only the SSN is known.

GS18SSNX – SSN To Recipient Index
This segment includes the individual's SSN and recipient number. The application number is used when the individual has not yet received a recipient number. A switch indicates whether the individual is a recipient or an applicant. Individuals loaded from TWISS have the recipient/applicant indicator set to recipient.

WGDB19P – Client Scheduling/Waiting List BTQ

The Client Scheduling/Waiting List Data Base contains a log of all clients' arrival times and the worker who conducts the interview. This data base must be reinitialized on a daily basis.

GS19WAIT – Waiting List BTQ
This segment contains the names and case numbers of the recipients waiting to be interviewed by case workers.

WGDB19I – Primary Index For WGDB19P

This data base is the primary index for the Client Scheduling/Waiting List Data Base.

GSPX190 – Primary Index
This segment contains the fields used as the primary index for the Client Scheduling/Waiting List Data Base. These fields are the county number, the satellite number, the worker ID and the client's arrival time.

WGDB19S1 – Secondary Index For WGDB19P

This data base is the secondary index for the Client Scheduling/Waiting List Data Base.

GSSX191 – Secondary Index
This is the secondary index segment which contains the fields needed to access the GS19WAIT segment by worker ID and client arrival time.

WGDB20P through WGDB20PJ – Client Notices

The Client Notices Data Base contains the history of all client notices that have been generated. There are ten partitions for the Client Notices data base WGDB20P through WGDB20PJ. To determine which partition the notice for a case will reside the ninth position of the case number is used. If the number is ZERO the "A" partition contains the case, if the number is ONE the "B" partition contains the case and so on (example: if the case number is 012345678**9** this case will reside in partition "I"). Each partition may be reorganized independently of the other partitions. This data base must be accessed using the GCU020 subroutine.

GS20CASE – Case Notice History
This segment contains the case and date on which the notices were generated.

GS20NOTE – Notice History Information
This segment contains the information needed to reprint the notice by storing the actual data from the Case and Individual Data Bases.

WGDB20I – Primary Index For WGDB20P

This is the primary index for the Client Notices Data Base.

GSPX200 – Primary Index
This is the primary index for the Client Notices Data Base. It is based on the case number and mail date fields on the GS20CASE segment.

WGDB21P – Soundex

The Soundex Data Base contains the Soundex code for individuals in the system. There is one root segment for each Soundex code and one subordinate segment for each individual with that Soundex code.

GS21SNDX – Soundex
This segment contains the Soundex code. It is used to determine if individuals with similar names already exist in the ACCENT system.

GS21INDV – Soundex to Individual/Application Pointer
Each of these segments contains the recipient number and either the case or application number of an individual with the same Soundex code. (Application/case numbers will not exist for individuals loaded from TWISS who have not yet been converted to ACCENT.) **NOTE:** The sequence number for this segment begins with 0001 and increments through 9999.

WGDB21S1 – Secondary Index For WGDB21P

This is the secondary index for the Soundex Data Base. It is based on the case/application number found on the Individual segment on the Soundex Data Base.

GSSX211 – Secondary Index
This is the secondary index for the Soundex Data Base. It is based on the case/application number found in the GS21INDV segment.

WGDB22P – TWISS/ACCENT Recipient Number Cross Reference

This data base is a cross-reference between TWISS/ACCENT. For a given ACCENT recipient number the TWISS recipient number can be determined. When individuals were loaded from TWISS a primary recipient number was determined (if the individual had more than one in TWISS) and carried over as the ACCENT recipient number. This TWISS/ACCENT number exists on both GS22INDV and GS22RCPT segments.

GS22INDV – ACCENT Recipient Number
This segment contains the individual's ACCENT recipient number. It is the individual's primary TWISS recipient number carried over into ACCENT.

GS22RCPT – TWISS Recipient Number
Each of these segments contains the individual's TWISS recipient number. An individual may have up to eleven (11) TWISS recipient numbers for each ACCENT recipient number and there is one GS22RCPT segment for each number. Of these eleven, one has been selected as the primary recipient number and is the same as the ACCENT recipient number found in GS22INDV. The other ten recipient numbers are alternates. The county number is always '00'. The segment type is '1'.

WGDB22S1 – Secondary Index For WGDB22P

This is the secondary index for WGDB22P. It allows for faster access based upon the individual's TWISS recipient number.

GSSX221 – Secondary Index
This segment is the secondary index for the Index Data Base Between TWISS/ACCENT. It is based upon the TWISS recipient number found in the GS22RCPT segment.

WGDB23P – TWISS Inactive Individuals

This data base contains individuals were never active in an ACCENT case, such as individuals who were on the TWISS inactive file.

GS23INDV – TWISS Inactive Individuals
This segment is a clone of the root segment of the Individual Data Base (WGDB03P). During MCI load, information for an individual who is inactive in TWISS is loaded onto this segment. If an individual who was active in TWISS and who has never been converted onto an ACCENT case is determined to be inactive in TWISS, the data from the root segment of the Individual Data Base is inserted into this segment and the GS03INDV segment is deleted.

WGDB23I – Primary Index For WGDB23P

This is the primary index for the WGDB23P data base. It allows access based upon an individual's recipient number.

GSPX230 – Primary Index
This segment allows access to the Inactive Individuals Data Base based upon an individual's recipient number

WGDB24P – Child Support Changes BTQ

The Child Support Changes Data Base is used to generate Child Support referral forms for the Child Support Management System (CSMS). Segments are created by the four absent parent screens (AEIAP, AEIAM, AEIAC, AEICH) and by the authorization screen (AEWAA). This data base is not reinitialized, but two batch programs process the data base each day and remove records as they are successfully processed.

GS24CSCH – Child Support Changes Request
This segment contains the basic information needed to create Child Support referrals. Since there are five types of referrals, some fields on the segment do not always contain data, depending on the referral type. Each of these segments is a separate referral request. Where possible, the batch program combines referrals of the same type to produce a single referral document.

WGDB25P – Individual Data Exchange

The Individual Data Exchange Data Base contains the segments used to support the Data Exchange subsystem. Files are received from Federal and State agencies. These files are compared to the system's most current information. Any discrepancies (matches) detected cause match segments to be created. The worker is notified when matches occur and has screens available to resolve these matches. The GS25INDV segment is the root. Each matched individual will have one Individual segment and as many match segments as required.

GS25INDV – Individuals With Match Data
This is the root segment of the data base. It contains the SSN and the recipient number of the individual with matched data. The recipient number may not always be present.

GS25MBUC – Unemployment Match Data
This segment is produced when matches occur with the Clearinghouse Unemployment data base. Data stored on this segment includes the individual's name and address and the dates unemployment checks were issued to the individual.

GS25MNHR – New Hire Match Data
This segment is produced when a match occurs with the Clearinghouse Unemployment data base and new hire information is present. The employer's name, address and ID number and the date the individual was hired are stored on this segment.

GS25MICA – Wage Match Data
This segment is produced when a match occurs with the Clearinghouse Wage Data Base. Information on this segment includes the employer's name and address, the employee's name and the wage amount reported by the employer.

GS25MDEX – BENDEX Benefit Match Data
This segment contains BENDEX benefit information reported by the Social Security Administration (SSA). Information on this segment includes the SSI claim number, the SSI pay date and status, the benefit date and amount and entitlement indicators.

GS25MSDX – SDX Match Data
This segment contains match data received through the State Data Exchange with the SSA. The data matched comes from both the Clearinghouse SSI Data Base and the daily SDX tape. The information received includes the amount of SSI assistance received, gross pay amount, basic demographic information, multiple SSNs for the individual and the payee address.

GS25SDXM – SDX Detail Match Data
This segment contains detailed information relating to claims filed by the individual. These details include the dates covered by the claim, the claim number and the claim amount.

GS25MWGE – BENDEX Wage Match Date
This segment contains the BENDEX Wage (BEER) match data. This data is matched against the data reported by the SSA. Five types of income (Room & Board, Earned, Unearned, Self-Employment, Real Property) are compared to determine matches. Data on this file includes the employee's name and address, the employer's name and ID number and the amount reported.

GS25MIRS – IRS Match Data
ACCENT requests data from the IRS on a monthly basis. When the information is returned to ACCENT, comparisons are made on the income amounts. If the comparisons do not fall within the given tolerance levels, these segments are created and the match data is stored on them.

GS25IRSM – IRS Detail Match Data
Each of these segments contains information found on a single IRS document. Each document reports income for the individual. Data found on this segment includes the document type, the tax year and the amount of income.

GS25BIRT – Birth Match Data
This segment contains matches that occurred when comparing birth data from the ACCENT system with Employment Security's Vital Statistics Birth data base.

This data includes the individual's date of birth, parents' names, sex and the county in which the individual was born.

WGDB26P – Client Scheduling Round Robin

The Client Scheduling Round Robin Data Base contains the information about future appointments. "Round Robin" is the process of assigning a client not already associated with a specific worker to the first available worker in the Round Robin unit.

GS26RRUT – Round Robin Future Group Schedules
This segment defines the data needed to support the scheduling of clients. This data includes the county, satellite and unit numbers, schedule date and worker ID number.

GS26SLOT – Time Slot Information
This segment defines the time slot information such as the maximum number of cases that may be scheduled in this time slot and the number of cases already scheduled.

GS26APPT – Appointment Information
This segment defines appointment information such as the client's name and the case/application number.

WGDB26I – Primary Index For WGDB26P

This data base defines the key fields for the primary index for the Client Scheduling Round Robin Data Base.

GSPX260 – Primary Index
This segment contains the fields that comprise the primary index for the WGDB26P data base. These fields are the county number, the satellite number, the schedule date and the unit number.

WGDB26S1 – Client Scheduling Round Robin Secondary Index

This is the secondary index for the WGDB26P data base. It provides a method of obtaining a client's time slot by accessing the client's name.

GSSX261 – Secondary Index
This segment contains the fields that comprise the secondary index. These fields are the county number, the satellite number and the client's name (last name, first name, middle initial).

WGDB27P – FSME Sample Selection BTQ

The Food Stamp Management Evaluation (FSME) Sample Selection BTQ data base contains the county numbers of the counties to be selected via batch processing from which reports will be generated. When a worker requests samples, a segment is added to this data base. Batch programs read this data base and process the requests. As each record is successfully processed it is deleted by the batch program.

GS27FSME – FSME Sample Selection
This segment lists the counties (maximum of 10) to be selected to create the FS Management Evaluation Universe and ME reports. Only one record is stored in the data base at a time. When another sample is requested, the record is updated with the new request information. Information stored in this segment includes the dates the sample is for, the county number, how many records into the database the sample should start, the selection interval, the sample size, the

universe size and the ID of the user requesting the sample. The initial selection number is defined as a random number between 1 and the selection interval.

WGDB28P – **Claims On-line Tracking System Connection**

This data base stores the Claims On-line Tracking System Connection value for each individual that is in the Claims On-line Tracking System.

GS28COTS – Claims On-line Tracking System Connection
This segment stores the Claims On-line Tracking System Connection value for individuals by SSN. This Claims On-line Tracking System Connection value indicates the individual's status on the Claims On-line Tracking System. The information is received through an interface with Claims On-line Tracking System and includes the type of connection with Claims On-line Tracking System and a switch indicating whether or not the Claims On-line Tracking System needs to be notified of a case change. The disqualifications begin and end dates are also maintained on this segment.

WGDB29P – Medicaid Evaluation Unit (MEU) Interim Benefits

If an individual claims disability and that disability has not been confirmed within the given time frame, the Department of Health (DH) must issue a temporary (interim) Medicaid card to that individual. Workers may request an interim card, request a replacement for a card or request that a card be stopped via on-line screen SFLU. This screen creates interim benefit segments on this data base. A batch program reads the MEU Interim Benefits BTQ (WGDB54P) and uses the information from this data base to format the records that are to be sent to the DH.

GS29IBNF – MEU Interim Benefits Request
This segment contains data needed to format the DH eligibility file. This data includes the individual's name, date of birth, sex, race, SSN, address and Medicaid eligibility begin and end dates.

WGDB29SI – Secondary Index For WGDB29P

This data base is the secondary index for the MEU Interim Benefits data base. It allows access when only the SSN is known.

GSSX291 – Secondary Index
This segment contains the field used to access an MEU Interim Benefits segment when the recipient number is not known. This segment allows access by SSN.

WGDB30P – SSI Terminates

The SSI Terminates Data Base is used to track individuals whose SSI benefits the Social Security Administration (SSA) is terminating. Each data base record represents an individual who needs to be notified that his/her benefits are to be terminated. Once the individual has been notified, he must contact the DHS within the specified time frame. If he does not contact the DHS or if he is not eligible for the benefits, the ACCENT system instructs the Dept. of Health to terminate the individual's SSI benefits.

GS30SSIX – SSI Terminates
Each segment contains the data needed to track individuals who have been notified that their SSI benefits are about to be terminated. This data includes the date the individual was notified, the date the individual applied for benefits with DHS and the date the individual's SSI benefits were terminated.

WGDB30I – Primary Index For WDGB30P

This data base is the primary index for the SSI Terminates Data Base.

GSPX300 – Primary Index
This segment contains the fields used as the primary index for the WGDB30P data base. The index is based on the Social Security Number (SSN).

WGDB30S1 – Secondary Index For WSDB30P

This data base is a secondary index for the SSI Terminates data base. It provides a means of accessing records by recipient number instead of SSN.

GSSX301 – Secondary Index
This segment contains the field used to access the SSI Terminates data base by recipient number.

WGDB30S2 – Secondary Index For WGDB30P

This data base is a secondary index for the SSI Terminates data base. It provides a means of accessing records by transaction date instead of SSN.

GSSX302 – Secondary Index
This segment contains the field used to access the SSI Terminates data base by transaction date.

WGDB31P – Verification Notices History

This data base contains the history information for the verification notices that were generated for an assistance group or individual.

GS31VRNT – Verification Notices History Ags
This segment contains the assistance group to which the verification notices pertain.

GS31VNOT – Verification Notices History Detail
This segment contains the limited history information for each of the verification notices that were generated for the assistance group or the individual.

WGDB31I – Primary Index For WGDB31P

This data base is the primary index for the Verification Notices Data Base. The data base is based upon the assistance group identifier contained in the GS31VRNT (root) segment.

GSPX310 – Primary Index
This segment contains the fields that comprise the primary index for the Verification Notices Data Base. These fields are the case number, the assistance category and the AG sequence number.

WGDB32P – Manual IV-A Supplemental

The Manual IV-A Supplemental Data Base contains the data for AFDC supplemental request and supplemental history information. The history information is updated after the monthly mass change processes the request records.

GS32MIVA – Manual IV-A Supplemental Root
This segment contains the assistance identifier for which supplementals have been issued or requested.

GS32SUPP – Manual IV-A Supplemental Request
This segment contains the benefit month and year, the need standard in effect for the benefit month, the grant amount received, the AG's income, the amount of IV-A supplemental previously received for the benefit month and the amount of child support collection from which the supplemental is to be calculated. This segment is used in the monthly mass change process to calculate the IV-A supplemental amount.

GS32HIST – Manual IV-A Supplemental History
This segment contains the information maintained in the GS32SUPP segment in addition to the amount of the supplement that was paid, the month and year of the issuance and the outstanding unmet need amount. This segment contains a history of the manual IV-A supplemental payments calculated and issued by ACCENT and is created when the supplemental is issued by copying the data from the GS32SUPP segment and adding the process date field value.

WGDB32I – Primary Index For WGDB32P

This data base is the primary index for the Manual IV-A Supplements Data Base. It is based upon the case number, assistance category and AG sequence number.

GSPX320 – Primary Index
This segment contains the fields that comprise the primary index. These fields are: the case number, the assistance category and the AG sequence number.

WGDB33P – MEU Social Interview

This data base contains the data collected during the MEU Social Interview. Each individual interviewed has a GS33MEUI segment. If the individual has a job, a GS33MJOB segment is created. If the individual is receiving medical attention, a GS33MMED segment is created.

GS33MEUI – MEU Interview Information
This segment contains the majority of the information collected during the MEU Social Interview. This information includes basic demographic information and comments about the individual's education, living situation, family members in the household, hearing and vision, grooming, impairments, medications, major illnesses and the type of care required.

GS33MJOB – MEU Vocation Information
Each of these segments contains information about the individual's work experience. Data stored on this segment includes the individual's job title, type of business, basic job duties and the type of physical activity or skills required.

GS33MMED – MEU Medical Information
Each of these segments contains information about a doctor the individual has seen. Data stored on this segment includes the doctor's name and address, the dates of treatment and the dates information was requested and received from the doctor's office.

WGDB33I – Primary Index For WGDB33P

This data base is the primary index for the MEU Social Interview Data Base. It allows access by recipient number.

GSPX330 – Primary Index
This segment contains the recipient number which is used as the primary index for the WGDB33P data base.

WGDB34P – Families First History Data Base

This database contains data collected on Families First individuals during the first few months of the TANF waiver policy implementation. The intended use is for archiving and reporting.

GS34FFHI – Families First History information
The Families First history segment contains compliance information for immunization, health checkups, school attendance, and ABE results for Families First recipients.

GS34FFPH – Families First Plan History information
The Families First plan history segment contains information regarding the participation of individuals in the activities required by the TANF waiver.

WGDB34I – Primary index for WGDB34P

WGDB35P – Electronic Benefits Transfer

GS35EBTI – Electronic Benefits Transfer Account Information
The EBT information segment contains EBT Case/Client Account information.

GS35HEBT
The EBT history segment is a historical record of changes that have been made to the EBT Case/Client Account information segment.

WGDB35S1 – Secondary Index for WGDB35P

WGDB36P – Electronic Benefits Transfer – BTQ

The EBT BTQ Database contains information that generates a request for action along with transfer of information to E-FUNDS. The transfer occurs in a nightly batch process.

GS36DLUX
The information on this segment is used to set up new EBT accounts and to modify and take action on existing EBT accounts.

WGDB36I – Primary Index for WGDB36P

WGDB39P – Medicaid Manual action - BTQ

The Medicaid Manual Action Database replaced a system that sent requests for actions to the Department of Medicaid (now the Bureau of TennCare) that had been in place prior to the development of the ACCENT system. The information contained in this database is entered one of two screens a

GS39MEDA – MTMA information
The MTMA information segment contains Medicaid information entered by the worker on ACCENT screen MTMA

GS39MEDB – MTMB information
The MTMB information segment contains Medicaid information entered by the worker on ACCENT screen MTMB.

WGDB39I – Primary Index for WGDB39P

WGDB40P – Child Care Interface

GS40CCCP – Child Care Database root segment

GS40CCCC – Child Care Child information

GS40CCCF - Child care case other member

WGDB40S1 – Secondary Index for WGDB40P

WGDB41P – Child Care BTQ

GS41CCCQ
Each segment on this database generates a referral to the Child Care system through a nightly batch process.

WGDB42P – TENNCARE

GS42TNCR
This segment contains all the case information for the TennCare assistance group.

G**S42HTNC**
This segment is the history segment for the GS42TNCR segments

GS42TIND
There is one segment for each individual who has been referred to TennCare.

WGDB42S1 – Secondary Index for WGDB42P

WGDB43P – TENNCARE BTQ

GS43TNCQ – Information on the BTQ sent to TennCare

WGDB44P – Service Center Data Base

GS44CALL – Service Center Call Information
This segment contains all the information collected by Service Center employees when a call is received. Each call is assigned a Work Order number that is the key to the segment. The segment contains information such as reason for the call, case number, caller's name and county and the length of the call.

GS44HCAL – Service Center Call Information History
This segment is a historical record of changes that have been made to the Service Center Call Information segment.

WGDB44I – Primary Index for WGDB44P

WGDB44S1 – Secondary Index for WGDB44P by User ID

WGDB44S2 – Secondary Index for WGDB44P by Case Number

WGDB46P – Food Stamps Date of Discovery

This database assists the DHS track Food Stamp Expedited cases.

GS46FSDD - Tracking segment for Food Stamp Expedited information.

GS46HFSD – Expedited history segment for date of discovery.

WGDB50P – TENNESSEE CHILD SUPPORT ENFORCEMENT SYSTEM (TCSES) Referral BTQ

The TCSES Referral data base is used to identify which Cases or AG's need to be referred or have updates sent to the TCSES system. This data base is not reinitialized, but as the records are processed successfully during batch process they are deleted.

GS50CSCH – TCSES Referral Request
This segment contains the case, assistance group, and absent parent information needed to create a referral record to be sent to TCSES.

WGDB50I – Primary Index For WGDB50P

This data base defines the key fields for the primary index for the TCSES Referral BTQ Data Base.

GSPX500 – Primary Index
This segment contains the fields that comprise the primary index for the WGDB50P data base. These fields are the case number, assistance category, AG sequence number and absent parent sequence number

WGDB52P – Client Notices BTQ

This data base is a Batch Transaction Queue (BTQ) used to generate client notices. Each day on-line and batch programs determine that a client should be notified about some situation with his/her case. These programs create records on this BTQ. Each night batch programs process this BTQ and create the client notices. This data base is reinitialized on a daily basis.

GS52NOT1 – Client Notices Request
Each of these segments contains data needed to print the specified notice. The constant notice text is stored in the system reference tables and the variable text such as client name, case number and dates is stored here.

WGDB52S1 – Secondary Index for WGDB52P

WGDB53P – Quality Control Selection BTQ

The Quality Control Batch Transaction Queue (BTQ) Data Base contains the sample type (selection criteria) entered by the user. The sample type is used by batch programs to select sample cases from the universe files based on the sample type entered. From the data created by this process, quality control reports will be generated. This data base is reinitialized on a monthly basis.

GS53QCRQ – Quality Control Selection
This segment contains the sample type the user requested. The sample type is used by batch programs to select cases from the universe files. This information is used to generate quality control reports.

WGDB54P – MEU Interim Benefits BTQ

Interim Benefits are started, replaced and stopped via on-line programs which place these requests on this Batch Transaction Queue (BTQ). A batch program processes this BTQ and sends the resulting output to the Department of Health (DH). This data base is reinitialized on a daily basis.

GS54IBTQ – MEU Interim Benefits Request
This segment contains data used to create DH MEU Interim Benefits records. The recipient number and the transaction code are checked against Interim Benefit recipients found in the MEU Interim Benefits Data Base (WGDB29P).

WGDB55P – Auxiliary Benefit Issuance BTQ

This data base contains the auxiliary payment requests received during the day. Each night a batch program reads this BTQ and sends benefits to each assistance group with a record on this data base. The batch program deletes each data base record after it has been successfully processed. Certain Expedited Food Stamp records will not be processed or deleted until the first working day of the month.

GS55AUXP – Auxiliary Payments
This segment contains the auxiliary benefit request for an assistance group. Data on this segment includes the assistance group identifier, the type of auxiliary payment requested and the issuance method.

GS55AUXD – Auxiliary Details
This segment contains the auxiliary benefit request details for the given assistance group. These details include the benefit type, reason and amount, the eligibility dates, the recipient number, the warrant number and the claim number.

WGDB55S2 – Secondary Index For WGDB55P (2)

WGDB55S3 – Secondary Index For WGDB55P (3)

GDB56P – Caseload Management BTQ

Caseloads may be transferred from one worker to another. This BTQ contains these transfer requests which are generated by on-line programs. Batch programs read this BTQ and process those requests. This data base is reinitialized on a daily basis.

GS56CASE – Caseload Assignments
This segment contains the caseload data needed to transfer cases from one worker to another. This data includes the county and caseload of both the “from” and “to” workers and the date the transfer was requested.

GS56CNUM – Case Numbers
This segment contains the case number of the cases that are to be transferred. A maximum of twenty-eight (28) cases may be stored on one segment.

WGDB57P – Activity Transcripts BTQ

A worker may request information about the activity of a case or a worker during a given time frame. This request is performed via an on-line screen which creates a request on this data base. A batch program processes this BTQ and returns the information to the specified user. This data base is reinitialized on a daily basis.

GS57ASEL – Activity Transcripts Selection
This segment contains the information that will be used to extract the activity history. Data stored on this segment includes the name and ID of the worker who should receive the output, the request type, the case or worker number in question and the activity “from” and “to” dates.

WGDB58P – Verification Notices BTQ

This data base is a batch transaction queue for the verification notices that have been requested, but have not been produced. The notices will be produced in a batch run. This data base is reinitialized on a daily basis.

GS58VBTQ – Verification Notices Request
This segment holds the detail information needed to generate the verification notices for central distribution.

WGDB60P – Unearned Income Mass Change BTQ

This BTQ contains the mass change unearned income requests created by on-line request screens MCUI and MCSC. The batch annual mass change programs process each record on the data base. Because of the low volume of records on this data base, records are not deleted.

GS60MCUI – Unearned Income Mass Change Request
This segment contains the data mass change needs to process unearned income change requests.

WGDB60I – Primary Index For WGDB60P

This data base is the primary index for the Mass Change Unearned Income Request BTQ.

GSPX600 – Primary Index
This segment contains the fields used as the primary index for the WGDB60P data base. These fields are the effective date of the income and the income type.

WGDB61P – Mass Change Table Change Requests BTQ

Users may request that changes be made to reference tables when Mass Change runs. These requests are entered on Mass Change screens which place the requests on this data base. The change requests are then processed by the batch Mass Change programs. Because of the low volume of records on this data base, records are not deleted from this data base.

GS61MCTB – Mass Change Table Change Requests
This segment contains the data needed for the Mass Change program to make changes to the reference tables. This data includes the name of the table being changed, a description of the change and reason(s) for the change.

WGDB61I – Primary Index For WGDB61P

This data base contains the primary index for the Mass Change Reference Tables Change Requests BTQ. It is used to provide a more efficient means of accessing the data base by a key.

GSPX610 – Primary Index
This segment contains the fields that comprise the primary index for the WGDB61P data base. These fields are the date the change is effective, the name of the table being changed and the county number.

WGDB62P – TENNCARE BTQ

This database drives the batch process that occurs nightly and sends a referral for eligibility to the Bureau of TennCare. The segment is inserted when changes are made on ACCENT that needs to be reported to TennCare.

GS62TCAP
This segment contains a skeleton of information to be included on the TennCare referral. The remainder of the information is taken primarily from the TennCare database, WGDB42P.

WGDB63P – Data Exchange Matches BTQ

Each time an individual is added to the system, a record is written to this data base. Batch programs process these records and send requests for information about each of these individuals to various state and federal agencies. These batch programs are responsible for deleting the data base records when processing is complete.

GS63IVAD – Data Exchange Match Request
Each of these segments represents an individual who must have his/her information verified by the federal or state government. ACCENT creates verification requests from the records in this data base and sends the requests to the appropriate agency. When the matches are received from the external agencies, they are recorded on the Individual Data Exchange (WGDB25P) Data Base. Data contained on this segment includes the individual's recipient number and/or SSN, the transaction code and type and a wire-to-wire indicator. During Wire-to-Wire processing, the w-w indicator is set to 'S' when the request is sent to the SSA. Once the request has been received from the SSA, the w-w indicator is set to 'R'. Once a month all records with a w-w indicator of 'R' are deleted.

WGDB64P – Activity Audit Trail BTQ

Each time a case is updated a record is written to this BTQ. This provides a history, or audit trail, of what a worker has done and what has been done to a case, although it is not a complete history of screens accessed. Batch History Maintenance programs process this BTQ each day and break the history down by worker and case. Worker transactions are then loaded on to the Worker Audit Trail (WGDB06P) Data Base. The case transactions are loaded on to the Case II (WGDB12P) Data Base. This data base is reinitialized on a daily basis.

GS64AUDT – Activity Audit Trail BTQ
This segment contains data used to track a worker's updates to a case. This data includes the worker's ID, caseload and terminal number, the transaction code of the screen on which the update was made and the mode (initial application, on-going, etc.) the worker was in when the update was made.

WGDB65P – Invalid Transactions BTQ

Each time a user enters a transaction code that does not exist in his/her security profile, a record is written to the data base. A batch program processes this data and provides a report that allows security coordinators to monitor how often users try to access screen that have restricted access. This data base is reinitialized on a daily basis.

GS65ITRN – Invalid Transactions BTQ
This segment contains information used to report on attempted security violations. This information includes the user and transactions IDs, the county, the invalid transaction and the date and time the access was attempted.

WGDB66P – ACCENT To Claims On-line Tracking System Recoupments BTQ

This data base is a BTQ that contains recoupment and offset information from the Benefit Issuance subsystem that is used by programs that interface with the state's Claims On-line Tracking System. This data base is reinitialized on a daily basis.

GS66A2CR – ACCENT to Claims Online Tracking System Recoupments BTQ

This segment holds recoupment and offset information by claim number. This information is extracted and sent to the state's Claims Online Tracking System daily after issuance of benefits.

WGDB69P – Batch Alerts BTQ

This BTQ data base contains the alerts requested by the batch programs. It is used to update the alert segment of the County Worker (WGDB07P) data base on a nightly basis. This data base is reinitialized on a daily basis.

GS69ALRT – Batch Alerts Request

This segment indicates which alert is to be generated to the specified worker.

WGDB70P – Documents (CAF, Checklist, Referrals) BTQ

This data base is used to process the print requests made by the worker. Each request for the same case that was created at the same terminal is stored under the same root segment. The printing is performed immediately at the requested printer. This data base is reinitialized on a daily basis.

GS70ROOT – Document Origin

This segment contains the case number and terminal ID on which the documents were requested.

GS70DATA – Document Requested

This is a generic segment that is used to print the different documents a user may request. These documents are the Common Application Form (CAF), Work Referrals, Social Services Referrals and Verification Checklists. This segment has six (6) overlays.

GS70CAFX – Common Application Form

This overlay contains the data used to print the CAF which contains the same questions the applicant answered during the interview. The record code for this overlay is "C" – CAF or 'E' – ERROR CAF.

GS70HEAD – CAF Header

This overlay contains the data used to print the CAF header such as the worker's name and ID number, the PIP name and phone number, the case number, the current date and time and the county and satellite numbers. The record code for this overlay is 'H'.

GS70VERI – Verification Checklist Individual Information

This overlay is used in conjunction with the GS70VERP and GS70VERQ overlays to print the Verification Checklist (VC). If an individual is lacking verification for an item, this segment contains a code indicating which items still need verifying. The program that formats the VC expands these codes into the actual wording. This overlay's record code is 'I'.

GS70VERP – Verification Checklist PIP Information
This overlay is used in conjunction with the GS70VERI and GS70VERQ overlays to print the verification checklist. It contains the name, address and telephone number of the Primary Information Person (PIP). The record code for this overlay is 'P'.

GS70VERQ – Verification Checklist Profile Information
This overlay is used in conjunction with the GS70VERI and GS70VERP overlays to print the verification checklist. Each question in the interview sequence that was answered with a question mark (?) has a code. Up to sixty-six (66) of these codes may be stored in one GS70VERQ segment. The VC format program translates these codes into the actual questions that are printed on the VC. The record code for this overlay is 'Q'.

GS70REFX – Referrals
This overlay is used to print both Work Referrals and Social Services Referrals. The record code for this overlay is 'R'.

WGDB75P – Flash Bulletins

This data base contains the data displayed as flash bulletins. Workers may need to be notified of a procedure change or other pertinent information quickly. Through the use of the on-line screens, a worker may enter the message which will be displayed whenever a user signs on to the system. These messages may be restricted to a certain county, or they may be statewide.

GS75MEMO – Flash Bulletin Memo
This segment contains the information about the types of users who should receive this flash bulletin. A security code is entered which restricts the users who receive the message. "From" and "To" dates are provided so that the message runs only for the given time frame. The ID of the worker who sent the message is identified on the bulletin along with the message subject.

GS75DATA – Flash Bulletin Text
This segment contains the actual message to be displayed for the workers.

WGDB75I – Primary Index For WGDB75P

This data base is the primary index for the Flash Bulletins Data Base.

GSPX750 – Primary Index
This segment contains the fields needed to access the WGDB75P data base by the message "From" date, the ID of the user sending the message and the time the message was sent.

WGDB90P – Screen HELP Data Base

Screen level help is available for each on-line screen. (The exception to this is AEIAG, which does not have help text because of technical constraints.) A user accesses the screen help by selecting the PF1 key on an on-line screen. The information displayed on the help screen includes the purpose of the screen, field descriptions as well as some helpful notations.

GS90HLPR – Screen Help Root
This segment identifies the screen ID to which the help text applies, the total number of pages of help text that exist for the screen and first page of help text.

GS90HLP2 – Screen Help Data
Each of these segments is a page of screen help text. The page number field indicates the sequence in which they are to be displayed.

WGDB91P – Screen HOLD Data Base

This data base is used to hold the current information on the screen before any help screen is displayed. This data base can be used for both screen level help and field level help.

GS91HLDR – HOLD Root
This segment contains the Logical Terminal Number/NODENAME that was in use at the time the help request was issued.

GS91HLD1 – HOLD Data 1
This segment contains the data from the screen that was displayed at the time the help request was issued.

GS91HLD2 – HOLD Data 2
This segment contains any data that could not be stored on the GS91HLD1 segment.

WGDB97P – Conversion

This data base contains information about the cases and individuals on the previous system (TWISS) who have been converted to the current system (ACCENT). This data includes the case numbers from the previous system and the assistance groups each converted individual belongs to in the current system.

GS97CONV – Case Conversion Information
When a worker begins to convert a case, this segment is created so that the related conversion data may be grouped together. Data on this segment includes the ID of the worker converting the case, the case number and the date and time conversion began and ended.

GS97CRIS – Previous System Data
This segment contains information about the benefits received on the previous system such as the case numbers, benefit amounts and eligibility dates. This segment is created when the worker completes the case cross reference screen (AECCX).

GS97AGXX – Converted Assistance Group Information
Once a converted case has been authorized, the system creates this segment and its dependent segment, GS97INDV. This segment (GS97AGXX) defines the assistance groups and benefit amounts that were created when the cases listed on the GS97CRIS segment were converted.

GS97INDV – Converted Individual
Each of these segments contains the recipient number of a converted individual. This segment is a dependent of the GS97AGXX segment. An individual may have more than one GS97INDV segment, but each would have a different GS97AGXX parent (i.e. one for an ADC AG, one for a FS AG and one for a MA AG).

WGDB97I – Primary Index For WGDB97P

This data base is the primary index for the Conversion Data Base.

GSPX970 – Primary Index
This segment contains the fields used as the primary key for the WGDB97P data base. These fields are the county number and the current system case number.

WGDB97S1 – Secondary Index For WGDB97P

This data base is the secondary index for the Conversion Data Base. It is based on the GS97CRIS segment.

GSSX971 – Secondary Index
This segment contains the fields used to access the Conversion Data Base by county number and the previous system case number.

WGDB98P – Read Only System Reference Tables

This data base contains the current version of all the reference tables in the ACCENT system. This data base is created daily from the WGDB99P data base via an extract. This is a root only data base. It can be referenced by both batch and on-line programs.

GS98RDAT – Read Only System Reference Tables
Each of these segments contains one table record. The table data, the table effective date and the date the table was processed, along with the key fields are all included in this segment.

WGDB99P – On-line And Batch Reference Tables

The On-line And Batch Reference Tables Data Base contains all the versions for a reference table. This data base can be used to retrieve a table for a specific effective date. For any table value changes, updates are made to this data base. A batch job is run daily to create the WGDB98P data base so that the WGDB98P data base has the current version available for on-line and batch references.

GS99REFT – Reference Table Descriptor
This segment defines the physical attributes of a table such as the maximum number of elements, the number of elements to display on the screen at one time, key field length, creation and update dates and the table description.

GS99VRSN – Table Version Descriptor
Each of these segments defines a version of a table. It indicates whether the table is active or inactive, how many elements are in the table and creation and update dates.

GS99DATA – Table Data Descriptor
Each of these segments contains the key and data for one table record.

GS99RFLD – Table Field Descriptor
Each of these segments contains data about a single field in the table. This data includes the field name, the length, the screen position for the field and headings that should be displayed and value restrictions for the field.

WGDB99I – Primary Index For WGDB99P

This data base contains the primary index for the On-line And Batch Reference Tables Data Base.

GSPX990 – Primary Index
This segment contains the field used as the primary index on the root segment of the WGDB99P data base. This field is the table ID.

B. Claims On-line Tracking System

B.1. Definition. The purpose of the Claims On-line Tracking System is to process and track the development and repayment of claims against clients. The system processes and tracks individuals who shall be disqualified and identifies individuals determined to be ineligible to receive Medicaid benefits.

B.2. Technical Information. The Claims On-line Tracking System was developed with an IMS DB/DC database with IMS Teleprocessing. The Claims On-line Tracking System consists of 16 IMS data bases. It currently uses 6271cylinders that are allocated on IBM 3390 disk volumes. The Claims On-line Tracking System is comprised of about 200 COBOL 2 programs. There are also about 35 SAS programs created and maintained by the DHS Special Reporting Unit that handle notice processing or special report or file needs for the Claims On-line Tracking System.

Approximately 30 on-line programs and 20 subroutines permit users to record claim data or perform inquiry via screens. Case Workers, Investigators, Administrative Review staff and Fiscal Service staff use the screens to pend and track the development of Food Stamp (FS), Families First (FF) and Medicaid claims, and to apply payments and adjustments (FS and FF only). The system edits keyed data based on Federal and State claim policy. The Claims On-line Tracking System calculates the sum of the benefit overage keyed, posts adjustments to the Food Stamp and Families First accounts, and tracks the claims' establishment and adjudication, records payment history and tracks disqualification penalty statuses.

Approximately, 150 batch programs post payments, produce reports, generate demand letters and client statements, and support interfaces and automated data exchange with internal and external entities.

While the system is constructed with tables that support variables associated with policies, it has very complex logic that is hard coded and requires programming efforts to modify.

The Application platform type is mainframe. The Host is an IBM 2084-305 with a configuration of 300 MIPS, 184 channels, and 4 gigabytes of central storage. The operating system software is z/OS V1.4. The hardware is located at the State Data Center and the Host machine that ACCENT resides on is a shared machine that has 5 LPARs; 2 production, 1 development, 1 technology, and 1 z/VM for Linux. DHS has a 24/7 Production Support Group to run all batch processing for the Claims On-line Tracking System.

The users of the Claims On-line Tracking System are connected to the mainframe via either the State of Tennessee Wide Area Network, or on regular SDLC lines. All users either have a Personal Computer connected to the State Wan or a Thin Client Workstation connected to a Citrix Server Farm that is connected to the State Wan.

State DHS analysts and Office of Information Resource programmers support the Claims On-line Tracking System.

B.3. Claim Statistics. The current Claims On-line Tracking System environment supports 2,000 end users. Most of those users have update capability.

Currently, there are about 129,000 Investigative claims,145,500 Families First claims, 372,600 Food Stamp claims and 6,000 Medicaid claims in the system. This represents claim data for approximately 272,200 individuals.

Collections are steadily increasing with $9.4 million collected in 2002 and $9.6 million collected in 2003.

B.4. Additional Information. The attached contain a definition of the groups (sections) of data, a summary of the system data bases, and representation of how the main data bases are currently structured for the Claims On-line Tracking System.

The purpose of the Claims On-line Tracking System is to process and track the development and repayment of claims against clients. The system processes and tracks individuals who shall be disqualified and identifies individuals determined to be ineligible to receive Medicaid benefits. A claim consists of a number of different groups of data known as sections. A list of those sections including a general description is as follows:

SECTION A – General claim data. This section contains the name, address, and other pieces of data which identify the individual against whom the claim is being made as well as the classification of the claim, estimated amount and begin date of the claim, and any other claim to which this claim may be related.
SECTION B – Benefit period data. This section contains data that shows the amount of overissuance and, if applicable, any ineligible Medicaid recipients for each benefit period included in the claim.
SECTION C – Comments. This section contains comments that are used mainly to communicate special information of instructions between the various offices that handle the claim as it develops.
SECTION D – Disqualification data. This section contains general information about individuals who have been disqualified as the result of a claim and details about the disqualification, such as the status (active, deferred, completed), the period of the disqualification, and whether this is the first, second, or third disqualification for this individual.
SECTION E – Explanation data. This section contains data regarding the adjudication of the claim, such as the process of adjudication (waiver, administrative disqualification hearing, court hearing), the reclassification of the claim, the actual amount of the claim to be repaid, and any individuals who shall be disqualified.
SECTION H – Repayment history. This section contains data regarding the application to the claim of various types of repayment. The client can repay a claim directly (cash, check, or money order), or indirectly by benefit reduction, restoration, Treasury offset or Lottery offset. Adjustments and disregards may also alter the claim balance.
SECTION I – Investigation data. This section contains general information about an individual who is under investigation either to determine the exact circumstances surrounding a claim or to determine if the preparation of a claim is warranted.
SECTION L – Liquid assets and real property. This section contains data about various assets which a Medicaid recipient possesses which have been discover and are of enough value to deem the recipient ineligible for benefits.
SECTION M – General Medical Assistance claim data. This section essentially contains the same data as section A, except for some data that relates only to a medical assistance claim.
SECTION N – Narrative. This section contains background information related to the circumstances surrounding the claim, such as who was involved and what caused the over issuance.
SECTION P – Payer. This section contains data about an individual who is the designated person responsible for the repayment of the claim. This person may

either be a mandatory payer as defined by the guidelines for repayment of over issuances or a voluntary payer.
SECTION R – Repayment agreement. This section contains data regarding the method of repayment and the details of when and how much repayment is to be expected.
SECTION S – Sentence and remarks. This section contains data regarding any judgment made against the individuals involved in a claim and any pertinent remarks about that judgment. This section may logically be considered an extension of Section I.
SECTION T – Tracking data. This section contains a history of a claim's development by showing when certain actions took place.

B.5. Databases. INDIVIDUAL

a. (VFCOTIND) The Individual database holds current data (name, address, etc.) for individuals by recipient id. One of the primary reasons for having the database is to link the Claims On-line Tracking System claim data to the overpaid individual's recipient id. There are pointers to the claims database and the actual data for Section D (disqualification data) is held on this database.
b. CLAIMS (VGCOTCLM) The Claims database holds all "section" data, except for Sections D, I, and S. Although, if data for those sections exist and apply to a particular claim then pointers can be found with the claims data.
c. HISTORY LOG (VHCOTHST) The History Log database contains data concerning changes that have been made to data in selected claim sections. The records are pre-formatted for inquiry.
d. INVESTIGATIONS (VICOTINV) the Investigations database contains the data for sections I and S. If the data applies to a claim then a pointer is also present. Section T data can be present if the I and S data was entered without an applicable claim.
e. PAYMENT (VJCOTPAY) The payment database holds data for payments and adjustments that have been entered through their respective TP programs. The database is used to pass this data into the nightly batch process.
f. AUTHORITY (VLCOTAUT) The Authority database contains data about the "regional" structure of applicable DHS offices. The data is used to verify whether or not a worker who is set up for regional access has the authority to alter the data for a particular claim.
g. BATCH ACTION (VNCOTBAT) The Batch Action database contains data used to initiate various batch processes that have been requested due to on-line transactions.
h. INDEX (VPCOTIDX) The Index database contains data that would normally be captured via a secondary index. Due to the number of secondary indices required and the subsequent complexity of the processing which used the data, a single program-maintained database was selected. The sole purpose for the data is to support the search function
i. SSN (VQCOTSSN) The SSN database contains data due to on-line transactions. During batch processing, the data is used to initiate the creation of claim records for the ACCENT system.
j. Claims On-line Tracking System - AC CATEGORY DB (VRCOTCAT) The ACCENT Category database contains all ACCENT program categories. It is used by a subroutine to encode and decode the ACCENT case number from 16 characters to an 11-digit number.
k. DISQUALIFICATION (VSDISQUAL) The Disqualification database contains data for all Tennessee disqualifications that have been accepted by the national Disqualification Recipient System.
l. TOP (VTCOTTOP) The TOP database holds current individual and TOP claim data and can be accessed by SSN or by claim number. All individuals

on this database have either been selected for referral or have already been referred to the national Treasury Offset Program (TOP). One of the primary reasons for having the database is to track the status of a referral and link all of the TOP claims to individual and claim data on the Claims On-line Tracking System databases. The SSN serves as a pointer to the Claims On-line Tracking System Individual database. The claim number serves as a pointer to the claims database.

m. WORKER (VAWKRINF) the Worker database contains data about each worker that is defined to the system. The data most used by Claims On-line Tracking System shall be the level of authority defined for each of the DHS offices.
n. SECURITY (PNPRINTR) The Security database contains data about the individual RACF user ID's that are authorized access to the system. The data is automatically established or updated on the system as the user accesses Claims On-line Tracking System. The printer node name is defined by the worker. The definition of an addressable printer node name is required in order for the user to obtain certain printouts.
o. MESSAGE (H2YMESSG) The Message database contains data that is entered on-line by analyst staff. The database allows the analyst to share special information or instructions with on-line users. Entry of the expiration date and time allows the message to be retained for user viewing for a specified time period.
p. IV-D (VMCOTIVD) -- Not in use. The IV-D database contains data about Child Support collections. In certain circumstances, the data can be used to offset claims.

C. Tennessee Child Care Management System (TCCMS)

TCCMS uses an ORACLE 8.0.5. database. TCCMS consists of about 550 programs. There are approximately 212 COBOL programs, and 341 ORACLE FORMS (5.0) modules. There are approximately 360 database tables. TCCMS was fully implemented in the first calendar quarter of 1998 and has not been purged.

On-line programs guide users through the collection of data necessary to determine child care eligibility for a variety of funding streams. Users also process child care referrals from the current ACCENT system. Parents deemed eligible choose child care providers, TCCMS collects information about child enrollments, schedules, and parent co-pay amounts. TCCMS collects data regarding the allocation of funds for child care, collects rate schedules for the State, as well as, child care provider rates. TCCMS issues enrollment attendance verification forms both on paper and electronically for a web-based attendance application. Once attendance is received, TCCMS calculates payments for providers, computes funding usage, and prepares financial data for the STARS system in order to disburse payments to child care providers. TCCMS projects fund utilization in order to forecast the need for funding, and to manage subsidy levels. Users have a variety of reports to assist with scheduling reviews and re-determinations for clients. Users have access to a wide array of reports for caseload management, payment and utilization reporting, wait list reporting, foster and protective services funds and caseload management, and a variety of notices.

Batch routines provide data for external organizations, including the Federal government, and collects data from ACCENT.

Many of TCCMS' routines use table information in order to automatically determine eligibility for a variety of funding streams. Very little hard coding is present in TCCMS; however, the payment and utilization routines are very

complex. On-line programs for the collection of data make use of ORACLE FORMS technology, as well as, database stored procedure, functions, and triggers.

The platform for TCCMS is a Sun Solaris (UNIX) 3500. The production hardware is located at the State Data Center.

The users of TCCMS use desktop PCs and laptops connected via local wide area networks, and the State Wide Area Network using LAN Workplace Pro (telnet) connections.

Functionality to perform Child Care eligibility and payment processing, which is currently provided by this system will be included in the scope of the V.I.P. All other functionality will remain in TCCMS including the Child Care licensing function. The V.I.P. will interface with TCCMS.

The Department serves the following:

Family Assistance Duplicated Individuals – FFY04 Averages

Child Care Certificate	48,321
Low Income	3,701
Transitional Child Care	11,410
Families First	32,418
At Risk Child Care *	792

* December 2004 data

D. Job Training Partnership Act (JTPA).

JTPA was developed by the TDLWD but is now maintained and used by the DHS. JTPA maintains characteristic data for each participant. The JTPA system tracks a participant's involvement in Families First activities related to training, services and employment. History records are maintained detailing all activities in which each person has participated.

The system also identifies the Providers that provide the training and services.

The on-line system contains approximately 90 programs and screens and the batch jobs are primarily used to extract and manipulate data for reporting purposes and status reporting. The system is written in COBOL with DB2 databases. The information is also extracted and loaded on the DHS Families First Data Warehouse. The information is also used for Federal Reporting and to generate other ACCENT reports.

All data from the JTPA system shall be converted to the V.I.P. All data from the JTPA system is currently refreshing the ACCENT data warehouse.

E. Case Reading Support System (CARESS)

DHS Family Assistance supervisors are required to read and evaluate a specific number of their staff's cases each month. This allows evaluation of error trends and planning of training. Information about these cases is entered into the CARESS system.

This system uses one IBM IMS database. CARESS consists of 4 COBOL programs. An on-line program adds, updates, deletes and displays records. Batch programs produce 5 monthly statistical reports of error totals by reviewer,

worker, county, district, and state. There is a monthly database purge batch program that purges records, based on age, that are no longer useful to the users. The programs have simple logic.

The Application platform type is Mainframe. The batch jobs are automatically submitted by CA-7 software.

Staff uses Personal Computers and Thin Client Workstations to access the system.

State DHS analysts and Office of Information Resource programmers provide software support for CARESS. DHS system staff does the acceptance testing of changes or additions to the system.

CARESS currently supports 250 users in the 95 counties of Tennessee. The average daily transaction count is 372.

F. Voter Registration Tracking System (VRTS)

DHS staff collects the information required to comply with the National Voter Registration Act of 1993. Caseworkers for ACCENT, Child Care, and Vocational Rehabilitation are all required to enter data about client responses to questions about Voter Registration. The staff uses Personal Computers and Thin Client Workstations to access the system.

This system uses one IBM IMS database, which resides on a mainframe. VRTS consists of COBOL programs. A single on-line program adds or changes records and provides inquiry capability. There is no database purge capability. Two batch programs using simple logic produce a statistical report for DHS staff and also an extract file for the Secretary of State's Election Commission. The extract file is a flat file containing information from all the DHS clients who have stated that they wanted to register to vote since the beginning of the previous month. The batch jobs are automatically submitted by CA-7 software.

State DHS analysts and Office of Information Resource programmers provide software support for VRTS. DHS analysts do the acceptance testing of changes or additions to the system.

VRTS currently supports Family Assistance, Rehabilitation Services and Child Care staff in the 95 counties of Tennessee. The average daily transaction count is 4,703.

G. On-line Appointment Tracking System (OATS).

OATS was created to capture and track appointments for TennCare individuals. These individuals need a review of eligibility but are not known to ACCENT, so an appointment cannot be entered for them on ACCENT. For this reason, a separate system was developed to facilitate the identification and appointment scheduling for these individuals. OATS is an IMS DB/DC data base with IMS Teleprocessing and operates in the ACCENT region.

A file of individuals who need to be reviewed is sent from TennCare. These individuals are then loaded into the OATS system. TennCare mails a notice to the applicant/recipient informing him/her to call for an appointment for review of benefits, or his/her case shall be closed. When the applicant/recipient calls, the worker schedules an appointment on OATS. When the individual comes into the county office, the worker completes the ACCENT interactive interview. The worker then indicates on OATS that the individual kept the appointment. If

he/she does not keep the appointment, a “no-show” appointment is indicated on OATS.

Two other files are also received from TennCare. These files update OATS with notice and flag information.

A daily extract from OATS is sent to TennCare with a record for each individual and his/her current activity. Several reports are created from this extract with information regarding activity on OATS and appointment timeframe. No interface between OATS and ACCENT occurs.

Although all of the functions of OATS shall be implemented in the V.I.P. it is not expected that OATS data will be converted.

H. CSR System – University of TN (U.T.) System

The Customer Service Review is an independent review of proposed Families First case closures. It was implemented in 1998 to address concerns about the significant drop in the caseload during the first year of Families First implementation. The CSR program is responsible for conducting independent reviews of all proposed Families First specific closures. Contract staff from the University Of Tennessee College Of Social Work Office of Research and Public Service (UT-SWORPS) conducts the review and send their findings to the Caseworker. The sole purpose of the CSR is to ensure that the case record reflects the appropriate outcome.

The CSR system is Internet-based, and is available to any authorized user through the web. It is administered by UT SWORPS, and is stored in an SQL database. The CSR database is connected to 2 Department of Health databases, also managed by SWORPS. The system provides DHS with weekly, monthly and special reports.

CSR data will not be converted to the V.I.P.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Disclaimer: Contract Attachment C contains the business user's initial vision of the workflow and functionality in the new system. While high-level functionality for the V.I.P. has been defined by the business users, the content of some of the process documents may exceed the minimum functional requirements and contain initial design considerations for the V.I.P. Any design considerations contained within Contract Attachment C are not to be construed as the final design concept that must be utilized in the development of the V.I.P or the validation of State's functional requirements and business rules as required by Section A.56.a.The Contractor shall review these design considerations as part of the validation and refinement of the State's functional requirements and business rules as required by Section 56.a; however, the Contractor and the State may make recommendations for design improvements, as defined in Contract Section A.56.d, that are within the general functional requirements set forth in Contract Attachment C and these types of design changes are not classified as a Change Order as otherwise defined in Section A.19.b.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact	
Program Affected: All	**Users: Clerical, Caseworkers**

Process:

This process identifies all of the contacts an individual or a client can make with the county office. This contact may be face to face, by mail, by fax, by email or by phone. This process shall provide statistics on county office contacts.

This process shall direct the user to the appropriate data collection screens for each reason for contact and shall determine the information that must be collected. The user will record the reason for contact. The reasons for contact include, but not limited to, keep an appointment, to schedule an appointment, to report a change, to pay a claim, to conduct a resource assessment, to request an application, to register to vote, to request an appeal, to have an eligibility screening performed, or to file an application. The individual contact may request eligibility screening as a part of the application registration process. The system shall have the capability to, at user option, print and track when selected information, which may include but not be limited to, forms, case data information, notices, referrals, etc. is printed and handed to individuals.

The system shall assign an individual number for each new contact for tracking. The system shall have the ability to maintain or purge history of each action based on rules. The system shall allow the deletion of any erroneously entered data the same day and shall not maintain a history of this data. The system shall display outstanding action items (alerts, matches, etc.) for an individual or case any time a user accesses a case based on policy and security. The system shall recognize cases in a confidential caseload. The system shall have the ability to link cases to more than one worker at a time.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

Sub-Processes:

1. Log type of contact

The user that has initial contact with the client will log basic client/individual information, the type of contact and the reason for the contact. The client will select their language preference. The Family Assistance application and Eligibility Screening forms, plus client notices and other correspondence will be available in English and Spanish. Translator services will be available for individuals as required. The system will default to English when no language preference is selected. The system shall capture when interpreter services are utilized by type, providers, and program(s). The type of contact recorded shall indicate to the system the path that should be taken.

Statistics will be gathered by type of contact. The types of contact would be the client walks in the office, the client calls the office, the client sends a fax or the client sends mail.

Statistics will also be gathered for the reasons that a client contacts an office and the time involved to complete the action. The reasons for client contact currently include for a scheduled appointment, to schedule an appointment, to report some type of change, to file an application for assistance, to make payment on a claim, to request a resource assessment, to request a voter registration form, to request an appeal or to request an eligibility screening to be performed.

The system shall determine the DHS Division based on the user that has logged the contact. Statistics will be gathered based on the DHS Division. Some of the DHS Divisions are Family Assistance and Vocational Rehabilitation.

The system shall assign a Contact Individual Number as necessary for tracking contacts.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

CLIENT CONTACT (Output)
Contact Type
Contact Reason
Language
County
First Name
Middle Initial
Last Name
SSN
Date of Birth
Sex
Zip Code
User Id (User that logs contact)
Date
Time
DHS Division

2. Individual Search

The system will search to see if the individual is known to the system using SSN, search on name using a soundex search and other contact information that has been entered. The results will be displayed to the user. If an individual is found, the match will indicate whether this individual has been a DHS client or if this individual is an existing Contact. If there are multiple matches, present all matches to the user. The user will select the matched individual and the Contact or Client will retain the same identifying individual number.

INDIVIDUAL(INPUT)
Name (First, Middle, Last, Suffix)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

Social Security Number
Zip Code
Date of Birth
Sex
Individual Number
Client Indicator

CLIENT CONTACT (Output)
Contact Individual Number
Existing Client Indicator (Y or N)

3. Perform "Assign Individual ID Number" process

The system shall assign an Individual ID Number for the purposes of tracking this Individual Contact. An Individual is not considered a client until the "Application Registration" process. The individual will go through a more robust client search during the "Application Registration" process to validate the Individual ID Number. The system shall have the ability to merge into one unique identifier all the history for the individual who has been given multiple identifiers in error and allow user to view the history.

CLIENT CONTACT (Output)
Contact Individual Number
Existing Client Indicator (Y or N)

4. Collect data based on Contact Reason

Access the appropriate sub-process based on Contact Reason. The system shall match, real-time when possible and present results for the applicant's address against address matching software an NCOA file to

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

check for validity, ensure address in proper format and allow user to select for update. The system shall display changes identified by NCOA or interface matching but these changes shall not update the current system address until validated by a user.

CLIENT CONTACT (Input)
Contact Reason

CLIENT CONTACT (Output)
Contact Reason
Application
Appointment
Schedule Appointment
Client reports change
Claim payment
Resource Assessment
Register to Vote
Request Appeal
Eligibility Screening

5. Perform “Eligibility Screening “ process

If the Client Contact Reason is either Eligibility Screening Request or Filing an Application for assistance, perform the “Eligibility Screening” process. All applications for benefits not currently being received must have an “Eligibility Screening” completed. A client may also opt or request eligibility screening under other contact reasons.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

6. Perform "Application Registration" process

   The system shall capture and age all pending applications, recertifications, and changes based on program policy rules with the ability to escalate alert.

7. Perform "Issue Receipt " process

   If the Client Contact Reason is to file an application or an eligibility screening, determine if the client needs a receipt for any documentation that is being left at the office.

8. Perform "Worker notification of scheduled appointment and log-in" process

   If the Contact Reason is Appointment, the client is in the office for a scheduled appointment. The system shall capture time spent for each appointment by type, by method, by program, by user, by location and by date. The system shall support an online, real-time, single integrated interview and eligibility determination for all categories of assistance.

9. Determine if application required

   If the appointment type is a recertification, the system shall determine if an application is required for this appointment. If an application is required, the system shall determine if the application has already been submitted.

   APPOINTMENT (Input)
   Appointment Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

10. Automatically Generate Application

    If the individual is in the office for a recertification or review appointment, and they have not previously submitted their application, automatically generate an application. This is an application that will not require user or client intervention for registration. The system must be able to track all applications that are submitted, whether they go through registration or not, for timely processing.

    APPLICATION (Output)
    Name of the Head of the Application
    Names of the Individuals Listed on the Application
    Residence Address
    Program(s) that the Applicant is Applying For
    Application Date
    Application Type

11. Perform "Voter Registration" process

    This process should be completed for every individual applying for benefits or reapplying for benefits.

12. Give client application and record

    If the Client Contact Reason is Schedule an Appointment, the user will determine if the client needs to file an application. If the client does need to file an application, an application will be given to the client and recorded in the system that an application was given and/or filed.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

CLIENT CONTACT (Output)
Application Given

13. Perform “Application Registration” process

    If the client does fill out an application, the user will perform Application Registration.

14. Perform “Appointment Scheduler” process

15. Perform “Issue Receipt “ process

    If the Client files an application, determine if the client needs a receipt for any documentation that is being left at the office.

16. Perform “Add or Update Client” process

    The system shall determine effective date of a change to a case based on date reported and date verified and apply the change accurately across multiple programs. The system shall recognize when an application is required to implement case changes per program policy rules. The system shall update the online summary information for any individual and/or case when changes are made to the case.

17. Perform “Issue Receipt “ process

    If the Client Contact Reason is to report a change, determine if the client needs a receipt for any documentation that is being left at the office.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact

Program Affected: All	**Users: Clerical, Caseworkers**

18. Perform “Issue Receipt” process

    If the Client Contact Reason is to make an Accounts Receivable (claim) payment, determine if the client needs a receipt for any payment that was made at the office.

19. Perform “Adjust Claim Balance Payment Received” process

20. Perform “Assign Case Number” process

    If the reason for the contact was to have a Resource Assessment completed, and the individual does not already have a case that would include a resource assessment, assign a case number for tracking the Resource Assessment. The system shall recognize that a case equals a group of individuals receiving a specific type of benefit as one group. A specific type of benefit can include a sub-program within a program. The system shall support the ability to establish a case based on an electronic referral for program benefits.

21. Perform “Caseload Assignment” process

    Assign the Resource Assessment to a user.

22. Perform “Appointment Scheduler” process

    The system shall allow scheduling, rescheduling and cancellations of appointments to be manual or automatic based on program policy and rules when a customer requests or requires an appointment.

23. Perform “Resource Assessment” process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.1 Client Contact	
Program Affected: All	**Users: Clerical, Caseworkers**

24. Perform “Voter Registration” process

    If the Client Contact Reason is Register to Vote, the client is requesting a Voter Registration form to register to vote.

25. Perform “Issue Receipt” process

    If the Client Contact Reason is to Request an Appeal, determine if the client needs a receipt.

26. Perform “Initiate Appeals” process

Program Type	Rule Number	Rule
CC	1	An application shall be submitted by the parent/caretaker head of case to include but not limited to the following reasons: any initial request for child care assistance or any reapplication or recertification interview. This shall include all sub-program funding types and all contact methods (face-to-face, phone, mail or fax). The parent/caretaker may bring the application into the office with him or her or may request an application when he or she comes into the local office.
CC	2	Client contact may include but not be limited to the following: initial application for child care, review or recertification appointment, select a child care provider, transfer a child from one provider to another, leave information for a case manager, report changes in such things as employment, household composition, work hours, to request information about the child care program and/or to obtain provider information, to inquire about the child care waiting list, to respond to a contact request from a department representative, to request an appeal or to ask for general information. Contact may be in person, by phone, fax or mail. It shall include scheduled appointments as well as walk-in's.
CC	3	Applications, documents and/or other information brought into the office (mail, fax, phone or in person) shall be logged in the county office. The log shall include but not be limited to the following: name, SS # or case number, date information received in the county office, name of DHS staff receiving the documents/information/application, and list of documents received by staff worker.
CC	4	In some situations receipts will be given to the person bringing information to the local office.
IV-E AA	5	There is no face to face client contact required in IV-E adoption assistance.
IV-E FC	6	A written application or face-to-face interview is not required for an initial eligibility determination or redetermination for Title IV-E foster care.
IV-E FC	7	A written application is required for a Medicaid eligibility determination.
IV-E FC	8	The basic eligibility data, e.g., removal home family, income, resources, etc., for a foster child shall be collected by a foster child's authorized representative and entered into the TN KIDS eligibility screens.
IV-E FC	9	A DCS case manager shall serve as a foster child's authorized representative and shall have responsibility for completing referrals for initial eligibility and redeterminations for Title IV-E foster care.
IV-E FC	10	The TN KIDS eligibility data for the foster child shall be released to V.I.P. and shall serve as an on-line referral for an initial determination of eligibility for Title IV-E foster care.
IV-E FC	11	A DCS foster child shall not make contact with the DHS county office or DCS eligibility staff.
IV-E FC	12	The foster child's authorized representative shall be the contact person for initial eligibility information, eligibility information needed for redeterminations, and changes in a foster child's circumstances.

Program Type	Rule Number	Rule
IV-E FC	13	The contact between the foster child's authorized representative and DCS or DHS eligibility staff may include, but not be limited to, the following contacts: • provide basic eligibility information for an on-line referral for initial eligibility determinations for Title IV-E foster care; • provide an update (at redeterminations) on eligibility factors subject to change, i.e., deprivation, income, resources, court orders, etc.; • report changes (within 10 days of the change) in a IV-E foster child's circumstances.
IV-E FC	14	Contact between the foster child's authorized representative and DCS or DHS eligibility staff may be by e-mail, mail, telephone, fax, etc.
IV-E FC	15	Documentary evidence effecting eligibility that is provided to DCS eligibility staff shall be noted in the system as being received. The following information shall be documented when documentary evidence is received by DCS eligibility staff: • name of the foster child that the documents are for concerning eligibility; • foster child's case number or SSN; • date the documents were received; • name of DCS eligibility staff receiving the information; • name of foster child's authorized representative, i.e., case manager, providing the information; • list of documents and document number.
All	16	Each contact to a DHS office must be documented and recorded.
All	17	Reasons for client contact may include but not limited to: Department of Health visit auxiliary benefit request Keep scheduled appointment Reschedule appointment Request an appointment Address change Household composition change Earned income change New job reported Newborn child added Other change reported Resource change Shelter cost change Unearned income change

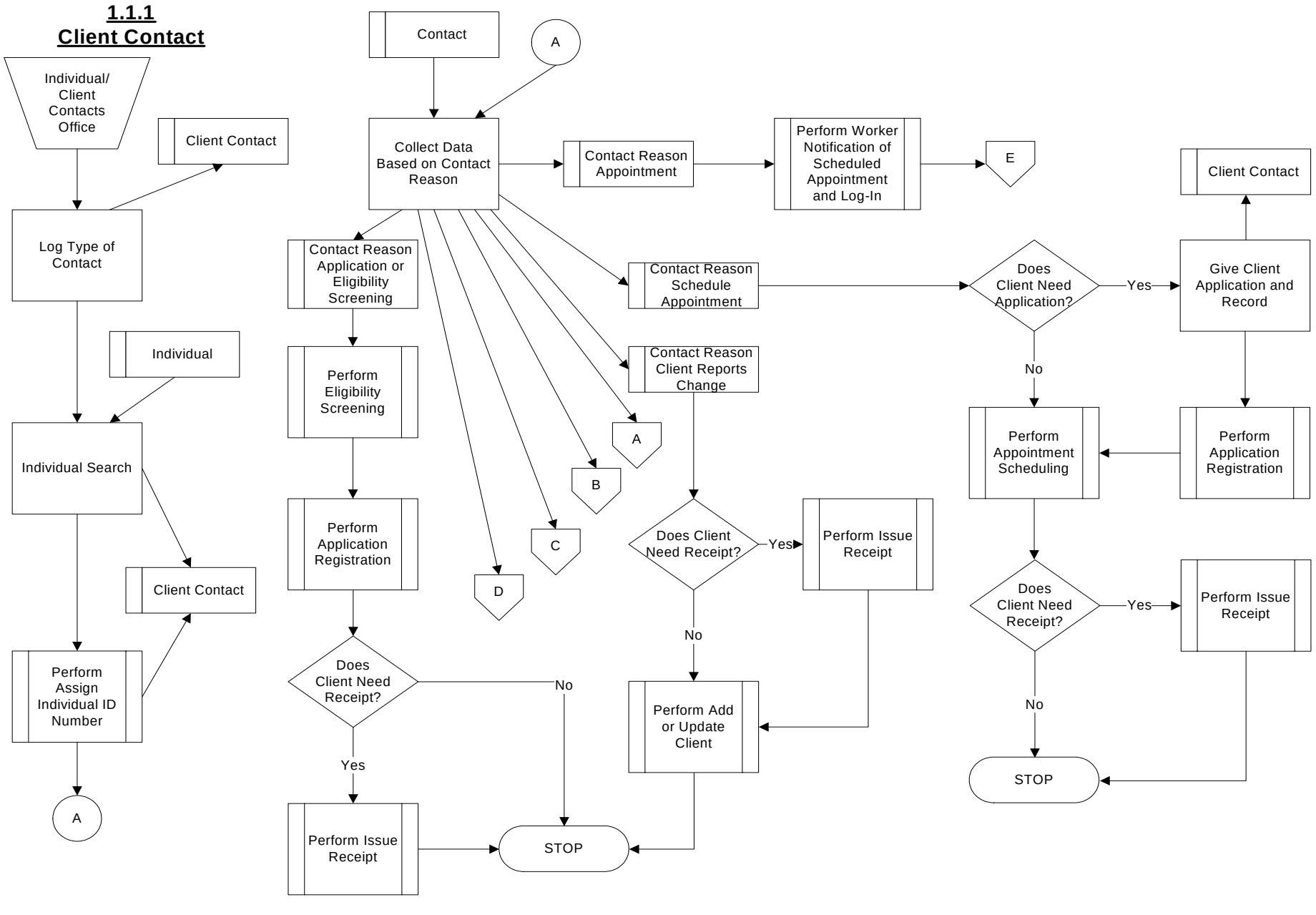
Program Type	Rule Number	Rule
		Disaster relief request Request EBT card and/or PIN replacement Contacted Family Assistance Service Center in error Request an application File application Inquiry—application status Inquiry—benefit amount Inquiry—case status Out of state inquiry on client eligibility Inquiry—case information Inquiry—benefit available date Inquiry—general program information Out of state inquiry on countable TANF months Managed Care Organization assignment Managed Care Organization change Managed Care Organization issue – other Notice explanation Nursing Home Medicaid issue Report Possible Fraud Obtain Case Information Pay a claim Resource Assessment Register to vote Eligibility screening TennCare premium/copay issue QMB/SLMB/QI1/Medicare issue Complaint—case in error Complaint—on county office Complaint—other Complaint—on a Program Complaint—on a worker Families First support services issue TennCare medical services issue

Program Type	Rule Number	Rule
		TennCare issues – other TennCare renewal issues TennCare reversal issues TennCare medical services appeal Appeal requested Unable to contact county worker Work requirement issue
All	18	Information documented at each client contact shall include: Date of contact County Contact type (walk-in, email, fax, internet, mail, phone) Contact worker or User Individual name Case Name Case number, if any, of which contact is made. Caseload to which client's case is assigned, if any Program(s) involved in the contact Reason for the contact Action taken by the worker to resolve the contact Type, time and date of appointment, if rescheduled by worker If the contact issue was resolved Date of issue resolution Any additional action required by worker Agency to which client was referred for issue resolution Reason client was referred to an agency for issue resolution Explanatory text, if needed Time spent on the contact
All	19	Clients must be provided an opportunity to receive a receipt, when desired, for information left with the county office.
All	20	If the client asks for a receipt, the person receiving the information shall record when the application or information is received in the county office.

Program Type	Rule Number	Rule
All	21	If the applicant/recipient does not request a receipt for the documents left for the caseworker or if an individual has an appointment and is interviewed when the documents are brought in, then a receipt does not have to be completed.
All	22	When DHS staff receives an application, TennCare Renewal Form or other information and the individual is not seen by the caseworker, a receipt form will be completed when requested by the client.
All	23	Management shall derive statistical data from the information documented at client contacts.
FFP	24	The Agency shall record client contacts.
All	25	The Agency shall have a process to record client contact types: face-to-face, mail, FAX, email or phone.
	26	The Agency shall record the date of the client contact.
FFP	27	The Agency shall record the reason for the client contact.
FFP	28	The Agency shall record the result of the client contact.
FFP	29	The Agency shall record if the client contact affected case eligibility and how it was affected.
FFP	30	The Agency shall determine at the client contact if the individual wants/needs an application.
FFP	31	If the client contact results in an application, the application shall be recorded.
FS	32	Households must file food stamp applications by submitting the forms to the food stamp office either in person, through an authorized representative, by fax or other electronic transmission, by mail or by completing an on-line electronic application.
FS	33	The state agency must provide households that complete an on-line electronic application in person at the food stamp office the opportunity to review the information that has been recorded electronically and must provide them with a copy of that information for their records.
FS	34	State agencies must document the date the application was filed by recording the date of receipt at the food stamp office.
FS	35	Households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter, except for households certified for at least 12 months.
FS	36	Households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter, except when all members of the household are elderly or disabled.
FS	37	Households must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter, except that the state agency will waive the face-to-face interview requirement in favor of a telephone interview on a case-by-case basis because of household hardship situations.
FS	38	A hardship condition includes, but is not limited to illness, transportation difficulties, care of a household member, hardships due to residency in a rural area, prolonged severe weather, or work or training hours which prevent the household from participating in an in-office interview.

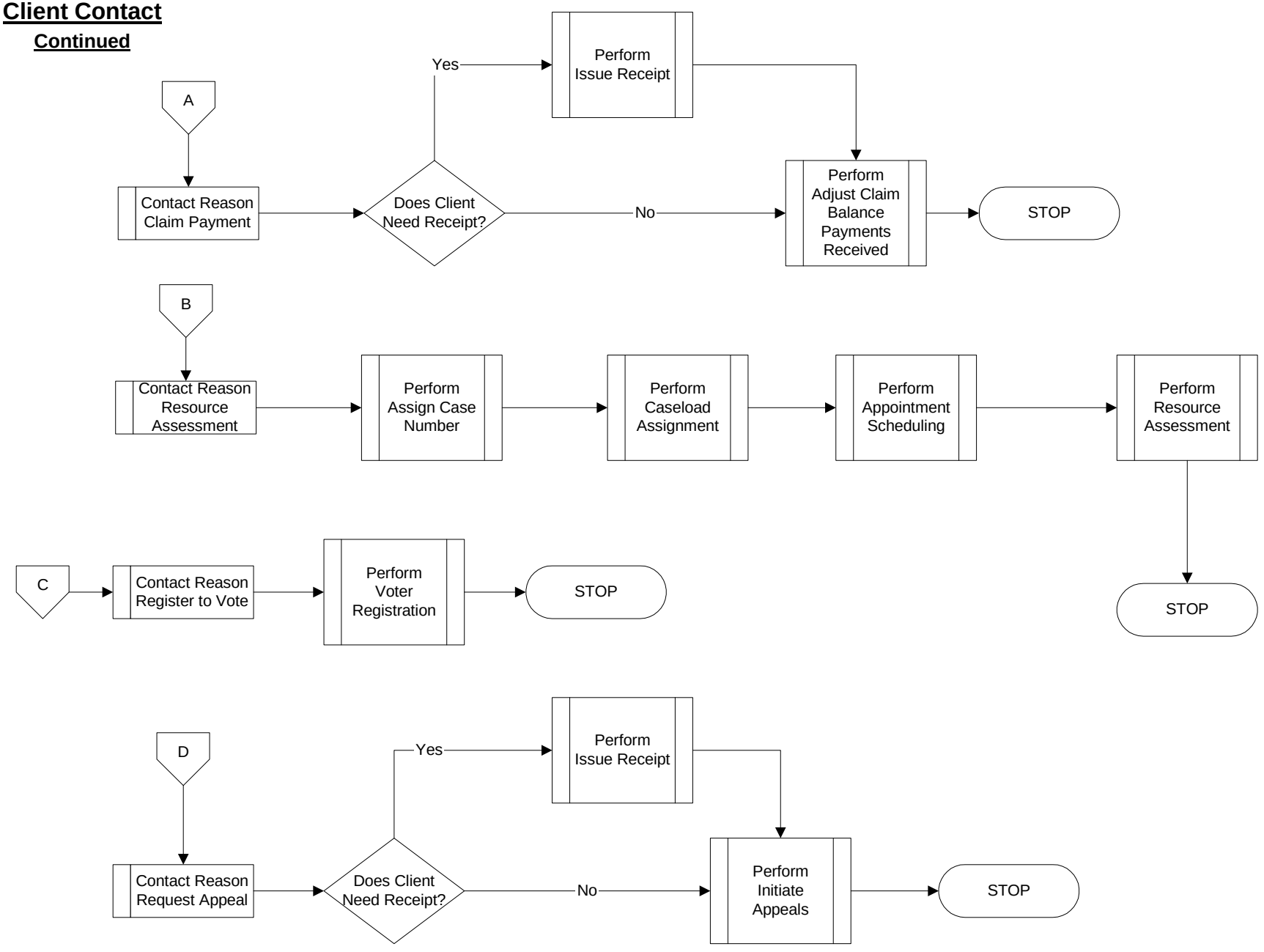
Program Type	Rule Number	Rule
FS	39	All client contacts, including face-to-face in-office, telephone, face-to-face home visit or other mutually agreed upon location for the purpose of interviewing for initial eligibility, recertification, or case change, shall be documented in the record.
TCM/TCS	40	The agency shall record client contacts. This applies to all TennCare Standard and TennCare/Medicaid cases.
TCM/TCS	41	The agency shall have a process to record client contact types: face-to-face, mail, FAX or phone. This applies to all TennCare Standard and TennCare/Medicaid cases.
TCM/TCS	42	The Agency shall record the date of the client contact. This applies to all TennCare Standard and TennCare/Medicaid cases.
TCM/TCS	43	All client contacts, including face-to-face, telephone, face-to-face home visit or other mutually agreed upon location for the purpose of interviewing for initial eligibility, recertification, or case change, shall be documented in the record. This applies to all TennCare Standard and TennCare/Medicaid cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C



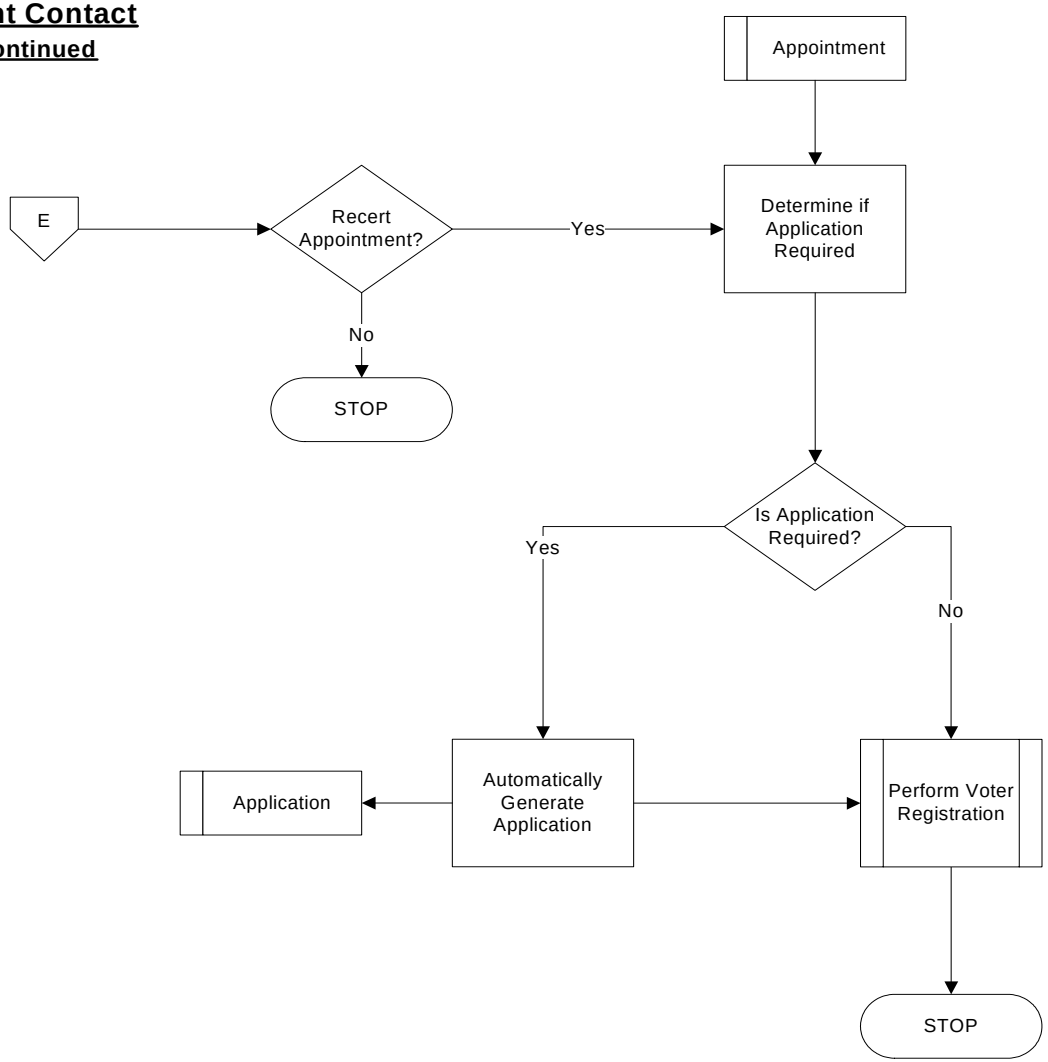
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.1 Client Contact Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.1 Client Contact Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.2 Eligibility Screening	
Program Affected: All	**Users: Clerical and Caseworker**

Process:

The Department of Human Services will provide the means for a client to determine potential eligibility for DHS programs prior to filing an application for assistance. Eligibility screening will be available in the county office or via the Internet. In the county office, the client may be interviewed or may be able to self screen using a kiosk. Eligibility Screening will be performed if the potential client indicates that they want to be screened. This is an optional process that can be used at any time a client wants to examine potential eligibility. If the client asks to be screened, a summary of the screening data should be retained for a specific length of time unless the client does file an application. If an application is filed, then do retain screening Information and link to the filed application. The client shall be able to update the screening information entered. The screening Information should be available if the client decides to file an application.

Sub-Processes:

1. Collect Eligibility Screening Information

   The user will enter the eligibility screening information. The client will have selected their language preference during the Individual/Client Contact Process. If the client is self screening, than the eligibility screening screens will be provided in English or Spanish, based on language selection. If the screening is completed by the client in Spanish, the system will translated the document to English for use by DHS staff and shall link the translated and client completed versions.

   Information for eligibility screening must be entered for all individuals. Information that is captured during eligibility screening must be retained in a summary. The user must be able to update the summary information if the client wants to change it. If the user decides to update the screening information the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

system will collect and update the screening data entered. If insufficient information is entered to permit a determination, the system shall identify and highlight for one user what must be provided to obtain results.

If the Internet client chooses to complete the eligibility screening, the system will capture the eligibility screening information entered by the client.

CLIENT CONTACT (Input)
Contact Type
Contact Reason (Application)
Language
County
First Name
Middle Initial
Last Name
SSN
Date of Birth
Sex
ZipCode
User Id (Worker that logs contact)
Date
Time
Contact Individual Number
Existing Client Indicator (Y or N)
DHS Division

SCREENING INFORMATION (Output)
SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Self-screened Indicator
DHS staff screening
Prescreener
Prescreen Date

The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned monthly gross amount)
- Resources
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age
- Citizenship
- Disability Status
- Purchase and Prepare Question
- Medical Expenses
- Child Support payments
- Child Care payments
- Tennessee Resident

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Pregnancy Indicator
Received benefits in another state this month
Type of benefits
Health Insurance

2. Determine Potential Eligibility

The system will determine the potential eligibility for all programs based on the information entered by the user and the business rules for the programs. The system shall display the results of the Potential Eligibility Determination and display the results with the other Screening Information. The screening results shall not include an estimated benefit amount, but only an indicator if the individual appears to be potentially eligible or not for the program down to the subprogram level when possible. This information will help the client make an informed choice regarding what they want to apply for.

Update the Screening Information with the Potential Program Eligibility identified.

SCREENING INFORMATION (Input and Output)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Prescreen Date

The following Information shall be collected for all individuals

- Relationships
- Incomes (Earned and unearned gross monthly amount)
- Resources
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age
- Citizenship
- Disability Status
- Purchase and Prepare Question
- Medical Expenses
- Child Support payments
- Child Care payments
- Tennessee Resident
- Pregnancy Indicator
- Received benefits in another state this month
- Type of benefits.
- Potential Program Eligibility
- Food Stamps
- TennCare Medicaid
- Child Care
- Families First
- TennCare Standard
- Health Insurance

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

3. Update the Screening Information

Determine if the client wants to update the screening information. If the client does want to update the eligibility screening information, allow the user to enter the changes to the screening information and perform Determine Potential Eligibility once again.

SCREENING INFORMATION (Input and Output)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date

The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Programs Applying for
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Citizenship
Disability Status
Purchase and Prepare Question
Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.

Potential Program Eligibility
Food Stamps
TennCare Medicaid
Child Care
Families First
TennCare Standard

4. Print Screening Information if the user requests.

   The system shall print the Screening Information if the user requests a print of their eligibility Screening results.

   SCREENING INFORMATION (Input)
   SSN
   County of Residence
   Name of applicant

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Programs Applying for
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age
- Citizenship
- Disability Status
- Purchase and Prepare Question
- Medical Expenses
- Child Support payments
- Child Care payments
- Tennessee Resident
- Pregnancy Indicator
- Received benefits in another state this month
- Type of benefits.

Potential Program Eligibility

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Food Stamps
TennCare Medicaid
Child Care
Families First
TennCare Standard

SCREENING INFORMATION PRINT (Output)

5. Determine if the Client wants to file an application

When all eligibility screening is complete, ask the client if they want to file an application. Record the client response on the Screening Information. If the user wishes to file an application, the system will save the final eligibility screening information and provide an automatic link to file an on-line application.

SCREENING INFORMATION (Input and Output)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.2 Eligibility Screening

Program Affected: All	**Users: Clerical and Caseworker**

Relationships
Incomes (Earned and unearned)
Resources
Programs Applying for
Living Arrangement
Seasonal Migrant Farmer
Date of Birth /Age
Citizenship
Disability Status
Purchase and Prepare Question
Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.
Potential Program Eligibility
Food Stamps
TennCare Medicaid
Child Care
Families First
TennCare Standard
Client plans to file application yes or no indicator

6. Perform “Application Registration “ process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

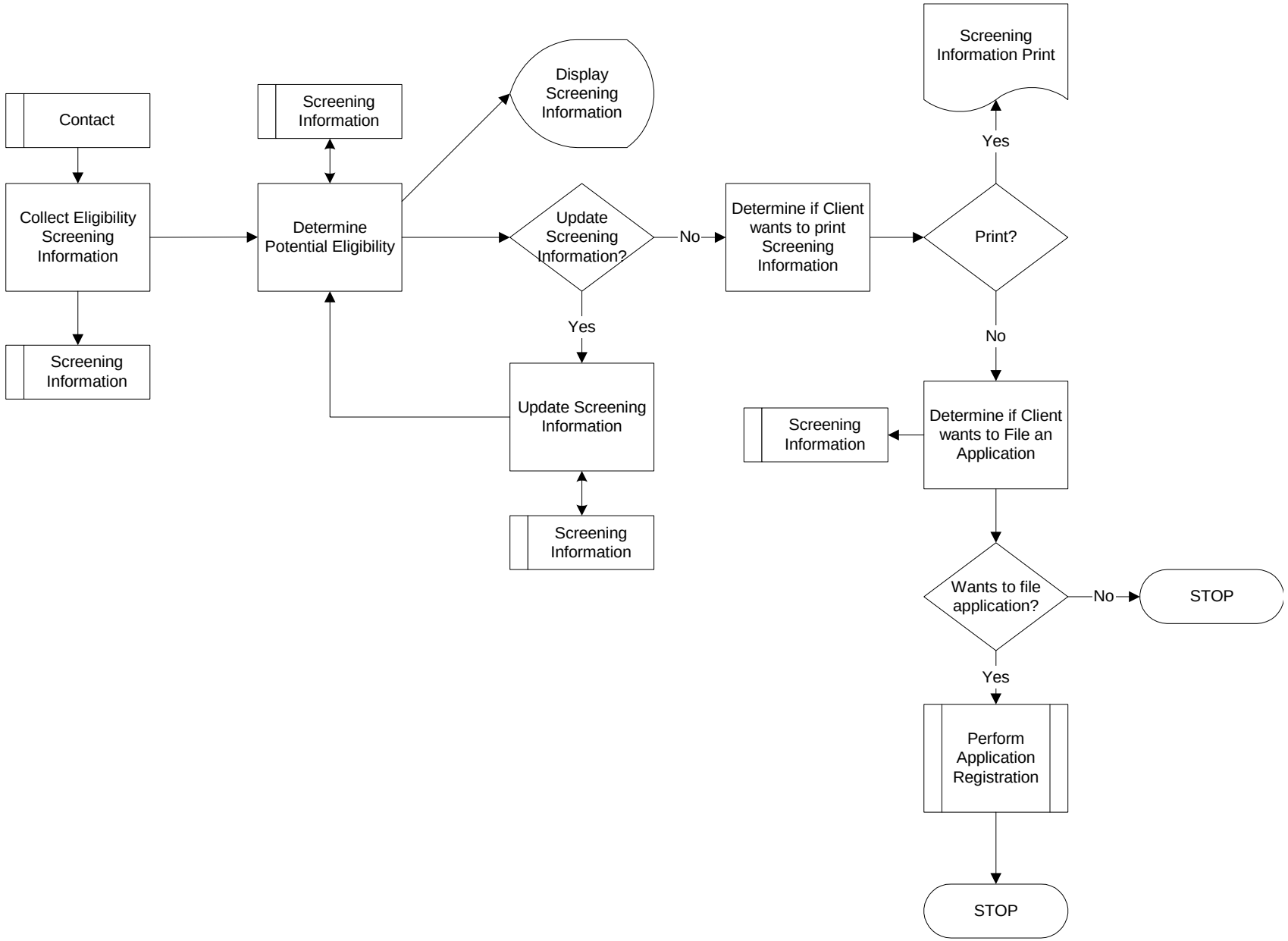
Program Type	Rule Number	Rule
All	1	The Agency shall provide a means for potential applicants for assistance to screen for eligibility for self and household members prior to filing an application.
All	2	Eligibility screening for all programs/subprograms may be done in the county office or via the Internet.
All	3	Individuals shall be able to pre-screen for potential eligibility at any time.
All	4	The Agency shall collect the same financial and non-financial eligibility information in the eligibility screening tool as is collected in the eligibility process for households that file an application for Families First.
All	5	The Agency shall collect the same technical eligibility information in the eligibility screening tool as is collected in the eligibility process for households that file an application with less detail and verification not required.
All	6	The information from the eligibility screening shall be retained for up to 7 days unless the individual files an application, at which time the eligibility screening information and application shall be linked.
All	7	The eligibility screening results shall not include an estimated benefit amount but only an indicator if the individual appears to be potentially eligible or not, and potential case members for that case.
All	8	The following eligibility screening information shall be collected for all individuals: relationships, income, resources, living arrangement, seasonal migrant farmer, date of birth/age, citizenship, disability status, purchase and prepare question, medical expenses, child support payments, child care payments, Tennessee resident, pregnancy indicator, received benefits in another state for eligibility screening month, type of benefits requested.
All	9	The ability for the eligibility screening information may be printed.
All	10	The applicant must designate on the application form those programs for which they wish to apply.
All	11	DHS must accommodate different languages by providing applications, notices and other documents in the selected language, by providing translator services, or both.
All	12	Potential eligibility for DHS Family Assistance programs may be determined through a Screening process.
All	13	The Screening process can be self-administered by a potential applicant or administered by a DHS representative.
All	14	Results of the Screening process reflect potential eligibility only and do not guarantee definite eligibility for programs. The user must be notified of this.
All	15	An individual may be screened for eligibility at any time, but no benefits can be approved until an application for assistance is filed and eligibility is determined by the Department.
All	16	Potential eligibility can be determined based on the information given by an individual. Authorization for approval can not be done without receipt of all mandatory verifications. Authorization for denial can be done based on client's statement and/or verifications received.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	17	Customers may be potentially eligible for child care assistance if they meet the established income limits using the gross income amount. All other sources of household income must be looked at to determine eligibility.
CC	18	Customers may be potentially eligible for child care assistance if they participate in a 40 hour work, training or education component.
CC	19	Children needing care must be under 13 years of age to receive assistance.
CC	20	Children needing care age 13 years and older and under court supervision may receive child care assistance
CC	21	Children needing care age 13 and over who have a diagnosed handicapping condition may receive assistance.
CC	22	Children who live in the home and for whom the caretaker is responsible, but who are not in the FF cash assistance group may receive child care assistance.
CC	23	Customers receiving FF Child Only grants, working and /or in school for a total of 40 hours may be eligible for child care assistance.
CC	24	Graduate school or post-graduate college studies are not allowable hours.
CC	25	Time spent traveling to and from work or school are not allowable hours.
CC	26	The 40 hour work activity requirement will also apply to the other parent/caretaker, spouse, alleged parent or spouse residing in the household unless that individual is disabled or incapable of self-care.
FFP, CC, TMA	27	Potential eligibility for FF determines potential eligibility for linked Medicaid and Child Care as well.
All	28	Information for screening does not have to be verified.
All	29	Rules for determining technical eligibility, determining resources, determining income grouping and budgeting are included in other processes.
All	30	Screening calculations will consist of only deducting allowable expenses from the income amount and comparing to the program standards.
All	31	The eligibility screening must test for potential eligibility in all program/subprograms each time.
All	32	The user must enter the resource total in the eligibility screening process.
All	33	The user must enter the income total in the eligibility screening process.
All	34	If insufficient information is entered by the user to determine potential eligibility, the user will be advised a determination cannot be made based on information entered.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.2 Eligibility Screening



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Process:

The Department of Human Services will provide the means for a potential client to file an application for benefits on-line, by manually entering information at a remote computer terminal on an electronic application form. The completed form may then be submitted electronically through the internet utilizing the individual's entered zip code and county residence, the application will be routed to the appropriate county office for pre-screening. The individual may also opt to complete the eligibility screening on-line prior to filing an application. This process will allow the client to determine the programs they could possibly be eligible for and file an application without going to a DHS office. Electronic signatures will be accepted on applications filed via the internet. If the potential client completed the on-line self-screening prior to filing an electronic application for assistance, this screening will be attached and submitted with the application.

Sub-Processes:

1. Log Internet contact

   The system shall log the Internet contact with the individual. The internet user will log basic client/individual information. The client will select their language preference. The Family Assistance application and Eligibility Screening forms will be available in English and Spanish with translator services available for individuals as required. Versions of documents in additional languages may be added at a later date as required.

   Statistics will be gathered for the internet contact. The system shall assign a Contact Individual Number as necessary for tracking contacts.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

CONTACT (Output)
Contact Type
Contact Reason
Language
County
First Name
Middle Initial
Last Name
SSN
Date of Birth
ZipCode
Date
Time
Contact Individual Number

2. Perform “Eligibility Screening” process

   If the client wishes to complete the eligibility screening process on line, the system will capture the eligibility data entered by the client in the Eligibility Screening Process. Update the Contact Type with Internet and the Contact Reason with Eligibility Screening.

   CONTACT (Output)
   Contact Type
   Contact Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

3. Determine if the individual wants to complete an application.

   If the individual does not wish to perform eligibility screening, determine if the individual wants to complete an application. Update the Contact Type with Internet Referral and the Contact Reason with the individual's choice to file application or to Stop Internet Contact.

   CONTACT (Output)
   Contact Type
   Contact Reason

4. Determine if individual wants to print application and/or screening form.

   If the individual does not want to complete an application, the system shall prompt the individual to determine if they wish to print a blank application and/or eligibility screening form. If the individual does not want to complete an application or print a blank form stop the Internet Process.

5. Print blank application and/or blank eligibility screening form.

   If the individual chooses to print blank forms, provide the individual the selection screens to print either or both of the forms.

   BLANK APPLICATION (Output)

   BLANK ELIGIBILITY SCREENING FORM (Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

6. Collect Application Data

If the user wishes to file an application, the system will save the final eligibility screening information and provide an application for user entry on-line.

The client will enter application information. If the individual completed eligibility screening prior to completing the application, the system shall link the screening information to the application.

SCREENING INFORMATION (Input and Output)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Specific Programs Interested In
- Living Arrangement
- Seasonal Migrant Farmer

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Date of Birth /Age
Citizenship
Disability Status
Purchase and Prepare Question
Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident Indicator
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.

Potential Program Eligibility
Food Stamps
Medicaid
Child Care
Families First
TennCare Standard

Application Number

APPLICATION DATA (Output)
Name of applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Two Collateral Contact Names, Daytime Phone Numbers and Relationship
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application Date
Programs Applicant is applying for: Food Stamp Indicator, Medicaid/TENNCARE Indicator, Child Care Indicator, Families First Indicator
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening completed indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

7. Display Application

The system shall display the application with the data that was input by the user.

SCREENING INFORMATION (Input and Output)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Specific Programs Interested In
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age
- Citizenship
- Disability Status
- Purchase and Prepare Question

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident Indicator
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.
Potential Program Eligibility
Food Stamps
Medicaid
Child Care
Families First
TennCare Standard
Application Number

APPLICATION DATA (Output)
Name of applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
Two Collateral Contact Names, Daytime Phone Numbers and Relationship
County of Residence
E-mail Address
Race

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application Date
Programs Applicant is applying for: Food Stamp Indicator, Medicaid/TENNCARE Indicator, Child Care Indicator, Families First Indicator
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening completed indicator

8. Determine if Application Needs Updating

The system will display the completed application for review. The user can make any necessary changes to the application.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

9. Collect Application Information Update

If the user updated their application information, the system will collect and save the updated data.

APPLICATION (Input and Output)
Name of Applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
Two Collateral Contact Names, Daytime Phone Numbers and Relationship
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Application Date
Programs Applicant is applying for: Food Stamp Indicator, Medicaid/TENNCARE Indicator, Childcare Indicator, Families First Indicator
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening Indicator

10. Determine if Individual wants to Print Application and/or Self-screening Form(s)

The individual can select to print the completed application and/or self-screening form(s) if they would like to keep a copy prior to submit.

11. Print Application and/or Self-Screening Form(s)

The system will print the completed Application and/or Self-Screening Form(s) if the user has selected this option.

SCREENING INFORMATION (Input)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications	
Program Affected: FA	**Users: Client, System**

Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Programs Interested In
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age
- Citizenship
- Disability Status
- Purchase and Prepare Question
- Medical Expenses
- Child Support payments
- Child Care payments
- Tennessee Resident Indicator
- Pregnancy Indicator
- Received benefits in another state this month
- Type of benefits.

Potential Program Eligibility
- Food Stamps
- TENNCARE/Medicaid
- Child Care

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Families First
TennCare Standard
Application Number

APPLICATION (Input)
Name
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
Two Collateral Contact Names, Daytime Phone Numbers and Relationship
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Application Date
Programs applicant is applying for: Food Stamp Indicator, Medicaid/TENNCARE Indicator, Child Care Indicator, Families First Indicator
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening Completed Indicator

SCREENING INFORMATION PRINT

APPLICATION PRINT

12. Determine if Individual Wants to Submit Application

If the individual has made all necessary changes, the individual will submit the application to the system for processing.

13. Route Application for Processing

If the user selected to submit the application, the system will accept and route the completed application to the designated office for processing. The system will display a confirmation on the screen following a successful submission. This assigned number will remain associated with the specific application, and may be used for search purposes. The user can select to print the confirmation.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

APPLICATION (Input)
Name
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
Two Collateral Contact Names, Daytime Phone Numbers and Relationship
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application Date
Programs Applying for: Food Stamp Indicator, Medicaid/TENNCARE Indicator, Child Care Indicator, Families First Indicator
Household Individuals (Information should be collected for all)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.3 Internet Routing of Applications

Program Affected: FA	**Users: Client, System**

Name
Date of Birth
SSN
Citizenship
Eligibility Screening Completed Indicator
Date and Time the Internet application was filed
Designated Processing Office

INTERNET CONFIRMATION (Output)
Eligibility Screening submitted indicator
Application submitted indicator
Date and Time of submission

14. Print Internet Confirmation

If the user selects the Print Confirmation, print a copy of the confirmation information

INTERNET CONFIRMATION PRINT (Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ALL	1	The application process consists of making applications available.
ALL	2	Applications for all programs may be completed and filed via the Internet.
ALL	3	The applicant may prescreen on-line and print the pre-screening results to help determine potential eligibility prior to filing an application.
ALL	4	The screener may determine whether he/she wants to file an application, print an application and/or file an application via the Internet.
FFP	5	Electronic signatures shall be accepted on applications filed via the Internet.
FFP	6	The Agency shall consider the application file date as the date the application is received in the county via Internet.
ALL	7	The application process includes filing and completing an application form, being interviewed, and having certain information verified.
ALL	8	The agency must act promptly on all applications and provide benefits retroactive to the month of applications to households that have completed the application process and have been determined eligible.
FS	9	The agency must make expedited service for Food Stamps available to households in immediate need.
ALL	10	Households must file applications by submitting the forms to the DHS office either in person, through an authorized representative, by fax or other electronic submission, by mail, or by completing an on-line electronic application.
ALL	11	The state agency must provide households that complete an on-line electronic application in person at the DHS office the opportunity to review the information that has been recorded for their records.
FS	12	Applications signed through the use of electronic signature techniques or applications containing a handwritten signature and then transmitted by fax or other electronic transmission are acceptable.
ALL	13	State agencies must document the date the application was filed by recording the date of receipt at the food stamp office.
ALL	14	Regardless of the type of system the state uses (paper or electronic) applicants must be able to immediately begin the application process with name, address and signature.
CC	15	Participants seeking child care assistance will have to complete an application via internet.
CC	16	An application for Families First is also an application for child care.
TCM	17	An application for Families First is also an application for TENNCARE Medicaid.
TCM/TCS	18	An application for TENNCARE Medicaid is also an application for TENNCARE Standard.
TCM/TCS	19	An application for TENNCARE Standard is also an application for TENNCARE Medicaid.
All	20	The application process begins with a signed request for assistance on the Department's Family Assistance application form HS-0169.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

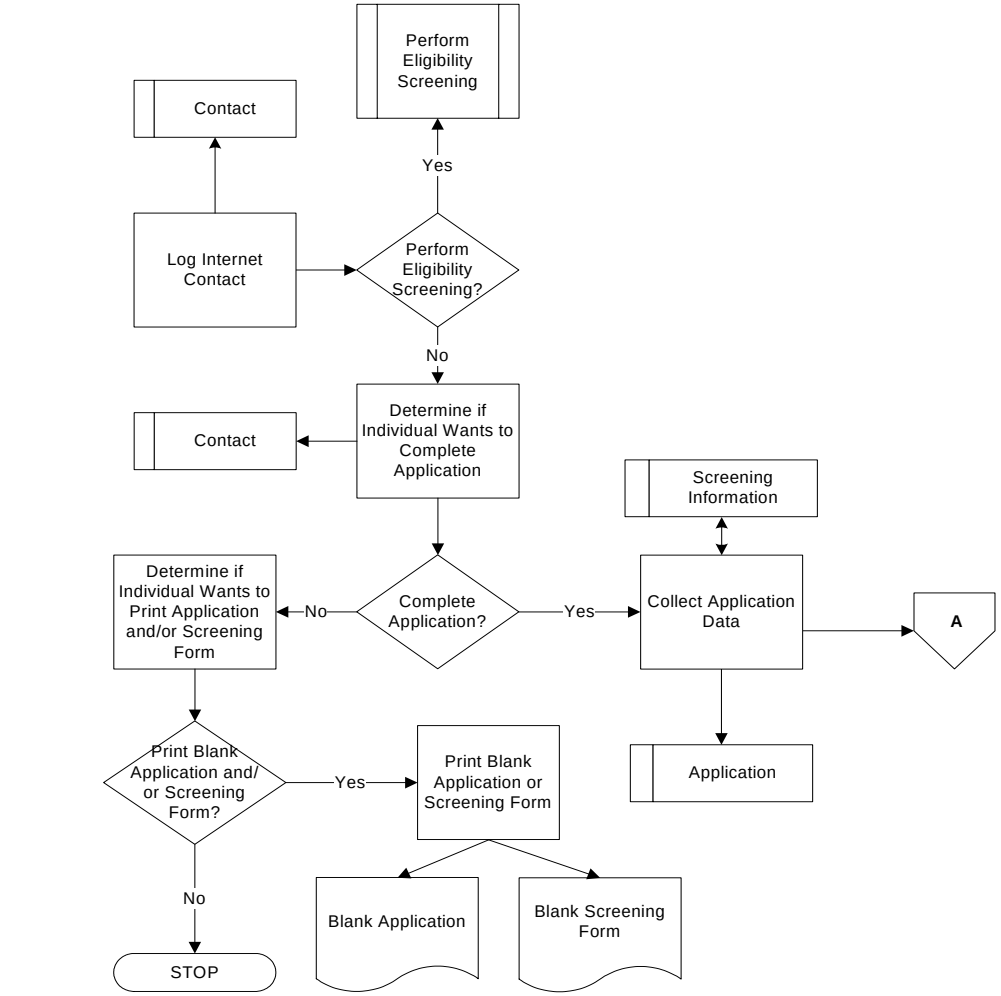
Program Type	Rule Number	Rule
All	21	DHS will accept signed, dated applications received in the county office. The application may be received in person, by mail, by FAX or via the internet.
All	22	If an application is filed, the date of application must be recorded on the application form.
All	23	An incomplete application may be filed as long as the form contains the applicant's name, address, and the signature of either a responsible member of the household or the household's authorized representative.
All	24	If the application does not indicate one or more programs being applied for the system shall default to all.
All	25	The application should be filed in the county of residence. If the assistance group should move out of the county during the application process, the application will be transferred and the application date is protected.
FF	26	A guardian may file an application on behalf of a dependent child and be appointed payee for the grant. The child must, however, live in the home of a specified relative to be eligible.
All	27	The application must be filed by the applicant himself, his authorized representative or designated agent, or someone acting responsibly for him.
All	28	When the head of the household or the spouse cannot make application, another household member may apply or an adult non-household member may be designated as the authorized representative for that purpose. Form HS-0169, Application for Assistance, should be signed by the head of the household designating this authorized representative.
All	29	Proof of eligibility is not required of a person prior to his filing an application.
All	30	The right to file an application shall not be denied to any person even though it is apparent to the worker that eligibility for Food Stamps/Families First benefits does not exist.
All	31	The head of household is the person whose name has been designated to appear as such on the food stamp application by the household or the State agency.
All	32	The household must be informed that the head of household or spouse should complete or review the application, whenever possible.
All	33	The application shall indicate those programs the individual is applying for, and eligibility shall be determined for only those programs.
All	34	Each household member's U.S. citizenship or alien status must be acknowledged at the time of application and at each recertification.
All	35	Each household member's U.S. citizenship or alien status must be acknowledged by signing the application form, HS-0169, which has a line for each individual's status to be marked.
FS	36	The county's application procedures shall be designed to identify applicants who are eligible for expedited Food Stamp service at the time they request assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	37	A single application form HS-0169 may be submitted for one to all programs. A separate application is not required for each program.
All	38	If there is already a pending application on file by the individual and a duplicate application is received for the same programs and individuals with the same head of case, the original application and that application is retained, and the duplicate application is to be deleted as not required, although a record of its submission must be retained and linked to the original application.

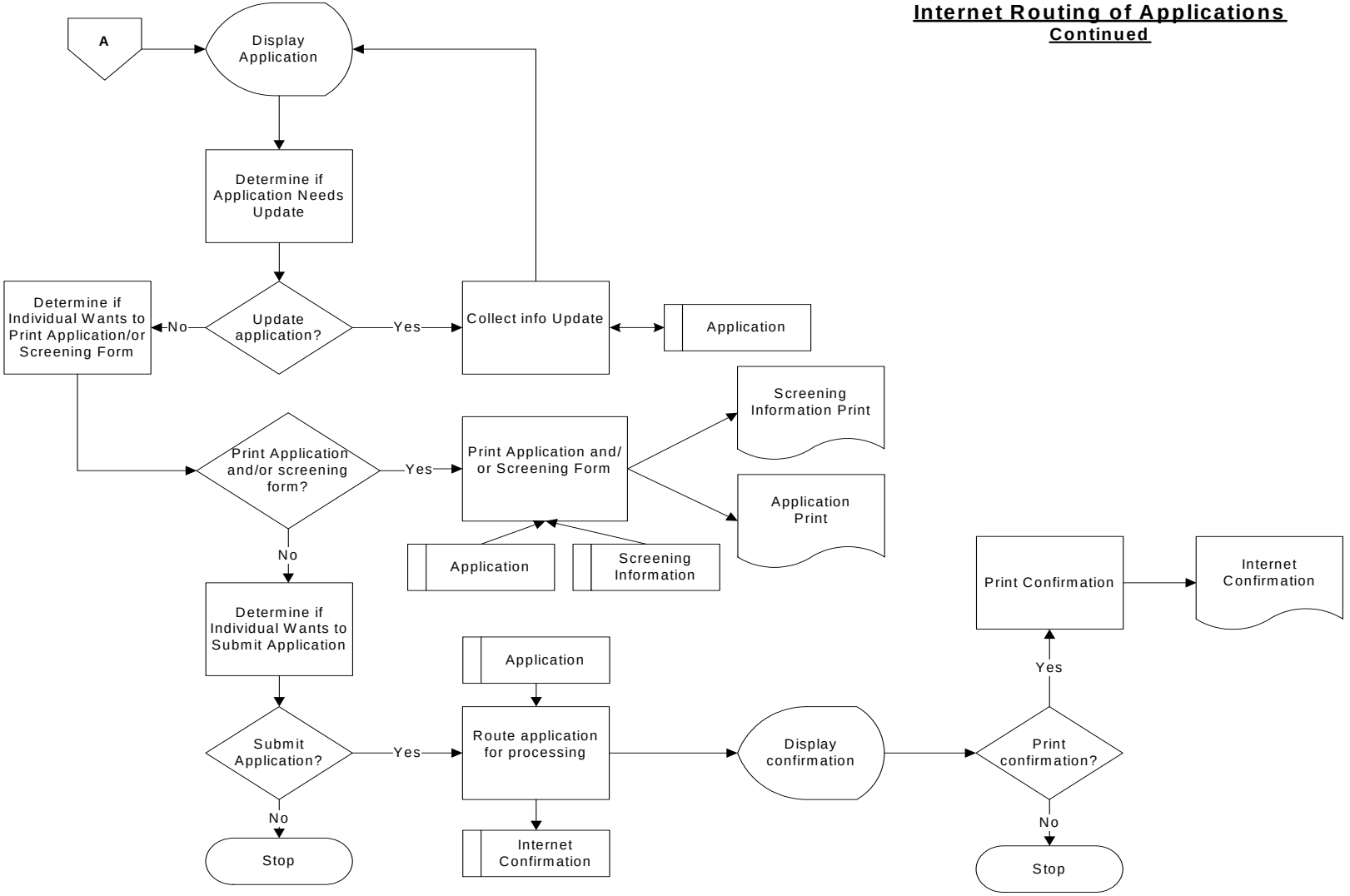
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.3
Internet Routing of Applications



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.3
Internet Routing of Applications
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance	
Program Affected: All	**Users: Not Applicable**

Process:

This process identifies all of the automated referrals that can result in an application and subsequent case(s). The referral will be forwarded to the user's In-Box as referrals and will be tracked as applications. A set of identified users will be responsible for working each type of referral.

The corresponding application and case fields will be updated as part of the referral process. Interface matches shall be produced for the DCS TNKIDS referrals, the Internet Applications and the TennCare New Baby referrals. No Interface matching shall occur for the SNAP referrals, TNCAP referrals and the DMRS Referrals.

When the user accesses these referrals from their In-Box the system will link the user to the system process that performs "Individual Search" to ensure that duplicate participation does not occur. When the user resolves any search issues the system will lead the user through the system as appropriate for that type of referral.

Following are the types of automated referrals:

- A real-time referral from the Department of Children's Services (DCS) TNKIDS system for eligibility determination for IV-E Foster Care, Adoption Assistance or DCS Child Care. The referral may include presumptive eligibility and/or an application for on-going eligibility.
- A 'SNAP' type program that will allow the user to extract data from the SDX, compare it to the Food Stamp database and send out notices inviting SSI recipients to apply for a modified Food Stamp program which will have less stringent requirements than the regular program.
- An application for assistance for Food Stamps, Medicaid, TennCare or Families First shall be received via the Internet.
- An automated referral from TennCare for newborns reported to TennCare by the MCO's.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

- An automated referral from the Department of Mental Retardation Services (DMRS) for Home and Community Based Individuals

Sub-Processes:

1. Determine Type of Referral

   Determine the type of referral and store the input data.

   DCS REFERRAL (Input)
   Presumptive Eligibility Indicator
   Child's Name
   Date of Birth
   SSN
   Living Arrangement Type
   Living Arrangement Date
   Alien Type Indicator
   SSI Recipient Indicator
   TNKIDS ID Number
   Income Information for All Members of Removal Home
   Resource Information for All Members of Removal Home
   Physical or Constrictive Removal Indicators
   Legal Basis Indicator
   Program
   Application Sign Date
   Application file date
   Hours of care needed (fulltime/part-time

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Specific hours when care is needed
Child older than 13 indicator
Reason for child older than 13 needing child care
Name of child care provider
Address of child care provider
Start date needed for child care to begin
End date for child care eligibility
Name of foster parent or facility if child is in state custody
Address of foster parent or facility if child is in state custody
Phone number of foster parent or facility if child is in state custody
Name of relative caregiver if child is placed with relative
Address of relative caregiver if child is placed with relative
Phone number of relative caregiver if child is placed with relative
Name of parent/caretaker if child is in SNC(state non-custody)
Address of parent/caretaker if child is in SNC
Phone number of parent/caretaker if child is in SNC
Name of DCS case worker to whom case is assigned
County of legal venue
Sibling placement indicator
Type of child care requested if known(center, group home, family home)
DCS case number and/or child number

SDX FILE/SNAP (Input)
Name
Address
Date of Birth
SSI Income

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Institutionalized Information

INTERNET APPLICATION DATA (Input)
Name of applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application File date
Application Sign Date
Programs Applicant is applying for

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening completed indicator

SCREENING INFORMATION (Input)
SSN
County of Residence
Name of applicant
Language Indicator
Household size
Shelter Type
Shelter Cost
Utilities
Comments
Prescreener
Prescreen Date
The following Information shall be collected for all individuals
- Relationships
- Incomes (Earned and unearned)
- Resources
- Programs Applying for
- Living Arrangement
- Seasonal Migrant Farmer
- Date of Birth /Age

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Citizenship
Disability Status
Purchase and Prepare Question
Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.
Potential Program Eligibility
Food Stamps
Medicaid
Child Care
Families First
TennCare Standard
Application Number

TENNCARE REFERRAL (Input)
Name
Date Of Birth
Newborn Indicator
Case Number
Mother's Name
SS5 Card file date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

DMRS REFERRAL(Input)
Name of applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application Date
Programs Applicant is applying for
Household Individuals (Information should be collected for all)
Name
Date of Birth

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

SSN
Citizenship
Pre-admission Evaluation Approval (PAE) Indicator
Pre-admission Evaluation Approval Date
Home and Community Based Services (HCBS) Provider Admission Date
HCBS Provider Discharge Date
HCBS Provider Name
HCBS Provider Address Type
HCBS Provider Address Number Street
HCBS Provider Address Unit
HCBS Provider Address Direction
HCBS Provider Address Street Rural
HCBS Provider Address Suffix
HCBS Provider Address Quadrant
HCBS Provider Address Apartment
HCBS Provider Address Line 2
HCBS Provider Address City
HCBS Provider Address State
HCBS Provider Address Zip Code (5 digit)
HCBS Provider Address Zip Code (4 digit)
HCBS Provider Address Effective Date
Previously Hospitalized Indicator
Hospital Admission Date
Hospital Discharge Date
Hospital Name
Hospital Address
HCBS Provider Phone Number Area Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

HCBS Provider Phone Number Prefix
HCBS Provider Phone Number Exchange
HCBS Provider Phone Number Extension
HCBS Provider Phone Number Effective Date
Contact Availability Time for HCBS Provider From
User ID

2. DCS Referral

DCS Referral information from the SACWIS TNKIDS System and eligibility results, including status changes, from the V.I.P. System shall be exchanged through an online, real-time, robust (bi-directional) interface. TNKIDS is the database of record for IV-E client data. DCS case manager staff shall record and update the client information in TNKIDS before referral information for IV-E is transmitted to the V.I.P. Child Welfare Benefits Worker will receive an In-Box referral notifying them that there is a TNKIDS referral. The referral will have already updated the appropriate fields. The CWBC will validate and verify the data.

DCS defines the user roles and business rules for data validation in TNKIDS. All data necessary for the initial determination and subsequent re-determination of title IV-E eligibility is captured and validated in TNKIDS and sent to V.I.P through the online real-time interface.

If data is recorded incorrectly in TNKIDS resulting in an incorrect eligibility decision in the V.I.P, the TNKIDS case manager shall be notified to update the client information. The corrected information will be transmitted to the V.I.P. through the online real-time interface and processed for immediate results. The V.I.P System shall dynamically re-calculate eligibility as the values of pertinent factors change.

TNKIDS shall collect required information regarding reasonable efforts and shall send a Legal Basis indicator to V.I.P. to indicate that the client has passed/failed the reasonable efforts test. This indicator shall be used to

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

support business rules for the IV-E population in the V.I.P system.

The V.I.P system shall capture and age all IV-E pending applications, reapplications and client status changes and shall also have the ability to generate and escalate alerts based on the IV-E eligibility requirements.

The V.I.P system shall have the capability to override IV-E eligibility determination and is to be used only if new or changing system functionality can not be implemented on time and to allow eligibility processing to be performed manually using the override capability until the functionality change is completed. Through the use of a security role, only limited management personnel shall have this capability.

The V.I.P system will retain the TNKIDS information that is necessary for IV-E eligibility determination and will retain all history of case and client changes. Since TNKIDS is the database of record, data transmitted from TNKIDS will be read-only in the V.I.P. All changes to that data must be made in TNKIDS and transmitted to the V.I.P. to ensure data consistency in these two systems.

The system will determine eligibility for the following programs: Immediate (Presumptive) TENNCARE Medicaid eligibility, IV-E Foster Care eligibility, IV-E Adoption Assistance, State-Funded Adoption Assistance, and DCS child care.

DCS REFERRAL (output)
Presumptive Eligibility Indicator
Child's Name
Child's Address
Date of Birth
SSN
Living Arrangement Type
Living Arrangement Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Alien Type Indicator
SSI Recipient Indicator
TNKIDS ID Number
Income Information for All Members of Removal Home
Resource Information for All Members of Removal Home
Physical or Constrictive Removal Indicators
Legal Basis Indicator

3. TNCAP Referral for Assistance

This subprogram will utilize SDX data to establish cases and authorize benefits. SNAP is not currently operational, but is planned for implementation with the replacement system. The Food Stamp program is a partnership between the Department of Human Services and the Food and Nutrition Services (FNS). SNAP provides an easy method of delivering food assistance to elderly individuals receiving SSI. SNAP will have to be approved as an FNS waiver project.

Some of the potential requirements for the waiver project are as follows:

Household definition - limited to household size of one.
Application – Use SDX data except for shelter costs
Verification Requirements – Use SDX verification information; changes will be reported through SDX
Allowable deductions – shelter and utilities
Allotment – there will be two possible monthly allotments based on the individual reported shelter costs. There will be no prorated benefits for applicants. Benefits are effective from the beginning of the month. Benefit levels may be adjusted annually based on future cost-of-living increases.
Certification Period - Certification periods will be much longer than the standard food stamp cases. Certification periods could be three years but will be based on waiver approval.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

4. Internet Application

   If the referral is an application via the Internet, the system shall update the application and if applicable the screening information. Additional information regarding these requirements may be found in the 'Internet Routing of Applications' and the 'Application Registration' process.

   SCREENING INFORMATION (Output)
   SSN
   County of Residence
   Name of applicant
   Language Indicator
   Household size
   Shelter Type
   Shelter Cost
   Utilities
   Comments
   Prescreener
   Prescreen Date
   The following Information shall be collected for all individuals
      Relationships
      Incomes (Earned and unearned)
      Resources
      Programs Applying for
      Living Arrangement
      Seasonal Migrant Farmer
      Date of Birth /Age

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Citizenship
Disability Status
Purchase and Prepare Question
Medical Expenses
Child Support payments
Child Care payments
Tennessee Resident
Pregnancy Indicator
Received benefits in another state this month
Type of benefits.

Potential Program Eligibility
Food Stamps
Medicaid
Child Care
Families First
TennCare Standard

APPLICATION DATA (Output)
Name of applicant
Address (residence)
Address (mailing)
Date of Birth
SSN
Home phone number
Work phone number
County of Residence
E-mail Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance

Program Affected: All	**Users: Not Applicable**

Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative
Felon
Electronic Signature
Application Date
Programs Applicant is applying for
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening completed indicator

5. Perform the “Add or Update Individual” process

6. DMRS Referral

When the PAE (Pre-admission Evaluation) packet is approved, a DMRS referral will be sent for the determination of Medicaid financial liability for Home and Community based services. When the user

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.4 Automated Referral for Assistance	
Program Affected: All	**Users: Not Applicable**

accesses these referrals from their In-Box the system will link the user to the system process that performs "Individual Search" to ensure that duplicate participation does not occur. When the user resolves any search issues the system will lead the user through the system as an application for Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		INITIAL AA IV-E ELIGIBILITY PROCESS:
		Pre-Qualifying Requirements:
IV-E AA	1	1.) Custody of DCS or Private Provider Child
IV-E AA	2	2.) PR Terminated
IV-E AA	3	3.) Verified SSN, Birth Date, Legal Name
IV-E AA	4	4.) Perm Plan goal of "adoption"
IV-E AA	5	5.) Satisfactory "Home Study" of Resource Parents exists.
IV-E AA	6	6.) If previous IV-E eligibility existed, perform "Special Needs" test.
IV-E AA	7	7.) Special Needs Test: a.) Cannot return to home prior to custody = "Yes" b.) "Reasonable Efforts to Place Without Adopt Assist" field = "Yes" 1.) If "Resource Parents Adopting", then check for "Best Interests" indicator. 2.) If "Non Resource Parents Adopting", then check that "Cannot Adopt With IV-E Assistance" is "Yes." c.) Check to establish whether 1 or more of the following "Placement Barrier Conditions" exists: 1.) Diagnosed physical or psychological condition 2.) 2 or more sibling group 3.) HIV positive 4.) Minority heritage 5.) Caucasian age 9 and over 6.) Documented abuse/neglect history
IV-E AA	8	8.) IV-E Funding Tests for Custody & Private Provider Child a.) Process IV-E Foster Care Eligibility (actual) 1.) If eligible for IV-E Foster Care, child record is by definition eligible for IV-E AA. 2.) If non IV-E Foster Care eligible, check to see if child is receiving SSI benefits. If SSI Benefits are received, child is IV-E eligible.
IV-E AA	9	9.) IV-E Funding Tests for Non-Custody & Non Private Provider Cases: a.) Test for: 1.) Previous IV-E eligibility record. 2.) Child's parent is in foster care and receiving IV-E payments that also cover the child. If either test above is positive, perform "Special Needs" test in #7 above.
IV-E AA	10	10.) AA Application & Agreement Tests: a.) Check to see that we have AA 1) Application

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		2) Agreeement b) Needed signatures obtained prior to or equal to effective date of the AA agreement. c.) Test that AA Agreement daily payment amount does not exceed daily IV-E foster care payment amount. d.) Test that child is under 18 at 1.) Initial application date 2.) Agreement approval date
		REEVALUATION OF AA IV-E ELIGIBILITY:
		(By definition, IV-E AA eligibility exists and has to be reevaluated when the following conditions occur.)
IV-E AA	11	1.) At age 18, test for a mentally or physically handicapping condition. a.) If condition exists, eligibility continues until age 21. b.) If no condition exists, end eligibility.
IV-E AA	12	2.) Upon child leaving parent's home: a.) Discontinue eligibility payment if parent is 1.) not legally responsible and 2.) not financially supporting
		TERMINATION OF ELIGIBILITY:
IV-E AA	13	1.) Death of child
IV-E AA	14	2.) Adoptive parents die
IV-E AA	15	3.) Child ages out of system (18 or 21 age conditions)
IV-E AA	16	4.) Child marries
IV-E AA	17	5.) Child enters military service
IV-E AA	18	6.) Parents no longer legally responsible for child
IV-E AA	19	7.) Parents no longer provide financial support for child
IV-E AA	20	8.) Placement disruption prior to finalized adoption
IV-E AA	21	9.) AA case closure at parent's request
IV-E AA	22	10.) Resource parents' parental rights are terminated.
IV-E AA		ANNUAL AA IV-E CASE PROCESSING UPDATES:
IV-E AA	23	1.) Test for AA Application, Agreement and Affidavit date updates. (Note: No more than 365 days can pass without updated documents being obtained.) Dates will be entered into the system evidencing that the Application, Agreement and Affidavit documents are received each time that occurs. Date checks can end eligibility when called for.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

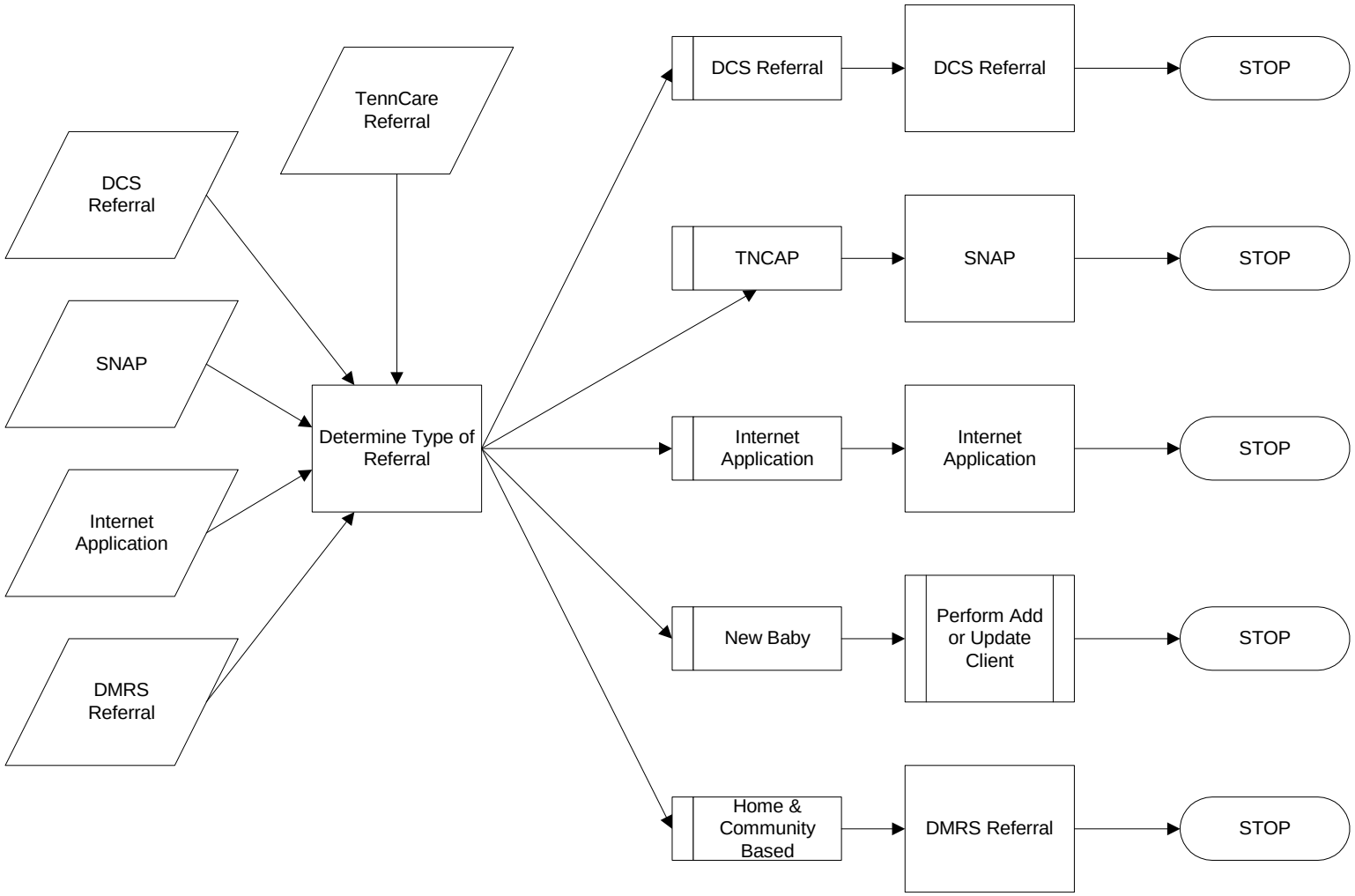
Program Type	Rule Number	Rule
		KEY SYSTEM ALERTS NEEDED:
IV-E AA	24	1.) 60-day advance notice of 18th birthday and each birthday anniversary thereafter for any adoption assistance eligible child.
IV-E AA	25	2.) 60-day advance notice of each anniversary of the adoption Agreement.
IV-E AA	26	3.) 60-day advance notice of age 12 birthdays.
IV-E AA	27	(Note: Additional alerts will have to be defined when full system data is available. These 3 are identified as 3 starting major alerts that will be needed.)
IV-E FC	28	A referral for an initial eligibility determination for Title IV-E foster care shall be generated for every DCS foster child who is removed from the home and placed in DCS custody.
IV-E FC	29	The referral shall be initiated by the foster child's basic eligibility data into TN KIDS.
IV-E FC	30	DCS case manager staff shall collect and input all available initial eligibility data into TN KIDS for each foster care custody episode for the foster child.
IV-E FC	31	DCS eligibility staff shall validate and verify the data that the DCS case manager staff has entered into the TN KIDS eligibility screens.
IV-E FC	32	DCS eligibility staff shall resolve any matches before authorizing the release of the referral to V.I.P.
IV-E FC	33	V.I.P. shall use the eligibility data in the TN KIDS referral to determine if a DCS foster child is eligible and reimbursable for Title IV-E foster care funds.
IV-E FC	34	V.I.P. shall provide the results of a referral for Title IV-E foster care benefits for each foster child to TN KIDS. A foster child's Title IV-E foster care status shall be: • eligible, reimbursable; • eligible, non-reimburable; • ineligible; • pending.
IV-E FC	35	Approved and open Title IV-E foster care files shall be maintained in V.I.P.
IV-E FC	36	V.I.P. shall provide alerts, reports, etc. of current and upcoming Title IV-E foster care files that are due for a redetermination.
IV-E FC	37	DCS case manager staff shall collect and input all available data into TN KIDS for each redetermination.
IV-E FC	38	DCS eligibility staff shall validate and verify the data the DCS case manager staff has entered into the TN KIDS eligibility screens for the redetermination process.
IV-E FC	39	V.I.P. shall use the updated eligibility information to determine if a DCS foster child continues to be eligible and reimbursable for Title IV-E foster care funds.
IV-E FC	40	V.I.P. shall provide TN KIDS the child's Title IV-E foster care status resulting from the IV-E redetermination process.
All	41	Each DHS county office must designate a specific location in which to receive automated referrals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	42	Automated referrals may be received in a specified user's Inbox.
FS	43	At a future date, DHS plans to implement a "SNAP"-type program with a waiver from the USDA-FNS to allow us to offer a modified food stamp program to certain SSI recipients.
FS	44	We will extract data from the SDX file and compare to the food stamp database and send a notice to those SSI individual who meet the criteria that shall be defined, inviting them to apply for a modified Food Stamp Program.
FS	45	The modified Food Stamp Program will be less stringent in its requirements than the regular Food Stamp Program.
FS	46	The requirements for this modified program will be defined at a later time.
FS	47	For on-line application through the state portal, see rules for 1.1.9.
TCM/TCS	48	When a mother is currently receiving TennCare Medicaid or TennCare Standard, if the newborn's eligibility does not get added to the TennCare Interchange within a reasonable length of time, the MCO will notify the TennCare Bureau, who will then notify the DHS Medicaid Policy Unit to get the newborn added for whatever coverage the mother has, TennCare Medicaid or TennCare Standard. This coverage will last a period of approximately 3 months. The case worker will be notified of the birth so that the newborn can be added to the actual case.
TCM	49	An automated referral may be sent from the Department of Mental Retardation Services for Home and Community Based individuals, to get an application initiated for the individual, for adult institutionalized TennCare Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.4 Automated Referral for Assistance



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.5 Application Registration	
Program Affected: FA	**Users: Clerical, Caseworkers**

Process:

This process describes the steps the system will take to register an application for assistance. The system shall allow the user to easily recognize which data elements must be entered. The system shall allow the applicant (head of application/case) to select the programs applying for. The system shall identify those clients already receiving benefits at the point of application. The system shall determine eligibility for only those programs requested on the application. If no programs are selected, the system shall default to 'all' and determine eligibility for all.

Each sub-program that has the same head of case will be assigned a unique case number.

Sub-Processes:

1. Capture Basic Application Information.

   The user will record and store the application data. The system shall standardize address information. The system shall match, real-time when possible and present results for the applicant's address against address matching software to check for validity, to ensure the address is in the proper format and to allow the user to select for update. The date the application is received in the county office is the application date.

   APPLICATION (Input)
   Client's paper application

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.5 Application Registration

Program Affected: FA	**Users: Clerical, Caseworkers**

CONTACT (Input)
- Contact Type
- Contact Reason
- Language
- County
- First Name
- Middle Initial
- Last Name
- SSN
- Date of Birth
- Sex
- ZipCode
- User Id (User that logs contact)
- Date
- Time
- DHS Division
- Contact Individual Number
- Existing Client Indicator (Y or N)

APPLICATION DATA (Output)
- Head of Application
- Address (residence)
- Address (mailing)
- Date of Birth
- SSN
- Home phone number
- Work phone number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.5 Application Registration

Program Affected: FA	**Users: Clerical, Caseworkers**

Cell Phone Number
Contact Person Phone Number
County of Residence
E-mail Address
Race
Citizenship
Legal Alien Status
Sex
Language Indicator
Spoken Language
Eligible Immigrant
Rights and Responsibilities Indicator
Household Individuals
Authorized Representative Name
Authorized Representative Address
Authorized Representative Phone Number
Felon
Electronic Signature
Application Date
Programs Applicant is applying for
Household Individuals (Information should be collected for all)
- Name
- Date of Birth
- SSN
- Citizenship

Eligibility Screening completed indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.5 Application Registration

Program Affected: FA	**Users: Clerical, Caseworkers**

2. Verify Individual Social Security Number

The system shall perform an individual SOLQ (State On-line Query) match using the information listed on the application and create an input match to the social security database. The SOLQ match should be a real-time match that can be viewed by the user. The match should also include the Title II SSA Data as well as the Title XVI SSI data. If the user registering the application is a contractor, rather than state employee, the SOLQ match must be delayed as only DHS Employees may access this data.

Currently there is a contract agreement with Social Security to generate a Wire-to-Wire batch match every time an SOLQ transaction is generated. Wire-to-Wire is in Attachment D the Interface document and is Interface 1.2 in that document.

SSA DATABASE (Input)

APPLICATION (Input)
Name
Date of Birth
Sex
Race
Social Security Number

SOLQ MATCH (Output)
Verified Social Security Number Indicator
Name
Date of Birth
Discrepancy Code
Discrepancy Code Description

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

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Program Affected: FA	**Users: Clerical, Caseworkers**

Error Condition Code
Error Condition Code Description
SSA Data (Title II) Present Indicator
SSI Data (Title XVI) Present Indicator

WIRE –to-Wire WTPY Match Request (Output)

3. Update Data.

   If the user determines that the individual information is not correct, he/she will update the application data and resubmit the SOLQ match.

   APPLICATION
   Name
   Date of Birth
   Sex
   Social Security Number

4. Perform “Client Search and Individual Summary” process

   The user may utilize a portion of this process to determine if the individual is known to the system, and has case numbers already assigned.

5. Select Individual and Associate Data

   If the “Client Search” process displayed an appropriate individual match, select the individual. This function is used to determine if any of the individuals listed on the application are already receiving

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benefits. The client will retain the same identifying number as originally assigned when first applied for any benefits. Data already associated with the individual is carried forward.

APPLICATION (Input and Output)
Name of the Head of the Application
Names of the Individuals Listed on the Application
Individual Identifier for all individuals

INDIVIDUAL (Input)
Individual Identifier
Eligibility

6. Process TennCare Match.

Process a real-time match with the TennCare system. This will identify whether this application includes individuals that are already receiving TennCare benefits, the type of benefits received, and if applicable, end date of those benefits.

APPLICATION (Input)
Name
Date of Birth
Sex
Race
Social Security Number
Sub-program Type
Begin Date
End Date

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Program Affected: FA	**Users: Clerical, Caseworkers**

INDIVIDUAL (Input)
Individual Identification Number if known

TENNCARE MATCH (Output)
Name
Date of Birth
Sex
Race
Social Security Number
Individual Identifier (DHS System)
Case Identifier (DHS System)
Eligibility Information

7. Select TennCare Individual Number

If the TennCare Match process displayed an appropriate individual match, select the individual and use the TennCare Individual Number only if a DHS Individual ID Number has not already been assigned.

TENNCARE MATCH (Output)
Name
Date of Birth
Sex
Race
Social Security Number
Individual Identifier (DHS System)
Case Identifier (DHS System)

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Eligibility Information

APPLICATION (Input and Output)
Name of the Head of the Application
Names of the Individuals Listed on the Application
Individual Identifier for all individuals
Sub-program Type
Begin Date
End Date

INDIVIDUAL (Output)
Selected Application Individual

8. Perform “Assign Individual ID Number” process

If there was not a valid TennCare match and the individual was not know to V.I.P., either use the Contact Individual number previously assigned or assign a new individual number. If the person is not known to V.I.P., but is known to TENNCARE, use TENNCARE’s individual number.

9. Determine if Individual is the Head of the Application.

The user will determine and document if the individual is the applicant and the designated head of case. When an individual who is head of the case moves from one county to another, the system must provide the means to transfer all cases in which the individual is the applicant. Cases who share the same head of case will be linked in the system, and must be retained in the same caseload. Individual who are members in multiple cases, yet not the head of any or all, shall result in all related cases be identified, yet they are not subject to transfer and caseload rules as above.

State of Tennessee

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Prepared by: DHS Policy / Systems

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APPLICATION (Input)
Name of the Applicant
Names of the Individuals Listed on the Application

10. Identify all Active Cases for Individual

If the individual is not the applicant and was selected as known to the system, the system shall determine if the individual is active in an existing case and receiving benefits for that case. If the applicant is the head of the case that the individual is receiving benefits for, there is not a problem. If the applicant is not the head of the case that the individual is receiving benefits for, alert the caseworker responsible for the case that this individual has applied for benefits in their own name.

APPLICATION (Input)
Name of the Head of the Application
Names of the Individuals Listed on the Application

INDIVIDUAL (Output)
Individual Recipient Number
Individual SSN
Individual Recipient Number of Head of Application
Head of Application SSN

ALERT
Active Individual is included on new application

State of Tennessee

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Prepared by: DHS Policy / Systems
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11. List All Cases and Case Statuses for the Head of Application.

    Display all of the cases, case names and case statuses for the head of the application.

    APPLICATION(Input)
    Head of Application

    CASES (Input and Output)
    Case Summary Information

12. Select Case(s) as appropriate

    If the user has selected a case from the displayed list and has determined that the case selection is appropriate, the system shall select and link that case to the application for every program the head of application is applying for. Further, the system must provide sufficient information to support the selection of the right case number when the individual is the head of one or more cases within that program or sub-program so the correct determination can be made. The system shall not require a new case number if the core members in the case remain, even if their case status changes, as long as the head of the case remains the same. The system shall require the assigned case number to be reused when a person reapplies for the same benefits.

    When a case number has been assigned for a program group, the case's data for the program is to be classified and displayed as a pending case in the applicants set of cases until verifications are provided or the user authorizes the cases. If an existing case is selected, the previous data is carried forward with the case. If there is an outstanding claim, sanction, time-limit, penalties or disqualification for any individuals on the application, the claim information is also carried forward with the case.

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Program Affected: FA	**Users: Clerical, Caseworkers**

APPLICATION (Input and Output)
Application number
Case Number
Head of Case Individual Number
County Transfer

CASE (Input and Output)
Case Number
Application Number
Head of Case Individual Number

INDIVIDUAL(Input and Output)
Head of Case Individual Number
Case Number
Application Number

13. Perform “Assign Case Number” process

Assign a case number for every program or sub-program that the head of case is applying for that does not have an existing case number. As sub-programs are identified, assign them a case number as appropriate, based on rules.

14. Perform “Match Request Records” process

15. Perform “Screen for Food Stamps Expedited Processing” process

If the application includes Food Stamps as a program type, and the head of the application/case is not

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Prepared by: DHS Policy / Systems

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currently receiving benefits, screen for Food Stamp expedited processing. This may be performed in conjunction with the Eligibility Screening process if an application has been received at the point the screening is performed.

16. Perform “Voter Registration” process

17. Determine if TCS Renewal or Rollover.

    The user shall determine if the application is a TCS renewal.

    TENNCARE MATCH(Input)
    Name
    Date of Birth
    Sex
    Race
    Social Security Number
    Individual Identifier (DHS System)
    Case Identifier (DHS System)
    Eligibility Information

    CASE(Input)
    Case Identifier
    Case Status
    Case Benefits

18. Generate Pending Application Referral to TennCare.
    If the application is a TCS renewal, the system shall generate a referral to TennCare to notify TennCare

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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Program Affected: FA	**Users: Clerical, Caseworkers**

that there has been an application filed.

APPLICATION (Input and Output)
Application number
Case Number
Head of Case Individual Number
County Transfer

CASE (Input and Output)
Case Number
Application Number
Head of Case Individual Number

INDIVIDUAL(Input and Output)
Head of Case Individual Number
Case Number
Application Number

TC-REFERRAL (Output)
Recipient ID Number
Recipient Social Security Number
Transaction Type
Transaction Action Type
Transaction Date
Transaction Time

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	The application process begins with a signed request for assistance on the Department's Family Assistance application form HS-0169 or with an electronic referral that is treated as an application.
All	2	DHS will accept signed, dated applications received in the DHS office. The application may be received in person, by mail, by FAX or via the internet with the use of electronic signatures.
All	3	If an application is filed, the date of application must be recorded on the application form.
All	4	An incomplete application may be filed as long as the form contains the applicant's name, address, and the signature of either a responsible member of the household or the household's authorized representative.
All	5	The application file date will be the date the application is received in the office.
All	6	The application is a request for all Family Assistance programs unless the applicant indicates that he/she is applying for a particular program(s).
All	7	The application should be filed in the county of residence. If the assistance group should move out of the county during the application process, the application will be transferred and the application date is protected.
FF	8	A guardian may file an application on behalf of a dependent child and be appointed payee for the grant. The child must, however, live in the home of a specified relative to be eligible.
All	9	The application must be filed by the applicant himself, his authorized representative or designated agent, or someone acting responsibly for him.
All	10	When the head of the household or the spouse cannot make application, another household member may apply or an adult non-household member may be designated as the authorized representative for that purpose. The Application for Assistance, should be signed by the head of the household designating this authorized representative.
All	11	Proof of eligibility is not required of a person prior to his filing an application.
All	12	The right to file an application shall not be denied to any person even though it is apparent to the worker that eligibility for Food Stamps/Families First benefits does not exist.
FS	13	The head of household is the person whose name has been designated to appear on the food stamp application by the household or the State agency.
All	14	The household shall be informed that the head of household or spouse should complete or review the application, whenever possible.
All	15	Each household member's U.S. citizenship or alien status must be acknowledged at the time of application and at each recertification. This is done by signing the application form, HS-0169. The application form has a line for each individual's status to be marked. The individual who completes the application form affirms that all persons applying for or receiving assistance are United States citizens or aliens in satisfactory immigration status.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	16	The county's application procedures shall be designed to identify applicants who are eligible for expedited service at the time they request assistance.
All	17	Before an application can be registered, it must contain an individual's first and last name, date of birth, sex, address and signature.
All	18	If the application contains the required information, a SOLQ match must be performed to validate the individual's Social Security number.
All	19	If the application contains the required information, a SOLQ match must be performed to validate the individual's date of birth.
All	20	If the application contains the required information, a SOLQ match must be performed to validate the individual's name.
All	21	In order to perform a SOLQ match, an individual's Social Security number, first and last name, date of birth and sex is required.
All	22	Demographic information for an individual in a DHS case must equal demographic information for the same individual on the TennCare Interchange System.
All	23	If an individual applies for a benefit type as head of case, and that individual is a member of one to many existing cases for that benefit type, then only those cases for which the individual is head of case shall be displayed for selection for application processing when assigning the case number.
All	24	If an individual applies for a benefit type as head of case, and that individual is a member of one to many existing cases for that benefit type, and that individual is not designated head of case for any of those cases, then no existing cases shall be displayed for selection for application processing and the user must authorize a new case number for the individual.
All	25	At application registration, a case number shall be assigned for the initial hierarchy of subprograms for which the assistance group may be eligible based on the results from Eligibility Screening, unless a case number already exists for that sub-program for that head of case and it is appropriate to use that prior case number.
All	26	If an individual requests to be added to a case, and that individual shares a similar name, date of birth and gender with another individual who is a member of an existing case or application, the worker must decide if the individuals are unique or one-and-the-same.
All	27	If an individual does not have an Individual ID number and that individual has an ID number on the TennCare system, then the DHS Individual ID number for that individual shall be the TennCare ID number.
All	28	An individual cannot receive benefits in more than one case type for the same time period unless an exception is permitted by program rule. (ex.: cannot receive benefits in more than one Food Stamp case)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	29	If an applicant is a member of an existing case, the worker must determine from address and relationship information if that applicant should remain in the existing case, or be transferred to the new case.
TCM	30	The Bureau of TennCare establishes an individual's eligibility redetermination/renewal dates and must indicate to DHS those individuals and dates due for redetermination.
TCM	31	An individual who is losing Medicaid eligibility and applies for TennCare Standard within 30 days after the Medicaid end date must have an opportunity to apply for enrollment in TennCare Standard as a 'Medicaid Rollover' regardless of income.
All	32	All applications received by DHS must be registered unless the application is for a redetermination of ongoing eligibility in the same case.
All	33	All registered applications must be tracked so that the related cases are approved or denied within the required time limits for each Program.
All	34	All existing cases that are selected for eligibility determination in relation to an application for benefits must be tracked so that the related cases are approved or denied within the required time limits for each Program.
All	35	All cases related to registered applications must be approved or denied within the required time limits for each Program.
CC	36	A child care recipient and all mandatory members in his/her child care case can only be open in one child care case at a given time.
TCM, FS	37	All automated referrals for assistance coming in to a caseworker's inbox must go through the application registration process.
All	38	All redetermination applications must be tracked by the system to ensure timely processing, per program rules.
All	39	Each application received (intake or redetermination) must be entered in the system for tracking purposes.
CC	40	Any person can request child care assistance by completing and submitting an application to a TDHS office in his/her county of residence (includes county satellite offices also). Exception is made for a child in the Department of Children's Services custody who may be placed out-of-county. Application for this child would be made in the county of venue (county of court jurisdiction).
CC	41	In a two-parent household where both parents of the child reside, the head of case may be either parent. If there is a child care case already in the system (both parents included), the head of case already assigned will remain the head of case unless otherwise indicated by policy.
CC	42	Information included on the application for child care will be captured by the system and will be verified at the time of interview and/or through available match interfaces.
CC	43	Social security numbers will be requested of all household members.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	44	If a child or other household member is active in one child care case, that person may be closed from the existing case and reopened in a new case. Verification of living circumstances would need to occur prior to making the change.
CC	45	The date of application may be different from the begin date of service depending upon eligibility criteria.
CC	46	When a person applies for child care services, a search will be made of all existing child care cases to determine whether this person is known to the child care system.
FFP	47	Individuals shall not receive Families First benefits in more than one Families First case for the same month.
FFP	48	Individuals already receiving benefits at the point of application will be identified.
FFP	49	An individual shall receive an identifying number at his/her initial application and will retain this number for all subsequent applications.
FFP	50	Furnishing a social security number or applying for a number for all case members shall be a condition of eligibility.
FFP	51	The Agency shall utilize the case member's social security numbers to check for matches with other government records that may impact Families First eligibility such as, but not limited to, IRS, Wage records, Unemployment Compensation, Social Security and SSI benefits.
ALL	52	An individual may be the head of more than one case by program type, but may only be an eligible member in one case by program, unless an exception is permitted by program rule.
TCM/TCS	53	An individual shall have the opportunity to apply for TennCare/Medicaid and TennCare Standard without delay.
ALL	54	Information about the Family Assistance and TENNCARE programs administered by the Department of Human Services shall be provided to any person requesting it. This includes program where the Department determines eligibility, yet another agency administers the benefits.
TCM/TCS	55	Applications must be filed in the DHS office in the county of the applicant's residence (including offices located in hospitals, mental health facilities, schools and other officially designated locations.) The application must be on a form prescribed by the agency and must be filed by the applicant himself, his authorized representative or designated agent or someone acting responsibly for him/her. The application can be filed in person, by mail, fax or via the internet.
TCM/TCS	56	All individual demographic information obtained in application registration for TennCare/Medicaid and TennCare Standard will be entered into the system and matches generated.
TCM/TCS	57	Case numbers and recipient numbers will be selected and/or assigned at the application registration for TennCare/Medicaid and TennCare Standard cases.
TCM/TCS	58	If an individual or family group is currently known to TennCare/Medicaid or TennCare Standard, the known individual number and case number shall be used at application registration.

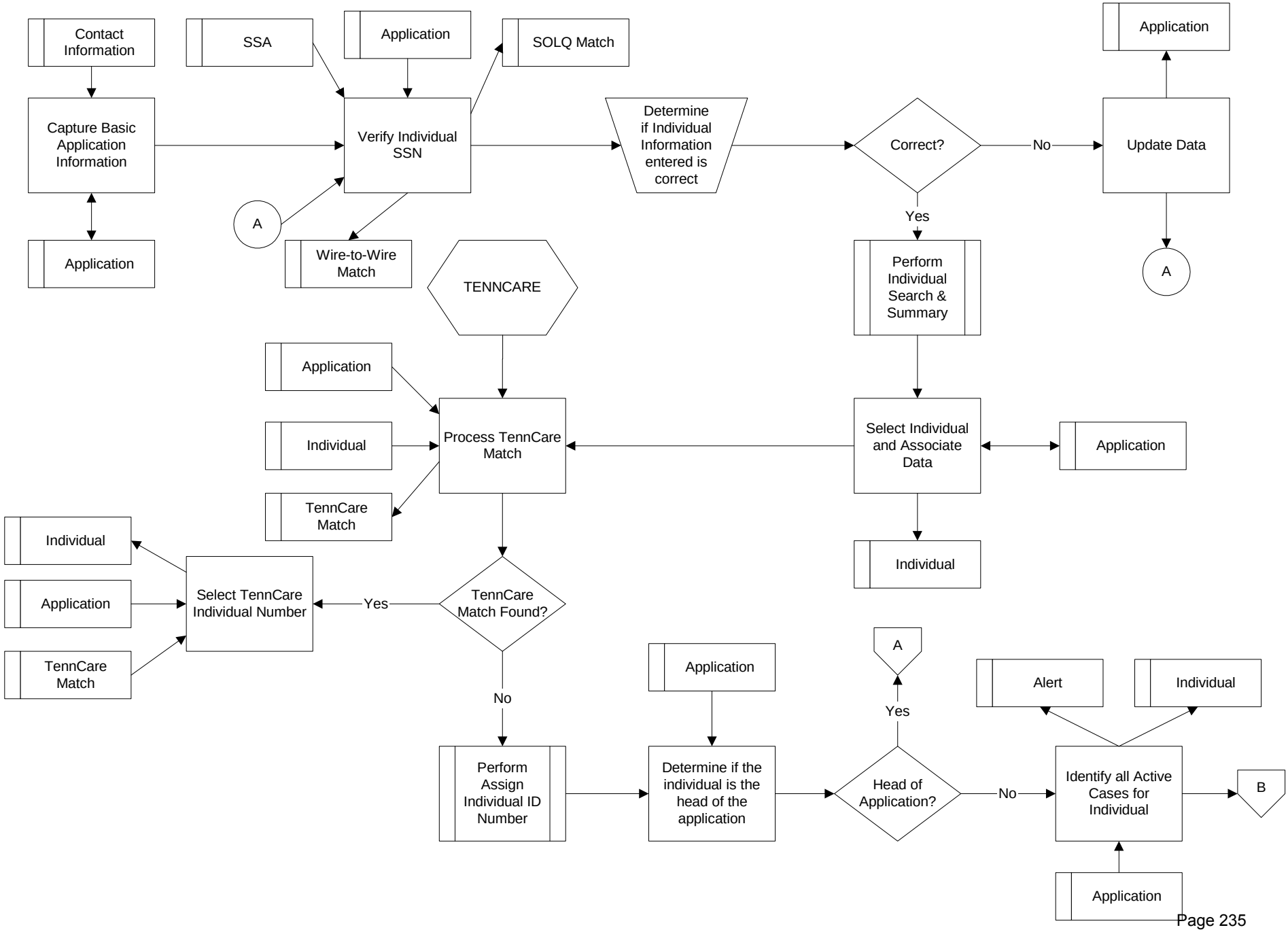
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/TCS	59	If an individual is a household member in another TennCare/Medicaid or TennCare Standard case, and comes in to apply in his/her own name, this should be realized in application registration and a new case number will be assigned to him/her. If the individual has a known case number that is not currently active, that number will be re-assigned to the individual.
FS	60	A household must file a food stamp application by submitting the forms to the food stamp office either in person, through an authorized representative, by fax, or other electronic transmission, by mail, or by completing an on-line electronic application.
ALL	61	Applications signed through the use of electronic signature techniques or applications containing a handwritten signature and then transmitted by fax or other electronic transmission are acceptable.
FS	62	The state agency must document the date the application was filed by recording the date of receipt at the food stamp office.
FS	63	The household does not have to be interviewed before filing the application and may file an incomplete application form as long as the form contains the applicant's name and address and is signed by a responsible member of the household or the household's authorized representative.
FS	64	The state agency shall document the date the application was filed by recording on the application the date it was received by the food stamp office.
FS	65	For a resident of a public institution who applies for benefits prior to his/her release from the institution, the date of filing of his/her food stamp application is the date of release of the applicant from the institution.
FS	66	If a household files its application in a county other than their county of residence, the application processing timeframes begin with the date the application is received in any county food stamp office.
FS	67	When a household files its application with the wrong food stamp office, the application shall be registered in that food stamp office and transferred to the actual county of residence for processing, with the date of receipt in the original county office recorded on the application.
FS	68	The state agency must identify households eligible for expedited service at the time the household requests assistance so that applications are screened for this service as they are filed or as individuals come in to apply.
FS	69	The state agency must make food stamp benefits available to a household entitled to expedited service not later than the seventh calendar day (subject to revision by the Food and Nutrition Service of the U.S. Department of Agriculture) following the date the application was filed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.5

Application Registration



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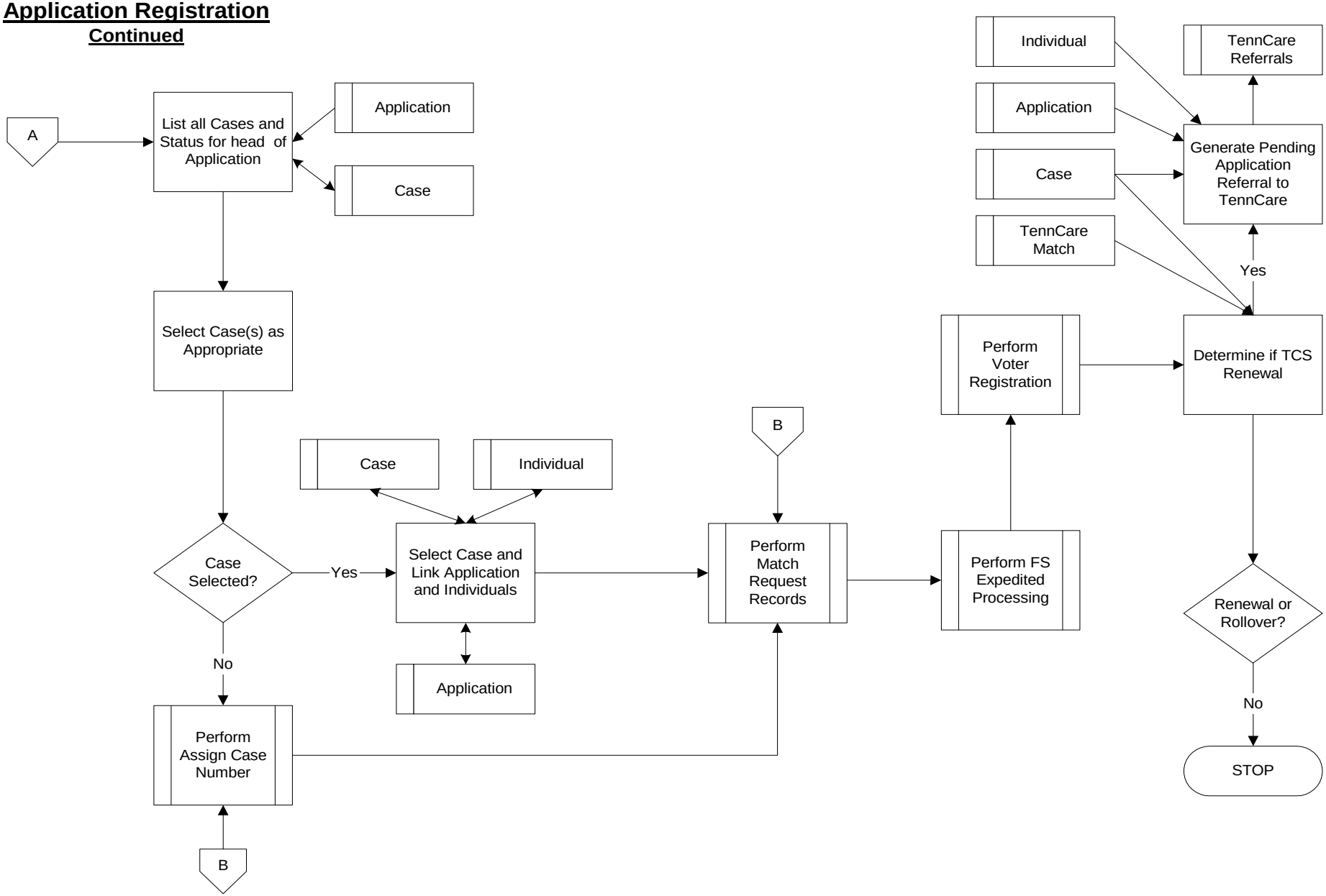
1.1.5

Application Registration

Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.6 Assign Individual ID Number	
Program Affected: FA	**Users: Clerical, Caseworkers**

Process:

This process describes the steps the system will take to assign an individual number. This individual number will be reused by the client for all programs and contacts. The system must also be able to assign and retain an individual number when an individual is utilizing the system, yet not filing an application for assistance. Examples of such situations include Voter Registration or requesting a resource assessment to be completed prior to filing an application. If the new individual does not have an individual number already, yet has a TENNCARE individual number, the TENNCARE number will be assigned and used as the individual number in this system.

Sub-Processes:

1. Assign Individual Number

   The system shall assign an Individual Number for each new individual selected. The system shall ensure that all data for each individual follows that individual as they move from one case number to another.

   CONTACT (Input)
   Contact Type
   Contact Reason
   Language
   County
   First Name
   Middle Initial
   Last Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.6 Assign Individual ID Number

Program Affected: FA	**Users: Clerical, Caseworkers**

SSN
Date of Birth
Sex
Zip Code
User Id (User that logs contact)

APPLICATION(Input)
Name of the Head of the Application
Names of the Individuals Listed on the Application
Residence Address
County of Residence
Program(s) that the Applicant is Applying For
Social Security Number
Date of Birth
Sex
Race
Ethnicity
Citizenship
Application Date

NEW INDIVIDUAL NUMBER (Input)
Next Individual Id Number

INDIVIDUAL(Output)
Individual Identifier

2. Assign Soundex.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.1.6 Assign Individual ID Number

Program Affected: FA	**Users: Clerical, Caseworkers**

The system shall provide the capability to perform Soundex searches. The system shall provide the capability to perform searches on nicknames such as for Robert return Bob, Bobby, Robby, Rob, and Robert. Soundex is a mathematical formula.

SOUNDEX(Input)
Soundex Rules

INDIVIDUAL(Input and Output)
Name
Individual Id Number
Soundex Identifier

3. Link Related Individual Numbers

The system shall have the ability to merge into one unique individual identifier all of the history for the individual who has been given multiple identifiers in error and allow the user to view the history with the identifier.

CONTACT (Input)
Contact Type
Contact Reason
Language
County
First Name
Middle Initial
Last Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.1.6 Assign Individual ID Number	
Program Affected: FA	**Users: Clerical, Caseworkers**

SSN
Date of Birth
Sex
Zip Code
User Id (User that logs contact)

RELATED INDIVIDUAL NUMBERS (Input)
Individual Id Number to be linked
Resulting Individual ID Number

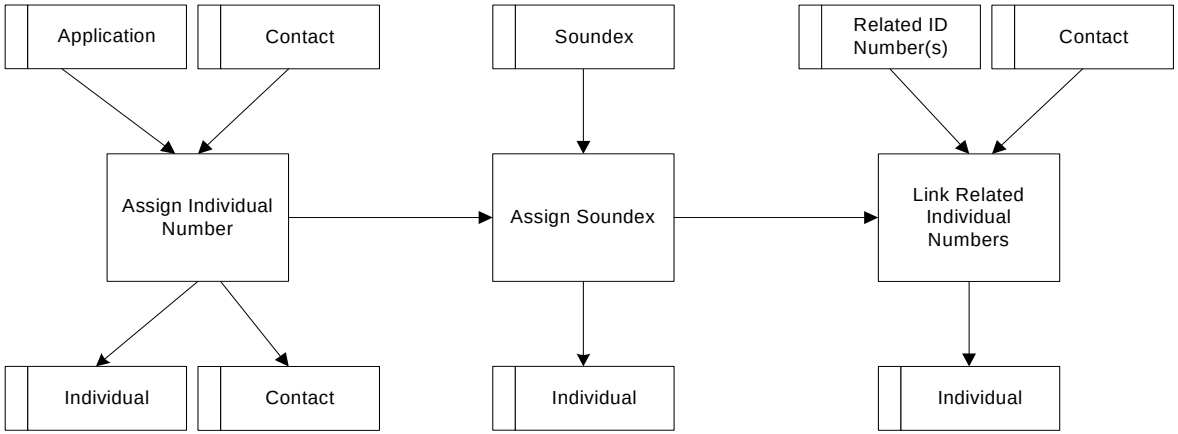
INDIVIDUAL(Output)
Individual Id Number
Individual Data

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	An individual can have only one Individual ID number.
All	2	An Individual ID number must be unique to only one individual.
All	3	Individuals who move to a different case will retain their existing individual identification number.
All	4	An Individual ID number must not be assigned to an individual who has the same social security number as another individual who is a member of an existing case or application.
All	5	If an individual requests to be added to a case, and that individual shares a similar name, date of birth and gender with another individual who is a member of an existing case or application, the worker must decide if the individuals are unique or one-and-the-same.
All	6	If an individual does not have an Individual ID number and that individual has an ID number on the TennCare system, then the DHS Individual ID number for that individual shall be the TennCare ID number.
All	7	A new individual no know to either V.I.P. or TENNCARE must be assigned a unique identifier that is not know to either system.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.6
Assign Individual ID Number



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.7 Assign Case Number	
Program Affected: FA	**Users: System**

Process:

This process describes the steps the system will take to assign a new case number. A new case number shall be required for each program (and subprogram when applicable) that the applicant is applying for and is designated as the head of case. This case number shall be retained and always used, even upon reapplication following a period of case closure, provided the head of the case remains constant. This is true even if the individual's status changes within the case, as long as the person remains the head of that case. An individual may be head of multiple cases, even by program and subprogram, yet may only be an eligible member in one case unless an exception is permitted by that program's rules. The case number remains with the individual who is the designated head, even if other case members come and go from the case. All cases with the same head of case must be linked. If the person who is head of their case joins an existing case as a member, their case number will not be used. The case number is tied to the head of the case, and the head of the case cannot be changed without requiring a new case number.

Sub-Processes:

1. Assign New Case Number for Each Program Applied for.

   If the user determines that the individual is the head of the application and that there is no match for any of the displayed cases for the head of the case, the system shall assign a new case number for each program that has been applied for. As multiple program cases, or sub-programs are defined, each sub-program will also be provided a unique case number when there are 2 or more cases by program type with the same head established. Such determination may not be able to be made until later in the process as eligibility requirements are established and sub-program eligibility determined. If sub-programs are determined later, the system shall assign the case number at that time. If the head of case previously had a

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.7 Assign Case Number

Program Affected: FA	**Users: System**

case established for the same sub-program before and they were also head of the earlier case, this case number shall continue to be used.

A resource assessment may be completed for individuals that enter long-term care but do not file an application for assistance. A husband and wife may both request a resource assessment. The case number will be used to link both of their resource assessments. The system shall assign a case number based on the Contact Reason of Resource Assessment. The Resource Assessment is valid forever and shall remain on the system.

NOTE: If the Resource Assessment is for an ongoing case use the existing case number for the resource assessment case number. Cases may be established through standard application procedures, electronic referrals, or through ex-parte reviews which result in a case being established through the testing of additional subprograms for the case members.

APPLICATION (Input)
Name of the Head of the Application
Names of the Individuals Listed on the Application
Residence Address
County of Residence
Program(s) that the Applicant is Applying For
Known Sub-programs based on Eligibility Screening Results
Application Date
Application Number

INDIVIDUAL CONTACT (Input)
Contact Reason (Resource Assessment)
Contact Individual Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.7 Assign Case Number

Program Affected: FA	**Users: System**

CASE (Output)
Case Number
Head of Case ID Number

2. Link Cases to Application or Resource Assessment

The system shall provide the capability to access the application information from the case. The system shall also have the capability to access all cases applied for from the application. The system shall also have the capability to access the resource assessment case information from the County Contact and the County Contact information from the resource assessment case. The system must also capture the application date, and link it to the multiple cases, and apply program and sub-program rules for timely processing for each unique case.

APPLICATION (Input and Output)
Name of the Head of the Application
Names of the Individuals Listed on the Application
Residence Address
County of Residence
Program(s) that the Applicant is Applying For
Application Date
Application Number
Case Number(s)
Case Programs

CASE (Output)
Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.7 Assign Case Number	
Program Affected: FA	**Users: System**

Head of Case ID Number
Head of Case Name
Head of Case Address
County of Residence
Case Status
Program
Application Date
Application Number
Contact Individual Number(s)
Contact Reason (Resource Assessment)

INDIVIDUAL CONTACT (Input and Output)
Contact Reason (Resource Assessment)
Contact Individual Number
Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

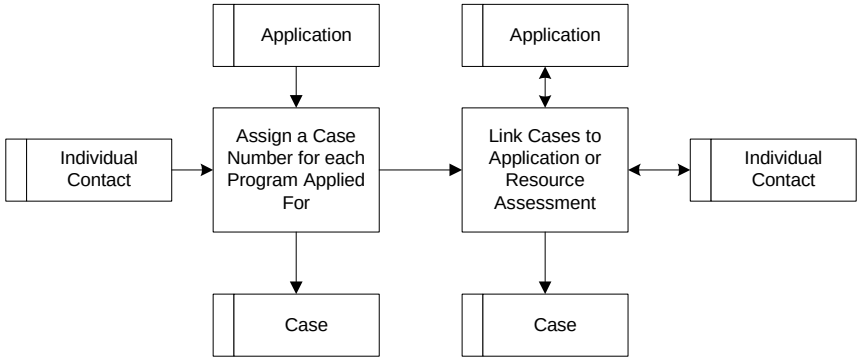
Program Type	Rule Number	Rule
CC	1	Child care participants eligible for FF child care assistance will be assigned a different child care case number from the FF case number.
CC	2	The system will determine from completed application if participant qualifies for At Risk Child Only (ARCO) and assign a specific child care case number after determination of availability of funding.
CC	3	The system will determine from completed application if participant qualifies for Low-Income Child Care assistance and assign a specific child care case number after determination of availability of funding.
All	4	An individual may be a member of one to many cases.
All	5	Each case must have its own unique case number.
All	6	Each case must have only one head of case.
All	7	Once an individual has been designated head of a case, no other individual may be head of that case.
All	8	At application registration, a case number shall be assigned only for those Programs for which the applicant has applied, as indicated on the application form.
All	9	If an individual applies for a benefit type as head of case, and that individual is a member of one to many existing cases for that benefit type, then only those cases for which the individual is head of case shall be displayed for selection for application processing.
All	10	If an individual applies for a benefit type as head of case, and that individual is a member of one to many existing cases for that benefit type, and that individual is not designated head of case for any of those cases, then no existing cases shall be displayed for selection for application processing and the user must authorize a new case number for the individual.
CC	11	All children belonging to the same head of case must be included in the same child care case.
All	12	At application registration, a case number shall be assigned for the initial hierarchy of subprograms for which the assistance group may be eligible based on the results from Eligibility Screening.
AA	13	Currently, there are no adoption assistance cases that have assigned case numbers.
AA	14	Adoption assistance cases do have Medicaid/TennCare case numbers.
FFP	15	The Agency shall have the ability to assign case numbers and individual ID numbers to Families First cases and individuals.
FFP	16	An individual may be the head of case for more than one Families First case and thus shall have more than one Families First case number.
FFP	17	An individual may be the head of more than one Families First case but shall have only one individual ID number.
FFP	18	An individual who is head of case for more than one Families First case may only be an eligible member in one case at a time.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/TCS	19	An individual may have one or more TennCare/Medicaid and TennCare Standard cases assigned under his/her name, but may be approved and receiving benefits in only one case at a time as permitted by specific subprogram rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.7
Assign Case Number



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.8 Issue Receipt	
Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Process:

This process describes the automated issuance of a receipt for information/cash that an individual provides in person, by fax, or by mail to the Department of Human Services. This process defines when a receipt must be automatically issued and when it is optional. Issuance of a receipt must be retained in history and linked to related individuals/cases. The receipt may be printed or mailed as requested by the user.

Sub-Processes:

1. Record Information/Cash Received by DHS.

   A user will record into the system that an individual has provided information/cash to the Department of Human Services, either in person, by fax, or by mail. The user will log in the information received using a recipient ID number, a case number, or an investigations claim number, if appropriate. The system must provide a method that allows the user to log in the provided information, associating it to an individual and/or case(s) as appropriate. Whenever possible, this provided information will be also linked to the related verifications requested checklist. This functionality must be optional.

   VERIFICATION CHECKLIST (INPUT)
   Verification Items

   REPORT CHANGE (OUTPUT)
   Receipting Worker ID
   Worker ID of Person to Receive Verification
   Name of Person Providing Verification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Type of Document Receipted
List of Documents Received
How Received (in-person, mail, fax, etc.)
Date Information Received by DHS
Date Information is Recorded
Information Detail Comments (optional)
Receipt Requested Indicator
Case Number(s)
Case Name
Case Address

CASE (OUTPUT)
Case Number(s)
Case Name
Case Address

INDIVIDUAL (OUTPUT)
Individual Name
Individual SS Number
Individual ID Number

CASH PAYMENT (OUTPUT)
Receipted Amount
Receipt Date
Date Recorded
Payment Type (cash, check, etc.)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt	
Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

VERIFICATION CHECKLIST (OUTPUT)
Verification Items Received Indicator(s)
Case Number(s)

Case Name
Worker ID of Person to Receive Verification
Receipting Worker ID
Date Information Received by DHS

2. Record Request for Receipt

If a receipt is optional, the system will provide the user an option allowing the user to record if the individual indicates that he/she would like to have a receipt issued or not. The system must also provide a user option to generate a receipt for the provided information, upon request. The receipt may be printed or mailed, as requested by the user. Further, a record of all receipts generated must be retained and linked to related case(s) and individual(s).

REPORT CHANGE (OUTPUT)
Case Name
Case Number
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Due Date for Return (optional)
Receipt Request Indicator
Case Address

ME PACKET (Output)
Case Name
Case Number
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued
Due Date for Return (optional)
Case Address

3. Determine if Receipt is Required/Requested.

When an individual provides information, either in person, by fax, or by mail, to the Department of Human Services, the user will determine if a receipt is required or has been requested by the individual.

CASE (INPUT)
Case Number
Receipt Number

INDIVIDUAL (INPUT)
Individual ID Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Receipt Number

CASH PAYMENT (INPUT)
Amount
Receipt Date
Date Recorded
Receipt Number

VERIFICATION CHECKLIST (INPUT)
Verification Items
Receipt Number

REPORT CHANGE (INPUT)
Receipt Requested Indicator
Receipting Worker ID
Worker ID of Person to Receive Verification
Name of Person Providing Verification
Type of Document Receipted
List of Documents Received
How Received (in-person, mail, fax, etc.)
Date Information Received by DHS
Date Information is Recorded
Information Detail Comments (optional)
Case Number(s)
Case Name
Case Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Individual Name for whom Item/Document was Issued
Individual's SS# for whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued
Due Date for Return (optional)

CASE (OUTPUT)
Case Number(s)
Case Name
Case Address

CASH PAYMENT (OUTPUT)
Receipted Amount
Receipt Date
Date Recorded
Payment Type (cash, check, etc.)

INDIVIDUAL (OUTPUT)
Individual Name
Individual SS Number
Individual ID Number

VERIFICATION CHECKLIST (OUTPUT)
Verification Items Received Indicator(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Case Number(s)
Case Name
Worker ID of Person to Receive Verification

Receipting Worker ID
Date Information Received by DHS

REPORT CHANGE (OUTPUT)
Receipt Required Indicator

4. Record Method of Receipt.

The user will enter a request to the system to either print the receipt or mail the receipt. The system shall record the generation method of receipt. The system shall always default to "print" for manual delivery, with auto generation and mailing of the receipt being optional.

RECEIPT METHOD (OUTPUT)
Print Indicator
Mail Indicator
E-mail Indicator
Fax Indicator

5. Generate Receipt.

The system shall generate a receipt for the individual to document that a specific item (either application, verification, or cash payment) was received, date received, time received, method of

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

verification, person who provided information, case name, case number, and staff member who accepted the information and requested the receipt.

CASE (INPUT)
Case Number(s)
Case Name
Case Address
Case E-mail Address
Fax Number

INDIVIDUAL (INPUT)
Individual Name
Individual SS Number
Individual ID Number

VERIFICATION CHECKLIST (INPUT)
Verification Items Received Indicator(s)
Case Number(s)
Case Name
Worker ID of Person to Receive Verification
Receipting Worker ID
Date Information Received by DHS

REPORT CHANGE (INPUT)
Receipt Requested Indicator
Receipting Worker ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Worker ID of Person to Receive Verification
Name of Person Providing Verification
Type of Document Receipted
List of Documents Received
How Received (in-person, mail, fax, etc.)
Date Information Received by DHS
Date Information is Recorded
Information Detail Comments (optional)
Case Number(s)
Case Name
Case Address
Individual Name for whom Item/Document was Issued
Individual's SS# for whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued
Due Date for Return (optional)
Receipt Required Indicator

RECEIPT METHOD (INPUT)
Mail Indicator
Print Indicator
E-mail Indicator
Fax Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

CASH PAYMENT (INPUT)
Receipted Amount
Receipt Date
Date Recorded
Payment Type (cash, check, etc.)

CASE (OUTPUT)
Case Number

RECEIPT NOTICE (OUTPUT)
Date Receipt Issued
Receipt Generation Method Type
Case Name
Case Number
Receipting Worker ID
Worker ID of Person to Receive Verification
Name of Person Providing Verification
Type of Document Receipted
List of Documents Received
Date Information Received by DHS
Date Information is Recorded
Case Address
Case E-mail Address
Fax Number
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued

Due Date for Return (optional)
Receipt Number

6. Alert to User.

The system shall generate an alert to the user to notify the user when an individual's verification has been received and has been logged into the case as received, as appropriate.

REPORT CHANGE (INPUT)
Worker ID of Person to Receive Verification
Case Number(s)
Individual Name for Whom Item/Document was Issued

ALERT (OUTPUT)
User ID
Alert Message Text
Alert Generation Date

7. Update Case that Receipt has been Issued.

The system shall update the case to document that a receipt has been issued for the information provided by the individual and the receipt date. The system shall do this if the receipt is printed on-line,

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt

Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

or if it is generated overnight for mailing, and shall also capture the receipt generated method.

RECEIPT NOTICE (INPUT)
Date Receipt Issued
Receipt Generation Method Type
Case Name
Case Number
Receipting Worker ID
Worker ID of Person to Receive Verification
Name of Person Providing Verification
Type of Document Receipted

List of Documents Received
Date Information Received by DHS
Date Information is Recorded
Case Address
Case E-mail Address
Fax Number
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued
Due Date for Return (optional)
Receipt Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.8 Issue Receipt	
Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

CASE (OUTPUT)
Date Receipt Issued
Receipt Generation Method Type
Case Name
Case Number
Receipting Worker ID
Worker ID of Person to Receive Verification
Name of Person Providing Verification
Type of Document Receipted
List of Documents Received
Date Information Received by DHS
Date Information is Recorded
Case Address
Case E-mail Address
Fax Number
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued
Date of Issuance
Worker ID of Person Issuing Item/Document
Type of Item/Document Issued
Due Date for Return (optional)
Receipt Number

REPORT CHANGE (OUTPUT)
Receipt Number
Recipient ID Number of Worker Requesting Receipt

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.8 Issue Receipt	
Program Affected: FA	**Users: Caseworkers, Supervisors, Clerical, Claims**

RECEIPT NOTICE (OUTPUT)
Information Received
Date of Receipt
Receipt Number

CASH PAYMENT (OUTPUT)
Receipt Number
Amount received

VERIFICATION CHECKLIST (OUTPUT)
Verification Item
Verification Indicator
Receipt Number
Date Received

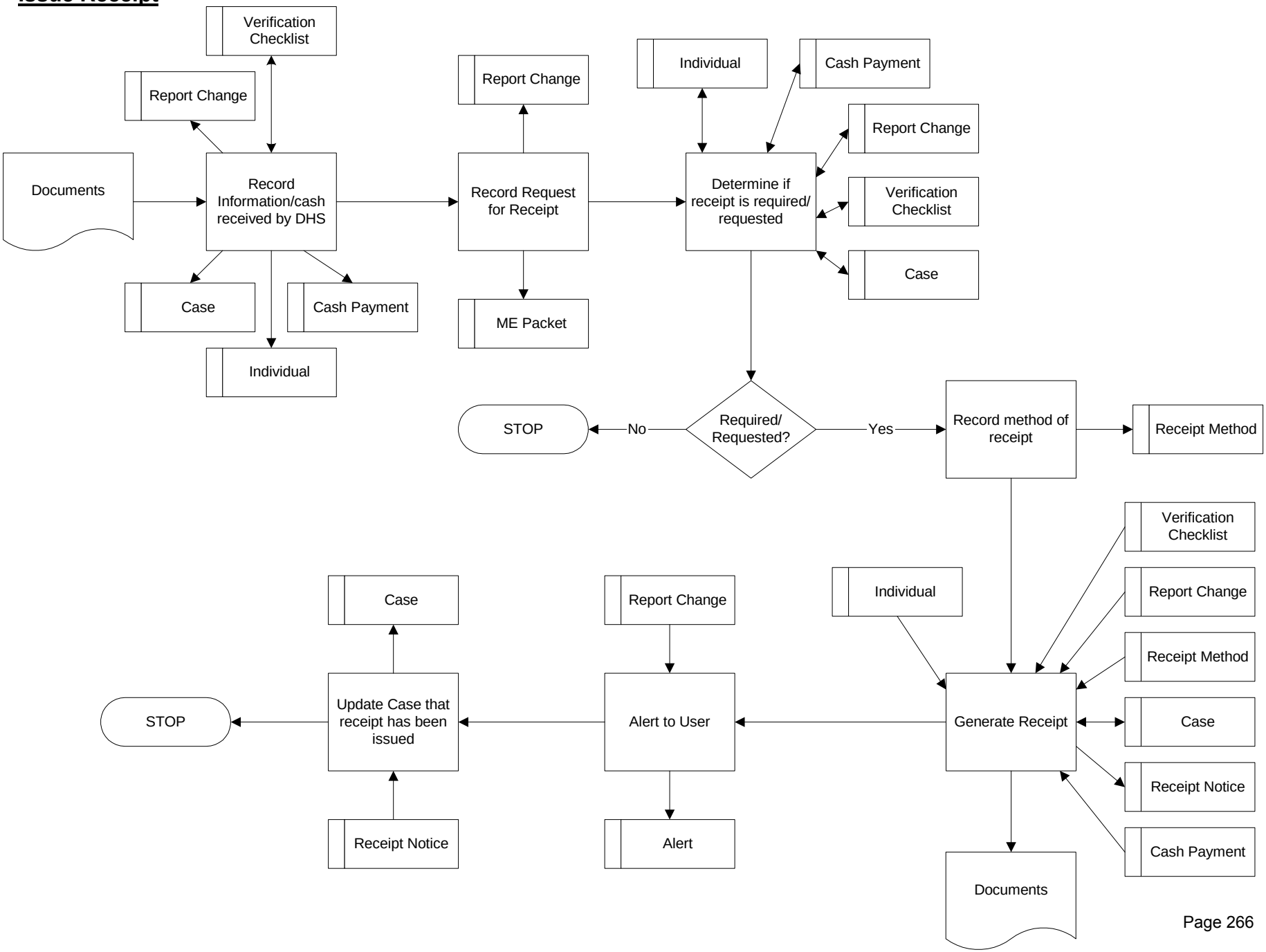
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	Upon request, an applicant/recipient may obtain a receipt for documents left for a case worker in the county office.
All	2	It is required that the county office ask all applicants/recipients if a receipt is desired for an application or information.
All	3	If the applicant/recipient asks for a receipt, the person receiving the information will record when the application or information is received in the county office.
All FA	4	If the applicant/recipient does not request a receipt or if he or she has an appointment and is interviewed when the documents are brought in, then a receipt does not have to be completed.
CC	5	Information on the receipt must include but may not be limited to the following: name and social security number or case number of person applying, date the application or information was given to the DHS staff, signature of the DHS staff member receiving the information, and list of documents received by staff.
All FA	6	When applications and other documents used for child care verification are received by mail or fax, a receipt is not required.
CC	7	Information received by telephone call to the local office does not require a receipt.
IS	8	Receipts will be issued for payments received in the county office on account receivables and must have the account number, the client's name, date, and amount received.
IS	9	When the claims unit receives information it will be associated to either an investigation or a claim or an account.
IS	10	When an investigation ID is used to record the information received, the associated investigation's requested verification checklist will be updated.
IS	11	When verifications are received for an investigation, the investigator assigned to that investigation will be alerted
IS	12	When a claim number is assigned to the information received, the associated claim's requested verification checklist will be updated.
IS	13	When verifications are received for a claim, the investigator assigned to the associated investigation will be alerted.
IS	14	When an account number is used to record the information/payment received, no requested verification checklist will exist and no alert will be generated to an investigator.
TCM/TCS	15	When DHS staff receives an application, TennCare Renewal Form, or information and the individual is not seen by the caseworker, and the individual requests a receipt, a receipt form must be completed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/TCS	16	Walk-in requests for replacement Medically Eligible packets shall be handled by providing a receipt form to the individual making the request.
TCM/TCS	17	The information on the receipt for replacement Medically Eligible packets shall include: • name and social security number of person packet is for; • date given; • signature of DHS staff providing the replacement packet; and • signature of person receiving packet.
TCM/TCS	18	The date the replacement Medically Eligible packet was provided must be documented in free-form text.
TCM/TCS	19	A receipt is not required for phone or mail requests for replacement Medically Eligible packets.
TCM/TCS	20	The caseworker must record the verifying information provided by the applicant/recipient in free form text.
TCM/TCS	21	The caseworker will note the distribution of the replacement Medically Eligible packet in free form text.

1.1.8 Issue Receipt



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record	
Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Process:

This process describes the steps involved in the on-line matching of applicants and recipients against DHS files/data bases and other Federal/State Agencies' systems, the generation of match results and associated worker in-box worker notification, and the resolution of the match results. These processes also address the match resolution and match validation processes for matches and associated in-box worker notification generated as a result of the monthly unemployment and new hire, quarterly wage, monthly SSI and SSA mass change, disqualification match, and other DHS interface processes.

The system shall extract, as defined by business rules, individuals who are new to the system or previously known to the system who are applying for benefits and individuals for whom a Social Security Number, or other demographic data is being added or changed. The system shall match selected individuals directly against the following DHS and other State Agencies' systems/files, and any other systems as defined by business rules:

DHS State Clearinghouse Unemployment, New Hire, and Wage data bases
Department of Health (DOH) birth data bases AIRS (Automated Index Retrieval System)
Department of Health (DOH) Immunization Records and Woman, Infants, and Children (W.I.C.) Records
DHS Death File from DOH
DHS Prisoner File (TOMIS)
Disqualified Recipients (DRS) file
Tennessee Child Support Enforcement System (TCSES)
Tennessee Child Care Management System (TCCMS)
Department of Safety

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

If a match is found, match results will be established for each match type and worker notified. The worker will be notified also if a match is not found.

The Income Eligibility Verification System (IEVS) is a collection of standardized formats and procedures designed to provide uniform definitions, consistent data elements, and uniform standards to facilitate the exchange of information. The system shall, as required by law, use IEVS requirements and procedures when exchanging data with the other agencies or automated systems.

Sub-Processes:

1. Determine if Match Needed

The system shall determine if on-line matching is needed, based on business rules.

The system shall select individuals for matching if an individual is applying for Families First, Food Stamps, Medicaid, TennCare, or Child Care benefits and is not currently an active member in an open case. The system shall select individuals for matching if an individual's Social Security Number or other demographic information, as defined by business rules (such as the Date of Birth), is being added or changed. This applies to individuals who are being added to an existing case. Exceptions: The system shall select individuals applying for Families First benefits for matching against the DOH Immunization data base even if the individuals are receiving benefits of another type, if immunization is due or overdue for a child. Individuals currently open for a program other than Food Stamps shall be selected for Disqualified Recipient matching.

Only applicants applying for Food Stamp benefits shall be selected for matching against the Disqualified Recipients file. Only individuals currently receiving Food Stamps or individuals being added to an

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

existing Food Stamp case shall be selected for DRS matching if a SSN is added or changed.

Only children, as defined by policy business rules, shall be selected for DOH Immunization matching. Specified children shall be selected for the DOH Immunization matching if the child is due or overdue for immunization. The system shall not select an individual for DOH Immunization matching if immunization is not due or not overdue.

Only individuals, as defined by business rules, shall be selected for matching against the Child Support Enforcement System (TCSES).

Only adults, as defined by business rules, shall be matched against the Child Care Management System (TCCMS)

The system shall not select an individual for matching against the DOH Vital Statistic birth files if a valid match was previously generated or birth has already been appropriately verified according to business rules, unless the date of birth is changing. If the date of birth is changed, the system shall select the individual for matching against the birth files, even if a valid verification exists.

The system shall not select an individual for matching if the individual is not applying for any type of benefit, even if the individual is to be part of a case. Example: The system shall not select for matching a non-parental caretaker who is not applying for any type of benefits, but is applying for children within the specified degree of relationship.

Individuals shall be selected for matching at revivification, as defined by business rules. Examples: If the client is receiving Families First, match against DOH Immunization data, if needed. Select Individuals, as defined by business rules, for matching against the Child Support enforcement System.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Match all adults against the Child Care Management System.

During an initial or reverification interactive interview, the system shall also process an online real time match against the Tennessee Child Support Enforcement System, based on business rules, to obtain child support and/or alimony court order data to assist in the verification of a child support or alimony expense.

MATCH NEEDED (input)
Name
Date of Birth
Social Security Number
Individual ID
Program(s) Applying For
Case Status
Individual Status
Birth Verification
Immunization Due

MATCH NEEDED (output)
Name
Date of Birth
Social Security
Individual ID
Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

2. Determine if Match Data is Available

The system shall determine if individuals selected have the appropriate data necessary to perform a match. All matches, except birth matches, will be by Social Security Number. Birth match criteria will contain, but is not limited to, the name and date of birth of the individual. Birth matches may contain mother's given name, sex of individual, county in which the individual was born, mother's Social Security Number, Father's name, and father's Social Security Number.

If an individual's date of birth is not known, a birth match cannot be performed. If an individual does not have an SSN no other matching can be performed.

MATCH INDIVIDUALS (input)
Name
Date of Birth
Social Security Number
Individual ID

MATCH DATA AVAILABLE (output)
Name
Date of Birth
Social Security Number
Sex
Mother's Maiden Name
County of Birth
Father's Name
Mother's Social Security Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Father's Social Security Number

3. Process On-Line Matching

The system shall match individuals with a Social Security Number directly (on-line) against the Department of Health (Birth, Death and Immunization), Clearinghouse Wage, Unemployment, New Hire, and Disqualified Recipients, DHS Prisoner, Department of Safety, Tennessee Child Care Management System, and Tennessee Child Support Enforcement System data bases/files, and any other systems/files as defined by policy business rules.

The system shall determine what is a potential match based on policy's business rules for each type of match.

Based on the policy business rules for determining a possible birth match, more than one birth match may be generated.

INDIVIDUAL MATCH DATA (match input)
Name
Date of Birth
Social Security Number
Sex
Mother's Maiden Name
County of Birth
Case
Worker

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Individual ID
Father's Name
Mother's Social Security Number
Father's Social Security Number

CLEARINGHOUSE SOCIAL SECURITY SUPPLEMENTAL (file input)
Worker
Name
Change Date (Date Match Created)
Payee
Social Security Number
Claim Number
Mailing Address
Recipient ID
Social Security Supplemental Monthly Amount
Alien Exception Status
Date Of Birth
Social Security Supplemental Eligible Amount

Alien Sponsor Status
Sex
Race
Recovery Amount
Zebley Individual Claim Status
Living Arrangement
Advance Payment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Medicare Entitlement Status
Marital Status
Conditional Payment
Medicare Benefit Indicator
Recipient Type Code
SSI Application Date
SSI Eligibility Date
Zip Code
Payment Status
SSI Denial Date
SSI Over/Under Payment Indicator
Institutionalization Determination Indicator
County
SSI Denial Indicator
Resource Type Property
Resource Type House
Resource Type Vehicle
Resource Type Life Insurance
Resource Type Other
Spouse/Parent
Death Date
Third Party Liability Date
Disability Onset

Individual Multiple Social Security Numbers (Can Have Multiple SSNs)
Appeal Flag

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Appeal Decision
Appeal Level Code
Appeal Decision Date
Foreign Language
Unearned Income Type(S) (Can Have Multiple Types Of Unearned Income)
Unearned Income Start Date (For Given Type)
Unearned Income Stop Date (For Given Type)
Unearned Income Amount (For Given Type)
Claim Id/Railroad Number (Number Received Unearned Income Under For Type)

DEPARTMENT OF HEALTH BIRTH (ARIS) FILE (file input)
Birth Certificate Number
Last Name
First Name
Sex
County Of Birth
Date Of Birth
Birth Certificate Status
Mother Maiden Name
Mother Given Name
Father Surname
Father Given Name

CLEARINGHOUSE WAGE (database input)
Name
Social Security Number
Match Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Employer Name
Employer Address
Employer Number
Employee Name
Wage Year
Wage Quarter
Wage Amount

CLEARINGHOUSE UNEMPLOYMENT COMPENSATION (data base input)
New Hire Indicator
Social Security Number
Name (On Employment Security File)
Number Of Weeks Approved
Recipient Address
Decision (Approval or Denial Decision)
Decision Date
Unemployment Compensation Amount
Eligible Monthly Benefit Amount
Payment Date (Up To 26 Weeks)
Payment Amount (Up To 26 Weeks)
Type of Unemployment Compensation (Up To 26 Weeks)
New Hire
Name
Employer Identification Number
Employment Begin Date
Employer Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Employer Address
Social Security Number

DISQUALIFIED RECIPIENTS (input file)
Name
Social Security Number
Date of Birth
Disqualification Start Date
Disqualification Length
Disqualification Number of Months
Disqualification Decision Date
Number of Food Stamp Disqualifications
Disqualification State (State in which the Intentional Program Violation occurred)
State Claim Number
State Recipient Number
Offense Code
Contact Organization
Contact County Number
Contact County Name
Contact Inter Phone PFX
Contact Area Code
Contact Phone Number
Contact Extension
Comments

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Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

DEPARTMENT OF HEALTH IMMUNIZATION
Name
Social Security Number
Immunization Type
Date of Last Immunization
Facility of Last Immunization
Receipt of Women, Infants, and Children (W.I.C.)

TENNESSEE PRISONER (input file)
Name
Social Security Number
Admission Date (Incarceration)
Site Assigned (Name of Primary Facility individual is located)
Site Actual (Temporary location of prisoner (hospital, court, etc.)
Expiration Date (Date sentence ends, if not paroled)
Move Reason (Reason not in permanent site)
Red Date (1st date to be eligible to go before Parole Board)
Date of Birth
Sex
Race

DEPARTMENT OF HEALTH DEATH FILE
Name
Social Security Number
Date of Death
Date of Birth

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Sex
Race
County

CHILD SUPPORT ENFORCEMENT SYSTEM (input)
Caretaker Name
Social Security Number
Date Last Received Child Support from Absent Parent (Receipt Date)
Date of Last Child Support Payment to Caretaker
Last Child Support Payment Amount to Caretaker
Caretaker Child Support Member Number
Child Support Case Numbers

CHILD CARE MANAGEMENT SYSTEM (input)
Individual Name
Social Security Number
Provider Address
Provider Telephone Number
Vendor Number
Name of Day Care
Name of Contact Person
*Child Care Payment Amount
*Service Period Start Date
*Service Period End Date
*Adjustment Flag
(*Multiple segments may be received.)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

DEPARTMENT OF SAFETY (input)
Name
Address
Social Security Number
Title Registration Number
Year
Model
Make
License Tag Number
Vehicle Identification Number
Registration Expiration Date
Lienholder Name
Lienholder Address
Lien Date
Owner Telephone Number
Date of Application

4. Generate Match and Worker In-Box Match Notification

The system shall determine if a match has been found, based on business rules. If a match is found, the system shall create a match result/segment. For certain type matches, as defined by business rules, the match may automatically be resolved by the system at the time it is generated. If the system automatically resolves a match, an In-Box match notification will not be generated for the worker. For each match found that is not system resolved, a match notification for the In-Box of the worker responsible for the case shall be generated. If the demographic data on the match, as defined by

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

business rules, is not the same as the data for the individual on the system, the system shall indicate that there is a discrepancy in the match notification to the worker. Example: A match may be found for an SSN, but the name of the individual in the system does not match the name on the match segment.

If a match is found on the DRS data base, the system shall determine, based on business rules, if a resolved or unresolved match result/segment and an in-box transaction are needed. Based on business rules, the system captures the DRS disqualification begin and end dates and other disqualification data. This disqualification dates and other data shall be associated to the individual, and shall be part of the match result/segment.

The system shall identify the type of match found, and record the date the match result/segment is generated. The match In-Box notification shall identify the individual for whom the match was found.

Certain types of matches, as defined by policy business rules, such as wage, unemployment, and new hire, birth, shall contain match resolution data elements to record the effects of the match on the case. This data will be used in the generation of federal reports.

If an exact match is found, based on business rules, the system shall generate a resolved birth match, and automatically update the birth verification field indicating that the date of birth was verified by way of the match with the Department of Health. An alert would not be generated in this situation.

Certain types of matches, as defined by business rules, may cause the system not to allow certain type case or individual actions until the match is resolved or validated. Other type matches will not affect the authorization of benefits.

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Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

The system shall associate the matches and the worker In-Box match notification to the individual. The match results will be stored for on-line viewing and match resolution/validation. Matches and associated In-Box match notification shall follow the individual. Matches and associated In-Box match notifications shall be linked to the case(s) for which the individual is applying and/or is an active member via of the individual. If an individual moves into a different case and/or is assigned to a different worker, the match results/segment shall follow the individual to the new case and/or worker. If an individual/case is transferred to a different worker, the new worker will receive an In-Box match notification for each unresolved match, and the previous worker's In-Box match notifications will be removed.

The match/results/segments should be associated to the case summary, according to business rules.

The match information will include all of the information necessary for the system/user to determine if a case action must occur.

If a match is not found, the system shall notify the worker that a match was not found, and associate the matches performed unsuccessfully to the individual and record the date of the attempted match.

The user shall be able to select a match notification from the In-Box and hyperlink to the associated match segment/results.

From each type match result/segment and In-Box match transaction, the system shall provide on-line immediate inquiry into the system/data base that provided the match data.

A user shall be able to request and view all unresolved matches and/or all resolved matches associated to an individual, case, or worker. The user should be able to request matches

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

based on match type.

If a given match result/segment is not resolved/validated by the worker within time frame specified by business rules, an alert shall be generated to the worker's supervisor.

If a given worker's unresolved match results/segments exceed the maximum allowed as defined by business rules, the system shall generate an alert to the worker's supervisor.

CLEARINGHOUSE SOCIAL SECURITY SUPPLIMENTAL (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Case
Worker
Match Validation Comment
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Resolution Indicator for TennCare
Resolution TennCare Amount
Name
Change Date (Date Match Created)
Payee
Social Security Number
Claim Number
Mailing Address
Recipient ID
Social Security Supplemental Monthly Amount
Alien Exception Status
Date Of Birth
Social Security Supplemental Eligible Amount
Alien Sponsor Status
Sex
Race
Recovery Amount
Zebley Individual Claim Status
Living Arrangement
Advance Payment
Medicare Entitlement Status
Marital Status
Conditional Payment
Medicare Benefit Indicator
Recipient Type Code
SSI Application Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

SSI Eligibility Date
Zip Code
Payment Status
SSI Denial Date
SSI Over/Under Payment Indicator
Institutionalization Determination Indicator
County
SSI Denial Indicator
Resource Type Property
Resource Type House
Resource Type Vehicle
Resource Type Life Insurance
Resource Type Other
Spouse/Parent
Death Date
Third Party Liability Date
Disability Onset
Individual Multiple Social Security Numbers (Can Have Multiple SSNs)
Appeal Flag
Appeal Decision
Appeal Level Code
Appeal Decision Date
Foreign Language
Unearned Income Type(S) (Can Have Multiple Types Of Unearned Income)
Unearned Income Start Date (For Given Type)
Unearned Income Stop Date (For Given Type)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Unearned Income Amount (For Given Type)
Claim ID/Railroad Number (Number Received Unearned Income Under For Type)

DEPARTMENT OF HEALTH BIRTH (ARIS) FILE (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Sex
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Match Birth Certificate Number
Match Last Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Match First Name
Match Sex
Match County Of Birth
Match Date Of Birth
Match Birth Certificate Status
Mother Maiden Name
Mother Given Name
Father Surname
Father Given Name

CLEARINGHOUSE WAGE (data base input)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Match Name
Match Social Security Number
Match Date
Employer Name
Employer Address
Employer Number
Employee Name
Wage Year
Wage Quarter
Wage Amount

CLEARINGHOUSE UNEMPLOYMENT COMPENSATION (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
New Hire Indicator
Social Security Number
Name (On Employment Security File)
Number Of Weeks Approved
Recipient Address
Decision (Approval or Denial Decision)
Decision Date
Unemployment Compensation Amount
Eligible Monthly Benefit Amount
Payment Date (Up To 26 Weeks)
Payment Amount (Up To 26 Weeks)
Type of Unemployment Compensation (Up To 26 Weeks)
New Hire (DEUC)
Name
Employer Identification Number
Employment Begin Date
Employer Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Employer Address
Social Security Number

DISQUALIFIED RECIPIENTS (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Match Name
Social Security Number
Date of Birth

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Disqualification Start Date
Disqualification Length
Disqualification Number of Months
Disqualification Decision Date
Number of Food Stamp Disqualifications
Disqualification State (State in which the Intentional Program Violation occurred)
State Claim Number
State Recipient Number
Offense Code
Contact Organization
Contact County Number
Contact County Name
Contact inter Phone PFX
Contact Area Code
Contact Phone Number
Contact Extension
Comments

DEPARTMENT OF HEALTH IMMUNIZATION (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Match Name
Social Security Number
Date of Last Immunization
Facility of Last Immunization

TENNESSEE PRISONER (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Match Name
Social Security Number
Admission Date (Incarceration)
Site Assigned (Name of Primary Facility individual is located)
Site Actual (Temporary location of prisoner (hospital, court, etc.)
Expiration Date (Date sentence ends, if not paroled)
Move Reason (reason not in permanent site)
Red Date (1st date to be eligible to go before Parole Board)
Date of Birth
Sex
Race

DEPARTMENT OF HEALTH DEATH FILE (output)
Input Name
Input Social Security Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Name
Social Security Number
Date of Death
Date of Birth
Sex
Race
County

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

CHILD SUPPORT ENFORCEMENT SYSTEM (output)
Input Name
Input Social Security Number
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Caretaker Name
Social Security Number
Date Last Received Child Support from Absent Parent (Receipt Date)
Date of Last Child Support Payment to Caretaker
Last Child Support Payment Amount to Caretaker
Caretaker Child Support Member Number
Child Support Case Numbers

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

CHILD CARE MANAGEMENT SYSTEM (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Individual Name
Social Security Number
Provider Address
Provider Telephone Number
Vendor Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Name of Day Care
Name of Contact Person
*Child Care Payment Amount
*Service Period Start Date
*Service Period End Date
*Adjustment Flag
(*Multiple segments may be received.)

DEPARTMENT OF SAFETY (output)
Input Name
Input Social Security Number
Input Date of Birth
Input Individual ID
Match Type
Valid Match
Match Validation Comments
Case
Worker
Date Match Occurred/Created (system generated)
Time of Day Match Occurred/Created (system generated)
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount

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Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Resolution Indicator for TennCare
Resolution TennCare Amount
Name
Address
Social Security Number
Title Registration Number
Year
Model
Make
License Tag Number
Vehicle Identification Number
Registration Expiration Date
Lienholder Name
Lienholder Address
Lien Date
Owner Telephone Number
Date of Application

IN-BOX WORKER NOTIFICATION (output)
Wage Match Received
Unemployment Compensation Match Received
Social Security Supplemental (SSI) Match Received
New Hire Match Received
Birth Match Received
SSI Denied Match Found
SSI Termination Found

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

SSI Match Not Found
Death Match Found
TOMIS Match Found
DRIPS Match Found
Immunization Match Found
Safety Match Found
Child Support Receipt Match Found
Child Care Provider Match Found

MATCH NOT FOUND MESSAGES (output)
Wage Match Not Found
Unemployment Compensation Match Not Found
SSI Match Not Found
New Hire Match Not Found
Death Match Not Found
TOMIS Match Not Found
DRIPS Match Not Found
Immunization Not Match Found
Birth Match Not Found
Safety Match Not Found
Child Support Receipt Match Not Found
Child Care Provider Match Not Found

DISCREPANCY MATCH (output)
Discrepancy In Wage Match Exists
Discrepancy In Unemployment Compensation Exists

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Discrepancy In Social Security Supplemental (SSI) Match Exists
Discrepancy In New Hire Match Exists
Discrepancy In Birth Match Exists
Discrepancy In SSI Denied Match Exists
Discrepancy In SSI Termination Match Exists
Discrepancy In Death Match Exists
Discrepancy In TOMIS Match Exists
Discrepancy In DRIPS Match Exists
Discrepancy In Immunization Match Exists
Discrepancy In Safety Match Exists
Discrepancy In Child Support Receipt Math Exists
Discrepancy In Child Care Provider Match Exists

5. Determine if Valid Match

The system shall display the matching results in the case flow as defined by policy business rules. The on-line match should display at appropriate times during the interview. For example, wage matches should display when questions regarding earned income are being addressed.

The user will determine if the match is valid for the individual being matched. If it is determined that the match is not a valid match, the user will record that the match is invalid and enter free form text indicating why the match was invalid. Example: If the wrong Social Security Number is entered for an individual and a match is found, the user will determine and indicate that the match data is invalid.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

6. Delete Match and In-Box Match Notification

The user will indicate if a match is invalid. When the user indicates that a match is invalid, the system shall delete the match segment and the associated In-Box match notification. The match data shall be disassociated from the individual. Associated Disqualification data shall be removed from the individual. However, a history of the match and individual associated data will be stored and accessible. The system shall retain the date and User ID of the staff who determined the match to be invalid.

INVALID MATCH (input)
Match Type
Date Match Occurred/Created
Time of Day Match Occurred/Created
Valid Match Indicator
Name
Social Security Number
Individual ID
Case
Date Match Found Not Valid (system generated)
Match Results

INVALID MATCH (output)
Match Type
Date Match Occurred/Created
Time of Day Match Occurred/Created
Social Security Number
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record	
Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Worker In-Box Match Notification
Case
Match Results

7. Determine if Match Data Needs to be Corrected

The user will determine if incorrect data was entered. If data needs to be corrected, the user will correct the necessary data. Then, the system shall select the individual again for matching.

MATCH DATA CORRECTION (input)
Name
Social Security Number
Date of Birth
Mother's Maiden Name
County of Birth
Individual Number
Case
Mother's Social Security Number
Father's Social Security Number
Father's Name

8. Determine if Case Change Needed

Based on the match results, the system shall determine if a change is needed to the case/individual, as defined by business rules.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

CASE CHANGE NEEDED (input)
Social Security Number
Individual Number
Type Match
Name
Case

9. Link to Associated Data

If it is determined that a change to the individual/case is needed, the system shall automatically link and display the associated data elements. Example: If a SSN is changed or added and a new unemployment match is found, the system shall display the unearned income data elements/questions.

If a household is receiving or is applying for Families First Unemployed Parent benefits, the work grid for the adult who is selected as the Primary Wage Earner should be updated if the individual's total earned income is equal to $50 or more for the given quarter.

If a Food Stamp disqualification match is found that can be served in the State of Tennessee, the system shall display the disqualification data. The system shall initiate the disqualification, based on policy rules, when Food Stamp eligibility is determined.

LINK CASE CHANGE NEEDED (output)
Earned Income
Unearned Income
Individual
Resources

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Unemployed Parent Work Grid
Other data elements as defined by Policy

10. Record Match Resolution

The process for match resolution shall occur based on business rules.

The user must resolve and/or validate matches and/or take the appropriate action on the case/individual as a result of the match. This applies to matches generated from the on-line matching process, as well as, matches and worker In-Box match notifications generated from the SSI/SSA monthly mass change, the quarter wage interface, monthly unemployment/new hire, and other interface match results/ segments, as defined by business rules.

The system shall use business rules to determine when a claim will be necessary as a resolution.

The user will resolve matches and record the effects of the match on the case for certain types of matches. The system shall store match resolution results for each match segment resolved. (These results shall be used for Federal reporting.) The system shall store the user ID of the individual who resolves/validates a match.

Users should be able to view resolved and unsolved matches. The system shall record the user who resolves a match or validates a match. History shall be maintained and accessible for all match data results.

Help text shall be available to assist the user on the proper action that should be taken to resolve the match.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

The system shall automatically delete the associated worker In-Box match notification when a match segment is resolved, even if the user who resolves the match is not the primary worker responsible for the case.

When a DRS match is resolved, the system shall update the individual's disqualification indicator. When a DRS match is resolved, and according to business rules, a disqualification can be initiated, the system shall perform the "Process Change Information" process.

MATCH RESOLUTION (input)
Individual ID
SSN
Match Type
Date Match Occurred/Created
Resolution Indicator for Families First
Resolution Family First Amount
Resolution Indicator for Food Stamps
Resolution Food Stamp Amount
Resolution Indicator for Medicaid
Resolution Medicaid Amount
Resolution Indicator for TennCare
Resolution TennCare Amount
Date Match Resolved (system generated)
Data Elements for Match Segments as defined in Interface Process

MATCH RESOLUTION (output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

Individual ID
SSN
Match Type
Date Match Occurred/Created
Time of Day Match Occurred/Created
Worker In-Box Match Notification

11. Perform Process Change Information

Based on business rules, when certain matches are resolved, the system shall perform the "Process Change Information" process. Example: When a Disqualified Recipient match is resolved and there is is an outstanding Food Stamp disqualification that can to be initiated, based on business rules, the system shall perform the "Process Change Information" process.

12. Determine if Match Resolved

The system shall not allow certain type actions on a case/individual if there are unresolved matches, as defined by business rules.

For match types, as defined by business rules, the system shall not allow the user to authorize a case if there are unresolved matches or matches that have not been validated. Example: If there is a disqualification match that contains a disqualification that can be initiated in Tennessee, the system shall not allow the user to authorize Food Stamps for the individual or individuals with the disqualification. Exception: The system shall allow the authorization of expedited Food Stamp assistance when there are unresolved matches. The system shall allow the authorization of FF and MA interim or presumptive benefits if there are unresolved matches.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.9 Match Request Record

Program Affected: FA	**Users: Caseworkers, Supervisors, Service Center and Appeal Workers and Supervisor**

For match types defined by business rules, the system shall not allow the worker to transfer a case to a different county if there are unresolved matches. The system shall allow a case with unresolved matches to be transferred to another worker in the same county. When a case is transferred to a different worker in the same county, the matches follow the individual. The new worker will receive an In-Box match notification for each unresolved match, and the match notifications from which the case and worker is being transferring will be removed.

The system shall not allow an individual to be deleted from a case if there are unresolved matches or invalidated match associated to the individual, as defined by policy rules.

When all defined matches associated to all individuals in a case are resolved, the system shall not prohibit actions on the case/individual as previously defined.

The system shall have the ability to calculate cost savings reports based on the resolution of specific interface matches. For these specific matches, the system shall generate detail and summary reports for federal reporting. The system shall generate said reports on a monthly, quarterly, and annual basis. These reports shall reflect the matches received during the reporting period, any matches resolved during the reporting period, and all matches that have not been resolved. Data reflected on the reports will be based on the time period for which the reports are being generated.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	1	An on-line matching of DCS foster care children and the required members of a foster child's pre-custody removal home against DHS Family Assistance files/data bases, other state agencies/ systems, and the on-line Social Security database, i.e., Kids Social Security Administration (KSSA) shall be completed for every Title IV-E foster care referral.
IV-E FC	2	The foster child data used in the matching process may include the foster child's last name, first name, and middle initial, SSN, and DOB.
IV-E FC	3	The on-line matching process shall be initiated as soon as the referral is entered in the V.I.P. System.
IV-E FC	4	The referral and results of the matching process shall be sent to the in-box for the DCS eligibility staff.
IV-E FC	5	DCS eligibility staff shall review the referral for any missing data that is required.
IV-E FC	6	If the matching process results in a "no match" of the data, DCS eligibility staff shall authorize the release of the referral to the V.I.P. System.
IV-E FC	7	If the matching process results in a match of any of the data, DCS eligibility staff shall determine if the match is valid and resolve any matches.
IV-E FC	8	Any data verified as a result of the matching resolution shall be used to populate and update any V.I.P. eligibility screens with the verified data, and will cause an update to TNKIDS as well.
IV-E FC	9	DCS eligibility staff shall authorize the release of the referral to the V.I.P. System after the matches are resolved.
All	10	A match that indicates a discrepancy in current countable income, in most instances, shall require a correction to the case and eligibility redetermination.
FS	11	A match that indicates a discrepancy in current countable income may not require a case action in a Food Stamp case that has a Simplified Reporting certification period, provided income was correct at the time of case approval.
TCM	12	A match that indicates a discrepancy in current countable income may not require a case action in a Medicaid case that has a one-year eligibility period, provided income was correct at the time of case approval.
All	13	A match that indicates invalid demographic information must require correction to the case.
All	14	A match that indicates Program ineligibility (such as death, disqualification, incarceration) must require correction to the case and eligibility redetermination.
FS	15	The state agency shall use an Income and Eligibility Verification System (IEVS) and to request wage and benefits information from other state and federal agencies for use in verifying information to determine eligibility and amount of foods stamp benefits due to eligible households.
FS	16	Such agencies/entities may include, but are not limited to, the DHS State Clearinghouse Unemployment, New Hire and Wage data bases, the Department of Health (DoH) birth data bases, the DHS Death File from DOH, the DHS Prisoner File (TOMIS), the Disqualified Recipient System file

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		(DRS) from the USDA/FNS, the DHS Child Support Enforcement System (TCSES), DHS Child Care Management System (TCCMS), Department of Safety file, and any other system(s) whose information is or shall be required to match against any and all food stamp household members, including excluded household members whose social security numbers are available to the state agency.
FS	17	Federal agencies/entities shall include the Social Security Administration (SSA), which maintains information about net earnings from self-employment, wages, and payments of retirement income, and information which is available to the SSA regarding federal retirement and survivors, disability, SSI and related benefits; the IRS, from whom unearned income information is available.
FS	18	The state agency's action on information about recipient households shall include review of information and comparison to the case record information.
FS	19	For all new or previously unverified information received, contact with the households and/or collateral contacts must be made to resolve discrepancies.
FS	20	If discrepancies warrant reduction of benefits or terminating eligibility, notice of adverse action must be sent.
FS	21	State agencies must initiate and pursue, and track the actions on recipient households as identified above so that the actions are completed within 45 days of receipt of the information items.
FS	22	Actions may be completed later than 45 days from the receipt of information if the only reason the actions cannot be completed is the nonreceipt of verification requested from the collateral contacts, and the actions are completed in accordance with the specific change reporting requirements to which the household is subject when verification from a collateral contact is received or in conjunction with the next case action when such verification is not received, whichever is earlier.
FS	23	When actions are not completed as specified above, resulting in an over issuance of benefits, the state agency must establish and take action on claims.
FS	24	The state agency must document information obtained through the IEVS both when an adverse action is and is not instituted.
FFP	25	Individuals shall be selected for matching if they are applying for Families First and are not currently an active member in an open case.
FFP	26	Individuals shall be selected for matching at Families First 6-month reviews.
FFP	27	Families First individuals shall be selected for matching as needed for reverifications.
FFP	28	Matches may be required for Families First to verify birth, death, employment, earned/unearned income, disqualified individuals, absent parent and child support information, health checks and immunizations.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	29	All matches except birth matches shall be by Social Security number.
FFP	30	The Families First caseworker shall review/resolve the match as needed at each application and review.
FFP	31	Families First caseworkers shall be notified of match results.
FFP	32	The Birth match criteria shall contain, but not be limited to, name and date of the individual's birth, mother's given name, sex of individual, county in which the individual was born, mother's Social Security number, father's name, and father's Social Security number
FFP	33	Agency shall have the ability to match Families First applicant/recipients with employment information provided by State Clearinghouse such as hire date, place of employment and quarterly income for required employment information.
FFP	34	The Agency shall have the ability to match Families First children with the Department of Health's health check and immunization records for required health check and immunization information.
FFP	35	The Agency shall have the ability to match Families First applicant/recipients with the child support TCSES system for required absent parent and child support information
FFP	36	The Agency shall have the ability to match Families First applicant/recipients with a disqualified recipient's list to determine if any case members are currently disqualified.
FFP	37	The Agency shall have the ability to match Families First applicant/recipients with the Department of Human Services Prisoner File to determine required absent parent and felony information that may affect the Families First case.
FFP	38	The Agency shall have the ability to match Families First applicant/recipients with the Department of Human Services/Department of Health Death File for verification of absent parent information, deprivation, relationship, etc.
FFP	39	The Agency shall have the ability to match Families First applicant/recipients with Social Security information to determine receipt of benefits.
FFP	40	If the agency match indicates that a FF child is receiving W.I.C. benefits from DOH, this is the acceptable verification that health checks are up to date.
TCM/TCS	41	Based on certain demographics entered in the system, data matches will be generated on TennCare/Medicaid and TennCare Standard applicants and recipients. The data matches could provide employment (new hire and earnings) and Unemployment Compensation information, Social Security and SSI information, birth and death matches and incarceration.
TCM/TCS	42	Birth verification matches may be used to verify birth for individuals.
TCM/TCS	43	Social Security/SSI matches may be used to verify these benefits if the customer receives or has been recently approved for the specific income. Social Security/SSI matches may also be used to verify termination of these income types.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

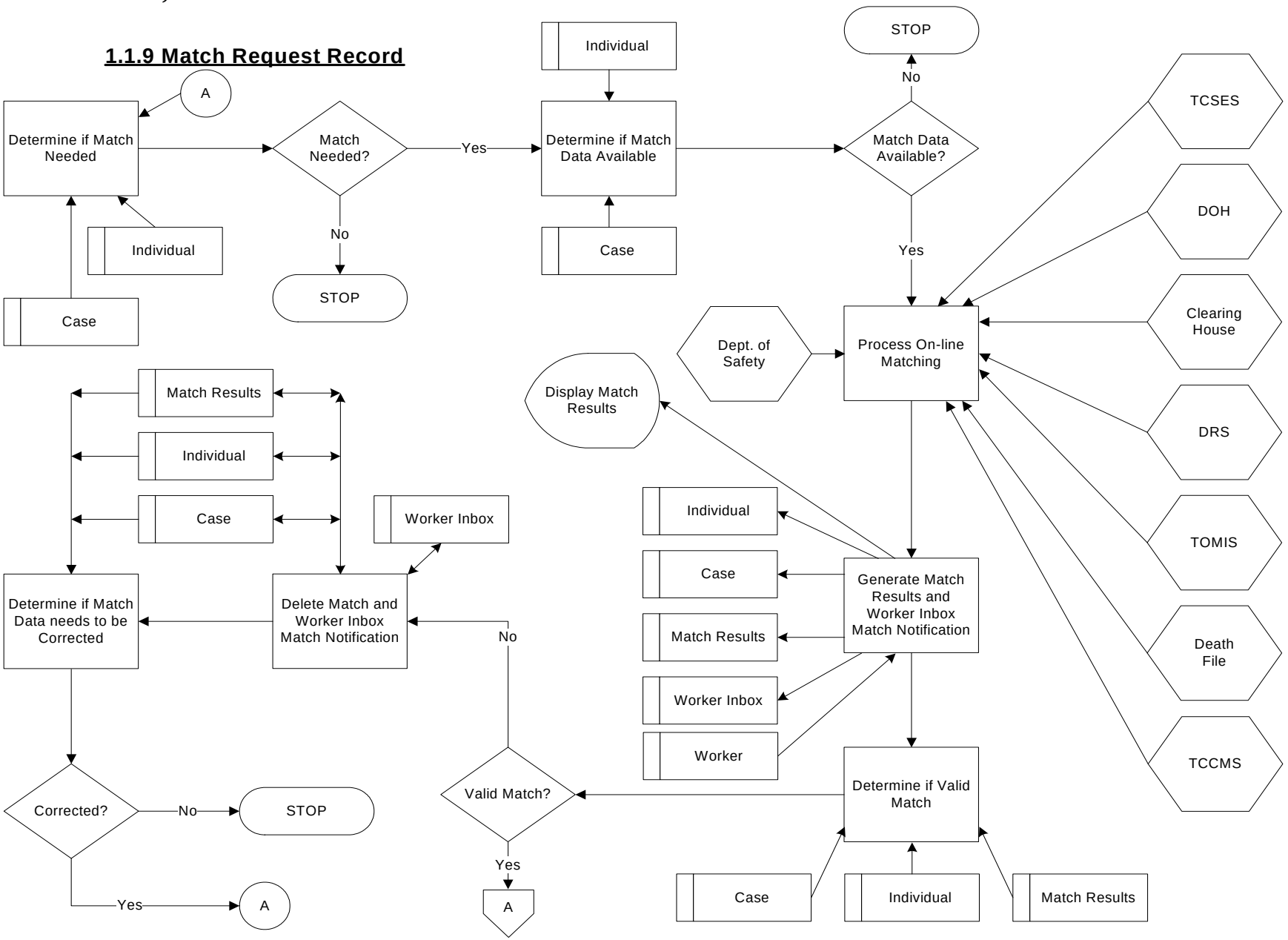
Program Type	Rule Number	Rule
TCM/TCS	44	Child support and cooperation with Child Support matches may be used to verify that the customer is cooperating with Child Support and how much child support the individual is receiving for all child-related TennCare/Medicaid and TennCare Standard cases.
TCM/TCS	45	The death of an individual may be verified by the State Clearinghouse System, which may be used for all TennCare/Medicaid and TennCare Standard cases.
TCM/TCS	46	The imprisonment of an individual may be verified by the State Clearinghouse System, which may be used for all TennCare/Medicaid and TennCare Standard cases.
TCM/TCS	47	The disqualified recipients matches may be used to determine eligibility for all TennCare/Medicaid and TennCare Standard cases.
TCM/TCS	48	If a match is not resolved by a worker within 10 days, an alert will be generated to the worker's supervisor.
All	49	If a worker has more than a pre-determined number of unresolved matches, an alert will be generated to the worker's supervisor.
All	50	If a specific match is received that would change any information contained in the case, the worker must verify that the data reported is still valid and then correct the information in the case as necessary. The correction would be effective the following month, if action is done before a certain time in the month as determined by program rules or the next recurring month if done after a certain time in the month as determined by program rules.
CC	51	CC will need to know employment information from State Clearinghouse such as hire date and income on all participants and participants household applying for child care assistance for income verification.
CC	52	CC will need information on immunizations because participants applying for child care assistance and enrolling their children with unregulated providers must have current immunization records.
CC	53	Participants applying for child care assistance and enrolling their children with regulated providers will be informed that their children's immunizations must be current as part of parent education and awareness.
CC	54	Child care will need information on child support because FF participants who are sanctioned for non-cooperation with child support without good cause are not eligible for Transitional Child Care assistance.
CC	55	Transitional Child Care assistance participants who have good cause for being non-cooperative with child support will continue to be eligible.
CC	56	Transitional Child Care assistance participants who are non-cooperative with child support without good cause in the middle of their TCC period will no longer be eligible for TCC for the remainder of the TCC period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	57	No rules from Investigations.
IV-E AA	58	An online match request record is not required in IV-E adoption assistance.
All FA	59	In determining a match resolution, the user may utilize scratchpad to determine if a case update is needed.
All FA	60	In determining a match resolution, the user/system shall look at change reporting rules.
All FA	61	Matches not resolved timely that would have resulted in a benefit decrease will be considered an agency error when a claim is filed.
All FA	62	Matches not resolved timely that would have resulted in a benefit increase mean that the case is due a supplement.
All FA	63	The user shall indicate the match resolution and the estimated amount of money saved in benefits because DHS received and resolved this match.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.9 Match Request Record



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.10 Screen for Food Stamp Expedited Processing	
Program Affected: FS	**Users: Caseworkers, Clerical, Pre-screeners**

Process:

This process will determine if the case meets the FS eligibility requirements for expedited service. Once a person is determined to be eligible for these expedited services, they must be interviewed within a defined period of time. The system must determine if the case meets these requirements and assist the user in making a decision regarding timely appointment scheduling for the required interview. Much of this required data will be captured as part of the Eligibility Screening Process.

Sub-Processes:

1. Determine if Intake Application is for Food Stamps

   The system shall determine if the intake application is for food stamps based on case and application information and utilizing the program business V.I.P. rules.

   CASE (Input)
   Case Number
   Case First Name
   Case Last Name
   Case Middle Initial
   FS Status
   FS Eligibility begin date
   FS Eligibility end date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.10 Screen for Food Stamp Expedited Processing

Program Affected: FS	**Users: Caseworkers, Clerical, Pre-screeners**

APPLICATION (Input)
Application type
Application date

2. Determine if Case Meets Income and Resource Requirements

   If the intake application is for food stamps, the system shall determine if the case meets the income and resource requirements for expedited food stamps based on income, resources, screening data and program standards. The system will record the decision in the appropriate data store.

   INCOME (Input)
   Income Total
   Income Type
   Effective Begin Date of Income
   Effective End Date of Income

   RESOURCES (Input)
   Resource Total
   Resource Date
   Resource Type
   Effective Begin Date of Resource
   Effective End Date of Resource
   Pass/Fail Resource Reason(s)

   SCREENING DATA (Input)
   Income Total

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.10 Screen for Food Stamp Expedited Processing

Program Affected: FS	**Users: Caseworkers, Clerical, Pre-screeners**

Resource Total

FS EXPEDITED (Output)
FS Expedited Determination Decision
FS Expedited Determination Decision Date
Eligibility Service Requirements Met
Eligibility Service Requirements Met Date

3. Determine if Shelter Expense Exceeds Requirements

If the case does not meet the income and resource requirements, the system shall determine if the shelter expense exceeds the sum of the household's liquid resources and food stamp countable gross income. This determination is based on program standards, screening data, student, alien type and shelter information. The system will record the decision.

SCREENING DATA (Input)
Income total
Resource total

SHELTER (Input)
Shelter expense total
Shelter expense total start date
Shelter expense total end date
Utility expense total
Utility expense total start date
Utility expense total end date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.10 Screen for Food Stamp Expedited Processing	
Program Affected: FS	**Users: Caseworkers, Clerical, Pre-screeners**

STUDENT (Input)
Ineligible student

ALIEN TYPE (Input)
Illegal or undocumented alien

FS EXPEDITED (Output)
FS Expedited Determination Decision
FS Expedited Determination Decision Date
Eligibility Service Requirements Met Indicator
Eligibility Service Requirements Met Date

4. Determine if Migrant or Seasonal Farm Worker

If the case's shelter expense does not exceed the requirements for expedited food stamps, the system shall determine if the individual is a migrant or seasonal farm worker based on program standards, individual and screening data. The system will record the determination.

INDIVIDUAL (Input)
Individual ID
Migrant or Seasonal farm worker indicator

SCREENING DATA (Input)
Migrant or Seasonal farm worker indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.10 Screen for Food Stamp Expedited Processing

Program Affected: FS	**Users: Caseworkers, Clerical, Pre-screeners**

FS EXPEDITED (Output)
FS Expedited Determination Decision
FS Expedited Determination Decision Date
Eligibility Service Requirements Met Indicator
Eligibility Service Requirements Met Date
Migrant or Seasonal Farm Worker indicator

5. Perform “Appointment Scheduling” Process

   If the case meets income and resource requirements, the shelter expenses exceed requirements or the individual in the case is a migrant or seasonal farm worker, the system will determine if the individual must be seen immediately, as defined by V.I.P. rules or if a future appointment may by scheduled. The system will perform the “Appointment Scheduling” process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The state agency must identify households eligible for expedited service at the time the household requests assistance so that applications are screened for this service as they are filed or as individuals come in to apply.
FS	2	A household with less than $150 countable monthly gross income and with countable resources valued at no more than $100 is eligible for expedited service.
FS	3	Migrant or seasonal farm worker households who are destitute and whose liquid resources do not exceed $100 are eligible for expedited service.
FS	4	Households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage and utilities (based on actual costs or the standard utility allowance) are eligible for expedited service.
FS	5	The state agency must make food stamp benefits available to a household entitled to expedited service not later than the seventh calendar day (subject to revision by the Food and Nutrition Service of the U.S. Department of Agriculture) following the date the application was filed.
FS	6	For a resident of a public institution who applies for benefits prior to his/her release from the institution and who is entitled to expedited service, the date of filing of his/her food stamp application is the date of release of the applicant from the institution.
FS	7	For a resident of a drug addiction or alcoholic treatment and rehabilitation center who is entitled to expedited service, the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	8	For a resident of a group living arrangement who is entitled to expedited service, the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	9	For residents of a shelter for battered women and children who are otherwise entitled to expedited service the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	10	A household entitled to expedited service and to a waiver of the office interview must have the interview and complete the application process within the expedited service standards.
FS	11	The first day of the count for persons entitled to a waiver to the office interview is the calendar day following application filing.
FS	12	If a telephone interview is conducted with a person entitled to expedited service and the application must be mailed to the household for signature, the mailing time involved will not be calculated in the expedited service standards.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

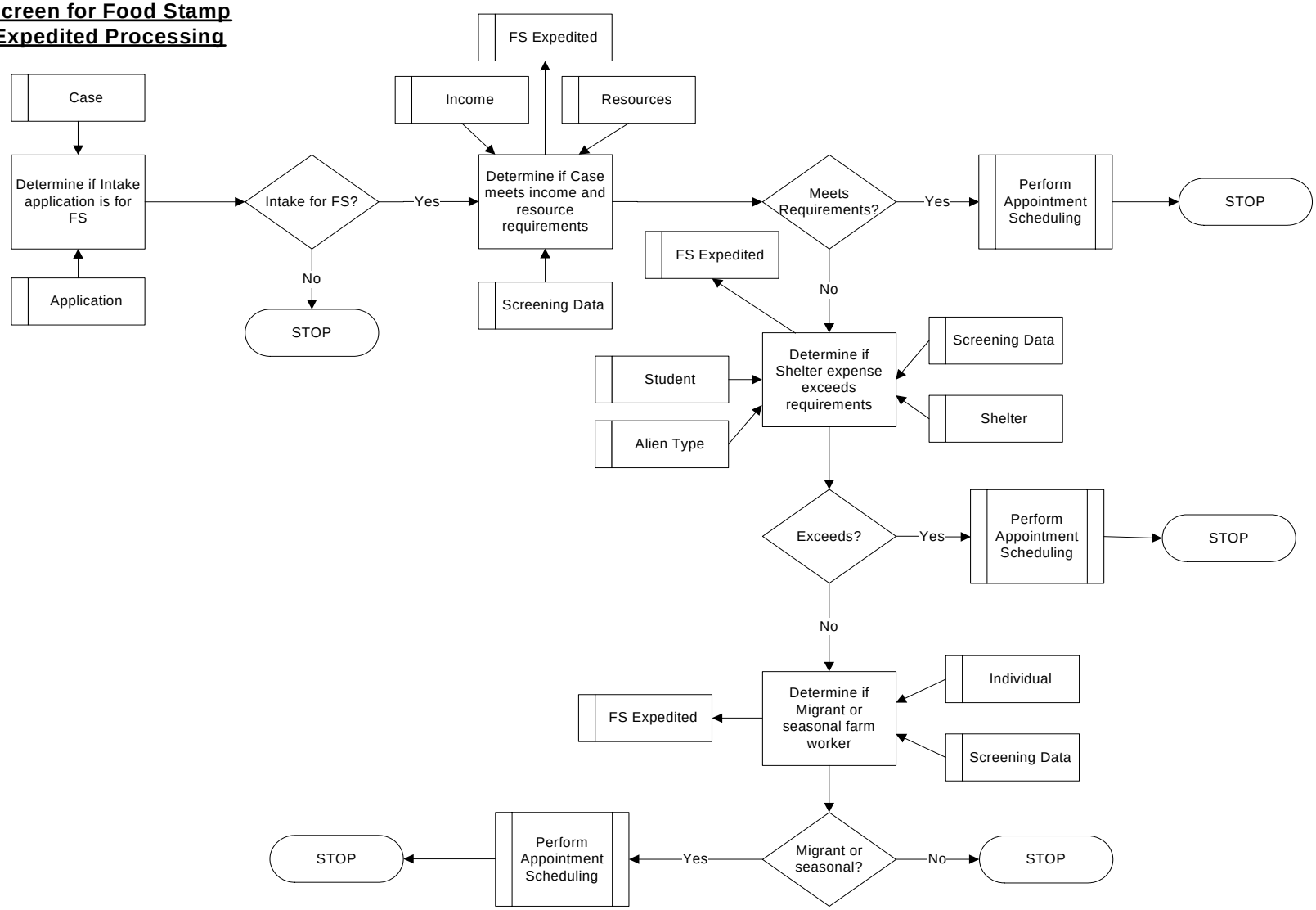
Program Type	Rule Number	Rule
FS	13	Mailing time shall only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.
FS	14	When the pre-screening process fails to identify a household as entitled to expedited service, the state agency shall provide expedited service to households within the prescribed expedited processing standards, except that the processing standard shall be calculated from the date the agency discovers that the household is entitled to expedited service.
FS	15	To expedite the certification process, for all cases, identity of the person making the application shall be verified through a collateral contact or readily available documentary evidence.
FS	16	All reasonable efforts will be made to verify, within the expedited processing standards, the household's residency, income, liquid resources and all other factors required to establish eligibility through collateral contacts or readily available documentary evidence.
FS	17	Benefits may not be delayed beyond the expedited delivery standards (7 calendar days following the date the application was filed) solely because eligibility factors other than identity have not been verified.
FS	18	Households entitled to expedited service will be asked to furnish a Social Security number for each person applying for benefits or apply for one for each person applying for benefits before the second full month of participation.
FS	19	Household members unable to provide the required SSNs or who do not have one before the second full month of participation shall be allowed to continue to participate only if they satisfy good cause requirements with respect to Social Security enumeration.
FS	20	A household with a newborn may have up to 6 months following the month the baby was born to supply an SSN or prove that an application for an SSN has been made.
FS	21	The state agency may attempt to register other household members for an SSN but shall postpone their registration if it cannot be accomplished within the expedited service timeframes.
FS	22	The state agency must require an applicant to register in satisfaction of the work registration requirement unless exempt or unless the application was filed by an authorized representative.
FS	23	The agency may attempt to register other household members in satisfaction of the work registration requirement by requesting that the applicant register in their behalf.
FS	24	Questionable exemptions from work registration shall be postponed if the expedited service timeframes cannot be met otherwise.
FS	25	Households applying on or before the 15th of the month that are certified on an expedited basis and have provided all necessary verifications normally required for food stamp eligibility are issued benefits for the month of application and shall be assigned normal certification periods.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	26	Households applying on or before the 15th of the month that are certified on an expedited basis with postponed verifications are issued benefits for the month of application and given a normal certification period. Issuance is set for the month of application only, with future issuance withheld pending required verifications.
FS	27	The notice of eligibility must explain that the household has to satisfy all verification requirements that were postponed or no further benefits will be issued.
FS	28	The notice of eligibility must explain that when the household has been assigned a certification period longer than one month, the household has 30 days from the date the application was filed to provide the postponed verifications.
FS	29	The notice of eligibility must explain that if the verifications result in a change in the household's eligibility or benefit amount, the change will be made without advance notice of adverse action.
FS	30	When verifications are provided before cut-off in the month of application and the case continues to be eligible, the second month's issuance shall occur in the normal cycle.
FS	31	When verifications are provided after cut-off, the second month's issuance occurs as soon as is administratively practicable.
FS	32	Households applying after the 15th of the month that are certified on an expedited basis with postponed verifications may be certified for the month of application (prorated from the date the application is filed) and the subsequent month.
FS	33	Applicants that provide all the required verifications prior to cut-off of the second month will be issued the third month's benefits in their regular cycle.
FS	34	Applicants that provide all the required verifications after cut-off of the second month will be issued the third month's benefits the first working day of the third month.
FS	35	Applicants who fail to provide all required verifications within the initial or following month will be automatically terminated.
FS	36	There is no limit to the number of times a household can be certified under expedited procedures, as long as prior to each expedited certification, the household either completes the verification requirements that were postponed at the last expedited certification or was certified under normal processing standards since the last expedited certification.
FS	37	Expedited procedures cannot be used for households that reapply for food stamps during the last month of their current certification period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.10 Screen for Food Stamp Expedited Processing



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.11 Voter Registration	
Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

Process:

Department of Human Services is required by law to provide the means for an individual who comes into any DHS office the ability to apply to register to vote without applying for benefits. DHS is required to record an individual's request to apply to register to vote as well as an individual's declination to vote.

This process shall be completed for every individual applying for benefits, reapplying for benefits, making address changes or requesting an application to register to vote in person or by telephone. If the individual is not a client, a contact individual number will be assigned for tracking purposes and a client indicator will be set.

The system shall link the declination form to each individual and to their case if a client.

The system shall prompt the user to enter or modify voter registration information when necessary.

The user shall have search and sort capability including, but not limited to Name, Date and Case Number.

Multiple declinations forms for the same individual will be linked by date for the same individual.

Sub-Processes:

1. Record Declination Response.

   If the contact reason indicates that Voter Registration is requested or required based on business rules, the user will discuss and record the declination responses from the individual or client. The system shall assign a new ID number for each declination form that is completed for tracking purposes.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

INDIVIDUAL (Input)
Language Type
County
First Name
Middle Initial
Last Name
SSN
Age
User ID
Date
Time
Date of Birth
Client Indicator
Contact Individual Number
VR Indicator
Contact Reason

ALIEN TYPE (Input)
Citizenship

VOTER REGISTRATION (Output)
Last Name
First Name
Middle Initial
Age
User ID
Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

Time
Address
Conservator Indicator
Guardian Indicator
Authorized Representative
Guardian
Conservator
Registered Indicator
Application Filed Today Indicator
Application Mailed Today Indicator
Application Given
Complete Application Received
Declination Given
Individual Signed Declination
Individual Refused to Sign Application or Declination
Declination ID Number
Client Indicator (FA)
Contact Individual Number
VR Indicator

2. Generate Declination Form

   The system will create and allow the user to print the Declination Form for individual signature collection.

   INDIVIDUAL (Input)
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

Language Type

VOTER REGISTRATION (Input)
Registered Indicator
Application Filed Today Indicator
Application Mailed Today Indicator

DECLINATION FORM (Output)
Registered Indicator
Application Filed Today
Text from GS-0979 Form Rev. 9-02

3. Record the Signature Date

If the individual signs the Declination Form after a discussion of the form with the user, the user will update the Voter Registration as such.

VOTER REGISTRATION (Output)
Declination Given Indicator
Individual (A/R) Signed Declination Indicator
User Id

The hard copy of the declination form will be filed and secured in the county office and retained for one year.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

4. Record the Refusal to Sign and Date of Refusal

   If the individual refuses to sign the Declination Form after a discussion of the form, the user will update the Voter Registration information as such.

   VOTER REGISTRATION (Output)
   Individual(A/R) Refused Application Declination
   User ID (Signed by Worker if telephone interview or client refuses to sign)

5. Determine if Voter Registration Form Requested

   The system shall determine from the declination response if the individual indicated that they are not registered to vote at their current address and requested to complete the application form or want the form mailed.

   VOTER REGISTRATION (Input)
   Registered Indicator
   Application Filed Today
   Application Mailed Today Indicator

6. Determine if Need to Complete Voter Registration Form

   The system shall determine if the individual needs to complete the voter application registration form from the request to complete the application in the office.

   VOTER REGISTRATION (Input)
   Application Filed Today Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

7. Collect Voter Registration Data

   The system shall prompt the user to record the voter registration form tracking number from the 'Agency Based Application For Voter Application' form if the individual/client requested to file the voter registration application or if the form is to be mailed to the individual by the user.

   VOTER REGISTRATION (Output)
   Application Number

8. Generate Electronic File

   The system shall create an electronic file to be sent to the Secretary of State.

   VOTER REGISTRATION (Input)
   Last Name
   First Name
   Middle Initial
   SSN
   County
   Date Recorded
   Application Filed Today Indicator
   Application Mailed Today Indicator

   VOTER REGISTRATION EXTRACT (Output)
   Last Name
   First Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

State of Tennessee IT Methodology

Process: 1.1.11 Voter Registration	
Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

Middle Initial
SSN
County
Date Recorded
Application Filed Today Indicator
Application Mailed Today Indicator

9. Generate Reports

The system shall generate a monthly report including but not limited to:

- Number of Individuals Already Registered to Vote
- Number of Individuals That Applied to Register to Vote in the DHS Office
- Number of Individuals Given a Voter Registration Application to Take With Them
- Number of Individuals That Were Mailed a Voter Registration
- Annual report based in the State Fiscal Year
- Report of client verses none clients
- Other related reports if requested.

VOTER REGISTRATION (Input)
Last Name
First Name
Middle Initial
Age
User ID
Date
Time

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.11 Voter Registration

Program Affected: FA/Voc. Rehab	**Users: Clerical, Caseworkers**

Address
Authorized Representative
Guardian Indicator
Conservator Indicator
Registered Indicator
Application Filed Today Indicator
Application Mailed Today Indicator
Complete Application Received
Application Number
Declination Given
Individual Signed Declination
Individual Refused to Sign Application or Declination
Declination ID Number

The system shall be able to sort reports by county and subtotals shall be provided by user types.

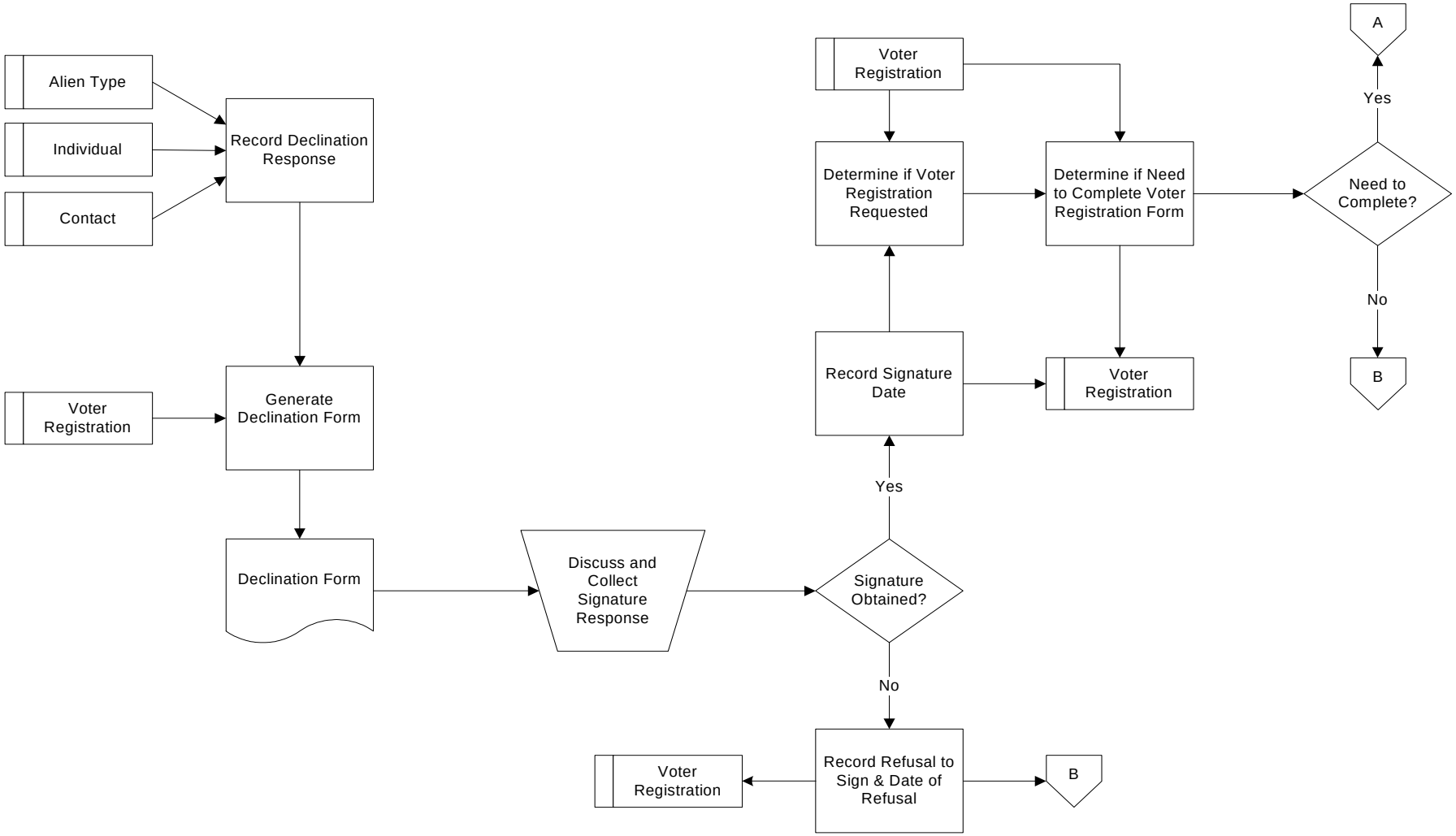
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All but VR	1	A voter registration declination form is required to be completed at each eligibility screening other than through interviews for any individual who is age 17 or greater and applying for benefits.
All	2	A voter registration declination form is required to be completed at each application registration for any individual who is age 17 or greater and applying for benefits.
All	3	A voter registration declination form is required to be completed at each recertification for any individual who is age 17 or greater and applying for benefits.
VR	4	A voter registration declination form is required to be completed at each Department of Rehabilitation Services annual review of the Individual Plan for Employment for any individual who is age 17 or greater and applying for benefits.
All	5	A voter registration declination form is required to be completed each time an address change is reported and the applicant/recipient is age 17 years or greater.
All	6	A voter registration application form is required to be given or mailed when the individual is age 17 years or greater and the individual states that they would like to register to vote.
All	7	An individual's statement that they are currently registered to vote will be accepted.
All	8	If client contact is by phone, the declination form will be completed by the worker with the worker signing on behalf of the client, if permission given.
All	9	A signature date will be retained for each declination form.
All	10	Individuals will be allowed to register to vote without applying for or receiving benefits.
All	11	A refusal to complete or sign a declination form will not affect program eligibility.
All	12	An individual may refuse to sign the declination form and such refusal will be documented.
All	13	A person already registered at their current address may complete a new registration form if they have had a name change.
All	14	The applicant/recipient does not have to complete the voter's registration form while in the office.
All	15	A person, who states that he/she is not a U. S. citizen, will not be provided a voter's registration application.
All	16	Any person who states that they have been convicted of a felony must be allowed to apply to vote.
All	17	A disabled person who has a conservator or guardian may not be allowed to register to vote if DHS has been shown an order of the court that has removed this right.
All	18	Conservators/Guardians of a disabled person may not register to vote for the disabled person.
All	19	Conservators/Guardians of a disabled person may sign the declination form for the disabled person.
All	20	An "authorized representative" who is applying for services on behalf of another person may not register to vote on behalf of the other person.
All	21	When a customer reports a change of address to DHS by telephone, the individual will be asked the appropriate questions relative to their desire to apply to register to vote or to decline to apply to register to vote.
All	22	Individuals not known to the system may have their information captured for Voter Registration tracking only.
All	23	Voter Registration demographic data fields for individuals will be populated but are not mandatory for those individual's not known to the system.
All	24	Users will be able to inquire about specific individual's voter registration information at any time.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

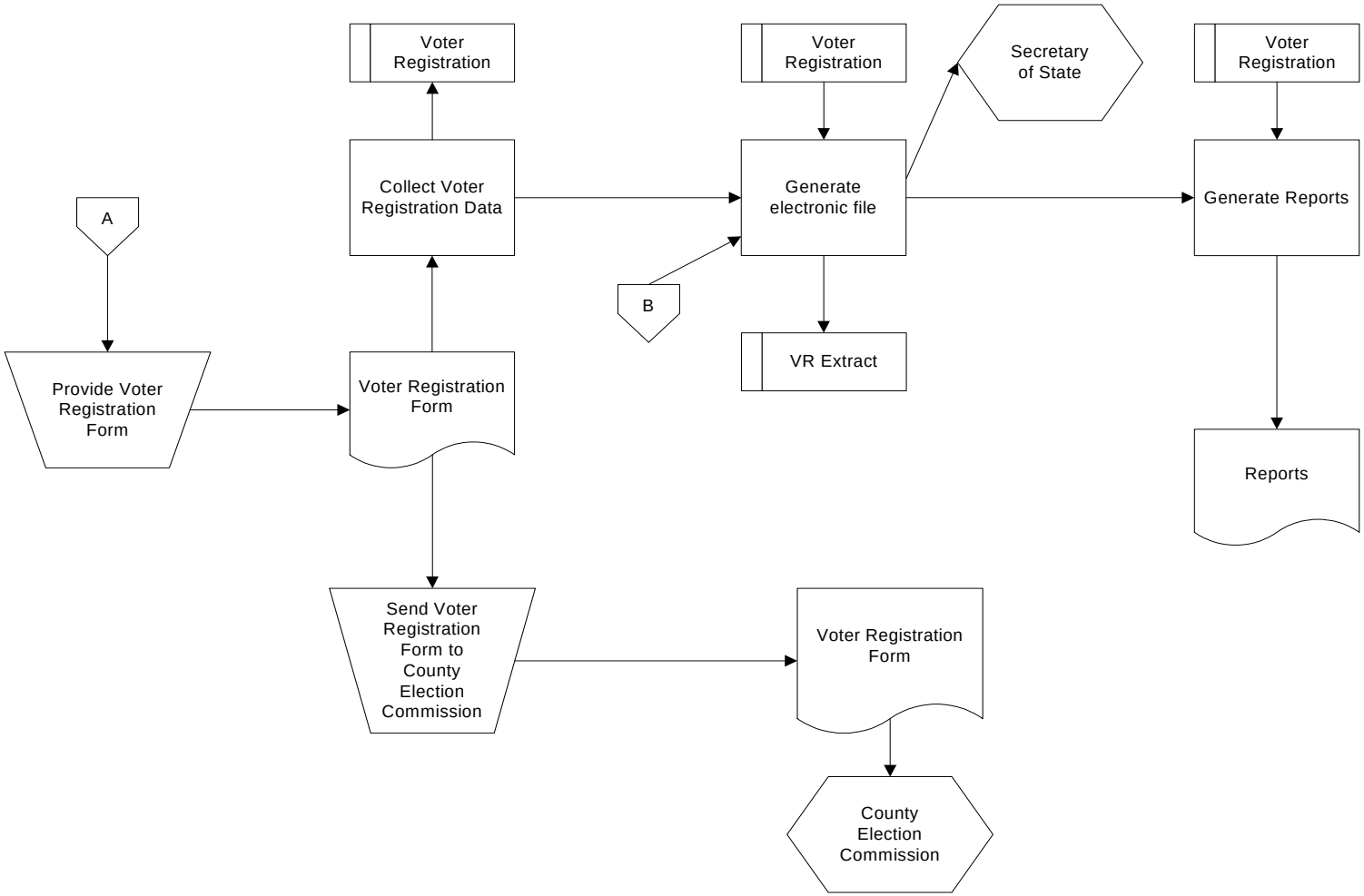
Program Type	Rule Number	Rule
All	25	The user must record the voter registration application tracking number when a voter registration application form is provided to an individual.

1.1.11 Voter Registration



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.11 Voter Registration (cont'd)



State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

Process:

The Deparment of Human Services will process long-term care applications and determine resource eligibility. The system will sort and perform calculation of resources for the case that include a legal community spouse in the determination of eligibility. The system shall allow an appointment for individuals who are screening for assessments. The user shall also be able to complete a resource assessment for individuals that enter long-term care, but do not file an application for assistance. The system shall use relationships of the case individuals when determining those financially responsible relatives required to provide information for the resource assessment.

Sub-Processes:

1. Determine if Resource Assessment Required

   The system shall determine from examining case and individual information, as per business rules, that a resource assessment is required when the user enters long-term care data for an individual. This may be determined by the client contact type. See “Client Contact” process.

   CASE (Input)
   Case Number
   Case Type
   Application Date
   Case Status

   INDIVIDUAL (Input)
   SSN

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

Individual ID
Community Spouse SSN

RELATIONSHIP (Input)
Type Code
Relationship of Individual to all Other Individuals in the Case

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Date

ADDRESS (Input)
Address Type
Case Address
Community Spouse Address

LONG-TERM CARE (Input)
Facility Name
Admission Date

MARRIAGE (Input)
Marital Status
Date of Marriage
Place of Marriage

NAME (Input)
Name Type

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

Case Name
Community Spouse Name

RESOURCE ASSESSMENT (Output)
Resource Assessment Required Indicator
Type of Client Contact

2. Calculate Resources

If it is determined that a resource assessment is needed, the user will collect and record the total resources, and the system shall sort, calculate and display the total value of the resources for the household. The system shall count the value of a resource that has been transferred for a specific period of time that is defined by rules. The system shall have the ability to identify resources that are scheduled, or are in the process of being transferred, and track the time frames.

RESOURCES (Input/Output)
Resource Type
Resource Amount
Resource Total Amount
Resource Owner
Resource Begin Date
Resource End Date
Resource Location
Resource Available Indicator
Resource Jointly Owned Indicator

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

CASE (Input)
Case Number
Case Type
INDIVIDUAL (Input)
SSN
Individual ID

NAME (Input)
Name Type
Case Name

3. Distribute Resources Among Individuals

From examining case and individual information, the system shall distribute the total value of the resources by the number of financially responsible household individuals based on business rules. The user may record this along with an initial application or as an update to a previous resource assessment. The system shall display all occurrences of the resource distribution.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Community Spouse SSN

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

NAME (INPUT)
Name Type
Case Name
Community Spouse Name
Name of Institutionalized Individual

LONG-TERM CARE (Input)
Long-term Care Indicator
Facility Name
Admission Date

RESOURCE ASSESSMENT (Output)
Resource Distribution Amount
Resource Distribution Individual
Resource Assessment Date

4. Determine if Override Needed

The user will determine and record when an override is needed per business rules.

CASE (Input)
Case Number
Case Type

RESOURCE ASSESSMENT (Input)
Resource Distribution Amount
Resource Distribution Individual

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

Resource Assessment Date

OVERRIDE (Output)
Override Type
Override Indicator

5. Record Override Value

When it has been determined that an override is needed, the user will record the information. The user may override the system-determined distribution value. The system shall count this amount as available to the community spouse.

CASE (Input)
Case Number
Case Type

RESOURCE ASSESSMENT (Input)
Resource Distribution Amount
Resource Distribution Individual
Resource Assessment Date

OVERRIDE (Input/Output)
Override Type
Override Indicator
Override Date
Override Reason
Override Amount

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

Override Begin Date
Override End Date

6. Generate Hard Copy of Form

The system shall generate the resource assessment form for signature.

RESOURCE ASSESSMENT (Input)
Date Resource Assessment Printed

CASE (Input)
Case Number
Case Type

NAME (Input)
Name Type
Case Name
Community Spouse Name
Name of Institutionalized Individual

RESOURCE ASSESSMENT NOTICE (Output)
Resource Distribution Amount
Resource Distribution Individual
Resource Assessment Date

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.1.12 Resource Assessment

Program Affected: TennCare Medicaid	**Users: Caseworkers, Supervisors, State Office Staff and Above**

7. Record Sign Date and Signature

The user will record the name and date the resource assessment form was signed.

INDIVIDUAL (Input)
SSN
Individual ID

RESOURCE ASSESSMENT (Input)
Signature Date

RESOURCE ASSESSMENT (Output)
Signature Date
Assessment Agreed to Date

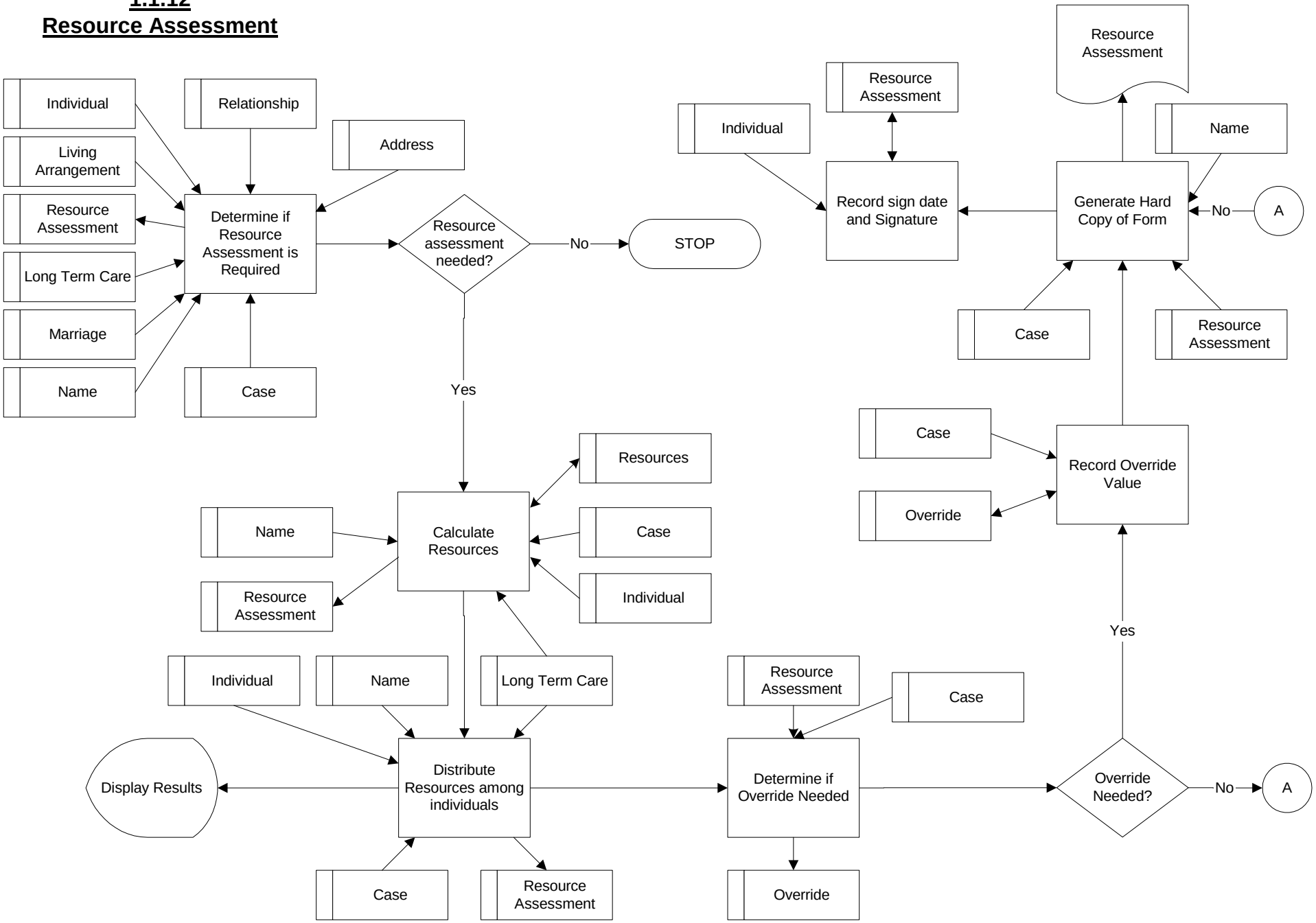
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	When an individual enters a long-time care facility, if there is a legal community spouse remaining in the home, a Resource Assessment will be required.
TCM	2	All resources of both individuals will be determined and totaled.
TCM	3	As the worker becomes aware that an individual has entered long-term care, the worker may complete a resource assessment.
TCM	4	Resources owned by spouse or both spouses are considered equally available to both spouses at the beginning of a continuous period of institutionalization.
TCM	5	If an assessment of resources is requested by the institutionalized or community spouse or either's authorized representative, an assessment will be made within thirty (30) days of receipt of all relevant documentation.
TCM	6	The community spouse resource allowance is equal to one-half of the total resources owned by both spouses which increases annually.
TCM	7	Either spouse has a right to a fair hearing with respect to the determination of the community spouse's resource allowance at the point an application for Medicaid has been filed.
TCM	8	Spouses must be legally married pursuant to the laws of the State of Tennessee
TCM	9	The community spouse resource allowance determined by the assessment will be deducted from the value of all available resources owned by both spouses as of the first month for which assistance is requested.
TCM	10	After the initial month of eligibility, no resources of the community spouse will be considered available to the institutionalized spouse.
TCM	11	A resource assessment may be done prior to application but not before admission to nursing home.
TCM	12	A resource assessment is done to protect the assets of the community spouse.
TCM	13	If new resource(s) are required, a determination must be made as to who owns the resource(s). If it is determined that the institutionalized spouse owns any portion of the newly acquired resource(s), eligibility must be reevaluated.
TCM	14	An application for assistance is not required to request a resource assessment to be performed.
TCM	15	If it is discovered at application, or at any time after the assessment is completed, that not all resources were reported or known, the assessment will be recalculated. Resources available at the beginning of the period of institutionalization, regardless of any interruptions of confinement in long-term care, must be reconstructed and documented.
TCM	16	An assessment remains in effect until application is made regardless of any interruptions in long-term care.
TCM	17	A resource assessment may be recalculated as the result of an appeal hearing decision, but not at the request of the individual/applicant.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.1.12

Resource Assessment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview	
Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Process:

The potential make-up of the household is determined by the applicant's program choice. The applicant (head of case or caretaker) must be allowed to select the application program and household individuals. Applicants can separately select Food Stamps, Families First, TENNCARE/Medicaid, TENNCARE Standard, Child Care or any combination of the above.

When there are multiple individuals at the same address applying for assistance, each individual or group of individuals must file an application for assistance. Cases must be determined by including mandatory individuals (based on relationship) with the head of case. Mandatory individuals not selected according to program grouping criteria must automatically be included in the group. There will be some instances in which information about individuals not residing at the same address will be required to be gathered also in order to determine eligibility for the individual(s) applying based on program and rules.

In this process, data will only be collected once per individual, regardless of the number of cases the individual is a member of, or the different programs applied for or receiving benefits for.

Data will be collected in a specific order. Only the data needed for the programs being received or applied for will be collected. If additional programs are selected, the system will require user to complete the necessary data fields that have not already been collected.

The goal is to approve the case at the earliest point possible. If programs fail, the system will trickle to other sub-programs when possible. Data collection must be completed for a program, even when it has failed in an early stage so that all failure reasons can be captured unless the case has failed technical eligibility. The system will periodically perform budgeting and grouping during the data collection process. This will be done each time a

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

case could be determined eligible. The system shall display summary results of grouping, resource determinations and budgeting as requested and/or required in the processes. The system shall maintain history of all user-generated or system-generated information based on rules.

Each data store will contain rules for determining technical eligibility. The collection of all available data will be used to determine resources and budgeting and to make a final eligibility decision. In order to be eligible, all data collected must be verified with a suitable verification type.

Grouping shall occur at the end of eligibility screening for all programs and at application registration for the programs applied for. The participation status for each individual at this time will be 'non-determined'. For cases going through eligibility screening, the determination of technical, resource, and income eligibility will not occur in stages, but at the end of the data collection. For cases going through an application or other data collection activity part of case process eligibility will be established at various points in the data collection sequence by grouping, resource determination, and budgeting.

As data is collected the programs may or may not become subprograms. The individual's participation status will change once technical eligibility has been determined and the first grouping has occurred. Participation statuses may include, but are not limited to, the following: removable child, transfer adult, participating specified relative, deemed relative, non-participating child, non-participating adult, deemed adult, deemed child, deemed minor caretaker's parent, minor's spouse, deemed stepparent, deemed sponsor, participating adult- optional, participating adult mandatory, excluded HH member, ineligible member, head of case, target individual

An individual's participation status will be based on program/subprogram rules that may be found throughout the processes.

If a case is found to be technically ineligible for a program, the system shall allow authorization. If a case is determined to be technically eligible, the system shall determine income eligibility through collection of earned

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

and unearned income and allowable expenses if applicable. Once this information is collected the system shall perform budgeting for that program/subprogram. Additional subprograms may be formed at this point, but prior subprograms must remain and continue to test for eligibility through authorization so that all possible denial reasons may be captured.

Based on the new subprograms that have formed after the collection of income, more technical requirements may need to be verified.

After technical eligibility and income eligibility have been established, the system shall capture resource information. If the case fails for resources, grouping must take place again creating the next subprogram in the program's hierarchy. Based on the new subprograms that have formed after the collection of resources, more technical requirements may need to be verified.

Once all subprogram eligibility has been established, the system shall continue to collect data as needed and will display premium amounts, spend-down amounts, and eligibility thus far for each program/subprogram. There will be times when eligibility in one program may make the individual ineligible in another subprogram or may affect the benefit amount of another subprogram. For this reason the various programs/subprograms may require a sequence of authorization and a new eligibility determination after each authorization.

Sub-Processes:

1. Collect Individual Information

   The user must begin entering and the system must begin collecting case and individual information for each individual in the case or linked cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview	
Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

INDIVIDUAL (1)
Name (First, Middle, Last)
Social Security Number
SS5 Date
Citizenship
Protective Payee
Does the Minor Parent Live in the Home of a parent supervised by an adult indicator
Good Cause Claimed Indicator
Good Cause Granted Indicator
Free Form Comments
Emancipated Minor Indicator
Veteran Status
State of Residence
Home Address
E-mail Address
Mailing Address
PIP Address
Phone Numbers (4)
Contact times
Felony Convictions
Felony Classification
Date of Convictions
Drug Treatment
Received/Enrolled
Dates of Drug Treatment
Fleeing Felon Information
Sex

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Migrant Worker Information
Pregnancy Information
Date of Conception
Due Date
End Date
Number of Newborns Expected
Authorized Representative Information
County of Residence
Race
Ethnicity
Marital Status
Language Type

ALIEN TYPE (2)
Citizenship
Alien status and date
Country of Origin
Date of Entry
Document Number
Document Date
Alien Registration Number
Sponsor Information

VOTER REGISTRATION (3)
Voter Registration Application Form Number
How the Voter Registration Application form was delivered to the individual
Date the Voter Registration Application was delivered

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Date completed Voter Registration Application was received by DHS
Date that DHS contacted by the individual
Time that DHS contacted by the individual
USER ID of individual entering the voter registration information
How the Declination form was delivered to the individual
Yes or No the individual agreed to sign the declination form
Date the Declination form was signed
Yes or No the declination form was signed by the individual
Last Name
First Name
Middle Initial
Age
User ID
Date
Time
Address
Authorized Representative
Guardian Indicator
Conservator Indicator
Registered Indicator
Application Filed Today Indicator
Application Mailed Today Indicator
Complete Application Received
Application Number
Declination Given
Individual Signed Declination
Individual Refused to Sign Application or Declination

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Declination Id Number

LIVING ARRANGEMENT (4)
Living Arrangement and Date
Child Can't Go Back to Removal Home and All Reasonable Efforts Have Been Made to Place without Adoption Indicator

MINOR PARENT (4.1)
Minor parent separate Household Indicator
Is Minor parent under supervision of specified relative Indicator
Is Good Cause Claimed Indicator
Is Good Cause Granted Indicator

FOSTER CARE (4.2)
Removal Cause
Court ordered physical removal from the home or court ordered constructive removal of custody from a specified relative
Physical or constructive removal pursuant to a Voluntary Placement Agreement entered into by a parent or legal guardian
Voluntary Surrender
Removal Court Order Date
Date of Removal
Contrary to Welfare
Petition Month
Eligibility Month
Removal Home
AFDC Specified Relative

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview	
Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

AFDC Removal Home
AFDC Assistance Unit
Social Security Number
SS-5 Form
Citizenship Indicator
Alien Status
Age
Date of Birth
School Attendance
Expected Graduation
Deprivation
Unemployment Information
Living with and Removed From a Specified Relative
Resources
Non-Existence of a Resource
Countable Resource Indicator
AFDC/Title IV-E Foster Care Table
Income
Non-Existence of Income
Preponderance of Evidence
Deemed Income
Income Type
Gross Countable Income
July 16, 1996 Gross Income Standard
Net Countable Income
July 16, 1996 Consolidated Need Standard
Eligible for $30 and 1/3 Disregard

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DHS V.I.P. Process Description

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Date: January 31, 2005

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Child Care Allowance
Date of Legal Responsibility
Initial Reasonable Efforts
Aggravated circumstances, as defined in state law, exist;
That a parent(s) has been convicted of a felony; or
That a parent has been subjected to a prior involuntary termination of parental rights.
Initial Reasonable Efforts Date
Child's Countable Gross Income
185% of Board & Care Rate
Budget Calculation for Child's Gross Income
Child's Countable Net Income
100% of Board & Care Rate
Child's Countable Net Earnings
Budget Calculation for Child's Net Income
Voluntary Placement Agreement Signature Indicator
Voluntary Placement Agreement Date
Best Interest Judicial Determination Date
Last Redetermination Date
Redetermination Period
Redetermination Month
Parent in Home Indicator
Legal Responsibility Indicator
Date That The First Annual Court Order With A Reasonable Efforts Judicial Determination Is Required
Annual Reasonable Efforts
Annual Reasonable Efforts Date
Next Annual Reasonable Efforts Date
Trial Home Visit Duration

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Lump Sum Payment
Dedicated SSI Account Indicator
Child Released To Indicator
Consolidated Need Standard
Reimbursability Changed Retroactively Indicator
Court Order Signature Indicator
Custody Indicator
Guardianship Indicator
Case Criteria
Adoption Assistance Agreement Begin Date
Adoption Assistance Approval Date
Adoption Assistance Agreement Renewal Date
Adoption Assistance Agreement End Date
Adoption Assistance Agreement Revision Date
Adoption Assistance State Funded Indicator
Adoption Assistance Service Expense Amount
Adoption Assistance Service Expense Date
Adoption Assistance Service Expense Payee Name
Adoption Assistance Service Expense Payee Address
Adoption Assistance Non-Recurring Expense Amount
Adoption Assistance Non-Recurring Expense Date
Adoption Assistance Non-Recurring Expense Payee Name
Adoption Assistance Non-Recurring Expense Payee Address
Adoption Assistance Service Type
Adoption Assistance Deferred Service Liability Amount
Adoption Assistance Residential Treatment Amount
Adoption Assistance Residential Treatment Begin Date

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Adoption Assistance Residential Treatment End Date
Hospital Begin and End Dates

LONG TERM CARE (4.3)
Nursing Home Type
Nursing Home Name and address
Nursing Home Phone Number
Admission Date
Discharge Date
Contact Availability Time for Nursing Home
Been in LTC less than 1 month Indicator
Have Spouse or Dependents in Community Indicator
Resource Assessment Date
Resource Allocation Amount
Optional Spousal Income Allocation Amount
Family Address
New Provider Name
Admission Date
Discharge Date

RELATIONSHIP (5)
Relationships of each case member to all others
Specified degree of relationship
Eating and purchasing food arrangements indicators
Non-Parental Caretaker Indicator
Student Dependent Indicator
Food Stamp Non-Parental Control Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Marriage Inclusion/Exclusion Date
Marriage Inclusion/Exclusion Indicator
Marriage Verification Type
Date of Divorce
Date of Remarriage
Date Marriage/Remarriage Reported
Marriage/Remarriage Verification Type
Date Marriage Reported
New Spouse Name

SCHOOL ATTENDANCE(6)
School District
School Type
Name of School
Address of School
Expected Graduation Date
School Status
Credit/Hours
Current GPA
Receiving or Applied for Work Study
For Minors: Meeting School Compliance Attendance Indicator
Good Cause Indicator for not attending
Reason for Good Cause
Caring for Child Under 6
Caring for Child 6 – 11
Education Level
ABE Result

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Prepared by: DHS Policy / Systems

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

ABE Date
Attending

DISABILITY / INCAPACITY (7)
Individual Name
Elderly and Disabled Indicator able to purchase and prepare own meals
Elderly or Disabled Indicator
Disability-Incapacity Type
Disability Incapacity Begin Date
Special Circumstances
Permanent or Temporary (exceed 30 days) Disability
Level of Care
SSI Referral
Medical Disability Decision Type
Date of Medical Disability Decision
Disability/Incapacity Review Date
Doctor's Statement
Doctor's Statement date
Doctor's Statement Narrative
Individual Age
Individual Height
Individual Weight
Individual Address, City, State and Zip
Individual Phone Number
Place of Interview
Individual Grade Completed
Individual Age Entered

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Individual Age Left
GED Indicator
Special Ed Indicator
College Indicator
Speak English Indicator
Read Indicator
Write Indicator
Presently Employed Indicator
Monthly Salary
Hours Per Day
Hours Per Week
Place of Employment
Individual SSN
Reason for Leaving
Date Last Worked
Live Alone Indicator
Live with Immediate Family and Friends Indicator
Names of Spouse, Children, Dependents Living with Client
Applied for SSA/SSI Disability Benefits Indicator
Date Applied
Case Pending Indicator
Case in Appeal Status Indicator
Final Decision Indicator
Received Vocational Rehab Services within the Last 12 Months Indicator
Dates/Years Service/Training Received
Apparel and Grooming Narrative
Obvious Evidence of Client's Physical and/or Mental Impairments Narrative

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DHS V.I.P. Process Description

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Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview	
Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Client's Attitude and Degree of Cooperation Narrative
Use of Assistive Device for Walking Indicator
Type of Device
Have a Hearing Problem Indicator
Hearing Aid Indicator
Time Since Last Change
Have a Vision Problem Indicator
Glasses Used Indicator
Time Since Last Change
Other Pertinent Information Narrative
Disabling/Incapacitating Impairments Narrative
Medications Currently Taken by Client
Does Client Require Attendant Care Indicator
Provided by Family Indicator
Or Professional Services Indicator
Previous Major Illnesses/Surgery
Illnesses Dates
Individual SSN
Sent to Special Exam in the Past 6 Months by SSA Indicator
By Vocational Rehab Indicator
Received Medical Treatment within the Last 2 Years Indicator
Ever Received Psychological/Psychiatric Treatment Indicator
If Yes, Request Reports from these Agencies
Name and Address of Agency
Dates of Treatment at Agency
Date Information Requested
Date Information Received

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Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Individual SSN
Individual Job Title
Type of Business
Dates Worked
Hours Per Week
Weekly Pay
Use Machines, Tools or Equipment Indicator
Writing Complex Reports Etc. Indicator
Use Technical Knowledge/Skills Indicator
Supervisory Responsibilities Indicator
Basic Duties Along with Explanation Narrative
Number of Hour Spent Daily Walking
Number of Hours Spent Daily Standing
Number of Hours Spent Daily Sitting
Bending
Never Indicator
Occasionally Indicator
Frequently Indicator
Constantly Indicator
Lifting/Carrying What/How Far Narrative
Heaviest Weight Lifted 10, 20, 50, 100 over 100 Indicator
Frequently Carried 10, 25, 50 over 50 Indicator
Individual's Name
Individual's Date of Birth
Date of Last Visit to Doctor
Is He/She Currently Having Chest Pain Indicator
Pain Location and Character

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DHS V.I.P. Process Description

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Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Does the Pain Radiate and Where
What brings on the Pain Indicator
If the Precipitating Factor is Exertion, What Kinds of Exertion Brings on the Pain
How Long does the Pain Last
Is the Pain Relieved Promptly by Rest or Nitroglycerin
If not, how long does it take to obtain relief
Are there any associated symptoms (nausea, vomiting, sweating or weakness)
Individual's Name
Individual's Date of Birth
When did you have your last seizure
How often do you have seizures
Do you take medication for seizures indicator
If yes, list medications and how often taken Narrative
Does anyone check your blood for the level of medication in it indicator
If yes, please list complete names and addresses of where your blood is checked and how often is your blood level checked narrative
Prescription Numbers for your seizure Medication Narrative
List Names and addresses where you have gotten your seizure medicine for the last year. (We must have the name of the drug store, street address, city, state and zip code.) Also, if you get your medicine at more than one drug store, you will need to list the prescription numbers for that particular drug store under the address narrative.
Has anyone seen you have a seizure in the past year indicator
If yes, please list their complete name, addresses, and phone numbers if it is all right for us to contact them narrative.
Brief Description of what happens when you have a seizure narrative.

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

WILLINGNESS TO COOPERATE WITH WORK REQUIREMENTS (8)
Willingness to cooperate with work requirements indicator and date

CHILD SUPPORT COOPERATION (9)
Willingness to comply with child support indicator and date
Good Cause
Extension
Determined
Date

INCOME (10)
Individual's Name
Individual's SSN
Date Received
Gross Amount FS/FF/MA
Mandatory Deductions
Net Amount
Representative?
Documentation (free form)
Unearned Income Begin Date
Unearned Income End Date
Food Stamp Amount
Medicaid Amount
TennCare Amount
TANF Amount
Budget Effective Begin Date
Budget Effective End Date (MMCCYY)

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Pay Frequency
Claim Number
Claim Verification
Earner's Name
Provides Meals Switch
Provides Room Switch
Provides Board Switch
Number of Boarders
Monthly Income Amount
Monthly Income Verification
Monthly Expenses Amount
Monthly Expenses Verification
Earnings Begin Date (MMCCYY)
Earnings End Date (MMCCYY)
Payer's Name
Number of Meals Per Day
"Roomer?" (Y/N)
"Cooking Facility?" (Y/N)
Monthly Room and Board Expense Amount
Expense Begin Date (MMCCYY)
Expense End Date (MMCCYY)
Expense Verification
Expense Reasonable? (Y/N)
Student Name
Educational Aid Type
Educational Aid Type Description system generated
Monthly Educational Aid Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Educational Aid Begin Date
Educational Aid End Date
TANF Exemption
Title IV Code
Name of Individual Receiving Assistance
SSN of Individual Receiving Assistance system generated
Shelter/Utility Assistance Type
Shelter/Utility Assistance Type Description system generated
"Exempt for Medicaid / TennCare?" (Y/N) system generated
"Exempt for Food Stamps?" (Y/N) system generated
Monthly Assistance Amount
Assistance Begin Date (CCYYMMDD)
Assistance End Date (CCYYMMDD)
Assistance Verification
Name of Assistance Provider
"Does this individual have a government subsidy for housing?" (Y/N)
"Does this individual live in public housing?" (Y/N)
Sponsor's Name
Sponsors Spouse's Name
Sponsor's AG Size
Sponsorship Organization's Name
Sponsorship Organization's Address
Sponsorship Organizations Telephone Number
"Provide Assistance?"
Assistance Begin Date (MMCCYY)
Assistance End Date (MMCCYY)
Assistance Verification

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Alien's Name
Child's Name
Living Arrangement
Special Circumstances
Subsidy Type
Adoption Status
Adoption Final Date (CCYYMMDD)
Foster Care Payment Amount
Verification
Delete Switch

EMPLOYMENT INFORMATION (11)
Employed Person's Name
Employed Person's SSN
Recipient Identification
Self-Employment Income Status
Self-Employment Title
Self-Employment Begin Date
Self-Employment End Date
Farming Income Status
Self Employment Start Date
Self Employment End Date
Monthly Hours
Monthly Hours Verification
Hourly Rate
Self-Employment Allowable Expenses
Employer Name

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Employer Address
Work Phone
Work Phone Extension
Job Title
Job Begin Date
Job End Date
Employment Type
Pay frequency type
Reason for Leaving
Primary Wage Earner Status
Voluntary Quit Date
Strike Start Date
Strike Date Verification
Strike End Date
Strike End Date Verification
Monthly Earnings Effective Start Date
Monthly Earnings Effective End Date
Food Stamp Countable Gross Amount
Medicaid Countable Gross Amount
TennCare Countable Gross Amount
TANF Countable Gross Amount
Earnings Verification
Blind Worker Expenses
Blind Worker Expenses Verification
Name of Parent Company (for earned income employees)
Subsidized Employment Source
Subsidized Employment

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Prepared by: DHS Policy / Systems
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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Verification Method
Free Form Documentation
Pay Period End Date
Date Pay Received
Gross Pay Amount
Representative Indicator
Non-Countable Amount
Reason for Leaving Employment
Good Cause Indicator
Principle Wage Earner Indicator
Self Employment Income
Verification

HEALTH INSURANCE (11.1)
Person paying for medical insurance coverage
Policy limitations
Policy claim number
Policy begin date
The system shall have separate begin and end date fields available for part A, B and D if the individual has Medicare
Policy end date
Policy premium amount
Budget begin date
Budget end date
Policy verification
Is a member of the household eligible to receive medical insurance as a result of a court order?
Is the member of the household cooperative with IVD for Medical or Child Support? (obtaining Medical Support

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Coverage)
Uncooperative Person
Carrier ID
Insurance provider's name
Insurance provider's address
Services covered
Insured individual(s) name(s)
Do you have group health insurance?
Do you have access to group health insurance?
Type of Health Insurance
Name of insurance company
Address of insurance company
Are you employed?
If employed, does your employer offer a group health insurance plan?
If employed, is family coverage offered?
If your employer offers group health insurance and you are not enrolled, when is the next enrollment period?
Do you have access to COBRA through a former employer?
COBRA 18 month begin and end dates
If you are currently serving in the U.S. Armed Forces, do you have access to insurance through the military?
Does someone living outside the home have access to group insurance for any family member?
Verification of access to insurance
Three MCOs

ABAWD (11.2)
ABAWD Time Periods
Exempt from Time count individual indicator
Exemption Reason

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

SHELTER / UTILITY EXPENSES (12)
Individual Incurring Expense
Shelter Expense Amount
Utility Expense Amount
Shelter/Utility Expense begin and end dates
Utility Heating / Cooling Expense Indicator
Public Housing Indicator
Subsidized Housing Indicator
Expense Type – Shelter
Expense Type – Utility
SUA/BUA Selector
Verification
Shelter Assistance Received (type, amount, dates, provider)

CHILD CARE PROVIDER EXPENSES (13)
Name of the individual paying for Adult/Child Care Expenses.
Dependent in the Home
Dependent Care to Person Living In Another Household
Verification of Adult/Child Care Expense.
The Begin Date of the Adult/Child Care Expense.
The End Date of the Adult/Child Care Expense.
Total Monthly Amount Paid (out of pocket) for Adult/Child Care Expenses for all children. (system calculated)
Is the State Paying for any portion of the Adult/Child Care Expense? Y/N (Families First only)
Name, Address and Phone Number of person or facility providing Dependent Care.
Name of child being cared for.
Relationship of the child being cared for, to the individual paying for dependent Child Care Expenses.

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Frequency of the Adult/Child Care Expense per child.
Amount Paid (out of pocket) for Adult/Child Care Expense per child
Monthly Amount Paid (out of pocket) for Adult/Child Care Expenses per child. (system calculated)
Good Cause Flag for all programs except Food Stamps – Good Cause allows children greater than 13 years of age to receive Dependent Care. (Food Stamps does not set an age limit)
Name of the individual paying the Dependent Care Payments.
Verification of Dependent Care Payment information.
The Begin Date of the Dependent Care Payments.
The End Date of the Dependent Care Payments.
Total Monthly Amount Paid for Dependent Care Payments for all children.
Name, Address and Phone Number of the Dependent outside the household whose care is being paid for.
Relationship of the individual paying Dependent Care Payments, to the individual outside the house holds being cared for.
Frequency of the Dependent Care Payments per child.
Monthly Amount Paid for Dependent Care Payments per child. (system calculated)
Court Order Number (Food Stamps Only)
State in which the Court Order was issued. (Food Stamps Only)
Amount the court has ordered. (Food Stamps Only)
Amount actually being paid.
Verification of actual Dependent Care Payments.
Free Form documentation.

CHILD SUPPORT EXPENSES (14)
Name of the individual paying alimony /child support expenses.
Verification of alimony /child support Expense.
The Begin Date of the alimony /child support Expense.
The End Date of the alimony /child support Expense.

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Name of adult / child for whom alimony / child support is being paid.
Relationship of the adult / child for whom alimony / child support is being paid
Frequency of the alimony /child support expense.
Amount Paid (out of pocket) for alimony /child support expense
Name, Address and Phone Number of the dependent for whom the alimony /child support is being paid.
Court Order Number
State in which the Court Order was issued.
Amount the court has ordered.
Verification of actual alimony /child support payments.
Free Form documentation.

MEDICAL EXPENSES (15)
Name of individual incurring medical expense
Provider Name and address
Type of Medical Service
Total incurred amount
Total amount client owes
Care date for medical expense
Verification of medical expense
Budget begin date to allow medical expense
Budget end date to allow medical expense
Is this a one-time expense?
One-time expense amount
Number of months to spread expense for FS
Recurring amount for medical expense
Recurring indicator Y/N for FS for MA
Payment plan amount

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Payment Plan indicator Y/N for FS for MA
Spend-down for Medicaid Y/N
Spend-down amount system generated
Amount of expense used to meet spend-down
Amount of expense remaining to meet future spend-down
Name of individual incurring medical expense
Is this a bill for a former eligible member indicator
Creditor Name for medical expense
Type of Item-D expense
Care date for incurred expense
Actual/Projected Indicator for Item-D amount
Item-D amount
Verification of Item-D expense
Has Denture Medical Necessity form been signed?
Denture Medical Necessity form signature date
Has Verification of Services form been signed?
Verification of Services form signature date
Has Consent for Dental Treatment form been signed?
Consent for Dental Treatment form signature date
Has Request for Item-D Approval form been received?
Request for Item-D Approval form date of receipt

RESOURCES (16)
Resource Type
Vehicle Make
Vehicle Model
Vehicle Year

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Usage of the vehicle
Vehicle Market value
Vehicle amount owed
Vehicle owed to whom
Vehicle equity calculated by the system
Usage
Available Indicator
Joint Owner Indicator
Percent Jointly Owned
Burial Policy Owner
Burial Policy Value
Irrevocable indicator
Owner of the life insurance
Applicable dates the life insurance is owned
Type of life insurance
Name and address of the insurer
Joint ownership
Percentage of joint ownership
Name and relationship of the individual with whom the life insurance is jointly owned
Policy number
Start date of the policy
Face value
Cash value
Amount if any, loaned to the individual against the policy
Available Indicator
Policy Loan
Net Cash Value (system calculated)

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Type of real property
Period the real property is applicable Begin/End Dates
If the property is the individual's residence
Joint ownership if the real property
Percentage of joint ownership if the real property
Name and relationship of the individual with whom the real property is jointly owned
Market value of the real property
Amount owed on the real property
Address of property
Property ownership statuses
Address of lien holder
County code of where the real property is located if in Tennessee
If not in Tennessee the worker shall enter the county name and state
Available Indicator
Equity (system calculated)
Life Estate Indicator
Life Lease Indicator
Owner of Lump Sum
Amount of Lump Sum
Type (a brief description of type of lump sum)
Lump sum credit (amount of lump sum that should be disregarded because it has been counted as a resource on a previous resource screen)
Lump Sum Source (Table Value)
Dates Lump Sump Applies
ADC AG Size
Personal Injury / Wrongful Death Indicator

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Prepared by: DHS Policy / Systems

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Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Offsetting Expenses
Individual that received the EITC Earned Income Tax Credit
Date of receipt of EITC
ETIC Amount received
Dates the EITC is applicable
Items transferred currently flagged by delete codes
Equity Value
Total equity value (This amount shall be populated on the Resource Transfer screen.)
System shall capture the owner (individual who owned the transferred resource).
System shall capture the type of resource.

LIQUID RESOURCES (17)
Liquid Asset Owner
Liquid Asset Account Number
Name of the Financial Institution
Liquid Asset Amount
Dates the liquid asset is applicable Begin and End
Joint ownership of the liquid asset
Percentage of joint ownership of the liquid asset
Name and relationship of the individual with whom the liquid asset is jointly owned
Liquid Asset Type
Available Indicator

TRANSFERRED RESOURCES (18)
Vehicles
Life insurance
Real property

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Prepared by: DHS Policy / Systems

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Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Liquid assets
Date of Transfer
Resource accessibility
Date of discovery
Joint ownership
Percentage of joint ownership
Name/relationship of the individual with whom resource is jointly owned
Dollar value of the transferred resource prior to transfer
Disqualification Period (Begin and End dates) system generated
Usage of the vehicle (this will determine if the vehicle is exempt). If the vehicle was previously entered as a resource, the system shall display the usage code that was previously entered for this vehicle.
Amount still owed on the vehicle (if the vehicle was previously entered as a resource the system shall display the still owed amount that was previously entered for this vehicle)
Policy cash value (The system shall already display this amount if the policy was previously entered, and the policy had cash value.)
Policy loans (The system shall already display this amount if the policy was previously entered.)
Amount still owed on the property (The system shall already display this amount if the property was previously entered.)
Exemption reason for the property if the property is exempt
Whether the real property is the individual's residence
Life Lease
Whether the real property is a life estate (if the real property is a Life Estate, the system shall display the value
Type of asset transferred
Name of person to whom the liquid asset was transferred
Dollar amount individual received for the transferred liquid asset
Verification of the amount/whom the liquid asset was transferred

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Reason individual transferred the liquid asset
Date the liquid asset was transferred
The following shall be captured for all types of resources transferred:
Type of resource
Name of person to whom the resource was transferred
Dollar amount individual received for the transferred resource
Transferee of resource
Reason individual transferred the resource
Date the resource was transferred
Reconvey date (date the resource was transferred back to the individual)
Verification of reconvey date
Non Exempt Value (value of resource reconveyed to the individual)
Amount Spent
Was the Transfer Proper Indicator
Other Resources Applied Towards

ABSENT PARENT (19)
Absent Parent Name
Social Security Number
Sex
Reason for absence
Absence begin date
Closure date
Closure reason
Court ordered medical support obligation amount
Court ordered medical support effective date
Eye color

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Federal benefit amount
Federal benefit type
Hair color
Height
Medical insurance name if provide medical
Last paid child support amount
Last paid child support date
Paternity established status
Weight
Individual Making the Child Support Referral
Name(s) of Child(ren) of Absent Parent
Paternity Information
Insurance Information
Address
Validity of Address Indicator
Telephone Number
Race
Place of Birth
Date of Birth
Current Employer's Name
Current Employer's Address
Current Employer's Telephone Number
Last Date Employed
Last Known Monthly Wage
Insurance Carrier
Policy Number
Marriage Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Marriage City, State
Marriage Certificate Number
Divorce Decree Number
Divorce Date
Divorce City, State
Criminal Record
Military Status
Military Branch
Military Dates In and Out
Last Date Child Support Paid
Last Amount Paid
Payment Effective Date
Payment Frequency
Arrearage Amount
Court Order Hearing Date
Court Order Number
Court Name
Court County
Court City/State
Court Ordered Amount
Court Ordered Payment Method
Court Ordered Payment Category
Court Action
Court Ordered Frequency
Absent Parent's Mother's Name
Absent Parent's Mother's Address
Absent Parent's Mother's Telephone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Absent Parent's Father's Name
Absent Parent's Father's Address
Absent Parent's Father's Telephone Number
Children's Mother's Name if She is Not the Caretaker

SANCTIONS (20)
Sanction Type
Sanction Occurrence
Sanction Reason
Begin Sanction Date – 1st Occurrence
End Sanction Date – 1st Occurrence
End Sanction Reason – 1st Occurrence
Begin Sanction Date – 2nd Occurrence
End Sanction Date – 2nd Occurrence
End Sanction Reason – 2nd Occurrence
Begin Sanction Date – Subsequent Occurrence
End Sanction Date – Subsequent Occurrence
End Sanction Reason – Subsequent Occurrence

BANKRUPTCY (21)
Individual with Bankruptcy in Case Indicator
Bankruptcy Indicator
Bankruptcy Amount
Bankruptcy Court Name
Bankruptcy Court - Address – Type
Bankruptcy Court - Address – Effective Date
Bankruptcy Court - Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Bankruptcy Court - Phone Number – Effective Date
Contact Availability Time for Bankruptcy Court

TCS / MA PREMIUMS (22)
Premium Payer Name
Premium Amount
Premium Begin and End dates
FPL standard

PRP (23)
Personal **R**esponsibility **P**lan (**PRP**) - Signature Date
PRP – Families First Designated Caretaker Indicator
PRP – Hardship County Indicator
PRP - Activity Name
PRP - Start Date of Activity
PRP – Expected End Date of Activity
PRP - Actual End Date of Activity
PRP - Time of Class/Training
PRP - Hours Per Day Scheduled
PRP - Hours Per Day Client Attended
PRP - Hours Per Day Client Missed
PRP - Activity Meet Time
PRP - Total Modified Hours
PRP - Total Hours
PRP - Day(s) of the Week the Activity Meets
PRP – Modification Indicator
PRP - Non-Attendance Adjustment Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

PRP - Good Cause Adjustment Indicator
PRP - Daily Good Cause Type
PRP - Date Good Cause Type Entered
PRP – Participation Status
PRP Narrative - Service Provider Comments
PRP - Activity Progress Indicator
PRP - Work Activity Good Cause Indicator
PRP - Activity Progress Indicator
PRP - Actual Hours Attended
PRP Narrative - Attendance Documentation
PRP – Individual Status Type
PRP - Work Status Type
PRP Renegotiation Date
PRP Renegotiated Prior to Activity Expected Completion Date - Good Cause Type
PRP – Effective Date
PRP - Send Referral Indicator
PRP - Non-Contracted Work Component Activity Compliance Indicator
PRP - Two Week Compliance Indicator
PRP – Compliance Begin Date
PRP – Compliance End Date
PRP - Compliance Due Date
PRP – Volunteer Indicator
PRP – Planned Hours for each Activity
PRP – Attendance Progress Type
PRP - Activity Referral Date
PRP – Compliance Status Type
PRP - Activity Ended Reason Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

PRP - Print Plan Indicator
PRP Narrative - PRP Activity Comments
PRP – Modified PRP with Allowed Hours or Circumstances Information Indicator
PRP – Proposed Activity
PRP – Proposed Activity Target Date
PRP – Directions to Provider Location
PRP - Sum of Plan Hours
Total Individual PRP Hours
Transportation Authorization Type
Support Service Authorization Type
Transportation Reimbursement Offered Amount
Support Service Reimbursement Offered Amount
Transportation Provided Date
Support Service Provided Date
Career Assessment Result Type
Career Assessment Result Type Date
PRP Vendor Name
PRP Vendor - Address – Type
PRP Vendor - Address - Effective Date
PRP Vendor - Phone Number
PRP Vendor - Phone Number – Effective Date
Contact Availability Time for PRP Vendor
PRP Referral Caseworker Name
PRP Referral Caseworker – Phone Number
PRP Referral Caseworker – Phone Number - Effective Date
Contact Availability Time for PRP Referral Caseworker
PRP - Long Term Goal Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

PRP - Long Term Goal Step 1 Narrative - Describe Step 1 of Long Term Goal
PRP - Long Term Goal Step 1 Target Date
PRP - Long Term Goal Step 2 Narrative - Describe Step 2 of Long Term Goal
PRP - Long Term Goal Step 2 Target Date
PRP - Long Term Goal Step 3 Narrative - Describe Step 3 of Long Term Goal
PRP - Long Term Goal Step 3 Target Date
PRP - Long Term Goal Step 4 Narrative - Describe Step 4 of Long Term Goal
PRP - Long Term Goal Step 4 Target Date
PRP - Long Term Goal Step 5 Narrative - Describe Step 5 of Long Term Goal
PRP - Long Term Goal Step 5 Target Date
PRP – Participation Barrier Type
PRP – Participation Barrier Type – Freeform Text
PRP - Activity Facility Name
PRP - Activity Facility - Address – Type
PRP - Activity Facility - Address – Effective Date
PRP - Activity Facility - Phone Number
PRP - Activity Facility - Phone Number - Effective Date
Contact Availability Time for PRP Activity Facility
PRP Provider Employment – County of Employment
PRP Provider Employment – Case Number
PRP Provider Employment – Participant Name
PRP Provider Employment – Activity enrolled in while gaining employment
PRP Provider Employment – Provider Name
PRP Provider Employment - Work Start Date
PRP Provider Employment - Job Title
PRP Provider Employment - Job Type
PRP Provider Employment – Weekly Hours

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

PRP Provider Employment Narrative - Provider Comments
PRP Provider Employment – Employer Name
PRP Provider Employment – Employer - Address – Type
PRP Provider Employment – Employer - Address - Effective Date
PRP Provider Employment – Employer Contact Name
PRP Provider Employment – Employer Contact - Phone Number
PRP Provider Employment – Employer Contact - Phone Number - Effective Date
Contact Availability Time for PRP Provider Employer Contact
PRP Provider Employment - Pay Rate
PRP Provider Employment - Pay Period
PRP Financial - Type of Transportation Requested
PRP Financial - Type of Service Requested
PRP Financial - Authorized Amount
PRP Financial - Fiscal Year
PRP Financial - Fund Source
PRP Financial - Transaction Type
PRP Financial - One Time Indicator
PRP Financial - Activity Authorization Date
PRP Financial - Service Authorization Date
PRP Financial Narrative - Payee Reference
PRP Financial - Reimbursement Date
PRP Financial - Reimbursement Amount
PRP Financial - Source of Reimbursement
PRP Financial - Service Item Type
PRP Financial - Authorized Unit Indicator
PRP Financial - Amount of Authorization
PRP Financial - Units Approved

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

PRP Financial - Date Transaction Completed
PRP Financial - Amount Approved
PRP Financial - Vendor Number
PRP Financial Narrative - Vendor Instructions
Tennessee **A**dult **B**asic **E**ducation (**TABE**) Current - Literacy Test Date
TABE Current - Literacy Test Time
TABE Current - Literacy Test Results
TABE Previous - Literacy Test Date
TABE Previous - Literacy Test Time
TABE Previous - Literacy Test Results
TABE Current - Math Test Date
TABE Current - Math Test Time
TABE Current - Math Test Results
TABE Previous - Math Test Date
TABE Previous - Math Test Time
TABE Previous - Math Test Results
TABE Current - Reading Test Date
TABE Current - Reading Test Time
TABE Current - Reading Test Results
TABE Previous - Reading Test Date
TABE Previous - Reading Test Time
TABE Previous - Reading Test Results
Accept/Reject PRP Indicator
FF New
Exemption Code
Time Extension Code
Re-entry Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Interruption Code
Training Status
Immunization Completion Indicator
Good Cause Reason not to Complete Immunization
Good Cause Reason not to Complete Health Check
School Attendance Indicator
Good Cause Reason not to Attend School
Immunization Completion Date
Health Check Completion Date
School Attendance Verification Date
Educational Level Completed
Work Experience Indicator
Training Status Indicator
Training Facility
Training Facility Address
Training Hours
Past Work Experience Business Name
Past Work Experience Business Address
Past Supervisor Name
Job Title at Past Work Experience
Past work Experience Business Type
Dates Worked on Past Job
Hours Per Week Worked on Past Job
Weekly Pay on Past Job
Used Machine tools Equipment Indicator
Writing/Complex Reports Etc. Indicator
Use Technical skills/knowledge Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Supervisory Responsibilities Indicator
Licenses/Certificates/Education Narrative
Basic Duties Narrative
Customer Response to the Past Job Narrative
PRP Current Time Count Total
PRP Current Time Count Date
PRP Lifetime time Count Total
PRP Lifetime Time Count Date
PRP time count Warrant Month
PRP Reason Month Counts or Doesn't

WORK REGISTRATION (24)
Referral date for FS work requirements
Referral and registration dates for FS work requirements
Referral de-registration dates for FS work requirements
Exemption date for FS work requirements
Other reasons that an eligible FS individual will be unable to complete the work requirement
Individual work status for each FS individual
Exempt work status for FS elderly individuals (over 60) and minors (16 or younger)
Applicable work exemption reason for eligible FS individuals
Barriers to completing the work requirement for eligible FS individuals
Referral De-Registration Date
Referral De- Registration Reason

QMB/SLMB/QI (remove premium) (25)
Individual SSN
Individual Unique ID

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Individual eligibility begin and end dates
Case status
Case number
QMB Indicator
SLMB Indicator
QI Indicator

BUDGET (26)
Date(s) of Service
Account Number
Date of Bill
Provider
Original Amount of Bill
Third Party Payment(s)
Unpaid Medical Bill Amount
Current Balance
Type of Service
Patient name
Patient SSN
Other Insurance at Time Bill Incurred.
Countable Medical Expenses by Individual
Countable Medical Expenses by Case
Countable Medical Insurance Premiums by Case
Unpaid Medical Bill Type
Program Type / Sub-type
Eligible / Ineligible Individuals
Reasons for eligibility / ineligibility

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.1 Data Collection Sequence Application Interview

Program Affected: All	**Users: Caseworkers, FS1s, DCS Workers**

Individual / Case eligibility begin and end dates
Total itemized case resource values
Total itemized individual resource values
Case eligibility status (pass – fail)
Individual eligibility status (pass – fail)
Resource limit for program/subprogram
Resource Transfer Results
Ineligibility Period Begin
Ineligibility Period End
Number of Months Ineligible
Sponsor Group Resources
Individual / Case eligibility begin and end dates
Total itemized case resource values
Total itemized individual resource values
Case resource eligibility status
Individual resource eligibility status
Resource limit for program/sub-program
Total itemized case income values
Total itemized individual income values
Case financial eligibility status
Individual financial eligibility status
Income limit for program/sub-program

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Program Type	Rule Number	Rule
FFS	1	Families First Services has no additional requirements for this process other than those identified by Families First Policy.
CC	2	For child care assistance, individuals will have individual information recorded to identify the person.
CC	3	For child care assistance, individuals will have school attendance information recorded to determine compliance with work requirements.
CC	4	For child care assistance, individuals will have disability information recorded to determine an individual's exception to work requirements or a child's exception to the age limits.
CC	5	For child care assistance, individuals will have grouping information recorded to determine eligibility.
CC	6	For child care assistance, individuals will have placement or living arrangement information recorded
CC	7	For child care assistance, individuals will have demographic information recorded
CC	8	For child care assistance, individuals will have relationship information recorded
CC	9	For child care assistance, individuals will have foster care information recorded
CC	10	For child care assistance, individuals home information is not required
CC	11	For child care assistance, individuals will have citizenship or alien status recorded to determine eligibility.
CC	12	For child care assistance, vehicle resource information is not required
CC	13	For child care assistance, liquid resources information is not required.
CC	14	For child care assistance, property owned information is not required.
CC	15	For child care assistance, life insurance information is not required.
CC	16	For child care assistance, lump sum resources are not required.
CC	17	For child care assistance, transferred resource information is not required.
CC	18	For child care assistance, burial policy information is not required.
CC	19	For child care assistance, willingness to comply with child support enforcement indicator must be set to determine compliance.
CC	20	For child care assistance, willingness to comply with work requirement indicator must be set to determine compliance.
CC	21	For child care assistance, individuals will have child support and alimony payment information recorded to determine household income.
CC	22	For child care assistance, medical expenses are not required.
CC	23	For child care assistance, dependent care expenses are not required.

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Program Type	Rule Number	Rule
CC	24	For child care assistance, individuals will have employment information recorded to determine compliance with work requirements and income eligibility
CC	25	For child care assistance, health insurance is not required.
CC	26	For child care assistance, ABAWD information is not required.
CC	27	For child care assistance, individuals will have income information recorded to determine eligibility.
CC	28	For child care assistance, bankruptcy information is not required.
CC	29	For child care assistance, a resource budget is not required.
CC	30	For child care assistance, individuals will have a budget completed to determine eligibility.
CC	31	For child care assistance, QMB/SLMB/QI information is not required.
CC	32	For child care assistance, TCS/MA premium information is not required.
CC	33	For child care assistance, individuals will have work activity information recorded to determine compliance with work requirements.
IV-E FC	34	A foster child's student status shall be recorded.
IV-E FC	35	The name of the foster child's school shall be recorded if the child is attending school.
IV-E FC	36	The mailing address of the foster child's school shall be recorded if the child is attending school.
IV-E FC	37	If the foster child is attending school, the child's school status shall be recorded as full-time or part-time.
IV-E FC	38	If the foster child is age 18 and in school, the foster child's expected graduation date from secondary school (or equivalent level of vocational or technical training) shall be recorded.
IV-E FC	39	In determining a foster child's initial eligibility for Title IV-E foster care (for each foster care custody episode), the following individuals will be recorded and grouped as the pre-custody AFDC assistance unit: • the foster child; • the foster child's parents if they were living in the home which the child was physically or constructively removed; and • the foster child's technically eligible siblings if they were living in the home from which the child was physically or constructively removed. If the foster child and the members of the pre-custody AFDC assistance unit meet the July 16, 1996 AFDC requirements, the foster child shall be grouped alone as a one-person assistance unit for Title IV-E foster care.
IV-E FC	40	All the members who were living in the home from whom the foster child was physically or constructively removed and the relationship of each person to the foster child shall be recorded for each initial Title IV-E foster care eligibility determination.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	41	The names, dates of birth, and Social Security Numbers of all the members who were living in the home from which the foster child was physically or constructively removed shall be recorded for each initial Title IV-E foster eligibility determination.
IV-E FC	42	The following identifying information for a foster child who is committed to DCS custody shall be recorded: • first name; • up to three middle names; • last name; • suffix (sr., jr., etc.) if applicable ; • date of birth or estimated age ; • place of birth (city, state, county); • Social Security Number or date An Application for a Social Security Number is completed; • race; • gender; • county of residence; • date of custody; • foster child's mother's last name, first name, middle name, date of birth, and SSN; • foster child's father's last name, first name, middle name, date of birth, and SSN; • citizenship status, i.e., U.S. citizen or legal alien; • marital status; • Hispanic Origin; • gang member information, if applicable; • primary language; • secondary language; • tribal affiliation, if applicable.
IV-E FC	43	The name of the person who was the primary caregiver in the home from whose home the child was physically or constructively removed shall be recorded for each initial Title IV-E foster care eligibility determination.
IV-E FC	44	The relationship of the primary caregiver (who was living in the child's removal home) to the foster child shall be recorded for each initial Title IV-E foster care eligibility determination.

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Program Type	Rule Number	Rule
IV-E FC	45	The name of the child's current placement and the placement address and mailing address (if different from the placement address) shall be recorded for each initial Title IV-E foster care eligibility determination and each time there is a change in the child's placement.
IV-E FC	46	The address shall include the street number, name of street, and type, e.g., street, avenue, blvd, etc., city, and state.
IV-E FC	47	The date the foster child entered the current DCS placement and the type of placement, e.g., foster home, group home, detention facility, Youth Development Center, etc. shall be recorded.
IV-E FC	48	If the foster child was not removed from a specified relative, the foster child's living arrangements for the six months prior to the AFDC eligibility month shall be recorded for each initial Title IV-E foster care eligibility determination.
IV-E FC	49	The name, address, the relationship of the foster child to the individuals in the previous six months living arrangements, and the specific time periods shall be recorded.
IV-E FC	50	The child's "reported" name shall be recorded in TN KIDS. (A "reported" name has not been verified.)
IV-E FC	51	Any "Alias" names that the foster child may have shall be recorded in TN KIDS.
IV-E FC	52	The DCS Child Welfare Benefits Counselor shall verify the child's "reported name", update and record the "reported name" with the verified legal name.
IV-E FC	53	The name of the foster child's home county case manager shall be recorded for each initial Title IV-E foster care eligibility determination and each time there is a change in the child's home county case manager.
IV-E FC	54	The foster child's legal basis for removal and entry into foster care shall be recorded.
IV-E FC	55	A foster child's initial physical or constructive removal from the home shall be designated and recorded.
IV-E FC	56	A foster child's initial placement in foster care by a Voluntary Surrender document, if applicable, shall be recorded.
IV-E FC	57	The date the Voluntary Surrender document was signed and the names of the individuals and their relationship to the foster child shall be recorded
IV-E FC	58	A foster child's placement in foster care by a Voluntary Placement Agreement, if applicable, shall be recorded.
IV-E FC	59	A foster child's placement in foster care by a Voluntary Placement Agreement shall be recorded.
IV-E FC	60	The Voluntary Placement Agreement must state the legal status of the foster child and rights and obligations of the parent or legal guardian and DCS.
IV-E FC	61	The child's parent(s) or legal guardian and a representative of DCS must sign the Voluntary Placement Agreement.

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Program Type	Rule Number	Rule
IV-E FC	62	The date the child's parent(s) or legal guardian and a representative of DCS who signed the Voluntary Placement Agreement shall be recorded.
IV-E FC	63	A foster child's initial placement in foster care by a court order, if applicable, shall be recorded.
	64	The name of the judge or court referee who signed the court order and the date the court order was signed shall be recorded.
IV-E FC	65	The date of the petition that led to the child being removed from the home by a court order shall be recorded.
IV-E FC	66	The names and titles of the individuals who signed the petition shall be recorded.
IV-E FC	67	The removal court order must include language to the effect that remaining in the home would be contrary to the child's welfare, safety, or best interest.
IV-E FC	68	A decision regarding whether the removal court order includes language to the effect that remaining in the home would be contrary to the child's welfare, safety, or best interest shall be recorded.
IV-E FC	69	The removal court order or a subsequent court order no later than 60 days of the child's removal from the home must include language to the effect that reasonable efforts to prevent the child's removal were made prior to the child's removal from the home or reasonable efforts were not required.
IV-E FC	70	A decision regarding whether the removal court order or a subsequent court order no later than 60 days of the child's removal from the home includes language to the effect that reasonable efforts to prevent the child's removal were made prior to the child's removal from the home or reasonable efforts were not required shall be recorded.
IV-E FC	71	The date of the removal court order or a subsequent court order no later than 60 days of the child's removal that includes the required finding of reasonable efforts to prevent the child's removal from the home or reasonable efforts were not required shall be recorded.
IV-E FC	72	The names and titles of the individuals who signed the court order shall be recorded.
IV-E FC	73	The date of the AFDC eligibility month shall be recorded.
IV-E FC	74	The AFDC eligibility month is the date of the petition that led to the child being removed from the home by a court order **or** the date a Voluntary Placement Agreement was signed.
IV-E FC	75	The name of the specified relative and the relationship of the specified relative to the foster child shall be recorded if the foster child was living with a specified relative during the petition month or the date the Voluntary Placement Agreement was signed and was removed from this specified relative.
IV-E FC	76	If the foster child was not living with and removed from a specified relative, but lived with a specified relative within six months of the AFDC eligibility month, the name of this specified relative and the relationship of the specified relative to the foster child shall be recorded.

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Program Type	Rule Number	Rule
IV-E FC	77	The applicable deprivation reason shall be recorded for the foster child if the foster child was deprived of parental support or care in the removal home during the eligibility month and for each periodic redetermination.
IV-E FC	78	The applicable deprivation reason, i.e., continued absence from the removal home, death, incapacity, or unemployment of the principal wage earner, shall be specified and recorded. The parent, i.e., father or mother that the deprivation applies to shall be recorded.
IV-E FC	79	If the deprivation reason is the death of the child's parent(s), the date of the parent's death shall be recorded.
IV-E FC	80	If the deprivation reason is continued absence from the removal home, the date the parent last lived in the child's removal home and the parent's current address (if available) or contact with the foster child shall be recorded.
IV-E FC	81	If the deprivation reason is incapacity of a parent(s), the type or reason for the parent's incapacity and the length of time the incapacity is expected to exist shall be recorded.
IV-E FC	82	If the deprivation reason is unemployment of the principal wage earner, the parent who is the principal wage earner shall be recorded.
IV-E FC	83	The resource type and value of all resources that the foster child has or any resources being received on behalf of the foster child shall be recorded for each initial IV-E foster care eligibility determination, redetermination, and any changes in resources between redeterminations.
IV-E FC	84	The resource type and value of all resources of the members of the pre-custody AFDC removal home shall be recorded for each initial Title IV-E foster care eligibility determination.
IV-E FC	85	The resource amounts or value of the following resources for the foster child and the members of the pre-custody AFDC removal home shall be recorded: • cash; • Christmas Club balance; • cemetery lots; • checking account; (record the name of the bank or institution and the account number, amt.) • credit union; (name, amount, account number) • IRA; • DCS Collective Fund Account balance; • revocable burial contract; • savings account; (record the name of the bank or institution and the account number, amt.); • savings certificate;

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Program Type	Rule Number	Rule
		• stocks and bonds; • trust funds; • vehicles (vehicle make, model, year, vehicle market value, amount owed; • real property (type of real property, if the property is the individual's residence; • cash value of life insurance policy (owner of policy); • lump sum resources (source, amount, owner of lump sum); • SSI Dedicated Account.
IV-E FC	86	The income type and amount of all income that the foster child has and the income being received on behalf of the foster child shall be recorded for each initial IV-E foster care eligibility determination, redetermination, and any changes in the income and amounts between redeterminations.
IV-E FC	87	The reported non-existence of resources for the foster child and members of the pre-custody AFDC removal home shall be recorded.
IV-E FC	88	The income type and amounts of all income of the members of the pre-custody AFDC removal home shall be recorded for each initial Title IV-E foster care eligibility determination.
IV-E FC	89	The gross income amount, frequency, and the start and end dates for the gross income for the following types of income of the members of the pre-custody AFDC removal home shall be recorded: • wages, salaries, etc. derived from an individual's work efforts (employer name, address, work phone); • farming wages, salaries; • self-employment income; • alimony; • Railroad Retirement; • Black Lung Benefits; • Title II Social Security Benefits; • Supplemental Security Income; • Child Support/Alimony; • Disability/Sick Benefits; • Training Allowances; • Stipends; • Unemployment Compensation/Worker's Compensation; • Veteran's Benefits;

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Program Type	Rule Number	Rule
		• Estate/Trust Fund; • Families First payments; • Shelter Assistance; • Retroactive Social Security, SSI, etc.; • Alien Sponsor Income; • Severance Pay; • Vacation, sick, longevity, and bonus pay; • Retirement benefits.
IV-E FC	90	If the child's parent in the pre-custody AFDC removal home paid someone to care for a child (who was living in the removal home) so that the parent could get to work, training, or look for a job, the name of the child care provider, the child care provider's address, gross amount paid to the child care provider, and the frequency paid, i.e., weekly, biweekly, monthly, shall be recorded.
IV-E FC	91	The reported non-existence of income of the foster child and the members of the pre-custody AFDC removal home shall be recorded.
IV-E FC	92	The earned income disregard amount for individuals with earned income shall be recorded in the Earned Income Disregard Table.
IV-E FC	93	The gross income of a stepparent who was living in the child's removal home shall be recorded.
IV-E FC	94	The monetary contributions made by a stepparent to his/her out of home tax dependents shall be recorded.
IV-E FC	95	The child support/alimony paid by a stepparent shall be recorded.
IV-E FC	96	The July 16, 1996 Gross Income and Consolidated Need Standards shall be recorded and maintained in the July 16, 1996 AFDC Need Standard Table.
IV-E FC	97	An indicator shall be checked to indicate if a child has any physical, emotional, or mental disability and the type of disability, if applicable.
IV-E FC	98	The "good cause" reason, if applicable, for not completing a child support referral for both parents of a foster child shall be recorded.
IV-E FC	99	Unless there is "good cause" for not completing a child support referral, the following data, if available, shall be recorded for both parents of a foster child: race, date of birth, place of birth, height, weight, hair, eyes, street address, telephone number, last date at the address, employer name and address, current order of child support, current health insurance, military service, federal benefits being received by parent, any criminal record, current child support being paid.

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Program Type	Rule Number	Rule
IV-E FC	100	If the foster child currently has medical insurance or any group health insurance or has access to any group health insurance, the following data shall be recorded for the child: • policyholder name; • relationship to foster child; • name of carrier; • policy number; • effective start date.
IV-E FC	101	The date of the court order that gives DCS legal responsibility for the foster child shall be recorded.
IV-E FC	102	The date of any court order that removes legal responsibility from DCS for a foster child shall be recorded.
IV-E FC	103	A foster child's concurrent receipt of SSI and Title IV-E foster care benefits shall be recorded.
IV-E FC	104	A foster child's monthly cost of care, i.e., monthly board and care rate, shall be recorded.
IV-E FC	105	The date the first periodic redetermination was completed shall be recorded.
IV-E FC	106	The date each periodic redetermination was completed shall be recorded.
IV-E FC	107	The date the first annual judicial determination of reasonable efforts to finalize a Permanency Plan for a IV-E foster child and the date of each annual reasonable efforts finding for a IV-E child shall be recorded along with the judge or court referee who made the finding.
IV-E FC	108	The date a IV-E child is placed on a trial home visit and the estimated duration of the trial home visit shall be recorded.
IV-E FC	109	The date a child's parental rights were terminated shall be recorded.
IV-E FC	110	The date of the court order that terminated the parental rights shall be recorded.
IV-E FC	111	The date a request was made for the DCS Commissioner to become a foster child's Representative Payee for those foster children receiving federal benefits, e.g., SSI, Title II Social Security, Veteran's benefits, etc. shall be recorded.
IV-E FC	112	The decision and the date a decision was received from the federal agency regarding the request for the DCS Commissioner to become the child's Representative Payee shall be recorded.
IV-E FC	113	A Dedicated SSI Account Indicator shall be completed to indicate that an SSI account is a dedicated account.
IV-E FC	114	The date a foster child is placed at a Youth Development Center shall be recorded.
IV-E FC	115	The date a child who was placed at a Youth Development Center is moved to a different placement shall be recorded and the name and type of the new placement.
IV-E FC	116	The date a DCS custody child is released from DCS shall be recorded.

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Program Type	Rule Number	Rule
IV-E FC	117	If a valid Voluntary Placement Agreement placed a IV-E child in foster care, the date a court order was obtained with a finding of continued placement in foster care is in the child's best interest shall be recorded.
IV-E FC	118	The placement of a IV-E eligible and reimbursable foster child and her child in the same placement shall be recorded.
IV-E FC	119	The placement of a IV-E eligible and reimbursable foster child in Tennessee by another state shall be recorded.
IV-E FC	120	The placement of a DCS IV-E eligible and reimbursable in another state shall be recorded.
All	121	Most interviews for eligibility and PRP development will be completed in an on-line, interactive mode.
All	122	A single interview is conducted for Food Stamps, Families First, Medicaid, TennCare Standard and Child Care. If there are other assistance groups within the residence group, the caseworker must interview the head of each assistance group.
All	123	Information must be collected from the applicant/recipient to determine eligibility for DHS programs.
All	124	The applicant/recipient is responsible for supplying verification to establish eligibility.
FS	125	An application must be submitted to the food stamp office.
FS	126	An application will be accepted as long as the form contains the applicant's name and address, as is signed by a responsible member of the household or the household's authorized representative.
FS	127	The state agency must collect the name of each individual in the household.
FS	128	The state agency must collect the Social Security Number (SSN) of each individual in the household.
FS	129	The state agency must collect the date an SS-5 was completed if an individual did not provide a social security number.
FS	130	The state agency must collect the name of the household's authorized representative if it names one.
FS	131	The state agency must collect the residence address of the household.
FS	132	The state agency must collect the mailing address of the household if it is different from the residence address.
FS	133	The state agency may collect the electronic mail address of the household if the household wishes.
FS	134	The state agency must collect data relevant to a felony drug conviction for any household members, including date of conviction and classification of felony, and completion of drug treatment, if required.
FS	135	The state agency must collect fleeing felon information for any household members.
FS	136	The state agency must collect data regarding the sex of each household member.
FS	137	The state agency must collect citizenship/alien status information for each individual in the household.

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Program Type	Rule Number	Rule
FS	138	For each non-citizen applying for food stamps, the state agency must collect country of origin.
FS	139	For each non-citizen applying for food stamps, the state agency must collect date of entry into the United States.
FS	140	For each non-citizen applying for food stamps, the state agency must collect data regarding the USCIS (U.S. Citizenship and Immigration Services) document(s) the individual presents his/her immigration to the U.S.
FS	141	For each non-citizen applying for food stamps, the state agency must collect data regarding a sponsor, if applicable.
FS	142	The state agency must collect the age and date of birth of each household member.
FS	143	The state agency must collect the relationship of each household member to the other household members.
FS	144	The state agency must collect data about how individuals in the household customarily purchase food and prepare meals separately or apart from others in the household.
FS	145	The state agency must collect information regarding student status for any household member age over age 17 and under age 50 who does not meet a student exemption as defined in program policy.
FS	146	The state agency must collect information regarding whether a household member is disabled according to Food Stamp Program defined requirements.
FS	147	The state agency must collect employment information for each household member who is employed.
FS	148	The state agency must collect the name, address, telephone number, and fax number if available, for the employer.
FS	149	Employment information will include the beginning date of employment.
FS	150	Employment information will include information needed to determine gross monthly income for each employed individual.
FS	151	If the employment has ended, the state agency must gather the date employment ended and the reason the employment ended.
FS	152	The state agency must collect data to determine if an individual is an able-bodied adult without dependents.
FS	153	If an individual is an able-bodied adult without dependents (ABAWD), the state agency must track the months the individual receives food stamps without being exempt from the ABAWD requirements as countable months.
FS	154	The state agency must provide safeguards to ensure that each ABAWD receives food stamps for only the number of countable months he/she is eligible.

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Program Type	Rule Number	Rule
FS	155	The state agency must track ABAWD individual participation by exemption reason if the individual meets an ABAWD exemption reason.
FS	156	The state agency must gather shelter cost information if the household wishes to have the shelter expense taken into consideration in the food stamp budget.
FS	157	The state agency must gather utility cost information if the household wishes to claim an excess utility expense, if eligible.
FS	158	The state agency must collect information to determine whether a household has a major heating or cooling expense if the household wishes to use the standard utility allowance.
FS	159	The state agency must gather data indicating residence in public housing.
FS	160	If a household lives in public housing, the state agency must gather information regarding the household's responsibility for payment of utilities.
FS	161	The state agency must gather information to determine eligibility for the basic utility allowance (BUA) for households that have a utility expense but are not eligible for the SUA.
FS	162	The state agency must gather information regarding child care or adult dependent care expense paid to someone outside the home for the care of a child or other dependent who is in the household.
FS	163	The state agency must gather information regarding court ordered child support paid by a household member for a child who lives outside the household.
FS	164	The state agency must gather medical expense information for a household member who is age 60 or older or who has been determined to meet the food stamp criteria for disability.
FS	165	The state agency will collect income information for each individual in the food stamp household.
FS	166	The state agency will not test income for a household determined to be categorically eligible for the gross income limit or the net income limit.
FS	167	The state agency will collect any mandatory deductions, based on program policy.
FS	168	The state agency must gather information on any vehicle owned or being purchased by a household member which is not being used for household transportation.
FS	169	The state agency must gather information on resources owned by the household.
FS	170	If a household has resources, the state agency must gather information about the type of each resource.
FS	171	If a household has resources, the state agency must gather information about the name and relationship of any co-owner(s)
FS	172	If a household has resources, the state agency must gather information about the value of each resource.
FS	173	If a household is determined to be categorically eligible, resources are not considered in determining eligibility.

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Program Type	Rule Number	Rule
FS	174	If a household member transfers a resource to someone outside the household, the value of the resource, the reason for the transfer and date of transfer must be determined and collected.
FS	175	If the resource is real property, other than the household's homestead property, the fair market value, amount owed, and equity value of the property must be determined and collected.
FS	176	If the resource is real property, other than the household's homestead property, the address of the property must be collected.
FS	177	If the household has liquid assets in a financial institution, the name and address of the financial institution must be collected.
FS	178	The state agency must maintain information regarding any sanction applied to the household or any member of the household.
FS	179	The state agency shall collect the date the application was filed in the food stamp office as the date of work registration.
FS	180	The state agency shall collect the date of referral for the food stamp work requirement.
FS	181	The state agency will collect exemption status for work registration and date determined for each household member not otherwise exempt.
FS	182	The state agency will collect de-registration data when an individual must be de-registered from the work registration requirement.
FS	183	The state agency will collect information to group individuals correctly, based on program requirements.
FS	184	The state agency will collect the type of lump sum received by the household, and whether it is countable or not.
FS	185	The state agency will collect the name of the individual who received the lump sum.
FS	186	The state agency will collect the date the lump sum was received.
FS	187	The state agency will collect the amount of the lump sum remaining after the month of receipt if the lump sum is countable.
FS	188	The state agency will total all countable resources for the household and compare to the applicable resource limit.
FS	189	The state agency will collect the effective date a household becomes resource ineligible.
FS	190	The state agency will collect the date a resource is no longer available to a household currently receiving food stamp benefits.
TCM	191	It is not required for a child in a subsidized adoption case to have a Social Security number.
TCM	192	An individual who verifies pregnancy and whose income is under the Federal Poverty Level is eligible for Medicaid effective the date of application. If the income is over the Federal Poverty Level, a spend-

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Program Type	Rule Number	Rule
		down must be met for medically needy Medicaid. If this individual is married, the income of the spouse shall also be considered. If this individual is a minor, the parent's income shall not be considered.
TCM	193	A child in foster care shall be eligible if all eligibility requirements are met. The income and resources of the parents from whose home the child was removed shall be considered.
TCM/TCS	194	A migrant is eligible for Medicaid if determined to be a resident of Tennessee and all other eligibility requirements have been met and the migrant is grouped in a specific Medicaid group. If not grouped in Medicaid, then the individual can be determined eligible for TennCare Standard.
TCM/TCS	195	A homeless individual may be eligible for TennCare Standard/ Medicaid if all eligibility requirements have been met. The address of the local office may be used.
TCM	196	A non-parental caretaker within the specified degree of relationship may be included in a Medicaid case with a child in the following sub-programs: Aid to Dependent Children Medicaid Only, Medically Needy, Families First Associated Medicaid. The income and resources of the individual shall be considered as available to the child.
TCM/TCS	197	Energy assistance shall not be considered as income for Medicaid or TennCare Standard.
TCM	198	If an individual owns property and does not reside on this property, the value of this property shall be considered as an available resource. If this property is for sale or income producing, the property can be disregarded. Said property has to be for sale based on fair market value and produce enough income to be counted as minimum wage for 40 hours per week.
TCM	199	A lump sum shall be considered as income in the month received and a resource if retained after the month of receipt.
TCM/TCS	200	An emancipated minor may receive Medicaid or TennCare based on his/her own circumstances. Income or resources of parents shall not be included or considered.
TCM/TCS	201	An individual must be a resident of Tennessee to be eligible for Medicaid/TennCare Standard. There may be a temporary absence, as long as the legal and permanent residence is in Tennessee.
TCM	202	An individual who is age 65 or over is not required to meet disability requirements to be grouped in an Aged Medicaid case.
TCM	203	Illegal and undocumented aliens are eligible for Medicaid for hospital admissions only. If the income of the family is over the Federal Poverty Level, a spend-down must be met. Application must be made the date of admission or before. They shall be covered only the days while in the hospital. If they require further medical attention after being discharged, an approval must be made through the TennCare Bureau.
TCM/TCS	204	Medicaid/TennCare benefits will end the day of death for an individual.

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Program Type	Rule Number	Rule
TCM/TCS	205	Shelter and utility expenses are not required or budgeted in Medicaid/TennCare cases.
TCM/TCS	206	Work registration requirements are not considered for Medicaid/TennCare cases.
TCM/TCS	207	Bankruptcy is not considered for Medicaid/TennCare cases.
TCM/TCS	208	A Personal Responsibility Plan is not required for Medicaid/TennCare cases.
TCM/TCS	209	Room and board income and expenses shall be considered in determining net income for Medicaid/TennCare cases.
TCM/TCS	210	Data will be gathered for all individuals listed in a case.
TCM/TCS	211	After data is gathered for each individual, the system will determine eligibility for each individual, based on the specific program rules.
FFP	212	In order to determine initial or continued Families First eligibility, the applicant/recipient must first indicate that he/she wants to apply for Families First.
FFP	213	In order to determine initial or continued Families First eligibility, the Families First caseworker must collect the name of each individual for whom Families First is being requested.
FFP	214	In order to determine initial or continued Families First eligibility, the Families First caseworker must collect the Social Security Number for each individual for whom Families First is being requested.
FFP	215	In order to determine initial or continued Families First eligibility, the Families First caseworker must record the date and verification that a social security number was applied for those unenumerated individuals for whom Families First is being requested.
FFP	216	In order to determine initial or continued Families First eligibility, the FF caseworker must collect citizenship information on each individual applying for or receiving Families First.
FFP	217	In order to determine initial or continued Families First eligibility, the Families First caseworker must determine the need for a protective payee for each individual for whom Families First is being requested.
FFP	218	In order to determine initial or continued Families First eligibility, the Families First caseworker must collective information on any protective payee for any case members.
FFP	219	In order to determine initial or continued Families First eligibility, the Families First caseworker must collect information on any protective payee for any case members.
FFP	220	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on who is living in the household of the individual applying for or receiving Families First.
FFP	221	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding the living arrangements of the individuals living in the household of the individual applying for or receiving Families First.

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Program Type	Rule Number	Rule
FFP	222	In order to determine initial or continued FF eligibility, the FF caseworker must collect individual information regarding child support good cause.
FFP	223	The Families First caseworker shall enter free form comments as needed regarding case information.
FFP	224	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding veteran status for all case members.
FFP	225	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding state of residence for all case members.
FFP	226	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding current living and mailing address for all case members.
FFP	227	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding current email address for all case members.
FFP	228	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding current phone numbers for all case members.
FFP	229	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding appropriate contact times for all case members.
FFP	230	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding felony convictions, dates of convictions and classifications for all case members.
FFP	231	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding drug treatment, whether individuals received treatment or are currently enrolled, and the dates of treatment for all case members.
FFP	232	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding fleeing felon status for all case members.
FFP	233	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding the sex of all case members.
FFP	234	In order to determine initial or continued FF eligibility, the FF caseworker must collect migrant worker information for all case members.
FFP	235	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding pregnancy (date of conception, due date, end date, number of newborns expected) for all case members.
FFP	236	In order to determine initial or continued FF eligibility, the FF caseworker must collect Authorized Representative information.

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Program Type	Rule Number	Rule
FFP	237	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on the county of residence for all case members.
FFP	238	In order to determine initial or continued FF eligibility, the FF caseworker may collect information on the race of all case members.
FFP	239	In order to determine initial or continued FF eligibility, the FF caseworker may collect information on the ethnicity of all case members.
FFP	240	In order to determine initial or continued FF eligibility, the FF caseworker may collect information on the marital status of all case members.
FFP	241	In order to determine initial or continued FF eligibility, the FF caseworker may collect information on the language type of all case members.
FFP	242	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding the citizenship status of all case members.
FFP	243	To receive Families First, an individual must be a citizen of the United States.
FFP	244	To receive Families First, an individual must be an alien lawfully admitted to the United States.
FFP	245	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding alien status and date of entry to the United States for all alien case members.
FFP	246	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding an alien's country of origin for all alien case members.
FFP	247	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding an alien's INS documentation.
FFP	248	In order to determine initial or continued FF eligibility, the FF caseworker may collect information regarding an alien's sponsor.
FFP	249	Any alien under the sponsorship of a public or private agency/organization shall not be eligible to receive Families First within three years of entry into the country unless it is proven (and documented) that the agency is no longer in existence or has become unable to meet their sponsorship obligations to the alien.
FFP	250	Soviet Jewish refugees who are sponsored by the Hebrew Immigrant Aid Society and local Jewish organizations shall be ineligible for Families First for two years from the refugee's date of entry or until the refugee is lawfully admitted by permanent residence status, whichever comes first, if the refugee's financial needs are being met by the sponsor.
FFP	251	If it is determined that the agency is unable to meet their sponsorship obligations, the alien's eligibility shall be determined by following routine eligibility procedures.

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FFP	252	Aliens who apply for Families First for the first time shall have the income and resources of their individual citizen sponsors considered for a period of three years after the aliens entry into the United States in determining their eligibility for assistance.
FFP	253	In order to determine initial or continued FF eligibility, the FF caseworker must determine if any of the children for whom the individual is applying are in foster care.
FFP	254	Individuals eligible for IV-E (foster care) shall not be eligible for Families First.
FFP	255	A child for whom Foster care payments are received shall be excluded from the Families First case.
FFP	256	A child for whom adoption assistance payments are received shall be excluded from the Families First case UNLESS the exclusion would reduce the amount of cash assistance for the adoptive family in which case, the child shall be included in the case.
FFP	257	The Department of Children's Services retains care and control of any child for whom foster care payments are being made. If no foster care payments are being made, the child's family may apply for Families First for the child.
FFP	258	If a minor parent's foster care payments include the foster care costs of the minor's child, the minor's child shall not be eligible for Families First.
FFP	259	If a minor parent is receiving foster care board or adoption assistance payments but his or her child is not, the income (including the board/adoption assistance payment) and resources of the minor parent shall not be counted in determining his/her children's eligibility for Families First.
FFP	260	Foster care board payments made to the foster parents for the care of a foster child shall not be considered income (they are service fees).
FFP	261	In order to determine initial or continued FF eligibility, the FF caseworker must determine the relationship between the individual applying for or receiving Families First and the individuals for whom he/she is applying.
FFP	262	To be eligible for Families First, a child must live in the home of a parent or certain relative who is within the 5^{th} degree of relationship to the child.
FFP	263	A relative within the "specified degree of relationship," which is the 5^{th} degree is defined as: • Any blood relative, i.e. father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece or first cousin once removed. This shall include relationships to preceding generations, grandparents, great-grandparents, great-great-grandparents, great uncles/aunts, and great-great-great grandparents; • Any of the above relatives who are of half-blood relationship; • Stepfather, stepmother, stepbrother and stepsister; • Legally adoptive parents of the child or of the child's parents, the natural and other legally adopted

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		children of such persons and the blood relatives of such persons, including first cousins, first cousins once removed, nephews and nieces; • Legal spouses of any of the persons named in the above groups even if the marriage has been terminated by death or divorce.
FFP	264	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding school attendance for the individuals applying for or receiving Families First.
FFP	265	School attendance shall be required for a minor child, either married or unmarried, who is not a parent.
FFP	266	School attendance shall be required for a married minor parent who is an eligible child in the case.
FFP	267	School attendance shall be required for a married minor parent who is a caretaker for his/her own case.
FFP	268	School attendance shall be required for an unmarried minor parent who is an eligible child or an eligible adult in his /her own case.
FFP	269	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding disability for the individuals applying for or receiving Families First.
FFP	270	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding inability to work for the adults and minor parents applying for or receiving Families First.
FFP	271	In order to determine initial or continued FF eligibility, the FF caseworker must determine if the adult and minor parent applicants are willing to cooperate with the Families First work requirements.
FFP	272	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on the potential Families First applicant's shelter expenses.
FFP	273	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on the potential Families First applicant's child care expenses and needs.
FFP	274	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on the potential Families First applicant's receipt or payment of alimony.
FFP	275	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding the value of any vehicles owned by the case members.
FFP	276	The equity value of one vehicle that is under an amount specified by the Agency shall not be considered a countable resource.
FFP	277	The equity value in excess of the Agency specified amount plus the entire equity value of any other vehicle shall be a countable resource.
FFP	278	To determine the value of a vehicle to be counted as a resource, deduct any encumbrances on the vehicle from the fair market value of the vehicle.

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Program Type	Rule Number	Rule
FFP	279	The fair market value of a vehicle is determined by the "Average Loan Value" listed in the National Dealer's Association Used car Guide. The caseworker shall not increase the basic value of the vehicle because of low mileage or optional/special equipment.
FFP	280	If the applicant/recipient disagrees with the Used Car Guide, the caseworker may deduct any amounts listed in the NADA Guide for high mileage and/or lack of certain equipment or the caretaker may provide verification of the actual value of the vehicle from a reliable source such as a reputable auto dealer, a tax assessment, or newspaper advertisement listing the sale price of a similar vehicle.
FFP	281	The caseworker shall use the applicant/recipient's best estimate of the vehicle's value for vehicle's no longer listed in the Used Car Guide.
FFP	282	If a Families First parent with whom the children live is participating in a strike, all case members shall be ineligible for as long as the parent is on strike.
FFP	283	An individual is considered to be participating in a strike if he/she refuses in concert with others to provide services to one's employers.
FFP	284	If a case member, other than a parent is participating in a strike, that individual shall be ineligible as long as he/she is on strike.
FFP	285	Months in which a Families First recipient participated in a strike as of the last day of the month, shall be considered overpayment months for Families First.
FFP	286	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding the value of any property the potential Families First assistance group owns. This does not include property on which the case members live.
FFP	287	Buildings, land and recreational properties, such as boats, vacation homes and mobile homes that are not homestead property shall be considered countable resources.
FFP	288	Income producing real property shall be considered a countable resource.
FFP	289	Non-exempt property, unless there is a good faith effort to sell the property, shall be considered a countable resource.
FFP	290	Real property, that is not homestead property, the applicant/recipient is making a "good faith effort" to sell shall not be a countable resource if the applicant/recipient signs an agreement to repay the Families First benefits received during the period of exemption. This exemption period shall not exceed nine months.
FFP	291	To qualify for the "good faith effort" to sell real property exemption, the applicant/recipient must list the property for sale with a real estate agency, or list the property for sale at auction with an auction company, or advertise the property for sale on a continuous basis in the newspaper which serves the area.

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Program Type	Rule Number	Rule
FFP	292	If the "good faith effort" to sell real property is sold during the nine-month exemption and the sale is reported within 10 days, a lump sum payment shall be used from the sale proceeds to repay families First benefits. Any proceeds remaining after the repayment of the Families First benefits shall be considered countable resources.
FFP	293	If the "good faith effort" to sell real property remains unsold at the end of the nine-month exclusion period, the property shall be reevaluated and the county staff shall decide whether or not to declare the property as an inaccessible resource.
FFP	294	If the "good faith effort" to sell real property is determined to be an inaccessible resource, the property shall not be counted as a resource.
FFP	295	If the "good faith effort" to sell real property is determined to be an accessible resource, the benefits that the case members received during the entire period shall be considered an overpayment.
FFP	296	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on liquid resources to which the potential Families First assistance group has access.
FFP	297	Earned Income Tax Credits shall not be considered countable resources.
FFP	298	Earned Income Tax Credits shall not be considered countable income.
FFP	399	Individual Retirement Accounts minus any penalty for early withdrawal shall be considered countable resources.
FFP	300	Keogh plans minus any penalty for early withdrawal shall be considered countable resources.
FFP	301	Non-recurring lump sum payments and retroactive payments shall be considered countable resources.
FFP	302	Pension funds that are accessible at employment termination shall be countable at the time they become accessible.
FFP	303	If a Families First applicant/recipient claims that a trust fund is inaccessible, the individual shall have 60 days from the date of application/reapplication to have the resource made available.
FFP	304	The caretaker will not be required to have trust funds made available if a trust is established by a will.
FFP	305	The caretaker will not be required to have trust funds made available if a trust is producing regular income which is available to the beneficiary (the income will be countable).
FFP	306	The caretaker will not be required to have trust funds made available if a trust has been set up for a minor and the amount of the trust is $5000 or less.
FFP	307	Burial policies shall not be considered countable resources.
FFP	308	In order to determine initial or continued FF eligibility, the FF caseworker must collect information regarding any income received by the potential Families First assistance group members.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

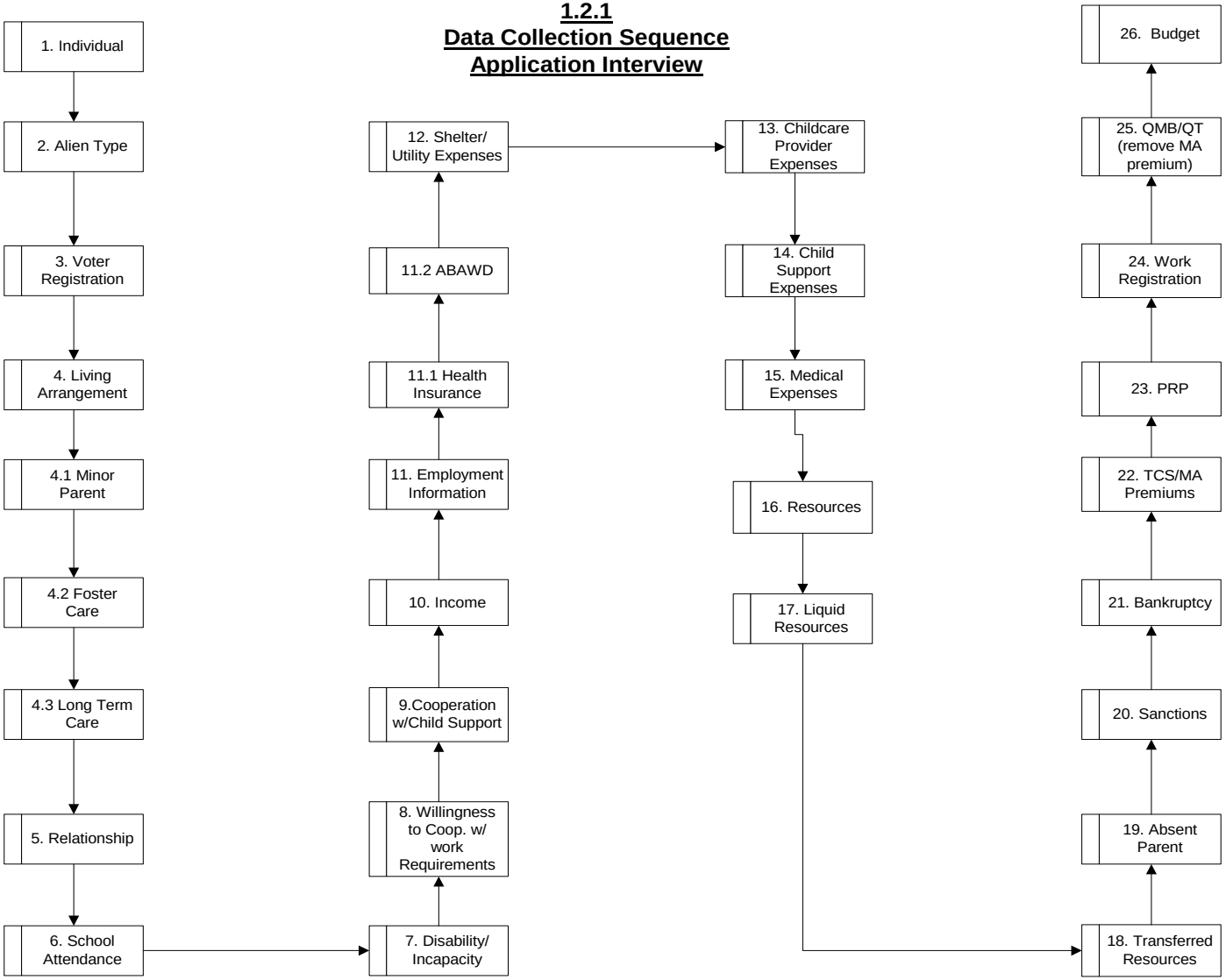
Program Type	Rule Number	Rule
FFP	309	In order to determine initial or continued FF eligibility, the FF caseworker must determine which individuals are mandatory assistance group members.
FFP	310	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on whether the potential Families First assistance group individuals have existing health insurance.
FFP	311	In order to determine initial or continued FF eligibility, the FF caseworker must collect employment information on the potential Families First assistance group members.
FFP	312	In order to determine initial or continued FF eligibility, the FF caseworker must determine which potential Families First assistance group members have a mandatory work requirement.
FFP	313	In order to determine initial or continued FF eligibility, the potential Families First assistance group members who have a work requirement must agree to comply with the requirement.
FFP	314	In order to determine initial or continued FF eligibility, the FF caseworker must collect any bankruptcy information affecting the potential Families First assistance group members.
FFP	315	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on the case member's willingness to comply with Child Support Services.
FFP	316	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on whether any of the case members pay or receive child support.
FFP	317	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on whether a stepparent not included in the case pays child support to individuals outside the home.
FFP	318	In order to determine initial or continued FF eligibility, the FF caseworker must collect information on work status, caretaker selection, immunizations, health checks, school attendance, educational level, training information and support services needed to assist the case members with completion of a Personal Responsibility Plan.
FFP	319	Representative income shall be determined by viewing the case member's income for a two-month period and determining a representative monthly average.
FFP	320	To determine self-employment monthly income, the caseworker shall add all the gross self-employment income for the period of time over which the self-employment will be determined, exclude the costs of producing the self-employment income and divide the self-employment income by the number of months over which the income will be averaged for each case member reporting self-employment.
FFP	321	Self-income expenses incurred may include but not be limited to identifiable costs of labor such as salaries, employer's share of SS, insurance, etc.) stock, raw materials, seed and fertilizer, livestock feed, rent and cost of building maintenance, business telephone costs, costs of operating a motor vehicle when required in connection with the operation of business, interest paid to purchase income producing

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		property, insurance premiums and taxes paid on income producing property, costs of meals and equipment for day care children, and office supplies.
FFP	322	Payments for utilities to or on behalf of Families First recipients through the Department of Health and Human Services Low Income Home Energy Assistance Program and other federal, state or local energy assistance plan shall be disregarded income for Families First.
FFP	323	Educational grants, loans, scholarships, G.I Bills, stipends and or college work study payments made to or on behalf of a Families First recipient or a stepparent in the home or parent in the home of a minor Families First parent shall be excluded income for Families First.
FFP	324	Profit from roomers/boarders shall be considered earned income for Families First.
FFP	325	The income from boarders shall include all direct payments to the household for room and meals, including contributions to the household's shelter expenses.
FFP	326	To determine the amount of earned income from taking in boarders, the caseworker shall exclude the cost of doing business from the income received from the boarder(s).
FFP	327	The cost of doing business for an individual taking in boarders shall be defined as the cost of the Thrifty Food Plan for a household size that is equal to the number of boarders OR the actual documented cost of providing room and meals if the applicant/recipient claims actual costs that exceed the Thrifty Food Plan.
TCM	328	Any Nursing Home or Institutionalized Medicaid case cannot be purged.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.1
Data Collection Sequence
Application Interview



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.2 Enumeration	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

An individual must be enumerated as a condition of eligibility, with few exceptions. This process describes the steps involved in the collection and verification of the individual's social security number. The system shall have the capability to determine by program and sub-program the eligibility of an individual who has not been enumerated based on the business rules. The system shall allow an individual with two different valid Social Security numbers to be linked to one unique identifier number for a limited period of time until the discrepancy in Social Security numbers is resolved.

Sub-Processes:

1. Record and Store SSN

   The user will determine if the individual's social security number is available and will enter the number, if available. The system shall store the social security number.

   INDIVIDUAL (OUTPUT)
   Social Security Number
   Date Recorded

2. KSSA/SOLQ Match

   The system shall process an individual KSSA/SOLQ match using the social security number provided and the social security database (SOLQ) to obtain verification of the social security number.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.2 Enumeration

Program Affected: FA	**Users: Caseworkers, Supervisors**

INDIVIDUAL (INPUT)
Individual's Name
Individual's Social Security Number

3. Determine if SSN has been verified

   The verification code will be updated by the SOLQ match. The system shall determine if the social security number has been verified.

4. Record SS5 Date/Exemption

   If the social security number is not verified, the user will determine and record if an application for a social security number has been completed. If an exemption for failure to provide a social security number exists, and/or if an application for a new social security number has been filed, the user will record the exemption reason and/or the date of application for a new social security number.

   INDIVIDUAL (INPUT)
   Individual's Name
   Individual's Social Security Number
   SSN Exemption Reason Code
   SS5 Application Indicator
   SS5 Application Date

5. Alert User When Exemption/SS5 Date is About to Expire

   The system shall generate an alert to the caseworker when the exemption reason or the SS5 date expires.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.2 Enumeration	
Program Affected: FA	**Users: Caseworkers, Supervisors**

ALERT (OUTPUT)
Case Number
Individual's Name
Alert Code

Alert Message
Date Received
Alert Priority

6. Perform the "Obtain Verification" Process

   The system shall perform this process when the exemption reason expires, or when the SS5 date expires. The system shall generate a notice requesting verification of the social security number, verification of the application for a new social security number, or verification of exemption for failure to comply with the program requirements.

7. Determine if Exemption Exists for not Having an SSN

   If there is no application for a social security number completed, the system shall determine if the individual has an exemption for not providing a social security number based on the allowable exemption reasons.

   INDIVIDUAL (INPUT)
   SS5 Application Indicator
   SS5 Application Date
   SSN Exemption Reason Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.2 Enumeration	
Program Affected: FA	**Users: Caseworkers, Supervisors**

8. Determine Impact on Individual Eligibility

   If it has been determined that an exemption for failure to provide a social security number does not exist, and if the individual has failed to complete an application for a social security number, the system shall determine individual eligibility based on the program rules. For example, expedited Food Stamps can be approved for an initial period without verification of a social security number; however, before an extended period of Food Stamps is subsequently approved, the client must meet the program requirement for enumeration by providing verification of the social security number, proof of an application for a social security number, or a temporary exemption for not providing a Social Security number.

   INDIVIDUAL (INPUT)
   Individual's Name
   Individual's Social Security Number, if applicable

9. Record and Store SSN Verification

   If the social security number has been verified, the user will record the social security number verification.

   INDIVIDUAL (OUTPUT)
   Individual's Name
   Individual's Social Security Number
   Social Security Number Verification Indicator
   Date Social Security Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Furnishing a Social Security number or applying for a number is a condition of eligibility for all FF applicants who are mandatory case members or who wish to be included in the case.
FFP	2	Failure or refusal to furnish the Social Security number or apply for the number for a mandatory Families First case member will result in the ineligibility of the unenumerated individual.
FFP	3	The Families First record must contain a verified Social Security number or proof of application for a Social Security number for all members of the FF case.
FFP	4	The applicant/recipient must present a Social Security card for all household members who are mandatory case members or who desire to be included in the case.
FFP	5	A newborn must have a Social Security number or an application for a number prior to being added to the case.
FFP	6	If an individual does not have a Social Security number or does not know the number, he/she must apply for a number prior to being approved for Families First or prior to being added to an existing Families First case.
FFP	7	If a Social Security card is not available, the applicant/recipient must present other forms of acceptable evidence of a Social Security number for all household members who are mandatory case members or who desire to be included in the case.
FFP	8	The caseworker may verify the Social Security numbers through an electronic match with Social Security.
FFP	9	An applicant/recipient who does not have a Social Security card for an individual who must be included in the case or who desires to be included, must complete an SS-5 for the individual requiring a Social Security number.
FFP	10	If a FF applicant/recipient states that an application for a Social Security number has been made with the Social Security Office, or if the applicant/recipient insists on applying for the number directly with the Social Security Office, the applicant/recipient must provide proof of the application prior to the approval for Families First.
FFP	11	There are no good cause provisions for failure to provide or apply for a Social Security number.
FFP	12	There are no exceptions to enumeration for individuals requesting eligibility for Families First.
FFP	13	Household members who are not applying for themselves are not required to provide a social security number in order for others in their household to be eligible.
FFP	14	Mandatory Families First household members who fail or refuse to provide Social Security numbers are considered technically ineligible.
FFP	15	If the Agency obtains the social security number of a technically ineligible mandatory individual who has failed or refused to provide a Social security number, the individual will lose technical ineligibility and the Agency will be required to determine his/her eligibility for Families First.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	16	A valid Social Security number is required for the parent, caretaker, spouse, or natural parent residing in the home for all child care assistance except DCS foster care.
CC	17	A valid Social Security number is required for those children potentially eligible for all child care assistance.
CC	18	The other members of the household in a case applying for child care assistance are not required to provide a Social Security number.
CC	19	The foster parent of a DCS foster care child (in state custody) is not required to provide a Social Security number.
CC	20	The natural parent of a DCS foster care child (in state custody) is not required to provide a Social Security number.
CC	21	Required Social Security numbers must be verified for child care assistance.
CC	22	Non-required Social Security numbers can be recorded when offered by the individual.
CC	23	Recorded non-required Social Security numbers do not have to be verified.
CC	24	A required Social Security number for child care assistance can be delayed for recording based on a good cause reason.
CC	25	If a good cause delay expires without a required valid Social Security number having been recorded, eligibility for child care assistance will be terminated.
IV-E FC	26	A Social Security Number is not required for Title IV-E foster care.
IV-E FC	27	A valid Social Security Number or an Application for a Social Security Number (SS-5) is required prior to approval for Title XIX Medicaid.
IV-E FC	28	Because Title XIX is a companion to Title IV-E foster care benefits, a foster child shall have a valid Social Security Number prior to approval of Title IV-E foster care or an application for a Social Security Number (SS-5) shall be completed and forwarded to the Social Security Office prior to approval of Title IV-E foster care.
IV-E FC	29	All available Social Security Numbers shall be obtained and recorded for a foster child who has a Social Security Number or numbers if more than one Social Security Number has been issued to the foster child.
IV-E FC	30	If a foster child does not have a Social Security Number or the foster child's Social Security Number is unknown, an application for a Social Security Number (SS-5) shall be completed and forwarded to the Social Security Office (along with the documents verifying age, identity, and citizenship) prior to being approved for Title IV-E foster care.
IV-E FC	31	Babies who are enumerated during the hospital enumeration at birth process shall be considered enumerated.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	32	A foster child who has a valid Social Security Number or has documentation that an application for a Social Security Number has been completed and forwarded to the Social Security office shall pass the enumeration eligibility requirement.
IV-E FC	33	A foster child who passes the enumeration eligibility requirement shall be considered for other factors of eligibility for Title IV-E foster care.
IV-E FC	34	A Title IV-E foster child who does not pass the enumeration eligibility requirement is ineligible for companion Title XIX Medicaid benefits.
IV-E FC	35	If a Social Security Number is obtained and recorded for a foster child, the foster child's Social Security Number shall be verified using the Social Security Administration KSSA/SOLQ database, Social Security card, or other Social Security Administration documents.
IV-E FC	36	If the KSSA/SOLQ database or other Social Security Administration documents confirm a valid SSN for the foster child, the type and date of the SSN confirmation shall be recorded.
IV-E FC	37	If the KSSA/SOLQ database or other Social Security Administration documents do not confirm a valid SSN for the foster child, an application for a Social Security Number shall be completed and forwarded to the Social Security Office (along with the documents verifying age, identity, and citizenship) prior to being approved for Title IV-E foster care.
AA	38	A Social Security number is not required for a child to receive Adoption Assistance.
AA	39	If a child who receives Adoption Assistance is assigned a new Social Security number after finalization of the adoption, the new Social Security number is entered into the system.
AA	40	The system will generate a workaround Social Security number for a child receiving Adoption Assistance.
AA	41	The Social Security number in the child's birth name is not used once the child is adopted due to the link with the birth family.
TCM/TCS	42	A newborn added to a case in which the mother is currently receiving Medicaid may be added without the Social Security number or a receipt that a number has been applied for up to one year.
TCM/TCS	43	All case members, other than a newborn or undocumented alien, must provide a social security number or a receipt that a number has been applied for. This also applies to legal aliens and refugees.
FS	44	As a condition of eligibility for food stamp participation, each applicant or recipient in the household must furnish to us a social security number (SSN) (or numbers if more than one has been issued), or if an individual's SSN is unknown or one has not been issued to him/her, apply for one prior to approval/certification.
FS	45	A person who does not furnish or apply for an SSN is not eligible to receive food stamps.
FS	46	An individual who does furnish or apply for an SSN, who is otherwise eligible, is eligible for food stamps.
FS	47	DHS must verify each SSN by submitting them to the Social Security Administration (SSA) for verification according to procedures established by the SSA.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

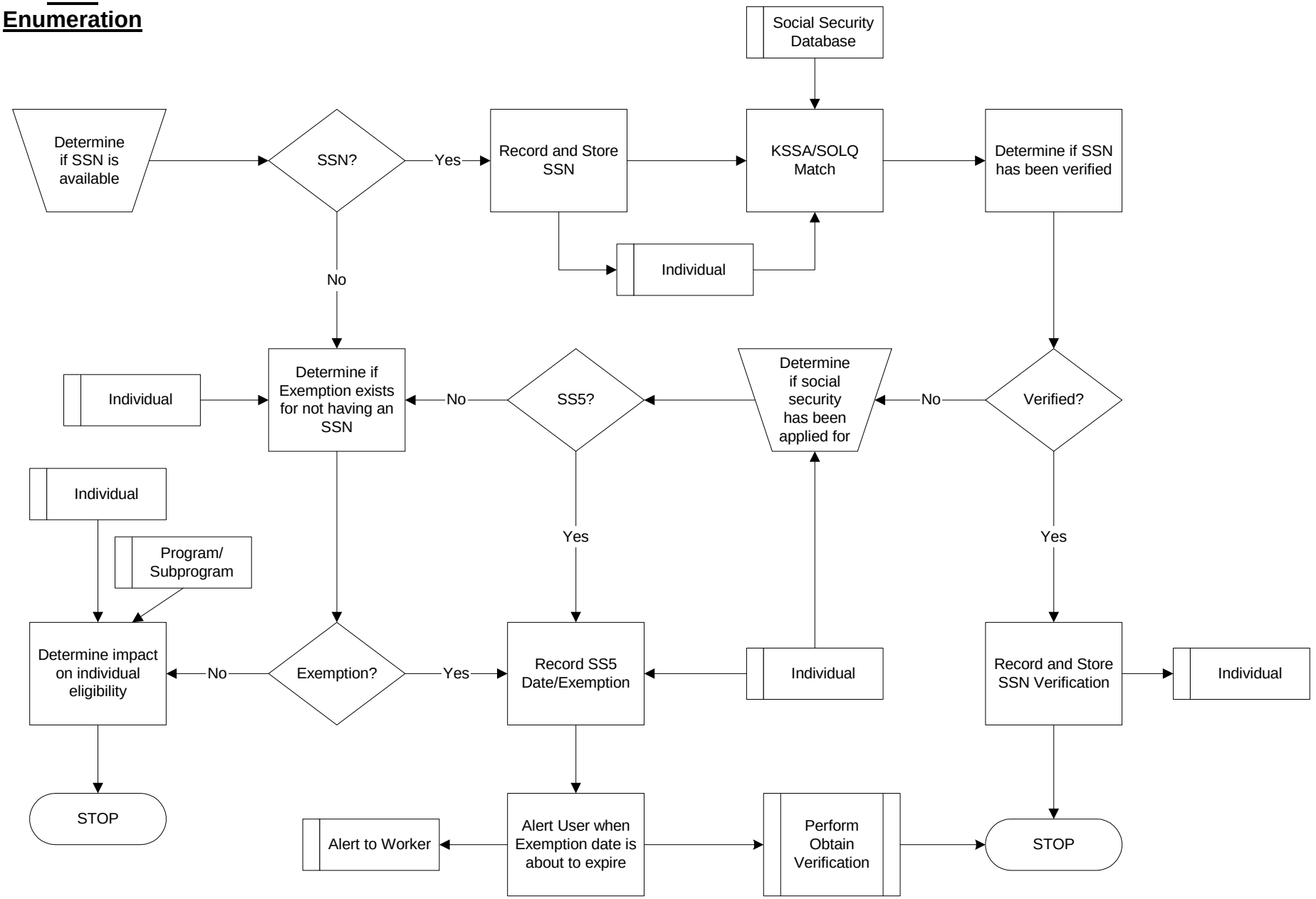
Program Type	Rule Number	Rule
FS	48	DHS shall not delay the certification of or issuance of benefits to an otherwise eligible household member solely to verify the SSN of a household member.
FS	49	Once the SSN of an individual has been verified, DHS must permanently annotate the individual's file to prevent unnecessary reverification of the SSN in the future.
FS	50	DHS shall accept as verified an SSN which has been verified by another program participating in the Income Eligibility Verification System (IEVS).
FS	51	If an individual does not have an SSN or is unable to provide one, he/she must apply for one by submitting (federal) Form SS-5, Application for a Social Security Number, to the SSA.
FS	52	If Form SS-5 is completed in the DHS office, DHS must document the verification of age, identity, and citizenship or alien status, as required, and forward to the SSA using the method agreed upon in the Enumeration Agreement between SSA and DHS.
FS	53	The enumeration requirement is met when the SS-5 is signed and the verifying documents have been provided.
FS	54	The individual may, at his/her discretion, complete and file Form SS-5 at the Social Security office. Application for a Social Security Number may be verified by using the method agreed upon in the Enumeration Agreement between SSA and DHS or with the SSA-5028, Receipt for a Social Security Number.
FS	55	A household member who cannot comply with the enumeration requirement within the application processing period may participate in the Food Stamp Program as long as he/she can show good cause for the non-compliance.
FS	56	Good cause must be shown monthly for a household member to continue to participate.
FS	57	Once an application has been filed, the household member may continue to participate in the Food Stamp Program pending notification of DHS of the household member's SSN.
FS	58	Good cause exists when a household member provides proof (either documentary or collateral) that he/she has made every effort to supply SSA or DHS with the information necessary to complete an application for a social security number.
FS	59	Good cause does not include delays caused by illness, lack or transportation or temporary absences.
FS	60	A household member who refuses to apply for a social security number will be disqualified until the SSN is provided, or until he/she applies for one.
FS	61	While the individual is disqualified, he/she is excluded from participation and his/her resources are considered available to the remaining household members; and his/her income, after all allowable deductions have been made less a prorata share, is considered available to the remaining household members.
FS	62	When DHS is unable to verify an individual's SSN with SSA, the worker must contact the individual in writing with the information provided by SSA and must be given 10 days to respond.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	63	If the household fails to respond within 10 days by providing the information needed to resolve the discrepancy, or provides verification that the household has contacted SSA to resolve the problem, a notice of adverse action must be sent to the individual notifying him/her of his/her disqualification from participation.
FS	64	Benefits issued in error when the enumeration requirement was not met, or that were issued because of incorrect information must be referred for a claim, back to the date benefits started for that individual.
FS	65	When benefits were issued in error because the household intentionally gave incorrect information, the case must be referred for an administrative disqualification hearing.
FFP	66	In order to receive cash assistance, a refugee must have a social security number or proof that one has been applied for.
TCM	67	The applicant/recipient, who is a refugee, must present a social security card or proof that one has been applied for, for all household members who are mandatory case members or who desire to be included in the case.
TCM	68	A refugee will be defined as one who has fled and cannot return to their country of origin because of persecution or fear of persecution on account of race, religion or political opinion and who have been granted parole status in the U.S. and asylum. Refugees can be identified by the Immigration and Naturalization Services Form I-94.
TCM	69	An alien is defined as an individual from a country other than the United States (U.S) or it's territories who is not a citizen of the U.S.; a foreigner. These individuals include persons in the U.S. on a temporary or permanent basis, in a legal or illegal (undocumented) status.
TCM	70	An undocumented alien will only be eligible for emergency Medicaid related to a specific hospital admission which will be in effect until he/she is discharged from the hospital. Emergency services are available only when the alien has a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of such severity (including severe pain) that lack of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy, or (2) serious impairment to bodily functions, or (3) serious dysfunction of any bodily organ or part.
TCM	71	Undocumented aliens will not have proper documentation to establish legal status.
TCM	72	Eligibility for emergency Medicaid for undocumented aliens may be determined either categorically needy or medically needy based on TANF or SSI related policies.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.2
Enumeration



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status	
Program Affected: FA	**Caseworkers, Supervisors**

Process:

This process describes the steps involved in determining citizenship or alien status and program eligibility.

Sub-Processes:

1. Record Citizenship Information

   The user will record the individual's citizenship information based on his/her application response.

   INDIVIDUAL (INPUT/OUTPUT)
   U.S. Citizen

2. Determine if Individual is a United States Citizen

   The system will determine if the individual is a citizen of the United States, based on the citizenship information recorded. The system shall ensure that each individual's citizenship data and citizenship verification are validated and compared against the citizenship policy criteria appropriately for each of the appropriate documents, if the individual is not a citizen of the United States, the user will manually query the SAVE system to verify alien status.

   INDIVIDUAL (INPUT)
   U.S. Citizen Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status

Program Affected: FA	**Caseworkers, Supervisors**

3. Generate Letter to Immigration

If the SAVE system is unable to verify the individual's alien status, the system shall allow the user to generate a letter to Immigration requesting verification of the individual's immigration information (Document G845).

INDIVIDUAL (INPUT)
Name
Date of Birth
Recipient ID Number or SSN

CASE (INPUT)
Case Number

USER ID (INPUT)
Caseworker Name
Caseworker Phone Number

ALIEN TYPE (INPUT)
Country of Origin
Date of Entry
Alien Status

NOTICE (OUTPUT)
Individual's Name
Individual's Date of Birth
Country of Origin

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status

Program Affected: FA	**Caseworkers, Supervisors**

Date of Entry
Alien Status

4. Perform the "Obtain Verification" Process

5. Record Immigration Information

   If the Save system has verified the individual's alien status, or if verification of alien status has been received from Immigration upon the return of the G845 document, the user will record the individual's immigration information.

   ALIEN TYPE (INPUT/OUTPUT)
   Individual's name
   Country of Origin
   Date of Entry
   Alien Status
   40 Work Quarter Requirement for Possible Eligibility Status
   Sponsor Name
   Sponsor Relationship
   INS Document Number
   INS Document Date
   Alien Type

6. Record 40 Qualifying Work Quarters

   If an alien must meet the 40 work quarter requirement, the system must collect this information and shall auto-populate total quarters whenever possible to determine if the requirement is met. The

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status

Program Affected: FA	**Caseworkers, Supervisors**

system shall support and have on-line display capabilities of the 40 quarters tracking requirement for aliens.

ALIEN TYPE (INPUT)
Alien Status
Name of the Individual Meeting the 40 Quarters Requirement
Relationship of the Individual Meeting the 40 Quarters Requirement to the Eligible Alien

EMPLOYMENT (INPUT)
Individual's Earnings by Quarter.
Individual's Spouse's Earnings

SELF EMPLOYMENT (INPUT)
Individual's Self Employment
Spouse's Self Employment

ALIEN TYPE (OUTPUT)
Alien Status
40 Work Quarter Met

7. Determine if Sponsor's Information Required

The system shall determine if the sponsor's information is required based on the business rules.

ALIEN TYPE (INPUT)
Sponsor Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status

Program Affected: FA	**Caseworkers, Supervisors**

8. Record Sponsor's Information

If the sponsor's information is required, the user will record the sponsor's information.

SPONSOR (INPUT/OUTPUT)
Name of the Alien Being Sponsored
Sponsor Name
Sponsor's Spouse's Name
Sponsor's AG size
Sponsor's Income
Sponsor's Resources
Sponsor's Spouse's Income
Sponsor's Spouse's Resources
Organization Name, if applicable
Sponsor or Organization Address
Sponsor or Organization Telephone Number
Indicator for Sponsor-Provided Assistance (yes or no)
Begin Date for Sponsor-Provided Assistance
End Date for Sponsor-Provided Assistance

9. Determine Citizenship Technical Eligibility

If the sponsor's information is not required, or, if required, after the sponsor's information has been recorded, the system shall determine the individual's citizenship technical eligibility. The system shall have the ability to compare a specific individual's citizenship status against different program policies and shall have the capability to determine individual eligibility based upon alien and citizenship status.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.3 Determine Citizenship/Alien Status

Program Affected: FA	**Caseworkers, Supervisors**

ALIEN TYPE (INPUT)
Alien Status
Sponsor Status
40 Work Quarter Met
Alien Type
Date of Entry

INDIVIDUAL (INPUT)
Date of Birth
Veteran Status
SS Number

DISABILITY/INCAPACITY (INPUT)
SSI Recipient
SSD Recipient
Blind Status
Medicaid Benefits Received

CASE (INPUT)
Program Type
Subprogram Type

ALIEN TYPE (OUTPUT)
Citizenship Technical Eligibility

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	To receive Families First, an individual must be a citizen or a refugee admitted under Section 207 of the Immigration and Nationality Act who has been in the U.S less than 5 years from the date of entry.
FFP	2	To receive Families First, an individual must be a citizen or an asylee admitted under Section 208 of the Immigration and Nationality Act who has been in the U.S less than 5 years from the date of entry.
FFP	3	To receive Families First, an individual must be a citizen or a refugee whose status under Section 243(h) of the Immigration and Nationality Act is “Deportation Withheld” and who has been in the U.S less than 5 years from the date of entry.
FFP	4	To receive Families First, an individual must be a citizen or an alien who is an honorably discharged veteran.
FFP	5	To receive Families First, an individual must be a citizen or an alien who is on active duty in the US armed forces.
FFP	6	To receive Families First, an individual must be a citizen or the spouse or child of an alien veteran.
FFP	7	To receive Families First, an individual must be a citizen or the spouse or child of an alien who is on active duty in the US armed forces.
FFP	8	To receive Families First, an individual must be a citizen or a legal alien who meets 40 qualifying quarters. Qualifying quarters for aliens are the same as required for the unemployed parent.
FFP	9	To receive Families First, an individual must be a citizen or an Amerasian immigrant who has been in the U.S less than 5 years from the date of entry.
FFP	10	To receive Families First, an individual must be a citizen or a Cuban /Haitian entrant admitted under Section 212(h)(5) of the Immigration and Nationality Act who has been in the U.S less than 5 years from the date of entry.
FFP	11	To receive Families First, an individual must be a citizen or a trafficking victim with an ORR certification letter who has been in the U.S less than 5 years from the date of entry.
FFP	12	To receive Families First, an individual must be a citizen or a battered alien. (State only funds)
FFP	13	To receive Families First, an individual must be a citizen or a legal alien who has reached the 5-year limit regardless of the original admit status. (State only funds)
FFP	14	To receive Families First, an individual must be a citizen or an alien with lawful temporary resident alien status. (State only funds)
FFP	15	To receive Families First, an individual must be a citizen or an alien with voluntary departure status. (State only funds)
FFP	16	To receive Families First, an individual must be a citizen or an alien who is an applicant for asylum. (State only funds)
FFP	17	To receive Families First, an individual must be a citizen or an alien with a conditional entrant status. (State only funds)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	18	To receive Families First, an individual must be a citizen or an alien who has been granted asylum with an entry date over years and whose status has not been adjusted to Legal Permanent Resident (LPR). (State only funds)
FFP	19	To receive Families First, an individual must be a citizen or a legal alien who has been in the U.S less than 5 years. (State only funds)
FFP	20	To receive Families First, an individual must be a citizen or an alien with parolee status. (State only funds)
FFP	21	To receive Families First, an individual must be a citizen or an alien who has Legal Permanent Resident status and who has been in the US less than 5 years. (State only funds)
FFP	22	To receive Families First, an individual must be a citizen or a refugee with an entry date over 5 years who has not been adjusted to Legal Permanent Resident status. (State only funds)
FFP	23	To receive Families First, an individual must be a citizen or alien whose status has been adjusted to Legal Permanent Resident status. (State only funds)
FFP	24	To receive Families First, an individual must be a citizen or alien who is awaiting deportation proceedings. (State only funds)
FFP	25	The alien status of applicants must be verified.
FFP	26	Alien individuals who do not meet the required alien status for eligibility are considered ineligible aliens.
FFP	27	Ineligible aliens are not eligible for Families First though they may receive a FF grant for children in their care who are citizens or eligible aliens.
FFP	28	Illegal aliens are not eligible for Families First though they may receive a FF grant for children in their care who are citizens or eligible aliens.
FFP	29	The citizenship or alien status must be acknowledged on the FF application for each person who is applying for benefits.
FFP	30	The entire assistance group will be ineligible if the applicant refuses or fails to sign the FF application
FFP	31	INS documents can be used to verify alien status.
FFP	32	The Systematic Alien verification for Entitlements (SAVE) system can be used to verify an alien status.
FFP	33	A letter to INS may be used as secondary verification of alien status when the Agency is unable to access the SAVE system.
FFP	34	A letter to INS may be used as secondary verification of alien status when the alien is in a category that is not recorded in the INS computerized file.
FFP	35	A letter to INS may be used as secondary verification of alien status when the documentation provided by the alien is questionable.
FFP	36	A letter to INS may be used as secondary verification of alien status when the documentation provided by the alien is questionable.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	37	A letter to INS may be used as secondary verification of alien status when no record on the SAVE system is found on the alien.
FFP	38	A letter to INS may be used as secondary verification of alien status when non-INS documents are accepted as reasonable evidence.
FFP	39	A letter to INS may be used as secondary verification of alien status when the alien's status cannot be validated through the SAVE system.
FFP	40	The citizenship/alien status of each FF assistance group member must be recorded.
FFP	41	The 40 qualifying quarters of work for alien eligibility must be recorded.
FFP	42	Any alien under the sponsorship of a public or private agency is not eligible to receive FF within three years of entry into the US unless it is proven (and documented) that the agency is no longer in existence or has become unable to meet their sponsorship obligations to the alien.
FFP	43	If the sponsoring agency is unable to meet their obligations to the alien, determine the alien's eligibility by following routine procedures.
FFP	44	Aliens who apply for FF for the first time must have the income and resources of their individual citizen sponsors considered in determining their eligibility for assistance.
FFP	45	The income and resources of the citizen sponsor shall be considered for a period of three years after the alien's entry into the U.S.
FFP	46	An individual citizen sponsor is a person who signed an affidavit or other statement accepted by INS as an agreement to support an alien as a condition of the alien's admission for permanent residence in the U.S.
FFP	47	The alien is responsible for obtaining the cooperation of the citizen sponsor and for providing the information necessary to determine eligibility.
FFP	48	Failure to obtain the sponsor's cooperation or to supply information will result in a denial/closure of the FF benefits.
FFP	49	Aliens who are paroled into the US as refugees are exempt from counting the income and resources of citizen sponsors.
FFP	50	Aliens granted political asylum by the Attorney General are exempt from counting the income and resources of citizen sponsors.
FFP	51	Aliens admitted as Cuban or Haitian entrants are exempt from counting the income and resources of citizen sponsors.
FFP	52	Aliens admitted under Section 203(a)(7) of the Immigration and Naturalization Act prior to April 1, 1980 are exempt from counting the income and resources of citizen sponsors.
FFP	53	Aliens admitted under section 207© of the Immigration and Naturalization Act after march 31, 1980 are exempt from counting the income and resources of citizen sponsors.

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Program Type	Rule Number	Rule
FFP	54	Alien children of a sponsor or a sponsor's spouse are exempt from counting the income and resources of citizen sponsors.
FFP	55	Recipients of AFDC prior to October 1, 1981, or former AFDC recipients who reapply for Families First are exempt from counting the income and resources of citizen sponsors.
FFP	56	In FF cases where the alien is not exempt from counting the sponsor's income, record the gross income of the sponsor and the sponsor's wife.
FFP	57	In FF cases where the alien is not exempt from counting the sponsor's resources, record the sponsor's and the sponsor's spouse's countable resources.
FFP	58	In FF cases where the alien is not exempt from counting the sponsor's income and resources, the citizen sponsor's income and resources will be counted even though the sponsor may have revoked his/her sponsorship agreement.
FFP	59	Income and resources that are deemed to a sponsored alien are not considered available to unsponsored members of the alien's family except to the extent that the income and resources are actually available.
FFP	60	Unsponsored alien family members are not ineligible simply because a sponsored member fails to provide information regarding his/her sponsor.
FS	61	To be eligible for Food Stamp Program participation each household member must be one of the following: - A U.S. citizen, defined as a person (other than the child of a foreign diplomat) born in one of the several states or in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands who has not renounced or otherwise lost his/her citizenship, or a person born outside of the U.S. to at least one U.S. citizen parent, or a naturalized U.S. citizen; - A U.S. non-citizen national, defined as a person born in an outlying possession of the United States (American Samoa or Swain's Island) on or after the date the U.S. acquired the possession, or a person whose parents are U.S. non-citizen nationals (subject to certain residency requirements)
FS	62	To be eligible for food stamps, a non-citizen alien who is otherwise eligible must meet two requirements: they must be qualified aliens and they must meet a condition that allows qualified aliens to get food stamps.
FS	63	A qualified alien is one who, at the time he/she applies for or receives food stamps is in one of the following categories as determined by the United States Citizenship and Immigration Services (USCIS) of the Department of Homeland Security: - Lawfully admitted for permanent residence in the U.S. (holders of "green cards"). This category also includes Amerasian immigrants as defined under section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988; - Granted asylum under section 208 of the Immigration and Nationality Act (INA);

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		- Refugee admitted to the U.S. under section 207 of the INA; - Paroled into the U.S. under section 212(d)(5) of the INA for at least one year; - Deportation is being withheld under section 243(h) of the INA as in effect before 4/1/97, or removal is withheld under section 241(b)(3) of the INA; - Granted conditional entry under section 203(a)(7) of the INA as in effect before 4/1/80; - Cuban or Haitian entrant under section 501(e) of the Refugee Education Assistance Act of 1980; or - Under certain circumstances, a battered immigrant spouse, battered immigrant child, immigrant parent of a battered child or an immigrant child of a battered parent with a petition pending under 204(a)(1)(A) or (B) of the INA.
FS	64	A qualified alien who also meets one of the following conditions may receive food stamps indefinitely: - Lawfully admitted for permanent residence and credited with 40 qualifying quarters of work under the Social Security system (credits may be earned individually, in combination with a spouse, and in some circumstances, a parent); - Elderly individuals born on or before August 22, 1931 and who were lawfully residing in the U.S. on August 22, 1996; - Children under 18 years of age who lawfully reside in the U.S.; - Blind or disabled individuals who receive benefits or assistance for their condition as defined under section 3(r) of the Food Stamp Act regardless of when they entered the U.S.; - An individual who has lived in the U.S. as a qualified alien for five years from the date or entry; or - An individual who is lawfully residing in a state and is on active duty (other than for training) in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard (but not full-time National Guard) or is an honorably discharged veteran whose discharge is not because of alien status. This category includes the spouse (or surviving spouse who has not remarried) or unmarried dependent children of these individuals. A discharge "Under Honorable Conditions" does not meet this requirement.
FS	65	Qualified aliens who do not meet a requirement to receive food stamps indefinitely are eligible to receive food stamps during the first seven years they are admitted or granted status in one of the following categories: - Refugee admitted under section 207 of the INA (including immigrants who have been certified by the U.S. Dept. of Health and Human Services to be victims of a severe form of trafficking in persons in accordance with the Victims of Trafficking and Violence Protection Act of 2000 (P.L. 106-386); - Asylee granted asylum under section 208 of the INA; - Deportation withheld under section 243(h) or removal withheld under section 241(b)(3) of the INA; - Cuban or Haitian entrant under section 501(e) of the Refugee Education Assistance Act of 1980; or - Amerasian immigrant under section 584 of the Foreign Operations, Export Financing and Related Programs Appropriations Act of 1988.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	66	The following categories of non-citizens are eligible for food stamps on the same basis as citizens (i.e., they do not have to be qualified aliens): - American Indians born in Canada living in the U.S. under section 289 of the INA or non-citizen members of a federally-recognized Indian tribe under section 4(e) of the Indian Self-Determination and Education Assistance Act. This provision is intended to cover Native Americans who are entitled to cross the U.S. border into Canada or Mexico. - An individual lawfully residing in the U.S. who was a member of a Hmong or Highland Laotian tribe that rendered assistance to U.S. personnel by taking part in a military or rescue operation during the Vietnam era (August 5, 1964 - May 7, 1975). This category includes the spouse (or surviving spouse that has not remarried) or unmarried dependent children of these individuals.
FS	67	Individuals are prohibited from receiving food stamps under any circumstances if they are: - lawfully residing in the U.S. in a non-qualified status and are not exempt from the immigrant restrictions (such as students or qualified aliens who have not been in status for five years); or - undocumented immigrants (such as individuals who entered the country as temporary residents and overstayed their visas, or who entered without a visa).
FS	68	USCIS has sole responsibility for determining immigration status.
FS	69	The income and resources of an immigrant's sponsor (and the sponsor's spouse) who has signed a legally binding affidavit of support are required to be counted (deemed) as belonging to the immigrant, regardless of actual availability, when determining the sponsored immigrant's eligibility and benefit amount for food stamps.
FS	70	The only qualified aliens with legally enforceable affidavits of support are family-sponsored LPRs, including immediate relatives, and a few employment-based LPRs who came to the U.S. to work for relatives in companies partially owned (more than 5 %) by relatives AND who have filed for a visa application or applied for an adjustment to LPR status on or after December 19, 1997.
FS	71	The following groups are not subject to deeming rules: - Immigrants whose sponsor has not signed a legally binding affidavit of support; - Immigrants without sponsors (most qualified aliens such as refugees, asylees, persons granted withholding of deportation, Amerasians, and Cuban or Haitian entrants); - Indigent exception. If the immigrant's own income and any assistance provided by the sponsor or any other individuals is not enough for the immigrant to obtain food and shelter without the program, the amount of income and resources attributed to the immigrant through deeming cannot exceed the amount actually provided for up to a 12-month period. The state agency must notify the USCIS if such determinations are made; - Battered Spouse or Child exemption. Deeming does not apply during any 12-month period if the alien is a battered spouse, battered child or parent, or child of a battered person providing the battered alien lives in a separate household from the person responsible for the battery;

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		- Ineligible member. If the sponsored alien is ineligible for food stamps because of immigration status (i.e., is not a qualified alien or is an LPR without 5 years of residency), the sponsor's income is not deemed to other eligible members of the immigrant's household; - Children. There is no sponsor-to-immigrant deeming for children under age 18; - Immigrant whose deeming period has ended.
FS	72	Deeming ends when: - the sponsored immigrant becomes a naturalized citizen; - the sponsored immigrant can be credited with 40 qualifying quarters of work; - the sponsored immigrant is no longer an LPR and leaves the U.S.; - the sponsored immigrant meets one of the exceptions listed as not subject to deeming rules; or - the sponsor or the sponsored immigrant dies.
FS	73	Immigrants who are exempt from deeming are not required to provide information about the sponsor's income and resources.
FS	74	Immigrants who are subject to deeming are responsible for obtaining the cooperation of the sponsor and for providing DHS the information and documentation needed to calculate deemed income and resources at the time of application and recertification.
FS	75	A sponsor who has signed a legally binding affidavit of support in behalf of the immigrant is liable to the state for the value of food stamps received by the immigrant, unless the immigrant is exempt from deeming or the sponsor receives food stamps in his/her own right during the same period the immigrant received them.
FS	76	All aliens who have not been determined to be a qualified alien who meets one of the requirements for food stamp eligibility is not eligible for food stamps.
FS	77	Immigration status must be verified for all non-citizens who request assistance by validation through the Systematic Alien Verification Entitlements (SAVE) system.
FS	78	When the SAVE system is not available or when the non-citizen is in a category that is not recorded in the SAVE system's database, documentation is questionable, a discrepancy exists, or the non-citizen's documented status cannot be validated any other way, the worker must contact the USCIS via federal form G-845.
FS	79	When form G-845 is returned to DHS from the USCIS, the worker must review the information provided to determine the correct status and take appropriate action to approve or deny the case.
CC	80	The parent/caretaker must be a U.S. citizen or eligible alien to receive child care assistance.
CC	81	The child must be a U.S. citizen or eligible alien to receive child care assistance.
CC	82	Citizenship and eligible alien status must be verified to receive Families First child care assistance.
CC	83	Citizenship and eligible alien status rules for FF child care assistance are determined within the Families First eligibility process for cash assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	84	Citizenship and eligible alien status must be verified to receive Transitional child care assistance.
CC	85	Citizenship and eligible alien status must be verified to receive At-Risk child care assistance.
CC	86	Valid citizenship or eligible alien status verified during the last Families First case is used as verification for all subsequent service types that follow Families First, i.e. Transitional and At-Risk child care assistance.
CC	87	Citizenship and eligible alien status must verify on the parent and the child to receive Low-Income child care assistance.
CC	88	The citizenship or eligible alien status of other family members within the Low-Income household do not have to be verified to receive Low Income child care assistance under Child Care and Development Fund clearances.
CC	89	If an eligible alien has a sponsor, the name of the sponsor must be recorded.
CC	90	The name of the spouse of a sponsor of an eligible alien must be recorded.
CC	91	The gross household income of the sponsor and the sponsor's spouse of an eligible alien must be recorded as it is considered countable household income for the eligible alien when determining qualification for Transitional, At-Risk and Low Income child care assistance.
CC	92	The sponsor's assistance group size is recorded when determining qualification for Transitional, At-Risk and Low Income child care assistance.
CC	93	The sponsor's resources are not required when determining qualification for Transitional, At-Risk and Low Income child care assistance.
CC	94	If the sponsor of an eligible alien is an agency, income is not used when determining for Transitional, At-Risk and Low-Income child care assistance.
IV-E FC	95	A foster child must be a citizen of the United States or a lawfully admitted alien.
IV-E FC	96	A foster child who is a citizen of the United States or a lawfully admitted alien shall pass the Title IV-E foster care eligibility program requirement for citizenship/alien status.
IV-E FC	97	A foster child who passes the citizenship/alien status eligibility requirement shall be considered for other factors of eligibility for Title IV-E foster care.
IV-E FC	98	A foster child who is neither a U.S. citizen nor a legally admitted alien does not pass the citizenship/alien status eligibility requirement and is ineligible for Title IV-E foster care.
IV-E FC	99	For purposes of citizenship, the United States is defined as the 50 states and the District of Columbia, Puerto Rico, Guam, and the Virgin Island and Nationals from American Samoa.
IV-E FC	100	A foster child who is an alien lawfully admitted under the conditions listed below may be eligible for Title IV-E foster care; - An alien lawfully admitted for permanent residence as an immigrant as defined in Sections 101 (a) (15) and 101 (a) (20) of the Immigration and Nationality Act; - An alien who is qualified for entry pursuant to section 207 or 208 of the Immigration and Nationality

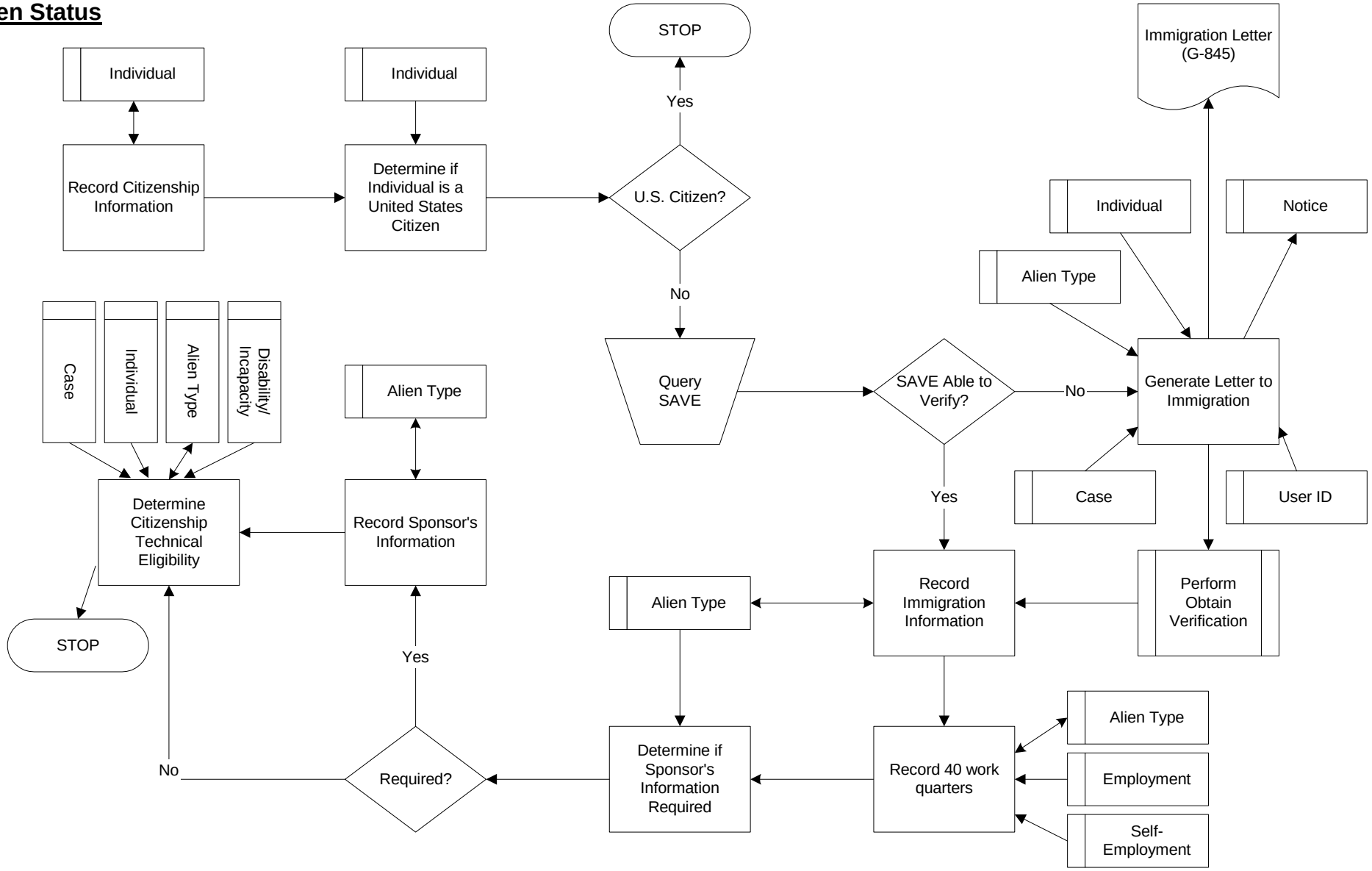
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Act; - An alien who is defined as blind or disabled with Title XVI of the Social Security Act (as applied to children) and is considered to be lawfully admitted for permanent residence pursuant to Section 245 (b) (1) of the Immigration and Nationality Act.
IV-E FC	101	If a foster child is not a citizen of the United States, the SAVE system shall be used to confirm a foster child's alien status.
IV-E FC	102	If the SAVE system is unavailable to confirm a foster child's alien status, a letter shall be generated to Immigration requesting confirmation of the foster child's immigration information.
IV-E FC	103	If the SAVE system verifies a foster child's alien status or if verification of the foster child's alien status has been received from Immigration, the foster child's immigration information, e.g., country of origin, date of entry, alien status, INS document number, INS document date, shall be recorded.
AA	104	A child receiving adoption assistance must be a citizen of the United States or a lawfully admitted alien.
AA	105	A child who is neither a U.S. citizen nor lawfully admitted alien is ineligible for adoption assistance through IV-E funding.
TCM	106	An individual must be a citizen or an alien.
TCM	107	An alien is an individual from a country other than the United States or its territories who is not a citizen of the U.S.
TCM	108	A legal alien must be admitted for permanent residence by law, meeting Immigration and Naturalization Services requirements, to be eligible for full Medicaid benefits.
TCM	109	An alien includes individuals granted asylum in the U.S. for political or religious reasons.
TCM	110	An alien includes Cuban/Haitian entrants admitted as refugees for humanitarian reasons.
TCM	111	An individual identified as a refugee may receive Medicaid for no more than eight months from the date of entry into the U.S.
TCM	112	An alien includes non-citizens who have continuously resided in the U.S. since before 1-1-1972 and presumed by INS to meet criteria for lawful permanent residence.
TCM	113	Permanent legal aliens may be eligible for full Medicaid coverage if all other eligibility requirements have been met.
TCM	114	A refugee may have a sponsor, but it is not required.
TCM	115	A sponsor may be an individual or an agency.
TCM	116	The income of a sponsor is not counted.
TCM	117	The resources of a sponsor are not counted.
TCM	118	A sponsor may represent 0 to many individuals.
TCM	119	An individual may not sponsor himself.
TCM	120	Illegal aliens are eligible for Emergency Medicaid for a hospital admission.
TCS	121	Illegal aliens are not eligible for TennCare Standard.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCS	122	Refugees are not eligible for TennCare Standard.
TCM	123	Medicaid is available to any refugee regardless of national origin, who have fled and cannot return to their country of origin because of persecution or fear of persecution on account of race, religion or political opinion and who have been granted parole status in the U.S. and asylum. Refugees can be identified by the Immigration and Naturalization Services Form I-94.
TCM	124	A refugee does not have to be aged, blind or disabled, a child under 21, a child with children, or a child in special living arrangement to be eligible for Medicaid.
TCM	125	Financial need and refugee status are the only eligibility criteria for refugees.
TCM	126	Eligibility is determined under this program when the refugee is not technically eligible for Medicaid.
TCM	127	Only income and resources actually available to the refugee will be considered in determining eligibility. Income and resources of sponsors, including in-kind services and shelter provided by sponsors, are not considered in determining a refugee's eligibility.
TCM	128	Budgeting procedures are the same as for other Medically Needy individuals/families and can include exceptional or spenddown procedures if over the Federal Poverty Level. Pregnant women and children of a specified age may qualify under the Poverty Level Income Standard.
TCM	129	Medicaid benefits may be authorized for no more than 8 months from the date of entry or parole, once eligibility is determined. This is the maximum authorization period for this coverage.
TCM	130	Medicaid benefits will automatically terminate at the end of the maximum authorization period unless a closure is submitted by the worker before the maximum authorization period is completed.
TCM	131	A refugee family group eligible for Families First shall receive the ride-along TennCare Medicaid for as long as eligible for FF.
TCM, RCA	132	As part of the regular process of determining eligibility for Refugee Cash Assistance and the ride along TennCare Medicaid coverage, the caseworker shall contact the sponsor to determine: - What assistance is being provided; and - Whether the refugee has refused an offer of employment or voluntarily quit a job without good cause
TCM, RCA	133	Only income and resources which are actually available to the refugee will be considered in determining eligibility for RCA and the ride-along TennCare Medicaid.
TCM, RCA	134	The income and resources of sponsors will not be considered in determination of a refugee's eligibility for RCA and the ride-along TennCare Medicaid.
TCM, RCA	135	Any cash income received by a refugee from a national volunteer resettlement agency under a match-granted program shall be counted in determination of eligibility for RCA and the ride-along TennCare Medicaid.

1.2.3 Determine Citizenship/ Alien Status



State of Tennessee

DHS VIP Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.4 Gather Relationship Data	
Program Affected: FA	**Users: Caseworker, Supervisor and above**

Process:

The Deparment of Human Services is required to capture and verify the relationship of all individuals in a case to each other based on business rules for program and sub-program. Relationship also may determine program eligibility and individual case eligibility and mandatory vs. optional case members, as defined in program rules.

Sub-Processes:

1. Collect and Verify Relationships for All Household Members

   The user shall record the relationship for all household members and how verified. The system shall edit to ensure relationships entered for multiple individuals correlate with info entered for other individuals.

   CASE (Input)
   Case Number
   Case Type
   Household Members

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   RELATIONSHIP (Output)
   Relationship Type

State of Tennessee

DHS VIP Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.4 Gather Relationship Data

Program Affected: FA	**Users: Caseworker, Supervisor and above**

Relationship Verification Type
Relationship Verification Date

2. Determine if Food Stamp Case

The system shall determine if the case type is Food Stamps from examining the case program per business rules. The system shall determine Food Stamps case structure by Applicant (caretaker or head of case) and those individuals that purchase and prepare meals together.

CASE (Input/Output)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Purchase and Prepare Meals Indicator

LIVING ARRANGEMENT (Input/Output)
Living Arrangement Type

3. Establish Purchase and Prepare for Each Individual

When it is a Food Stamp case, the user shall determine and record how each individual in the case, as determined by business rules, purchases and prepares their meals. The system shall indicate the living arrangement and meals are purchased and prepared together when it is mandatory based on age and relationship, when it is optional the user will indicate the client's statement of purchase and prepare. The

State of Tennessee

DHS VIP Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.4 Gather Relationship Data

Program Affected: FA	**Users: Caseworker, Supervisor and above**

system shall allow separate household status for Food Stamps eligibility when an elderly/disabled individual is living with others and the elderly/disabled individual cannot purchase and prepare his/her own meals.

CASE (Input)
Case Number
Case Type
Household Members

INDIVIDUAL (Input/Output)
SSN
Individual ID
Date of Birth
Disability/Incapacity Indicator
Purchase and Prepare Meals Indicator

LIVING ARRANGEMENT (Input/Output)
Living Arrangement Type

RELATIONSHIP (Input/Output)
Relationship Type (Mother)

4. Determine Degree of Each Relationship

The system shall determine and display the degree of relationship from examining the individual and relationship information collected, when possible. This information will be used to determine deprivation when needed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS VIP Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.4 Gather Relationship Data	
Program Affected: FA	**Users: Caseworker, Supervisor and above**

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

RELATIONSHIP (Input/Output)
Relationship Type
Specified Degree of Relationship

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	A household is composed of an individual living alone.
FS	2	A household is composed of an individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from others.
FS	3	A household is composed of a group of individuals who live together and customarily purchase food and prepare meals together for home consumption.
FS	4	Spouses who live in the same household must be considered as customarily purchasing food and preparing meals together, even if they do not do so.
FS	5	A person under 22 years of age who is living with his/her natural or adoptive parent(s) or stepparent(s) must be considered as customarily purchasing food and preparing meals together, even if they do not do so.
FS	6	A child (other than a foster child) under age 18 who lives with and is under the parental control of a household member other than his/her parent must be considered as customarily purchasing food and preparing meals together, even if they do not do so.
FS	7	A child must be considered to be under parental control for the purpose of determining household status if he/she is financially or otherwise dependent on a member of the household.
FS	8	An otherwise eligible member of a household who is at least 60 years of age and is unable to purchase and prepare meals because he/she suffers from a disability considered permanent under the Social Security Act or a non-disease-related, severe, permanent disability may be considered, together with his/her spouse (if living there), a separate household from the others with whom the individual lives.
FS	9	Separate household status must not be granted when the income of the others with whom the elderly disabled individual lives (excluding the income of the elderly disabled individual and his/her spouse) exceeds 165 percent of the poverty level.
FS	10	Residents of a commercial boarding house are not eligible to participate in the Food Stamp Program.
FS	11	Other individuals or groups of individuals who pay a reasonable amount for meals or meals and lodging must be considered boarders and are not eligible to participate in the Food Stamp Program independently of the household providing the board.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	12	Such individuals or groups of individuals may (along with their spouses and/or children) may participate in the program as members of the household providing the boarder services, if the household providing the boarder services requests their inclusion.
FS	13	An individual who pays less than a reasonable amount for board must not be considered a boarder, but must be considered (along with his/her spouse and/or children living with him/her) as a member of the household providing the board.
FS	14	For individuals whose board arrangement is for two meals or less a day "reasonable compensation" must be an amount that equals or exceeds two-thirds of the maximum food stamp allotment for the appropriate size of the boarder household.
FS	15	For individuals whose board arrangement is for more than two meals a day "reasonable compensation" must be an amount that equals or exceeds the maximum food stamp allotment for the appropriate size of the boarder household.
FS	16	Individuals placed in the home of relatives or other individuals or families by a federal, state, or local governmental foster care program must be considered to be boarders. They cannot participate in the Food Stamp Program independently of the household providing the foster care services.
FS	17	Such foster care individuals may participate, along with a spouse or children living with them, as members of the household providing the foster care services, only at the request of the household providing the foster care.
FS	18	Individuals not otherwise required to be considered as customarily purchasing food and preparing meals together, even if they do not do so, to whom a household furnishes lodging for compensation, but not meals, may participate as separate households.
FS	19	A live-in attendant may participate in the Food Stamp Program as a separate household.
FS	20	Individuals otherwise required to be considered as customarily purchasing food and preparing meals together, even if they do not do so, shall not be considered as a live-in attendant
FS	21	Ineligible household members are not eligible to participate as separate households or as a member of any household.
FS	22	Ineligible students are ineligible household members.
FS	23	Ineligible aliens are ineligible household members.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	24	Individuals disqualified for non-compliance with the food stamp work requirements are ineligible household members.
FS	25	Individuals disqualified for failure to provide a SSN are ineligible household members.
FS	26	Individuals disqualified for an Intentional Program Violation are ineligible household members.
FS	27	Residents of an institution, when the institution provides them with the majority of their meals (over 50 percent of three meals daily) as part of the institution's normal services, are ineligible household members unless they meet certain exceptions.
FS	28	A resident of an institution, who would otherwise qualify for separate household status, may qualify for separate household status if he/she is a resident of federally subsidized housing for the elderly.
FS	29	A resident of an institution, who would otherwise qualify for separate household status, may qualify for separate household status if he/she is a narcotic addict or alcoholic who resides at a facility or treatment center for treatment and rehabilitation of alcoholics and/or drug addicts. This includes the children, but not the spouses of such persons who live with them at the treatment center or facility.
FS	30	An individual, who would otherwise qualify for separate household status, may qualify for separate household status if he/she is disabled or blind and is a resident of a group living arrangement.
FS	31	Individual women or women with their children who are temporarily residing in a shelter for battered women and children, who would otherwise qualify for separate household status, may qualify for separate household status.
FS	32	Individuals who are residents of public or private nonprofit shelters for homeless persons, who would otherwise qualify for separate household status, may qualify for separate household status.
FS	33	An individual who is does not meet the state qualifying requirements for persons convicted of a drug-related felony is an ineligible household member.
FS	34	An individual who is fleeing to avoid prosecution or custody for a crime, or an attempt to commit a crime, or who is violating a condition of probation or parole is an ineligible household member.
FS	35	A person who is ineligible because of the time-limits for able-bodied adults without dependents is an ineligible household member.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	36	A household consisting entirely of Supplemental Security Income (SSI) and/or Families First recipients (including persons receiving the FF extended services specified below) are categorically eligible (CE) for food stamps.
FS	37	An individual is considered an SSI or a FF recipient if he/she receives an SSI or FF payment.
FS	38	An individual is considered an SSI or a FF recipient if he/she is eligible for SSI or FF payments, but the payments are being recouped or have been suspended.
FS	39	An individual is considered an SSI or a FF recipient if he/she has been approved for FF but does not receive a payment because the grant amount is less than $10.
FS	40	A household consisting entirely of individuals eligible for or receiving Family Services Counseling is considered categorically eligible as long as the CE individuals are eligible for the Families First extended service.
FS	41	A household consisting entirely of individuals eligible for and approved for a First Wheels loan is considered categorically eligible as long as the CE individuals are eligible for the Families First extended service.
FS	42	Extended CE applies only when the FF aid group is closed for cash assistance.
FS	43	A food stamp household can qualify for the extended CE for either reason if the household members were included in the FF grant or were individuals from whom income was deemed and counted in the grant at the time of FF closure.
FS	44	A household with a member who is disqualified for an intentional program violation (IPV) cannot be CE.
FS	45	A household with an individual receiving SSI for drug addiction or alcoholism (DAA) who is suspended for failure to attend scheduled treatments or to make progress cannot be CE.
FS	46	A household whose members are disqualified for voluntary quit or failure to comply with food stamp work requirements cannot be CE; however, if only one member of the household is disqualified, the remaining household members may be CE.
FS	47	A household with a member or members who receive state funded cash assistance because they are aliens who do not meet the PRWORA requirements, but do meet the requirements previously in effect for the AFDC program, are not CE.
FS	48	Ineligible aliens cannot be included in an otherwise CE household.
FS	49	Ineligible students cannot be included in an otherwise CE household.

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Program Type	Rule Number	Rule
FS	50	Institutionalized individuals cannot be included in an otherwise CE household except those specifically noted above as eligible to participate in the Food Stamp Program who also meets the condition of CE.
FS	51	A CE household is not subject to the food stamp resource limit or to the gross and net income limits in the determination of eligibility, but all other food stamp policy and procedures apply.
FS	52	Once a household has been identified as categorically eligible, it is no longer necessary to verify resources, social security number, alien sponsor information, and residency.
FS	53	In determining the benefit level for a food stamp household, determine the net income for the household based on normal food stamp policy and determine the allotment, using the Basis of Issuance (BOI) for households whose net income is at or below the net income limit for other FS households of the same size.
FS	54	When a CE household's net income is over the net income limit for other food stamp households of the same size, determine the allotment for a household with more than two members by multiplying the household's net income by 30%, rounded to the nearest dollar, then subtract that figure from the Thrifty Food Plan for the household's size to determine the allotment. If the formula results in a zero (0), the household is not eligible for benefits.
FS	55	When a one- or two-person CE household's net income is over the net income limit for the household's size, provide a $10 allotment to the household.
FS	56	If a CE household's FF or SSI benefits are terminated, the state agency shall redetermine the household's eligibility based on normal food stamp policy and adjust the benefits accordingly.
FFP	57	To be eligible for Families First, a child must live in the home of a parent or certain relative who is within the 5th degree of relationship to the child.
FFP / TCM	58	The 5th degree of relationship may be defined as any of the following blood relatives, i.e., father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece, or first cousin once removed. This includes relationships to preceding generations, i.e., grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great grandparents. This also applies to child related TennCare Medicaid.
FFP / TCM	59	The 5th degree of relationship may be defined as any of the following relatives who are of half-blood relationship: father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece, or first cousin once removed. This includes relationships

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		to preceding generations, i.e., grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great grandparents. This also applies to child related TennCare Medicaid.
FFP / TCM	60	The 5th degree of relationship may be defined as a stepfather, stepmother, stepbrother or stepsister. This also applies to child related TennCare Medicaid.
FFP / TCM	61	The 5th degree of relationship may be defined as **legally adoptive parents** of the child or of the child's parents, the natural and other legally adopted children of such persons, and the blood relatives of such persons, including first cousins, first cousins once removed, nephews and nieces. This also applies to child related TennCare Medicaid.
FFP / TCM	62	The 5th degree of relationship may be defined as **legal spouses** of any of the following persons: father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece, or first cousin once removed, grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great grandparents, any of the following relatives who are of half-blood relationship: father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece, or first cousin once removed, including relationships to preceding generations, i.e., grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great grandparents, a stepfather, stepmother, stepbrother or stepsister and legally adoptive parents of the child or of the child's parents, the natural and other legally adopted children of such persons, and the blood relatives of such persons, including first cousins, first cousins once removed, nephews and nieces. This also applies to child related TennCare Medicaid.
FFP / TCM	63	The caretaker's relationship to the dependent child shall be recorded. This also applies to child related TennCare Medicaid.
FFP / TCM	64	The caretaker's relationship to the dependent child shall be verified. This also applies to child related TennCare Medicaid.
FFP / TCM	65	The caretaker's relationship to the dependent child may be verified with a birth certificate. This also applies to child related TennCare Medicaid.
FFP / TCM	66	The caretaker's relationship to the dependent child may be verified with a copy of a birth certificate. This also applies to child related TennCare Medicaid.
FFP / TCM	67	The caretaker's relationship to the dependent child may be verified through Tennessee Clearinghouse. This also applies to child related TennCare Medicaid.

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Program Type	Rule Number	Rule
FFP / TCM	68	The caretaker's relationship to the dependent child may be verified by adoption and legitimation orders that establish the relationship of the child to his/her parent. This also applies to child related TennCare Medicaid.
FFP / TCM	69	The caretaker's relationship to the dependent child may be verified by hospital records. This also applies to child related TennCare Medicaid.
FFP / TCM	70	The caretaker's relationship to the dependent child may be verified by a family Bible or other family records which are in ink and have not been altered. This also applies to child related TennCare Medicaid.
FFP / TCM	71	The caretaker's relationship to the dependent child may be verified by trust documents and other such instruments and/or records, if relationship is specified in the document. This also applies to child related TennCare Medicaid.
FFP / TCM	72	The caretaker's relationship to the dependent child may be verified by wills and deeds to property, if the individuals and relationships are specified. This also applies to child related TennCare Medicaid.
FFP / TCM	73	The caretaker's relationship to the dependent child may be verified by Census Bureau records that list the child belonging to a particular family and showing relationships. This also applies to child related TennCare Medicaid.
FFP / TCM	74	The caretaker's relationship to the dependent child may be verified by written statements of physicians or midwives who attended the birth and remember the names of the people involved. This also applies to child related TennCare Medicaid.
FFP / TCM	75	The caretaker's relationship to the dependent child may be verified by social agency records including those of DHS which are at least one year old and which consistently specify the degree of relationship of the individual to the child. This also applies to child related TennCare Medicaid.
FFP / TCM	76	The caretaker's relationship to the dependent child may be verified by Juvenile Court, other court and hospital records that show relationship. This also applies to child related TennCare Medicaid.
FFP / TCM	77	The caretaker's relationship to the dependent child may be verified by copies of income tax returns that list the child as a specified relative. This also applies to child related TennCare Medicaid.
FFP / TCM	78	The caretaker's relationship to the dependent child may be verified by school records that specify relationships. This also applies to child related TennCare Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP / TCM	79	The caretaker's relationship to the dependent child may be verified by an award letter or other acceptable evidence from the Social Security Administration that RSDI payments have been awarded to a child based on his/her parent's account. This also applies to child related TennCare Medicaid.
FFP / TCM	80	The caretaker's relationship to the dependent child may be verified by military or veteran's records that specify relationships. This also applies to child related TennCare Medicaid.
FFP / TCM	81	The caretaker's relationship to the dependent child may be verified by INS records, Indian Agency records or other local or government records. This also applies to child related TennCare Medicaid.
FFP / TCM	82	The caretaker's relationship to the dependent child may be verified by newspaper records and local histories that specify relationships. This also applies to child related TennCare Medicaid.
FFP / TCM	83	The caretaker's relationship to the dependent child may be verified by an Acknowledgement of Paternity. This also applies to child related TennCare Medicaid.
FFP / TCM	84	The caretaker's relationship to the dependent child may be verified by written materials of other kinds used as cumulative evidence of relationship when names and relationships are specified. This also applies to child related TennCare Medicaid.
FFP / TCM	85	In the absence of any documentary proof of relationship, the caretaker relative's statement is acceptable as long as it contains the reason there is no proof of relationship, his/her detailed statement as to how he/she is related to the child and at least one notarized statement from a person in a position to know the facts of the situation in which he/she describes the relationship and how he/she knows it to be true. This also applies to child related TennCare Medicaid.
CC	86	FF child care cases are presumed determined for relationship by the Family Assistance case worker.
CC	87	Transitional Child Care cases are presumed determined for relationship by the Family Assistance caseworker.
CC	88	Child Care Development and Social Services Block Grant Low Income applicants for child care must prove the relationship of the children for whom they are applying.
CC	89	The relationship for Low Income verification purposes is defined within the 5th degree of blood relationship to the child.

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Program Type	Rule Number	Rule
CC	90	A Low Income caretaker relative does not have to be the legal guardian or custodian of a child who is within the 5th degree in order to receive child care assistance for that child.
CC	91	A Low Income caretaker relative does have to be the legal guardian or custodian of a child who is not within the 5th degree in order to receive child care assistance for that child.
CC	92	Included as eligible "relatives" are those related to the child by half-blood, step-related, legally adoptive parents; and the blood relations of these persons, legal spouses of any of these persons even though the marriage may have been terminated by death or divorce.
CC	93	The following family members must be included in the household unit as mandatory members: • Natural or adoptive parent • Married spouse of the parent or caretaker, if residing in the home • A second parent or alleged parent of the children needing care when he or she is residing in the home, even if unmarried to the parent/caretaker • All children needing child care who are residing in the home for whom the parent/caretaker has primary responsibility for care and control and is related within a specified degree of relationship • Any child needing child care residing in the home for whom the parent/caretaker or married spouse has primary responsibility for care and control through legal temporary custody or guardianship • The siblings to the children needing care, including those over age 18, if still attending school
CC	94	The following documents can be used to verify relationship (when any document other than a birth certificate is used, then more than one document is required): • FF and TCC eligibility referrals • Adoption/legitimization orders • School records • SSA award letters • Physician statements • Family Bible records • Birth certificates/copies of • Hospital birth records • Juvenile or other court orders

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Program Type	Rule Number	Rule
		• Social Service Agency records • 95 Military records
CC	95	The parent or caretaker may claim a separate family household for eligibility purposes while residing with other related or unrelated adults, if these adults are not otherwise mandatory members.
CC	96	When another adult residing with the parent/caretaker is determined to be a mandatory member, then the children of this mandatory member may be counted when determining the family household size.
CC	97	The parents of a non-emancipated teen parent will be counted in the family household unit when determining size and income.
CC	98	Minors under 18 years of age may be considered as a separate household from their parents, even if they reside in the same house, provided they are legally emancipated.
CC	99	When child care is authorized by the Department of Children's Services for children in state custody (SSC), the DCS case manager will provide the child's SSN and demographic information to the certificate program as required for case management and tracking. Verification is presumed to be determined by DCS. The case "parent" will be the DCS case manager. The local DCS administrative office will be the "Parent" address and home county. The "Parent" SSN will be system generated. The "Parent" demographics will be randomly chosen.
CC	100	When a DCS non-custody child (SNC) continues to reside with his/her own family within the county of venue, the DCS case manager will provide the child and parent demographic information to the certificate program as required for case management and tracking. No additional verification of relationship will be required of the certificate program.
CC	101	When a DCS child (RCP) continues to reside with a relative, the DCS case manager will provide the child and relative "parent" demographic information to the certificate program as required for case management and case tracking. No additional verification of relationship will be required of the certificate program.
CC	102	Only those household members determined to be included in the family household unit will be used to compute household size, income and parent fees.
CC	103	An unregulated provider who is enrolled with the certificate program may only care for a maximum of four unrelated children at any given time. An unregulated provider may care for up to six children, if two or more are related to the provider (degree of relationship ends with aunt and uncle). The unregulated provider can

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		only bill the certificate program for four subsidized children – related or unrelated.
CC	104	Relationship will be determined for all child care cases, either by the child care worker, a DCS worker or a FF case worker as indicated appropriate through the above rules.
IV-E FC	105	A foster child's initial eligibility for Title IV-E foster care shall be determined by whether the foster child would have been eligible for the former Title IV-A AFDC Program, if the foster child were living in his/her pre-custody removal home.
IV-E FC	106	The members of a foster child's pre-custody removal home shall be collected and recorded for each foster care custody episode.
IV-E FC	107	The relationship of a foster child to each member of his/her pre-custody removal home shall be documented.
IV-E FC	108	To be eligible for Title IV-E foster care, a foster child must have been living with and physically or constructively removed from a parent or other relative who is within the 5th degree of relationship to the child.
IV-E FC	109	If a foster child was not living with and removed from parent or other relative within the 5th degree of relationship in the eligibility month or within six months of the eligibility month, the foster child shall be denied for Title IV-E foster care benefits.
IV-E FC	110	The relationship of the foster child to the specified relative (who was the primary caretaker of the child while the child was in the removal home) shall be verified and documented.
IV-E FC	111	An interim caretaker that the foster child was temporally living prior to the child's removal and placement in foster care shall be excluded from the relationship requirement.
IV-E FC	112	A foster child's removal home members shall determine what grouping of relatives must be included in the AFDC assistance unit for determining a foster child's initial eligibility for Title IV-E foster care.
IV-E FC	113	The following relatives of a foster child's removal home must be grouped together in determining a foster child's initial eligibility for Title IV-E foster care for each foster care custody episode: • foster child; • foster child's technically eligible parent(s), if they were living in the foster child's removal home; and • foster child's technically eligible siblings, if they were living in the foster child's removal home.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	114	A relative in the 5th degree of relationship shall be defined to include any of the following blood relatives, i.e., father, mother, brother, sister, uncle, aunt, nephew, niece, first cousin, or first cousin once removed. They also shall include blood relationships to preceding generations, i.e., grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great grandparents.
IV-E FC	115	A relative in the 5th degree of relationship shall be defined to include any of the following relatives who are of half-blood relationship: father, mother, brother, sister, uncle, aunt, first cousin, nephew, niece, or first cousin once removed. This shall include relationships to preceding generations, i.e., grandparents, great-grandparents, great-great grandparents, great uncle/aunts, and great-great-great-grandparents.
IV-E FC	116	A relative in the 5th degree of relationship shall also include a stepfather, stepmother, stepbrother, or stepsister.
IV-E FC	117	A relative in the 5th degree of relationship shall also include legally adoptive parents of the child or of the child's parents, the natural and other legally adopted children of such persons, and the blood relatives of such persons, including first cousins, first cousins once removed, nephews and nieces.
IV-E FC	118	A relative in the 5th degree of relationship shall include the current or former spouses of any of the preceding individuals, even if the marriage had been terminated by death or divorce.
IV-E FC	119	Acceptable sources of verifying the relationship of the foster child to the specified relative (who was providing care of the in the foster child's pre-custody removal home) shall include the following: • birth certificates or copies of birth certificates; • Tennessee Clearinghouse; • adoption and legitimation orders; • hospital birth records; • family bible or other family records if the relationship is specified in the record; • Census Bureau records; • written statements of physicians or midwives who attended the births ; • social agency records including those of DCS and DHS which are at least one year old and which consistently specify the degree of relationship of the child to the specified relative; • Juvenile Court, other court records which show relationship;

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Program Type	Rule Number	Rule
		• school records which specify relationships; • award letters or other acceptable evidence from SSA that Social Security payments have been awarded to a child based on his/her parent's account • military or veterans' records which specify relationships; • INS records or other government or local agency records; • an Acknowledgement of Paternity properly completed by an alleged natural father of a child; • caretaker relative's statement as long the statement contains the following: 1. the reason there is no proof of relationship; 2. his/her detailed statement as to how he/she is related to the child; 3. one statement from a person in a position to know the facts of the relationship and how he/she knows it to be true. • DCS case manager's statement as long as the statement contains the following: 1. the reason there is no proof of relationship; 2. a detailed statement as to how the specified relative is related to the child; 3. how the case manager knows the facts of the relationship.
IV-E FC	120	A foster child's initial reimbursability and on-going eligibility and reimbursability for Title IV-E foster care shall be based on the foster child being the only member of a Title IV-E foster care case.

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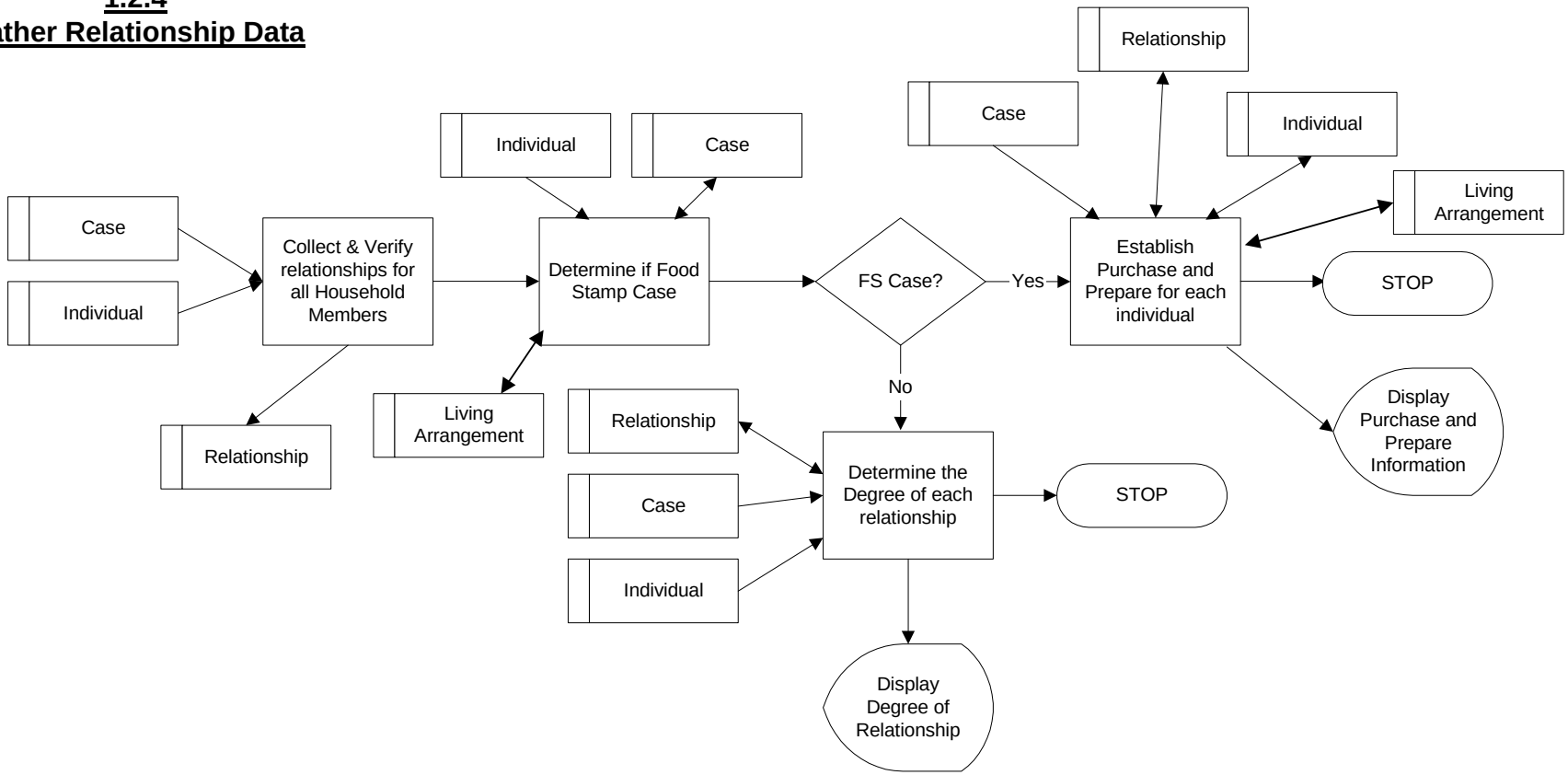
1.2.4

Gather Relationship Data



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income	
Program Affected: All	**Users: Caseworker**

Process:

This process describes the procedures followed when the user obtains earned income and/or verification information for an individual. The system must also determine if the income is countable, based on program rules and the treatment thereof. The system must also perform calculations, converting provided documentation into a monthly gross amount, also determining if actual or prospective calculations are required for that month. The capturing, treatment of and calculating of earned income from self-employment will be found in the process "Earned Income – Self-Employment, Gather and Calculate".

Sub-Processes:

1. Determine if Individual has Earned Income from Employment in Last 90 Days or is on Strike

   The caseworker shall determine if the individual has earned income in the last 90 days or is on strike. If the individual has been employed, the caseworker will collect and enter the employment data. If the individual is on strike, pre-strike income data is collected and entered. The system must permit income documentation to be entered by pay period, with the ability to capture up to 12 weeks of income.

   EMPLOYMENT (Input)
   Employer Name
   Employer Address
   Employer Phone Number
   Parent Company Name
   Type of Work
   Supervisor Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Employee Job Title
Employment begin date
Employment end date
Hours per Week
Hours worked per Pay Period
Frequency of Pay Periods
Monthly Average Hours
Employment Status indicator
Employee Health Benefits Provided (Y/N)
Employee Benefits Type
Voluntary Quit Indicator
Good Cause Indicator
Good Cause Type
Sick Pay
Employer Disability Pay
Jury Duty
Maternity Pay
Employment Type
Strike Status indicator
Strike begin date
Strike end date

INCOME (Input)
Employment Income Amount
Gross Income per Pay Period Reported
Number of Pay Periods Reported
Pay Period End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Pay Date
Final Pay Check Date
Verification Source
Non-Representative
Garnishment Amount
Garnishment Reason
Garnishment Frequency
Garnishment Start Date
Garnishment End Date
Free Form Text for further explanation

2. Record Employment Income or Strike Data

   If the individual has earned income in the last 90 days or is on strike, the user will record whether the type of income information received is Employment or Strike data.

   EMPLOYMENT (Output)
   Employer Name
   Employer Address
   Employer Phone Number
   Parent Company Name
   Type of Work
   Supervisor Name
   Employee Job Title
   Employment begin date
   Employment end date
   Hours per Week

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Hours worked per Pay Period
Frequency of Pay Periods
Monthly Average Hours
Employment Status indicator
Employee Health Benefits Provided (Y/N)
Employee Benefits Type
Voluntary Quit Indicator
Good Cause Indicator
Good Cause Type
Sick Pay
Employer Disability Pay
Jury Duty
Maternity Pay
Employment Type
Strike Status indicator
Strike begin date
Strike end date

INCOME (Output)
Employment Income Amount
Gross Income per Pay Period Reported
Number of Pay Periods Reported
Pay Period End Date
Pay Date
Final Pay Check Date
Verification Source
Non-Representative

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Garnishment Amount
Garnishment Reason
Garnishment Frequency
Garnishment Start Date
Garnishment End Date
Free Form Text for further explanation

3. Perform “Obtain Verification” if Needed

   This is a reusable process that will be invoked when verifications of income are required. If there is pending employment information, the “Obtain Verification” process is performed to request the verifications. This process also records the verification when verifications are received, and alerts the user when the requested information is not provided when due.

4. Calculate Average Monthly Gross Income and Hours Worked

   The system shall calculate the countable average monthly gross income and hours worked based on case, individual, employment, income information and program rules. The system shall also determine when actual countable monthly gross income is to be used and calculate that based on input data. The system will display the results.

   CASE (Input)
   Case ID

   INDIVIDUAL (Input)
   Employed Individual Name
   Employed Individual ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

EMPLOYMENT (Input)
Employer Name
Employer Address
Employer Phone Number
Parent Company Name
Type of Work
Supervisor Name
Employee Job Title
Employment begin date
Employment end date
Hours per Week
Hours worked per Pay Period
Frequency of Pay Periods
Monthly Average Hours
Employment Status indicator
Employee Health Benefits Provided (Y/N)
Employee Benefits Type
Voluntary Quit Indicator
Good Cause Indicator
Good Cause Type
Sick Pay
Employer Disability Pay
Jury Duty
Maternity Pay
Employment Type
Strike Status indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Strike begin date
Strike end date
Hours worked per pay period
Number of pay periods reported

INCOME (Input)
Employment Income Amount
Gross Income per Pay Period Reported
Number of Pay Periods Reported
Pay Period End Date
Pay Date
Final Pay Check Date
Verification Source
Non-Representative
Garnishment Amount
Garnishment Reason
Garnishment Frequency
Garnishment Start Date
Garnishment End Date
Free Form Text for further explanation
Gross representative income per pay period
Number of pay periods reported

INCOME (Output)
Average gross monthly income by individual
Average gross monthly income by case
Gross income actual month/year

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income

Program Affected: All	**Users: Caseworker**

Gross income case month/year

5. Determine if There is Other Employment Income in Case

   The caseworker will determine through continued discussion with the client if there is other earned income in the case. The additional income can be either from employment or self-employment and can be earned by any group member. An individual may have multiple sources of earned income for the same period of time, and the system must be capable of capturing all sources and calculating each individual source.

6. Determine if Income is from Employment or Self-Employment

   If there is other employment income for this case, the user will determine if the income is from employment or self-employment.

7. Perform “Gather and Calculate - Self-Employment Income” Process

   If the employment income is from self-employment, the system will perform the reusable “Gather and Calculate - Self-Employment Income” process.

8. Record Employment Income or Strike Data

   If the other employment income information is from employment, the user will record whether the type of information received is from employment or strike data.

   EMPLOYMENT (Output)
   Employer Name
   Employer Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.5 Gather and Calculate Earned Income	
Program Affected: All	**Users: Caseworker**

Employee Job Title
Employment begin date
Employment end date
Hours worked per Pay Period
Employment Status indicator
Strike Status indicator
Strike begin date
Strike end date

INCOME (Output)
Employment Income Amount
Gross Income per Pay Period Reported
Number of Pay Periods Reported

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Program Type	Rule Number	Rule
IV-E FC	1	The income of the required members of a foster child's pre-custody removal home shall be considered and recorded for an initial IV-E foster care eligibility determination for each new foster care custody episode.
IV-E FC	2	The income received by a foster care child or received on behalf of a foster care child shall be recorded for each initial determination of re-imbursability and for each periodic re-determination.
IV-E FC	3	The required members of a foster child's pre-custody removal home are the: • foster child; • foster child's parent(s) if they were living in the home from which the child was removed; and • foster child's technically eligible siblings if they were living in the home from which the child was removed.
IV-E FC	4	Income shall include all monies from whatever source is received by the required members of a foster child's pre-custody removal home for an initial IV-E foster care eligibility determination.
IV-E FC	5	Income shall include all monies received by the foster child or on behalf of the foster child when determining whether the child's cost of care is reimbursable from IV-E foster care funds and for each periodic re-determination.
IV-E FC	6	The name and address of the current employer for each required member of the foster child's pre-custody removal home shall be recorded.
IV-E FC	7	The gross earned income received by each required member of the foster child's pre-custody removal home shall be recorded.
IV-E FC	8	The frequency of receipt of the gross earned income for each employed required member shall be recorded.
IV-E FC	9	The employment begins and end date for each employed required member shall be recorded.
IV-E FC	10	All earned income received by an employed required member shall be verified prior to approval.
IV-E FC /FS/FFP	11	Earned income shall be verified by documentary evidence or collateral contact.
IV-E FC	12	A required member's lack of employment shall be recorded.
IV-E FC	13	The earned income of a child who is a full-time student is excluded when determining a foster child's initial eligibility for IV-E foster care.
IV-E FC	14	The earned income of an IV-E foster child who is a full-time student is exempt.
IV-E FC	15	Income belonging to members of the foster child's pre-custody removal home who are not required members is exempt and not recorded.
IV-E FC	16	The earned income of a part-time student not employed full time shall be recorded and counted in the budget calculation for an initial eligibility determination for IV-E foster care.

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Program Type	Rule Number	Rule
IV-E FC	17	The earned income of a child without student status shall be recorded and counted in the budget calculation for an initial eligibility determination for IV-E foster care.
IV-E FC	18	The earned income of a part-time student not employed full time shall be recorded and counted in the budget calculation against the July 16, 1996 Gross Income Standard. If the earned income of the part-time student and the total income of the required members of the child's pre-custody removal home meet the Gross Income Standard, the earned income of the part-time student shall be disregarded when calculating the income test for the Consolidated Need Standard.
IV-E FC	19	Gross earned income shall be converted to a monthly amount when the gross earned income is received more frequently than monthly.
IV-E FC	20	Deem income as available to the required members of a foster child's pre-custody removal home when a foster child's stepparent was living in the foster child's pre-custody removal home or the parent of a minor parent was living in the foster child's pre-custody removal home.
IV-E FC	21	A parent of a foster child on strike on the last day of a month renders the foster child ineligible for Title IV-E foster care if the parent was living in the foster child's pre-custody removal home.
IV-E FC	22	A non-parent required member who was on strike on the last day of a month causes ineligibility for the individual.
ALL	23	Earned income shall be defined as money derived from an individual's work efforts, e.g., wages, salaries, commissions, or as profits from self-employment.
ALL	24	Earned income shall also include pay received from jury duty, bonuses, vacation pay, maternity leave pay, and sick pay received by an individual while still employed.
ALL	25	Garnished or diverted wages shall be considered earned income.
ALL	26	Multiply weekly gross earned income by 4.3 to convert to monthly gross income.
ALL	27	Multiply bi-weekly, i.e., income received each two weeks, gross earned income by 2.15 to convert to monthly gross income.
ALL	28	Multiply daily income by the number of days the individual was paid to convert to monthly gross income.
ALL	29	Divide annual income by 12 to determine monthly income.
ALL	30	Earned income shall be verified by documentary evidence or collateral contact.
CC	31	Child Care has no additional requirements related to this process for Families First participants other than those indicated by FFP.
CC	32	Gross earned income for Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants is money received from wages, or salaries before tax or other withholdings.
CC	33	Gross Armed Forces pay, military housing allowance, commissions, tips, military housing allowance and cash bonuses are considered wages and salaries for Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants.

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Program Type	Rule Number	Rule
CC	34	Voluntary deductions from wages for tax deferred compensation benefits such as cafeteria plans, dental, medical or child care expenses, 401K retirement plans or any other monies where the employee can stop the deduction and receive the money are considered countable earned income for Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants.
CC	35	The Certificate Program will enter the income as provided by the participants.
CC	36	Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants must submit weekly or monthly paycheck stubs, or employer statement to the certificate program.
CC	37	Gross earned income is countable from the natural parent, adoptive parent, married spouse of the participant if residing in the home, and a second parent or alleged parent, when residing in the home, of the children needing child care, even if unmarried to the caretaker.
CC	38	Regular income obtained during a portion of the year is considered annual income.
CC	39	When determining eligibility, the certificate program must verify gross income for Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants.
CC	40	In cases where employment has just begun and there is no income verification, the income must be estimated to determine eligibility for Transitional, At-Risk, At-Risk Child Only and Low-Income Child Care participants.
FFP	41	All sources of income must be explored to determine Families First financial eligibility.
FFP	42	Earned income is money derived from an individual's work efforts and may include but not be limited to wages, salaries, and commissions.
FFP	43	Eligibility and payment amount shall be established prospectively.
FFP	44	If an individual is steadily employed, income from previous months will be used to anticipate the amount of income in the month of application and subsequent months.
FFP	45	If an individual who is steadily employed indicates that future income will differ substantially from the previous month's income, the caseworker shall use such information to make a reasonable estimate of earnings.
ALL	46	Countable income and expenses available to a case shall be stated in monthly amounts.
FFP	47	Income shall be converted to monthly amounts for the purpose of determining prospective eligibility.
FFP	48	Hourly or piecework wages shall be converted to a monthly amount by estimating the amount of income to be expected as the result of a week's work based on hours/days produced. The weekly earnings shall be used to figure the monthly income amount.
FFP	49	Multiply weekly income by 4.3 to determine a monthly income amount.
FFP	50	Multiply bi-weekly income by 2.15 to determine a monthly income amount.
ALL	51	When calculating average and prospective income, the system shall disregard those amounts that are designated as being non-representative.

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Program Type	Rule Number	Rule
FFP/CC	52	When a wage earner is employed and paid on a regular monthly basis, accept his/her verified monthly salary as monthly income.
FFP	53	Divide annual income by 12 to determine monthly income.
FFP/CC	54	Use the income received by the assistance group members during the initial application month to determine initial eligibility and benefit level.
FFP/CC	55	An assistance group may be eligible in the application month based on circumstances existing in that month, but ineligible in the subsequent month because of changes that occur.
FFP/CC	56	The assistance group may be entitled to benefits for the application month even when the processing of the application results in benefits not being paid in subsequent months.
FFP/CC	57	An assistance group may be ineligible in the application month based on circumstances in that month, but eligible in the subsequent month because of changes that occur.
FFP	58	Adjustments in Families First grants are made on the basis of reported or discovered changes.
FFP/CC/FS	59	If a change in income is reported and the change is ongoing, the new amount shall be used to project future ongoing income.
FFP/CC	60	At reapplication, currently available income shall be used to determine ongoing eligibility if the income is anticipated to be ongoing.
FFP/CC	61	If only the hourly rate and the number of hours an individual is scheduled to work are provided to the caseworker to determine monthly income, the caseworker shall calculate the weekly amount and convert to a monthly figure by multiplying by 4.3, even if the individual is paid semi-monthly.
FFP/CC/FS	62	Include tips when determining the monthly income for individuals who earn them.
FFP/CC/FS	63	Do not count only the hourly wage and do not automatically assign individuals who earn tips the minimum wage amount.
FFP/CC/FS	64	Individuals who earn tips shall have their averaged tip amount added to their monthly earnings that have also been averaged based on their hourly income.
FFP/CC/FS /MA	65	The value of in-kind income shall not be included in determining monthly gross income.
FFP/CC/FS	66	The income of a child under 18 and still in school is not calculated in the Families first budget.
FS	67	Income derived from an individual's work effort, such as wages, salaries, and commissions is treated as earned income.
FS	68	Pay received from jury duty, bonuses, vacation pay, maternity leave pay, and sick pay received by an individual while still employed is treated as earned income.
FS	69	Garnished or diverted wages are treated as earned income.
FS	70	An applicant who voluntarily quits his/her job of at least 30 hours per week is not eligible to participate in the Food Stamp Program when the quit occurred within 60 days before the date of application, or after the date of application but before disposition of the case.

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Program Type	Rule Number	Rule
FS	71	An applicant who voluntarily reduces his/her work hours to less than 30 hours per week is not eligible to participate in the Food Stamp Program when the reduction of hours occurred within 60 days before the date of application, or after the date of application but before disposition of the case.
FS	72	A household with members taking part in a strike, are ineligible to participate in the Food Stamp Program unless they were eligible for food stamp benefits the day prior to the strike and are otherwise eligible at the time of application.
FS	73	When a currently certified food stamp household has a member who goes on strike, the household and the striking member will remain eligible for food stamps, but the striking member's pre-strike earnings must continue to be counted as earned income for the household.
FS	74	The striking household member's income must be determined by using the greater of the monthly earned income from the job on which the strike occurred as if the member were still working, or the striking member's current income.
FS	75	The greater of the two incomes, of a striker (prior and current) must be added to the income of the other household members to determine household income.
FS	76	Income received during the past 30 days shall be used as an indicator of the income that is and will be available to the household during the certification period.
FS	77	Past income shall not be used as an indicator of income anticipated for the certification period if changes in income have occurred or can be anticipated to occur.
FS	78	If income fluctuates to the extent that a 30 period alone cannot provide an accurate indication of anticipated income, the state and the household may use a longer period of past time if it will provide a more accurate indication of anticipated fluctuations in future income.
FS	79	If the household's income fluctuates seasonally, income from the most current season comparable to the certification period may be used, rather than the last 30 days, as an indicator of anticipated income.
FS	80	Earnings determined not to be representative of anticipated future earnings may be disregarded in determining gross income.
FS	81	In no event will the state automatically attribute to the household the amounts of any past income.
FS	82	Only currently available income will be used to project ongoing available income unless the amount and date of receipt of expected income is known with reasonable certainty or unless some change has occurred.
FS/FFP/ MA	83	If the exact amount or month of receipt of a particular income is unknown, only that portion which can reasonably be anticipated shall be considered as income.
FS/FFP/ MA	84	Income anticipated with reasonable certainty during the period under consideration shall be counted as income only in the month(s); it is expected to be received, unless the income is averaged.

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Program Type	Rule Number	Rule
FS	85	A household may request consideration of actual fluctuating income on a month-to-month basis, and benefits must be determined on a month-to-month basis, as well.
FS	86	To determine average income, the household's anticipated income fluctuations will be considered over the certification period.
FS	87	The number of months used to arrive at the average income need not be the same as the number of months in the certification period.
FS	88	A destitute household's income must not be averaged during the first month of the certification period.
FS	89	When a household's projected income will be received in other than a monthly amount, the income will be converted to a monthly amount to determine the amount of income to be used to determine eligibility and amount of payment.
FS	90	To convert income earned by the hour or by the piece to a monthly amount, estimate the amount of income for a week, based on hours/days produced, and convert to a monthly amount.
FS/FFP/CC	91	To convert income received twice a month (semi-monthly) to a monthly amount, multiply the semi-monthly amount by 2.
FS	92	When a household member is paid on a regular monthly basis accept his/her verified monthly wage/salary as the monthly income.
FS	93	To convert annual income to a monthly amount, divide the annual figure by 12.
FS	94	Earnings for an individual under an annual contract will be counted during the 12 months the contract is intended to cover, beginning with the first month the person receives payment under the contract.
FS	95	Contract income received in a shorter period of time than one year will be considered as income in the months it is intended to cover.
FS	96	If a self-employed individual receives payment once annually, the income will be averaged over a 12-month period, beginning with the first month the income is received.
FS	97	Cents for all types of income will be used in food stamp budget calculations, and will be dropped at the final step of the budget.
FS	98	Cents for all types of expenses will be included in the food stamp budget calculations, and will be dropped at the final step of the budget.
FS	99	Hourly wages will not be rounded prior to converting to gross weekly or gross monthly income.
FS	100	Combine earned income for each individual in the household with earnings, all unearned income, and all income from self-employment to determine gross monthly income.
FS	101	Ongoing income from any and all sources is considered available to meet maintenance needs until the recipient reports a change or the agency discovers a change.
FS	102	The income of all persons who share a household must be explored.

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Program Type	Rule Number	Rule
FS/FFP/CC	103	All educational income is excluded. The excluded income may be title IV, WIA, Non-Title IV, work study and Federal grants as well as from private sources.
FS/FFP/CC	104	Up to 8 weeks of income shall be captured for the purpose of calculating prospective income.
FFP	105	The following monies are among those considered earned income in the Families First program: • Wages, salaries, commissions • Garnished or diverted wages • Profit from self-employment enterprises such as the following: - farming - small business enterprises - roomers/boarders - rental receipts—Rent receipts from property owned/being purchased by an individual/family when the owner/purchaser is actively engaged in the production of the income - total gains of any capital goods or equipment related to the business, excluding the costs of doing business. • Training and Rehabilitation allowances—any wages paid for on-the-job training or public service employment, except JTPA earnings of child applicants/recipients. • Severance pay. • Vacation, sick, longevity, bonus pay, maternity leave pay, and jury duty pay are counted as earned income when mandatory deductions (FICA, SSA, etc) are made. • JTPA payments to adults and minor caretakers, if the payments are wages or compensation in lieu of wages. • Allowances and Other Benefits under the National and Community Service Trust Act of 1993 • AmeriCorps stipend for living allowance • Reimbursements for normal living expenses such as rent, personal clothing, and food eaten at home, are a gain or benefit, if the reimbursement exceeds the actual incurred expense. • Welfare to Work payments for work and/or training activities.
FS	106	The following monies are among those considered earned income in the Food Stamp program: • Wages, salaries, commissions • Profit from self-employment enterprises such as the following: 1. farming 2. small business enterprises 3. roomer/boarders 4. rental receipts, if an owner of rental property is actively engaged in the rental, maintenance, management of property at least 20 hours per week.

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Program Type	Rule Number	Rule
		5. total gains of any capital goods or equipment related to the business, excluding the costs of doing business. • Any training allowances from vocational and rehabilitative programs sponsored by federal, state, or local governments (such as the Employment & Training Program) unless the allowances are excluded as reimbursements. (Except for WIA training allowances which are excluded.) • Vacation, Sick, Longevity and Bonus Pay when employment continues • All monies received through the Workforce Investment Act (WIA), Americorps, and Youthbuild On-The-Job Training Programs, unless the WIA participant is under age 19 and under parental control of another adult member. • Earnings for Americorps on-the-job training programs, except for individuals under age 19 who are under the parental control of an adult household member. • Earnings for on-the-job training programs, except for individuals under the age of 19 who are under the parental control of an adult household member. • Garnished or diverted wages.
TCM/TCS	107	The following monies are among those considered earned income for the Medicaid categories Aid to Dependent Children Medicaid Only, Failed due to Sibling, Medically Needy, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old, Pregnant women alone in first two trimesters and TennCare Standard: • cash tips over $20 per month • wages, vacation pay, dismissal pay, holiday pay, severance pay, sick leave pay, strike pay • Rental income, when the owner is actively engaged in producing the income • Self-employment income • Sick pay, if received in the first 6 months after the individual stopped working. • College Work Study, after subtracting allowable school expenses
TCM	108	The following monies are among those considered earned income for the Medicaid categories Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, QMB/SLMB/QI1 and Pickle Pass-along: • Cash tips of $20 per month • Farm income • Wages, vacation pay, dismissal pay, holiday pay, severance pay, sick leave pay, strike pay • Rental income, when the owner is actively engaged in producing the income • Self-employment income • Sheltered Workshop Earnings

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Program Type	Rule Number	Rule
		• Sick pay, if received in the first 6 months after the individual stopped working.
TCM	109	The following types of earned income are among those excluded as income for the Medicaid categories Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, QMB/SLMB/QI1 and Pickle Pass-along: 1. Wages, allowances or reimbursements paid under Title VI of the Rehabilitation Act of 1973 2. Certain revenues paid to Native Americans 3. Undergraduate grants or loans under Section 507 of the Higher Education Amendments of 1968 4. The amount of College Work Study used to purchase books, supplies, transportation and miscellaneous personal expense. 5. Compensation provided volunteers under the Foster Grandparent Program and similar programs under the Domestic Volunteer Service Act of 1973. 6. Earnings received to fulfill an approved plan to achieve self-support (PASS) for disabled or blind individual.
TCM	110	For Medicaid categories Medically Needy, Failed due to Sibling, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old and Pregnant women alone in first two trimesters, the earnings of a child who is a full-time student is excluded.
TCM	111	For Medicaid categories Medically Needy, Failed due to Sibling, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old and Pregnant women alone in first two trimesters, the earnings of a child who is a part-time student not employed full-time is excluded.
TCM	112	For Medicaid categories Medically Needy, Failed due to Sibling, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old and Pregnant women alone in first two trimesters, JTPA earnings of a child is excluded.
TCS	113	For TennCare Standard, the earnings of a student are disregarded for the first 6 months per calendar year.
TCS	114	For TennCare Standard, the earnings of a part-time student who is not employed full-time is disregarded.
TCM	115	For Aid to Dependent Children Medicaid Only, JTPA earnings of a child and the earnings of a child who is a full-time student is disregarded for up to 6 months per calendar year,.

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Program Type	Rule Number	Rule
TCM	116	For the Medicaid categories Aid to Dependent Children Medicaid Only, Failed due to Sibling, Medically Needy, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old, Pregnant women alone in first two trimesters, and TennCare Standard, exclude from SSA or VA benefits paid to a student at least age 18 the mandatory costs of education (tuition/fees, etc)
TCM	117	For Aid to Dependent Children Medicaid Only, divide the amount of a lump sum by the Consolidated Need Standard for the size of the Budget Group. The result is the number of months the lump sum is prorated and counted as income. Any remainder is counted as income in the first month following the period of ineligibility.
TCM/TCS	118	For Medicaid categories Medically Needy, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old, Pregnant women alone in first two trimesters, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, QMB/SLMB/QI1,Pickle Pass-along and TennCare Standard, a lump sum is counted as income in the month received only.
TCM/TCS	119	Income of SSI recipients is not counted for all Medicaid and TennCare categories.
TCM/TCS	120	Income of Families First recipients is not counted for all Medicaid and TennCare categories.
FFP	121	If a minor parent is receiving foster care board or adoption assistance payments but his or her child is not, do not count the income(including the board/adoption assistance payment) of the minor parent in determining his/her child(ren's) eligibility for Families First.
FFP	122	If the exclusion of the child for whom adoption assistance is paid would reduce the amount of cash assistance for the adoptive family, the child must be included in the Families First assistance group and his income, including the adoption assistance payment, must be counted.
FFP	123	Exclude earned JTPA income (wages and compensation in lieu of wages) for a dependent applicant or recipient child for up to six months in each calendar year as long as the child is a full-time student. Do not count the payments during this period for either the Gross Income Standard or Consolidated Need Standard tests or in computing the Families First grant. (This provision does not apply to adults or caretakers under age 18.)
FFP	124	Exclude all unearned JTPA payments (needs based payments and supportive service payments) to dependent children for Families First.
FFP	125	For Families First, the cost of doing business is an allowable deduction from rental income regardless of whether the income is earned or unearned.

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Program Type	Rule Number	Rule
FFP	126	For a participant who receives Families First as a dependent child, disregard the AmeriCorps stipend for living allowance in the Families First gross income standard test for up to 6 months in a calendar year, and if the family passes the Gross Income Standard test, disregard it in determining the amount of grant if the child is a full-time student or a part-time student working less than full-time.
FS	127	If a non-household member receives SSA, SSI and/or VA benefits on behalf of an eligible HH member, the income shall be considered as available to the eligible Food Stamp household member(s).
FS	128	If a non-household member receives child support payments for the support of children who are eligible Food Stamp household members, the support payment shall be considered as available to the children, if the children are identified in the court order.
FS	129	Monies received and used for the care and maintenance of a third party who is a non-household member shall not be counted as income for Food Stamps.
FS	130	Rent subsidy payments, known as STRAP (State of Tennessee Rental Assistance Payments) are not counted as income in the Food Stamp program.
FS	131	When vacation, sick, longevity or bonus pay is received in a lump sum, the household has the option to count the payment in the month received or have it averaged over the certification period for Food Stamps.
TCS	132	The maximum income limit for new applications is 99% of the Federal Poverty Level.
TCM/TCS	133	Earned income for TennCare/Medicaid and TennCare Standard includes all wages, salaries, bonuses or commissions earned while employed by another person and all net earnings from self-employment and any compensation the individual receives in-kind.
TCM	134	Cash tips of $20 per month shall be considered income for all TennCare/Medicaid and TennCare Standard cases.
TCM	135	Rental income when the owner is actively engaged in producing the income shall be considered income for all TennCare/Medicaid and TennCare Standard cases.
TCM	136	Travel and business expenses, if they are included in the individual's regular pay with no specific separation shall be considered income for all TennCare/Medicaid and TennCare Standard cases.
TCM	137	Royalties and Honoraria will be treated as earned income for adult TennCare/Medicaid cases.
TCM	138	Wages paid under the Rehabilitation Act of 1973 shall be excluded for adult TennCare/Medicaid cases.
TCM	139	Undergraduate grants or loans of the Higher Education Amendments of 1968 and the amount of college work study used to purchase books, supplies, transportation and miscellaneous personal expenses shall be excluded for all TennCare/Medicaid and TennCare Standard cases.
TCM	140	Earnings received to fulfill an approved plan to achieve self-support for disabled or blind individuals shall be excluded for all TennCare/Medicaid and TennCare Standard cases.

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Program Type	Rule Number	Rule
TCM	141	Infrequent or irregular income shall be excluded for all TennCare/Medicaid and TennCare Standard cases if it doesn't exceed $10 per month, it is received only once in a quarter and it cannot reasonably be expected to be received again or is from employment that is on an "as needed" basis.
TCM/TCS	142	Earned income for TennCare Medicaid/TennCare Standard includes all wages, salaries, bonuses or commissions earned while employed by another person and all net earnings from self-employment and any compensation the individual receives in-kind.
TCM	143	In-kind earned income may include the value of food, clothing or shelter (or other items) provided by an employer, unless the employee is/was a domestic worker.
TCM/TCS	144	Wages are counted as available to the individual when they are received or paid or when the are credited to the individual's account, or when they are set aside for the individual's use.
TCM/TCS	145	Income can be excluded as infrequent or irregular when it meets all of the following criteria: does not exceed $10.00 per month per individual or couple, it is received only once in a quarter, it cannot reasonably be expected to be received again or is earned from employment that is on an "as needed basis".
TCM/TCS	146	Gross earnings are calculated by added all earned income totals.
TCM	147	Net earnings are calculated for non-institutionalized individuals by deducting the work expenses in the following order: exclude any portion of the $20.00 general disregard not applied to unearned income, exclude the first $65.00, exclude one-half of the remaining earned income, if the individual is under age 65 and eligible based on his blindness, deduct any expenses reasonably attributed to the production of his income.
TCM/TCS	148	Any payment made by an employer or third party (i.e., insurance company) due to sickness, accident or disability is considered earned income if received in the first six months after the individual stopped working.
TCM	149	Net earnings for TennCare Standard cases are calculated by subtracting the $90.00 earnings disregard for each employed individual from the gross earnings.
IV-E FC	150	Income belonging to the members of the foster child's pre-custody removal home (excluding the foster child) shall **only** be considered and used in a budget calculation for an **initial** Title IV-E foster care eligibility determination for each new foster care custody episode.
IV-E FC	151	Income belonging to the members of a foster child's pre-custody removal home (excluding the foster child) shall not be considered and used in a budget calculation when determining whether an eligible foster child's cost of care is reimbursable from Title IV-E foster care funds.
IV-E FC	152	Income belonging to the members of a foster child's pre-custody removal home (excluding the foster child) shall not be considered for re-determinations.
IV-E FC	153	A child is a person age 17 or younger **or** a person age 18, who is a full-time student in a secondary school or an equivalent level of vocational or technical school, and is reasonably expected to

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		complete the course of education/training before age 19 or in the month the person reaches age 19.
IV-E FC	154	The earned income of a child who is a full-time student is excluded when determining a foster child's initial eligibility for IV-E foster care.
IV-E FC	155	The earned income of a IV-E foster child who is a full-time student is exempt.
IV-E FC	156	The earned income of a part-time student not employed full-time shall be recorded and counted in the budget calculation for an initial eligibility determination for IV-E foster care.
IV-E FC	157	The earned income of a child without student status shall be recorded and counted in the budget calculation for an initial eligibility determination for IV-E foster care.
IV-E FC	158	The earned income of a part-time student not employed full time shall be recorded and counted in budget calculation against the July 16, 1996 Gross Income Standard. If the earned income of the part-time student and the total income of the required members of the child's pre-custody removal home meet the Gross Income Standard, the earned income of the part-time student shall be disregarded when calculating the income test for the Custodial Need Standard.
FS	159	Earnings for WIA On-The-Job Training programs are excluded only for individuals under age 19 who are under the parental control of an adult household member.
FS	160	All income (earned or unearned) from other WIA programs is excluded.
FS	161	Earnings for Americorps/Vista On-The-Job Training programs are excluded only for individuals under age 19 who are under the parental control of an adult household member.
FS	162	All income (earned or unearned) from other Americorps/Vista programs is excluded.
FFP/CC	163	Earnings for WIA On-The-Job Training programs are excluded only for individuals under age 18 who are under the parental control of an adult household member.
FFP/CC	164	Income (earned or unearned) from other WIA programs is countable in Families First if it is considered wages. The income is not counted if it is considered training allowances.
FFP/CC	165	Earnings for Americorps/Vista On-The-Job Training programs are excluded only for individuals under age 18 who are under the parental control of an adult household member for Families First.
FFP/CC	166	Earned income from other Americorps/Vista programs are excluded from Families First if the recipient was getting Families First at the time he/she joined Americorps/Vista. The income is counted if the recipient was in Americorps/Vista and then applied for Families First benefits.
FS/FFP/CC	167	Earned income is not counted that is considered too infrequently or irregularly to be reasonably anticipated. The amount must not exceed $30 in a three-month period.
FS/FFP/CC	168	Do not count the earned income of a household member under age 18 when: that person is a student at least half-time in elementary, high school or classes to obtain a General Equivalency Diploma (GED); and lives with a natural or adoptive parent or step-parent, or is under the control of a household member other than a parent or, is certified as a separate Food Stamp household but lives with a natural or adoptive parent or step-parent. Continue to apply this exclusion during temporary

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Program Type	Rule Number	Rule
		interruptions in school attendance (i.e., semester or vacation breaks), provided the child will return to school following the break.
FFP	169	Strikers and their families are not eligible for Families First benefits; therefore no earned income information is collected for Families First eligibility.
ALL	170	If an owner of rental property is actively engaged in the rental, maintenance or management of property at least 20 hours per week, the income from the property is earned. If he/she is actively engaged less than 20 hours per week, the income is unearned. In either case, costs of doing business are deducted from gross income and the remainder of the income is counted.
FS/FFP/CC	171	On-The-Job Training payments received under the Summer Youth Employment and Training program is excluded.
FS/FFP/CC	172	Earned Income Tax Credits are excluded as income.
FS/FFP/CC	173	If a child's earnings or the amount of work performed cannot be differentiated from that of other household members, prorate the total earnings among the working members. Do not count the child's prorated share.

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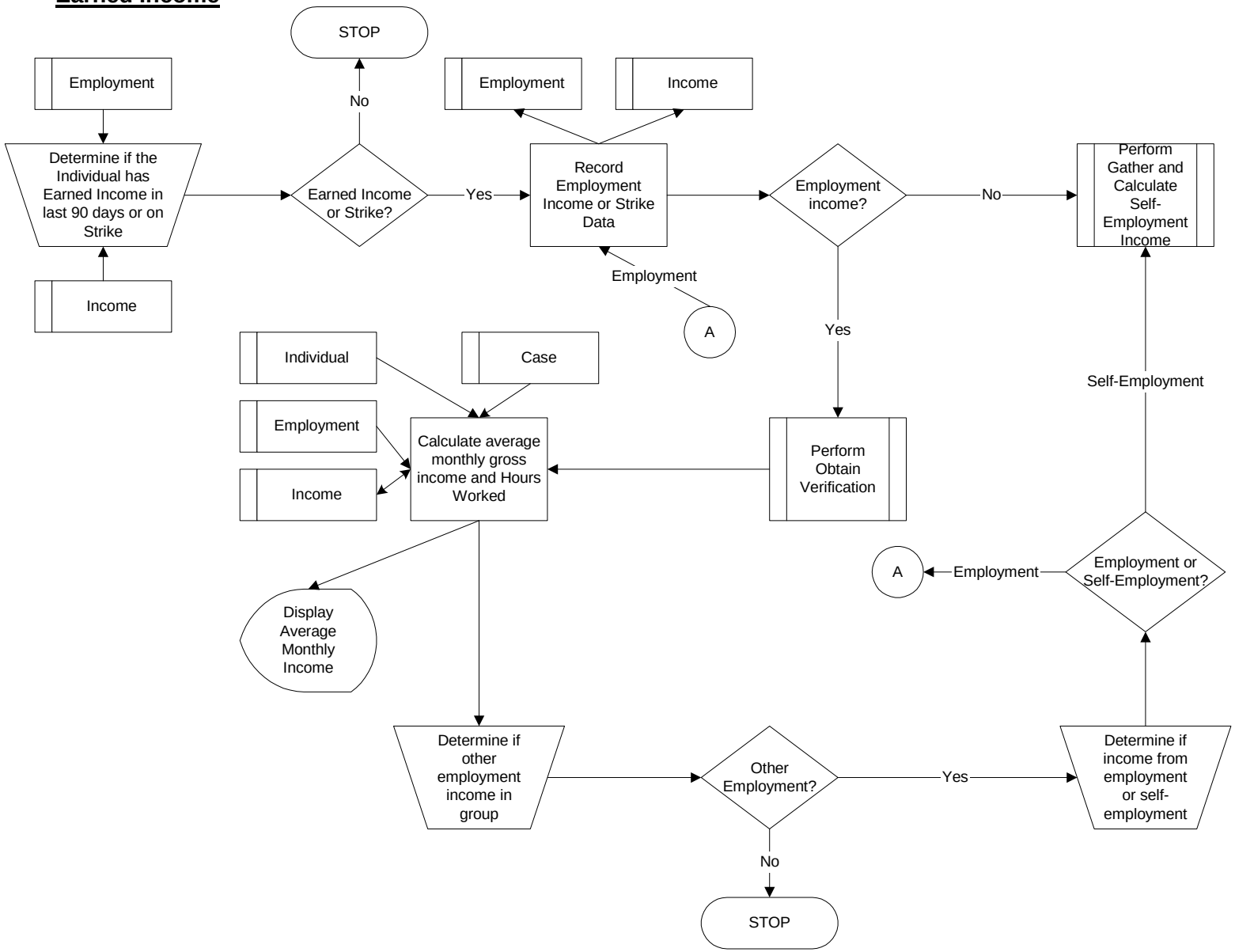
1.2.5 Gather and Calculate Earned Income



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.6 Gather and Calculate Self-Employment Earned Income	
Program Affected: All	**Users: Caseworkers**

Process:

This process describes the tasks involved when the caseworker receives Self-employment income and/or self-employment income related expenses information from the individual. The system shall utilize the current and/or previously entered self-employment income and expenses to pre-populate work force connection, work requirement and PRP data whenever possible. The system shall have the ability to deduct a Farm loss amount from any source of income for that individual or their spouse when calculating the budget for the Food Stamp program. The system shall support prospective and retrospective budgeting under different situations and programs as required by rules. When employment or self-employment is entered by the provider, the system shall alert the DHS user, so that income can be verified for eligibility purposes.

Sub-Processes:

1. Collect and Enter Client's Self-Employment Income and Income Related Expenses Data

   The caseworker will manually obtain from the client, the self-employment income data for some specific period of time. The caseworker will also obtain income related expenses data for the same period.

2. Record and Store Self-Employment Income and Income Related Expenses Data

   The system shall record and store the self-employment income and income related expenses data that have been collected and entered by the caseworker. The data will be used to calculate gross average monthly income. The system shall recognize all allowable expenses and include up to the maximum allowable amounts in the budgeting process based on program rules. The system shall ensure that if a user enters an income amount and indicates that it applies to all applicable programs, that all appropriate data elements are

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.6 Gather and Calculate Self-Employment Earned Income

Program Affected: All	**Users: Caseworkers**

populated. The system shall provide the ability to delete any data prior to its authorization. The system shall provide the ability to capture the source of all data that is used for verification.

CASE (Output)
Case Number

INDIVIDUAL (Output)
Self-employed individual's name
Self-employed individual's ID

INCOME (Output)
Self-employment income indicator
Individual's self-employment income amount
Number of months (in which self-employment income is earned)
Self-employment begin date
Self-employment end date
Self-employment type
Self-employment expense type(s)
Self-employment expense amount(s)

3. Perform "Obtain Verification" if Needed

The system will perform the reusable "Obtain Verification" process if required, to obtain self-employment income or income expenses information.

VERIFICATIONS (Output)
Self employment verification status indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.6 Gather and Calculate Self-Employment Earned Income

Program Affected: All	**Users: Caseworkers**

4. Record Self-Employment Income Due to Farming

   The caseworker will record any self-employment income due to farming.

   INCOME (Output)
   Income from farming indicator
   Self-employment farming income
   Self-employment farming related expenses
   Number of months farming income earned
   Farming begin date
   Farming end date

5. Calculate and Record Average Monthly Gross Income and Hours Worked

   The system shall calculate the average monthly self-employment gross income and hours worked based on income, employment, case and individual information. The system will display the results. The system shall calculate per program/sub-program rules. The system shall determine countable income by individual and by case to be used to determine financial eligibility for all programs and sub-programs based on rules. The system shall determine excluded income by individual and by case to determine financial eligibility for all programs and sub-programs based on rules. The system shall have the ability to calculate a monthly income amount based on the number of months the income covers. The system shall use representative income as defined by user and business rules when calculating individual monthly income. The system shall use begin and end dates as appropriate when calculating income. The system shall calculate and convert each individual's income by source to a monthly amount. The system shall round or drop cents in budgeting calculations as required by policy rules. The system shall allow for manual calculation of an individual's income. The system should recognize when income should be frozen for particular cases for specified

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.6 Gather and Calculate Self-Employment Earned Income

Program Affected: All	**Users: Caseworkers**

periods of time so that changes in income are disregarded during this period per program rules. The system shall match income in a budget to defined thresholds and auto-populate a claim when appropriate.

INCOME (Input)
Self-employment income indicator
Individual self employment income
Number of months (in which self-employment income is earned)
Self-employment begin date
Self-employment end date
Self-employment farming income
Self-employment farming related expenses
Number of months farming income earned
Farming begin date
Farming end date
Hourly wage

EMPLOYMENT (Input)
Employment begin date
Employment end date
Hours worked per pay month

CASE (Input)
Case Number

INDIVIDUAL (Input)
Self-employed individual name
Self-employed individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.6 Gather and Calculate Self-Employment Earned Income

Program Affected: All	**Users: Caseworkers**

INCOME (Output)
Average monthly gross self-employment gross income for the case
Average monthly gross self-employment gross income by individual

EMPLOYMENT (Output)
Average monthly hours worked per individual due to self-employment

6. Determine if There is Other Self-Employment Income in Group

The caseworker should determine if there is any more self-employment income for this case group. The additional income can be earned by any group member.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	Self-employment income is not counted in DCS cases where subsidized child care is being provided.
CC	2	Self-employment income for FF eligibility is determined by FF rules. Only ARCO (At-Risk Child Only) FF cases require additional self-employment income verification in order to receive subsidized child care.
CC	3	All other funding sources (TCC, At-Risk, SSBG & CCDF Low Income) require that self-employment income be verified and counted as income to determine if the parent/caretaker qualifies for subsidized child care.
CC	4	Self-employment income will be recorded and counted for the 1) natural or adoptive parent(s) living in the home, 2) the married spouse of the parent or caretaker, if residing in the home, and/or 3) a second parent or alleged parent of the children needing care when he or she is residing in the home.
CC	5	Net income will be used when calculating self-employment income to determine eligibility for subsidized child care and parent co-fees.
CC	6	Net income from non-farm self-employment includes gross receipts minus business expenses from one's own business, professional enterprise or partnership.
CC	7	Gross receipts for non-farm self-employment include the value of all goods sold and services rendered.
CC	8	Expenses for non-farm self-employment include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes and other similar costs.
CC	9	Net income from farm self-employment includes gross receipts minus operating expenses from the operation of a farm by a person on his own account as an owner, renter, or sharecropper.
CC	10	Gross receipts for farm self-employment include the value of all products sold, government crop loans, money received from the rental of farm equipment to others and incidental receipts from the sale of wood, sand, gravel and similar items.
CC	11	Operating expenses for farm self-employment include the cost of feed, fertilizer, seed and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal income taxes) and similar expenses.
CC	12	The value of fuel, food or other farm products used for family living is not included as a part of the net farm self-employment income.
CC	13	All income and expenses for farm and non-farm self-employment must be verified and documented. Forms of acceptable verification include but are not limited to federal income tax forms such as personal "1040", business Form C, and business records maintained by self-employed persons.
CC	14	Income from farm and non-farm self-employment is usually received on an annual basis. This income should be converted to a monthly amount pro rated over a 12 month period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	15	If the family or individual has a deficit income due to expenses being greater than the income from farm and/or non-farm self-employment, the negative figure rather than zero must be included with other income when determining the family's gross income.
CC	16	Income will be discussed at each eligibility re-determination interview to determine if income counted remains representative.
CC	17	Income will be re-verified and documented at any time that current countable income changes due to but not limited to ending self-employment or changing the source of self-employment income.
CC	18	Net self-employment income will be added to other countable income in the household when determining eligibility for subsidized child care.
CC	19	Rules written for FF policy (See RU 1.2.9.2 FFP V12/3/04 by Wanda Franklin) also apply to child care. See rules regarding seasonal and migrant workers, boarders and farm laborers with irregular income and multiple employers.
AA	20	Earned Income/ Self-Employment Income is not counted in Adoption Assistance.
IV-E FC	21	Profits received from self-employment enterprises shall be considered countable earned income.
IV-E FC	22	Profits received from farming, small business enterprises, roomers/boarders, or the total gains of any capital goods or equipment related to the business shall be considered countable earned income.
IV-E FC	23	Self-employment income that is received annually shall be totaled and prorated over 12 months.
IV-E FC	24	Self-employment income shall be prorated over 12 months even if a person has income from sources other than self-employment.
IV-E FC	25	Income received once annually shall be prorated over 12 months beginning with the month the income is received.
IV-E FC	26	Income which represents annual income, but which is received periodically during a year, shall be totaled and averaged over 12 months.
IV-E FC	27	If a self-employed required member of the foster child's pre-custody removal home is under contract, the 12-month period beings the first month the person receives payment under the contract.
IV-E FC	28	An estimated average monthly income from migrant labor, seasonal farm work and other seasonal employment shall be counted during the months it is received.
IV-E FC	29	When self-employment income is received monthly, the average monthly income shall be estimated based on past income and substantial changes in circumstances, which have occurred.
IV-E FC	30	Self-employment income that is obtained only for a specific period of time shall be averaged over the months it is received.
IV-E FC	31	Income derived from rental property shall be considered earned income if the individual(s) is actively engaged in producing such income.
IV-E FC	32	The costs of producing self-employment income shall be an allowable deduction from the gross earnings received from the self-employment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	33	The gross annual proceeds shall be recorded if a required member of a foster child's pre-custody removal home received self-employment income from a farming enterprise.
IV-E FC	34	The gross receipts or gross sales shall be recorded for a required member of a foster child's pre-custody removal home if the required member receives income from self-employment other than farming.
IV-E FC	35	The allowable costs of producing self-employment income shall be recorded and verified.
IV-E FC	36	Allowable costs of producing self-employment income shall include, but not be limited to: • Identifiable costs of labor (salaries, employer's share of SS, insurance, etc.); • stock, raw materials, seed and fertilizer, feed for livestock; • rent and cost of building maintenance; • business telephone costs; • costs of operating a motor vehicle when required in connection with the operation of the business; • interest paid to purchase income producing property; • insurance premiums and taxes paid on income producing property; • costs of feed for work stock; • costs of meals and equipment for children for whom day care is provided in the foster child's removal home.
IV-E FC	37	Unallowable deductions as a cost of producing self-employment income shall include: • payments on the principal of the purchase price of income producing real estate and capital assets, equipment, machinery, and other durable goods; • net losses from previous periods; • federal, sate, and local income taxes, money set aside for retirement purposes, and other work related personal expenses (such as transportation to and from work); • costs of producing home produce intended for family consumption; • family living expenses; and • depreciation.
IV-E FC	38	Self employment net income shall be calculated by adding all gross self-employment income, excluding the allowable costs of producing the self-employment income, and dividing the self-employment income by the number of months over which the income will be averaged.
IV-E FC	39	Removal homes that take in boarders or that operate commercial boarding houses shall be considered self-employed.
IV-E FC	40	The income from boarders (self-employment income) shall include all direct payments to the removal home for room and meals, including contributions to the household's shelter expenses.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	41	Shelter expenses paid directly by boarders to someone outside of the foster child's removal home shall not be counted as income to the assistance unit.
IV-E FC	42	After determining the income received from a boarder, exclude that portion of the boarder payment that is a cost of doing business.
IV-E FC	43	The cost of doing business for producing self employment income from a boarder shall be equal to one of the following: • the cost of the Thrifty Food Plan for a household size that is equal to the number of boarders; or • the actual documented cost of providing room and meals if the self-employed individual claims actual costs exceeding the Thrifty Food Plan.
FFP/TCM	44	All sources of income must be explored to determine Families First financial eligibility. This also applies to all TennCare/Medicaid cases.
FFP/TCM	45	Profit from self-employment enterprises such as, but not limited to, farming, small business enterprises, roomers/boarders, rental property, or the total gains of any capital goods or equipment related to the business, excluding the costs of doing business, shall be recorded. This also applies to all TennCare/Medicaid cases.
FFP/TCM	46	Self-employment income which is received annually, and/or which is an integral part of annual income, shall be recorded, totaled and prorated over 12 months, even if the income is received only once or over a period of time shorter than 12 months. Such income is usually derived from farming, but may also apply to other self-employment enterprises. This also applies to all TennCare/Medicaid cases.
FFP/TCM	47	Annual self-employment income shall be prorated over 12 months even if the individual has income from sources other than self-employment. This also applies to all TennCare/Medicaid cases.
FFP/TCM	48	Self-employment income received once annually shall be prorated over 12 months beginning with the month the income is received. This also applies to all TennCare/Medicaid cases.
FFP/TCM	49	If a self-employed person who is paid annually is under contract, the income shall be prorated over 12 months beginning with the first month the individual receives payment under the contract. This also applies to all TennCare/Medicaid cases.
FFP/TCM	50	An estimated average monthly income from migrant labor, seasonal farm work and other seasonal self-employment, will be considered during the months it is received. This also applies to all TennCare/Medicaid cases.
FFP/TCM	51	When self-employment income is received monthly, the average monthly income shall be estimated based on past income and substantial changes in circumstances which have occurred, such as in increase or decrease in business. This also applies to all TennCare/Medicaid cases.

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Program Type	Rule Number	Rule
FFP/TCM	52	A self-employed Families First assistance group member shall keep a record of expenses incurred in the production of this income. This also applies to all TennCare/Medicaid cases.
FFP/TCM	53	Allowable self-employment expenses may include but not be limited to identifiable costs of labor such as salaries, insurance, stock, raw materials, livestock feed, seed and fertilizer, rent and cost of business maintenance, business telephone costs, costs of operating a motor vehicle required for employment, interest paid to purchase income producing property, insurance and premiums paid on income producing property, costs of feed for work stock, costs of meals and equipment for children for whom the individual provides day care, etc. This also applies to all TennCare/Medicaid cases.
FFP/TCM	54	To determine monthly self-employment income when averaged, add all gross self-employment income (including capital gains), exclude the costs of producing the self-employment income, and divide the self-employment income by the number of months over which the income will be averaged. This also applies to all TennCare/Medicaid cases.
FFP/TCM	55	To determine monthly self-employment income when anticipated, add any capital gains the assistance group anticipates it will receive in the next 12 months (starting with the date the Families First application is filed) and divide this amount by 12. Add the anticipated amount of self-employment income and subtract the anticipated cost of producing the self-employment income. This also applies to all TennCare/Medicaid cases.
FFP/TCM	56	The self-employment income from boarders includes all direct payments to the household for room and meals, including contributions to the household's shelter expenses. This also applies to all TennCare/Medicaid cases.
FFP/TCM	57	To determine the self-employment income received from boarders, exclude that portion of the boarder payment that is a cost of doing business. The cost of doing business is equal to the cost of the Thrifty Food Plan for a household size that is equal to the number of boarders, provided that the amount does not exceed the payment the assistance group received from the boarder for lodging and meals. This also applies to all TennCare/Medicaid cases.
FFP/TCM	58	To determine the self-employment income received from boarders, exclude that portion of the boarder payment that is a cost of doing business. The cost of doing business is equal to the actual documented cost of providing room and meals if the assistance group claims actual costs exceeding the Thrifty Food Plan. If actual costs are used, the separate and identifiable costs of providing room and board to the boarder are excluded. This also applies to all TennCare/Medicaid cases.
FFP/TCM	59	For self-employed resident farm laborers paid monthly, the regular monthly income figure will be used in the Families First budget to determine the amount of Families First benefits. This also relates to all Families First related TennCare/Medicaid cases.

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Program Type	Rule Number	Rule
FFP/TCM	60	For seasonal self-employed resident farm laborers with a single employer and irregular income, the income shall be averaged over a 12-month period. This also applies to all TennCare/Medicaid cases.
FFP/TCM	61	For seasonal self-employed resident farm laborers with regular income and multiple employers, the total income from all employers shall be added and divided by 12 to determine a monthly income amount. This also aplies to all TennCare/Medicaid cases.
FFP/TCM	62	For seasonal self-employed resident farm laborers with irregular income and multiple employers, the total income from all employers shall be added and averaged over a 12-month period. This also applies to all TennCare/Medicaid cases.
FFP/TCM	63	Determine whether migrant self-employed farm laborers have out-of-state income from real property. This also applies to all TennCare/Medicaid cases.
FFP/TCM	64	The income of children in self-employed migrant assistance groups will not be counted unless the child is a minor parent and is sanctioned for failure to cooperate with school attendance requirements. This also applies to all TennCare/Medicaid cases.
FFP/TCM	65	If the amount of income belonging to a migrant child in a self-employed migrant assistance group cannot be determined, the total income of all assistance group members shall be prorated equally. The child's pro rata share shall be considered as his/her own income. This also applies to all TennCare/Medicaid cases.
FS/TCM	66	When the household includes an individual with income from self-employment a monthly amount of gross profit must be determined to calculate countable income. This also applies to all TennCare/Medicaid cases.
FS/TCM	67	Self-employment income which represents an annual support over a 12-month period must be annualized even if the income is received in only a short period of time. This also applies to all TennCare/Medicaid cases.
FS/TCM	68	Self-employment income, which represents an annual support over a 12-month period must be annualized even if the household receives income from other sources in addition to the self-employment. This also applies to all TennCare/Medicaid cases.
FS/TCM	69	If self-employment income is received once annually, the income must be averaged over a 12-month period beginning with the month the income is received. This also applies to all TennCare/Medicaid cases.
FS/TCM	70	If a person is under contract, the 12-month period must begin with the first month he/she receives payment under the contract. This also applies to all TennCare/Medicaid cases.
FS/TCM	71	If the prorated amount does not accurately reflect the household's actual circumstances because of substantial increases or decreases in business, the self-employment income must be calculated based on anticipated changes. This also applies to all TennCare/Medicaid cases.

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Program Type	Rule Number	Rule
FS/TCM	72	Self-employment income which is received monthly, but which represents a household's annual support, will normally be averaged over a 12-month period. This also applies to all TennCare/Medicaid cases.
FS/TCM	73	If the averaged amount does not accurately reflect the household's actual circumstances because the household has experienced a substantial increase or decrease in business, the self-employment income must be calculated based on anticipated earnings. This also applies to all TennCare/Medicaid cases.
FS/TCM	74	When self-employment income is intended to meet the household's needs for only part of the year, the income must be averaged over the period of time it is intended to cover. This also applies to all TennCare/Medicaid cases.
FS/TCM	75	If the household's business enterprise has been in existence less than a year, the income from self-employment must be averaged over the period of time the business has been in operation and the monthly amount for the coming year must be projected based on that averaged figure. This also applies to all TennCare/Medicaid cases.
FS/TCM	76	If a business has been in operation for such a short time that there is insufficient information to make a reasonable projection, the household may be certified for less than a year, until the business has been operating long enough to establish a pattern of average monthly income. This also applies to all TennCare/Medicaid cases.
FS/TCM	77	When the self-employment income is from rental property, the cost of doing business is deducted. This also applies to all TennCare/Medicaid cases.
FS/TCM	78	If a member of a household is actively engaged in the management of the property at least an average of 20 hours per week, the income is considered earned income and the 20% earned income deduction shall be allowed. This also applies to all TennCare/Medicaid cases.
FS/TCM	79	The proceeds from the sale of capital goods or equipment are calculated in the same manner as a capital gain for federal income tax purposes. This also applies to all TennCare/Medicaid cases.
FS/TCM	80	Even if only 50% of the proceeds from the sale of capital goods or equipment are taxed for federal income tax purposes, the full amount of the capital gain must be counted as income. This also applies to all TennCare/Medicaid cases.
FS/TCM	81	A self-employed household member is required to keep a record of expenses in the production of his/her income. This also applies to all TennCare/Medicaid cases.
FS/TCM	82	Allowable costs of producing income from self-employment are specified in program defined limits. This also applies to all TennCare/Medicaid cases.
FS/TCM	83	Unallowable deductions are specified in program defined limits. This also applies to TennCare/Medicaid cases.

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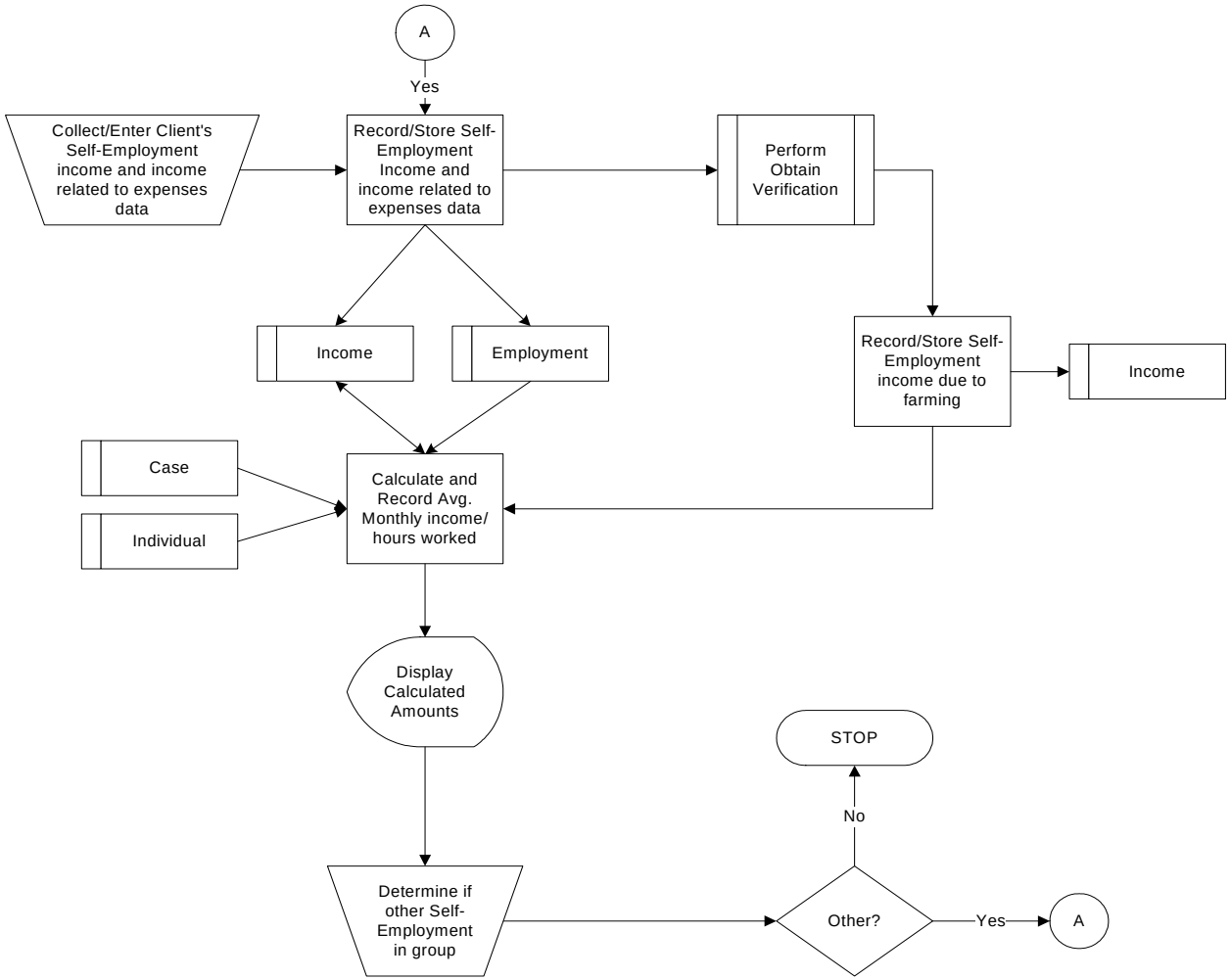
Program Type	Rule Number	Rule
FS/TCM	84	For the period of time over which self-employment is determined, all gross self-employment income (including capital gains) must be calculated, the cost of producing the income must be excluded, and the remainder must be divided by the number of months over which the income will be averaged. This also applies to all TennCare/Medicaid cases.
FS	85	If a self-employment enterprise from farming has received at least $1000 in gross annual proceeds and the costs of producing the income exceed the gross proceeds, the excess costs must be deducted from the household's other gross monthly income.
FS/TCM	86	The monthly amount of excess costs to be excluded from other income are determined by subtracting the cost of producing the farm income from the gross farm proceeds, then dividing the excess costs (loss) by the number of months over which the income would have been averaged. This also applies to all TennCare/Medicaid cases.
FS/TCM	87	If the household has self-employment income from farming and another type of self-employment enterprise, these incomes must be computed separately. This also applies to all TennCare/Medicaid cases.
FS	88	If the household has other earned income in addition to the income from self-employment, apply the earned income deduction (20% deduction) to the other gross earnings before deducting the excess costs from the farming income from the other earned income.
FS	89	For cases in which the income from self-employment is not averaged, but is based on anticipated changes, any capital gains the household anticipates it will receive in the next 12 months (starting with the date the application is filed) must be added.
FS	90	The total of the anticipated income from self-employment and anticipated capital gains must be divided by 12 to determine a monthly amount.
FS	91	The monthly amount determined by dividing the total of anticipated income from self-employment and anticipated capital gains by 12 must be used in successive certification periods during the next 12 months unless the anticipated monthly amount of capital gains changes.
FS	92	The anticipated monthly amount of capital gains must be added to the anticipated monthly amount of self-employment income and the cost of producing the self-employment income must be subtracted from the total.
FS	93	The cost of producing the self-employment income, except for depreciation, must be determined by anticipating the monthly allowable costs of producing the income from self-employment.
FS	94	If the household anticipates that it will receive at least $1000 gross proceeds from a self-employment enterprise during the next 12 months, and it anticipates that the costs of producing this income will exceed the income produced, the excess costs must be excluded from the household's other income.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS/TCM	95	The anticipated costs of doing business for the next 12 months must be subtracted from the anticipated gross farm income for the same period. This also applies to all TennCare/Medicaid cases.
FS/TCM	96	The result of subtracting anticipated costs of doing business from anticipated gross farm income must be divided by 12 to determine the monthly excess costs (loss) to be excluded from the household's other monthly income. This also applies to all TennCare/Medicaid cases.
FS/TCM	97	If the household has income from more than one self-employment enterprise, the farm income and excess cost must be computed separately because non-farm losses cannot be deducted from other household income. This also applies to all TennCare/Medicaid cases.
FS/TCM	98	A household that takes in boarders or operates a commercial boarding house is considered self-employed. This also applies to all TennCare/Medicaid cases.
FS/TCM	99	Income from boarders includes all direct payments to the household for room and meals, including contributions to the household's shelter expenses. This also applies to all TennCare/Medicaid cases.
FS/TCM	100	Identifiable expenses are allowed as costs of doing business for boarding house operations and are excluded from the payments received from boarders. This also applies to all TennCare/Medicaid cases.
FS/TCM	101	Shelter expenses paid by boarders directly to someone outside of the household are not counted as income to the household. This also applies to all TennCare/Medicaid cases.
FS/TCM	102	The amount allowed for the cost of doing business cannot exceed the payment the household received from the boarder for room and board. This also applies to all TennCare/Medicaid cases.
FS/TCM	103	The cost of doing business may be determined by using the Thrifty Food Plan for a household size equal to the number of boarders, or by documenting the actual cost of providing room and meals, when the household claims costs in excess of the Thrifty Food Plan. This also applies to all TennCare/Medicaid cases.
FS/TCM	104	If actual costs are used to determine the cost of doing business, only the separate and identifiable costs of providing room and board to the boarder shall be excluded. This also applies to all TennCare/Medicaid cases.
FS/TCM	105	The net income from a self-employment boarding enterprise is added to other earned income and the earned income deduction is applied to the whole. This also applies to all TennCare/Medicaid cases.
FS	106	Shelter costs actually incurred by the household, exclusive of any shelter expenses paid by the boarder to a third party outside the home, but including any contribution the boarder makes to the household for shelter, is calculated to determine if the household will receive a shelter deduction.
TCS/TCM	107	The total gross self-employment income, minus the IRS allowable expenses for the earning of this income shall be counted as the gross earnings for TennCare Standard cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.6
Gather and Calculate
Self-Employment Earned Income



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner	
Program Affected: FS, FFP, MA	**Users: Caseworkers**

Process:

This process describes the procedure that is followed in establishing a Primary Wage Earner for a case, when one is required. The designation of the Primary Wage Earner is based on the employment and income of all the financially responsible relatives in the household. The Primary Wage Earner may also be known as the Principle Wage Earner.

Sub-Processes:

1. Determine if PWE Designation Required

   The system will determine if a Primary Wage Earner is required to be designated based on case information and business rules.

   CASE (Input)
   Case ID
   Case type
   Case status
   Case status date

2. Determine if Employment Exists for Financially Responsible Relatives

   The system will determine if employment exists for any of the financially responsible relatives in the household. This determination is based on employment information and business rules.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner

Program Affected: FS, FFP, MA	**Users: Caseworkers**

EMPLOYMENT (Input)
Individual's Name
Individual's SSN
Self-Employment Start Date
Self-Employment End Date
Self-Employment Income Status
Monthly Hours
Monthly Hours Verification
Hourly Rate
Self-Employment Allowable Expenses
Employer Name
Employer Address
Job Begin Date
Job End Date
Primary Wage Earner Status
Employment Type
Pay Frequency Type
Earnings Verification
Verification Method
Subsidized Employment Source
Subsidized Employment

3. Compare Income of Financially Responsible Relatives

   If employment exists for financially responsible relatives, the system will compare the income of each relative with employment. This comparison is based on case, relationship, individual and income information and utilizing the business rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner

Program Affected: FS, FFP, MA	**Users: Caseworkers**

CASE (Input)
Case ID
Case type
Case status
Case status date

RELATIONSHIP (Input)
Relationship of each case member to all others
Specified degree of relationship

INDIVIDUAL (Input)
First Name
Middle Initial
Last Name
Social Security Number
Emancipated Minor Indicator
State of Residence
Home Address
Mailing Address
PIP Address
Phone Numbers
Contact Times
Sex
Migrant Worker Information
County of Residence
Race

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner

Program Affected: FS, FFP, MA	**Users: Caseworkers**

Date of Birth
Marital Status

INCOME (Input)
Individual Name
Individual SSN
Date Received
Gross Amount
Mandatory Deductions
Net Amount
Unearned Income Begin Date
Unearned Income End Date
Food Stamp Amount
Medicaid Amount
TennCare Amount
TANF Amount
Pay Frequency
Earner's Name
Monthly Income Amount
Monthly Income Verification
Monthly Expenses Amount
Monthly Expenses Verification
Earnings Begin Date
Earnings End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner

Program Affected: FS, FFP, MA	**Users: Caseworkers**

4. Determine and Record the Primary Wage Earner

   The system will determine the Primary Wage Earner from the comparison of financially responsible relatives. This determination is based on the income information and utilizes the business rules. The system will record the Primary Wage Earner. If the system is unable to determine a Primary Wage Earner from the information provided, this designation will be entered by the user.

   INCOME (Input)
   Individual Name
   Individual SSN
   Date Received
   Gross Amount
   Mandatory Deductions
   Net Amount
   Unearned Income Begin Date
   Unearned Income End Date
   Food Stamp Amount
   Medicaid Amount
   TennCare Amount
   TANF Amount
   Pay Frequency
   Earner's Name
   Monthly Income Amount
   Monthly Income Verification
   Monthly Expenses Amount
   Monthly Expenses Verification
   Earnings Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.7 Determine Primary Wage Earner

Program Affected: FS, FFP, MA	**Users: Caseworkers**

Earnings End Date

PWE (Output)
Individual Name
Individual SSN
Primary Wage Earner Status
Primary Wage Earner Status Date

5. Record Client's Statement of PWE

   If the system determines that no employment information exists for any of the financially responsible relatives in the household, the user will record the client's statement concerning the designation of the primary wage earner individual.

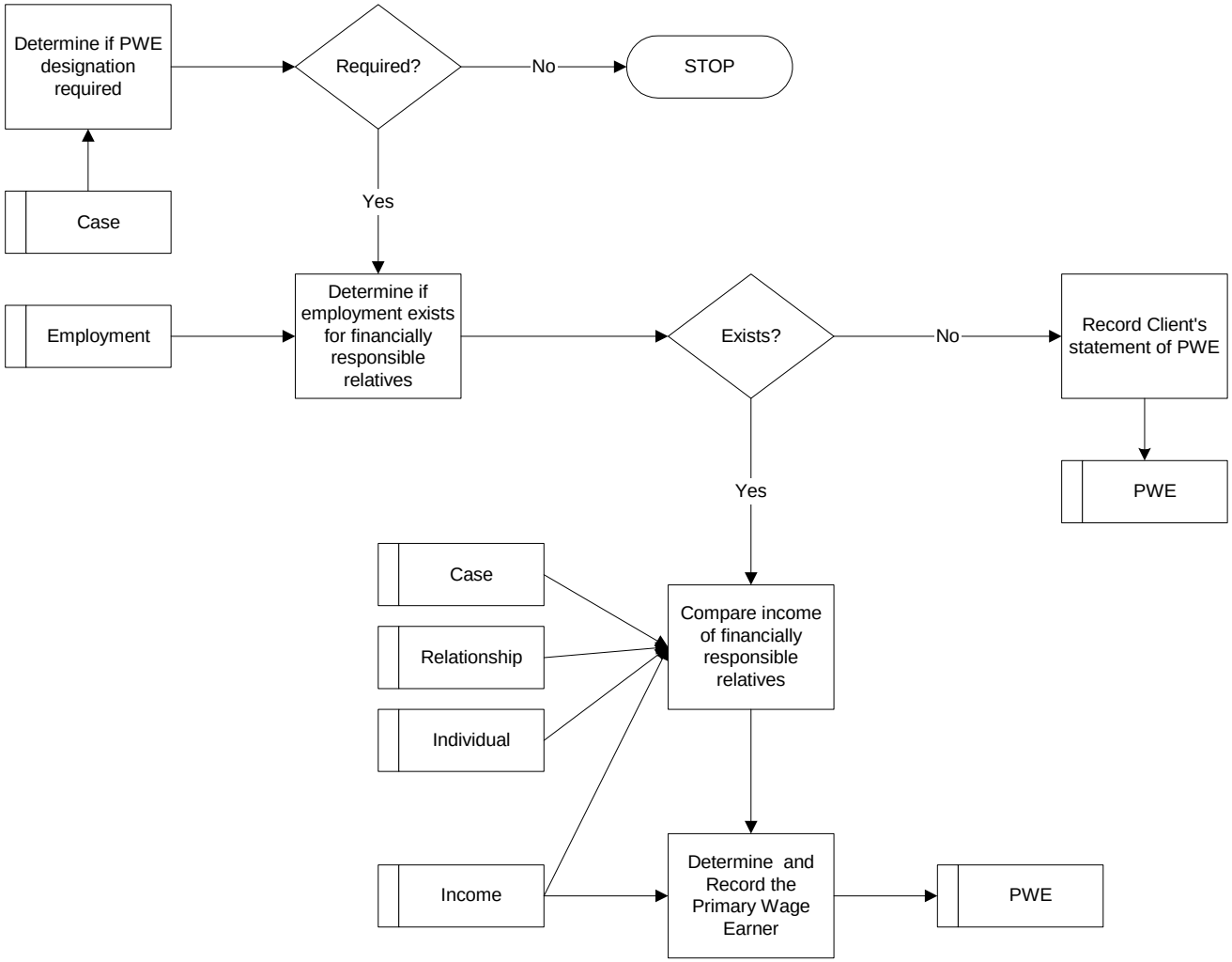
   PWE (Output)
   Individual Name
   Individual SSN
   Primary Wage Earner Status
   Primary Wage Earner Status Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	When there are two parents in the household, one parent shall be determined to be the primary wage earner for Medically Needy and FF associated Medicaid cases.
TCM	2	The worker will determine the income for each parent within the 24 months preceding an application. The parent earning more income than the other will be determined the primary wage earner. If they earned the same, the family and/or worker may determine which will be considered the primary wage earner. If assistance is closed and they later reapply, the primary wage earner may change for Medically Needy and FF associated Medicaid cases.
TCM	3	The primary wage earner must be unemployed for a minimum of 30 days, or under-employed, working less than 100 hours per month for the last 2 months and is expected to work less than 100 hours per month in the coming months for Medically Needy and FF associated Medicaid cases.
TCM	4	The primary wage earner must not be on strike for Medically Needy and FF associated Medicaid cases.
TCM	5	The primary wage earner must not refuse to receive or apply for Unemployment Compensation if eligible to receive this during the 12 months prior to the date of application for Medically Needy and FF associated Medicaid cases.
TCM	6	The primary wage earner must have earned at least $50 in each of any 6 quarters within a 13-quarter period ending within 1 year prior to application. Full time attendance in elementary or secondary school or vocational/technical training or participation in a JTPA project may be substituted for earnings for a maximum of 4 of the required 6 quarters for Medically Needy and FF associated Medicaid cases.
TCM/FFP	7	A Primary Wage Earner (PWE) must be established to determine eligibility for Families First, Medically Needy, and FF associated Medicaid and AFDC-MO under Unemployed Parent criteria.
FFP	8	The total earnings during the 24 month period immediately preceding the application month for each parent in the home is used to determine the PWE.
FFP	9	The parent with the higher earnings for the 24 month period immediately preceding the application month will be designated as the PWE.
FFP	10	If both parents had the same amount of earnings during the 24 month period immediately preceding the application month, the family will designate the PWE.
FFP	11	The PWE designated at application remains the PWE during each consecutive month that assistance is received.
FFP	12	If a case in which a PWE had been assigned is closed and the parents later reapply, the Primary Wage Earner shall be determined by the family's circumstances during the 24 months preceding reapplication.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.7
Determine Primary Wage Earner



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.8 Unearned Income	
Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Process:

The system must capture unearned income for all individuals. Income may be provided through interface data or by user input. The system must be able to capture multiple instances of unearned income for 1 or more individuals in a case and apply according to the business rules. The system shall have the capability to calculate the monthly countable income using data entered in the system per program and sub-program rules. Countable monthly income must be determined for application month(s), and income ends or begins within a month, and utilizing actual prospective or retrospective budgeting as required based on the program rules.

Sub-Processes:

1. Determine if Client Has Unearned Income.

   The system shall capture and determine if the income type received is unearned based on business rules.

   SOLQ / KSSA (Interfaces) (Input)
   SOLQ Income Amount
   SOLQ Income Begin Date
   SOLQ Income End Date

   TCSES (Interface) (Input)
   TCSES Income Amount
   TCSES Income Begin Date
   TCSES Income End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.8 Unearned Income	
Program Affected: FA	**Users: Caseworkers, Supervisors and above**

LOTTERY (Interface) (Input)
Lottery Income Amount
Lottery Income Begin Date
Lottery Income Frequency

IRS (Interface) (Input)
IRS Income Amount
IRS Income Begin Date
IRS Income End Date
IRS Income Frequency

TNKIDS (Interface) (Input)
TNKIDS Income Amount
TNKIDS Income Begin Date
TNKIDS Income End Date

CLEARINGHOUSE (Input)

DEPARTMENT OF HEALTH (Interface) (Input)
Date of Birth
Date of Death

INCOME (Input)
Income Type
Income Amount
Income Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.8 Unearned Income

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

INCOME (Output)
Unearned Income Indicator

2. Record Unearned Income Information.

The user will record unearned income information into the system. The system shall allow the user to enter multiple occurrences of unearned income (a minimum of ten instances) for one or multiple individuals in a case. Income may also be defined to specific months in the event of new or terminated income.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID

INCOME (Input)
Unearned Income Indicator

INCOME (Output)
Income Type
Income Monthly Amount
Income Begin Date
Income End Date
Income Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.8 Unearned Income

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Income Program Type
Income Representative Indicator
Free-form Comments

3. Perform “Calculate Gross Monthly Unearned Income” Process.

The system shall perform “Calculate Gross Monthly Unearned Income” to determine the amount for each individual and a case total based on business rules. The system shall have the ability to calculate an ongoing monthly amount for income based upon the number of months the income covers. The system shall allow the user to override the auto-populated amount and provide a means for the user to enter an explanation of why the auto-populated amount was overridden. **This is required functionality for all system calculations.**

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The following monies are among those that shall be considered unearned income for the Food Stamp program: • Unemployment Compensation and Workmen's Compensation • Strike Benefits • Vacation, Sick, Longevity and Bonus Pay received in installments by an individual who has been laid off or whose employment has terminated • Certain Rental Income, if an owner of rental property is actively engaged less than 20 hours per week • Interest Payments, Dividends, and Royalties Income and all other such direct money payments, which can be construed to be a gain or benefit • Unless excluded, consider general assistance payments, pensions or other countable need based assistance payments (Families First cash benefit, SSI) • Annuities, pensions, retirement, veterans or disability benefits, Social Security benefits, military and Job Corps allotments, and other such pensions and benefits • Child support or alimony payments from non-household members, made directly to the household and not transferred to the IV-D agency • Any regular cash contribution made to the household
FS/TCM	2	Unearned income is any income which does not meet the definition of earned income. [See processes 1.2.9.1 and 1.2.9.2). This also applies to all FS, TennCare/Medicaid cases.
FS/TCM/ FFP	3	No earned income exclusions or work expense deductions may be applied to unearned income. This also applies to all FS, TennCare/Medicaid and Families First cases.
FS/TCM	4	Unearned income includes, but is not limited to assistance payments from federal or federally aided public assistance programs such as SSI, TANF, or other assistance programs based on need. This applies to all FS and TennCare/Medicaid cases. However, an individual who receives SSI shall not be grouped for TennCare/Medicaid as the individual already receives SSI-Medicaid.
FS/TCM	5	Unearned income includes, but is not limited to annuities, pensions, retirement, veteran's or disability benefits, worker's compensation, and unemployment compensation, including any amounts deducted to repay claims for intentional program violations. This also applies to all TennCare/Medicaid cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS/TCM	6	Unearned income includes, but is not limited to OASDI benefits under Title II of the Social Security Act, strike benefits, foster care payments for children or adults who are included as household members. This also applies to all TennCare/Medicaid cases.
FS/TCM	7	Unearned income includes, but is not limited to gross income minus the cost of doing business derived from rental property in which a household member is not actively engaged in the management of the property at least 20 hours per week. This also applies to all TennCare/Medicaid cases.
FS/TEM	8	Unearned income includes, but is not limited to support or alimony payments made directly to the household from nonhousehold members. This also applies to all TennCare/Medicaid cases.
FS/TCM	9	Unearned income includes, but is not limited to payments from government-sponsored programs not otherwise exempt or excluded, dividends, interest, royalties and all other direct money payments from any source which can be construed to be a gain or benefit. This also applies to all TennCare/Medicaid cases.
FS/TCM	10	Unearned income includes, but is not limited to monies which are withdrawn or dividends which are or could be received by a household from trust funds considered to be excludable resources. This also applies to all TennCare/Medicaid cases.
FS/TCM	11	Unearned income includes, but is not limited to all of the earned or unearned income of an individual disqualified from the household for intentional program violation. This also applies to all TennCare/Medicaid cases.
FS/TCM	12	Unearned income includes, but is not limited to the earned or unearned income of an individual disqualified from a household for failing to comply with the requirement to provide a social security number, or for being an ineligible alien, less a pro rata share for the individual. This also applies to all TennCare/Medicaid cases.
FS/TCM	13	Unearned income includes, but is not limited to deemed income from the sponsor of an alien and that of the sponsor's spouse, when the household contains a sponsored alien. This also applies to all TennCare/Medicaid cases.
FS	14	Certain payments and benefits, defined in program policy, which might ordinarily be considered income, are excluded under federal law or regulation from consideration, and are not counted when applying the Gross Income Test or when computing food stamp benefits.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	15	Excluded forms of income include: - non-recurring lump sum payments as income in the month of application and any remaining amount counted as a resource thereafter; - loans are not considered as unearned income in FS; - unearned income that is received too in-frequently or irregular to be reasonably anticipated is not counted. The amount of the income must not exceed $130 in a 3 month period.
FS	16	Unless specifically excluded, all unearned income from all household members is counted in a FS case.
FS	17	Monies that are legally obligated and otherwise payable to the household, but which are diverted by the provider of the payment to a third-party for a household expense are counted as income for Food Stamps.
FS	18	For Food Stamps, interest income would only be counted as unearned income if it is in excess of $60 quarterly.
FS	19	All unearned income must be verified.
FS	20	Conversion factors: - weekly x 4.3; - bi-weekly x 2.15; - twice monthly x2.
FS	21	The following monies are among those that shall be excluded as income for the Food Stamp program: • Relocation payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. • Any funds distributed per capita to or held in trust for members of any Indian tribe under P.L. 920254, P.L. 93-134, or P.L. 04-540. • Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescal era Reservation (P.L. 95-443); • Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (P.L. 96-420, Section 5); • Payments of relocation assistance to members of the Navajo and Hopi Tribes (P.L. 93-531). • Receipts distributed to members of certain Indian tribes referred to in Section

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		6, P.L. 94-114. • Benefits received from programs under the Older Americans Act of 1965 • The value of supplemental food assistance received under the Child Nutrition Act of 1966 (WIC), as amended, and the special food service program for children under the National School Lunch Act, as amended. • Payments for supporting services and reimbursements of out-of-pocket expenses Payments made to individual volunteers serving as health aids, senior companions, R.S.V.P., Foster grandparents and any other programs under Title II pursuant to Section 418 of P.L. 93-113. • Payments Under the Domestic Volunteer Service Act of 1973, when the volunteers meet either of the following conditions: 1. the individual's were receiving food stamps or cash assistance at the time they joined the Title I program; or 2. the individuals were receiving the Title I subsistence allowance prior to March 1, 1979. • Payments to volunteers under Title II of the Domestic Volunteer Service Act of 1973 (P.L. 93-113, as amended) • Workforce Investment Act (WIA) Income • WIA On-the-Job-Training Programs, only for individuals under age 19 who are under the parental control of an adult household member. • On-the-job training payments received under the Summer Youth Employment and Training Program • All income (earned or unearned) from WIA programs other than On-the-Job Training • Payments made under annual contribution contracts entered into prior to January 1, 1975, under Section 23 of the U.S. Housing Act of 1937, as amended • Nazi Persecution Payments • Payments made to individuals because of their status as victims of Nazi persecution • Educational Loans, Grants, Scholarships, Fellowships & Veteran's Educational Benefits • College work-study income. • Payments or allowances made under any federal laws for the purpose of

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		energy assistance • Agent Orange Settlement Payments • Earned Income Tax Credit (EITC) • Earnings of Children under age 18 when: --that person is a student at least half-time in elementary, high school or classes to obtain a General Equivalency Diploma (GED); and --lives with a natural or adoptive parent or stepparent, or --is under the control of a household member other than a parent, or --is certified as a separate Food Stamp household but lives with a natural or adoptive parent or stepparent. • Any income received too infrequently or irregularly to be reasonably anticipated, the amount of which does not exceed $30 in a three-month period. • Loans • The income of non-household members who have not been disqualified. This includes ineligible students, live-in attendants, roomers, and boarders who are not considered household members. • Non-Recurring Lump Sum Payments • Reimbursements for past or future expenses other than normal living costs, to the extent they do not exceed actual expenses and do not represent a gain or benefit to the household. • Support payments received by a household but transferred to the IV-D agency. • Money payments that are not payable directly to the household but are paid to a third-party for the household's expenses • Money from any source deposited into a Plan for Achieving Self Support (PASS) Account under Title XVI of the Social Security Act • Earnings for Americorps on-the-job training programs, only for individuals under age 19 who are under the parental control of an adult household member. • All income (earned or unearned) from Americorps Programs other than On-the-Job Training

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• Allowances Paid to Children of Vietnam Veterans • SSI Lump Sum Installment Payments • Youthbuild Program Payments for on-the-job training programs, only for individuals under the age of 19 who are under the parental control of an adult household member. • All income (earned or unearned) from the other Youthbuild Programs other than on-the-job training
FS	22	If a non-household member receives SSA, SSI and/or VA benefits on behalf of an eligible HH member, consider the income as available to the eligible HH member(s).
FS	23	If a non-household member receives child support payments for the support of children who are eligible HH members, count the support payment as available to the children, if the children are identified in the court order.
FS	24	Monies received and used for the care and maintenance of a third party who is a nonhousehold member is not counted as income for Food Stamps.
FS	25	The following recoupments shall be considered as income in the Food Stamp program: • monies withheld from assistance payments (means-tested Federal, State, or local welfare programs) to repay an overpayment caused by intentionally failing to comply with the other Program's requirements; • monies withheld for bankruptcy; • monies withheld for wage earner plan purposes; or monies withheld either voluntarily or involuntarily, for any purposes, except to repay a prior overpayment.
FS	26	Rent subsidy payments, known as STRAP (State of Tennessee Rental Assistance Payments) shall be excluded as income for the Food Stamp program.
FFP	27	If a minor parent is receiving foster care board or adoption assistance payments but his or her child is not, do not count the income (including the board/adoption assistance payment) of the minor parent in determining his/her child(ren's) eligibility for Families First.
FFP	28	Foster care board payments made to the foster parents for the care of a foster child are not considered income for Families First, but are service fees. (The amount paid to the foster parent in addition to the board payment is income).
FFP	29	If the exclusion of the child for whom adoption assistance is paid would reduce the amount of Families First cash assistance for the adoptive family, the child must be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		included in the assistance group and his income, including the adoption assistance payment, must be counted.
FFP	30	Exclude earned JTPA income (wages and compensation in lieu of wages) for a dependent Families First applicant or recipient child for up to six months in each calendar year as long as the child is a full-time student. Do not count the payments during this period for either the Gross Income Standard or Consolidated Need Standard tests or in computing the grant. (This provision does not apply to adults or caretakers under age 18.)
FFP	31	For Families First, do not count the earned income of a minor full-time student for up to six months in each calendar year. Do not count this income in computing the grant or test it against the Gross Income Standard or Consolidated Need Standard during this period. This does not apply to minor caretakers.
FFP	32	For a part-time student not employed full-time or a full-time student after the six months exclusion, test the household's countable gross income (including the minor's income against the Families First Gross Income Standard. Do not count the earned income for Families First if the household is eligible by this test. This does not apply to minor caretakers.
FFP	33	For a part-time student employed full-time or a child without student status (school dropout), apply applicable earned income disregards and count the income for Families First. This does not apply to minor caretakers.
FFP	34	The following monies are among those that shall be considered unearned income for Families First: • Unemployment Compensation and Workers' Compensation. • Vacation, sick, longevity, and bonus pay are all unearned income when mandatory deductions are not made. • Rental income is considered unearned if the individual is not actively engaged in producing the income. If the individual carries no specific responsibilities in earning the income, as when rental properties are in the hands of rental agents and the check is forwarded to the individual, or when an individual rents farm land to others and receives a monthly payment, the income is unearned. The cost of doing business is an allowable deduction regardless of whether the income is earned or unearned. • Interest payments in excess of $60 per quarter (less than $60 is disregarded); dividends, royalties, and all other such direct money payments, which can be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		construed to be a gain or benefit, are considered unearned income. • General assistance payments, pensions, or other countable needs based assistance payments (other than SSI) are unearned income. • Payments for rehabilitation made under the Services to the Blind, Vocational Rehabilitation, or other such programs. • Annuities, pensions, retirement, veterans or disability benefits, military or Job Corps allotments, and other such pensions and benefits. • Contributions in the form of regular cash payments made to the assistance group that is over $30 per recipient per calendar quarter. • Money withdrawn from the body of a trust of interest/dividends paid. • Non-IV-E foster care board payments are considered unearned income for a minor mother in foster care. If the dependent child is on non-IV-E funds, that child's total board rate must also be counted as unearned income. • Vacation, sick, longevity, and bonus pay are all unearned income when mandatory deductions (FICA, SSA, etc) are not made.
FFP/ TCM	35	All sources of income for the individuals in a case (earned and unearned) shall be explored to determine financial eligibility for Families First and all Families First related TennCare/Medicaid.
FFP/ TCM	36	All income belonging to one or both members of a married couple must be considered as available to each other with the exception of a spouse who is a SSI recipient. This is also in regards to all Families First related TennCare/Medicaid.
FFP	37	No income of a SSI recipient shall be counted.
FFP	38	Income of a technically ineligible child shall not be counted.
FFP	39	All income of a child who is a minor parent and is sanctioned for failure to cooperate with school attendance shall be counted.
FFP	40	All income of a child sanctioned for not being enumerated shall be counted.
FFP	41	All income of a child sanctioned for not being enumerated shall be counted.
FFP	42	All designated or legally "earmarked" income for a child that is not actually received shall not be counted.
FFP	43	Count all the income of parents excluded from the case because of a disqualification or enumeration penalty as available to the case.
FFP	44	The income (earned and unearned) minus the work expense, minus the appropriate Consolidated Need Standard for the parent and his/her legal dependents living in the home who are not part of the case, minus amounts actually paid for alimony or child

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Program Type	Rule Number	Rule
		support to individuals not living in the home, of an ineligible alien parent shall be deemed to the case.
FFP	45	The income (earned and unearned) minus the work expense, minus the appropriate Consolidated Need Standard for the parent and his/her legal dependents living in the home who are not part of the case, minus amounts actually paid for alimony or child support to individuals not living in the home, of an a stepparent living in the home with stepchildren for whom assistance is requested shall be deemed to the case.
FFP	46	All the income of a grantee relative who is included in the case shall be counted.
FFP/ TCM	47	Earned income is money derived from an individual's work efforts, such as wages, salaries, commissions, or as profits from a self-employment enterprise. This also relates to all Families First related TennCare/Medicaid.
FFP/ TCM	48	Unearned income is any income that does not meet the definition of earned income. This also relates to all TennCare/Medicaid cases.
FFP/ TCM	49	Rental income shall be considered unearned if the individual is not actively engaged in producing the income. This also relates to all TennCare/Medicaid cases.
FFP	50	The earned and unearned income of minor caretakers shall be counted even if they are students.
FFP/ TCM	51	Unemployment Compensation and Worker's Compensation shall be considered unearned income. This also relates to all TennCare/Medicaid cases.
FFP	52	Vacation, sick, longevity and bonus pay shall all be considered unearned income when mandatory deductions are not made.
FFP/ TCM	53	Interest payments in excess of $60 per quarter, dividends, royalties, and all other such direct money payments which can be construed to be a gain or benefit shall be considered unearned income. This also relates to all TennCare/Medicaid cases.
FFP/ TCM	54	General assistance payments, pensions or other countable needs based assistance payments (other than SSI) shall be considered unearned income. This also relates to all TennCare/Medicaid cases.
FFP	55	Payments for rehabilitation made under Services to the Blind, Vocational Rehabilitation or other such programs shall be considered unearned income.
FFP	56	Expenses such as, but not limited to, transportation costs to and from the training facility, doctor, clinic, etc., based on the current state mileage rate, books, tools, equipment, etc., not furnished by the facility, supplies such as pens, pencils, etc., not furnished by the facility, required occupational clothing, noon meals not to exceed current VA allowance (if not furnished by the facility), laundry and cleaning expenses

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Program Type	Rule Number	Rule
		related to training, incidental expenses over and above "personal incidentals" such as coffee breaks, grooming aids, some recreation (not to exceed $30 a month) if the person is away from home, and initial outlay items (such as footlockers, suitcases) not furnished by VR or Services to the Blind, shall be deducted from the gross Rehabilitation payment. The remaining Rehabilitation payment shall be considered unearned income.
FFP	57	Loans provided by an individual or commercial lending company which represent an obligation, are not considered as income.
FFP	58	In-kind payments are not considered as income in Families First.
FFP/ TCM	59	Annuities, pensions, retirement, veterans or disability benefits, survivor's benefits, military or Job Corps allotments and other such pensions and benefits shall be considered unearned income. This also applies to all TennCare/Medicaid cases.
FFP/ TCM	60	Contributions in the form of regular cash payments made to the case individuals that are over $30 per recipient per calendar quarter shall be considered unearned income. This also applies to all TennCare/Medicaid cases.
FFP/ TCM	61	Money withdrawn from the body of trust/dividends paid to a case individual. Such monies shall be treated as regular unearned income or annualized income as appropriate, depending upon the frequency of receipt. This also applies to all TennCare/Medicaid cases.
FFP	62	The following monies are among those that shall be excluded as income for the Families First program: • IV-E Foster Care and Adoption Assistance payments and Foster Care Board payments. • Relocation Assistance payments received under Title II of the Uniform • Relocation Assistance and Real Property Acquisition Act of 1970. • Funds distributed per capita to or held in trust for members of any Indian tribe under P.L. 920254, P.L. 93-134, or P.L. 04-540. • Payments received under the Alaska Native Claims Settlement Act (P.L. 92-203, Section 21(a); payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalera Reservation (P.L. 95-443); payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indians Claims Settlement Act of 1980 (P.L. 96-420, Section 5); payments of relocation assistance to members of the

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Program Type	Rule Number	Rule
		Navajo and Hopi tribes (P.L. 93-531). • Receipts distributed to members of certain Indian tribes referred to in Section 6, P.L. 94-114. • Payments from the Nutrition Programs for the Elderly (Title VII). • The value of supplemental food assistance received under the Child Nutrition Act of 1966 (WIC), as amended, and the special food service program for children under the National School Lunch Act, as amended. • Payments for supporting services and reimbursements of out-of-pocket expenses made to individual volunteers serving as health aids, senior companions, R.S.V.P., Foster Grandparents and any other programs under Title II pursuant to Section 418 of P.L. 93-113. • VISTA payments. • All unearned JTPA payments (needs based payments and supportive service payments) to dependent children. • JTPA Payments identified by JTPA as a supportive services payment and paid for supportive services such as child care, medical and other services needed to enable the client to work; or if income is identified by JTPA as a "needs based payment," which is income that is paid to meet a basic need that the Families First grant does not cover. • Guardianship payments. • Payments made under P.L. 104-204 to children of Vietnam veterans (male or female) who are born with spina bifida. • Veterans Administration payments made under P.L. 106-419, Section 401 of the Veterans Benefits and Health Care Improvement Act of 2000 to children with certain birth defects born to female Vietnam veterans. The birth defects identified may not include birth defects resulting from the following: -- A familial disorder; -- A birth-related injury; -- A fetal or neonatal infirmity with well-established causes; or -- spina bifida. (Spina bifida is covered by previous legislature (P.L. 104-204). • Payments made to individuals because of their status as victims of Nazi persecution • Educational grants, loans, scholarships, G.I. Bills, stipends and/or college

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Program Type	Rule Number	Rule
		work study payments made to or in behalf of a Families First AG member or a stepparent in the home or parent in the home of a minor Families First parent • Agent Orange Settlement payments. • Earned Income Tax Credits • Clothing allowance for disabled veterans for additional clothing needs resulting from the use of prosthetic or orthopedic devices. • Legally obligated payments otherwise payable to an assistance group which are diverted by the provider to a third party, unless this arrangement is made at the request of an assistance group member. • Loans provided by an individual or commercial lending institution which represent an obligation, and not a benefit such as chattel mortgages and personal notes • Monies received and used for the care and maintenance of a non-assistance group member, who is not the responsible relative of an assistance group member living in the same home • Income belonging to non-assistance group household members, unless the member is a responsible relative or stepparent of an assistance group member. • Reimbursements for out-of-pocket expenses by volunteers or employees in the performance of their duties • Retroactive Families First/AFDC or SSI payments. • Payments that are made either directly to Families First recipients or to a third party for rent or utilities under “Section 8” of the U.S. Housing Act. • Payments for utilities to or on behalf of Families First recipients through the Department of Health and Human Services’ Low Income Home Energy Assistance Program or other federal, state, or local energy assistance plan. Support payments (child and related spousal support) received by an assistance group, but transferred to the IV-D agency as assigned support. • Casual and inconsequential income that is $30 or less per quarter per Families First AG member. • The portion of the assistance group’s income that is withheld by the provider to repay a prior overpayment • Any gain or benefit not in the form of money payable directly to an assistance group such as non-monetary or in-kind benefits

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Program Type	Rule Number	Rule
		• Welfare-to-Work (WtW) payments made for transportation and other services
FFP	63	Non-IV-E foster care board payments shall be considered unearned income for a minor mother in foster care.
FFP	64	Individuals eligible for IV-E are not eligible for Families First, but their children who are not in foster care may be.
CC	65	When calculating income for purposes of child care eligibility, all household income (earned and unearned) is to be reported by the parent/caretaker and will be entered into the case record by the authorized user. Total income for the case is made up of countable earned and countable unearned income.
CC	66	Some types of unearned income are counted when calculating income while other types of unearned income are excluded. The system shall recognize which types of unearned income can be excluded and will not include them in the final calculation of income when determining eligibility.
CC	67	Countable unearned income includes but is not limited to the following: Social Security income for the parent receiving child care assistance, including SS pension, survivor's benefits, permanent disability insurance made through SS prior to deductions for medical insurance, as well as railroad retirement insurance checks form the US government; SSI income for any child in the home; dividends, interests, income from estates or trusts and net rental income or royalties; public assistance or welfare payments (FF, SSI, RCA or refugee cash assistance); pensions and annuities (includes benefits paid to a retired person or survivors by a former employer or union either directly or through an insurance company); unemployment compensation; worker's compensation; alimony; child support; veteran's pension; training stipends (includes money received to cover living expenses while in school or training as well as college and university scholarships, grants, fellowships, and assistantships paid directly to the student . . . exceptions include any federal student assistance under Revised Section 479B of the Title IV of the Higher Education Act or under Bureau of Indian Affairs Student Assistance Programs; any federal Pell Grants, Federal Family Educational Loan Program, Federal Work Study Program, Federal Supplemental Educational Opportunity Grants; Tennessee Student Assistance Award.
CC	68	In addition to exclusions noted above, the following sources of income are not counted in calculating income for child care eligibility: Food stamp allotment, income tax refunds, earned income tax credit, summer, JTPA or other part-time income for youth age 18 or under who are in school or training, child support paid out by a

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Program Type	Rule Number	Rule
		mandatory adult in the household to another household, an underpayment amount made to the parent by the department for child care, housing vouchers usable as cash.
CC	69	Any educational loan should not be considered as income since it must be repaid. However if the loan included child care costs, the department must contact the loan office to determine which agency will provide child care to avoid providing a duplicate service.
CC	70	Calculation of any income will be subject to the conversion rates and verification rules found in FF policy.
CC	71	Any change in unearned income should be reported to the department. The case worker will then record and verify reported changes and take whatever follow-up action may be appropriate.
CC	72	When determining the income eligibility of sponsored aliens for child care purposes, the household income of the sponsors shall only be counted if the applicant is residing in that sponsor's household.
TCS/ TCM	73	An individual who receives SSI will not be included in all TennCare/Medicaid or TennCare Standard cases nor will any other income received by this individual be included in the case.
TCS/ TCM	74	Unearned income for each individual will be listed and counted in each case that the individual is included for all TennCare/Medicaid and TennCare Standard.
TCM/ TCS	75	Unearned income of an illegal alien will be considered available to a household for all TennCare/Medicaid and TennCare Standard.
TCM/ TCS	76	Unearned income of a disqualified individual will be considered available to a household for all TennCare/Medicaid and TennCare Standard.
TCM/ TCS	77	Educational income will be disregarded for TennCare/Medicaid and TennCare Standard. This could be the portion of a grant, scholarship or fellowship used to pay tuition, fees or other necessary educational expenses.
TCM/ TCS	78	Annuities, pensions and other periodic payments such as, but not limited to, Social Security, Black Lung payments, Veteran's benefits, Railroad Retirement, and any other government pension shall be considered unearned income for all TennCare/Medicaid and TennCare Standard.
TCM/ TCS	79	Dividends, interest on different types of savings accounts and royalties shall be considered unearned income for all TennCare/Medicaid and TennCare Standard.
TCM/	80	Rental and farm income is considered unearned income, as long as the individual

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Program Type	Rule Number	Rule
TCS		does not materially participate in the production of the income and the income results from an pre-determined arrangement for all TennCare/Medicaid and TennCare Standard.
TCM/ TCS	81	Proceeds of insurance that an individual receives as the beneficiary of a life insurance policy are considered unearned income in the month of receipt for all TennCare/Medicaid or TennCare Standard cases.
TCM/ TCS	82	Prizes, awards, gifts, and inheritance are considered unearned income in the month of receipt for all TennCare/Medicaid or TennCare Standard cases.
TCM/ TCS	83	Child support and alimony shall be considered unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	84	Sick or disability payments shall be considered unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	85	If an individual holds a note or mortgage on the principal of which has been determined to be an unavailable asset, any payments made by the debtor towards the principal and/or interest are considered the individual's unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	86	If an individual has transferred an asset and part or all of the compensation he received included a provision for lifetime total care and support, the value of the care and support contribution is considered unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	87	Strike benefits, unemployment compensation and worker's compensation is considered unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	88	Money withdrawn from the body of a trust or interest/dividends accrued to the trust and subsequently paid to the individual are considered unearned income in the month of receipt for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	89	Payments for rehabilitation made under Services to the Blind, Vocational Rehabilitation or other such programs shall be considered unearned income for all TennCare/Medicaid and TennCare Standard cases.
TCM/ TCS	90	Income tax refunds and refunds of taxes on real property are excluded by federal law for all TennCare/Medicaid and TennCare Standard cases.
TCM	91	The amount of any VA payment identified as an Aid and Attendance allowance in determining an individual's income eligibility shall be excluded. This income is also excluded in patient liability when authorizing Medicaid vendor payments to the

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Program Type	Rule Number	Rule
		institutionalized individual in TennCare/Medicaid.
TCM	92	Income considered available to an individual from a financially responsible relative is "deemed" income and shall be considered as unearned income for all TennCare/Medicaid cases.
TCM	93	Unearned lump sum income is treated as income in the month of application and as a resource thereafter.
TCM	94	Unearned income is counted from parent to child, spouse to spouse, and sibling to sibling.
TCM	95	All unearned income in the case must be verified.
TCM / TCS	96	Conversion factors are as follows: - weekly amount x 4.3; - bi-weekly amount x 2.15; - twice-monthly amount x 2.
TCM	97	A financially responsible relative is defined as a relative whose income or resources are deemed available to another relative.
TCM, TCS	98	The following monies are among those that shall be considered unearned income for all Medicaid and TennCare categories: • Annuities, pensions • Dividends, interest, royalties • Life insurance proceeds shall be counted as income in the month of receipt • Prizes and Awards • Gifts and Inheritances as income in the month of receipt • Contributions • Alimony and support • Sick pay received more than 6 months after the individual last worked are considered unearned income • Strike benefits, Workers Compensation, Unemployment Compensation • Trust fund proceeds
TCM	99	The following monies are among those that shall be excluded as unearned income for Medicaid categories Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, QMB/SLMB/QI1 and Pickle Pass-along: • Refund of taxes on real property or food

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Program Type	Rule Number	Rule
		• Assistance based on need which is entirely funded by the State or one of its political subdivisions • The portion of a grant, scholarship or fellowship used to pay tuition, fees or other necessary educational expenses • Assistance received under any Federal statute because of a catastrophe • Foster care payments for a child placed by a public or non-profit child placement or child care agency • One third of absent parent support payments received by an institutionalized individual who is under age 18 • Any portion of a Veteran's Administration payment that is considered an allowance for aid and attendance • Any portion of a Veteran's Administration benefit which can be verified as earmarked for someone other than the client • Veteran's Administration payments resulting from unusual medical expenses • Agent Orange settlement payments • Unearned income received to fulfill an approved self-support plan provided the individual is blind or disabled • Interest paid on the value of an agreement entered into to purchase excludable burial spaces and left to accumulate • Mandatory deductions such as FICA and withholding tax on pensions and other unearned income • German reparation payments • Japanese-American and Aleution Restitution payments • Alaska Native Claims Settlement Act exclusions • State funds paid to crime victims • Payments made to individuals because of their status as victims of Nazi persecutions • Income paid under PL. 104-204 to children born of Vietnam veterans diagnosed with spina bifida
TCM, TCS	100	The following monies are among those that shall be excluded as unearned income for Medicaid categories Medically Needy, Failed due to Sibling, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to

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Program Type	Rule Number	Rule
		12 months old, Pregnant women alone in first two trimesters, TennCare Standard and Aid to Dependent Children Medicaid Only. • Refund of taxes on real property or food • Assistance based on need which is entirely funded by the State or one of its political subdivisions • Assistance received under any Federal statute because of a catastrophe • Low income energy assistance payments provided through the Department of Health and Human Services • Payments to various groups of Native Americans • Relocation assistance payments made under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 • Retroactive AFDC and SSI payments • VISTA payments • Pell Grant, SEOG grant, National Direct Student Loan, Guaranteed Student Loan, State Student Incentive and any financial aid paid directly to the school and unavailable for use at the student's discretion • Foster care board payments • Monies received from a source outside the home designated for the support of a person who is neither a budget group member or the financially responsible relative of a budget group member • Non-cash items • Reimbursements • Child/Spousal support transferred to the IV-D agency as assigned support
TCM, TCS	101	Money received from capital gains is not considered income for Medicaid/TennCare Standard.
TCM	102	For Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, QMB/SLMB/QI1, Pickle Pass-along categories, the amount paid for medical and/or burial expenses may be excluded as income from the proceeds of life insurance.
TCM	103	Farm income may be considered unearned income for Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling,

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Program Type	Rule Number	Rule
		QMB/SLMB/QI1, Pickle Pass-along categories if the individual is not actively engaged in farming.
TCM	104	Rental income may be unearned for Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, QMB/SLMB/QI1, Pickle Pass-along categories if the individual is not actively engaged in the real estate business.
TCM	105	For Medicaid Categories Medically Needy, Failed due to Sibling, Pregnant PLIS (185%), Not pregnant less than 1 year old (185%), Not pregnant less than 6 years old (133%), Not pregnant less than 18 years old, born before 10-1-1983 (100%), Newborns up to 12 months old, Pregnant women alone in first two trimesters and Aid to Dependent Children Medicaid Only, exclude from Social Security or Veteran's Administration benefits paid to a student at least age 18 an amount equal to the following mandatory costs of education: • tuition and fees • books and supplies • transportation to and from school at the currently allowed mileage allowance • cost of child care necessary to attend school not to exceed the currently allowed limit
TCS	106	Lump sum income is counted in the month of application and is not applicable thereafter.
TCS	107	Income is counted from spouse to spouse and parent to child.
TCS	108	All income must be verified.
TCS	109	There is no peeling and padding of members in TCS.
FA	110	Unearned income is defined as income from sources other than employment.
FA	111	A client may have 0 to many sources of unearned income.
FA	112	Unearned income may be applied to more than one case at a time.
FA	113	Unearned income will follow the individual in a case.

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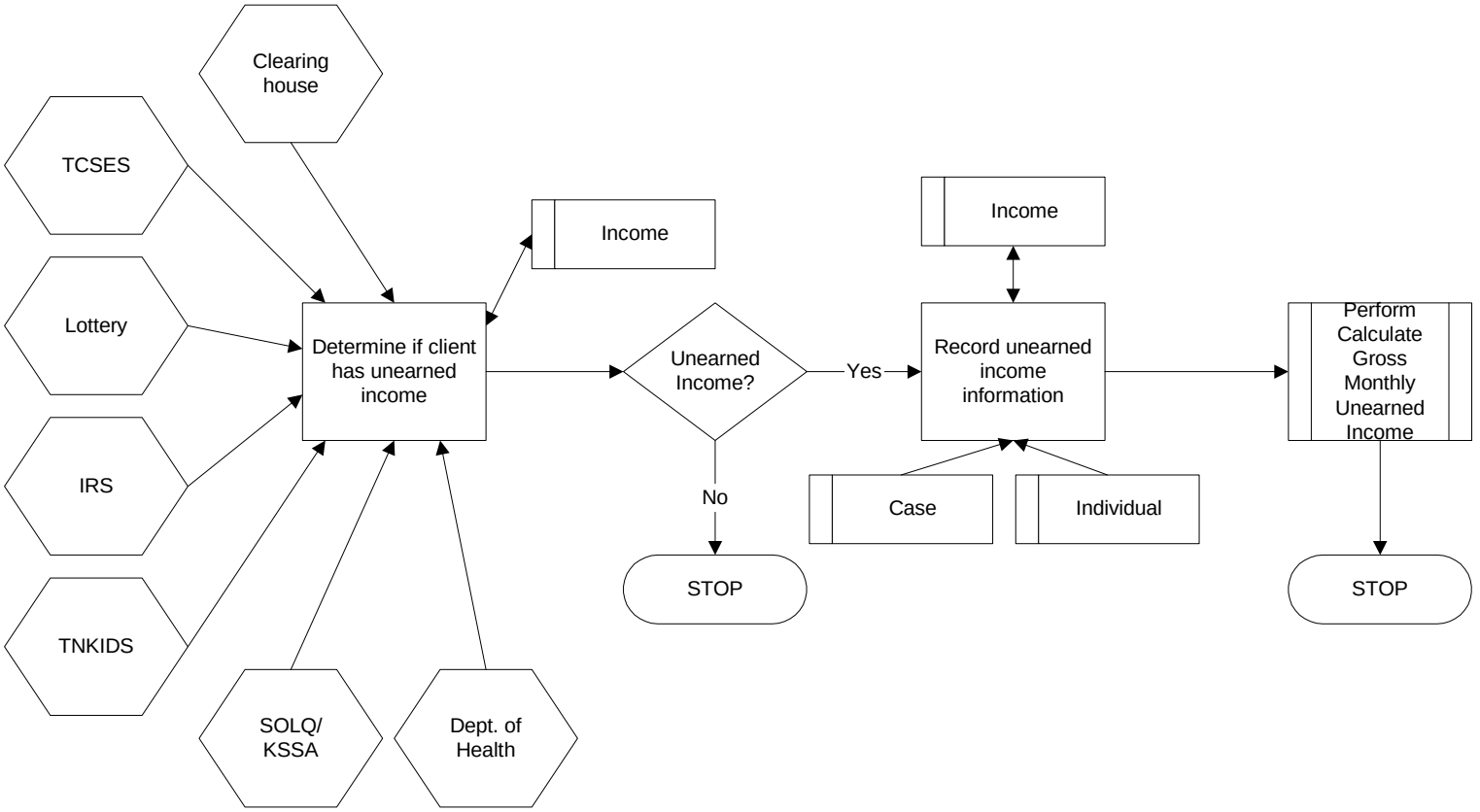
1.2.8
Unearned Income



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.9 Spousal/Dependent Income Allocation	
Program Affected: MA	**Users: Caseworkers**

Process:

This process describes the procedures involved in the collection of a spouse's or dependent's income allocation agreement information. This process will determine if the income allocation agreement is necessary and if both spouses agree on it. Grouping, budgeting and authorization are performed from this process based on the spousal agreement information. The system must track and alert the user to re-verify the earned income of the community spouse periodically, as defined by rules and adjust the income allocation accordingly.

Sub-Processes:

1. Determine if Spousal/Dependent Allocation Needed

   The system shall determine if the Spousal/Dependent allocation is needed based on the budget results information and the business rules.

   BUDGET (Input)
   Income of LTC Patient
   Income of Community Spouse
   Shelter Expenses for Community Spouse
   Income Disregards
   Income Deductions

   SPOUSAL ARRANGEMENT (Output)
   Spousal Allocation need indicator

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.9 Spousal/Dependent Income Allocation

Program Affected: MA	**Users: Caseworkers**

2. Determine if Spousal Allocation is Agreed Upon

   If the spousal allocation is needed, once the allocation has been calculated, the user shall determine and document if both spouses agree with the Spousal/Dependent allocation based on the Spousal Arrangement information.

   SPOUSAL ARRANGEMENT (Input - Output)
   LTC Patient (or authorized rep.)
   Spousal Allocation agreement date
   Community Spouse Spousal Allocation agreement date

3. Determine if the Applicant Has Been in Long Term Care for 30 Days

   If both spouses agree on the spousal/dependent allocation, the system shall determine if the applicant has been in Long Term Care for 30 days, based on Long Term Care information.

   LONG TERM CARE (Input)
   Admittance date(s) to Institution/Hospital/LTC
   Discharge date(s) to Institution/Hospital/LTC
   Individual Name
   Living Arrangement/Placement
   Program Sub-Program

4. Perform “Authorization” Process

   If the applicant has been institutionalized for 30 days, or other TCM cases are open, the system will perform the “Authorization” process.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.9 Spousal/Dependent Income Allocation

Program Affected: MA	**Users: Caseworkers**

5. Determine if Other Medicaid Categories are Open

   If the applicant has not been in Long Term Care for 30 days, the caseworker shall determine if other Medicaid programs/sub-programs are open based on the Case information.

   CASE (Input)
   Medicaid eligibility begin date
   Medicaid eligibility end date
   Medicaid program/sub-program

6. Perform “Grouping”

   If other Medicaid categories are not open, the system will perform the “Grouping” process to look at other Medicaid/TennCare eligibility.

7. Perform “Determine Resources”

   The system will perform the “Determine Resources” process.

8. Perform “Budgeting”

   The system will perform the “Budgeting” process. The “Budgeting” process will also be performed if the Spousal/Dependent allocation is not needed or the Spousal allocation is not agreed on.

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Program Type	Rule Number	Rule
TCS	1	There are no TennCare specific rules for this process.
TCM	2	The institutionalized individual will be coded appropriately by the living arrangement code to signify that he/she is actually institutionalized and will be grouped in the appropriate case. This applies to Medicaid for aged, Medicaid for the blind, and Medicaid for disabled (institutionalized in each case).
TCM	3	The income of an institutionalized spouse may be allocated to the community spouse at the agreement of the spouse and the institutionalized individual. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	4	If a couple is married but living separately and considering themselves to be separated, the spousal income allocation may be allowed if both members of the couple agree to the allocation and the community spouse is not institutionalized also. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	5	A community spouse receiving SSI, FF, VA pension, Medicaid or other benefits is not required to accept the total or any of the income allocation if it will result in termination of or decrease in these benefits. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	6	The spousal allocation includes a standard maintenance amount based on an amount determined by program defined limits for the number of people in the home divided by 12 months. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM/MA	7	An excess shelter allowance is allowed when the total shelter cost for rent, mortgage, taxes and home insurance, home maintenance charges and utility costs exceeds 30% of the standard maintenance amount as determined by program defined limits. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	8	The community spouse allocation will be determined by the excess shelter allowance and the standard maintenance amount less the community spouse income. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	9	The community spouse’s countable income is defined as all income over which the community spouse has control and which is actually available to the community spouse. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM/MA	10	Child support payments and other types of court ordered payments are considered as available income to the community spouse when determining spousal income allocation. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	11	If the community spouse has fluctuating earning, the income will be averaged and converted which will reflect anticipated earnings. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).

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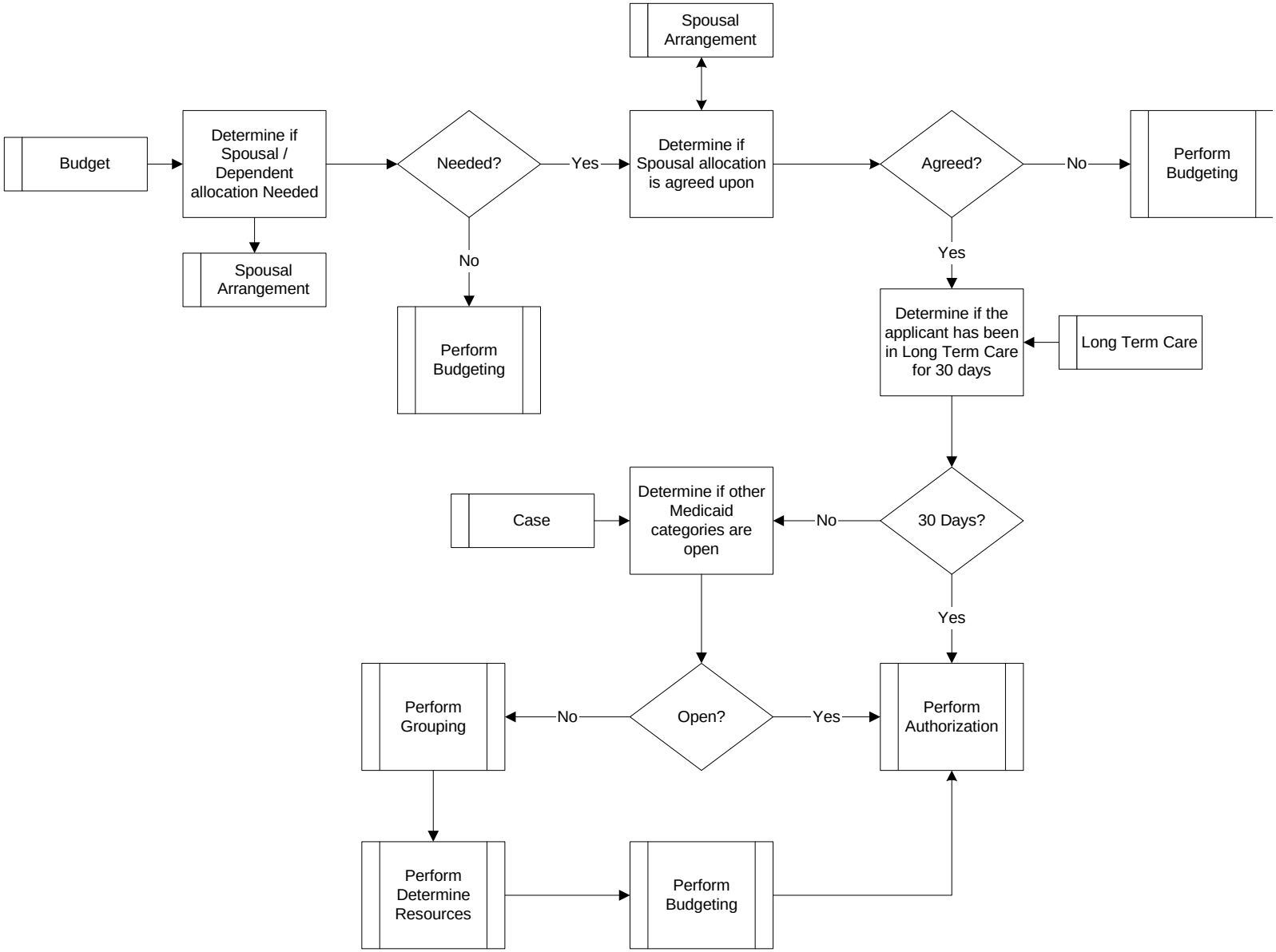
Program Type	Rule Number	Rule
TCM/MA	12	Earned income of the community spouse will be verified every three months and the allocation budget must be recalculated accordingly. If the earned income of the community spouse is not verified, then the allocation will be suspended. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	13	Dependent relatives for purposes of dependent allocation include all persons who can be or are being claimed as tax dependents and includes adult dependent children, parents and/or siblings as well as minor children. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	14	A dependent does not have the option of declining all or a portion of the income allocation for any reason, even if needs-based benefits may be decreased or lost because of the allocation. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM/MA	15	The dependent allocation(s) equals the Standard Maintenance Amount for the community spouse minus the dependent's own gross countable income divided by 3 (SMA gross countable income = deficit / 3 = dependent allocation). This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	16	The dependent allocation is figured separately from the community spouse allocation. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM	17	When the community spouse has more than enough income to meet the standard maintenance amount and the excess shelter allowance, a zero allocation is used for the community spouse when adding it to the dependent allocation to get the total spousal/dependent allocation. . This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM/MA	18	Although the calculation of allocation for spouse and dependent are done separately, the total of both allocations cannot exceed the maximum income allocation amount. The maximum allocation amount as of January 1, 2005 is $2378. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).
TCM/MA	19	If there is no community spouse in the home, the dependent allocation will be determined by deducting the dependent's net countable income from the appropriate medically needy income standard (MNIS) as determined by program defined limits. The net countable income is determined by subtracting $65 plus ½ of the remainder from earned income. The appropriate MNIS is based on current program defined limits and case/household size and will include all eligible dependents. This applies to Medicaid for aged, Medicaid for blind, and Medicaid for disabled (institutionalized in each case).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.9

Spousal / Dependent Income Allocation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.10 Health Insurance Information

Program Affected: Food Stamps, TENNCARE Medicaid, TENNCARE Standard	**Users: Caseworkers**

Process:

The following health insurance information must be captured during the interview for each individual applying for Food Stamps, TENNCARE Medicaid and TENNCARE Standard. The data will be used in budgeting and determining eligibility for those particular programs. Rules will define those individual who apply for or receive Food Stamps and for whom health insurance must be captured, and whose budget may be affected. Health insurance information may be used in determining eligibility and in budget calculations as defined by program rules.

Sub-Processes:

1. Record Health Insurance Information

   The user must record the applicant / recipient health insurance and/or access to health insurance information. The system must perform a match for individual's who have Medicare through SOLQ, and the system must be updated with the matching information.

   HEALTH INSURANCE (input – output)
   Person paying for medical insurance coverage
   Policy limitations
   Policy claim number
   Policy begin and end dates (if Medicare, must have separate date fields available for part A, B and D)
   Policy premium amount
   Budget begin and end dates (if Medicare, must have separate date fields available for part A, B and D)
   Policy verification

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.10 Health Insurance Information

Program Affected: Food Stamps, TENNCARE Medicaid, TENNCARE Standard	**Users: Caseworkers**

Is a member of the household eligible to receive medical insurance as a result of a court order? (TENNCARE Medicaid only)
Is the individual Cooperating with IVD for Medical or Child Support? (TENNCARE Medicaid only)
If not, Uncooperative Person Name (TENNCARE Medicaid only)
Insurance Provider's Carrier ID (TENNCARE Medicaid and TENNCARE Standard only)
Insurance Provider's Name
Insurance Provider's Address
Services Covered
Insured individual(s) name(s)
If the individual lives in a long-term care facility, receives home and community based services or is in a state veteran's home, a long-term care rate (LTCR) must be collected for the individual.
Group health insurance Information
Access to group health insurance Information
Type of Group Health Insurance
Current Employer
Does the employer offer a group health insurance plan?
Is family coverage offered by the employer?
If the employer offers group health insurance and the individual is not enrolled, the next enrollment period
Access to COBRA through a former employer
COBRA 18 month begin and end dates
If the individual is currently serving in the U.S. Armed Forces, does the individual have access to insurance through the military?
Does someone living outside the home have access to group insurance for any family member?
Verification of access to insurance

2. Determine if either TENNCARE Medicaid or TENNCARE Standard are Open

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.10 Health Insurance Information

Program Affected: Food Stamps, TENNCARE Medicaid, TENNCARE Standard	**Users: Caseworkers**

The system must determine if the individual is open or approved for TENNCARE Medicaid or TENNCARE Standard case.
CASE (input)
Case Number
Case Status
Case Begin and End Dates
TENNCARE Medicaid Status
TENNCARE Standard Status

3. Send Health Insurance Information to TENNCARE

If the individual is open or approved for TENNCARE Medicaid or TENNCARE Standard, the system must transmit the individual's health insurance (or access to health insurance) information to the Bureau of TENNCARE.

HEALTH INSURANCE (input)
Person paying for medical insurance coverage
Policy limitations
Policy claim number
Policy begin and end dates
Policy premium amount
Budget begin and end dates
Policy verification
Is a member of the household eligible to receive medical insurance as a result of a court order?
Is the individual Cooperating with IVD for Medical or Child Support?
If not, Uncooperative Person Name
Insurance Provider's Carrier ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.10 Health Insurance Information

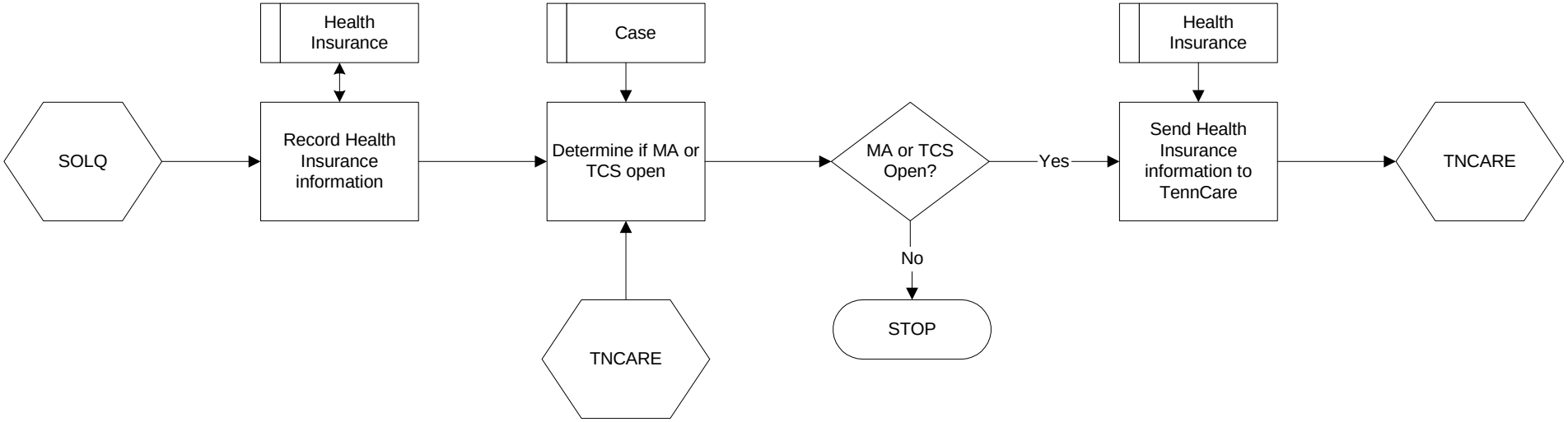
Program Affected: Food Stamps, TENNCARE Medicaid, TENNCARE Standard	**Users: Caseworkers**

Insurance Provider's Name
Insurance Provider's Address
Services Covered
Insured individual(s) name(s)
If the individual lives in a long term care facility, receives home and community based services or is in a state veteran's home, a long-term care rate (LTCR) must be collected for the individual.
Group health insurance Information
Access to group health insurance Information
Type of Group Health Insurance
Current Employer
Does the employer offer a group health insurance plan?
Is family coverage offered by the employer?
If the employer offers group health insurance and the individual is not enrolled, the next enrollment period
Access to COBRA through a former employer
COBRA 18 month begin and end dates
If the individual is currently serving in the U.S. Armed Forces, does the individual have access to insurance through the military?
Does someone living outside the home have access to group insurance for any family member?
Verification of access to insurance

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	See rules for process 1.2.11, Gathering Medical Expenses.
FFP	2	The Families First program has no rules on health insurance information.
TCM/TCS	3	Each individual that has health insurance shall have the information entered on the appropriate screen.
TCS	4	If an individual has health insurance or access to health insurance, the individual is not eligible for TennCare Standard except for a grand-fathered in child who may have access to insurance. If the health insurance policy is verified to be a 'limited' policy only, the individual will be eligible for TennCare Standard.
TCM	5	The cost of an individual's health insurance may be used in reducing the spend-down amount for Medicaid cases.
TCM	6	If an individual has health insurance, that insurance will be the primary provider and TennCare Standard and/or TennCare Medicaid will be secondary.
CC	7	There are no rules in child care related to this process.
TCS	8	If an adult has Medicare, the individual is eligible for TennCare Standard pharmacy coverage only if grand-fathered in and if the individual does not have any other insurance coverage (unless a limited policy).
TCM	9	The Medicaid sub-groups that may have spend-downs are: Aged – Non-institutionalized; Aged – Institutionalized; Blind – Non-institutionalized; Blind – Institutionalized; Disabled – Non-institutionalized; Disabled – Institutionalized; and Individuals Less than 21 Years Old.
TCM	10	The full amount of insurance premiums must be allowed as a deduction in the following Medicaid sub-programs: Aged – Non-institutionalized; Aged – Institutionalized; Blind – Non-institutionalized; Blind – Institutionalized; Disabled – Non-institutionalized; Disabled – Institutionalized; and Individuals Less than 21 Years Old.
TCM	11	Having access or having insurance does not affect eligibility for TennCare Medicaid.
TCM	12	The cost of an individual's health insurance premium must not be allowed as an expense for TennCare Standard.

1.2.10 Health Insurance Information



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.11 MCO Determination and Assignment

Program Affected: TennCare Medicaid	**Users: Caseworkers**

Process:

The system must collect, store and transmit up to three MCO selections for applicants/recipients for TennCare Medicaid and TennCare Standard. The MCOs available to an applicant/recipient vary by county, and therefore the system must only allow MCOs available for the resident county to be selected. The enrollment in an MCO may be closed for new enrollees, but may be overridden under certain circumstances according to the program business rules. The three MCO choices must be sent on the daily file to the Bureau of TENNCARE. The Bureau of TENNCARE must transmit the final MCO choice in a daily interface file which will update the final choice on the system. MCO changes may only be processed at certain designated times according to program business rules such as but not limited to: client moves to new MCO service area or during the first 45 days of TENNCARE Standard or TENNCARE Medicaid eligibility.

Sub-Processes:

1. Determine if TENNCARE Medicaid or TENNCARE Standard Approved

   The system must determine if the individual is approved for TENNCARE Medicaid or TENNCARE Standard.

   CASE (input)
   Case Name
   Case Number
   Case Status
   Case Begin and End Dates

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.11 MCO Determination and Assignment

Program Affected: TennCare Medicaid	**Users: Caseworkers**

2. Determine if MCO Already Open for Individual in This County

   If the individual is approved for TENNCARE Medicaid or TENNCARE Standard, the system must then determine if the individual is already enrolled in an MCO in the individual's current county of residence.

   MCO (input)
   Individual Name
   MCO Name
   MCO County

   TENNCARE INTERFACE (input)
   Individual Name
   Individual SSN
   MCO Assigned
   MCO Assignment Begin Date

3. Determine if Parents or Siblings Have Open MCO in This County

   If the MCO is not already open for the individual in the individual's current county of residence, the system must determine if the individual has parents or siblings in the case that are assigned to the MCO in the current county of residence.

   INDIVIDUAL (input)
   Individual's Name
   Individual's Age
   Individual SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.11 MCO Determination and Assignment

Program Affected: TennCare Medicaid	**Users: Caseworkers**

CASE (input)
Case Name
Case Number

TENNCARE INTERFACE (input)
Individual Name
Individual SSN
MCO Assigned
MCO Assignment Begin Date

RELATIONSHIP (input)
Individual's Relationship to other members of case

MCO (input)
Individual Name
MCO Name
MCO County

4. Select Same MCO

If the individual has siblings / parents in the case that are assigned to the MCO in the current county of residence, the system must allow the user to select the same MCO for the individual even if the MCO is closed or full.

MCO (input – output)
Individual Name
MCO Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.11 MCO Determination and Assignment

Program Affected: TennCare Medicaid	**Users: Caseworkers**

MCO County
Closed MCO Override Reason
Closed MCO Override Date

5. Select MCOs in Order of Preference

   If the individual does not have siblings / parents in the case that are assigned to the MCO in the current county of residence, the system must not allow the user to select the MCO for the individual if the MCO is closed or full. The individual must make up to three MCO selections in order of preference.

   MCO (input – output)
   Individual Name
   MCO Name (3)
   MCO County (3)

6. Updated Assigned MCO

   The system must transmit the MCO selections to the Bureau of TENNCARE for processing. The Bureau determines the assigned MCO from the options provided. The system receives the update of the individual's assigned MCO from the Bureau of TENNCARE.

   MCO (input)
   Individual Name
   MCO Name
   MCO County
   MCO Assignment Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.11 MCO Determination and Assignment

Program Affected: TennCare Medicaid	**Users: Caseworkers**

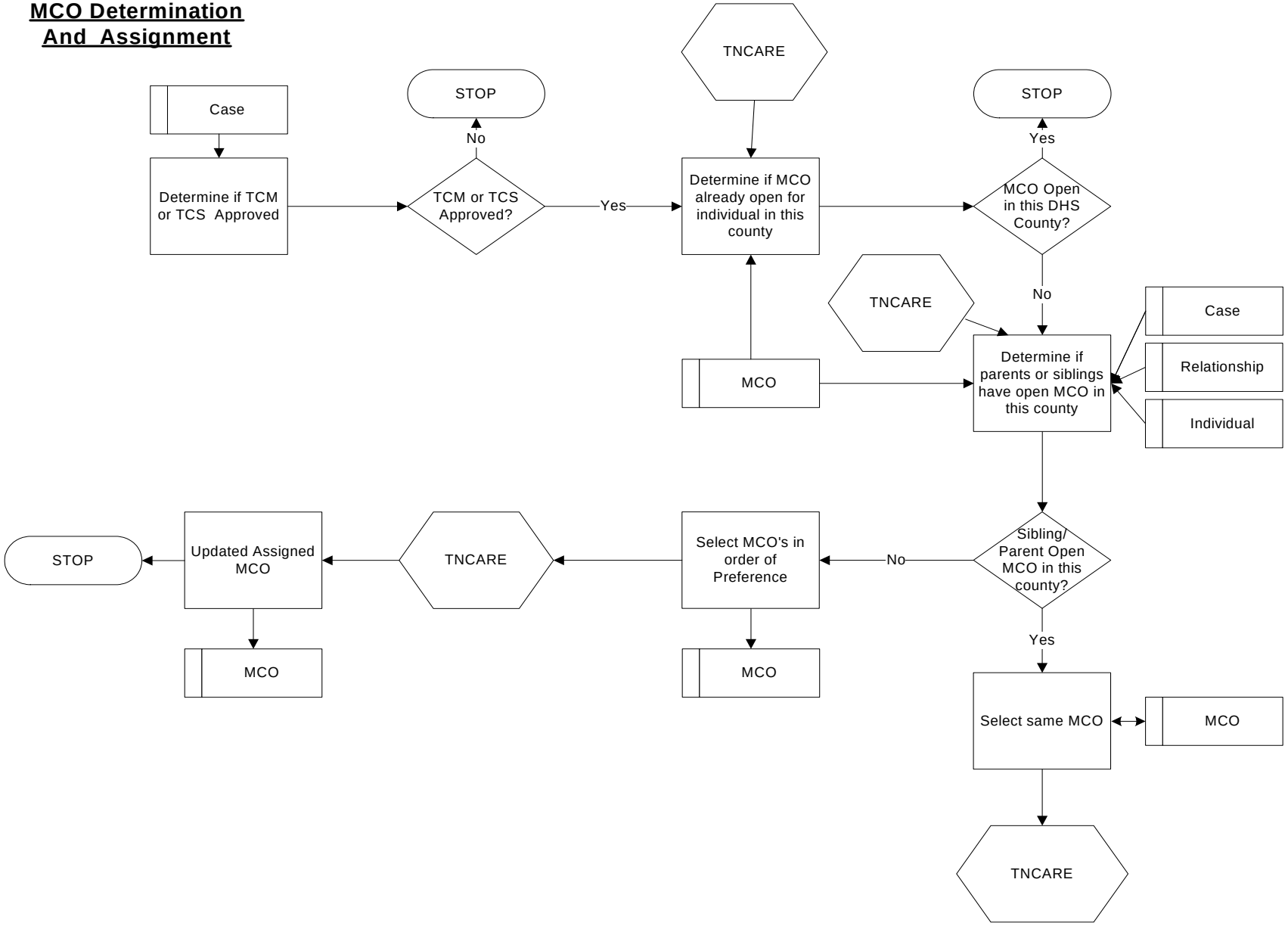
TENNCARE INTERFACE (input)
Individual Name
Individual SSN
MCO Assigned
MCO Assignment Begin Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/TCS	1	A customer may select one of three MCO selections based on his/her county of residence.
TCM/TCS	2	If the assigned MCO does not cover a certain illness, the customer may appeal the assignment and select another MCO even if the MCO that will cover the illness is not accepted within the county of residence.
TCM/TCS	3	If an MCO is closed or full, TennCare may assign an MCO to a customer at its discretion.
TCM/TCS	4	An MCO may be assigned if the individual's parents or siblings are assigned to that MCO, even if closed or full.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.11 MCO Determination And Assignment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses	
Program Affected: FS, TCM	**Users: Caseworkers and Above**

Process:

Data regarding medical expenses must be gathered as part of the application and eligibility determination processes, when appropriate per program rules. Medical expenses may be allowed when calculating the budget, as defined in program rules.

Sub-Processes:

1. Determine if Medical Expenses are Applicable

   The system shall determine, based upon program rules and using data from CASE and INDIVIDUAL data whether medical expenses are applicable.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type

   INDIVIDUAL (Input)
   Disability / Incapacity Indicator
   Student Indicator
   Elderly and Disabled Indicator

2. Determine if Individual has Medical Expenses

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

If the system determined that medical expenses are applicable, the system is to prompt the user to determine, during the interview process, if the individual has incurred medical expenses in the recent past, has unpaid medical bills in open accounts, has recurring medical expenses, or expects to incur new medical expenses in the near future.

MEDICAL EXPENSES (Input)
Medical Insurance Indicator
Responsible for Medical Expense Indicator
Incurred Medical Expense Indicator
Medical Bills Indicator
Medical Service Expense Type
Recurring Medical Expense Indicator
Recurring Medical Expense Amount
Medical Expense Payment Plan Indicator
Medical Expense Payment Plan Amount
Total Incurred Medical Expense Amount
Total Medical Expense Amount Client Owes
Medical Expense Care Date
Medical Expense Verification Type
Budget Begin Date to Allow Medical Expense
Budget End Date to Allow Medical Expense
Medical Bill Amount (Expense)
One-Time Expense Indicator
One-Time Expense Amount
Number of Months to Spread Expense Over
Medicaid Spend-down Indicator
Spend-down Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

Amount of Medical Expense Used to Meet Spend-down
Amount of Medical Expense Remaining to Meet Future Spend-down
Medical Expense - Creditor Name
Incurred Medical Expense Care Date
Item-D Expense Type
Item-D Amount - Actual / Projected Indicator
Item-D Amount
Item-D Expense Verification Type
Has Denture Medical Necessity form been signed? (Y/N)
Denture Medical Necessity Form Signature Date
Has Verification of Services form been signed? (Y/N)
Services Form Signature Date Verification Type
Has Consent for Dental Treatment form been signed? (Y/N)
Consent for Dental Treatment Form Signature Date
Has Request for Item-D Approval form been received? (Y/N)
Request for Item-D Approval Form Receipt Date
Incurred Medical Expense Care Date
Old Medical Bill Type
Old Medical Bill Amount
Old Medical Bills Amount Left Unpaid
Old Medical Bill Billing Date
Medical Provider Name
Medical Provider - Address - Type
Medical Provider - Address - Number Street
Medical Provider - Address - Unit
Medical Provider - Address - Direction
Medical Provider - Address - Street Rural

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

Medical Provider - Address - Suffix
Medical Provider - Address - Quadrant
Medical Provider - Address - Apartment
Medical Provider - Address - Line 2
Medical Provider - Address - City
Medical Provider - Address - State
Medical Provider - Address - Zip Code (5-digit)
Medical Provider - Address - Zip Code (4-digit)
Medical Provider - Address - Effective Date
Medical Provider - Phone Number - Area Code
Medical Provider - Phone Number - Prefix
Medical Provider - Phone Number - Exchange
Medical Provider - Phone Number - Extension
Medical Provider - Phone Number - Effective Date
Contact Availability Time for Medical Provider - From
Contact Availability Time for Medical Provider - To

3. Collect and Record Actual and Retroactive Medical Expenses

If medical expenses are (a) applicable and (b) if the individual has incurred medical expenses, then the system is to prompt the user to collect the needed data. The following MEDICAL EXPENSES data elements may require population. The system shall identify to the user those medical expenses that were used in the past and that cannot be used again as a deduction or for spenddown.

MEDICAL EXPENSES (Output)
Responsible for Medical Expense Indicator
Medical Insurance Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

Medical Bills Indicator
Incurred Medical Expense Indicator
Medical Service Expense Type
Recurring Medical Expense Amount
Recurring Medical Expense Indicator
Medical Expense Payment Plan Amount
Medical Expense Payment Plan Indicator
Total Incurred Medical Expense Amount
Total Medical Expense Amount Client Owes
Medical Expense Care Date
Medical Expense Verification Type
Medical Bill Amount (Expense)
One-Time Expense Indicator
One-Time Expense Amount
Budget Begin Date to Allow Medical Expense
Budget End Date to Allow Medical Expense
Number of Months to Spread Expense Over
Medicaid Spend-down Indicator
Spend-down Amount
Amount of Medical Expense Used to Meet Spend-down
Amount of Medical Expense Remaining to Meet Future Spend-down
Medical Expense - Creditor Name
Incurred Medical Expense Care Date
Item-D Expense Type
Item-D Amount - Actual / Projected Indicator
Item-D Amount
Item-D Expense Verification Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

Has Denture Medical Necessity form been signed? (Y/N)
Denture Medical Necessity Form Signature Date
Has Verification of Services form been signed? (Y/N)
Services Form Signature Date Verification Type
Has Consent for Dental Treatment form been signed? (Y/N)
Consent for Dental Treatment Form Signature Date
Has Request for Item-D Approval form been received? (Y/N)
Request for Item-D Approval Form Receipt Date
Old Medical Bill Type
Old Medical Bill Amount
Old Medical Bill Amount Left Unpaid
Old Medical Bill Billing Date
Medical Provider Name
Medical Provider - Address - Type
Medical Provider - Address - Number Street
Medical Provider - Address - Unit
Medical Provider - Address - Direction
Medical Provider - Address - Street Rural
Medical Provider - Address - Suffix
Medical Provider - Address - Quadrant
Medical Provider - Address - Apartment
Medical Provider - Address - Line 2
Medical Provider - Address - City
Medical Provider - Address - State
Medical Provider - Address - Zip Code (5-digit)
Medical Provider - Address - Zip Code (4-digit)
Medical Provider - Address - Effective Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.12 Gather Medical Expenses

Program Affected: FS, TCM	**Users: Caseworkers and Above**

Medical Provider - Phone Number - Area Code
Medical Provider - Phone Number - Prefix
Medical Provider - Phone Number - Exchange
Medical Provider - Phone Number - Extension
Medical Provider - Phone Number - Effective Date
Contact Availability Time for Medical Provider - From
Contact Availability Time for Medical Provider - To

4. Determine Length of Time to Allow Expenses

Once the user indicates the number of months to spread the expense over, the system is to determine, based upon MEDICAL EXPENSES information gathered from the individual, the length of time to allow expenses to be counted as an expense in the determination of eligibility and benefits based upon program.

MEDICAL EXPENSES (Input)
Budget Begin Date to Allow Medical Expense
Budget End Date to Allow Medical Expense
Number of Months to Spread Expense Over

5. Determine Projected Expense

The system shall determine, based upon MEDICAL EXPENSES information, the projected expense and will divide the amount by the number of months to determine the allowable deduction.

MEDICAL EXPENSES (Output)
Medical Bill Amount (Expense)
Monthly Medical Expense Allowable Deduction

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	To be eligible for a medical deduction for medical expenses in excess of $35 per month for the household, excluding special diets, a household member must be either age 60 or older, or must be disabled.
FS	2	A person who becomes age 60 during the initial month of certification can be allowed a medical deduction for that month.
FS	3	A person who becomes age 60 during the certification period may have medical expenses considered for deduction at the time he/she reaches age 60.
FS	4	An individual, who is eligible for a medical deduction but does not claim one, does not have a medical expense deducted.
FS	5	Spouses or other persons receiving benefits as a dependent of an SSI or disability and blindness recipient are not eligible to receive a medical deduction.
FS	6	Persons receiving emergency SSI benefits based on presumptive eligibility are eligible for the medical deduction.
FS	7	Medical and dental, care including psychotherapy and rehabilitation services provided by a licensed practitioner or other qualified health professional, are allowable medical costs.
FS	8	Hospitalization or outpatient treatment, nursing care, and nursing home care including payments by the household for an individual who was a household member immediately prior to entering a hospital or nursing home provided by a facility recognized by the state is allowable medical costs.
FS	9	Prescription drugs when prescribed by a licensed practitioner and other over-the-counter medication (including insulin) when approved by a licensed practitioner or other qualified health professional are allowable medical costs.
FS	10	Costs of medical supplies, sick room equipment (including rental) or other prescribed equipment are allowable medical costs.
FS	11	Health and hospitalization insurance policy premiums are allowable medical costs.
FS	12	Premiums and payments for health and accident policies such as those payable in lump sum settlements for death or dismemberment or income maintenance policies such as those that continue mortgage payments or loan payments while the beneficiary is disabled are not deductible.
FS	13	Medicare premiums related to coverage under Title XVIII of the Social Security Act are allowable medical costs.
FS	14	Any cost-sharing or spend down expenses incurred by Medicaid recipients are allowable medical costs.
FS	15	Dentures, hearing aids, and prosthetics are allowable medical costs.
FS	16	Securing and maintaining an animal specially trained to provide service to the disabled, including the cost of food and veterinarian bills are allowable medical costs.
FS	17	Eye glasses prescribed by a physician skilled in eye diseases or by an optometrist are allowable medical

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		costs.
FS	18	Reasonable cost of transportation and lodging to obtain medical treatment or services are allowable medical costs.
FS	19	Special diets that require a prescription and must be obtained from a pharmacist (not including other special diets) are allowable medical costs.
FS	20	Monthly telephone fees for amplifiers and warning signals for handicapped people are allowable medical costs.
FS	21	Costs of typewriter equipment for the deaf are allowable medical costs.
FS	22	Maintaining an attendant, homemaker, home health aide, or child care services, or housekeeping services necessary due to age, infirmity or illness are allowable medical costs. In addition, an amount equal to the one-person food stamp allotment shall be deducted if the household furnishes the majority of the attendant's meals. The allotment for this meal-related deduction shall be the amount in effect at the time of the initial certification. This allotment amount must be reviewed and updated if appropriate at the next scheduled re-certification.
FS	23	If a household incurs attendant care costs that could qualify under both the medical deduction and dependant care deduction, treat the cost as a medical deduction.
FS	24	An individual is considered disabled in the Food Stamp Program if he/she receives payments for disability or blindness under Titles I, II, X, XIV or XVI of the Social Security Act.
FS	25	An individual is considered disabled in the Food Stamp Program if he/she receives federally or state administered supplemental benefits under section 212(a) of Public Law 93-66.
FS	26	An individual is considered disabled in the Food Stamp Program if he/she receives disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221 (I) of the Social Security Act.
FS	27	An individual is considered disabled in the Food Stamp Program if he/she receives an annuity payment under Section 2(a)(1)(v) of the Railroad Retirement Act of 1984 and is determined to be disabled based on the criteria used under Title XVI of the Social Security Act.
FS	28	An individual is considered disabled in the Food Stamp Program if he/she receives interim or presumptive assistance payments pending receipt of SSI.
FS	29	An individual is considered disabled in the Food Stamp Program if he/she receives medical assistance based on disability under Title XIX of the Social Security Act.
FS	30	An individual is considered disabled in the Food Stamp Program if he/she is a veteran receiving VA benefits for service or non-service connected disability rated or paid as total or is considered by VA standards to be in need of regular aid and attendance or considered permanently housebound.
FS	31	An individual is considered disabled in the Food Stamp Program if he/she is a disabled surviving child of a veteran and is considered by VA standards to be permanently incapable of self-support.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	32	An individual is considered disabled in the Food Stamp Program if he/she is a surviving spouse or child of a veteran and entitled to VA compensation for a service-connected death or VA pension for a non-service-connected death and has a disability considered permanent under the Social Security Act.
FS	33	When a non-household member who was an eligible household member at the time he/she entered the hospital, nursing home, or died, and the food stamp household is responsible for his/her medical bills incurred, those medical bills for hospitalization, out-patient care and nursing home care are allowable costs to the household.
FS	34	Only medical expenses after reimbursements have been determined can be considered as allowable costs.
FS	35	If a reimbursement of a medical cost cannot be established, do not allow the medical expense.
FS	36	For a one-time expense, allow only the currently existing balance still owed at the time the amount of the reimbursement is verified.
FS	37	When a household has established a billing or repayment arrangement with a medical service provider prior to application, consider monthly installment payments on a one-time medical expense in the month the installments are due.
FS	38	When a household has established a billing or repayment arrangement with a medical service provider prior to application, count monthly installment payments for the entire length of the payment plan, even when it spans several certification periods.
FS	39	When a household establishes a repayment plan after certification, count the monthly installment payments for the entire length of the payment plan only if the medical expense has not previously been considered.
FS	40	Consider monthly payments on a loan that a household received to pay a one time only medical expense as a medical deduction. Additional charges such as interest or finance charges shall not be considered as part of the medical expense.
FS	41	When a household has paid a one-time medical expense with a credit card or other kind of charge account, the one-time medical expense will be considered as billed when the household receives the first charge account statement, and the household must decide whether to treat the one-time medical expense as a one-time medical deduction or prorate it over the remainder of the certification period.
FS	42	Payment of a one-time medical expense through a charge account is NOT treated as a repayment plan.
FS	43	For a one-time medical expense, consider only the existing balance owed in the month of application. No portion paid prior to the month of application can be allowed.
FS	44	When a one-time medical expense is reported after the initial certification, consider only the existing balance still owed at the time it is reported. Do not allow any portion of the expense paid prior to reporting it.
FS	45	When a household reports a one-time only medical expense and a repayment plan has not been

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		established, the household may consider the expense as a one-time deduction or may have the expense prorated over the certification period, if reported at the time of application, or over the remainder of the certification period if reported as a change during the certification period.
FS	46	When a household reports a one-time only medical expense and a repayment plan has been established, the household may consider the expense as a one-time deduction or have the repayment plan considered over the length of the repayment agreement.
FS	47	Whether the household elects a one-time deduction or pro-ration, the department must determine whether the individual is entitled to a reimbursement for the medical expense and if so, how much, and establish whether any portion of the medical expense has already been paid by the individual.
FS	48	Once the one-time medical expense has been allowed it must not be allowed again, even if there is still a balance owing.
FS	49	An individual who is eligible for a medical deduction and who has recurring medical bills may bring in the bills each month for a month-by-month deduction, or may have the medical expenses averaged.
FS	50	If the recurring medical bills have a predictable pattern each month, and the amount is approximately the same each month, these bills may be averaged rather than considered month-by-month.
FS	51	Once an expense has been allowed, it cannot be allowed again, regardless of whether the household actually paid it.
FS	52	If, at application, a household anticipates a medical expense several months into the certification period and provides adequate verification at application, the household may elect to have the expense averaged over the entire certification period.
FS	53	When a household reports an anticipated medical expense at the time of application but is unable to provide the verification at that time, the expense must not be allowed until the verification is provided.
FS	54	When a certified household reports a change in medical expenses, it should be acted upon within the normal timeframes for handling changes.
FS	55	When a change in medical expenses is discovered from a source other than the household, the change must be acted upon if the source is considered verified upon receipt and no further information is needed.
FS	56	When a change in medical expenses is discovered from a source other than the household, and a contact with the household would be required to complete the action, the change should not be acted upon during the certification period.
FS	57	When a household member with a medical deduction dies and a one-time medical expense attributable to that member is prorated over the certification period, continue to count the medical expense through the remainder of the certification period.
FS	58	When a household member with a medical deduction dies and recurring medical expenses are budgeted, the medical deduction for that individual must be terminated within the normal parameters of adverse action.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	59	When an allowable medical expense is reported during the last month of a certification period the expense may be allowed in the new certification period if the household is found to be eligible.
FFP	60	There are no rules regarding gathering medical expenses for Families First policy.
TCM	61	Groups that have income over the Medically Needy Income Standard must have unpaid medical bills to be eligible for Medicaid.
TCM	62	Unpaid medical bills incurred by all individuals in the family group may be used to meet the required spend-down, regardless of whether they are included in the specific assistance group.
TCM	63	Medical bills that have been paid may not be utilized in meeting the spend-down, except for pharmacy bills that were paid within the month that eligibility was met.
TCM	64	If an old medical bill is incurred before the date of application, it can be used to meet the current spend-down.
TCM	65	After spend-down has been met, any amount remaining from an old bill may be retained to meet spend-down the following year, if the customer continues to owe the bill at that time.
TCM	66	If spend-down has been met, all individuals in the assistance group will be certified to receive Medicaid for 12 months from the date that spend-down was met.
TCM	67	TennCare/Medicaid adult and children groups that have income over the MNIS must have unpaid medical bills of a certain amount as determined by program limits to become eligible for TennCare Medicaid.
TCM	68	Unpaid medical bills incurred by any individual in the family group may be used to meet the required spend-down, regardless of whether they are included in the specific assistance group. This applies to adult and children TennCare/Medicaid groups.
TCM	69	Medical bills that have been paid may not be utilized in meeting the spend-down, except for bills that were paid within the month that eligibility was met.
TCM	70	If an unpaid medical bill is incurred before the date of application, it can be used to meet the current spend-down. This applies to adult and children TennCare/Medicaid groups.
TCM	71	After spend-down has been met, any amount remaining from an unpaid bill may be retained to meet spend-down the following year, if the customer continues to owe the bill at that time. This applies to adult and children TennCare/Medicaid groups.
TCM	72	If spend-down has been met, all individuals in the assistance group will be certified to receive Medicaid for 12 months from the date of application or date that spend-down was met, whichever is later. This applies to adult and children TennCare/Medicaid groups.
TCM	73	Medical bills of budget group members and relatives of budget group members who are financially responsible for 1 or more budget group members or for whom a budget group member is financially responsible may have their medical expenses counted. This applies to adult and children TennCare/Medicaid groups.

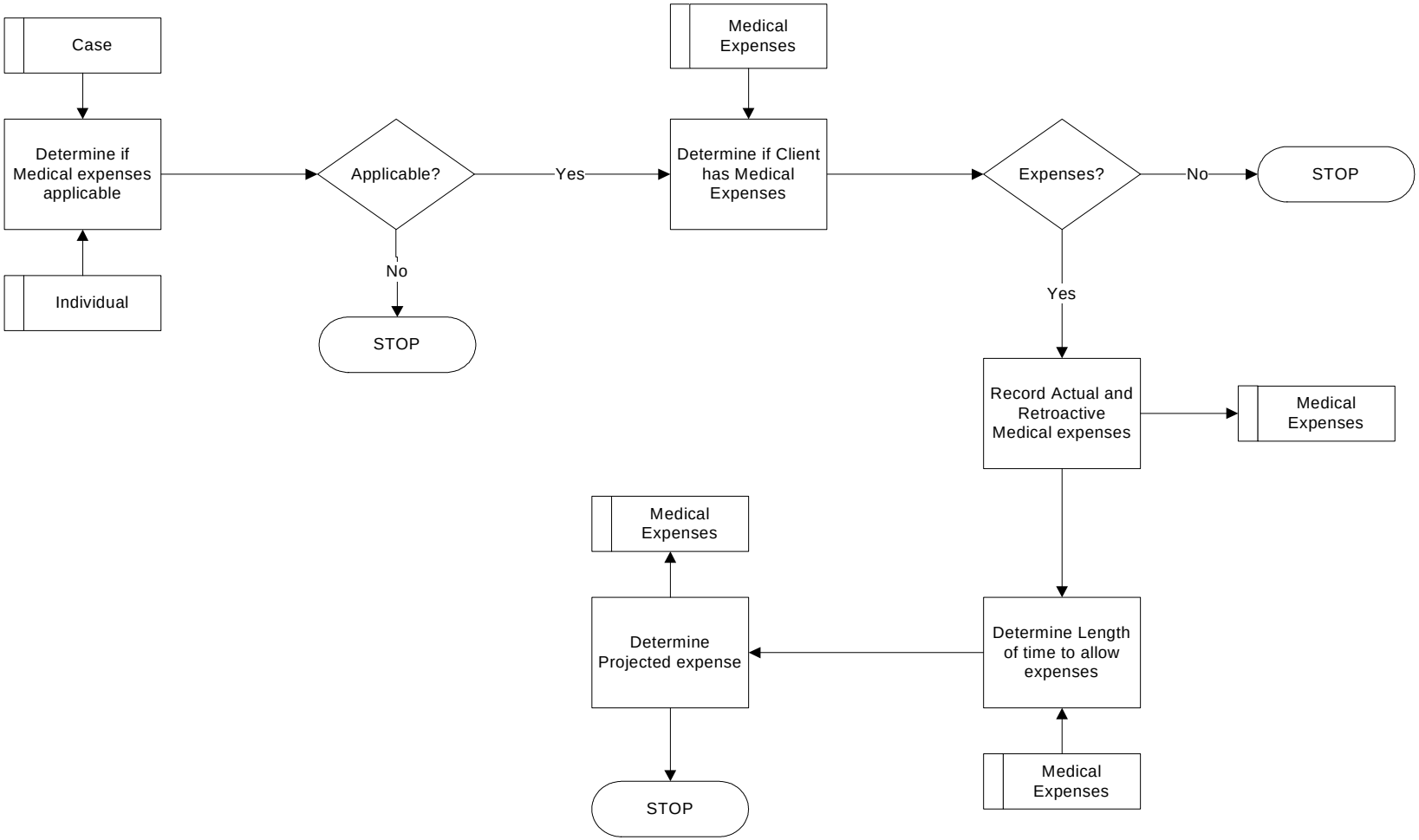
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	74	Allowable medical expenses include those expenses that are incurred at any time that are unpaid for which the individual is still liable and those paid or incurred during the spenddown month and are for medical care, a viable medical expense but not covered under the Medicaid plan, medical expense covered under Medicaid but incurred during a period when the client was not eligible for Medicaid or an expense incurred during a period of eligibility but not covered by Medicaid or provider does not accept Medicaid. This applies to adult and children TennCare/Medicaid groups.
TCM	75	The total incurred expense shall be compared to the monthly excess or the spend-down amount required and the date that the spend-down is met will be determined. This applies to adult and children TennCare/Medicaid groups.
TCM	76	Once spend-down has been met, the individual will be approved for Medicaid and will receive this for a period of 12 months. This applies to adult and children TennCare/Medicaid groups.
TCM	77	Medical bills of an individual not living in the home or not eligible for inclusion may also be counted if a budget group member of their financially responsible relative is legally obligated to pay them. This applies to adult and children TennCare/Medicaid groups.
TCM	78	If there are not sufficient medical expenses to meet the budget group's spend-down, the application may be opened but actual Medicaid eligibility will not be set until more medical bills are incurred and submitted and the spend-down is met. In this situation, the case may be left open for a period of 3 months. If bills not provided by that time, then the case can be closed. This applies to adult and children TennCare/Medicaid groups.
TCM	79	The application month may have one income and spend-down and a different income and spend-down for the following month. Whatever date that spend-down is met, regardless of the income and the month, is the date that the Medicaid can be authorized by benefit issuance. This applies to adult and children TennCare/Medicaid groups.
TCM	80	Medical expenses that are not covered by Medicaid or any other insurance plans can be used to reduce the spend-down amount, such as dentist care, hearing aids, walking aids, any over-the-counter purchases not to exceed $10 that are prescribed by the doctor. This applies to adult and children TennCare/Medicaid groups.
TCM	81	For institutionalized cases, if an individual has medical expenses that are not covered by Medicaid or any other health insurance that the individual might have, the representative can provide these specific bills and expenses to the worker and will be budgeted as an extra expense for the month in determining the patient liability. These bills can be budgeted for one month if an expense is provided that will last only a month or it may be done quarterly if it is a regularly occurring medical expense.
CC	82	Medical expenses are not gathered in determining household income in the child care assistance program for some sub-program types (service type), e.g., Transitional, At-Risk, Low-Income, DCS child care.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	83	Medical expenses are not applicable for determining a DCS foster child's eligibility and reimbursability for Title IV-E foster care.
IV-E FC	84	A DCS foster child who is eligible and reimbursable for Title IV-E foster care is categorically eligible for TennCare.
IV-E FC	85	A DCS foster child who is ineligible for Title IV-E foster care may be eligible for one of the categories of TennCare.
IV-E FC	86	A DCS foster child who is ineligible for Title IV-E foster care due to the child's income being over the program income limits may be eligible for TennCare.
IV-E FC	87	A foster child whose net income is greater than the Medicaid program income limit may be eligible for Medicaid if the child meets the Medicaid spend-down provision.
IV-E FC	88	A foster child's outstanding medical expenses shall be recorded for the spend-down month(s), if applicable, to determine if the foster child is eligible for Medicaid.
AA	89	Medical expenses are not applicable for determining a child's eligibility for adoption assistance.
AA	90	The payment of certain medical expenses may be included in the adoption assistance agreement.

1.2.12
Gather Medical Expenses



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

Process:

For programs that allow shelter expenses, data concerning shelter and / or utility expenses may be gathered as part of the application and eligibility determination processes.

Sub-Processes:

1. Determine if Shelter / Utility Expenses are Applicable

The system shall determine, using the CASE, and INDIVIDUAL data, whether shelter and utility expenses are to be incorporated into the budget determination process for each program for which the individual is applying. If the individual is not applying for any programs that require this information, the system shall not prompt the user to collect this information.

CASE (Input)
Case I.D.
Program Type
Sub-Program Type

INDIVIDUAL (Input) (Multiple)
Individual Recipient - First Name
Individual Recipient - Last Name
Individual Recipient - Middle Initial
Recipient I.D.
Individual Living Arrangement Type

SHELTER / UTILITY (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

Shelter Expense Data Required Indicator

2. Determine if Individual has Shelter and / or Utility Expenses

   During the interview, the user is to determine whether the individual incurs shelter and / or utility expenses.

3. Perform “Obtain Verification” Process

   Verification of shelter and utility expenses must be obtained. When verification is obtained, the user must record such. If verification is not provided, a deduction is not to be allowed.

4. Record Shelter / Utility Expenses

   If the individual has incurred shelter and / or utility expenses and has provided verification of those expenses, the system is to prompt the user is to record those expenses and verifications. The following SHELTER / UTILITY data elements may require population.

   SHELTER / UTILITY (Output)
   Case Monthly Rent / Mortgage Amount
   Case Utility Standard Type
   Case Allowed Expense Amount
   Shelter Cost Type
   Monthly Shelter Cost Amount
   Shelter Cost Budget Begin Date
   Shelter Cost Budget End Date
   Shelter Cost Verification Type
   Shelter Cost Verification Provided Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses	
Program Affected: FS, TCM	**Users: Caseworkers and above**

Utility Cost Type
Monthly Utility Cost Amount
Utility Cost Budget Begin Date
Utility Cost Budget End Date
Utility Cost Type Used For Heating Indicator
Utility Cost Type Used For Cooling Indicator
Utility Cost Type Used For Cooking Indicator
Utility Cost Type Used For Other Indicator
Utility Cost Verification Type
Utility Cost Verification Provided Date
Shelter Deduction Type
Shelter Deduction Amount
Utility Allowance Type
Utility Allowance Amount
Shelter Assistance Type
Monthly Shelter Assistance Amount
Shelter Assistance Income Amount Exemption Indicator
Shelter Assistance Begin Date
Shelter Assistance End Date
Shelter Assistance Budget Begin Date
Shelter Assistance Budget End Date
Shelter Assistance Verification Type
Name of Shelter Assistance Provider
Utility Assistance Type
Monthly Utility Assistance Amount
Utility Assistance Amount Income Exemption Indicator
Utility Assistance Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

Utility Assistance End Date
Utility Assistance Budget Begin Date
Utility Assistance Budget End Date
Name of Utility Assistance Provider
Shelter Assistance Exemption Indicator
Utility Assistance Exemption Indicator
Receiving Shelter Assistance Indicator
Receiving Utility Assistance Indicator
Utility Assistance Verification Type
Utility Assistance Verification Provided Date
Telephone Allowance Amount
Trash Removal Cost
Homeowners Insurance Monthly Amount

5. Determine “Special Household” Status (FS)

The system is to determine whether the individual is a member of a “special household” using CASE, INDIVIDUAL and DISABILITY / INCAPACITY data. A “special household” is defined, for Food Stamp purposes, as a household that contains an individual who is either disabled and / or sixty (60) years of age or older. If the household is determined to be a “special household”, the system is to maintain that information.

CASE (Input)
Household Type

INDIVIDUAL (Input) (Multiple)
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

DISABILITY / INCAPACITY (Input)
Disability / Incapacity Indicator
Elderly and Disabled Indicator

SHELTER / UTILTY (Output)
Special Household Indicator

6. Allow Entirety of Shelter / Utility Expenses as Deduction (FS)

If the individual is a member of a “special household”, the system is to allow the entirety of the shelter and utility expenses to be applied when performing the budget. The system is to calculate a “Case Total Monthly Utility Cost Amount” and a “Case Total Monthly Shelter Expense Amount”. The system is to update SHELTER / UTILITY data with the results of the calculation.

SHELTER / UTILITY (Input)
Special Household Indicator
Case Monthly Rent / Mortgage Amount
Case Utility Standard Type
Case Allowed Expense Amount
Shelter Cost Type
Monthly Shelter Cost Amount
Utility Cost Type
Monthly Utility Cost Amount
Utility Cost Type Used For Heating Indicator
Utility Cost Type Used For Cooling Indicator
Utility Cost Type Used For Cooking Indicator
Utility Cost Type Used For Other Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

Shelter Deduction Type
Shelter Deduction Amount
Utility Allowance Type
Utility Allowance Amount
Shelter Assistance Type
Monthly Shelter Assistance Amount
Shelter Assistance Income Amount Exemption Indicator
Shelter Assistance Begin Date
Shelter Assistance End Date
Shelter Assistance Budget Begin Date
Shelter Assistance Budget End Date
Shelter Assistance Verification Type
Name of Shelter Assistance Provider
Utility Assistance Type
Monthly Utility Assistance Amount
Utility Assistance Amount Income Exemption Indicator
Utility Assistance Begin Date
Utility Assistance End Date
Utility Assistance Budget Begin Date
Utility Assistance Budget End Date
Utility Assistance Verification Type
Name of Utility Assistance Provider
Shelter Assistance Exemption Indicator
Utility Assistance Exemption Indicator
Receiving Shelter Assistance Indicator
Receiving Utility Assistance Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.13 Gather Shelter and Utility Expenses

Program Affected: FS, TCM	**Users: Caseworkers and above**

SHELTER / UTILITY (Output)
Case Total Monthly Utility Cost Amount
Case Total Monthly Shelter Expense Amount

7. Allow Maximum Allowable Deduction (FS)

If the individual is not a member of a “special household”, the system is to allow the entire amount to be entered but only allow up to the maximum allowable deduction based upon the number of individuals in the case. The system is to update SHELTER / UTILITY data with the results of the determination.

CASE (Input)
Number of Individuals in Case

SHELTER / UTILITY (Output)
Shelter Deduction Amount
Utility Allowance Type
Utility Allowance Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The monthly shelter expense is the amount in excess of 50 percent of the household's income after all other deductions have been allowed.
FS	2	The shelter deduction cannot exceed the maximum of $388 per month (updated yearly) unless the household contains a member who is elderly or disabled as defined by program policy.
FS	3	Continuing charges for the shelter occupied by the household, including rent, mortgage, condominium fees or other continuing charges (including interest on such payments) leading to ownership of the shelter are considered as shelter costs.
FS	4	Payments on a loan secured by a lien on the property by the lender are considered as shelter costs, regardless of what the loan is actually for.
FS	5	Payments made on unsecured or personal loans are not considered shelter costs.
FS	6	Property taxes, state and local assessments, and insurance on the structure, but not separate costs for insuring the contents, are considered as shelter costs.
FS	7	Charges for heating, cooling, and cooking fuel, electricity, water and sewer, garbage/trash collection fees, the standard telephone allowance, and fees charged by a utility provider for initial installation of the utility are considered as shelter costs.
FS	8	Shelter cost for a home not actually occupied by the household because of employment away from the home, illness or abandonment due to natural disaster or casualty loss, may continue to be treated as a shelter cost if the household intends to return to the home.
FS	9	Shelter cost for a home not actually occupied by the household because of employment away from the home, illness or abandonment due to natural disaster or casualty loss, may continue to be treated as a shelter cost if the current occupants of the home, if any, are not claiming shelter cost for that home during the household's absence.
FS	10	Shelter cost for a home not actually occupied by the household because of employment away from the home, illness or abandonment due to natural disaster or casualty loss, may continue to be treated as a shelter cost if the home is not leased or rented in the household's absence.
FS	11	A household that claims utility cost for an unoccupied home must verify the actual expenses; the standard utility allowance cannot be substituted for actual for an unoccupied home.
FS	12	Charges for repair of a home that was substantially damaged or destroyed due to a natural disaster such as fire or flood are considered as shelter costs.
FS	13	Shelter costs cannot include charges for repair of the home that have been or will be reimbursed by private or public relief organizations, including insurance companies, or from any other source.
FS	14	Fees charged for one-time deposits on utilities are not included as shelter costs.
FS	15	Separate costs for insuring furniture or personal belongings are not included as shelter costs.
FS	16	Repair or replacement of an appliance, well, septic tank, or any portion of the home due to wear and tear

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		or mechanical problems shall not be included as shelter costs.
FS	17	Down payments, closing costs, discount points and other costs incidental to purchasing and closing on a mortgage are not included as shelter costs.
FS	18	The cost of drilling a well or installing a septic tank cannot be included as shelter costs.
FS	19	Site preparation to locate a mobile home cannot be included as shelter cost.
FS	20	A homeless household that incurs or expects to incur shelter costs during the month shall be eligible for a homeless household shelter standard. The current standard is $143, but is subject to updating by program policy rules.
FS	21	A household that receives free housing and utilities throughout the month is not eligible for the homeless household standard.
FS	22	A homeless household that uses the homeless household standard is not entitled to the standard utility allowance (SUA) since average utility costs are included in the estimate for the homeless household standard.
FS	23	A homeless household with shelter costs higher than the homeless household standard may claim actual expenses if they can reasonably be verified.
FS	24	The standard utility allowance (SUA) is used to calculate the utility cost for households that directly incur heating or cooling expenses on a regular basis, separate and apart from their mortgage or rent payment.
FS	25	The standard utility allowance includes the cost of heating and/or cooling, cooking fuel, electricity, the basic service fee for one telephone, water sewage, and garbage and trash collection. A cooling cost is a verifiable utility expense relating to the operation of air conditioning systems or a room air conditioner.
FS	26	A household billed less frequently than monthly for its heating/cooling costs, if otherwise eligible for the SUA is eligible for the SUA.
FS	27	A household that receives energy assistance from the Low Income Heating and Energy Assistance Program (LIHEA) is entitled to the SUA even if the household does not incur heating or cooling costs separate from rent.
FS	28	There is no requirement that a household make a rent or mortgage payment in order to be eligible to use the SUA.
FS	29	When two or more households share a common residence and contribute to the common heating or cooling expense for the residence, each food stamp household is eligible to use the SUA for the number of individuals in its respective food stamp household.
FS	30	Renters who are billed on a monthly basis by their landlords for actual usage as determined through individual metering are eligible for the SUA.
FS	31	A household that has no utility expense other than for a telephone is entitled to the standard telephone allowance of $25, which is subject to updating by program policy rules.
FS	32	Actual telephone expenses cannot be substituted for the standard telephone allowance, when that is the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

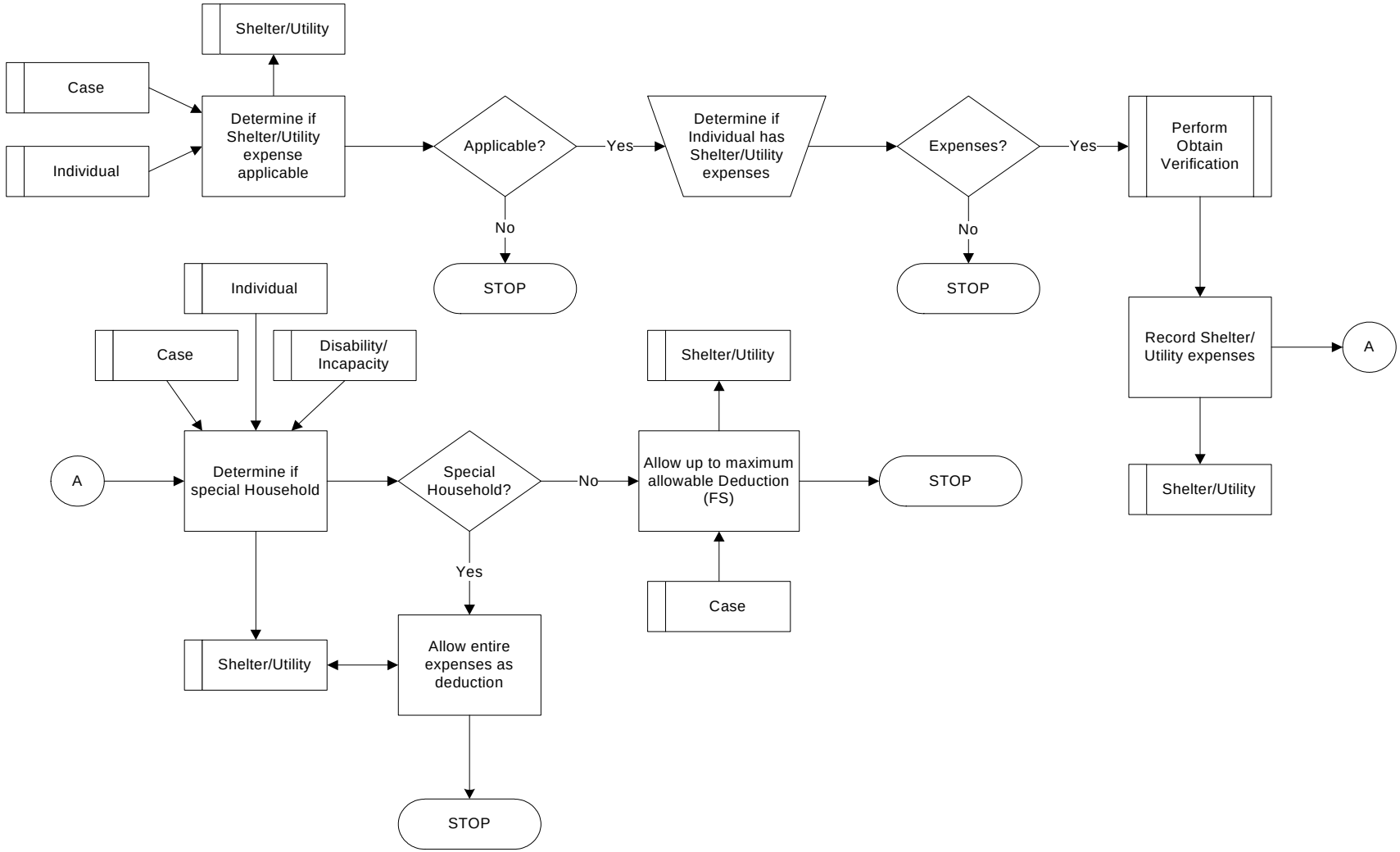
Program Type	Rule Number	Rule
		only utility expense which can be claimed.
FS	33	The Basic Utility Allowance (BUA) can be used for food stamp households that have a utility expense, but are ineligible for the SUA.
FS	34	The BUA may be used in lieu of actual costs.
FS	35	The BUA cannot be used when the household's only utility expense is for a telephone.
FS	36	A household that lives with another household, which receives the actual utility bill, and shares a common meter for utilities, but lives in a separate residence is not eligible for the SUA. It is, however, eligible for actual expenses for the costs paid to the household receiving the bill, or to the BUA.
FS	37	Actual utility costs may be deducted if the household can verify the costs and it can be reasonably anticipated that the costs will continue for the length of the certification period.
FS	38	A household that lives in public housing or other rental housing with central utility meters, in which the household is charged only for excess heating or cooling costs, is not eligible to use the SUA.
FS	39	A household that lives in public housing or other rental housing with central utility meters, in which the household is charged only for excess heating or cooling costs, and is not eligible to use the SUA, may elect to have excess utility cost allowed in the billing month, or may have the excess averaged forward over the interval between scheduled billings.
FS	40	A household that is eligible for the SUA and has the option to choose the SUA or actual expenses may switch from one to the other at recertification, only.
FS	41	Households that receive HUD and FmHA reimbursements are entitled to the SUA if they incur heating or cooling expenses that exceed the amount of the excluded payment.
FS	42	An energy assistance payment made directly to the household does not affect the household's eligibility for the SUA if the household is otherwise entitled to it.
FS	43	Energy assistance payments made directly to the utility company (including checks made jointly to the household and the utility company) are considered as vendor payments.
FS	44	When vendor payments are made, determine the period the vendor payment is intended to cover and prorate the payment over that period.
FS	45	When the vendor does not specify the months the payment is to cover, consider the heating season to be October through March and the cooling season to be April through September.
FS	46	If a household anticipates having out-of-pocket heating or cooling expenses above the prorated vendor payment during the certification period, the SUA must be allowed.
FS	47	If out-of-pocket expenses over the prorated vendor payment are later reported during the certification period, the SUA must be allowed.
FS	48	The state agency must review the SUA and the BUA annually and make adjustments to reflect changes in costs, rounded to the nearest whole dollar.
FS	49	The state agency must submit the amounts of the SUA and the BUA to the USDA-FNS for approval when

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		they are changed, along with the methodology used in updating the standards.
TCM	50	For institutionalized individuals, shelter expenses will be budgeted, in determining spousal allocation.
TCS	51	There are no TennCare specific rules for this process.
AA	52	Data concerning shelter and utility expenses is not obtained for adoption assistance.
IV-E FC	53	Shelter and utility expenses are not applicable for calculating a budget and determining a DCS foster child's eligibility and reimbursability for Title IV-E foster care. They are, therefore, not recorded.
CC	54	Shelter and utility expenses are gathered in determining household income in the child care assistance program for some sub-program types (service type), e.g., Families First.
CC	55	Shelter and utility expenses are not gathered in determining household income in the child care assistance program for some sub-program types (service type), e.g., Transitional, At-Risk, Low-Income, DCS child care.
FFP	56	There are no rules regarding gathering shelter and utility expenses for Families First.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.13
Gather Shelter and Utility Expenses



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.14 Treatment of Child Care Expenses

Program Affected: All	**Users: Caseworkers and above**

Process:

Data regarding Child Care expenses must be gathered as part of the application and eligibility determination processes. Data could be gathered at any time that the Child Care case begins or ends. Note that Child Care expense data must be collected for each child.

Sub-Processes:

1. Determine if Child Care Expenses are Applicable

The system shall determine, using CASE, INDIVIDUAL, NAME, EMPLOYMENT, SCHOOL ATTENDANCE and RELATIONSHIP data, whether Child Care expenses can be applied. The system shall only request Child Care expense information when applicable.

CASE (Input)
Case I.D.
Program Type
Sub-Program Type
Head of Case ID
Case Status

INDIVIDUAL (Input) (Multiple)
Individual Recipient I.D.
Date of Birth
Social Security Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.14 Treatment of Child Care Expenses

Program Affected: All	**Users: Caseworkers and above**

Families First Support Service Child Care Indicator

NAME (Input)
Name ID
Name Type
Last Name
First Name
Middle Initial

SCHOOL ATTENDANCE (Input)
Student Name
Student Type

EMPLOYMENT (Input)
Employment Status

RELATIONSHIP (Input) (Multiple)
Individual ID - Related From
Individual ID - Related To
Relationship Type

CASE (Output)
Child Care Expenses Applicable Indicator

2. Determine if Individual has Child Care Expenses

If Child Care expenses are applicable, the system is to prompt the user to determine whether the individual

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Program Affected: All	**Users: Caseworkers and above**

has incurred Child Care expenses. The determination of the incurrence of Child Care expenses will involve the user obtaining the information, and verification supporting such, from the individual.

CASE (Input)
Child Care Expenses Applicable Indicator

CHILD CARE (Input / Output)
Child Care Certificate Vendor I.D.
Child Care Vendor Name
Child Care Vendor - Address
Child Care Vendor - Address - Effective Date
Child Care Vendor - Phone Number
Child Care Vendor - Phone Number - Effective Date
Child Care Vendor Contact Name
Contact Availability Time for Child Care Vendor - From
Contact Availability Time for Child Care Vendor - To
Child Care Vendor Approval Date (with Certificate Program)
Child Care Funding Start Date
Child Care Funding End Date
Child Care Vendor Rate
Child Care Age Level per Child in Household (Multiple)
Child Care Schedule Type per Child in Household (Multiple)
Child Care Negotiated Rate Type
Child Care Negotiated Rate Frequency
Child Care Negotiated Rate Effective Date
Child Care Negotiated Rate Termination Date
Child Care Negotiated Rate Amount

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Proof of Child Care Expense (Multiple)

CASE (Output)
Child Care Expenses Incurred Indicator

3. Record Child Care Expenses

If Child Care expenses are applicable and if the individual has incurred verified Child Care expenses, then the system is to prompt the user to record the verified Child Care expenses and any related vendor data (if applicable.)

CHILD CARE PARENT EXPENSES (Output)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-pay Fee Effective Date
Child Care Parent Co-pay Fee Termination Date
Child Care Full - Time Parent Co-pay Fee Amount
Child Care Part - Time Parent Co-pay Fee Amount
Child Care Quarter-Time Parent Co-pay Fee Amount
Child Care Parent Co-pay Fee Per Day for Hourly Care
Child Care Expected Parent Co-pay Fee - Per Child (Multiple)

CHILD CARE (Output)
Child Care Provider Name
Child Care Child Enrollment Begin Date

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Child Care Child Enrollment End Date
Child Care Child Eligibility Begin Date
Child Care Child Eligibility End Date
Child Care Parent Eligibility Begin Date
Child Care Parent Eligibility End Date
Day Care Expense Verification Type
Total Monthly Amount Paid Out-of-Pocket for Day Care Expenses for All Individuals
Is the State Paying for any portion of the Adult / Child Care Expense? (Y/N)

4. Determine if Child Care is Being Paid by Families First

The system shall determine using CASE, CHILD CARE PARENT EXPENSES, EXPENSES and INDIVIDUAL data whether the individual is receiving Families First Child Care. The system shall display the results.

CASE (Input)
Case I.D.
Program Type
Sub-Program Type
Case Status

CHILD CARE PARENT EXPENSE (Input)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date

INDIVIDUAL (Input)
Families First Support Service Child Care Individual Indicator

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Families First Support Service Child Care Individual Begin Date
Families First Support Service Child Care Individual End Date

EXPENSES (Output)
Families First Disregard Begin Date
Families First Disregard End Date

5. Disallow Expense in Families First Case

   If the individual is receiving Families First Child Care, then the system shall not allow Child Care expenses in the Families First case.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type
   Case Status

   INDIVIDUAL (Input) (Multiple)
   Families First Support Service Child Care Individual Indicator
   Families First Support Service Child Care Individual Begin Date
   Families First Child Care Individual End Date

6. Allow Child Care Deduction As Permitted By Program Rules

   If the individual is not receiving Families First Child Care, then the system shall allow the Child Care deduction (up to the maximum amount) for each child who is either 13 or under and /or who is disabled in the Families

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First case. In other programs, even if the individual is receiving Families First Child Care, any Child Care costs that are incurred above the amount paid by Families First and that the individual pays out-of-pocket may be permitted as an expense.

INDIVIDUAL (Input) (Multiple)
Recipient I.D.
Date of Birth

DISABILITY / INCAPACITY (Input)
Disability / Incapacity Indicator

CHILD CARE PARENT EXPENSE (Input) (Per Child)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date

CHILD CARE (Output)
Child Care Allowed Deduction Amount
Child Care Allowed Deduction Begin Date
Child Care Allowed Deduction End Date

7. Determine if Individual is Paying a Child Care Overage

If the individual is receiving State subsidized Child Care, the user must determine, using CHILD CARE, CHILD CARE PAYMENT and CHILD CARE PARENT EXPENSE data and program rules whether the individual is paying a Child Care overage.

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Program Affected: All	**Users: Caseworkers and above**

CHILD CARE (Input)
Child Care Certificate Vendor I.D.
Child Care Vendor Name
Child Care Vendor - Address
Child Care Vendor - Address - Effective Date
Child Care Vendor - Phone Number
Child Care Vendor - Phone Number - Effective Date
Child Care Vendor Contact Name
Contact Availability Time for Child Care Vendor Contact - From
Contact Availability Time for Child Care Vendor Contact - To

CHILD CARE PAYMENT (Input) (Per Child)
State Subsidized Child Care Monthly Amount
State Subsidized Child Care Begin Date
State Subsidized Child Care End Date

CHILD CARE PARENT EXPENSE (Input) (Per Child)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date

8. Record Overage Data

   If it is determined that the individual is paying a Child Care overage, then the overage is an allowable deduction in the determination of Food Stamp benefits. The user is to record the overage data.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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Prepared by: DHS Policy / Systems

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Program Affected: All	**Users: Caseworkers and above**

CHILD CARE PARENT EXPENSE (Output)
Child Care Overage Amount
Child Care Overage Begin Date
Child Care Overage End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF	1	Child Care expenses can be allowed if the provider resides in the home or if Child Care is provided by relatives as long as the provider is not a member of the case.
FS	2	Payments for the actual costs for the care of children or other dependents when necessary for a household member to accept or continue employment, comply with the employment and training requirements, or attend training or pursue education which is preparatory to employment.
FS	3	The maximum monthly dependent care deduction amount households shall be granted is $200 per month for each dependent child under age 2 and $175 a month for each other dependent.
FFP	4	The Families First participant may be eligible for Families First child care if he/she is working, in school or in training and has children under 13.
FFP	5	The Families First participant may be eligible for Families First child care if he/she is working, in school or in training and has children age 13 or older who are under court supervision.
FFP	6	The Families First participant may be eligible for Families First child care if he/she is working, in school or in training and has children age 13 or older who are physically or mentally incapable of self-care.
FFP	7	The Families First participant may be eligible for Families First child care if he/she is working, in school or in training and has children who live in the home for whom he/she has care and control but who are not in the assistance group.
FFP	8	The Families First participant may be eligible for Families First child care if he/she is working, in school or in training and has children who would be in the assistance group except for the fact that they receive SSI.
FFP	9	Families First child care is available for all eligible adults (even if they are disqualified) if they are in a work component.
FFP	10	The Families First caseworker shall ask the Families First participant if he/she wants Families First to pay for child care while he/she participates in work, education or training.
FFP	11	The Families First caseworker shall ask the Families First participant if he/she has child care expenses.
FFP	12	The Families First caseworker shall ask the Families First participant if he/she needs child care to participate in work, education or training.
FFP	13	The Families First caseworker shall ask the Families First participant if he/she wants Families First to pay for child care while he/she participates in work, education or training.
FFP	14	If the Families First participant does not want Families First child care, the Families First caseworker shall ask the Families First participant if he/she wants to pay his/her own child care and claim a child care disregard in the Families First budget.
FFP	15	Families First participants who choose Families First child care are not eligible to claim a child care

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		deduction in the Families First budget
FFP	16	Families First participants who choose a child care disregard will be allowed the standard amount permitted by program rules for children under two years of age.
FFP	17	Families First participants who choose a child care disregard will be allowed the standard amount permitted by program rules for children two years of age and older.
FFP	18	A child care disregard cannot be given in the same month in which a direct child care payment has already been paid by the Agency.
FFP	19	If a Families First participant has received a disregard, payment for Families First child care will begin the month following the removal of the disregard.
FFP	20	Families First participants with earned income who choose a Child Care disregard may be allowed the maximum Child Care disregard or $200.00 per month for children who are under two years of age.
FFP	21	Families First participants with earned income who choose a Child Care disregard may be allowed the maximum Child Care disregard or $175.00 per month for children two years of age or older.
FFP	22	Single parents with a child under one year of age or two-parent households with a child under sixteen weeks may receive Child Care if they are currently employed or actively participating in a Families First activity.
FFP	23	Eligible adult caretakers who are employed and 60 years of age or older may receive Child Care if it is necessary to continue employment.
TCS	24	Child care expenses are not an allowable expense for TennCare Standard.
TCM	25	Child care expenses are not an allowable expense for Medicaid for children up to age 21 under the Federal Poverty Limit.
TCM	26	Child care expenses are not an allowable expense for Medicaid for pregnant women under the Federal Poverty Limit
TCM	27	Child care expenses are an allowable expense for Medicaid for children up to age 21 and adults, over the Federal Poverty Limit.
TCM	28	The actual amount of child care paid for each child will be the actual amount deducted from the gross income, up to a maximum as defined by program limits (currently $200.00 per child.)
CC	29	If a Families First participant decides to pay for his or her own child care expenses, a child care disregard in the Families First budget may be claimed by the participant and take a deduction of the child care cost from earnings. The maximum disregard is $200.00 per month for a child under two years of age and $175.00 for a child two years of age or older.
CC	30	If a Families First participant allows DHS to pay for his or her child care expenses, a child care disregard cannot be claimed and the participant is not eligible for a deduction of the child care cost from earnings.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	31	A child care disregard cannot be given in the same month child care assistance is paid by DHS.
CC	32	If a Families First participant has received a disregard, payment for child care assistance will begin the month following the removal of the disregard.
IV-E FC	33	Child care expenses that are incurred to enable a required assistance unit member of the foster child's pre-custody removal home to accept or retain employment or job training shall be deducted when computing a budget for each initial eligibility determination for each foster care custody episode.
IV-E FC	34	The gross amount of child care expenses paid and the frequency of the expenses shall be recorded for each child that child care expenses are incurred to enable a required assistance unit member in the foster child's pre-custody removal home to accept/retain employment, search for a job, or train for a job.
IV-E FC	35	The maximum amount of deduction for child care expenses incurred for each child in the foster child's pre-custody removal home shall be defined by program limits.
IV-E FC	36	The child care deduction from earnings shall be made for a child of any age in the foster child's pre-custody removal home as long as the child care expense is paid and is required to enable a required assistance unit member in the foster child's pre-custody removal home to accept or retain employment or complete job training/search.
IV-E FC	37	A dependent care deduction from earnings can be made for incapacitated adults in the foster child's pre-custody removal home when such care is paid and is required to enable a required assistance unit member in the foster child's pre-custody removal home to accept or retain employment or complete job training/search.
IV-E FC	38	A deduction for payments for child care shall not be allowable if the child care is provided by a required member, e.g., parent, guardian, etc., of the foster child's pre-custody removal home.
IV-E FC	39	A deduction for payments for child care shall only be made from earned income.
IV-E FC	40	The name, address, and telephone number of the child care provider shall be recorded.
IV-E FC	41	The allowable child care deduction shall be deducted from countable earnings of the required assistance unit member in the foster child's pre-custody removal home **only** after deducting the work expense deduction and the $30 and 1/3 earned income disregard if a required member in the foster child's pre-custody removal home is currently receiving some type of assistance or received some type of assistance in one or more of the four months preceding the AFDC eligibility month.
IV-E FC	42	The allowable child care deduction and the work expense deduction shall be deducted first from countable earnings of a required assistance unit member in the foster child's pre-custody removal home if none of the required assistance members are eligible for the $30 and 1/3 earned income disregard.
IV-E FC	43	The amount of child care expenses incurred shall be verified.

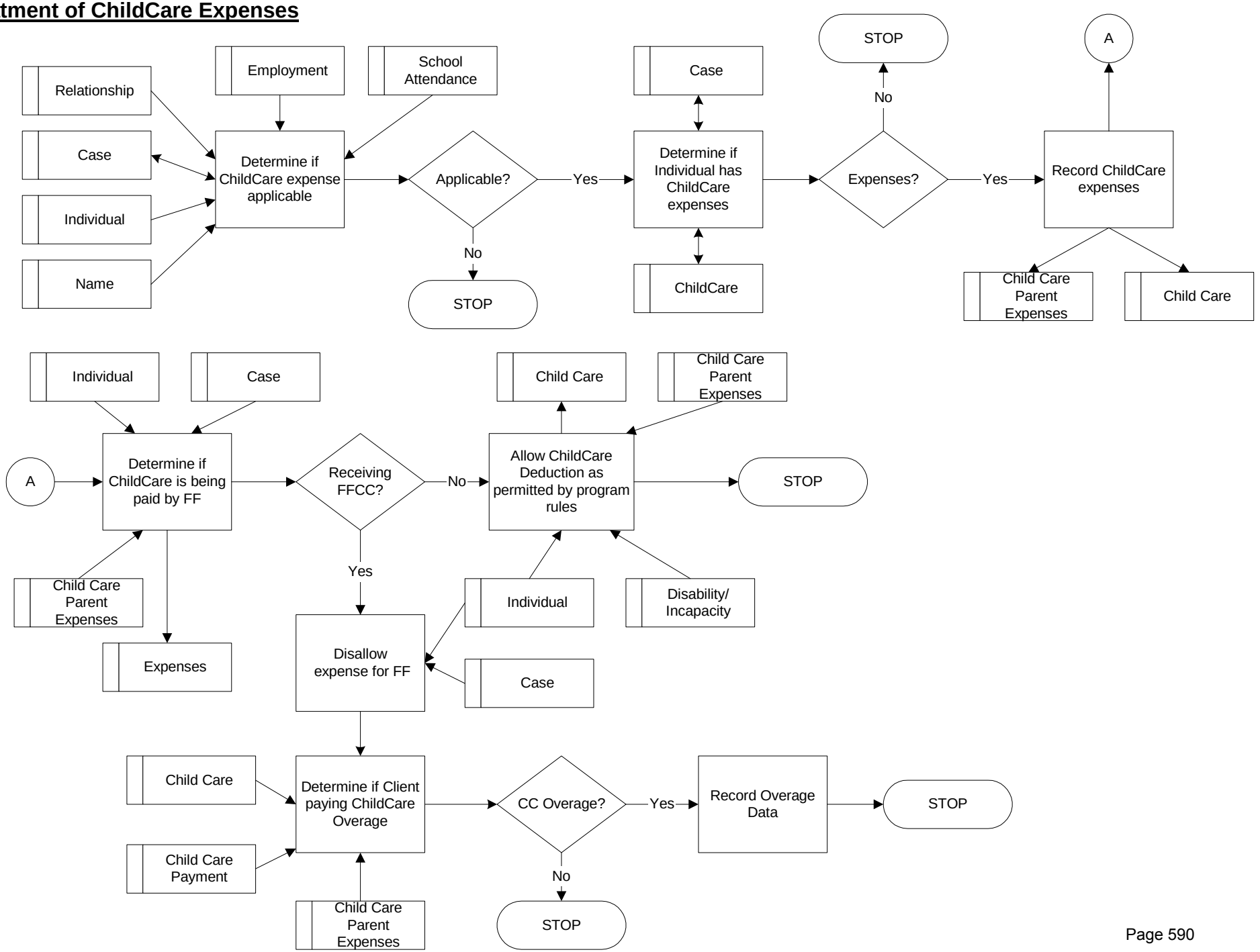
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	44	A deduction for payments for child care from unearned income is not allowable.
IV-E FC	45	Child care deductions are not applicable when computing a budget to determine a foster child's initial reimbursability for Title IV-E foster care.
IV-E FC	46	Child care deductions are not applicable when computing a budget to for a periodic redetermination and to determine a foster child's continuing reimbursability for Title IV-E foster care.
TCS	47	Child Care expenses are not an allowable expense for TennCare Standard.
TCM	48	Child Care expenses are not an allowable expense for TennCare Medicaid for children up to age 21 under the Federal Poverty Limit.
TCM	49	Child Care expenses are not an allowable expense for pregnant women under the Federal Poverty Limit.
TCM	50	Child Care expenses are an allowable expense for TennCare Medicaid for children up to age 21 and adults over the Federal Poverty Limit.
TCM	51	The actual amount of child care paid for each child will be the actual amount deducted from the gross income, up to a maximum as defined by program limits.
AA	52	Child care expenses are not considered in determining adoption assistance eligibility.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.14

Treatment of ChildCare Expenses



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.15 Gather Child Support and Alimony Expenses	
Program Affected: All	**Users: Caseworkers and above**

Process:

The system is to determine if Child Support and / or alimony expenses are applicable in the eligibility determination and budgetary process of the program or programs being applied for through the use of program business rules and data collected in previous steps of the application process. If the system determines that either Child Support and / or alimony data is applicable, the system is to prompt the user to record the data. The system shall capture court ordered child support paid for children outside the home and allow amounts to be counted as defined by program rules. The system shall capture court-ordered alimony paid by step-parents and allow amounts to be counted as defined by program rules. The user may be alerted that child support is being received in a case as a result of a match with TCSES. Whenever possible, child support payments will be verified as a result of the system interface with TCSES.

Sub-Processes:

1. Determine if Child Support / Alimony Expenses are Applicable

The system is to determine, using CASE, INDIVIDUAL and RELATIONSHIP data, whether Child Support and / or alimony expenses are applicable to the program (or programs) for which the individual is applying. If it is determined that Child Support and / or alimony expenses may be considered in the eligibility and budgetary processes for at least one of the programs for which the individual is applying, then the system is to prompt the user to collect Child Support and alimony expenses.

CASE (Input)
Case I.D.
Program Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.15 Gather Child Support and Alimony Expenses

Program Affected: All	**Users: Caseworkers and above**

Sub-Program Type

INDIVIDUAL (Input) (Multiple)
Recipient I.D.
Individual Eligibility Status

RELATIONSHIP (Input) (Multiple)
Relationship of each individual in household to all others in household
Relationship Verification Type

CHILD SUPPORT / ALIMONY EXPENSES (Output)
Child Support Expense Applicable Indicator
Alimony Expense Applicable Indicator

2. Record Child Support and / or Alimony Court Order Data

If Child Support and / or alimony expenses are applicable, the system is to prompt the user to record the Child Support and / or alimony court order data. Any in-state Child Support or alimony court order data that is available from the TCSES system is to be retrieved by the system through interface procedures and made available to the user. Out-of-state court order data is to be collected from the applicant and is to be recorded by the user. The system shall assist in the calculation of the monthly amount of child support that will be budgeted, using program rules.

Tennessee **C**hild **S**upport **E**nforcement **S**ystem (**TCSES**) (INTERFACE) (Input)

CHILD SUPPORT / ALIMONY EXPENSE (Output)
Child Support Court Order - Hearing Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.15 Gather Child Support and Alimony Expenses

Program Affected: All	**Users: Caseworkers and above**

Child Support Court Order - Court Order Change Date
Child Support Court Order - Court County
Child Support Court Order - Court Order Payment Method Type
Child Support Court Order - Court Order Effective Date
Child Support Court Order - Court Order Name
Child Support Court Order - Court Order Payment Category
Child Support Court Order - Court Order Amount
Child Support Court Order - Court Order Payment Frequency
Child Support Court Order - Court Action Type
Child Support Court Order - Court Name
State in which the Court Order was Issued
Dependent Care Payment Frequency
Dependent Care Monthly Payment Amount
Verification of Actual Dependent Care Payment
Child Support Expense Court Order Indicator
Alimony Expense Court Ordered Indicator

3. Record Child Support / Alimony Payment Data

The system is to prompt the user to collect and record data concerning the actual payment of Child Support and / or alimony monies. The user is to determine if the individual is actually making Child Support and / or alimony payments, although TCSES may provide this information in some instances. The results must be recorded.

Tennessee **C**hild **S**upport **E**nforcement **S**ystem (**TCSES**) (INTERFACE) (Input)

CHILD SUPPORT / ALIMONY EXPENSES (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.15 Gather Child Support and Alimony Expenses

Program Affected: All	**Users: Caseworkers and above**

Dependent Care Payment information Verification Type
Dependent Care Payment Begin Date
Dependent Care Payment End Date
Total Monthly Amount Paid for Dependent Care Payments for All Children
Dependent Care Payment Frequency
Dependent Care Monthly Payment Amount
Verification of Actual Dependent Care Payment
Expense Begin Date
Expense End Date

4. Determine and Record If Child for Whom Support is Ordered Is Out of the Home

If the user determines that the individual is meeting his or her Child Support obligation, then the system is to prompt the user to collect and record data validating that the child or children for whom the payments are being made is not in the applicant's home. The user is to determine if the child for whom Child Support payments are being made lives outside of the applicant's home and record his findings.

Tennessee **C**hild **S**upport **E**nforcement **S**ystem (**TCSES**) (INTERFACE) (Input)

CHILD SUPPORT / ALIMONY EXPENSES (Output)
Dependent Outside the Household For Whom Support Is Ordered - Name
Dependent Outside the Household For Whom Support Is Ordered - Address
Dependent Outside the Household For Whom Support Is Ordered - Address Effective Date
Dependent Outside the Household For Whom Support Is Ordered - Phone
Dependent Outside the Household For Whom Support Is Ordered - Phone Effective Date
Contact Availability Time for Dependent Outside the Household - From
Contact Availability Time for Dependent Outside the Household – To

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.15 Gather Child Support and Alimony Expenses

Program Affected: All	**Users: Caseworkers and above**

Relationship of the Individual Paying Support Payments to the Individual Outside the Household Whose Care is Being Paid For

5. Allow Alimony and / or Child Support Deduction for Programs

   The system shall allow an alimony and / or Child Support deduction or exclusion according to program rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	Court ordered child support payments paid by a food stamp household member to or for an individual living outside the home will be excluded in the determination of countable income.
FS	2	Child support arrearages that are paid to satisfy a court order in behalf of a non-household member are excluded in the determination of countable income.
FS	3	Alimony payments made to or for a non-household member shall not be included in the child support exclusion.
IV-E FC	4	A budget shall be calculated for an initial determination of Title IV-E foster care eligibility to determine the amount of income, if any, to consider available to the stepchildren/minor parents if a foster child's pre-custody removal home includes a stepparent or a parent of a minor parent.
IV-E FC	5	The gross earnings and unearned income (as defined by July 16, 1996 AFDC program rules) of a stepparent/parent of a minor parent shall be recorded if a child's pre-custody removal home includes a stepparent or a parent of a minor parent.
IV-E FC	6	The dollar amounts of child support or alimony paid by the stepparent/parent of a minor parent to individuals not living in the foster child's pre-custody removal home shall be recorded.
IV-E FC	7	The dollar amount of any other contributions paid by the stepparent/parent of a minor parent to any other dependents of the stepparent/parent of a minor parent to individuals not living in the foster child's pre-custody removal home shall be recorded.
IV-E FC	8	Child support and alimony expenses are only applicable for a stepparent/parent of a minor parent who was living in a foster child's pre-custody removal home.
IV-E FC	9	Child support and alimony expenses shall only be recorded for stepparent/parent of a minor parent for each initial determination of Title IV-E eligibility for each foster care custody episode.
IV-E FC	10	Child support and alimony expenses shall not be used in the budget calculation for an initial determination of eligibility for Title IV-E foster care unless the foster child's pre-custody removal home includes a stepparent or a parent of a minor parent.
IV-E FC	11	The income of a stepparent or a parent of a minor parent shall not be deemed to a foster child if the stepparent or the parent of a minor parent is a SSI recipient.
FFP	12	Record the alimony amount a stepparent or parent of a minor parent actually pays to individuals not living in the home.
FFP	13	Record the child support amount a stepparent or parent of a minor parent actually pays to individuals not living in the home.
FFP	14	Deduct the amount actually paid for alimony to individuals not living in the home, from the gross monthly income of a stepparent or parent of a minor parent whose income is being deemed to a spouse or minor parent, prior to budgeting.
FFP	15	Deduct the amount actually paid for child support to individuals not living in the home, from the gross

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

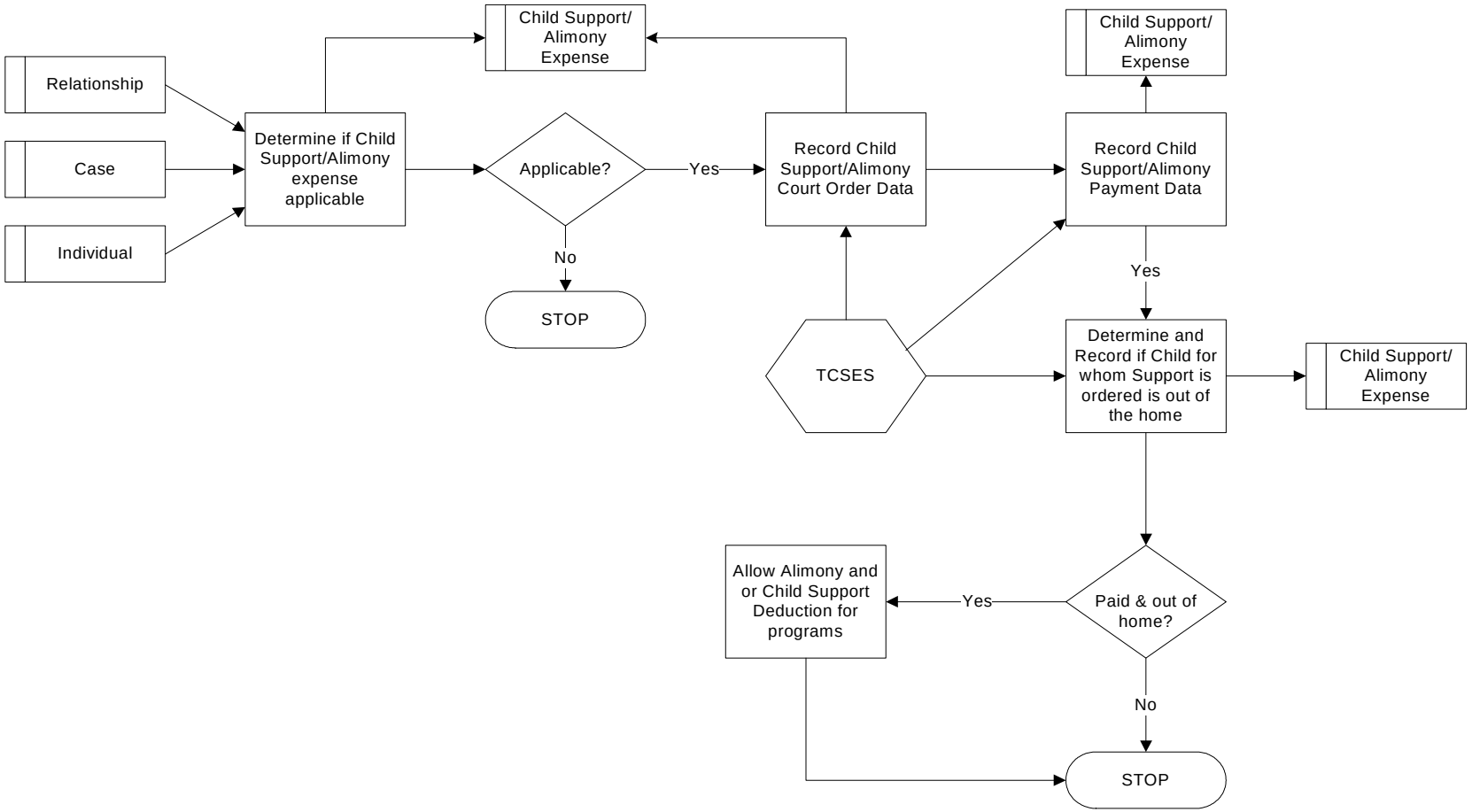
Program Type	Rule Number	Rule
		monthly income of a stepparent or parent of a minor parent whose income is being deemed to a spouse or minor parent, prior to budgeting.
CC	16	Child support and/or alimony expenses are not counted in a FF child care case as all income eligibility is determined in the FF case. For a child care case funded as a support service through FF, income and expenses are not re-verified for the child care case.
CC	17	Income and expenses for child care authorized by DCS are not re-verified for the child care case.
CC	18	For all other sub-programs (TCC, ARCO, Low-Income, At-Risk) child support and/or alimony being received by the mandatory members of the child care household shall be counted as income in calculating the total household income. The income shall be converted to a monthly amount.
CC	19	Any child support or alimony being paid out by a mandatory member of the household shall be deducted from the total amount of countable income.
TCM	20	Alimony paid by a stepparent or parent of a minor parent whose income is being deemed to a spouse or minor parent shall be deducted from the gross monthly income of this stepparent or parent of the minor parent. This is in relation to the ride along Medicaid cases for Families First and for individuals under 21 years of age.
TCS	21	Alimony and child support paid by any individual in the family group is not considered a countable expense for TennCare Standard.
TCS	22	An amount as defined by program limits may be deducted from the child support gross income per family for TennCare Standard.
TCM	23	The amount actually paid for child support to individuals not living in the home, from the gross monthly income of a stepparent or parent of a minor parent whose income is being deemed to a spouse or minor parent shall be deducted prior to budgeting. This is in relation to the ride along Medicaid cases for Families First and for individuals under 21 years of age.
TCM	24	Alimony is counted as unearned income in the month of receipt for child-related and adult TennCare/Medicaid cases.
TCM	25	The value of child support payments is counted in its entirety for individuals age 21 or older as unearned income in the month of receipt for child-related TennCare/Medicaid cases minus a deduction as determined by program defined limits.
TCM	26	The value of child support payments is counted in its entirety for individuals age 18 or older as unearned income in the month of receipt for adult TennCare/Medicaid cases.
TCM	27	The value of child support payments shall be covered in the rules for Families First as it relates to TennCare/Medicaid ride-along cases.
TCM	28	For institutionalized TennCare/Medicaid cases, one third of the value of absent parent support payments received by an institutionalized individual under the age of 18 shall be excluded. The remaining two-thirds value is counted as unearned income in the month of receipt.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
MA	29	When an individual pays court ordered child support to an out-of-home dependent, this child support is deducted from his/her income in its entirety. Applies to all subprograms.
AA	30	Child Support/ Alimony expenses are not considered in determining eligibility for adoption assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.15
Gather Child Support and Alimony Expenses



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.16 Spousal Resource Allocation

Program Affected: TENNCARE / Medicaid	**Users: Caseworkers, FS1s**

Process:

The Department of Human Services will process nursing home applications for Long-term Care and Home and Community Based Services, and determine resource eligibility. The system must perform a calculation of resources for the case that may include a community spouse and determine a spousal resource allocation for the community spouse based on program business rules when determining the institutionalized individual's TENNCARE/Medicaid resource eligibility.

A Spousal resource assessment may be requested without requiring an application for assistance to be filed. In this situation, the spousal resource assessment will be completed and the results retained until if and when an application is filed and benefits approved. Previously approved assessments remain valid indefinitely unless it is discovered full disclosure of all resources was not provided.

Sub-Processes:

1. Determine if Resource Assessment is Needed

   The system must determine using program business rules, case, sub-program type and living arrangement, if a resource assessment is needed. If it is determined that a resource assessment is not needed, the system must continue to the next stage of data collection.

   CASE (input)
   Household Members
   Sub-program type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.2.16 Spousal Resource Allocation

Program Affected: TENNCARE / Medicaid	**Users: Caseworkers, FS1s**

LIVING ARRANGEMENT (input)
Individual Long-term Care Indicator
Spousal Living Arrangement Indicator

2. Determine if Resource Assessment has been completed

If it is determined that a resource assessment is needed, the system must then determine if a resource assessment has been completed previously.

RESOURCE ASSESSMENT (input)
Institutionalized Individual – First Name, Last Name, Middle Initial
Institutionalized Individual – Social Security Number (SSN)
Institutionalized Individual – Facility Name
Institutionalized Individual – Admission Date
Institutionalized Individual – Prior Facility Name and Address Discharge Dates
Community Spouse – Name and Address
Community Spouse – Social Security Number (SSN)
Marriage Date and Location
Request Date of Resource Assessment
Name and Relationship of Individual Requesting Resource Assessment to the Institutionalized Individual
Name of Resource Owner
Resource Type
Where Located
Resource Value
Encumbrances and Resource Equity Value

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.16 Spousal Resource Allocation

Program Affected: TENNCARE / Medicaid	**Users: Caseworkers, FS1s**

Total Resource Equity

3. Perform “Resource Assessment” sub-process

   If a resource assessment has not been completed, perform “Resource Assessment” sub-process and display the allocation results.

4. Update Resource Assessment

   If a resource assessment has been completed, the system must display the results of the resource assessment. The user may update any resource assessment data.

   RESOURCE ASSESSMENT
   Institutionalized Individual – First Name, Last Name, Middle Initial
   Institutionalized Individual – Social Security Number (SSN)
   Institutionalized Individual – Facility Name
   Institutionalized Individual – Admission Date
   Institutionalized Individual – Prior Facility Name and Address Discharge Dates
   Community Spouse – Name and Address
   Community Spouse – Social Security Number (SSN)
   Marriage Date and Location
   Request Date of Resource Assessment
   Name and Relationship of Individual Requesting Resource Assessment to the Institutionalized Individual
   Name of Resource Owner
   Resource Type
   Where Located

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.16 Spousal Resource Allocation

Program Affected: TENNCARE / Medicaid	**Users: Caseworkers, FS1s**

Resource Value
Encumbrances and Resource Equity Value
Total Resource Equity

5. Determine if Resources Changed

   The system must determine if resources are changed using resource data.

6. Perform “Resource Assessment” sub-process

   If the resources are changed, the system must perform “Resource Assessment” sub-process.

7. Compare the Prior Resource Assessment with the current Resource Assessment and Allocate

   If the resources are changed and after performing the “Resource Assessment” sub-process, the system must compare the current resource assessment to the prior resource assessment and allocate according to program business rules. The system must display the results of the allocation.

   RESOURCE ASSESSMENT (input)
   Name of Institutionalized Individual
   SSN of Institutionalized Individual
   Name of Facility
   Date Admitted
   Name of Other Facilities, Admission and Discharge Dates
   Name and Address of Community Spouse
   SSN of Community Spouse

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.2.16 Spousal Resource Allocation

Program Affected: TENNCARE / Medicaid	**Users: Caseworkers, FS1s**

Marriage Date and Location
Request Date of Resource Assessment
Name and Relationship of Individual Requesting Resource Assessment to the Institutionalized Individual
Name of Resource Owner
Resource Type
Where Located
Resource Value
Encumbrances and Resource Equity Value
Total Resource Equity

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

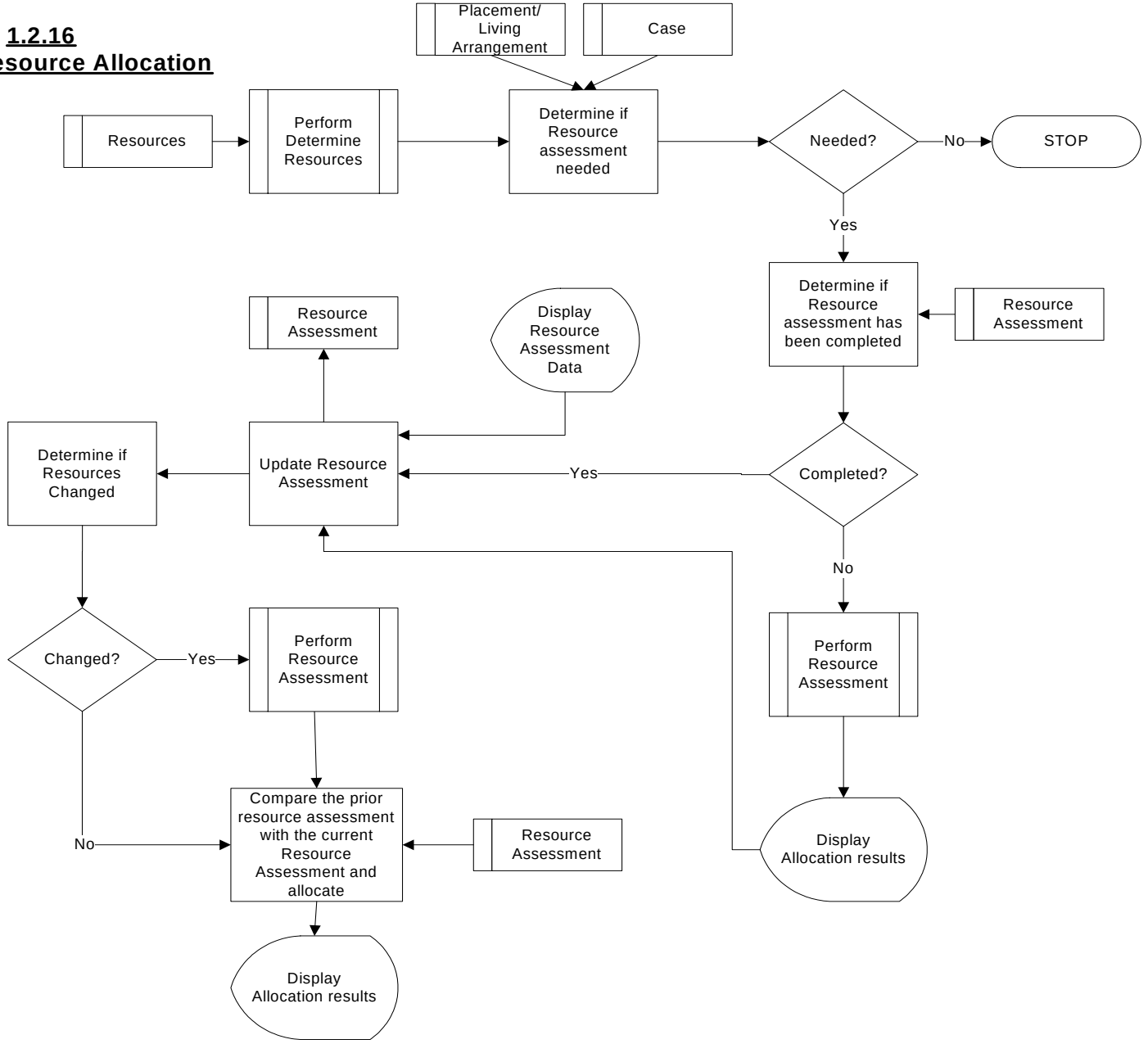
Program Type	Rule Number	Rule
TCM	1	Resources owned by either spouse or by both spouses are considered equally available to both spouses at the beginning of a continuous period of institutionalization for persons institutionalized after September 30, 1989.
TCM	2	The community spouse resource allowance is equal to the greater of one-half of the total resources owned by both spouses, not to be less or more than an amount as defined by program limits, or the amount established after a fair hearing by the Department of Human Services, or the amount transferred under a court order against the institutionalized spouse for the support of the community spouse.
TCM	3	Spouses must be legally married pursuant to the laws of the State of Tennessee.
TCM	4	The community spouse resource allowance determined by the resource assessment will be deducted from the value of all available resources owned by both spouses as of the first month for which assistance is requested.
TCM	5	After the initial month of eligibility, no resources of the community spouse will be considered available to the institutionalized spouse.
TCS	6	Spousal Resource Allocation does not apply to TCS sub-programs.
TCM	7	The resource assessment is required for all institutionalized individuals with a legal spouse living in the Community whose whereabouts is known.
TCM	8	The marriage between the institutionalized individual and the community spouse must be verified.
TCM	9	The Community Spouse (CS) has the option to accept or decline all, some or none of the resource allocation from the institutionalized individual. If the CS accepts some of the resource allocation, the remainder of the resource continues to be considered as the institutionalized spouse's (IS) resource.
TCM	10	The spousal resource allocation may be allowed if a couple is still legally married but living separately and considering themselves as separated if the whereabouts of the CS is known or can be located.
TCM	11	If the CS lives out of state, the resource allocation/assessment may be made if the CS can be located and the couple is still legally married.
TCM	12	The assessment may be requested whether or not the resident is applying for Medicaid at the time of admission.
TCM	13	When a Medicaid application is made, the results of the assessment are used as part of a formula to determine how much of the total assets may be protected for the CS. The remaining resources after allocation to CS are considered available to the IS.
TCM	14	Once a resource assessment has been completed, the allocation will not be re-assessed and re-calculated unless it is discovered at a later date that not all resources were reported or known when the original allocation was completed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	15	Any transfer of assets is not considered at the time an assessment is requested.
TCM	16	Transfer of assets will be considered as a part of the application process whether or not a resource assessment has been requested previously or is requested at the time of application.
TCM	17	When a resource allocation is being completed, the total countable resources of the individual and the community spouse shall be compared to minimum/maximum resource allocation limits for the community spouse of the institutionalized individual that have effective begin and end dates. The current limits that went into effect on 1/1/05 are a minimum limit of $19,020 and a maximum of $95,100. These amounts change annually.
TCM	18	The total countable resources of both spouses will be combined and then divided by 2. Effective 1/1/05, the highest of the following will be considered available for the CS: ½ of the total not less than $19,020 or greater than $95,100 or the court ordered amount or the amount determined by an appeals hearing officer due to a hardship situation. Hardship may be considered to exist when the IS and/or his/her spouse have no resource(s) in excess of the resource limit, is otherwise eligible, and for whom Medicaid ineligibility will result in loss of essential nursing care which is not available from any other source. If the community spouse has available assets he/she is legally obligated for support, therefore hardship will not exist unless assets have been reallocated as the result of appeal decision or a court order.
TCM	19	The spousal resource assessment and allocation may apply to any of the following sub-programs: Aged, non-institutionalized; Aged institutionalized; Blind – Institutionalized; Blind – Non-institutionalized; Disabled – Institutionalized; Disabled – Non-institutionalized; SSI; Ride-Along for ADCR, ADCI or ADCU Medicaid only.
TCM	20	Following the resource assessment, the allocated resources must be transferred within 12 months.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.16
Spousal Resource Allocation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information	
Program Affected: All	**Users: Caseworkers**

Process:

This process describes the collection of Long Term Care information, if required based on a program request. This process also includes the processing of the collected data as it pertains to program eligibility.

Sub-Processes:

1. Collect Long Term Care Data

   The caseworker will obtain and store all Long Term Care information based on individual, relationship and living arrangement data.

   INDIVIDUAL (Input)
   Individual Name
   Individual SSN
   Individual DOB
   Individual Recipient number

   RELATIONSHIP (Input)
   Relationship of each individual in household
   Relationship verification type

   LIVING ARRANGEMENT (Input)
   Living arrangement type
   Long Term Care Provider Admission Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

LTC Provider Discharge Date
LTC Provider Name
LTC Provider Address Type
LTC Provider Address Number Street
LTC Provider Address Unit
LTC Provider Address Direction
LTC Provider Address Street Rural
LTC Provider Address Suffix
LTC Provider Address Quadrant
LTC Provider Address Apartment
LTC Provider Address Line 2
LTC Provider Address City
LTC Provider Address State
LTC Provider Address Zip Code (5 digit)
LTC Provider Address Zip Code (4 digit)
LTC Provider Address Effective Date
LTC Provider Phone Number Area Code
LTC Provider Phone Number Prefix
LTC Provider Phone Number Exchange
LTC Provider Phone Number Extension
LTC Provider Phone Number Effective Date
Contact Availability Time for LTC Provider From
Contact Availability Time for LTC Provider To
LTC Care Level
Nursing Home Name
Nursing Home Address Type
Nursing Home Address Number Street

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

Nursing Home Address Unit
Nursing Home Address Direction
Nursing Home Address Street Rural
Nursing Home Address Suffix
Nursing Home Address Quadrant
Nursing Home Address Apartment
Nursing Home Address Line 2
Nursing Home Address City
Nursing Home Address State
Nursing Home Address Zip Code (5 digit)
Nursing Home Address Zip Code (4 digit)
Nursing Home Address Effective Date
Nursing Home Phone Number Area Code
Nursing Home Phone Number Prefix
Nursing Home Phone Number Exchange
Nursing Home Phone Number Extension
Nursing Home Phone Number Effective Date
Contact Availability Time for Nursing Home From
Contact Availability Time for Nursing Home To
Home and Community Based Services (HCBS) Provider Admission Date
HCBS Provider Discharge Date
HCBS Provider Name
HCBS Provider Address Type
HCBS Provider Address Number Street
HCBS Provider Address Unit
HCBS Provider Address Direction
HCBS Provider Address Street Rural

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

HCBS Provider Address Suffix
HCBS Provider Address Quadrant
HCBS Provider Address Apartment
HCBS Provider Address Line 2
HCBS Provider Address City
HCBS Provider Address State
HCBS Provider Address Zip Code (5 digit)
HCBS Provider Address Zip Code (4 digit)
HCBS Provider Address Effective Date
Previously Hospitalized Indicator
Hospital Admission Date
Hospital Discharge Date
Hospital Name
Hospital Address
HCBS Provider Phone Number Area Code
HCBS Provider Phone Number Prefix
HCBS Provider Phone Number Exchange
HCBS Provider Phone Number Extension
HCBS Provider Phone Number Effective Date
Contact Availability Time for HCBS Provider From

LONG TERM CARE (Output)
Individual name
Individual SSN
Individual recipient number
Living Arrangement type
Relationship of each individual in household

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

Relationship Verification type
Long Term Care Provider Admission Date
LTC Provider Discharge Date
LTC Provider Name
LTC Provider Address Type
LTC Provider Address Number Street
LTC Provider Address Unit
LTC Provider Address Direction
LTC Provider Address Street Rural
LTC Provider Address Suffix
LTC Provider Address Quadrant
LTC Provider Address Apartment
LTC Provider Address Line 2
LTC Provider Address City
LTC Provider Address State
LTC Provider Address Zip Code (5 digit)
LTC Provider Address Zip Code (4 digit)
LTC Provider Address Effective Date
LTC Provider Phone Number Area Code
LTC Provider Phone Number Prefix
LTC Provider Phone Number Exchange
LTC Provider Phone Number Extension
LTC Provider Phone Number Effective Date
Previously Hospitalized Indicator
Hospital Admission Date
Hospital Discharge Date
Hospital Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

Hospital Address
30 Day Continuous Confinement Met Indicator
Contact Availability Time for LTC Provider From
Contact Availability Time for LTC Provider To
LTC Care Level
Nursing Home Name
Nursing Home Address Type
Nursing Home Address Number Street
Nursing Home Address Unit
Nursing Home Address Direction
Nursing Home Address Street Rural
Nursing Home Address Suffix
Nursing Home Address Quadrant
Nursing Home Address Apartment
Nursing Home Address Line 2
Nursing Home Address City
Nursing Home Address State
Nursing Home Address Zip Code (5 digit)
Nursing Home Address Zip Code (4 digit)
Nursing Home Address Effective Date
Nursing Home Phone Number Area Code
Nursing Home Phone Number Prefix
Nursing Home Phone Number Exchange
Nursing Home Phone Number Extension
Nursing Home Phone Number Effective Date
Contact Availability Time for Nursing Home From
Contact Availability Time for Nursing Home To

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.17 Obtain Long Term Care Information

Program Affected: All	**Users: Caseworkers**

Home and Community Based Services (HCBS) Provider Admission Date
HCBS Provider Discharge Date
HCBS Provider Name
HCBS Provider Address Type
HCBS Provider Address Number Street
HCBS Provider Address Unit
HCBS Provider Address Direction
HCBS Provider Address Street Rural
HCBS Provider Address Suffix
HCBS Provider Address Quadrant
HCBS Provider Address Apartment
HCBS Provider Address Line 2
HCBS Provider Address City
HCBS Provider Address State
HCBS Provider Address Zip Code (5 digit)
HCBS Provider Address Zip Code (4 digit)
HCBS Provider Address Effective Date
HCBS Provider Phone Number Area Code
HCBS Provider Phone Number Prefix
HCBS Provider Phone Number Exchange
HCBS Provider Phone Number Extension
HCBS Provider Phone Number Effective Date
Contact Availability Time for HCBS Provider From
Contact Availability Time for HCBS Provider To
HCBS Care Level

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	If an applicant is determined to be living in a long-term care facility and is applying for Medicaid for the Aged, Disabled or Blind, the long-term care information will be obtained.
TCM	2	A written application signed by the applicant or his/her authorized representative will be required.
TCM	3	An applicant who is in a long-term care facility may apply and qualify for Medicaid Qualified Medicare Beneficiary, Special Low-income Medicare Beneficiary, or Qualified Individual using the current program standards.
TCM	4	A face-to-face interview at application will be required with either the applicant or the applicant's responsible party if the applicant is unable to participate in the application process.
TCM	5	If an applicant who is currently residing in a long-term care facility has a spouse, the user will obtain and verify the spouse's name, social security number, date of birth and address. If this information and/or verifications are not available at the time, the application/case will not be finalized.
TCM	6	If the applicant's relationship to his/her spouse cannot be verified through applicable methods and/or the spouse's whereabouts are unknown, then the relationship may be verified through collateral contact.
TCM	7	An institutionalized applicant's spouse will be defined as: 1. An applicant's legally married spouse; 2. An individual determined by SSA to be eligible to receive Social Security benefits as the spouse of another; 3. An applicant's "holding out" spouse. For Medicaid purposes in Tennessee a "holding out" relationship exists when an unrelated man and woman present themselves to the community as husband and wife in the absence of legal marriage AND the relationship began in a state that recognizes "holding out" relationships as a valid marriage.
TCM	8	The State of Tennessee currently does not recognize as a valid marriage an unrelated relationship between a man and a woman as "holding out" if the relationship began in Tennessee.
TCM	9	For Spousal Impoverishment (or Income) Allocation purposes, the marriage must be legal or a common-law marriage established in a state which recognizes it as a valid marriage.
TCM	10	If an applicant has dependent relatives living in the applicant's home, the dependent(s) name, social security number, address, and relation to applicant must be verified. If this information is not verified, the application/case will not be finalized.
TCM	11	A dependent relative will be defined as all persons who can be or are being claimed as tax dependents and includes adult dependent children, parents and/or siblings as well as minor children.
TCM	12	The income and resources of an applicant and spouse must be obtained and verified.
TCM	13	If the income and resource information are not obtained and/or verified, the application/case will not be

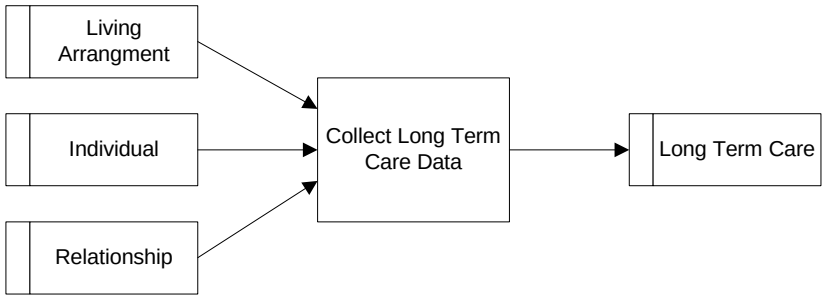
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		finalized.
TCM	14	If an applicant has a spouse in the community, the income and resources of the spouse must be verified. If the income and resources are not verified, the application/case will not be finalized.
TCM	15	If an applicant has dependent relatives living in the applicant's home, the income and resources of the dependent relatives must be verified. If the income and resources are not verified, the application/case will not be finalized.
TCM	16	An applicant must have 30 days continuous confinement to be eligible for Long-term Care Medicaid unless the individual dies before the end of the 30-day confinement and is otherwise eligible.
TCM	17	The name and address of the long-term care facility must be listed along with the address of the previous home of residence.
TCM	18	If any Medicaid recipient is admitted and discharged from a nursing home in less than 30 days, payment may be authorized. Liability will be 0 as eligibility has been determined for the month already as a non-institutionalized individual and there is no available income for meeting long term care costs, and the individual is entitled to all Medicaid covered services. This also applies to QMB eligibles.
TCM	19	If an applicant leaves or is discharged from a nursing home and is later readmitted, a new application must be submitted.
TCM	20	The long term care facility or Home and Community Based Services shall notify the Department of Human Services of patient admission by a form that must also contain a pre-admission evaluation approval date.
TCM	21	An applicant's marital status must be verified.
TCM	22	If an applicant is already receiving SSI, the Social Security Administration will be notified that the applicant is in a long term care facility, and the SSI will not be included in the long term care case.
TCM	23	When the Department of Human Services is notified that the applicant is in the long term care facility, an application will be mailed to the patient or his/her authorized representative within 20 days to be returned within 30 days if no other application is on file. There shall be a follow-up if no response and a notice sent to return the form within 10 days.
TCM	24	Services may be provided to applicants in their own home or in a facility participating in the Home and Community Base Services (HCBS) project who would otherwise require the level of care provided in an Intermediate Care Facility (ICF)
TCM	25	Services offered under HCBS are required to be furnished under an individual plan of care.
TCM	26	Applicants enrolled in HCBS must meet the same eligibility criteria as if admitted to an ICF.
TCM	27	Prior to approval, the applicant's blindness and/or disability must be determined. The Social Security Administration, Railroad Retirement Board or Department of Health and Environment (DHE) for Preadmission Evaluation (PAE) approval of an individual for long-term care may determine the blindness or disability.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	28	The institutionalized individual will be given a monthly personal needs allowance based on predefined program limits.
TCM	29	If an individual has any Item-D medical expenses, they must be verified. If the medical expenses are not verified, no Item-D medical deduction will be given.
TCM	30	If the institutionalized individual is a Medicare recipient, the Medicare benefit must be verified and shown in the case.
TCM	31	Before a patient liability payment will be authorized, an applicant must have a verified Pre-admission Evaluation (PAE).
TCM	32	For an applicant to qualify for institutionalized Medicaid benefits, the applicant must be a resident of an Intermediate or Skilled Care Facility that is licensed by the State of Tennessee.
TCS	33	There are no TennCare Standard specific rules for this process.
FS	34	An individual residing in a long term care facility is not FS eligible.
FFP	35	An individual residing in a long term care facility is not FF eligible.
CC	36	An individual residing in a long term care facility is not CC eligible.
AA	37	There are no AA specific rules for this process.
IV-E FC	38	There are no IV-E Foster Care specific rules for this process.

1.2.17
Obtain Long Term Care Information



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.18 Authorized Representative / Protective Payee	
Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Process:

The Department of Human Services must have the ability to allow non-household members to be representatives for the household or to serve as a protective payee for children and benefits. The system shall support a change in the status and/or the revocation of an Authorized Representative/Protective Payee as required by the business rules.

Sub-Processes:

1. Determine if Authorized Rep, Protective Payee, and/or Power of Attorney Requested or Needed

The user will record when an Authorized Representative, Protective Payee, and/or a Power of Attorney have been requested for the case, or when required. The user will record the request and selection. The system shall determine when an Authorized Representative, Protective Payee, and /or a Power of Attorney is required for a case based on the business rules (i.e. minor parent with relative guardian in home, court-order, emergency or client request on application), and alert the user to capture the needed information.

CASE (Input)
Case Number
Case Type
Application Registration

RELATIONSHIP (Input)
Specified Degree of Relationship
Relationship Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.18 Authorized Representative / Protective Payee

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

INDIVIDUAL (Input)
SSN
Individual ID

AUTH REP / PRO PAYEE (Output)
Authorized Representative Type
Authorized Representative Indicator
Authorized Representative Reason

POWER OF ATTORNEY (Output)
Power of Attorney Name
Power of Attorney Address
Power of Attorney Effective Date
Power of Attorney Phone Number
Power of Attorney Verification Indicator

2. Record Authorized Rep / Protective Payee and/or Power of Attorney Information

The user will record specific information when setting up an Authorized Representative, Protective Payee, and/or a Power of Attorney for a case, based on program type and the business rules. A case may have more than one Authorized Representative and Power of Attorney, but only one Protective Payee. If the same individual is chosen to be the representative for more than one program for the same Head of Case, his/her information should only need to be captured once, yet should be associated to the correct cases as designated.

CASE (Input)
Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.18 Authorized Representative / Protective Payee

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Case Type

AUTH REP / PRO PAYEE (Output)
Authorized Representative Type
Authorized Representative Indicator
Authorized Representative Reason
Apply for Benefits Indicator
Able to Receive Benefits Indicator
Able to Use Benefits Indicator
Revoke Card Indicator
Authorized Representative ID
Authorized Representative Address
Authorized Representative Phone Numbers

POWER OF ATTORNEY (OUTPUT)
Power of Attorney Name
Power of Attorney Address
Power of Attorney Date

VERIFICATION (Output)
Verification Type

NAME (Output)
Name Type

ADDRESS (Output)
Address Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.18 Authorized Representative / Protective Payee

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

CONTACT (Output)
Contact Type
Phone Number

NOTICE (Output)
Notice Type
Notice Language Indicator

3. Determine if Active FS, FF, or CC

The system shall determine if the case for the Authorized Representative, Protective Payee, and/or Power of Attorney entry is an active Food Stamp, Families First, or Child Care case.

CASE (Input / Output)
Case Number
Case Type
Case Status

4. Perform the "Add / Modify EBT" Process

The system shall perform the "Add / Modify EBT" process when a change is made to an Authorized Representative, Protective Payee, and /or Power of Attorney, or when one is added to the case.

NOTE: Child Care is not currently included in EBT at this time.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	One or more representatives may be authorized to act in behalf of a food stamp household in the application process.
FS	2	One or more representatives may be authorized to act in behalf of a food stamp household in obtaining food stamp benefits.
FS	3	One or more representatives may be authorized to act in behalf of a food stamp household in using the household's food stamp benefits.
ALL	4	An individual may name any individual of his/her choosing as an Authorized Representative for his/her case.
ALL	5	An Authorized Representative may file an application on behalf of an individual who has named him/her as an Authorized Representative.
ALL	6	An Authorized Representative may assist the individual in the various aspects of the application/redetermination eligibility process.
ALL	7	An Authorized Representative shall not charge or receive anything of value, either directly or indirectly, providing assistance to a person requesting benefits.
ALL	8	If an applicant/recipient has named an Authorized Representative for his/her case, the Representative can come to the face-to-face office interview in lieu of the applicant/recipient.
FFP	9	An EBT (Electronic Benefit Transfer) shall be mailed to the Authorized Representative and both he/she and the applicant/recipient shall have access to the cash benefits.
ALL	10	The Authorized Representative may answer basic questions needed for eligibility determination.
FFP, FS	11	The Authorized Representative may use the applicant/recipient’s EBT (Electronic Benefit Transfer) card for the applicant/recipient.
FFP	12	The Authorized Representative shall not negotiate or renegotiate a Personal Responsibility Plan.
FFP	13	The Authorized Representative shall not provide information concerning the absent parent(s) for child support cooperation.
FFP	14	The Personal Responsibility Plan and child support discussion must be with the Families First applicant/recipient.
ALL	15	Information regarding the appointment of an Authorized Representative must be recorded.
ALL	16	The Authorized Representative’s name and address must be recorded.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	17	A Protective Payee is a person other than the case caretaker or grantee relative to whom a Families First payment is made.
FFP	18	A Protective Payee shall be responsible for and expected to use the cash grant for the benefit of the child(ren) and to act for the caretaker in relation to the child.
FFP	19	A Protective Payee may be related or unrelated and may live in the home or apart from the Families First applicant/recipient.
FFP	20	A Protective Payee shall be named to receive a minor parent's Families First payment when the minor parent is 14 years of age or younger
FFP	21	A Protective Payee shall be named if the individual applying for Families First has a guardian (the guardian will be named the payee for the grant).
FFP	22	A Protective Payee shall be named if a child who has a legal guardian is living in the home with a relative within the specified degree of relationship (the guardian will be named the payee for the grant).
FFP	23	A Protective Payee shall be named if the caretaker is a minor deemed in need of a protective payee.
FFP	24	A Protective Payee shall be named in emergency situations that will not exceed a three-month period.
FFP	25	An EBT (Electronic Benefit Transfer) shall be mailed to the Protective Payee and only he/she will have access to the cash benefits.
FFP	26	No Department of Human Services employee shall act as a Protective Payee.
ALL	27	An individual may request to have an Authorized Representative/Protective Payee for his/her case if the individual is incapacitated/disabled or otherwise unable to come to the office for an interview.
ALL	28	A minor parent may request to have an Authorized Representative/Protective Payee due to inability to be responsible for the case and personal circumstances, but this is not required.
ALL	29	A court may order that an Authorized Representative/Protective Payee be assigned to an individual.
ALL	30	If a case or individual has an Authorized Representative or Protective Payee, notices shall be sent to both the customer and the Authorized Representative/Protective Payee.
CC,TMA	31	The Department of Children's Services is considered to be the Authorized Representative for all referrals for child care received from that department. • When the case is funded as SSC or State Custody Child, the child care case will

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		be set up showing the case "parent" to be the DCS case manager. No parent interview is required and all information is obtained from the Department of Children's Services. • When the case is funded as SNC or Non-Custody Child, the DCS case manager will provide the child and parent demographic information but the case will be set up in the name of the parent. • When the case is funded as RCP or Relative Caregiver Program, the DCS case manager will provide the child and relative "parent" demographic information. The case will be set up in the name of the relative "parent" caregiver. The Department of Children's Services will continue to serve as the Authorized Representative as long as the child care eligibility comes through DCS. See DCS rules for additional information.
CC	32	There are no additional child care rules governing Authorized Representative or Protective Payee other than those found in Families First policy.
AA	33	An adoption assistance case shall consist of only one individual, the child receiving adoption assistance.
AA	34	Adoption assistance subsidy payments for the child are made to the adoptive parent.
AA	35	An Authorized Representative is not assigned to an adoption assistance case.
AA	36	A Power of Attorney appointed to act for an adoptive parent may sign documents for the adoptive parent.
AA	37	The name, address, and phone number of the Power of Attorney will be documented in the adoption assistance case file.
AA	38	The Power of Attorney must provide written documentation to verify his or her status as Power of Attorney.
IS	39	Copies of account balance statements, notices, and any other correspondence shall also be sent to an Authorized Representative / Protective Payee of a case with a claim/account when sending correspondence to the claim's responsible person.
IS	40	An individual with an Account Receivable (claim) who is also an Authorized Representative / Protective Payee will not have benefit reduction applied to the case where he/she is acting as the Authorized Representative / Protective Payee unless he/she is also included in the benefit eligibility determination of that case.
IS	41	Authorized Representative / Protective Payee may be the responsible person of a claim.
IS	42	An Authorized Representative may be disqualified from being an Authorized

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Representative for 1 year when evidence is obtained that the Authorized Representative has: (i) knowingly misrepresented the household's circumstances and intentionally provided false information concerning the household; or (ii) Improperly used the household's food coupons. FAM Vol. 1 1240-1-2-.02
IS	43	Individuals currently disqualified for an intentional program violation (IPV) may not be an Authorized Representative. FAM Vol. 1 1240-1-2-.02
IS	44	An Authorized Representative may be the responsible person of a claim in his/her own case, and he/she may also be responsible for a claim in which he/she does not receive benefits but serves as the Authorized Representative.
IV-E FC	45	A Title IV-E foster care case shall consist of only one individual, the DCS foster child.
IV-E FC	46	An Authorized Representative shall be assigned to each DCS foster child.
IV-E FC	47	A DCS case manager, e.g., professional social worker, shall serve as a DCS foster child's Authorized Representative.
IV-E FC	48	A DCS foster child's Authorized Representative shall have the authority to perform the following functions on behalf of a foster child; • complete, sign, and submit eligibility applications that are required by federal program rules; • enter reported foster child and pre-custody removal family data in corresponding TN KIDS child and family eligibility fields; • represent the foster child at eligibility interviews, if an interview is needed; • provide required foster child and pre-custody removal home family data and any other available information and documentary evidence regarding a foster child's circumstances at initial eligibility and reimbursability determinations and periodic redeterminations for continuing eligibility; • report all changes in a Title IV-E and/or TennCare foster child's circumstances within 10 days of the change.
IV-E FC	49	The name, office mailing address (and street address if different from the mailing address), and office telephone number of a DCS foster child's Authorized Representative shall be recorded along with the date the Authorized Representative was assigned to the foster child.
IV-E FC	50	A change in a DCS foster child's Authorized Representative, i.e., DCS case manager, shall be recorded.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	51	The name of the foster child's new Authorized Representative, the office mailing address (and street address if different from the mailing address), office telephone number, and the effective date of the change shall be recorded.
IV-E FC	52	The DCS Child Welfare Benefits Counselor, i.e., DCS eligibility counselor, who is assigned to the Title IV-E foster care case shall be notified of a change in the foster child's Authorized Representative.
IV-E FC	53	A DCS case manager who is a relative of a DCS foster child may not serve as the foster child's Authorized Representative for Title IV-E foster care.

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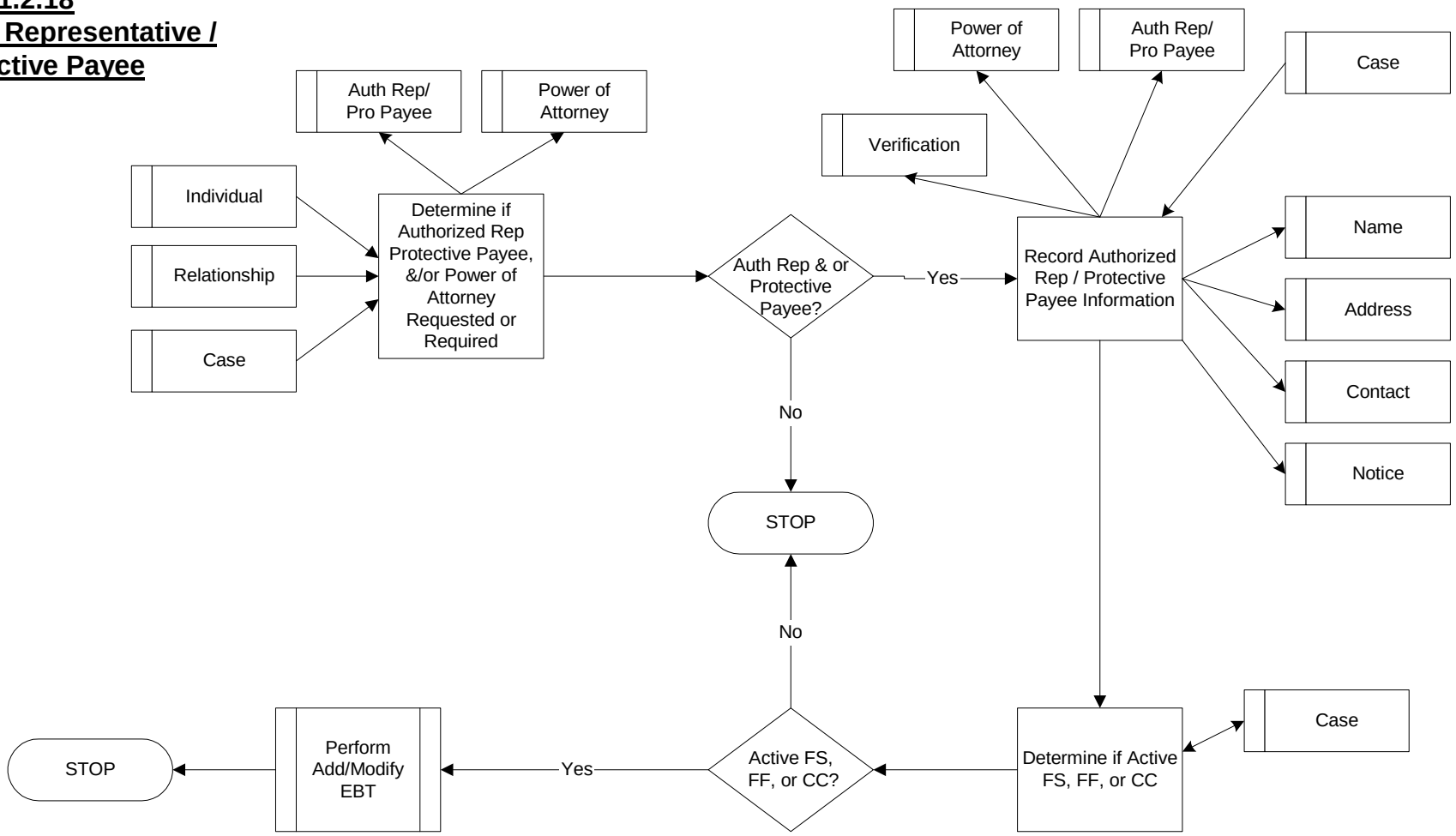
1.2.18 Authorized Representative / Protective Payee



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.19 Obtain Verification	
Program Affected: All	**Users: All**

Process:

The Department of Human Services must have the capability to request verification from various individuals and entities. All programs must have the capability to request verification for eligibility determination. The system must also retain a record of such requests, and track the timely return of requested verification. Appropriate users must be alerted if verification is not returned timely so they may take appropriate case action. The user must also be alerted when outstanding verifications are provided upon login of receipt.

Sub-Processes:

1. Determine if Verification Request Notice is Needed

   The user will indicate when Verification Request Notice is for all data requiring verification for each individual in case(s). The system shall alert the user at the end of interview or data collection if there are outstanding verifications, a verification request notice may be created.

   CASE (Input)
   Case Number
   Case Name
   Case Type
   Case Status

   VERIFICATION (Input)
   Outstanding Verification Type
   Outstanding Verification Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

Outstanding Verification Determination Date

CLAIM (Input)
Claim Number
Claim Status
Account Receivable Balance

2. Record Verification

When a verification request notice is not required the user will obtain and record the verifications. The system shall display the data. When requested by a client, a verification receipt may be printed at the time the caseworker receives the verification.

VERIFICATION (Input/Output)
Verification type
Verification date received
Outstanding Verification Indicator
Verification Receipt Date
Outstanding Verification Determination Date

CASE (Output)
Case Number
Case Name
Case Type

CLAIM (Output)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

Overpayment Program

INDIVIDUAL (Output)
SSN
Individual ID

3. Select Verification Type(s)

The user will request a verification notice when all verifications have not been received to complete the case(s) for each head of case. The system shall generate a verification request notice to the head of case when there are outstanding verifications for the case. The system shall display all outstanding verifications and the programs that require this verification. The user can request additional verifications by mail or phone. The user will record all information regarding the attempts made to collect the information on the customer's behalf and the results. If verification requests are being made through methods other than written notice, the system shall capture the verification request method.

INDIVIDUAL (Input)
SSN
Individual ID

VERIFICATION (Input/Output)
Verification Type
Verification Date received
Verification Request Method
Verification Due Date
Verification Indicator
Free-Form Narrative

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

CASE (Input/Output)
Case Name
Case Number
Head of Case

CLAIM (Input/Output)
Claim Number
Claim Status

4. Generate Notice

The system shall generate a notice to the head of case when verifications are required or when the user requests additional information when verifications received are not appropriate.

CASE (Input)
Case Number
Case Type

VERIFICATION (Input)
Verification Type
Verification Request Method
Verification Due Date
Verification Indicator

INDIVIDUAL (Input)
SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

Individual ID

NAME (Input)
Name Type
Head of Case Name
Caseworker Name

ADDRESS (Input)
Address Type
Case Address
County Office Address
County Number

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

NOTICE (Output)
Notice Type
Verification Notice
Verification Notice Request Due Date
Verification Notice Mail Date
Outstanding Verification Type(s)

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

5. Determine if Verification Has Been Received

   The system shall determine if all outstanding verifications have been received for an individual and case based on timeframe per program rules.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CASE (Input)
   Case Number
   Case

   CLAIM (Input)
   Claim Number

   VERIFICATION (Input/Output)
   Verification Type
   Verification Date received
   Verification Request Method
   Verification Due Date
   Verification Indicator

6. Generate ALERT

   The system shall generate an ALERT when outstanding verifications have not been received and documented in the system and are past the due date determined by program rules.

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

CASE (Input)
Case Number
Case Type
Head of Case

CLAIM (Input)
Claim Number

INDIVIDUAL (Input)
SSN
Individual ID

VERIFICATION (Input)
Verification Type
Verification Request Method
Verification Due Date
Verification Indicator

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
Outstanding Verification(s) Not Received

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.19 Obtain Verification

Program Affected: All	**Users: All**

ALERT Date

7. Record Verification

The user will record verifications that have been received and the system shall update and display.

CASE (Input/Output)
Case Number
Case Type

CLAIM (Input/Output)
Claim Number

VERIFICATION (Output)
Verification Type
Verification Date received
Verification Request Method
Verification Due Date
Verification Indicator

8. Determine if Appropriate and Adequate

The user will determine and record if the verifications that were received were appropriate for the determination of the case or claim. The system shall prevent approval of cases that contain inadequate or inappropriate verification types and will continue to operate notices requesting alternate verification as long as the case(s) continue(s) to pend. Case approval may be permitted with supervisory approval.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.19 Obtain Verification	
Program Affected: All	**Users: All**

CASE (Input)
Case Number
Case Type

CLAIM (Input)
Claim Number

VERIFICATION (Input/Output)
Verification Type
Verification Receipt indicator
Verification Receipt date
Verification Appropriate Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The worker must determine whether verification of a fact, statement, or item related to the eligibility determination is required.
FS	2	Verification is the use of documentation or a contact with a third party to confirm the accuracy of statements or information. The state agency must give households at least 10 days to provide required verification.
FS	3	Prior to certification, the state agency shall verify and document in the case record gross non-exempt income for households initially applying for food stamps. However, where all attempts to verify the income have been unsuccessful because the person or organization providing the income has failed to cooperate with the household and the state agency, and all other sources of verification are unavailable, the eligibility worker shall determine an amount to be used for certification purposes based on the best available information.
FS	4	Prior to certification, the state agency shall verify and document in the case record alien eligibility of applicant aliens for households initially applying for food stamps.
FS	5	Prior to certification, the state agency shall verify and document in the case record utility expenses for households initially applying for food stamps.
FS	6	Prior to certification, the state agency shall verify and document in the case record medical expenses for households initially applying for food stamps.
FS	7	Prior to certification, the state agency shall verify and document in the case record social security numbers for households initially applying for food stamps.
FS	8	Prior to certification, the state agency shall verify and document in the case record residency for households initially applying for food stamps.
FS	9	Prior to certification, the state agency shall verify and document in the case record identity for households initially applying for food stamps.
FS	10	Prior to certification, the state agency shall verify and document in the case record disability for households initially applying for food stamps.
FS	11	Prior to certification, the state agency shall verify and document in the case record household composition for households initially applying for food stamps.
FS	12	Prior to certification, the state agency shall verify and document in the case record student exemption status for households initially applying for food stamps.
FS	13	Prior to certification, the state agency shall verify and document in the case record legal obligation and actual child support payments for households initially applying for food stamps.
FS	14	Prior to certification, the state agency shall verify and document in the case record hours worked for able-bodied adults subject to the time limits initially applying for food stamps.
FS	15	Prior to certification, the state agency shall verify and document in the case record countable months in

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		another state for able-bodied adults subject to the time limits initially applying for food stamps.
FS	16	Prior to certification, the state agency shall verify and document in the case record questionable information for households initially applying for food stamps.
FS	17	The state agency shall use documentary evidence as the primary source of verification for all items accept residency and household composition. These items may be verified either through readily available documentary evidence or through a collateral contact.
FS	18	Documentary evidence consists of a written confirmation of a household's circumstances, such as wage stubs, rent receipts, and utility bills.
FS	19	Although documentary evidence shall be the primary source of verification, acceptable verification shall not be limited to any single type of document and may be obtained through the household or other source.
FS	20	Whenever documentary evidence cannot be obtained or is insufficient to make a firm determination of eligibility or benefit level, the worker may require collateral contacts or home visits.
FS	21	A collateral contact is an oral confirmation of a household's circumstances by a person outside of the household.
FS	22	The collateral contact may be made either in person or over the telephone.
FS	23	A home visit may be used as verification only when documentary evidence is insufficient to make a determination of eligibility or benefit level, or cannot be obtained and the home visit is scheduled in advance with the household.
FS	24	Home visits are to be used on a case-by-case basis where the supplied documentation is insufficient.
FS	25	The state agency shall assist households in obtaining sufficient verification.
FS	26	Where unverified information from a source other than the household contradicts statements made by the household, the household shall be afforded a reasonable opportunity to resolve the discrepancy prior to a determination for eligibility or benefits.
FS	27	The state agency may verify the information directly and contact the household only if such direct verification efforts are unsuccessful,
FS	28	If the unverified information is received through the IEVS, the state agency may obtain verification from a third party.
FS	29	The state agency may obtain information through IEVS and use it to verify the eligibility and benefit levels of applicants and participating households.
FS	30	The state agency shall take action, including proper notices to households, to terminate, deny, or reduce benefits based on information obtained through the IEVS which is considered verified upon receipt, including social security and SSI benefit information obtained from the SSA, and UIB information obtained from the agency administering that program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	31	If the state agency has information that the IEVS-obtained information about a particular household is questionable, this information shall be considered unverified upon receipt and the state agency shall take action to verify the information independently.
FS	32	The household has primary responsibility for providing documentary evidence to support statements on the application and to resolve any questionable information.
FS	33	The state agency must assist the household in obtaining this verification provided the household is cooperating with the state agency in completing the application and taking required actions.
FS	34	Households may supply documentary evidence in person, through the mail, by fax or other electronic device, or through an authorized representative.
FS	35	Case files must be documented to support eligibility, ineligibility, and benefit level determinations.
FS	36	Documentation shall be in sufficient detail to permit a reviewer to determine the reasonableness and accuracy of the determination.
FS	37	The state agency may verify SSI benefits through the State Data Exchange (SDX) and Social Security benefit information through the Beneficiary Data Exchange (BENDEX) or through verification provided by the household.
FS	38	The state agency may use SDX and BENDEX data to verify other food stamp eligibility criteria.
FS	39	The household must be given an opportunity to verify the information from another source if the SDX or BENDEX information is contradictory to the information provided by the household or is unavailable.
FS	40	Determination of the household's eligibility and benefit level shall not be delayed past the application process time standards if SDX and BENDEX data is unavailable.
FS	41	At recertification the state agency shall verify a change in income if the source has changed or the amount has changed by more than $50.
FS	42	Previously unreported medical expenses, actual utility expenses, and total recurring medical expenses, which have changed by more than $25, shall be verified at recertification.
FS	43	The state agency shall not verify income if the source has not changed and if the amount is unchanged or has changed by $50 or less, unless the information is incomplete, inaccurate, inconsistent or outdated.
FS	44	The state agency shall not verify total medical expenses, or actual utility expenses claimed by households which are unchanged or have changed by $25 or less, unless the information is incomplete, inaccurate, inconsistent or outdated.
FS	45	The state agency shall require a household eligible for the child support deduction (or exclusion) to verify any changes in the legal obligation to pay child support, the obligated amount, and the amount of legally obligated child support a household member pays to a nonhousehold member.
FS	46	The state agency shall verify reportedly unchanged child support information only if the information is incomplete, inaccurate, inconsistent or outdated.

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Program Type	Rule Number	Rule
FS	47	Newly obtained social security numbers shall be verified at recertification.
FS	48	For able-bodied adults subject to the food stamp time limit who are satisfying the work requirement by working, by combining work and participation in a work program, or by participating in a work program that is not operated or supervised by the state agency, the individuals' work hours shall be verified.
FS	49	Other information which has changed may be verified at recertification.
FS	50	Unchanged information shall not be verified unless the information is incomplete, inaccurate, inconsistent or outdated.
FS	51	Changes reported during the certification period shall be subject to the same verification procedures as apply at initial certification, except that the state agency shall not verify changes in income if the source has not changed and if the amount has changed by $50 or less, unless the information is incomplete, inaccurate, inconsistent or outdated.
FS	52	The use of the USCIS SAVE system to verify alien status shall be documented in the case file.
FS	53	When the state agency finds it necessary to complete the USCIS form G-845 and send it to that agency to verify alien status, the agency must document the attempt to verify through SAVE and the use of the G-845.
FS	54	A food stamp recipient/applicant must provide verifications within 10 days after a written request for verifications has been made, either written or verbal, to provide specific verifications.
FS	55	When a client does not provide verifications within the time standards and the caseworker, when requested to do so, is unable to obtain verifications, appropriate negative action will be taken.
FS	56	Food stamp applicant/recipient is required to provide, but is not limited to, verification of identity, residence, alien status, SSN, household size and composition, resources, gross non-exempt income, strikers status, student status, relationships, age.
FS	57	Food stamp applicant/recipient has the option of providing verification of medical expenses, dependent care expenses, shelter costs, loans, disability.
FFP	58	Verification is the responsibility of the applicant/recipient for FF.
FFP	59	The user will secure verifications when the information is known to the Agency through automated data interfaces.
FFP	60	The user will secure verifications when it is more reasonable for the Agency to secure the information.
FFP	61	For a finding of ineligibility, the user may render a decision based on the assistance group's unverified statement.
FFP	62	To render a decision of eligibility, the user must be able to make a firm determination of eligibility based on verified points of eligibility.
FFP	63	The applicant/recipient's statement of facts may be accepted as verification when the assistance group has tried, without success, to obtain the needed verification and the caseworker has exhausted all means

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		of securing documentary evidence, without success, and the documents needed are other than those required by another agency.
FFP	64	The user must record the efforts that have been made to secure the verification and the results.
FFP	65	All verification requests of the FF individual require a Verification Request Notice.
FFP	66	Back up verbal verification requests with a Verification Request Notice.
FFP	67	The date of the Verification Request Notice must be recorded.
FFP	68	The reason for the Verification Request Notice must be recorded.
FFP	69	The Verification Request Notice must include a verification due date.
FFP	70	The user will record the date verification is received.
FFP	71	The user will record the type of verification received.
FFP, CC	72	The applicant/recipient has 10 days from the date of the Verification Request Notice to provide verification.
FFP	73	A Verification Request Notice may be needed to request verification of identity.
FFP	74	A Verification Request Notice may be needed to request verification of residence.
FFP	75	A Verification Request Notice may be needed to request verification of assistance group composition.
FFP	76	A Verification Request Notice may be needed to request verification of school attendance.
FFP	77	A Verification Request Notice may be needed to request verification of immunizations.
FFP	78	A Verification Request Notice may be needed to request verification of health checks.
FFP	79	A Verification Request Notice may be needed to request verification of deprivation due to absence.
FFP	80	A Verification Request Notice may be needed to request verification of deprivation due to incapacity.
FFP	81	A Verification Request Notice may be needed to request verification of deprivation due to unemployment.
FFP	82	A Verification Request Notice may be needed to request verification of deprivation due to underemployment.
FFP	83	A Verification Request Notice may be needed to request verification of living with a specified relative.
FFP	84	A Verification Request Notice may be needed to request verification of application for enumeration.
FFP	85	The user may verify enumeration through an electronic match.
FFP	86	A Verification Request Notice may be needed to request verification of pregnancy.
FFP	87	A Verification Request Notice may be needed to request verification of pregnancy conception date.
FFP	88	A Verification Request Notice may be needed to request verification of pregnancy due date.
FFP	89	A Verification Request Notice may be needed to request verification of gross income
FFP	90	A Verification Request Notice may be needed to request verification of child care expenses.
FFP	91	A Verification Request Notice may be needed to request verification of resources.
FFP	92	A Verification Request Notice may be needed to request verification of striker status.

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Program Type	Rule Number	Rule
FFP	93	A Verification Request Notice may be needed to request verification of compliance with work plan requirements.
FFP	94	A Verification Request Notice may be needed to request verification of marriage/divorce.
FFP	95	A Verification Request Notice may be needed to request verification of death.
FFP	96	A Verification Request Notice may be needed to request verification of paternity.
FFP	97	A Verification Request Notice may be needed to request verification of classification of a drug felony.
FFP	98	A Verification Request Notice may be needed to request verification of the conviction date of a drug felony.
FFP	99	A Verification Request Notice may be needed to request verification of relationship.
FFP	100	A Verification Request Notice may be needed to request verification of good cause for an unmarried minor parent not attending school.
FFP	101	A Verification Request Notice may be needed to request verification of good cause for assistance group children including married minor parents and married minors not attending school.
FFP	102	A Verification Request Notice may be needed to request verification of good cause for failure to immunize a child(ren).
FFP	103	A Verification Request Notice may be needed to request verification of good cause for failure to renegotiate the PRP.
FFP	104	A Verification Request Notice may be needed to request verification of good cause for failure to cooperate with Child Support.
FFP	105	A Verification Request Notice may be needed to request verification of good cause for voluntary quit.
FFP	106	A Verification Request Notice may be needed to request verification of good cause for failure to cooperate with work or work preparation components.
FFP	107	A Verification Request Notice may be needed to request verification of good cause for failure to complete timely health checks.
FFP	108	A Verification Request Notice may be needed to request verification of a newborn’s date of birth.
FFP	109	A Verification Request Notice may be needed to request verification of rape.
FFP	110	A Verification Request Notice may be needed to request verification of incest.
FFP	111	A Verification Request Notice may be needed to request verification of alien status.
FFP	112	A Verification Request Notice may be needed to request verification of alien sponsor’s income.
FFP	113	A Verification Request Notice may be needed to request verification of alien sponsor’s resources.
FFP	114	A Verification Request Notice may be needed to request verification of age.
FFP	115	A Verification Request Notice may be needed to request verification of cooperation with Child Support.
FFP	116	A Verification Request Notice may be needed to request verification of employment.

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Program Type	Rule Number	Rule
FFP	117	A Verification Request Notice may be needed to request verification of employment start date.
FFP	118	A Verification Request Notice may be needed to request verification of employment termination.
FFP	119	A Verification Request Notice may be needed to request verification of the reason for employment termination.
FFP	120	A Verification Request Notice may be needed to request verification of shelter/utility expenses that exceed current income.
FFP	121	A Verification Request Notice may be needed to request verification of eviction.
FFP	122	A Verification Request Notice may be needed to request verification of utility cut-off.
FFP	123	A Verification Request Notice may be needed to request verification of First Wheels eligibility.
FFP	124	For FF if birth certificate, clearinghouse or adoption records are not used to verify relationship, two alternative verifications will be required.
FFP	125	If a Families First application reaches the 49th day after the application date, verifications have been requested in a timely manner, offers by the caseworker to help obtain verifications have been made in a timely manner, and the client has not provided the verification(s) required to determine eligibility/ineligibility, the case shall be denied and interim benefits shall not be authorized.
TCM / TCS	126	The customer will have 10 days from the day of interview or 10 days after reporting a change to provide requested verifications.
TCM / TCS	127	A reminder notice will be sent to the customer advising him/her of the requested verification and the 10-day limit to provide verifications.
TCM/TCS	128	An alert will be sent to the worker if verifications have not been provided or verifications have not been entered into the system by the 10th day.
TCM / TCS	129	A client may have Good Cause for failure to provide verifications.
TCM / TCS	130	If there is Good Cause for failure to provide the necessary verifications, the worker will then attempt to assist in obtaining the verification.
TCM / TCS	131	If there is no Good Cause for failure to provide the necessary verification, the worker will take the appropriate action on the case within the 45 days for an application.
TCM / TCS	132	If the situation is a change and there is no Good Cause for failure to provide the necessary verification, the worker will take the appropriate action on the case on the 11th day.
TCM / TCS / FS	133	For reviews, if required verifications have not been provided by the 30th day, the case will be closed.
CC	134	Families First child care subprogram does not require any additional verification of basic case information, relationship, household income, employment and/or educational activities, beyond that obtained during the Families First cash grant eligibility determination process..

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	135	Transitional and At-Risk child care subprograms will have basic case information on record as obtained during the Families First eligibility period, but will require verification of any needed information updated for basic case information, child relationship to parent/caretaker, household income, and employment and/or education activities.
CC	136	Department of Children's Services subprogram case information is gathered and verified by the DCS eligibility worker (See DCS 1.2.10).
CC	137	Low-Income child care subprogram will require information verification of basic case information in addition to the relationship, household income and employment and/or education activities.
CC	138	All child care information that requires verification for case approval will need a verification request notice issued to the parent/caretaker for all the items not verified in the initial interview.
CC	139	Required child care information verified in the initial eligibility interview will not need a verification request notice.
CC	140	Child care providers will be verified with the TCCMS data system as being currently licensed by DHS or approved by DOE before the provider enrollment can be approved or payments made.
CC	141	No verification notice is required of TCCMS obtained provider information or manually gathered provider enrollment information.
CC	142	Child Care providers will be verified with TCCMS data system as being in compliance with 504 standards before the provider enrollment can be approved or payments made.
CC	143	Children using an electronic benefit transfer card for time and attendance must be verified as eligible for assistance before being admitted to the center.
CC	144	Verification an approved admission is signaled to the electronic benefit transfer 'point of sale' devise for print out.
CC	145	Ineligible children for child care assistance cannot receive an admission to the center upon swiping the electronic benefit transfer 'point of sale' devise as verified through the child's child care eligibility record.
CC	146	Verification of a denied admission is signaled to the electronic benefit transfer 'point of sale' devise for print out.
DCS	147	All Title IV-E foster care and Medicaid eligibility factors for a DCS foster child must be verified by documentary evidence or collateral contact.
DCS	148	The available verifications shall be obtained by DCS staff and recorded.
DCS	149	The recorded verifications shall be displayed in TN KIDS.
DCS	150	If verification of an eligibility factor for Title IV-E foster care or Medicaid is unavailable, the user will indicate the type of verification(s) needed to establish the child's initial eligibility/reimbursability or continuing eligibility/reimbursability for Title IV-E foster care or Medicaid.
DCS	151	The system shall display all outstanding verifications needed to establish Title IV-E foster care and

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Medicaid eligibility for a foster child.
DCS	152	A Verification Request Notice will be generated to the foster child's DCS case manager.
DCS	153	The Verification Request Notice will include the following information: • foster child's name; • foster child's date of birth; • foster child's Social Security Number; • all outstanding verifications needed to establish the child's eligibility; • the eligibility program that the verifications are required; • the due date for obtaining the outstanding verifications.
DCS	154	Record the receipt of the outstanding verifications if they are received before the due date. The due date for obtaining the outstanding verifications will be 10 days from the date the Verification Request Notice is generated.
DCS	155	The system will update and display the verifications.
DCS	156	If the outstanding verifications have not been recorded as being received by the due date, the system will generate an alert
DCS	157	If verification requested on Verification Request Notice are not returned within 10 days, a 10 day Advance Termination Notice will be issued to the parent / caretaker.
AA	158	The child's eligibility for Adoption Assistance should be determined prior to placement and approved at the time the adoptive placement agreement is signed. Eligibility must be determined prior to finalization of the adoption.
AA	159	Verification of eligibility for Adoption Assistance will be obtained by the child's case manager.
AA	160	Verification of eligibility for IV-E funding must be obtained by the child's case manager and documented and recorded.
AA	161	The system shall display when documentation does not support that the child is eligible under IV-E funding.
AA	162	If a child is receiving foster care payments through IV-E funding and is eligible for adoption assistance, the funding source will be IV-E for adoption assistance.
AA	163	A child who is receiving SSI and is determined eligible for adoption assistance will receive adoption assistance through IV-E funding.
IS	164	Zero to many verifications may be required for a claim.
IS	165	Verification may require written record.
IS	166	If written verification is required and not returned within 14 days, then the user requesting verification must be notified.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	167	If written verification is required and not received, then user requesting verification must document the lack of receipt.
IS	168	The user shall only be notified once for lack of receipt of verification.
IS	169	Failure to receive verification shall be documented.
IS	170	No response may be a reason for not receiving verification
IS	171	Declined to respond may be a reason for not receiving verification.
IS	172	Unable to locate may be a reason for not receiving verification.
IS	173	Other may be a reason for not receiving verification only if it is explained.
IS	174	Verification may be sent to persons or entities not known to the system.
IS	175	Verification's must be able to be reproduced exactly as they were originally produced.
QC	176	The initial request for verification is part of the appointment letter.
QC	177	Written requests for verification can be faxed or mailed.
QC	178	Incoming and outgoing telephone calls are considered requests for verification.
QC	179	The current Reviewer or any Supervisor determines when verification is requested.
QC	180	The current Reviewer or any Supervisor determines what verification is requested.
QC	181	If the verification request is written, the date the verification request is mailed or faxed, the mode of transmission (faxed or mailed), and from whom the verification is requested is entered on a log.
QC	182	If the request is written, recording the type of verification requested on the log is optional.
QC	183	If the verification request is an outgoing telephone call, the date the call is made, the person contacted, and their relationship to the individual (if it is someone other than the individual) are recorded on the log.
QC	184	If the verification request is an incoming telephone call, the date the call is received, the people making the call and their relationship to the individual (if it is someone other than the individual) are recorded on the log.
QC	185	Recording the reason for the call on the log is optional.
QC	186	The date the verification is to be provided is <= ten days from the date the verification is requested.
QC	187	The date the verification is to be provided is specified by the person requesting the verification.
QC	188	The date the verification is provided is recorded on the log.
QC	189	If the verification is not returned by the due date, follow-up is optional.
QC	190	If verifications are not returned within 14 days, the reviewer will attempt to complete the case by likely conclusion.
QC	191	If verifications are not returned within 14 days and the case cannot be completed by likely conclusion, the review of the case will be terminated.
All	192	An applicant/recipient must provide verification to establish as accurately as possible that the household

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

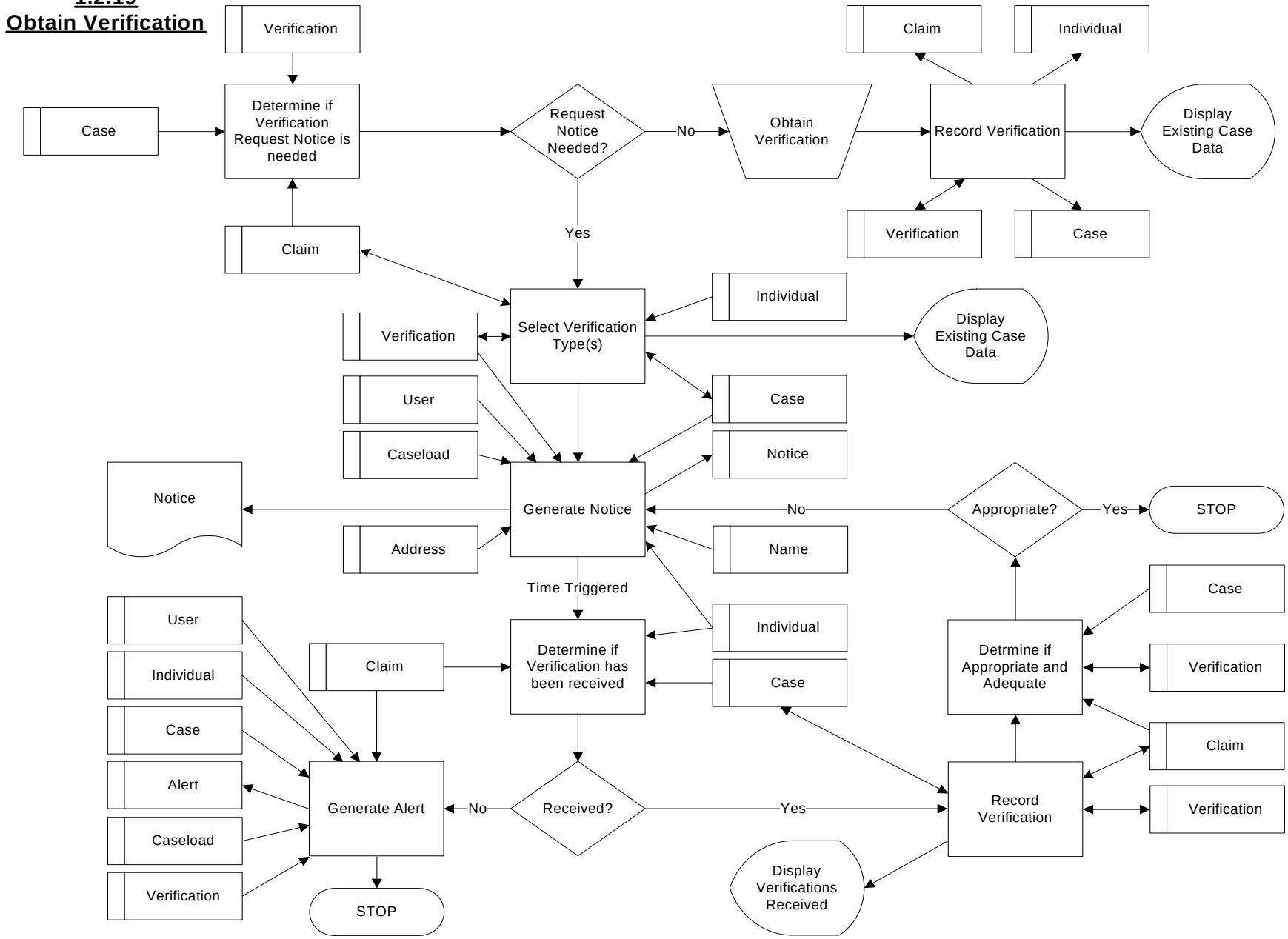
Program Type	Rule Number	Rule
		meets defined eligibility criteria, and that the benefit amount is correct.
All	193	The case manager shall secure verifications when the information is known to the Department through automated data interfaces or when it is more reasonable for the Department to secure the information.
All	194	The record must be documented as to the efforts that have been made to obtain verification and the results.
All	195	Documentary evidence is considered the primary source of verification. When it is not available, collateral contacts, or home visits shall be used.
All	196	When using documentary evidence, the case manager must record the title or type of document, document number, date of document, date seen, and contents.
All	197	Changes are subject to the same verification procedures and requirements that apply to initial applications or reapplications.
All	198	The household may supply documentary evidence in person, through the mail, or through an authorized representative.
All	199	Verification of reported social security numbers may be accomplished by matching the reported number with BENDEX, SDX, wire-to-wire, observing the social security card or any official document from the Social Security Administration containing the SSN, or by utilizing the SS-5 process.
All	200	Verification that is provided by the applicant/recipient or secured by the case manager shall be recorded in the file and/or free form text and shall be returned to the applicant/recipient or destroyed as appropriate.
All	201	Recipients must report changes within 10 days of the date the change becomes known to the household. (Except for Simplified Reporting Cases.)
All	202	Recipients must provide verification within 10 days of the Department's request.
All	203	A verification request can be for one to many verification types.
All	204	Some verification types may require free-form text to be entered by the user.
All	205	Selection of some verification types may cause a notice to be generated.
All	206	Cases pending for required verification may be denied based on program standards.
All	207	Cases pending for required verification may be closed based on program standards.
All	208	Cases pending for verification of expenses may not be opened unless case is expedited FS, based on policy.
All	209	Cases pending for verification of expenses may be approved without verification but will not be allowed to receive any unverified deductions.
All	210	A Social Security card may not be used as verification of ID.
All	211	Some data fields may require more than one verification type to be entered.
All	212	Each data field requiring verification will have specific verification types.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	213	Some verification fields will be populated from interface data.
All	214	When verifications are provided, a receipt shall be populated from interface table.
FFS	215	A service provider must provide an invoice and the client's pay stub(s) to receive an incentive payment.
FFS	216	A First Wheels applicant must provide verification of employment and income to qualify for the program
FFS	217	A First Wheels applicant must provide verification from the Department of Safety of no violations within the last 24 months to qualify for the program.
FFS	218	A First Wheels applicant must provide verification from the Department of Safety of a valid driver's license.
FFS	219	A Support Service broker must provide DHS an invoice in order to receive reimbursement for transportation reimbursements to the clients.
FFS	220	A Families First client dental service, auto related service(s), or optical service must provide an estimate for the work to be performed from an approved provider before a referral can be made.
FFS	221	Families First support service brokers must provide DHS with invoices before they can be paid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.19 Obtain Verification



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

Process:

The Department of Human Services will receive a Bankruptcy Order from the courts to apply for Human Services customers. The Department will collect bankruptcy amounts from active cases. These collected funds will be sent to the bankruptcy court as payment on the client's behalf, in accordance with the bankruptcy order. The only case type that may be affected is Families First. Child care providers may also have a portion of their state payment diverted to the court to satisfy a condition of their bankruptcy.

Sub-Processes:

1. Perform "Client Search and Summary" Process

   When a Bankruptcy Order has been received the user will perform "Client Search and Summary" to determine if the customer has a case and the status of that case. The system shall allow the user to select the appropriate individual.

2. Determine if Individual Has Been Found

   The system shall determine if there was a match for the individual with the Bankruptcy Order. When there is not a match, Fiscal Services staff will notify the appropriate court official through current manual procedures.

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

NAME (Input)
Name Type
Bankruptcy Name

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number

3. Record Bankruptcy Information

When there is a match the user will record the bankruptcy information contained on the court order for the appropriate individual. The system shall link the cases and claims to the bankruptcy information. The user will indicate the programs involved in the bankruptcy.

CASE (Input)
Case Number
Program/Sub-Program

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

INDIVIDUAL (Input)
SSN
Individual ID

BANKRUPTCY (Output)
Bankruptcy Indicator
Bankruptcy Type
Bankruptcy Court Case Number (Alpha/Numeric)
Bankruptcy Order Amount
Bankruptcy Order Date
Bankruptcy Receipt Date
Bankruptcy Collection Begin Date
Bankruptcy Collection End Date
Bankruptcy Court Address
Bankruptcy Court Name
Bankruptcy Judge First Name
Bankruptcy Judge Last Name
Bankruptcy Judge Sign Date
Bankruptcy District Name
Bankruptcy County Number
Bankruptcy Program Indicator
Bankruptcy Verification Type
Chapter Type
Bankruptcy Trustee First Name
Bankruptcy Trustee Last Name
Wage Assignment Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

Wage Assignment Amount

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Account Repayment Method
Claim Status

4. Determine Bankruptcy Action

The user will select the type of action that must be performed (commencement, adjustment, dismissal or discharge) on behalf of the Bankruptcy Order. The system shall determine which action must occur based upon the user's selection.

BANKRUPTCY (Input/Output)
Bankruptcy Action Type

5. Perform "Bankruptcy Discharge or Dismissal" Process

The system shall perform "Bankruptcy Discharge or Dismissal" when action type is discharge or dismissal.

6. Determine Wage Assignment Required

When the user does not select Discharge or Dismissal as the action type, the system shall determine if a

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

wage assignment has been entered for the individual.

BANKRUPTCY (Input/Output)
Bankruptcy Action Type
Bankruptcy Wage Assignment Indicator

7. Determine Active Case Appropriate for Wage Assignment

When there is a wage assignment, the system shall determine if there is an active case for the individual with the bankruptcy. The system shall ALERT the Family Assistance caseworker when there is a Bankruptcy Order entered.

CASE (Input/Output)
Case Number
Case Type
Case Status

INDIVIDUAL (Input)
SSN
Individual ID

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

CLAIM (Input)
Claim Number
Claim Status

ALERT (Output)
ALERT Type
Bankruptcy

8. Notify IS/Fiscal Services

The system shall notify Investigation Services (IS) and Fiscal Services when there is a wage assignment but there is not an active case and the bankruptcy cannot be applied.

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Indicator
Wage Assignment Amount

CASE (Input)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

Case Type
Case Status

ALERT (Output)
ALERT Type
No Active Case for Bankruptcy

REPORTS (Output)
Bankruptcy Reports
Wage Assignment Not Applied

9. Determine if Active Accounts Receivable

The system shall determine if there is an active account receivable (A/R) case for the individual with the bankruptcy. This indicates there is an outstanding overpayment balance currently in collection.

CASE (Input/Output)
Case Number
Case Type
Case Status

INDIVIDUAL (Input)
SSN
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.20 Bankruptcy

Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

IS ACCOUNT (Input)
Account Number

CLAIM (Input/Output)
Claim Number
Claim Status
Claim Repayment Type

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Indicator
Wage Assignment Amount

10. Remove BR From Budgets (if applicable)

The system shall remove the benefit reduction(s) from the appropriate program(s) when the claim is suspended due to application of a bankruptcy. The system shall suspend all claims/accounts receivable while the bankruptcy wage assignment is active.

CASE (Input)
Case Number
Case Type
Case Status

CLAIM (Input)
Claim Suspension Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

Claim Suspension Type

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Indicator
Wage Assignment Amount

BUDGET (Output)
Benefit Reduction Indicator
Benefit Reduction Amount

11. Apply Bankruptcy

The system shall apply the wage assignment as a deduction for the appropriate case based on business rules. When there is a wage assignment, the system shall calculate the Families First grant amount by subtracting the bankruptcy amount as a deduction. The system shall determine the benefit amount with the removal of the benefit reduction for the appropriate program based on business rules. The system shall allow bankruptcy amount to be deducted from the FF grant amount while continuing to count the full FF amount in the FS and other program budgets as income as appropriate.

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Indicator
Wage Assignment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

CASE (Input)
Case Number
Case Type
Case Statue

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Claim Status
Claim Repayment Type

BUDGET (Output)
Budget Effective Date
Benefit Reduction Indicator

12. Generate Bankruptcy Reports

The system shall generate the appropriate bankruptcy reports based on business rules for the activity that has occurred.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Claim Repayment Type
Claim Balance

ISSUANCE (Input)
Issuance Amount
Issuance Date

BANKRUPTCY (Input)
Bankruptcy Amount Applied
Bankruptcy Issuance Date
Bankruptcy Order Amount
Bankruptcy Order Date
Bankruptcy Receipt Date
Bankruptcy Collection Begin Date
Bankruptcy Collection End Date
Bankruptcy Court Address
Bankruptcy Court Name
Bankruptcy Judge First Name
Bankruptcy Judge Last Name
Bankruptcy Judge Sign Date
Bankruptcy District Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

Bankruptcy County Number
Bankruptcy Program Indicator
Bankruptcy Verification Type
Bankruptcy Trustee First Name
Bankruptcy Trustee Last Name
Wage Assignment Indicator
Wage Assignment Amount

CLAIM (Input)
Claim Number
Claim Status
Claim Type

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

REPORTS (Output)
Report Type
Bankruptcy Report(s)
Date Bankruptcy Applied

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

13. Create Notice

The system shall generate a notice to the customer when the bankruptcy is applied to their case, and benefits are reduced through a wage assignment.

CASE (Input)
Case Number
Case Type

TRANSACTION HOLD (Input)
Request Amount
Benefit Request Type Code
Benefit Month
Eligibility Begin Date

BANKRUPTCY (Input)
Bankruptcy Indicator
Wage Assignment Amount

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.20 Bankruptcy
Process Number: 1.2.20

Program Affected: FA, Claims, Fiscal	**Users: Caseworker, Supervisor, State Office**

ADDRESS (Input)
Address Type
Case Address
County Address
County Number

NAME (Input)
Name Type
Bankruptcy Name
Claimant Name
Caseworker Name
Responsible Person Name

NOTICE (Output)
Notice Type
Initiate Bankruptcy Notice
Notice Mail Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	The entire FF eligible amount must be counted in the FS budget when reducing FF payments due to bankruptcy.
FFP	2	Bankruptcy orders can specify that all or a part of the FF grant will be paid directly to the bankruptcy court for disbursement to the individual and his/her debtors.
FFP	3	The Bankruptcy Order information must be recorded.
FFP	4	The FF grant cannot be reduced due to an overpayment during the period of bankruptcy.
FFP	5	Any existing FF recoupment must be suspended for the duration of the bankruptcy order.
FFP	6	Notify Claims to suspend any existing recoupment.
FFP	7	Forward the Bankruptcy order to Fiscal Services.
FFP	8	Fiscal Services will notify the caseworker regarding the amount to be subtracted from the FF grant for payment to the bankruptcy court.
FFP	9	Record the amount of income subtracted from the FF grant for payment to the bankruptcy court.
FFP	10	Notify the Fiscal Services bankruptcy worker regarding any change in the grant amount (including case closure)
FFP	11	Notify the Fiscal Services bankruptcy worker at each reapproval until the bankruptcy has been resolved.
FFP	12	Any debt to the Agency must be included in the bankruptcy filing so that it can be discharged through the bankruptcy order.
FN	13	If a bankruptcy order is received on a person that is not known to the system, Fiscal Services will notify the Bankruptcy Court.
FN	14	A record of all pertinent bankruptcy information must be maintained.
FN	15	If the bankruptcy order is not a dismissal or discharge and the person has an active case, accounts receivable will be suspended and benefit reduction will be halted.
FN	16	Adjustments may be made to the bankruptcy order amounts if there is any change in the case affecting the grant amount, including case closure.
FN	17	Bankruptcy amounts must be accumulated and reported to Fiscal Services so payment can be made to the courts.
IS	18	Follow court order regarding bankruptcy
IS	19	Account receivable may be closed due to bankruptcy
IS	20	Account receivables may be suspended due to pending bankruptcy litigation
IS	21	A bankruptcy order can affect the Families First grant amount. Usually, the

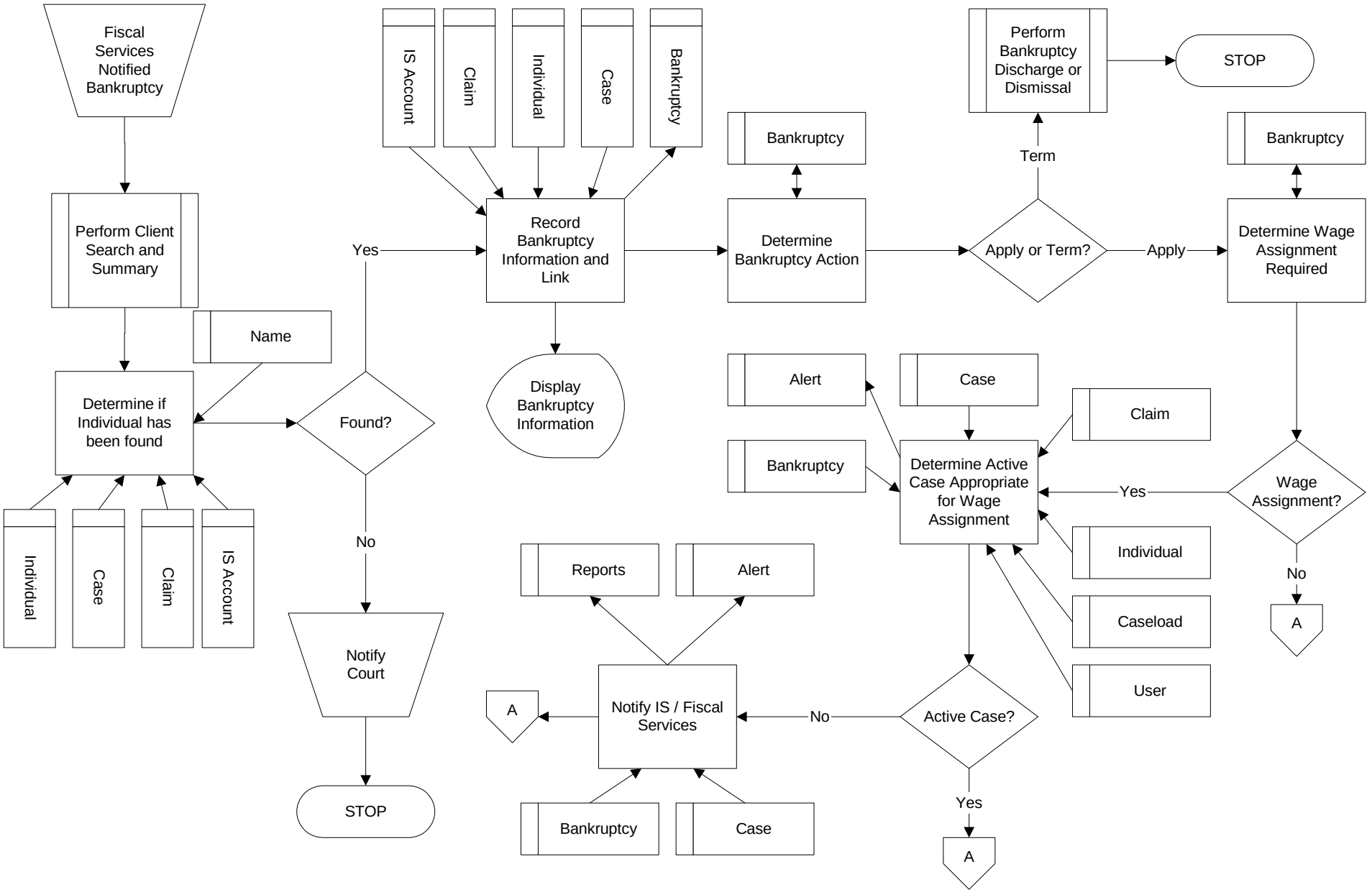
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		bankruptcy order will specify that all or a part of the Families First grant amount be paid directly to the bankruptcy court for disbursement to the individual and his/her debtors.
IS	22	During the period the bankruptcy order is in effect, the Families First grant cannot be reduced due to an overpayment. Even though benefit reduction cannot be imposed on a bankruptcy case while the bankruptcy order is in effect, claims must continue to be completed on any overpayments that occur after the bankruptcy order is issued. Once the bankruptcy is discharged, recovery can be attempted on any post-petition overpayments that have occurred.
FFP / IS	23	A wage assignment may not exceed the amount of the FF cash grant.
IS	24	Individuals who file for bankruptcy can list the Department of Human Services as a creditor if they have an outstanding claim. The Notice of Bankruptcy should be submitted to the State Office. Any bankruptcy document submitted that are sent to the county office by mistake should be forwarded immediately to: Bankruptcy Administrator Attorney General's Office Tax Division Bankruptcy Unit 404 James Robertson Parkway Suite 2121 Nashville, Tennessee 37243
IS	25	The official records of claims and repayments will be maintained for federal reporting and audit purposes by the Fiscal Services AFDC Claims Unit in the State Office.
CC	26	A child care provider may have a portion of state provided payments diverted to satisfy a bankruptcy judgment. Amount diverted will equal the bankruptcy order amount.
AA	27	Resources of the adoptive parent(s) and the child are not considered in the determining the child's eligibility for adoption assistance.
AA	28	If a child had resources which made him ineligible for Title IV-E foster care payments, the child could receive adoption assistance under state funding, provided all other requirements were met.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

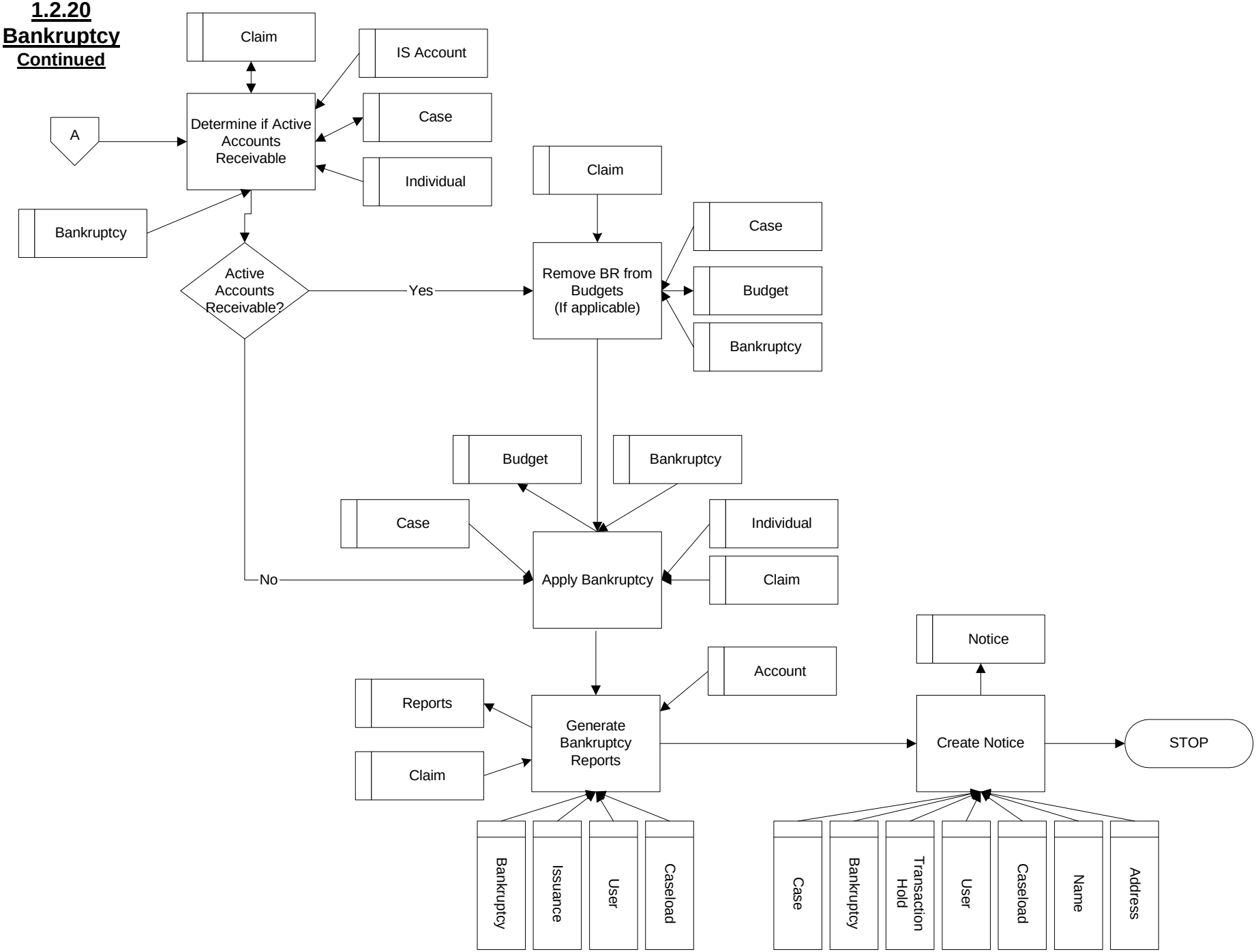
1.2.20

Bankruptcy



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.20
Bankruptcy
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal	
Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Process:

The Department of Human Services will be required to halt the application of a bankruptcy from an active case when a dismissal or discharge order is recorded into the system. The system will be required to reinstate applicable benefit reduction(s) for Family Assistance budgets and restore or purge claim balance(s).

Sub-Processes:

1. Determine If Active Case

   The Fiscal Services user will receive the Bankruptcy Order and will record all pertinent information. The system shall determine if a bankruptcy being applied to an active case must be stopped or removed.

   CASE (Input)
   Case Number
   Case Type
   Case Status

   INDIVIDUAL (Input)
   SSN
   Individual ID

   BANKRUPTCY (Input/Output)
   Bankruptcy Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Bankruptcy Action Type
- Commencement
- Adjustment
- Dismissal
- Discharge

Bankruptcy Order Date
Bankruptcy Judge Sign Date
Bankruptcy Court Case Number (Alpha/Numeric)
Bankruptcy Court Name
Bankruptcy Judge First Name
Bankruptcy Judge Last Name
Court District Name
Bankruptcy Debtor First Name
Bankruptcy Debtor Last Name
Bankruptcy Chapter Type
Bankruptcy Trustee First Name
Bankruptcy Trustee Last Name

2. Remove Wage Assignment Amount (Optional)

When there is an active FF case, the system shall remove the wage assignment that is being applied against the gross grant payment amount.

CASE (Input)
Case Number
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

BANKRUPTCY (Input)
Bankruptcy Indicator
Bankruptcy Type
Bankruptcy Order Date
Bankruptcy Judge Sign Date
Bankruptcy Court Case Number (Alpha/Numeric)

IS ACCOUNT (Input)
Account Number

CLAIM (Input/Output)
Claim Number
Account Repayment Method
Claim Classification
Claim Status
Account Receivable Balance

3. Determine if Acct Revb/Claims Suspended

The system shall determine if there are any account receivables for the individual that have been suspended for the application of the bankruptcy.

IS ACCOUNT (Input)
Account Number

CLAIM (Input/Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Claim Number(s)
Claim Repayment Type
Claim Status
Claim Balance

INDIVIDUAL (Input)
SSN
Individual ID

BANKRUPTCY (Input)
Bankruptcy Indicator
Bankruptcy Type

4. Remove Suspension

When it has been determined that the individual has a claim or claims that are suspended due to bankruptcy the system shall remove the suspension status from the appropriate claims.

BANKRUPTCY (Input)
Bankruptcy Indicator
Bankruptcy Type

IS ACCOUNT (Input)
Account Number

CLAIM (Input/Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Claim Number(s)
Claim Repayment Type
Claim Status
Claim Balance

5. Determine Dismissal or Discharge

The system shall determine the type of action, dismissal or discharge, which must be taken for the cessation of the bankruptcy.

BANKRUPTCY (Input/Output)
Bankruptcy Indicator
Bankruptcy Action Type
Bankruptcy Discharged Indicator
Bankruptcy Dismissed Indicator

6. Identify Claims that Need To Be Charged Off

When the bankruptcy must be discharged, the system shall identify all the claims for the individual that may potentially need to be charged off or purged based on business rules.

INDIVIDUAL (Input)
SSN

BANKRUPTCY (Input)
Bankruptcy Type
Bankruptcy Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Bankruptcy Discharged Indicator

IS ACCOUNT (Input)
Account Number

CLAIM (Input/Output)
Claim Number(s)
Account Repayment Method
Claim Status
Account Receivable Balance

7. Identify Acct Revb Available for Benefit Reduction

The system shall identify the claims that were not discharged as part of the Bankruptcy Order and are eligible for benefit reduction based on business rules. (If the discovery date is greater than the notice of commencement date, the claim is not subject to discharge.)

BANKRUPTCY (Input)
Bankruptcy Type
Bankruptcy Order Date

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Account Repayment Method
Claim Status
Account Receivable Balance

CASE (Input)
Case Number
Case Type
Case Status

8. Identify and Reinstate all Acct Revb

When the action type is not discharge, the system shall identify the appropriate claims for an individual that were dismissed by the Bankruptcy Order. The system shall adjust any suspended claims and allow the user to update claim balance(s) as needed.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input / Output)
Claim Number
Claim Status
Account Repayment Method
Account Receivable Balance

BANKRUPTCY (Input)
Bankruptcy Action Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Bankruptcy Order Date

9. Adjust Claim Status

The system shall adjust the repayment status of the claim(s) when there is an outstanding balance that is available for benefit reduction or other collection activity.

IS ACCOUNT (Input)
Account Number

BANKRUPTCY (Input)
Bankruptcy Action Type
Bankruptcy Order Date

CLAIM (Input/Output)
Claim Number(s)
Claim Status
Account Repayment Method
Account Receivable Balance

10. Perform “Budgeting” Process

The system shall perform “Budgeting” to remove the bankruptcy deduction from the FF case. The system shall also apply benefit reduction to FF and/or FS cases as appropriate.

11. Generate Reports

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

The system shall perform generate reports detailing the halting of the bankruptcy and reinstatement of account receivable claims.

CASE (Input)
Case Number
Case Type
Case Status

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Claim Status

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

BANKRUPTCY (Input)
Bankruptcy Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.21 Bankruptcy Discharge or Dismissal

Program Affected: FF, Fiscal, Claims	**Users: Caseworker, Supervisor and above, State Office Staff, Claims Staff**

Bankruptcy Type
Bankruptcy Order Date
Bankruptcy Judge Sign Date
Bankruptcy Court Case Number (Alpha/Numeric)
Bankruptcy Court Name
Bankruptcy Judge Name
Bankruptcy District Name
Bankruptcy Debtor First Name
Bankruptcy Debtor Last Name
SSN
Bankruptcy Chapter Type
Bankruptcy Trustee First Name
Bankruptcy Trustee Last Name

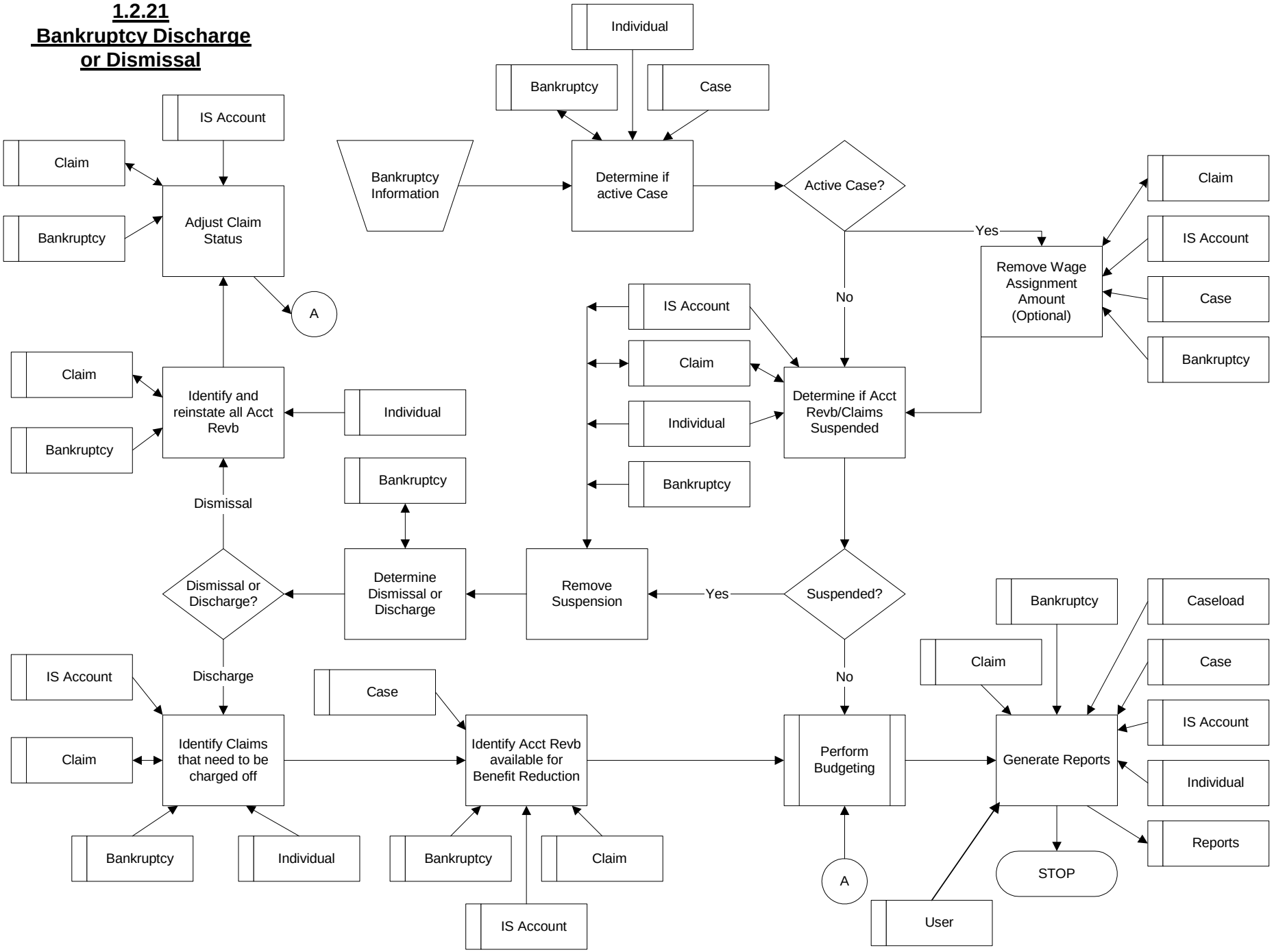
REPORT (Output)
Report Type
Bankruptcy Dismissal/Discharge

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	A Food Stamp benefit reduction must be stopped when the FS account receivable is included in the bankruptcy order.
FFP	2	A Families First Grant cannot be reduced due to an overpayment during the period a bankruptcy order is in effect.
FFP	3	Claims shall continue to be completed on any overpayments that occur while a bankruptcy order is in effect.
FFP	4	Once the bankruptcy is discharged, recovery shall be attempted on any post-petition overpayments that have occurred.
FFP	5	Family Assistance Fiscal Services/Bankruptcy shall be notified of bankruptcy dismissals or discharges.
FFP	6	Investigations shall be notified of bankruptcy dismissals or discharges.
FFP	7	Upon receipt of a bankruptcy dismissal or discharge, the caseworker shall identify and reinstate the individual whose needs have been removed from the Families First assistance group due to bankruptcy.
FFP	8	The Agency will have the capability of producing bankruptcy dismissal/discharge reports.
IS	9	When an account receivable is suspended due to bankruptcy and the bankruptcy is dismissed or discharged the account receivable suspension will be removed.
IS	10	When a bankruptcy is discharged/dismissed and there is an account receivable for the individual and the discovery date of the associated claim is greater than the notice of commencement date of the bankruptcy, the account balance is not subject to discharge. or dismissal.
IS	11	The user will adjust any account receivable balance(s) which are affected by the bankruptcy discharge or dismissal. These adjustments should be recorded by the system.
FN	12	If the bankruptcy order is a dismissal, all accounts receivable should be reinstated and adjusted if necessary. This would be reinstated to the balance as of the date of suspension less any payments received.
FN	13	If the bankruptcy order is a discharge, the adjusted account receivable balance associated with the bankruptcy will be written off.
FN	14	Accounts receivable will need to be associated with the bankruptcy period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.21 Bankruptcy Discharge or Dismissal



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.22 Case Documentation	
Program Affected: FA	**Users: All**

Process:

Case documentation will be a combination of data fields completed and related verifications obtained. In addition, the system must allow the user to enter documentation in a free-form text format. The system shall associate or, 'tag,' all free-form text entered with the user's name, user ID, and date. The system shall link free-form text to the 'area' of the case/individual with which it is associated. The user will enter free-form documentation for a particular individual in one case, and the system shall link that information to that individual in all other related cases. For example, a user will enter free-form income documentation for Individual A in his/her Food Stamp (FS) case. Since individual A is also in a Medicaid case, the system shall populate the income documentation that was entered in the FS case in the Medicaid case also. This process describes the steps the system shall use to provide free-form text capability for case documentation and to provide the user with access to that documentation by means of 'search' and 'sort' features. Case documentation will be linked to the head of case. 'Case' data elements will only be completed once for each head of case.

Sub-Processes:

1. Display Existing Documentation

   The system shall display existing documentation whenever a screen is accessed. If the case is a new one, the documentation screens will be blank. If the case has previously been authorized, the system shall display the most recently recorded free-form text as each screen appears.

   CASE (INPUT)
   Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.22 Case Documentation

Program Affected: FA	**Users: All**

DOCUMENTATION (INPUT)
User ID
Date and Time
Documentation Type (for example: Case Comments, Verification, Claim, QC Review)
Free-form Text

2. Add/Update Documentation

If a new case, the documentation screens will be blank. If the head of case has current or previous case(s), then the last recorded documentation will be displayed. For a previously established case, the system shall provide the user the ability to refresh the documentation screens in order to key current comments and verifications. The user will record the new comments/verifications, and the system shall add/update the new free-form text to the record. For reverification at reviews, if a specific item is not required to be reverified, as per the business rules, the prior documentation used will continue to populate. The system shall record dates that additions/updates to the documentation are made, and shall display those dates when the text is displayed. The system shall allow the deletion of any erroneous data entered on the same day and shall not maintain a history of this data.

DOCUMENTATION (OUTPUT)
Free-form Text

3. Select Sort Type

The system shall provide a sort feature for case documentation. Sort functionality shall include, but not be limited to, user ID, date/time, documentation type, program/subprogram, case number and subject type. For example, the user wants to see documentation from the last review of a case for all

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.22 Case Documentation

Program Affected: FA	**Users: All**

resources for Worker X. The user will enter date of the last review, user ID of caseworker X, and subject 'Resources' for a specific case number in order to view all of the case documentation on 'Resources' entered by the given user.

SORT TYPE (INPUT)
User ID
Date and Time
Documentation Type
Case Number
Recipient ID Number
Program
Subprogram
Subject Type

SELECTED SORT TYPE (OUTPUT)

4. Display all Case Documentation by Sort Type.
   The system shall display all case documentation for a particular case or individual based on the sort criteria that the user entered.

   SELECTED SORT TYPE (INPUT)

   DOCUMENTATION (INPUT)
   User ID
   Date and Time
   Documentation Type (for example: Case Comments, Verification, Claim, QC Review)
   Free-form Text

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.2.22 Case Documentation

Program Affected: FA	**Users: All**

5. Enter Search Criteria

   The system shall also provide a search feature, with which the user can input a phrase, alpha, numeric or a combination, and search the general comments for a particular subject. The user will make a search of case documentation to find the particular entry(s) that require review, changes, or additions. The system shall provide options for searching existing documentation, such as: review all case documentation from beginning to end; view only the most recent entry; view documentation selected by entering an entry date or range of dates; or searching for specific words and /or phrases. Search capabilities shall not be limited to these examples.

   SEARCH CRITERIA (INPUT)
   Word
   Phrase
   Date

   SORT TYPE (INPUT)
   Documentation Type
   Date/Time
   User ID

   SEARCH CRITERIA (OUTPUT)

6. Display Search Results

   The system shall display the results of the search to the user. The display will include only the screens/text that meets the search criteria.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.2.22 Case Documentation

Program Affected: FA	**Users: All**

SEARCH CRITERIA (INPUT)

SEARCH RESULTS (OUTPUT)

7. Add/Update Documentation, if Needed

While displaying the requested documentation on the screen, the system shall provide add/update capability for the user. All users may update or delete documentation on the same day as initially entered. As permitted by security, the user may be allowed to make corrections to previously entered documentation. For example, while searching through the case documentation, a supervisor may spot comments that are either incorrectly or inappropriately worded and may need to change the incorrect/inappropriate documentation.

DOCUMENTATION (OUTPUT)
Free-form Text
Documentation Codes

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	Search criteria must be matched exactly by documentation to be a successful search.
All	2	Documentation that does not match search criteria exactly shall not be displayed as a search result.
All	3	An exact match between search criteria and documentation may be found at any location in the documentation.
All	4	If an exact match between search criteria and documentation occurs, the match results shall be displayed.
All	5	Search criteria can be a date
All	6	If an exact match between a date search criteria and a documentation entry date is found, the entry for the search criteria date shall be displayed.
All	7	Search criteria can be a range of dates.
All	8	If documentation was found to have been entered at any time in the range of dates, the entry for the search criteria shall be displayed.
All	9	A single word can be search criteria.
All	10	If an exact match between the search criteria word and the documentation is found, the entry in which the word is found shall be displayed.
All	11	A phrase can be search criteria.
All	12	If an exact match between the search criteria phrase and the documentation is found, the entry in which the phrase is found shall be displayed.
All	13	All users may modify case documentation the same day of original entry.
All	14	As permitted by security, user may modify case documentation that was entered on a prior date.
All	15	Case documentation will be an option at every point of data collection.
All	16	Case documentation will be required when specific entries are made.
All	17	Search criteria can be a screen or field title.
CC	18	Child Care will document all information that affects the case status such as continuing, reducing or terminating child care assistance.
IV-E FC	19	All verifications used to establish initial eligibility/reimbursability and on-going eligibility/reimbursability shall be documented.
IV-E FC	20	All changes, including a change of placement for the foster child, made to a Title IV-E foster care child's status shall be documented.
IV-E FC	21	All reported events, e.g., trial home visits, runaway status, etc. that has impacted a foster child's custody episode status shall be documented.
IV-E FC	22	All contacts, e.g., e-mail, phone, mail, etc. made with the foster child's authorized representative or other DCS staff concerning the child shall be documented.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

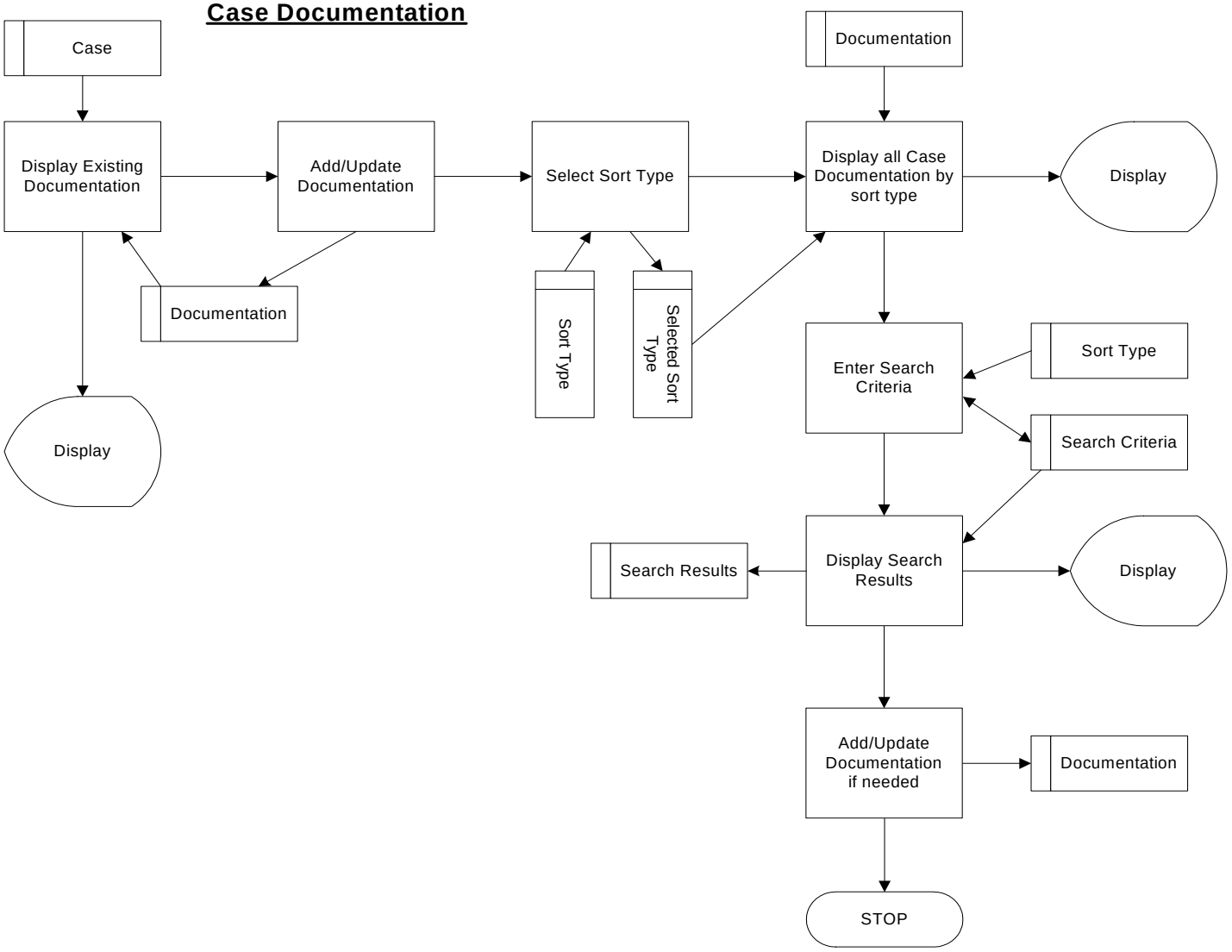
Program Type	Rule Number	Rule
IV-E FC	23	DCS eligibility staff shall add new and/or update existing documentation as needed.
IV-E FC	24	DCS eligibility staff shall record the title or type of documents, document numbers, date of documents, date the documents were seen, and the contents of the document when using documentary evidence to establish initial eligibility, continuing eligibility, or closing a Title IV-E foster care case.
IV-E FC	25	When using a collateral contact for verification, DCS eligibility staff shall document the date of the contact, the type of contact, e.g., telephone, e-mail, written statement, the name of the contact, how the collateral contact knows the facts or circumstances of the foster child.
IV-E FC	26	Any questionable or unusual circumstances concerning the foster child shall be documented.
All	27	All pertinent information regarding the case circumstances and anything that affects eligibility must be documented.
All	28	The information in the case must substantiate continuing or reducing benefits or closing the case.
All	29	Any questionable or unusual circumstances in the case must be explained.
All	30	The case file must contain any supporting statements needed to clarify the actions taken.
All	31	Progress or lack of progress in the assistance group's Personal Responsibility Plan must be explained in the case.
FFP	32	The Families First case shall be documented to the extent that all verifications that are required to establish eligibility are clarified and complete.
FFP	33	All extenuating circumstances and/or unusual situations shall be documented, fully explained and must include all information used by the caseworker in making eligibility decisions.
All	34	The user shall document all client contacts whether in person, by phone, by mail or email and the reason for/result of such contact and the effect on eligibility.
FFP	35	The caseworker shall add new and/or update existing documentation as needed.
FFP	36	The caseworker shall document the reason whenever an action is taken on a case.
FFP	37	Documentary evidence shall be defined as written evidence that is relied on as the basis, proof, or support of information provided by the case members and may be official or unofficial.
FFP	38	Documentary evidence shall be considered the primary source of verification.
FFP	39	When using documentary evidence, the caseworker shall record the title or type of documents, document numbers date of documents, date seen and contents.
FFP	40	When using collateral for verification, the caseworker shall document the date of contact, whether it was in person or by telephone or in writing; document the name of the contact, the relationship of the collateral to the case members and the content of the collateral contact.
FFP	41	A home visit may be necessary to obtain documentary evidence to establish eligibility. The caseworker shall document the date the home visit was scheduled, the date the visit was made and the information obtained during the visit.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	42	When an individual is deleted from a case, and subsequently added to an investigation, the documentation associated to that individual will be available for review by the investigator.
IS	43	During an investigation, new documentation can be added to an individual by an investigator even when they are no longer associated to a case.
IS	44	When the user's name, user ID and date are "tagged" to free-form text documentation, the tagged name associated to that free-form text will not change even when the user ID is subsequently assigned to a new user.
TCM/TCS	45	Documentation will be entered supporting verifications within the case, when verified by client statement. The documentation will also explain what type of documentary evidence was used for verification.
TCM/TCS	46	If documentation for a certain subject is already entered, repeat documentation will not be required.
TCM/TCS	47	Actual case information, statements of individual, what has transpired in the family's circumstances, to help any individual reading the case understand the full situation of the case shall be documented, to support any action taken by the worker.
All FA	48	All necessary explanations of rights and responsibilities, all offers of assistance to the customer, all pamphlets and information given to the customer, all explanations of program information, shall be documented to verify that the worker has completed their responsibilities and requirements to the customer.
All FA	49	Workers shall look at previous documentation to be familiar with the case and what has transpired in the case previously and what action, if any necessary, should be taken at the present time.
FS	50	There are no food stamp policy rules specific to this process.
FFS	51	Families First Services has no specific requirement for the process.
QC	52	Quality Control has no special rules for this process at this time.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.2.22
Case Documentation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.1 IV-E Relationship Determination

Program Affected: Medicaid/Tenncare	**Users: Caseworker, Supervisor**

Process:

This process will determine the relationship of a Foster Care individual to other individual in the removal home.

Sub-Processes:

1. DCS Referral for IV-E Determination

   The system shall record the referral received from TNKIDS.

   TNKIDS (Input)
   User ID
   Individual's Name
   Individual's SSN
   Individual's Sex Code
   Individual's Date of Birth
   Placement/Living Arrangement
   Name(s) of Individuals from Removal Home
   SSN of Individuals from Removal Home
   Dates of Birth for Individuals from Removal Home
   Sex Codes for Individuals from Removal Home

   REFERRAL (Output)
   User ID
   Individual's Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.1 IV-E Relationship Determination

Program Affected: Medicaid/Tenncare	**Users: Caseworker, Supervisor**

Individual's SSN
Individual's Sex Code
Individual's Date of Birth
Placement/Living Arrangement
Name(s) of Individuals from Removal Home
SSN of Individual's from Removal Home
Dates of Birth for Individuals from Removal Home
Sex Codes for Individuals from Removal Home

2. Perform 'Data Collection Sequence Application Interview' process

3. Determine if Relationship to Individual in removal home within the 5th degree

   The system shall determine if the relationship of the IV-E child and the individual in the removal home is within the 5th degree based on relationship data entered and business rules.

   RELATIONSHIP (Output)
   5th Degree of Relationship Met Indicator

   RELATIONSHIP (Input)
   Birth Verification
   Mother's Name
   Father's Name
   Birth City
   Birth County
   Birth State
   Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.1 IV-E Relationship Determination

Program Affected: Medicaid/Tenncare	**Users: Caseworker, Supervisor**

Mother's Maiden Name
SSN for Mother
SSN for Father
SS-5 Completion Date
Birth Certificate Number

Marriage Record
Wife's Name
Husband's Name
Date of Marriage
Marriage City
Marriage County
Marriage State
Recording Narrative
Certificate Number

Divorce Record
Wife's Name
Husband's Name
Date of Divorce
Divorce County
Divorce City
Divorce State
Name of Court
Court Order Number

Adoption Record

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.1 IV-E Relationship Determination

Program Affected: Medicaid/Tenncare	**Users: Caseworker, Supervisor**

Date of Adoption
Adopted Parent's Names
Adoption Record Narrative

Other Relationship Documentation Narrative

REFERRAL(Output)

5th Degree of Relationship Met Indicator

4. Determine if Any Removal in last six months were from a Home Where Relationship in the 5th Degree

   If the relationship to the individual in the removal home was not within the 5th degree, the system shall determine if a prior removal of the individual in the last six months involved home relationships that were in the 5th degree based on relationship data and business rules.

   REFERRAL (Input)
   Individual's Name
   Individual's Sex Code
   Individual's Date of Birth
   Names of Individual's from Removal Home
   Dates of Birth for Individuals from Removal Home
   Sex Codes for Individuals from Removal Home
   5th Degree of Relationship Met Indicator

   REFERRAL (Output)
   5th Degree of Relationship Met Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.1 IV-E Relationship Determination

Program Affected: Medicaid/Tenncare	**Users: Caseworker, Supervisor**

RELATIONSHIP (Input)
(Same data as Input from Relationship in #3)

5. Perform 'Grouping' Process

   If the relationships were not in the 5th degree, or if the system has determined IV-E Foster Care Eligibility, the system shall perform grouping.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

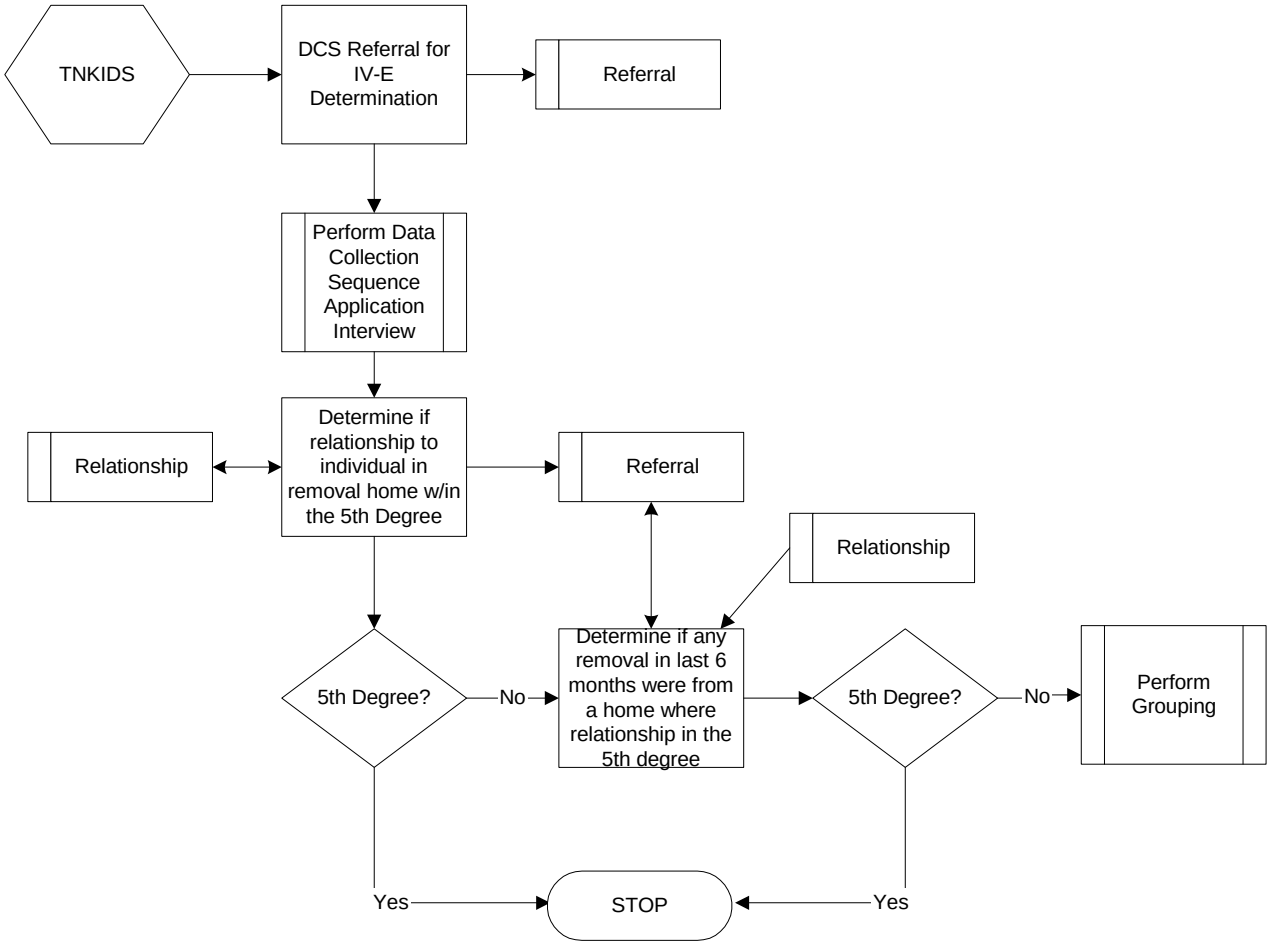
Program Type	Rule Number	Rule
AA	1	The only relationship determination for a child to receive adoption assistance is that a child has been placed in an adoptive home and the adoptive parent(s) receives the adoption assistance for the child.
AA	2	Adoption assistance payments are made only to the adoptive parent(s) and are not transferable to any other individual.
IV-E FC	3	A foster child must have been living with a parent or other relatives within a specified degree in the AFDC eligibility month and physically or constructively removed from this specified relative.
IV-E FC	4	If a foster child was not living with a parent or other specified relative in the AFDC eligibility month and physically or constructively removed from this specified relative, the foster child must have been living with a specified relative within **six months** of the AFDC eligibility month and removed from this specified relative.
IV-E FC	5	A foster child who was living with and physically or constructively removed from the home of a specified relative in the AFDC eligibility month or within six months of the AFDC eligibility month shall pass the Title IV-E foster care living with and removed from a specified relative eligibility requirement.
IV-E FC	6	A foster child who was not living with and physically or constructively removed from the home of a specified relative in the AFDC eligibility month or within six months of the AFDC eligibility month is ineligible for Title IV-E foster care.
IV-E FC	7	An AFDC specified relative shall be defined as any relative of the foster child who is within the 5^{th} degree of relationship to the foster child.
IV-E FC	8	Other individuals shall be considered specified relatives as defined by AFDC program guidelines.
IV-E FC	9	An interim caregiver that the foster child was temporally living with prior to the child's removal and placement in foster care shall be excluded from grouping.
IV-E FC	10	The AFDC eligibility month shall be defined as the month the petition was filed which led to a court ordered removal of the child or the month the Voluntary Placement Agreement was signed.
IV-E FC	11	A foster child's removal home shall be defined as the home from which a foster child is physically or constructively removed for the corresponding foster care custody episode.
IV-E FC	12	A foster child's removal home shall be the foster child's pre-custody home if the foster child was living with a parent or other specified relative in the AFDC eligibility month.
IV-E FC	13	A foster child's removal home shall be the home of the specified relative the foster child most recently lived six months prior to the AFDC eligibility month if the foster child was not living with a parent or other specified relative in the AFDC eligibility month.
IV-E FC	14	A foster child's removal home members shall determine what grouping of individuals must be included in the AFDC assistance unit for determining a foster child's initial eligibility for Title IV-E foster care.
IV-E FC	15	The following members of a foster child's removal home shall be grouped together in determining a foster child's initial eligibility for Title IV-E foster care for each foster care custody episode:

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• foster child; • foster child's technically eligible parent(s) if they were living in the foster child's removal home; • foster child's technically eligible siblings if they were living in the foster child's removal home. No other individuals who were living in a foster child's removal shall be grouped in determining a foster child's eligibility for Title IV-E foster care.
IV-E FC	16	A foster child who passes the living with and removed from a specified relative eligibility requirement shall be considered for other factors of eligibility for Title IV-E foster care.
IV-E FC	17	A foster child shall be grouped as a one-person assistance unit if the child passes the Title IV-E foster care eligibility requirements.
IV-E FC	18	The only time a foster child is grouped with other individuals is during the initial eligibility determination for Title IV-E foster care.
IV-E FC	19	The individuals who are required to be grouped together determine whose countable income and countable resources to consider when determining a foster child's initial eligibility, initial reimbursability, and continuing reimbursability for Title IV-E foster care.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.1 IV-E Relationship Determination



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.2 Family Cap	
Program Affected: FA	**Users: Caseworker, Supervisor and above**

Process:

The system shall determine if a child that is born to a FF recipient is subject to the Family Cap policy. A child who is determined to be subject to family cap may be added to the FF case and may receive the companion TCM, but the cash grant may not increase. Rules define when to apply and terminate family cap status, as well as budgeting when a family cap child is included in the case. A child who is determined to be subject to Family Cap is added to the case, and the same requirements are applied but the FF cash grant amount may not be increased to reflect the addition of another child. Family Cap status remains in place until program rules permits its termination.

Sub-Processes:

1. Determine if Child of FF Recipient Born 10 Months or More After FF Initial Application Month

   The system shall determine if a newly added child was born more than 10 months after the initial application-filing month.

   CASE (Input)
   Case Number
   Case Type
   Program / Sub-Program
   Application Date (initial)
   Months FF Payment Received

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.2 Family Cap

Program Affected: FA	**Users: Caseworker, Supervisor and above**

LIVING ARRANGEMENT (Input)
Living Arrangement Type

RELATIONSHIP (Input)
Specified Degree of Relationship
Child Relationship(s) to Adult
Parent / Child

INDIVIDUAL (Input)
Date of Birth
Name
RID

FAMILY CAP (Output)
Family Cap Indicator
Family Cap Begin Date
Family Cap Counter

2. Determine if Family Cap Applies

The system shall determine if Family Cap policy is applicable with the addition of a child, per business rules.

CASE (Input)
Case Number
Program / Sub-Program
Application Date
Closure Reason(s) (Last 11 months)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.2 Family Cap

Program Affected: FA	**Users: Caseworker, Supervisor and above**

Good Cause Reason

INDIVIDUAL (Input)
SSN
Individual ID

LIVING ARRANGEMENT (Input)
Living Arrangement Type

TIME COUNT (Input)
Closed for 18 Month Count Without Sanction Indicator

FAMILY CAP (Output)
Family Cap Indicator
Family Cap Begin Date
Family Cap Counter

3. Exclude Family Cap Child(ren)

When a child is added, and the child is deemed subject to the Family Cap policy, the system shall identify the child as a family cap child and not include him/her in the FF budget when determining the FF grant payment.

BUDGETING (Input)
Budgeting Type

CASE (Output)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.2 Family Cap

Program Affected: FA	**Users: Caseworker, Supervisor and above**

Case Type
Program / Sub-Program
Case Size (with and without a family cap child)

FAMILY CAP (Output)
Family Cap Indicator
Family Cap Begin Date
Family Cap Counter

4. Track and Display Family Cap Dates

The system shall track and display the dates and individuals when Family Cap is applied. This must continue to be tracked even if the FF case closed and reopens, as Family Cap may continue to be applied upon reapplication for benefits.

CASE (Input)
Case Number
Program / Sub-Program
Closure Reason(s)

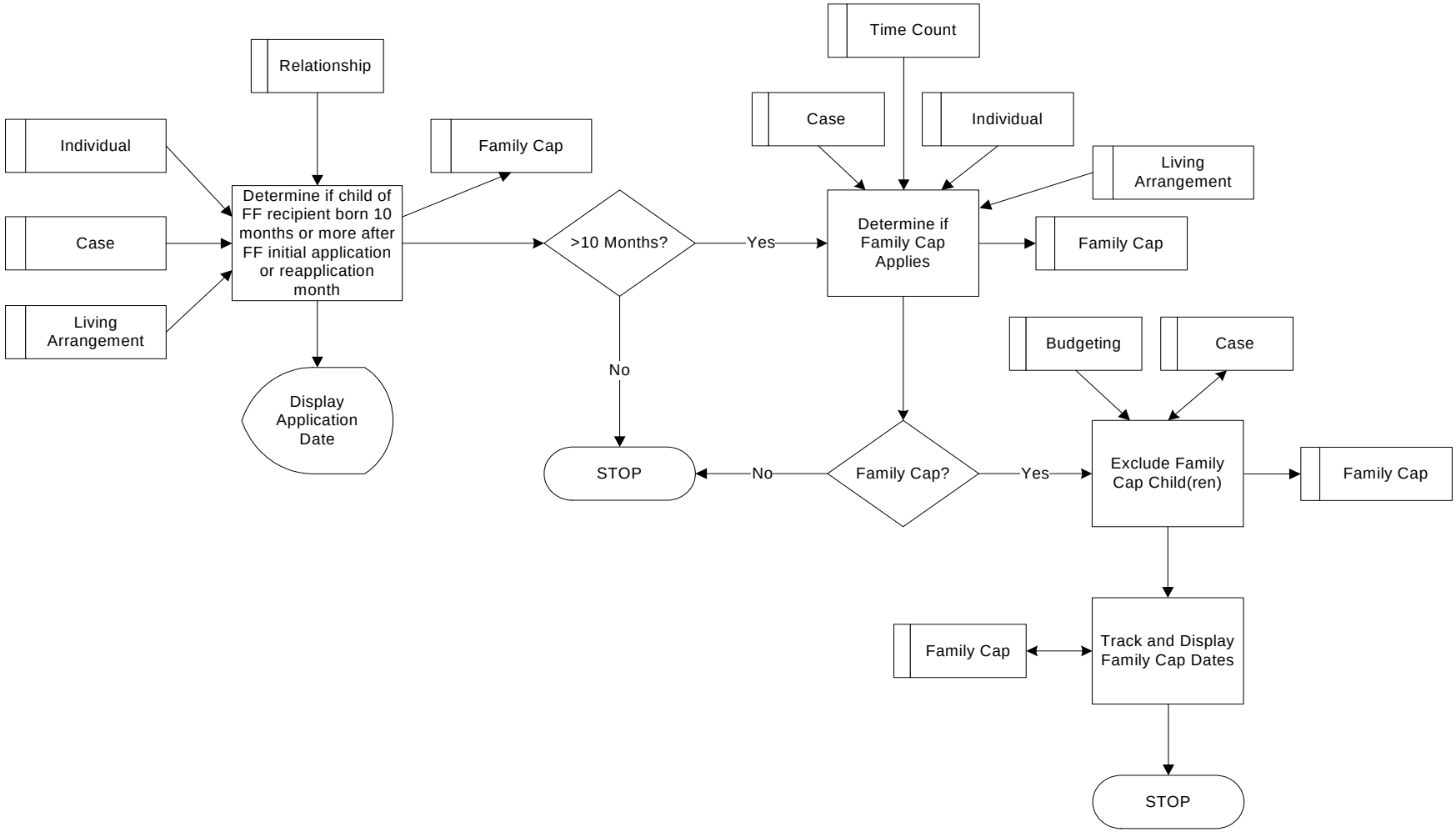
FAMILY CAP (Input / Output)
Family Cap Counter
Family Cap Begin Date
Family Cap End Date
Family Cap Child – SSN

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	A family cap prohibits an increase in cash payments when a newborn is added to the assistance group and the birth occurs more than 10 calendar months after the application month.
FFP	2	A family cap prohibits an increase in cash payments when a former Families First assistance group reapplies for Families First, a newborn is added to the assistance group and the birth occurs more than 10 calendar months after the reapplication month.
FFP	3	A family cap exception is that the family cap may also be applied to a child born after or during a period of ineligibility but within 10 months of the reapplication if a woman becomes pregnant while receiving Families First and the assistance group was closed prior to the child's birth; and the child was born more than 10 months after the previous application month; and the reason for closure was non-cooperation with Agency policies and rules which include: failure to cooperate with Child Support without good cause; or failure to fulfill Personal Responsibility Plan provisions and requirements.
FFP	4	When an assistance group that has had the family cap applied to an assistance group child closes, the family cap will be continued upon reapplication when the case was not closed for time limits; or the assistance group was closed for both time limits and a sanction due to failure to cooperate with Child Support; or failure to fulfill Personal Responsibility Plan provisions and requirements.
FFP	5	The family cap will not continue at reapplication following a case closure for time limits with no additional sanction reason.
FFP	6	Do not apply family cap to a child who was born more than 10 months after the application month, but was conceived prior to the application for assistance.
FFP	7	Do not apply family cap to the first child born to a minor in an assistance group even if the pregnancy occurs after receipt of assistance.
FFP	8	Do not apply family cap to children, other than newborns, who join the assistance group.
FFP	9	Do not apply family cap to a child who is born to an assistance group member as a result of incest or a verified rape.
FFP	10	If the Family Cap provision applies, the caseworker shall add the child to the case per all other eligibility requirements; determine eligibility for the case members using the gross income standard and the consolidated need standard for the case member size including the newborn; cap the maximum payment at the standard for the case member size not including the newborn.
FFP	11	Family Cap still applies when the non-family cap children leave the home or age-out leaving only the family cap child and the eligible adult caretaker. The maximum grant would be the amount for the caretaker only.
FFP	12	Family Cap still applies when the parent is a non-eligible adult caretaker such as an SSI recipient and the non-family cap children leave the home or age-out leaving only the Family cap child and the caretaker. The FF grant would be zero (0), but the case would remain open.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.2
Family Cap



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.3 Deprivation	
Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Process:

The system will be required to determine if a child is deprived of parental support when establishing a FF case based on business rules. The system shall capture deprivation data and deprivation verifications for case individuals and use this information to determine if technical deprivation exists according to deprivation criteria which includes death, disability / incapacity, underemployment / unemployment or continued absence of one or both parents. The system shall distinguish when an individual must comply with child support assignment rights based on business rules.

The system shall provide a mechanism for re-determination of IV-E eligibility and reimbursability for the months between the last re-determination month and the month the child left custody, allowing the user to specify whether DCS maintained custody of the child each month, and whether a previously absent parent returned to the home during any of the months of the current re-determination period.

This process is closely linked to the “Perform FF Grouping” and “Perform TennCare Grouping” Processes.

Sub-Processes:

1. Determine if a Child Lives In Home Or Pregnant Woman 3RD Trimester

   The system shall determine if a minor child or children defined by business rules, resides in the home. If there is not a minor child in the case the system shall determine if there is a pregnant woman in the 3rd trimester of pregnancy. The system shall calculate the pregnancy conception date from the expected due date and determine the start of the 3rd trimester.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

CASE (Input)
Case Number
Case Type
Case Status

INDIVIDUAL (Input)
SSN
RID
Age
Date of Birth
Individual Eligibility Status
Individual Eligibility Begin Date
Individual Eligibility End Date
Pregnancy Indicator
Pregnancy Begin Date
Pregnancy Trimester

DEPRIVATION (Output)
Absence Indicator
Deprivation Indicator
Deprivation Type
Deprived Child's Name

2. Determine if Any Child Has Both Parents In Home

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

The system shall determine for each child if one or both of the child's parents are absent from the home. The parental relationship may include natural, adopted or step-parents as determined by business rules. The system shall also consider if the presence of a parent is related to marriage during receipt of assistance, and determine accordingly. More information regarding this policy may be found in the process "Marriage During Receipt."

DEPRIVATION (Output)
Deprivation Type
Parental Caretaker Type
Deprivation Indicator
Deprived Child's Name
Date Child Became Deprived
Date Deprivation Ended

INDIVIDUAL (Input)
SSN
RID
Age
Date of Birth
Individual Eligibility Status
Individual Eligibility Begin Date
Individual Eligibility End Date
Pregnancy Indicator
Pregnancy Begin Date
Pregnancy Trimester
Living Arrangement

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

RELATIONSHIP (Input)
Specified Degree of Relationship
Child Relationship to Adult

CASE (Input)
Case Number
Case Type
Case Status

ABSENT PARENT (Input)
Absent Parent Indicator
Caretaker Referred to Child Support
Child's Name that has caretaker referred to Child Support
Absence Reason for Absent Parent
Absent Parent Status
Absent Parent Name
Absent Parent SSN
Date Parent Left Home
Date Parent Returned Home

MARRIAGE DURING RECEIPT (Input)
Marriage During Receipt Individual Indicator

3. Deprivation Exists by Absence

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

The system shall determine if a child is deprived due to the absence of a parent in the home. In the determination of minor parent eligibility, the system shall capture good cause information if it exists, when the minor does not live in the home of a parent or guardian.

CASE (Input)
Individual Eligibility Status
Living Arrangement

RELATIONSHIP (Input)
Child Relationship to Adult(s)

ABSENT PARENT (Input)
Absent Parent Indicator
Caretaker Referred to Child Support
Child's Name that has caretaker referred to Child Support
Absence Reason for Absent Parent
Absent Parent Status
Absent Parent Name
Absent Parent SSN
Date Parent Left Home
Date Parent Returned Home

DEPRIVATION (Output)
Deprivation Indicator
Deprivation Type
Deprived Child's Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Date Child Became Deprived
Date Deprivation Ended

4. Determine if the Primary Wage Earner is Unemployed or Underemployed

If both parents reside in the home of the child, or if the child is not determined to meet the deprivation requirements based on absence. The system shall determine if deprivation due to unemployment / underemployment of the Primary Wage Earner exists. The user will indicate when an individual is the primary wage earner. The system shall determine if the primary wage earner is unemployed or underemployed based on business rules. The system shall utilize previously entered earned income, Clearinghouse and/or Data Exchange matches to auto populate (when possible) quarterly wage match information when determining work force connection eligibility based on business rules. The system shall allow the user the capability to override any populated information, and add additional information. The system shall total work quarters according to business rules. Once the PWE has been determined, the system will not allow a change of PWE unless certain conditions exist as defined by business rules. Establishment of the PWE is further defined in the process “Determine Primary Wage Earner.”

EMPLOYMENT (Input)
PWE Indicator
Number of Hours Worked / Working
Date Last Worked
Total Earnings for Both Adults for Past 24 Months (by adult)
Date When Hours Decreased to Less than 100 Hours
Employed 100 Hours or More Indicator

INDIVIDUAL (Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Individual Eligibility Status
Individual Eligibility Begin Date
Individual Eligibility End Date
Living Arrangement

CASE (Input)
Case Number
Case Type

RELATIONSHIP (Input)
Child Relationship to Adults

UNEARNED INCOME (Input)
Receipt of Unemployment
Voluntary Quit
Voluntary Quit Begin Date
Refused Job with No Good Cause
FF Workforce Connection Indicator
Unemployment Compensation Begin Date
Unemployment Compensation End Date
Would PWE Have Been Eligible for Unemployment Compensation Indicator
Has PWE Applied for Unemployment Compensation

WORK QUARTERS (Input)
Quarters Worked

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

PROGRAM STANDARDS (Input)
Calendar of Eligible Quarters That Can Be Used For Workforce Connection

DEPRIVATION (Output)
Underemployed Parent Indicator
Unemployed Parent Indicator
Deprivation Indicator
Deprivation Type
Deprived Child's Name
Date Child Became Deprived
Date Deprivation Ended

UNEMPLOYED / UNDEREMPLOYED PARENT (Output)
Date Underemployed Parent Requirement Ended
PWE Indicator
Workforce Connection Requirement Met Indicator
Work Quarter Met Indicator
Date Unemployed Parent Requirement Began
Date Underemployed Parent Requirement Met
Unemployed Parent Indicator
Underemployed Parent Indicator

5. Indicate Child Deprived Due to Unemployment or Underemployment

When it has been determined that the child is deprived due to the primary wage earner being unemployed, or underemployed, the user shall record results in the system.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

DEPRIVATION (Output)
Unemployed/Underemployed Indicator
Deprivation Indicator
Deprivation Type
Deprived Child's Name by Type
Date Child Became Deprived
Date Deprivation Ended

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
Living Arrangement
Individual Eligibility Status

RELATIONSHIP (Input)
Child Relationship to Adult(s)

UNEMPLOYED / UNDEREMPLOYED PARENT (Input)
Date Unemployed / Underemployed Parent Requirement Began
Date Unemployed / Underemployed Parent Requirement Ended
PWE Indicator
Workforce Connection Requirement Met Indicator
Work Quarter Met Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

6. Determine if Incapacity / Disability of a Parent Exists

The system shall determine if one or both of the parents is disabled or incapacitated, when the deprivation is not established through absence or parental unemployment / underemployment. Additional information may be found in the process “Incapacity / Disability Determination.”

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
Individual Eligibility Status
Individual Eligibility Begin Date
Individual Eligibility End Date
Living Arrangement

RELATIONSHIP (Input)
Specified Degree of Relationship
Child Relationship to Adult

DISABILILTY (Input)
Disability Indicator
Incapacity Indicator
Disability Onset Date
Incapacity Onset Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Date No Longer Disabled
Date No Longer Incapacitated

DEPRIVATION (Output)
Deprivation Indicator
Deprivation Type
Deprived Child's Name
Date Child Became Deprived
Date Deprivation Ended

7. Indicate Child Deprived Due to Incapacity / Disability

When it has been determined that one or both parents is disabled or incapacitated, the system shall indicate that the child is deprived.

DISABILITY (Input)
Disability Indicator
Incapacity Indicator
Disability Onset Date
Date No Longer Disabled
Incapacitated Onset Date
Date No Longer Incapacitated

INDIVIDUAL (Input)
Living Arrangement
Individual Eligibility Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Individual Eligibility Begin Date
Individual Eligibility End Date

CASE (Input)
Case Number
Case Type

DEPRIVATION (Output)
Deprivation Indicator
Incapacity Indicator
Disability Indicator
Deprivation Type
Deprived Child's Name
Date Child Became Deprived
Date Deprivation Ended

8. Determine if Any Child is Absent of a Parent

The system shall determine based on relationship if any child in the home is absent of a parent.

RELATIONSHIP (Input)
Child Relationship to Adult(s)

CASE (Input)
Case Number
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.3 Deprivation

Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

INDIVIDUAL (Input)
Living Arrangement
Individual Eligibility Status

MARRIAGE DURING RECEIPT (Input)
Marriage During Receipt Individual Indicator

DEPRIVATION (Output)
Marriage During Receipt Indicator
Deprivation Indicator
Parental Caretaker Type
Deprivation Type
Deprived Child's Name by Type
Date Child Became Deprived
Date Deprivation Ended

9. Indicate Absence

When it has been determined that a child is deprived the system shall indicate that absence exists for the case.

RELATIONSHIP (Input)
Child Relationship to Adult(s)

CASE (Input)
Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.3 Deprivation	
Program Affected: FF, TCM, DCS, IV-E	**Users: Caseworker, Supervisor and above**

Case Type

INDIVIDUAL (Input)
Living Arrangement
Individual Eligibility Status

DEPRIVATION (Output)
Absence Indicator
Deprivation Indicator
Deprivation Type
Deprived Child's Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP / IV-E FC	1	To be eligible for Families First or IV-E foster care a child in the case must be deprived of parental support and/or care.
FFP / IV-E FC	2	Deprivation shall be determined for each child in the case.
FFP / IV-E FC	3	Deprivation may be due to the continued absence of one or both parents.
FFP / IV-E FC	4	Deprivation may be due to the death of one or both parents.
FFP / IV-E FC	5	Deprivation may be due to the incapacity of one or both parents.
FFP / IV-E FC	6	Deprivation may be due to the unemployment or underemployment of one or both parents.
FFP / IV-E FC	7	Deprivation shall be considered to apply to an unborn child who is deprived of parental support and/or care if the pregnant woman is at least in her sixth month of a medically verified pregnancy.
FFP / IV-E FC	8	Deprivation due to absence may be due to the divorce of the natural parents and only one or neither parent remains in the home with the child.
FFP / IV-E FC	9	Deprivation due to absence may be due to the parent's separation.
FFP / IV-E FC	10	Deprivation due to absence may be due to the desertion of one or both parents.
FFP / IV-E FC	11	Deprivation due to absence may be due to the imprisonment of one or both parents.
FFP / IV-E FC	12	Deprivation due to absence may be due to the institutionalization of one or both parents.
FFP / IV-E FC	13	Deprivation due to absence may exist when one or both parents are serving a court-imposed sentence of unpaid public service while residing in the home.
FFP / IV-E FC	14	Deprivation due to absence may be due to single parent adoptions.
FFP / IV-E FC	15	Continued absence shall be considered to exist when one or both parents are out of the home and the nature of the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance for the child and the known or indefinite duration of the absence precludes counting on the parent to perform his/her function in planning for the parental support or care of the child.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP / IV-E FC	16	Absence shall be presumed to exist when a child is born out of wedlock and paternity has not been subsequently established.
FFP, TCM	17	Absence shall not exist when the father has taken legal action to legitimate a child and lives in the home with the child for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	18	Absence shall not exist if a father whose legal paternity has not been established has acknowledged his blood relationship with the child and lives in the home with the child for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	19	Deprivation on the basis of absence shall exist even though the parent who remains in the home has remarried and the stepparent is also in the home for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	20	Absence shall not be considered to exist when a parent is away from the home in which the child is living solely for the reason of the parent's employment or active service duty for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	21	Absence shall not be considered to exist when both parents share custody of a child exactly 50/50 for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	22	When absence does not exist because both parents share custody 50/50, deprivation due to incapacity or unemployed parent shall be evaluated for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	23	Absence may be established if the parent was not living in the home for reasons other than employment or active service duty prior to leaving in order to work or serve elsewhere for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	24	Absence may be established if divorce proceedings have been instituted or the couple has separated for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	25	Absence may be established if the caretaker claims that the family is not intact for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	26	Absence does not have to exist for a specific period of time for Medically Needy Medicaid; Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP, TCM	27	The length of time absence is apt to exist shall be considered for Medically Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP,	28	Continued absence shall be verified at each application, reapplication and six-month review for Medically

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM		Needy Medicaid, Aid to Dependent Children Medicaid only, Families First and Families First associated Medicaid.
FFP	29	Any child born in wedlock or within 10 calendar months from the divorce or death of the mother's legal husband is presumed to be the legitimate child of the mother's husband. This presumption can be overcome with strong and convincing proof that it would have been impossible for the mother to have cohabited at the time of conception.
FFP / IV-E FC	30	Circumstances regarding the nature of the absence shall be recorded.
FFP / IV-E FC	31	Deprivation due to the death of one or both parents must be verified.
FFP / IV-E FC	32	Deprivation due to the death of one or both parents must be recorded.
FFP / IV-E FC	33	Deprivation due to incapacity shall exist if the mental or physical defect, illness, or impairment reduces substantially the parent's ability to work, regardless of whether the person retains the ability to perform other parental functions.
FFP / IV-E FC	34	Deprivation due to incapacity shall exist if the person's capacity to work is not reduced, but the physical or mental defect, illness or impairment substantially reduces his or her ability to provide day-to-day physical care or guidance for the child.
FFP / IV-E FC	35	An individual is considered incapacitated if he/she receives disability and other benefits as set out in these rules.
FFP / IV-E FC	36	A determination of incapacity may be made by the Department of Human Services Supervisor, the Department of Human Services Medical Evaluation Unit, or as the result of an Appeal for Fair Hearing.
FFP / IV-E FC	37	The incapacity decision shall be recorded.
FFP / IV-E FC	38	When both parents are in the home, deprivation requirements for Families First shall be met if the principal wage earner parent meets the definition of an unemployed parent.
FFP / IV-E FC	39	To establish deprivation based on unemployment, the Principle Wage Earner parent shall be determined by determining the gross total income earned by each person during the 24-month period immediately preceding the application month. The PWE shall be whichever parent had the greater amount of earnings during the period or, if the earnings were equal, the caseworker and family will designate the PWE.
FFP / IV-E FC	40	To establish deprivation based on unemployment, the Primary Wage Earner must be unemployed and have been unemployed for 30 days prior to receipt of assistance.
FFP /	41	Once an individual is designated as the PWE, this designation cannot be changed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

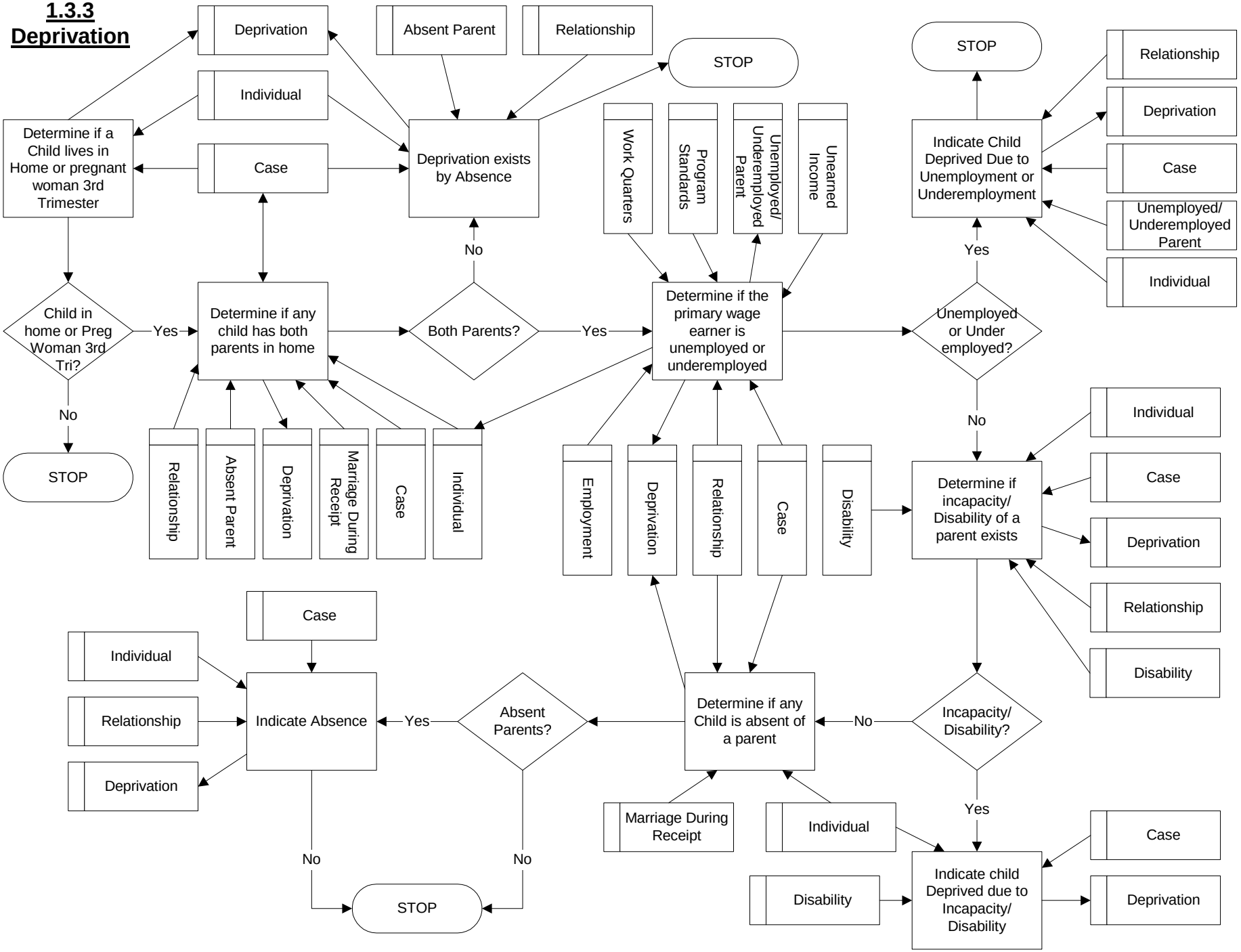
Program Type	Rule Number	Rule
IV-E FC		
FFP / IV-E FC	42	To establish deprivation based on unemployment, the PWE must not be on strike.
FFP / IV-E FC	43	To establish deprivation based on unemployment, the PWE must not refuse to apply for or accept Unemployment Compensation to which he/she might be entitled.
FFP / IV-E FC	44	To establish deprivation based on unemployment, the PWE must have worked fewer than 100 hours per month in each of the two months prior to application and expect to work fewer hours in the month following application.
FFP / IV-E FC	45	To establish deprivation based on unemployment, the PWE must establish a labor market connection by currently receiving unemployment compensation payments or having received at least one UC payment during the 12 months immediately preceding the application month or the PWE must have earned a least $50 in each of any six quarters within a 13-quarter period ending within one year prior to application.
FFP / IV-E FC	46	Deprivation due to unemployment must be verified.
FFP / IV-E FC	47	Deprivation due to unemployment must be recorded.
FFP / IV-E FC	48	All unemployed parent Families First cases shall be included in the Families First state-only program
FS	49	When determining deprivation, a child is a person under 18 years of age unless his minority has been removed at an earlier age by court action for the FS program.
FFP	50	Parent for the FF program is defined as the biological or adoptive mother and/or father of a child when relationship has been properly established. This does not apply to alleged parents for whom relationship has not been established.
FFP / TCM	51	Deprivation is established at the time of birth of the dependant child for FF and Medicaid programs.
FFP	52	Temporary absence for the FF program is defined as being away from the home for a short period of time (usually not to exceed 3 months) with specific intention of returning home on or about a specific date.
FFP / IV-E FC	53	Unemployed Parent for FF is defined as a principal wage earner (PWE) parent who: - is unemployed less than 100 hours per month; or - is employed 100 hours per month or more; if The excess is of a temporary nature and the 100-hour rule was met in the 2 months prior to the current month and is expected to be met the month following current month, **and** is employed for reasons other than participation in a labor dispute.
TCM	54	Deprivation is a condition of eligibility for Medically Needy Medicaid and Aid to Dependent Children

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Medicaid only.
TCM	55	When determining deprivation, Medicaid defines a child as an individual under the age of 21 for Medically Needy Medicaid.
TCM	56	For a parent or relative caretaker to be included in the case with the children, deprivation must exist for Medically Needy Medicaid and Aid to Dependent Children Medicaid only.
IV-E	57	Deprivation is a condition of eligibility.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.3 Deprivation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt	
Program Affected: FF	**Users: Caseworker, Supervisor and above**

Process:

When an active FF caretaker reports marriage, the system will need to either include or exclude the new spouse from the case based on the customer's decision and business rules. The system shall not allow a change once the decision is made to either include or exclude the new spouse since the decision remains effective until the case closes. The system shall capture and display the FF caretaker's selection choice in determination of marriage during receipt.

The system shall notify TCSES if the new spouse is the parent of any children in the case as arrearages are to be placed on hold in the determination of marriage during the receipt of assistance. The system shall notify TCSES if the new spouse leaves the home or divorces as the arrearages must be charged against him and collection resumed in the determination of marriage during the receipt of assistance. The system shall notify TCSES if the new spouse of a FF individual is the parent of any children in the case as arrearages are to be placed on hold if the Marriage During Receipt policy is applicable as based on business rules.

Sub-Processes:

1. Determine if Existing FF Caretaker Marries During Receipt

   When a FF caretaker marries, the user will record the information. The system shall determine if an active FF caretaker has reported marriage and requested the addition of the spouse.

   CASE (Input)
   Case Number
   Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Household Members

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth
Marital Status

MARRIAGE (Output)
Date Marriage Reported
Marriage Verification Type
Date of Divorce
Date of Remarriage
Date Marriage/Remarriage Reported
Marriage/Remarriage Verification Type

NAME (Input)
Name Type
New Spouse First Name
New Spouse MI
New Spouse Last Name

CASE (Output)
New Spouse Case Status
Marriage During Receipt Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

2. Determine if Spouse is a FF Recipient

   When the caretaker is in an open case, the system shall determine if the new spouse is an active FF recipient in another FF case.

   CASE (Input / Output)
   Case Number
   Case Type
   Marriage During Receipt Indicator
   New Spouse Case Status

   INDIVIDUAL (Input)
   SSN
   Individual ID

3. Determine if They Have a Common Child

   When the new spouse is an active FF recipient, the system shall determine if they have a child in common.

   CASE (Input)
   Case Number
   Case Type
   Marriage During Receipt Indicator

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

RELATIONSHIP (Input / Output)
Specified Degree of Relationship
Relationships of each case member to all others

4. Combine Cases of Spouses

The system shall combine both FF cases into one case for the spouses when there is a common child.

CASE (Input / Output)
Case Number
Case Type
Household Members
Marriage During Receipt Indicator

INDIVIDUAL (Input)
SSN
Individual ID

5. Determine if Marriage Was Reported In a Timely Manner

When the new spouse is not an active FF recipient, the system shall determine if the marriage was reported in a timely manner based on business rules.

CASE (Input)
Case Number
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Application Date
Marriage During Receipt Indicator

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth
Marital Status

MARRIAGE (Output)
Marriage Reported Timely Indicator
Date Marriage Reported
Marriage Verification Type
Date of Divorce
Date of Remarriage
Date Marriage/Remarriage Reported
Marriage/Remarriage Verification Type

6. Perform “Budgeting” Process

The system shall perform “Budgeting” and calculate the gross income for the case including the income for the new spouse. This income shall then be tested against program standards. This is not performed to apply changes to this case, but rather to test potential changes prior to application.

7. Determine if Greater or Less Than the Gross Income Standard

The system shall compare the gross income amount, minus any court-ordered child support, for the case to

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

the program standards for the household size based on business rules and display the results. If the income is greater than the GIS, the caretaker is not provided with the option to include or exclude the new spouse. The Case continues to process the change and determine eligibility.

CASE (Input)
Case Number
Case Type
Marriage During Receipt Indicator

PROGRAM STANDARDS (Input)
FF Gross Income Standard

INCOME (Input)
Income Type
Income Amount
Income Begin Date

BUDGET (Output)
Budget Type
Total Gross Income Amount
Pass / Fail Indicator
Case Total Monthly Gross Income Amount

8. Perform “Determine Resource Eligibility” Process

The system shall perform “Determine Resources” when the income is less than the GIS.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

9. Record Caretaker's Decision to Include or Exclude Spouse

The user will record the caretaker's decision of whether to include or exclude the spouse based on the budget test and options available to him/her based on program rules.

CASE (Input)
Case Number
Case Type
Marriage During Receipt Indicator

MARRIAGE (Output)
Marriage Inclusion / Exclusion Date
Marriage Inclusion / Exclusion Indicator

10. Disregard Spouse's Income

The system shall disregard the spouse's income when determining eligibility for Families First.

CASE (Input)
Case Number
Case Type
Marriage During Receipt Indicator

INDIVIDUAL (Input)
SSN
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt	
Program Affected: FF	**Users: Caseworker, Supervisor and above**

MARRIAGE (Input)
Marriage Inclusion / Exclusion Date
Marriage Inclusion / Exclusion Indicator

INCOME (Input / Output)
Income Type
Income Disregard Indicator
Income Disregard Begin Date
Income Disregard End Date
Income Disregard Reason

11. Determine Inclusion or Exclusion

The caretaker will select either inclusion or exclusion based on the budget test. The user will record the caretaker's selection and the system shall determine whether to include the spouse in the case size.

CASE (Input)
Case Number
Case Type
Marriage During Receipt Indicator

MARRIAGE (Input / Output)
Marriage Inclusion / Exclusion Date
Marriage Inclusion / Exclusion Indicator

12. Disregard Spouse's Resources

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt

Program Affected: FF	**Users: Caseworker, Supervisor and above**

When the caretaker elects to exclude the spouse, the system shall disregard the spouse's resources when determining FF eligibility.

CASE (Input)
Case Number
Case Type
Marriage During Receipt Indicator

INDIVIDUAL (Input)
SSN
Individual ID

MARRIAGE (Input)
Marriage Inclusion / Exclusion Date
Marriage Inclusion / Exclusion Indicator

RESOURCES (Output)
Disregard Resources Indicator
Disregard Resources Reason
Disregard Resources Begin Date
Disregard Resources End Date

13. Perform "Grouping" Process

The system shall perform "Grouping" and based on the caretaker's decision will determine whether to include or exclude the spouse.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.4 Marriage During Receipt	
Program Affected: FF	**Users: Caseworker, Supervisor and above**

14. Perform “Determine Resources” Process

The system shall perform “Determine Resources” for the household, excluding the new spouse’s resources.

15. Perform “Budgeting” Process

The system shall perform “Budgeting” and based on the caretaker’s decision will determine whether to include or exclude the spouse’s income.

16. Perform “PRP” Process (Optional)

The system shall perform “PRP” for the spouse, if applicable. The system shall determine which FF individual is required to sign and comply with the PRP based on business rules.

17. Perform “Authorization” Process

The system shall perform “Authorization.”

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Recipient caretakers who marry during the receipt of assistance shall continue to qualify for Families First benefits without meeting the incapacity, unemployed parent requirements or stepparent deeming rules. When a caretaker marries during the receipt of assistance, he/she shall be given the option of including/excluding the new spouse in the assistance group.
FFP	2	Marriage During Receipt of assistance shall not apply to initial applications, cases that have been closed and are re-applying, couples who are married at the time of application, and spouses who have been out of the home and are returning.
FFP	3	If a couple who has been legally divorced remarry during the receipt of assistance, the Marriage During Receipt policy shall apply.
FFP	4	The caseworker shall determine whether the Families First caretaker has married during the receipt of assistance.
FFP	5	If the caretaker did not marry during the receipt of assistance Marriage During Receipt policy shall not apply.
FFP	6	If the caretaker did not marry during the receipt of assistance, the caseworker must determine if the spouse is a Families First recipient.
FFP	7	If the caretaker did marry during the receipt of assistance and the spouse is a Families First recipient, the caseworker must determine if the couple has a child in common.
FFP	8	If the caretaker did marry during the receipt of assistance and the couple has a child in common the caseworker shall combine the two cases.
FFP	9	If the caretaker did marry during the receipt of assistance and the couple does not have a child in common, both the caretakers shall continue to be eligible as separate assistance groups.
FFP	10	If the caretaker did marry during the receipt of assistance and the caretaker's spouse is not a Families First recipient the caseworker shall determine if the marriage was reported timely (within 10 days of the marriage).
FFP	11	If the caretaker did marry during the receipt of assistance and the marriage was not reported within 10 days of the marriage, Marriage During Receipt policy shall not apply.
FFP	12	If the caretaker did marry during the receipt of assistance and the marriage was reported timely the caseworker shall determine if the spouse's income is greater or less than the gross income standard (GIS).
FFP	13	If the caretaker did marry during the receipt of assistance and the spouse's income is

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

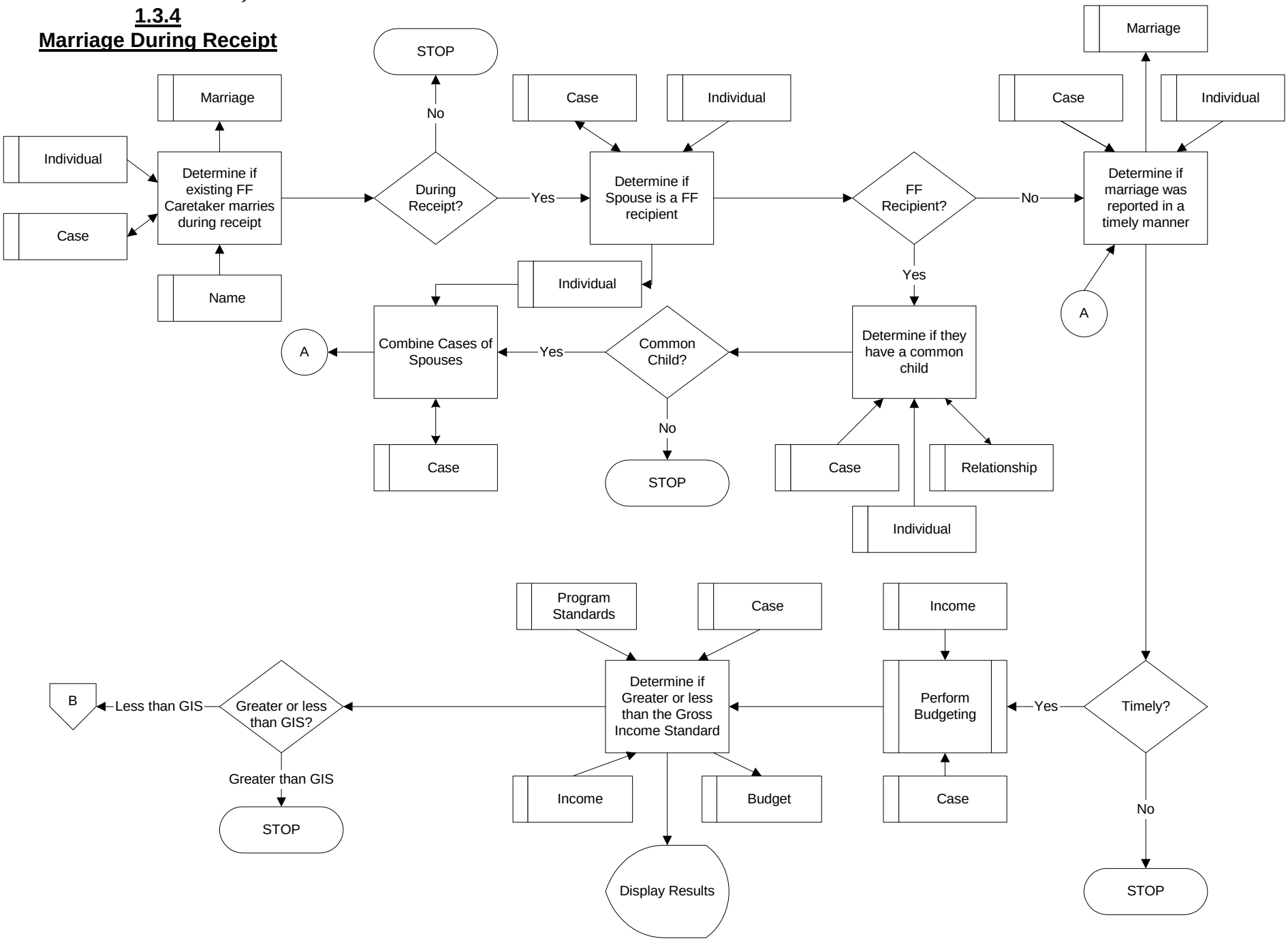
Program Type	Rule Number	Rule
		greater than the GIS the caseworker shall determine assistance group eligibility based on all Families First policies.
FFP	14	If the caretaker did marry during the receipt of assistance and the spouse's income is less than the GIS the caseworker shall explain to the caretaker that he/she has the option to include/exclude the spouse in the AG, and the impact of each option.
FFP	15	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member the caseworker shall calculate the Families First budget using the countable income of all assistance group members except the spouse. Income of the spouse shall be disregarded.
FFP	16	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, the Gross Income Standard, Consolidated Net Income Standard and the maximum payment standard for the new AG size including the spouse shall be used to determine the assistance payment.
FFP	17	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, the spouse shall be eligible for Medicaid as a Families First AG member.
FFP	18	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, the spouse shall be subject to work requirements and sanction provisions.
FFP	19	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, the resources of the spouse shall be considered available and therefore, countable to the AG.
FFP	20	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, the spouse must meet enumeration, citizenship and all other eligibility provisions.
FFP	21	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member and the case closes, the AG including the spouse shall be eligible for Transitional Medicaid and Transitional Child Care in accordance with those policies.
FFP	22	If the caretaker did marry during the receipt of assistance and elects to include the spouse as an AG member, and the AG approaches 18/60-month time limits, the AG shall have a time limit good cause review to determine if the benefits should continue. The spouse's income shall be counted with income of all assistance group members.
FFP	23	If the caretaker did marry during the receipt of assistance and elects to exclude the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		spouse as an AG member, the AG's eligibility shall be determined as if the spouse was not in the home. This is true even if the spouse is the father of an AG child.
FFP	24	If the caretaker did marry during the receipt of assistance and elects to exclude the spouse as an AG member, the caseworker shall not include the income or resources of the spouse in the eligibility determination for Families First.
FFP	25	If the caretaker did marry during the receipt of assistance and elects to exclude the spouse as an AG member and the AG closes, the spouse shall not be eligible for Transitional Medicaid or Child Care.
FFP	26	If the caretaker did marry during the receipt of assistance and elects to exclude the spouse as an AG member, the excluded spouse'' income shall not be evaluated in determining good cause for time limit extensions.
FFP	27	The spouse who marries a Families First caretaker during the receipt of assistance shall not be liable for the federal or state share of court ordered child support arrearages that are owed to an AG child. This shall continue as long as the spouse resides in the home.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.4
Marriage During Receipt

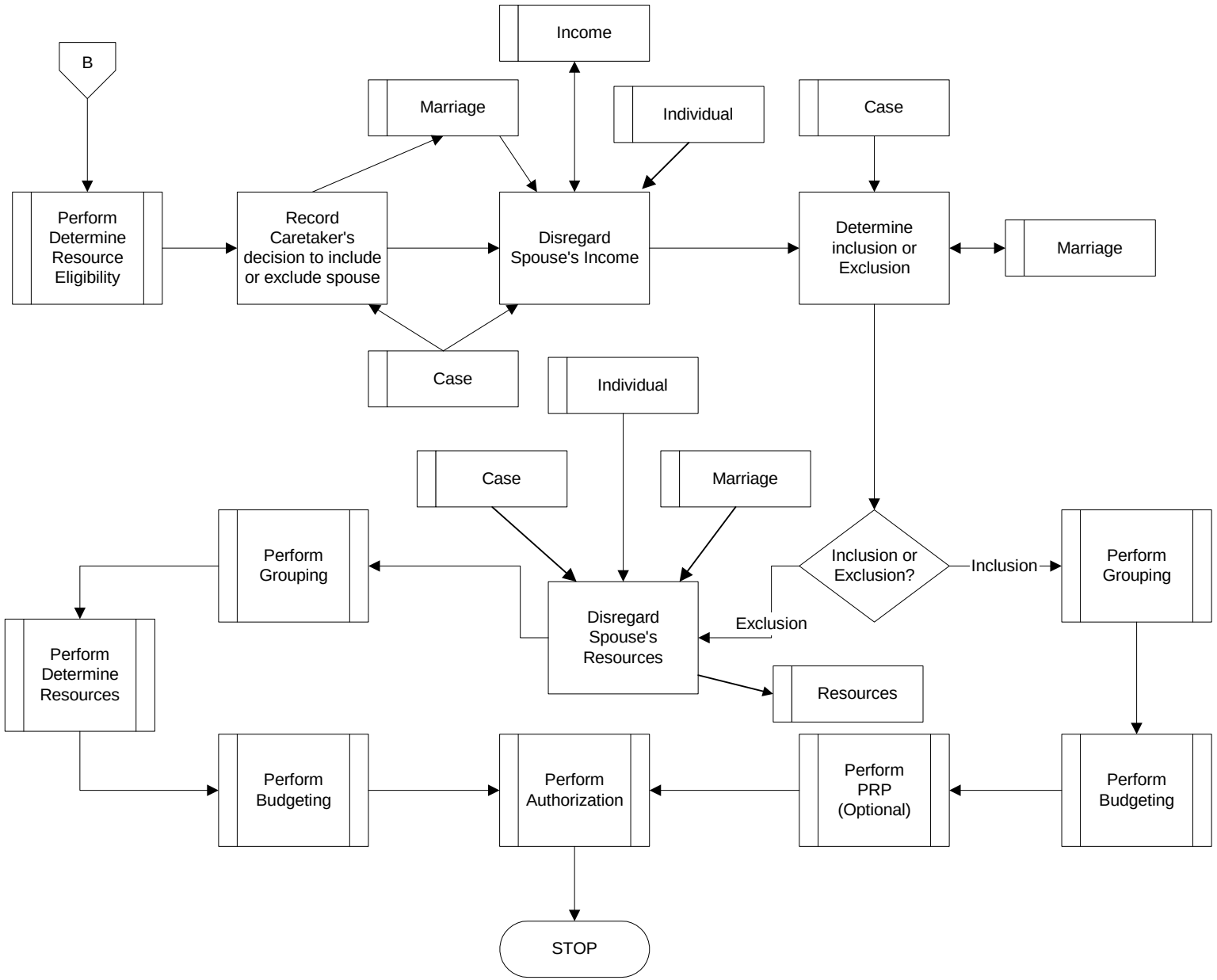


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.4

Marriage During Receipt

Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data

Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

This process outlines the steps that the user/system will take to collect the absent parent data, to determine caretaker cooperation, and to determine good cause for non-cooperation with the child support requirement. To be eligible for some programs/sub-programs, the parent/caretaker is required to cooperate with child support by providing absent parent information and attending child support appointments and hearings. In addition, the parent/caretaker may be required to turn child support monies received over to the Department of Human Services. There are specific good cause reasons that a parent/caretaker may have that will exempt the individual from this requirement.

Sub-Processes:

1. Determine if Absent Parent Data Is Required

   The system shall determine if absent parent data needs to be collected by looking at programs applied for relationships, if there is a dependent child in the case, and/or if a child is an SSI recipient.

   CASE (INPUT)
   Program Type
   Case Number

   RELATIONSHIP (INPUT)
   Specified Degree of Relationship
   Type Code

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data

Program Affected: FA	**Users: Caseworkers, Supervisors**

INDIVIDUAL (INPUT)
Name of Household Member
Recipient ID Number of Household Member
Age
SSI Recipient

2. Determine Caretaker Cooperation

The user will determine and record if the caretaker is willing to cooperate with child support when required.

CASE (INPUT)
Programs Applied For
Agree to Cooperate Indicator
Date Cooperation Agreed Upon

INDIVIDUAL (INPUT)
Caretaker Name
Individual Identifier Number
Caretaker Social Security Number
Date of Birth

RELATIONSHIP (INPUT)
Specified Degree of Relationship (Up to the 5th Degree) Indicator
Non-Parental Caretaker Indicator

DISABILITY/INCAPACITY (INPUT)
SSI Indicator

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data

Program Affected: FA	**Users: Caseworkers, Supervisors**

ABSENT PARENT (OUTPUT)
Child Support Cooperation Indicator
Date Child Support Cooperation Indicator Recorded

3. Capture Absent Parent Information

If the caretaker is required and willing to cooperate with the child support requirement, the user will enter the absent parent information. It is especially important to collect the absent parent demographics, employment/income data, locations of parents, and court documents relating to paternity, divorce/separation, custody. The system shall require the absent parent information to be completed for every named absent father and/or mother for each child in the case. The system shall also allow multiple absent parents to be associated with the same child. This information may also be updated as a result of the Tennessee Child Support Enforcement System (TCSES) interface.

ABSENT PARENT (INPUT/OUTPUT)
Absent Parent Name
Social Security Number
Sex
Absence Reason
Absence Date
Individual Making the Child Support Referral
Name(s) of Child(ren) of Absent Parent
Paternity Information
Insurance Information
Medical Support Information
Address
Validity of Address Indicator

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Telephone Number
Race
Height
Weight
Eye Color
Hair Color
Place of Birth
Date of Birth
Current Employer's Name
Current Employer's Address
Current Employer's Telephone Number
Last Date Employed
Last Known Monthly Wage
Federal Benefit Type
Monthly Federal Amount
Insurance Carrier
Policy Number
Marriage Date
Marriage City, State
Marriage Certificate Number
Divorce Decree Number
Divorce Date
Divorce City, State
Criminal Record
Military Status
Military Branch
Military Dates In and Out
Last Date Child Support Paid

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Last Amount Paid
Payment Effective Date
Payment Frequency
Arrearage Amount
Court Order Hearing Date
Court Order Number
Court Name
Court County
Court City/State
Court Ordered Amount
Court Ordered Payment Method
Court Ordered Payment Category
Court Action
Court Ordered Frequency
Absent Parent's Mother's Name
Absent Parent's Mother's Address
Absent Parent's Mother's Telephone Number
Absent Parent's Father's Name
Absent Parent's Father's Address
Absent Parent's Father's Telephone Number
Children's Mother's Name if She is Not the Caretaker

4. Perform the "Individual Search and Summary" Process

   This process is used to determine if the given absent parent is known to the system and to gather absent parent information from the individual's cases.

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data	
Program Affected: FA	**Users: Caseworkers, Supervisors**

5. Store Matched Information

If a match is found on the absent parent as a result of the client search, the system shall store the matched information. The information shall be stored even if there are discrepancies between the data currently in the system and the information provided by the caretaker. Discrepancies will lead the user to perform additional investigation to arrive at factually accurate information. The absent parent information collected shall then be sent to TCSES.

ABSENT PARENT (INPUT/OUTPUT)
Absent Parent Name
Absent Parent Social Security Number
Absent Parent Sex
Absent Parent Date of Birth
Absent Parent's Parents (if Birth Certificate Information is Entered)
Absent Parent's Parents' County/State of Birth
Absent Parent Race
Absent Parent Address
Absent Parent Recipient ID Number
Absent Parent's Current Employer
Absent Parent's Current Employer's Address
Absent Parent's Current Employer's Telephone Number
Date Last Employed
Last Known Monthly Wage
Federal Benefit Type
Monthly Federal Amount
Insurance Carrier
Insurance Policy Number
Collateral Contact Name

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data

Program Affected: FA	**Users: Caseworkers, Supervisors**

Collateral Contact Address
Collateral Contact Telephone Number

6. Determine if Additional Absent Parents Exist

The system shall determine if additional absent parents exist. If so, the system shall return to the process of determining caretaker cooperation for the next absent parent.

CASE (INPUT)
Names of Eligible Children in Case

RELATIONSHIP (INPUT)
Parents in Case – Mother or Father

ABSENT PARENT (INPUT)
Names of Children of Absent Parent Already Referred

7. Determine if Good Cause Exists

If the caretaker is not willing to co-operate with the child support requirement, the user will determine if good cause for refusal to co-operate exists and will record the information in the system.

GOOD CAUSE (INPUT/OUTPUT)
Absent Parent That Good Cause Applies To
Good Cause Reason
Good Cause Claim Effective Date
Good Cause Determined Indicator
Date Good Cause Determined

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data	
Program Affected: FA	**Users: Caseworkers, Supervisors**

8. Update With Good Cause

   If the user has determined that good cause exists, the user will record and store the good cause information. Good cause may be temporarily granted, and may require a review for on-going eligibility. The system shall aid in the tracking of future reviews to establish continued good cause.

   GOOD CAUSE (INPUT)
   Absent Parent That Good Cause Applies To
   Children of the Absent Parent That Good Cause Applies To
   Good Cause Reason (Table and Free Form Text)
   Good Cause Claim Effective Date
   Good Cause Determined Indicator
   Date Good Cause Determined
   Verification Type Used to Verify Good Cause
   Good Cause Review Date

   ABSENT PARENT (OUTPUT)
   Absent Parent That Good Cause Applies To
   Children of the Absent Parent That Good Cause Applies To
   Child Support Cooperation Indicator
   Good Cause Reason
   Good Cause Effective Date
   Good Cause Determined Indicator
   Date of Good Cause Determination
   Good Cause Verification Documentation

9. Group for Appropriate Program

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.5 Gather Absent Parent Data

Program Affected: FA	**Users: Caseworkers, Supervisors**

If the user determines that good cause does not exist for the caretaker's non-cooperation with the child support requirement, the system shall group another category or group the same category, modifying the individual participation status(es) based on program policy/rules. If an individual refuses to cooperate with child support, the case may be denied, or the individual may not be eligible himself/herself for inclusion, based on program rules. If an individual is a caretaker over multiple cases, cooperation/non-cooperation will be looked at for each case with eligibility determined by program/policy rules.

CASE
Case Number
Program/Sub-program

Program Type	Rule Number	Rule
AA	1	If a child returns to state custody, or is in any out of home placement, the case manager must determine if the adoptive parent continues to be legally responsible for the support of the child.
AA	2	The adoptive parent(s) must contribute to the support of the child in order for adoption assistance to continue.
CC	3	Absent parent information and cooperation with child support enforcement is gathered when determining eligibility for the child care assistance program for some programs and sub-program types.
CC	4	Absent parent information and cooperation with child support enforcement is gathered when determining eligibility for the child care assistance program in some sub-program types (service type), e.g., Transitional child care (TCC), At-Risk child care, Low-Income child care, DCS child care.
CC	5	Cooperation with child support requirements is necessary in order to be eligible for subsidized child care under Families First (FF) and TCC funding.
CC	6	Current child care policy does not include cooperation with child support as a criterion for child care eligibility under Low-Income child care funding.
CC	7	Once determined to be non-cooperative with child support, and case closed for TCC, the individual's case may not be reopened until the individual again qualifies for and receives FF, and that case is subsequently closed.
FFP	8	When a Families First assistance group child is deprived of parental support due to absence, the remaining parent or caretaker relative must give required information about the absent parent(s).
FFP	9	Absent parent data is required, unless the caretaker receives voluntary payments made for an unborn child.
FFP	10	Absent parent data is required unless the caretaker is not included in the case and the only assistance group child(ren) receive SSI.
FFP	11	Absent parent data is required unless the caretaker is a single parent who has adopted the child.
FFP	12	Absent parent data is required unless the assistance group contains only a pregnant woman.
FFP	13	Absent parent data is required unless absence is due to court-ordered public service in lieu of incarceration.
FFP	14	Absent parent data is required unless the caretaker has good cause for refusal to cooperate with Child Support Services.
FFP	15	The Agency shall explore good cause if the caretaker refuses to provide absent parent data on each absent parent.
FFP	16	The Agency shall verify and record the good cause reason.
FFP	17	Data regarding the absent parent's identity shall be collected.
FFP	18	Data regarding the absent parent's location shall be collected.
FFP	19	Data regarding the absent parent's length of absence and whether or not there is a possibility of

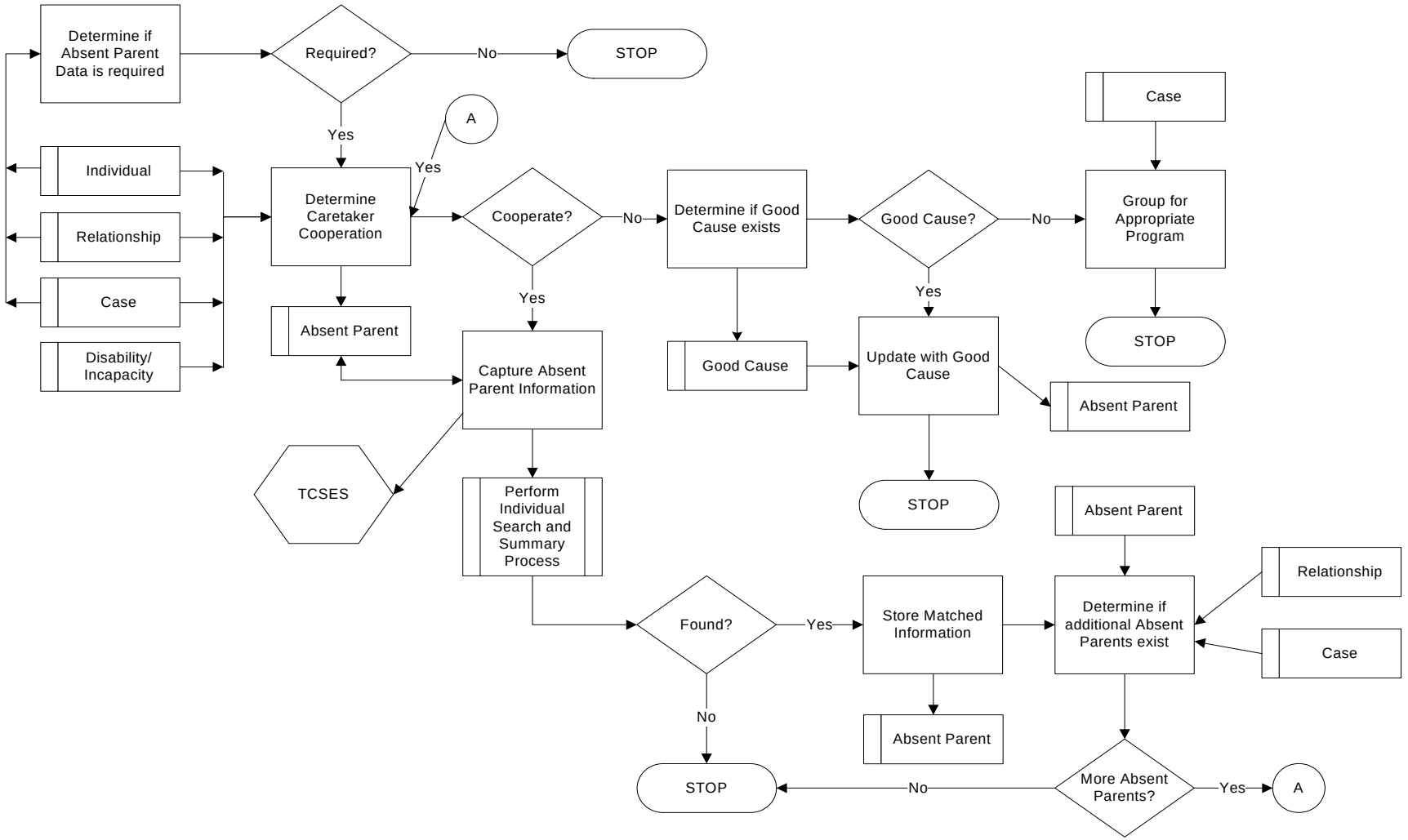
Program Type	Rule Number	Rule
		reconciliation or re-establishment of the relationship shall be collected.
FFP	20	Data regarding the absent parent's employment, including the type of work he/she normally does, if unemployed, shall be collected.
FFP	21	Data regarding the absent parent's Social Security Number, date of birth, place of birth and parent's names shall be collected.
FFP	22	Data regarding whether or not the absent parent is providing support or adequate support shall be collected.
FFP	23	Data regarding whether or not the absent parent is married, divorced, separated or living with a partner shall be collected.
FFP	24	Data regarding whether or not the child has been legitimated, if born out of wedlock, shall be collected.
FFP	25	Data regarding whether or not the child has a legal parent shall be collected.
FFP	26	If there are multiple absent parents for a child, data shall be collected on each absent parent.
FFP	27	The Agency shall have the ability to match the caretaker and child with any previously declared absent parents.
IV-E FC	28	All Title IV-E foster children whose AFDC eligibility is based upon the continued absence of the foster child parent(s) from the child's pre-custody removal home shall be referred to the DHS Division of Child Support for child support services, unless "good cause" exists to not cooperate in efforts to collect child support.
IV-E FC	29	All non-IV-E foster children shall be referred (at state option) to the DHS Division of Child Support for child support, unless "good cause" exists to not cooperate in efforts to collect child support. DCS has chosen to automatically refer (unless "good cause" is claimed) for Title IV-D enforcement services non-IV-E foster children that are funded by state dollars.
IV-E FC	30	Child support collections shall be pursued from both living parents of a foster child unless "good cause" exists to not cooperate with the requirement to pursue child support.
IV-E FC	31	"Good cause" for not cooperating in efforts to collect child support for a foster child shall be considered to exist if pursuing child support for a foster child is reasonably anticipated to result in physical harm or emotional harm to the foster child for whom child support is being sought.
IV-E FC	32	"Good cause" for not cooperating in efforts to collect child support for a foster child shall be considered to exist if pursuing child support for a foster child is reasonably anticipated to result in physical harm or emotional harm to the foster child's parent or caregiver relative with whom the foster child was living in the child's pre-custody removal home.
IV-E FC	33	"Good cause" for not cooperating in efforts to collect child support for a foster child shall be considered to exist if the foster child for whom child support is sought was conceived as a result of incest or rape.
IV-E FC	34	"Good cause" for not cooperating in efforts to collect child support for a foster child shall be considered to exist if legal procedures for the adoption of the foster child are pending before a court of competent

Program Type	Rule Number	Rule
		jurisdiction.
IV-E FC	35	"Good cause" for not cooperating in efforts to collect child support for a foster child shall be considered to exist if there are current discussions with the child's parent(s) or legal guardian concerning whether to keep the child or relinquish the child for adoption.
IV-E FC	36	A referral for Title IV-D child support services shall be completed for both living parents (legal or alleged) of each foster child unless one of the "good cause" reasons exist for not cooperating in efforts to collect child support.
IV-E FC	37	The reason and the date for claiming "good cause" for not cooperating in efforts to collect child support shall be indicated, documented, and verified.
IV-E FC	38	Child support requirements shall not be applicable in single parent adoptions.
IV-E FC	39	Child support requirements shall not be applicable if the AFDC deprivation reason is the death of the foster child's parent(s).
IV-E FC	40	Each living parent of a DCS foster child shall be considered a non-custodial parent.
IV-E FC	41	The IV-D agency shall be notified when a foster child is released from DCS custody.
IV-E FC	42	Child support requirements shall not be applicable where AFDC eligibility is based on absence and the absence is due to court ordered public service in lieu of incarceration.
IV-E FC	43	Child support sanctions (as defined by program guidelines) shall be applied if a foster child's parent(s) refuses to assign support rights or fails to (without "good cause") cooperate with efforts to collect child support.
IV-E FC	44	Both parents of a foster child must cooperate with efforts to collect child support unless "good cause" exists to not pursue child support.
TCM/ma j	45	It is not required to cooperate with child support requirements for cases for children only and under the Federal Poverty Levels.
TCM/ma j	46	It is not required to cooperate with child support requirements for cases for pregnant women only and under the Federal Poverty Level.
TCM/ma t	47	If there is an absent parent and the income is over the Federal Poverty Level, the custodial parent must cooperate with child support requirements and it will be necessary to gather absent parent data, unless good cause for not cooperating is determined.
TCM/ma t	48	If there is an absent parent and the custodial parent does not cooperate with child support requirements, and income is over the Federal Poverty Level, the custodial parent will not be included in the Medicaid case, unless good cause for not cooperating is determined.
TCM/TCS Ma t	49	If the custodial parent does not wish to cooperate with child support requirements, then this custodial parent can be grouped in a TennCare Standard case and is not required to cooperate with the child support requirements. The children may be considered non-target individuals in this group as they should be authorized in the Medicaid case if otherwise eligible for Medicaid.

Program Type	Rule Number	Rule
FFP	50	"Caretaker only" cases where the dependent child in the assistance group is not receiving Families First benefits because he/she is receiving SSI are exempt from the assignment requirement for Child Support.
FFP	51	Caretakers who receive voluntary payments for an unborn child are exempt from the assignment requirement for Child Support.
FFP	52	Single parent adoptions are exempt from the Child Support cooperation requirement.
FFP	53	An assistance group containing only a pregnant woman is exempt from the Child Support cooperation requirement.
FFP	54	If absence is due to court-ordered public service in lieu of incarceration, the assistance group is exempt from the Child Support cooperation requirement.
FFP	55	Caretakers who have been determined to have good cause for refusal to cooperate with Child Support Services are exempt from the Child Support cooperation requirement.
FFP	56	Good cause can be granted for refusal to cooperate with Child Support Services if it is reasonably certain that there will be physical harm or serious emotional harm to the child for whom support is being sought as a result of the caretaker's cooperation.
FFP	57	Good cause can be granted for refusal to cooperate with Child Support Services if it is reasonably certain there will be physical harm or serious emotional harm to the caretaker that would reduce his/her capacity to provide adequate care for the child.
FFP	58	Good cause can be granted for refusal to cooperate with Child Support Services if it is reasonably certain that pursuit of the child support would be detrimental to the child because he/she was conceived as a result of incest or forcible rape.
FFP	59	Good cause can be granted for refusal to cooperate with Child Support Services if adoption proceedings are pending for the child.
FFP	60	Good cause can be granted for refusal to cooperate with Child Support Services if the caretaker is being assisted by a public or licensed private social agency to decide whether to keep the child or relinquish for adoption.
FFP	61	The Families First caretaker must cooperate with Child Support to identify the absent parent.
FFP	62	The Families First caretaker must cooperate with Child Support to establish paternity, if necessary.
FFP	63	The Families First caretaker must cooperate with Child Support to locate the absent parent(s).
FFP	64	The Families First caretaker must cooperate with Child Support to pursue court ordered support for each assistance group child.
FFP	65	The Families First caretaker must agree to assign all child support, either court ordered or voluntary, past, present and future, to the Agency to reimburse the state for Families First and AFDC benefits that the assistance group receives.
FFP	66	The Families First caretaker must assign any spousal support that was ordered at the time of the child

Program Type	Rule Number	Rule
		support order.
FFP	67	The Child Support cooperation requirements apply if the Families First Payment is not issued because it is less than $10 or is reduced to zero because of a recoupment.
FFP	68	If a caretaker, eligible adult or minor parent who is the caretaker of an assistance group fails or refuses to cooperate with Child Support Services without good cause or to assign support to the Department, the entire assistance group will be ineligible for Families First benefits until the caretaker complies with the Child Support cooperation requirement.
FFP	69	The Families First caretaker must provide all known information on the absent parent(s) of each assistance group child.
FFP	70	All known absent parent information will include but not be limited to the absent parent's name, maiden name, alias, current address, telephone number, social security number, physical attributes, current/past employer(s), current wage, criminal record, military service information, reason for absence, marital status, marriage/divorce information, child support status, court order information, to what court child support is paid, the names and addresses of the absent parent's parents.

1.3.5
Gather Absent Parent Data



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Process:

The Department of Human Services will determine if an individual must cooperate and/or has cooperated with child support requirements. This process also includes determination if the individual who failed to cooperate with the child support requirements had good cause. The system shall have the ability to determine appropriate program eligibility based on child support cooperation status.

Sub-Processes:

1. System is Updated with Child Support Cooperation Status

Tennessee Child Support Enforcement System (TCSES) will send a file with caretaker child support non-cooperation information and the system shall update the case.

TCSES (Input)
Absent Parent First Name
Absent Parent Last Name
Child Support Non-Cooperation Date
Child Support Non- Cooperation Indicator
Child Support Non- Cooperation Activity
Child Support Non-Cooperation Reason
Case Number
Caretaker RID
Caretaker First Name
Caretaker Middle Inital
Caretaker Last Name
Number of Children for Absent Parent

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Child First Name
Child Last Name
Child RID

CHILD SUPPORT COOPERATION (Output)
Child Support Non-Compliance Indicator
Child Support Non-Compliance Reason
Child Support Non-Compliance Date

NAME (Output)
Name Type
Absent Parent Name
Absent Parent Child Name(s)
Caretaker Name

INDIVIDUAL (Output)
SSN
Individual ID

2. Receive ALERT of Non-Cooperation from Child Support or Caretaker Refuses to Cooperate

The system shall generate an ALERT to the user when a record of non-cooperation is received from TCSES. The user will attempt to contact the caretaker at least once by phone to determine if good cause exists for the non-cooperation.

CASELOAD (Input)
Caseload Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

USER (Input)
User ID

CASE (Input)
Case Number
Case Type

CHILD SUPPORT COOPERATION (Input)
Child Support Non-Compliance Indicator
Child Support Non-Compliance Reason
Child Support Non-Compliance Date
Date Determined to be Non-Cooperative

NAME (Input)
Absent Parent First Name
Absent Parent Last Name

INDIVIDUAL (Input)
SSN
Individual ID

ALERT (Output)
ALERT Type
Child Support Non-Cooperation
Child Support Non-Cooperation Indicator
Child Support Non-Cooperation Activity
Child Support Non-Cooperation Reason

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

3. Generate Good Cause Verification Notice to Client

If contact was not successful, the system shall generate a notice to the customer based on business rules when the worker requests the notice. The notice shall request verification of good cause for not cooperating with Child Support.

CASE (Input)
Case Number
Case Type

CHILD SUPPORT COOPERATION (Input)
Child Support Non-Compliance Date
Child Support Non-Compliance Indicator
Child Support Non-Compliance Activity
Child Support Non-Compliance Reason

NAME (Input)
Name Type
Case Name
Caseworker Name

INDIVIDUAL (Input)
SSN
Individual ID

USER (Input)
User ID

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

CASELOAD (Input)
Caseload Number

ADDRESS (Input)
Address Type
Case Address
County Office Address

VERIFICATION (Input)
Verification Type

NOTICE (Output)
Notice Type
Notice Mail Date
Child Support Non-Cooperation Verification Notice
Verification Notice Mail Date
Notice Request Indicator
Verification Notice Request Due Date
Request for Contact
Verifications Needed
Non-Cooperation Reason

4. Track Date Good Cause Due and ALERT User If Case Not Updated With Good Cause Reason

The system shall track the date the notice was generated and the date the good cause verifications are due. The system shall generate an ALERT to the user when the due date passes without input of good cause verification.

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DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

ALERT (Output)
ALERT Type
Child Support Non-Cooperation
Child Support Non-Cooperation Indicator
Child Support Non-Cooperation Activity
Child Support Non-Cooperation Reason

CASE (Input)
Case Number
Case Type

CHILD SUPPORT COOPERATION (Input)
No Response Date
Child Support Compliance Status

VERIFICATION (Input)
Verification Type
Outstanding Verification Indicator
Outstanding Verification Determination Date
Date Verification Provided
Outstanding Verification Due Date

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

5. Determine if Good Cause Provided

The system shall determine if good cause verification was provided based on the verification type and on business rules for verifications recorded by user. If verification was provided, the user will evaluate and determine if the individual meets good cause requirements. If verification was not provided the user will record that verification was not provided and set the sanction indicator.

CASE (Input)
Case Number
Case Type

VERIFICATION (Input)
Verification Type
Date Verification Provided

CHILD SUPPORT COOPERATION (Input/Output)
Child Support Good Cause Indicator
Outstanding Verification Due Date
No Response Date
Child Support Compliance Status
Child Support Non-Compliance Indicator

6. Determine if Case is Open Families First (FF)

When there is no good cause, the system shall determine if the case is an open FF cash case that may require a Customer Service Review (CSR) prior to closure.

CASE (Input/Output)

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DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Case Number
Case Type
Case Status

CHILD SUPPORT COOPERATION (Input)
Child Support Good Cause Indicator
Child Support Compliance Status

VERIFICATION (Input)
Outstanding Verification Due Date
Verification No Response Date

7. Perform “CSR Referral For Authorization to Close” Process

   The system shall perform “CSR Referral For Authorization to Close” when the client is in an open FF cash case. CSR must complete their review and authorize the user to close the case prior to the FF case closure or application of sanction for non-cooperation with child support requirements. If CSR fails to authorize the closure, the sanction may not be applied, and the case may remain open.

8. Perform “Imposing and Removal of Sanction/Penalty/Disqualification” Process

   The system shall perform the reusable “Imposing and Removal of Sanction/Penalty/Disqualification “ process which requires the case to be closed and a sanction applied for the failure to cooperate with child support requirements. This may be an individual or full family sanction depending on program rules. TCSES shall be notified of the sanction.

9. Record Good Cause and Reason

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DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

If good cause is provided, the user will determine and record the good cause reason and verification that is provided by the customer.

CASE (Input)
Case Number
Case Type
Case Status

CHILD SUPPORT COOPERATION (Input/Output)
Child Support Non-Cooperation Indicator
Child Support Good Cause Indicator
Child Support Good Cause Reason
Child Support Good Cause Date

VERIFICATION (Output)
Verification Type
Child Support Non-Cooperation
Date Verification Provided
Child Support Non-Cooperation Verification Reason

10. Generate File to TCSES

The system shall generate a file to TCSES when the customer has provided proof of good cause.

CASE (Input)
Case Number
Case Type

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation

Program Affected: FF	**Users: Caseworker, Supervisor and above**

Case Status

CHILD SUPPORT COOPERATION (Input)
Child Support Non-Cooperation Indicator
Child Support Good Cause Indicator
Child Support Non-Cooperation Verification Type
Child Support Good Cause Reason
Child Support Good Cause Date

VERIFICATION (Input)
Verification Type
Verification Reason
Date Verification Provided

TCSES (Output)
Child Support Non-Cooperation Indicator
Child Support Good Cause Indicator

11. Determine if Good Cause Claimed

If contact with the caretaker was successful, the system shall determine if good cause is claimed based on the responses entered by the user.

CHILD SUPPORT COOPERATION (Input/Output)
Child Support Good Cause Indicator
Child Support Good Cause Reason
Child Support Non-Cooperation Indicator

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation	
Program Affected: FF	**Users: Caseworker, Supervisor and above**

VERIFICATION (Input)
Verification Type
Verification Reason
Date Verification Provided

CASE (Input)
Case Number
Case Type

12. Determine if Good Cause Verified

If good cause is claimed, the system shall determine if good cause exists based on the response entered by the user.

CASE (Input)
Case Number
Case Type

CHILD SUPPORT COOPERATION (Input)
Child Support Non-Cooperation Indicator
Child Support Good Cause Indicator
Child Support Non-Cooperation
Child Support Non-Cooperation
Child Support Good Cause Reason

VERIFICATION (Input/Output)
Verification Type
Verification Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.6 Child Support Non-Cooperation	
Program Affected: FF	**Users: Caseworker, Supervisor and above**

Verification Type
Date Verification Due
Date Verification Provided

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	If the Child Support worker determines that a Families First individual did not have good reason for non-cooperation, the Families First caseworker will be notified.
FFP	2	If Child Support reports non-cooperation of the assistance group to Family Assistance, the Families First caseworker must take prompt action to review the information, determine its impact on the assistance group, and implement any necessary changes to the case.
FFP	3	Failure of the assistance group to cooperate with Child Support without good cause will result in ineligibility for the entire assistance group.
FFP	4	If the Families First caretaker, adult parent or minor parent who is the caretaker of his/her own Families First case claims good cause for Child Support non-cooperation, the caseworker shall determine if the individual meets the good cause criteria for a waiver of the cooperation requirement.
FFP	5	The Families First caseworker shall generate a good cause verification notice to the Families First individual.
FFP	6	All Child Support non-cooperation good cause claims must be verified.
FFP	7	Verification of good cause for Child Support non-cooperation is primarily the responsibility of the Families First caretaker except when the information is already known to the Agency or when it is more reasonable for the caseworker to obtain the information.
FFP	8	Acceptable good cause verification for non-cooperation with Child Support may include but not be limited to birth certificates, medical records or law enforcement records that indicate that the child was conceived as a result of incest or forcible rape; court documents or other records that show that adoption legal procedures are pending; court, medical, criminal, child protective services, social services, psychological or law enforcement records that show that the absent parent may inflict physical or emotional harm to the child or caretaker if cooperation is required; a written statement from a public or licensed private social agency that the caretaker is being assisted by that agency to decide whether to keep the child or relinquish for adoption; or notarized statements from an individual other than the caretaker that have knowledge of the good cause circumstances.
FFP	9	If there is no documentary evidence to the caretaker's good cause claim, good cause may be granted if, based on the credibility and reliability of the caretaker, physical harm can be reasonably anticipated.
FFP	10	If the individual's good cause claim meets Families First criteria, he/she must provide

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		the required verification within twenty (20) days after the claim is made.
FFP	11	The good cause for non-cooperation with Child Support verification period may be extended, with supervisory approval, when the individual is having difficulty obtaining the verification.
FFP	12	A final decision on a Child Support non-cooperation good cause claim must be made within forty-five (45) days of the date the claim was made.
FFP	13	If the Child Support non-cooperation good cause claim is denied, the assistance group will be closed the first month following the end of the Notice of Adverse Action.
FFP	14	If good cause is established, the decision shall be re-evaluated at review only if the circumstances on which it is based are subject to change.
FFP	15	If the good cause circumstances change, the individual must be given the opportunity to provide additional evidence to establish that good cause continues to exist.
FFP	16	If a Child Support non-cooperation good cause decision is reversed, the caseworker will notify the individual that cooperation is now required.
FFP	17	The results of the Child Support non-cooperation good cause investigation will be transmitted to the Child Support electronic system.
FFP	18	A child support non-cooperation ALERT must be sent to the caseworker when TCSES provides data that a caretaker is not in compliance with Child Support.
FFP	19	The child support non-cooperation ALERT must include the name of the caretaker.
FFP	20	The child support non-cooperation ALERT must include the SSN of the caretaker.
FFP	21	The child support non-cooperation ALERT must include the date of non-cooperation.
FFP	22	The child support non-cooperation ALERT must include the case number affected by the non-cooperation.
FFP	23	The child support non-cooperation ALERT must include the names of the children whose benefits could be affected by the non-cooperation.
FFP	24	The child support non-cooperation ALERT must include the SSNs of the children whose benefits could be affected by the non-cooperation.
FFP	25	A good cause verification notice must be generated and sent to the head of case when a Child Support non-cooperation violation has been reported by TCSES.
FFP	26	The good cause verification notice must be sent to the mailing address listed for the head of case.
FFP	27	The good cause verification notice must include the non-cooperation date. The notice must include the nature of the non-cooperation.
FFP	28	The good cause verification notice must provide instructions to the head of case in

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

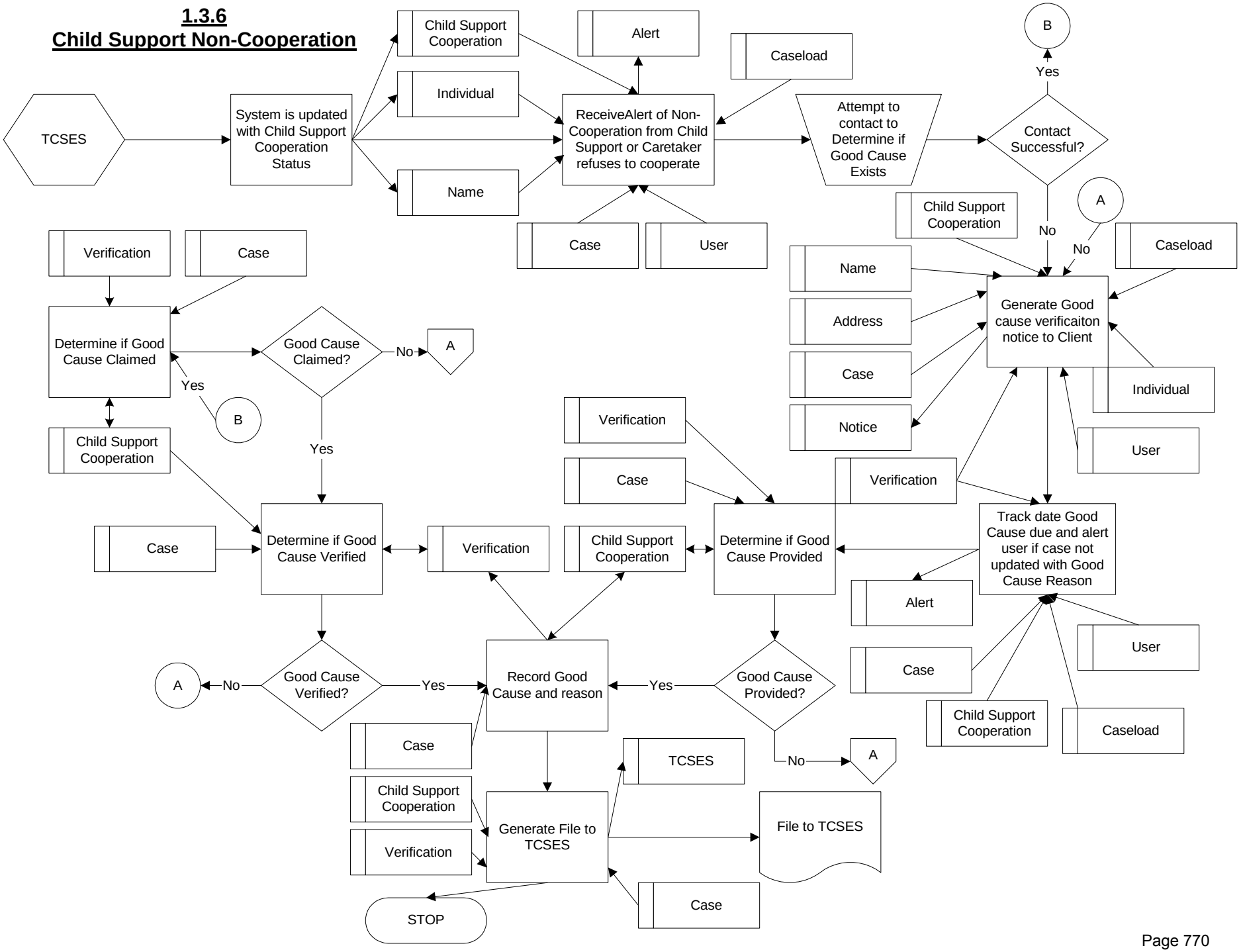
Program Type	Rule Number	Rule
		order for the case to come into compliance with Child Support.
FFP	29	The good cause verification notice must contain a response date.
FFP	30	The good cause verification notice must define the verification that is required to have good cause approved for the non-cooperation.
FFP	31	The good cause verification notice must include the names of children potentially affected by the non-cooperation.
FFP	32	The good cause verification notice must include the consequences to benefits, if good cause is not verified.
FFP	33	A late good cause verification ALERT must be sent to the caseworker when the good cause verification due date has passed.
FFP	34	The late good cause verification ALERT must be sent to the caseworker on the first day after the good cause verification due date if the verification is not entered in system.
FFP	35	The late good cause verification ALERT must include the case number affected by the non-cooperation.
FFP	36	The late good cause verification ALERT must include the head of case and phone number.
FFP	37	The late good cause verification ALERT must indicate that good cause verification has not been entered into the system.
TCM	38	An individual who is over the Federal Poverty Limit and refuses to cooperate with Child Support requirements shall fail eligibility for Medically Needy TennCare Medicaid.
TCM	39	An individual who has income below the Federal Poverty Limit is not required to cooperate with Child Support requirements with the exception of Families First associated Medicaid and medically needy households.
TCM	40	At the time that an individual who has previously refused to cooperate with Child Support requirements, cooperates with Child Support requirements, he/she will be eligible for Medicaid in all categories other than Families First Transitional Medicaid.
TCM	41	When an individual's Families First case is closed for cash (grant terminated) due to non-cooperation with Child Support requirements, the individual will not be approved for the Transitional Medicaid although later he/she agrees to cooperate with Child Support requirements. The children will continue in the same Transitional Medicaid category for 18 months after the case is closed.
TCM	42	An individual who refuses to cooperate with Child Support requirements shall fail

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		eligibility for Medicaid.
CC	43	A Families First recipient who is sanctioned for non-cooperation with child support without good cause is not eligible for Transitional Child Care, at-risk child care or at-risk child only care.
CC	44	When an individual is non-cooperative with child support with out good cause during their Transitional Child Care period, they are no longer eligible for Transitional Child Care for the remainder of their Transitional Child Care period.
CC	45	A Transitional Child Care recipient who has good cause for being non-cooperative with child support will continue to be eligible for Transitional Child Care.

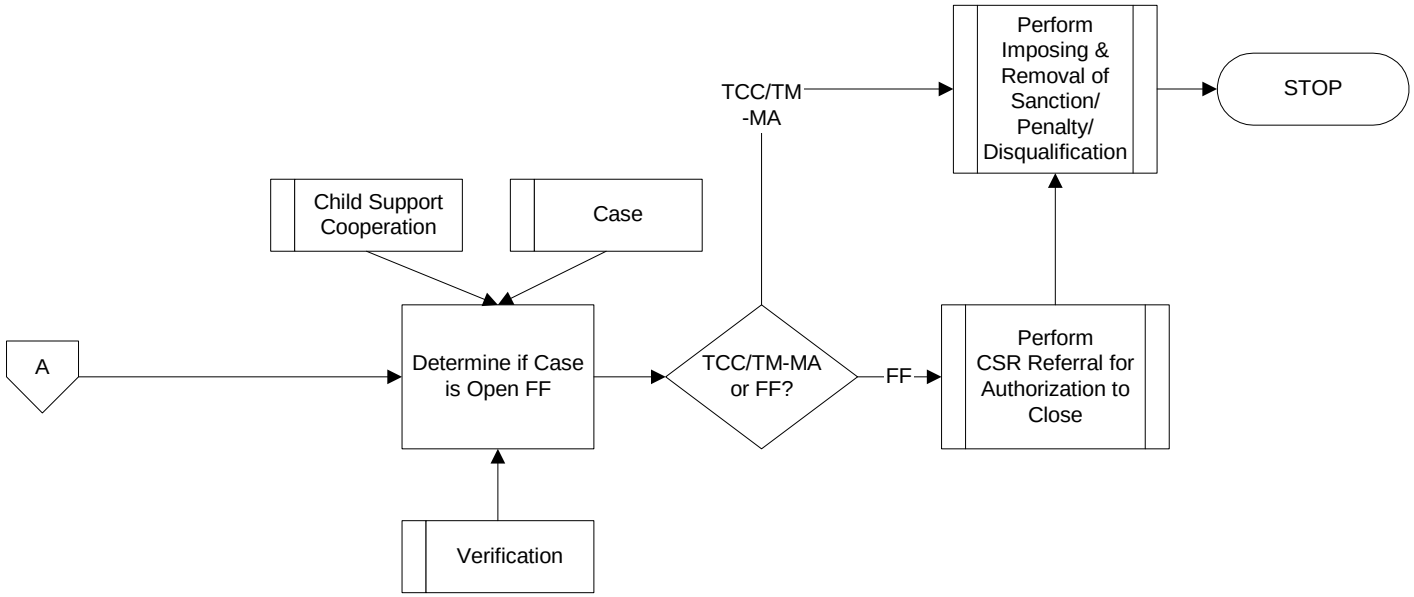
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.6
Child Support Non-Cooperation



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.6
Child Support Non-Cooperation
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA

Users: Caseworkers, Supervisors

Process:

This process describes the steps involved in processing an incapacity or disability determination. The system shall recognize all SSI termination selected individuals, regardless of their status in the system, as TennCare Medicaid renewals and flag as such for tracking purposes based on the rules. The system shall determine AFDC-MO eligibility when an applying Families First case fails for reasons based on program policy. The system shall support the ability to have exemptions or interruptions from the interim and lifetime Families First time count based on the rules. The system shall pend and track all cases where a Medical Evaluation (ME) packet is requested until disposal of ME has been made. The system shall calculate expected end dates for interruptions and exemptions that are time-limited and shall generate appointments and appointment notices. The system shall establish, continue, and terminate eligibility for certain individuals based on TennCare Medicaid program parameters.

Sub-Processes:

1. Determine if Individual Receives SSA, VA (100%), SSI or Black Lung Disability

   The system shall determine if the individual receives SSA, VA (100%), SSI, or Black Lung disability based on individual, income, and disability/incapacity data provided during the interview. If the individual is receiving these disability benefits, then he/she will be considered disabled/incapacitated for all programs. If the individual does not receive these disability benefits, and is claiming a disability/incapacity, then more information must be obtained in order to make this determination. The system shall capture the pre-admission evaluation (PAE) status and date and apply to budget and eligibility for HCBS and LTC individuals. The system shall determine a case, in which all individuals in the Food Stamp case are in a Families First case and/or are receiving SSI, to be categorically eligible for Food Stamps based on the rules. The system shall apply all other policies and procedures (except resources limits) to individuals in

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

categorically eligible and mixed categorically eligible cases. The system shall determine TNCAP eligibility for a Food Stamp individual who receives SSI based on the rules. The system shall create a case for TNCAP individuals form the SDX file update.

INDIVIDUAL (INPUT)
Social Security Number
Date of Birth

NAME (INPUT)
First Name
Last Name
Middle Name

INCOME (INPUT)
Income Type
Effective Begin Date
Effective End Date
Income Amount
Claim Number

DISABILITY/INCAPACITY (INPUT)
Prior Approval/Denial Indicators
SOLQ Inquiry Data

2. Determine if Individual Claiming Incapacity or Disability

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

If the individual does not receive any type of disability, determine if the individual is claiming incapacity or disability.

DISABILITY/INCAPACITY (OUTPUT)
Disability Indicator
Incapacity Indicator

3. Record Medical Social Narrative

If the individual is claiming disability or incapacity, the user must decide from the information provided during the basic interview if a disability/incapacity determination is needed based on program rules. If needed, the user must then collect medical information from the individual or from the Authorized Representative. The user will interview the individual and record the medical and social information that the Medical Evaluation Unit or the Disability Determination Section will use, along with the medical records, to make a determination of incapacity/disability.

INDIVIDUAL (INPUT)
Social Security Number
Date of Birth

NAME (INPUT)
First Name
Middle Name
Last Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
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Program Affected: FA
Users: Caseworkers, Supervisors

DISABILITY/INCAPACITY (INPUT)
Disability Indicator
Incapacity Indicator

NAME (OUTPUT)
First Name
Middle Name
Last Name

ADDRESS (OUTPUT)
City
State
Zip Code
Telephone Number
Alternate or Message Phone Number

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Social Security Number
Recipient ID Number
Age
Height
Weight
Place of Interview
School Grade Completed
Age Entered School

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Age Left School
Individual has a GED
Individual Had Special Education
Individual Had Any College
Individual Speaks English
Individual Reads English
Individual Writes English
Individual Currently Employed
Monthly Salary
Hours per Day
Hours per Week
Place of Employment
Job Title
Reason for Leaving
Date Last Worked
Individual Lives Alone
Individual Lives With Immediate Family and Friends
Name of Spouse Living with Individual
Names of Children, Dependents Living with Individual
Individual Has Applied for SSA/SSI Disability Benefits
Date SSA/SSI Applied For
Case Pending
Case in Appeal Status
Final Decision
Individual Has Received Vocational Rehabilitation Services Within Last 12 Months
Date/Years of Service/Training Received

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Individual's Apparel and Grooming
Obvious Evidence of Individual's Physical and/or Mental Impairments
Individual's Attitude and Degree of Cooperation
Individual Uses Assistive Device for Walking
Type of Device Used
Individual Has Hearing Problem
Individual Wears Hearing Aid
Time Since Hearing Aid was Changed, if applicable
Individual Has Vision Problem
Individual Uses Glasses
Time Since Glasses Last Changed
Other Pertinent Information
Individual Exhibits Disabling/Incapacitating Impairments
Description of How Impairments Limit Daily Activities and Prevent Employment
Medications Currently Taken by Individual
Individual Requires Attendant Care
Attendant Care Provided by Family
Attendant Care Provided by Professional Service
Previous Major Illness/Surgery
Date of Illness/Surgery
Individual Has Been Sent to Special Exam in the Past six Months by SSA or Vocational Rehabilitation
Individual has Received Medical Treatment Within the Last two Years
Individual has Ever Received Psychological/Psychiatric Treatment
Names/Addresses of Medical Agencies (Hospitals, Physicians' Offices, etc.) That May Have Examined/Treated Individual in the Last Two Years
Dates of Treatment

State of Tennessee
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Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Individual's Current and Previous Work History (for the past 15 years)
Job Title
Type of Business
Dates Worked (From/To)
Hours Per Week Worked
Weekly Pay
Individual Used Machines, Tools, or Equipment
Individual Wrote Complex Reports, etc.
Individual Used Technical Knowledge/Skills
Individual Had Supervisory Responsibilities
Description of Individual's Basic Duties along with Explanation
Number of Hours Individual Spent Daily Walking/Standing/Sitting
Frequency of Bending: Never/Occasionally/Frequently/Constantly
Lifting/Carrying Items (What/How Far)
Heaviest Weight Lifted (Range of 10 pounds to 100+)
Weight Frequently Carried (Range of 10 pounds to 50+)
Seizures Indicator
Chest Pain Indicator
Date of Last Seizure
Frequency of Seizures
Medications Taken for Seizures
Frequency That Medications are Taken for Seizures
Person Who Checks Blood for Level of Medication
Address of Person Checking Blood
Frequency Blood Level Checked
Prescription Numbers for Seizure Medication

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Program Affected: FA
Users: Caseworkers, Supervisors

Name and Complete Address of Places Seizure Medications Purchased
Person Who Has Seen Individual Have Seizure in Past Year
Complete Addresses, Phone Numbers of People Observing Seizure
Description of What Happens During a Seizure
Is Individual Currently Having Chest Pain?
Chest Pain Location and Character
Does the Pain Radiate and if so, where?
What Brings on Chest Pain?
Types of Exertion that Bring on Chest Pain
Length of Time that Chest Pains Last
Relief of Chest Pains from Rest or Nitroglycerin
Length of Time Required to Obtain Relief from Chest Pain
Symptoms Associated With the Chest Pain (Nausea, Vomiting, Sweating, or Weakness

4. Generate Travel Reimbursement Form (Optional)

The user will decide if a travel reimbursement form may be needed, based on the business rules and county of residence. If the user decides that the form may be needed, the system shall generate a travel reimbursement form, and the user will obtain the individual's signature on the reimbursement form, along with the medical releases.

CASE (INPUT)
County

MEDICAL/SOCIAL NARRATIVE (INPUT)
Name of Doctor

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Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Address of Doctor
Telephone Number of Doctor
Date of Physical Exam

5. Record Date of Signed Release

The user must collect and record the signed/dated medical release forms, as well as other relevant medical documents. The user will record in the system the date of the signed medical releases. Hard copies of the signed releases will be retained by the user.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Medical Release Dates
Dates Medical Records Requested

6. Determine Potential Incapacity or Disability

The user must determine if the individual has a potential incapacity or a potential disability.

RELATIONSHIP (INPUT)
Relationships of Each Case Member to all Others
Specified Degree of Relationship
Purchase/Prepare Food Arrangements Indicator

INDIVIDUAL (INPUT)
Names of Case Individuals
SSNs of Case Individuals

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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Doctor's Statement
Individual's Appearance/Behavior

GROUPING (INPUT)
Medicaid Groups
Families First Groups
Food Stamp Groups
Families First Eligible Individuals
Food Stamps Eligible Individuals
Medicaid Eligible Individuals

CASE (INPUT)
Case Number
Head of Case

Benefits Requested
Families First Requested Indicator
Food Stamps Requested Indicator
Medicaid Requested Indicator

DISABILITY/INCAPACITY (INPUT)
Disability Indicator
Incapacity Indicator

7. Determine if Individual Has Seen a Doctor in the Appropriate Time Frame

State of Tennessee
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Date: January 31, 2005

Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

If it has been determined that an incapacity or disability determination is required, the user will determine if the individual has seen a doctor in the appropriate time frame based on the business rules, or has adequate medical records.

MEDICAL SOCIAL NARRATIVE (INPUT)
Names/Addresses of Medical Agencies (Hospitals, Physicians' Offices, etc.) that may have Examined or Treated Individual in Last two Years
Dates of Treatment

8. Record Medical Records Received and Date

When incapacity is claimed and a doctor's visit is not needed, the user will request medical records from the individual's doctors, hospitals, etc. If the medical records are received, the user will record the medical records that have been received and the date received. The user will then generate an authorization for payment for medical records and mail the authorization form(s) to Fiscal Services.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Date Medical Records Received
Provider Sending the Medical Records

9. Alert Worker if Medical Records not Recorded as Received

After a specified period of time (based on the business rules), the system shall generate an alert to the worker if there is no entry in the 'date medical records received' field using the date medical records were requested as start of the count. The user will then determine if the individual needs to be scheduled for an evaluation with a doctor.

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Program Affected: FA
Users: Caseworkers, Supervisors

MEDICAL SOCIAL NARRATIVE (INPUT)
Date Medical Records Received

ALERT (OUTPUT)
Delete Alert Indicator
Case Number
Individual Recipient ID Number
Alert Code
Message
Date Received
Priority Indicator

10. Record Doctor Appointment Information

If incapacity is claimed and either 1) the medical records have not been received and the user has decided that a doctor's appointment needs to be scheduled, or 2) the individual has not seen a doctor in the appropriate time frame, the user must obtain approval to schedule a medical exam. After obtaining approval, the user will manually schedule the medical exam for the individual and will record the doctor's appointment information in the system.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Name of Doctor
Address of Doctor
Telephone Number of the Doctor
Date of the Physical Exam

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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

11. Generate Notice of Appointment to Individual

    The system shall generate a notice of medical appointment to the individual. This is not accomplished through the appointment scheduling component.

    MEDICAL SOCIAL NARRATIVE (INPUT)
    Doctor's Name
    Doctor's Address
    Doctor's Telephone
    Date of Appointment

    NOTICE (OUTPUT)
    Doctor's Name
    Doctor's Address
    Doctor's Telephone
    Date of Appointment

12. Record Date Medical Record Received

    The user will manually request the medical records from the scheduled appointment, using the release signed by the individual at the time of the interview. When the medical records are received in the county office, the user will record the date that the medical records are received.

    MEDICAL SOCIAL NARRATIVE (OUTPUT)
    Date Medical Records are Received in the County Office

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Program Affected: FA
Users: Caseworkers, Supervisors

Name/Address of the Doctor Providing the Medical Records
Doctor's Appointment Kept Indicator

13. Record Verification of Miles Traveled to the Doctor

After the medical records are received, the user will record the verification of the number of miles traveled by the individual in order to get the requested medical exam.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Miles Traveled for the Medical Exam.

14. Determine if Travel Reimbursement is Needed

The system shall determine if reimbursement to the individual for transportation to the requested medical exam is needed based on the business rules and county of residence. If it is determined that travel reimbursement is needed, the user will record that the individual has been approved for travel reimbursement. The user will then manually forward the travel reimbursement form and the authorization for payment of medical records to Fiscal Services.

CASE (INPUT)
County

MEDICAL SOCIAL NARRATIVE (INPUT)
Doctor's Appointment Kept Indicator
Name of Doctor
Address of Doctor
Telephone Number of Doctor

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Prepared by: DHS Policy/Systems
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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Date of Physical Exam

INDIVIDUAL (INPUT)
Name
Address
Signed Travel Authorization Received Date

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Travel Reimbursement Amount
Travel Reimbursement
Date of Travel Reimbursement

15. Record Supervisor Approval

Once the medical records have been received in the county office, or if medical records were requested, but never received and it was determined that no doctor's appointment was needed, the worker will manually assemble a medical packet for the supervisor's review and possible in-office approval. The medical packet should include: a copy of the individual's medical/social narrative, medical records provided either by the individual or doctors' offices, hospitals, etc. and signed release forms. If the supervisor approves the incapacity, the user will record the supervisor's approval and the approval date and mail authorization for payment for medical records and travel reimbursement to Fiscal Services.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Supervisor's Approval of Incapacity
Date of Incapacity Approval
Approval Period of Incapacity

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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Date Due to be Reevaluated

16. Document Incapacity Decision

The user will then document the case based on the supervisor's approval of incapacity.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Begin Date of Incapacity
Review Date of Incapacity

Decision Indicator
Date of Decision
Free-form Text to Explain Decision

DISABILITY/INCAPACITY (OUTPUT)
Begin Date of Incapacity
Review Date of Incapacity
Decision Indicator

Date of Decision
Free-form Text to Explain Decision

17. Record Lack of Supervisor Approval and Date Sent to MEU

The user will record that the supervisor did not approve the incapacity claim and the date that the medical packet was sent to the Medical Evaluation Unit.

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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Supervisor's lack of approval of the incapacity
Date Referral Sent to Medical Evaluation Unit

18. Generate Referral to MEU

The system shall generate a referral to the Medical Evaluation Unit. The user will attach the referral to the Medical Evaluation Unit packet and will then forward the packet to the Medical Evaluation Unit.

REFERRAL (OUTPUT)
Individual's Name
Date Referred

CASE (OUTPUT)
Case Number
Case Name
Program
Sub-program
Case Worker
County

19. Determine if Incapacity Approved or Denied from MEU

After the user receives the decision from the Medical Evaluation Unit, the user will record the new decision.

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Program Affected: FA
Users: Caseworkers, Supervisors

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Medical Evaluation Unit's Decision of Incapacity
Medical Evaluation Unit's Date of Decision of Incapacity
Date Incapacity is to be Reviewed
Reason for Denial

DISABILITY/INCAPACITY (OUTPUT)

Medical Evaluation Unit's Decision of Incapacity
Medical Evaluation Unit's Date of Decision of Incapacity
Date Incapacity is to be Reviewed
Reason for Denial

20. Record the Incapacity Approval Decision

If the Medical Evaluation Unit's decision is an approval of incapacity, the user will document the decision.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Approval of the Case Based on a Determination of Incapacity
Date of Approval
Approval Period of Incapacity
Date Incapacity is to be Reviewed

DISABILITY/INCAPACITY (OUTPUT)
Approval of the Case Based on a Determination of Incapacity
Date of Approval

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Process: 1.3.7 Incapacity/Disability Determination

Program Affected: FA
Users: Caseworkers, Supervisors

Date Incapacity is to be Reviewed
Approval Period of Incapacity

21. Record the Incapacity Denial Decision

If the Medical Evaluation Unit's decision is a denial of incapacity, the user will record the decision.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Case Denial Based on Denial of Incapacity
Date of Case Denial

DISABILITY/INCAPACITY (OUTPUT)
Case Denial Based on Denial of Incapacity
Date of Case Denial

22. Generate Referral to DDS

If the user has made a determination of potential disability, the system shall generate a referral to the Disability Determination Section. The user will assemble a medical packet consisting of the referral form, the medical social narrative, medical records, and additional releases signed by the individual. The user will manually forward this medical packet to the Disability Determination Section.

REFERRAL (OUTPUT)
Name of Individual Referred
Social Security Number, or Unique Identifier, of Individual Referred
Date of Referral

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Program Affected: FA
Users: Caseworkers, Supervisors

Case Worker
Case worker's County

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Name of Individual Referred
Social Security Number of Individual Referred
Date of Referral
Case Worker
Case worker's County

23. Determine if Approval/Denial Decision from DDS

After the Disability Determination Section has made a decision, the user will receive the decision and record the approval or denial. This decision may already be recorded in the system by the Disability Determination Section, and, if so, an alert will be generated to the user advising a decision had been made regarding the disability determination.

REFERRAL (INPUT)
Name of Individual Referred
Social Security Number, or Unique Identifier, of Individual Referred
Date of Referral
Case Worker
Case worker's County

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Disability Determination Section's Approval/Denial of Disability Claim

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Program Affected: FA
Users: Caseworkers, Supervisors

Date of Approval/Denial
Case Worker
Case worker's County

DISABILITY/INCAPACITY (OUTPUT)
Disability Determination Section's Approval/Denial of Disability Claim
Date of Approval/Denial

24. Record Disability Approval Decision

If the Disability Determination Section has approved the claim for disability, the user will record the disability decision.

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Case Approval Based on the Disability Determination Section's Approval of the Disability Claim

Date of Approval

DISABILITY/INCAPACITY (OUTPUT)
Case Approval Based on the Disability Determination Section's Approval of the Disability Claim
Date of Approval

25. Record Disability Denial Decision

If the Disability Determination Section has denied the claim for disability, the user will record the disability decision.

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Program Affected: FA
Users: Caseworkers, Supervisors

MEDICAL SOCIAL NARRATIVE (OUTPUT)
Case Denial Based on the Disability Determination Section's Denial of Disability Claim
Date of Denial

DISABILITY/INCAPACITY (OUTPUT)
Case Denial Based on the Disability Determination Section's Denial of Disability Claim
Date of Denial

Program Type	Rule Number	Rule
CC	1	Currently, child care does not submit cases to Medical Evaluation Unit (MEU) or to travel reimbursement. It is possible for a parent/caretaker or second parent or spouse to claim temporary disability thereby exempting that person from a work requirement.
CC	2	The diagnosis of disability must be made in a signed statement, by someone who is licensed to make it. A licensed person such as the following may make a diagnosis of disability: physician, psychologist, psychiatrist, mental health clinic social worker for child care.
CC	3	The statement of disability by a licensed person must include the name of the person for whom the disability statement applies and some identifying information, the name of the parent of the person if the statement is regarding a child, the name of the person making the diagnosis, his/her title, the date of diagnosis, the nature of the disability and the date this verification was received for child care.
CC	4	If a child is an SSI recipient or receiving special services through DMHMR, or other public school special education program, documentation that the child is eligible for and receiving these benefits is sufficient verification of a diagnosed disability for child care.
CC	5	If a diagnosis of permanent disability is obtained, it is not necessary to secure any further verification of that disability. The system should record that a permanent disability has been verified, including the type of disability, the date the disability was verified, and the method of verification for child care.
CC	6	If a diagnosis of disability is not permanent and is subject to change, a current diagnosis must be obtained once a year for child care.
CC	7	If a child is said to be developmentally delayed, a signed statement of developmental delay must be made by either a licensed professional (such as a physician, psychologist, psychiatrist, mental health clinic social worker) or a teacher working with the child, or a worker from an early intervention agency such as Tennessee Early Intervention System, Head Start special services staff, or similar agencies funded by DMHMR. The system should record and display this information until such time as an end date has been coded indicating that the delay no longer applies for child care.
CC	8	A parent/caretaker may be considered temporarily incapacitated for six weeks following the birth of a child. An additional six weeks may also be given if there is a verified medical reason for bed rest prior to giving birth for child care.
CC	9	A parent/caretaker may be considered temporarily incapacitated following major surgery for recovery purposes when verified by a written doctor's statement for child care.
CC	10	A child who is physically or mentally incapable of self-care may continue to receive subsidized child care beyond age thirteen (13) with proper verification of a disability.
FFP	11	Incapacity shall exist if a defect, illness, or impairment reduces substantially the parent's ability to work,

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		regardless of whether the person retains the ability to perform other parental functions for Families First.
FFP	12	Incapacity shall exist if the parent's capacity to work is not reduced, but the defect, illness or impairment substantially reduces his or her ability to provide day-to-day physical care or guidance for a child for Families First.
FFP	13	Incapacity shall exist if a parent receives RSDI or SSI based on his/her disability for Families First.
FFP	14	Incapacity shall exist if a parent receives VA benefits based on his/her 100% disability for Families First.
FFP	15	Incapacity shall exist if a parent receives Black Lung benefits based on his/her own condition for Families First.
FFP	16	The caseworker must request that the incapacity claim be verified for Families First.
FFP	17	Verification of incapacity is primarily the responsibility of the caretaker except when the information is already known to the Agency or when it is more reasonable for the caseworker to obtain the needed information for Families First.
FFP	18	Social Security verification that an individual's RSDI and/or SSI are based on disability or blindness shall be acceptable verification of incapacity for Families First.
ALL	19	Written verification (such as an award letter) that an individual receives RSDI, SSI, VA, or Black Lung based on disability or blindness shall be acceptable verification of incapacity for all programs.
FFP	20	A DHS county office may determine incapacity for a period of up to one year based on adequate medical evidence and the staff's observation for Families First.
FFP	21	The MEU may determine incapacity if the county office is unable to reach a decision to approve or believes that the incapacity claim should be denied for Families First.
FFP	22	The following verifying documents must be obtained when a DHS county office or the MEU evaluates incapacity: hospital admission and discharge summaries, treatment summaries from the individual's treating physicians for the past two years, and any other pertinent medical information for the past two years for Families First.
ALL	23	Disability shall be considered to exist based on verification of receipt of SSI for all programs.
FFP	24	Disability shall be considered to exist based on verification of receipt of interim or presumptive assistance benefits pending the receipt of SSI for Families First.
ALL	25	Disability shall be considered to exist based on verification of receipt of federal or state administered supplemental benefits under sections 212(a) of Public Law 93-66 for all programs.
ALL	26	Disability shall be considered to exist based on verification of receipt of disability retirement benefits from a governmental agency because of a disability considered permanent under Section 221(I) of the Social Security Act for all programs.
ALL	27	Disability shall be considered to exist based on verification of receipt of VA benefits for a service or non-service connected disability rated or paid as total disability, or is considered by VA standards to be in need of

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		regular aid and attendance, or considered permanently housebound for all programs.
ALL	28	Disability shall be considered to exist based on verification of receipt of VA benefits by a surviving spouse of a veteran because he/she is considered by VA standards to be in need of regular aid and attendance and is permanently housebound for all programs.
ALL	29	Disability shall be considered to exist based on verification of receipt of VA benefits by a surviving spouse of a veteran and entitled to VA compensation due to the spouse's service connected death, or VA pension benefits for a non-service connected death and has a disability considered permanent under the Social Security Act for all programs.
ALL	30	Disability shall be considered to exist based on verification of receipt of an annuity payment under section 2(a)(1)(iv) of the Railroad Retirement Act of 1994 and is determined to be eligible to receive Medicare by the Railroad Retirement Board for all programs.
ALL	31	Disability shall be considered to exist based on verification of receipt of Railroad Retirement disability annuity under section 2(a)(I)(v) of the Railroad Retirement Act of 1984 and is determined to be disabled based on the criteria used under title XIV of the Social Security Act for all programs.
ALL	32	Disability shall be considered to exist based on verification of receipt of a disability-related medical assistance payment under title XIX for all programs.
FFP	33	Individuals whose incapacity is based on receipt of RSDI, SSI, VA or Black Lung benefits must obtain and submit medical and medical-social information to substantiate their incapacity claim if their RSDI, SSI, VA or Black Lung benefits are discontinued for Families First.
FFP	34	Incapacity may be approved or continued at the county level without additional medical evaluation for an individual who received RSDI or SSI disability payments when the payment changes from disability to retirement benefits without a break in benefits for Families First.
FFP	35	The caseworker shall interview the individual claiming incapacity for Families First.
FFP	36	The caseworker must obtain and record the individual's permission in writing to request medical information for Families First.
FFP	37	The caseworker shall collect and record interview data on the Medical Social Information Interview Guide for Families First.
FFP	38	If the individual claiming incapacity has had no medical treatment within the past two years or his/her treating physician does not provide a diagnosis/prognosis and/or recommends testing in order to arrive at a diagnosis, the medical and medical-social information must be submitted to the Medical Evaluation Unit for Families First.
FFP	39	The caseworker may assist the individual in obtaining the necessary information to determine incapacity by making an appointment and authorizing payment for a general physical and/or psychological examination for Families First.

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Program Type	Rule Number	Rule
FFP	40	The caseworker shall record the general physical and/or psychological appointment date and time for Families First.
FFP	41	The Agency shall notify the individual in writing regarding his/her medical appointment and time for Families First.
FFP	42	The caseworker shall record and date the request for medical records for Families First.
FFP	43	The caseworker shall record and date the receipt of medical records and the sender for Families First and Medicaid.
FFP	44	The caseworker shall submit the complete medical and medical-social information to the Supervisor or Medical Evaluation Unit for determination of incapacity for Families First and Medicaid.
FFP	45	The Agency may provide transportation assistance to medical appointments for determination of incapacity for Families First and Medicaid.
FFP	46	The caseworker shall record travel miles to medical appointments for possible reimbursement for Families First and Medicaid.
FFP	47	The caseworker shall be notified if the medical records are not received within a prescribed time period for Families First.
FFP	48	The caseworker shall record and date when the incapacity claim was sent to the Medical Evaluation unit for Families First and Medicaid.
FFP	49	Record whether incapacity approved by county Supervisor for Families First and Medicaid.
FFP	50	Record whether incapacity was denied or approved by county the Medical Evaluation Unit for Families First and Medicaid.
FFP	51	The Agency shall notify the individual of the incapacity decision for Families First and Medicaid.
ALL	52	A disabled member of a food stamp household is one who receives benefits for blindness or disability under titles I, II, X, XIV, or XVI of the Social Security Act for all programs.
ALL	53	A disabled member of a food stamp household is one who receives federally or state-administered supplemental benefits under section 1616(a) of the Social Security Act provided that eligibility to receive those benefits is based upon the disability or blindness criteria used under title XVI of the Social Security Act for all programs.
ALL	54	A disabled member of a food stamp household is one who receives federally or state-administered supplemental benefits under section 212(a) of Pub. L. 93-66 for all programs.
FS	55	A disabled member of a food stamp household is one who receives disability retirement benefits from a governmental agency because of a disability considered permanent under section 221(i) of the Social Security Act.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	56	A disabled member of a food stamp household is one who is a veteran with a service-connected or non-service-connected disability rated by the Veteran's Administration (VA) as total or paid as total by the VA under title 38 of the United States Code.
FS	57	A disabled member of a food stamp household is one who is a veteran considered by the VA to be in need of regular aid and attendance or permanently housebound or a surviving child of a veteran and considered by the VA to be permanently incapable of self-support under title 38 or the United States Code.
FS	58	A disabled member of a food stamp household is one who is a surviving spouse or surviving child of a veteran and considered by the VA to be entitled to compensation for a service-connected death or pension benefits for a non-service-connected death under title 38 of the United States Code and has a disability considered permanent under section 221(i) of the Social Security Act.
FS	59	"Entitled" in this context refers to the named persons who are receiving such compensation or pension benefits or who have been approved for such payments, but are not yet receiving them in Food Stamp cases.
FS	60	A disabled member of a food stamp household is one who receives an annuity payment under section 2(a)(1)(v) of the Railroad Retirement Act of 1974 and is determined to be disabled based upon the criteria used under title XVI of the Social Security Act.
FS	61	A disabled member of a food stamp household is one who receives interim assistance benefits pending the receipt of Supplemental Security Income when the eligibility for these benefits is based upon disability or blindness criteria established by the state which are at least as stringent as those used under title XVI of the Social Security Act.
FS	62	A disabled member of a food stamp household is one who receives disability related medical assistance under title XIX of the Social Security Act, provided the eligibility for these benefits is based upon disability or blindness criteria established by the state which are at least as stringent as those used under title XVI of the Social Security Act (as set forth at 20 CFR, part 416, subpart I, Determining Disability and Blindness as defined in Title XVI).
FFP	63	A county supervisor may not deny an incapacity but may approve.
FFP	64	If the county supervisor does not approve an incapacity, the medical packet must be sent by the caseworker to MEU for a decision.
ALL	65	If an individual receives Social Security Disability, VA Disability, SSI or Black Lung Disability, the appropriate disability code will be entered and no incapacity/disability determination will be required for all programs.
TCM	66	If an individual receives VA Disability, it must be 100% disability to be eligible in any Medicaid case.
FFP	67	An individual claiming Incapacity must have a condition that is expected to last a minimum of 30 days before he/she can be approved for incapacity for Medically Needy or Families First associated Medicaid.
TCM	68	An individual claiming Disability must have a condition that is expected to last a minimum of 12 months before

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		he/she can be approved for disability Medicaid in a Spenddown case.
ALL	69	The worker will determine if incapacity/disability information is required based on client statement of condition.
TCM	70	The worker will complete a medical social narrative, describing the incapacity/disability and listing any doctor that the individual has seen or hospital that the customer has been admitted for the claimed condition for Families First or Spenddown Medicaid.
TCM	71	If the individual has not been seen by a doctor for the claimed incapacity within 6 months, then the worker may authorize for the individual to go to a doctor for a physical examination to determine Families First incapacity or Spenddown Medicaid with deprived children.
TCM	72	If the individual is authorized to go for a physical, a form will be completed to authorize for payment of the physical for Families First or Spenddown Medicaid.
TCM	73	The worker will request medical history that will support the individual's claim for incapacity for Families First or Spenddown Medicaid with deprived children.
TCM	74	A form will be completed that will authorize for payment for the medical records when the application is for Families First or Spenddown Medicaid with deprivation.
TCM	75	The worker shall request the medical records from the doctor or hospital within 5 working days and the date of the request shall be entered on the appropriate screen and field for Medicaid medical records.
TCM	76	If the medical records are not received within 10 working days from the day of the initial request, an alert will be sent to the user to request the information again for Medicaid medical records.
TCM	77	If a customer is applying for Medicaid under Families First or Medicaid spend-down for families based on incapacity, they may request reimbursement for travel to the medical appointment.
TCM	78	In counties where local bus service is available countywide, travel costs will not be reimbursed for Medicaid medical appointments.
TCM	79	Reimbursement for travel expenses will be made only if the medical appointment is kept for Medicaid medical appointments.
TCM	80	Reimbursement authorizations must be made prior to the appointment date, not after the fact for Medicaid medical appointments.
TCM	81	At the time that the worker contacts the applicant/recipient about scheduling the exam appointment, he will also ask about travel arrangements to and from the exam for Medicaid medical appointments.
TCM	82	Every customer requesting travel reimbursement must sign a customer acceptance authorization form for a Medicaid medical appointment.
TCM	83	After medical records are received, these will be added to the Medical Social Narrative for supervisor approval for Families First associated Medicaid and Medically Needy.
TCM	84	If the supervisor is not able to make a decision regarding the incapacity, the medical packet will be sent to the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Medical Evaluation Unit at the state office for determination for Families First associated Medicaid and Medically Needy.
TCM	85	The incapacity must be reviewed every 12 months for Medically Needy Medicaid.
TCM	86	The medical social narrative and newly obtained medical records must be sent to the Medical Evaluation Unit for review after the first decision made by the supervisor for Families First associated Medicaid and Medically Needy.
TCM	87	Authorization code will be entered on the appropriate screen and this code serves as an indicator of who made the decision approving or denying the incapacity/disability. The code denotes state office or local office authorization for Medicaid and Families First.
TCM	88	If disability is claimed, the completed medical social narrative will be sent to the Disability Determination Section for blind, disabled, and non-institutionalized or institutionalized Medicaid.
TCM	89	DDS will obtain medical records and all information required to determine disability for blind, disabled, and non-institutionalized or institutionalized Medicaid.
TCM	90	When disability is determined, DDS will notify the user at which time authorization may be made for blind or disabled non-institutionalized or institutionalized Medicaid.
TCM	91	An individual is required to be determined disabled one time only for blind, non-institutionalized or institutionalized Medicaid.
TCS	92	There are no TennCare Standard rules for this process.
MA	93	An application to MEU/DDS must be specific to an individual for Medicaid.
MA	94	The client may receive assistance from the case manager in gathering data for the medical social Narrative for Medicaid.
MA	95	The application for incapacity/disability may be filed by the client or an authorized representative for Medicaid.
MA	96	A client may file 0 to many Medicaid applications for incapacity/disability but one and only one Application will be considered at a time.
MA	97	A client may appeal the decision may by MEU/DDS for Medicaid.
IV-E FC	98	A DCS foster child must be in need according to defined program rules and be deprived of parental support and/or care to be eligible for Title IV-E foster care.
IV-E FC	99	To be eligible and reimbursable for Title IV-E foster care, deprivation must be due to one of the four July 16, 1996 AFDC deprivation factors: • continued absence (from the foster child's pre-custody removal home) of one of both of the foster child's parent(s); or • death of one or both of the foster child's parent(s); or

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• unemployment of the primary wage earner of one or both of the foster child's parent(s); or • **incapacity of one or both of the foster child's parent(s).**
IV-E FC	100	A foster child who passes one of the four July 16, 1996 AFDC deprivation factors shall pass the Title IV-E foster care program requirement for deprivation.
IV-E FC	101	A foster child shall pass the July 16, 1996 deprivation factor when both parents of the foster child are living in the foster child's pre-custody removal home and one of the parents meet the AFDC incapacity criteria as defined by program rules for IV-E foster care.
IV-E FC	102	Physical or mental incapacity of a parent shall be deemed to exist when one of the parents who is living in the foster child's pre-custody removal home has a physical or mental defect, illness, or impairment that: • Eliminates or substantially reduces the parent's ability to work; or • Substantially reduces the parent's ability to provide physical care or guidance for the child for IV-E foster care.
IV-E FC	103	The parent's incapacity shall be supported and documented by competent medical testimony or documents and must be such a debilitating nature as to reduce substantially or eliminate the parent's ability to support the child and be expected to last for a period of at least 30 days for Families First associated Medicaid.
IV-E FC	104	Incapacity of the foster child's parent shall be presumed to exist and the foster child shall pass the AFDC incapacity deprivation factor if the parent is currently receiving one of the following monthly disability benefits: • Social Security disability benefits; or • Supplemental Security Income (SSI) disability benefits; or • Veteran's benefits based on the parent being 100% disabled; or • Black Lung benefits based on the parent's condition for IV-E Foster Care.
IV-E FC	105	The receipt of the type and amount of disability benefits by a foster child's parent who is living in the foster child's pre-custody removal home shall be gathered and recorded for IV-E Foster Care.
IV-E FC	106	Verification of a foster child's parent receipt of disability benefits shall be obtained and documented prior to a foster child's initial approval for Title IV-E foster care benefits.
IV-E FC	107	Acceptable sources of verification of a foster child's parent receipt of disability benefits include: • award letters from the federal agency giving the basis of approval as disability/blindness of the parent claiming incapacity and the date of approval; • information from KSSA (Kids Social Security Administration) or SOLQ (State On-line Query) that the benefits are based on disability or blindness; • information from Clearinghouse that the benefits are based on disability or blindness for IV-E Foster Care.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	108	If both parents of a foster child are living in the foster child's pre-custody removal home, a determination of incapacity shall be completed by DCS program staff if one of the parents is claiming incapacity, but is not receiving any type of disability benefits for IV-E Foster Care.
IV-E FC	109	DCS supervisory program and/or medical staff may approve an incapacity determination for a period of up to one year based on adequate medical evidence and the staff's observation for IV-E Foster Care.
IV-E FC	110	If a foster child's parent is claiming incapacity, the medical information required to establish and document the parent's incapacity by DCS program staff shall be collected from the foster child's authorized representative and available medical sources and medical records for IV-E Foster Care.
IV-E FC	111	The foster child's authorized representative shall record the medical information and obtain the foster parent's signature for any medical release forms for IV-E Foster Care.
IV-E FC	112	The decision regarding an incapacity determination by DCS supervisory program and/or medical staff shall be recorded for IV-E Foster Care.
IV-E FC	113	A foster child shall pass the July 16, 1996 AFDC deprivation program requirement if both parents are living in the foster child's removal home and one parent is currently receiving disability benefits or DCS supervisory program and/or medical staff approves an incapacity determination for the parent for IV-E Foster Care.
IV-E FC	114	A foster child who passes the incapacity program requirement for a parent shall be considered for other factors of eligibility and reimbursability for Title IV-E foster care.
IV-E FC	115	A foster child is ineligible for Title IV-E foster care if both parents of the foster child are living in the foster child's pre-custody removal home and neither parent meets the incapacity program requirement or the unemployed parent program requirement.
AA	116	Incapacity/Disability is not determined for Adoption Assistance.
AA	117	If a child is receiving SSI and is eligible for Adoption Assistance, the source of funding for the Adoption Assistance is IV-E.
TCM	118	If an individual receives Social Security Disability, VA Disability, SSI or Black Lung Disability, the appropriate disability code will be entered and no incapacity/disability determination will be required. (This applies to Medicaid for disabled, blind, children under 21and eligible caretakers, and Families First ride-along.)
TCM	119	If an individual receives VA Disability, it must be 100% disability. (This applies to Medicaid for disabled, blind, children under 21and eligible caretakers, and Families First ride-along.)
TCM	120	An individual claiming Incapacity must have a condition that is expected to last a minimum of 30 days before he/she can be approved for incapacity. (This applies to Medicaid for children under 21 and eligible caretakers, and Families First ride-along.)
TCM	121	An individual claiming Disability must have a condition that is expected to last a minimum of 12 months before he/she can be approved for disability. (This applies to Medicaid for disabled, blind, children under 21and

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

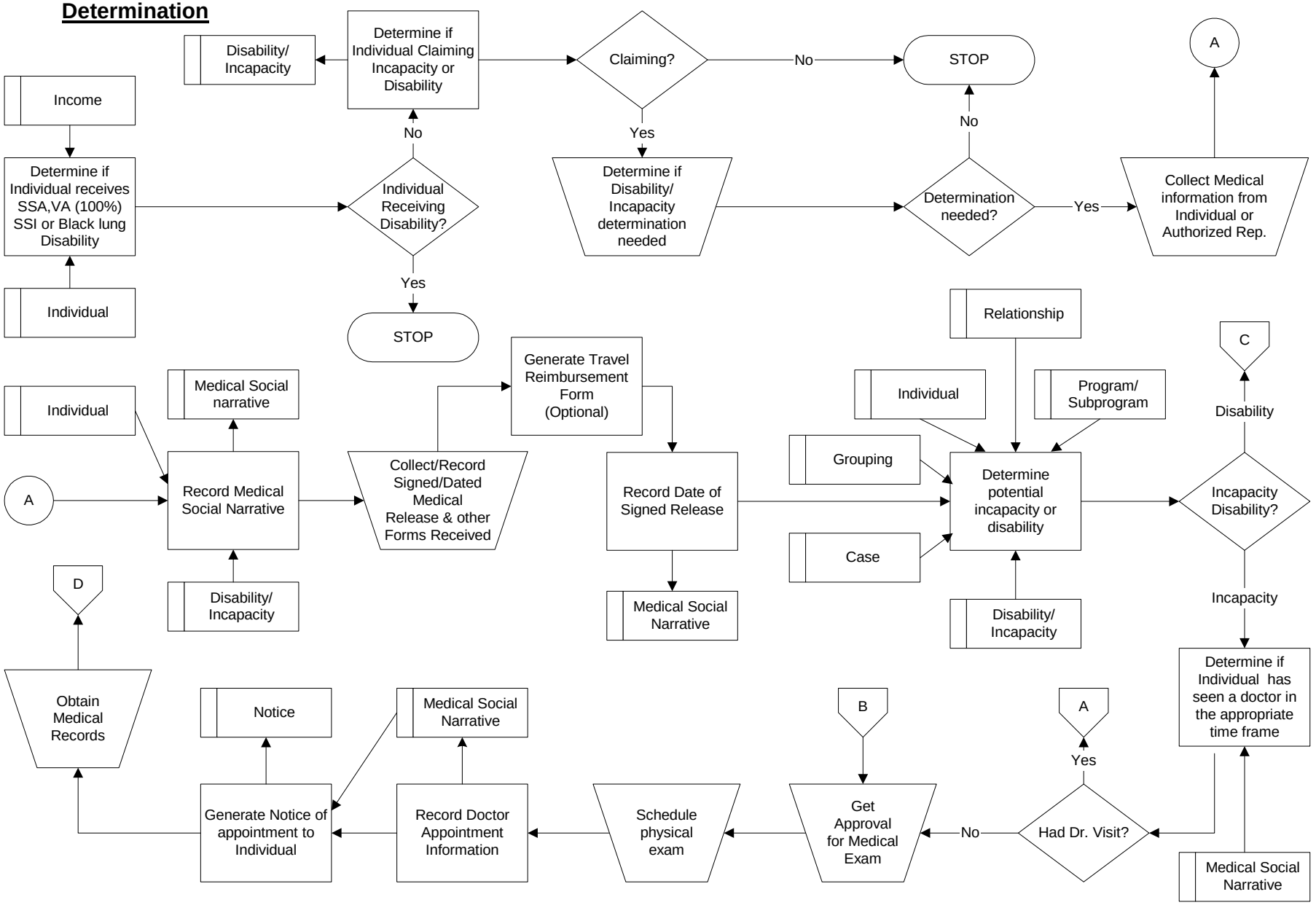
Program Type	Rule Number	Rule
		eligible caretakers, and Families First ride-along.)
TCM	122	The worker will determine if incapacity/disability information is required. (This applies to Medicaid for disabled, blind, children under 21, eligible caretakers and Families First ride-along.)
TCM	123	The worker will complete a medical social narrative, describing the incapacity/disability and listing any doctor that the individual has seen or hospital that he/she has been admitted for the claimed condition. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	124	If the individual has not been seen by a doctor for the claimed incapacity within six months, then the worker may authorize the individual to go to a doctor for a physical examination. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	125	If the individual is authorized to go for a physical, a form will be completed to authorize for payment of the physical. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	126	The worker will request medical history that will support the individual's claim for incapacity. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	127	A form will be completed that will authorize for payment for the medical records. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	128	The worker shall request the medical records from the doctor or hospital within 5 working days and the date of the request shall be entered on the appropriate screen and field. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	129	If the medical records are not received within 10 working days from the day of the initial request, an alert will be sent to the user to request the information again. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	130	If a customer is applying for Medicaid under Families First or Medicaid spend-down for families based on incapacity, they may request reimbursement for travel to the medical appointment. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	131	In counties where local bus service is available countywide, travel costs will not be reimbursed. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	132	Reimbursement for travel expenses will be made only if the medical appointment is kept. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	133	Reimbursement authorizations must be made prior to the appointment date, not after the fact. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	134	At the time that the worker contacts the applicant/recipient about scheduling the exam appointment, he will also ask about travel arrangements to and from the exam. (This applies to Medicaid for children under 21,

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		eligible caretakers and Families First ride-along.)
TCM	135	Every customer requesting travel reimbursement must sign a customer acceptance authorization form. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	136	After medical records are received, these will be added to the Medical Social Narrative for supervisor approval. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	137	If the supervisor is not able to make a decision regarding the incapacity, the medical packet will be sent to the Medical Evaluation Unit at the state office for determination. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	138	The incapacity must be reviewed every 12 months. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	139	The medical social narrative and newly obtained medical records must be sent to the Medical Evaluation Unit for review after the first decision made by the supervisor. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	140	An authorization code will be entered on the appropriate screen. This code serves as an indicator of who made the decision to approve or deny the incapacity/disability. The code denotes state office or local office authorization. (This applies to Medicaid for children under 21, eligible caretakers and Families First ride-along.)
TCM	141	If disability is claimed, the completed medical social narrative will be sent to the Disability Determination Section. (This applies to Medicaid for the blind and the disabled.)
TCM	142	DDS will obtain medical records and all information required to determine disability. (This applies to Medicaid for the blind and the disabled.)
TCM	143	When disability is determined, DDS will notify the user at which time authorization may be made. (This applies to Medicaid for the blind and the disabled.)
TCM	144	An individual is required to be determined disabled one time only. (This applies to Medicaid for the blind and the disabled.)
TCS	145	There are no TennCare Standard rules for this process.

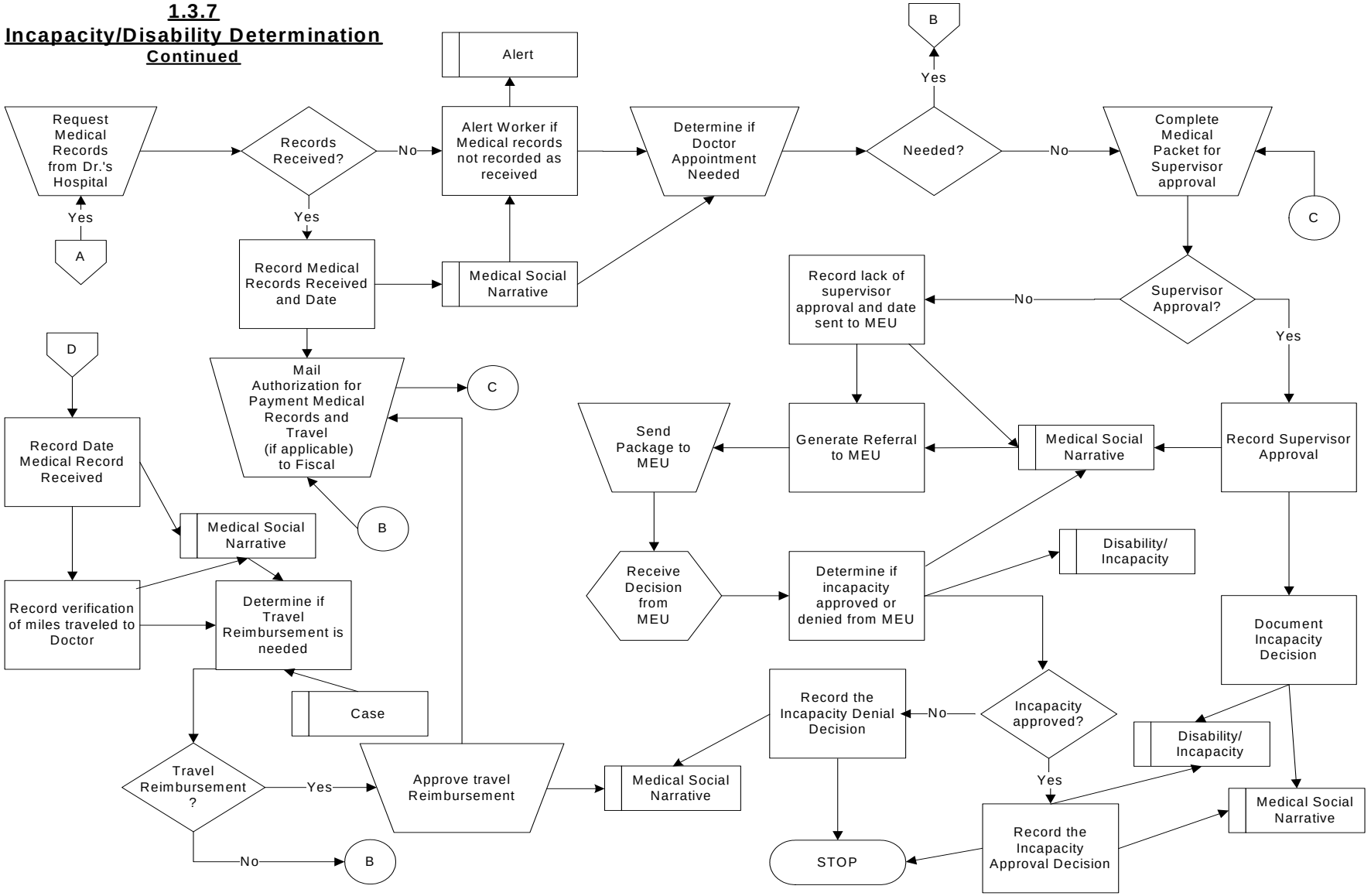
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.7 Incapacity/Disability Determination



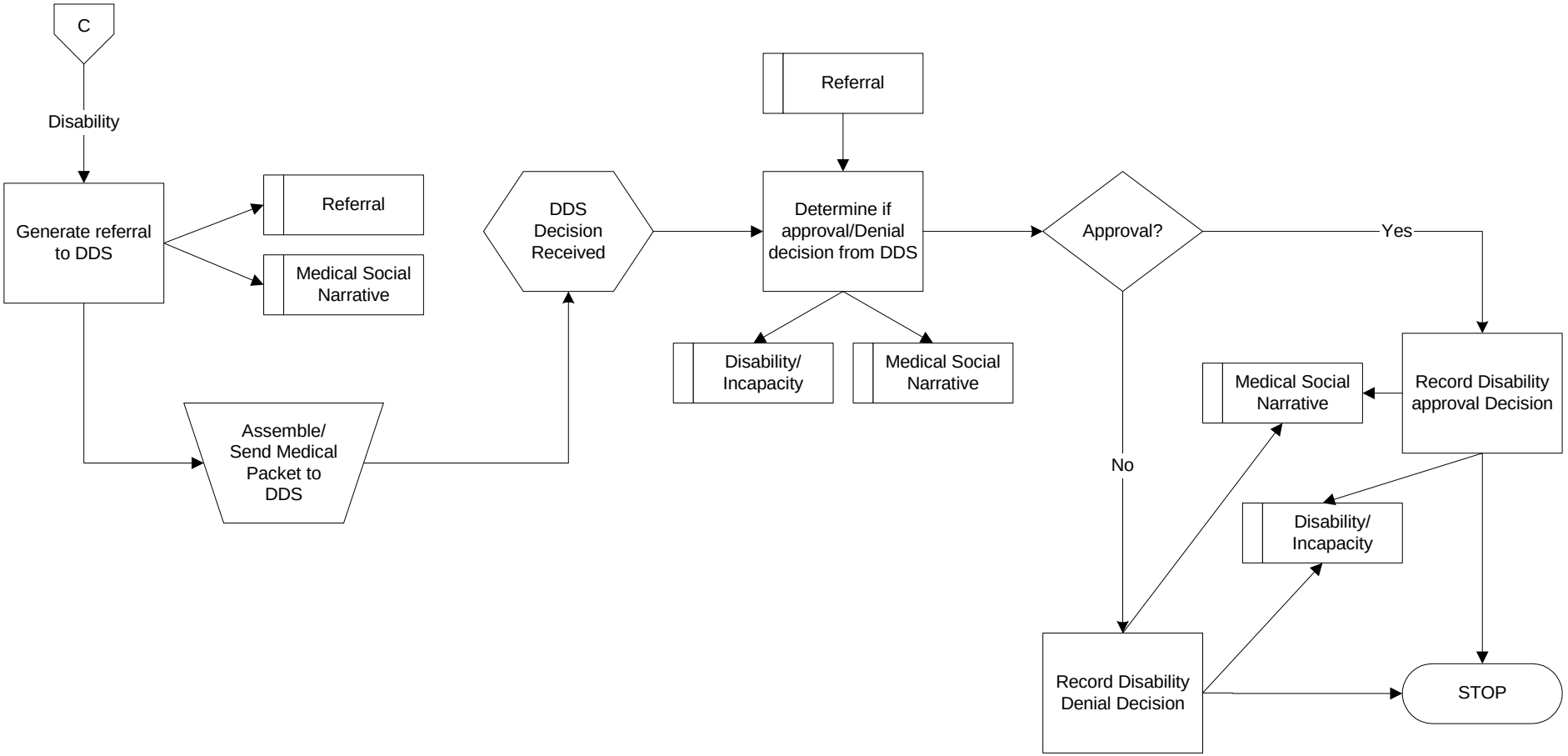
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.7 Incapacity/Disability Determination Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.7
Incapacity/Disability Determination
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.8 Immunization/Health Check/School Attendance

Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

Families First recipients are required to cooperate with the immunization, health check, and school attendance requirements for their children in order to meet eligibility requirements for the Families First program. Failure to continue to comply with these requirements will result in a partial penalty of the Families First grant. Failure to comply with these requirements may also result in a penalty imposed on the related Food Stamps case, if there is no good cause. This process describes the on-line steps involved in data collection in order to determine if the client has fulfilled the requirements for the Families First program, or if the application will be denied or if a penalty will be imposed for an existing case due to the client's failure to comply. The system shall track these requirements and shall identify when updates are required. The system shall also, to the greatest extent possible, auto-populate the required documentation for these requirements as a result of data obtained via interfaces.

Sub-Processes:

1. Determine if Immunization/Health Checks/School Attendance Required

   The system shall determine if immunization, health check, and school attendance data are required based on an analysis of the household composition, i.e., if there is a qualifying child and if there is a Families First application or an open Families First case. The system shall have the ability to capture good cause for non-compliance with the immunization/health checks/school requirements based on the business rules. The system shall auto-populate the good cause reasons to the extent possible.

   CASE (INPUT)
   Name
   Program Type

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.8 Immunization/Health Check/School Attendance

Program Affected: FA	**Users: Caseworkers, Supervisors**

Immunization Indicator
Health Check Indicator
School Attendance Indicator
Case Status

SCHOOL ATTENDANCE (INPUT)
Name of Child
School Name
Date of Birth (Age)
School Attendance Good Cause Reason

INDIVIDUAL (INPUT)
Name
Social Security Number
Recipient ID Number

HEALTH CHECK (INPUT)
Name of Child
Date of Birth (Age)
Date of Last Health Checks
Health Check Good Cause Reason

IMMUNIZATIONS (INPUT)
Name of Child
Date of Birth
Date of Last Immunizations

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

State of Tennessee
IT Methodology

Process: 1.3.8 Immunization/Health Check/School Attendance	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Immunization Good Cause Reason

PERSONAL RESPONSIBILITY PLAN (INPUT)
Signed Personal Responsibility Plan Indicator

CASE (OUTPUT)
Immunization Required Indicator
Health Check Required Indicator
School Attendance Required Indicator

2. Determine if Immunization/Health Check/School Attendance is Due

The system shall determine if the immunization, health check, and school attendance data updates are due. The system will use case, individual, and school attendance data and the EPSDT table to make the determination.

CASE (INPUT)
Name
Case Status
Immunization Required Indicator
Health Check Required Indicator
School Attendance Required Indicator
Program Type

SCHOOL ATTENDANCE (INPUT)
Name of Child
School Name

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.8 Immunization/Health Check/School Attendance	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Date of Birth (Age)

INDIVIDUAL (INPUT)
Name
Social Security Number
Recipient ID Number

EPSDT (INPUT)
EPSDT Table

PERSONAL RESPONSIBILITY PLAN (INPUT)
Signed Personal Responsibility Plan Indicator

CASE (OUTPUT)
Immunization Due Indicator
Health Check Due Indicator
School Attendance Due Indicator

3. Record Immunization, Health Check, School Attendance Data

The user will record immunization, health check, and school attendance data into the system. The system will record when possible, based on information from existing interfaces and matches.

PERSONAL RESPONSIBILITY PLAN (OUTPUT)
Immunization Verification
Health Check Verification
School Attendance Verification

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.8 Immunization/Health Check/School Attendance	
Program Affected: FA	**Users: Caseworkers, Supervisors**

4. Determine if Verification Provided

   The system shall determine if the necessary verifications have been provided. If all verifications have been provided, the process of collecting data to verify fulfillment of these program requirements is complete.

   PERSONAL RESPONSIBILITY PLAN (INPUT)
   Immunization Verification
   Health Check Verification
   School Attendance Verification

   VERIFICATION (OUTPUT)
   Verification Code

5. Determine if Client has Good Cause

   If no verification is provided, the user must determine if the client has good cause for failure to comply with the immunization, health check, and school attendance requirements. If there is good cause for failure to comply, the user will enter a good cause code, and the process of collecting data to verify that the client has met these program requirements will be completed. An individual who agrees to comply may also be permitted a period of time in which to get in compliance. The system shall track this allotted time period and alert the user if documentation of compliance is not received.

   GOOD CAUSE (INPUT)
   Good Cause Reason
   Good Cause Date

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.8 Immunization/Health Check/School Attendance

Program Affected: FA	**Users: Caseworkers, Supervisors**

VERIFICATION (INPUT)
Verification Code

SCHOOL ATTENDANCE (OUTPUT)
School Attendance Good Cause Reason
School Attendance Good Cause Reason Date

HEALTH CHECK (OUTPUT)
Health Check Good Cause Reason
Health Check Good Cause Reason Date

IMMUNIZATIONS (OUTPUT)
Immunization Good Cause Reason
Immunization Good Cause Reason Date

ALERT (OUTPUT)
User ID
Alert Message Text
Alert Generation Date

6. Perform the “Imposing and Removal of Sanction/Penalty/Disqualification” Process

If the client does not have good cause, perform the “Imposing and Removal of Sanction/Penalty/Disqualification” comply with Families First requirements. The failure to comply with program requirements will result in the appli penalty or in the removal of an individual from the Families First case (such as, if a minor parent fails to comply v requirement). In addition, there will be a FS penalty applied in the related FS case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	To receive Families First benefits, all EPSDT children shall receive their health checks in accordance with the check-up schedule provided by the Department of Health.
FFP	2	To receive Families First benefits, all children shall receive their immunizations in accordance with the schedule provided by the Department of Health and used by the Department of Education for school enrollment.
FFP	3	To receive Families First benefits, all school age children in the case must attend school, including kindergarten.
FFP	4	A child may be exempt from the immunization and health check requirement for Families First if the child's physician or the Department of Health provides a signed and dated statement giving a medical reason why the child should not be given a specified immunization or health check.
FFP	5	A child may be exempt from the immunization and health check requirement for Families First if the child's caretaker/parent makes a clear statement that such immunization or health checks conflict with the assistance group's religious tenets and practices.
FFP	6	The school attendance requirement shall not apply to children under five years of age.
FFP	7	The school attendance requirement shall not apply to a single minor parent whose youngest child is in the home and is under 1 year of age.
FFP	8	The school attendance requirement shall not apply to a minor parent who is part of a two-parent household and whose child is under 16 weeks of age.
FFP	9	The school attendance requirement shall not apply to children who are being educated in a home school or a home bound program that has been approved by the Department of Education.
FFP	10	The school attendance requirement shall not apply to children who have been determined to be too severely physically/mentally impaired to attend school.
FFP	11	Determination if immunizations and health checks are due will be based on prescribed Department of Health guidelines.
FFP	12	The user shall evaluate immunizations and health checks at each application, reapplication and all reviews, provided the individual has been designated as due to be updated.
FFP	13	When immunizations and health checks are due, the caseworker shall request in writing that the participant provide verification within one month that the required immunizations and health checks have been completed.
FFP	14	The caseworker shall record immunization and health check verifications when received.
FFP	15	School attendance shall be verified at each Families First application, reapplication and six-month review.
FFP	16	School attendance shall be addressed at the anticipated date of completion noted on the individual's Personal Responsibility Plan.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

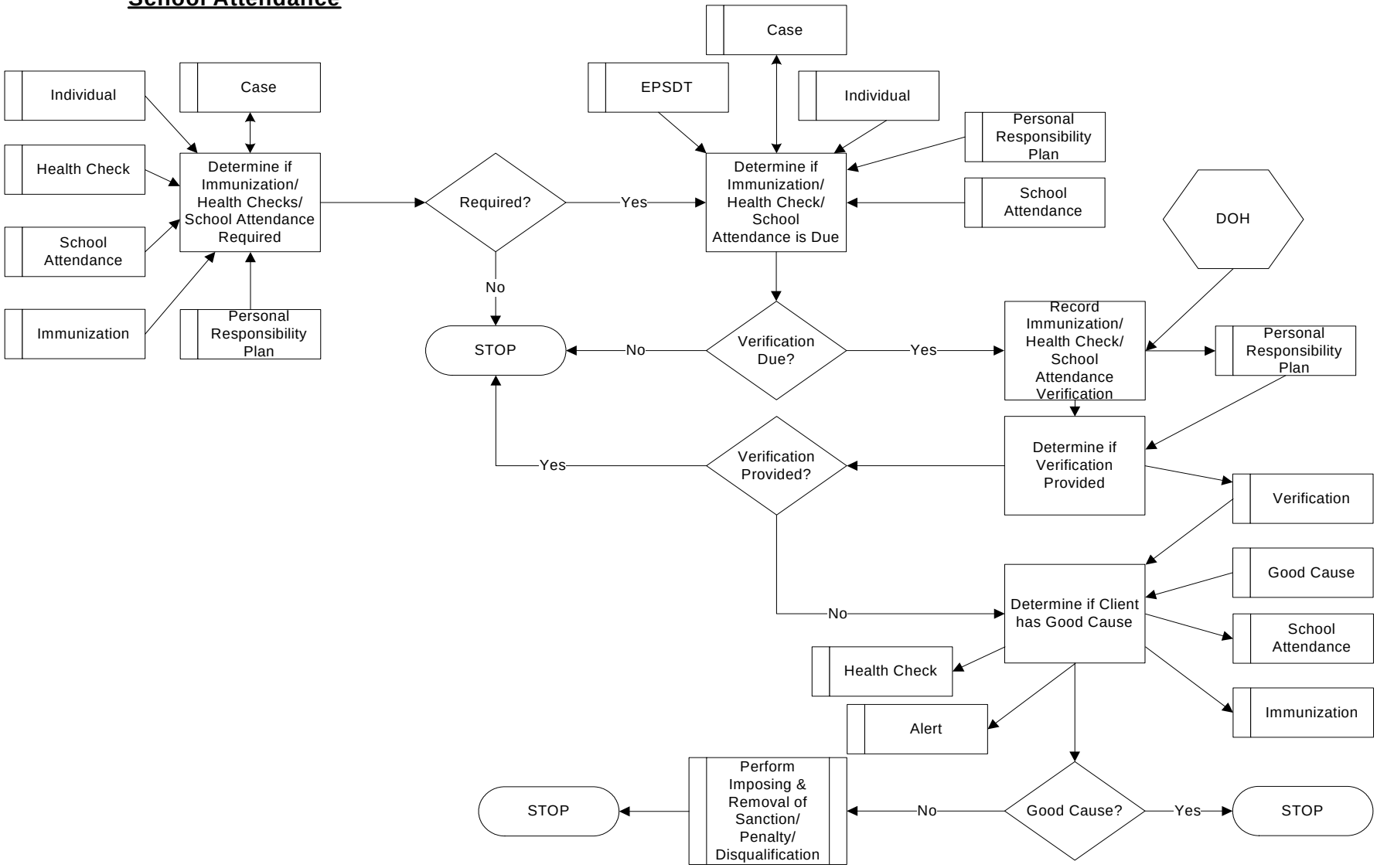
Program Type	Rule Number	Rule
FFP	17	The caseworker shall record school attendance verification when received.
FFP	18	If the participant does not have school attendance verifications available at the application or six-month review, the user may obtain verification from the Department of Education.
FFP	19	If the participant does not have school attendance verifications available at the application or six-month review and the caseworker is unable to obtain verification, the caseworker shall request in writing that the participant provide verification.
FFP	20	The caseworker shall notify the participant of the 20% sanction and the reason.
FFP	21	If the participant has not completed the required immunizations and health checks, does not provide verification that they have been completed and does not have good cause, the caseworker shall apply a 20% sanction to the cash benefits effective the next possible month following adverse action.
FFP	22	The child is ill and the health care provider recommends delaying immunization until the child is well shall be considered a good cause reasons for failure to comply with the immunization and health check requirement.
FFP	23	A health care provider that does not respond to requests for information to document immunization or health checks shall be considered a good cause reasons for failure to comply with the immunization and health check requirement.
FFP	24	A caretaker has made a good faith effort to schedule check-ups or immunizations within one month, but has not been able to do so because of circumstances beyond the caretaker's control shall be considered a good cause reasons for failure to comply with the immunization and health check requirement.
FFP	25	Other extenuating circumstances that could delay immunizations or check-ups shall be considered a good cause reason for failure to comply with the immunization and health check requirement.
FFP	26	If a married minor parent fails to comply with school attendance (does not attend or caretaker does not provide verification of attendance after being requested to do so in writing) and does not have good cause, the caseworker shall implement a 20% reduction in the Families First cash benefits effective the next possible month following adverse action.
FFP	27	If a minor who is not a parent fails to comply with school attendance (does not attend or caretaker does not provide verification of attendance after being requested to do so in writing) and does not have good cause, the caseworker shall implement a 20% reduction in the Families First cash benefits effective the next possible month following adverse action.
FFP	28	If an unmarried minor parent fails to comply with school attendance (does not attend or caretaker does not provide verification of attendance after being requested to do so in writing) and does not have good cause, the unmarried minor parent will be removed from the Families First assistance group.
FFP	29	A verified illness that prohibits school attendance shall be considered a good cause reason for failure to comply with the school attendance requirement.
FFP	30	Suspension from school with re-entry forbidden and no alternative school available shall be considered a

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		good cause reason for failure to comply with the school attendance requirement.
FFP	31	Removal of the child from the school by the courts shall be considered a good cause reason for failure to comply with the school attendance requirement.
FFP	32	Other verified situations that prevent attendance shall be considered a good cause reason for failure to comply with the school attendance requirement.
FFP	33	If the participant fails to verify immunizations and/or health checks and school attendance, the maximum penalty will be 40% to the Families First grant.
FFP	34	School enrollment is verification of school attendance for Families First.
FS	35	When a Families First penalty is imposed because of a household member's failure to comply with a FF program requirement (other than the work requirement), the food stamp benefit shall not increase when the Families First benefit decreases.
FS	36	The Families First grant prior to the decrease for failure to comply must continue to be counted in the food stamp budget as long as the Families First penalty is in effect.
FS	37	When a Families First grant is closed because of a household member's failure to comply with a FF program requirement, the food stamp penalty (continue to count the Families First grant prior to the decrease for failure to comply) will continue in the food stamp case for three months following Families First closure.
FS	38	When a Families First penalty is imposed for failure to comply with a work requirement and the Food Stamp Program has the same component and the individual is a mandatory food stamp work registrant, the Food Stamp Program penalty shall be imposed.
FS	39	Regardless of the number of violations in the Families First Program, or in other needs based programs, only one food stamp penalty is applied to the food stamp case at one time.
FS	40	The FS penalty applied because of a Families First penalty for failure to comply with program requirements related to immunizations, health check, and /or school attendance is 10%.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.8
Immunization/Health Check/ School Attendance



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking

Program Affected: Families First	**Users: Caseworkers and above**

Process:

Participation in the Families First (FF) program is limited to sixty "countable" months unless circumstances allow for participation beyond the lifetime time limit. The allowance of participation beyond the sixty-month limit is referred to as a time limit extension. A month that is not considered to be countable based on rules does not count toward the lifetime or interim time limits.

Under certain circumstances, an individual's (or case's) participation may be exempt from time limit rules. During an exemption or interruption period, the benefit months are "not countable" and the time limit count is not to be incremented.

Unless the case qualifies for a time-limit extension, participation in the Families First program will be terminated after each eighteen (18) countable month cycle and the case is ineligible for participation for three months. There are also allowances for extensions to the 18-month participation cycle but the additional months are considered as entities of the same 18-month cycle and continue to count toward the 60-month lifetime limits. Under certain circumstances, participation may be restored prior to the end of the three-months. The act of restoring participation prior to the completion of the three-month hiatus is known as "early re-entry". Early re-entry and time limit extensions are covered in separate processes.

This process defines when a FF participation month is considered to be countable or non-countable and shall also identify and track those months in a State-Only Program. The system shall provide the countable monthly total less months in the State-Only FF program for reporting the number of months to other states. It also includes the tracking of months for the purpose of time limits. Associate the time counter to both the individual and the appropriate case or cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking

Program Affected: Families First	**Users: Caseworkers and above**

Sub-Processes:

1. Validate Whether FF Month is Countable

   Using business rules and case and individual information, the system shall determine if a FF participation month is to be considered as countable or non-countable. The determination will then be associated to the time counter for the individual who is subject to time limits, and the appropriate case(s). The system shall maintain a tracking summary of each month of participation, if the month is determined to be countable or non-countable, and the reason for the determination. The system shall link the countable month FF time limit indicators to the PRP for the specified time period. The system shall link the time counter for the case to the designated caretaker for the case. The system shall adjust time counts automatically when case changes are made retroactively.

   Although the system shall make this determination, it must permit the user to override the determination. Supervisory approval may be required for the override.

   LIVING ARRANGEMENT TYPE (Input)
   Living Arrangement and Date
   Living Arrangement Type
   Domestic Violence Shelter
   Drug and Alcohol Treatment Center

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   ALIEN TYPE (Input)

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

Alien Status
Alien Type
Date of Entry
Sponsor Information

SCHOOL ATTENDANCE (Input)
Education Level
Attending

RELATIONSHIP (Input)
Relationships of each case member to all others
Specified Degree of Relationship

DISABILITY/INCAPACITY (Input)
Disability-Incapacity Type
Disability Incapacity Begin Date
Elderly and Disabled Indicator
Vocational Rehab Indicator

PRP (Input)
PRP Signature Date
FSC Exempt
TABE Score – AE
Activity End Date
Total Activity Hours

EMPLOYMENT (Input)
Job Begin Date

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking

Program Affected: Families First	**Users: Caseworkers and above**

Monthly Hours

INCOME (Input)
Income Type
Gross Amount FS/FF/MA

SANCTIONS (Input)
Sanction Type
Sanction Occurrence
Sanction Reason
Conciliation Indicator
Conciliation Timely

CASE (Input)
Case Number
Case Type

ISSUANCE (Input)
Benefit Date
Benefit Amount
Benefit Period
Benefit Reason
FF Countable Code
SFFF Countable Code

FAMILIES FIRST TIME COUNT (Input)
Families First 18 Month Indicator
Families First 60 Month Indicator

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking

Program Affected: Families First	**Users: Caseworkers and above**

Current Counter Value
Lifetime Counter Value
Current Cycle based on the Number of Closures for Time Limits
Time Count Month/Year
Month Countable Indicator
Time Count Determination Reason
Month Countable Override Indicator

USER (Input)
User ID
Supervisor User ID

OVERRIDE (Output)
Override Type
Override Indicator
Override Date
Supervisor Approval Date
Reason for Override

CHANGE NEEDED (Input)
Change Reported Timely
Change Made Timely

2. Do Not Increment Counter

When it has been determined that a month is not to be considered as a countable month, the system shall not increment the time counter. If an override was performed that changed the countability status of a month, the

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

system shall adjust the time counts accordingly. History of ALL adjustments including dates, users, and reasons must be retained. The system shall require an interruption to the time counter if modified PRP hours result in a month not being countable.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth
Date of Death

MARRIAGE (Input)
Date of Marriage
Date Marriage Reported
Marital Status

VERIFICATION (Input)
Verification Type
Date of Birth Verification Type
Date of Death Verification Type

USER (Input)
User ID

FF TIME COUNT (Output)

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

FF Time Counter
Time Counter Adjustment
Time Counter Adjustment Date
Prior Counter Value – Interim
Prior Counter Value – Lifetime
Adjusted Counter Value – Interim
Adjusted Counter Value – Lifetime

3. Increment Counter

When it has been determined that a month is considered as a countable month, the system shall increment the counter. If an override was performed that changed the countability status of a month, the system shall adjust the time counts accordingly. History of ALL adjustments including dates, users, and reasons must be retained.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

FF TIME COUNT (Output)
FF Time Counter
Time Counter Adjustment
Time Counter Adjustment Date

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

Prior Counter Value – Interim
Prior Counter Value – Lifetime
Adjusted Counter Value – Interim
Adjusted Counter Value – Lifetime

4. Build Time Count Summary

   For the issuance months, the system shall display all the months and the status of each month. The system shall indicate those months that were determined countable and those that were not countable and the reason for the determination.

   CASE (Input)
   Case Number
   Case Type

   INDIVIDUAL (Input)
   SSN
   Individual ID

   FF TIME COUNT (Input)
   FF Time Counter

   TIME COUNT SUMMARY (Output)
   Time Count Month
   Time Count Exemption Indicator
   Time Count Interruption Indicator
   Time Count Exemption Reason
   Time Count Interruption Reason

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

5. Determine if Counter Review Needed or Time Limit Reached

   The system shall determine using business rules if a counter has reached a specific increment that would require a manual validation review by the user.

   CASE (Input)
   Case Number
   Case Type

   FF TIME COUNT (Input/Output)
   FF Time Counter
   Steps Indicator
   Time Limit Extension Indicator

6. Generate Time Count ALERT To Worker

   When it has been determine that the counter review is required or that the time limit has been reached, the system shall generate an ALERT to the user.

   CASE (Input)
   Case Number
   Case Type

   FF TIME COUNT (Input)
   FF Time Counter

   USER (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.9 Families First Time Counts and Tracking	
Program Affected: Families First	**Users: Caseworkers and above**

User ID

ALERT (Output)
ALERT Type
Time limit Reached
Alert Level Type
Alert Priority Type
Alert Action Type
Alert Status Type
Alert Message Text
Alert Reason Type
Alert Generation Date
Alert Due Date
Alert Resolution Date
Alert Resolution Type
Alert Narrative - Alert Comments

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Families First assistance groups shall have eligibility and grant payment time limits. A time limit is a range of months in which an assistance group shall work to achieve self-sufficiency.
FFP	2	Families First time limits shall be applicable to assistance groups who make initial application or shall have a reapplication review.
FFP	3	The Families First time count shall begin the first full month of eligibility after the assistance group has been approved for assistance for the first time.
FFP	4	Families First assistance groups shall have an 18-month time limit for a period of eligibility and a 60-month lifetime limit.
FFP	5	When a Families First assistance group reaches an 18-month time limit, the case shall be closed and the assistance group shall be ineligible for assistance for three months.
FFP	6	There are exceptions to this time limit for certain assistance groups who have been granted exemptions, interruptions or extensions.
FFP	7	Time limit exemptions and interruptions are granted to assistance groups for incapacity, disability, having a child under16 weeks, testing below 9th grade in reading or math on the literacy test and having a child under one year.
FFP	8	Time limit extensions are granted to assistance groups who live in economic hardship counties, and to assistance groups who have good cause.
FFP	9	Time limits that apply to an assistance group apply to all members of the assistance group. Therefore when an assistance group reaches the end of the 18 or 60-month time limits, the entire assistance group shall be ineligible because of time limits.
FFP	10	The caretaker of the case shall determine time limits for a two-parent/adult assistance group.
FFP	11	Time limit exemptions/interruptions for two parent assistance groups shall apply if the caretaker is exempt/interrupted.
FFP	12	Time limit exemptions shall be granted to an assistance group caretaker who is age sixty or greater.
FFP	13	Time limit exemptions shall be granted to an assistance group caretaker who is providing at-home care for a relative living in the home with the caretaker and the relative requires full-time care as determined by a physician or other health care professional. Full-time care shall be defined as round-the-clock care.
FFP	14	Time limit exemptions shall be granted to an assistance group that does not contain an eligible adult for a reason other than an imposed sanction or disqualification.
FFP	15	Time limit exemptions shall be granted to an assistance group caretaker who is an illegal alien.
FFP	16	Time limit interruptions shall be granted to an assistance group caretaker that is participating in an approved drug and/or alcohol treatment program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	17	Time limit interruptions shall be granted to an assistance group caretaker that is a victim of domestic violence who has been, or is currently involved in an abusive intimate relationship. The victim may be seeking shelter/safety from the abuser who may or may not live in the home.
FFP	18	Time limit interruptions shall be granted for one month to an assistance group caretaker that is a victim of domestic violence. Victim caretakers who reside in a domestic violence shelter with their children shall be granted time limits interruptions for the duration of their stay in the shelter.
FFP	19	Time limit interruptions granted to an assistance group caretaker that is a victim of domestic violence and is not residing in a domestic violence shelter shall be granted a time limit interruption for one month. If a further time limit interruption shall be needed the caseworker shall encourage and advise the participant to see the Family Service Counselor for assessment of the domestic violence situation.
FFP	20	Time limit interruptions shall be granted to assistance group caretakers who are participating in Family Service Counseling or Vocational Rehabilitation, and shall have a modified PRP that includes a total of 20 hours per week or less of activities.
FFP	21	During a period of eligibility, the assistance group shall have an individualized PRP defining the personal responsibilities, including work and work-related activities, in which the assistance group shall participate.
FFP	22	During a period of eligibility, the Department of Human Services shall also provide specified supportive services.
FFP	23	During a period of eligibility, while an individual is exempt/interrupted from a work activity and chooses to participate, the volunteered months shall not count toward the time limit.
FFP	24	During a period of eligibility, and a case is being closed for reaching the 18-month time limit and for a voluntary quit and/or subsequent work sanction, the three months of ineligibility for assistance for time limits and the sanction shall run simultaneously.
FFP	25	During a period of eligibility, and the case is being closed for reaching the 18-month time limit and for a sanction, and the client contacts the county within 10 days and agrees to comply. The case shall not be reopened.
FFP	26	If an assistance group is ineligible for assistance but due to client error receives benefits in error, the ineligible months shall be counted in the accumulation of the 18 and 60 months unless the assistance group was otherwise exempt or there should have been an interruption.
FFP	27	When a Families First participant reports a change or a work activity ends requiring a renegotiation of the PRP, the renegotiation process must begin within two weeks (14 calendar days) of the reported change.
FFP	28	When a Families First participant reports a change or a work activity ends requiring a PRP renegotiation, and the renegotiation does not begin within two weeks, the time count shall be interrupted for the months in which the renegotiation should have begun. The time count shall resume the month after the month the PRP is renegotiated.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

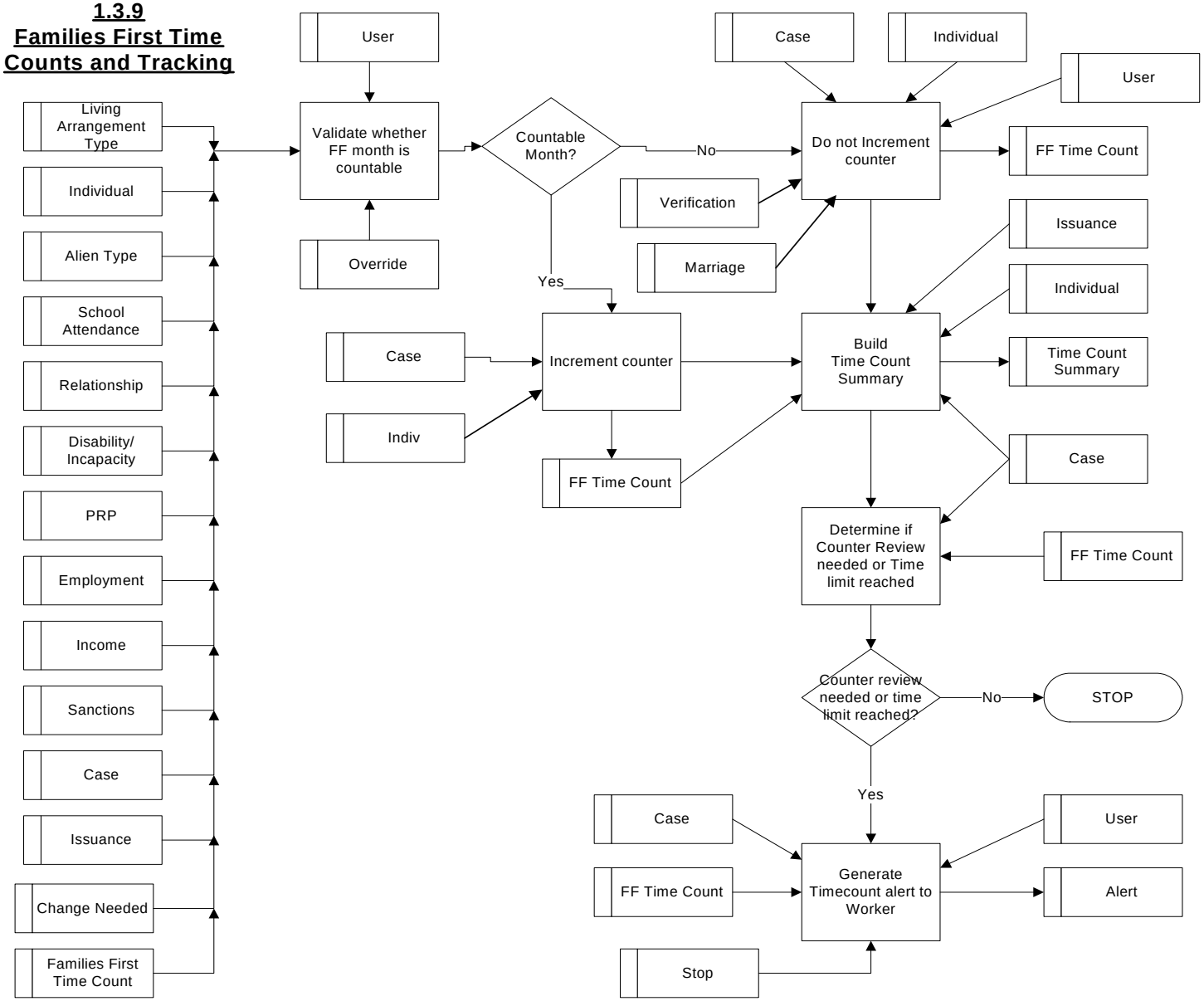
Program Type	Rule Number	Rule
FFP	29	Families First participants who are participating in a self-initiated activity or post-secondary education shall be solely responsible for reporting changes to the caseworker. If the individual does not report changes that would affect the number of hours in their activity, those non-reported months shall count toward the 18/16-month time limit.
FFP	30	Families First participants who are participating in a work activity that involves a broker, and a change occurs which leaves the participant with fewer than 40 activity hours per week, and the broker does not report timely, the non-reported months shall not count.
FFP	31	An assistance group's time limit count shall be affected by the county and CSR's timely action on a potential sanction. The client contact/attempt and the conciliation notice for non-compliant participants must be made/sent within three calendar days of learning of the non-compliance.
FFP	32	An assistance group's time limit count shall not be interrupted as long as the client contact/attempt and the conciliation notice are made/sent within 14 calendar days.
FFP	33	An assistance group's time limit count shall be interrupted if the client contact/attempt and the conciliation notice are not made/sent timely. The first interrupted months shall be the month in which a step in the conciliation process was not taken timely.
FFP	34	An assistance group's time limit count shall resume the month after the month the county or CSR takes appropriate action regarding the non-compliance.
FFP	35	Time limits for assistance group caretakers participating in a limited work plan for Families First shall have these months counted toward their time limits unless they go below 20 hours a week.
FFP	36	Time limits for assistance group caretakers who are employed 35-40 hours shall count.
FFP	37	When a Families First assistance group reaches the most recent 18 months of assistance, the caseworker shall perform a month-by-month review to determine if the months are countable, and record detailed information to validate or invalidate each month. (This is a time count review)
FFP	38	When a Families First assistance group reaches the 18th month of a period of eligibility, the caseworker shall determine if the month time count is valid.
FFP	39	When a Families First assistance group reaches the 18th month of a period of assistance and the caseworker determines the month time count is not 18 months, the caseworker shall have the time counter adjusted to reflect the correct number of countable months
FFP	40	When a Families First assistance group reaches the 18th month of assistance and the caseworker determines the month time count is actually 18 months, the caseworker shall refer the case to CSR for closure approval.
FFP	41	Some Families First case grants are paid for out of state-only funds rather than both state and federal (TANF) funds. The Agency shall indicate a separate funding stream for the following types of cases designated as "state only:"

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• Aliens who are not eligible for Families First through TANF but are eligible for Families First based on past AFDC rules; • All unemployed parent cases; • Cases that meet the married during receipt of assistance criteria when the spouse is included in the case; and • Cases whose caretaker or second parent do not meet the requirements to allow inclusion in the grant; and • Cases whose caretaker or second parent has been convicted of a Class A drug-related felony offense which occurred after August 22,1996.
FFP	42	A month that is countable and the individual is in a FF State-Only program for that month is only considered countable toward Tennessee's time limits. It is a non-countable month for the purpose of reporting months in TANF toward the Federal 60-month limit for other states.
FFS	43	Support Services broker must notify DHS within three days when support cannot be provided.
FFS	44	An assistance group may have an interruption in the time count when the DHS cannot provide transportation assistance necessary to comply with the recipient's PRP and the count will not begin again until the month following the month the supportive services become available.
FFS	45	Core Service providers and contracted agencies providing work related activities must engage the participant within three days to begin the assigned activity.
FFS	46	If the participant has to wait for services for more than two weeks, the AG's time count will be interrupted.
FFS	47	As assistance group may have an interruption in the time count when the DHS cannot provide the appropriate education or job training services prescribed in the recipient's PRP and the count will not begin again until the month following the month the supportive services become available.
FFS	48	If the individual is participating in an activity in which a broker is involved and a change occurs which leaves the participant with fewer activity hours that the broker does not report timely, those non-reported months will not count.
FFS	49	Dental and optical services should be provided when needed; however, it may not result in a time count interruption if the client can participate in an appropriate activity while waiting on these services for the optical/dental problems to be resolved.
FFS	50	An interruption in time limits may be established if DHS has verified that broker or contracted services cannon or will not be provided.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.9 Families First Time Counts and Tracking



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension

Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

A Families First participant who has reached either their interim or lifetime time limits will be evaluated to determine if the case is eligible for a time limit extension. Only those months deemed as 'countable' will be considered when calculating the number of months for the purpose of time limits. Hardship county extensions are time limited, while good cause extensions may be granted for an unlimited amount of time, as long as the individual continues to meet the eligibility requirements as defined by rules. The system must be capable of applying a different income percentage standard when determining on-going time limit extension eligibility based on the number of countable months the person currently has and if it is an extension tied to interim or lifetime limits. This income test must be performed monthly with different standard applied at the point an individual has a certain number of countable months. In addition, an extension may be granted under certain conditions when an appeal exists and the person has reached their interim or lifetime time limits.

Sub-Processes:

1. Determine that Families First Time Limit has been Reached

   The system shall determine from the time count and business rules if the time limit on a case has been reached. Determination shall be made at the 17th and 59th countable month, respectively, so if an individual is not determined eligible for an extension, the case closure can be processed timely. Before time limit extension may be determined, the time counter must be validated.

   TIME COUNT (Input)
   Time Count
   Lifetime Counter Total
   Time Count Current Counter Total

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension

Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

CASE (Input)
Case Number

INDIVIDUAL (Input)
Individual Number
Individual Name

PROGRAM STANDARDS (Input)
Program

2. Determine if Exemptions or Interruption Exists.

If the time limit has been reached, the system shall determine if a current time limit exemption or interruption exists on the case. If so, the time count will not continue to increment, and there is not yet a need for an extension. If not, alert user that time limits have been reached.

INDIVIDUAL (input)
Individual Number
Individual Name
Alien Type
Residence Address
County of Residence
Date of Birth

DISABILITY / INCAPACITY (input)
Disability/Incapacity Indicator for Individual(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension

Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

PRP (input)
Exemptions Indicator
Exemptions Reason
Interruption Indicator
Interruption Reason
Date Exemption Applied
Date Interruption Applied
Case ID

CASE (Input)
Case Number
Head of Case
Individual in Case

3. Record Interruption or Exemption

If an exemption or interruption exists, the user shall record the interruption or exemption.

PRP (Output)
Exemptions Indicator
Exemptions Reason
Interruption Indicator
Interruption Reason
Date Exemption Applied
Date Interruption Applied
Case ID
Work Activity Type
Reading Score

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension

Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

Date Incapacity Claimed

4. Determine and Record if Eligible for Extension

The system shall determine if the case is eligible for an extension based on business rules applied to the case information.

APPEAL (input)
Active Appeal Indicator
Individual Involved in Appeal

INCOME (input)
Gross Monthly Case Income
Gross Monthly Individual Income
Net Monthly Case Income
Net Monthly Individual Income

SANCTIONS (input)
Sanctions Status
Name of Sanctioned Individual(s)
Date Last Sanction Ended

PRP (input)
PRP Work Activity(s)
PRP Compliance Indicator
Exemption Indicator
Interruption Indicator
Date Exemption Began

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension

Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

Date Interruption Began

COUNTY (Input)
Economic Hardship County List

CASE (Input)
Case Number
Head of Case
Names of Individuals In Case
Benefits Status

EMPLOYMENT (Input)
Individual(s) Employed
Employment Status
Date Last Worked
Job Termination Reason Code

INDIVIDUAL (Input)
Residence Address
County of Residence

PRP (Output)
Extension Eligibility Indicator

5. Record Good Cause Extension Reason

If an extension is to be applied, the user shall record the good cause extension reason to the case.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension	
Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

PRP (output)
Case ID
Extension Reason Code
Date Extension Applied
Expected End Date of Extension
User ID

6. Record Extension Denial Reason

   If there is not an extension to be applied, the worker will record the extension denial reason.

   PRP (output)
   Extension Denial Reason Code

7. Generate Notice to Client

   If no extension is given to the case, a notice is generated to the client informing he/she of such. If the case is closed due to time limits, the system shall prohibit the caretaker from receiving FF for a set period of time unless the caretaker meets early re-entry requirements based on policy rules.

   CASE (Input)
   Case Number
   Head of Case
   Case Closure Request

   PRP (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.10 Families First Time Limit Extension	
Program Affected: Families First	**Users: Caseworkers, FS1s, Program Supervisors**

Extension Denial Reason

TIME COUNT (Input)
Time Count (# of Months)

INDIVIDUAL (Input)
Mailing Address

NOTICE (output)
Case Number
Head of Case
Time Count (# of Months)
Mailing Address
Extension Denial Reason

ALERT (output)
CSR User ID
Case Number
Head of Case
Extension Denial Reason
Case Closure Request
Time Count (# of Months)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

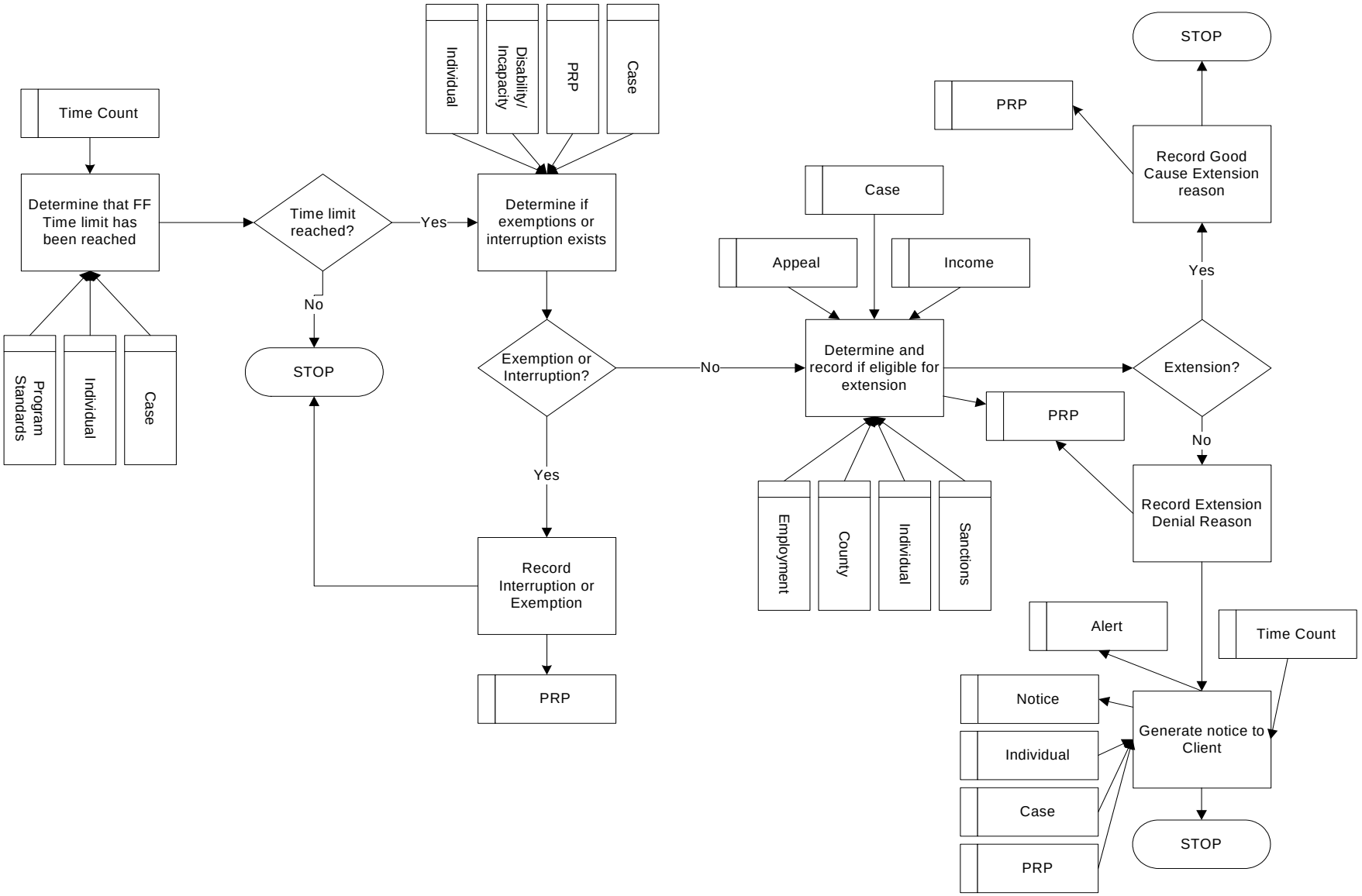
Program Type	Rule Number	Rule
FFS	1	Contracted services providers offer employment services that are needed to prepare the participant for employment according to the number of hours that are on the participant's PRP.
FFS	2	The contractor must report changes in the participant's status including attendance, compliance, and completion work activities to DHS within three working days.
FFS	3	The information reported by the contracted service provider concerning the participants may be used to determine if a participant is granted a time limit extension.
FFS	4	A time limit extension may be granted if a participant is found to have been in substantial compliance with their PRP.
FFS	5	Substantial compliance with the PRP exists when the assistance group has not had more than one three-month sanction for non-compliance with a work requirement and the reason for the sanction has been corrected by the two-week compliance being completed as well as the assistance group continuing to remain in compliance throughout the evaluation of the good cause extension.
FFP	6	An assistance group shall have an 18-month time limit for a period of eligibility and a 60-month lifetime limit. There are exceptions to this time limit for certain assistance groups who may be eligible for a time limit extension.
FFP	7	There are two types of extensions to time limits; county economic hardship and good cause. Months of assistance under an extension are countable months toward the 60-month lifetime limit.
FFP	8	An economic hardship county has an unadjusted unemployment rate, as defined by the Department of Labor and Workforce Development that is twice the unadjusted unemployment rate for the state as a whole.
FFP	9	An assistance group that resides in an economic hardship county shall be eligible for an exemption to the 18 and 60-month count.
FFP	10	The assistance group shall be eligible for this extension on a month-by-month basis, up to six months, as long as the assistance group is in compliance with their Personal Responsibility Plan.
FFP	11	A good cause extension shall be granted when and assistance group would receive a Families First grant if it were not for the time limits.
FFP	12	A good cause extension shall be granted when the assistance group is in compliance with the Personal Responsibility Plan work requirement, and has been in substantial compliance throughout the most recent 18 months of eligibility.
FFP	13	A good cause extension shall be granted when the assistance group has not voluntarily quit a job or refused employment without good cause during the time the caseworker is exploring if time limits good cause exists.
FFP	14	A good cause extension shall be granted when the assistance group has gross income that is less than the appropriate income standard for their countable months.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	15	An assistance group that has met the good cause extension criteria shall have the eligibility period extended at the end of the 18 or 60-month count, or shall be eligible to return to the program after the case has closed following the 60-month limit.
FFP	16	When an assistance group reaches their 18th-60th month of assistance, the caseworker shall determine if the time limit has been reached by completing a month by month time count.
FFP	17	When an assistance group reaches their 18th-60th month of assistance, the caseworker must review all months prior to the most recent 18th month period of eligibility to determine if the months are countable.
FFP	18	When an assistance group reaches their 18th-60th month of assistance and the time limit has not actually been reached, the caseworker shall have the time counter adjusted to reflect the correct countable months and document the case record.
FFP	19	If the time limit has been met the caseworker shall determine if the assistance group has been granted an exemption or interruption.
FFP	20	Time limit exemptions or interruptions are granted to assistance groups for incapacity, disability, having a child less than 16 weeks and for testing below 9th grade in reading or math on the literacy test.
FFP	21	If an interruption or exemption has been granted the caseworker must record the interruption or exemption, and set the indicator that shall stop the time counter.
FFP	22	If an interruption or exemption has not been granted the caseworker must determine and record if the assistance group is eligible for an economic hardship county, or good cause extension.
FFP	23	If the assistance group is eligible for an extension, the caseworker must record the reason and make adjustments to the Personal Responsibility Plan if necessary.
FFP	24	If the assistance group has been granted an exemption or interruption that is over, the case must again be reviewed for extension criteria.
FFP	25	If the assistance group is not eligible for an extension the caseworker must record the reason the extension has been denied.
FFP	26	If the assistance group is not eligible for an extension, the caseworker must notify the assistance group that they have reached a time limit and record that the assistance group has been notified.
FFP	27	If the assistance group is not eligible for an extension, the caseworker must refer the case to CSR prior to closing the case.
FFP	28	An assistance group shall have the option to have their eligibility period extended after the 18 or 60-month limit when the case is in appeal status, regardless of the reason for the appeal, if they wish to continue benefits while awaiting the appeal decision.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.10
Families First Time Limit Extension



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.11 Families First Early Re-Entry

Program Affected: Families First	**Users: N/A**

Process:

This process addresses the early re-entry into the Families First program prior to the expiration of a period of ineligibility due to closure for time limits, either interim or lifetime, upon reapplication for Families First benefits by an individual. The system shall allow an individual who may be eligible to return to the program before their period of ineligibility expires. Such conditions that permit early re-entry will be defined by rule, with different requirements being associated to an early re-entry following a closure due to interim time limits compared to one following a life time limit case closure. An early re-entry following a closure due to time limits will result in a new interim time count period beginning, unless the re-entry follows case closure due to obtainment of lifetime limits for the individual. The system shall be able to adjust time counts automatically based on program rules.

If the prior closure did not require a period of ineligibility, or if the period of ineligibility has expired, an individual may reapply and return to the Families First program at any time, provided all other eligibility requirements are met.

Sub-Processes:

1. Determine if Families First Case Closed for Time Limit

   The system shall determine if a Families First case closure was based on time limit.

   The system shall treat the closure of a Families First case for reaching a time limit in a different manner than the closure of a case for reasons other than reaching a time limit.

   CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.11 Families First Early Re-Entry

Program Affected: Families First	**Users: N/A**

Case I.D.
Case Closure Reason Code
Eligibility End Date

CASE (Output)
Case Closed for Time Limit Indicator

2. Determine if Period of Ineligibility Has Expired

   The system shall determine if the period of ineligibility has expired, and if the individual may return to the program based on CASE data, the head of the household's INDIVIDUAL data, business rules and case composition.

   CASE (Input)
   Case Status
   Case Closure Reason Code

   INDIVIDUAL (Input)
   Families First Lifetime Participation Time Counter (Head of Household)
   Families First Current Cycle Participation Time Counter (Head of Household)

3. Determine if Early Re-Entry Standards Are Met

   If the period of ineligibility has not expired, the system shall determine if early re-entry is allowed based upon rules related to closure for interim or lifetime benefits, based upon CASE, INDIVIDUAL, EMPLOYMENT, PRP, and SANCTION data.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.11 Families First Early Re-Entry

Program Affected: Families First	**Users: N/A**

CASE (Input)
Case Status

INDIVIDUAL (Input)
Families First Participation Lifetime Counter
Families First Participation Interim Counter

EMPLOYMENT (Input)
Recipient I.D.
Employment Status
Employment Type
Earned Income Monthly Hours

SANCTION (Input)
Recipient I.D.
Sanction Exemption Reason Type
Sanction Type
Sanction Reason
Sanction Begin Date
Sanction End Date

PRP (Input)
Recipient I.D.
Families First Participation Time Count Interruption Status
Families First Participation Time Count Interruption Reason
Families First Participation Time Count Interruption Begin Date
Families First Participation Time Count Interruption End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.11 Families First Early Re-Entry

Program Affected: Families First	**Users: N/A**

Families First Participation Time Count Exemption Status
Families First Participation Time Count Exemption Reason
Families First Participation Time Count Exemption Begin Date
Families First Participation Time Count Exemption End Date

EARLY RE-ENTRY (Output)
Families First Participation Early Re-Entry Standards Met Indicator

4. Determine if Income Meets Re-Entry Limits

   If the early re-entry standards are met, the system shall test the individual's income to determine if it is less than the income standards for early re-entry. If the income is equal to or exceeds the limit, the individual is considered to not have met the early re-entry requirements.

   INCOME (Input)
   Individual Monthly Income

   EARLY RE-ENTRY (Output)
   Families First Participation Early Re-Entry Income Limit Indicator

5. Record Early Re-Entry Reason

   If the individual met early re-entry requirements, the system shall record the early re-entry reason and associated data. The system shall continue collecting and processing the application to conclusion.

   EARLY RE-ENTRY (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.11 Families First Early Re-Entry

Program Affected: Families First	**Users: N/A**

Families First Participation Early Re-Entry Standards Met Indicator
Families First Participation Early Re-Entry Income Limit Indicator

EARLY RE-ENTRY (Output)
Families First Participation Time Count Early Re-Entry Status
Families First Participation Time Count Early Re-Entry Reason
Families First Participation Time Count Early Re-Entry Determination Date
Families First Participation Time Count Early Re-Entry Begin Date
Families First Participation Time Count Early Re-Entry End Date

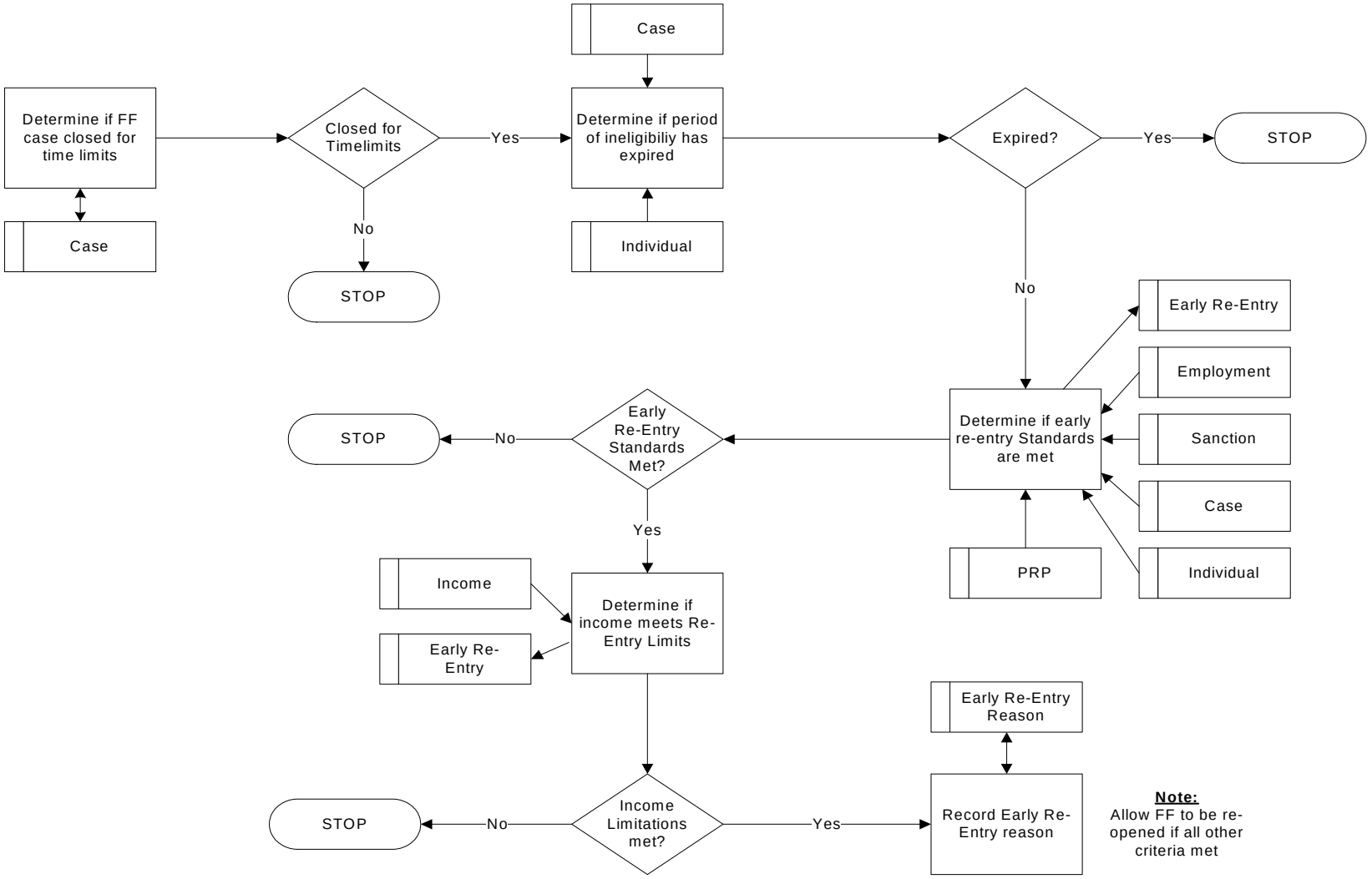
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Families First cases that are exempt/interrupted from time limits may re-enter Families First following a closure as long as eligibility requirements are met.
FFP	2	Families First cases that are not exempt/interrupted from time limits shall have to meet eligibility requirements and must meet re-entry provisions.
FFP	3	Families First cases that close for any reason other than a sanction before completing an 18-month period of eligibility may re-enter the program without a wait as long as all other points of eligibility are established. The count of the 18-month period of eligibility will resume until the count reaches 18 months.
FFP	4	A Families First case that has completed 18 months of eligibility and does not qualify for a good cause or an economic hardship extension shall be closed.
FFP	5	After closure due to meeting an 18-month time limit, the Families First case will not be eligible again for at least three months following the month of closure, unless early re-entry provisions are met.
FFP	6	The Families First case that is in sanction status at the time the case is closed for meeting the 18-month time limit must cure the sanction before the case will be eligible to receive cash benefits. This is true even if the individual loses a job through no fault of his/her own.
FFP	7	A Families First individual that is employed at the time his/her case is closed due to the 18-month time limit may re-enter Families First before the three-month wait if he/she loses employment through no fault of his/her own.
FFP	8	Individuals who quit or are fired from employment do not meet early re-entry requirements unless they quit or were fired for a “no fault” reason.
FFP	9	“No fault” reasons include: • the job paid less than the minimum wage based on the number of hours actually worked; or • discrimination by the employer based on age, race, sex, color, handicaps, religious beliefs, national origin, or political beliefs was claimed; or • a temporary family emergency occurred, such as personal illness, death of immediate family member, natural disaster or other traumatic event and the employer refused to allow time off to attend to the emergency situation; or • the employee was needed in the home to care for an ill or disabled relative household member for whom it would normally be his/her responsibility to provide care; or • child care became unavailable and substitute child care arrangements could not be made either by the individual or the child care broker; or • the individual had a baby and the employer was not required to and did not grant leave in accordance with the Family medical Leave Act provisions; or • a medically approved incapacity, including complications from pregnancy, rendered the individual

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		unable to work.
FFP	10	To be eligible for early re-entry the Families First case must have been in compliance with the Personal responsibility Plan at the time the case closed.
FFP	11	A Families First case may re-enter families First after an 18-month period of eligibility without waiting three months if the case has “good cause” for doing so.
FFP	12	“Good Cause” for Families First early re-entry after closure due to time limits includes: • the case was in compliance with their Personal Responsibility Plan at the time the case was closed (non-compliance with health checks, immunizations or school attendance shall not cause ineligibility for good cause consideration); and • the case was in substantial compliance with their Personal Responsibility Plan for the most recent 18 months prior to the case closure; and • the case’s gross income is less than the appropriate income standard for re-entry; and • the case has not refused employment or voluntarily quit a job, without good cause, in the two months prior to application or during the application processing period.
FFP	13	A Families First case in substantial compliance shall be defined as a case that has had no more than one three-month work sanction or no more than three child support sanctions in the most recent 18-month period of eligibility.
FFP	14	The “good cause” and the “loss of employment through no fault of their own” shall apply only to early re-entry after an 18-month period of eligibility where the case reapplies before the three-month period of ineligibility has ended.
FFP	15	Early re-entry reasons shall be recorded
FFS	16	Families First Services has no specific requirements for this process other than those related to Families First Policy.

1.3.11
Families First Early Re-Entry



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction	
Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

Process: This process describes the steps involved in "curing" a Families First sanction. Case types that will utilize this process are: 1. Families First cases that have been closed due to a sanction and are reapplying; and 2. cases that are open for Families First but are out of compliance and are in the process of being sanctioned.

Sub-Processes:

1. Perform the "Work Requirement PRP" Process

2. Determine if Two-Week Compliance Necessary

   The system will determine if a two-week compliance is required based on one of two scenarios regarding case status: 1.) if a sanction was applied to the case that resulted in case closure, and the client has reapplied; or 2.) if the case is in open status and is in the process of being sanctioned for non-compliance with the work requirement. The system shall disregard these when a work activity is no longer required for that individual. The system shall indicate if the PRP is to cure a Families First sanction or potential sanction.

   CASE (INPUT)
   Program Type
   Household Members
   Disability or Incapacity
   Documentation
   Dates of Birth of Household Members
   Living Arrangement
   Good Cause

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

Closure Reason Code
Is This a Final Closure

CSR (INPUT)
Is Case in Review Now
Has CSR Approved Closure
Date Closure Approved
Date Referred to CSR
Date CSR Review Started

PRP (INPUT)
Activity Name
Support Services
Does PRP Match Sanction Reason
Activity Referral Date
Renegotiation Date
Planned Hours for Each Activity
Start Date of Activity

SANCTION (INPUT)
Has Sanction Been Applied
Begin Sanction Date (Multiple Occurrences)
Sanction Reason
End Sanction Date (Multiple Occurrences)
Sanction Occurrence

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

SANCTION (OUTPUT)
Two-Week Compliance Necessary Indicator
Work Activity that needs Two-Week Compliance

3. Record Two-Week Compliance Information

The user will record the two-week compliance information, such as the begin and end date for the compliance period.

SANCTION (INPUT)
Two-Week Compliance Necessary Indicator
Work Activity that needs Two-Week Compliance

PRP (OUTPUT)
Compliance Begin Date
Compliance End Date
Planned Hours for Each Activity
Two-week Compliance Indicator

4. Perform the “PRP Activity Referrals” Process (Optional)

Utilize this reusable process if referrals need to be sent for two-week compliance. If the individual is already in an activity per the current Personal Responsibility Plan (PRP), a new referral is not necessary, but the provider must be advised through activity status change information. The system shall allow sanctioned individuals to receive all appropriate services, while case is in pending status during a two-week compliance period based on business rules. The system shall create a priority referral for participants needing to meet two-week compliance.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

5. Provider Records Compliance

   The provider will record the client's participation in the scheduled work activity. The provider must enter data related to attendance and participation each day during the two-week compliance period.

   SERVICE PROVIDER (INPUT)
   Daily Attendance for Individual
   Daily Compliance for Individual
   Work Activity

   PRP (OUTPUT)
   Date of Compliance/Non-compliance
   Two Week Compliance Indicator

6. Monitor 100% Compliance Over the Two-Week Compliance Period

   The system shall monitor the client's activity over the two-week period. In order to cure the sanction, the client must participate in the scheduled work activity at a level of 100% during this period.

   PRP (INPUT)
   Activity Name
   Support Services
   Does PRP Match Sanction Reason
   Activity Referral Date
   Renegotiation Date
   Planned Hours for Each Activity
   Start Date of Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

SERVICE PROVIDER (INPUT)
Daily Attendance for Individual
Daily Compliance for Individual

PRP (OUTPUT)
Two-Week Compliance Indicator
Date of Compliance/Non-compliance

7. Generate User Alert

Based on the recorded provider information regarding the client's participation, the system shall generate an alert to the user. The alert will indicate either compliance or non-compliance based on the provider's records.

PRP (INPUT)
Two-Week Compliance Indicator
Date of Compliance/Non-compliance

CASE (INPUT)
Case ID Number

USER (INPUT)
User ID

USER ALERT (OUTPUT)
Case ID Number
Recipient ID Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction	
Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

Alert Code
Alert Message
Date Received
Priority Code
Delete Code
User ID

8. Determine if Client Complied

The system shall make a determination of compliance/non-compliance based on the information recorded by the provider.

PRP (INPUT)
Activity Name
Support Services
Does PRP Match Sanction Reason
Activity Referral Date
Renegotiation Date
Planned Hours for Each Activity
Start Date of Activity
Compliance/Non-compliance Indicator
Date of Compliance/Non-compliance

SANCTION (OUTPUT)
Two-Week Compliance Met Indicator
Date of Compliance/Non-compliance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

9. Determine if Case is at CSR

   If the client has not complied, the system shall determine if the case has already been referred to CSR. If the case is in 'open' status, and the client has failed to comply with the Families First work requirement, the case should be with the CSR user, as part of conciliation. CSR will proceed with their review, with the individual's failure to successfully complete the two-week compliance noted.

   CSR (INPUT)
   Is Case in Review Now
   Has CSR Approved Closure
   Date Closure Approved
   Date Referred to CSR
   Date CSR Review Started

   SANCTION (OUTPUT)
   Case at CSR Indicator

10. End Activities and Support Services

    If the case is still pending, awaiting outcome of the required sanction "cure," the user/worker will need to end all activities that the individual is enrolled in. Support services shall be closed upon notice of non-compliance for intake applications for Families First in a two-week compliance period. The user will deny the application for failure to comply with the Families First work requirement.

    SANCTION (INPUT)
    Case at CSR Indicator
    Two-Week Compliance Met Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

PRP (OUTPUT)
Activity Name
Support Services
Does PRP Match Sanction Reason
End Activity Date
End Activity Code

11. Generate Non-Compliance Alert to CSR

If it has been determined that the case is at CSR, the system shall generate a non-compliance alert to the CSR user. (A case that has been in 'open' status, but has failed to comply with the work registration requirement, will be with the CSR user.)

SANCTION (INPUT)
Case at CSR Indicator
Two-Week Compliance Met Indicator
Date of Compliance/Non-compliance

USER (INPUT)
CSR User ID

ALERT (OUTPUT)
Case ID Number
Recipient ID Number
Alert Code
Alert Message

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

Date Received
Priority Code
Delete Code
CSR User ID

12. Determine if Case is at CSR

    If the individual has complied, and successfully completed the two-week compliance period, the system shall determine if the case is with CSR.

    CSR (INPUT)
    Is Case in Review Now
    Has CSR Approved Closure
    Date Closure Approved
    Date Referred to CSR
    Date CSR Review Started

    SANCTION (OUTPUT)
    Case at CSR Indicator

13. Perform the “Imposing and Removal of Sanctions/Penalties/Disqualifications” Process

    If the case is not at CSR, the system shall end the current sanction, noting that the sanction was cured through the individual’s compliance.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

14. Generate Compliance Alert to CSR

    If the system has determined that the case is in compliance with the Families First work requirement, and the case is with CSR, the system shall generate a compliance alert to the CSR user.

    SANCTION (INPUT)
    Case at CSR Indicator
    Two-Week Compliance Met Indicator
    Date of Compliance/Non-compliance

    USER (INPUT)
    CSR User ID

    ALERT (OUTPUT)
    Case ID Number
    Recipient ID Number
    Alert Code
    Alert Message
    Date Received
    Priority Code
    Delete Code
    CSR User ID

15. CSR Ends Review

    Since the client has fulfilled the requirements for curing the sanction, the CSR user will terminate his/her review of the case, ending conciliation and the case will remain open.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction

Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

SANCTION (INPUT)
Two-Week Compliance Met Indicator
Date of Compliance/Non-compliance

CSR (OUTPUT)
Review End Date
Review Indicator

SANCTION (OUTPUT)
CSR Review End Date
CSR Review Indicator

16. Generate Alert to User

Since this is an open case that has been in conciliation with the benefits on-going during the sanction period, the system will generate an alert to notify the user that the client has complied and that conciliation has ended. The activity status codes shall also be updated, as appropriate, and any Family First Service providers notified.

CSR (INPUT)
Review End Date
Review Indicator

USER (INPUT)
User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.12 Cure FF Sanction	
Program Affected: FF	**Users: Caseworkers, Supervisors, CSR**

USER ALERT (OUTPUT)
Case ID Number
Recipient ID Number
Alert Code
Alert Message
Date Received
Priority Code
Delete Code
User ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Sanctions are applied to Families First assistance groups (AG) when the AG has not complied with the Personal Responsibility Plan (PRP) and good cause does not exist for the non-compliance reason. The sanction shall cause ineligibility for cash assistance for the entire AG.
FFP	2	The sanction shall continue until the adult in the AG is in compliance for the first occurrence. Second and subsequent occurrences shall cause the sanction to continue until the AG has been ineligible for assistance for three months, or until the adult complies. (To comply is to cure the sanction)
FFP	3	The client must contact the caseworker to indicate willingness to become compliant. The caseworker must inform the client that he/she must return to the original work activity or Family Service Counseling (FSC) or Vocational Rehabilitation (VR) for two weeks at a 100% participation level to cure the sanction.
FFP	4	The caseworker shall determine if two weeks compliance is necessary, by determining if the non-compliance occurred for a verified good cause reason.
FFP	5	If two weeks compliance is not necessary the sanction shall be cured.
FFP	6	If two weeks compliance is required the caseworker must prepare a PRP that the client must sign.
FFP	7	If the activity is different from the one in which the individual was not compliant, the client must participate in an alternate activity at a 100% participation level for two weeks.
FFP	8	The client shall not change activities during the two weeks compliance period unless the activity becomes unavailable.
FFP	9	The caseworker must document the two weeks compliance information in the case record.
FFP	10	The caseworker must refer the client to the activity listed on the PRP, and inform the provider to monitor the client for 100% compliance over a two-week period.
FFP	11	Families First Activity Providers must record the client's attendance status and notify the caseworker when two weeks compliance has been met, or not met.
FFP	12	The caseworker shall determine if the client has met the two weeks of required compliance.
FFP	13	If two weeks compliance has been met the caseworker shall determine if the case is under review by CSR.
FFP	14	If the case is not under review by CSR and two weeks of compliance has been met, the caseworker shall remove the sanction and the client shall be eligible for cash assistance.
FFP	15	If the case is under review by CSR the caseworker must notify CSR the two weeks of compliance has been met, and document the case record accordingly.
FFP	16	CSR shall remove the sanction, document the case record and end the review. CSR must notify the caseworker to resume cash assistance.
FFP	17	If two weeks compliance has not been met the caseworker shall determine if the case is under review by CSR.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

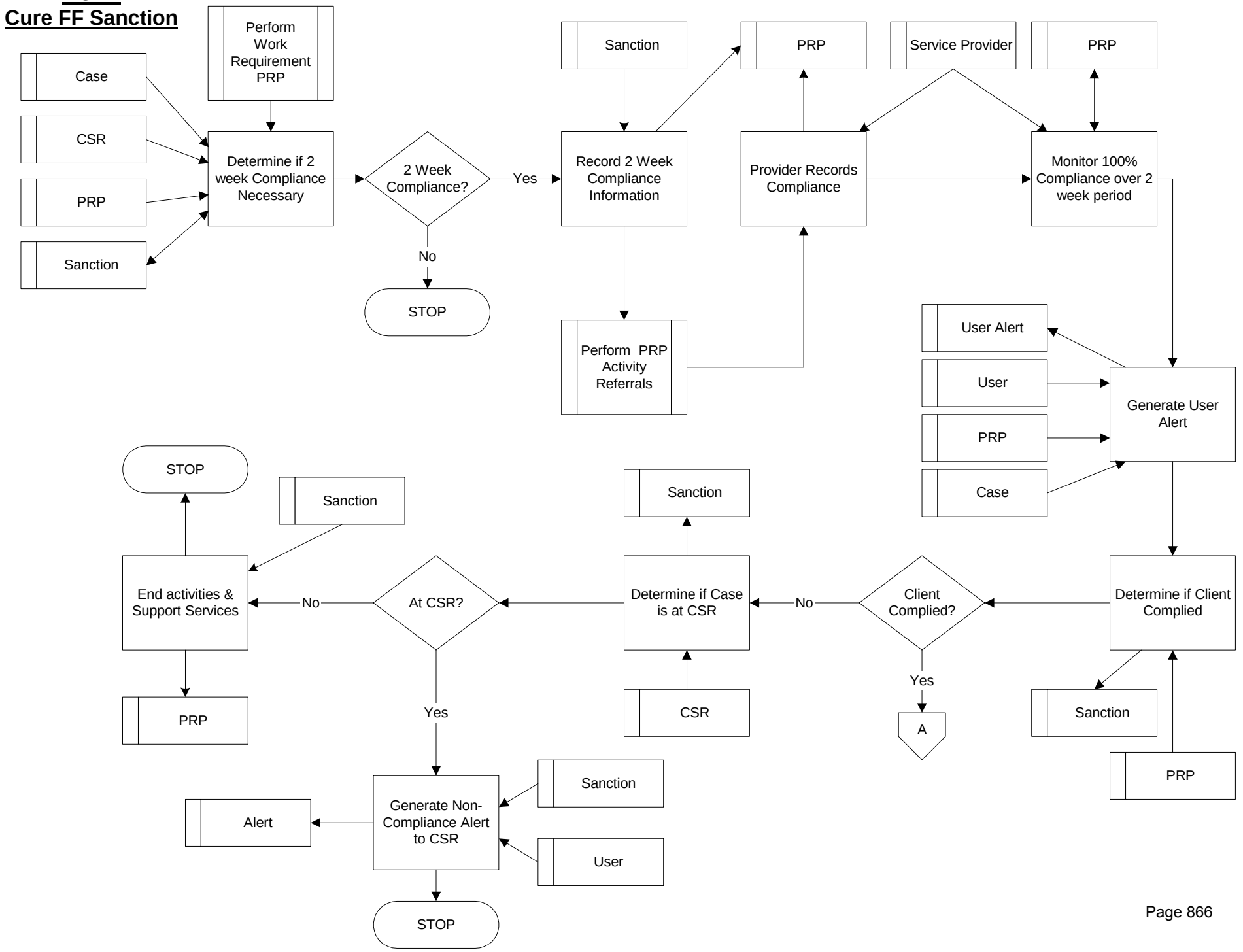
Program Type	Rule Number	Rule
FFP	18	If two weeks compliance has not been met and the case is not under review by CSR the caseworker shall end the activity and support services. The caseworker must document the case record that the client remains ineligible for cash assistance.
FFP	19	If two weeks of compliance has not been met and the case is under review by CSR the caseworker must notify CSR that two weeks compliance has not been met, and document the case record accordingly.
FFP	20	If two weeks of compliance has not been met CSR shall approve case closure, end the review and document the case record. CSR must notify the caseworker that case closure has been approved.
FFP	21	If two weeks of compliance has not been met and CSR has approved closure, if required, the caseworker shall end the activity, support services, perform case closure and document the case record.
FFP	22	If the client has good cause for non-compliance, the client shall not have to start the entire two weeks compliance period over. The client must make up the missed time so that the total time served shall equal a two-week period.
FFP	23	If the client agrees to comply in an activity that lasts less than weeks, the 2 weeks compliance period must be completed in an additional component. This shall require a renegotiation of the PRP during this period. If the client fails to renegotiate the PRP, a sanction for non-compliance with the work plan shall be applied.
FFS	24	Each participant must meet certain work component attendance and participation rules to be considered in compliance with his/her PRP.
FFS	25	The service provider must report to DHS when a participant has not complied with the work requirements.
FFS	26	DHS may sanction a participant for instances of non-compliance.
FFS	27	The participant must be given the opportunity to cure the sanction by agreeing to comply with the program requirements.
FFS	28	When the non-compliance issue involves unsatisfactory attendance with a service provider, the participant must be given an opportunity to return to the service provider for a two-week compliance period before the sanction is lifted.
FFS	29	DHS must notify the service provider when a participant is within a two-week 100% attendance compliance period including the beginning and ending date.
FFS	30	During the two-week compliance period the participant must attend the specified activity 100% of the time in order to be in compliance with the PRP and cure the sanction.
FFS	31	The service provider is required to monitor and report attendance daily throughout the two-week compliance period.
FFS	32	The system shall allow the service provider to track and report attendance activities using alerts.
FFS	33	Service Providers must be notified of the date when support services should end or begin based on the case activity.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

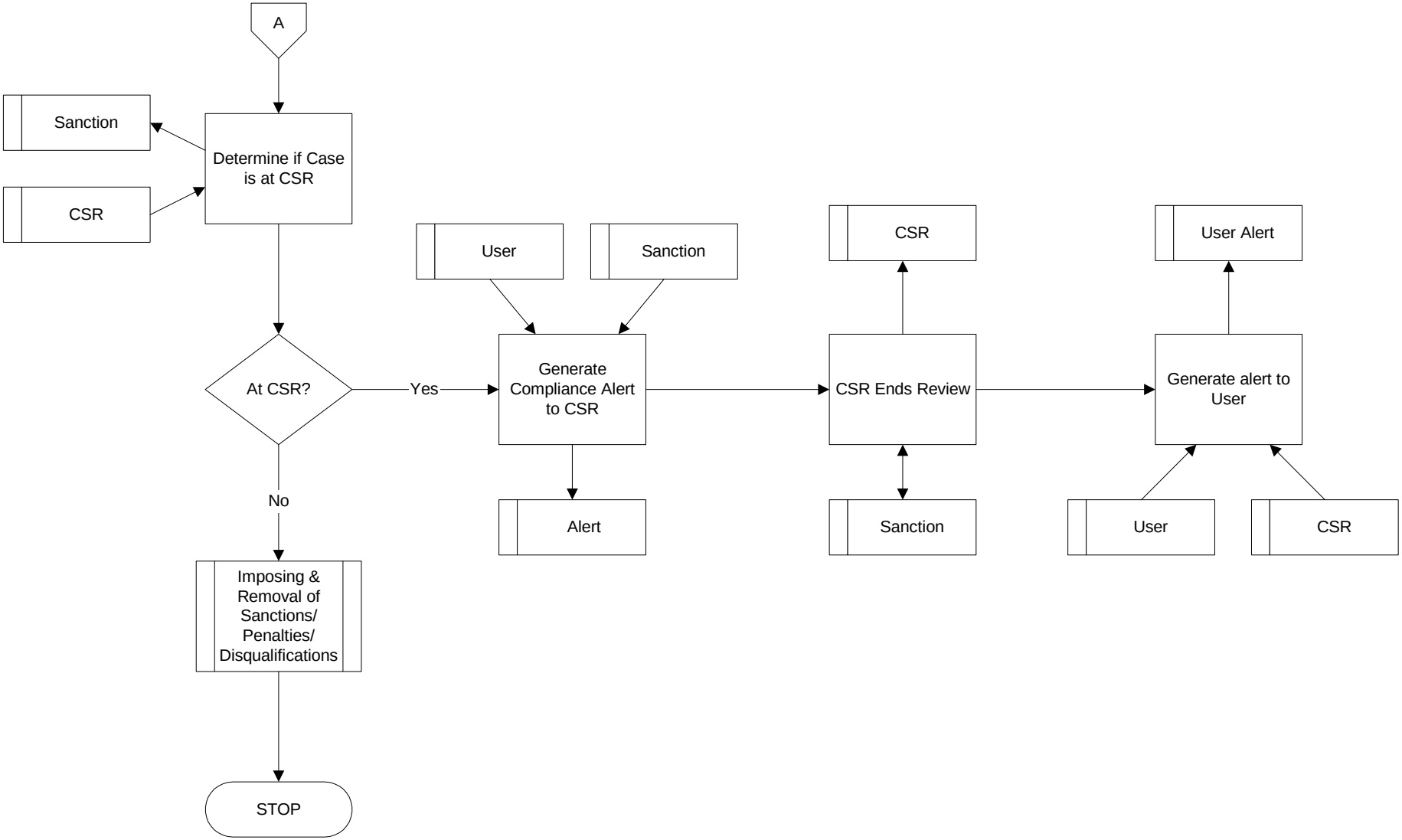
Program Type	Rule Number	Rule
FFS	34	When a Families First intake application requires a two-week compliance period prior to approval, necessary support services may be authorized while the case is pending.
FFS FFP	35	Referrals for Families First services will be sent prior to authorization of the pending Families First case when the individual is in a two-week compliance period to "cure" a sanction as a condition of eligibility.
FFP	36	If a participant has time to complete the two-week compliance period, but chooses not to do so until it is too late in the application processing period, the application shall be denied. He/she may restart the two-week compliance period in the new application period.
FFP	37	If the Department of Human Services did not allow time for the individual to complete the two-week compliance period during the 45-day application processing time frame, the case shall be approved on the 45th day, and the 100% required component attendance shall be based on the time the individual was able to participate prior to approval.
FFP	38	If the individual failed to complete the two-week compliance period during the 45-day processing time frame due to a good cause reason, issue interim benefits and request that the individual complete the two-week compliance period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.12 Cure FF Sanction



1.3.12
Cure FF Sanction
Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Process:

A former FF participant may contact the Department of Human Services after their case has been closed and request a FF emergency payment. The FF case closure had to be for certain reasons or denied due to voluntary job quit. The Department of Human Services will determine if the customer is entitled to subsequent Families First emergency payments based on business rules. Subsequent FF emergency payments may be made in the form of cash payment or vendor payments, based on case circumstances. The system shall be capable of tracking the number and method of FF Emergency payments an individual has received in a 12-month period, and determine the method that must be used when authorizing a payment. The system must permit the user override of the method, with supervisory approval.

Sub-Processes:

1. Record Contact Information

   The user will record the contact information obtained by conversation with the individual or by referral from DCS.

   DCS (Input)
   Individual
   SSN
   Address
   Reason Emergency Payment Needed
   Referral Date
   DCS Worker Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

FF EMERGENCY PAYMENT (Output)
Caller Name
Contact Person
Contact Agency
Emergency Reason
Emergency Type
Emergency Request Date
Contact Reason
Reason Emergency Payment Needed
Request Date

CASE (Input)
Case Number
Case Type
Program / Sub-Program
Case Members

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth
Age

RELATIONSHIP (Input)
Relationship Type

2. Determine and Record if Case Eligible for Potential Emergency Payment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

The user shall determine if the case is eligible for a subsequent emergency payment based on business rules. The user will record their determination findings. The system shall edit eligibility to the extent possible.

CASE (Input)
Case Number
Case Type
Program / Sub-Program
Case Status
Ineligibility End Date

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

EXPENSES (Input)
Expense Type
Total Shelter Expenses
Total Utility Expenses

COUNTABLE INCOME (Input)
Total Countable Income

FF EMERGENCY PAYMENT (Input / Output)
Emergency Eligibility Indicator
Emergency Eligibility/Ineligibility Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Emergency Eligibility Benefit Period
Emergency Reason
Emergency Type
Eviction Notice Indicator
Emergency Request Date
Contact Reason
Cut-Off Notice Indicator

3. Notify Client

   If a household is not eligible for an emergency payment, a notice shall be sent to the household stating why they are not eligible.

   FF EMERGENCY PAYMENT (Input)
   Failure Code
   Emergency Payment Denial Reason

   CASE (Input)
   Case Number
   Case Type
   Case Status
   Case Closure/Denial Reason

   NAME (Input)
   Name Type
   Case Name

   ADDRESS (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Address Type
Case Address

NOTICE (Output)
Notice Type
FF Emergency Payment Denial Notice
Notice Mail Date
Appeal Rights

4. Determine if 3 or more Cash Payments Received in 12 Months

   The system shall review the records in the data stores and determine how many FF emergency payments the individual has received for the prior FF case in the 12 months prior to the request for emergency payment, and the type of payment received.

   CASE (Input)
   Case Number
   Case Type
   Case Status

   FF EMERGENCY PAYMENT (Input)
   Dates of Emergency Payments
   Type of Emergency Payments (Cash or Vendor)

   ISSUANCE HISTORY (Input)
   Benefit Type
   Benefit Date
   Issuance Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Benefit Amount
Benefit Period

5. Record FF Emergency Payment

   If the client has received less than 3 cash payments in the last 12 months, a cash emergency payment will be approved, if eligible.

   CASE (Input)
   Case Number
   Case Status

   FF EMERGENCY PAYMENT (Input)
   Type of Emergency Payment

   FF EMERGENCY PAYMENT (Output)
   Cash Payment Indicator

6. Perform “Auxiliary/Restoration Request” Process

   This reusable process “Auxiliary/Restoration Request” will issue the cash payment to the household. This is a reusable process and as such has inherent input/output requirements that will be invoked when the process is run. The system shall allow an auxiliary/restoration to a Families First case that is currently ineligible (denied or closed) with supervisor approval.

7. Record Phone Contact Attempts

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

If the client has not spoken to the worker, the caseworker will attempt to contact the client by telephone. Each attempt will be recorded as to date, time, and whether contact was made or not.

CASE (Input)
Case Number
Case Type

FF EMERGENCY PAYMENTS (Output)
Telephone call(s) date
Telephone call(s) time
Contact success indicator

8. Determine and Record Willingness to Comply and to Provide Verifications

   If the client contacts the worker and has already received 3 or more regular cash FF Emergency payments in the last 12 months, the caseworker determines and records if the client is willing to comply with an FSC referral and provide verification of need of emergency payment.

   CASE (Input)
   Case Number
   Case Type

   FF EMERGENCY PAYMENT (Input / Output)
   Compliance Indicator
   Date Willingness to Comply
   Cash Payment Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Cash Payment Counter

VERIFICATIONS (Output)
Verification Provided Indicator
Date Verifications Provided

9. Generate Pending Payment

   If the client is willing to comply and verifications recorded, the system shall generate a pending payment.

   FF EMERGENCY PAYMENT (Input / Output)
   Compliance Indicator
   Pending Payment Amount
   Date Pended

10. Determine if Vendor or Cash Payment

    The system shall determine if the emergency payment is to be a cash payment to the client or if it will be a payment to the vendor (e.g., utility company, landlord). This will be dependent on whether the client has had 3 or more emergency payments within the last 12 months or not, the reason for the FF Emergency payment request, the ability to identify the payee for the vendor, and the time frame.

    CASE (Input)
    Case Number
    Case Status

    FF EMERGENCY PAYMENT (Input / Output)
    Dates of Emergency Payments

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Type of Emergency Payments (cash or vendor)

11. Record FF Emergency Payment

    If the client has received less than 3 cash payments in the last 12 months, a cash emergency payment will be approved. As a part of that approval, the user will record that a cash payment is to be made.

    CASE (Input)
    Case Number
    Case Status

    FF EMERGENCY PAYMENT (Input / Output)
    Case Number
    Benefits Status
    Cash Payment Indicator
    Type of Emergency Payment

12. Perform “Auxiliary/Restoration Request” Process

    This is a reusable process “Auxiliary/Restoration” that will function in the following manner as a sub-process to this particular process. If cash payment is to be made and recorded as such in the system, an auxiliary request will be processed as part of the payment sequence.

13. Record Vendor Information

    If it is determined that the payment will be a vendor payment, the user will record the appropriate vendor information in the system.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

CASE (Input)
Case Number
Case Status

FF EMERGENCY PAYMENT (Input / Output)
Vendor Payment Indicator
Name of Vendor
Payment Data for Vendor
Date of Emergency Payment To Be Made
Type of Emergency Payment

14. Generate Referral to Fiscal

If a vendor payment is to be made, a referral is sent to the Fiscal organization providing the information required to make the payment.

CASE (Input)
Case Number
Benefits Status

FF EMERGENCY PAYMENT (Input)
Vendor Payment Indicator
Name of Vendor
Payment Data for Vendor
Date of Emergency Payment To Be Made
Type of Emergency Payment

FISCAL REFERRAL (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Referral Date
Referral Type

15. Perform “Appointment Scheduler” Process

    This is a reusable process “Appointment Scheduler” that will function in the following manner as a sub-process to this particular process: An appointment is made to discuss with the client their willingness to comply with the requirements for receiving the emergency payment. They will be required to attend FSC, and to provide verification of need for emergency payment.

16. Flag Individual as no Longer Eligible for FF Emergency Payment

    If the individual states that they are not willing to attend FSC sessions and/or provide verification of need for emergency payment, they shall be flagged in the system as no longer eligible for emergency payments.

    CASE (Input)
    Case Number
    Benefits Status

    FF EMERGENCY PAYMENT (Input / Output)
    Emergency Payment Ineligibility Flag
    Emergency Payment Eligibility Indicator

    INDIVIDUAL (Input / Output)
    SSN
    Individual ID
    Head of Case Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

17. Generate Notice

If the case is flagged as ineligible for emergency payments because of non-cooperation by the household, a notice shall be generated and sent to the household explaining that they are not eligible and stating the reason why. The notice shall also explain what must occur for the household to be eligible in the future.

CASE (Input)
Case Number

INDIVIDUAL (Input)
Head of Case Indicator

NAME (Input)
Name Type
Case Name
Caseworker Name

ADDRESS (Input)
Address Type
Case Address
Mailing Address
County Office Address
County Number

FF EMERGENCY PAYMENT (Input)
Emergency Payment Ineligibility Reason
Corrective Action

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

NOTICE (Output)
Notice Type
FF Emergency Payment Denial Notice
Notice Mail Date

18. Determine if 5th or More Payment in 12 Months

    The system shall review the data stores and apply business rules to determine if any additional emergency payment must be held until individual complies with FSC referral.

    CASE (Input)
    Case Number
    Benefits Status

    FF EMERGENCY PAYMENT (Input / Output)
    Type of Payment Indicator (cash or vendor)
    Cash Payment Counter

19. Release Payment

    If the individual is not determined to be required to comply with FSC referral prior to payment being authorized, the system shall release the payment for Fiscal Services and generate a referral.

    CASE (Input)
    Case Number
    Case Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

INDIVIDUAL (Input)
SSN
Head of Case Indicator

NAME (Input)
Name Type
Case Name
FSC Provider Name
Vendor Name

ADDRESS (Input)
FSC Provider Address

FF EMERGENCY PAYMENT (Input)
FSC Appointment Attendance Indicator
Emergency Payment Approval Indicator
Type of Payment Indicator (cash or vendor)
Vendor Payment Indicator
Name of Vendor
Payment Data for Vendor
Date of Emergency Payment To Be Made
Type of Emergency Payment

FISCAL REFERRAL (Output)
Referral Date
Referral Type
Emergency Payment Referral Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

20. Generate Referral to FSC

The individual must accept and agree to comply with a referral to FSC as a condition of eligibility for the 4th or greater FF Emergency payment in a 12-month period. The system must allow a referral to be generated to FSC without the case being in open status, and without requiring a PRP.

FF EMERGENCY PAYMENT (Input)
FSC Referral Indicator
Emergency Payment Held Pending Compliance Indicator
Emergency Payment Approval Indicator
Type of Payment Indicator (cash or vendor)
Vendor Payment Indicator
Payment Data for Vendor
Date of Emergency Payment To Be Made
Type of Emergency Payment

NAME (Input)
Name Type
FSC Provider Name
Vendor Name

ADDRESS (Input)
FSC Provider Address
Vendor Address

CASE (Input)
Case Number
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

INDIVIDUAL (Input)
SSN
Head of Case Indicator

FISCAL REFERRAL (Output)
Emergency Payment Referral Indicator

21. Perform “Appointment Scheduler” Process

    This is a reusable process “Appointment Scheduler” that is functioning as a sub-process to this particular process. When FSC receives an emergency payment referral, the Appointment Scheduler may be used to schedule an initial appointment for the head of case.

22. Determine and Record if Appointment Kept

    The system shall determine through the log-in records and FSC status updates, and record if the client kept the FSC appointment that was scheduled for them, and if the client chose to participate in FSC for the allowable time period.

    CASE (Input)
    Case Number
    Case Type

    INDIVIDUAL (Input)
    SSN
    Head of Case Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

ATTENDANCE (Input)
Appointment Kept Indicator
Enrolled Status

FF EMERGENCY PAYMENT (Output)
Appointment Kept

23. Release Payment

If there is not subsequent vendor payment determined, the system shall release the payment for fiscal services and generate a referral.

CASE (Input)
Case Number

INDIVIDUAL (Input)
SSN
Head of Case Indicator

NAME (Input)
FSC Provider Name

ADDRESS (Input)
FSC Provider Address

FF EMERGENCY PAYMENT (Input)
FSC Appointment Attendance Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.13 FF Emergency Payment Determination

Program Affected: FF	**Users: Caseworkers, Supervisors**

Emergency Payment Approval Indicator
Type of Payment Indicator (cash or vendor)

FISCAL REFERRAL (Output)
Referral Date
Referral Type
Emergency Payment Referral Indicator
Payment Amount

24. Generate Notice

If the client does not keep the appointment with FSC, a notice is sent to the client that the payment will not be released until they comply with the requirement to receive counseling.

CASE (Input)
Case Number
Head of Case

NOTICE (Output)
Case Number
Head of Case
Emergency Payment Denial
Reason for Denial
Corrective Action

FF EMERGENCY PAYMENT (Input)
FSC Appointment Attendance Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Former Families First caretakers may receive a Families First emergency payment after case closure if the assistance group is in an at risk situation that may result in the removal of a child from the custody of his/her parents.
FFP	2	Former Families First caretakers may receive a Families First emergency payment after case closure if the assistance group is in an at risk situation that may result in the loss of shelter of utilities.
FFP	3	The caseworker shall record/date contact with the caretaker who requests emergency services.
FFP	4	The caseworker shall record/date contact with the agency who reports an “at risk” situation.
FFP	5	An “at risk” situation resulting in eligibility for a potential emergency payment is the family’s receipt of an eviction notice.
FFP	6	An “at risk” situation resulting in eligibility for a potential emergency payment is the family’s receipt of a utility (heat, light, water) cut-off notice.
FFP	7	An “at risk” situation resulting in eligibility for a potential emergency payment is unpaid shelter and/or utility bills that exceed the family’s monthly income.
FFP	8	An “at risk” situation resulting in eligibility for a potential emergency payment is lack of food.
FFP	9	The Agency shall notify the individual requesting emergency services if he/she is not eligible for an emergency payment.
FFP	10	Emergency cash payments shall be limited to three payments within a twelve-month period and can be made (within these limitations) for any additional month that the assistance remains closed.
FFP	11	Vendor payments shall be given after the initial three cash payments unless the payment must be received within three days of the request to prevent utility cut-off.
FFP	12	Vendor payments shall be given after the initial three cash payments unless the payment must be received within three days of the request to prevent eviction.
FFP	13	Vendor payments shall be given after the initial three cash payments unless the vendor has not agreed to delay action in order to receive payment directly from the Department.
FFP	14	Vendor payments shall not be given after the initial three cash payments unless the caseworker is unable to verify the cut-off or eviction notice within 24 hours of the auxiliary request.
FFP	15	Vendor payments shall be made in the amount of the bill or the last grant amount,

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		whichever is less.
FFP	16	The assistance group shall provide proof that they meet the emergency payment eligibility criteria.
FFP	17	An emergency payment shall be generated if the assistance group requesting the emergency payment has had fewer than three payments within a twelve-month period.
FFP	18	If an individual has both a utility cut-off and an eviction notice, he/she may choose whether the vendor payment will be used to pay the utility or the shelter expense.
FFP	19	Within 30 days after the first vendor (or 4th cash) payment is issued, the assistance group must accept a referral to and fully comply with Family services Counseling.
FFP	20	If the individual contacts the caseworker directly to request the (4th) in a 12-month period emergency payment, the caseworker must explain that compliance with Family Services Counseling is a requirement for the receipt of an emergency payment.
FFP	21	If the individual requesting a 4th vendor payment does not agree to comply with Family Services Counseling, no payment shall be issued.
FFP	22	If the individual does not contact the caseworker directly to request an emergency payment and the caseworker is unable to contact the client to discuss Family Services Counseling by the time the payment must be issued, the caseworker must schedule an appointment and send an appointment notice within 10 days of the date the vendor payment is issued.
FFP	23	The caseworker shall record phone contact attempts to the individual to discuss Family Services Counseling.
FFP	24	If the individual does not respond to the appointment notice to discuss Family Services Counseling, or refuses to accept an FSC referral no further emergency payments shall be issued.
FFP	25	If the individual does not contact the caseworker directly to request an emergency payment and the caseworker is unable to contact the client to discuss Family Services Counseling by the time the payment must be issued, the caseworker must send an FSC referral to the appropriate FSC Counselor within 10 days of the date the vendor payment is issued.
FFP	26	If there is a break of one month or more between requests for vendor payments, the caseworker shall complete a new Family Services Counseling referral.
FFP	27	If the Family Services Counseling referral is accepted, the caseworker shall make every effort to schedule the FSC appointment within 48 hours of the second vendor

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		request.
FFP	28	The caseworker shall issue an emergency vendor payment if the Family Services Counseling appointment is made and kept.
FFP	29	The caseworker shall issue the emergency auxiliary and schedule a Family Services Counseling appointment as soon as possible if it is not possible to schedule an FSC appointment within 48 hours of the second vendor request.
FFP	30	Fiscal Services must have verification before a vendor payment can be issued.
FFP	31	If verification of the utility cut-off or eviction notice cannot be obtained by the caseworker or provided by the client within 24 hours of the vendor request, a cash payment shall be issued within the 48-hour time frame.
FFP	32	If verification of the utility cut-off or eviction notice cannot be obtained by the caseworker or provided by the client within 24 hours of the vendor request, the caseworker shall send the individual a request for verification to be provided within 10 days of the date the cash payment was made.
FFP	33	If the verification is not provided within 10 days of the date the cash payment was made, no further emergency payments shall be issued.
FFP	34	The Family Services Counselor shall attempt to set up an appointment within 48 hours of receiving the referral.
FFP	35	Family Services Counseling may work with the individual for up to 60 days following the receipt of the last emergency payment if the individual and the FSC Counselor mutually agree that the counseling would be beneficial.
FFP	36	If the individual does not comply with Family Services Counseling and does not have good cause, no further vendor payments shall be made.
FFP	37	Full compliance with Family Services Counseling is defined as the individual agreeing to accept the FSC referral and keeping the initial FSC appointment.
FFP	38	If the caseworker cannot contact the individual, or the individual does not provide verification of eviction or utility cut-off, or does not accept the FSC referral or does not fully comply with FSC without good cause, the individual must be reapproved for Families First and have a subsequent case closure to receive any additional emergency payments. An exception to this rule is the assistance group that has met the sixty-month lifetime limit. A second vendor payment (or 5th cash payment) may be made if the assistance group complies with FSC and provides verification.
FFP	39	The caseworker shall request the vendor payment on the day of the emergency payment request if the request is due to an eviction /utility cut-off.

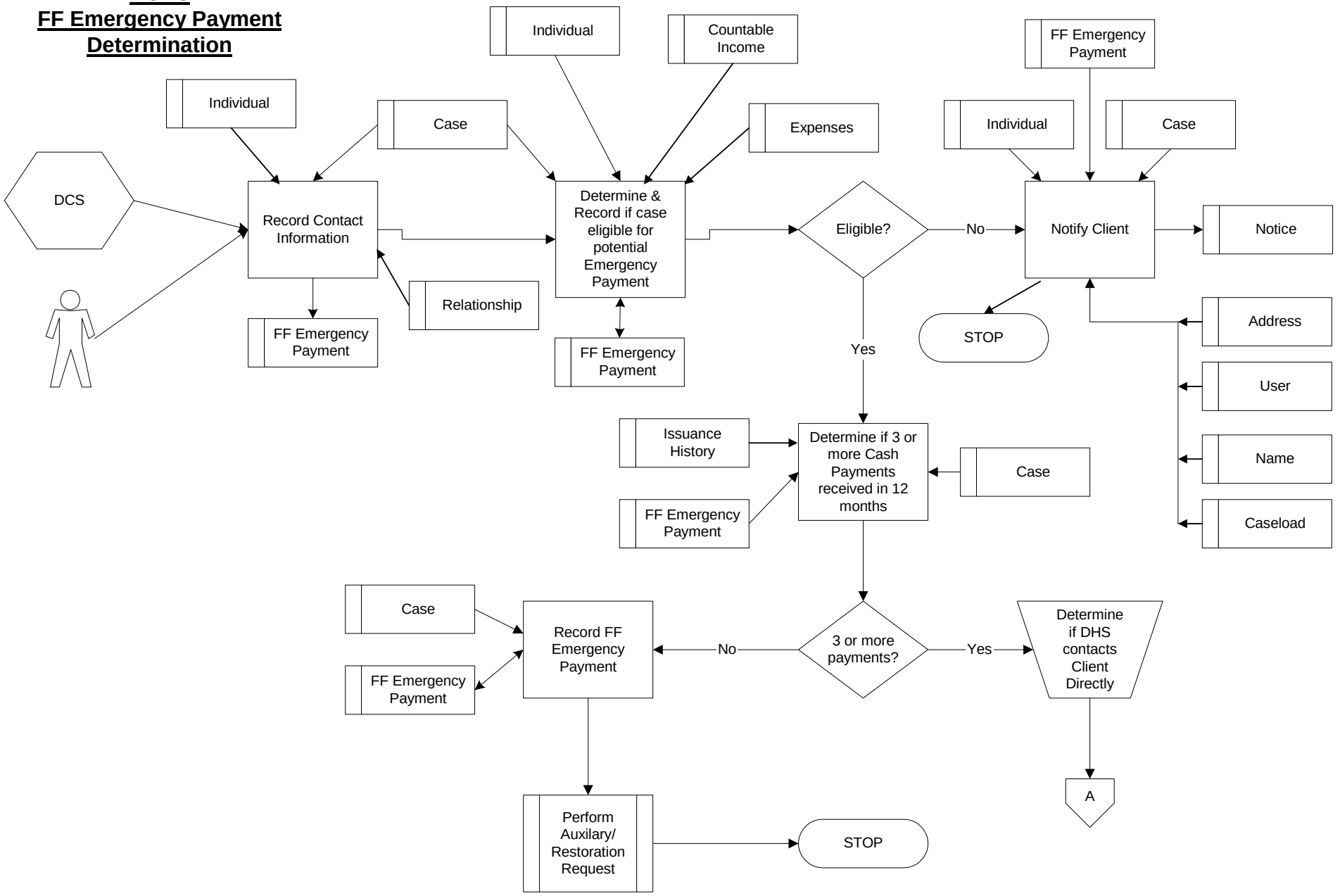
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	40	The caseworker shall request the vendor payment on the day the verification is provided if the request was made because unpaid shelter or utility bills exceed the income.
FFP	41	The caseworker shall FAX a referral (and verification) to Fiscal Services to request a vendor payment.
FFP	42	Cases that lose eligibility for any reason other than the successful transition to self-sufficiency may be eligible for an emergency payment after case closure.
FFP	43	Applications that are otherwise eligible for FF but are denied due to voluntary quit may be eligible for an emergency payment after denial.
FFP	44	The 4th auxiliary payment (after the initial 3 cash auxiliaries) may be made in cash only if the auxiliary is due to lack of food or the Agency determines that the case circumstances warrant a cash payment.
FFP	45	Auxiliaries made due to lack of food shall be cash payments in the amount of the last FF cash grant.
FFP	46	Initial verification can be documentation of the caseworker's verbal confirmation of the expense by the provider.
FFP	47	A referral to FSC related to a FF Emergency payment must be scheduled within 48 hours of the request.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

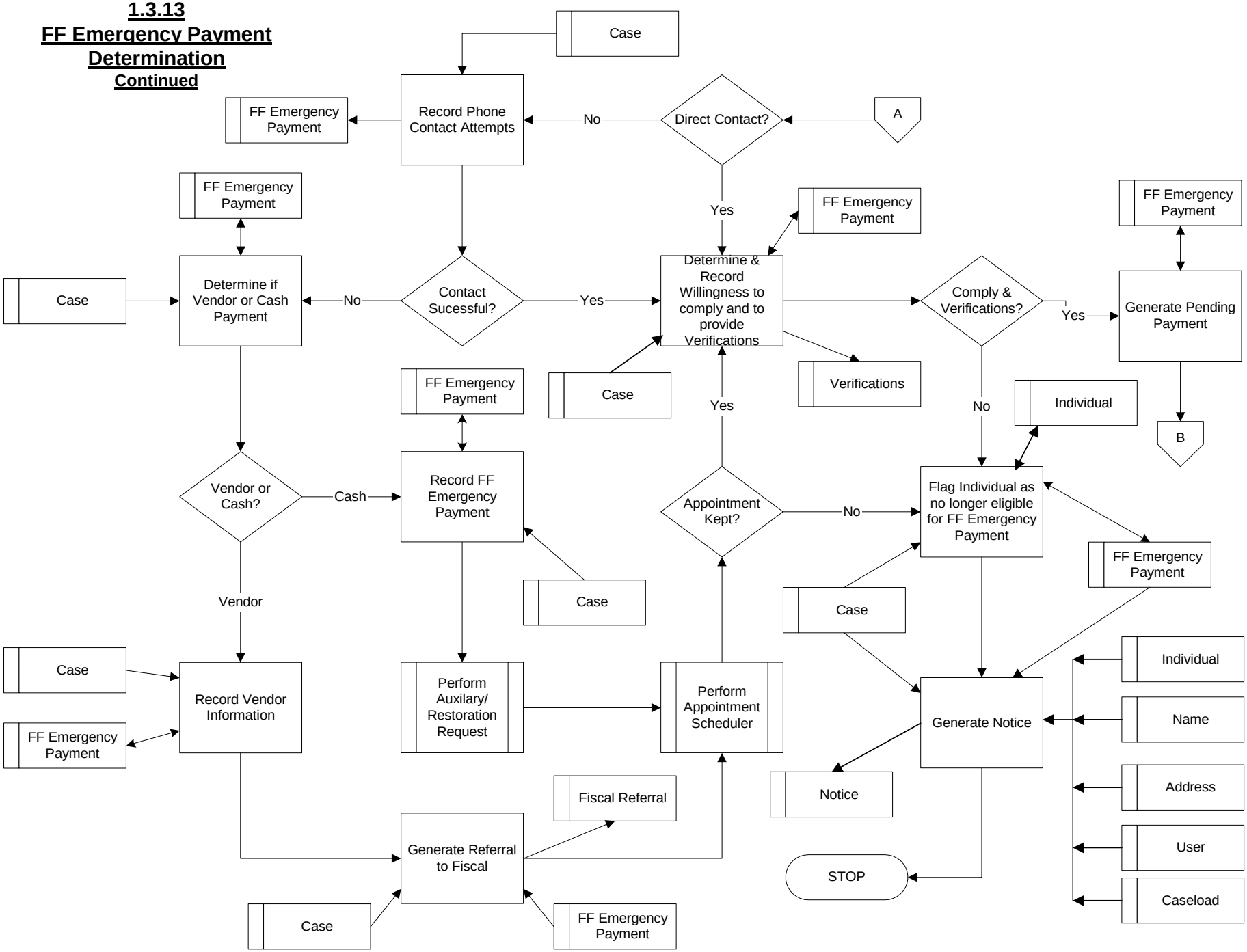
1.3.13

FF Emergency Payment Determination



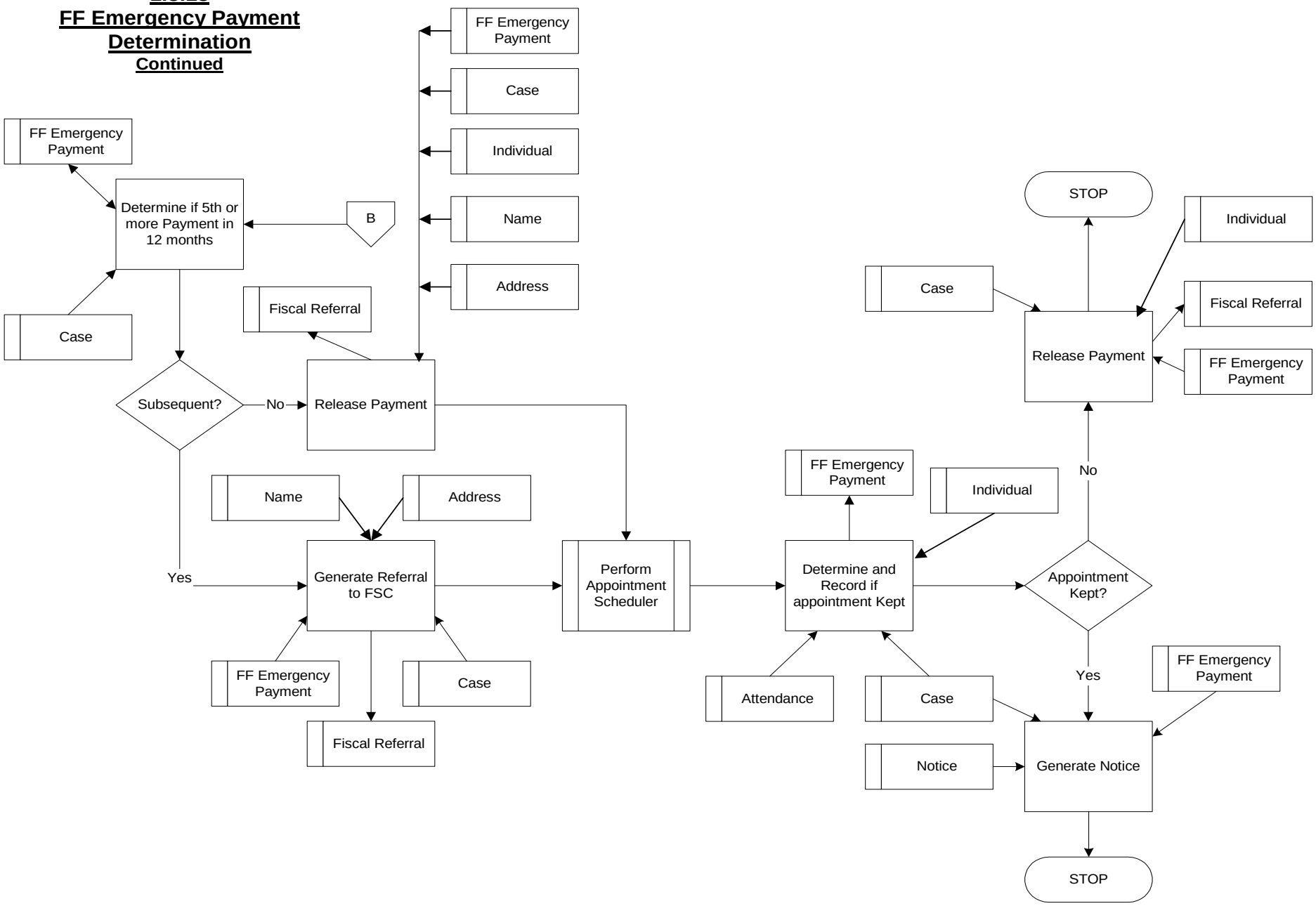
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.13 FF Emergency Payment Determination Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.13 FF Emergency Payment Determination Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.14 Student Eligibility

Program Affected: All	**Users: Caseworker**

Process:

This process describes the tasks involved in determining if an individual, who is also considered to be a student, is eligible to receive program benefits.

Sub-Processes:

1. Capture and Record Student Information

   The system will capture and record the student status information based on individual, case, school attendance, program/sub-program data and business rules.

   INDIVIDUAL (Input)
   Individual DOB
   Disability/Incapacity indicator

   CASE (Input)
   Eligible Members

   SCHOOL ATTENDANCE (Input)
   Education Level Code
   Education Status
   Grade Level
   School Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.14 Student Eligibility

Program Affected: All	**Users: Caseworker**

School Name
School Address
Expected Completion Date
Education Hours
Participation Amount Code (full-time, half-time or less than half-time)
Verification of Attendance

STUDENT ELIGIBILITY (Output)
Student Eligibility indicator

2. Determine if Individual is Considered a Student

   The system will determine if the individual is considered to be a student based on student eligibility information and business rules.

   STUDENT ELIGIBILITY (Input)
   Student Status

   STUDENT ELIGIBILITY (Output)
   Student Eligibility indicator

3. Determine Student Eligibility

   If the system determines the individual to be a student, the system shall determine if the student is eligible for program benefits. This determination is based on income, employment, relationship and individual data and from business rules. The eligibility results will be stored in the appropriate data store. If the individual is

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.14 Student Eligibility

Program Affected: All	**Users: Caseworker**

determined to not be a student, yet student status is a requirement based on program rules for the individual, eligibility will be calculated and the results stored.

INCOME (Input)
Income Type
Income Begin Date
Income End Date

EMPLOYMENT (Input)
Employment Hours
Employment Income Begin Date
Employment Income End Date
Hourly Wage Rate
Work Study indicator
Participation in E & T Training indicator

RELATIONSHIP (Input)
Cares for Child < 6
Cares for Child 6-11

INDIVIDUAL (Input)
Other DHS Benefits Received
LWIA Training indicator
Jobs Work indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.14 Student Eligibility

Program Affected: All	**Users: Caseworker**

STUDENT ELIGIBILITY (Output)
Student Eligibility indicator

4. Record Ineligible Reason

   If the individual is not determined to be an eligible student, the system shall store the reason for ineligibility in the appropriate data store.

   STUDENT ELIGIBILITY (Output)
   Student ineligibility reason
   Student ineligibility date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	Student status information will be captured for individuals applying for child care assistance as required by child care sub-program type (service type) in order to determine eligibility and compliance with work requirements set by sub-program type (service type).
CC	2	A student's income in and of itself is not used by child care assistance sub-program types (service type) to determine if an individual is considered a student or not.
CC	3	A teen parent over age 13 and under age 19 who is enrolled in public school is considered a student in order to receive child care assistance.
CC	4	An individual age 17 or over who is enrolled in post-secondary education or training is considered a student regardless of the number of hours in order to receive child care assistance.
CC	5	An individual age 17 or over who is enrolled in post-secondary education or training will have their education hours applied to the number of total work activity hours required by child care sub-program type to be eligible for child care assistance.
CC	6	An individual age 17 or over who is enrolled in post-secondary education or training less than the total number of work activity hours required by child care sub-program type must have a balance of the required hours in employment to be eligible for child care assistance.
CC	7	Families First work activity business rules determine a Families First individual's eligibility and exemptions in order to receive the Families First child care assistance sub-program type (service type).
FFP/TCM	8	To receive Families First benefits, school attendance (including kindergarten) shall be required for a minor child, either married or unmarried, who is not a parent, a married minor parent who is an eligible child in the case, a married minor parent who is a caretaker for his/her own case, and an unmarried minor parent who is an eligible child or an eligible adult in the case. This is in regards to all child related cases.
FFP/TCM	9	Minor parents (caretakers or eligible children) who are 17 years of age or younger must stay in school during the school year unless there is a reason for a more appropriate alternative placement. This is in regards to all child related cases.
FFP/TCM	10	Teen parents (who are 18 or 19 years of age) will be treated the same as minor parents (for work requirements) until they graduate from high school or until the class of which they are a member when age 18 is attained graduates from high school. This is in regards to all child related cases.
FFP	11	Teen parents who are not in school shall have a 40-hour work requirement unless they meet an exemption or interruption reason.
FFP/TCM	12	A student shall be defined as a minor child recipient attending primary/secondary school, college, university, or a course of vocational or technical training. This is in regards to all child related cases.
FFP/TCM	13	A student shall retain student status during official school vacations and breaks if requirements prior to the vacation/break were met and the student plans to return. This is in regards to all child related cases.
FFP/TCM	14	A child who is receiving elementary/secondary or equivalent vocational/technical instruction from a

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		homebound teacher shall meet student requirements. This is in regards to all child related cases.
FFP/TCM	15	Participation in apprenticeships, correspondence courses, other courses of home study, and rehab programs other than academic or institutional vocational or technical training shall not qualify as a student. This is in regards to all child related cases.
FFP/TCM	16	An elementary school shall be defined as a state approved educational institution comprised of grades K through eight. This is in regards to all child related cases.
FFP/TCM	17	A secondary school shall be defined as a state approved educational institution offering a curriculum for grades nine through twelve. This is in regards to all child related cases.
FFP/TCM	18	A full-time student in a secondary school shall be defined as one who is taking an adequate grade level academic load to meet the graduation requirements for the respective school system in which he/she is enrolled. Generally this is defined as 25-clock hours/week or 4 Carnegie units per year. This is in regards to all child related cases.
FFP/TCM	19	A part-time student in a secondary school shall be defined as 12-clock hours/week or 2 Carnegie per year. This is in regards to all child related cases.
FFP/TCM	20	An equivalent level of vocational or technical training shall be defined as equivalent to elementary or secondary education. It is not post-secondary education. This is in regards to all child related cases.
FFP/TCM	21	Full-time attendance in a trade, technical, or vocational school shall be defined as 30 clock hours per week with shop practice or 25 hours a week without shop practice. This is in regards to all child related cases.
FFP	22	A part-time student in a trade, technical or vocational school shall be defined as one who attends 15 clock hours per week with shop practice or 12 hours per week without shop practice.
FFP/TCM	23	The earned income of a minor full-time student shall be disregarded for up to six months in each calendar year. Do not count the income in computing the grant or test it against the Gross Income Standard or Consolidated Need Standard. This is in regards to all child related cases.
FFP/TCM	24	The earned income of a part-time student not employed full-time or a full-time student after the six months exclusion period shall be included when testing the household's earned income against the Gross Income Standard. If the household is eligible by this test, the student's income shall continue to be excluded. This is in regards to all child related cases.
FFP/TCM	25	The earned income of a part-time student who is employed full-time or a child without student status (school dropout) shall be counted. This is in regards to all child related cases.
FFP/TCM	26	An 18-year-old child who will complete high school or equivalent vocational/technical training before becoming 19 shall become ineligible the month after the month that he/she graduates. This is in regards to all child related cases.
FFP/TCM	27	An 18-year-old child who will not complete high school or an equivalent vocational/technical training before turning 19, shall be ineligible for Families First benefits effective the month following the month of

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

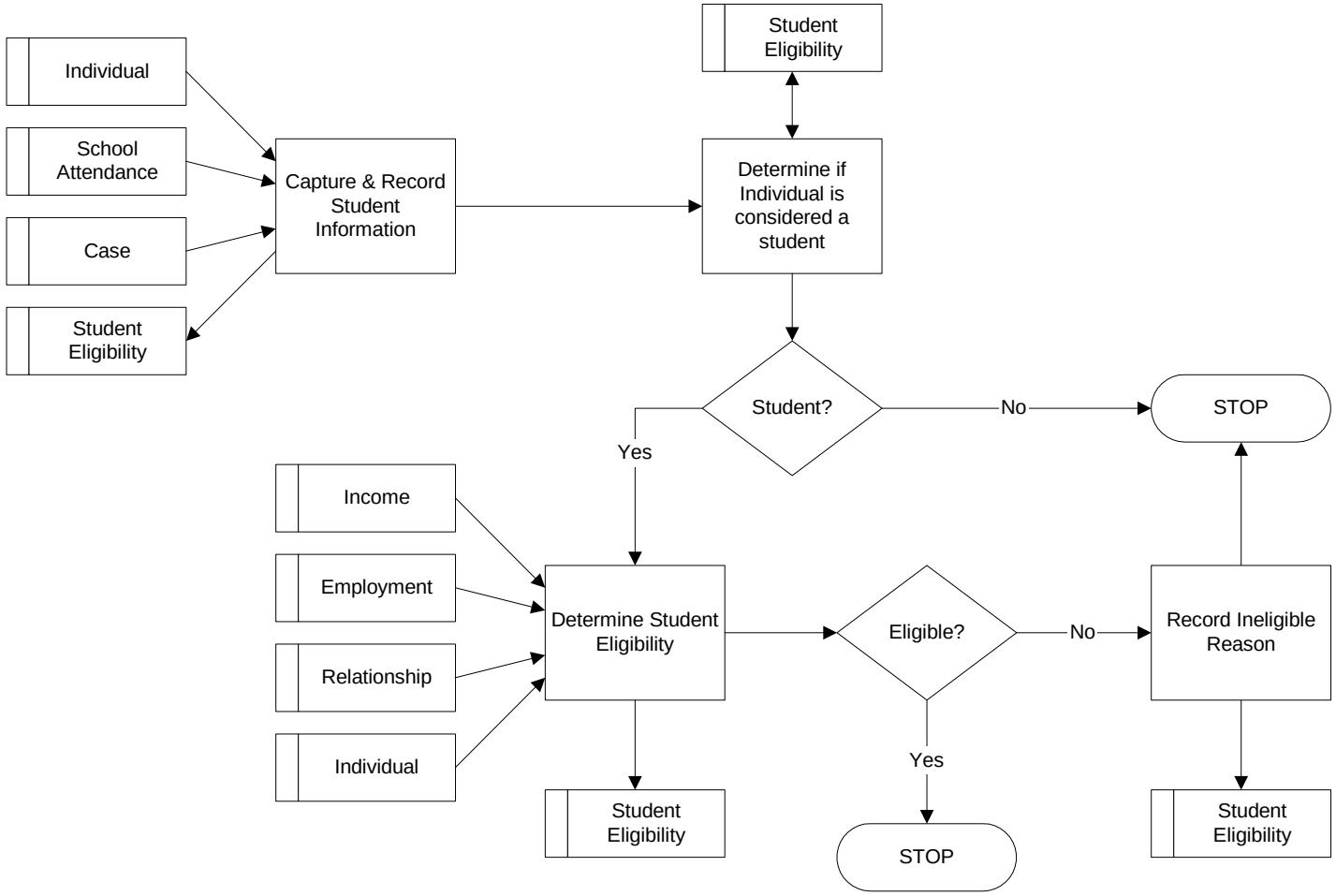
Program Type	Rule Number	Rule
		his/her 18th birthday. This is in regards to all child related cases.
TCM	28	Students living out of the county or state may continue to receive Medicaid in all child related cases as long as their permanent residence is still within the state of Tennessee and all other technical requirements are met.
TCS	29	There are no TennCare specific rules for this process.
FS	30	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is age 17 or younger or age 50 or older.
FS	31	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is physically or mentally unfit.
FS	32	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is receiving Temporary Assistance for Needy Families under Title IV of the Social Security Act (in Tennessee, Families First).
FS	33	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is enrolled as a result of participation in the Families First work/training program.
FS	34	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual has paid employment of at lest 20 hours per week, or if self-employed, employed for at least 20 hours per week and receiving earnings at lest equal to the Federal minimum wage multiplied by 20 hours.
FS	35	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is participating in a state or federally financed work study program during the regular school year, and must have been approved for work study for the school term at the time of application for food stamps and the student must anticipate actually working during that time. This exemption shall begin with the month the school term begins or work study is approved, whichever is later, and it ends at the end of the month the school term ends, or if it becomes known that the student refused an assignment. Unless the student continues to participate in work study between terms, the exemption does not continue when there is a break of one month or longer.
FS	36	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is participating in an on-the-job training program.
FS	37	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is responsible for the care of a dependent household member under age 6.
FS	38	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		participate in the Food Stamp Program unless the individual is responsible for the care of a dependent household member over age 6 but under age 12 when DHS has determined that adequate child care is not available to enable the student to attend class and comply with the student work requirements (20 hours per week minimum or work study).
FS	39	A single parent who is enrolled full-time (as determined by the institution) in an institution of higher education, who is responsible for the care of a dependent child under age 12 shall be eligible to participate in the Food Stamp Program. This provision applies where only one natural, adoptive or stepparent (regardless of marital status) is in the same household as the child.
FS	40	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is the student is assigned to or placed in an institution of higher education through a program under the Workforce Investment Act.
FS	41	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is assigned to an institution of higher education through the Food Stamp Employment and Training Program.
FS	42	An individual who is enrolled at least half-time in an institution of higher education shall be ineligible to participate in the Food Stamp Program unless the individual is attending through a program under section 236 of the Trade Act of 1974.
FS	43	An individual is considered to be enrolled in an institution of higher education if the individual is enrolled in a business, technical, trade, or vocational school that normally requires a high school diploma or equivalency certificate for enrollment in the curriculum or if the individual is enrolled in a regular curriculum at a college or university that offers degree programs regardless of whether a high school diploma is required.
FS	44	The enrollment status of a student shall begin on the first day of the school term of the institution of higher education.
FS	45	Enrollment shall be deemed to continue through normal periods of class attendance, vacation, and recess, unless the student graduates, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer school).
FS	46	Students with earned income who become age 18 during a certification period shall have their earnings considered as countable income in the month following the month on which the individual became age 18.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.14
Student Eligibility



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts	
Program Affected: Food Stamps	**Users: N/A**

Process:

The system shall maintain a counter for each Food Stamp recipient who is determined to meet ABAWD (Able Bodied Adults Without Dependents) Food Stamp program participation restrictions The system shall automatically terminate the individual's eligibility upon reaching the number of months allowed to participate in an ABAWD participation period (unless the individual is eligible for otherwise additional months of eligibility.) The system shall be capable of initiating a new 36-month period of eligibility for an individual as defined by program rules.

Sub-Processes:

1. Validate Whether the Food Stamp ABAWD Month is Countable

   The system shall determine each month if a Food Stamp ABAWD individual's 36-month counter is to be incremented based upon program rules, ABAWD data, CASE data, DISABILITY / INCAPACITY data, EMPLOYMENT data, INDIVIDUAL data, ISSUANCE data, COUNTY data, SCHOOL ATTENDANCE data, INCOME data and data from an interface with the eCMATS Labor and Workforce Development system.

   ABAWD (Input)
   ABAWD Time Counter
   ABAWD Status
   ABAWD Status Begin Date
   ABAWD Status End Date
   ABAWD Exclusion Reason
   ABAWD Individual Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts	
Program Affected: Food Stamps	**Users: N/A**

ABAWD Eligibility Begin Date
ABAWD Eligibility End Date
ABAWD Tracking Reason
ABAWD Exemption Reason
ABAWD De-Registration Reason Type
ABAWD De-Registration Date
Current 36-month ABAWD Cycle Start Date
Current 36-month ABAWD Cycle End Date

CASE (Input)
Case Override Eligibility Month
Case Override Supervisor Approval Indicator
Received Benefits for Month in Another State Indicator

DISABILITY / INCAPACITY (Input)
Disability / Incapacity Indicator
Elderly and Disabled Indicator

EMPLOYMENT (Input)
Employment Status
Job Begin Date
Job End Date
Self-Employment Monthly Hours Worked
Self-Employment Monthly Hours Verification Type
Earned Income Monthly Hours
Earned Income Monthly Hours Verification Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts

Program Affected: Food Stamps	**Users: N/A**

Monthly Earnings Effective Start Date
Monthly Earnings Effective End Date
Good Cause Reason Type for Leaving Job
Good Cause Verification Type for Leaving Job
Voluntary Quit Date
Striker Status
Strike Start Date
Strike Date Verification Type
Strike End Date
Strike End Date Verification Type

INDIVIDUAL (Input)
Individual Eligibility Status
Individual Exclusion Reason
Individual Disqualified for Non-compliance with the Work Requirements and Voluntary Quit Indicator
Individual Narrative - Reason for Leaving Job
Primary Wage Earner Indicator
Food Stamp Work Requirements Exemption Date
Food Stamp Work Requirements Referral Date
Food Stamp Work Requirements Registration Date
Food Stamp Work Requirements De-Registration Date
Food Stamp Work Requirements De-Registration Reason
Food Stamp Work Barrier Type
Date of Birth
Pregnancy Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts	
Program Affected: Food Stamps	**Users: N/A**

ISSUANCE (Input)
Food Stamp Benefit Amount
Food Stamp Benefit Date(s)
Pro-Rated Benefit Indicator

COUNTY (Input)
County Name
County I.D.
Labor Surplus Status
Labor Surplus Effective Date
10% Or Greater Unemployment Status
10% Or Greater Unemployment Effective Date

SCHOOL ATTENDANCE (Input)
School Enrollment Date
School Attendance Status
School Attendance Verification Type
Good Cause for Not Being Enrolled in School Indicator
Good Cause for Not Being Enrolled in School Verification Type
School Attendance Narrative - Comments on reason for good cause
Sanction Applied for Failure to Comply with School Attendance Requirement Indicator
School Completion Date
Verification Indicators of School Enrollment / Compliance
School Attendance Exception Indicator
Expected School Completion Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts

Program Affected: Food Stamps	**Users: N/A**

INCOME (Input)
Eligibility for Unemployment Benefits Begin Date
Eligibility for Unemployment Benefits End Date

eCMATS (Interface) (Input) (Multiple)
Individual Participating in E&T Activities
Individual E&T Participation Begin Date
Individual E&T Participation End Date
Individual Participating in ABAWD Activities
Individual ABAWD Participation Begin Date
Individual ABAWD Participation End Date
Individual Participating in TRA Activities
Individual TRA Participation Begin Date
Individual TRA Participation End Date
Individual Eligible for Unemployment Benefits Indicator
Individual Unemployment Eligibility Begin Date
Individual Unemployment Eligibility End Date

ABAWD (Output)
ABAWD Countable Month Indicator

2. Increment the Counter

The system shall increment the individual's ABAWD time limit counter and update the ABAWD data store if the Food Stamp ABAWD month was determined to be countable. The system shall also accept information regarding an individual's ABAWD status in other states and consider those months when incrementing the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts

Program Affected: Food Stamps	**Users: N/A**

counter.

ABAWD (Input)
ABAWD Countable Month Indicator
ABAWD (Output)
ABAWD Time Counter
ABAWD Status Begin Date
ABAWD Status End Date

3. Determine if Time Limit Has Been Reached

   If the month has been validated as countable and the time count has been incremented, the system shall determine if the individual has reached their ABAWD time limit based upon ABAWD data and business rules.

   ABAWD (Input)
   ABAWD Time Counter
   ABAWD Status Begin Date
   ABAWD Status End Date

4. Determine if Client Has a No-Fault Job Loss Status

   If the individual has reached their ABAWD time limit, the system shall determine if the individual has a “No-Fault Job Loss” status.

   ABAWD (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts

Program Affected: Food Stamps	**Users: N/A**

ABAWD Individual Status
ABAWD Time Counter
ABAWD Eligibility Begin Date
ABAWD Eligibility End Date ABAWD Exclusion Reason
ABAWD Exemption Reason

EMPLOYMENT (Input)
Employment Status
Job Begin Date
Job End Date
Good Cause Reason Type for Leaving Job
Good Cause Verification Type for Leaving Job

ABAWD (Output)
ABAWD No-Fault Job Loss Indicator

5. Additional Months of Eligibility

If an individual has used up their countable months and goes to work but loses employment through no fault of his/her own, the individual may receive Food Stamp benefits as an eligible individual for up to three consecutive months.

ABAWD (Input)
ABAWD No Fault Job Loss Indicator

ABAWD (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.15 ABAWD Time Counts

Program Affected: Food Stamps	**Users: N/A**

ABAWD Status
ABAWD Status End Date
ABAWD Exclusion Reason
ABAWD Eligibility End Date
ABAWD Physically and / or Mentally Unfit Indicator
ABAWD Temporary Disability Indicator
ABAWD Exemption Reason

6. Perform the “Imposing and Removal of Sanction / Penalty / Disqualification” Process

   If an individual has reached their ABAWD time limit and if the individual has been determined to have lost their employment due to their own fault, the system shall disqualify the individual.

7. Perform the “Closure” Process

   If the disqualified individual was the only active individual in the household, the system shall close the case.

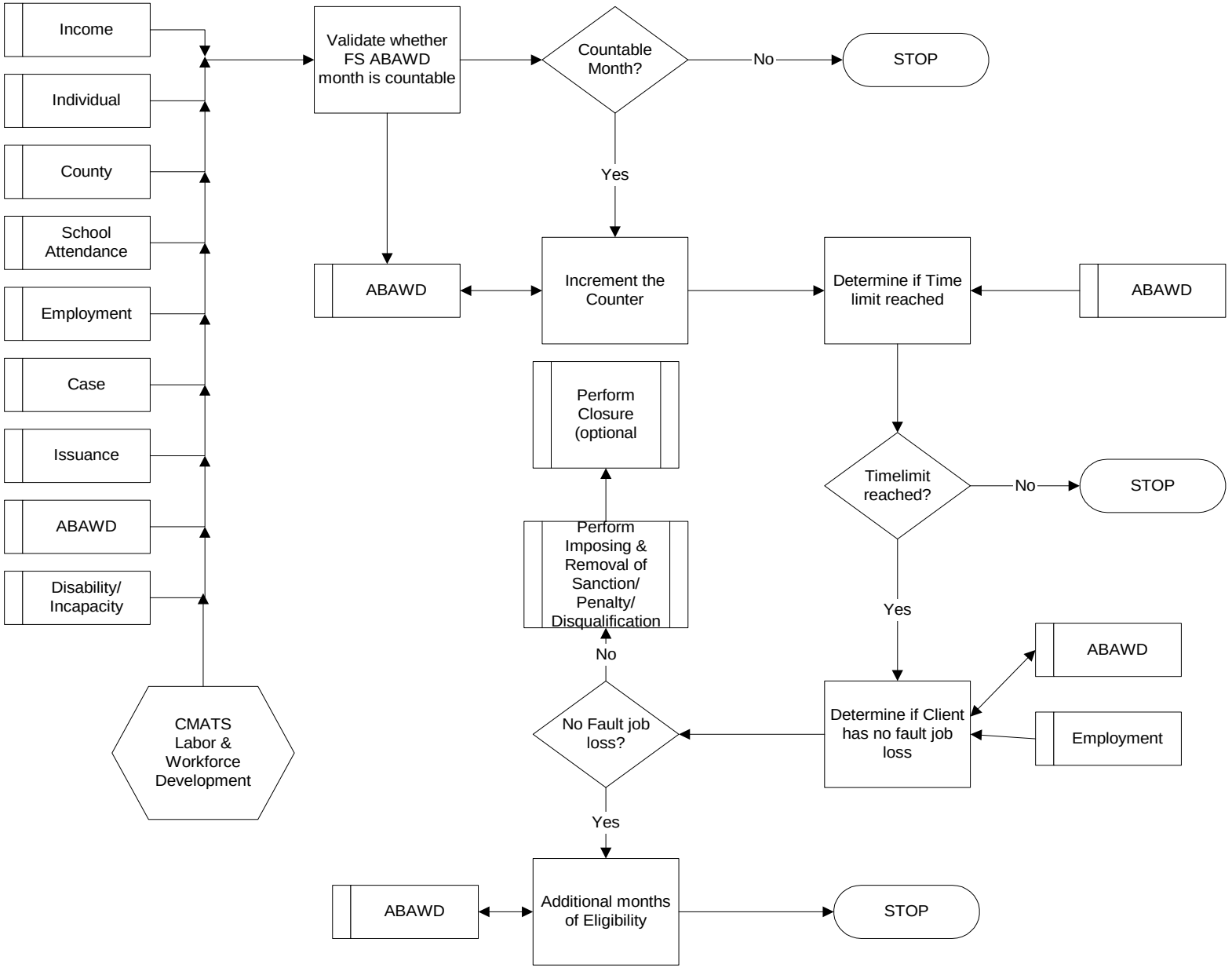
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	Countable months of food stamp eligibility received by a non-exempt ABAWD individual in another state must be considered in the six-month count in this state.
FS	2	An able-bodied adult without dependents who is not exempt from the special ABAWD requirements is not eligible to participate in the Food Stamp Program as a member of any household if he/she received food stamps for more than three countable months during a three year period, except that an individual who participates in the FS Program because he/she meets the work/training/workfare requirement but subsequently terminates employment/training/Workfare, can continue participation for a single three consecutive month period within the 36 month period.
FS	3	In Tennessee, currently, three additional months of participation are allowed for non-exempt individuals, using the 15 percent exemptions the state is allowed.
FS	4	In Tennessee, we are currently in a three-year period that began November 1, 2002 and will end October 31, 2005. The next three year period will begin November 1, 2005 and end October 31, 2008.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.15

ABAWD Time Counts



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination

Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

Process:

When a child is taken into the Department of Children's Services (DCS) custody, DCS will collect the minimum information on this child in the TNKIDS system and send a referral for Presumptive Medicaid eligibility to the Department of Human Services. This ensures the child expedited Medicaid coverage while the case continues to be processed.

The DCS Case Manager enters the data required to determine Medicaid eligibility for foster care children into the TNKIDS system. The data is then transmitted via an online TNKIDS referral from the initial DCS intake process (demographic, financial, relationship, household composition) to the new Family Assistance replacement system.

While the DCS case manager is collecting the remaining data, the DCS Child Welfare Benefits Worker (CWBW) is processing the presumptive eligibility, making sure that any other coverage the child may have is closed. The Child Welfare Benefits Worker must then work the referral received from TNKIDS to resolve any duplicate participation issues in the new Family Assistance system, and verify ('establish') the 'reported' data from the referral.

Once the referral from TNKIDS is worked and the update approved on the new system by the CWBW, the new Family Assistance system will process the data and determine eligibility for Immediate (Presumptive) TENNCARE Medicaid eligibility. This is to be determined and benefits provided if eligible, even if the application is still pending for Foster Care eligibility determination.

Sub-Processes:

1. Populate Referral Information

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination

Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

The referral for Presumptive Medicaid eligibility will be received via Interface with TNKIDS, and go through the application registration, case number assignment and caseload assignment processes as does any electronic referral for assistance is processed. The information on the referral from TNKIDS must populate onto the appropriate screens in the system through Interface user guidelines.

DCS REFERRAL (input)
Presumptive Eligibility Indicator
Child's Name
Child's Address
SSN
Date of Birth
Living Arrangement Type
Living Arrangement Date
Alien Type Indicator
SSI Recipient Indicator
TNKIDS ID Number
TNKIDS Case Number

INDIVIDUAL (output)
Presumptive Eligibility Indicator
Child's Name
Child's Address
SSN
Date of Birth
Living Arrangement Type
Living Arrangement Date

2. Determine if eligible for Presumptive Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination

Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

The system must determine if the child is eligible for Presumptive Medicaid according to the program business rules.

INDIVIDUAL (input)
Presumptive Eligibility Indicator
Child's Name
Child's Address
SSN
Date of Birth
TNKIDS Child ID Number

DISABILITY (input)
SSI Recipient Indicator

LIVING ARRANGEMENT (input)
Living Arrangement Type
Living Arrangement Date

CASE (input)
TNKIDS Case Number

ALIEN TYPE (input)
Alien Type Indicator

3. Generate Referral to TENNCARE and TNKIDS.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination

Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

If the child is Presumptive Medicaid eligible, the system must generate a referral to the TENNCARE and TNKIDS systems. If the individual is eligible in another case, the referral must still be generated. The individual is still eligible for the 45-day Presumptive Medicaid until the other case is closed.

CASE (input)
Case Number
TNKIDS Case Number
INDIVIDUAL (input)
Individual ID Number
TNKIDS Child ID Number
LIVING ARRANGEMENT
Living Arrangement Type
Living Arrangement Date (eligibility begin date)

4. Determine if Individual is Open in Another Case.

If the child is not Presumptive Medicaid eligible, the system must determine if the individual is open in another case.

CASE (input)
Case Number
Case Status

INDIVIDUAL (input)
Individual ID Number
Child's Name
SSN
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination

Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

5. Generate Alert to Users that Child is in Foster Care and Open in Another Case

   If the child is a member of another open case, an alert must be generated to the user whose case in which the Foster Care child is listed as a member.

   USERID (input)
   Caseworker USERID

   CASE (input)
   Case Number

   INDIVIDUAL (input)
   Individual's Name
   Individual ID Number
   SSN

   ALERT (output)
   Caseworker USERID
   Case Number
   Individual ID Number

6. Remove Child from Case.

   After determining that the child must be removed from the case, the user who received the alert must remove the child. The system shall track to ensure case closure or removal of the individual from the current case is performed timely, or will generate additional alerts with an escalation to supervisor.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.16 Foster Care Presumptive Medicaid Eligibility Determination	
Program Affected: Foster Care, Adoption Assistance	**Users: Child Welfare Benefit Workers**

CASE (output)
Case Number
Case Status

INDIVIDUAL (output)
Individual's Name
Individual ID Number
SSN
Date of Birth
Living Arrangement Type
Living Arrangement Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

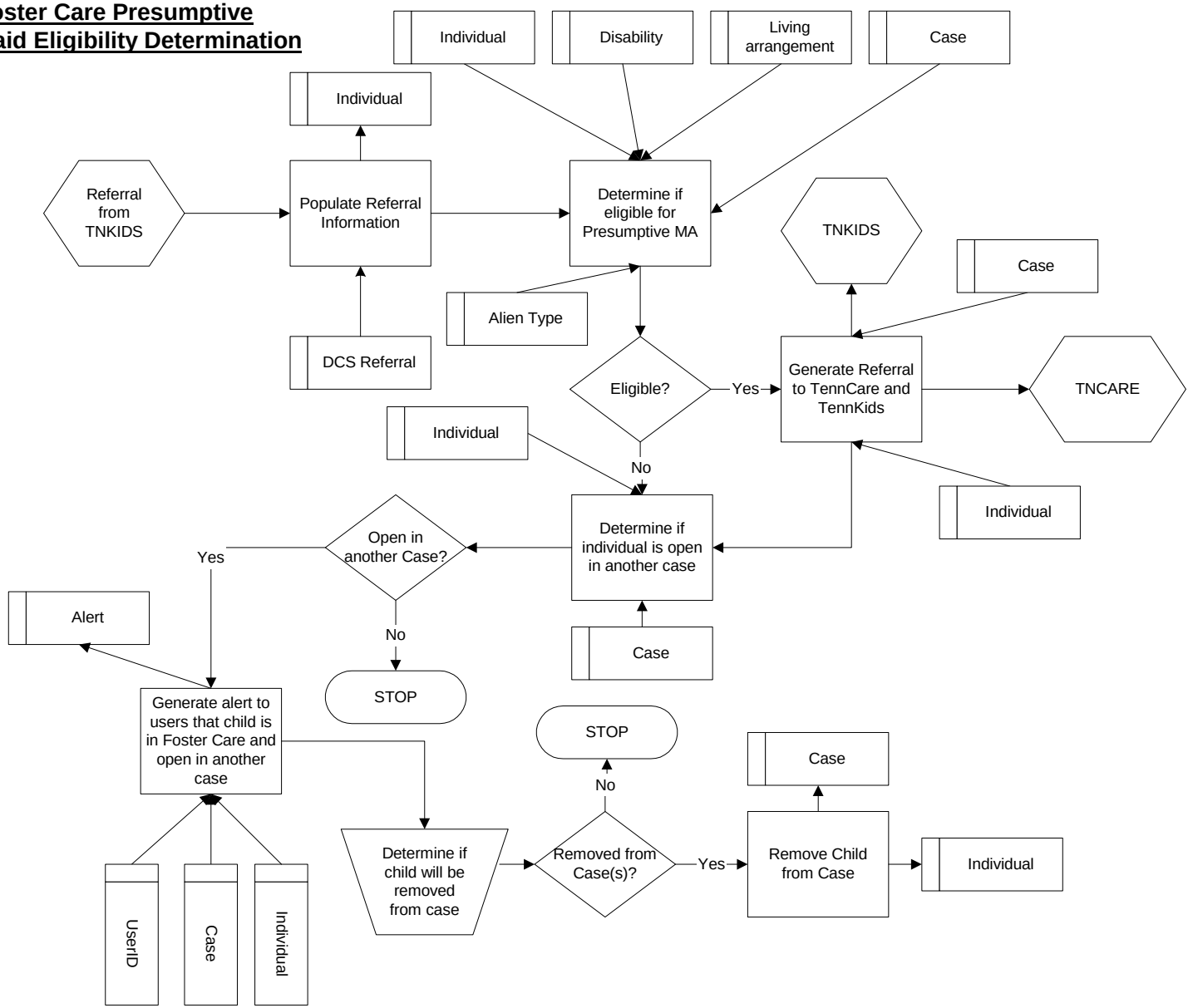
Program Type	Rule Number	Rule
IV-E FC	1	The case for Presumptive TennCare Medicaid shall include the foster child only.
IV-E FC	2	A TN KIDS referral for Presumptive TennCare eligibility for a DCS foster child shall include the child's name, date of birth, Social Security Number or documentation of a completed application for a Social Security Number (SS-5).
IV-E FC	3	A DCS foster child shall be presumed eligible for TennCare (Medicaid) for the first 45 days of custody except for the following DCS foster children: • foster children who are removed and immediately placed at a Youth Development Center (YDC) or a detention facility; • foster children who do not have a SSN or for whom an application for a Social Security Number have been completed; • foster children who are already receiving Medicaid as a SSI recipient.
IV-E FC	4	Unless the child meets one of the exceptions, the child shall be presumed eligible for TennCare for the child's first 45 days of custody. Presumptive TennCare Medicaid eligibility for an eligible child begins on the date the child enters DCS custody.
IV-E FC	5	The maximum period for Presumptive TennCare eligibility is 45 days from the date of custody.
IV-E FC	6	Presumptive TennCare eligibility shall stop 45 days from the child's date of custody.
IV-E FC	7	If a DCS foster child is placed in a Medicaid ineligible facility immediately after being placed in DCS custody, but is placed in a Medicaid eligible facility before the end of the 45 days, the child would be eligible for Presumptive TennCare eligibility for the remainder of the 45 days.
IV-E FC	8	The only eligibility requirements for Presumptive TennCare eligibility are: • the child is a DCS foster child; • the child has a first name and last name; • the child has a date of birth; • the child has a Social Security Number or documentation that an Application for a Social Security Number has been completed.
IV-E FC	9	No verification of the child's income shall be required during the period of Presumptive TennCare eligibility.
IV-E FC	10	No verification of the child's resources shall be required during the period of Presumptive TennCare eligibility.
IV-E FC	11	No verification of residence, citizenship, or school attendance shall be required during the period of Presumptive TennCare eligibility.
IV-E FC	12	The child's income shall not be considered for Presumptive TennCare eligibility.
IV-E FC	13	The child's resources shall not be considered for Presumptive TennCare eligibility.
IV-E FC	14	An on-line match of the child's name, date of birth, and Social Security Number shall be completed as

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		soon as the TN KIDS referral is received.
IV-E FC	15	A notice with the child's approval of Presumptive TennCare eligibility shall be sent to the child's DCS case manager.
IV-E FC	16	The notice will include the following information: • foster child's name; • foster child's Social Security Number, if verified by KSSA or SOLQ; • foster child's date of birth; • custody department; • date of DCS custody; • effective date of Presumptive TennCare eligibility; • date Presumptive TennCare eligibility is due to stop; • date the notice was generated.
IV-E FC	17	If child is not an SSI recipient but is receiving TENNCARE Medicaid or TENNCARE Standard, a Presumptive Medicaid eligibility determination will still be done by the CWB worker.
IV-E FC	18	As long as a Presumptive eligibility determination is done within 45 days of entrance to Foster Care, no gap in coverage should occur because eligibility will be effective as of the date of Foster Care entrance.
IV-E FC	19	Designated DCS supervisory staff may override a system-generated Presumptive TennCare eligibility decision.
IV-E FC	20	The designated DCS supervisory staff will provide a reason for the override.
IV-E FC	21	The required identifying data for a foster child shall be entered into the DCS TN KIDS computer system the date the child enters DCS custody.
IV-E FC	22	Presumptive Medicaid eligibility for an eligible DCS foster child shall be authorized as soon as any duplicate participation issues are resolved and shall not be delayed pending a determination of the child's eligibility and reimbursability for Title IV-E foster care.
AA	23	Presumptive Medicaid Eligibility Determination does not apply to Adoption Assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.16
Foster Care Presumptive Medicaid Eligibility Determination



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.17 Pickle Pass Along

Program Affected: TENNCARE Medicaid	**Users: Caseworkers**

Process:

The system must evaluate individuals for TENNCARE Medicaid eligibility according to the program's business rules regarding Pickle Pass-along and Disabled Adult Child (DAC).

An individual who is aged, blind, or disabled and is currently receiving Social Security income; has ever received SS income and SSI income for the same month and lost SSI benefits after April 1977 must be considered for Medicaid eligibility according to Medicaid Pickle Pass-along program business rules.

If the above criteria is true, but the individual's disability begin date is prior to the date this individual had turned 21 and the date SSI benefits were terminated was after July 1, 1987, then the individual must be considered for Medicaid eligibility according to Medicaid DAC program business rules.

Sub-Processes:

1. Determine if Cluster Daniels Case or Current SSI.

   The system must determine if the individual is receiving SSI or is receiving Medicaid as a result of the current Cluster Daniels lawsuit requirement according to program business rules.

   UNEARNED INCOME (input)
   Individual Name
   Unearned Income Type
   Unearned Income Begin and End Dates

2. Determine if Individual Currently Receiving SS Benefits

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.17 Pickle Pass Along

Program Affected: TENNCARE Medicaid	**Users: Caseworkers**

If the individual is not receiving SSI nor is receiving TENNCARE Medicaid as a result of the Cluster Daniels lawsuit requirement, the system must determine if the individual is receiving Social Security benefits.

UNEARNED INCOME (input)
Individual Name
Unearned Income Type
Unearned Income Begin and End Dates

3. Determine if SSI and SS Received simultaneously 1 Month or More After April 1977.

If the individual is currently receiving Social Security benefits, using data entered and history if available, the system must then determine if the individual has received Social Security and Supplemental Security Income in the same month for one or more months since April 1977. If the system does not have the data available for automated determination, the user must determine if the individual meets this criterion off-line.

UNEARNED INCOME (input)
Individual Name
Unearned Income Type(s)
Unearned Income Begin and End Dates
Has received SS and SSI in the Same Month for One or More Months Since April 1977 Indicator

4. Record Date and Reason for SSI Termination

If the individual has received Social Security and Supplemental Security Income in the same month for one or more months since April 1977, the user must record the date and reason for the SSI termination.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.17 Pickle Pass Along

Program Affected: TENNCARE Medicaid	**Users: Caseworkers**

PICKLE PASSALONG (input – output)
Individual Name
Date of SSI Termination
Reason for SSI Termination

5. Deduct COLA Increases

The system must deduct all Cost of Living Adjustments received since the individual's SSI termination date, and deduct from the individual's current Social Security amount.

PROGRAM STANDARDS (input)
Social Security COLA Amounts

PICKLE PASSALONG (output)
Individual Name
Total Amount Deducted

UNEARNED INCOME (output)
Individual Name
Unearned Income Type(s)
Unearned Income Adjusted Amount
Unearned Income Begin and End Dates

6. Determine if Disabled Adult Child lost SSI Due to Initial Entitlement to Disabled Child SS Benefit.

The user must determine if a disabled child lost his/her Supplemental Security Income due to his/her approval for a Disabled Child Social Security initial entitlement.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.17 Pickle Pass Along

Program Affected: TENNCARE Medicaid	**Users: Caseworkers**

PICKLE PASSALONG (input – output)
Individual Name
SSI Termination Reason
SSI Termination Date

7. Deduct Initial Amount of SS.

If it is determined that the individual is a disabled child who lost his/her Supplemental Security Income due to his/her initial Disabled Child Social Security entitlement, the system must deduct the individual's initial Social Security amount from the individual's current Social Security Amount.

PICKLE PASSALONG (output)
Individual Name
SSI Termination Reason
SSI Termination Date

UNEARNED INCOME (output)
Individual Name
Unearned Income Type(s)
Unearned Income Adjusted Amount
Unearned Income Begin and End Dates

PROGRAM STANDARDS (output)
Social Security COLA Amounts

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	An individual who receives Social Security benefits and also lost their eligibility as an SSI recipient because of COLA increases received after 4-1977 and would still be eligible for SSI payments if those increases were deducted from their income are eligible for Medicaid.
TCM	2	The worker must enter the date that the SSI was terminated and the reason on the appropriate screen.
TCM	3	The worker may accept the termination date from the client's statement, or obtain verification from state files if client is unsure of the date.
TCM	4	An individual who receives Social Security benefits and lost their eligibility as an SSI recipient after 4-1977 for reasons other than the COLA increase and would still be eligible for SSI payments if those increases were deducted from their income are eligible for Medicaid.
TCM	5	An individual who lost their SSI eligibility for whatever reason since 11-1987 continue to be eligible for SSI Medicaid and are not eligible for Medicaid from the Department of Human Services. These would be covered under the Cluster-Daniel's lawsuit.
TCM	6	An individual over age 21 who receives Social Security from a parent's benefits and who became eligible before age 21 and who lost his/her eligibility as an SSI recipient when they became eligible for the Social Security benefit, or whose COLA benefit increases which caused them to lose SSI eligibility and who would still be eligible for SSI payments if the benefits or increases in their benefits were deducted from their income are eligible for Medicaid.
TCM	7	An individual who is eligible for Pickle Pass-along must not be receiving Medicaid from another program or state.
TCM	8	The individual who is eligible for Pickle Pass-along must be a citizen or an alien admitted for permanent residence, and reside in Tennessee.
TCM	9	The individual who is eligible for Pickle Pass-along must be age 65 or determined to be industrially blind or have a disability that prevents any substantial gainful employment or home-maker activities.
TCM	10	The income and resources of the individual's financially responsible relative(s) are considered part of the individual's available and countable assets.
TCM	11	The individual is income eligible if his net countable income including Social Security benefits is at least $1 less than the appropriate SSI Federal Benefits Rate.
TCM	12	Disregard all Social Security COLAs that cause or have occurred since the SSI termination of the individual, the spouse, and/or parent of the disabled adult child.
TCM	13	Individuals are classified as SSI Pass Along who have lost SSI eligibility since April, 1977, because their Social Security cost of living adjustments increased their countable income above the Federal Benefits Level. The loss of SSI can have happened anywhere in the USA.
TCM	14	Individuals are classified as Pickle Pass Alongs who have lost SSI eligibility since April, 1977, for some reason other than Social Security cost of living adjustments and would still be eligible for SSI if cost of

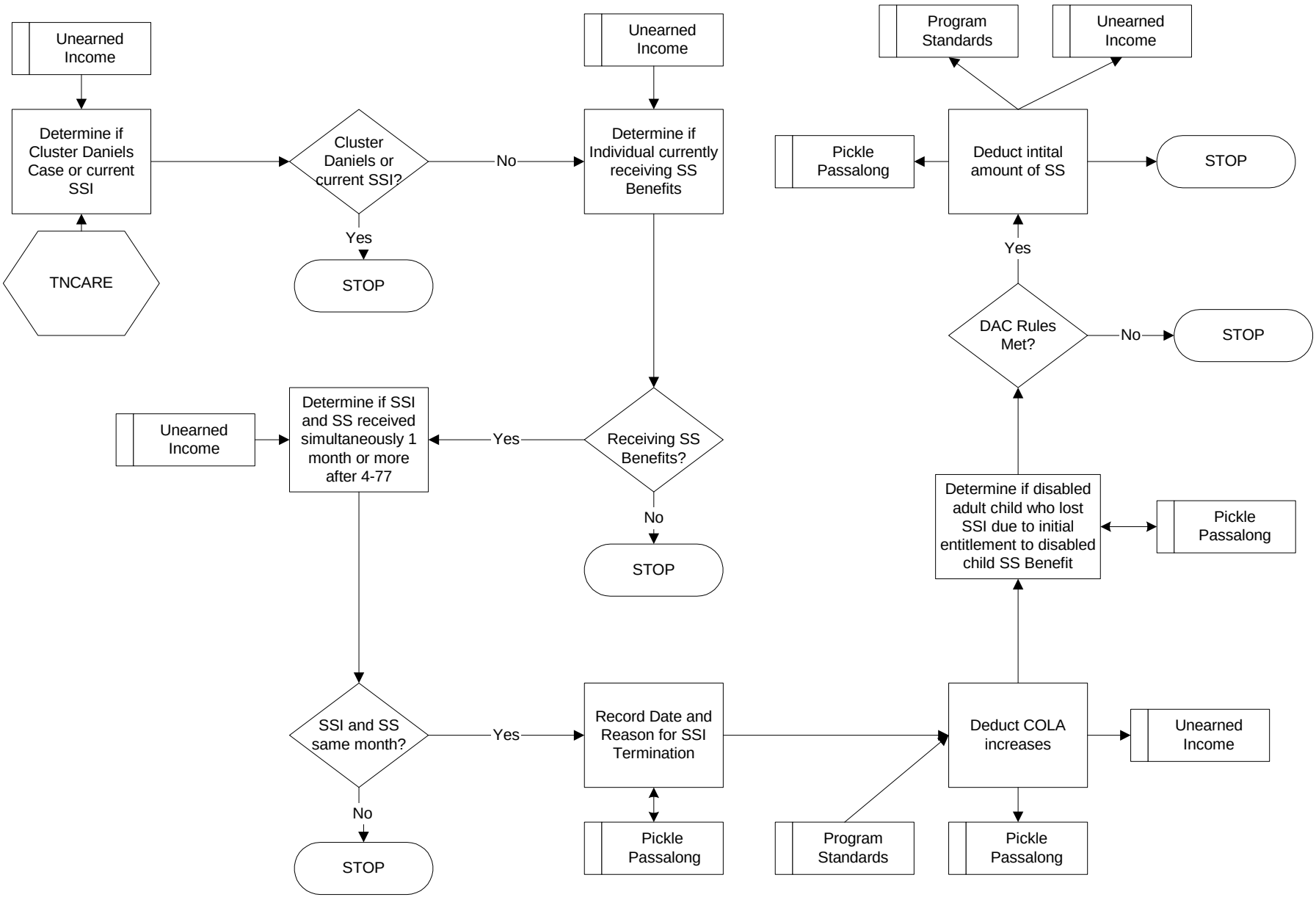
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		living adjustments were disregarded. The loss of SSI can have happened anywhere in the USA.
TCM	15	Individuals are classified as Disabled Adult Child (DAC) if they are at least 18 years of age and began receiving social security blindness/disability benefits before the age of 22, and lost SSI coverage due to initial entitlement to DAC Social Security. Deduct initial amount of Social Security and any cost of living adjustment increases received since SSI terminated. DAC became effective July 1, 1987.
TCM	16	An adult's only financially responsible relative is their spouse.
TCM	17	A spouse is an individual's legally married spouse, or an individual deemed by Social Security to receive benefits as a spouse, or an individual that is a "holding out" spouse.
TCM	18	The only financially responsible relative for a child is a parent.
TCM	19	The countable resource limit for a one person household is $2000.
TCM	20	The countable resource limit for a couple is $3000.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.17

Pickle Pass Along



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

The Department of Health (DOH) determines the presumptive eligibility for women diagnosed with breast and/or cervical cancer. DOH sends a paper referral by fax to the Department of Human Services to approve the individuals for TENNCARE Medicaid for a 45 day period. For ongoing TENNCARE Medicaid the individual must apply through the Department of Human Services before the 45-day period expires, and a treatment plan must be provided for cervical cancer.

Sub-Processes:

1. Record Referral Information

   The user must record the referral information received from the Department of Health through the paper referral, for presumptive eligibility.

   BREAST AND CERVICAL CANCER REFERRAL (output)
   Diagnosis
   Diagnosis Verification Indicator
   Date of Diagnosis
   Individual Name
   Individual Address
   Individual County
   Individual Phone Number
   Individual Date of Birth
   Individual SSN
   Individual Estimated Income

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

MCO
TENNCARE Medicaid Category
Eligibility Begin and End Dates

2. Perform 'Appointment Scheduler' sub-process.

   The system must perform the 'Appointment Scheduler' sub-process using the applicant information received on the referral.

3. Update Individual with Referral

   If the individual identified on the referral is matched to a known individual, the system must update the individual with the information on the referral, as appropriate. The system shall allow coverage for TENNCARE Medicaid presumptive eligibility to begin without application for 45 days.

   BREAST AND CERVICAL CANCER REFERRAL (input)
   Diagnosis
   Diagnosis Verification Indicator
   Date of Diagnosis
   Individual Name
   Individual Address
   Individual County
   Individual Phone Number
   Individual Date of Birth
   Individual SSN
   Individual Estimated Income
   MCO
   TENNCARE Medicaid Category

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Eligibility Begin and End Dates

INDIVIDUAL (output)
Date of Diagnosis
Individual Name
Individual Address
Individual County
Individual Phone Number
Individual Date of Birth
Individual SSN
Individual ID Number
Individual Estimated Income
MCO
TENNCARE Medicaid Category
Eligibility Begin and End Dates

4. Generate Notice and Application

A notice advising the individual that she is approved for 45-days of presumptive TENNCARE Medicaid eligibility and that she must apply for continued eligibility must be generated and sent to the applicant along with an application form.

NOTICE (output)
Individual Name
Individual Address
Individual County
Individual Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

5. Send File to TENNCARE.

   A presumptive TENNCARE Medicaid Breast and Cervical Cancer file must be transmitted to the Bureau of TENNCARE. TENNCARE will receive referral and open Presumptive TENNCARE Medicaid for the individual for 45 days.

6. Determine if 30 Days Have Passed Since Referral Date

   The system must determine if 30 days have passed since the Breast and Cervical Cancer referral date.

   INDIVIDUAL (input)
   Individual Name
   Date of Diagnosis
   End Date of Presumptive Eligibility

7. Determine if Application Has Been Filed

   If the system determines that 30 days has elapsed since the date of the referral, the system must determine if the individual has filed an application for TENNCARE Medicaid since the date of the referral.

   CASE (input)
   Case Name
   Case Number
   Individual's Name

   APPLICATION (input)
   Application Filed Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

8. Send Notice That Application is Needed

   If the system determines that an application has not been filed, the system must send a notice to the individual that an application is required if the individual is to continue coverage after the 45 days of presumptive eligibility expires. This notice must advise the individual that they must also submit a complete treatment plan, as required by program rules.

   NOTICE (output)
   Individual Name
   Individual Address
   Individual County
   Individual Phone Number
   Presumptive Medicaid Eligibility Begin Date
   Presumptive Medicaid Eligibility End Date
   County Contact Number

9. Determine if 45 Days Have Passed Since Referral Date

   The system must determine if 45 days have passed since the Breast and Cervical Cancer referral date.

   INDIVIDUAL (input)
   Individual Name
   Date of Diagnosis
   Presumptive Eligibility End Date

10. Determine if Application Has Been Filed

    If the system determines that 45 days has elapsed since the date of the referral, the system must determine

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

if the individual has filed an application for TENNCARE Medicaid since the date of the referral. The application must be received and approved for coverage to exceed the 45 day presumptive eligibility period.

CASE (input)
Case Name
Case Number

APPLICATION (input)
Application Filed Indicator

11. Perform 'TENNCARE Medicaid Batch Auto-Closure' sub-process

    If the system determines that an application has not been filed, the system must perform the 'TENNCARE Medicaid Auto-Closure' sub-process.

12. Determine if a Treatment Plan has been Filed.
    If the system determines 45 days have elapsed since the date of the referral, a treatment plan must be on file with the application.

    CASE (input)
    Case Name
    Case Number

13. Record Treatment Plan

    If the treatment plan has been received, the user will record the information of the treatment plan. A free-

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.18 Breast and Cervical Cancer

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

form text will be included in this process to allow the user to set appropriate triggers to their inbox dependent upon facts gathered in the treatment plan. Eligibility processing will continue upon submission of application.

TREATMENT PLAN (output)
Dr. Name
Dr. Address
Dr. Phone Number
Individual Name
Begin Date of Treatment
Treatment Plan Method of Receipt
Date of Receipt
Diagnosis
Signature Date of Health Care Provider Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM / BC and CC	1	Women who qualify for the Breast and Cervical Cancer coverage may have continuous Breast and Cervical Cancer Medicaid coverage if they have no creditable coverage, are under age 65, have been determined to have breast or cervical cancer, including pre-cancerous conditions and are participants of the TN Breast/Cervical Early Detection Program, are not otherwise eligible for Medicaid under some other category, and if they are a citizen or qualified alien.
TCM / BC and CC	2	The Tennessee Breast and Cervical Cancer Early Detection Program (TBCEDP), located in the county health departments, will establish eligibility for presumptive coverage and fax the required form to the county office.
TCM / BC and CC	3	Eligibility for Presumptive Medicaid begins on the day TBCEDP determines a need for a referral for treatment, and ends on the 45th day. The determination date is the referral date for TBCEDP
TCM / BC and CC	4	If a client that has been approved for TBCEDP, income and resources are not taken into account for the Breast / Cervical Cancer Medicaid category.
TCM / BC and CC	5	The applicant must be screened for other Medicaid categories except MA D.
TCM / BC and CC	6	Verification of the treatment plan must be on file for Breast and Cervical Cancer Medicaid.
TCM / BC and CC	7	If the condition is benign or they fail to provide verifications, this will result in case closure of the presumptive eligibility case on the 45th day of TBCEDP.
TCM / BC and CC	8	Once the oncologist determines the patient is cancer free or in remission, the Breast and Cervical Cancer Medicaid case will be closed.
TCM / BC and CC	9	At the closure, the patient will be mailed an application, giving her an opportunity to apply for Medicaid in other Medicaid categories or for TennCare Standard.
TCM / BC and CC	10	There will be a one year certification period for Breast Cancer clients.
TCM / BC and	11	Re-certification for cervical cancer coverage will be determined by the treatment plan.

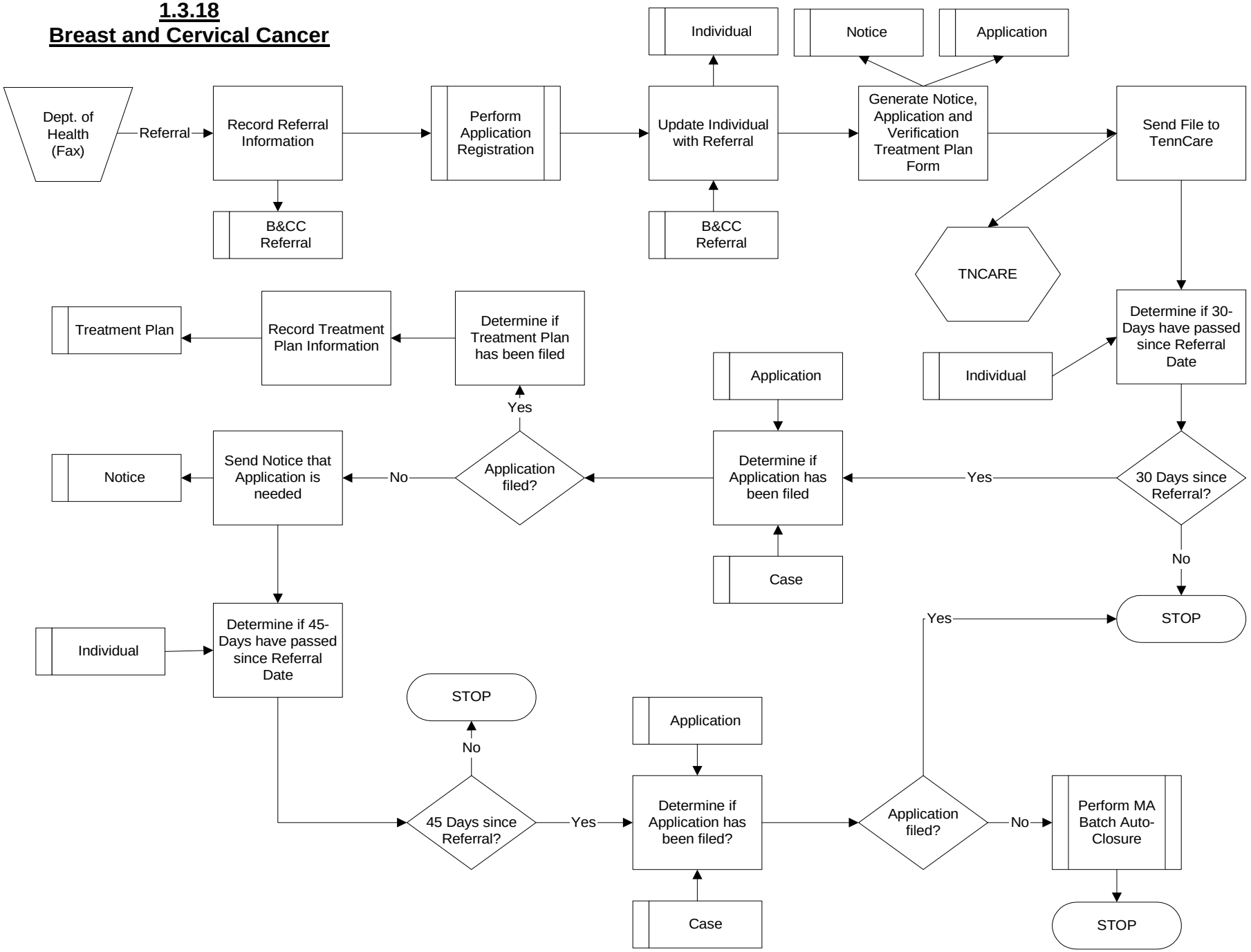
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC		
TCM / BC and CC	12	A treatment plan is required for continued eligibility for Breast and Cervical coverage.
TCM / BC and CC	13	Treatment plans for Breast and Cervical must be turned in to be Medicaid eligible.
TCM / BC and CC	14	Those individuals receiving Presumptive TENNCARE Medicaid for Breast and Cervical Cancer must file an application with DHS to continue eligibility after 45 days.
TCM / BC and CC	15	Treatment plans for Breast and Cervical Cancer must include Dr. Name, Dr. Address, Dr. Phone Number, Client Name, Begin Date of Treatment, Date of Receipt, Diagnosis, Signature of Health Care Provider Indicator, and Treatment Plan Method of Receipt.
TCM / BC and CC	16	The user shall set expected change alerts to self as treatment plan warrants for Breast and Cervical cases.
TCM / BC and CC	17	Breast and Cervical Medicaid cases receive a one year certification period.
TCM / BC and CC	18	Breast Cancer cases are eligible for five years coverage in the Breast and Cervical Cancer Medicaid case.
TCM / BC and CC	19	Missed re-certification appointments for Breast and Cervical Cancer Medicaid will result in closure of the case.
TCM / BC and CC	20	The application process period is 45 days for Breast and Cervical Cancer Medicaid.
TCM / BC and CC	21	If a client has been approved for Tennessee Breast and Cervical Early Detection Program and an application has been filed for Breast and Cervical Cancer Medicaid, the TENNCARE unit will be notified that the application has been filed and coverage will not be interrupted during the application process period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.18

Breast and Cervical Cancer



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.19 Ex Parte Reviews	
Program Affected: Medicaid	**Users: Caseworkers and above**

Process:

This process addresses when an Ex partè Review must be performed, according to program rules, following the closure of a TennCare Medicaid (TCM) case. The process further defines when the Ex partè review may be completed using information in existing records, or when the user needs to request more information to proceed, or when an application may be necessary for processing alternate sub-programs.

Sub-Processes:

1. Determine if an Ex partè Review is Needed

   For those TennCare Medicaid cases that have a set benefit end date, thirty days prior to the TennCare-Medicaid case eligibility end date, the system shall determine whether an Ex partè Review is needed according to CASE and INDIVIDUAL data and business rules and alert the user. For those cases where the individual is determined to no longer meet sub-program eligibility requirements, and case closure is pending, the user will be prompted to complete the Ex partè review to determine eligibility in other sub-programs as part of the closure process. The system shall determine TennCare Medicaid post partum eligibility based on pregnancy end date and current TennCare Medicaid eligibility. The system shall establish a case for SSI Nursing Home budget-only situations. The system shall link the TM eligibility end date to an individual if the individual leaves the case, per program policy rules. The system shall determine when an application is required to re-determine benefits per program policy rules.

   CASE (Input)
   Program Type
   Sub-Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.19 Ex Parte Reviews	
Program Affected: Medicaid	**Users: Caseworkers and above**

Eligibility End Date
Case Status

INDIVIDUAL (Input)
Individual Eligibility End Date

ALERT (Output)
Ex partè Needed Alert
Date TennCare Medicaid Case Closed

2. Initiate Ex partè Review

   The system shall initiate the Ex partè Review process through the utilization of existing case data, with data updates as available through existing interfaces and matches. The system shall test all members of the TCM case which is being closed for eligibility in other sub-programs. If insufficient information exists to complete the Ex partè Review, the user may contact the individual to obtain such and / or to request documentation of such. The system shall establish a case when an application is filed or other circumstances warrant, as defined by business rules.

   ALERT (Input)
   Ex partè Needed Alert

3. Perform the “Authorization” Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.19 Ex Parte Reviews

Program Affected: Medicaid	**Users: Caseworkers and above**

The user will initiate the “Authorization” process when the Ex partè Review is completed.

4. Generate Notice of Ex partè Results

   Upon conclusion and case authorization, if applicable, the system shall generate a notice regarding the outcome of the Ex partè Review.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type
   Case Language Type

   INDIVIDUAL (Input)
   Case Name - First Name
   Case Name - Last Name
   Case Name - Middle Initial

   ADDRESS (Input)
   Case Mailing - Address - Number Street
   Case Mailing - Address - Unit
   Case Mailing - Address - Direction
   Case Mailing - Address - Street Rural
   Case Mailing - Address - Suffix
   Case Mailing - Address - Quadrant
   Case Mailing - Address - Apartment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.19 Ex Parte Reviews

Program Affected: Medicaid	**Users: Caseworkers and above**

Case Mailing - Address - Line 2
Case Mailing - Address - City
Case Mailing - Address - State
Case Mailing - Address - Zip Code (5-digit)
Case Mailing - Address - Zip Code (4-digit)

NOTICE (Input / Output)
Notice Type (Ex partè Review Results)
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Language Type
Case Name - First Name
Case Name - Last Name
Case Name - Middle Initial
Case Mailing - Address - Number Street
Case Mailing - Address - Unit
Case Mailing - Address - Direction
Case Mailing - Address - Street Rural
Case Mailing - Address - Suffix
Case Mailing - Address - Quadrant
Case Mailing - Address - Apartment
Case Mailing - Address - Line 2
Case Mailing - Address - City
Case Mailing - Address - State

State of Tennessee

DHS V.I.P. Process Description

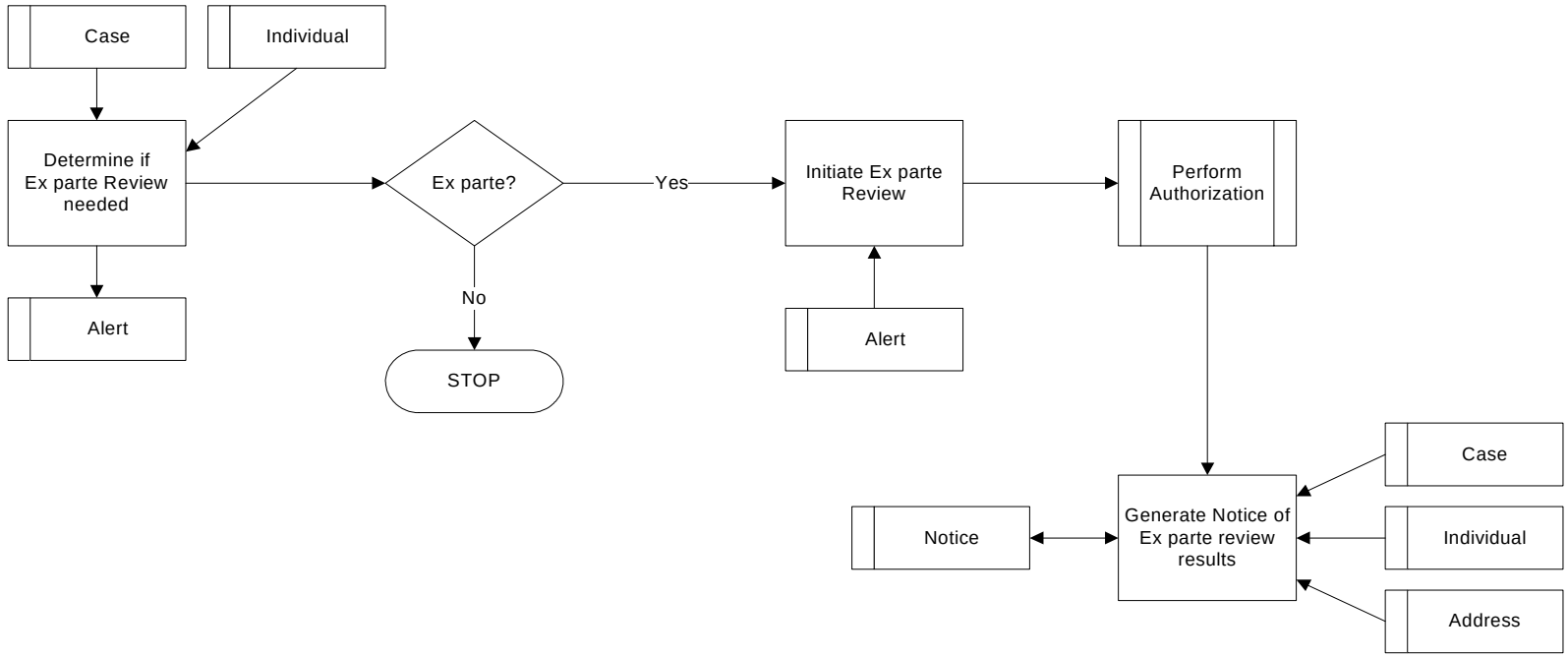
Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.19 Ex Parte Reviews	
Program Affected: Medicaid	**Users: Caseworkers and above**

Case Mailing - Address - Zip Code (5-digit)
Case Mailing - Address - Zip Code (4-digit
Case Status

1.3.19
Ex Parte Reviews



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.20 Grandfathered-In Individuals

Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

Medicaid Grandfathered-In Adults:

For the TENNCARE Standard program, an individual is considered to be a Grandfathered-In adult if the individual is 19 years of age or older and has had TENNCARE Standard and Medicare as of 12/31/01, but not Medicaid since that date. A TENNCARE Grandfathered-In adult is TENNCARE standard eligible regardless of income, and only the Grandfathered-In adult's income is considered when determining the case premium amount. Once the Grandfathered-In adult is approved for Medicaid or has any other break in coverage, he/she loses his/her Grandfathered-In status.

Medicaid Grandfathered-In Children:

For the TENNCARE Standard program, an individual is considered to be a Grandfathered-In child if the individual is less than 19 years of age and has had TENNCARE Standard as of 12/31/01, but not Medicaid since that date. A TENNCARE Grandfathered-In child is TENNCARE Standard eligible even if the child has access to insurance. The Medicaid Grandfathered-In child will no longer be eligible if he/she is enrolled in any other medical policy other than TENNCARE Standard. The TENNCARE Grandfathered-In child's case net income cannot exceed the 200% PLIS standard. Once the Grandfathered-In child is approved for Medicaid or has any other break in coverage, he/she loses his/her Grandfathered-In status.

To continue TENNCARE Standard eligibility, individuals are first required to test and fail in all possible Medicaid categories. If a Medicaid group passes the individual is no longer TENNCARE Standard eligible and loses their Grandfathered-In status.

Note: The program policies governing this process are currently being evaluated for possible revisions.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.20 Grandfathered-In Individuals	
Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s, Program Supervisors**

Sub-Processes:

1. Determine if Adult or Child.

   The system must determine if the individual is an adult or a child based on the program's business rules.

   INDIVIDUAL (input)
   Individual Name
   Date of Birth

   INDIVIDUAL (output)
   Individual Name
   Adult / Child Indicator

2. Determine if Adult Meets Grandfathered-In Criteria.

   The system must determine if the individual meets Grandfathered-In adult criteria based on the program's business rules.

   CASE (input)
   TENNCARE Standard Eligibility Begin and End Date

   HEALTH INSURANCE (input)
   Insurance Provider's Carrier ID
   Insurance Provider's Name
   Insurance Provider's Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.20 Grandfathered-In Individuals

Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s, Program Supervisors**

Policy Begin Date
Policy End Date
Access to Insurance Indicator
Medicare Type Coverage

3. Record Adult Grandfathered-In Status.

   The system must record the individual's Grandfathered-In adult status.

   INDIVIDUAL (output)
   Grandfathered-In Adult Indicator

4. Determine if Child Meets Grandfathered-In Criteria.

   The system must determine if the individual meets Grandfathered-In child status based on the program's business rules.

   RELATIONSHIP (input)
   Relationship of Individuals in Case to Child

   CASE (input)
   TENNCARE Standard Eligibility Begin and End Date

   HEALTH INSURANCE (input)
   Access to Group Health Insurance Information
   Group Health Insurance Information
   Type of Group Health Insurance
   Verification of Access to Insurance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.20 Grandfathered-In Individuals

Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s, Program Supervisors**

BUDGET (input)
Total Countable Income
Total Disregards
Total Deductions
Net Countable Income
PROGRAM STANDARDS (input)
TENNCARE Standard Net Income Limit

BUDGET (output)
Budget Pass / Fail Indicator

5. Record Child Grand-fathered In Status.

   The system must record the individual's Grandfathered-In child status.

   INDIVIDUAL (output)
   Grandfathered-In Child Indicator

6. Determine if Failure Due to Income.

   The system must determine if the only reason that the TENNCARE Standard case for a Grandfathered-In child failed program eligibility was due to income.

   AUTHORIZATION (input)
   TENNCARE Standard Case Failure Reason(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.20 Grandfathered-In Individuals	
Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s, Program Supervisors**

7. Perform 'Medically Eligible (TCS)' sub-process.

   If the only reason that the case failed TENNCARE Standard eligibility is due to income, the system must perform the 'ME Packet' sub-process.

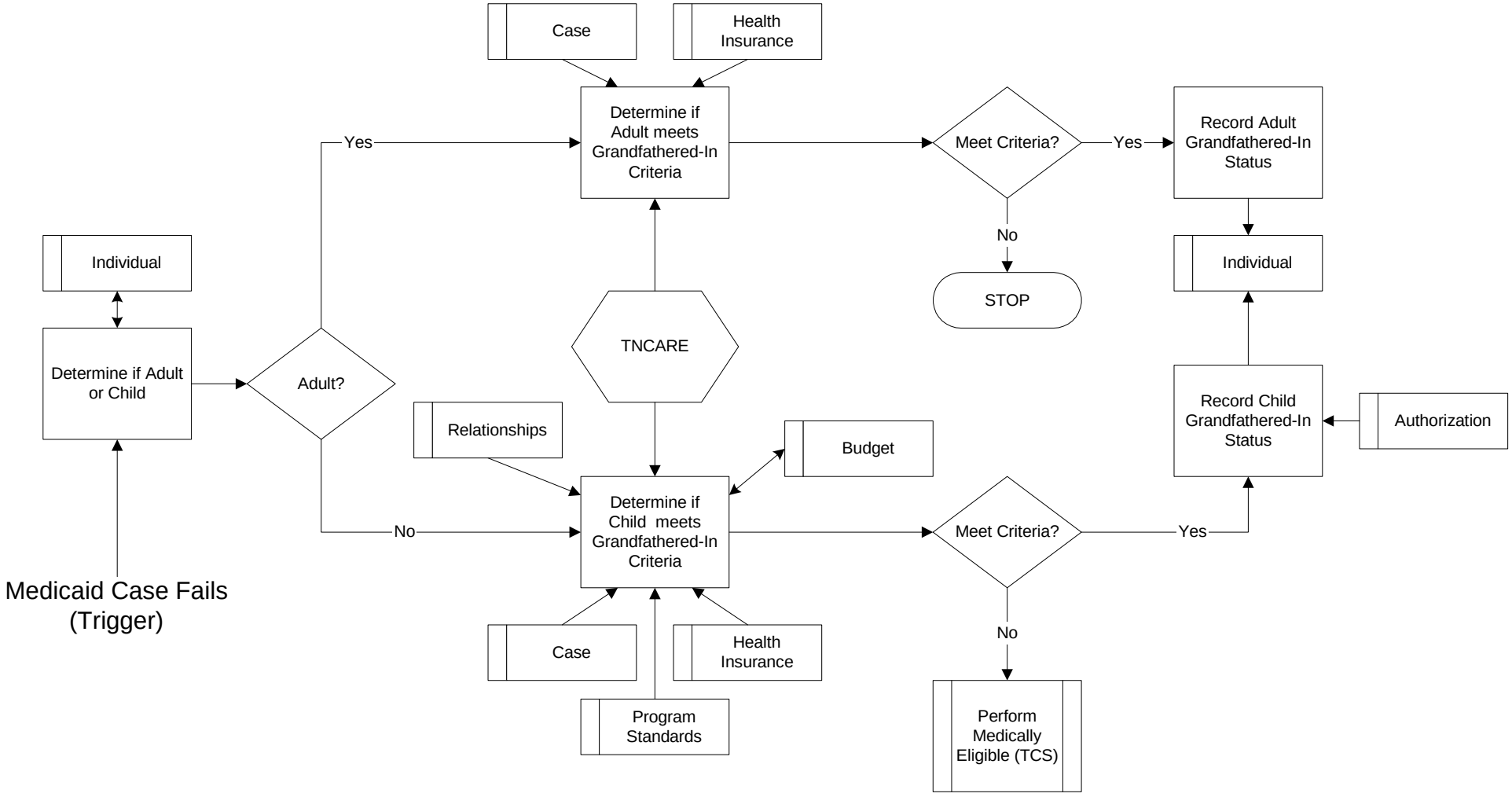
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/TCS	1	If an individual has received Medicaid since 1-1-02 or is eligible for Medicaid at the time of application, then the individual is not eligible for Grandfathered-In TennCare Standard.
TCS	2	If an adult has health insurance or access to health insurance other than Medicare, the individual is not eligible for Grandfathered-In TennCare Standard.
TCS	3	An individual age 18 or under would be considered a child.
TCS	4	An individual age 19 and over would be considered an adult.
TCS	5	An individual who has been receiving Medicare and TennCare prior to 1-1-02 shall continue to be eligible for TennCare as a Grandfathered-In.
TCS	6	A child who has been receiving TennCare Standard as of 12-31-01, has not had Medicaid since that time, and has access to health insurance, but does not have health insurance, may be considered a Grandfathered-In child.
TCS	7	The Grandfathered-In adult will be included in a case by him/her self, and only their income is counted.
TCS	8	If a Grandfathered-In adult or child has any break in coverage, he/she loses his/her Grandfathered-In status.
TCS	9	A Medically Eligible packet will be requested for a child who is over income as defined by program limits and does not have access to insurance.
TCS	10	A Grandfathered-In adult will be included, as a non-eligible participant, in TENNCARE Standard cases where they are considered a financially responsible relative.
TCS	11	A Grandfathered-In adult receives a separate TENNCARE Standard premium.
TCS	12	Grandfathered-In individuals with income over 100% will have a premium and pharmacy co-pay.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.20

Grandfathered-In Individuals



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

The Department of Human Services must determine if a TennCare Medicaid / TennCare Standard applicant or renewal is eligible for consideration to apply for TennCare under the Medically Eligible provision when the applicant is determined ineligible based on the program business rules. This process will involve cases where the individual is not TennCare Medicaid eligible and are now at the end of their grouping hierarchy testing for TennCare Standard eligibility. In order to be eligible for TennCare Standard, an individual must be a TennCare Standard renewal or a TennCare Medicaid rollover under the poverty limit and no access to insurance, be medically eligible and uninsurable, or be an intake application under 100% who is medically eligible and PLIS uninsurable.

Note: Tennessee is currently revising the TennCare program, including category eligibility. See additional information found in the 'Medically Eligible Response' process.

Sub-Processes:

1. Determine if the TennCare Standard Individual Failed for Insurance.

   INDIVIDUAL (input)
   Individual Access to Insurance Indicator
   Individual Health Insurance Indicator
   CASE (input)
   Program Type / Sub-type
   TennCare Medicaid Case Application Date
   TennCare Medicaid Denial / Closure Reason(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible	
Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

2. Determine if Individual was Over Income for TennCare Standard.

   If the individual did not fail TennCare Standard eligibility due to insurance, the system must determine if the individual was over income standard for TennCare Standard based on program business rules.

   INCOME (input)
   Total Case Gross Income
   Total Case Net Income
   Number of Case Members

   STANDARD AMOUNTS (input)
   FPL Income Limits

3. Determine if Individual is a TennCare Standard Renewal or a TennCare Medicaid Rollover.

   If the individual is over the income limit based on the program's business rules, the system must determine if the individual is a TennCare Standard renewal (already TennCare Standard eligible) or a TennCare Medicaid Rollover (TennCare Medicaid eligible whose eligibility has ended or is about to end within a set time period based on program business rules).

   INDIVIDUAL (input)
   Individual ID
   Individual SSN
   Individual TennCare Medicaid Eligibility Begin / End Dates
   Individual TennCare Medicaid Eligibility Status
   Individual TennCare Standard Eligibility Begin / End Dates

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Individual TennCare Standard Eligibility Status
Individual TennCare Renewal Date

CASE (input)
Program Type / Sub-type
TennCare Medicaid Case Application Date
TennCare Medicaid Denial / Closure Reason(s)

4. Determine if Individual has Encounter Data or Existing Information Indicating ME Eligibility.

   If the system determines that the individual is a TennCare Standard renewal or a TennCare Medicaid rollover, the system must then determine if the individual has encounter data or if there is existing information. When a claim has encounter data and specified diagnoses codes (identified by TennCare), the individual is flagged as ME eligible without having to submit medical information.

   INDIVIDUAL (input)
   Individual ID
   Individual SSN
   Individual TennCare Medicaid Eligibility Begin / End Dates
   Individual TennCare Medicaid Eligibility Status
   Individual TennCare Standard Eligibility Begin / End Dates
   Individual TennCare Standard Eligibility Status
   Individual TennCare Renewal Date

   CASE (input)
   Program Type / Sub-type
   TennCare Medicaid Case Application Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

TennCare Medicaid Denial / Closure Reason(s)

TennCare INTERFACE (input)
Encounter Data
Encounter Data Begin Date
Encounter Data End Date
Encounter Data Diagnosis
MCO ID
Claim ID
ME Eligibility Date
ME Eligibility Reason

5. Perform 'Authorization' Sub-process.

   If the individual has encounter data, the system must perform the 'Authorization' sub-process for approval of TennCare Standard.

6. Perform 'Authorization' Sub-process.

   If the system determines that the individual is not a TennCare Standard renewal or a TennCare Medicaid rollover and over the poverty limit, the system must perform the 'Authorization' sub-process to close TennCare Standard Case.

7. Perform 'Budgeting' Sub-process.

   If the individual does not have encounter data, the system must perform the 'Authorization' sub-process for closure of TennCare Standard.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

8. Generate Medically Eligible Packet.

After performing the 'Budgeting' sub-process, the system must generate a Medically Eligible packet to the individual that is over the eligible poverty limit but is a TennCare Standard renewal or a TennCare Medicaid rollover. This packet will be used by client to verify a medical condition that meets the TennCare Standard criteria for eligibility. In the event that a packet may be lost, the Department of Human Services must have the ability to generate a replacement packet without going through eligibility determination again. The case shall show as pending while awaiting ME response.

INDIVIDUAL (input)
Individual Name
Individual SSN
Individual Date of Birth
Application Date
Authorization Date or Date of Action
Authorization Reason
Effective Date of Action

CASE (input)
Program Type / Sub-type
TennCare Medicaid Case Application Date
TennCare Medicaid Denial / Closure Reason(s)
Date ME Packet Sent
Date ME Packet Received
ME Replacement Packet Indicator
Date ME Replacement Packet Requested (must allow a minimum of 20 dates)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Date ME Replacement Packet Mailed (must allow a minimum of 20 dates)
ME Packet Due Date (Address where ME packet should be sent)

9. Send File to TennCare.

   A file of the individuals in the case must be sent to TennCare.

10. Perform 'Medically Eligible Response' Process.

    After generating the file of Medically eligible applicants to TennCare, the system must perform the 'Medically Eligible Response' process.

11. Generate Medically Eligible Packet.

    If the case is not over the income limit according to program business rules and not a TennCare Standard renewal or TennCare Medicaid rollover, they would fail for 'no open enrollment' unless they meet the ME criteria. The system must generate a Medically Eligible packet to the individual. This packet will be used by client to verify a medical condition that meets the TennCare Standard criteria for eligibility. In the event that a packet may be lost, the Department of Human Services must have the ability to generate a replacement packet without going through eligibility determination again. The case shall show as pending while awaiting ME response.
    INDIVIDUAL (input)
    Individual Name
    Individual SSN
    Individual Date of Birth
    Application Date
    Authorization Date or Date of Action

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.21 TennCare Standard Medically Eligible

Program Affected: TennCare Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Authorization Reason
Effective Date of Action

CASE (input)
Program Type / Sub-type
TennCare Medicaid Case Application Date
TennCare Medicaid Denial / Closure Reason(s)
Date ME Packet Sent
Date ME Packet Received
Date ME Replacement Packet Requested (must allow a minimum of 20 dates)
Date ME Replacement Packet Mailed (must allow a minimum of 20 dates)
ME Packet Due Date (Address where ME packet should be sent)

12. Send File to TennCare.

A file of the individuals in the case must be sent to TennCare.

13. Perform 'Medically Eligible Response' process.

After generating the file of Medically eligible applicants to TennCare, the system must perform the 'Medically Eligible Response' process.

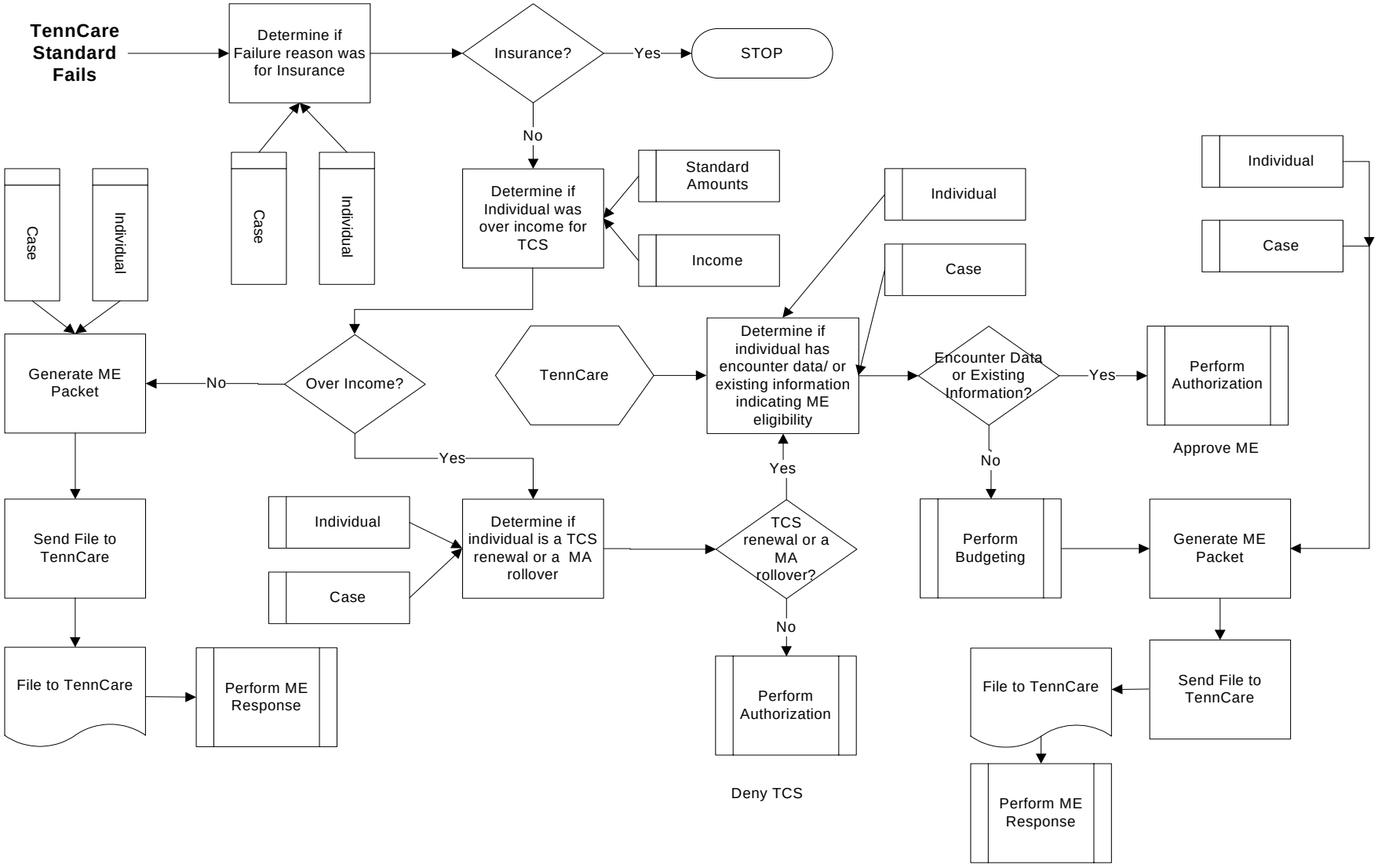
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCS	1	To be eligible for TennCare Standard, a new applicant must be determined Medically Eligible.
TCS	2	To get a Medically Eligible packet, a new applicant must have income under 100% of the Federal Poverty Level and not have insurance or access to insurance. The applicant will be denied TCS and an ME packet will be mailed.
TCS	3	If a TennCare Standard renewal or a TennCare Medicaid rollover has income over 100% of the Federal Poverty Level, he/she will be denied TCS and will be sent a Medically Eligible Packet to determine if he continues to be eligible for TennCare Standard.
TCS	4	If a Medically Eligible packet is not returned within a certain amount of time as defined by program limits, the applicant will be denied.
TCS	5	If a Medically Eligible packet is not returned within a certain amount of time as defined by program limits, the recipient will be closed.
TCS	6	A Medicaid recipient must apply within a certain amount of time as defined by program limits at the end of the Medicaid coverage to have his/her eligibility established for TennCare Standard as a Medicaid Rollover.
TCS	7	When Medicaid eligibility is closed for an adult individual and the income is over 100% of the Federal Poverty Level, the recipient will be denied TCS and a Medically Eligible packet will be sent to determine if he/she can be approved for Medically Eligible.
TCS	8	If a recipient is coded as having Medically Eligible Encounter Information on the TennCare Interchange System, it will not be required to request a Medically Eligible packet, unless the Medically Eligible Encounter Information on the TC Interchange System has expired. In this instance, the worker will receive an alert and it will then be necessary to request an ME packet.
TCS	9	If a recipient is coded as having Medically Eligible Encounter Information on TennCare Interchange, and meets all other eligibility requirements, the recipient can be approved for ME.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.21

TennCare Standard Medically Eligible



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.22 Medically Eligible Responses

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

Process:

For purposes of TENNCARE Standard – Medically Eligible, this process describes when a Medically Eligible packet must be requested, the tracking of the processing, and the documentation of the final result.

If an applicant is not eligible for TENNCARE Medicaid and is also denied TENNCARE Standard due to closed enrollment, the individual may receive an ME packet if his/her income is less than 100% of the FPL and all other technical requirements have been met based on program business rules. The caseworker transmits a request to TENNCARE for a Medically Eligible packet to be sent to the applicant. The applicant then has 60 days from the date the packet is mailed to return the completed packet to TENNCARE. The completed packet is processed by the TENNCARE Bureau.

The applicant's TENNCARE Standard case is denied on the system while he/she is awaiting a decision from TENNCARE Bureau regarding eligibility for Medically Eligible. Once a Medically Eligible decision is made, the caseworker is notified and the case is then either approved or denied TENNCARE Standard – Medically Eligible.

If a recipient is not eligible for TENNCARE Medicaid or no longer eligible for TENNCARE Standard, he/she must also be given an opportunity to be processed for TENNCARE Standard coverage as Medically Eligible. The recipient must meet all technical requirements base on program business rules with one exception. The recipient is not required to have income less than 100% of the FPL. The recipient will be denied TENNCARE Standard and the caseworker will transmit a request to TENNCARE for a Medically Eligible packet to be sent to the recipient. The recipient will have 60 days from the date the packet is mailed to return it to the TENNCARE Bureau.

Once a Medically Eligible decision is made, the caseworker is notified and the TENNCARE Standard case is then

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.22 Medically Eligible Responses

Program Affected: TENNCARE Medicaid | **Users: Caseworkers, FS1s**

either approved or denied TENNCARE Standard – Medically Eligible.

In the event this category is closed to new enrollment and those adults (age 19 and above) currently receiving coverage as Medically Eligible are disenrolled, no additional individual will be added to this category of assistance. The Medically Eligible category will remain open to those children (age 18 and under) currently enrolled and the system must be able to support re-enrollment into this category with business rules as already defined by the program or any business rules that will be later defined. The system must be capable of terminating enrollment and reinstating enrollment in this sub-program with functionality and with business rules as already defined by the program or any business rules that will be later defined. Further, the system must be capable of continuing to evaluate eligibility for individuals already determined eligible for assistance in this category, while prohibiting new enrollees, upon request.

Sub-Processes:

1. Receives Alert of ME Decision

   Through an interface with the Bureau of TENNCARE, the system will receive an approval / denial reason regarding an application for TENNCARE Standard based in the Medically Eligible category. The system must generate an alert to be sent to the user from this interface.

   ALERT FROM TENNCARE (input)
   Case Number
   Individual's Name
   Individual ID
   Medically Eligible Decision
   Reason for Medically Eligible Decision

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.22 Medically Eligible Responses

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

2. Records Decision in Case

   The user must enter the approval / denial decision reason for the applicant received from TENNCARE in the system.

   CASE (output)
   Client's Name
   Client's ID Number
   Medically Eligible Decision
   Reason for Medically Eligible Decision
   ME Decision Date

3. Determine Approval or Denial

   Based on the reason entered and utilizing business rules, the system must determine if the individual is approved or denied.

   CASE (input)
   Client's Name
   Client's ID Number
   Medically Eligible Decision
   ME Decision Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

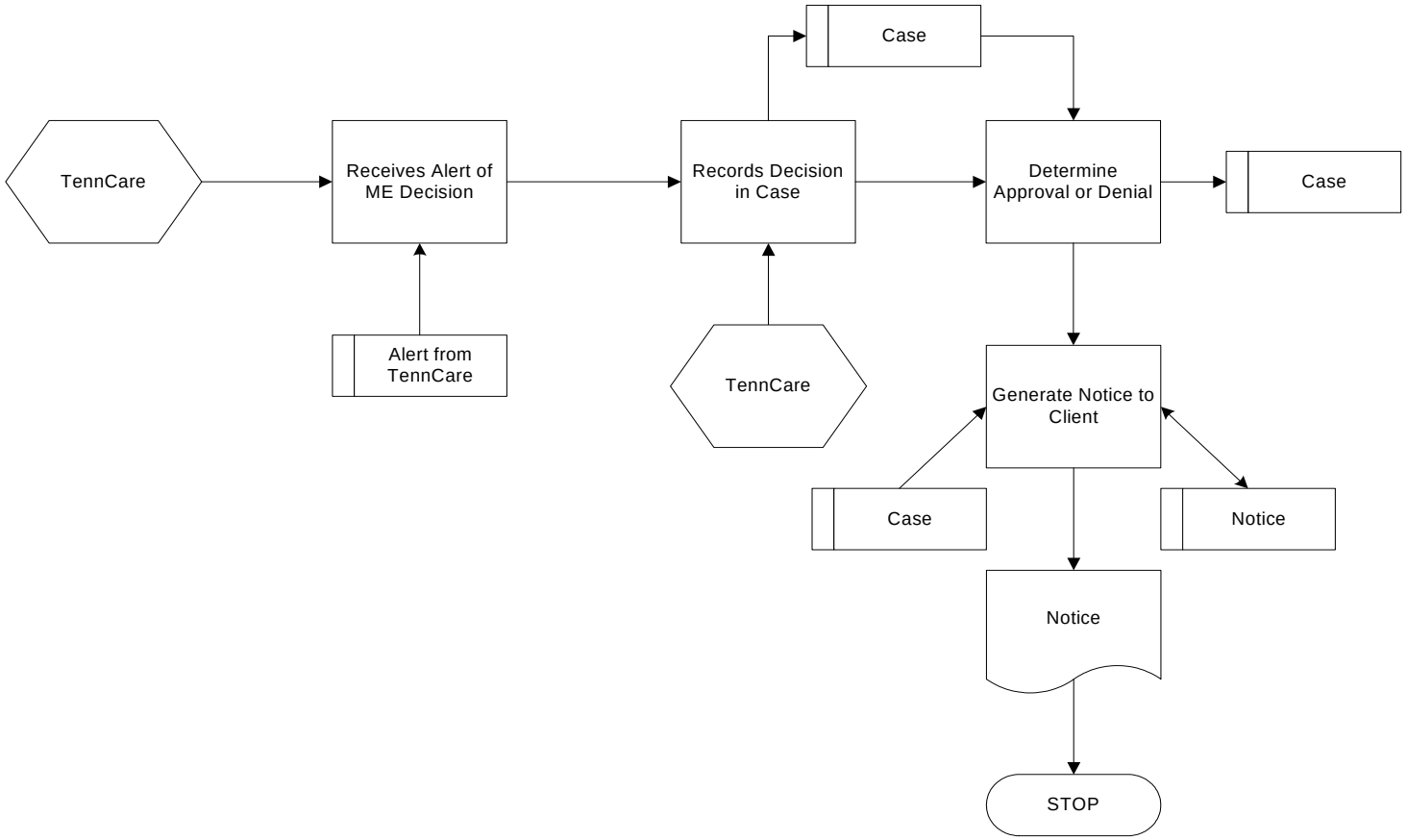
Program Type	Rule Number	Rule
TCS - ME	1	After a Medically Eligible packet has been sent to an individual, the individual will mail this completed packet to the TennCare Bureau, who will determine if the individual is eligible for Medically Eligible. The packet must be returned to the Bureau within a certain number of days as defined by the program.
TCS - ME	2	A decision on the ME process will be made by the Medical Underwriters contracted by TennCare. DHS will receive a decision from the Underwriters via some form of electronic notification.
TCS - ME	3	If the decision is negative, that the individual is not eligible for Medically Eligible, the worker shall enter a denial code for this aid group.
TCS - ME	4	If the decision is positive, that the individual is eligible for Medically Eligible, the worker shall enter an ME approval code for the individual. The individual is eligible from the date of application and for up to 12 months from the authorization date.
TCS - ME	5	The DHS approval or denial authorization will be sent to the TennCare Interchange and the appropriate notice will be sent to the individual informing him/her of the decision.
TCS - ME	6	The ME decision must be recorded.
TCS - ME	7	One approval/denial decision must apply to one and only one individual.
TCS - ME	8	Each approval/denial decision must include the name and SSN of the individual to whom it is applicable.
TCS - ME	9	Each approval/denial decision must clearly state that the individual to whom the decision applies is approved or denied as medically eligible.
TCS - ME	10	Each approval must include eligibility dates.
TCS - ME	11	Each closure must include the eligibility end date.
TCS - ME	12	To be eligible for TennCare Standard, a new applicant must be determined Medically Eligible.
TCS - ME	13	To get a Medically Eligible packet, a new applicant must have income under 100% of the Federal Poverty Level and not have insurance or access to insurance.
TCS - ME	14	If a recipient has income over 100% of the Federal Poverty Level, he/she must be sent a Medically Eligible Packet to determine if he continues to be eligible for TennCare Standard at the reverification.
TCS - ME	15	If a Medically Eligible packet is not returned within 60 days of mailing, the applicant will be denied.
TCS - ME	16	If a Medically Eligible packet is not returned within 60 days of mailing, the recipient will be closed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCS - ME	17	A Medicaid recipient must apply within 30 days of Medicaid closure to have his/her eligibility established for TennCare Standard as a Medicaid Rollover.
TCS - ME	18	When Medicaid eligibility is closed for an individual and the income is over 100% of the Federal Poverty Level, the recipient must be sent a Medically Eligible packet to determine if he/she can be approved for TennCare Standard.
TCS - ME	19	If a recipient is coded as having Medically Eligible Encounter Information on the TennCare Interchange System, it will not be required to request a Medically Eligible packet.
TCS - ME	20	If a recipient is coded as having Medically Eligible Encounter Information on TennCare Interchange, and meets all other eligibility requirements, the recipient can be approved for TennCare Standard.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.22
Medically Eligible Responses



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.23 Disaster Benefits	
Program Affected: Food Stamps	**Users: N/A**

Process:

The system must allow for the distribution of Disaster Benefits when the USDA declares a disaster. The specific rules, the information required to qualify and the method of issuance will vary according to the unique rules and circumstances of the specific disaster. Disaster benefits may be issued to existing Food Stamp clients to replace food destroyed by the disaster or to non-Food Stamp clients who meet the specific disaster rules.

Sub-Processes:

1. Record the Declaration of Disaster by the USDA

   The user will record the date and type of disaster and the counties affected when the USDA declares a disaster.

   DISASTER COUNTIES (Input / Output)
   County I.D.
   County Name
   Disaster Type
   Disaster Occurrence Begin Date
   Disaster Occurrence End Date
   Disaster Declaration Date

2. Record USDA Disaster Rules

   The system must maintain a data store for USDA disaster rules, which will be populated either manually or by file update depending on how the rules are received. The distribution of disaster benefits for a specific disaster

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.23 Disaster Benefits

Program Affected: Food Stamps	**Users: N/A**

may be governed by unique rules. Therefore, the DISASTER RULES data store must have the means to maintain historical and current data.

DISASTER RULES (Input / Output)
Disaster Rules Effective Date
Disaster Rule (multiple)

3. Perform the “Client Search” Process

   The system is to perform the “Client Search” Process for each individual who applies for, or is deemed eligible for, disaster benefits. The purpose of the search is to identify those individuals who reside in a county where a disaster has been declared and who are known to the system and to create a file and / or report listing these individuals.

   DISASTER RULES (Input)
   Disaster Rules Effective Date
   Disaster Rule (multiple)

   DISASTER COUNTIES (Input)
   County I.D.

   DISASTER RELIEF ELIGIBLE INDIVIDUALS (Output)
   Recipient I.D.

4. Determine if the Individual is a Client or a Disaster-Only Individual

   For each individual identified through the “Client Search” process, the system shall determine if the individual

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.23 Disaster Benefits

Program Affected: Food Stamps	**Users: N/A**

is an active Food Stamp client or a disaster-only individual. A “disaster-only” individual is an individual who is applying for, or has been deemed eligible for, disaster benefits and who is not an active Food Stamp recipient.

DISASTER RELIEF ELIGIBLE INDIVIDUALS (Input)
Recipient I.D.

ADDRESS (Input)
Address Type
Individual - Address - Number Street
Individual - Address - Unit
Individual - Address - Direction
Individual - Address - Street Rural
Individual - Address - Suffix
Individual - Address - Quadrant
Individual - Address - Apartment
Individual - Address - Line 2
Individual - Address - City
Individual - Address - State
Individual - Address - Zip Code (5-digit)
Individual - Address - Zip Code (4-digit)
Individual - Address - Effective Date

CASE (Input)
Case I.D. (Food Stamp)
Program Type
Sub-Program Type
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.23 Disaster Benefits

Program Affected: Food Stamps	**Users: N/A**

INDVIDUAL (Input)
Individual Recipient Name – First Name
Individual Recipient Name – Last Name
Individual Recipient Name – Middle Initial
Individual Participation Status
Date of Birth
SSN

DISASTER RELIEF ELIGIBLE INDIVIDUALS (Output)
Recipient I.D.
Individual Recipient Name – First Name
Individual Recipient Name – Last Name
Individual Recipient Name – Middle Initial
Individual Eligibility Status
Date of Birth
SSN
County I.D.
Case I.D. (Food Stamp) (if applicable)
Case Status (Food Stamp) (if applicable)
Individual - Address - Number Street
Individual - Address - Unit
Individual - Address - Direction
Individual - Address - Street Rural
Individual - Address - Suffix
Individual - Address - Quadrant
Individual - Address - Apartment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.23 Disaster Benefits	
Program Affected: Food Stamps	**Users: N/A**

Individual - Address - Line 2
Individual - Address - City
Individual - Address - State
Individual - Address - Zip Code (5-digit)
Individual - Address - Zip Code (4-digit)
Individual - Address - Effective Date
Disaster-Only Individual Indicator

5. Allow Approval of Benefits (Optional)

   The system must provide a means to allow for the approval of benefits. The system must maintain data concerning the approved disaster benefits. The method to allow for the approval of benefits and to maintain data concerning such will depend upon the specific disaster, the disaster rules and the availability of equipment. Multiple methods with developed alternatives are required.

   DISASTER BENEFITS (Output)
   Case I.D. (Food Stamp) (if applicable)
   Disaster Distribution Type Code
   Disaster Benefit Amount
   Disaster Benefit Authorization Date
   Disaster Benefit Worker I.D.
   Disaster Benefit Issuance Date

6. Perform the ”Daily Issuance” Process (Optional Method)

   The system shall issue disaster benefits. Disaster benefits are to have a unique benefit type and a unique issuance type. The method of issuance will vary according to available equipment and the rules governing the

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Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.23 Disaster Benefits

Program Affected: Food Stamps	**Users: N/A**

specific disaster. An authorized user shall enter the needed data to prompt the system to distribute disaster benefits via EBT to "disaster-only" individuals who do not have an EBT account *(in addition to distributing benefits to non-Food Stamp recipients who have an EBT account.)*

7. Allow Replacement of Benefits (Optional)

   The system shall provide the means to authorize replacement of Food Stamps to active Food Stamp recipients who have lost food destroyed in the disaster when the USDA has declared a disaster.

   DISASTER RELIEF ELIGIBLE INDIVIDUALS (Input)
   Recipient I.D.
   Case I.D. (Food Stamp)
   Disaster-Only Individual Indicator

   DISASTER RULES (Input)
   Disaster Rule (Multiple)

   BENEFIT (Input)
   Benefit Type (Food Stamps)
   Benefit Month (CCYYMM)
   Benefit Status
   Benefit Amount

   ISSUANCE (Output)
   Case I.D. (Food Stamps)
   Re-Issuance Indicator
   Re-Issuance Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.23 Disaster Benefits	
Program Affected: Food Stamps	**Users: N/A**

Benefit Month (CCYYMM)
Benefit Amount

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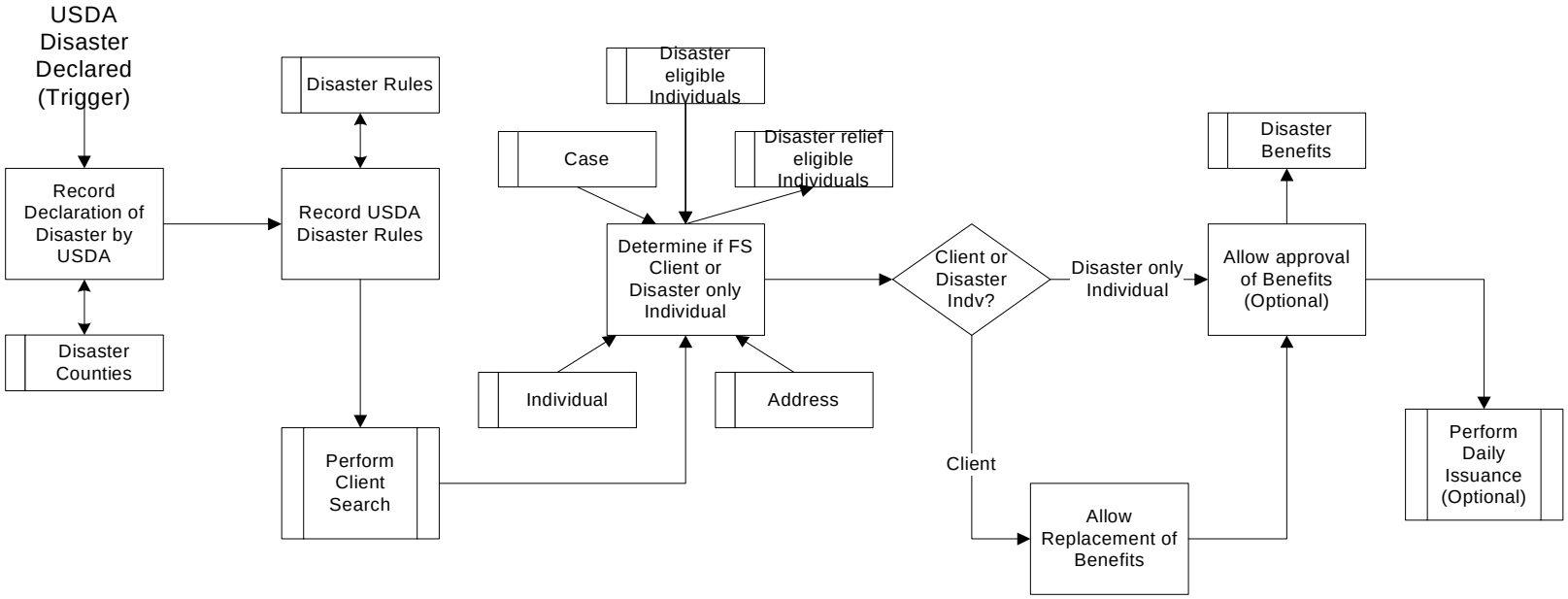
Program Type	Rule Number	Rule
FS	1	The U.S. Secretary of Agriculture, after consultation with the appropriate federal officials, has the authority to establish temporary emergency standards of eligibility for the duration of the emergency for households who are victims of a disaster that disrupts commercial channels of food distribution.
FS	2	This temporary emergency assistance may be implemented if households who are victims of the disaster are in need of temporary food assistance and if commercial channels of food distribution have again become available to meet the temporary needs of such households.
FS	3	In addition to establishing temporary emergency standards of eligibility, the U.S. Secretary of Agriculture shall provide for emergency allotments to eligible households to replace food destroyed in a disaster.
FS	4	Emergency allotments to replace food destroyed in a disaster would be equal to the value of the food actually lost in the disaster, but not greater than the applicable maximum monthly food stamp allotment for the household size.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.23
Disaster Benefits



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility

Program Affected: All	**Users: Caseworkers, FS1s**

Process:

In the determination of program eligibility, the individual and case resources must be considered. To be eligible for each program, the case's total countable resources must have a value of less than the program standard according to the program rules at the time of application, reapplication or reported change. The system must determine the resource eligibility for each program applied for when program/sub-program require. The system shall support different resource standards within a program based on case composition. The system shall calculate vehicle or real property value minus amount owed to determine total resource equity. The system shall hyperlink to a specific web site with car market values. The system shall determine whether a resource is excluded or countable by individual and case when determining resource eligibility for all programs and their sub-programs based on program rules. The system shall count the same resource appropriately across each assistance program. The system shall have the ability to disregard all, a portion, or a percentage of a resource for an ongoing or specified period of time based on program rules. The system shall deduct early withdrawal penalties from the resource value and display both the before and after penalty values. The system shall determine if all, a portion, or none of a jointly owned resource should be counted as a resource based on program rules. The system shall create and store a point in time resource value allocation for a potential TENNCARE Medicaid Institutionalized and use the store value for future eligibility determination.

The system shall be able to exempt resources for a specific period of time by program and sub-program. For example, the exemption of 3 months of proceeds from the sale of exempt real estate and personal property if there is an intent to reinvest in other exempt real or personal property. The system shall have the capability to treat multiple instances of the same resource type differently. For example, the 1st vehicle is exempted; the 2nd vehicle counts in full, etc. The system shall allow future values for the same resource for specified periods of time.

The system shall support and correctly calculate, and apply the value of jointly owned resources.

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility

Program Affected: All	**Users: Caseworkers, FS1s**

Sub-Processes:

1. Calculate Individual Countable Resources

The system must sort, calculate, and store the individual countable value of resources in a manner that is in the client's best interest while still applying the program rules for each program applied for. The system must display the details by individual with individual totals. The system shall associate resources to the owner or individual, and allow resources to be considered in related cases as defined by program rules. The system shall only capture resource types required for the program/sub-programs the individual has applied for. The system shall capture lump sum information and treat as income or resource based on policy rules.

RESOURCES (input – output)
Owner of Lump Sum
Lump Sum Payment Amount
Type of Lump Sum
Lump Sum Countable Amount
Vehicle Owner
Vehicle Usage
Vehicle Market Value
Vehicle Amount Owed
Vehicle Equity Amount
Vehicle Countable Amount
Liquid Asset Owner
Liquid Asset Type
Percentage of Joint Ownership Liquid Asset if Jointly Owned
Liquid Asset Countable Amount
Type of Real Property

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility

Program Affected: All	**Users: Caseworkers, FS1s**

Owner of Real Property
Real Property Residence Indicator
Percentage of Joint Ownership of Real Property if Jointly Owned
Market Value of the Real Property
Amount Owed on the Real Property
Real Property Countable Amount
Owner of Life Insurance Policy
Life Insurance Type
Percentage of Joint Ownership of Life Insurance Policy if Jointly Owned
Cash Value of Life Insurance Policy
Life Insurance Countable Amount
EITC Recipient
Date of EITC Receipt
EITC Amount Received
EITC Countable Amount
Date of Resource Transfer
Type of Resource Transferred
Dollar Value of the Transferred Resource Prior to Transfer
Name of Individual Transferring the Resource
Transferred Resource Countable Amount
Resource Transfer Disqualification Period (begin and end dates)
Reconvey Date
Burial Policy Owner
Burial Policy Value
Irrevocable Indicator
Burial Policy Countable Amount
Resource Accessibility
Foster Care Non-Existence of a Resource Indicator

Foster Care Countable Resource Indicator

RESOURCES (output)
Resource Owner
Resource Type
Resource Countable Amount by Type
Resource Total Countable Amount by Individual
Resource Total Countable Amount Begin Date
Resource Total Countable Amount End Date

2. Calculate Resources for all Individuals in the group

After calculating the individual countable resources according to the program rules for each of the benefits applied for and for resource assessments of all case members, the system must total the countable resources for the case. The system shall be able to determine whether or not an individual and his/her resources should be included or excluded in the calculation of total countable resources for the case. The system shall update the countable resources for the IV-E case at the end of each month, using data provided through interface with DCS TNKIDS, and determine ongoing resource eligibility based on program rules.

RESOURCES (input)
Resource Owner
Resource Type
Resource Countable Amount by Type
Resource Total Countable Amount by Individual
Resource Total Countable Amount Begin Date
Resource Total Countable Amount End Date

GROUP (output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility

Program Affected: All	**Users: Caseworkers, FS1s**

Program Type / Sub-type
Resource Total Countable Amount by Case
Resource Total Countable Amount Begin Date
Resource Total Countable Amount End Date

3. Compare to Resource Standards

The system must compare the total countable resources for the case to the resource limits according to the program rules for each benefit applied for to determine if the case passes resource eligibility and store the results. The system has the ability to display the excess resource values if applicable.

RESOURCES (input)
Resource Owner
Resource Type
Resource Countable Amount by Type
Resource Total Countable Amount by Individual
Resource Total Countable Amount Begin Date
Resource Total Countable Amount End Date
GROUP (input)
Program Type / Sub-type
Resource Total Countable Amount by Case
Resource Total Countable Amount Begin Date
Resource Total Countable Amount End Date

PROGRAM STANDARDS (input – output)
Program Type / Sub-type
Program Resource Limit
Program Limit Effective Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility	
Program Affected: All	**Users: Caseworkers, FS1s**

Program Limit Effective End Date

CASE (input)
Program Type / Sub-type

RESOURCES (output)
Individual / case total countable resources
Program resource limit amount
Total Excess Resources for Case

4. Determine and Store Resource Eligibility Determination Results

The system must determine if the case passes the program resource eligibility criteria according to the program business rules. The system must store and display the resource eligibility determination results. The system shall display a summary of resources by case and individual that includes type, value, and countable value for all months of eligibility and ineligibility.
RESOURCE (PASS/FAIL) (output)
Resource pass fail indicator
Resource eligibility begin / end dates

RESOURCES (output)
Individual / case total countable resources
Program resource limit amount
Total Excess Resources for Case

5. Perform 'Budgeting' sub-process

After the resource determination, the system must perform the 'Budgeting' sub-process. This should occur

State of Tennessee

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Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.24 Determine Resource Eligibility

Program Affected: All	**Users: Caseworkers, FS1s**

even if the case fails for resources so that income eligibility can also be determined.

6. Perform 'Grouping' sub-process

   If the case fails the program resource eligibility criteria and/or income eligibility, the system must perform the 'Grouping' sub-process.

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Program Type	Rule Number	Rule
FS	1	Each food stamp household will report all resources for all household members at each application and re-certification.
FS	2	Resources will be verified upon application or upon addition of a resource to a Food Stamp case.
FS	3	Resources will be re-verified at re-certification if questionable for all programs and sub-programs excluding child care.
FS	4	A food stamp household with an elderly or disabled member will pass the resource eligibility requirement if the equity value of all non-exempt resources (liquid and non-liquid) for all household members totals no more than $3000.
FS	5	A food stamp household with no elderly or disabled members will pass the resource eligibility requirement if the equity value of all non-exempt resources (liquid and non-liquid) for all household members totals no more than $2000.
FS	6	Resources of a household member in a mixed household, who receives or is authorized to receive Families First and/or SSI, are not used to calculate the household's total resources.
FS	7	Households entitled to expedited services must meet the resource criteria, although verification may be postponed.
FS	8	If a food stamp household does not pass the resource eligibility requirement, that household is not eligible to participate in the Food Stamp Program unless they are categorically eligible.
FS	9	A food stamp household that passes the resource eligibility requirement should be considered for other factors of eligibility for the Food Stamp Program.
FS	10	If a case has been determined to meet the requirements to be categorically eligible, resources are not considered when determining eligibility for Food Stamps.
FFP	11	The FF assistance group's total countable resources must be less than $2000 at the time of application and reapplication (review) to be eligible for Families First.
FFP	12	Resources are considered available to the case in the month of receipt. If a case holds a resource that exceeds the Families First resource limit beyond the month of receipt of the resource and does not report the resource in a timely manner, an overpayment referral shall be completed.
FFP	13	Use the equity value of the resource when determining the total countable resource amount for Families First cases.
FFP	14	Determine the equity value by subtracting the amount of encumbrances from the fair market value of the resource for Families First cases.
FFP	15	The resources for all the individuals in the assistance group are countable.
FFP	16	The resources of an individual who is disqualified because of an Intentional program Violation (IPV) are countable in Families First cases.
FFP	17	Resources belonging to an ineligible alien are countable only when the ineligible alien is the parent of the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		assistance group child(ren) for Families First cases.
FFP	18	Count the value of resources belonging to stepparents in Families First.
FFP	19	Count the value of resources belonging to parents of a minor parent in Families First.
FFP	20	Count the value of resources belonging to parents of a minor child in Families First.
FFP	21	Count the value of resources belonging to relatives other than a parent only when the individual is included in the assistance group in Families First.
FFP	22	Resources of a SSI recipient are not counted in the assistance group's resource total in Families First.
FFP	23	Count the equity value of one vehicle that is in excess of $4600 in Families First.
FFP	24	A vehicle with an equity value below $4600 shall be considered a non-countable resource in Families First.
FFP	25	Count the entire equity value of a second or additional vehicles, licensed or unlicensed in Families First.
FFP	26	Resources are considered available to the assistance group in the month of receipt in Families First.
FFP	27	The owner of a resource is the person in whose name the resource is registered/titled/listed in Families First.
FFP	28	Resources that are not of a type that would be registered/titled/listed belong to the person who claims ownership for Families First.
FFP	29	Record the value of all resources for all programs excluding child care.
FFP	30	The FF individual's pro rata share of any countable resource to which he/she has access is applied to the assistance group's resource limit for Families First.
FFP	31	Jointly owned resources are not countable if the individual(s) who jointly own the resource with the FF individual will not allow the FF individual access.
FFP	32	Compare the total resource value to the FF resource limit.
FFP	33	Store the results of the resource value's comparison to the FF resource limit.
FFP	34	The assistance group will pass the resource limit test if the total countable resources are less than $2000 in Families First.
FFP	35	If the total countable resources for the case meet or exceed $2000, the case will not be eligible for Families First.
FFP	36	See Process 1.2.26 for additional Resource Rules.
FFP	37	A resource shall be considered inaccessible, if the individual is unable to liquidate the resource for the case member's use.
FFP	38	An inaccessible resource shall be considered a non-countable resource.
FFP	39	Non-recurring lump sum payments and retroactive payments shall be considered countable resources.
TCM	40	For TennCare/Medicaid cases for pregnant women under federal poverty levels, resources shall not be considered. This also applies to TennCare Medicaid cases for children under 1 year old, under 6 years old, and under 18 years old, under the federal poverty level for each age.

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Program Type	Rule Number	Rule
TCM	41	For adult TennCare/Medicaid cases and children under the age of 21 over the federal poverty rate, groups may fail resource eligibility based on program defined limits.
TCM	42	For adult TennCare/Medicaid cases, other than institutionalized, the resource limit for each additional individual will increase based on program defined limits.
TCM	43	If an individual fails resource eligibility, the system will then test for all otherTennCare/Medicaid groups.
TCM	44	After a case passes resource eligibility, the budgeting process is performed. This applies to all TennCare/Medicaid cases.
TCM	45	The group is resource eligible when the amount of the countable resources is at or below the resource limit at any time during the month under consideration for an application, based on the resource limits of each sub-program as defined by program limits for all TennCare/Medicaid cases.
TCM	46	The group is resource eligible when the amount of the countable resources is at or below the resource limit for each TennCare/Medicaid sub-program at any time during the month under consideration for a redetermination.
TCM	47	The resources belonging to the financially responsible relative are considered available to the group if the relative and group members are living together at the time for all TennCare/Medicaid cases.
TCM	48	Resources of an SSI recipient are not considered for all TennCare/Medicaid cases.
TCM	49	If a resource is jointly owned with an individual who is not in the case, availability will be determined by the worker for all TennCare/Medicaid cases.
TCM	50	Availability of non-liquid assets will be determined by the worker for all TennCare/Medicaid cases.
TCM	51	Value of a homestead is disregarded if used as a home by the individual or group for all TennCare/Medicaid cases, except for institutionalized individuals.
TCM	52	Cash value of all life insurance policies is disregarded for child-related TennCare/Medicaid cases.
TCM	53	At least one motor vehicle of unlimited value is excluded in its entirety if necessary for employment, medical treatment, transportation of a handicapped person, or necessary for essential daily activities for all TennCare/Medicaid cases.
TCM	54	The equity value of any other motor vehicle or recreational vehicle is counted as a resource unless qualified as property under an approved plan for self-support or necessary for business or an income producing activity for all child-related TennCare/Medicaid cases.
TCM	55	All income-producing property and equipment used in trade or business is excluded for all TennCare/Medicaid cases.
TCM	56	Burial plots for all group members are excluded for child-related TennCare/Medicaid cases.
TCM	57	Burial funds for all group members are excluded for child-related TennCare/Medicaid cases.
TCM	58	Transferring of assets for less than the fair market value within the past 36 months will be considered an available asset for adult institutionalized Medicaid cases, unless the proceeds are transferred to a trust within the past 60 months.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	59	For adult-institutionalized Medicaid cases, the total net cash surrender value of life insurance policies owned by the Budget Group Members is a countable resource if the total face value of those policies is greater than $1500.
TCM	60	If a lump sum is received by an individual or group, the amount is counted as income in the month received and the remaining amount as a resource for the next month, for all TennCare/Medicaid cases.
TCM	61	If an individual or group owns property that is not the principal place of residence, it will be treated as real property and a countable asset for all TennCare/Medicaid cases.
TCM	62	A Special Needs Trust for a handicapped adult is exempt as a countable resource for all TennCare/Medicaid cases.
TCS	63	Resources are not considered for TennCare Standard.
TCM	64	Lump sums from retroactive SSI benefits are excluded as income in the month received for all TennCare/Medicaid cases.
TCM	65	The owner of an insurance policy is the person who has the right to change the policy, who is normally the individual who pays the premiums. Usually the owner of a life insurance policy is also the insured and if questioned, the worker can verify with the insurance company or the individual's insurance agent or by viewing the policy. This is for all adult-related Tenncare/Medicaid cases.
TCM	66	Cash on hand is considered and counted as a resource for all TennCare/Medicaid cases.
TCM	67	Money in a bank account, in either a checking or savings account, is considered a resource for all Tenncare/Medicaid cases. The amount may be verified by a current bank statement or current correspondence from the bank.
TCM	68	If an account is jointly owned, the client is presumed to own the full value of the account as unrestricted access exists when the individual is legally able to withdraw the funds from the account. This applies to all TennCare/Medicaid cases.
TCM	69	In a situation of a joint account, they have the right to rebut the ownership presumption. At application, the individual shall have 30 days to present the rebuttal evidence, such as statements from both joint owners regarding the ownership of the account, or determining who made the deposits and/or withdrawals from the account. This applies to all TennCare/Medicaid cases.
TCM	70	If an individual holds funds in trust for another individual, the entire value of the account is available to him as a countable resource. This applies to all TennCare/Medicaid cases.
TCM	71	Time deposits are accounts deposited for a specific period of time and withdrawal prior to the maturity date usually incurs an interest penalty. The countable portion is the net amount available after application of any interest penalty for institutionalized adults. This applies to TennCare/Medicaid for the institutionalized blind, aged and disabled.
TCM	72	The contents of any safe deposit box that an individual owns individually or jointly may be determined if the contents include any countable assets and total countable resources are within $100 of the appropriate resource limit for an institutionalized adult. The contents may be examined by a department

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		representative or a bank official. This applies to adult TennCare/Medicaid cases.
TCM	73	A donor may give money or other assets irrevocably to a minor/donee. The gift s placed under the control of a custodian until the donee reaches the age of majority. These assets can not legally be used for the custodian's benefits and are not considered resources or income for the custodian for all adult Medicaid for the blind, aged and disabled (institutionalized and non-institutionalized) TennCare/Medicaid cases.
TCM	74	Medicaid qualifying trust funds shall be considered a countable resource whether or not it is designated as revocable or irrevocable or was established for purposes other than to enable the individual to qualify for Medicaid. The amount available to the individual is the maximum amount of payments permitted under the terms of the trust by the trustee. The funds in this trust fund will not be considered a resource if this would result in undue hardship to the individual, if the funds are being used for necessities such as clothing, food or shelter, or if being used on funeral or burial expenses of an immediate family member or if the funds are being used to prevent or rectify a situation which endangers the health and well-being of the individual or his/her immediate family. This is for all adult TennCare/Medicaid programs.
TCM	75	An irrevocable trust belonging to an institutionalized adult shall have to be evaluated to determine if legally considered a resource or income as set up by the court or administrative body.
TCM	76	A revocable trust established prior to 8-11-93 is a countable asset for the full amount. Interest which accrues to the account is counted as unearned income. Withdrawals from the trust are not considered income as they are conversion of a resource for an institutionalized adult.
TCM	77	For a revocable trust established 8-11-93 or later, the principal of the trust is considered an available resource for all TennCare/Medicaid categories.
TCM	78	Annuities are periodic payments generated by a bank or insurance company from funds deposited by an individual either in a lump sum or by periodic installments to establish a source of income for a future period. The annuity may have been established to shelter assets. Therefore a determination must be made as to whether the individual will receive fair market value for the deposited fund. The worker must do this by using a table as defined by program limits for institutionalized adults.
TCM	79	The value of a revocable prepaid burial agreement is a countable asset for institutionalized adults. The owner of this trust is the individual in whose name the trust was created.
TCM	80	The funds in an irrevocable burial agreement established prior to 7-1-95 are excluded in their entirety as unavailable assets for an institutionalized adult, as stated in the contract that it is irrevocable and the funds paid are not refundable.
TCM	81	The funds in an irrevocable burial agreement established 7-1-95 or later in excess of $6000 for institutionalized individuals are considered under the transfer of assets provisions unless additional expenses are incurred for transporting the deceased to another city or state for funeral purposes. Worker will need to determine if the agreement was established by the individual or by a funeral home director. This is in regards to an institutionalized individual.

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Program Type	Rule Number	Rule
TCM	82	The cash value of all life insurance policies which the individual owns if the total face value of the policies does not exceed an amount as defined by program limits shall be excluded for all institutionalized individuals
TCM	83	Count only the cash surrender value of life insurance policies available to the client for institutionalized adults.
TCM	84	The total net cash surrender value of life insurance policies owned by the individual is a countable resource if the total face value of the policy is greater than $1500. The net value is equal to the total cash surrender value less the amount of any outstanding loans made against it. Count only the cash surrender value available to the institutionalized individual.
TCM	85	Establishing cash value of the policy will be determined by viewing the policy itself or by contacting the insurance company. This applies to TennCare/Medicaid for TennCare/Medicaid for adults.
TCM	86	Deferred compensation plans such as IRAs, retirement plans, 401ks, and Keogh plans are excluded as resources for all child related cases for TennCare/Medicaid.
TCM	87	Income producing property such as farm land which is essential to the employment or the self-employment of a household member, rental and vacation homes which annually produce income consistent with similar property in the area of equal value, and work related equipment which is essential to a household member's employment or self employment shall be exempt in being counted as a resource for all Tenn/CareMedicaid cases..
TCM	88	Regarding excess real property in which the individual does not live, when a good faith effort to sell the property is being made, it shall be disregarded as a resource for a period of nine months for child related cases.
TCM	89	If excess real property is sold, a lump sum payment must be used from the proceeds of the sale to repay the grant in child related and cash cases. The individual will be instructed that this will be expected, and the overpayment will be sent to Fiscal Services of the Department of Human Services.
TCM	90	If excess real property is not sold after the nine month exclusion, after a good faith effort has been made and no reasonable offer to sell was declined, then the property will be declared as an inaccessible resource for all child related cases.
TCM	91	Household goods and personal effects shall be disregarded as a resource for all child related cases
TCM	92	One time Crisis Intervention Progress payments to assist with utility costs, payments of domestic violence, resources earmarked for disasters, and energy assistance payments are excluded as resources for all child related cases.
TCM	93	Resources of disqualified individuals due to Intentional Program Violations are countable resources for all TennCare/Medicaid cases.
TCM	94	The value of Individual Development Accounts of an amount determined by program limits are not

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Program Type	Rule Number	Rule
		counted in demonstration counties, but ARE counted in non-demonstration counties for all child related cases. Demonstration counties are pre-determined by program rules.
TCM	95	Resources of ineligible aliens are countable when said alien is parent of children in the aid group.
TCM	96	Life insurance policies are not considered as a resource for all child related cases.
TCM	97	Life insurance settlements for casualties/disaster loss are not counted as a resource for 3 months following the receipt of payment if the aid group intends to reinvest it in a homestead, for all child related cases for TennCare/Medicaid.
TCM	98	JTPA funds are not considered a resource for all child related cases for TennCare/Medicaid
TCM	99	Payments to Native American Indians are not considered a resource for all child related cases for TennCare/Medicaid.
TCM	100	Keogh plans minus the penalty for early withdrawal are considered a resource for all child related cases for TennCare/Medicaid.
TCM	101	Non-recurring lump sum payments are considered a resource for all child related cases for TennCare/Medicaid.
TCM	102	Stocks are considered a resource for all child related cases for TennCare/Medicaid.
TCM	103	If an individual claims that a trust fund is inaccessible, he/she will have 60 days from the date of application to have the resource made available. If the individual is willing to do this, he/she may be included in the assistance group. If unwilling or did not follow through with this in the 60 days, the individual will be removed from the assistance group. If the individual is trying to get this done, then assistance will continue. However, if the trust was established by will, if the trust is income producing or if the trust was set up for a minor in the amount as determined by program limits, the trust fund will be considered as inaccessible for all child related cases for TennCare/Medicaid.
TCM	104	The equity value of one vehicle under the amount as determined by program limits will be excluded for all child related cases for TennCare/Medicaid.
TCM	105	The equity value in excess of an amount as determined by program limits plus the entire equity value of any other vehicle is a countable resource for all child- related cases for TennCare/Medicaid.
TCM	106	Victims Compensation Awards paid on behalf of minors are excluded as a resource for all child related cases for TennCare/Medicaid.
TCM	107	Resources that an individual owns individually or jointly with another person, and not excluded by law, are considered available for all adult TennCare/Medicaid cases.
TCM	108	Any cash on hand or bank accounts either individually or jointly owned shall be considered available for all adult TennCare/Medicaid cases.
TCM	109	All stocks, bonds, mutual fund shares and savings bonds either individually or jointly owned are considered available for all adult TennCare/Medicaid cases.
TCM	110	The proceeds from the sale of a home are excluded to the extent that the funds are intended to be used

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Program Type	Rule Number	Rule
		to purchase another home and they are used for such a purpose within 3 months of the date of the receipt of the proceeds. This applies to all adult TennCare/Medicaid cases. If the proceeds are not used, the lump sum received shall be counted as a resource.
TCM	111	Cash death benefits received as repayment of medical and social services already paid, including gifts and inheritance, shall be considered a countable asset the second month after the month of receipt for all adult TennCare/Medicaid cases.
TCM	112	The value of a prepaid revocable burial arrangement shall be considered a countable asset for all adult TennCare/Medicaid cases. A revocable burial fund reserve valued up to $1500 each for only the application and his/her spouse are excluded.
TCM	113	The value of a mortgage, loan, or promissory note held by an individual shall be considered a countable asset for all adult TennCare/Medicaid cases.
TCM	114	The cash surrender value of life insurance owned by the individual if the total face value is more than $1500 shall be considered a countable asset for all adult TennCare/Medicaid cases.
TCM	115	The full value of 1 automobile or up to $4500 equity value of said automobile shall be excluded as a resource if not fully excluded for medical support or use of employment. This applies to all adult TennCare/Medicaid cases.
TCM	116	The value of an irrevocable prepaid burial trust established by the application up to $6000 plus any interest accrued thereon and cost transport for the individual and his/her spouse only, and irrevocable burial trust or agreement established by the funeral home/director is excluded if the cost does not exceed fair market value of merchandise and services. This applies to adult TennCare/Medicaid cases.
TCM	117	Social Security/SSI lump sum retroactive payments are excluded for 6 months after the month of receipt for adult TennCare/Medicaid cases.
TCM	118	Household goods and personal effects with an equity value of $2000 or less are excluded as a resource for adult TennCare/Medicaid cases.
TCM	119	German Reparation payments made to individuals because of their status as victims of Nazi persecution are to be excluded as a resource for all adult TennCare/Medicaid cases.
TCM	120	The value and interest on IRA and KEOGH accounts are excluded as a resource only if the individual must terminate employment in order to file for the retirement fund. This applies to adult TennCare/Medicaid cases.
TCM	121	Burial funds are excluded in determining resource eligibility. Funds up to $1500 for each for the individual and his/her spouse only may be excluded from countable resources. This applies to adult TennCare/Medicaid cases.
CC	122	For Child Care Assistance no resource information is required as a point of eligibility for any child care program or sub-program.
FFP, FS, TCM	123	Cash on hand is a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized,

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Program Type	Rule Number	Rule
		Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1,Pickle Pass-along.
FFP, FS, TCM	124	Christmas Club accounts are countable resources for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS	125	Cemetery lots are not a countable resources for Families First and Food Stamps.
TCM	126	The equity value of a burial space is a countable resource for the following Medicaid categories: Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS, TCM	127	Checking accounts in a bank, credit union, or other financial institution are countable resources for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS, TCM	128	Credit union accounts are a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP	129	An entrepreneurial account placed with a micro-lending intermediary program with a balance of $5000 or less is not counted as a resource for Families First. In order to exempt the escrow profits up to $5,000, a participant must: • be a Families First participant and be in compliance with the work/work related requirements in his/her Families First PRP; • be self-employed (if an individual's income, divided by the minimum wage, equals at a minimum twenty hours per week, the individual is considered to be self- employed); and • be enrolled and participate in a micro-lending program that provides entrepreneurship training, technical assistance and peer support. Only the amount in escrow over $5,000 is counted as resource for an eligible participant.
FFP, FS, TCM	130	The funds in an Individual Development Account (savings + match + interest), up to $5,000, will not be considered as a resource in the 12 demonstration counties when computing the resource limit for initial or continued eligibility in the Families First, Medicaid, and Food Stamp programs, as long as the participant uses the IDA only for one or more of the following qualified purposes: --Post-secondary education for the participant or the participant's children for career development:

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Program Type	Rule Number	Rule
		Payments for tuition, fees, books, supplies and equipment that are required for attendance and instruction courses at a post-secondary educational institution are permissible. -- Small business development: Amounts paid directly from an IDA to a financial account for the operation of the individual's business are restricted for use solely on qualified business expenses. These expenses are those specified in an approved business plan including: capital, plant, equipment, working capital and inventory expenses. -- Home ownership: Funds can be spent on a principal residence for a qualified first-time homebuyer. This means a taxpayer (and, if married, the taxpayer's spouse) who has no ownership interest in a principal residence during the three-year period ending on the date of acquisition of the principal residence. The acquisition costs of this residence cannot exceed 100% of the average area purchase price applicable to such residence. Qualified acquisition costs are the costs of acquiring, constructing or reconstructing a residence. This includes any usual or reasonable settlement, financing or other closing costs. For participants who are in one of the twelve IDA pilot counties, an IDA can be used for one additional use: -- Transportation Needs: Permissible purchases for transportation needs are the purchase of a vehicle, necessary car repairs and the purchase of alternative transportation vehicles (e.g. bicycle) to be used for employment or education purposes. If the Saver purchases a vehicle, the value of the new vehicle will then be looked at according to Families First resource policy.
FFP, FS, TCM	131	The value of an Individual Development Account-Welfare to Work (IDA-WtW) of $5,000 or less is not counted as a resource for initial or continued eligibility in the Families First, Medicaid, and Food Stamp programs, as long as the participant uses the IDA-WtW only for one or more of the following qualified purposes: --Post-secondary education for the participant or the participant's children for career development: Payments for tuition, fees, books, supplies and equipment that are required for attendance and instruction courses at a post-secondary educational institution are permissible. -- Small business development: Amounts paid directly from an IDA to a financial account for the operation of the individual's business are restricted for use solely on qualified business expenses. These expenses are those specified in an approved business plan including: capital, plant, equipment, working capital and inventory expenses. -- Home ownership: Funds can be spent on a principal residence for a qualified first-time homebuyer. This means a taxpayer (and, if married, the taxpayer's spouse) who has no ownership interest in a principal residence during the three-year period ending on the date of acquisition of the principal residence. The acquisition costs of this residence cannot exceed 100% of the average area purchase price applicable to such residence.

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Program Type	Rule Number	Rule
		Qualified acquisition costs are the costs of acquiring, constructing or reconstructing a residence. This includes any usual or reasonable settlement, financing or other closing costs. For participants who are in one of the twelve IDA pilot counties, an IDA can be used for one additional use: -- Transportation Needs: Permissible purchases for transportation needs are the purchase of a vehicle, necessary car repairs and the purchase of alternative transportation vehicles (e.g. bicycle) to be used for employment or education purposes. If the Saver purchases a vehicle, the value of the new vehicle will then be looked at according to Families First resource policy. IDA-WtW's can be disregarded in all counties, not just the 12 IDA Pilot counties.
FFP, FS, TCM	132	If an individual in the IDA pilot moves to a county that is not a pilot county, the individual is not eligible to be in the IDA pilot, and the full value of the IDA (savings + match + interest) is counted as a resource in the Families First, Medicaid, and Food Stamp programs, unless they begin participating in a IDA-WtW program.
FFP, FS, TCM	133	If an individual stops participating in the IDA pilot program or the IDA-WtW program, but continues in another IDA program independent of the pilot or an IDA WtW, the full value of the IDA (savings + match + interest) will be considered a resource in the Families First, Medicaid, and Food Stamp programs.
FFP, FS, TCM	134	If a participant chooses to leave the Individual Development Account group, s/he will sign the IDA Departure Form (available from the non-profit sponsor or the sponsoring PIC) indicating plans to use or not use their IDA match for a qualified purpose within two years from the date the participant leaves the group. If it is indicated that the IDA match will be used, the matching funds will be considered a resource (savings + match + interest) If the individual does not plan to use the IDA match, the savings account is then considered a resource like any other savings account (savings + interest) in the Families First, Medicaid, and Food Stamp programs.
FFP	135	Payments to Native American Indians are not countable resources for Families First. These payments include: − Alaska Native Claims Payments and Sac and Fox Indian Claim Payments received under the Alaska Native Claims Settlements Act. P.L. 920203, Section 21(a) and the Sac and Fox Indian Claims Agreement P.L. 94-189; − Payment for Certain Indian Tribes that are derived from certain sub marginal lands of the United States which are held in trust for certain Indian tribes; and − Payments from Disposition of Funds of Ottawa Indians under P.L. 94-540.
FFP, FS, TCM	136	Individual Retirement Accounts (IRA's) minus any penalty for early withdrawal are a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind

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		Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FS	137	Funds held in Keogh plans which do not involve the household member in a contractual relationship with individuals who are not household members, minus any penalty for early withdrawal, are countable resources for Food Stamps.
FFP	138	Keogh plans minus any penalty for early withdrawal are countable resources resource for Families First and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy.
FFP, FS	139	Burial policies are not a countable resource for Families First and Food Stamps.
FFP, FS	140	Burial agreements are not a countable resource resource for Families First and Food Stamps.
FFP, FS, TCM	141	Savings accounts are countable resources for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS, TCM	142	Savings certificates, minus any penalty for early withdrawal, are countable resources for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS, TCM	143	The current market value of stocks is a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS, TCM	144	The current market value of bonds is a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FFP	145	Trust funds - If a Families First applicant/recipient claims that a trust fund is inaccessible (and therefore not a countable resource), the individual will have 60 days from the date of application/reapplication to have the resource made available. If the caretaker is willing to try to have the trust made available, he/she may be included in the assistance group. If the caretaker does not follow through within 60 days, he/she will be removed from the assistance group. If the caretaker is attempting to have the trust made currently available, assistance will continue (if otherwise eligible) pending the court decision. The court's decision as to accessibility of the trust fund, as written in either a new or amended order, is binding. The caretaker will not be required to have trust funds made currently available in the following situations

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Program Type	Rule Number	Rule
		and these trusts are not countable resources: • if a trust is established by a will. The terms of the trust will be followed as they stand. • if a trust is producing regular income which is available to the beneficiary, the body of the trust will not be considered a currently available resource, but the income will be countable income. • if a trust has been set up for a minor (usually until age 18) and the amount of the trust account is $5000 or less, the caretaker will not be required to attempt to make the trust accessible. In most instances, the legal fees involved in such an attempt would erode the value of the trust to the extent that it would not be cost effective to bring it to a state of availability.
FS	146	Any funds in a trust or transferred to a trust, and the income produced by that trust to the extent it is not available to the household will be considered inaccessible (and therefore not a countable resource for Food Stamps) if: 1. the trust arrangement is not likely to cease during the certification period, and no household member has the power to revoke the trust arrangement or change the name of the beneficiary during the certification period: and 2. trust investments made on behalf of the trust do not directly involve or assist any business or corporation under the control, direction, or influence of a household member; and 3. the funds held in irrevocable trusts are either: (i) established from the household's own funds if the trustee uses the funds solely to make investments on behalf of the trust or to pay the educational or medical expenses of any person named by the household creating the trust: or (ii) established from non-household funds by a non-household member; and 4. the trustee administering funds is either: (i) a court, or an institution, corporation, or organization which is not under the direction or ownership of any household member; or (ii) an individual appointed by the court who has court imposed limitations placed on his/her use of the funds which meet the requirements of the provision above.
FS	147	Section 403(b) plans (tax-sheltered annuities provided for employees of tax-exempt organizations and State and local educational organizations) are not a countable resource for Food Stamps.
FFP	148	The equity value of one vehicle that is under $4600 is not a countable resource for Families First. The equity value in excess of the $4600 plus the entire equity value of any other vehicle, licensed or unlicensed, is a countable resource.
FS	149	All licensed and unlicensed vehicles used for family transportation are not a countable resource in the Food Stamp Program. Vehicles used for recreational purposes rather than everyday transportation, such as RVs, snowmobiles, boats, trailers, ATVs and personal watercraft are a countable resource.
FS	150	Property which annually produces income consistent with other similar property in the area, with the same fair market value, even if only used on a seasonable basis is not a countable resource in the Food

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Program Type	Rule Number	Rule
		Stamp Program.
FS	151	Property such as farm land which is essential to the employment or the self- employment of a household member is not a countable resource in the Food Stamp Program.
FS	152	Rental homes and vacation homes (including unattached trailers or mobile homes not being used as the home place) which may be used by the household for vacation purposes at sometime during the year but which annually produce income consistent with similar property in the area of equal value are not a countable resource in the Food Stamp Program.
FFP, FS	153	Work related equipment, such as a tradesman's tools or a farmer's machinery, which is essential to a household member's employment or self-employment is not a countable resource for Families First and Food Stamps.
FS	154	Installment contracts for the sale of land or building(s), if the contract or agreement is producing income consistent with similar property and are not a countable resource in the Food Stamp Program. This exclusion also applies to the value of the property sold under contract or held as security in exchange for a purchase price consistent with the selling price of a similar property in the area.
FS	155	Farm property including land, equipment and supplies may be excluded for one year beginning with the date self-employment farming ceases and shall not be a countable resource in the Food Stamp Program during the time of exclusion.
FS	160	The home, its outbuildings, and surrounding property which is not separated from the home by intervening property owned by others are not a countable resource for Food Stamps.
FFP	161	The home and lot owned or being purchased and occupied by the Families First assistance group and the property surrounding the home which is not separated from the home by intervening property owned by others is not counted as a resource for Families First.
FFP	162	Buildings, land and recreational properties, such as boats, vacation homes and mobile homes that are not homestead property are countable resources for Families First.
FFP	163	Income producing real property is a countable resource for Families First.
FFP	164	Real property that is not homestead property that the AG is making a "good faith effort" to sell is not a countable resource for Families First if the AG signs an agreement to repay the Families First benefits received during the period of exemption. This exemption will not exceed nine months. If the net proceeds of the sale plus other resources in the AG at the beginning of the exclusion period exceed the resource limit, there is an overpayment of Families First benefits. To qualify for this exemption the AG must : • − list the property for sale with a real estate agency, or • − list the property for sale at auction with an auction company, or • − advertise the property for sale on a continuous basis in the newspaper which serves the area. If the real property is sold during the nine-month exemption period, see the section for instructions about repaying the Families First benefits. Any proceeds remaining after repayment of the Families First benefits are countable resources.

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Program Type	Rule Number	Rule
		If the real property remains unsold at the end of the nine-month exclusion period, reevaluate the state of the property. The county staff must decide whether or not to declare the property as an inaccessible resource on the basis that it could not be sold. Each situation must be given careful consideration and handled on a case-by-case basis. This decision should be based on whether a good faith effort was made to sell the property and if a reasonable offer to buy the property was declined. If the decision is made to count the property as a resource, the benefits that the assistance group received during the entire period would be an overpayment subject to the usual overpayment collection procedures. If the decision is made that the resource is inaccessible, the property is not a countable resource.
FFP, FS, TCM	165	Property that cannot be sold because it only has a life estate, use rights, lifetime occupancy, or dower rights shall be considered inaccessible to the household and not a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, Failed due to Sibling, Medically Needy, QMB/SLMB/QI1, Pickle Pass-along.
FS	166	If the household does not already own a home, the value of a lot purchased to build a home on is not a countable resource for Food Stamps. If the new home is partially completed, the value of it is not a countable resource.
FFP, FS, TCM	167	The value of household goods and personal effects are not a countable resource for Families First, Food Stamps and the following Medicaid categories: Aid to Dependent Children Medicaid Only, Failed due to Sibling, Medically Needy.
TCM	168	The value of household goods and personal effects with an equity value of $2000 or less are not countable resources for the following Medicaid categories: Aged Non-Institutionalized, Aged Institutionalized, Blind Non-Institutionalized, Blind Institutionalized, Disabled Non-Institutionalized, Disabled Institutionalized, QMB/SLMB/QI1, Pickle Pass-along.
FFP, FS	169	Cash value of life insurance policies is not a countable resource for Families First and Food Stamps.
FS	170	Burial policies are not a countable resource for Food Stamps.
FS	171	Money set aside in a ‘Cafeteria Plan” by an employer that is used to pay certain expenses such as medical costs or child care costs and is paid as a vendor payment by the employer and the household will lose the money at the end of the year if any is left over is not a countable resource for Food Stamps.
FS	172	The Food Stamp Program shall exclude resources of individuals receiving or authorized to receive Cash Assistance and/or SSI.
FFP	173	Resources of an SSI recipient are excluded for Families First.
FS	174	Monthly earned income tax credits or lump sum EITC payments for new households, new assistance group members and individuals off the program more than 30 days are countable resources for Food Stamps.

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FS	175	Monthly or lump sum EITC payments are excluded as a resource in the Food Stamp program for 12 months from receipt if the individual was a Food Stamp participant at the time of receipt and continues to participate (with breaks of a month or less).
FFP	176	Earned Income Tax Credits (EITC) are not a countable resource for Families First.
FS	177	Unless otherwise exempt, count the equity of all non-liquid resources as a resource for Food Stamps.
FFP, FS	178	Non-Recurring Lump Sum/Retroactive Payments are countable resources for Families First and Food Stamps, if retained.
FS	179	Excluded household member's resources are counted in their entire amount as available to the remaining household members in the Food Stamp program.
FS	180	Disqualified household members' resources are counted in their entire amount as available to the remaining household members in the Food Stamp program.
FFP	181	Resources of an individual who is disqualified because of an Intentional Program Violation are countable resources for Families First.
FFP	182	A disqualified individual's resources will be counted for Families First in the assistance group's resource total only if the individual is a required assistance group member.
FS	183	The resources of a boarder who is not included as a member of the household are not counted in the Food Stamp program.
FS	184	A non-household member's resources are not counted as available to the household in the Food Stamp program.
FS	185	A student who does not meet any of the student eligibility criteria is ineligible to participate in the Food Stamp Program, is treated as a non-household member, and the ineligible student's resources are not counted as available to the household.
FS	186	An ineligible alien's resources shall be counted in full to the remaining household in the Food Stamp program
FFP	187	For Families First, an ineligible alien's resources shall be counted in full as available to the remaining assistance group members only if the excluded ineligible alien is a parent of dependent children included in the assistance group.
FFP	188	If optional members of a Families First assistance group are included in the assistance group, then all of their income/resources are included
FFP	189	Effective October 1, 1981, aliens who apply for Families First for the first time must have the resources of their individual citizen sponsors considered in determining their eligibility for assistance. The resources of the sponsor shall be considered for a period of three years after the alien's entry into the United States.
FFP	190	The following steps are necessary in establishing the amount of resources countable for Families First which shall be deemed from the individual citizen sponsor to the alien whether or not these are actually available to the alien:

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		• Determine the amount of countable resources of the sponsor and the sponsor's spouse as though the sponsor were applying for Families First. • Deduct $1500 from the total countable resources. The balance of the resources are considered available to the alien and added to the alien's own countable resources in determining eligibility.
FFP	191	When it is determined that an individual citizen sponsor has agreed to sponsor multiple families, the amount of the sponsor's resources to be deemed to the eligible families is divided equally among the families who are applying for assistance. If only one family applies for Families First, then the total amount of the sponsor's liability (income and resources) is applied to the family so applying.
FS	192	In determining eligibility and amount of benefits of an alien for Food Stamps, the resources of the sponsor and the sponsor's spouse must now be considered if the sponsor has signed a new affidavit of support. This includes: • All resources of any person who completed a new affidavit of support on behalf of the alien. • The resources of the sponsor shall be considered at application or recertification until the alien becomes a naturalized citizen or has worked 40 qualifying quarters of coverage. If the old affidavit is being used and signed by a sponsor, the resources of the sponsor and his/her spouse will be considered for a period of three years after the alien's entry into the United States, unless the sponsor dies or the household changes sponsors; in this case Determine the resource amounts of the sponsor and the sponsor's spouse; subtract $1500 from the countable amount. Add the remaining resource to the alien's countable resources. The sponsor's resources are not considered when: 1. An alien is sponsored by an organization or group; 2. An alien demonstrates that during a 12 month period in the United States, he/she has been battered or subjected to extreme cruelty by a spouse, parent or other household member. This also applies if the spouse, parent or child has been battered or subjected to extreme cruelty. The battering/cruelty must be recognized in an order of a judge or a prior determination by BCIS, and the person responsible for such battery or cruelty shall no longer reside in the same household; or 3. A sponsored alien has been determined indigent. This is defined as unable to obtain food and shelter, taking into account the alien's own income plus cash contributions from the sponsor and others, plus the value of in-kind contributions, the total of which does not exceed 130 percent of the poverty income level for the household size. If the alien is determined indigent, the only amount that must be deemed to the alien's household will be the amount actually provided for a period beginning on the date of such determination and ending 12 months after. This can be renewable for additional 12 month periods. If the county encounters this situation, notify the state office and include the names of the sponsor and the sponsored alien involved. 4. The sponsor lives in the same food stamp household as the alien. Deeming does not apply because

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		the sponsor's income and resources are already counted. There is no exemption if the sponsor receives food stamps in another household. 5. The sponsored alien is ineligible for food stamps because of immigration status. The sponsor's income is not deemed to other eligible members of the immigrant's household. 6. Sponsor to immigrant deeming is eliminated for children who are under 18 years of age, regardless of when they entered the United States. (Beginning October 1, 2003.)
FS	193	Lump sum Agent Orange Settlement payments received by survivors of deceased veterans are not a countable resource for Food Stamps.
FS	194	Proceeds from sale of property received as a lump sum is a countable resource for Food Stamps.
FS	195	Proceeds from estate settlement received as a lump sum is a countable resource for Food Stamps.
All	196	The cash value of resources which are not accessible to the household or which cannot be brought to a condition of current availability is not a countable resource for all programs.
FS	197	Relocation payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 are not a countable resource for Food Stamps.
FS	198	Payments received under the Alaska Native Claims Settlements Act P.L. 920203, Section 21(a) and the Sac and Fox Indian Claims Agreement P.L. 94-189 are not a countable resource for Food Stamps.
FS	199	Payments for Certain Indian Tribes Payments These payments are derived from certain submarginal lands of the United States which are held in trust for certain Indian tribes and are not a countable resource for Food Stamps.
FS	200	Payments received from the Workforce Investment Act (WIA) are not a countable resource.
FS	201	Payments made to the Grand River Band of Ottawa Indians under P.L. 94-540 are not a countable resource for Food Stamps.
FS	202	Federal Assistance provided by a program funded in whole or in part under Title IV of the Higher Education Act, which include Pell Grants, Supplemental Education Opportunity (SEOG) Grants, PLUS Program Grants, National Direct Student Loans (NDSL), Byrd Honor Scholarships, and college work study funds are not a countable resource for Food Stamps.
FS	203	Payments made under any federal laws for the purpose of energy assistance are not a countable resource for Food Stamps. These payments must be clearly identified as energy assistance by the legislative body authorizing the program or providing the funds. Payments made through state or local funding ARE counted. Among the federal payments that would be excluded are energy assistance payments provided through the Department of Health and Human Services, Low Income Energy Assistance Program and the Community Service Administrations' Energy Crisis Assistance and Crisis Intervention Programs. HUD Section 8 payments and FmHA are also excluded because they are identified as federal energy assistance.
FS	204	HUD Retroactive Tax and Utility Cost Subsidy Payments

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Payments issued pursuant to settlement of Underwood vs. Harris (Civil No. 78-04 69 D.D.C. against HUD) are not a countable resource for the month for which payment was received and for the following month in the Food Stamp program.
FS	205	Payments of Relocation Assistance to Members of the Navajo and Hopi Tribes Under P.L. 93-531 are not a countable resource for Food Stamps.
FS	206	The following benefits from the food programs are not a countable resource for Food Stamps: 1. WIC (special supplemental food program for Women, Infants, and Children); 2. value of food stamps; 3. value of school lunches or other school food programs.
FS	207	Payments made to individuals because of their status as victims of Nazi persecution are not a countable resource for Food Stamps.
FS	208	Compensation made under the Crime Act of 1984 to crime victims are not a countable resource for Food Stamps as stated in Section 230202 of P.L. 103-322.
FFP	209	Payment made through the Domestic Volunteer Service Act of 1973, as amended, for volunteer services are not countable resources for Families First.
FFP	210	One-time Crisis Intervention Program payments to assist with utility costs from the Crisis Intervention Program are not countable resources for Families First.
FFP	211	Any governmental payments that are designated for the restoration of a home damaged in a disaster, if the AG is subject to legal sanction if the funds are not used as intended are not countable resources for Families First.
FFP	212	Energy assistance payments or allowances made by a federal, state, or local agency or by a charitable organization are not countable resources for Families First.
FFP	213	Benefits from food programs, including WIC, the value of food stamps and the value of school lunches or other school food programs, are not countable resources for Families First.
FFP	214	Insurance settlements for casualty/disaster loss to the home are not countable as resources for Families First for three months following receipt of the payment if the assistance group intends to reinvest it in a homestead.
FFP	215	Jobs Training and Partnership Act (JTPA) payments are not countable resources for Families First.
FFP	216	Non-liquid assets used as collateral for a business loan are not countable resources for Families First if the lien agreement specifically prohibits the assistance group from selling it.
FFP	217	Payments made under P.L. 104-204 to children of Vietnam veterans who were born with spina bifida are not counted as a resource for Families First.
FFP	218	Proceeds from the sale of exempt real and personal property if there is no intent to reinvest the proceeds in other exempt real or personal property are countable resources for Families First. If there is intent to reinvest the proceeds in other exempt real or personal property, the proceeds will not be counted for three months after the sale.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	219	Relocation Assistance Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 are not countable resources for Families First.
FFP	220	Student grants and loans are not countable resources for Families First assistance group members, stepparents or parents of a minor in the home.
FFP	221	Victims Compensation Awards paid on behalf of minors are not countable resources for Families First if -- the minor's parent, caretaker relative or guardian entered into an agreement with the State Claims Commission as to the uses to be made of the funds and signed such an agreement, and -- the funds are deposited in accordance with the agreement, and -- the funds remain on deposit or are used only according to the terms of the agreement.
IV-E FC	222	The resource limit for Title IV-E foster care for initial eligibility determinations, initial reimbursability determinations, and redeterminations is $10,000.
IV-E FC	223	Total countable and available resources for the required members of a foster care child's pre-custody removal home must be less than $10,000 for each initial eligibility determination for Title IV-E foster care.
IV-E FC	224	The countable resources of each required member of a foster child's pre-custody removal home shall be counted during each initial eligibility determination for Title IV-E foster care.
IV-E FC	225	The required members of a foster child's pre-custody removal home are the: • foster child; • foster child's parent(s) if they were living in the home from which the child was removed; and • foster child's eligible siblings if they were living in the home from which the child was removed.
IV-E FC	226	If the total countable resources of the foster child and the other required members of the foster child's pre-custody removal home are equal to or greater than the $10,000 resource limit, the foster child is ineligible for Title IV-E foster care.
IV-E FC	227	If the total countable resources of the foster child and the other required members of the foster child's removal home are less than the $10,000 resource limit, the foster child shall be considered to pass the Title IV-E foster care resource requirement.
IV-E FC	228	When determining the total countable resource amount, the equity value of the resource shall be used.
IV-E FC	229	The equity value of a resource is determined by subtracting the amount owed from the fair market value of the resource.
IV-E FC	230	The only time the countable resources of both the foster child and the other members of the child's removal home shall be considered is during an initial eligibility determination for Title IV-E foster care.
IV-E FC	231	The countable resources of the foster child only shall be considered when determining whether a foster child's cost of care is reimbursable from Title IV-E foster care funds.
IV-E FC	232	The countable resources of the foster child only shall be considered when completing a periodic

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

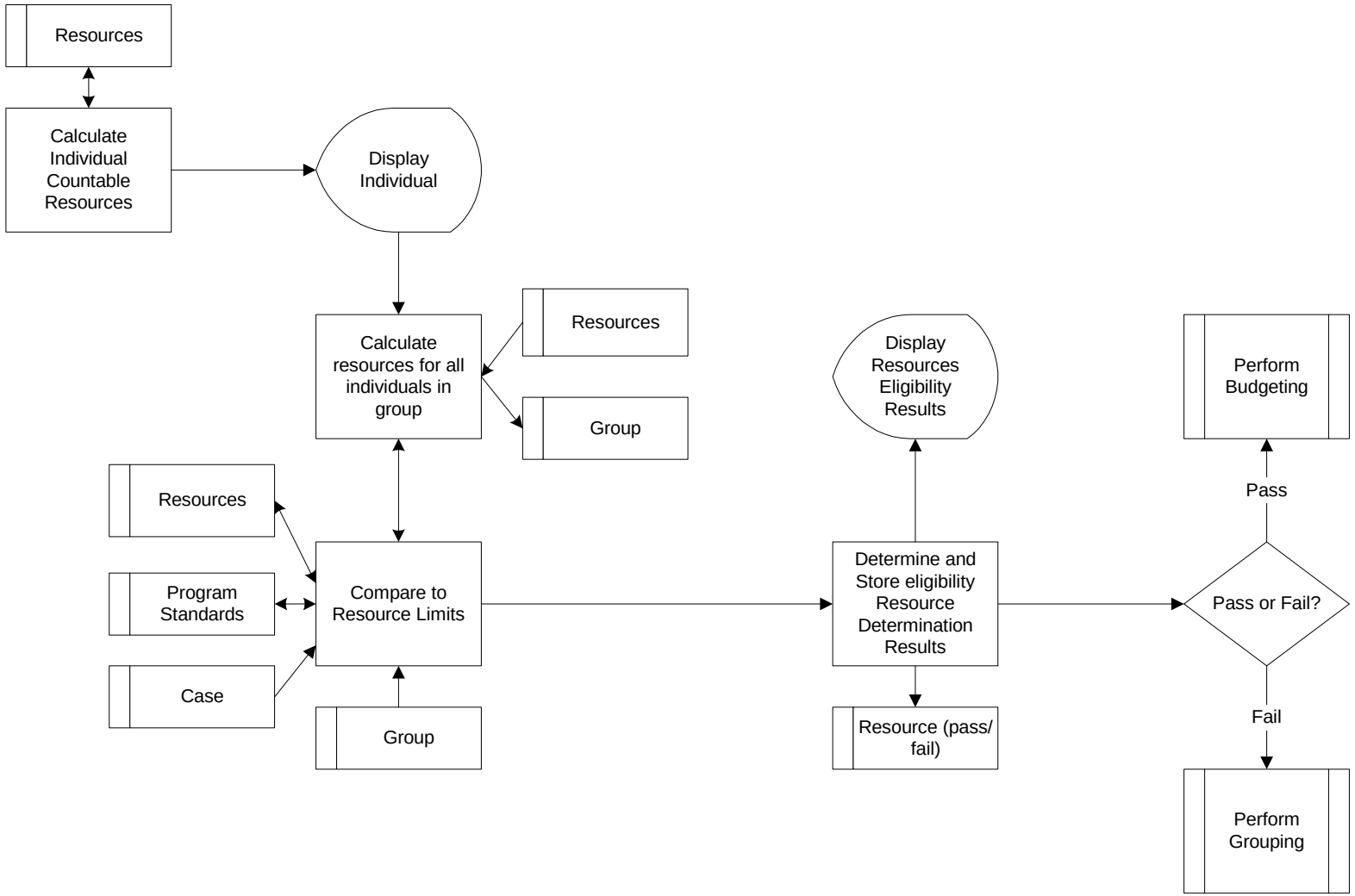
Program Type	Rule Number	Rule
		redetermination to determine a foster child's continuing reimbursability for Title IV-E foster care.
IV-E FC	233	An eligible IV-E foster care child's cost of care is non-reimbursable from Title IV-E foster care funds in any month that a foster care child's total countable and available resources are equal to or greater than the $10,000 resource limit.
IV-E FC	234	If the total countable resources available to the foster child are less than the $10,000 resource limit, the child passes the resource criteria for on-going reimbursability.
IV-E FC	235	Cash on hand is a countable resource.
IV-E FC	236	The balance in a Christmas Club account is a countable resource.
IV-E FC	237	The value of cemetery lots is not a countable resource.
IV-E FC	238	The balance in a checking account is a countable resource.
IV-E FC	239	The balance in a credit union account is a countable resource.
IV-E FC	240	The cash value of an IRA, minus any penalty for early withdrawal, is a countable resource.
IV-E FC	241	The cash value in a Keough plan, minus any penalty for early withdrawal, is a countable resource.
IV-E FC	242	The balance in a foster child's DCS Collective Fund Account is a countable resource.
IV-E FC	243	An irrevocable burial contract is not countable if determined to be inaccessible, i.e., cannot be reasonably brought to a condition of current availability.
IV-E FC	244	The equity value of a revocable burial contract is countable.
IV-E FC	245	The balance in a savings account is a countable resource.
IV-E FC	246	A savings certificate is a countable resource.
IV-E FC	247	Stocks and bonds are countable resources.
IV-E FC	248	Trust funds and estates are not countable if determined to be inaccessible, i.e., cannot be reasonably brought to a condition of current availability.
IV-E FC	249	Basic maintenance items essential to daily living such as clothing, furniture, appliances, and other similar essential household goods and equipment are not counted.
IV-E FC	250	The total cash value of life insurances policies is counted.
IV-E FC	251	The Earned Income Tax Credit is not counted as a resource for the month of receipt and the following month. If the Earned Income Tax Credit is retained the third month, it is counted as a resource.
IV-E FC	252	The home owned or being purchased and occupied by the pre-custody AFDC removal home members is not counted.
IV-E FC	253	The equity value of $1500 or less of one vehicle per pre-custody AFDC removal home members and the foster child is not counted. Equity in any and all other motor vehicles owned (being purchased) by pre-custody AFDC removal home members and the foster child are counted as a resource.
IV-E FC	254	Payments or allowances made by a federal, state, or local agency to meet energy needs is not counted.
IV-E FC	255	The value of Food Stamps, school lunches, etc. is not counted as a resource.
IV-E FC	256	The balance in a foster child's SSI Dedicated Account is not counted as a resource.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	257	The pro rata share of jointly owned resources of the pre-custody AFDC removal home members and the foster child is counted unless such resources are inaccessible, i.e., cannot be reasonably brought to a condition of current availability.
IV-E FC	258	The resources of an ineligible alien are counted only when the ineligible alien is the parent of the foster child or the technically eligible siblings of the foster child.
IV-E FC	259	Real and personal property belonging exclusively to a stepparent is considered available to the pre-custody AFDC removal home members only when the stepparent is included in the AFDC assistance unit.
IV-E FC	260	Proceeds from the sale of homestead property or from a settlement due to a casualty/disaster loss will remain exempt for three months following receipt of the proceeds (money) if the assistance unit expresses intent to reinvest in a home.
IV-E FC	261	Pension funds that are not accessible to the foster child (or the required members of the foster child's pre-custody removal home) except at retirement or at termination of employment are not counted as a resource.
IV-E FC	262	Real property, which the assistance unit has made a good faith effort to sell, but which could not be sold, is not counted as a resource.
IV-E FC	263	Equipment used in a self-employment enterprise used to produce income shall be considered an inaccessible resource.
IV-E FC	264	Proceeds from the sale of exempt personal property, e.g., vehicle, shall remain exempt for a period of up to three months following the month of sale if there is intent to use the proceeds to replace or reinvest in other exempt property. If there is no intent to use the proceeds from the sale of exempt property to replace the exempt property, the proceeds shall be considered a countable resource.
IV-E FC	265	All non-recurring lump sum payments, e.g., retroactive SSA, VA, etc. shall be treated as lump sum income. Non-recurring lump sum payments shall only be considered a countable resource if they are retained beyond the last benefit month for which they are counted as income.
IV-E FC	266	The resources of relatives other than a parent are not considered available to the children in the pre-custody removal home unless the relative was included in the assistance unit.
CC	267	For purposes of child care eligibility and parent fee determination, the following household resources will not be considered: savings accounts or CD's, IDA's, vehicles, auto loan funds granted through First Wheels, ownership of house, land or other properties, business assets of a self-employed individual, lump sum payment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.24
Determine Resource Eligibility



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources	
Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

Process:

The Department of Human Services will determine resource eligibility for FS recipients and individuals in long-term care that have assets that have been transferred. The system shall have the ability to identify resources that have been, are scheduled to be or are in the process of being transferred and track time frames.

Sub-Processes:

1. Determine if There Has Been a Transfer of Countable Resources

   The user will record the existing and transferred resources for all individuals in the case.

   CASE (Input)
   Case Number
   Case Type
   Application Date

   RESOURCES (Input / Output)
   Type of Resource
   Resource Begin Date
   Resource End Date
   Resource Amount

   TRANSFERRED RESOURCE (Input / Output)
   Resource Transfer Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources

Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

INDIVIDUAL (Input)
SSN
Individual ID

2. Record Transfer Data

When it has been determined that a resource has been transferred, the user will record the information regarding the resource. The system shall count the value of a resource that has been transferred for a specific period of time based on business rules.

CASE (Input)
Case Number
Case Type

TRANSFERRED RESOURCE (Output)
Resource Transfer Indicator
Type of Asset Transferred
Date the Resource was Transferred
Dollar Value of the Transferred Resource Prior to Transfer
Dollar Amount Individual Received for the Transferred Resource
Reconvey Date
Verification of Reconvey Date
Resource Accessibility
Joint Ownership
Percentage of Joint Ownership
Usage of the Vehicle
Vehicle Amount Owed
Policy Cash Value

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources	
Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

Policy Loan Amount
Amount Still Owed On Property
Exemption Reason for Property if the Property is Exempt
Whether the Real Property is the Individual's Residence
Life Estate Indicator
Life Lease Indicator
Liquid Asset Type
Non-Exempt Value
Amount Spent
Other Resources Applied Toward Transfer
Relationship to Original Owner
Narrative

NAME (Output)
Name Type
Name of Original Resource Owner
Name of Person to whom Liquid Asset was Transferred

3. Determine if Proper Transfer of Resource within Specified Times Prior to Application

The user will determine if the transfer of resources was conducted properly based on business rules. The user will record and indicate if not a proper transfer.

CASE (Input)
Case Number
Application Date
Living Arrangement / Placement Date
Living Arrangement / Placement Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources	
Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

TRANSFERRED RESOURCE (Input / Output)
Resource Transfer Indicator
Proper Transfer for Food Stamp Indicator
Proper Transfer for TennCare Medicaid Indicator

PROGRAM STANDARDS (Input)
Allowable Resource Transfer Time

4. Determine if Previous Disqualification / Penalty Period Has Been Imposed for this Transfer

If the resource transfer was not transacted properly within the specified timeframe, the system shall determine if there was a previous disqualification or penalty imposed for the individual / case.

CASE (Input)
Case Number

LIVING ARRANGEMENT (Input)
Living Arrangement / Placement Date
Living Arrangement / Placement Type

INDIVIDUAL (Input)
SSN
Individual ID

TRANSFERRED RESOURCE (Input / Output)
Proper Transfer for Food Stamp Indicator
Proper Transfer for TennCare Medicaid Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.25 Transfer of Resources

Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

Resource Transfer Penalty Indicator
Resource Transfer Penalty Begin Date
Resource Transfer Penalty End Date

5. Determine if Disqualification / Penalty is Needed

The user will determine and record when the case must have a disqualification / penalty imposed based on case circumstances. The system shall apply a resource transfer individual penalty that will follow that individual to any case based on business rules.

CASE (Input)
Case Number
Case Type
Application Date

PROGRAM STANDARDS (Input)
Average Nursing Home Charge Chart
Food Stamp Resource Limits Chart
FS Disqualification for Resource Transfer Table
TennCare Medicaid Program Resource Limits Chart

INDIVIDUAL (Input)
SSN
Individual ID

TRANSFERRED RESOURCE (Input / Output)
Resource Transfer Penalty Reason
Resource That Caused Penalty

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.25 Transfer of Resources

Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

Original Owner of Resource That Caused Penalty
Proper Transfer for Food Stamp Indicator
Proper Transfer for TennCare Medicaid Indicator
Uncompensated Value of Transferred Resource

6. Calculate Disqualification / Penalty

The system shall calculate the disqualification / penalty period for the case based on business rules. This shall be stored and used when processing case for eligibility.

CASE (Input)
Case Number
Case Type
Application Date

TRANSFERRED RESOURCE (Input / Output)
Resource Transfer Penalty Indicator
Resource Transfer Penalty Begin Date
Resource Transfer Penalty End Date
Resource Transfer Penalty Reason
Resource that Caused Penalty
Uncompensated Value of Resource that Penalty Applies To

INDIVIDUAL (Input)
SSN
Individual ID

PROGRAM STANDARDS (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources

Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

Length of Penalty for Resource Transfer

NAME (Input)
Name Type
Case Name
Caseworker Name

USER (Input)
User ID

ADDRESS (Input)
Address Type
Household Address

NOTICE (Output)
Notice Type
Resource Transfer Penalty Notice
Notice Mail Date

7. Determine if Penalty Period Has Ended

When the individual makes a reapplication the system shall determine if the previously calculated and stored penalty period has expired.

CASE (Input)
Case Number
Case Type
Application Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.25 Transfer of Resources

Program Affected: FS, TCM	**Users: Caseworkers, Supervisors and above**

TRANSFERRED RESOURCE (Input / Output)
Resource Transfer Penalty Indicator
Resource Transfer Penalty Begin Date
Resource Transfer Penalty End Date
Resource Transfer Penalty Reason
Resource that Caused Penalty

8. End Penalty

The system shall set an end date when the resource transfer penalty expires, and apply appropriately to case eligibility.

CASE (Input)
Case Number
Case Type

TRANSFERRED RESOURCE (Input / Output)
Resource Transfer Penalty Indicator
Resource Transfer Penalty Begin Date
Resource Transfer Penalty End Date
Resource Transfer Penalty Reason
Resource that Caused Penalty

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	At application, the state agency will ask the food stamp household if any household member has transferred a countable resource within the three month period immediately prior to the date of application.
FS	2	At application, the state agency will ask the food stamp household if any ineligible alien or disqualified person whose resources must be considered for the applicant household has transferred a countable resource within the three month period immediately prior to the date of application.
FS	3	A household which has knowingly transferred resources for the purpose of qualifying or attempting to qualify for food stamps must be disqualified from participation in the Food Stamp Program for up to one year from the date of discovery of the transfer.
FS	4	The disqualification period shall be applied if the resources are transferred knowingly in the three month period prior to application.
FS	5	The period of disqualification shall begin in the month of application.
FS	6	The disqualification period shall be applied if the resources are transferred knowingly after the household is determined eligible for benefits.
FS	7	Transfer of resources that do not affect eligibility will not result in disqualification.
FS	8	Transfer of resources which are sold or traded at or near market value will not result in disqualification.
FS	9	Transfer of resources between members of the same household will not result in disqualification.
FS	10	Transfer of resources for reasons other than qualifying or attempting to qualify for food stamps will not result in disqualification.
FS	11	The length of disqualification will be based on the amount by which the transferred resource, when added to other countable resources, exceed resource limits, within program defined limits.
FS	12	When a transfer of resources that requires a penalty is discovered at application, the worker shall deny the application and a notice of denial must be sent to the household explaining the reason for the denial and the length of the disqualification period.
FS	13	When a transfer of resources that requires a penalty is discovered while the household is participating in the Food Stamp Program, the worker shall authorize termination of benefits and a notice of adverse action shall be sent to the household explaining the reason for and length of the disqualification.
FS	14	The period of disqualification is effective with the first allotment issued after the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

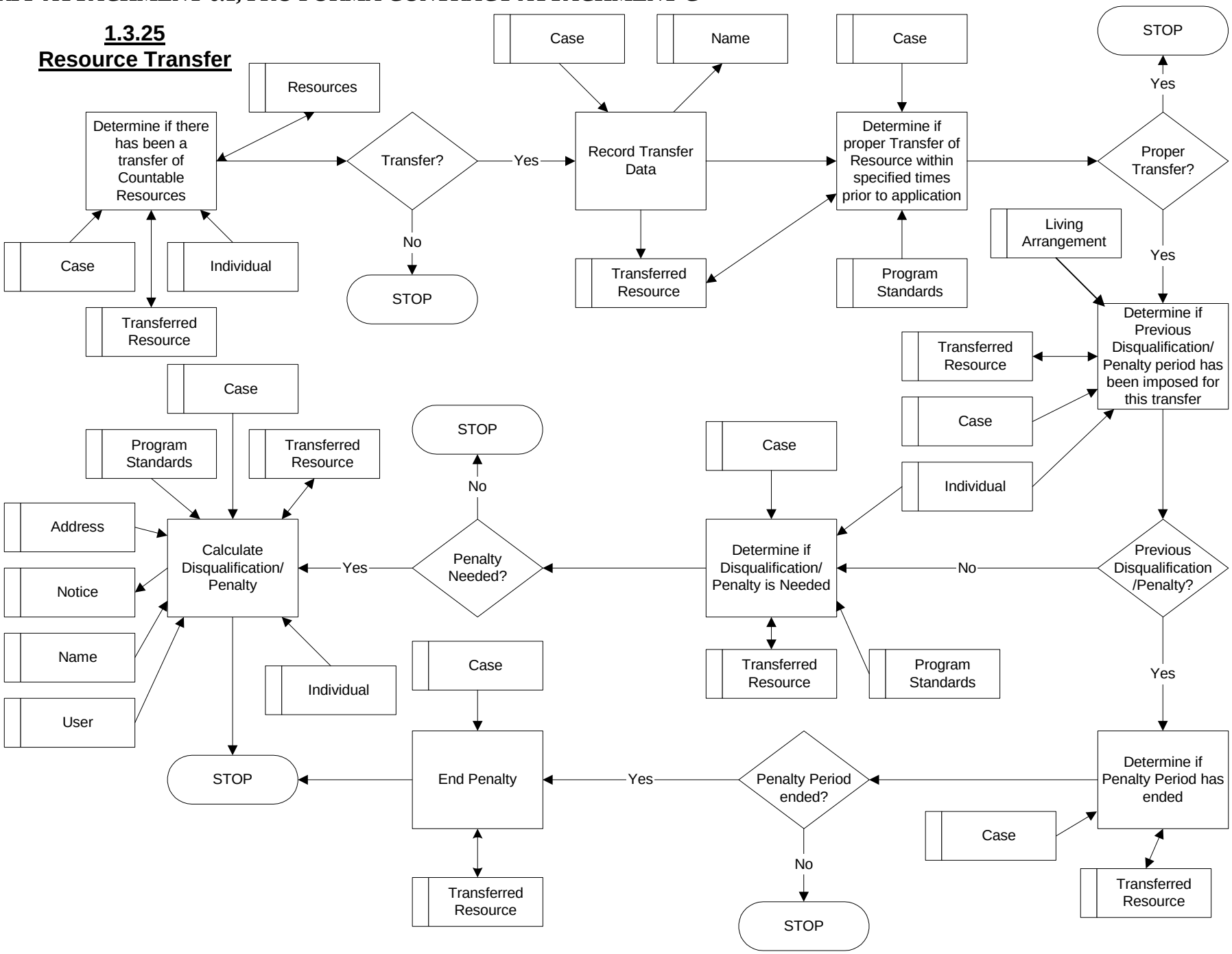
Program Type	Rule Number	Rule
		adverse action notice period has expired, unless the household requests a fair hearing and continuation of benefits.
TCS	15	There are no TennCare specific rules for this process.
TCM	16	Any transfer of resources within 36 months of applying for Medicaid for less than fair market value will be considered an available asset. This policy applies to currently institutionalized individuals, totally disabled, aged, blind, children under 21 and to non-institutionalized individuals who later enter an institution and who apply for Medicaid as an institutionalized individual within 36 months of such transfer.
TCM	17	Countable resources for this provision include all real property except a home and title transferred to the individual's spouse, minor child under 21 or an adult disabled/blind child, a sibling who has equity interest and has resided in the home for at least 1 year prior to the individual's institutionalization, a child (other than those listed above) who resided in the home at least 2 years immediately preceding the individual's institutionalization and who provided care that permitted the individual to stay in the home rather than a medical or nursing facility or to another for the sole benefit of the community spouse or the individual's child who is blind or permanently and totally disabled, or under age 21.
TCM	18	The period of ineligibility for nursing home vendor or wavered services under Home and Community Based Services for resources transferred with 36 months (or 60 months of establishing an irrevocable trust) of application for long term care nursing services or home and community based services will be the lesser of the uncompensated value divided by the average monthly nursing home charge at the private rate. There is no limit on the maximum months of ineligibility. The penalty continues until expired unless hardship is considered to exist and the institutionalized individual has no other available resources and the application of the penalty will result in loss of essential nursing care which is not available from any other source.
TCM	19	Transferred resources include all real and personal property, establishment of a trust by the institutionalized individual or any representative with authority to act on behalf of or at the request of the individual, which includes the individual's assets and cannot be used by or for the individual's benefit, or an asset held jointly by the institutionalized individual with another person when either individual reduces or eliminates the institutionalized individual's ownership or control of the asset, for the purpose or enabling an applicant/recipient to qualify for aged, blind, or disabled

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		institutionalized Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.25 Resource Transfer



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.26 High Level Grouping

Program Affected: FA	**Users: Caseworkers, Supervisors and above, State Office Staff**

Process:

This is a high level overview of the grouping process for all programs. There is a process for each specific program. In order to determine eligibility for benefits the system must group the mandatory individuals according to program and business rules. This process defines at what point(s) in the data collection process the system will do grouping for potential eligibility for the individuals defining the subprogram if the individual appears eligible. The system shall determine eligibility for every program that was applied for, capturing reasons if determined to be ineligible. The system can continue the data collection unless a definitive technical ineligibility condition for the program/case is determined. At that point the system may determine if potentially eligible in other sub-programs, while retaining all reasons and details for earlier grouping failures for the purpose of client notification.

Sub-Processes:

1. Group Cases and Individuals Using Data Collected Thus Far

   The system shall include all mandatory individuals in a FA group using the information that has been collected for those individuals at any point in time. The system shall display the individuals that are grouped together. Mandatory individuals will be listed with their participation status in that group. Their participation status will indicate to the user if they are an eligible or non-eligible group member and whether any or all of their income and resources are counted towards the case.

   The first grouping must occur based on the client's application for benefits. Once technical eligibility can be established, the system may begin grouping additional sub-programs. The system shall not assign case numbers to these sub-programs until potential eligibility is established. Once technical eligibility is established, the system may go to the authorization process if no more data is required for that program/sub-

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.26 High Level Grouping

Program Affected: FA	**Users: Caseworkers, Supervisors and above, State Office Staff**

program.

INDIVIDUAL (Input)
SSN
RID
Date of Birth

RELATIONSHIP (Input)
Child Relationship to Adult(s)
Adult Relationship to Other Adult(s)

DEPRIVATION (Input)
Deprivation Indicator

CASE (Input)
Individual Eligibility Status
Living Arrangement

DISABILITY (Input)
Disability Indicator
Incapacity Indicator

PURCHASE AND PREPARE (Input)
Purchase and Prepare Indicator

STUDENT (Input)
Student Type
Student Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.26 High Level Grouping

Program Affected: FA	**Users: Caseworkers, Supervisors and above, State Office Staff**

MINOR PARENT (Input)
Minor Parent Indicator
Minor Parent Status

SANCTION (Input)
Sanction Type
Sanction Status
Sanction Begin Date

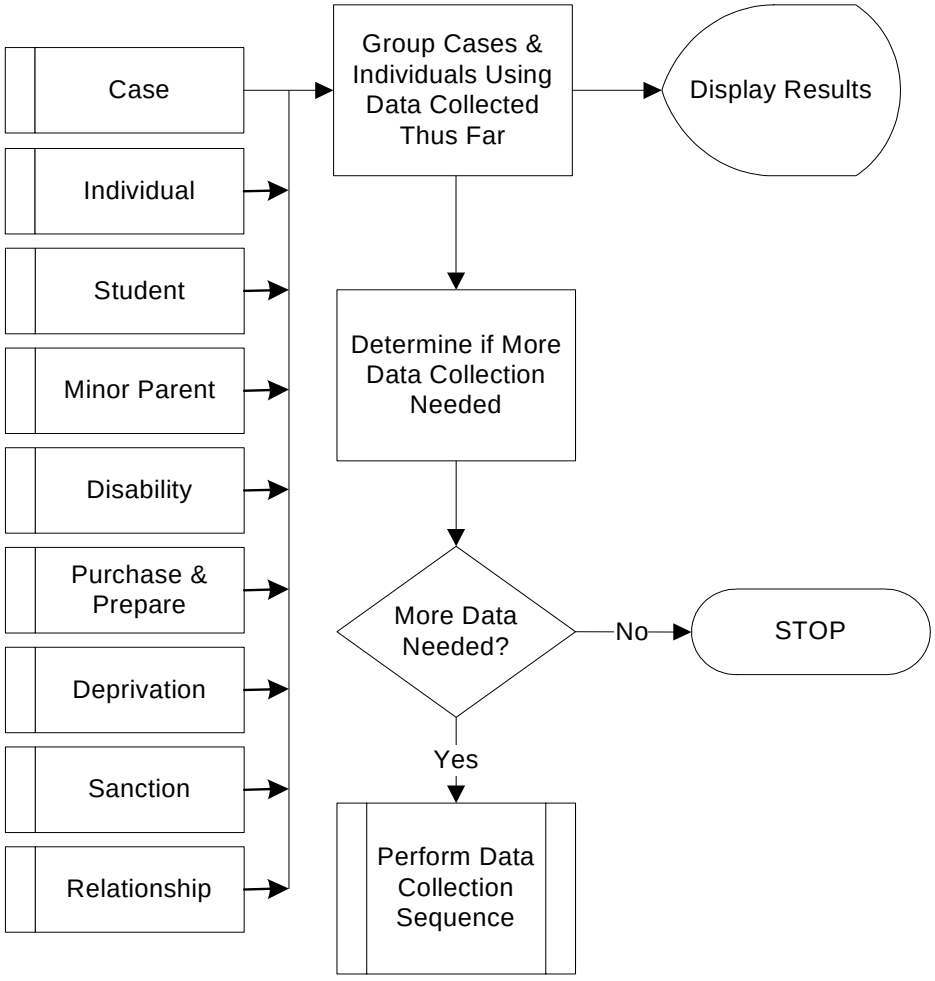
2. Determine if More Data Collection Needed

The system will determine if more information is needed before another grouping of individuals can be performed by the system. The user will record the additional information, and the system will regroup. An individual's participation status may change as new groups are formed. The system must continue to test the case, following a defined hierarchy for that case, and offering options to the applicant, as they are created and based on specific client request whenever permitted by program rules. All test results must be retained, by sub-program and case individual for the purpose of client notification of application results.

3. Perform "Data Collection Sequence" Process

The system shall perform "Data Collection Sequence" when additional data is needed. As new groups form, additional data may be required based on program and business rules.

1.3.26
High Level Grouping



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.27 Families First Grouping

Program Affected: FF	**Users: Caseworkers, Supervisors and above, State Office Staff**

Process:

The Department of Human Services must group all possible individuals into a FF case according to business rules. The system must utilize all information that has been recorded for the individuals in the determination of possible inclusion. The system shall determine groups by including mandatory individuals (based on relationship even if inclusion is not requested) with the caretaker or head of household and those individuals that request inclusion in the case based on business rules. The system shall determine the individual eligibility status in each case based on business rules. The system shall support the ability to test an individual or group of individuals for each sub-program within a program based on a pre-defined hierarchy and pre-defined grouping requirements at application, review or change. The system shall allow the parent/guardian of a minor parent the option to include or exclude the minor parent's dependent child in the FF group based on business rules. The system must be able to identify those individual/cases that meet the guidelines to be served in a TANF state-only program, and track as such for purposes of eligibility, funding sources, and time counters.

Sub-Processes:

1. Determine if FF Case

   The system shall determine if the application is for Families First or if there is a current Families First case.

   CASE (Input)
   Case Type
   Case Number

   INDIVIDUAL (Input)
   SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.27 Families First Grouping

Program Affected: FF	**Users: Caseworkers, Supervisors and above, State Office Staff**

RID

2. Group Individuals

The system shall group a FF case each time FF is applied for or is currently being received. The system shall group the FF individuals and their participation status according to business rules using the information that has been collected.

INDIVIDUAL (Input)
SSN
RID
Date of Birth

RELATIONSHIP (Input)
Child Relationship to Adult(s)

CASE (Input)
Individual Eligibility Status
Living Arrangement
Application for FF
Type

DISABILITY (Input)
Disability Indicator
Incapacity Indicator
SSI Indicator

STUDENT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.27 Families First Grouping	
Program Affected: FF	**Users: Caseworkers, Supervisors and above, State Office Staff**

Student Type
Student Status

SANCTION (Input)
Sanction Type
Sanction Status
Sanction Begin Date

MINOR PARENT (Input)
Minor Parent Indicator
Minor Parent Status

CITIZENSHIP (Input)
Citizenship Indicator

3. Perform “Deprivation” Process

   The system shall perform the “Deprivation” Process. This process incorporates the Families First hierarchy and will group individuals accordingly.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

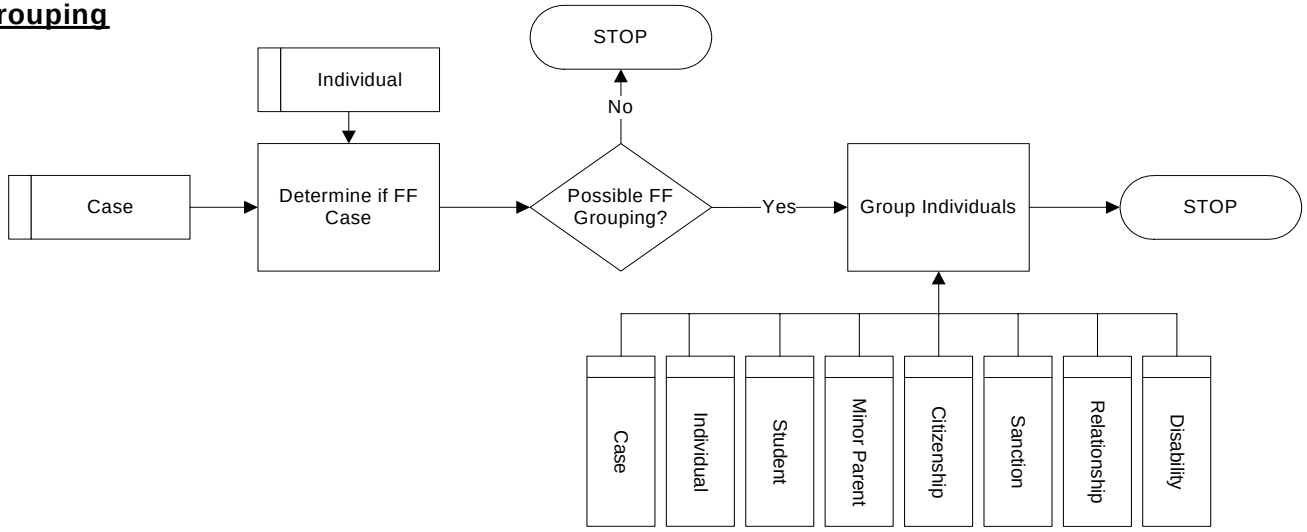
Program Type	Rule Number	Rule
FFP	1	The case member grouping shall be dependent upon whether the applicant indicates that he/she wants to apply for Families First.
FFP	2	Families First grouping will begin with the dependent child(ren) for whom Families First is requested.
FFP	3	The Families First case member group shall be built by adding to the dependent child, the child's technically eligible whole, half, and/or adoptive sibling(s) and the child's technically eligible parent(s), including an incapacitated parent or an unemployed parent living in the home.
FFP	4	A grantee relative other than a parent may be an optional Families First case member.
FFP	5	A stepparent living in the home with the child when a natural/adoptive parent in the home is incapacitated or when the stepparent is the only relative in the home who meets caretaker requirements parent may be an optional Families First case member.
FFP	6	A parent or other caretaker relative of a SSI child when the child is the only child in the home may be an optional Families First case member.
FFP	7	The parent of a minor parent may be an optional Families First case member.
FFP	8	A spouse married during the receipt of assistance may be an optional Families First case member.
FFP	9	Individuals who receive SSI benefits shall be excluded from a Families First case member grouping.
FFP	10	Un-enumerated individuals or any individual who does not meet a technical eligibility requirement shall be excluded from a Families First case member grouping.
FFP	11	Individuals sanctioned for failure, without good cause, to cooperate with the minor parent school attendance requirement shall be excluded from a Families First case member grouping.
FFP	12	Individuals disqualified for Intentional Program Violation shall be excluded from a Families First case member grouping.
FFP	13	Aliens who do not meet eligibility requirements shall be excluded from a Families First case member grouping.
FFP	14	Aliens who would be included but are ineligible due to the deemed income or resources of their sponsors, or due to sponsorship by an agency or organization shall be excluded from a Families First case member grouping.
FFP	15	Individuals who are convicted or who enter a guilty plea or plea of nolo contendre in a

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		federal or state court for having made a fraudulent statement or representation with respect to the place of residence in order to receive assistance simultaneously from two or more states shall be excluded from a Families First case member grouping.
FFP	16	Individuals (fleeing felons) who have knowledge that they are or could be wanted for a felony level criminal act and have taken or are in the process of taking action to avoid prosecution shall be excluded from a Families First case member grouping.
FFP	17	Individuals who are convicted of any felony offense which occurred after August 22, 1996, which has an element of possession, use, or distribution of a controlled substance shall be excluded from a Families First case member grouping unless they meet certain exceptions (listed in other Rules).
FFP	18	Case members whose caretaker or second parent do not meet the requirements to allow inclusion in the Families First case or whose caretaker or second parent has bee convicted of a Class A drug related felony offense, which occurred after August 11, 1996 may be eligible for FF in the state-only program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.27 Families First Grouping



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

This process defines the grouping process for the TennCare program. This process will define the hierarchy that a case will follow when attempting to determine a TennCare sub-program where eligibility may be obtained. The sub-programs that the case is tested against, and the outcomes of the eligibility test, must be retained for historical and notification purposes.

The TennCare grouping process includes the following sub-programs. Rules will define eligibility requirements, as well as the hierarchy in which the sub-programs must have eligibility determined and defined before moving to the next possible grouped hierarchy.

The system shall further provide the user with possible grouping options based on the removal and addition of case members. Whenever possible, such combinations shall be automatically created and tested for eligibility as part of the grouping hierarchy.

Refugee Undocumented Aliens Emergency Assistance
SSI Babies
QMB
SLMB
QI1
Breast and Cervical Cancer
Medicaid with Sibling Income
PLIS (5 categories based on age)
Families First Ride-along (3 categories based on Families First type)
Aid to Dependent Children Medicaid Only
Newborn

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

Medically Needy (3 categories)
Pregnant Woman
Medicaid for the Aged (3 categories)
Medicaid for the Disabled (3 categories)
Medicaid for the Blind (3 categories)
Pickle – Pass-along
Exceptionally Eligible Child Under 21
Cluster – Daniels
Foster Care Medicaid
Adoption Assistance Medicaid
TennCare Standard

Sub-Processes:

1. Application filed for TennCare Medicaid or Referral from DOH/DCS or TennCare or Open TennCare Medicaid case with a Change

   The system must start processing for TennCare Medicaid if an application for TennCare Medicaid is filed, a referral is received from the Department of Health or the Department of Children's Services or the Bureau of TennCare, or a change is processed for an open TennCare Medicaid case.

2. Determine if Request for Foster Care TennCare Medicaid

   The system must determine if the application (referral) is for TennCare Medicaid for a Foster Care child.

   LIVING ARRANGEMENT (input)
   Individual Living Arrangement

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

CASE (output)
Case Type

3. Perform 'Foster Care Presumptive Medicaid Eligibility Determination' Process

   If the system determines that the application is a referral request for TennCare Medicaid for a child in Foster Care, the system must perform the 'Foster Care Presumptive Determination' sub-process.

4. Perform 'Data Collection Sequence Application Interview' sub-process.

   The system must perform the 'Data Collection Sequence Application Interview' sub-process to continue Medicaid grouping.

5. Determine if individual is an undocumented or illegal alien with a Medical Emergency

   The system must determine if the individual is an undocumented or illegal alien with a medical emergency.

   INDIVIDUAL (input)
   Individual Name
   Individual Citizenship Status
   Individual Medical Emergency Indicator

   CASE (output)
   Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

6. Group Alien Categories based on Hierarchy

   If the system determines that the individual is a refugee alien or legal alien (permanent resident) with a medical emergency, the system must group the individual in hierarchy of TennCare Medicaid alien categories based on the program business rules.

   INDIVIDUAL (input)
   Individual Name
   Individual Citizenship Status

   CASE (output)
   Case Type

7. Determine if Medicare Recipient

   If the system determines that the individual is not a refugee alien or legal alien (permanent resident) with a medical emergency, the system must then determine if the individual is a Medicare recipient.

   HEALTH INSURANCE (input)
   Insurance Provider's Carrier ID
   Insurance Provider's Name
   Insured Individual's Name
   Policy Begin and End Dates

   CASE (output)
   Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

8. Group Medicare Beneficiary Categories based on Hierarchy

   If the system determines that the individual is a Medicare Recipient, the system must group the individual in hierarchy of TennCare Medicaid Medicare categories based on the program business rules.

   INDIVIDUAL (input)
   Individual Name
   Individual Medicare Recipient Indicator
   Individual Medicare Coverage Begin Date
   Individual Medicare Coverage End Date

   CASE (output)
   Case Type

9. Determine if Children are in Application or Referral

   If the system determines that the individual is not a Medicare Recipient, the system must determine there are children included in the application or referral for TennCare Medicaid coverage.

   INDIVIDUAL (input)
   Individual Name
   Date of Birth

10. Determine if Adoption Assistance Case

    If the system determines that there are children included in the application or referral for TennCare Medicaid coverage, the system must determine if it is an application for Adoption Assistance.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

LIVING ARRANGEMENT (input)
Individual Living Arrangement

CASE (output)
Case Type

11. Perform 'Data Collection Sequence Application Interview' sub-process

    If the system determines that it is an application for Adoption Assistance, the system must perform the 'Data Collection Sequence Application Interview' sub-process.

12. Group Remaining Family and Child Categories based on Hierarchy

    The system must group any remaining eligible case members in TennCare Medicaid or TennCare Standard categories based on the Medicaid hierarchy according to the programs' business rules.

    INDIVIDUAL (input)
    Individual Name
    Date of Birth
    RELATIONSHIP (input)
    Individual Name
    Relationship to other case members

    INDIVIDUAL (input)
    Date of Birth
    Pregnancy Indicator
    Pregnancy Begin Date
    Pregnancy Trimester

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

DEPRIVATION (input)
Deprivation Indicator
Deprivation Type
Parental Caretaker Type

DISABILITY / INCAPACITY (input)
Individual Name
Disability / Incapacity Indicator

CASE (output)
Case Type

13. Determine if Elderly, Disabled or Blind

The system must determine if the individual is elderly, disabled or blind.

INDIVIDUAL (input)
Individual Name
Date of Birth

DISABILITY / INCAPACITY (input)
Individual Name
Disability Indicator
Disability Type
Disability Begin Date
CASE (output)
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

14. Group Elderly and Disabled Categories based on Hierarchy

    If the individual is determined to be elderly or disabled, the system must group the individual in an elderly / disabled TennCare Medicaid sub-program according to the Medicaid hierarchy based on the program's business rules.

    CASE (output)
    Case Type

15. Determine if Breast or Cervical Cancer Referral

    The system must determine if the individual is under treatment for Breast or Cervical Cancer.

    BREAST OR CERVICAL CANCER (input)
    Diagnosis
    Diagnosis Verification Indicator
    Date of Diagnosis
    Individual Name

    CASE (output)
    Case Type

16. Group MA Z

    If the system determines that the individual is under treatment for Breast or Cervical Cancer, the system must group the individual in the Breast and Cervical Cancer sub-program of TennCare Medicaid sub-program according to the TennCare Medicaid hierarchy based on the program's business rules.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.28 TennCare Grouping

Program Affected: TennCare Medicaid, TennCare Standard	**Users: Caseworkers, FS1s, Program Supervisors**

CASE (output)
Case Type

17. Group TennCare Standard based on Hierarchy

    If the system determines that the individual is not under treatment for Breast and Cervical Cancer, the system must group the individual in a TennCare Standard group according to hierarchy based on the program's business rules.

    INDIVIDUAL (input)
    Individual Name
    Date of Birth

    CASE (output)
    Case Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCS	1	If it is determined that an individual or case is ineligible for TennCare/Medicaid, they may be grouped for TennCare Standard.
TCS	2	Parents and children (to age 19) shall be grouped together, even if there is no legal marriage between the parents. The alleged father's income will count in the TennCare Standard budget, even if the child is not a target member of the TennCare Standard case.
TCS	3	When a child with an alleged parent is receiving TennCare/Medicaid, then the alleged father is also considered a non-target individual but his income is countable in TennCare Standard.
TCS	4	An individual who receives SSI benefits or Families First benefits shall not be grouped in a TennCare Standard case and this individual's income shall not be considered available to the remaining group members.
TCS	5	If a child of an alleged parent receives Families First or SSI, neither the alleged parent nor the child shall be included in the TennCare Standard case.
TCS	6	Spouses, including step-parents, shall be grouped together in a TennCare Standard case.
TCS	7	Individuals who are not TennCare/Medicaid eligible but who are required members must be included in the TennCare Standard budget group for the purposes of counting income, even if they do not request inclusion for TennCare Standard.
TCS	8	Children in a TennCare/Medicaid subsidized adoption case are not included in the TennCare Standard group.
TCS	9	Family members other than parents who are within the specified degree of relationship and who are TennCare/Medicaid eligible may be included, but are not required. The income of the individual would not be counted in the TennCare Standard if they do not wish to be included.
TCS	10	A grandfathered-in adult will be grouped by him-/her-self. This is an individual who has been receiving TennCare Standard and Medicare since before 1-1-02 and has not received Medicaid. However, in determining eligibility for remaining family members, the grandfathered-in individual is grouped as a non-target individual with the other family members such as spouse and minor children under 19 in the TennCare Standard case.
TCS	11	Illegal and undocumented aliens are not eligible for TennCare Standard.
TCS	12	Legal and documented aliens are eligible for TennCare Standard.
TCM	13	Individuals age 65 and over and non-institutionalized shall be grouped in an aged sub-program. This TennCare/Medicaid sub-program will have only one or two eligible individuals based on presence of a spouse aged 65 or over or disabled.
TCM	14	Individuals age 65 and over and institutionalized shall be grouped by themselves, with a specific living arrangement code as being in an institution or home-community based services. The TennCare/Medicaid sub-program will have only one eligible individual, but can have other non-eligible

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		individuals listed as far as a spouse or dependent child remaining in the home.
TCM	15	A blind non-institutionalized individual will be grouped in a specific TennCare/Medicaid sub-program. There will be only 1 or two eligible individuals listed in this sub-program, based on presence of a spouse aged 65 or over or disabled.
TCM	16	A blind institutionalized individual is an adult or child. There will be only one eligible individual in this sub-program. All individuals who are registered on this TennCare/Medicaid case will be grouped with the institutionalized adult, regardless of relationship. The participation codes of these tax dependents will be non-eligible adults/children, dependent upon their age.
TCM	17	All Families First cases shall be grouped with a ride-along TennCare/Medicaid case. Upon closure of a Families First case, this ride along group may remain open for 18 months in the same sub-program, allowing all members to receive transitional Medicaid.
TCM	18	Disabled non-institutionalized adults shall be listed in a specific TennCare/Medicaid sub-program. There may be one or two eligible individuals in the sub-program, and may have dependent children listed as non eligible children. These children may be listed in another sub-program.
TCM	19	Disabled and institutionalized adults and children will be listed in a specific TennCare/Medicaid sub-program. There will be only 1 eligible individual in this sub-program. The participation codes of the tax dependents remaining in the home will be set to non-eligible adults and non-eligible children, dependent upon their age. No other individuals are grouped with an eligible child.
TCM	20	Individuals with a specific child in special living arrangement codes, such as foster care or subsidized adoptions shall be in a specific TennCare/Medicaid sub-program. There will be only 1 child listed in the case. If there are other children, such as siblings, in the same foster care home, they shall be listed in their own case. If eligibility fails, they will be tested for other Medicaid categories.
TCM	21	Pregnant women under the federal poverty limit shall be grouped in a specific PLIS TennCare/Medicaid sub-program. The only eligible individual is the pregnant woman. Family members will be grouped with this individual as padded members. A spouse must always be grouped and is never eligible for benefits.
TCM	22	Children under the age of 1 year shall be grouped in a specific newborn TennCare/Medicaid sub-program, if the income is under a certain percentage as determined by program defined limits of the poverty level. The only eligible individuals are those related children who meet the age limit. Other family members will be grouped with this individual as padded members. The child's natural parent/parents are always grouped and may not be removed.
TCM	23	Children between the ages of 1 to 6 shall be grouped in a specific PLIS TennCare/Medicaid sub-program if the income is an amount as determined by program defined limits. The only eligible individuals are those related children who meet the age limit. Other family members will be grouped with these individuals as padded members. The child's natural parent/parents are always grouped with this sub-program and may not be removed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	24	Children between the ages of 6 and 18 shall be grouped in a specific PLIS sub-program if the income is an amount as determined by program defined limits. The only eligible individuals are those related children who meet the age limit. Other family members will be grouped as padded members. The child's natural parent/parents are always grouped and may not be removed.
TCM	25	Pregnant women who have been receiving TennCare/Medicaid for pregnancy are automatically eligible for Medicaid coverage during a postpartum period and who have not remained eligible for the Families First-related Medicaid sub-program. These women are identified with an indicator set to identify Post Partum. They are the only members in this sub-program and their participation will be an eligible adult.
TCM	26	Individuals who have had their SSI benefits terminated after 4-1977 due to COLA increases or for any other reason shall be grouped in a specific TennCare/Medicaid sub-program. This sub-program has been written up with its own rules, the pickle pass-along. The individual must be currently receiving Social Security income. The individual must be aged, blind, or disabled to be eligible for this sub-program.
TCM	27	Individuals who are aged, blind, or disabled and currently receiving Medicare may be grouped in a specific TennCare/Medicaid sub-program. This sub-program provides Medicare assistance, not Medicaid. The option for this sub-program must be answered yes in the data collection. This sub-program is testing after building cases based on age, disability, blindness, cases where SSI has been terminated and for cases for children with income over the federal poverty rate. Both institutionalized and non-institutionalized categories are tested. The income must be 100% of the federal poverty limit. Spouses shall be grouped in this sub-program, listed as eligible adult if receiving Medicare or non-eligible adult if not. This is QMB.
TCM	28	Individuals entitled to or receiving Medicare Part A due to attaining age 65 or receiving Social Security Disability for 24 months are grouped in a specific TennCare/Medicaid sub-program. States are required to pay Part B premiums for eligible individuals whose income exceeds the 100% federal poverty limit but is less than 120% of the poverty level. Spouses shall be grouped in this sub-program, listed as eligible adult if receiving Medicare or non-eligible adult if not. Both institutionalized and non-institutionalized categories are tested. This assistance pays the Medicare Part B premium only. This is SLMB.
TCM	29	Individuals entitled to or receiving Medicare Part A due to attaining age 65 or receiving Social Security Disability for 24 months are grouped in a specific TennCare/Medicaid sub-program. States are required to pay Part B premiums for eligible individuals whose income exceeds the 120% federal poverty limit. Spouses shall be grouped in this sub-program, listed as eligible adult if receiving Medicare or non-eligible adult if not. Both institutionalized and non-institutionalized categories are tested. This assistance pays the Medicare Part B premium only. This is QI.
TCM	30	When one of the Families First related TennCare/Medicaid categories fail and an eligible newborn exists on a case, the system groups this newborn in a specific TennCare/Medicaid sub-program. The child will be listed as an eligible child. This is the only child listed in the sub-program, unless a full sibling with the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		same date of birth exists and the newborn indicator is set. No other individuals are grouped in this sub-program. They are automatically eligible for Medicaid for 12 months from the date of birth if the child remains with the mother. The worker shall enter a code that signified that the child is Newborn. If the child is no longer automatically covered, the worker will make a change to remove this code.
TCM	31	Pregnant women who fail cash assistance because they are in their first 2 trimesters of pregnancy will be eligible for a specific TennCare/Medicaid sub-program. The criterion for this sub-program is tied with the other sub-program specifically set up for pregnant women. If the pregnant woman is the only individual on the case, with no spouse or other children, then this sub-program is created.
TCM	32	If a Families First case fails with a reason based on the excess income of a child sibling, the system will create this specific TennCare/Medicaid sub-program. The system will build the same group with the same assistance group members. The child sibling whose income made the case ineligible will be included in this specific group; however their needs, resources and income will be ignored in the budget.
TCM	33	A family whose income is over the federal poverty limit, or if parents request inclusion, will be grouped in this TennCare/Medicaid sub-program. Individuals included may be the parent or parents and any children under the age of 21. The eligible caretaker is dependent upon age, deprivation and pregnancy.
TCM	34	Women with breast and/or cervical cancer are grouped in a specific TennCare/Medicaid sub-program. Under the Tennessee Breast and Cervical Cancer Early Detection Program (TBCEDP) which is run by the Department of Health, eligible women may receive 45 days presumptive Medicaid. If not eligible in another TennCare/Medicaid sub-program, the individual may continue to receive ongoing Medicaid in this specific TennCare/Medicaid sub-program. The spouse and all dependent children will be grouped in this sub-program, as non-eligible individuals.
TCM	35	When a Families First case fails due to sibling income, the sibling may be removed from the case as long as there remains one eligible child.
TCM	36	A refugee does not have to be: aged, blind or disabled; a child under age 21; a family with children; or a child in special living arrangement to be eligible for medical assistance. Financial need and refugee status are the only eligibility criteria for refugees. They may be grouped as a family unit or as a single individual. However, an unrelated person can not receive assistance for a minor refugee child.
TCM	37	An illegal alien does not have to be: aged, blind or disabled; a child under age 21; a family with children; or a child in special living arrangement to be eligible for medical assistance. Financial need, illegal status and a hospital admission are the only eligibility criteria for illegal aliens. They may be grouped as a family unit or as a single individual.
TCM	38	Refugees who meet the technical as well as financial eligibility requirements for Families First or medically needy should be covered by those programs. And if eligible for Families First, would then receive the ride-along TennCare Medicaid.
TCM	39	Cuban/Haitian Entrants are not refugees, but are entitled to the same case and medical assistance as

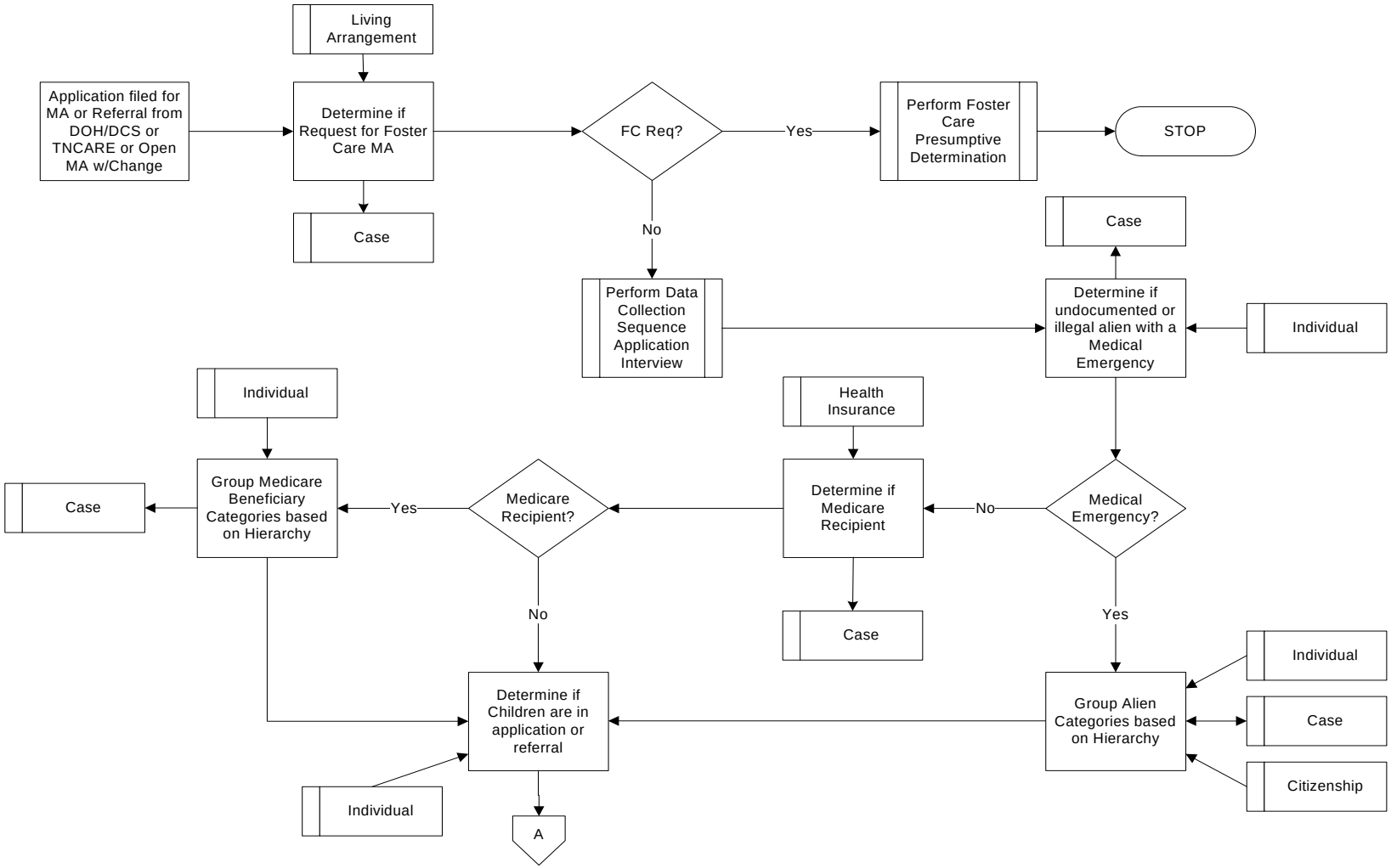
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		are refugees, limiting their eligibility to 18 months from the date the entrant was granted parole status.
TCM	40	Refugees or Entrants who do not meet technical eligibility requirements but are in financial need by AFDC or medically needy standards should be considered for assistance. Refugees who have been in the U.S. 12 months or more will not be eligible to receive assistance under the Refugee Resettlement Program. Refugees who qualify for regular Families First or any other TennCare Medicaid benefits will continue to be eligible for those programs.
TCM	41	An individual may be dual eligible when he/she receives TennCare Medicaid and QMB/SLMB.
TCS	42	Refugees are not eligible for TennCare Standard.
TCM	43	Medicaid is available to any refugee regardless of national origin, who have fled and cannot return to their country of origin because of persecution or fear of persecution on account of race, religion or political opinion and who have been granted parole status in the u.s. and asylum. Refugees can be identified by the Immigration and Naturalization Services Form I-94.
TCM	44	A refugee does not have to be aged, blind or disabled, a child under 21, a child with children, or a child in special living arrangement to be eligible for Medicaid.
TCM	45	Financial need and refugee status are the only eligibility criteria for refugees.
TCM	46	Eligibility is determined under this program when the refugee is not technically eligible for Medicaid.
TCM	47	Only income and resources actually available to the refugee will be considered in determining eligibility. Income and resources of sponsors, including in-kind services and shelter provided by sponsors, are not considered in determining a refugee's eligibility.
TCM	48	Budgeting procedures are the same as for other Medically Needy individuals/families and can include exceptional or spend down procedures if over the Federal Poverty Level. Pregnant women and children of a specified age may quality under the Poverty Level Income Standard.
TCM	49	Medicaid benefits may be authorized for no more than 8 months from the date of entry or parole, once eligibility is determined. This is the maximum authorization period for this coverage.
TCM	50	Medicaid benefits will automatically terminate at the end of the maximum authorization period unless a closure is submitted by the worker before the maximum authorization period is completed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

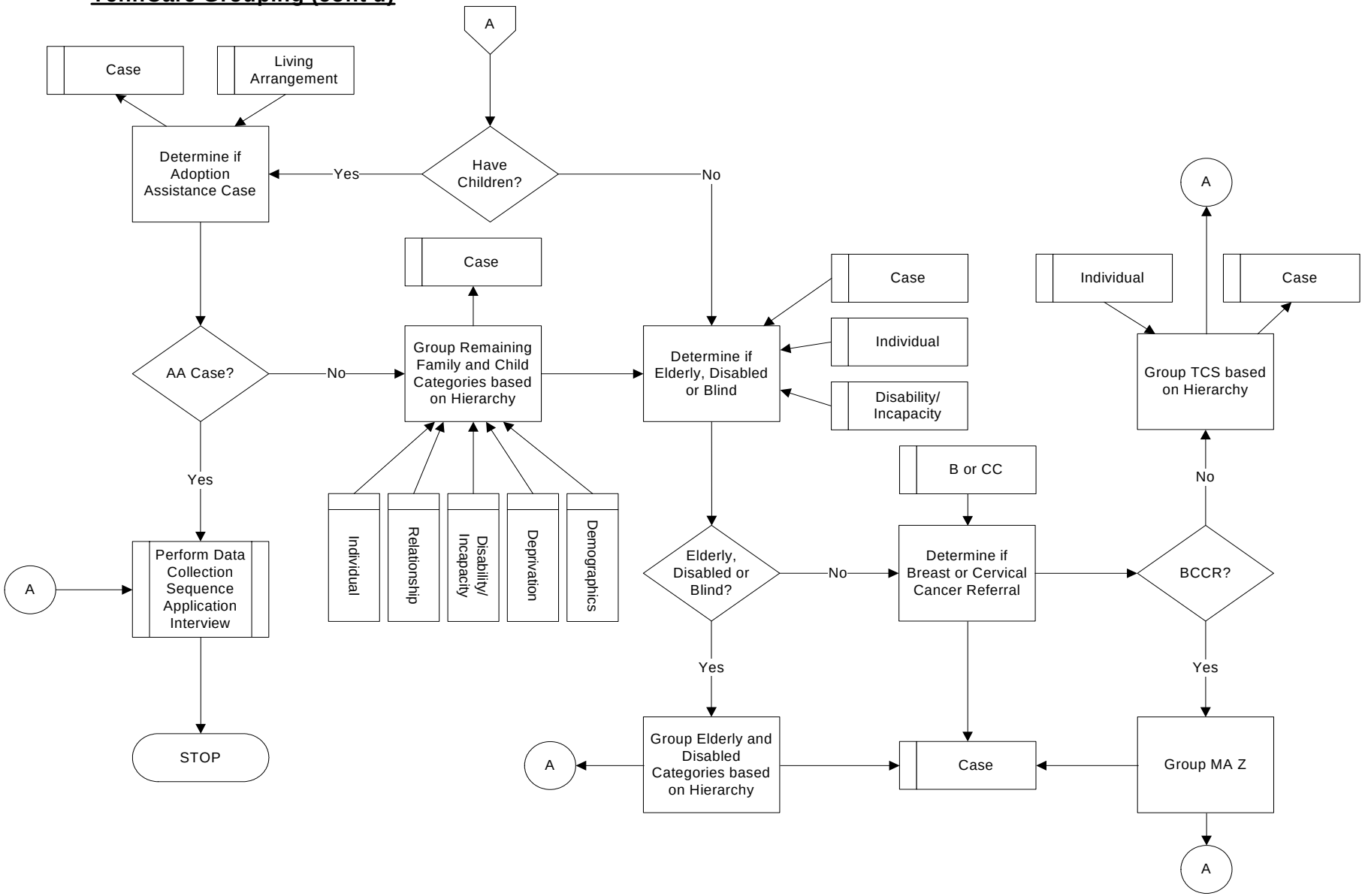
1.3.28

TennCare Grouping



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.28
TennCare Grouping (cont'd)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.29 Food Stamp Grouping

Program Affected: FS	**Users: Caseworkers, Supervisor and above**

Process:

The system must determine and group together the individuals that should be included in a Food Stamps case based upon program rules.

Note – Most of the business rules for grouping individuals and households for FS are defined in other financial and technical eligibility processes.

Sub-Processes:

1. Determine if Food Stamp Program

   The system shall determine the type of program applied for when initiating grouping.

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   CASE (Input / Output)
   Case Number
   Case Type
   Case Status
   Application Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.29 Food Stamp Grouping	
Program Affected: FS	**Users: Caseworkers, Supervisor and above**

2. Group FS

The system shall determine the individuals that must be grouped together when determining eligibility for Food Stamps. The system shall take into consideration the following information when determining which grouping of FS must be created. The system shall display the individuals in the group that was created and their participation status. Based upon the type of grouping formed for Food Stamps, the system will determine eligibility using different standards and eligibility criteria.

The system will always group FS when the individual requests FS on their application, and will not group otherwise.

CASE (Input)
Case Number
Case Type
Number of Case Members

INDIVIDUAL (Input)
SSN
SS-5 Date
SSN Exemption Type
SSN Exemption Date
Individual ID
Date of Birth
Individual Eligibility Status
Individual Eligibility Begin Date
Individual Eligibility End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.29 Food Stamp Grouping

Program Affected: FS	**Users: Caseworkers, Supervisor and above**

STUDENT (Input)
Ineligible Student Indicator

ABAWD (Input)
Countable Months

SANCTION (Input)
Sanction Type
Sanction Occurrence
Begin Sanction Date - 1st Occurrence
End Sanction Date -1st Occurrence
End Sanction Reason - 1st Occurrence
Begin Sanction Date - 2nd Occurrence
End Sanction Date - 2nd Occurrence
End Sanction Reason - 2nd Occurrence
Begin Sanction Date - Subsequent Occurrence
End Sanction Date - Subsequent Occurrence
End Sanction Reason - Subsequent Occurrence

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Date

DISABILITY / INCAPACITY (Input)
Disability – Incapacity Type
Disability Incapacity Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.29 Food Stamp Grouping

Program Affected: FS	**Users: Caseworkers, Supervisor and above**

Permanent or Temporary Disability
Elderly and Disabled Indicator able to purchase and prepare own meals
Elderly or Disabled Indicator

RELATIONSHIP (Input)
Relationships of each case member to all others
Specified degree of relationship
Eating and purchasing food arrangements indicators

ALIEN TYPE (Input)
Citizenship
Alien status and date
Country of Origin
Date of Entry

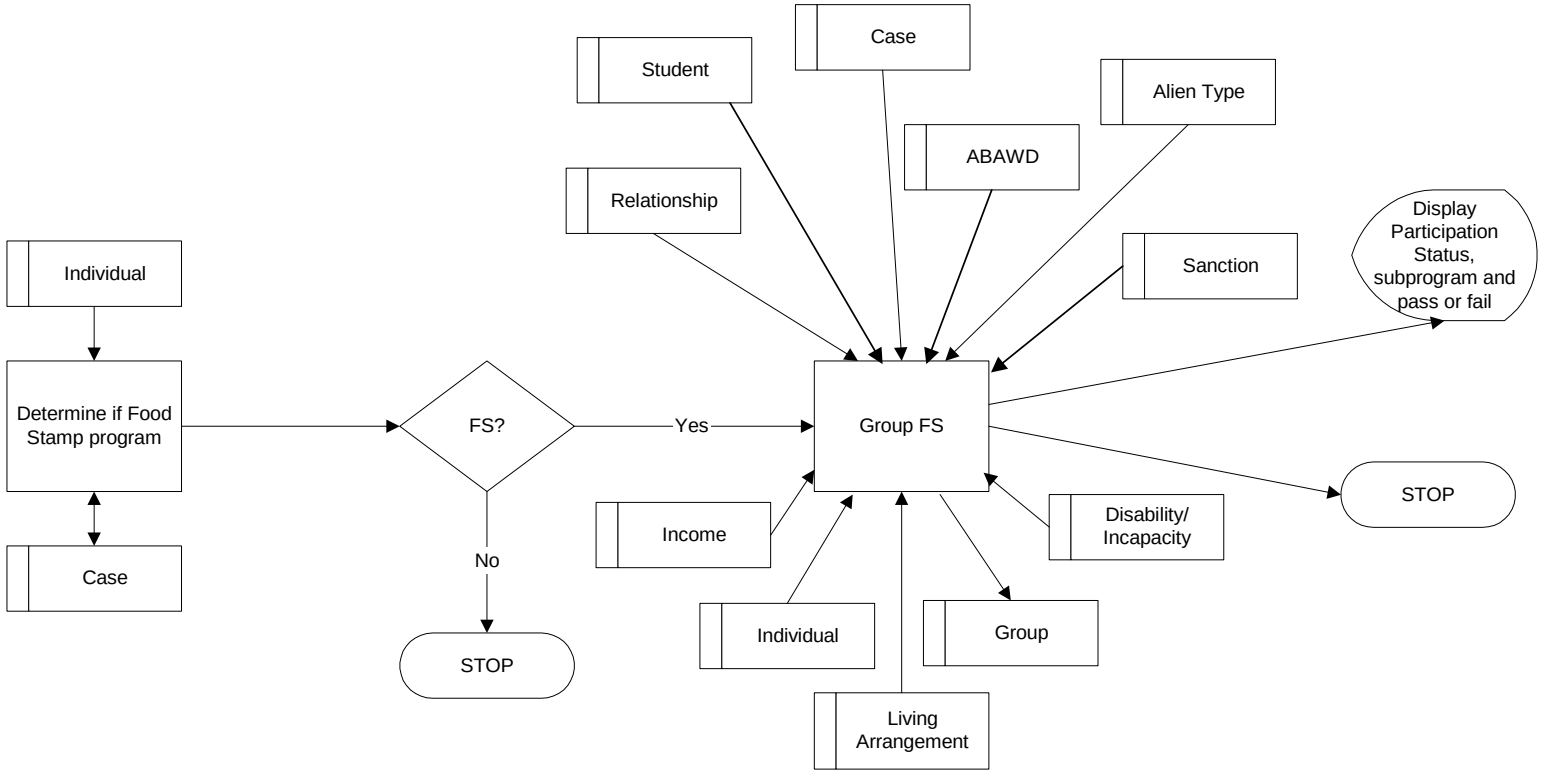
GROUP (Output)
Household Members

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	A food stamp household is composed of individuals or groups of individuals who live with others but customarily purchase food and prepare meals for home consumption separate and apart from others.
FS	2	A food stamp household is composed of individuals who live together and customarily purchase food and prepare meals together for home consumption.
FS	3	The business rules for grouping individuals and households are defined in financial and technical eligibility processes.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.29
Food Stamp Grouping



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.30 Adoption Assistance Grouping

Program Affected: TENNCARE Medicaid / TENNCARE Standard	**Users: Caseworkers, FS1s**

Process:

The Department of Human Services will determine eligibility for Adoption Assistance and also determine eligibility for state-funded adoption assistance for children in state custody who are either in the process of being adopted, or have been adopted yet remain eligible for this assistance.

Sub-Processes:

1. Determine if Referral is for Pending or Finalized IV-E Adoption Assistance.

   The system will receive a referral from the TNKIDS system. This referral will serve as an application for assistance that must be processed. The system must determine if the referral is for a pending or finalized IV-E adoption assistance case.

   DCS REFERRAL (input)
   Adoption Assistance Finalized Indicator

2. Determine if IV-E Adoption Finalized.

   The system must determine if the IV-E Adoption is finalized.
   LIVING ARRANGEMENT (input)
   Living Arrangement Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.30 Adoption Assistance Grouping

Program Affected: TENNCARE Medicaid / TENNCARE Standard	**Users: Caseworkers, FS1s**

3. Determine if Child Meets Special Needs.

   If the IV-E adoption is not finalized, the system must then determine using the program business rules if the child meets special needs criteria.

   CASE (input)
   Case Number
   Case Type

   FOSTER CARE (input)
   Can't Go Back to Home Indicator
   Reasonable Efforts to Place Without Adoption Been Made Indicator

   INDIVIDUAL (input)
   Sibling Group Size
   Age (Date of Birth)
   Race

   DISABILITY / INCAPACITY (input)
   Individual Name
   Disability-Incapacity Type
   Disability Incapacity Begin Date
   Special Circumstances
   HIV Positive Indicator
   Permanent or Temporary (exceed 30 days) Disability

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.30 Adoption Assistance Grouping

Program Affected: TENNCARE Medicaid / TENNCARE Standard	**Users: Caseworkers, FS1s**

4. Perform 'Authorization' sub-process.

   If the child meets the special needs criteria based on the program's business rules, the system must perform the 'authorization' sub-process for approval.

5. Determine if it is State Funded Adoption Assistance.

   If the referral is not a pending or finalized IV-E Adoption referral, the system must determine if the case is a state-funded adoption assistance case.

   DCS REFERRAL (input)
   Adoption Assistance State Funded Indicator

6. Determine if it is State Funded Adoption is Finalized.

   If the case is a state funded adoption assistance case, the system must then determine if the state-funded adoption assistance case is finalized.

   DCS REFERRAL (input)
   Adoption Assistance Status

7. Perform 'Authorization' process.

   If it is determined that the state funded adoption assistance case is finalized, the system must perform the 'Authorization' process to deny the case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.30 Adoption Assistance Grouping

Program Affected: TENNCARE Medicaid / TENNCARE Standard	**Users: Caseworkers, FS1s**

8. Perform 'Authorization' process.

   If it is determined that the state funded adoption assistance case is not final, the system must perform the 'Authorization' process.

9. Determine if Adoption Assistance Approved.

   After performing the 'Authorization' process, the system must determine if case is approved for Adoption Assistance.

   CASE (input)
   Case Number
   Case Status

10. Generate File to TENNCARE.
    If the case is approved, the system must generate a file to the Bureau of TENNCARE.

11. Perform 'Authorization' sub-process.

    If the adoption has been finalized and the child does not meet special needs criteria based on the program's business rules, the system must perform the 'authorization' sub-process for denial.

12. Perform 'Authorization' sub-process.

    If it is determined that the IV-E Adoption is finalized, the system must perform the 'Authorization' process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

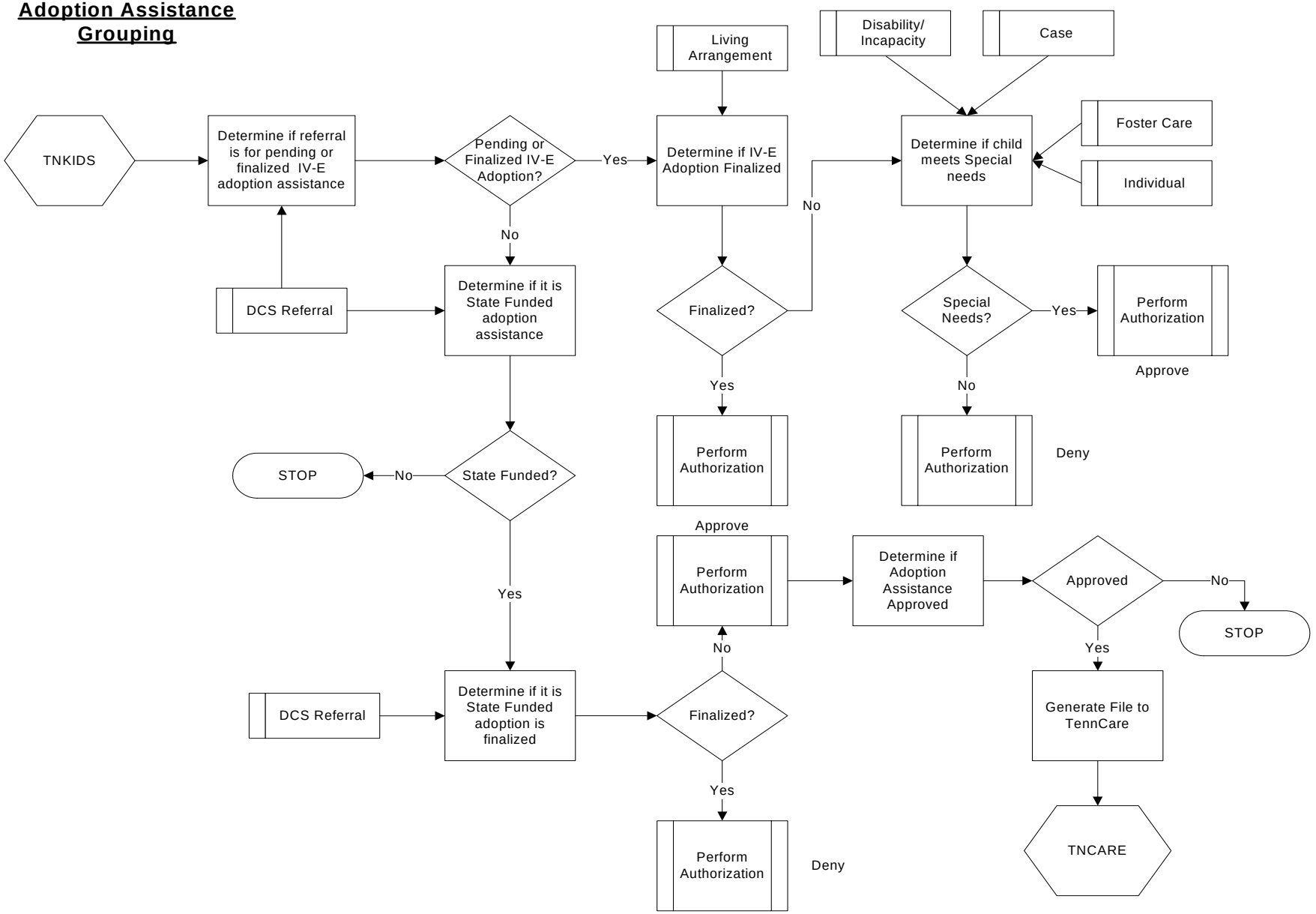
Program Type	Rule Number	Rule
IV-E AA	1	An initial determination for Title IV-E adoption Assistance shall be completed for every child who is placed for adoption.
IV-E AA	2	An online referral for an initial Title IV-E adoption assistance eligibility determination for a child shall be generated through the DCS STCWIS system, i.e. TNKids, and provided to the DHS V.I.P. system when the child is placed for adoption. This referral shall serve to establish the case.
IV-E AA	3	DCS case managers shall initiate a Title IV-E online referral by entering the adopted child and the date the child was placed for adoption.
IV-E AA	4	DCS eligibility staff shall review and verify the data in the online referral, enter any available data in the incomplete fields to assure that the child is approved for TennCare in the adoptive name.
IV-E AA	5	DCS eligibility staff shall authorize the release of the online referral to V.I.P.
IV-E AA	6	V.I.P. shall determine if the adopted child passes the Title IV-E adoption assistance technical and financial program requirements.
IV-E AA	7	An adopted child who receives SSI is eligible for IV-E funding.
IV-E AA	8	An adopted child who has a previous IV-E eligibility record is eligible for IV-E funding.
IV-E AA	9	A child whose parent is in foster care and receiving IV-E foster care payments which cover both the child and the parent and the child is determined to be a special needs child is eligible for IV-E funding.
IV-E AA	10	If a child passes IV-E funding requirements, other factors of eligibility are included for special needs.
IV-E AA	11	If a child does not pass IV-E funding requirements, a determination must be made of the child's eligibility for adoption assistance under state funding.
IV-E AA	12	A Title IV-E adoption assistance child must pass all of the following technical and financial program requirements: • Age - The child must be under 18 years of age at the time of approval. • U.S. Citizenship or legal alien. • The child must meet the special needs requirements.
IV-E AA	13	An online Title IV-E referral that has been received by V.I.P., but a decision of the child's eligibility has not been completed shall be documented as "pending."
IV-E AA	14	Title IV-E adoption assistance eligibility shall stop for a IV-E adoption assistance child when the child reaches the age limit.
IV-E AA	15	V.I.P. shall provide TNKids the adopted child's Title IV-E foster care status resulting from the online referral for Title IV-E adoption assistance.
IV-E AA	16	A redetermination of an eligible child's continued eligibility and reimbursability for IV-E adoption assistance shall be completed when information is added or changes are reported for the adopted child, or he attains the age of 18.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E AA	17	Any change in the child's Title IV-E status shall be provided from V.I.P. to TNKids.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.30 Adoption Assistance Grouping



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.31 Foster Care Grouping

Program Affected: TENNCARE Medicaid, TENNCARE Standard Foster Care	**Users: Child Welfare Benefit Workers**

Process:

This process defines the steps followed to process a Foster Care case and determine eligibility in the Family Assistance system.

The DCS Case Manager enters the data required to determine IV-E Foster Care eligibility for foster care children into the TNKIDS system. The data is then transmitted via an online TNKIDS referral from the initial DCS intake process (demographic, financial, relationship, household composition) to the new Family Assistance replacement system which serves as the application to initiate the process. This referral will also indicate that a determination for Presumptive TENNCARE Medicaid is required. Presumptive Medicaid eligibility will be established using limited client data. As more data is obtained, ongoing eligibility will be established.

The Child Welfare Benefits Worker must then work the referral received from TNKIDS to resolve any duplicate participation issues in the new Family Assistance system, and verify (establish) the 'reported' data from the referral. The new Family Assistance system will process the data and determine eligibility for IV-E Foster Care.

Sub-Processes:

1. Determine if this is IV-E Foster Care

   The system will receive a referral from the TNKIDS system. The system must determine if the referral is for a IV-E Foster Care case. This referral contains limited information that may or may not have been verified and is used to determine presumptive eligibility only. Some children may already have Medicaid coverage at time of referral.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.31 Foster Care Grouping

Program Affected: TENNCARE Medicaid, TENNCARE Standard Foster Care | **Users: Child Welfare Benefit Workers**

DCS REFERRAL (input)
Foster Care Child Name
Foster Care Child Date of Birth
Foster Care Child SSN
Foster Care Child SS5 Date
Living Arrangement Type
Living Arrangement Date
Alien Type Indicator
SSI Recipient Indicator
TNKIDS ID Number
TNKIDS Case Number

2. Perform 'Foster Care Presumptive Medicaid Eligibility Determination' sub-process.

   If the case is for IV-E Foster Care, the system must perform the 'Foster Care Presumptive Medicaid Eligibility Determination' sub-process.

3. CWBC Releases DCS Referral.

   After the 'Foster Care Presumptive Medicaid Eligibility Determination' sub-process is performed, the CWBC will release the DCS referral received from the TNKIDS system containing client and child removal home data to complete the eligibility process for IV-E Foster Care.

4. Populate Remaining Data.

   When the DCS referral is released for application processing, the system must automatically populate the data from the referral to the appropriate screens.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.31 Foster Care Grouping

Program Affected: TENNCARE Medicaid, TENNCARE Standard Foster Care | **Users: Child Welfare Benefit Workers**

5. Perform Data Collection Sequence.
   Once the system has been populated with the data from the DCS referral, the user may verify the existing data and collect any other data needed for IV-E Foster Care eligibility determination by performing the 'Data Collection Sequence' sub-process.

6. Determine if Technical Eligibility Met.

   Using the program business rules for technical eligibility, the system must determine if the technical requirements for IV-E foster care eligibility have been met, and the case groups for Foster Care using rules from other processes as well.

7. Perform 'Deprivation' sub-process.

   If it is determined that the technical eligibility for IV-E Foster Care has been met based on the program's business rules, the system must then perform the 'Deprivation' sub-process and continue processing to conclusion.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	1	An initial eligibility determination for Title IV-E foster care shall be completed for every child who is removed from the home and placed in DCS custody.
IV-E FC	2	An on-line referral for an initial Title IV-E foster care eligibility determination for a DCS foster child shall be generated through the DCS SACWIS System, i.e., TN KIDS, and provided to the DHS V.I.P. System.
IV-E FC	3	DCS case managers shall initiate a Title IV-E foster care on-line referral by entering the reported foster child and removal home family information into TN KIDS.
IV-E FC	4	DCS eligibility staff shall review and verify the data in the on-line referral, enter any available data in incomplete fields, and designate the required members of the foster child's pre-custody removal home.
IV-E FC	5	DCS eligibility staff shall authorize the release of the on-line referral to V.I.P.
IV-E FC	6	After the on-line referral is released to V.I.P., a foster child shall be presumed eligible for TennCare and authorized for TennCare for the first 45 days of custody if the child meets the business rules for Foster Care Presumptive Medicaid.
IVE FC	7	V.I.P. shall determine if a foster child passes the Title IV-E foster care technical and financial program requirements.
IV-E FC	8	A foster child who was physically removed from a home and placed in foster care or was constructively removed and placed in foster pursuant to a court order or a Voluntary Placement Agreement shall pass the Title IV-E foster care removal requirement.
IV-E FC	9	A foster child who passes the removal requirement shall be considered for other factors of eligibility for Title IV-E foster care.
IV-E FC	10	If a foster child does not pass the removal requirement, the child is ineligible for Title IV-E foster care and the on-line referral shall be denied for Title IV-E foster care. An eligibility determination shall be completed for TennCare if a child is determined to be ineligible for Title IV-E foster care.
IV-E FC	11	If a foster child passes the removal requirement, the child's legal entry into foster care shall be documented and reviewed to determine if the child passes the Title IV-E foster care legal requirements for eligibility and reimbursability.
IV-E FC	12	A foster child who enters foster care by Voluntary Surrender is ineligible for Title IV-E foster care and the on-line referral shall be denied.
IV-E FC	13	A foster child who enters foster care by a valid Voluntary Placement Agreement shall be eligible for Title IV-E foster care for the first 180 days of the foster care placement if the child passes the July 16, 1996 AFDC technical and financial program requirements.
IV-E FC	14	A foster child who enters foster care by a valid Voluntary Placement Agreement and who passes the July 16, 1996 AFDC technical and financial program requirements shall remain eligible for Title IV-E foster care beyond the 180th day of custody if a "best interest judicial determination for continued foster care placement" is obtained no later than the child's 180th day of custody.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	15	If more than 180 days have elapsed and a finding of "best interest of the child for continued placement in foster care" is not obtained, the child's eligibility for Title IV-E foster care shall stop on the child's 181st day of custody.
IV-E FC	16	The removal court order of a foster child who was placed in DCS custody by a court order must include a judicial finding that remaining in the home would be contrary to the child's welfare, safety, or best interest or acceptable language that satisfies IV-E legal requirements.
IV-E FC	17	If a foster child was placed in DCS custody by a court order and the removal court order does not include a finding of "contrary to the welfare, placement in foster care is in the child's best interest, etc", the child is ineligible for Title IV-E foster care and the on-line referral shall be denied.
IV-E FC	18	If a foster child was placed in DCS custody by a court order and the removal court order includes a finding of "contrary to the welfare, best interest, or language to the effect, the child shall pass the "contrary to the welfare" legal requirement and shall be considered for other factors of eligibility.
IV-E FC	19	The removal court order or a subsequent court order no later than 60 days of the child's removal from the home must include a judicial finding that reasonable efforts to prevent the child's removal from the home were made (or were not required).
IV-E FC	20	If a foster child was placed in DCS custody by a court order and the removal court order or a subsequent court order no later than 60 days of the child's removal from the home does not include a finding that reasonable efforts to prevent the child's removal from the home were made (or not required), the child is ineligible for Title IV-E foster care and the on-line referral shall be denied.
IV-E FC	21	If a foster child was placed in DCS custody by a court order and the removal court order or subsequent court order includes a finding of reasonable efforts to prevent the child's removal from the home were made (or were not required), the child shall pass the initial reasonable efforts legal requirement and shall be considered for other factors of eligibility.
IV-E FC	22	A foster child who passes the "contrary to the welfare" and "initial reasonable efforts" legal requirements for Title IV-E foster care must pass the July 16, 1996 AFDC technical and financial program requirements to be deemed eligible for Title IV-E foster care.
IV-E FC	23	A Title IV-E foster child must pass all of the following July 16, 1996 AFDC technical and financial program requirements: • Age – The foster child must be under 18 years of age or age 18 and attending school (or the equivalent) and expected to complete the education program before age 19. • U. S. Citizen or legal alien; • Living With and Removed From A Specified Relative – The foster child must have been living with a specified relative during the eligibility month and removed from this specified relative; or living with a specified relative within six months of the eligibility month and was removed from this specified relative.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• Financial Need – Resources: The countable resources of the required members of the foster child's removal home must be less than $10,000; and Income: The countable gross income of the required members of the foster child's removal home must be less than the July 16, 1996 Gross Income Standard and the countable net income (after allowable earned income disregards) of the required members of the foster child's removal home must be less than the July 16, 1996 Consolidated Need Standard for the assistance unit size. The budgeting work process and $30 plus 1/3 disregard (if applicable) shall be used to calculate a budget if the required members of the foster child's pre-custody removal home have any countable income. • Deprivation – The child must have been deprived of parental support or care in the child's pre-custody removal home during the eligibility month due to one of the four deprivation factors: 1. continued absence from the foster child's removal home; 2. death of one or both of the foster child's parents; 3. incapacity of one of the foster child's parents; 4. unemployment of the principal wage earner.
IV-E FC	24	If a foster child does not pass all of the July 16, 1996 AFDC technical and financial program requirements, the child is ineligible for Title IV-E foster care and the on-line referral shall be denied.
IV-E FC	25	If a foster child passes the "contrary to the welfare" and "initial reasonable efforts" legal requirements and all of the July 16, 1996 AFDC technical and financial program requirements, the child shall be deemed "eligible" for Title IV-E foster care and the child considered for the reimbursability requirements to determine if the child's cost of care is eligible for reimbursement from Title IV-E foster care funds.
IV-E FC	26	A child must pass the following reimbursable program requirements for the child's cost of care to be deemed eligible and reimbursable from Title IV-E foster care funds: • Legal Responsibility – DCS must have legal responsibility for the child. • Age – The child pass the age requirement; • Deprivation – Deprivation must continue to exist in the child's pre-custody removal home. • Financial Need – The countable resources of the foster child only must be under $10,000. The countable gross income of the foster child only must be under 185% of the child's monthly board and care rate and the countable net income of the foster child only must be under 100% of the child's monthly board and care rate. The budgeting work process shall be used to calculate a budget if the foster child has any countable income.
IV-E FC	27	A foster child who passes the following Title IV-E foster care legal, technical, and financial requirements shall be deemed eligible and reimbursable for Title IV-E foster care: • Court Ordered Removal: documentation of timely judicial finding of "contrary to the welfare" and

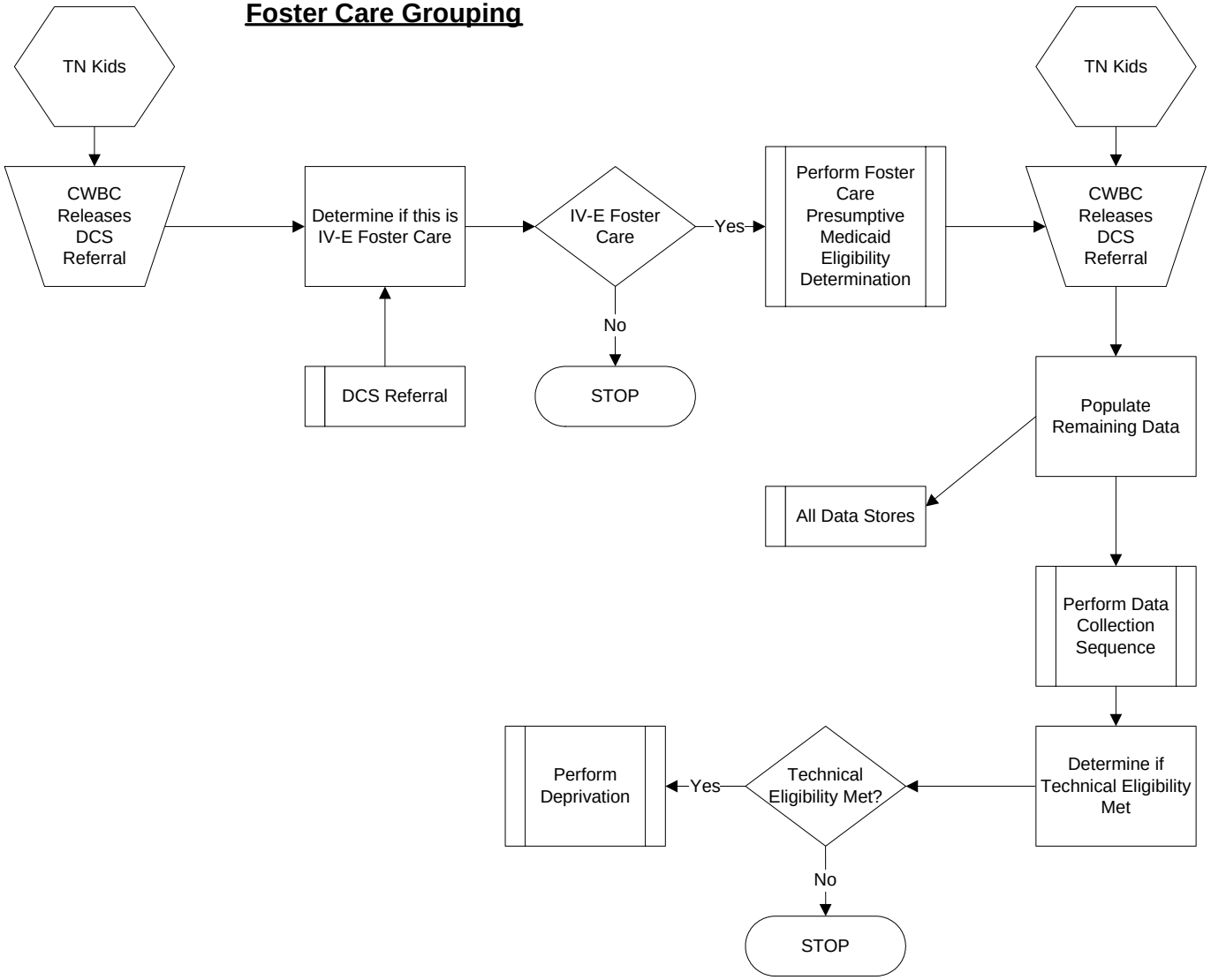
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		"initial reasonable efforts"; • July 16, 1996 AFDC technical and financial program requirements; or • Valid Voluntary Placement Agreement and pass July 16, 1996 AFDC technical and financial program requirements.
IV-E FC	28	An on-line Title IV-E referral that has been received by V.I.P., but a decision of the child's eligibility has not been completed shall be designated as "pending".
IV-E FC	29	Title IV-E foster care eligibility shall stop for an eligible child when the child is released from DCS custody.
IV-E FC	30	Title IV-E foster care eligibility shall stop for a IV-E foster care child when the child reaches the age limit.
IV-E FC	31	V.I.P. shall provide TN KIDS the foster child's Title IV-E foster care status resulting from the on-line referral for Title IV-E foster care: • Pending; or • Eligible, Non-Reimbursable • Eligible and Reimbursable. An approved and active Title IV-E foster care file shall be maintained in V.I.P.
IV-E FC	32	A redetermination of an eligible child's continued eligibility and reimbursability for Title IV-E foster care shall be completed at periodic internals(as defined by program guidelines) to determine whether the child's cost of care continues to be reimbursable from Title IV-E funds.
IV-E FC	33	The redetermination shall be used to review and revise IV-E information that may have changed since the initial eligibility determination and/or the last redetermination.
IV-E FC	34	A redetermination of an eligible child's continued eligibility and reimbursability for Title IV-E foster care shall be completed when information is added or changes are reported for the foster child.
IV-E FC	35	A foster child who is an SSI recipient and who passes the Title IV-E foster care eligibility and reimbursability legal, technical, and financial requirements shall be designated as eligible, not reimbursable.
IV-E FC	36	A Title IV-E eligible and reimbursable child must have an annual timely finding of reasonable efforts to finalize a Permanency Plan to remain reimbursable for Title IV-E foster care.
IV-E FC	37	If the annual judicial finding of reasonable efforts to finalize a Permanency Plan is obtained timely and the child continues to meet all other reimbursable technical requirements, the child's cost of care shall continue to be reimbursable from Title IV-E foster care.
IV-E FC	38	If the annual judicial finding of reasonable efforts to finalize a Permanency Plan is not obtained timely, the child' s care is no longer reimbursable under Title IV-E foster care until a judicial finding of reasonable efforts to finalize a Permanency Plan is obtained.
IV-E FC	39	Any change in the child's Title IV-E status shall be provided from V.I.P. to TN KIDS.
IV-E FC	40	A foster child who passes the Title IV-E foster care eligibility and reimbursability technical and financial

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		program requirements and who is placed with an approved Title IV-E foster care provider shall be authorized for Title IV-E foster care benefits.
IV-E FC	41	The Title IV-E foster care status of a foster child's provider shall be maintained in TN KIDS.
IV-E FC	42	V.I.P. shall authorize TennCare benefits for Title IV-E foster care children who are categorically eligible for companion TennCare Medicaid benefits.
IV-E FC	43	A foster child who passes the technical and financial program requirements for Title IV-E foster care and is placed with an approved IV-E provider is categorically eligible for companion TennCare benefits.

1.3.31
Foster Care Grouping



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Process:

This process will determine the Child Care Service Type for a child and whether funding is currently available for the specific sub-program at that time.

Sub-Processes:

1. Determine if Individual Service Type is DCS

   The system shall support child care grouping when determining if the Child Care Service Type is DCS (Department of Children Services) based on the Child Care Application Source and the business rules.

   APPLICATION SOURCE (Input)
   Application ID
   Application Name
   Application Type
   Application Date
   DCS Referral Status
   DCS Referral Date

2. Determine if Eligible for FF Child Care

   If the system determines the application source is not from DCS, the system will determine if eligible for the Child Care Service Type, Families First. This determination is based on business rules, alien type, relationship, individual, case, PRP, child's child care eligibility, parent's child care eligibility and disability/incapacity information.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

ALIEN TYPE (Input)
Citizenship Status
Date of Entry
Alien Verification
Alien Status

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Indicator

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual DOB
Individual SSN

CASE (Input)
Case Number
Case Type
Case Program Type
Case Eligibility Start Date
Case Eligibility End Date
FF Case Start Date
FF Case End Date
Child Support Cooperation Indicator
FF Case Closure Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

PRP (Input)
PRP Effective Date
PRP Individual ID
PRP Name
PRP Work Plan Status
PRP Work Plan Start Date
PRP Work Plan End Date
PRP Work Plan Hours
PRP Total Modified Hours
PRP Work Plan Activity Type
PRP Work Plan Activity Start Date
PRP Work Plan Activity End Date
PRP Exemption Indicator
PRP Exemption Type
PRP Exemption Start Date
PRP Exemption End Date
PRP Interruption Indicator
PRP 2 wk Compliance Indicator
PRP 2 wk Compliance Begin Date
PRP 2 wk Compliance End Date

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

State of Tennessee IT Methodology

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type
Parent's Eligibility Start Date
Parent's Eligibility End Date

DISABILITY/INCAPACITY (Input)
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

3. Determine if Eligible for At Risk Child Only Child Care

   If the child is determined not to be eligible for FF Child Care but the child is an active Child Only FF Case, the system will determine if the child is eligible for At-Risk Child Only (ARCO) child care based on business rules, alien type, relationship, case, individual, child's child care eligibility, parent's child care eligibility and disability/incapacity information.

   ALIEN TYPE (Input)
   Citizenship Status
   Date of Entry
   Alien Verification
   Alien Status

   RELATIONSHIP (Input)
   Relationship Type
   Foster Child Parent Indicator

   CASE (Input)
   Case Number
   Case Type
   Case Program Type
   Case Eligibility Start Date
   Case Eligibility End Date
   FF Case Start Date
   FF Case End Date
   Child Support Cooperation Indicator
   FF Case Closure Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual DOB

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level
Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Parent's Service Type
Parent's Eligibility Start Date
Parent's Eligibility End Date

4. Determine if Eligible for Transitional Child Care

If the child is determined not to be eligible for At Risk Child Only (ARCO) Child Care, the system will determine if the child is eligible for Transitional Child Care based on business rules, alien type, relationship, case, individual, child's child care eligibility, parent's child care eligibility and disability/incapacity information.

ALIEN TYPE (Input)
Citizenship Status
Date of Entry
Alien Verification
Alien Status

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Indicator

CASE (Input)
Case Number
Case Type
Case Eligibility Start Date
Case Eligibility End Date
FF Case Start Date
FF Case End Date
Child Support Cooperation Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

FF Case Closure Reason
TCC Reason
TCC End Date

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual DOB
Individual SSN

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care enrollment Start Date
Child's Care enrollment End Date
Child's Care level
Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Waiting List Priority
Child's Waiting List Termination Reason

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type
Parent's Eligibility Start Date
Parent's Eligibility End Date

DISABILITY/INCAPACITY (Input)
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

5. Determine if Eligible for At Risk Child Care

If the system determines the child is not eligible for Transitional Child Care, the system will determine if the child is eligible for At Risk Child Care based on business rules, alien type, case, individual, relationship, child's child care eligibility, parent's child care eligibility and disability/incapacity information.

ALIEN TYPE (Input)
Citizenship Status
Date of Entry
Alien Verification
Alien Status

CASE (Input)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Case Number
Case Type
Case Eligibility Start Date
Case Eligibility End Date
FF Case Start Date
FF Case End Date
Child Support Cooperation Indicator
FF Case Closure Reason
TCC Reason
TCC End Date

INDIVIDUAL (Input)
Individual Id
Individual Name
Individual DOB
Individual SSN

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Indicator

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type
Parent's Eligibility Start Date
Parent's Eligibility End Date

DISABILITY/INCAPACITY (Input)
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

6. Determine if Eligible for Low Income Child Care

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

If the system determines the child is not eligible for At Risk Child Care, the system will determine if the child is eligible for Low Income Child Care utilizing business rules, alien type, relationship, case, individual, child's child care eligibility, parent's child care eligibility and disability/incapacity information.

ALIEN TYPE (Input)
Citizenship Status
Date of Entry
Alien Verification
Alien Status

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Indicator

CASE (Input)
Case Number
Case Type
Case Eligibility Start Date
Case Eligibility End Date
FF Case Start Date
FF Case End Date
Child Support Cooperation Indicator
FF Case Closure Reason
TCC Reason
TCC End Date

INDIVIDUAL (Input)
Individual ID

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Individual Name
Individual DOB
Individual SSN

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level
Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Parent's Eligibility Start Date
Parent's Eligibility End Date

DISABILITY/INCAPACITY (Input)
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

7. Send Notice

If the system determines the child is not eligible for any type of child care, the system will send a notice to the individual. The system shall support grouping and determine eligibility for the Child Care program and at least the following sub-programs based on policy rules: Low Income Diagnosed Disability/Developmental Delay Child Care, Department of Children Services Child Care, Low Income Working Parent Child Care, Families First Child Care, Transitional Child Care, At-Risk Child Only Child Care and At-Risk Child Care. The system shall determine groups by including mandatory individuals (based on relationship, even if inclusion is not requested) with the caretaker or head of the household and those individuals that request inclusion in the case based on policy. The system shall determine individual eligibility status based on rules. The system shall include the case and individual statuses for all programs and sub-programs that were tested in the determination of eligibility and the reason the case and/or individual passed or failed on the notice. The system shall return history of all case numbers, by program and sub-program type, with all individuals ever associated, their status in that case and if they were the designated head of case for that number.

NOTICE (Output)
Notice Type
Notice Date
Notice Text Message

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

8. Determine if Child in State Custody

   If the Individual Service Type is DCS, the system will determine if the child is in State Custody based on the adjudicated decision, case, living arrangement, disability, individual and relationship information and utilizing the business rules.

   ADJUDICATED DECISION (Input)
   Adjudication Status
   Adjudication Effective Date
   Adjudication Court Name

   CASE (Input)
   Case Number
   Case Type
   Case Name
   Case Eligibility Start Date
   Case Eligibility End Date

   LIVING ARRANGEMENT (Input)
   Individual ID
   Individual Name
   Living Arrangement Type
   Living Arrangement Start Date
   Living Arrangement End Date

   DISABILITY (Input)
   Individual ID

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Individual Name
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB

RELATIONSHIP (Input)
Individual ID
Individual Name
Relationship Type

9. Determine if Child Protective Services Grouping is Appropriate

   If it is determined the child is not in State Custody, the system will determine if the child is in Child Protective Services based on the adjudicated decision, case, living arrangement, disability, and individual and relationship information and utilizing the business rules.

   ADJUDICATED DECISION (Input)
   Adjudication Status
   Adjudication Effective Date
   Adjudication Court Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

CASE (Input)
Case Number
Case Type
Case Name
Case Eligibility Start Date
Case Eligibility End Date

LIVING ARRANGEMENT (Input)
Individual ID
Individual Name
Living Arrangement Type
Living Arrangement Start Date
Living Arrangement End Date

DISABILITY (Input)
Individual ID
Individual Name
Disability Type
Date of Verified Disability
Disability Start Date
Disability End Date

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

RELATIONSHIP (Input)
Individual ID
Individual Name
Relationship Type

10. Determine if Relative Caregiver in Home

    If the child is determined not to be in Child Protective Services, the system will determine if there is a relative caregiver in the home utilizing the disability, individual, relationship and case information and based on the business rules.

    DISABILITY (Input)
    Individual ID
    Individual Name
    Disability Type
    Date of Verified Disability
    Disability Start Date
    Disability End Date

    INDIVIDUAL (Input)
    Individual ID
    Individual Name
    Individual SSN
    Individual DOB

    RELATIONSHIP (Input)
    Individual ID

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DHS V.I.P. Process Description

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Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Individual Name
Relationship Type

CASE (Input)
Case Number
Case Type
Case Name
Case Eligibility Start Date
Case Eligibility End Date

11. Record Families First Child Care

    If the system determines the child care service type is Families First, the system will record the information.

    PARENT'S CHILD CARE ELIGIBILITY (Output)
    Parent's Program Type
    Parent's Service Type
    Parent's Child Care Participation Start Date
    Parent's Child Care Participation End Date
    Parent's Eligibility Start Date
    Parent's Eligibility End Date

12. Record At Risk Child Only Child Care

    If the system determines the child care service type is At Risk Child Only (ARCO) Child Care, the system will record the information.

    PARENT'S CHILD CARE ELIGIBILITY (Output)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Parent's Program Type
Parent's Service Type
Parent's Child Care Participation Start Date
Parent's Child Care Participation End Date
Parent's Eligibility Start Date
Parent's Eligibility End Date

13. Record Transitional Child Care

    If the system determines the child care service type is Transitional Child Care, the system will record the information.

    PARENT'S CHILD CARE ELIGIBILITY (Output)
    Parent's Program Type
    Parent's Service Type
    Parent's Child Care Participation Start Date
    Parent's Child Care Participation End Date
    Parent's Eligibility Start Date
    Parent's Eligibility End Date

14. Record At Risk Child Care

    If the system determines the child care service type is At Risk Child Care, the system will record the information.

    PARENT'S CHILD CARE ELIGIBILITY (Output)
    Parent's Program Type
    Parent's Service Type

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Prepared by: DHS Policy/Systems

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Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Parent's Child Care Participation Start Date
Parent's Child Care Participation End Date
Parent's Eligibility Start Date
Parent's Eligibility End Date

15. Record Low Income Child Care

    If the system determines the child care service type is Low Income Child Care, the system will record the information.

    PARENT'S CHILD CARE ELIGIBILITY (Output)
    Parent's Program Type
    Parent's Service Type
    Parent's Child Care Participation Start Date
    Parent's Child Care Participation End Date
    Parent's Eligibility Start Date
    Parent's Eligibility End Date

16. Record Service Type = DCS, Foster Care or State Custody

    If the system determines the child care service type is DCS, Foster Care or State Custody, the system will record the information.

    CHILD'S CHILD CARE ELIGIBILITY (Output)
    Child's Date of Birth
    Child's Negotiated Rate
    Child's Participation End Date
    Child's Care Enrollment Start Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Care Enrollment End Date
Child's Care Level
Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

17. Record Service Type = DCS, Child Protective Services

    If the system determines the child care service type is DCS, Child Protective Services, the system will record the information.

    CHILD'S CHILD CARE ELIGIBILITY (Output)
    Child's Date of Birth
    Child's Negotiated Rate
    Child's Participation End Date
    Child's Care Enrollment Start Date
    Child's Care Enrollment End Date
    Child's Care Level

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

18. Record Service Type = DCS, Relative Caregiver

    If the system determines the child care service type is DCS, Relative Caregiver, the system will record the information.

    CHILD'S CHILD CARE ELIGIBILITY (Output)
    Child's Date of Birth
    Child's Negotiated Rate
    Child's Participation End Date
    Child's Care Enrollment Start Date
    Child's Care Enrollment End Date
    Child's Care Level
    Child's Schedule Type
    Child's Service Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.32 Child Care Grouping

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

19. Check if Funding Available

    The system will check the available funding based on funding utilization information and business rules.

    FUNDING UTILIZATION (Input)
    Service Type Fund Status
    Service Type Fund Status Date

20. Determine if Individual is Qualified for Child Care Service Type

    The system shall determine if the child qualifies for the Child Care Service type that has available funds. This determination is based on case, individual, unearned income, employment, education, parent's child care eligibility and child's child care eligibility information and utilizing the business rules.

    CASE (Input)
    Case Number

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Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Case Service Type
Case Name
Case Eligibility Start Date
Case Eligibility End Date
Program Type
Service Type

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB

UNEARNED INCOME (Input)
Individual Name
Individual ID
Unearned Income Type
Unearned Income Start Date
Unearned Income End Date
Unearned Income Gross Amount

EMPLOYMENT (Input)
Individual Name
Individual ID
Employment Start Date
Employment End Date
Total Hours Per Week
Pay Frequency

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Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Paycheck Stub Amount
Total Month Amount

EDUCATION (Input)
Individual Name
Individual ID
Education Program Type
Education Total Hours Per Week
Education Program Start Date
Education Program End Date

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type
Parent's Child Care Participation Start Date
Parent's Child Care Participation End Date
Parent's Eligibility Start Date
Parent's Eligibility End Date

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level
Child's Schedule Type
Child's Service Type

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DHS V.I.P. Process Description

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Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

CASE (Output)
Case Number
Case Service Type
Case Name
Case Eligibility Start Date
Case Eligibility End Date
Program Type
Service Type

PARENT'S CHILD CARE ELIGIBILITY (Output)
Service Type
Eligibility Start Date

21. Perform "Arrange Child Care" Process

If the child qualifies for the available child care service type, the reusable "Arrange Child Care" process will

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be performed.

22. Determine if on Waiting List

If determined to be eligible, but funding is not available for that specific category of child care, the system will determine if the child is on the waiting list for child care services or needs to be placed on the waiting list. This determination is based on the parent's child care eligibility, child's childcare eligibility information and utilizing business rules.

PARENT'S CHILD CARE ELIGIBILITY (Input)
Parent's Program Type
Parent's Service Type
Parent's Child Care Participation Start Date
Parent's Child Care Participation End Date
Parent's Eligibility Start Date
Parent's Eligibility End Date
Parent's Waiting List Priority
Parent's Waiting List Start Date
Parent's Waiting List End Date
Parent's Waiting List Termination Reason

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation End Date
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Level

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Process: 1.3.32 Child Care Grouping	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Schedule Type
Child's Service Type
Child's Program Type
Child's Name
Child Care Child's SSN
Child Care Enrollment Termination Reason
Child's Participation Start Date
Child's Child Care Need Indicator
Child's Participation Termination Reason
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Termination Reason

23. Perform Child Care Waiting List Placement

If the child should be placed on the waiting list, the system will perform the reusable "Child Care Waiting List Placement" process.

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Program Type	Rule Number	Rule
CC	1	Participants will complete application for Families Assistance benefits to determine eligibility.
CC	2	DCS case worker will complete application and initiate referral to DHS for state custody (foster care), non-custody (protective services), and children enrolled in the Relative Caregiver Program needing child care assistance
CC	3	If DCS case manager generates application and referral for child care assistance, Child Care will provide the payment coordination and child care provider arrangement.
CC	4	DCS will provide the funding and the fund utilization administration for (1) state custody and (2) non-custody funding.
CC	5	DCS caseworker will provide the child's SSN and demographic information on the application for children in state custody.
CC	6	The case parent will be the DCS caseworker for children in state custody.
CC	7	The local DCS administrative office will be the "parent" address and home county for state custody.
CC	8	Parent interviews are not required in state custody cases.
CC	9	DCS caseworker will provide the child and parent demographic information if the child resides with own family and the case is non-custody and Relative Caregiver Program.
CC	10	Child care for state custody, non-custody and Relative Caregiver DCS cases will be set for twelve months or as instructed by the DCS caseworker.
CC	11	Child Care will terminate a child's enrollment and eligibility when notified by DCS.
CC	12	CC is not required to issue a ten-day termination notice to foster parents when DCS authorizes terminating child care.
CC	13	DCS is responsible for monitoring and the administration of its own funding for non-custody and state custody funding.
CC	14	Participants must qualify for Families First benefits such as cash assistance before receiving FF child care assistance.
CC	15	Child care must be necessary for the parent to participate in work and education/training programs (Personal Responsibility Plans) before receiving FF child care.
CC	16	FFP will determine if participant, completing application qualifies and is eligible for FF child care assistance.
CC	17	Participants are eligible for Transitional Child Care only for 18 months from the date of the FF closure.
CC	18	Participants will not be eligible for Transitional Child after closure of FF if they fail to cooperate with child support enforcement requirements without good cause.
CC	19	Transitional Child Care participant must meet the income eligibility guidelines to qualify for child care assistance.
CC	20	Transitional Child Care participant must pay a portion of the child care fee.

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Program Type	Rule Number	Rule
CC	21	Transitional Child Care participant must meet the 40 hours per week work requirement.
CC	22	Participant may be eligible for At Risk Child Only if participant is receiving a FF child-only grant and ARCO funding is available.
CC	23	ARCO participant must work 40 hours each week or enroll in school and work part-time for a total of 40 hours.
CC	24	Working 30-39 hours each week may be allowed if the employer considers 30-39 hours full-time or it is the most the ARCO participant is able to work.
CC	25	When funding is available, ARCO participants may receive 12 months of child care assistance.
CC	26	When funding is available, participants may be eligible for At Risk Child Care at the close of their Transitional Child Care.
CC	27	Participants must be eligible for Transitional Child Care at the end of the 18 months before transferring to At Risk Child Care.
CC	28	Participants whose Transitional Child Care is closed before the end of the 18 month period due to ineligibility will not qualify for At Risk Child Care.
CC	29	When funding is available, participants may receive 12 months of At Risk Child Care.
CC	30	If funding is not available for At Risk Child Care, At Risk Child Only and Relative Caregiver child care assistance, participants may go on child care waiting list.
CC	31	Children 13 years old or older with diagnosed disabilities may continue receiving child care assistance.
CC	32	Children 13 years old or older under court order or court supervision may continue receiving child care assistance.
CC	33	Children 13 years old or older are not eligible to receive child care assistance unless specified criteria are met.

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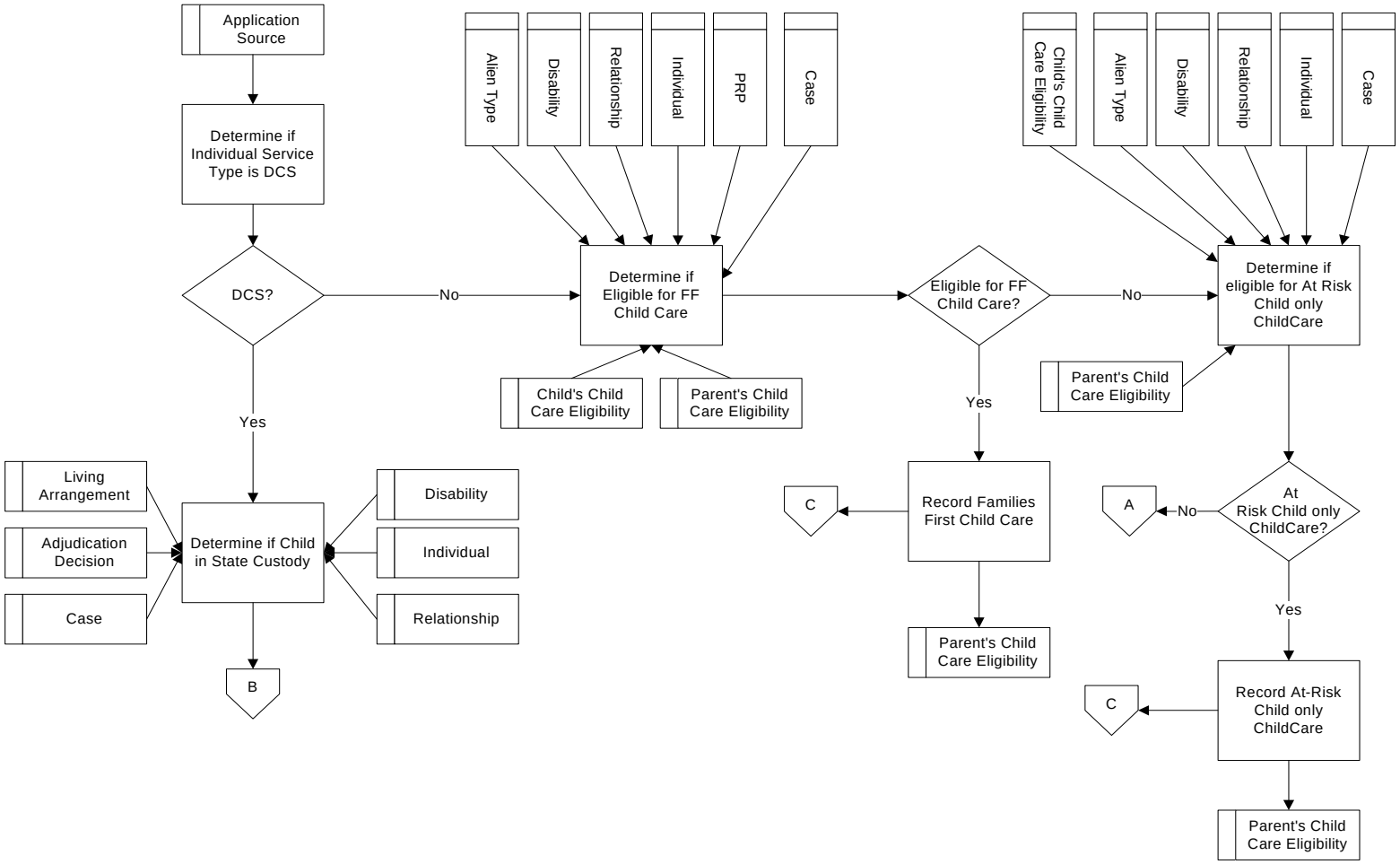
1.3.32
Child Care Grouping



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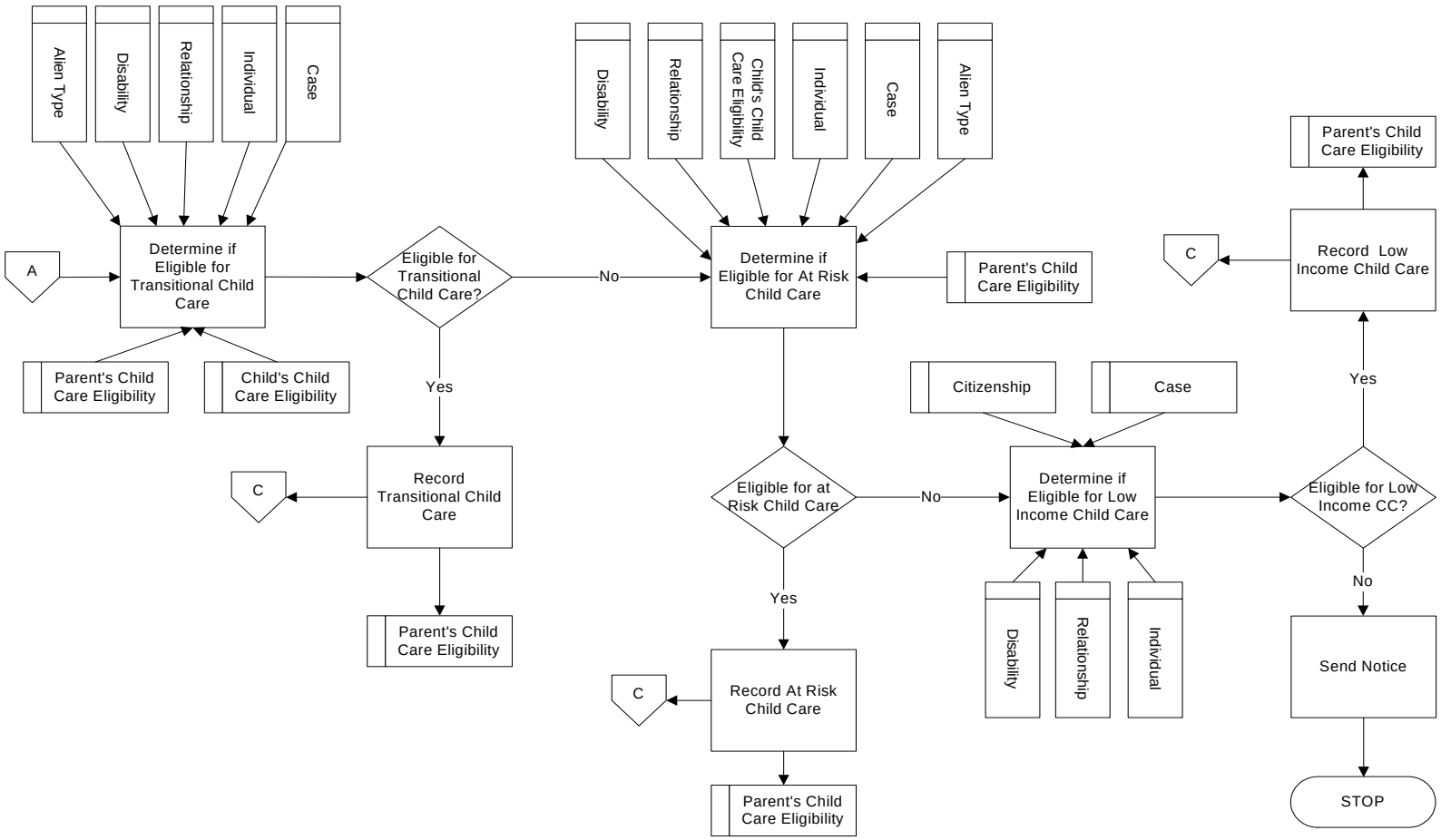
Child Care Grouping (Cont'd)



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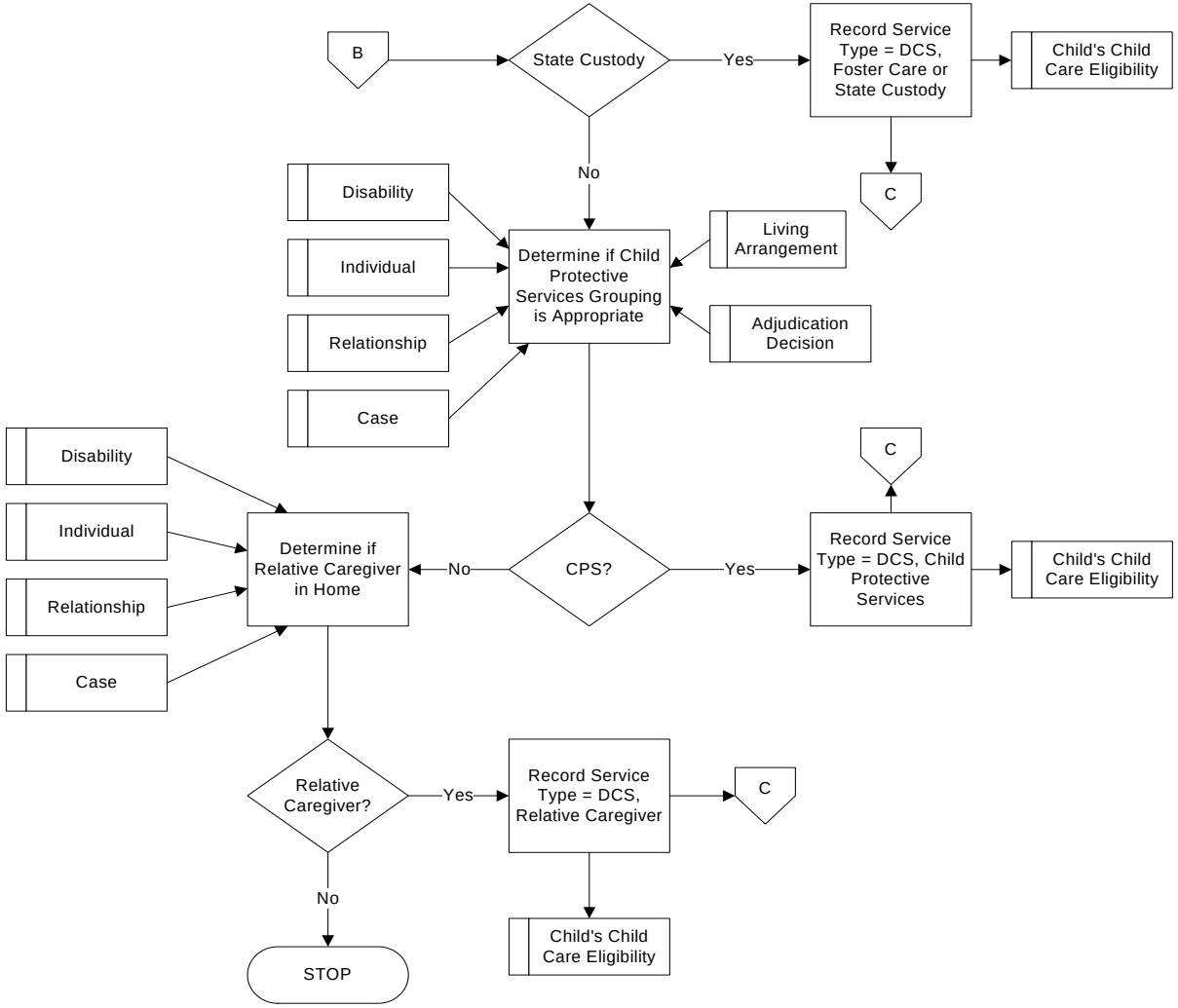
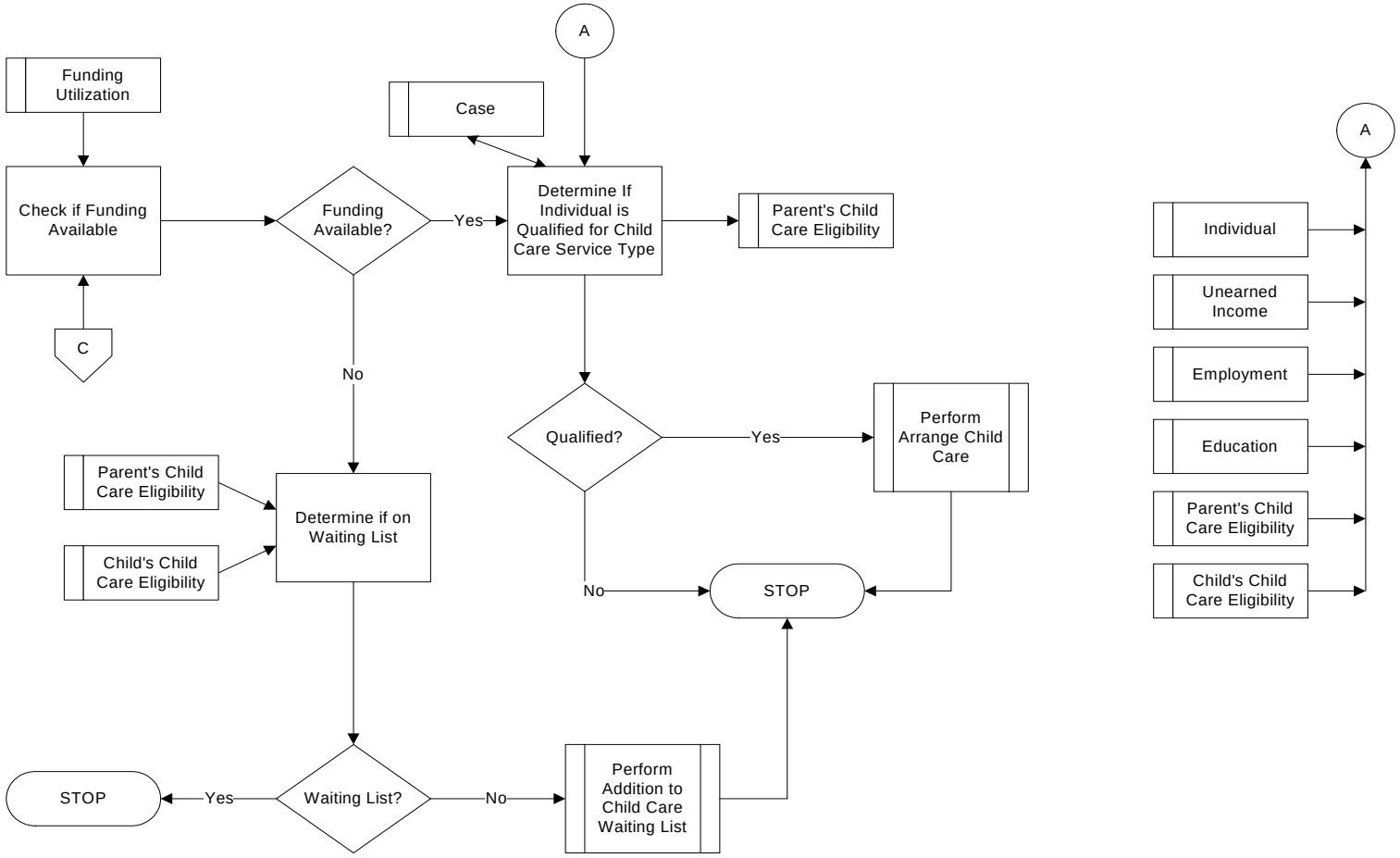
1.3.32
Child Care Grouping (Cont'd)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.32
Child Care Grouping (Cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

Process:

This process determines eligibility for refugee assistance to lawfully admitted refugees, as defined by business rules. Refugee assistance is time limited and may be for cash and/or medical assistance. Individuals must first be determined to not meet program requirements for Families First (FF) or another category of TennCare that is not time limited. Refugee Medical Assistance is covered in the process titled 'Perform TennCare Grouping'. Refugee Assistance payments will be made via Electronic Benefit Transfer (EBT).

The system shall have the ability to apply different eligibility criteria depending on alien status, based on program rules. The system shall have the ability to apply work requirements, work exemptions and sanctions based on program rules. The system shall calculate and display by program, potential eligibility dates based on alien status and date of entry or for asylee's date status granted. Eligibility for Refugee Medical and/or Refugee Cash Assistance should be included in the "Eligibility Screening" process. The system shall prohibit refugees from receiving refugee assistance for more than one eligibility period in a lifetime. The system shall provide capability to document by individual, results obtained from SAVE (via interface) when listed to verify alien status.

Sub-Processes:

1. Determine if There Is A Refugee or Alien Treated as Refugee in the Case

   The user will determine if there is an individual lawfully admitted with refugee status or alien treated as a refugee. The user will record the alien information.

   CASE (Input)
   Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

Case Type
Application Date

INDIVIDUAL (Input)
Individual ID
Date of Birth

ALIEN TYPE (Input/Output)
Citizenship Indicator
Alien Type
Refugee Indicator

2. Determine if Individual/Case is Eligible for Families First

When the lawfully admitted alien has refugee status, the system shall determine if the individual and/or case is eligible for Families First cash assistance based on deprivation or absence.

CASE (Input/Output)
Case Number
Case Type
Application Date

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

Alien Status

NAME (Input)
Name Type
Resettlement Agency or Sponsor's Name

RELATIONSHIP (Input)
Relationships of Each Case Member to All Others
Specified Degree of Relationship
Non-Parental Caretaker Indicator

INDIVIDUAL (Input)
Individual ID

INCOME (Input)
Income Type
Income Amount

RESOURCES (Input)
Resource Type
Liquid Asset Amount
Dates the Liquid Asset is Applicable

BUDGET (Output)
Budget Type
Budget Effective Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

Budget Effective End Date
Pass/Fail Indicator

3. Approve for FF Cash Assistance

The system shall approve the case for FF cash assistance rather than Refugee assistance when the case meets FF rules for deprivation and absence.

CASE (Input/Output)
Case Number
Case Type
Case Status

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin

4. Generate Report(s)

The system shall generate the necessary reports to track and report on the refugees who are approved to receive FF cash assistance.

CASE (Input)
Case Number
Case Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping	
Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

Approval Date

ISSUANCE HISTORY (Input)
Case Number
Program Code
County Number
Benefit Date
Benefit Amount
Benefit Period

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin

NAME (Input)
Name Type
Alien First Name
Alien MI
Alien Last Name
Caseworker

USER (Input)
User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping	
Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

CASELOAD (Input)
Caseload Number
County Number

REPORT (Output)
Report Type
Refugee Approved for FF Cash Assistance
Number of Case Individuals

5. Determine if Entry and Application Dates are Within Specified Program Standards

When the individual or case is not eligible for FF cash assistance, the system shall determine if the individual(s) are eligible for Refugee cash assistance. The system shall have the capability to track how long an alien has been in the country and determine the impact on eligibility, based on information entered into the case. The system shall support grouping and eligibility determination for Refugee Cash Assistance based on rules.

CASE (Input)
Case Number
Case Type
Application Date

INDIVIDUAL (Input)
Individual ID
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin
Alien's INS Number

PROGRAM STANDARDS (Input)
Eight Month Refugee End Date

6. Deny for Refugee Cash Assistance Payment

The system shall deny the application for refugee cash assistance when the US entry date is not within the 8-month allowable time period, or other program standard are not met.

CASE (Input/Output)
Case Number
Case Type
Application Date
Case Status
Denial Date

INDIVIDUAL (Input)
Individual ID
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping	
Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin

7. Approve for Refugee Cash Assistance Payment

When the case is not eligible for FF cash assistance and the U.S. entry date is within the allowable standards, the system shall approve the case for refugee cash assistance. These benefits are time limited and will include an end date for the assistance. The case may be auto-closed on that date. This benefit end date shall be auto-populated by the system, based on program rules and case information. The system shall calculate and display the end of the refugee eligibility period for individuals receiving refugee cash and refugee medical assistance

CASE (Input/Output)
Case Number
Case Type
Application Date
Case Status
Approval Date
Benefit End Date

INDIVIDUAL (Input)
Individual ID
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping	
Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

ALIEN TYPE(Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin
Eligibility Begin Date
Eligibility End Date

8. Generate Report(s)

The system shall generate the necessary reports to track and report on the refugees who are approved for refugee cash assistance.

CASE (Input)
Case Number
Case Type
Case Status
Approval Date

ISSUANCE HISTORY (Input)
Case Number
Program Code
County Number
Benefit Date
Benefit Amount
Benefit Period

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.33 Refugee Cash Assistance Grouping

Program Affected: FN, Refugee Assistance	**Users: Caseworkers, Supervisors and above, State Office Staff**

ALIEN TYPE (Input)
Alien Type
Refugee Indicator
Date of US Entry
Country of Origin

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

REPORT (Output)
Report Type
Refugee Approved for FF Cash Assistance

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

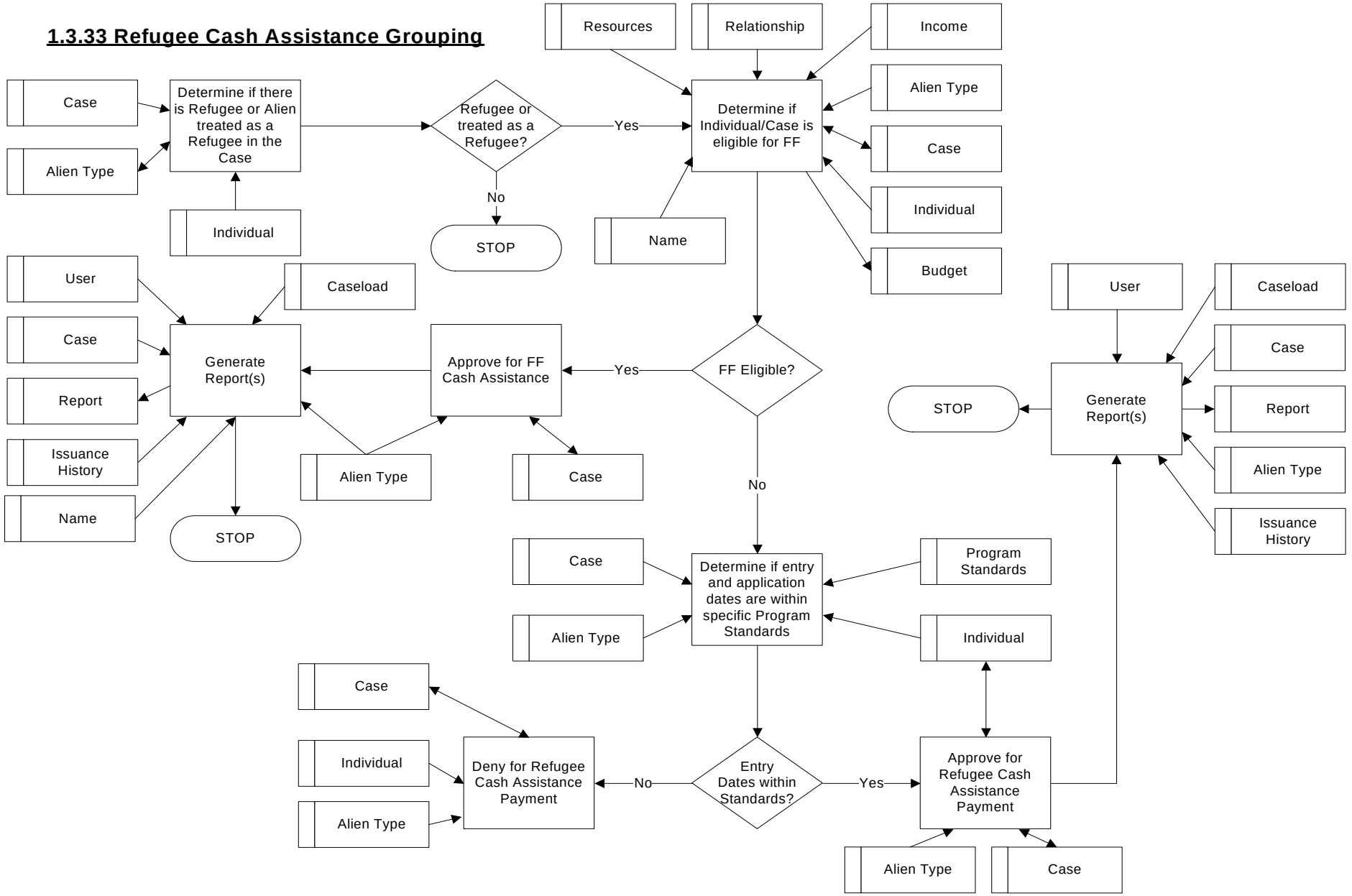
Program Type	Rule Number	Rule
RCA	1	The caseworker shall determine if the applicant/recipient for cash assistance is a refugee.
RCA	2	The case member grouping for a refugee applicant/recipient shall be dependent upon whether the applicant indicates that he/she wants to apply for cash assistance.
RCA	3	The caseworker shall first determine, based on Families First grouping rules, if the refugee applicant/recipient will group and be eligible for Families First cash assistance.
RCA	4	If the refugee applicant/recipient is eligible to receive Families First cash assistance, the caseworker shall process the application for cash assistance as a Families First case.
RCA	5	If the refugee applicant/recipient who wants cash assistance will not qualify for Families First, the case members shall group for Refugee Cash Assistance.
RCA	6	Individuals who have INS refugee status may be eligible for Refugee Cash Assistance.
RCA	7	Individuals who are eligible for Families First or Refugee Cash Assistance benefits “to the same extent as refugees” are aslyees, amerasians, and victims of trafficking and are assigned these status’ by INS.
RCA	8	There shall be an eight-month time limit on the receipt of Refugee Cash Assistance beginning with the month and year of the refugee’s original admission date of entry (or parole date) into the United States.
RCA	9	The caseworker shall determine if the individual’s application date is within the Refugee Cash Assistance eight-month potential eligibility period that begins with the month of the date of entry (month one) and ends with the last day of the eighth month after entry.
RCA	10	A dependent child in the home is not required for Refugee Cash Assistance eligibility.
RCA	11	Other than being within the eight-month eligibility period, financial need and refugee status shall be the only eligibility criteria to be applied to the Refugee Cash Assistance case.
RCA	12	The Refugee Cash Assistance grouping shall be established along nuclear family groupings.
RCA	13	An individual cannot receive Refugee Cash Assistance for an unrelated minor refugee child.
RCA	14	A Refugee Cash Assistance grouping may consist of a married couple with minor children.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
RCA	15	A Refugee Cash Assistance grouping may consist of a married couple with no children.
RCA	16	A Refugee Cash Assistance grouping may consist of a single individual with minor children.
RCA	17	A Refugee Cash Assistance grouping may consist of a single individual, eighteen years of age or older.
RCA	18	The rules for Refugee Cash Assistance financial eligibility shall follow the Families First rules for financial eligibility.
RCA	19	The eligible members of a Refugee Cash Assistance (RCA) case will be eligible for ride-along TennCare Medicaid coverage.
RCA	20	As a condition of receipt of RCA, a refugee who is not exempt from work registration shall: - Register with an appropriate agency providing employment services and within 30 days of receiving assistance participate in such services; - Accept at any time from any source an offer of employment determined to be appropriate by the state agency or its designee.
RCA	21	Exemption criteria for the applicant/recipient: - Under 16; - Under 18 and a full-time student; - Incapacitated; - Caring for another member of the household requiring full-time help; - Parent or caretaker of a child under three who personally provides full-time care; - Working at least 30 hours a week; - Pregnant – if child expected to be born within the next 6 months.
RCA	22	As a condition of initial eligibility for RCA, an individual may not (without good cause) within 30 days prior to application have voluntarily quit employment or refused a job.
RCA	23	As a condition of continued eligibility for RCA, an individual must not quit or refuse employment (without good cause) while receiving RCA benefits.
RCA	24	If a mandatory work registrant fails to register or voluntarily quits a job, the individual's needs shall be removed in determining eligibility. If the recipient is the only case member, RCA shall be terminated.
RCA	25	The rules for Refugee Cash Assistance financial eligibility shall follow the Families First rules for financial eligibility.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.33 Refugee Cash Assistance Grouping



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps | **Users: Caseworkers, FS1s**

Process:

When a case is approved for Families First benefits, the Families First recipient must agree to send any child support received to the Department of Human Services as part of child support cooperation. The Department of Human Services then monitors that child support through its child support system (TCSES), and returns a portion of that support in the form of child support pass-through payments. The Department of Human Services determines the amount of pass-through payments based on the Families First case's unmet need in its budget. The unmet need is determined by subtracting the case's net countable income (excludes child support received), and the FF grant amount from the CNS (Consolidated Needs Standard).

The system shall continue testing all current child support that is paid for children in the case for on-going eligibility determination. The system must be able to support multiple budget effective dates for different absent parent's as set by rules.

Sub-Processes:

1. Determine Families First Case

   The system must determine if the case is a Families First case.

   CASE (input)
   Case Program Type

2. Determine Child Support Budget Effective Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps | **Users: Caseworkers, FS1s**

If it is determined that there is a Families First case, the system must determine a child support budget effective date based on program business rules. The budget effective date is the date that the client is required to turn over child support to the Department of Human Services. If child support is received through Tennessee Child Support Enforcement System (TCSES), this date defines when all support will be sent to the State instead of the caretaker of the child. It further adjusts treatment of paid child support and the amount to be considered for budgeting purposes. The system shall allow the budget effective date to be overridden if necessary by the user. Supervisory approval may be required before this date may be overridden.

CASE (input)
Families First Application Date

INCOME (input)
Child Support Indicator
Child Support Amount
Child Support Payment Date

BUDGET (output)
Budget Effective Date
Child Support Indicator
Child Support Amount
Child Support Payment Date

3. Perform 'Budgeting' process

Once the child support budget effective date has been set, the system must perform the 'Budgeting'

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps | **Users: Caseworkers, FS1s**

process. Within this process the system shall determine the client's unmet need. The unmet need is the maximum amount of child support that the client will receive in the form of child support passthrough payments. Any amount of child support received that exceeds the unmet need is retained by the Department of Human Services and used to repay cash grant amounts received by the client. The unmet need is then sent to the client and passed from TCSES into the client's food stamp budget. This determination shall be done on a month by month basis. The unmet need amount shall be displayed in the Families First budget.

4. Determine Pass / Fail Budget

The system shall determine if the Families First case has passed the financial requirements based on program business rules with the child support income counted in the budget.

BUDGET (input)
Total Countable Income
Total Disregards
Total Deductions

BUDGET (output)
Budget Pass/Fail Indicator

5. Remove Budget Effective Date

If during the budgeting process, the Families First case fails eligibility requirements based on program business rules, the system must remove the case budget effective date and continue to count the child

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps | **Users: Caseworkers, FS1s**

support as income in the Families First budget when documenting the reason for denial and income budgeted.

BUDGET (input)
Budget Pass/Fail Indicator

BUDGET (output)
Budget Effective Date

INCOME (output)
Child Support Income

6. Indicate Families First Passed

If it is determined that the Families First case passed financial eligibility, the system must set the budget status to 'pass' and disregard the child support income when calculating the net income and benefit issuance.

BUDGET (input)
Budget Pass/Fail Indicator

BUDGET (output)
Net Countable Income
Unmet Need
Benefit Amount
Eligibility Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps | **Users: Caseworkers, FS1s**

7. Perform 'Authorization' process

   The system must perform the 'Authorization' process.

8. Generate Notice to Client of Budget Effective Date

   The system must generate a notice (letter or email) to the client of the budget effective date which indicates the effective month that the client must surrender his/her child support, and be eligible to begin receiving child support passthrough payments. The notice must stress penalties for failure to comply with the requirement and explain, on a case by case basis how the passthrough amount is calculated.

   CASE (input)
   Case Number
   Name
   Address

   BUDGET (input)
   Budget Effective Date

   NOTICE (output)
   Budget Effective Date
   Notice Type
   Case Number
   Name
   Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

9. Generate Referral to TCSES

A referral must be generated to the TCSES system to start child support proceedings and to begin monitoring and dispersing child support payments. The monthly unmet need amount for Families First shall be included in this referral also.

BUDGET (input)
Budget Effective Date

CASE (input)
Case Number
Budget Effective Date
Benefit Amount for Families First
Program Type
Case Name
Caretaker
Caretaker SSN
Case Address
Case Members
Absent Parent Name
Absent Parent SSN
Absent Parent Maiden Name
Absent Parent Alias Name
Absent Parent Current Address
Absent Parent Current Address Validity Indicator
Absent Parent Sex
Absent Parent Absence Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

Absent Parent Absence Date
Absent Parent Paternal Indicator
Absent Parent Insurance Indicator
Absent Parent Medical Support Indicator
Absent Parent Medical Support Date
Children Connected with Absent Parent
Absent Parent Race
Absent Parent Height
Absent Parent Weight
Absent Parent Eye Color
Absent Parent Hair Color
Absent Parent Date of Birth
Absent Parent Place of Birth
Absent Parent Current Employer Name
Absent Parent Current Employer Address
Last Date Employed for Absent Parent
Last Known Wage for Absent Parent
Absent Parent Federal Benefit Type
Absent Parent Monthly Federal Amount
Absent Parent Insurance Carrier
Absent Parent Insurance Policy Number
Children's Mother Name if Not Caretaker
Child Support Cooperation Indicator
Child Support Cooperation Begin Date
Good Cause Reason
Effective Date of Good Cause Claim
Good Cause Determined

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

Date Good Cause Determined
If Parents were Married: City, State and Date
Absent Parent Criminal Record Indicator
Absent Parent Military Status
Absent Parent Military Branch
Absent Parent Court Order Hearing Date
Absent Parent Court Order Court Date
Absent Parent Court Ordered Payment Category
Absent Parent Court Order Change Date
Absent Parent Court Order City
Absent Parent Court Order State
Absent Parent Court Order County Court
Absent Parent Court Order Effective Date
Absent Parent Court Ordered Amount
Absent Parent Court Ordered Payment Method
Absent Parent Court Order Number
Absent Parent Court Order Frequency
Absent Parent Court Action
Date Absent Parent Last Paid Child Support
Amount Absent Parent Last Paid
Arrearage Amount
Absent Parent's Mother's Name
Absent Parent's Mother's Address
Absent Parent's Mother Phone Number
Absent Parent's Father's Name
Absent Parent's Father's Address
Absent Parent's Father's Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

TCSES REFERRAL (output)
Case Name
Case Number
Case Program Type
Benefit Amount for Families First
Caretaker
Caretaker SSN
Case Address
Budget Effective Date
Case Members
Absent Parent Name
Absent Parent SSN
Absent Parent Maiden Name
Absent Parent Alias Name
Absent Parent Current Address
Absent Parent Current Address Validity Indicator
Absent Parent Sex
Absent Parent Absence Reason
Absent Parent Absence Date
Absent Parent Paternal Indicator
Absent Parent Insurance Indicator
Absent Parent Medical Support Indicator
Absent Parent Medical Support Date
Children Connected with Absent Parent
Absent Parent Race
Absent Parent Height

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

Absent Parent Weight
Absent Parent Eye Color
Absent Parent Hair Color
Absent Parent Date of Birth
Absent Parent Place of Birth
Absent Parent Current Employer Name
Absent Parent Current Employer Address
Last Date Employed for Absent Parent
Last Known Wage for Absent Parent
Absent Parent Federal Benefit Type
Absent Parent Monthly Federal Amount
Absent Parent Insurance Carrier
Absent Parent Insurance Policy Number
Children's Mother Name if Not Caretaker
Child Support Cooperation Indicator
Child Support Cooperation Begin Date
Good Cause Reason
Effective Date of Good Cause Claim
Good Cause Determined
Date Good Cause Determined
If Parents were Married: City, State and Date
Absent Parent Criminal Record Indicator
Absent Parent Military Status
Absent Parent Military Branch
Absent Parent Court Order Hearing Date
Absent Parent Court Order Court Date
Absent Parent Court Ordered Payment Category

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.34 Unmet Need for FF Child Support

Program Affected: Families First, Food Stamps	**Users: Caseworkers, FS1s**

Absent Parent Court Order Change Date
Absent Parent Court Order City
Absent Parent Court Order State
Absent Parent Court Order County Court
Absent Parent Court Order Effective Date
Absent Parent Court Ordered Amount
Absent Parent Court Ordered Payment Method
Absent Parent Court Order Number
Absent Parent Court Order Frequency
Absent Parent Court Action
Date Absent Parent Last Paid Child Support
Amount Absent Parent Last Paid
Arrearage Amount
Absent Parent's Mother's Name
Absent Parent's Mother's Address
Absent Parent's Mother Phone Number
Absent Parent's Father's Name
Absent Parent's Father's Address
Absent Parent's Father's Phone Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	To receive Families First, the applicant/recipient must agree to assign to the state all child support while receiving Families First benefits as part of child support cooperation.
FFP	2	A case may be eligible to receive child support and Families First simultaneously.
FFP	3	If the case is eligible for Families First with the child support included, the child support shall be removed, as of the Budget Effective Date, from the calculation that determines the grant amount.
FFP	4	If the case is receiving child support at the time of application and the case is approved before cut-off, the Budget Effective Date will be the first day of the month following the month of approval.
FFP	5	If the case is receiving child support at the time of application and the case is approved after cut-off, the Budget Effective Date will be the first day of the second month following the month of approval.
FFP	6	If the case is not receiving child support at the time of application, the Budget Effective Date will be the date of application.
FFP	7	If adding an absent parent to an open case, use the same Budget Effective Date will be the first day of the month following the date the absent parent was added.
FFP	8	If an absent parent owes arrears to a Families First caretaker, the full amount of child support that he/she is paying (current plus arrears) shall be counted as child support income in the Families First budget to determine financial eligibility.
FFP	9	If an absent parent does not owe arrears to a Families First caretaker, but does owe arrears to the state, only the amount of child support being paid, up to the current amount, shall be counted as child support income in the Families First budget to determine financial eligibility. Any excess shall be retained to reimburse the state.
FFP	10	If an absent parent does not owe arrears to the state or the caretaker, the full amount of current child support that the parent is paying shall be counted as child support in the Families First budget to determine financial eligibility.
FFP	11	An exception to the child support distribution process is that child support arrears paid through IRS interception are applied first to arrears owed to the state.
FFP	12	Eligibility for child support pass-through payments is based on the case's unmet need in the Families First budget.
FFP	13	The unmet need shall be determined by subtracting the assistance group's Net Countable Income (excluding child support received) plus the Families First grant amount from the Consolidated Needs Standard.
FFP	14	If an assistance group's unmet need amount is greater than "0," the assistance group shall be eligible for a child support pass-through payment.
FFP	15	The amount of a Families First pass-through payment is the amount of support paid during the month (both current and arrears payments) up to the unmet need amount.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

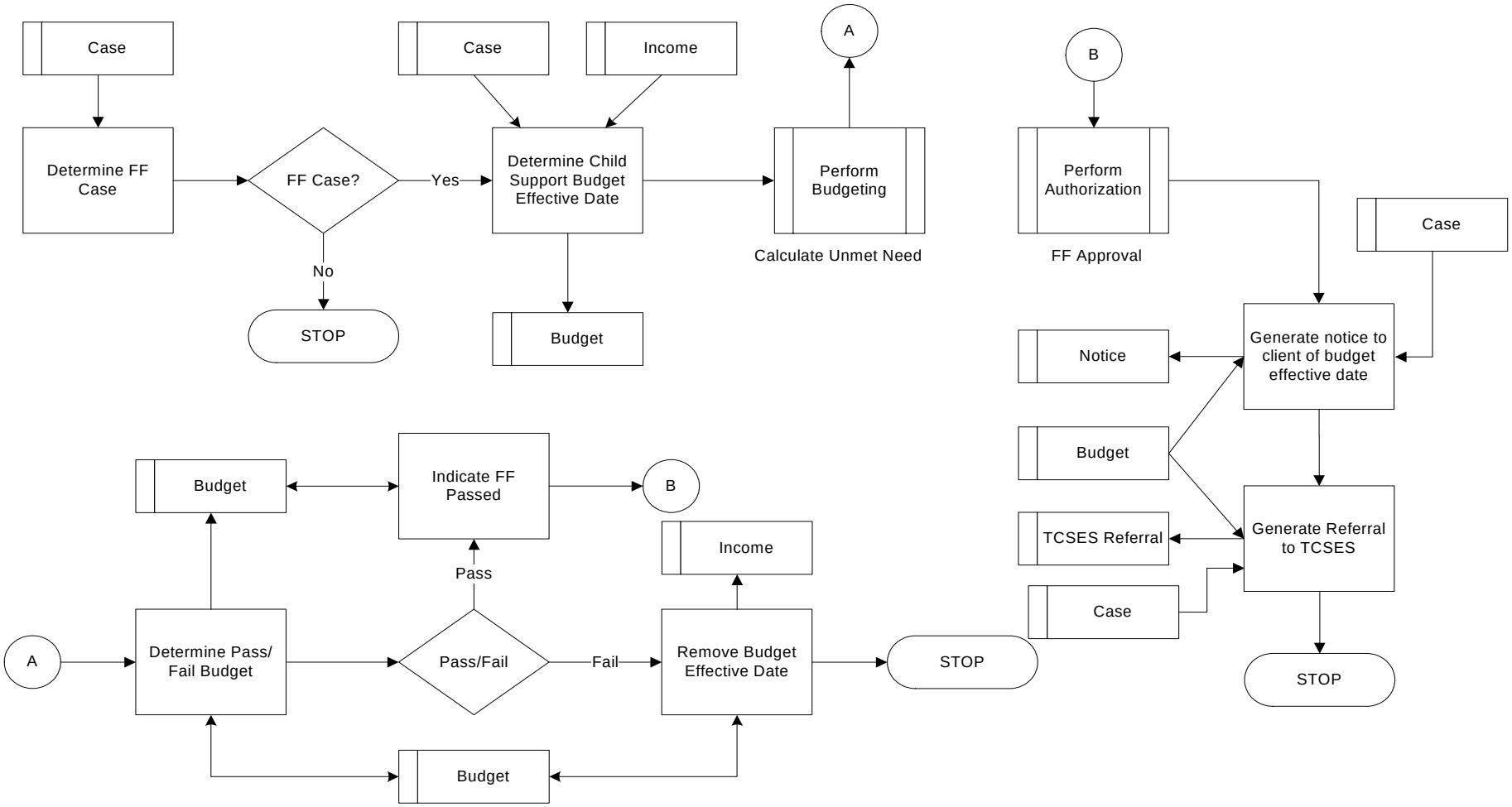
Program Type	Rule Number	Rule
FFP	16	If the Families First grant is less than the maximum grant for the assistance group size, there is no unmet need and no child support pass-through payment will be issued.
FFP	17	Child Support plus any other countable income that the assistance group has is used to determine Families First eligibility in the Gross Income and Consolidated Need Standards.
FFP	18	If the Families First assistance group is eligible with the child support included, the child support shall be removed from the calculation that determines the grant amount.
FFP	19	The Budget Effective date shall determine when the child support will be removed from the grant calculation.
FFP	20	Any changes in the case's income will affect the unmet need and may, affect the amount of the case's pass-through payment.
FFP	21	Remove the Budget Effective Date if the case fails Families First eligibility and continue to count the child support.
FFP	22	Families First clients who request case closure for the expressed purpose of retaining their child support in the month following the request shall receive their support if the request is to the client's advantage and the request is made in writing so the 10-day adverse action can be waived or the request is made verbally prior to adverse action.
FFP	23	Families First clients who verbally request case closure for the expressed purpose of retaining their child support in the month following the request, but do so too late in the month to waive the 10-day adverse action, shall be verbally advised to submit their request in writing prior to the end of the month in order to receive their support for the month following the request.
FFP	24	Families First clients who verbally request case closure for the expressed purpose of retaining their child support in the month following the request, but do so too late in the month to waive the 10-day adverse action and are not advised to submit their request in writing shall receive their child support for the month following the request.
FS	25	If a food stamp case has an active Families First case with unmet need, the monthly amount of any child support pass-through distributed to the FF AG must be included in the food stamp budget.
FS	26	If the FF case closes, child support pass-through must not be counted in the food stamp budget after the last month of Families First receipt.
FS	27	A monthly amount of child support collections distributed to the household and reported to DHS will be counted in the food stamp budget when it can be reasonably anticipated that the income will be received during the remainder of the certification period.
FF	28	When a Families First case is authorized, a notice to the client must be generated.
FF	29	The Families First authorization notice must state the budget effective date.
FF	30	The Families First authorization notice must be addressed to the head of case.
FF	31	The Families First authorization notice must be addressed to the mailing address listed in the case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF	32	The Families First authorization notice must state the consequences of the client failing to turn child support received directly from the absent parent over to the State.
FF	33	The Families First authorization notice must state the significance of the budget effective date.
FFP	34	When any child in the Families First case is receiving SSI payments, their portion of any child support received shall be sent directly to the caretaker and will not be used to repay Families First grants received.
FFP	35	The SSI child's portion of child support must not be included in the pass-through payment and should be a separate income entry that will be counted in the food stamp budget.
FFP	36	To determine the SSI child's portion of child support divide the total child support received by the number of children in the case and subtract that amount for each SSI child.
FFP	37	The SSI child's child support will not be counted in the Families First budgeting process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.34
Unmet Need for FF Child Support



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.35 Patient Liability	
Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Process:

The Deparment of Human Services will determine potential eligibility for long-term care applications. The system must determine the amount that the applicant is responsible for paying.

Sub-Processes:

1. Compare Admission and Application Dates

   The user will record long-term care information and the system shall compare the long-term care admission date to the application date. The system shall determine the benefit begin date for the budget based on business rules.

   LONG-TERM CARE (Input / Output)
   Long-Term Care Indicator
   Nursing Home Admission Date
   Nursing Home Discharge Date
   Level of Nursing Home Care
   Cost of Nursing Home Care

   ADDRESS (Input)
   Address Type
   Nursing Home Name
   Nursing Home Address
   Hospital Name
   Hospital Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Home and Community Based Agency Address

CONTACT (Input)
Contact Type
Nursing Home Phone Number
Hospital Phone Number

CASE (Input / Output)
Case Number
Application Date
Case Status
Case Type

INDIVIDUAL (Input)
SSN
Individual ID

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Begin Date

INSTITUTION (Input)
Hospital Admission Date
Hospital Discharge Date
30-Day Continuous Confinement Met Indicator
Home and Community Based Agency Name
Home and Community Based Admission Date
Home and Community Based Discharge Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

BUDGET (Input)
Budget Effective Date

2. Determine if Individual's Only Income is SSI

The system shall determine if the individual's only source of income is SSI.

INDIVIDUAL (Input / Output)
SSN
SSI Indicator

LIVING ARRANGEMENT (Input)
Living Arrangement Type

INCOME (Input)
Income Type
Income Begin Date
Income End Date

DISABILITY / INCAPACITY (Input)
Disability-Incapacity Indicator
SSI Only Income Indicator

3. Calculate Long-Term Care Budget

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

The system shall calculate a long-term care budget reflecting that the individual's income is equal to or less than the personal allowance based on program standards so that a zero patient liability is shown. The system shall also determine if an individual has a transferred resource penalty in place, and determine if eligible for only TennCare-Medicaid, and none of the cost of long-term care.

CASE (Input)
Case Type

TRANSFERRED RESOURCE (Input)
Transferred Resource Penalty
Transferred Resource Penalty Begin Date

INCOME (Input / Output)
Income Type
Income Amount

LONG-TERM CARE (Input)
Level of Nursing Home Care
Cost of Nursing Home Care

PROGRAM STANDARDS (Input)
Gross Income Standard Amount for Long-Term Care

BUDGET (Output)
Pass / Fail Indicator
Budget Effective Date
Eligibility Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability	
Program Affected: MA	**Users: Caseworkers, Supervisors and above**

4. Perform 'Authorization' Process

The system shall perform "Authorization" when an individual in a long-term care facility only has SSI income.

5. Generate Notice

When an SSI recipient is a long-term care resident and applies for assistance, the system shall notify SSI of the long-term care residency. The system shall also notify TennCare and the long-term care facility of eligibility.

CASE (Input)
Case Number
Case Type
Application Date
Nursing Home Application Date

INDIVIDUAL (Input)
SSN
Individual ID
SSI Indicator

DISABILITY / INCAPACITY (Input)
Disability-Incapacity Indicator

LONG-TERM CARE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Nursing Home Name
Nursing Home Address
Nursing Home Phone Number
Nursing Home Admission Date

NOTICE (Output)
Notice Type
Notice Mail Date
Long-Term Care Notice
Case Notice

ADDRESS (Input)
Address Type
Case Address
Nursing Home Name
Nursing Home Address
County Office Address

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

6. Perform “Spousal Resource Allocation” Process

When an individual in a long-term care facility has income other than SSI, the system shall perform “Spousal Resource Allocation” which includes performing “Resources” to determine resource eligibility for long-term

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

care assistance based on program rules. May have to determine new or use previously determined spousal amount, as permitted by rules.

7. Perform “Spousal / Dependent Income Allocation” Process

   The system shall perform “Spousal / Dependent Income Allocation” which includes performing “Budgeting” to determine income eligibility for long-term care assistance based on business rules. May have to determine new or use previously determined spousal amount, as permitted by rules.

8. Calculate Long-Term Care Budget

   The system shall calculate and display the long-term care budget amount based on business rules.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CASE (Input)
   Case Type

   INCOME (Input)
   Income Source for Individual
   Income Amount by Source for Individual
   Income Begin Dates
   Income End Dates
   Income Source for Community Spouse
   Income Amount by Source for Community Spouse

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Income Source for Dependent Children
Income Amount by Source for Depended Children
VA Aid and Attendance Income Amount
VA Aid and Attendance Income Begin Date
VA Aid and Attendance End Date
Total Earned Income
Total Unearned Income

LONG-TERM CARE (Input)
Cost of Long-Term Care
30-Day Continuous Confinement Met Indicator
Patient Liability Overcharge Amount
Patient Liability Overcharge Begin Date
Patient Liability Overcharge End Date

PROGRAM STANDARDS (Input)
Personal Need Allowance
Medicaid Income Cap Standard
30% SMA
Standard Maintenance Amount
Item D Quarterly Months

EXPENSES (Input)
Expense Type
Shelter Expense
- Rent Expense for Community Spouse
- Mortgage Expense for Community Spouse
- Property Tax Expense

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Home Owner's Insurance Expense
Total Utility Cost Expense
Begin Dates for Expenses
End Dates for Expenses
Medical Expense
Medical Insurance Premium Amount
Medical Insurance Premium Begin Date
Item D/Recurring Medical Expense Amount
Item D/Recurring Medical Expense Begin Date
Item D/Recurring Medical Expense End Date
Actual Medical Expenses
Projected Medical Expenses
Total Medical Insurance Premiums
Patient Liability Overcharge Amount
Total Actual Medical Expenses for Item D Quarter
Total Projected Medical Expenses for Item D Quarter

SPOUSAL ALLOCATION (Input)
Spousal Allocation Indicator

BUDGET (Output)
Spousal Allocation Amount
Spousal Allocation Begin Date
Spousal Allocation End Date
Optional Spousal Allocation Amount
Optional Spousal Allocation End Date
Dependent Allocation Amount
Dependent Allocation Begin Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.35 Patient Liability

Program Affected: MA	**Users: Caseworkers, Supervisors and above**

Dependent Allocation End Date
Total Spousal/Dependent Allocation Amount
Total Spousal/Dependent Allocation Begin Date
Total Spousal/Dependent Allocation End Date
Personal Need Allowance
Total Patient Liability Amount
Pass / Fail Categorically Needy Budget Indicator
Pass / Fail Exceptionally Medically Needy Budget Indicator
Difference Between Actual and Projected Medical Expenses for Item D Quarter
Adjusted Item D Expense Amount
New Projected Item D Expense Amount
New Item D Quarter

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

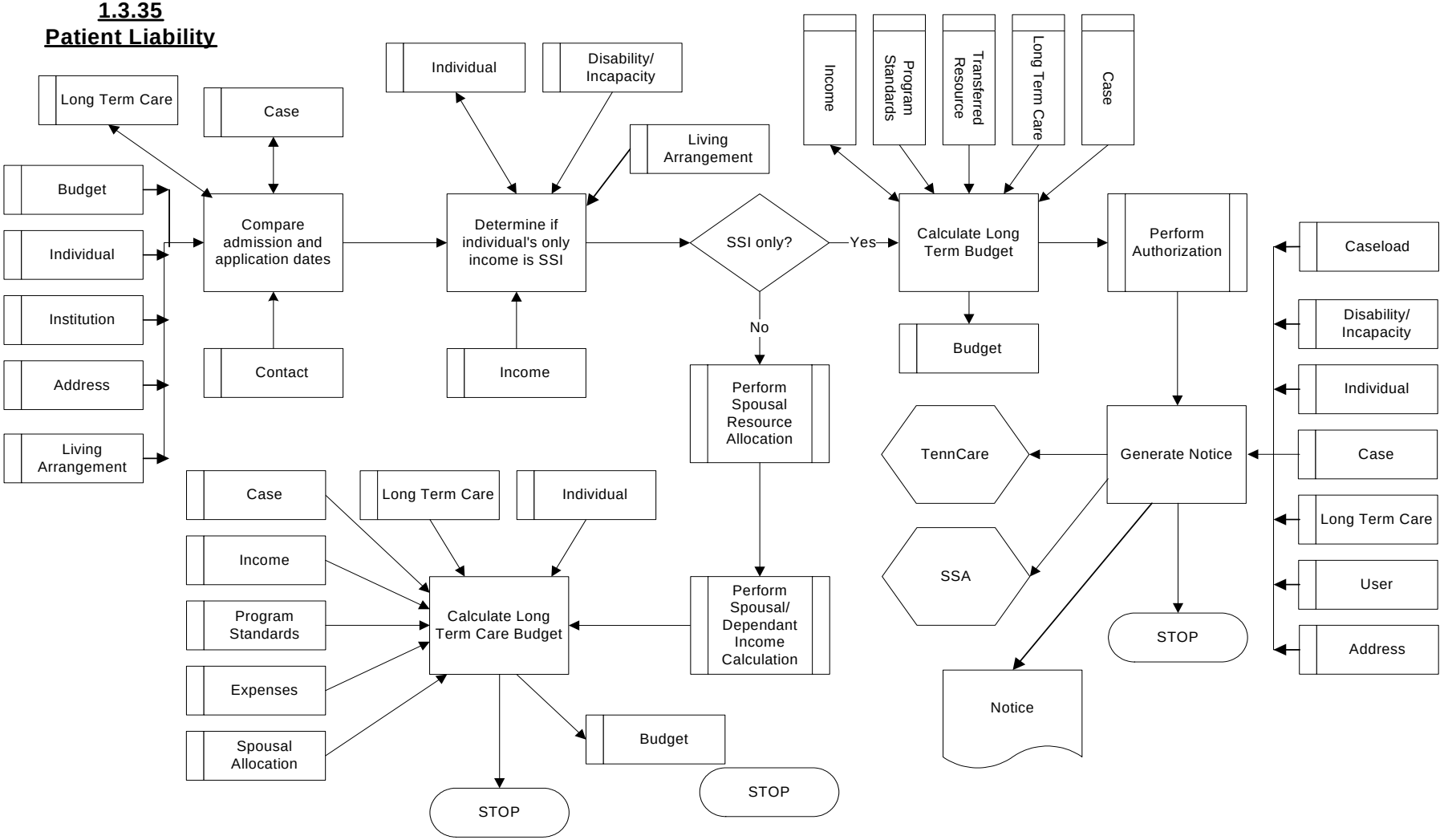
Program Type	Rule Number	Rule
TCM	1	An institutionalized individual confined to a LTCF/HCBS may obtain an application when the institutionalized individual/agency notifies DHS that the individual is institutionalized. The individual must be confined to the LTCF/HCBS for at least 30 days or if he/she dies prior to the 30-day confinement before the TennCare Medicaid application can be approved.
TCM	2	An institutionalized individual must be aged, disabled or blind, or have an approved PAE and resources must be below the resource limit as determined by program defined limits.
TCM	3	If the Medicaid Income Cap (MIC) is more than the institutionalized individual's gross income, he is Categorically eligible. If categorically eligible, then the budget will be performed.
TCM	4	For a patient in a LTCF/HCBS, if the institutionalized individual's gross income is more than the MIC, the system will take the gross amount of the income and deduct a Personal Needs Allowance of an amount as determined by program defined limits, the spousal and/or dependent allocation as determined in its own process and rules, any health insurance premiums and any monthly medical expenses as verified by the individual or his/her authorized representative. This will determine the patient's liability.
TCM	5	If the institutionalized individual's net income is less than the Medically Needy Income Standard (MNIS), the individual is exceptionally eligible and has 0 patient eligibility.
TCM	6	If the institutionalized individual's net income is greater than the MNIS, and when confinement is less than 30 days, the system shall use the Long Term Care (LTC) per diem charge to determine the date that the individual's income is spent-down by incurred medical expenses and use that date that the spend-down is met, or the date of application, whichever is later, to determine the date to begin vendor payments. The individual will have 0 patient liabilities as he/she will be responsible for coverage up to that date that spend-down is met.
TCM	7	For active Medicaid recipients confined in an institution for less than 30 days, no financial or resource test is required. This includes individuals who receive SSI, or Medicaid only benefits, such as Transitional Medicaid, with no current cash benefits or AFDC-MO. The individual is already eligible for Medicaid for that month and shall be covered for all services covered by Medicaid. The individual's patient liability will be 0.
TCM	8	Institutionalized individuals who receive only SSI benefits shall have their patient

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		liability determined by the Social Security Administration.
TCM	9	Institutionalized individuals who receive Social Security and SSI benefits shall have the SSI income disregarded. Then the system will take the amount of Social Security, deduct a Personal Needs Allowance of an amount as determined by program defined limits, the spousal and/or dependent allocation as determined in its own process and rules, any health insurance premiums and any monthly medical expenses as verified by the individual or his/her authorized representative to determine the patient liability.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.35 Patient Liability



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

TENNCARE Medicaid spend-down eligibility is determined when a Medicaid eligible case has countable income that exceeds the Medically Needy Income Standard for the case family size. The spend-down amount is determined by deducting the Medically Needy Income Standard for the family size from the countable income. Spend-down is not applicable to all TENNCARE Medicaid sub-programs.

A case that is otherwise Medicaid eligible but has countable income that exceeds the standard; and therefore has a spend-down amount, may be approved for Medicaid if it is determined that the case has unpaid medical expenses that will not be reimbursed or paid by other sources that equal or exceed the spend-down liability amount. Eligibility begins on the date that the spend-down amount is met using those unpaid medical expenses or the application date whichever is greater. Once determined eligible, eligibility continues for 1 year. A case that is ineligible for the sole reason of being unable to meet the spend-down may be eligible remain in an open/fail status for a defined period of time awaiting medical bills for the spend-down, when it can be reasonably expected that such bills will be incurred. The system must also identify those bills used for the purpose of meeting spend-down, and exclude them as being part of the effective coverage date. This may result in only a portion of bills incurred on the initial eligibility date being covered when spend-down is approved.

Sub-Processes:

1. Determine Eligibility for Spend-down Medicaid

   After the benefits have been calculated, the system must determine if the case is eligible for Medicaid spend-down consideration according to program requirements.

   CASE (input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Program / Sub-program

BUDGET (output)
Spend-down Indicator

2. Calculate Spend-down

If the case is determined 'Medicaid Spend-down' eligible, the system must calculate the spend-down amount.

BUDGET (input – output)
Countable earned income by individual
Countable earned income by case
Countable self employment income by individual
Countable self employment income by case
Countable unearned income by individual
Countable unearned income by case
Countable medical expenses by individual
Countable medical expenses by case
Countable medical insurance premiums by case
Countable medical insurance premiums by case
Countable dependent care expenses by individual
Countable dependent care expenses by case
Unpaid bill used to meet spend-down
Individual's Name
Date of Unpaid Bill
Provider Name
Provider Address
Provider Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Reimbursable Indicator
Written off by Provider Y/N
Amount Written Off
Amount
Date of Service
Date Used to Meet Spend-down Liability

3. Enter Unpaid Medical Bills, Dates, Amounts

If it is determined that spend-down has to be met, the user must enter the unpaid medical bills when available, including the date(s) of service, account number, date of bill, provider, original amount of bill, third party payments, current balance, type of service (i.e. prescription drug, ambulance, hospital, etc.) patient name, patient SSN, other insurance at time bill incurred.

MEDICAL EXPENSES (output)
Countable medical expenses by individual
Countable medical expenses by case
Countable medical insurance premiums by case
Countable medical insurance premiums by case
Unpaid bill used to meet spend-down
Individual's Name
Date of Unpaid Bill
Provider Name
Provider Address
Provider Phone Number
Reimbursable Indicator
Written off by Provider Y/N
Amount Written Off

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Amount
Date of Service
Date Used to Meet Spend-down Liability

4. Prompt user if date of bills is during the TENNCARE Standard / Medicaid coverage period

   The system must prompt the user if the date of the bills entered is during a TENNCARE standard/Medicaid coverage period, and must identify bills occurred during this coverage period. Medical bills occurred during period of TENNCARE Medicaid or TENNCARE Standard eligibility are not acceptable to use to meet a spend-down.

   INDIVIDUAL (input)
   Individual Name
   Individual SSN

   MEDICAL EXPENSES (input – output)
   Countable Medical Expenses by Individual
   Countable Medical Expenses by Case
   Patient Name
   Patient SSN
   Unpaid Medical Bill
   Date(s) of Service

   TENNCARE (input – output)
   Coverage Dates

5. Determine if Spend-down Met

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

Once the user has completed entering all unpaid medical bill information, the system must determine if the calculated spend-down amount has been met. The applicant / recipient must have applied / re-applied within the last 90 days. If spend-down is not met, the system must retain spend-down amount required for future use in determining eligibility. If the individual is expected to meet the spend-down amount by a specified future date, but does not currently qualify, the system must be able to go back and establish eligibility when conditions are met, without requiring a new application. The system must track those unpaid expenses used in establishing spend-down eligibility and prohibit reuse of the bill in meeting future spend-downs.

BUDGET (input – output)
Spend-down eligibility start date
Spend-down eligibility end date
Spend-down amount not met

MEDICAL EXPENSES (input)
Countable Medical Expenses by Individual
Countable Medical Expenses by Case

CASE (input)
Application Date
Spend-down Budget
Spend-down Amount by Individual
Spend-down Amount by Case

6. Indicate Fail Status

   If spend-down is not met, the system will indicate spend-down has failed.

7. Indicate Pass Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.36 Spenddown

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s, Program Supervisors**

If spend-down is met, the system will indicate the spend-down has passed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	The resource limit based on the program defined limits for Medicaid is considered for spend-down cases.
TCM	2	The amount of the spend-down will be determined by the income less the medically needy income standard for the size of the family group.
TCM	3	An unpaid bill is one that the individual is responsible for, and will not be covered by insurance or otherwise reimbursable.
TCM	4	Spend-down may be met by all unpaid medical bills.
TCM	5	The unpaid medical bills may be incurred by any family group member.
TCM	6	Medical bills incurred while receiving Medicaid or TennCare Standard may not be used to meet the spend-down except for specific charges that are not covered by Medicaid / TENNCARE.
TCM	7	In situations where there are multiple spend-down groups with different incomes and different spend-down amounts, it is only required for the highest spend-down to be met.
TCM	8	In using old medical bills, any amount left over and remaining unpaid after deducting the current spend-down amount may be used for future spend-down periods.
TCM	9	Medical bills incurred or paid during the month of application may be used to lower the spend-down amount.
TCM	10	Insurance premiums may be used to lower the spend-down amount.
TCM	11	The eligibility date will be the actual date that the spend-down amount is met or the application date whichever is greater.
TCM	12	The individual(s) approved for spend-down will receive TENNCARE Medicaid for exactly twelve months.
TCM	13	An individual entering the home and case with the required relationship must sign an application to be added to the existing case.
TCM	14	If spend-down has been met for a case, the individual that is added may also receive the Medicaid for twelve months beginning with their arrival date.
TCM	15	A case in open/fail status may become eligible for Medicaid on the date that the spend-down is met.
TCM	16	The spend-down coverage may not include bills that were used in establishing eligibility.
TCM	17	Pregnant women with income over 185% PLIS will be eligible to be evaluated for spend-down Medicaid eligibility.
TCM	18	Children under 21 with household income over the PLIS for their age group will be eligible to be evaluated for spend-down Medicaid eligibility.
TCM	19	Caretakers of children under 21 years old in a household with deprivation will be eligible to be evaluated for spend-down Medicaid eligibility.
TCM	20	The countable resource limit for a household with one individual is $2000
TCM	21	The countable resource limit for a household with more than one individual is $3000 for two individual plus $100 per individual for each additional individual.

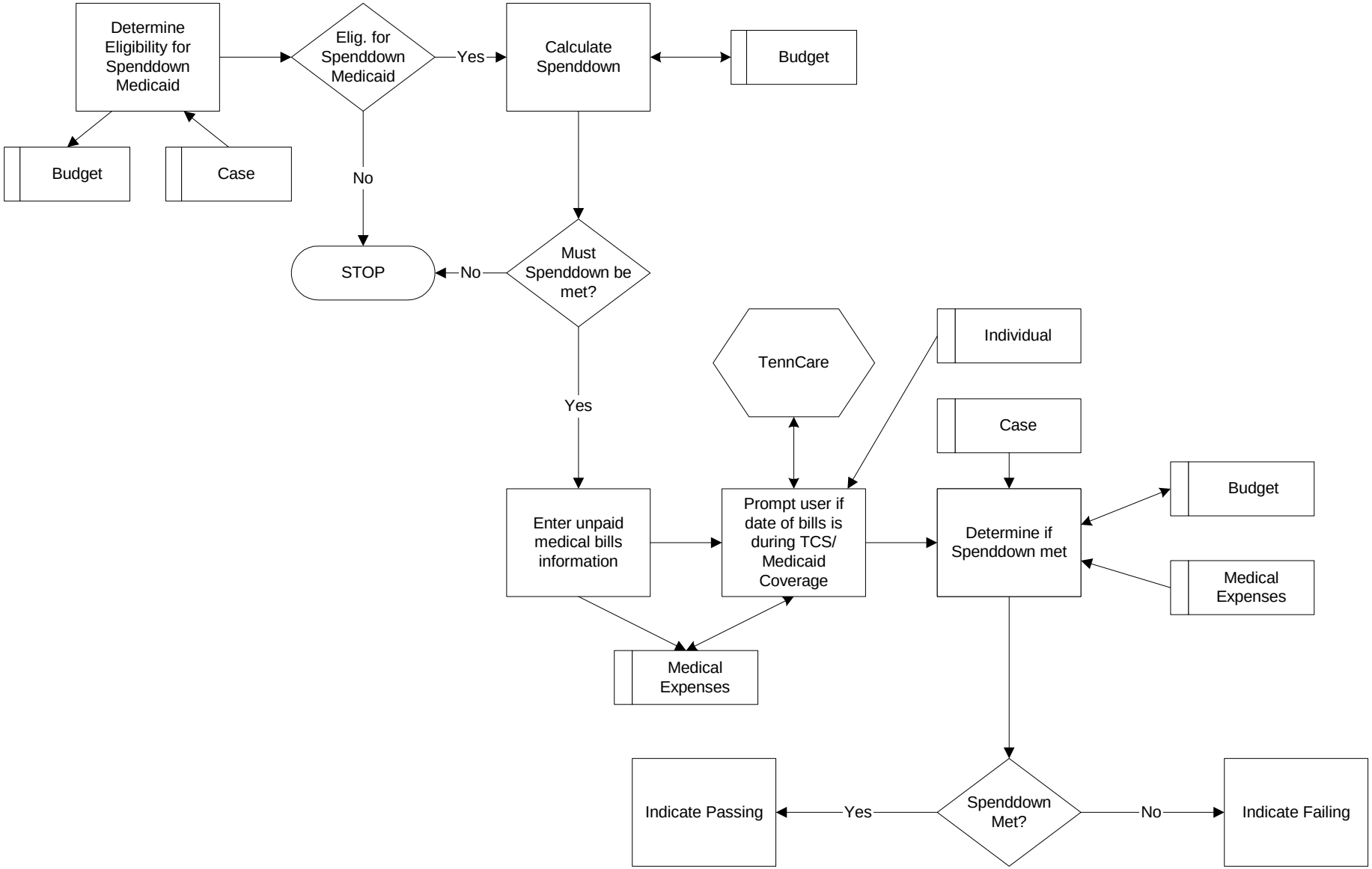
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	22	Medial expenses that are not covered by TENNCARE Medicaid or TENNCARE Standard which can be used to meet spend-down are: eye glasses for adults; dental or adults; medical expenses incurred by other family members; medical transportation; health care insurance premiums; cost of prosthetic devices; guide dogs; acupuncture services; adult sitter/nursing fees; over the counter medicine; percentage of costs not covered by other insurance; special education for disabled or blind; special equipment for disabled or blind.
TCM	23	Spend-down Medicaid will be available to pregnant women with income over 185% PLIS, children under 21 years old with income over the PLIS for their age group, and caretakers with children under 21 years old in a household with deprivation if all other Medicaid requirements and the spend-down are met.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.36

Spenddown



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Process:

This process will describe the procedure to determine if the parent is required to have a co-payment for a portion of the amount the state would pay the Child Care Provider. The co-pay fee amount will be based on the individual case information and the program rules. The parent is required to report changes that could affect co-pay amount and user will record changes into the system to determine co-pay fee.

Sub-Processes:

1. Determine if Parent has Co-Pay

   The system will determine if the parent is required to have a co-pay based on the business rules and the relationship, service type fee, child's child care eligibility and parent's child care eligibility information. The system will record the information.

   RELATIONSHIP (Input)
   Relationship Type
   Relationship Verification Type
   Minor Parent Indicator
   Foster Child Parent Indicator
   Caregiver Name
   Caregiver ID

   SERVICE TYPE FEE (Input)
   Co-Pay Indicator
   TCC Program Fee

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

At Risk Program Fee
Low Income Program Fee
DCS State Custody
DCS Non-State Custody
DSC Relative Caregiver
At Risk Child Only Program Fee

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child Care Child Name
Child Care Child ID

PARENT'S CHILD CARE ELIGIBILITY (Input - Output)
Parent Program type
Parent Service type
Parent Child Care Participation start date
Parent Child Care Participation end date
Parent Eligibility start date
Parent Eligibility end date
Funding Source
Funding Source begin date
Funding Source end date
Out of Pocket Amount paid
Out of Pocket Amount paid begin date
Out of Pocket Amount paid end date
Authorization for Caretaker Reimbursement indicator
Authorization for Caretaker Reimbursement date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Parent Co-Pay Fee Waiver Start Date
Parent Waiting List End Date
Parent Co-Pay Fee Start Date
Child Care Enrollment Effective Date
Daily Child Care Parent Co-Pay Fee Amount
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Effective Date
Parent's Waiting List Priority
Child Care Parent Co-Pay Fee Reason Type
Parent's Waiting List termination reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount
Parent's Waiting List Start Date

CHILD CARE PARENT CO-PAY (Output)
Total Parent Co-Pay Fee Amount
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Amount per Child
Parent Co-Pay Fee Amount

2. Determine and Record Co-Pay Amount

If the system determines the co-pay is required, the system will determine the co-pay amount based on income, living arrangement, relationship, service type fee and child's child care eligibility information. The system will record the co-payment amount after determination.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

INCOME (Input)
Case Total Countable Gross Earned Income Amount
Case Total Countable Gross Unearned Income Amount
Case Total Countable Gross Self-Employment Income Amount
Case Total Monthly Gross Income Amount
Income Type
Income Pay Stub Amount
Income Pay Stub Date
Earned Income Gross Amount
Earnings Verification Type
Unearned Income Type
Unearned Income Monthly Gross Amount

LIVING ARRANGEMENT (Input)
Individual Resides in a Foster Child Care Group Home Indicator
Individual Resides in Foster Child Care Indicator
Individual Resides in Family Home indicator
Individual Resides in Group Home indicator

RELATIONSHIP (Input)
Relationship Type
Relationship Verification Type
Minor Parent Indicator
Foster Child Parent Indicator
Caregiver Name

SERVICE TYPE FEE (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

TCC Program Fee
At Risk Program Fee
Low Income Program Fee
DCS State Custody
DCS Non-State Custody
DSC Relative Caregiver
At Risk Child Only Program Fee

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child Care Child Name
Child Care Child ID

CHILD CARE PARENT CO-PAY (Input and Output)
Total Parent Co-Pay Fee Amount
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Amount per Child
Parent Co-Pay Fee Amount

PARENT'S CHILD CARE ELIGIBILITY (Output)
Parent Program type
Parent Service type
Parent Child Care Participation start date
Parent Child Care Participation end date
Parent Eligibility start date
Parent Eligibility end date
Funding Source
Funding Source begin date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Funding Source end date
Out of Pocket Amount paid
Out of Pocket Amount paid begin date
Out of Pocket Amount paid end date
Authorization for Caretaker Reimbursement indicator
Authorization for Caretaker Reimbursement date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason
Parent Co-Pay Fee Waiver Start Date
Parent Waiting List End Date
Parent Co-Pay Fee Start Date
Child Care Enrollment Effective Date
Daily Child Care Parent Co-Pay Fee Amount
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Effective Date
Parent's Waiting List Priority
Child Care Parent Co-Pay Fee Reason Type
Parent's Waiting List termination reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount
Parent's Waiting List Start Date

3. Determine and Record Fee Waiver (Optional)

   If the system determines the parent has a fee waiver, the system will record the waiver information in the appropriate data stores.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

PARENT'S CHILD CARE ELIGIBILITY (Output)
Parent Program type
Parent Service type
Parent Child Care Participation start date
Parent Child Care Participation end date
Parent Eligibility start date
Parent Eligibility end date
Funding Source
Funding Source begin date
Funding Source end date
Out of Pocket Amount paid
Out of Pocket Amount paid begin date
Out of Pocket Amount paid end date
Authorization for Caretaker Reimbursement indicator
Authorization for Caretaker Reimbursement date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason
Parent Co-Pay Fee Waiver Start Date
Parent Waiting List End Date
Parent Co-Pay Fee Start Date
Child Care Enrollment Effective Date
Daily Child Care Parent Co-Pay Fee Amount
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Effective Date
Parent's Waiting List Priority

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.37 Child Care Parent Co-Pay	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child Care Parent Co-Pay Fee Reason Type
Parent's Waiting List termination reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount
Parent's Waiting List Start Date

CHILD CARE PARENT CO-PAY (Output)
Total Parent Co-Pay Fee Amount
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Amount per Child

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	A caretaker who is eligible for and receiving child care may have a parent co-pay fee.
CC	2	The co-pay fee is the amount assessed as the caretaker's portion of the total amount that would be paid by the state to the provider.
CC	3	Not all caretakers who are eligible for and receiving child care have a co-pay fee amount.
CC	4	A service type may or may not require a parent co-pay fee for child care assistance.
CC	5	Child Care co-pay fees are set based on a sliding scale, utilizing countable income and household size.
CC	6	Parent co-pay fee for child care assistance is determined by the gross household income used to determine the eligibility for that service type.
CC	7	Parent co-pay fee for child care assistance is determined by the number of family members used to determine the eligibility for that service type.
CC	8	Parent co-pay fees for child care assistance are assessed as a weekly amount. (paper model)
CC	9	Parent co-pay fees for child car assistance are assessed as a daily amount. (EBT model)
CC	10	Parent co-pay fees for child care assistance are assessed on each child.
CC	11	The first child is assessed 100% of the co-pay fee amount for a child for child care assistance.
CC	12	A sibling discount in the parent co-pay fee for child care assistance is assessed for the second and every child thereafter at 75% of the first child's amount.
CC	13	The parent co-pay fee assessment starts when the child starts attending child care.
CC	14	The parent co-pay fee assessment ends when the child's eligibility for child care assistance terminates.
CC	15	The parent co-pay fee assessment ends when a child is terminated at a specific provider. (paper model)
CC	16	The parent co-pay fee assessment may end prior to a child's termination in care for other reasons by policy.
CC	17	The caretaker pays the parent co-pay fee amount directly to the child care provider.
CC	18	The parent co-pay fee amount is deducted from the provider's gross payment amount for that child.
CC	19	Each child on a service type that requires a parent co-pay fee for child care assistance may have the parent co-pay fee waived.
CC	20	The amount of the parent co-pay fee owed for a previous period will be waived if the reason was due to some action over which the department had control and responsibility.
CC	21	A parent co-pay fee may be assessed for a backdated period when the parent eligibility is backdated.
CC	22	The amount of the parent co-pay fee owed for a previous period will not be waived if the reason was due to some action over which the caretaker had control and responsibility.
CC	23	When a parent or caretaker is SSI, or in cases where the only family income is child support payments with no earned income, the parent co-pay fee may be waived.
CC	24	A caretaker is required to report changes within 10 calendar days of the change.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

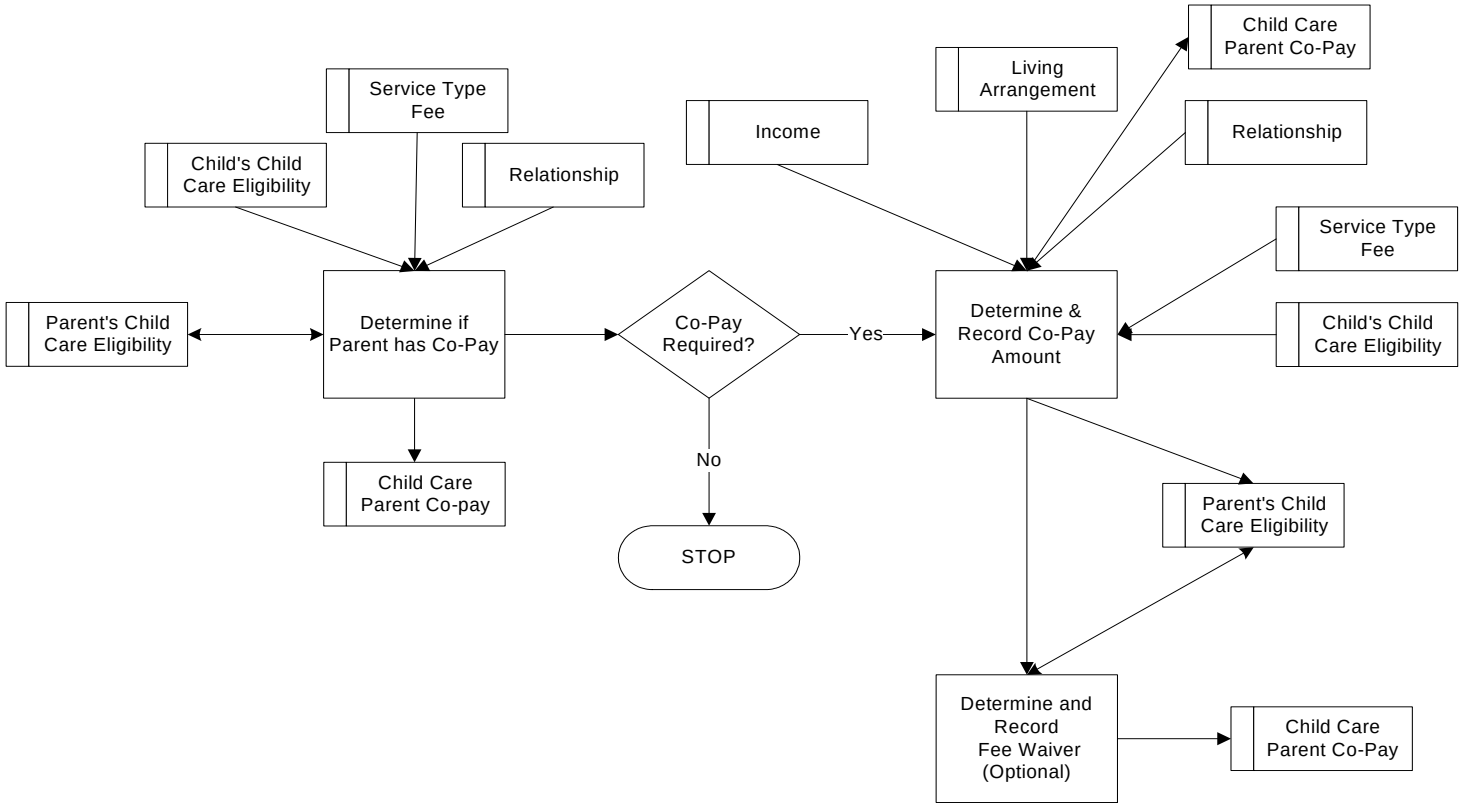
Program Type	Rule Number	Rule
CC	25	Changes which will affect income and household size will require parent co-pay fees to be reassessed.
CC	26	Caretaker co-pay fees will be reassessed anytime the case is re-determined.
CC	27	An advance notification will be sent to caretaker and provider at least 10 calendar days before the parent fees are to increase unless the change is being made in the last 10 days of eligibility.
CC	28	An increase in parent co-pay reported in last 10 days of eligibility will take effect at the end of the eligibility period.
CC	29	The parent co-pay fee for a school age child on a school calendar needing part-time care during the school year will remain at the part-time rate throughout the school year even when there is a school-out day.
CC	30	The parent co-pay fee for a school age child on a school calendar will change from part-time fee to full fee during the summer months when school is not in session if the parent needs care during the summer and will revert back to part-time fee when school begins again.
CC	31	If the caretaker needs fulltime care for a school age child on a school calendar, the fee will be assessed at the fulltime rate regardless of whether school is in session or not.
CC	32	If the caretaker fee amount decreases, a 10 day advance notice is not necessary.
CC	33	An individual whose child care service type is transferring from a type with a parent co-pay fee to a service type that has no parent co-pay fee will have the co-pay stopped effective the day of the funding source transfer.
CC	34	The provider is responsible for collection of parent co-pay fees.
CC	35	The provider must notify the department in writing within two (2) calendar weeks of the parent's failure to pay her co-pay fee.
CC	36	The child care case worker shall make contact with a parent reported to be delinquent in paying the co-pay fee in an effort to determine why the parent has become delinquent.
CC	37	If a parent fails to pay the co-pay fee amount, the provider retains the right to pursue formal collection or to terminate child care services.
CC	38	A parent with delinquent parent co-pay fees can not transfer a child from one provider to another until the parent satisfies the assigned parent co-pay fee obligation except in emergency situations such as child abuse or allegations of child abuse, child health and safety issues.
CC	39	The caretaker who has unpaid parent co-pay fees can remain with the current provider until the obligation is satisfied or the parent can request enrollment to be closed.
CC	40	A child care enrollment can not be made if a parent has a delinquent co-pay fee for which she/he has not resolved by either paying the provider or by working out a repayment plan with a provider.
CC	41	The department is not involved in any financial obligations arranged between a parent and a provider over rate cost differences or other miscellaneous fees not covered by the state.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	42	The parent co-pay fee assessment continues during the period of attendance in child care regardless of the number of days of child absences.
CC	43	Failure to pay parent co-pay fees to a provider may result in case closure.
CC	44	The parent co-pay fee assessment ends when a child's eligibility or child care ends (case closes) - (EBT model).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.37
Child Care Parent Co-Pay



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.38 30 + 1/3 Disregards
Process Number: 1.3.38

Program Affected: DCS, TennCare Medicaid	**Users: Caseworkers and above**

Process:

Applications for Foster Care assistance must consider if the removing household meets the requirements for a thirty and one-third disregard when calculating the initial eligibility for the program. This is only required at initial eligibility, not for ongoing eligibility.

In addition, some sub-programs in TennCare Medicaid also permit a thirty and one-third disregard when performing budget calculations for eligibility. However, for this program the deduction is ongoing, rather than just at initial, and the disregard is calculated differently from the Foster Care assistance.

The system must determine when a thirty and one-third disregard is appropriate based on program rules, and how it is to be calculated for use in the budget.

Sub-Processes:

1. Determine Sub-Program Type

   The system must determine the type of assistance applied for.

   CASE (input)
   Case Number
   Program Type
   Program Sub-Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.38 30 + 1/3 Disregards
Process Number: 1.3.38

Program Affected: DCS, TennCare Medicaid	**Users: Caseworkers and above**

EARNED INCOME (Input)

2. Determine if Sub-Program Allows Thirty and One-Third Deduction

   Based on the sub-program's business rules, the system must determine if a 30 and 1/3 deduction is appropriate.

3. Determine if There is Earned Income

   If the sub-program type allows a deduction, the system shall determine if there is earned income in the case. For IV-E Foster Care, the earned income must be in the removal home of the child. For AFDC-MO the income may be from appropriate individual in the case based on the program's business rules.

   CASE (Input)
   Case Number
   Program Type
   Program Sub-Type
   Case Eligibility Begin Date
   Case Eligibility End Date

   EARNED INCOME (Input)
   Gross Monthly Income Amount

4. Determine if Guidelines Met to Allow Thirty and One-Third Disregard(s)

   If the system determines there is earned income in the case earned by the appropriate individual(s) as determined by the program's business rules, the system must then determine if (based on the program's

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.38 30 + 1/3 Disregards

Process Number: 1.3.38

Program Affected: DCS, TennCare Medicaid	**Users: Caseworkers and above**

rules) the guidelines have been met to allow the thirty and one-third deduction(s).

THIRTY AND ONE-THIRD DISREGARDS (Input)
Previous 30 Disregard Begin Date
Previous 30 Disregard End Date
Previous 1/3 Disregard Begin Date
Previous 1/3 Disregard End Date

THIRTY AND ONE-THIRD DISREGARDS (Output)
30 Begin Date
30 Deduction Amount
30 End Date
1/3 Begin Date
1/3 Deduction Amount
1/3 End Date

5. Apply Thirty and One-Third Disregard(s)

If the system determines that the case has met the guidelines to allow the thirty and one-third disregard(s) based on the program's business rules, the system must apply the appropriate disregard(s) to the appropriate budget. The system shall apply thirty and one-third disregards to the AFDC-MO budget for the appropriate months only, based on program rules.

6. Do not Apply Thirty and One-Third Disregard(s)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.38 30 + 1/3 Disregards
Process Number: 1.3.38

Program Affected: DCS, TennCare Medicaid	**Users: Caseworkers and above**

If the system determines that there is no earned income in the case earned by the appropriate individual(s) as determined by the program's business rules, the system must then determine if based on the program's rules, the system must not apply the thirty and one-third disregard(s). If a TCM case has earned income added at a later date, the system shall re-evaluate the case to determine eligibility for thirty and one-third disregard(s).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

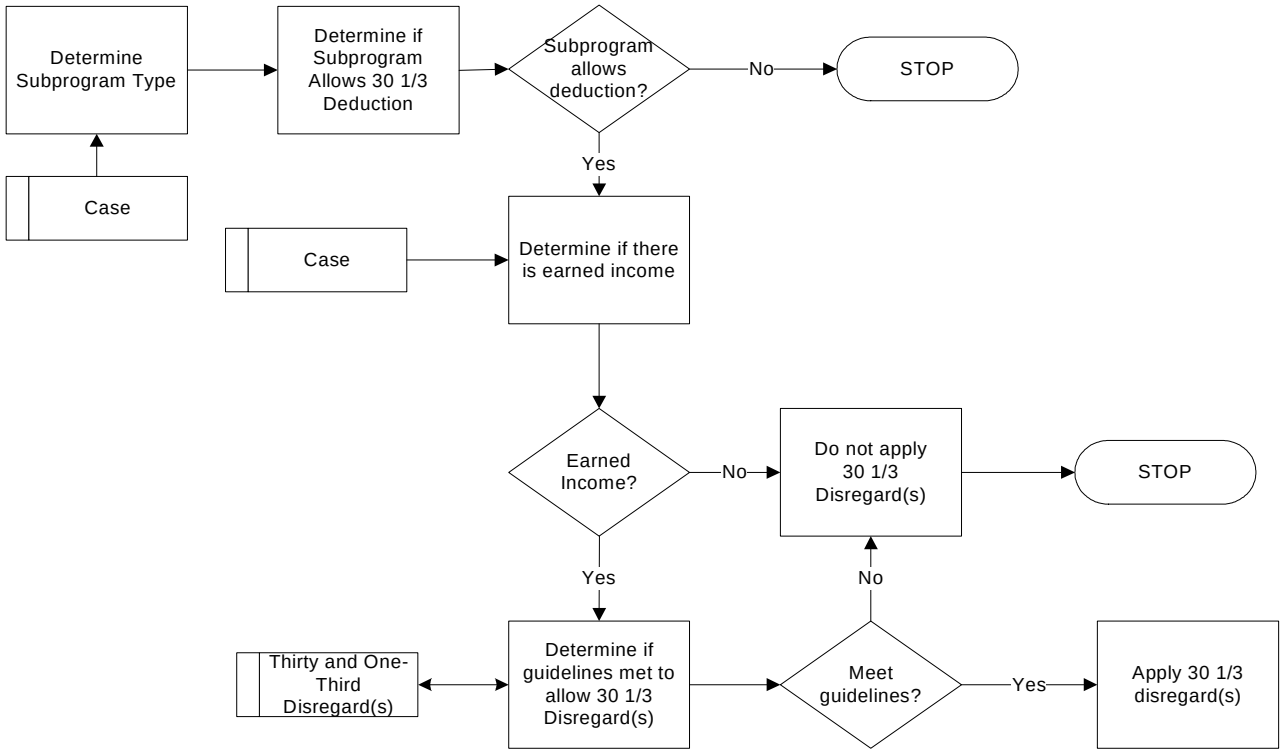
Program Type	Rule Number	Rule
IV-E FC	1	All sources of income shall be gathered and documented for the required members of a foster child's pre-custody removal home for an initial eligibility determination for each foster care custody episode.
IV-E FC	2	If any required member of a foster child's pre-custody removal home is receiving earned income, some of the income may be excluded or disregarded in calculating a budget for an initial eligibility and reimbursability determination.
IV-E FC	3	If none of the required members of a foster child's pre-custody removal home is receiving countable earned income, the $30 plus 1/3 disregard shall not be applied.
IV-E FC	4	If a required member of a foster child's pre-custody removal home is receiving countable earned income, $30 plus 1/3 of the remainder from each required member's gross earnings may be disregarded as defined by program rules.
IV-E FC	5	If any required member of a foster child's pre-custody removal home was an eligible assistance recipient, e.g., AFDC, TANF, in one of the 4 months immediately preceding the AFDC eligibility month, i.e., petition month or month the Voluntary Placement Agreement was signed, $30 plus 1/3 of each individual's earnings shall be deducted from the individual's earnings in the budget calculation for an initial eligibility determination; or If the total gross earnings minus the work expense deduction and allowable dependent care deduction is less than the July 16, 1996 Consolidated Need Standard for the AFDC assistance unit size, $30 plus 1/3 of the individual's earnings shall be deducted from the individual's earnings in the budget calculation for an initial eligibility determination.
IV-E FC	6	If a required member of a foster child's pre-custody removal home is receiving countable earned income and is eligible to have $30 plus 1/3 of his/her earnings disregarded, the $30 plus 1/3 disregard of earnings shall be applied in the following sequence to each required member's countable gross earned income: 1. enter each individual's countable gross earned income; 2. deduct the work expense deduction from each individual's countable gross earned income; 3. enter the remainder of each individual's earnings; 4. deduct $30 from each individual's earnings; 5. enter the remainder of each individual's earnings; 6. deduct 1/3 from each individual's earnings; 7. enter the remainder of each individual's earnings; 8. deduct the allowable dependent care deduction from the remainder of each individual's earnings; 9. consider the remainder of each individual's earnings as his/her net earnings.
IV-E FC	7	The $30 plus 1/3 disregard of earned income shall only be applied, if applicable, in a budget calculation during an initial eligibility determination for each foster care custody episode unless the foster child has

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		earned income and is a part-time student employed full-time or the foster child is not attending school.
IV-E FC	8	The earned income of a foster child who is a part-time student employed full-time shall be counted.
IV-E FC	9	The earned income of a foster child who is not attending school shall be counted.
IV-E FC	10	If a foster child has countable earned income and is eligible for the $30 plus 1/3 disregard of his/her earnings, the foster child shall be eligible for the $30 plus 1/3 disregard of his/her earnings for four consecutive months when calculating a budget for initial eligibility and reimbursability.
IV-E FC	11	If the four-month count is interrupted for reason(s) other than a penalty, the four-month count shall start over if the foster child obtains countable earned income again.
IV-E FC	12	A foster child who has countable earned income shall be entitled to eight consecutive months of the $30 disregard immediately following the four consecutive month period.
IV-E FC	13	A foster child with countable earned income who has received four consecutive months of the $30 and 1/3 disregard and eight consecutive months of the $30 disregard shall not be eligible for the $30 plus 1/3 disregard of his/her earnings again until the foster child has been off assistance for 12 consecutive months.
TCM	14	For TennCare/Medicaid cases that receive coverage under the 1931 rule (AFDC-Medicaid Only), and have earnings, the individual with the earnings will receive an additional earned income deduction, above the standard $90 disregard. This disregard is based on actual budget group size and the disregard is pre-determined by program rules.
AA	15	The 30 & 1/3 Disregards will not have an affect on a child's eligibility for adoption assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.38
30 + 1/3 Disregards



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy	
Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

When the system is calculating the Food Stamp budget in determining the benefit amount, this process must be performed when any individual in the case has an account receivable in repayment status with an outstanding balance. When an individual in the case has multiple account receivables in repayment status, the system will determine which account receivable to apply the benefit reduction. The Food Stamp benefit reduction must be applied based on a hierarchy of claims by claim type according to business rules.

Sub-Processes:

1. Link all Food Stamp Acct Revb in Repayment Status

The system shall select all FS account receivables in repayment status for all individuals in a case and link to the case.

INDIVIDUAL (Input)
SSN
Individual ID

CASE (Input / Output)
Case Number
Case Type
Case Status
Household Members

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

ACCOUNT (Input / Output)
Account Number
Account Status
Total Account Receivable Balance
Current Balance Amount
Delinquent Indicator
Slow Payment Code
Garnishment Code
Civil Judgement Code

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Repayment Method
Account Receivable Balance
Account Receivable Agreement Date
Account Receivable Agreement Indicator

2. Sort by Acct Revb Hierarchy

The system shall sort all account receivables that are in repayment status for an individual or case by hierarchy (IPV, IHE, and AE) and agreement date based on business rules. When there are multiple individuals in the same case with active account receivables in repayment status, the system shall group all together and then apply the hierarchy.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Input)
SSN
Individual ID

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Repayment Method
Account Receivable Balance
Account Receivable Agreement Date
Account Receivable Agreement Indicator

3. Determine if An IPV Exists

The system shall first determine if there are any IPV account receivables in repayment status for individual and case. The system shall select all IPV account receivables in repayment status with an outstanding balance. When there are multiple IPV account receivables, the system shall determine if any have a Court-Order. The system shall select the IPV with the Court-Order first. If there are multiple IPV Court-Order account receivables, sort by agreement date and select the one with the oldest date. If there are multiple IPV'S with no Court-Order, sort by agreement date and select the account receivable with the oldest date. When the system selects an IPV account receivable in repayment status for the case, the system shall table any remaining account receivables(s) until the selected account receivable has been paid out.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

ACCOUNT (Input)
Account Number
Total Account Receivable Balance
Account Status

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Overpayment Program
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Repayment Method
Court-Order Amount
Overpayment Begin Date

INDIVIDUAL (Input)
SSN
Individual ID

4. Determine if An IHE Exists

When there are no IPV account receivables eligible for benefit reduction, the system shall determine if there are any IHE account receivables in repayment status for individual and case. The system shall select all

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

IHE's in repayment status and sort by agreement date. The system shall select the account receivable with the oldest agreement date. The system shall table any remaining account receivable(s) until the one selected has been paid out.

INDIVIDUAL (Input)
SSN
Individual ID

ACCOUNT (Input)
Account Number
Total Account Receivable Balance
Account Status

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Overpayment Program
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Repayment Method
Overpayment Begin Date

5. Determine if An AE Exists

When there are no IPV or IHE account receivables in repayment status, the system shall determine if there are any AE account receivables. The system shall select all AE account receivables in repayment status and

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

sort by agreement date. The system shall select the account receivable with the oldest agreement date. The system shall table any remaining account receivable(s) until the one selected has been paid out.

INDIVIDUAL (Input)
SSN
Individual ID

ACCOUNT (Input)
Account Number
Total Account Receivable Balance
Account Status

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Overpayment Program
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Repayment Method
Overpayment Begin Date

6. Determine if Suspended

The system shall determine if the selected account receivable is suspended for a reason that will not allow benefit reduction (bankruptcy, administrative or no documentation) based on business rules.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

CLAIM (Input / Output)
Claim Number
Claim Classification
Overpayment Program
Claim Status
Suspension Reason
Suspension Indicator
Account Receivable Balance
Account Repayment Method

7. Perform “Imposing and Removal of Sanction / Penalty / Disqualification” Process

   The system shall perform “Imposing and Removal of Sanction / Penalty / Disqualification” when an individual has an IPV account receivable with a disqualification. This process must be performed to remove the individual from the household size in the determination of the FS benefits.

8. Identify as Benefit Reduction

   When the selected account receivable is not suspended or the suspension type does not stop benefit reduction, the system shall identify that account receivable as available for benefit reduction.

   INDIVIDUAL (Input / Output)
   SSN
   Individual ID
   Benefit Reduction Indicator
   Disqualification Indicator
   Disqualification Length

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Disqualification Number
Disqualification Decision Date

CLAIM (Input / Output)
Claim Number
Claim Classification
Overpayment Program
Claim Status
Suspension Indicator
Suspension Reason
Account Repayment Method
Account Receivable Balance

9. Determine Amount To Be Recouped

The system shall compute the FS budget (reusable “Perform Budgeting”) and determine the amount to be recouped from the FS benefits according to business rules. The system shall update the budget and display the amount to be recouped.

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator

CLAIM (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Number
Claim Classification
Claim Status
Overpayment Program
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Repayment Method
Overpayment Begin Date
Suspension Indicator
Suspension Reason
Account Receivable Balance

CASE (Input)
Case Number
Case Status
Case Type
Application Date
Recertification Date
Household Size

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Indicator
Living Arrangement Date

COUNTABLE INCOME (Input)
Earned Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Unearned Income Type
Unearned Income Amount

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type

EXPENSES (Input)
Expense Type
Expense Amount
Expense Begin Date
Expense End Date

PROGRAM STANDARDS (Input)
Net Income Standard Amount
Adjusted Net Income Standard Amount for Household Size
Net Income Standard Amount for Household Size
Standard FS Utility Standard
Standard Telephone Allowance
Standard Medical Expenses Amount
Basic FS Utility Standard
Excess Shelter Deduction Maximum Amount
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount
Disregard Begin Date
Disregard End Date

INCOME RESULTS (Input)
Net Income Amount
Pass / Fail Indicator

BUDGET (Output)
Budget Type
Benefit Amount
Budget Effective Date
Budget Pass / Fail Indicator
Adjusted Net Income Amount
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

10. Compare BR Amount to Acct Revb Balance

The system shall compare the calculated benefit reduction amount to the selected account receivable to see if the balance is less than the amount to be recouped.

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Receivable Balance
Account Repayment Method
Claim Status
Overpayment Begin Date

BUDGET (Output)
Budget Type
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

11. Update FS Budget

When the account receivable balance is greater than the calculated benefit reduction amount, the system shall update the FS budget with the benefit reduction amount.

CLAIM (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Overpayment Begin Date

BUDGET (Output)
Budget Type
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

12. Determine If Another Acct Revb Within Same Classification

When the account receivable balance is less than the calculated benefit reduction amount, the system shall determine if there is another account receivable within the same classification in repayment status, except for Court-Orders. (A court-ordered claim cannot be combined with others. The system shall benefit reduce a Court-Ordered amount until it is paid-out, then select the next available account receivable for the next month's issuance.)

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Receivable Balance
Account Repayment Method
Overpayment Begin Date
Court-Order Indicator
Court-Order Amount

BUDGET (Input)
Budget Type
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

13. Alter BR Amount

When the account receivable balance is less than the benefit reduction amount and there is not another account receivable within the same classification, or the current account receivable has a Court-Ordered amount, the system shall change the benefit reduction amount to equal the account receivable balance so that issuance only deducts the balance amount. A new account receivable will be selected and the benefit reduction amount calculated for the next month's budget determination according to business rules.

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Repayment Method
Overpayment Begin Date
Court-Order Indicator
Court-Order Amount

BUDGET (Output)
Budget Type
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

14. Perform “Budgeting” Process

The system shall perform “Budgeting” when the benefit reduction amount must be changed to equal the account receivable balance. The system shall determine the new FS allotment amount with the altered benefit reduction amount.

15. Include Next Acct Revb

When the current account receivable balance is less than the benefit reduction amount and there is another account receivable within the same classification in repayment status, the system shall apply the benefit reduction to both account receivables according to business rules. The system shall link both account receivables to the FS case and budget.

INDIVIDUAL (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

SSN
Individual ID
Benefit Reduction Indicator

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CASE (Input / Output)
Case Number
Case Type
Case Status

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Overpayment Begin Date
Court-Order Indicator
Court-Order Amount
INCOME RESULTS (Output)
Benefit Reduction Amount
Benefit Reduction Indicator
Budget Effective Date
Benefit Reduction Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Benefit Reduction End Date

16. Determine If Another Acct Revb Exists In Same Classification

When a selected account receivable is suspended for a reason that will halt benefit reduction, the system shall determine if there is another account receivable within that hierarchy available for benefit reduction based on business rules.

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Overpayment Begin Date
Court-Order Indicator
Court-Order Amount

17. Select Next

When there is another account receivable within the same class, the system shall select the next available

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

according to business rules.

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Court-Order Indicator
Overpayment Begin Date

18. Determine If Another Acct Recb in Next Class

When there is not another account receivable in that class, the system shall determine if there is another account receivable in repayment status in the next class available for benefit reduction.

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Court-Order Indicator
Overpayment Begin Date

19. Select Next

When there is a another account receivable in repayment status available for benefit reduction in the next class, the system shall select and sort according to classification and agreement date and select the appropriate account receivable, based on business rules.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Court-Order Indicator
Overpayment Begin Date

20. Determine if Benefit Reduction in Budget

When there is not an available account receivable in repayment status, the system shall determine if there is a current benefit reduction being applied in the Food Stamp budget due to an account receivable.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Input)
Benefit Reduction Indicator

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Court-Order Indicator
Overpayment Begin Date

CASE (Input)
Case Number
Case Type
Case Status

BUDGET (Input / Output)
Budget Type
Benefit Reduction Indicator
Benefit Reduction Begin Date
Budget Effective Date
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

21. Remove Benefit Reduction from FS Budget

The system shall reset the benefit reduction indicator so that the benefit reduction amount can be removed from the FS budget when there is not an available account receivable in repayment status.

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance
Account Repayment Method
Court-Order Indicator
Overpayment Begin Date

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Output)
SSN
Individual ID
Benefit Reduction Indicator

BUDGET (Output)
Budget Type
Monthly Recoupment Amount
Intentional Program Violation Recoupment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.39 Food Stamp Benefit Reduction Hierarchy

Program Affected: FS, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount

22. Perform “Budgeting” Process

The system shall perform “Budgeting” in order to determine the new FS allotment amount without a benefit reduction being applied.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

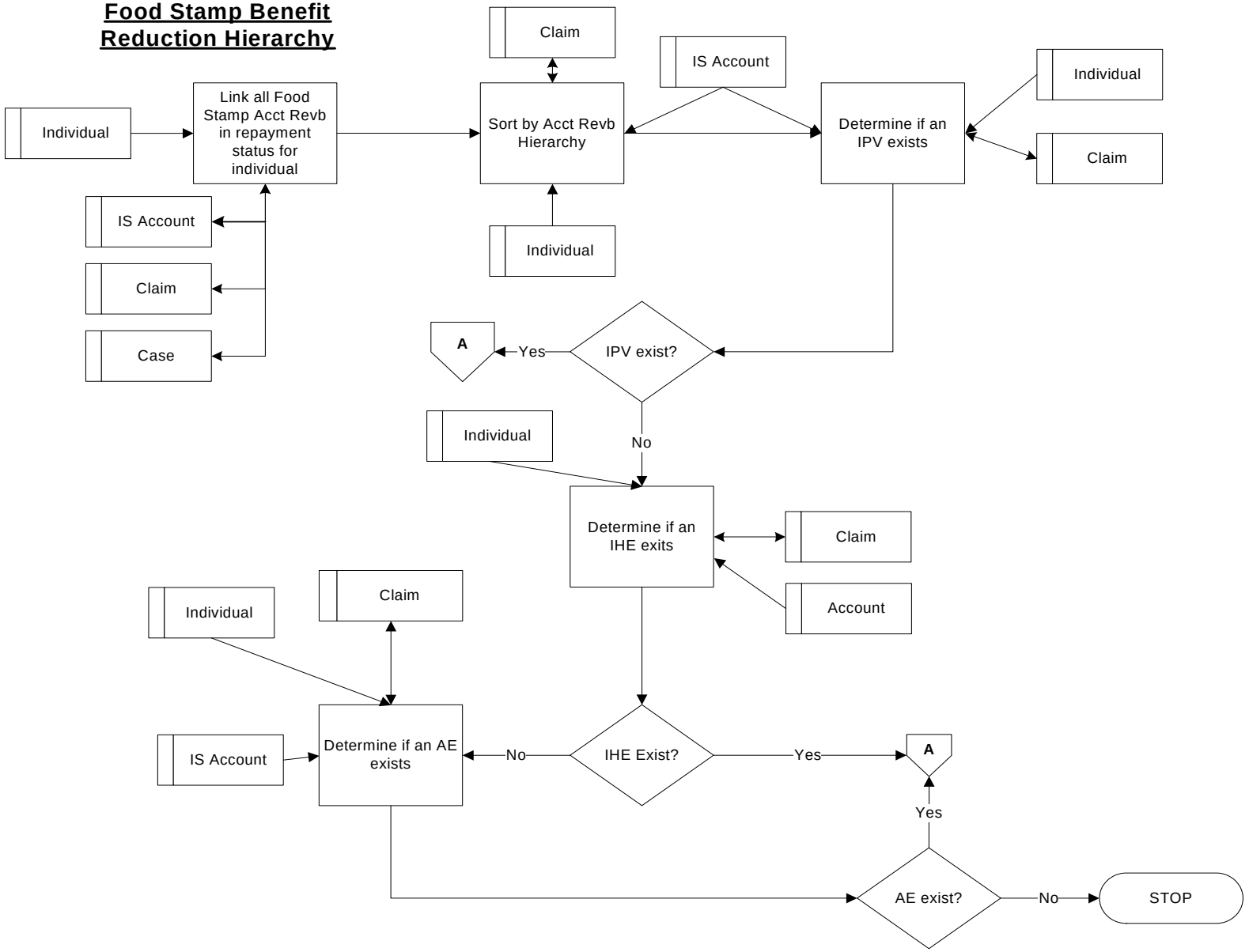
Program Type	Rule Number	Rule
FS	1	The Department of Human Services (DHS) will collect payments for intentional Program Violations (IPV), Inadvertent Household Errors (IHE) and Administrative Errors (AE) from households currently participating in the program by reducing the household's food stamp allotments if the claim has not been repaid through a lump sum cash and/or food stamp benefit payment, or a payment schedule has not been negotiated with the household.
FS	2	Prior to reduction, each household must be provided written notice of the amount of the account receivable.
FS	3	Prior to reduction, each household must be provided written notice of the intent to collect from all adults in the household when the overpayment occurred.
FS	4	Prior to reduction, each household must be provided written notice of the type (IPV, IHE, AE) of the claim and the reason for the claim.
FS	5	Prior to reduction, each household must be provided written notice of the time period associated with the claim.
FS	6	Prior to reduction, each household must be provided written notice of how the claim was calculated.
FS	7	Prior to reduction, each household must be provided written notice of the appropriate formula for determining the amount of food stamps to be recovered each month and the effect of that formula on the household's allotment, and of other methods of repayment.
FS	8	Households with one or two members only, who receive the minimum food stamp allotment of $10 prior to benefit reduction, are subject to benefit reduction of the entire $10 allotment.
FS	9	Intentional Program Violation claims shall have the greater of 20 percent or $20 per month, subject to revision by the USDA, recovered from the food stamp allotment.
FS	10	Administrative Error and Inadvertent Household Error claims shall have the greater of 10 percent or $10 per month, subject to revision by USDA, recovered from the food stamp allotment.
FS	11	It must be determined if multiple claims in repayment status exist for the household.
FS	12	If multiple claims in repayment status exist for the household, determine if one or more claims is an IPV with a court ordered repayment.
FS	13	If there is an IPV claim in repayment status, with a court order, recover from that claim first.
FS	14	If multiple IPV claims in repayment status with court orders exist, recover from the older of these first.
FS	15	If no IPV claims with a court order exist, recover from the oldest IPV claim without a court order.
FS	16	If no IPV claims exist, recover from the oldest IHE claim.
FS	17	If no IHE claims exist, recover from the oldest AE claim.
IS	18	A FS case may have zero to many account receivables attached to it.
IS	19	FS benefit reduction may only be applied to one FS account receivable at a time unless the amount received is greater than the account receivable balance. Then apply any remainder to the next account

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		receivable of the same claim classification.
IS	20	A FS case may have zero to many different types of FS account receivables.
IS	21	Zero to many individuals in a FS case may have FS account receivables.
IS	22	Only FS account receivables in repayment status may be paid.
IS	23	Zero to many individuals may repay a FS account receivable.
IS	24	If a benefit reduction payment is applied that results in a zero balance, then the next FS account receivable according to the rules shall be paid.
IS	25	FS IPV account receivables shall be paid first from oldest to newest.
IS	26	FS IHE account receivables shall be paid when there are no FS IPV account receivables from oldest to newest.
IS	27	FS IHE account receivables being paid from voluntary assignment of unemployment compensation shall be paid prior to other FS IHE account receivables.
IS	28	FS AE account receivables shall be paid when there are no FS IPV account receivables or FS IHE account receivables from oldest to newest.
IS	29	If the FS account receivable is suspended for bankruptcy, lost documentation or administratively, the FS account receivables shall not be subject to benefit reduction.
IS	30	All court ordered repayments supersede claim type hierarchy repayment.
IS	31	No account receivables shall be benefit reduced after ten years from the date it was established.
FS, IS	32	An overpayment claim may result in a reduction of Food Stamp Benefits.
FS, IS	33	A client may have zero to many overpayment claims at the same time.
FS, IS	34	A claim may be the result of an intentional violation, inadvertent error, or agency error.
FS, IS	35	If a client has more than one claim, subsequent claim(s) may result in a reduction of Food Stamp Benefits once a prior claim is paid.

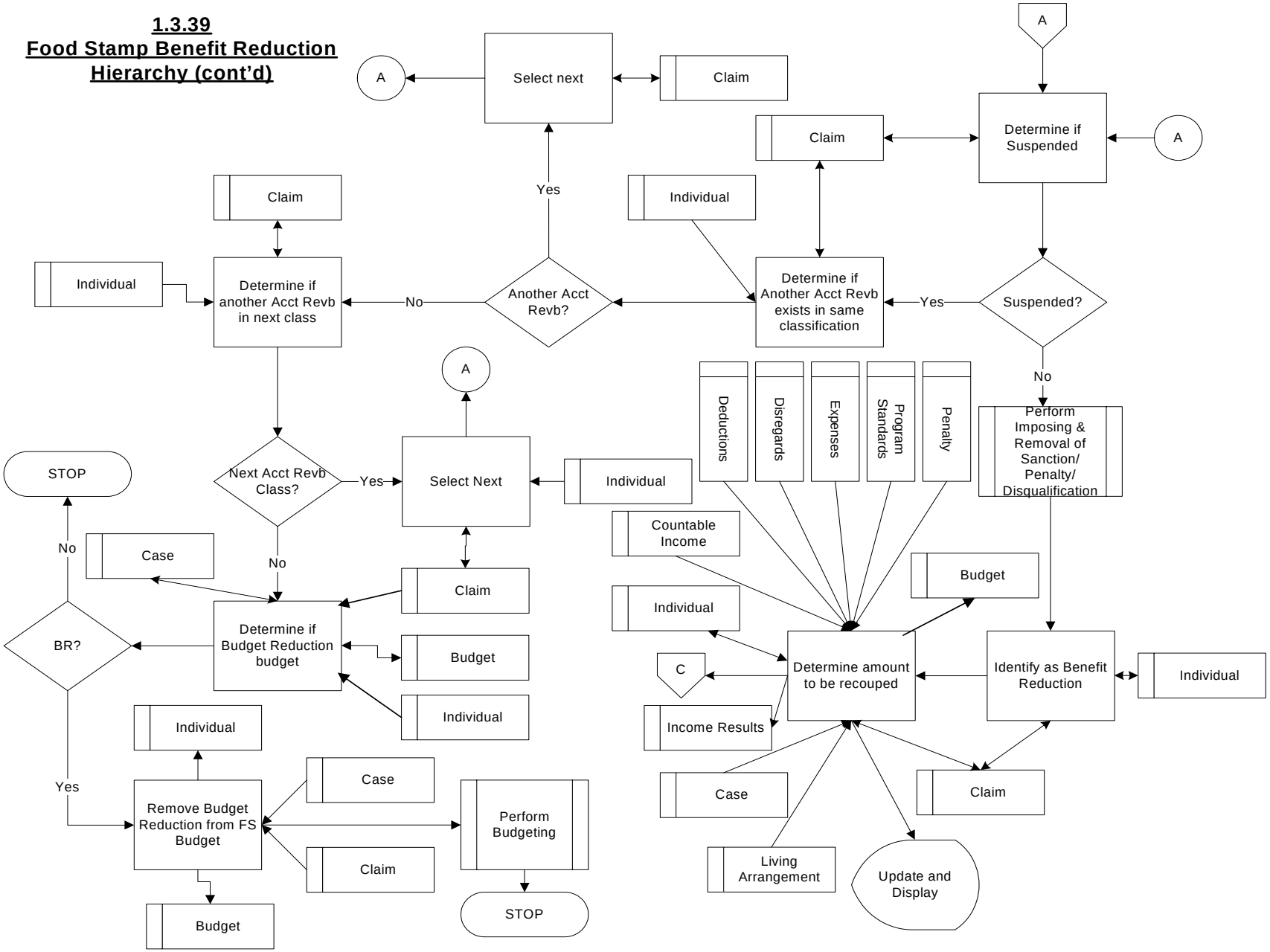
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.39 Food Stamp Benefit Reduction Hierarchy

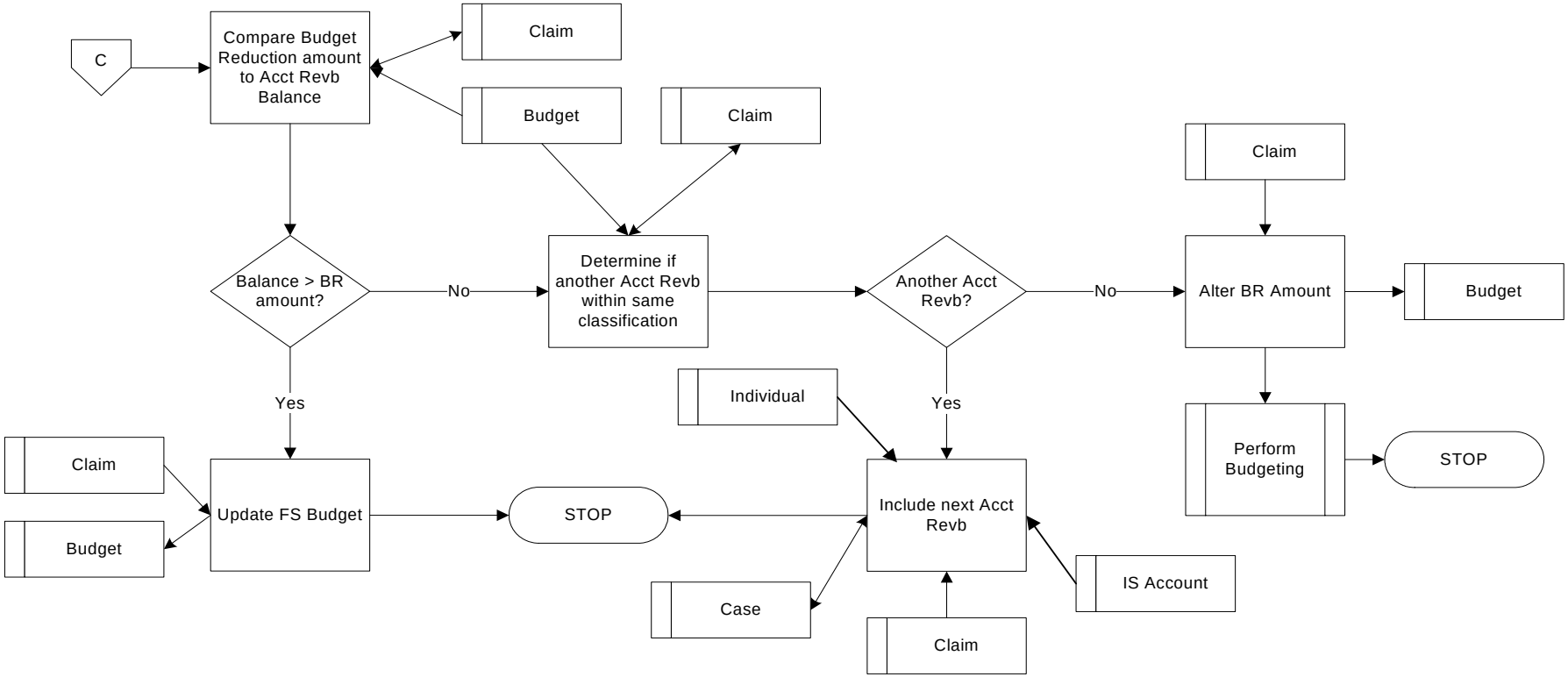


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.39 Food Stamp Benefit Reduction Hierarchy (cont'd)



1.3.39
Food Stamp Benefit Reduction Hierarchy (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy	
Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

When calculating the Families First budget in the determination of the benefit amount, this process must be performed when an eligible individual in the case has a claim in repayment status (Account Receivable). The system will determine the amount of benefit reduction that must be applied to the Families First benefits based on a hierarchy according to business rules. In the event of multiple Acct Revb in repayment status, the system will follow a hierarchy to determine which Acct Revb the repayment gets applied to. This process will be performed during budgeting.

Sub-Processes:

1. Link all FF Acct Revb In Repayment Status For Individual

   The system shall select and link all claims in repayment status with an account receivable balance greater than $0, for individual(s) and case.

   IS ACCOUNT (Input)
   Account Number

   CLAIM (Input / Output)
   Claim Number
   Claim Status
   Claim Classification
   Overpayment Program
   Account Repayment Method

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Receivable Balance

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator
Pay to Court Indicator

CASE (Input)
Case Number
Case Type

2. Sort Account Receivables

The system shall sort all account receivables in repayment status for individual or case by agreement date based on business rules. When there are multiple individuals in the case with account receivables in repayment status, the system shall group all the Acct Revb and then sort. The system shall sort the FF account receivables according to a hierarchy. The system shall first select all account receivables with a Court-Order repayment amount. When there is not a Court-Order, the system shall select the account receivable with the oldest agreement date (disregarding claim classification).

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Individual ID
Benefit Reduction Indicator
Pay to Court Indicator

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Account Repayment Method
Claim Status
Repayment Agreement Date
Claim Classification
Court-Order Amount
Court-Order Indicator
Court-Order Begin Date

3. Determine if Court-Ordered

The system shall determine if any of the selected account receivables have a Court-Order repayment amount that is not set-up as “Pay to Court.” When a case or individual has multiple Court-Order account receivables, the system shall sort these by agreement date.

IS ACCOUNT (Input)
Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator
Pay to Court Indicator

CLAIM (Input / Output)
Claim Number(s)
Claim Status
Account Repayment Method
Repayment Amount
Account Receivable Balance
Court-Order Amount
Court-Order Indicator

4. Select Court-Ordered Account Receivables

The system shall select the Court-Order account receivable with the oldest court-ordered agreement date.

ACCOUNT (Input)
Account Number
Account Status
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Claim Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Repayment Method
Repayment Agreement Date
Account Receivable Balance
Repayment Amount
Court-Order Amount
Court-order Indicator

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator
Pay to Court Indicator

5. Select Account Receivable

When the selected account receivables do not have a Court-Ordered amount, the system shall select the account receivable with the oldest agreement date.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy	
Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Repayment Method
Repayment Agreement Date
Account Receivable Balance
Repayment Amount
Court-Order Amount
Court-order Indicator
Claim Status

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator
Pay to Court Indicator

6. Determine If Suspended

The system shall determine if the selected account receivable is suspended, and if suspended, the system shall determine if the suspension reason must halt benefit reduction (bankruptcy, administrative, no documentation) as identified by business rules. The system shall require the user to enter additional information when a suspension reason of 'other' is selected in the determination of an overpayment.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Claim Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Account Receivable Suspension Indicator
Account Receivable Suspension Reason
Account Receivable Suspension Begin Date

7. Determine If Another Acct Revb Exists

When the selected Acct Revb is suspended and benefit reduction cannot be applied, the system shall determine if there is another Acct Revb in repayment status available for benefit reduction, continuing to apply to defined hierarchy.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number(s)
Claim Classification
Court-Order Indicator
Court-Order Amount
Court-Order Begin Date
Claim Status
Account Repayment Method
Repayment Agreement Date
Claim Begin Date
Account Receivable Suspension Indicator
Account Receivable Suspension Reason
Account Receivable Suspension Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

8. Select Next Acct Revb

When there is another Acct Revb, the system shall select the next available Acct Revb in repayment status according to business rules.

ACCOUNT (Input)
Account Number

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number(s)
Claim Classification
Claim Status
Account Repayment Method
Repayment Agreement Date
Claim Begin Date

9. Perform “Imposing and Removal of Sanction / Penalty / Disqualification” Process

The system shall perform “Imposing and Removal of Sanction / Penalty / Disqualification” when a disqualification is to be served for an individual with an IPV account receivable in repayment status, with or without a Court-Order. The system must permit the entering of Intentional Program Violation disqualification data, even if the FF case is not active, and continue to increment the counter.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

10. Identify Acct Revb as Eligible for Benefit Reduction

When the selected Acct Revb is not suspended or the suspension reason does not stop benefit reduction, the system shall identify it as available to be applied in the budget.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Overpayment Program
Overpayment Begin Date
Claim Classification
Claim Status
Account Repayment Method
Account Receivable Balance

CASE (Output)
Case Number
Case Type
Benefit Reduction Indicator

11. Determine Amount to be Recouped

The system shall compute the FF budget (reusable “Perform Budgeting”) and determine the amount to be recouped from the FF benefits based on repayment type, Acct Revb agreement date, Court-Order amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

and SPA size according to business rules. The system shall update the budget and display the amount to be recouped. The system shall have the capability to not recoup initial month's benefits based on program or sub-program policy.

CLAIM (Input / Output)
Claim Number
Account Number
Claim Classification
Overpayment Program
Claim Status
Claim Repayment Type
Court-Order Amount
Claim Balance
Claim Begin Date

CASE (Input)
Case Number
FF Benefit Amount
Benefit Reduction Indicator
Benefit Reduction Begin Date
Household Size

COUNTABLE INCOME (Input)
Earned Income Amount
Unearned Income Type
Unearned Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

INCOME RESULTS (Output)
Benefit Amount
Budget Effective Date
Benefit Reduction Amount

12. Compare Benefit Reduction Amount to Acct Revb Balance

The system shall compare the benefit reduction amount to the selected Acct Revb balance to see if the balance is less than the amount to be recouped.

CASE (Input)
Case Number
FF Benefit Amount
Benefit Reduction Indicator
Household Size
SPA Amount

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Repayment Method
Repayment Agreement Date
Court-Order Amount
Account Receivable Balance
Claim Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

INCOME RESULTS (Input / Output)
Benefit Reduction Amount
Benefit Reduction Indicator
Budget Effective Date
Benefit Reduction Begin Date
Benefit Reduction End Date

13. Determine if Another Acct Revb

When the Acct Revb balance is less than the calculated benefit reduction amount for the case, or the Acct Revb is suspended for a reason that stops benefit reduction, the system shall determine if there is another claim in repayment status for any individuals in the case. (With the exception of Court-orders. A court-ordered Acct Revb cannot be combined with other Acct Revb.)

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator

IS ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Status
Account Repayment Method
Repayment Agreement Date
Court-Order Amount
Account Receivable Balance
Claim Begin Date

14. Determine if Suspended

The system shall determine if the selected Acct Revb is suspended, and if suspended, the system shall determine if the suspension reason must halt benefit reduction (bankruptcy, administrative, no documentation) as identified by business rules.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Account Receivable Suspension Indicator
Account Receivable Suspension Reason
Account Receivable Suspension Begin Date

15. Include Next Acct Revb

When the Acct Revb balance is less than the benefit reduction amount, and there is another Acct Revb for the case in repayment status, and the Acct Revb is not suspended for a reason that stops benefit reduction, the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

system shall apply the benefit reduction to both Acct Revb according to business rules. The system shall link both Acct Revb to the FF budget.

CASE (Input)
Case Number
FF Benefit Amount
Benefit Reduction Indicator
Household Size
SPA Amount

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Account Repayment Method
Repayment Agreement Date
Court-Order Amount
Account Receivable Balance
Claim Begin Date

INCOME RESULTS (Input)
Benefit Reduction Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Benefit Reduction Indicator
Budget Effective Date
Benefit Reduction Begin Date
Benefit Reduction End Date

16. Alter BR Amount

When the Acct Revb balance is less than the benefit reduction amount and there is not another Acct Revb for the case in repayment status, the system shall alter the benefit reduction amount to equal the Acct Revb balance according to business rules. When the remainder of the account receivable amount has been benefit reduced and there is not another available account receivable in repayment status, the system shall set the claim and case status as paid out and remove the benefit reduction amount from the next month's budget and issuance.

CASE (Input / Output)
Case Number
Household Size
SPA Amount
Benefit Reduction Indicator

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.40 Families First Benefit Reduction Hierarchy

Program Affected: FF, Claims	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Classification
Claim Status
Account Repayment Method
Repayment Agreement Date
Court-Order Amount
Account Receivable Balance
Claim Begin Date

INCOME RESULTS (Input / Output)
Benefit Amount
Budget Effective Date
Benefit Reduction Amount
Benefit Reduction Indicator
Budget Effective Date
Benefit Reduction Begin Date
Benefit Reduction End Date

17. Perform “Budgeting” Process

The system shall perform “Budgeting” to calculate the benefit amount with the changed benefit reduction amount when the Acct Revb balance is greater than the repayment amount.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

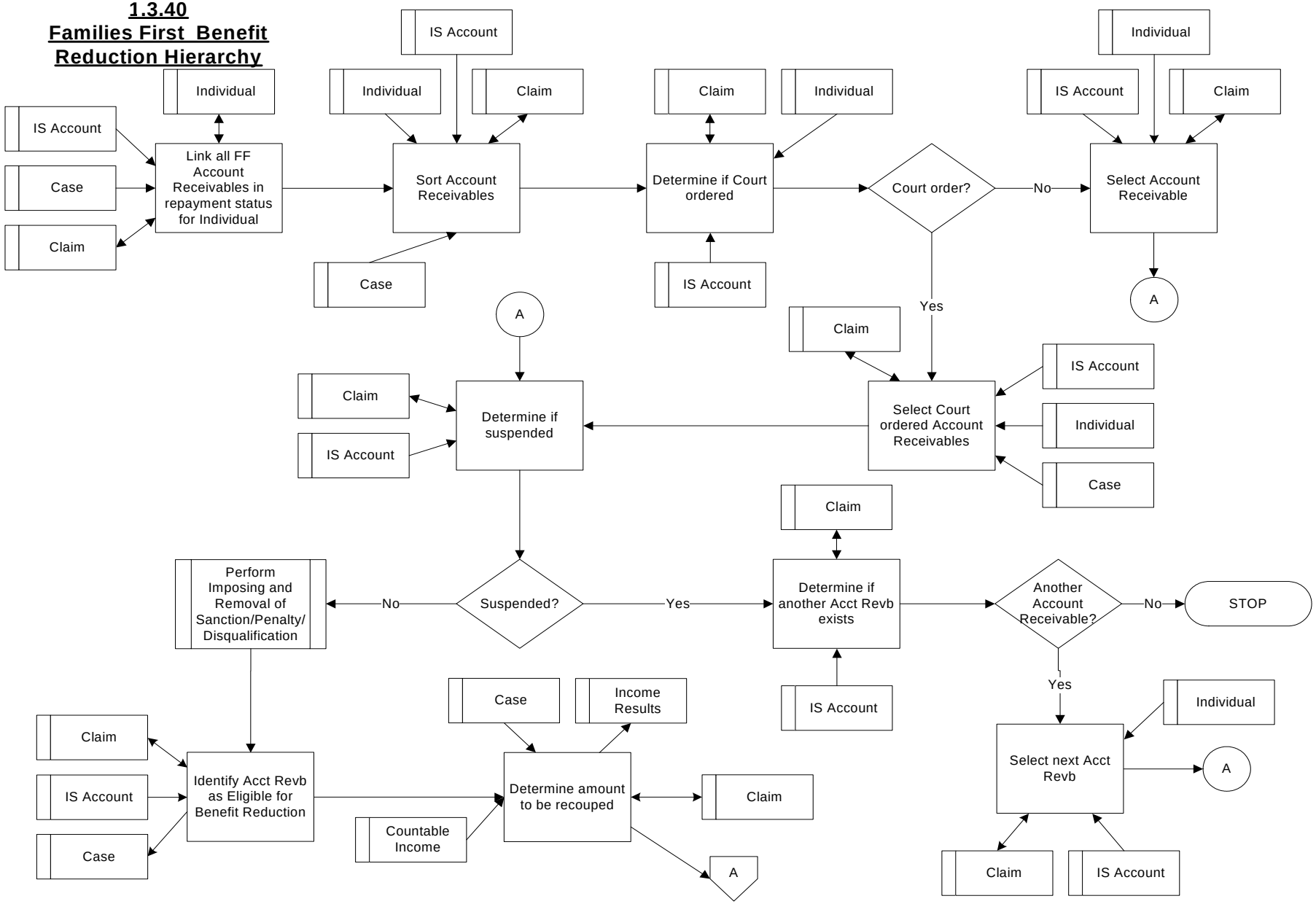
Program Type	Rule Number	Rule
IS / FFP	1	A FF case may have zero to many account receivables attached to it.
IS / FFP	2	Benefit reduction may only be applied to an active FF account receivable.
IS / FFP	3	Account receivables may be attached to one to many FF cases.
IS / FFP	4	A FF case may have zero to many different types of account receivables.
IS / FFP	5	Zero to many individuals in a FF case may have account receivables.
IS / FFP	6	Only account receivables in a repayment status can be benefit reduced.
IS / FFP	7	Zero to many individuals may repay a FF account receivable.
IS / FFP	8	If a benefit reduction payment is applied that results in a zero balance and there are no more FF account receivables, the customer may be entitled to a refund.
IS / FFP	9	If the account receivable is suspended for bankruptcy, lost documentation or administratively, the account receivable shall not be subject to benefit reduction.
IS / FFP	10	FF account receivables shall be repaid from oldest to newest without regard to type except in such case where ordered by a court.
IS / FFP	11	Claims with a future Collection begin date or are undergoing an appeal should not be subject to benefit reduction.
IS / FFP	12	Pay to Court claims are not subject to benefit reduction.
IS / FFP	13	A month in which there is an overpayment will be removed from the overpayment child support arrearages that had been retained that offset the FF benefit amount received by the individual for that month.
IS / FFP	14	Under the following circumstances, an active Families First recipient may pay cash: - Non-IPV FF overpayments for active money payment cases must be recovered through grant reduction unless the client requests to make a lump sum payment. - Grant reduction may not be used for IPV overpayments unless other payment plans are decreed by the court. - Cash payment may be used for IPV overpayments unless other payment plans are decreed by the court.
IS / FFP	15	If there is a Families First overpayment that includes a month that was repaid by child support, the client does not have to repay that part of the overage.
FFP	16	Account Receivables due to over issuance to a service provider may be repaid by benefit reduction when applicable.
FFP	17	The Department of Human Services (DHS) shall collect payments for Intentional Program Violations (IPV), Inadvertent Household Errors (IHE) and Administrative Errors (AE) from cases currently participating in the program by reducing the household's Families First benefits if the claim has not been repaid through a lump

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		sum cash and/or Families First benefit reduction, or a payment schedule has not been negotiated with the household.
FFP	18	Prior to reduction, each case shall be provided written notice of the amount of the claim.
FFP	19	Prior to reduction, each case shall be provided written notice of the intent to collect from all adults in the household at the time of the overpayment.
FFP	20	Prior to reduction, each case shall be provided written notice of the type (IPV, IHE, AE) of the claim and the reason for the claim.
FFP	21	Prior to reduction, each case shall be provided written notice of the time period associated with the claim.
FFP	22	Prior to reduction, each case shall be provided written notice of how the claim was calculated.
FFP	23	Prior to reduction, the case shall be provided written notice that, if the Families First case is closed, the disqualification will run as if the person were an active recipient.
FFP	24	Determine if multiple Families First claims in repayment status exist for the case.
FFP	25	If multiple Families First claims in repayment status exist for the assistance group, determine if one or more claims is an IPV with a court ordered repayment.
FFP	26	If there is a Families First IPV claim in repayment status with a court order, recover from that claim first.
FFP	27	If multiple Families First IPV claims in repayment status with court orders exist, recover from the older of these first.
FFP	28	If no Families First IPV claims with a court order exist, recover from other claims from the oldest to the newest without regard to type.

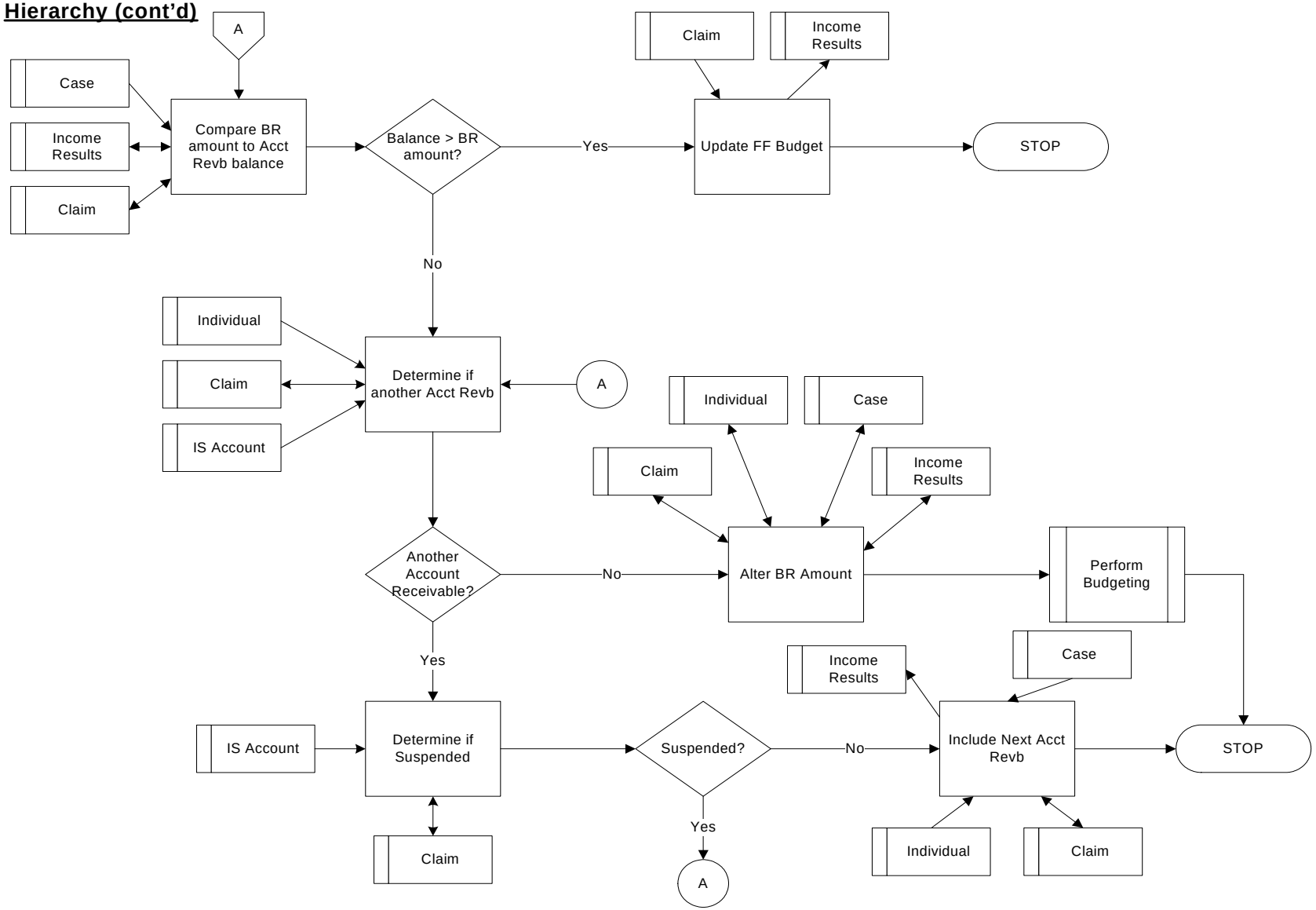
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.40
Families First Benefit Reduction Hierarchy



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.40 Families First Benefit Reduction Hierarchy (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.41 Initiating, Calculating and Terminating TennCare Premiums

Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s**

Process:

This process defines the steps that must be followed when calculating a TENNCARE premium once the case is determined to be eligible. This sub-program must be one that has been identified as requiring a premium to be calculated and paid as a condition of eligibility. The system must only calculate the TENNCARE premium amounts. Actual billing and collection of premiums will be part of the TENNCARE Interchange system. Upon case authorization, the calculated premium amount will be transmitted to the Bureau of TENNCARE for this purpose.

Sub-Processes:

1. Determine if Case Income Exceeds the Poverty Limit.

   The system must determine if the total net case income exceeds the poverty level as determined by the program's business rules.

   CASE (input)
   Case Number
   Case Type
   Case Status

   PROGRAM / SUB-PROGRAM (input)
   Program Type / Sub-type

   BUDGET (input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.41 Initiating, Calculating and Terminating TennCare Premiums	
Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s**

Individual / Case eligibility begin and end dates
Total itemized case income values
Total itemized individual income values
Case financial eligibility status
Individual financial eligibility status
Income limit for program/sub-program

2. Calculate Premium and Effective Date.

If the system determines that the case income exceeds the poverty limit as determined by the program's business rules, the system must calculate a TENNCARE Standard premium amount and effective date as determined by the program's business rules.

CASE (input)
Case Number
Case Type
Case Status

INDIVIDUAL (input)
Individual Name
Individual SSN
Individual Date of Birth

PROGRAM / SUB-PROGRAM (input)
Program Type / Sub-type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.41 Initiating, Calculating and Terminating TennCare Premiums

Program Affected: TENNCARE Standard	**Users: Caseworkers, FS1s**

BUDGET (input)
Individual / Case eligibility begin and end dates
Total itemized case income values
Total itemized individual income values
Case financial eligibility status
Individual financial eligibility status
Income limit for program/sub-program
TCS / MA Premium (output)
Premium Payer Name
Premium Amount
Premium Begin and End dates
FPL standard

3. No Premium.

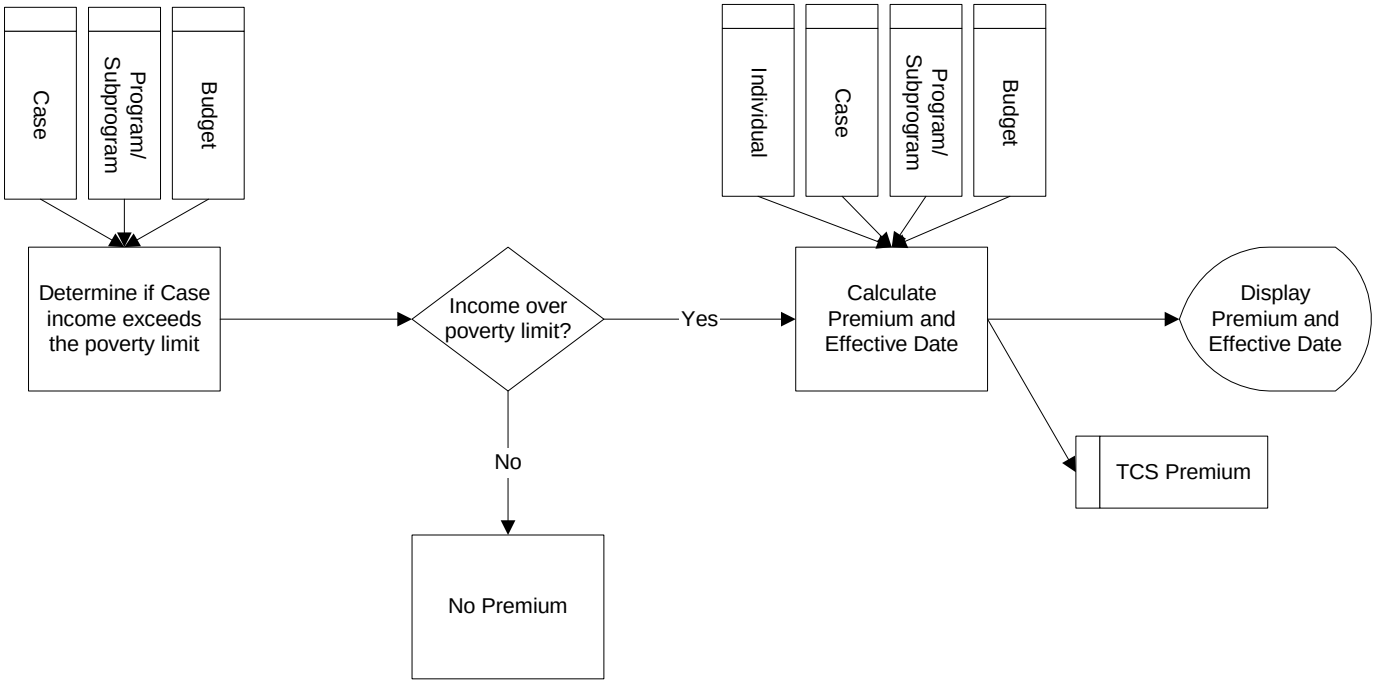
   If the system determines case income does not exceed the poverty limit as determined by the program's business rules, the system must calculate a TENNCARE Standard premium amount of zero and effective date.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	There are no Medicaid specific rules for this process.
TCS	2	If an individual is not eligible for Medicaid, the system will then determine if the individual is eligible for TennCare Standard.
TCS	3	If the individual is determined eligible for TennCare Standard, the system will look at all countable income for the family group.
TCS	4	Income of SSI recipients and Families First recipients is excluded, and these individuals are not included in the TennCare Standard grouping.
TCS	5	Income is considered available from parent to child and spouse to spouse.
TCS	6	After determining the total gross income for the budget group, and determining the allowable deductions, the system will look at the number of individuals in the budget group, and based on the number and the net income, will assign a premium based on program defined limits.
TCS	7	The premium assigned may be 0 or an amount determined by program limits.
TCS	8	After calculating the amount of the premium, the information will be sent to the TennCare Bureau, and the amount will be entered on the TennCare Interchange system.
TCS	9	The TennCare Bureau will send a notice to the individual, informing him/her of the amount and the due date. The individual will send the premium to the TennCare Bureau.
TCS	10	Only individuals with income over the Federal Poverty Level (FPL) will have a premium.
TCS	11	If an individual is paying a premium and income drops below the FPL, premium will be terminated.
TCS	12	Enrollees whose income increases to the next level of poverty (FPL) will have a premium increase.
TCS	13	Enrollees whose income decreases to the previous level of poverty (FPL) will have a premium decrease.
TCS	14	Individuals whose income is less than the FPL will have no premium.
TCS	15	Premium is determined by family size and income compared to the FPL.
TCS	16	If there is a change in premium, a notice will be mailed to enrollee.
TCS	17	TENNCARE Bureau determines who to terminate due to non-payment of premium.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.41
Initiating, Calculating, and Terminating TennCare Premiums



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps	
Program Affected: Food Stamps	**Users: N/A**

The state agency must have a procedure in place to identify households eligible for expedited service at the time the household requests assistance so that applications are screened for this service as they are filed or as individuals comes in to apply. The system shall determine for every food stamp application if the household is potentially qualified for expedited food stamp processing based on program policy and rules, and clearly identify the case as such. The system shall also track the timeliness of the application process appropriately as defined in the rules. Cases that are identified as being expedited must be processed so that their benefits are received within 7 calendar days from the application date, or the date the case was determined to qualify for expedited services. Further, the system must support the issuance of the food stamp benefits that qualify for expedited processing with additional benefits held pending verifications.

1. Determine If Food Stamp Applications Meets Expedited Criteria

   The system shall determine whether a food stamp application is to receive expedited service based upon CASE, INCOME, INDIVIDUAL, RESOURCE, SHELTER, and UTILITY data.

   CASE (Input)
   Case / Application Number
   Program Type
   Sub-Program Type

   INDIVIDUAL (Input)
   Living Arrangement Type (Migrant / Seasonal Farm Worker Status)
   RESOURCE (Input)
   Cash
   Checking Account Balance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps	
Program Affected: Food Stamps	**Users: N/A**

Savings Account Balance
Money Market Account Balance
CDs value
IRAs
Keogh Account

INCOME (Input)
Monthly Earned Income Amount
Monthly Unearned income Amount

SHELTER (Input)
Rent Amount
Mortgage Amount
Property Tax Amount
Homeowners Insurance Amount

UTILITY (Input)
Monthly Utility Cost

2. Record Expedited Status

If the food stamp application meets the expedited service criteria, the system shall record the expedited status. Such status may be determined upon screening of application, or may not be determined until the interview is in process.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps

Program Affected: Food Stamps	**Users: N/A**

CASE (Output)
Expedited Status Indicator

3. Record Discovery Date

   If the application meets expedited service criteria, the date that the application meets the criteria shall be recorded in the system. The user shall record a reason if an action was not taken to authorize the case the same day the application was filed. The system shall start the timeliness tracking of an expedited application using the application date and the discovery date.

   APPLICATION (Input)
   Application Date

   CASE (Output)
   Expedited Status Discovery Date

4. Determine If Case Has Outstanding Verifications

   The system shall determine if the case has outstanding verifications based upon the verification status indicator. It is important for the continuance of benefits to know if all data has been verified.

   VERIFICATIONS (Input)
   Verification Status Indicator (multiple)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps

Program Affected: Food Stamps	**Users: N/A**

5. Determine If Number of Days Pending Is Approaching Time Limit

   If there are no outstanding verifications, the system shall keep track of the number of days the application is pending. In addition, the number of days from application to authorization of food stamps is tracked for the purpose of reporting.

   CASE (Input)
   Application Date
   Maximum Number of Days in Time Limit
   Number of Days Application Pending

6. Alert User to Authorize

   The system shall alert the user to authorize benefits when the number of days is approaching the time limit in order to meet timeliness standards as defined by rules. The alert will inform the appropriate user that food stamps must be authorized.

   USER (Input)
   User Name (Caseworker)
   User I.D. (Caseworker)

   ALERT (Output)
   Case Number
   User Name (Caseworker)
   User I.D. (Caseworker)
   Alert I.D.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps

Program Affected: Food Stamps	**Users: N/A**

7. Perform the "Authorization" Process

   The reusable process Authorization shall be used to approve food stamp benefits.

   This is a reusable process, and as such, has inherent input/output requirements that will be invoked when the process is run.

8. Determine if Identification Verification is Outstanding

   If verifications are outstanding, the system shall determine if the verification of identity for the head of case is outstanding. This is the only verification that can prevent the authorization of initial food stamp benefits for expedited service.

   INDIVIDUAL (Input)
   Recipient I.D. (Head of Case)

   VERIFICATION (Input)
   I.D. verification status indicator

9. Determine If Number of Days Pending Is Approaching Time Limit

   If Identification Verification is outstanding, the system shall keep track of the number of days the application is pending. In addition, the number of days from application to authorization of food stamps is tracked for the purpose of reporting.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps	
Program Affected: Food Stamps	**Users: N/A**

CASE (Input)
Application Date
Maximum Number of Days in Time Limit
Number of Days Application Pending

10. Alert User to Authorize

The system shall alert the user to authorize benefits when the number of days is approaching the time limit in order to meet timeliness standards as defined by rules. The alert will inform the appropriate user that food stamps must be authorized. If verification of identity is still outstanding, the case may not be authorized.

USER (Input)
User Name (Caseworker)
User I.D. (Caseworker)

ALERT (Output)
Case Number
User Name (Caseworker)
User I.D. (Caseworker)
Alert I.D.

11. Perform the “Authorization” Process

Upon notification via alert, the user will initiate the reusable process “Authorization” to approve food stamp benefits.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps

Program Affected: Food Stamps	**Users: N/A**

This is a reusable process, and as such, has input/output requirements that will be invoked when the process is run.

12. Generate Notice of Benefits Expiration

If expedited food stamps are authorized and there remain outstanding verifications, an expiration of benefits notice is to be generated by the system, and no additional benefits shall be released until required verifications are provided. Failure to provide verifications shall result in expiration of the certification. The notice is to inform the individual (head of case) that benefits will expire.

ADDRESS (Input)
Mailing Address

CASE (Input)
Case Number
Program Type
Sub-Program Type
Certification End Date

INDIVIDUAL (Input)
Individual Name (Head of Case)
Recipient I.D. (Head of Case)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps

Program Affected: Food Stamps	**Users: N/A**

VERIFICATIONS (Input)
Verifications Status Indicator
Pending Verification (Multiple)

NOTICE (Input / Output)
Notice Type (Expiration of Benefits)
Case Number.
Program Type
Sub-Program Type
Mailing Address
Certification End Date.

13. Determine If Verifications Provided In Time Limit

The system shall track the number of days, from the application date, to determine if all verifications are provided in a timely manner for the continuation of food stamps benefits. All required verifications must be provided in order for food stamps to be issued beyond the initial allotment.

<u>INPUT</u>
CASE
Case number
Benefits requested
Current date

APPLICATION
Application date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.42 Expedited Food Stamps	
Program Affected: Food Stamps	**Users: N/A**

VERIFICATIONS
Verifications status indicator
Pending verifications
Date of verifications notice

PROGRAM
Expedited FS verifications time limit (number of days)

14. Extend Certification Period

The system shall extend the certification period according to program rules when all verifications are provided and entered into the system.

CASE (Output)
Benefits Status indicator
Certification End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The state agency must identify households eligible for expedited service at the time the household requests assistance so that applications are screened for this service as they are filed or as individuals come in to apply.
FS	2	A household with less than $150 countable monthly gross income and with countable resources valued at no more than $100 is eligible for expedited service.
FS	3	Migrant or seasonal farm worker households who are destitute and whose liquid resources do not exceed $100 are eligible for expedited service.
FS	4	Households whose combined monthly gross income and liquid resources are less than the household's monthly rent or mortgage and utilities (based on actual costs or the standard utility allowance) are eligible for expedited service.
FS	5	The state agency must make food stamp benefits available to a household entitled to expedited service not later than the seventh calendar day (subject to revision by the Food and Nutrition Service of the U.S. Department of Agriculture) following the date the application was filed.
FS	6	For a resident of a public institution who applies for benefits prior to his/her release from the institution and who is entitled to expedited service, the date of filing of his/her food stamp application is the date of release of the applicant from the institution.
FS	7	For a resident of a drug addiction or alcoholic treatment and rehabilitation center who is entitled to expedited service, the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	8	For a resident of a group living arrangement who is entitled to expedited service, the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	9	For residents of a shelter for battered women and children who are otherwise entitled to expedited service, the state agency shall make food stamp benefits available to the recipient not later than 7 calendar days following the date the application was filed.
FS	10	A household entitled to expedited service and to a waiver of the office interview must have the interview and complete the application process within the expedited service standards.
FS	11	The first day of the count for persons entitled to a waiver to the office interview is the calendar day following application filing.
FS	12	If a telephone interview is conducted with a person entitled to expedited service and the application is to be mailed to the household for signature, the mailing time involved will not be calculated in the expedited service standards.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	13	Mailing time shall only include the days the application is in the mail to and from the household and the days the application is in the household's possession pending signature and mailing.
FS	14	When the pre-screening process fails to identify a household as entitled to expedited service, the state agency shall provide expedited service to households within the prescribed expedited processing standards, except that the processing standard shall be calculated from the date the agency discovers that the household is entitled to expedited service.
FS	15	To expedite the certification process, for all cases, identity of the person making the application shall be verified through a collateral contact or readily available documentary evidence.
FS	16	All reasonable efforts will be made to verify, within the expedited processing standards, the household's residency, income, liquid resources and all other factors required to establish eligibility through collateral contacts or readily available documentary evidence.
FS	17	Benefits may not be delayed beyond the expedited delivery standards (7 calendar days following the date the application was filed) solely because eligibility factors other than identity have not been verified.
FS	18	Households entitled to expedited service will be asked to furnish a social security number for each person applying for benefits, or apply for one for each person applying for benefits before the second full month of participation.
FS	19	Household members unable to provide the required SSNs, or who do not have one before the second full month of participation, shall be allowed to continue to participate only if they satisfy good cause requirements with respect to social security enumeration.
FS	20	A household with a newborn may have up to 6 months following the month the baby was born to supply an SSN or prove that an application for an SSN has been made.
FS	21	The state agency may attempt to register other household members for an SSN but shall postpone their registration if it cannot be accomplished within the expedited service timeframes.
FS	22	The state agency must require an applicant to register in satisfaction of the work registration requirement unless exempt or unless the application was filed by an authorized representative.
FS	23	The agency may attempt to register other household members in satisfaction of the work registration requirement by requesting that the applicant register in their behalf.
FS	24	Questionable exemptions from work registration shall be postponed if the expedited service timeframes cannot be met otherwise.
FS	25	Households applying on or before the 15th of the month that are certified on an expedited basis and have provided all necessary verifications normally required for food stamp eligibility are issued benefits for the month of application and shall be assigned normal certification periods.

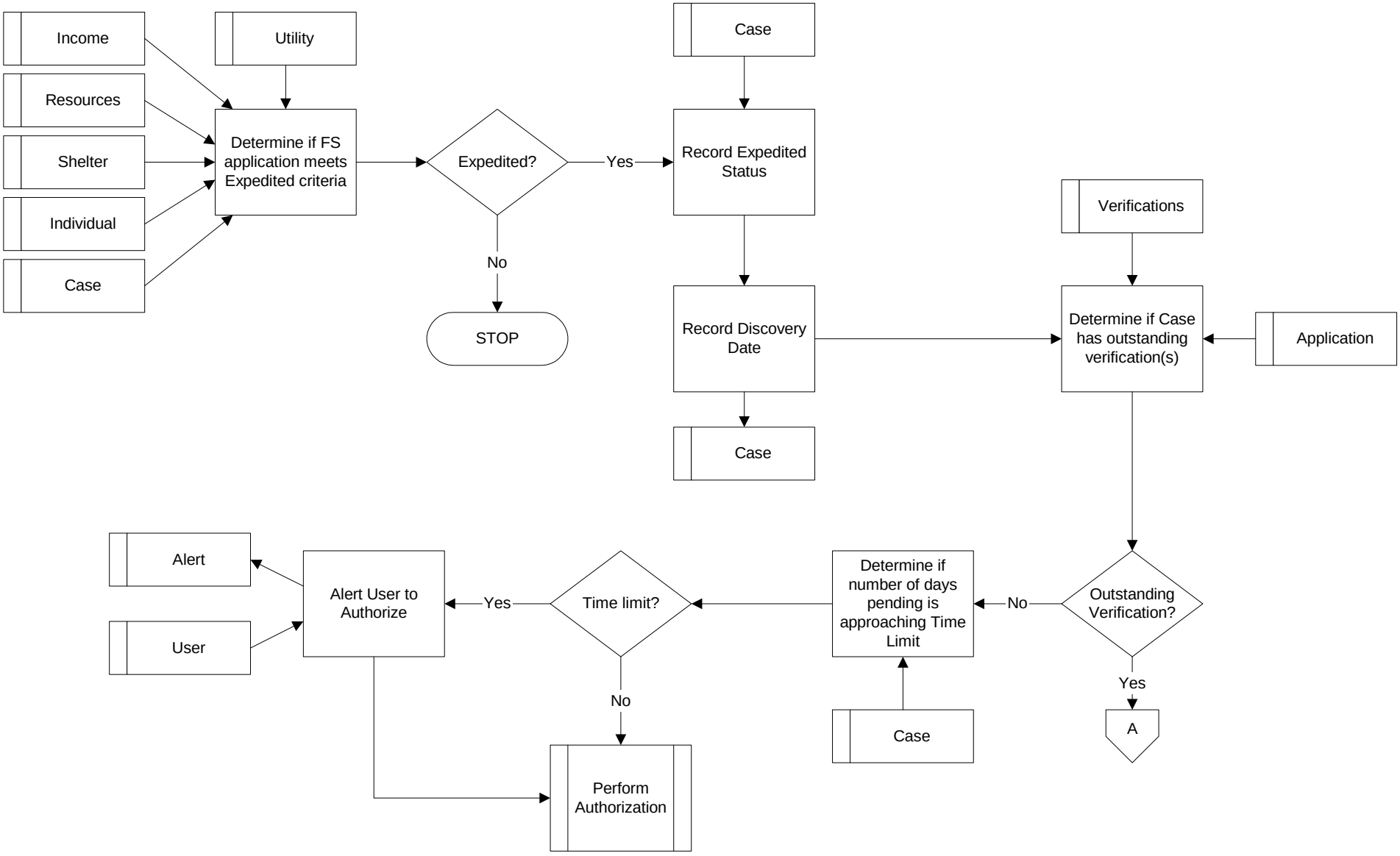
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	26	Households applying on or before the 15th of the month that are certified on an expedited basis with postponed verifications are issued benefits for the month of application and given a normal certification period. Issuance is set for the month of application only, with future issuance withheld pending required verifications.
FS	27	The notice of eligibility must explain that the household has to satisfy all verification requirements that were postponed or no further benefits will be issued.
FS	28	The notice of eligibility must explain that when the household has been assigned a certification period longer than one month, the household has 30 days from the date the application was filed to provide the postponed verifications.
FS	29	The notice of eligibility must explain that if the verifications result in a change in the household's eligibility or benefit amount, the change will be made without advance notice of adverse action.
FS	30	When verifications are provided before cut-off in the month of application and the case continues to be eligible, the second month's issuance shall occur in the normal cycle.
FS	31	When verifications are provided after cut-off, the second month's issuance occurs as soon as is administratively practicable.
FS	32	Households applying after the 15th of the month that are certified on an expedited basis with postponed verifications may be certified for the month of application (prorated from the date the application is filed) and the subsequent month.
FS	33	Applicants that provide all the required verifications prior to cut-off of the second month will be issued the third month's benefits in their regular cycle.
FS	34	Applicants that provide all the required verifications after cut-off of the second month will be issued the third month's benefits the first working day of the third month.
FS	35	Applicants who fail to provide all required verifications within the initial or following month will be automatically terminated.
FS	36	There is no limit to the number of times a household can be certified under expedited procedures, as long as prior to each expedited certification, the household either completes the verification requirements that were postponed at the last expedited certification or was certified under normal processing standards since the last expedited certification.
FS	37	Only intake applications (non re-certifications) are eligible for expedited Food Stamp services.
FS	38	Ineligible student income is not counted for Food Stamp eligibility determination as they are considered non-household members.
FS	39	The income of an ineligible alien is countable minus a pro rata share for the excluded member.
FS	40	Expedited procedures cannot be used for households that reapply for food stamps during the last month of their current certification period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.42

Expedited Food Stamps

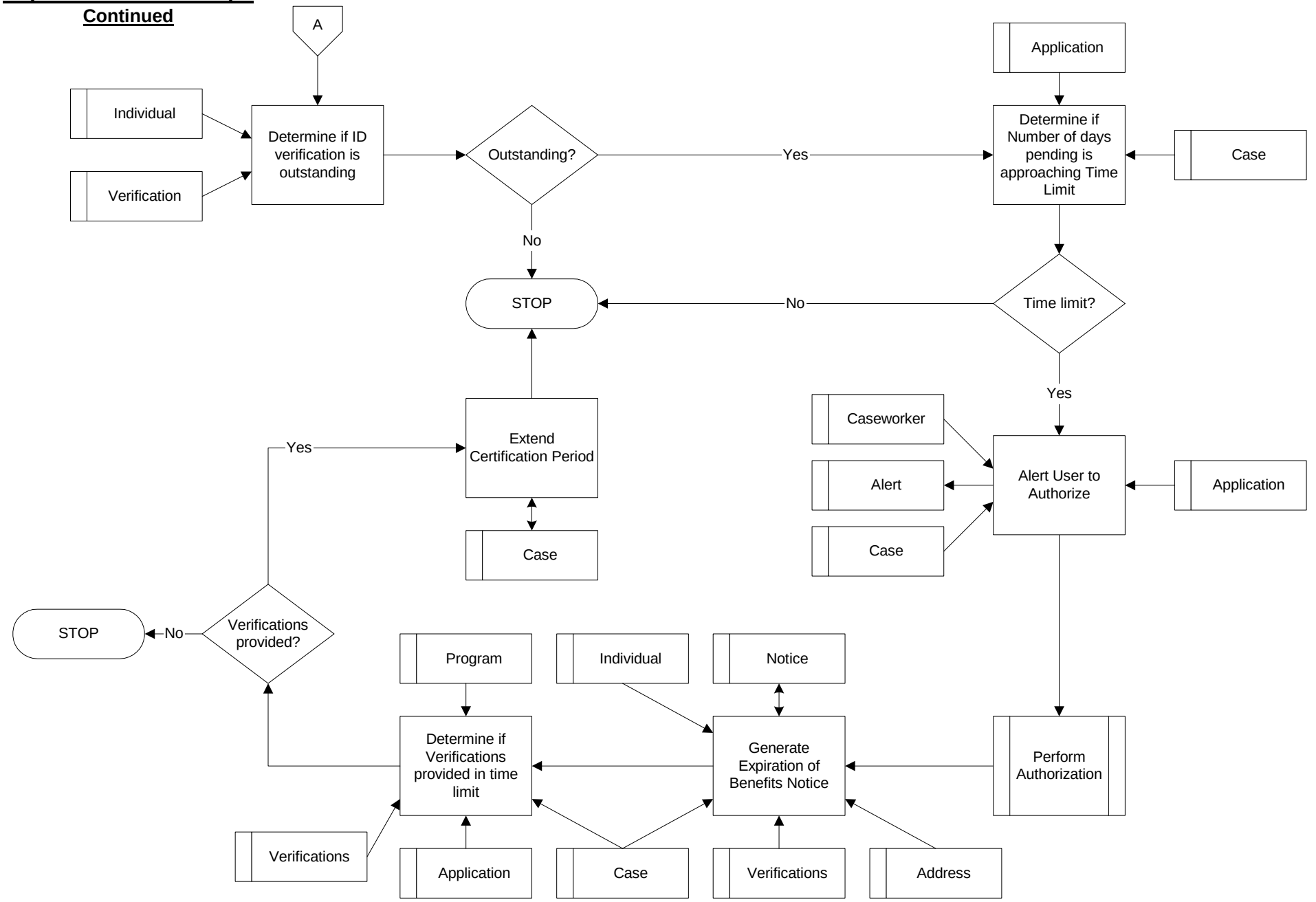


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.42

Expedited Food Stamps

Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

The system will determine eligibility and benefit amounts for each case based on the earned and unearned income that is collected for each individual and is accumulated into the group income based on associated business rules. The system shall determine the individuals that must be included in the case, or those that must be excluded in grouping. The system shall include, exclude or count a pro-rata share of an individual's income based on program and subprogram rules. The system shall also calculate gross and net income amounts based on business rules. Budgets will be created for each applicable month. Benefit begin dates, based on business rules, must be taken into account when creating the budgets. As applicable, proration of benefits must be calculated.

Sub-Processes:

1. Determine / Record Countable Gross Income By Type for Each Individual

   The user will record the gross income for each case individual. The system shall determine and display the monthly gross countable income amount for each eligible individual in the case based on business rules for each program and subprogram. The system shall calculate by type of income (earned and unearned). If there are ineligible individuals with income, their income shall be prorated to other individuals in accordance with business rules. The results, along with each individual's participation status, will be displayed to show total earned and unearned income per individual in the case.

   CASE (Input)
   Case Number
   Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting	
Program Affected: FA	**Users: Caseworkers, Supervisors**

ALIEN TYPE (Input)
Alien Status
Citizenship

SCHOOL ATTENDANCE (Input)
Ineligible Student Indicator

LIVING ARRANGEMENT (Input)
Living Arrangement Type

INCOME (Output)
Income Type
Earned Income Amount
Unearned Income Amount
Earned Income Begin Date
Earned Income End Date
Unearned Income Begin Date
Unearned Income End Date
Gross Amount FS/FF/MA

2. Calculate Gross Countable Income for Case

The system shall combine the gross earned and gross unearned income amounts for the case based upon business rules and determine the gross countable income amount for the case by month.

CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Case Number
Case Type

INCOME (Input)
Income Type
Earned Income Begin Date
Earned Income End Date
Unearned Income Begin Date
Unearned Income End Date
Gross Amount FS/FF/MA
Earned Income Amount
Unearned Income Type
Unearned Income Amount

3. Compare Gross Income to Program Standards

The system shall compare and display the gross countable income amount for the case to the program standards to determine eligibility based on household size and eligible individuals per business rules. The outcome of the comparison will determine if the case passes the gross countable income test. The gross countable income amount for the case must be less than the standard in order to pass. The display shall show Pass / Fail results of the test. If fail, display “Amount Exceeds Income Gross Standards for the Case.” Special Household cases do not have to pass the gross income test to continue the budgeting process.

CASE (Input)
Case Type
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

PROGRAM STANDARDS (Input)
Gross Monthly Income Standard Amount for Household Size
FS Income Eligibility Standards

INCOME (Input / Output)
Total Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Earned Income Amount
Unearned Income Type
Unearned Income Amount

4. Determine if Pass/Fail Gross Income Test

The system shall compare the total gross income amount for the case to the standards for the household size and determine if the case passes or fails. The system must determine and test all possible combinations until eligibility is met, or all combinations are exhausted. Combinations must start out in the best interest of the entire case and then go to the best interest of the individuals in the sequence. Each individual participation status in each program/sub-program type must be displayed.

CASE (Input)
Case Number
Case Type

PROGRAM STANDARDS (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Gross Monthly Income Standard Amount for Household Size
FS Income Eligibility Standards

INCOME (Output)
Pass / Fail Indicator

5. Determine if “Categorically Eligible” or “Special Household”

The system shall determine categorical eligibility by looking at open FF cases, and/or the receipt of SSI. The system shall determine if ‘special household’ applies by looking at the individual’s age and disability/incapacity. If it is determined that a categorical eligibility or special household exists, the case does not have to pass the gross income test to continue through the budgeting process.

CASE (Input / Output)
Case Number
Case Type
Case Status
Categorical Eligibility Indicator
Special Household Indicator

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth
Age

DISABILITY / INCAPACITY (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Disability / Incapacity Indicator

INCOME (Input)
Income Type

6. Perform "Grouping" Process

If not categorically eligible or special household when the case fails the gross income test and is not eligible to test further, the system shall utilize the reusable process "Grouping" to determine if any or all of the individuals in the case can be regrouped into another group that is compatible with business rules and that has not been previously tested in the budgeting process. If grouping determines that at least one more such group exists, it shall be run through the budgeting process. The system shall display the budget calculation.

7. Subtract Deduction / Disregards from Gross Countable Income

If categorically eligible, special household and/or the case passes the gross income test, the system shall subtract the applicable deductions and disregards from the gross countable income based on business rules for program and subprogram that would include earned income deduction. The system shall display the budget calculation for each month showing the countable income by individual and case, the deductions and disregards.

CASE (Input)
Case Type

LIVING ARRANGEMENT (Input)
Living Arrangement Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount
Disregard Begin Date
Disregard End Date

INCOME (Input / Output)
Adjusted Net Income Amount
Earned Income Amount
Unearned Income Type
Unearned Income Amount

PROGRAM STANDARDS (Input)
FS Standard Deduction
FS Utility Standard
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)
Earned Income Deduction Amount
Excess Shelter Deduction Maximum Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

8. Subtract Allowable Expenses

The system shall calculate the net case income amount utilizing allowable expenses and/or allowances. Some of the expenses may include child/adult care, health expenses, child support and shelter costs. The system shall display the expenses and deductions applied to the income by case and individual, and display the program net income standard amount. The system shall prevent some individual‘s expenses from exceeding the program maximum while allowing “special households” to utilize their actual expense amount(s), based on program/sub-program rules.

INCOME (Input / Output)
Adjusted Net Income Amount
Net Income Amount
Excess Shelter Cost
Excess Medical Expense
Childcare Expense Allowance

PROGRAM STANDARDS (Input)
Net Income Standard Amount
Adjusted Net Income Standard Amount for Household Size
Net Income Standard Amount for Household Size
Standard FS Utility Standard
Standard Telephone Allowance
Standard Medical Expenses Amount
Basic FS Utility Standard
Excess Shelter Deduction Maximum Amount
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

EXPENSES (Input)
Expense Type
Expense Amount
Expense Begin Date
Expense End Date

9. Compare Case Net Income To Program Net Income Standards

The system shall compare the case net income amount following the deduction, disregards, and expense subtraction/calculation for the case to the program standards based on household size and eligible individuals per business rules. The case must also pass the net income test to be eligible for benefits, unless the individual(s) are considered categorically eligible.

If an individual is considered categorically eligible, they are automatically eligible to receive a particular benefit type and a minimum amount without having to meet the net income standards.

CASE (Input)
Case Type

INCOME (Input / Output)
Net Income Amount
Pass / Fail Indicator

PROGRAM STANDARDS (Input)
Net Income Standard amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

10. Determine Case Net Income Pass/Fail Test

The system shall determine if the case passes the case net income test or comparison.

CASE (Input)
Case Type

INCOME (Input / Output)
Net Income Amount
Pass / Fail Indicator

PROGRAM STANDARDS (Input)
Net Income Standard amount

11. Determine if Categorically Eligible

The system shall determine categorical eligibility by determining the status of open FF cases, age, disability/incapacity and/or the receipt of SSI. If it is determined that categorical eligibility does exist, the case does not have to pass the net income test.

CASE (Input / Output)
Case Number
Case Type
Case Status
Categorical Eligibility Indicator

INDIVIDUAL (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

SSN
Individual ID
Date of Birth
Age

DISABILITY / INCAPACITY (Input)
Disability / Incapacity Indicator

INCOME (Input)
Income Type

12. Determine if Additional Groups

When the case fails the net income test, the system shall determine if an additional group can be created to test for eligibility.

CASE (Input)
Case Type

13. Perform “Grouping” Process

The system shall perform “Grouping” if the case fails the net income test. The system shall determine if any or all individuals in the case can be regrouped into another group that is compatible with business rules and that have not been previously tested in the budgeting process. If grouping determines that at least one more such group exists, it shall be run through the budgeting process.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

14. Determine if IV-E Exists

The system shall determine if the case is IV-E when the case passes the adjusted net income test. If not IV-E, calculate benefit results.

CASE (Input)
Case Type

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Date

15. Generate Record to TNKids

The system shall generate a record to the Department of Children's Services when the individual is a IV-E child.

CASE (Input)
Case Number
Case Type
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting	
Program Affected: FA	**Users: Caseworkers, Supervisors**

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

LIVING ARRANGEMENT (Input)
Living Arrangement Type
Living Arrangement Date

INCOME (Input)
Pass / Fail Indicator

FOSTER CARE (Output)
Case Criteria

16. Determine if Foster Home Approved

The Department of Children's Services will send a record back to the Department of Human Services. The system shall determine from the information received if the Foster Home is an approved home for the child.

FOSTER CARE (Input / Output)
MCO Number
Pass / Fail Indicator
Foster Home Approval Status
Foster Care Child Payments
Foster Care Home Approval Indicator
Foster Care Child ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Case Number

CASE (Input)
Case Number
Case Type
Application Date

17. Calculate Benefit Results

The system shall calculate Benefits when the case passes the net income test. The system shall display and store the benefit amounts.

INCOME (Input / Output)
Net Income Amount
Benefit Amount
Budget Effective Date

18. Determine If Spenddown Is Needed

The system shall determine if spenddown is needed based on business rules for program and subprogram. If the case has grouped in a Medicaid Spenddown subprogram that is not exceptionally eligible (under the net income) but has passed the resource test, the system shall calculate a spenddown amount, or amount of unpaid medical bills needed to become eligible.

CASE (Input)
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

LIVING ARRANGEMENT (Input)
Living Arrangement Type

INCOME (Input / Output)
Net Income Amount

RESOURCES (Input)
Resource Amount

19. Perform" Spenddown" Process

The system shall perform "Spenddown" when required based on business rules.

20. Determine if FF Penalty Required

If no spenddown is needed, the system shall determine if a FF penalty must be applied to a case based on program and subprogram rules.

CASE (Input)
Case Type

PENALTY (Input / Output)
Penalty Indicator
Penalty Type
Penalty Begin Date
Penalty End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

21. Perform "Imposing and Removing of Sanction / Penalty / Disqualification" Process

When a penalty must be applied, the system shall perform "Imposing and Removing of Sanction / Penalty / Disqualification"

22. Calculate and Deduct Penalty Amount

The system shall calculate and deduct the FF penalty amount from the net income amount.

CASE (Input)
Case Type

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type

INCOME (Output)
Net Income Amount

23. Determine if Benefit Reduction Is Required

The system shall determine if a benefit reduction must be applied to any benefits for which the case is eligible.

CASE (Input)
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Case Number

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator
Disqualification Begin Date
Disqualification End Date
Disqualification Type
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Account Repayment Method

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Overpayment Program
Account Receivable Balance

24. Calculate Benefit Amounts and Display Budget Results

The system shall display the budget results at each step in the calculations for each month that was included in the determination. The system shall calculate the benefit amount(s) that the case will be eligible to receive. The system shall show the pass / fail status for the case.

CASE (Input)
Case Type
Case Status

INCOME (Input)
Net Income Amount
Pass / Fail Indicator
Adjusted Net Income Amount
Total Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Earned Income Amount
Unearned Income Type
Unearned Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

PROGRAM STANDARDS (Input)
Net Income Standard Amount
Adjusted Net Income Standard Amount for Household Size
Net Income Standard Amount for Household Size
Standard FS Utility Standard
Standard Telephone Allowance
Standard Medical Expenses Amount
Basic FS Utility Standard
Excess Shelter Deduction Maximum Amount
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)

EXPENSES (Input)
Expense Type
Expense Amount
Expense Begin Date
Expense End Date

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Disregard Begin Date
Disregard End Date

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Repayment Method

INDIVIDUAL (Input)
SSN
Individual ID
Eligibility Status
Eligibility Begin Date
Eligibility End Date
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Benefit Reduction Indicator

BUDGET (Output)
Budget Type Code
Budget Pass/Fail Indicator
Benefit Amount
Budget Month Type Code
Budget Effective Date
Benefit Reduction Amount
Number of Eligible Adults
Number of Eligible Children
Initial Benefit Amount
Initial Benefit Date
Initial Benefit Code
End Date of Initial Proration Period
Monthly Deficit Amount
Initial Penalty Amount Used in Budget
Recurring Penalty Amount Used in Budgets
Number in Family Cap
Over 59 Age Switch
Monthly Recoupment Amount
Sponsored Child Care Disregard Amount
Dependant Child Care Disregard Amount
Unmet Need Amount
Allowable Monthly Shelter Expense Amount
Allowable Monthly Medical Expense Amount
Standard Monthly Deduction Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

Earned Income Deduction Amount
Intentional Program Violation Recoupment Amount
Inadvertent Household Error Recoupment Amount
Administrative Error Recoupment Amount
Date Penalty Begins
Half Remaining Disregard Amount
COLA Disregard Amount
Amount of Past Medical Expenses
Amount of Recurring Medical Expenses
Blind Work Expense Amount
Insurance Premium Expense Amount
Personal Need Amount
Other Deduction Amount for Pickle/Passalong
Shelter Workshop Maximum Amount
Standard Maintenance Amount Percentage
Number of Eligible Individuals When Program Fails Financial Eligibility
Number of Eligible Children When Program Fails Financial Eligibility
Amount of Income Lost Due to Farm Expenses Exceeding Farm Income
Ineligible Children Disregard Amount
Long Term Care Facilities Expense Amount
Allocated Dependent/Spouse Amount

25. Determine if Families First or Food Stamp Benefit Reduction

When a benefit reduction is required, the system shall determine if it must be applied to a Families First or Food Stamp case. When there is a benefit reduction to be applied to both case types for an individual, the system shall apply it against the Families First case first.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

CASE (Input)
Case Type

CLAIM (Input)
Claim Number
Claim Program
Claim Repayment Type
Claim Classification

INDIVIDUAL (Input / Output)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator

26. Perform “Families First Benefit Reduction Hierarchy” Process

The system shall perform “Families First Benefit Reduction Hierarchy” to determine the amount that should be deducted from the grant amount based on claim type and business rules.

27. Perform “Food Stamp Benefit Reduction Hierarchy” Process

The system shall perform “Food Stamp Benefit Reduction Hierarchy” to determine the amount that should be deducted from the Food Stamps based on the claim type and business rules.

28. Deduct Benefit Reduction Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.43 Budgeting

Program Affected: FA	**Users: Caseworkers, Supervisors**

The system shall deduct the benefit reduction amount that was determined according to business rules.

When a disqualification must be applied, the system shall calculate two budgets. The first budget must include the individual to be disqualified in the household size. The system shall calculate the benefit reduction amount with the intact household. The system shall calculate a second budget excluding the disqualified individual from the household size and deduct the benefit reduction amount that was determined with the intact household.

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator

CASE (Input)
Case Type
Benefit Reduction Amount

INCOME (Output)
Net Income Amount
Benefit Reduction Amount
Benefit Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	Households which contain an elderly or disabled member shall meet the net income eligibility standard for the size of the household for food stamps eligibility.
FS	2	Households which do not contain an elderly or disabled member shall meet both the net and gross income eligibility standards for food stamp eligibility.
FS	3	Households which are categorically eligible do not have to meet either the net or gross income eligibility standards for food stamp eligibility.
FS	4	The net and gross income eligibility standards shall be based on the federal income poverty levels as established by the federal government.
FS	5	The income eligibility limits for the Food Stamp Program are revised each October 1 to reflect the annual adjustment to the federal income poverty guidelines.
FS	6	The gross income limit is defined as 130 percent of the annual income poverty level.
FS	7	The net income limit is defined as the annual poverty income level.
FS	8	The monthly gross and net income eligibility standards will be prescribed in tables posted on the FNS website at www.fns.usda.gov/fsp.
FS	9	Household income shall mean all income from whatever source, excluding only items specified in program policy.
FS	10	A household's gross income is the total of all income from all sources, excluding only those items specified in program policy.
FS	11	Add the gross monthly income earned by all household members minus earned income exclusions to determine the household's total gross earned income.
FS	12	Subtract 20% from the total gross earnings to determine net monthly earned income.
FS	13	Add total monthly unearned income of all household members, less income exclusions specified in program policy to net monthly earned income.
FS	14	Subtract the standard deduction, which is prescribed by FNS.
FS	15	If the household is entitled to an excess medical deduction, determine if the total medical expenses exceed the amount (currently $35) specified by FNS; if so, subtract that portion which exceeds $35.
FS	16	Subtract monthly dependent care expenses, if any, up to the maximum amount allowed by FNS, which is currently $200 per month for each child under age 2 and $175 for each other dependent.
FS	17	Subtract the homeless shelter deduction, if any, up to the maximum of $143.
FS	18	Total the allowable shelter expenses to determine shelter costs. Subtract 50% of the household's monthly income after all the above deductions have been subtracted

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		from the total shelter cost. The remainder, if any, is the excess shelter cost.
FS	19	Subtract the excess shelter cost, up to the maximum amount set by FNS.
FS	20	Subtract the full amount of the excess shelter cost, as calculated, if the household is not subject to a capped shelter expense (special household).
FS	21	The household's monthly net income has been determined.
FS	22	Compare the net monthly income to the net income standard for the appropriate household size to determine eligibility for the month.
FS	23	Subtract the net monthly income from the Thrifty Food Plan for the household size to determine the allotment for the household.
FS	24	A household's eligibility shall be determined for the month of application by considering the household's circumstances for the entire month of application.
FS	25	A household's benefit level for the initial months of certification shall be based on the day of the month it applies for benefits.
FS	26	The household shall receive benefits from the date of application to the end of the month unless the applicant household consists of residents of a public institution, in which case the initial month of certification shall be based on the date of the month the household is released from the institution.
FS	27	"Initial month" means the first month for which the household is certified for participation in the Food Stamp Program following any period in which the household was not certified for participation, except for migrant and seasonal farm worker households.
FS	28	For migrant and seasonal farm worker households, "initial month" means the first month for which the household is certified for participation in the Food Stamp Program following any period of more than one (1) month during which the household was not certified for participation.
FS	29	Benefits for the initial month shall be prorated, using the formula: Full mo.'s benfs. x (no. of days in mo. + 1 - appl. date) = Allotment No. of days in the month
FS	30	If the result of the above formula ends in 1 through 9 cents, the state agency shall round the product down to the nearest lower whole dollar.
FS	31	When prorated benefits for the initial month are less than $10.00, no benefits shall be issued to the household for that month.
FS	32	If a benefit reduction is ordered, the state agency shall reduce the maximum food

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		stamp allotments for each household size by 10 percent for all households except those benefit reduced for an Intentional Program Violation (IPV).
FS	33	If a benefit reduction is ordered for a household because of an IPV, the state agency shall reduce the maximum food stamp allotment for each household size by 20 percent.
FFP	34	The countable gross income, earned and unearned, of all case members and their responsible relatives in the home shall be considered in the determination of financial eligibility.
FFP	35	See Process 1.2.9.1. Earned Income - Employment – for additional budgeting rules.
FFP	36	See Process 1.2.9.2. Earned Income - Self-employment – for additional budgeting rules.
FFP	37	See Process 1.2.9.3 (version 2). Unearned Income – for additional budgeting rules.
FFP	38	See Process 1.3.12. Unmet Need – for additional budgeting rules.
FFP	39	The deemed income of an in-home stepparent and parent of a minor parent shall be considered in the determination of financial eligibility.
FFP	40	No income of parents and spouses shall be diverted to their ineligible dependents living in the home except in the deeming budgets of stepparents and parents of a minor parent.
FFP	41	The income belonging to one or both members of a married couple shall be considered available to each other as long as they are living together.
FFP	42	The income of a minor's spouse living in the home with the minor shall be considered available in its entirety to the minor when the minor is included in an assistance group.
FFP	43	The income of a spouse who is a SSI recipient shall be disregarded in determining the other spouse's eligibility and the amount of Families First assistance.
FFP	44	If a couple presents themselves as married, they shall be considered to be married. If they later claim to not be married, the burden of proof of their unmarried status shall be upon the couple.
FFP	45	See Process 1.3.4 - Marriage During Receipt - for Rules regarding budgeting when a case member marries during receipt of assistance.
FFP	46	See Process 1.2.9.3 (version 2) – Unearned Income - for Rules regarding budgeting income for children.
FFP	47	The income of parents excluded from the case because of a disqualification,

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Program Type	Rule Number	Rule
		enumeration penalty, convicted felony, failure to meet the minor parent school attendance requirement, ineligible alien status, or because they are fleeing felons shall be counted as available to their spouses and minor children who are case members.
FFP	48	The income of ineligible alien parents living in the home with their children shall be deemed to the eligible dependent children using the stepparent deeming rules.
FFP	49	The amount of income from a stepparent/parent of a minor parent/ ineligible alien parent to be deemed to the stepchildren/minor parent/alien's eligible children shall be determined as follows: • determine the gross monthly income; • deduct the flat work expense of $150 for full-time or part-time employment from the earned income only; • deduct the appropriate Consolidated Need standard for the stepparent or parent and his/her legal dependents living in the home who are not included in the case -–the natural/legal parent of the dependent child must be included in the assistance group; his/her needs shall not be included again in the deeming ; • deduct amounts actually paid for alimony or child support to individuals not living in the home; and • show the remainder as income deemed to the stepchildren, minor parent or alien's eligible children.
FFP	50	See Process 1.2.17 – gathering child support/alimony expenses – for budgeting rules for child support and alimony payments to individuals outside the home.
FFP	51	The income of a grantee relative shall be counted if the grantee relative is included in the case.
FFP	52	If the grantee relative is included in the case, all of the income of the relative's spouse shall be considered available to the case.
FFP	53	The income of SSI recipients (regardless of relationship), ineligible relatives other than parents/stepparents that are not in the case, unrelated case members and individuals living outside the home except for a parent in the uniformed services and out-stationed, shall not be counted.
FFP	54	The gross income shall be computed by totaling the gross earned income, net self-employment income, child support income, all countable unearned for all case members and any deemed income from a stepparent, parent of a minor parent or ineligible alien parent.

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Program Type	Rule Number	Rule
FFP	55	The countable gross income for all case members plus deemed income shall be compared to the Gross Income Standard.
FFP	56	The case member's eligibility shall be determined for all possible Families First case grouping configurations.
FFP	57	If the countable gross income for all case members exceeds the Gross Income Standard for the case size, the case shall not be eligible for Families First.
FFP	58	If the countable gross income for all case members is less than the Gross Income Standard, the net income for all case members shall be determined.
FFP	59	The net income for all case members shall be determined by subtracting allowable earned income deductions and/or disregards from the countable gross income.
FFP	60	A $150 work expense shall be deducted from the gross income for earned income in the budget.
FFP	61	A child care deduction of up to $200 for children under 2 years of age may be deducted from the countable gross income if the case members choose to pay their own child care.
FFP	62	A child care deduction of up to $175 for children under 2 years of age and older may be deducted from the countable gross income if the case members choose to pay their own child care.
FFP	63	The countable net income shall be computed by totaling the net income (earnings after disregards), child support and other unearned income.
FFP	64	The countable net income for all case members shall be compared to the Consolidated Need Standard for the case size.
FFP	65	If the countable net income for all case members exceeds the Consolidated Need Standard for the case size, the case shall not be eligible for Families First.
FFP	66	If the countable net income for all case members is less than the Consolidated Need Standard, then the deficit amount shall be calculated.
FFP	67	The deficit shall be calculated by subtracting the net income from the Consolidated Need Standard.
FFP	68	The Families First grant amount shall be the lesser of the deficit or standard payment amount for the appropriate case size minus any unemployment compensation payments.
FFP	69	The recurring grant amount shall be the grant amount minus any recoupment, sanction penalty or bankruptcy amounts.

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Program Type	Rule Number	Rule
FFP	70	An unmarried minor parent who fails to attend school without good cause shall have his/her needs removed when determining the amount of the Families First payment.
FFP	71	Failure of any or all case member children, including married minors and married minor parents, to attend school without good cause shall result in a 20% sanction to the Families First cash payment.
FFP	72	The 20% sanction for failure of any or all case member children, including married minors and married minor parents, to attend school will be applied to the budget the first possible month following non-compliance.
FFP	73	The 20% sanction for failure of any or all case member children, including married minors and married minor parents, to attend school will remain in effect in the case in compliance with school attendance requirements. The 20% reduction will be removed from the budget the first possible month following compliance.
FFP	74	If other sanctions are imposed on the case at the time the 20% sanction is imposed, the 20% sanction will be applied to the net grant payment after the other disqualifications or sanctions.
FFP	75	If the case has a 20% sanction for failure to comply with immunization/health checks and also fails to comply with school attendance requirements, the case will have two separate reductions, or 40% from the net grant.
FFP	76	When family cap is applied to a newborn, the case grant amount shall not exceed the maximum assistance payment for the case size without the new child.
FFP	77	The family cap will not affect other increases in benefits, as long as the increase does not exceed the maximum assistance payment for the case size without the newborn.
FFP	78	When adding a family cap child, determine eligibility for the case using the Gross Income Standard and the Consolidated Need Standard for the case size including the newborn. Cap the maximum payment at the standard payment amount for the case size not including the newborn.
FFP	79	Certain Families First cases with one to five individuals, who are exempt from time limits and work requirements, shall be eligible for larger Families First grant amounts called differential grants. These cases include child only cases, disabled caretaker cases, caretakers caring full-time for a disabled relative living in the home and caretakers over 60 years of age.
FFP	80	Cases are not eligible for a differential grant when the caretaker is an illegal alien or a minor parent.

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Program Type	Rule Number	Rule
FFP	81	In cases where parents share joint custody 50/50, the child shall not be considered deprived due to absence. If the child is also not deprived due to incapacity, the caseworker shall determine deprivation due to unemployment by verifying the underemployment of both parents as if they were an intact family.
FFP	82	Certain Families First "Child only" cases receiving differential grants may be determined eligible to receive additional payments from DCS if the children in the case are deemed at risk of being placed in state custody. Eligibility for the additional DCS payments will be at the discretion of the Department of Children's Services. The DCS payments shall not affect the amount of the Families First grant.
All	83	The budgeting process shall be defined by the policy for each program.
CC	84	All recipients of Transitional Child Care, Low-Income Child Care, At-Risk Child Care and At-Risk Child Only Child Care must be determined eligible under the established income limits using the gross income amount. Families First cash recipients and recipients of child care through the Department of Children's Services are presumed income eligible for child care by virtue of the child care referral from FF or DCS.
CC	85	All sources of income available to the family household must be explored. See "Gathering and Calculating Earned Income" 1.2.9.1, "Gathering and Calculating Self-Employment Income" 1.2.9.2 , and "Unearned Income" 1.2.9.3.
CC	86	The gross household income from all countable sources must be verified prior to approval or continuation of benefits. See "Obtain Verification" 1.2.10
CC	87	Income standards are established and issued annually by the Department in table form.
CC	88	There is no budgeting or subtraction of household or work expenses except for child support paid out by the parent and some self-employment business expenses. See "Gathering and Calculating Self-Employment Income" 1.2.9.2. See "Child Support Expenses" 1.2.17.
CC	89	Add the countable earned income in the household, including self-employment from which allowable business expenses have been deducted together with the countable unearned income in the household. Subtract any child support being paid out of the household in order to arrive at the gross income amount for the household.
CC	90	There are no shelter deductions in the child care budget.
CC	91	There are no countable resources in the child care budget.
CC	92	Compare gross countable income total to program standards in determining eligibility for child care.

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Program Type	Rule Number	Rule
CC	93	If during the budgeting process, the applicant (initial as well as at recert) does not meet criteria for child care under any funding source, the parent/caretaker will be denied. See “CC Grouping” 1.3.1.6.
CC	94	Budgeting for child care does not result in a monetary benefit amount.
IV-E FC	95	A budget shall be calculated for each initial eligibility determination if any required members of a foster child’s pre-custody removal home have countable income.
IV-E FC	96	A budget shall be calculated to determine whether a IV-E eligible foster child’s cost of care is initially reimbursable from Title IV-E foster care funds if a foster child has any countable income.
IV-E FC	97	A budget shall be calculated at each redetermination if a IV-E foster child has any countable income.
IV-E FC	98	All sources of income shall be explored and documented for a foster child and the required members of a foster child’s pre-custody removal home at each initial eligibility determination for each foster care custody episode. All sources of income shall be explored and documented for the foster child only at each initial reimbursability determination and each redetermination.
IV-E FC	99	The gross countable income from all required members shall be verified prior to approval or continuation of benefits.
IV-E FC	100	Income that is designated as excludable income shall not be counted in a budget calculation when calculating a budget for an initial eligibility determination, initial reimbursability determination, and redeterminations.
IV-E FC	101	The following steps shall be used in calculating a budget for an **initial** eligibility determination for a foster care child: If the removal home includes a parent(s), the countable gross income of the parent, foster child, and the foster child’s technically eligible siblings shall be used in the budget calculation. If the removal home does not include a parent, only include the countable gross income of the foster child and the foster child’s technically eligible siblings if the siblings were living in the removal home. 1. Exclude all reported income considered excludable income, e.g., earnings of a full-time student, educational grants, child support bonus, etc., by program policies. 2. Convert countable income to a monthly amount: • Multiply weekly gross earned income by 4.3 to convert to monthly

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Program Type	Rule Number	Rule
		gross income. • Multiply bi-weekly, i.e., income received every two weeks, gross earned income by 2.15 to convert to monthly gross income. • Multiply daily income by the number of days the individual was paid to convert to monthly gross income. • Divide annual income by 12 to determine monthly income. 3. Enter the total countable monthly gross earnings of the foster child and the required members of the foster child's pre-custody removal home. 4. Enter the total countable unearned income of the foster child and the required members of the foster child's pre-custody removal home. If a foster child's stepparent was living in the removal home with the foster child's parent, a budget shall be calculated to determine the amount of the stepparent's income, if any, to deem as available to the foster child. 5. The countable gross earned income shall be added to the countable unearned income to determine the total countable gross income. 6. The total countable gross income shall be compared to the July 16, 1996 Gross Income Standard for the number of the required removal home members. 7. A foster child shall not be considered in need and shall fail the July 16, 1996 AFDC gross income requirement if the total countable gross income for the required members of the foster child's removal home is over the July 16, 1996 Gross Income Standard. 8. A foster child who does not pass the July 16, 1996 AFDC gross income requirement is ineligible for Title IV-E foster care benefits for the corresponding foster care custody episode. 9. If the total countable gross income for the required members of the foster child's removal home is equal to or less than the July 16, 1996 Gross Income Standard, the budget calculation shall be continued to determine if the countable net income of the required members of the foster child's removal home is less than the July 16, 1996 Consolidated Need Standard. 10. If any member of the foster child's removal home is receiving gross earned income, the earned income disregards shall be deducted, if applicable, from the gross earned income of each member of the foster child's removal home to determine net earnings for the foster child's removal family.

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Program Type	Rule Number	Rule
		• Deduct $90 from the earnings of each member of the foster child's removal home family who is receiving earnings from full-time or part-time employment; • Deduct $30 plus 1/3 of the remainder of the earnings, if applicable by the $30 plus 1/3 work process; • Deduct the maximum dependent care deduction for each child that the removal home caretaker was paying so that she/he could work, job search, etc. The maximum dependent care deduction is for children age 2 or older, up to $175 per month per child and for children under age 2, up to $200 per month per child. 11. Net earnings of the foster child's removal home family shall be added to the unearned income for the family to determine net countable income. 12. The total countable net income shall be compared to the July 16, 1996 Consolidated Need Standard for the number of the required removal home members. 13. A foster child shall not be considered in need and shall fail the July 16, 1996 AFDC net income requirement if the total countable net income for the required members of the foster child's removal home is over the July 16, 1996 Consolidated Need Standard. 14. A foster child who does not pass the July 16, 1996 AFDC net income requirement is ineligible for Title IV-E foster care benefits for the corresponding foster care custody episode. 15. A foster child who passes the July 16, 1996 AFDC gross and net income requirement and who passes the other July 16, 1996 AFDC program requirements and the Title IV-E foster legal requirements shall be considered eligible for Title IV-E foster care benefits.
IV-E FC	102	A foster child's cost of care is eligible to be reimbursed from Title IV-E foster care funds if the foster child is not receiving any countable income, passes all of the July 16, 1996 AFDC program requirements and the Title IV-E legal requirements, and is placed with a Title IV-E approved provider.
IV-E FC	103	If an eligible IV-E foster care child is receiving countable income, a budget must be calculated to determine if an eligible child's cost of care is eligible to be reimbursed from Title IV-E foster care funds.
IV-E FC	104	The following steps shall be used in calculating a budget for determining whether a

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Program Type	Rule Number	Rule
		IV-E eligible child's cost of care is subject to be reimbursed from Title IV-E foster care funds and used in budgeting for redeterminations for a foster child who is receiving countable income or countable income is being receiving on his/her behalf. 1. Convert the child's daily board and care to a monthly amount. 2. Multiply the foster child's monthly cost of care by 185%. 3. Compare the foster child's countable gross income to 185% of the child's monthly board and care rate. 4. If the foster child's countable gross income is greater than 185% of the child's monthly board and care rate, an eligible IV-E child's cost of care shall not be reimbursed from Title IV-E funds. The child shall be designated as eligible, non-reimbursable. 5. If the foster child's countable gross income is less than 185% of the child's monthly board and care rate, budgeting steps shall be continued to determine if the child's countable net income is less than 100% of the child's monthly cost of care. 6. Compare the foster child's countable net income to 100% of the child's monthly board and care rate. 7. If the foster child's countable net income is greater than 100% of the child's monthly board and care, the child's cost of care shall not be reimbursed from Title IV-E foster care funds. The child shall e designated as eligible, non-reimbursable. 8. If the foster child's countable net income is less than 100% of the child's monthly board and care rate and the child has passed all other July 16, 1996 AFDC requirements, all other reimbursable requirements, the Title IV-E legal requirements, the IV-E eligible child's cost of care may be reimbursed from Title IV-E foster care funds if the IV-E eligible child is placed with a IV-E approved provider.
AA	105	There must be no income eligibility requirement means test for the adoptive parents in determining eligibility for adoption assistance.
TCS	106	The TennCare Standard budget group is composed of the following individuals: the family members for whom assistance is being requested, including parents and their minor children up to age 19. Income is considered available from parent-to-child and spouse-to-spouse. (Income of SSI and Families First recipients is excluded). Individuals who are not TennCare Medicaid eligible but who do not request inclusion

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Program Type	Rule Number	Rule
		for TennCare Standard, must still be included in the budget group for the purposes of counting income if they are in the specified degree of relationship.
TCS	107	Allowable deductions for TennCare Standard include child care for each age appropriate child, unearned income disregards per budget group and earned income disregard per employed individual. The maximum amount of child care deductions per child and the pre-determined amount of the other deductions has been defined by policy. The amount of income remaining after allowable deductions have been made is the net income.
TCS	108	The system will take the net income and compare that amount to the specific TennCare Standard table for the family group size. If the net income is within the TennCare Standard table for children and uninsured, the individual and/or family group will be approved and premium set, if required. There is no income limit for TennCare Standard Medicare grandfathered-in and Medically Eligible individuals. The net income for these 2 categories is used to determine their premiums.
TCS	109	For TennCare Standard Medicare Grandfathered-In individuals, only the individual's income is counted with the appropriate deductions given. This grandfathered in individual has his/her eligibility established separate from the other family members.
TCS	110	The TennCare Standard budget for the grandfathered-in individual's other family members will include the grandfathered-in individual's income AND the income of the other family members. The appropriate deductions will be given and the net income will determine if the other family members are within the specific TennCare Standard limits and if a premium will be required.
TCM	111	For all Families First TennCare/Medicaid cases including Transitional Medicaid and the FF ride along TennCare Medicaid cases, the budgeting procedures would be the same as that used in establishing eligibility for FF cash. Budgeting for AFDC-MO includes using a different formula for determining the earned income disregard and this formula is covered in the 30 & 1/3 Disregards Rule and below.
TCM	112	If a family applies for Medicaid coverage or for Families First and is denied benefits, or if benefits are closed or denied based on rules that are only applicable to Families First, eligibility for Medicaid only must be determined under pre-July of 1996 AFDC rules. This would also include failure or refusal to cooperate with Families First Program guidelines. The earned income deduction used is an amount defined by program limits for each aid group size. Unearned income is counted in total, except for child support minus an amount as defined by program limits. A dependent care

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Program Type	Rule Number	Rule
		deduction is allowed. If over the income limit as defined by program limits, the assistance group would not be eligible and eligibility for another sub-program of Medicaid would be determined.
TCM	113	For institutionalized individuals, the determining of patient liability is covered in its own rule. The vendor payments to the nursing home are computed by taking the maximum amount payable by the State to a nursing home facility minus the patient liability.
TCM	114	For aged, disabled and blind, non-institutionalized individuals, income from a financially responsible relative (FRR)/spouse is deemed available to the individual as long as they live together. The system shall take the total gross monthly income, exclude any non-countable income, deduct an allocation to each of the spouse's dependents living in the home and is not a recipient of public assistance. The maximum amount of a child's living allowance is equal to one-half the current SSI federal benefit rate, reduced by the amount of the child's own countable income. Deduct a living allowance from the gross countable income for each child living in the household. Compare the amount of the income remaining after the dependent allocations to ½ the SSI Federal Benefit Rate for an individual. If this is equal to or less than ½ of the SSI-FBR, there is insufficient income available to deem to the individual from the spouse. Therefore, count only the individual's own income to determine income eligibility. If the allocation amount is greater than ½ the SSI-FBR, deem the entire post-allocation amount as available to the individual from the spouse. If the ineligible spouse has no income, include his/her needs and budget for a couple. To determine income eligibility when part of the income is deemed available to the individual from the spouse, add the post-allocation income to the individual's earnings. The result is the total gross earned income. Add the spouse's post-allocation unearned income to the individual's unearned income to determine the total gross unearned income. The unearned income will have a deduction as defined by program limits, and the result is the net unearned income. Subtract allowable work expenses as defined by program limits AND ½ of the remainder. This result is the net earned income. Combine the net earned and unearned income to determine the net countable income. If the total net income is greater than the MNIS, determine the individual's eligibility under the spend-down method. If the total net income is equal to or less than the MNIS, the individual is exceptionally eligible.
TCM	115	For medically needy cases, if there is a step-parent in the home, the system shall

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Program Type	Rule Number	Rule
		take the total earned income of the step-parent, deducted a work expense as determined by program defined limits, add all unearned income to determine total net income. From this net income, deduct the MNIS per number of in-home dependents including the step-parent or any potential budget group members, any contributions to out-of-home dependents paid by the step-parent, and any child support to out-of-home dependents paid by the step-parent. The result is compared to the MNIS for the number of dependents of the stepparent who requests inclusion in the budget group.
TCM	116	For Medically Needy cases with 1 or more parents in the home, the system shall take the total earned income of both parents. Exclude any child with countable income greater than the Medically Needy Income Standard (MNIS) unless that child is the only child for whom assistance is requested or if assistance for the child is desired. Determine the amount of countable gross income for remaining members of the budget group, with rounding to the nearest whole cent. Compare the gross income to the Gross Income Standard (GIS) according to the size of the budget group. If the gross income is less than the GIS, the budget group is exceptionally eligible. If greater than the GIS, the budget group must be determined based on a spenddown. Deducted from all earnings of the budget group is a work expense as determined by program defined limits. Dependent care expenses not to exceed program defined limits and a disregard is deducted from any child support income to determine the net countable income. This shall be compared to the Medically Needy Income Standard for the appropriate amount for the size budget group. If this is equal to or less than the MNIS, the budget group is income eligible. If greater, the budget group is not exceptionally eligible and will be required to meet a spend-down amount according to the amount that exceeds the MNIS.
TCM	117	An alleged parent may be included in the budget group only when deprivation exists for his child/children. He may not be included until the child is born. When this parent is included in the budget group, all of his income is considered available. When he is not included, only his contributions are considered as income.
TCM	118	For pregnant cases, the total gross income of both parents are counted, a disregard is deducted from any child support, and compared to 185% of the federal poverty limit. If under, the individual would be eligible. This is also used for children under 1 year old if not eligible for newborn eligibility.
TCM /	119	If the mother of a newborn was receiving TennCare/Medicaid or TennCare Standard

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Program Type	Rule Number	Rule
TCS		at the time of birth, the newborn is automatically eligible for 12 months TennCare/Medicaid or TennCare Standard.
TCM	120	For pregnant women alone in the first 2 trimesters of pregnancy, the Families First Budget would also apply for the TennCare Medicaid.
TCM	121	For budget groups in which the mother is not pregnant and children less than 6 years old, the total gross income minus a deduction for any child support is compared to 133% of the federal poverty limit. If under, the child/children would be exceptionally eligible.
TCM	122	For budget groups in which the mother is not pregnant and for children age 6 to 18 years, born before 10-1-1983, the total gross income minus a deduction for any child support is compared to 100% of the federal poverty limit. If under this amount, the child/children would be exceptionally eligible.
TCM	123	In cases where a family's eligibility failed due to sibling's income, the income of the said sibling shall be disregarded, but the needs of this sibling shall still be counted. The gross income shall be counted minus any child support disregard of any child support received and compared to the Consolidated Need Standard of the whole family. If under, the whole family shall be determined eligible. If not, the case will then be determined as medically needy.
TCM	124	For TennCare/Medicaid Qualified Medicare Beneficiary (QMB) cases for aged, disabled and blind individuals, the gross earnings of the eligible individual/s and/or the eligible individual and his/her ineligible spouse will be counted and appropriate earned income disregards will be allowed. This will determine their net earned income. The same individuals will also have appropriate unearned income disregards applied to their unearned income, and the combined net (earned and unearned) will be compared to the QMB Need Standard. If the total countable income is less than the QMB Need Standard, then the individual/s will be eligible. The applicant's child under age 21, if living in the home, may be included in the budget group, if including the child is advantageous to the applicant. If included, the child's income (with appropriate disregards) and resources are counted.
TCM	125	If not eligible for QMB, the individual/s will be tested for Specified Low Income Medicare Beneficiaries (SLMB). The same budgeting rules for QMB will be followed, and the net income will be compared to the SLMB Need Standard. If the total countable income is less than the SLMB Standard, then the individual/s will be eligible. If not, the individual/s will be tested for Q I 1.

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Program Type	Rule Number	Rule
TCM	126	For Qualified Individuals, if the total countable unearned income is more than the SLMB Need Standard, but less than an amount as determined by program defined limits, the individual is QI 1 eligible. However, if the individual is currently receiving TennCare/Medicaid benefits, the individual is not eligible for Q I 1.
TCM	127	Budgeting for the SSI. Pickle Passalong cases have been covered in its own process and set of rules.
TCS	128	An individual age 19 or older is considered a separate TennCare Standard budget group from his/her parents and siblings.
TCM	129	For all Medicaid categories and TennCare Standard, the income and resources of an ineligible alien are counted in full (minus appropriate disregards) in any budget group for which the ineligible alien is a required member.
TCM	130	Budgeting for refugee assistance shall be the same as with the appropriate medically needy TennCare Medicaid cases. If a family group with children, the same deductions shall be used as with child-related TennCare Medicaid, and if aged, blind or disabled, the same budgeting procedures as with adult-related TennCare Medicaid cases shall be used.
TCM	131	Budgeting for illegal aliens shall be the same as with the appropriate medically needy TennCare Medicaid cases.

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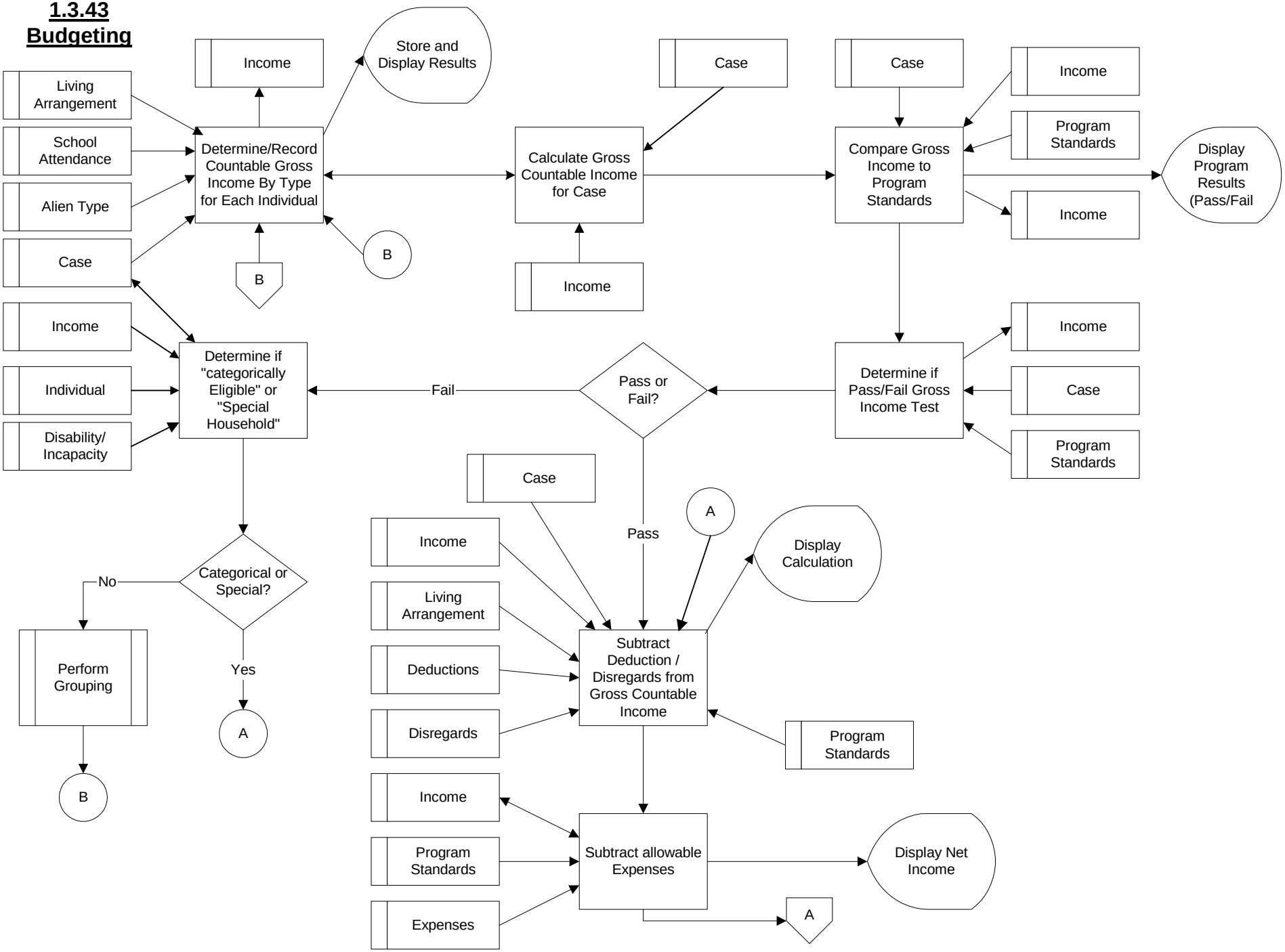
1.3.43
Budgeting



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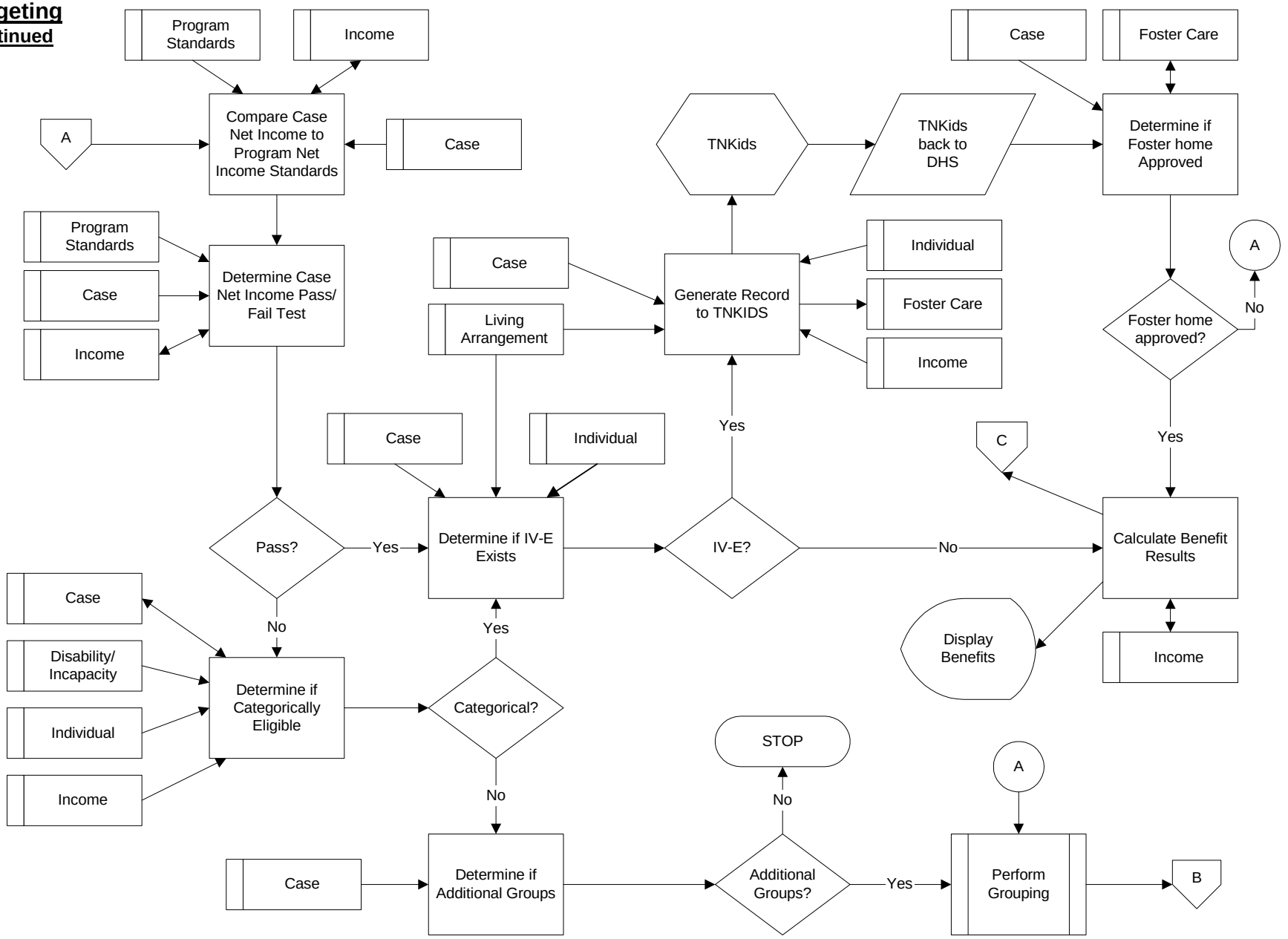
1.3.43 Budgeting Continued



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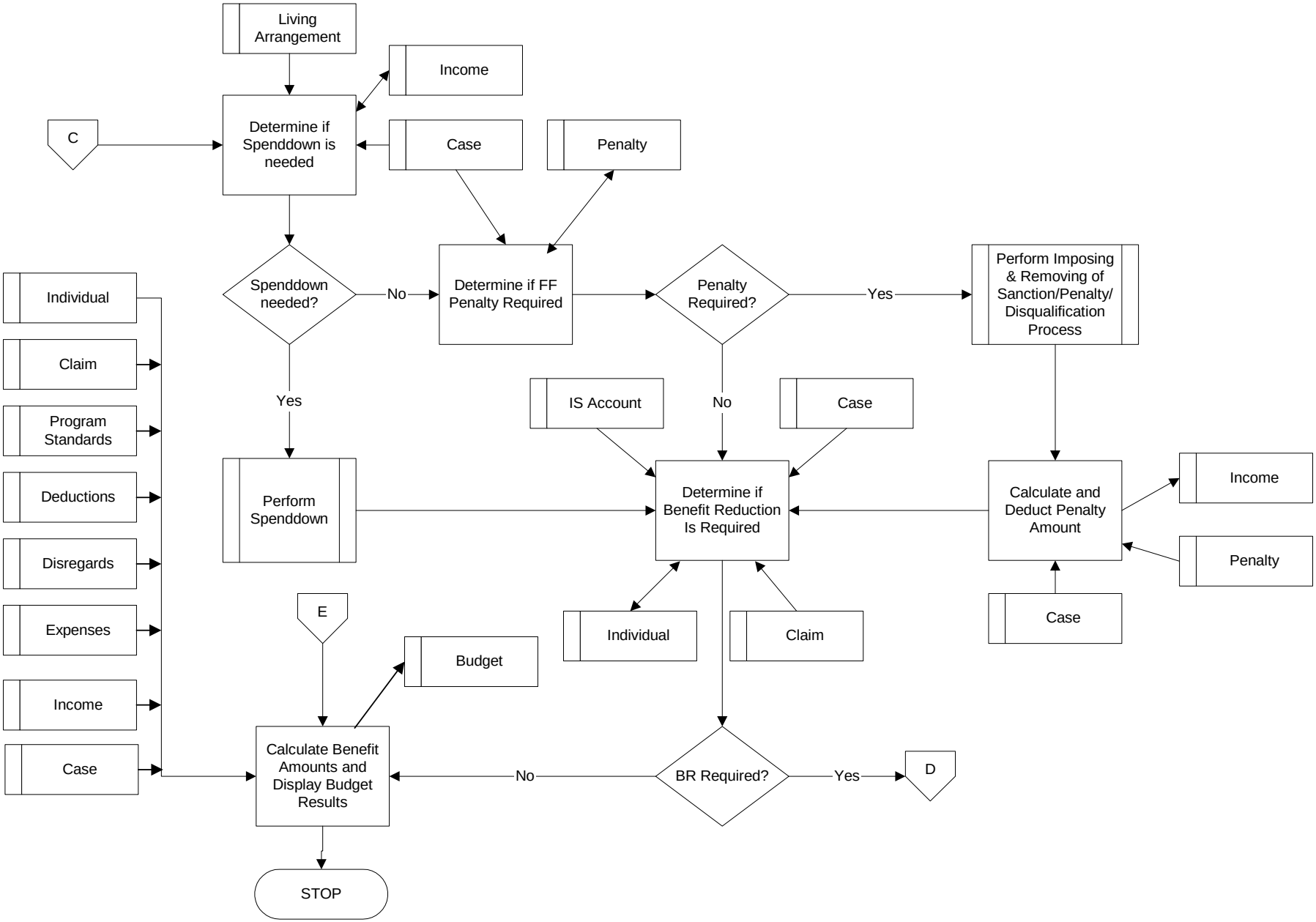
1.3.43 Budgeting Continued



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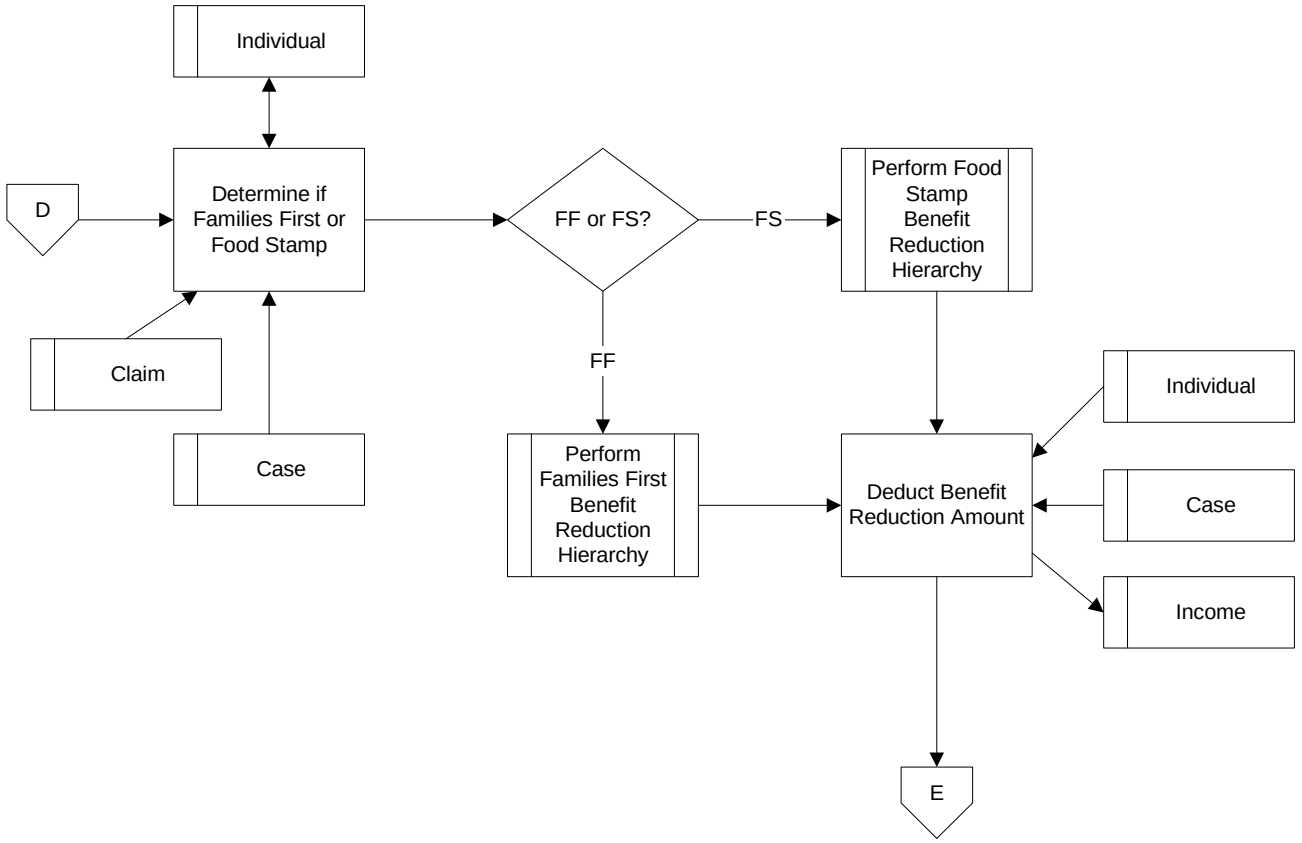
1.3.43

Budgeting

Continued



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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.44 Effective Date of Action	
Program Affected: All Programs	**Users: Caseworkers and above**

Process:

When an individual reports a change in their circumstances a date must be calculated upon which the effects of that change become effective. The system shall maintain a table of monthly "cut-off" dates. A monthly "Positive Action Cut-Off Date" is determined by Production Control and is defined as the last day that "positive" changes may be submitted that result in the change being made effective the next month. A "negative" change may require a ten-day adverse action period and, therefore, the system is to maintain a table of "Negative Adverse Action Cut-Off" dates. A "Negative Adverse Action Cut-Off Date" is defined as the last day in the month an adverse action can be taken to effect the next month and provide the advanced notice as required by program rules. Some negative actions do not require advance notice. These actions are negative action cut-off dates and are determined by Production Control, and are defined as the last day the change may be submitted and the system make the change effective the following month. The system shall distinguish between an intake application, a change and/or re-certification application by individual and / or case and apply appropriate dates for benefit eligibility and issuance based on program rules.

Sub-Processes:

1. Calculate Adverse Action/Maintain Cutoff Dates

   The system shall calculate an adverse action date based upon program rules and the date a change is processed. The system shall establish and maintain a table of cut-off dates.

   ADVERSE ACTION (Output)
   Adverse Action Begin Date
   Adverse Action End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.44 Effective Date of Action	
Program Affected: All Programs	**Users: Caseworkers and above**

DATE TABLE (Output)
Positive Action Cut-Off Dates
Negative Action Cut-Off Dates

2. Determine Date Change Is Effective

The system shall determine a “Budget Effective Date” and a “Case Change Effective Date” based upon the type of change, the date it was reported and the associated program rules. For those changes that do not affect the budget, only a “Case Change Effective Date” needs to be calculated and output. For those changes that affect the budget, both a “Budget Effective Date” and a “Case Effective Date” shall be calculated and output. The system must record and compare the date a change actually occurred, the date the change was reported, and the date the action was taken to see if the change was reported timely and processed timely. The system shall use this information when determining the need for and the amount of any supplements or if a claim referral may be required.

ADVERSE ACTION (Input)
Adverse Action Begin Date
Adverse Action End Date

CASE (Input)
Case ID
Program Type
Sub-Program Type
Case Status
Case Change Reported Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.44 Effective Date of Action

Program Affected: All Programs	**Users: Caseworkers and above**

BENEFIT (Output)
Negative Change to Benefit Indicator

BUDGET (Output)
Budget Effective Date
Change Affecting Budget Type

CASE (Output)
Case Change Effective Date

3. Determine if Change Requires Adverse Action Period

   The system is to determine if a change requires an adverse action period based upon the Program/Sub-Program type, the type of change reported and program rules.

   CASE (Input)
   Case ID
   Program Type
   Sub-Program Type
   Case Change Type

   BENEFIT (Output)
   Negative Change to Benefit Indicator
   Benefit Type

4. Issue Adverse Action Notice

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.44 Effective Date of Action	
Program Affected: All Programs	**Users: Caseworkers and above**

If an adverse action period is required, the system is to issue an adverse action notice using ADVERSE ACTION, BENEFIT, BUDGET, CASE, CHILD CARE, INDIVIDUAL, SUPPORT SERVICE and NOTICE data.

ADVERSE ACTION (Input)
Adverse Action End Date

BENEFIT (Input)
Benefit Type
Benefit Amount
BUDGET (Input)
Budget Effective Date

CASE (Input)
Case ID
Program Type
Sub-Program Type
Case Name - First Name
Case Name - Last Name
Case Name - Middle Initial
Case Change Effective Date
Case Action Reason Code(s)
Language Type
Requested Transmission Type
Case Change Reported Date
Case Change Type
Case Change Effective Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.44 Effective Date of Action	
Program Affected: All Programs	**Users: Caseworkers and above**

INDIVIDUAL (Input) (Multiple)
Individual Recipient - First Name
Individual Recipient - Last Name
Individual Recipient - Middle Initial

SUPPORT SERVICE (Input)

CHILD CARE (Input)

NOTICE (Input)
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Comment Indicator
Notice Free-form Text - Comments
Notice Language Type

NOTICE (Output)
Case ID
Program Type
Sub-Program Type
Adverse Action End Date
Case Name - First Name
Case Name - Last Name
Case Name - Middle Initial

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.3.44 Effective Date of Action	
Program Affected: All Programs	**Users: Caseworkers and above**

Case Change Effective Date
Case Action Reason Code(s)
Case Language Type
Case Change Type
Case Change Reported Date
Case Change Effective Date
Requested Transmission Type
Benefit Type
Benefit Amount
Budget Effective Date
Individual Recipient - First Name
Individual Recipient - Last Name
Individual Recipient - Middle Initial
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Comment Indicator
Notice Free-form Text - Comments
Notice Language Type

5. Allow Adverse Action Period Prior to Actual Benefit Decrease or Termination

   If an adverse action was required and an adverse action notice was issued, then the system is to allow the specified period to expire prior to applying the benefit decrease or termination. The system shall recognize when a Families First closure authorized by CSR has been re-opened during the adverse action period and

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.44 Effective Date of Action

Program Affected: All Programs	**Users: Caseworkers and above**

alert the CSR that final closure is necessary if failure to comply for the same reason is indicated by the user. Refer to the process “FF Final Closure Notice” for additional detail.

ADVERSE ACTION (Input)
Adverse Action Begin Date
Adverse Action End Date

CASE (Input)
Case Change Effective Date

BENEFIT (Output)
Benefit Type
Benefit Amount
Benefit Date
Families First Benefit Countable Indicator
Families First Benefit Date
Food Stamp Benefit Reduction Amount
Food Stamp Benefit Reduction - Percentage of Deduction

BUDGET (Output)
Budget Effective Date

6. Apply Change Effective the First Day of the Next Month

If the reported change did not require adverse action, then the system is to apply the change effective the first day of the next budget month. The system shall allow overlapping eligibility dates based upon program rules. The system shall determine if additional benefits are due to a client when a change is made and the amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.3.44 Effective Date of Action

Program Affected: All Programs	**Users: Caseworkers and above**

cannot be added to the current or the next month's benefits and issue benefits appropriately, as a supplement or a restoration, based upon business rules.

CASE (Input)
Case ID
Program Type
Sub-Program Type
Case Change Effective Date

BUDGET (Input)
Budget Effective Date

BENEFIT (Output)
Benefit Type
Benefit Amount
Benefit Date
Families First Benefit Countable Indicator
Food Stamp Benefit Reduction Amount
Food Stamp Benefit Reduction - Percentage of Deduction

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The agency shall take prompt action on all changes to determine if the change affects the household's eligibility of allotment.
FS	2	For changes that result in an increase in a household's benefits, the agency must notify the household immediately of the required verification it must provide.
FS	3	For changes which result in an increase in a household's benefits, the agency must allow the household 10 days from the date the change was reported to provide the verification.
FS	4	If the verification is provided within the 10-day period, the agency must make the change effective with the first allotment for which it is administratively feasible for issuance to occur.
FS	5	If the verification is not provided within the 10-day period, but the household provides it at a later date, the change must be made no later than the first allotment issued after the date the verification was provided. This household is not entitled to a supplementary benefit.
FS	6	If a change is reported too late in the month to affect the next month's benefits a supplementary benefit must be issued so that the household receives it by the 10th day of the following month, or the household's normal issuance cycle for the month, whichever is later.
FS	7	For changes which result in an increase in a household's benefits due to the addition of a new household member who is not a member of another certified household when the household has provided the required verification and it is too late in the month to affect the next month's allotment, the agency must increase the allotment for that month by issuing a supplementary benefit.
FS	8	For changes which result in an increase in a household's benefits due to a decrease in the household's gross monthly income by $50 or more, when the household has provided the required verification and it is too late in the month to affect the next month's allotment, the agency must increase the allotment for that month by issuing a supplementary benefit.
FS	9	Prior to any action to reduce or terminate a household's benefits within a certification period the household must be provided with timely and adequate advance notice before the adverse action is taken, with certain exceptions.
FS	10	An adverse action is a reduction in the food stamp allotment.
FS	11	An adverse action is termination of the household's food stamp benefits within the certification period.
FS	12	An adverse action is the reduction in the length of a certification period.
FS	13	An adverse action is the removal of a household member from the assistance group.
FS	14	When a food stamp certification period expires, eligibility ends and provisions concerning adverse action do not apply, since this is not a termination.
FS	15	To be considered timely, the notice of adverse action must be mailed at least 10 days prior to the effective date of the adverse action.
FS	16	If the adverse action notice period ends on a weekend or a holiday and a request for a fair hearing or

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		continuation of benefits is received the day after the weekend or holiday, the request shall be considered to have been timely.
FS	17	A notice of adverse action is not required when implementing a mass change.
FS	18	A notice of adverse action is not required when the agency determines, based on reliable information, that all members of the household have died.
FS	19	A notice of adverse action is not required when the agency determines, based on reliable information, that the household has moved from the state.
FS	20	A notice of adverse action is not required when the household has been receiving an increased allotment to restore lost benefits, the restoration is complete, and the household was previously notified in writing of when the increased allotment would end.
FS	21	A notice of adverse action is not required when the household's allotment varies from month to month within the certification period to take into account changes which were anticipated at the time of certification, and the household was notified of this at the time of certification.
FS	22	A notice of adverse action is not required when a household filed a joint application for food stamps and Families First and has been receiving food stamps pending approval of Families First and was notified at the time of certification that food stamp benefits would be reduced upon approval of the Families First grant.
FS	23	A notice of adverse action is not required when a household member is disqualified for intentional program violation, or the benefits of the remaining household members are reduced or terminated to reflect the disqualification of that household member.
FS	24	A notice of adverse action is not required when a household is certified on an expedited basis contingent on verification, and the household is provided a written notice that no further benefits will be issued until the postponed verification is provided and the household fails to provide the verification or provides verification which changes its benefits.
FS	25	A notice of adverse action is not required when a household is converted from cash repayment of a claim for over-issuance of benefits to allotment reduction because the household failed to comply with its repayment agreement.
FS	26	A notice of adverse action is not required when a resident of a drug or alcohol treatment center or a group living arrangement loses eligibility because the facility loses its certification from the appropriate agency(ies), or has lost its status as an authorized representative because FNS has suspended it as a retailer.
FS	27	A notice of adverse action is not required when a household voluntarily requests that the case be terminated.
FS	28	A notice of adverse action is not required when sufficient evidence exists to determine that the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		household will not be living in the state. In this instance, adequate notice must be issued before the household's next issuance date.
TCM/TCS	29	Changes are effective the first day of a month, rather than during a month, for active TennCare Medicaid or TennCare Standard cases, unless adding a member(s).
TCM	30	A 10-calendar day notice of adverse action must be given for verbal requests for closure of TennCare Medicaid benefits.
TCM	31	The effective date of TennCare Medicaid closure for an individual that met a spend-down in one of the following sub-programs will be at the end of the 12 month's worth of coverage (i.e. from 1-13-07 through 1-12-08.) The sub-programs are 1} Aged Non-Institutionalized, 2} Blind Non-Institutionalized, 3} Disabled Non-Institutionalized, 4} Medically Needy. The effective date of closure will be at the end of their 12 month's coverage.
TCM	32	An application is needed to add additional household members to TennCare Medicaid and TennCare Standard cases, unless the individual is a newborn.
TCS	33	The effective date of a TennCare Standard closure is the last day of the month.
TCM/TCS	34	Advance notice shall not be required to terminate TennCare Medicaid or TennCare Standard for an individual if there is documentation confirming that the individual has died.
TCM/TCS	35	Advance notice shall not be required to terminate TennCare Medicaid or TennCare Standard for an individual if there is documentation confirming that the individual is no longer a resident of the state.
TCS	36	Advance notice shall not be required to terminate TennCare Standard for an individual who has requested voluntary closure, either verbally or by a written request.
TCM	37	A 10-calendar day notice of adverse action shall be provided if a change in resources results in an individual's case being closed.
TCM/TCS	38	A 10-calendar day adverse action notice shall be sent if an action that was taken in a case has a negative effect on the individual's continued benefits with certain exceptions.
TCM/TCS	39	A negative action is termination of benefits for TennCare Medicaid and TennCare Standard.
TCM/TCS	40	A negative action is reduction of benefits for TennCare Medicaid and TennCare Standard.
TCM	41	A negative action may be an increase of patient liability for individuals in long term care. The sub-programs which may be affected are blind-, aged- and disabled-institutionalized.
TCM/TCS	42	A negative action is a reduction or discontinuation of TennCare Medicaid or TennCare Standard services.
TCM/TCS	43	A newborn is eligible to be added for TennCare Medicaid or TennCare Standard coverage from the date of birth if born to a TennCare Medicaid or TennCare Standard eligible mother and the child's coverage is extended for a full 12 months from the date of birth.
TCM/TCS	44	The newborn baby must remain under the care and control of the mother to get the full 12 month's

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		coverage.
TCM/TCS	45	For changes that result in a positive effect to an individual's benefits, if verified according to rules, this will result in a change effective the first day of the next recurring month, with some exceptions. This applies to Medically Needy cases, in the action of reducing the amount of a spend-down, or inTennCare Standard, in the reduction of a premium.
TCM/TCS	46	All other additional members to an open TennCare Medicaid or TennCare Standard case, except for newborns, will be added to the case from the date of their application or the date that they become eligible.
TCM/TCS	47	A positive action is approving an individual for benefits for TennCare Medicaid or TennCare Standard.
TCS	48	A positive action is a decrease in a TennCare Standard premium.
TCS	49	A negative action is an increase in a TennCare Standard premium.
TCM	50	For the following sub-programs, a decrease in a patient's liability would be a positive change: Aged-Institutionalized, Blind-Institutionalized and Disabled-Institutionalized.
TCM/TCS	51	A positive action is an approval of TennCare Medicaid or TennCare Standard services.
TCM	52	The effective date of a TennCare Medicaid closure or negative action is the last day of the month, except for individuals who receive the 45 day presumptive eligibility (for pregnancy, Breast and Cervical Cancer, and for Foster Care presumptive coverage) and the individuals who receive a year's coverage when they meet a spend-down in the following sub-programs, Aged Non-institutionalized, Blind Non-institutionalized, Disabled Non-institutionalized, and Medically Needy.
TCM	53	The effective date of a Medicaid closure for a Foster Care Presumptive, Breast and Cervical Cancer Presumptive and Presumptive coverage on pregnant women will be the end of their 45 days of coverage.
CC	54	Currently, the child care certificate program has no cutoff dates in TCCMS.
CC	55	All changes reported to the certificate program shall be entered into the system as soon as they are known to the certificate program and verification received (if required).
CC	56	Any adverse action (decrease in hours of child care provided, termination or suspension of child care enrollment, and/or termination of eligibility) requires a 10-calendar day prior notice to be mailed to the parent/caretaker. When child care enrollment is affected, a copy of the notice is also sent to the day care provider.
CC	57	Any changes reported to the certificate program prior to being reported to Family Assistance shall be reported to the appropriate Family Assistance worker by a representative of the certificate program. Changes in income or household composition will only be accepted by the certificate program when reported as verified by the FF worker.
CC	58	FF participants who are receiving child care will have up to 30 calendar days of continued child care

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		service to “bridge” gap periods of non-compliance with FF work requirements due to illness, unemployment, breaks in classes, waiting for activity components to start, unless otherwise notified by the FF case manager. Extensions which exceed 30 days require state office approval.
CC	59	Following the birth of a child, a parent/caretaker may continue to receive child care for up to six weeks after the birth, and six weeks at any time during the pregnancy if there is a verified medical reason for bed rest.
CC	60	Six weeks child care may also be provided following major surgery if verified by a written doctor’s statement.
CC	61	The certificate program may have up to 7 working days after receiving a referral to arrange child care for a parent/caretaker requesting child care.
CC	62	The certificate program will immediately report to the FF case worker any problems in arranging child care so that FF compliance procedures may be addressed by FF.
CC	63	For most FF customers the effective date of subsidized child care will not begin prior to the approval date for FF. One exception exists if the parent/caretaker needs child care in order to participate in a two-week compliance period prior to FF approval.
CC	64	TCC participants and second parent/caretakers or alleged parents residing in the home and who are working will be given an initial 30- calendar day grace period in order to meet the minimum work requirements.
CC	65	Changes reported during re-certification interview for funding sources other than FF will be effective the next day following the end of the re-certification date if completed before that date. If a late re-certification interview within the last 10-calendar days prior to the re-certification date finds the parent/caretaker to be ineligible, the parent/caretaker shall be given a 10 day advance termination notice.
CC	66	Any parent/caretaker who files an appeal will be given the choice of continuing child care during the appeals process or of having subsidized child care ended. If the appeal upholds the department’s action, the parent/caretaker will be responsible to repay the child care if it was continued by the certificate program at the parent/caretaker’s request.
CC	67	If an individual provides requested information within 10 days following the issuance of the termination notice and can prove good cause for not reporting, they may be returned to active status. Good cause reasons are: late in providing additional verification following an interview or mail-in prior to the re-determination date; hospitalization of the participant or child; death of an immediate family member.
CC	68	There are situations in which a parent/caretaker may have a retroactive parent co-fee. If the late assessment of co-pay was due to an action over which the parent had control or responsibility, the parent may be responsible for a retroactive co-fee. If the lateness in assessment was due to an action

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		over which the state or certificate program had control or responsibility, the co-pay fee will be waived.
CC	69	If a TCC parent was paying a co-pay fee but is later found to have been a FF case during that period of time, the parent is due a refund for those fees paid during FF eligibility provided the payment can be verified.
CC	70	Sometimes a child care enrollment is made for a period of time for which the provider has already received payment. In these instances a backdated EAV is requested by the child care worker making the enrollment. The provider will then be paid separately for that child enrollment. There are other instances in which adjustments either for overpayment or underpayment must be made to providers. These should be addressed in provider payment processes.
CC	71	A day care provider who attains a new star bonus rating assessed by day care licensing will have a payment change effective on the next billing cycle following the effective date the star bonus was entered by day care licensing.
IV-E FC	72	A reported change or adverse action that has a negative effect on a foster child's continued benefits requires adequate and advance notice to the foster child or the foster child's DCS representative prior to any action to reduce, suspend, or terminate a foster child's benefits.
IV-E FC	73	A foster child or the foster child's DCS representative shall be provided 10 days advance notice prior to any action to reduce or terminate a foster child's benefits.
IV-E FC	74	The effective date of the change in benefits resulting from an adverse action is the first month after the 10-calendar day notice of adverse action expires.
IV-E FC	75	Advance notice shall not be required to terminate a foster child's benefits if there is documentation confirming the foster child has died.
IV-E FC	76	Advance notice shall not be required to terminate a foster child's benefits if the foster child's DCS representative confirms the foster child's whereabouts are unknown.
IV-E FC	77	Advance notice shall not be required to terminate a foster child's benefits if the foster child waives his/her right to advance notification.
IV-E FC	78	Advance notice shall not be required to terminate or suspend a foster child's benefits if the child has been placed at facility where he/she is not eligible to receive assistance.
IV-E FC	79	Advance notice shall not be required to terminate a foster child's benefits if the foster child has moved out of state and the foster child has been approved for assistance in another state.
IV-E FC	80	Advance notice shall not be required to close the foster child's Title IV-E foster care case if the foster child has been approved for SSI and DCS elects to close the child's Title IV-E foster care rather than continue to maintain an eligible Title IV-E foster care case.
IV-E FC	81	A 10-calendar day notice of adverse action shall be provided if a change in income results in a foster child's case being closed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	82	A 10-calendar day notice of adverse action shall be provided if a change in resources results in a foster child's case being closed.
IV-E FC	83	A notice shall be given by the effective date of a change in benefits if the change results in a positive effect on the foster child's continued benefits.
IV-E FC	84	A 10-calendar day notice of adverse action shall be provided if the foster child is released from DCS custody and is no longer eligible for benefits as a foster child.
IV-E FC	85	If a change in a foster child's circumstances results in a change in benefits, the new benefits shall be effective the first month following the date of the change if the change occurs before the cut-off date.
IV-E FC	86	If a change in a foster child's circumstances results in a change in benefits, the new benefits shall be effective the second month following the date of the change if the change occurs after the cut-off date.
AA	87	An adoption assistance payment may be increased or decreased based on a child's age and the standard rate structure.
AA	88	If a child's level of care changes, the adoptive parent may request an increase in the payment. The effective date is the first day of the month following the determination.
AA	89	The adoption assistance agreement may be revised at the first of the month to reflect a change in the amount of the payment due to across the board increases, changes in the standard payments due to age changes, or parent(s)'s contributions of support.
FFP	90	A 10-calendar day notice of adverse action prior to benefit decrease or termination may be required.
FFP	91	A 10-calendar day notice of adverse action is not required when the Agency has factual information confirming the death of a recipient or of a Families First payee and no person can be named as an alternate payee.
FFP	92	A 10-calendar day notice of adverse action is not required when the Agency receives a clear written statement, signed and dated by the recipient, that he/she no longer wants Families First benefits.
FFP	93	A 10-calendar day notice of adverse action is not required when has been admitted or committed to an institution where he/she is not eligible to receive Families First benefits.
FFP	94	A 10-calendar day notice of adverse action is not required when the recipient has entered a skilled nursing home or intermediate care facility and vendor payments will be authorized through Medicaid.
FFP	95	A 10-calendar day notice of adverse action is not required when the recipient's whereabouts are unknown and Agency mail directed to him/her has been returned by the Post Office indicating no forwarding address.
FFP	96	A 10-calendar day notice of adverse action is not required when the recipient moves out of state and the Agency has established that he/she has been accepted for assistance in another state.
FFP	97	A 10-calendar day notice of adverse action is not required when a Families First child is removed from the home as a result of a judicial determination or is voluntarily placed in a foster home by his/her

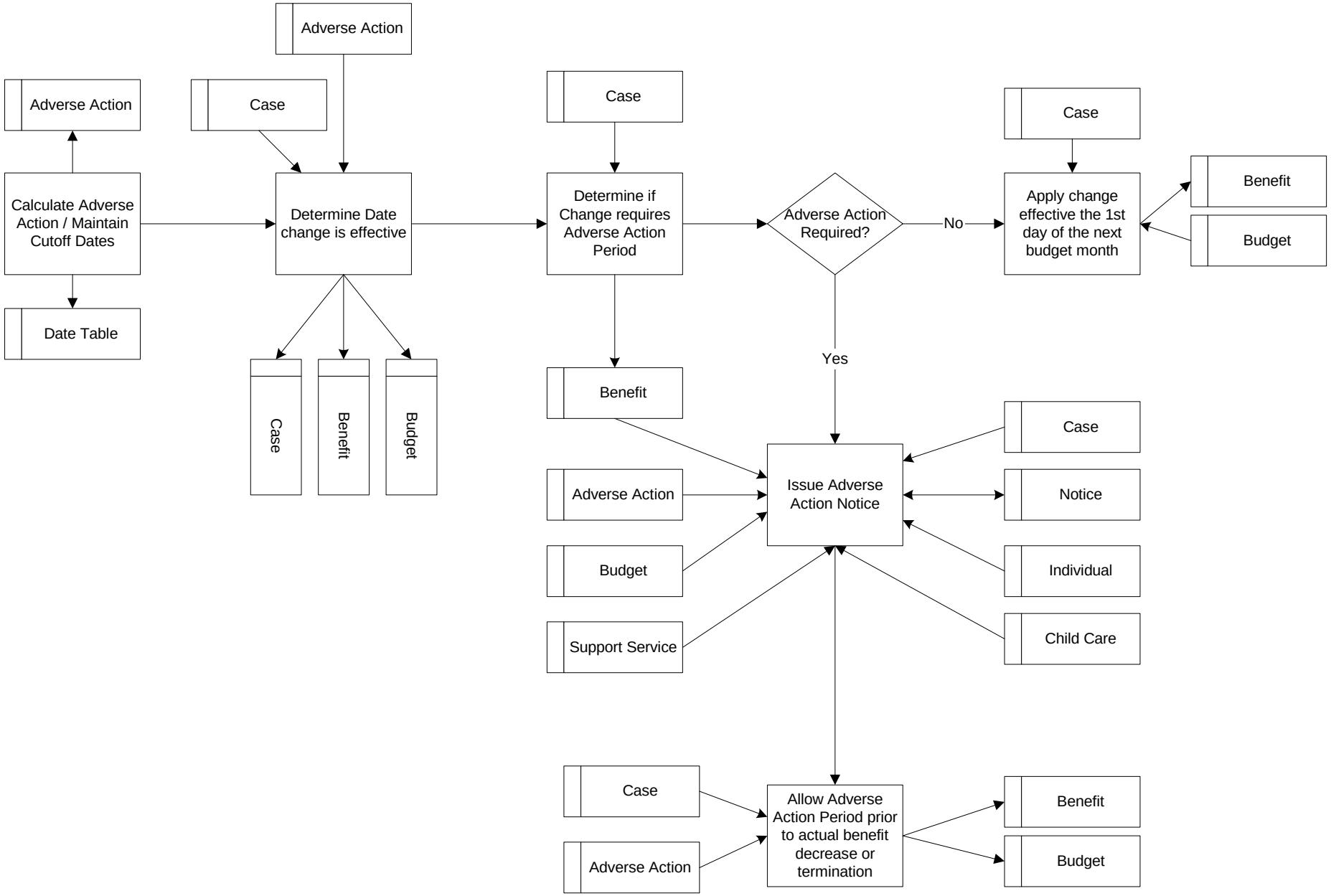
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		parents or legal guardian.
FFP	98	A 10-calendar day notice of adverse action is not required when the Agency has received notification that a member of the assistance group has been approved for SSI.
FFP	99	A 10-calendar day notice of adverse action is not required when assistance is to be discontinued or reduced as a result of an appeal decision that upholds the county office.
FFP	100	When a 10-calendar day notice of Adverse Action is required, action shall not be taken on a reported change that will reduce or terminate Families First benefits until the 10-day adverse notice has expired.
FFP	101	The 10-calendar day adverse action period begins the day after the day that the Notice of adverse action is mailed to the assistance group.
FFP	102	If the 10th day of the adverse action period falls on a weekend or holiday, the 10-day adverse action period will end at the close of business on the next working day.
FFP	103	When a 10-calendar day notice of Adverse Action is required, a termination or decrease in benefits will be made effective with the month following the expiration of the 10-day adverse action period unless the expiration falls during recurring processing.
FFP	104	When a 10-calendar day notice of Adverse Action is required, termination or decrease in benefits will be made effective with the second subsequent month following the expiration of the 10-day adverse action period when the change is reported during recurring processing.
FFP	105	An increase in benefits will be made effective with the month following the reported change.
FFP	106	A change reported during recurring processing that results in an increase in benefits will be effective the second subsequent month following the reported change, except when the change is to add an individual.
FFP	107	When adding an individual who is required to be included in the Families First assistance group, other than a newborn, the benefits will be increased effective with the date the individual entered the home.
FFP	108	When adding a newborn to a Families First assistance group, the effective date of the change will be the newborn's birth date.
FFP	109	When adding an individual who is an optional Families First assistance group member, the effective date of the change will be the date that the request to add the individual was made.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.44

Effective Date of Action



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.3.45 Recertification	
Program Affected: FA, CC, DCS	**Users: Caseworkers, Supervisors and above**

Process:

Recipients are required to have their case and circumstances reviewed for changes based on specified timeframes according to program rules. Rules will also define what information must be reverified as part of the periodic review. Such reviews require a new application, other review documentation to be completed. Interview methods and requirements for reviews will be defined by program rules. This process shall also define outcome for failure to comply with review requirement. Note: This may be referred to as a recertification or a review.

Sub-Processes:

1. Determine if Case is Coming Due for a Recertification/Review

   The system shall determine on a specific date when cases are due for recertification/review. The system shall generate an advance notice that notifies the household of the expiration of benefits and/or review requirements, as defined by program rules. If such a notice is required it will be combined with the appointment letter that advises the client of their recert/review appointment and a verification list for each program needing reverifcation on that date.

   CASE (Input/Output)
   Case Number
   Case Type
   Recertification Due Date
   Review Due Date
   Benefit End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.45 Recertification	
Program Affected: FA, CC, DCS	**Users: Caseworkers, Supervisors and above**

ADDRESS (Input)
Address Type
Case Address
County Office Address
County Number

NAME (Input)
Name Type
Case Name

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

NOTICE (Output)
Notice Type
Case Expiration Notice
Recertification Verification List
Notice Mail Date

2. Perform “Appointment Scheduler” Process

The system shall perform “Appointment Scheduler” when the case is due for recertification/review. These appointments shall be mass scheduled, with client notification provided. Rules will define required advance notice for recert/review appointments.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.45 Recertification	
Program Affected: FA, CC, DCS	**Users: Caseworkers, Supervisors and above**

3. Perform "Client Fails to Keep Appointment" Process

   The system shall perform "Client Fails to Keep Appointment" process in order to determine if client showed. If client failed to show the system will stop at this process.

4. Perform "Client Contact" Process

   The system shall perform "Client Contact" when the client makes a recertification/review appointment, is logged in at the office or makes a phone interview. The user will record the type of interview that is held with the client.

5. Perform "Data Collection Sequence Application Interview" Process

   The system shall perform "Data Collection Sequence Application Interview" applying rules as they apply to review/recertification as compared to initial applications.

6. Perform "Grouping High Level" Process

   The system shall perform "Grouping High Level."

7. Perform "Determine Resource Eligibility" Process

   The system shall perform "Determine Resource Eligibility."

8. Perform "Budgeting" Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.3.45 Recertification

Program Affected: FA, CC, DCS	**Users: Caseworkers, Supervisors and above**

The system shall perform “Budgeting.”

9. Perform “Authorization” Process

The system shall perform “Authorization.”

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	No household may participate in the Food Stamp Program beyond the expiration of the certification period currently assigned.
FS	2	The state agency must provide the household with a notice of expiration (NOE) in the month prior to the last month of the household's current certification period and schedule an appointment for recertification so that if the household completes the interview and provides all required verification, receipt of benefits will be uninterrupted.
FS	3	The household has reapplied timely if the application for recertication is received by the 15th of the last month of certification, regardless of when the interview is scheduled.
FS	4	The household must participate in any interview scheduled on or after the date the application is timely filed and provides all required verification in order to receive uninterrupted benefits.
FS	5	The household is responsible for rescheduling a missed appointment.
FS	6	Any household containing only SSI applicants or recipients is entitled to apply for recertification at the Social Security office.
FS	7	Households that were certified for one or two months and have reapplied timely will be notified of their eligibility or ineligibility and provided an opportunity to participate, if eligible, not later than 30 days after the date the household obtained its last allotment.
FS	8	For other households, the application shall be approved or denied and the household notified of the agency's determination by then end of the current certification period when the household has filed an application by the 15th of the last month of the certification period and attends the first scheduled interview on or after the date of application and provides any necessary verification within 10 days of the date requested or by the 15th of the last month of their certification period, whichever is later.
FS	9	If the state agency fails to provide a household with the opportunity to participate when the household has completed all recertification steps timely, the state agency must restore benefits to the household if the failure of the agency to act causes the household to be unable to participate during the month(s) immediately following the end of the current certification period.
FS	10	A household loses its right to uninterrupted benefits when it fails to file a timely reapplication for recertification without good cause, or when it fails to appear for the first scheduled interview on or after the date the household filed its application for recertification, or when it fails to provide necessary verification within 10 days of the date requested or by the 15th of the last month of certification, whichever is later.
FS	11	When a household loses its right to uninterrupted benefits, the household's application must be processed as an initial application (see process 3.1.1).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	12	When an untimely application is received after the end of the certification period, the household's benefits must be prorated.
FFP	13	Every Families First case shall be reviewed once every six months.
FFP	14	The Families First six-month review shall be a face-to-face review unless the face-to-face has been waived to accommodate a special needs situation or an Authorized Representative is available.
FFP	15	The face-to-face interview must be waived upon request by any Families First recipient which is unable to appoint an Authorized Representative and has no case members able to come to the county office because they are 60 years of age or older or are handicapped.
FFP	16	The face-to-face interview must be waived upon request by any Families First recipient who is unable to appoint an Authorized Representative and lives in an extremely remote location.
FFP	17	The face-to-face interview must be waived upon request by any Families First recipient who is unable to appoint an Authorized Representative and has no case members able to come to the office because of transportation difficulties or similar hardships which the county determines, on a case-by-case basis, warrants a waiver of the office interview.
FFP	18	Hardship conditions that may prevent a face-to-face interview can include, but are not limited to illness, care of a household member, prolonged severe weather, hardship associated with living in a rural area, and/or employment or training hours that prevent an applicant/recipient from participating in a face-t-face interview.
FFP	19	A Families First review shall be considered overdue when six months have passed without a redetermination (review).
FFP	20	The six-month count for a new application shall begin with the first benefit month.
FFP	21	For active Families First cases, the six-month count begins with the month following the completion of each review.
FFP	22	The six-month review is considered timely if the review is completed by the last day in the month in which it is due.
FFP	23	A six-month review that results in a closure shall be considered a completed review. However, because of the 10-day adverse action period, the review may be considered complete as many as two months prior to the effective date of closure.
FFP	24	If it becomes known to the Agency that an individual is disabled and requires additional assistance to complete the review process, staff shall provide reasonable accommodations.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	25	There shall be no exceptions to the redetermination of eligibility requirement for Families First cases.
FFP	26	An application shall be required at each six-month review.
FFP	27	At each six-month review the caseworker shall analyze all of the information in the case so that changes in the case circumstances will be readily identified.
FFP	28	At each six-month review the caseworker shall carefully question the recipient about the case circumstances and any changes that have occurred since the last application/review/contact.
FFP	29	At each six-month review the caseworker shall obtain all the facts available to substantiate the case's continuing eligibility.
FFP	30	At each six-month review the caseworker shall obtain any additional information/verification needed to establish eligibility.
FFP	31	At each six-month review the caseworker shall explain any circumstances that are pertinent to eligibility.
FFP	32	At each six-month review the caseworker shall authorize the case when all points of eligibility are clarified.
FFP	33	When determining continuing eligibility, the caseworker shall establish whether or not the case continues to meet income and resource standards.
FFP	34	When determining continuing eligibility, the caseworker shall determine if there have been any changes to the case household composition. Individuals shall be added or removed from the case as appropriate.
FFP	35	When determining continuing eligibility, the caseworker shall establish that the case members still live in the state. If a recipient leaves the state, the caseworker shall establish if the absence is permanent or temporary.
FFP	36	When determining continuing eligibility, the caseworker shall determine the institutional status of any member of the case that is in an institution to determine if the stay is temporary and whether the caretaker continues to have care and control of the child(ren).
FFP	37	When determining continuing eligibility, the caseworker shall determine whether or not any case members have acquired, transferred, or sold property since approval or the last review.
FFP	38	When determining continuing eligibility, the caseworker shall determine if the period of incapacity established by the DHS Supervisor or the Medical Evaluation Unit has expired and needs to be reestablished.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	39	When determining continuing eligibility, the caseworker shall determine if the case is receiving court ordered or voluntary support from an absent parent, make any necessary referrals to Child Support Services and update any information about the absent parent.
FFP	40	When determining continuing eligibility, the caseworker shall review the Personal Responsibility Plan and work requirement with the individual and re-negotiate the Plan if needed.
FFP	41	At the six-month review the caseworker shall instruct the recipient that he/she must report any changes in his/her circumstances that may affect eligibility within 10 days. Changes may include but not be limited to birth of a child, marriage, absent parent returns to the home; a case member leaves the home, a change in address, or a change in income.
FFP	42	At the six-month review the caseworker shall request updated verification on residence, composition of the household, school attendance, immunization and health checks, deprivation, living with a specified relative, enumeration, pregnancy, gross income, deductible expenses, resources, striker status, compliance with the Personal Responsibility Plan.
FFP	43	If the recipient fails to appear for the appointment or contact the caseworker, the caseworker shall send a 10-day Notice of Adverse Action.
FFP	44	Failure of the case members to respond to or show for a six-month review appointment may result in the termination of Families First benefits.
FFP	45	Each case adult and minor parent with his/her own Families First case shall resign a Personal Responsibility Plan at each six-month Families First review.
FFP	46	The recipient shall receive a notice of the results of his /her six-month review.
FFP	47	The six-month review Notice shall specify the reasons for case approval/closure.
FFP	48	At each review interview, the caseworker shall give the applicant/recipient copies of pertinent information applying to the Families First Program, the Privacy Act, Civil Rights, Child Support information, his/her Personal Responsibility Plan and family planning.
CC	49	All child care cases with open child care enrollments will have a review and/or recertification date.
CC	50	Child care cases that are funded through FF as a support service are not subject to recertification apart from the recertification that is required for the FF case.
CC	51	Currently, FF child care cases are subject to a desk review every six months.
CC	52	A desk review of a FF child care case includes but is not limited to the following: a check to

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		see if the FF case remains open and in compliance with PRP work requirements and that child care as a support service remains open on the PRP.
CC	53	TCC child care cases are recertified at least every six months from the initial date of approval but can have a shorter certification period if circumstances necessitate as determined by the user. The approval date is defined as the date the TCC caretaker/parent qualifies for child care.
CC	54	Low-income and At-risk child care cases are recertified at least every six months from the initial date of approval but can have a shorter certification period if circumstances necessitate as determined by the user.
CC	55	Child Only (ARCO) cases are recertified every six months from the initial date of approval but can have a shorter certification period if circumstances necessitate as determined by the user.
CC	56	DCS cases are recertified every twelve months or sooner as determined by DCS referral.
CC	57	A recertification or review date will not extend beyond the eligibility time limits when applicable (for FF that would be 18 or 60 countable months from approval date; for TCC that would be 18 months from TCC begin date; for ARCO that would be 12 months from qualification date. At this time low-income and at-risk child care have no time limits.)
CC	58	A closed child care case is no longer subject to recertification or review.
CC	59	When a case is reopened, the recertification and/or review period is reset from approval date. See rules above.
CC	60	For cases being recertified or reviewed the new review date will not begin prior to the end of the previous review/recertification date.
CC	61	Redetermination notices will be sent to parents/caretakers in the month prior to the month of redetermination. This notice will include an appointment time.
CC	62	Things to be reverified at recertification interview include but are not limited to the following: income, household size, residence, parent co-pay fee, child care enrollment. See other processes for how these are treated.
CC	63	A recertification interview can be face-to-face or by telephone. Regardless of the method, things to be verified in order to recertify for child care are the same.
CC	64	If a parent/caretaker fails to keep a recertification appointment, will be closed effective at the end of the last day of the current eligibility month.
CC	65	If the appointment is kept, data collection, grouping, budgeting and authorization will occur.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		See previous flows regarding these processes.
CC	66	If case remains eligible for childcare, a new recertification or review date is set. If the case is determined ineligible for childcare, the case will not be recertified and closure notices will be sent.
IV-E FC	67	A periodic redetermination shall be completed to determine a Title IV-E foster care child's continuing IV-E eligibility and reimbursability status after the initial determination for Title IV-E foster care.
IV-E FC	68	A redetermination shall only be completed for IV-E foster care children whose initial eligibility status was and is eligible and reimbursable and eligible, non-reimbursable.
IV-E FC	69	A redetermination of an eligible child's continuing reimbursability for IV-E foster care funds shall be completed no later than every 12 months or at DCS option more frequently than every 12 months.
IV-E FC	70	If a periodic redetermination is not completed within the DCS timeframes, the redetermination shall be designated as past due. A CWBC would be notified to reschedule the redetermination and notify client. The case would not be closed.
IV-E FC	71	The following eligibility factors that were verified at the initial eligibility determination shall not be re-established at a redetermination: • citizenship status; • date of birth; • deprivation factors that are not subject to change, i.e., death of a parent; • relationship of the foster child to the specified relative; and • income and resources of the foster child's removal home family.
IV-E FC	72	The following eligibility factors shall be updated and verified at a redetermination: • deprivation factors that are subject to change, i.e., a foster child's continued absence from the removal home, incapacity of one or both parents when both parents are living in the removal home, unemployment of the principal wage earner when both parents are living in the removal home; • the foster child's income; • the foster child's resources.
IV-E FC	73	A redetermination shall be completed to determine if the IV-E foster child continues to be deprived of parental care or support due to one of the four deprivation factors. A child shall

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		continue to be considered to pass the deprivation requirement as long as at least one deprivation factor continues.
IV-E FC	74	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child does not pass the deprivation program requirement
IV-E FC	75	A redetermination shall be completed to determine if a IV-E foster child's countable gross income is less than 185% of the child's monthly board and care rate and if the child's net income is less than 100% of the child's monthly board and care rate.
IV-E FC	76	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child's countable gross and countable net income is over the child's monthly board and care rate.
IV-E FC	77	A redetermination shall be completed to determine if a IV-E foster child's countable resources are less than the $10,000 resource limit.
IV-E FC	78	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child's countable resources are over the $10,000 resource limit.
IV-E FC	79	The balance in a foster child's DCS Collective Fund Account is a countable resource.
IV-E FC	80	The only income and resources that shall be considered for a redetermination is the countable income and countable resources of the foster child only.
IV-E FC	81	The only time the countable income and countable resources of the other members of the foster child's pre-custody removal home shall be required to be included in a budget is during an initial eligibility determination for IV-E foster care.
IV-E FC	82	The date each periodic redetermination was completed shall be recorded.
IV-E FC	83	A redetermination shall not be required on a closed or inactive Title IV-E foster care case.
IV-E FC	84	A face-to-face interview shall not be required to complete a periodic redetermination.
IV-E FC	85	The due date for an annual judicial determination of reasonable efforts to finalize a foster child's Permanency Plan shall be recorded.
IV-E FC	86	Reasonable efforts to finalize a foster child's Permanency Plan must be obtained within twelve months of the date the child entered foster care and at least every twelve months thereafter while the child is in foster care in order for a IV-E foster child's cost of care to continue to be reimbursable from Title IV-E foster care funds.
IV-E FC	87	The date the judicial determination of reasonable efforts to finalize a Permanency Plan was obtained shall be recorded.
IV-E FC	88	A IV-E eligible foster child's cost of care shall not be reimbursable the month after the due

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		date for the annual reasonable efforts judicial determination if the judicial determination is not obtained timely.
IV-E FC	89	The IV-E status of a foster child following a completed redetermination shall be provided to TN KIDS.
IV-E FC	90	A periodic redetermination shall be completed to determine a Title IV-E foster care child's continuing IV-E eligibility and reimbursability status after the initial determination for Title IV-E foster care.
IV-E FC	91	A redetermination shall only be completed for IV-E foster care children whose initial eligibility status was and is eligible and reimbursable and eligible, non-reimbursable.
IV-E FC	92	A redetermination of an eligible child's continuing reimbursability for IV-E foster care funds shall be completed no later than every 12 months or at DCS option more frequently than every 12 months.
IV-E FC	93	If a periodic redetermination is not completed within the DCS timeframes, the redetermination shall be designated as past due.
IV-E FC	94	The following eligibility factors that were verified at the initial eligibility determination shall not be re-established at a redetermination: • citizenship status; • date of birth; • deprivation factors that are not subject to change, i.e., death of a parent; • relationship of the foster child to the specified relative; and • income and resources of the foster child's removal home family.
IV-E FC	95	The following eligibility factors shall be updated and verified at a redetermination: • deprivation factors that are subject to change, i.e., a foster child's continued absence from the removal home, incapacity of one or both parents when both parents are living in the removal home, unemployment of the principal wage earner when both parents are living in the removal home; • the foster child's income; • the foster child's resources.
IV-E FC	96	A redetermination shall be completed to determine if the IV-E foster child continues to be deprived of parental care or support due to one of the four deprivation factors. A child shall continue to be considered to pass the deprivation requirement as long as at least one

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		deprivation factor continues.
IV-E FC	97	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child does not pass the deprivation program requirement
IV-E FC	98	A redetermination shall be completed to determine if a IV-E foster child's countable gross income is less than 185% of the child's monthly board and care rate and if the child's net income is less than 100% of the child's monthly board and care rate.
IV-E FC	99	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child's countable gross and countable net income is over the child's monthly board and care rate.
IV-E FC	100	A redetermination shall be completed to determine if a IV-E foster child's countable resources are less than the $10,000 resource limit.
IV-E FC	101	A IV-E eligible foster child's cost of care shall not be reimbursable in any month that the child's countable resources are over the $10,000 resource limit.
IV-E FC	102	The balance in a foster child's DCS Collective Fund Account is a countable resource.
IV-E FC	103	The only income and resources that shall be considered for a redetermination is the countable income and countable resources of the foster child only.
IV-E FC	104	The only time the countable income and countable resources of the other members of the foster child's pre-custody removal home shall be required to be included in a budget is during an initial eligibility determination for IV-E foster care.
IV-E FC	105	The date each periodic redetermination was completed shall be recorded.
IV-E FC	106	A redetermination shall not be required on a closed or inactive Title IV-E foster care case.
IV-E FC	107	A face-to-face interview shall not be required to complete a periodic redetermination.
IV-E FC	108	The due date for an annual judicial determination of reasonable efforts to finalize a foster child's Permanency Plan shall be recorded.
IV-E FC	109	Reasonable efforts to finalize a foster child's Permanency Plan must be obtained within twelve months of the date the child entered foster care and at least every twelve months thereafter while the child is in foster care in order for a IV-E foster child's cost of care to continue to be reimbursable from Title IV-E foster care funds.
IV-E FC	110	The date the judicial determination of reasonable efforts to finalize a Permanency Plan was obtained shall be recorded.
IV-E FC	111	A IV-E eligible foster child's cost of care shall not be reimbursable the month after the due date for the annual reasonable efforts judicial determination if the judicial determination is not

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

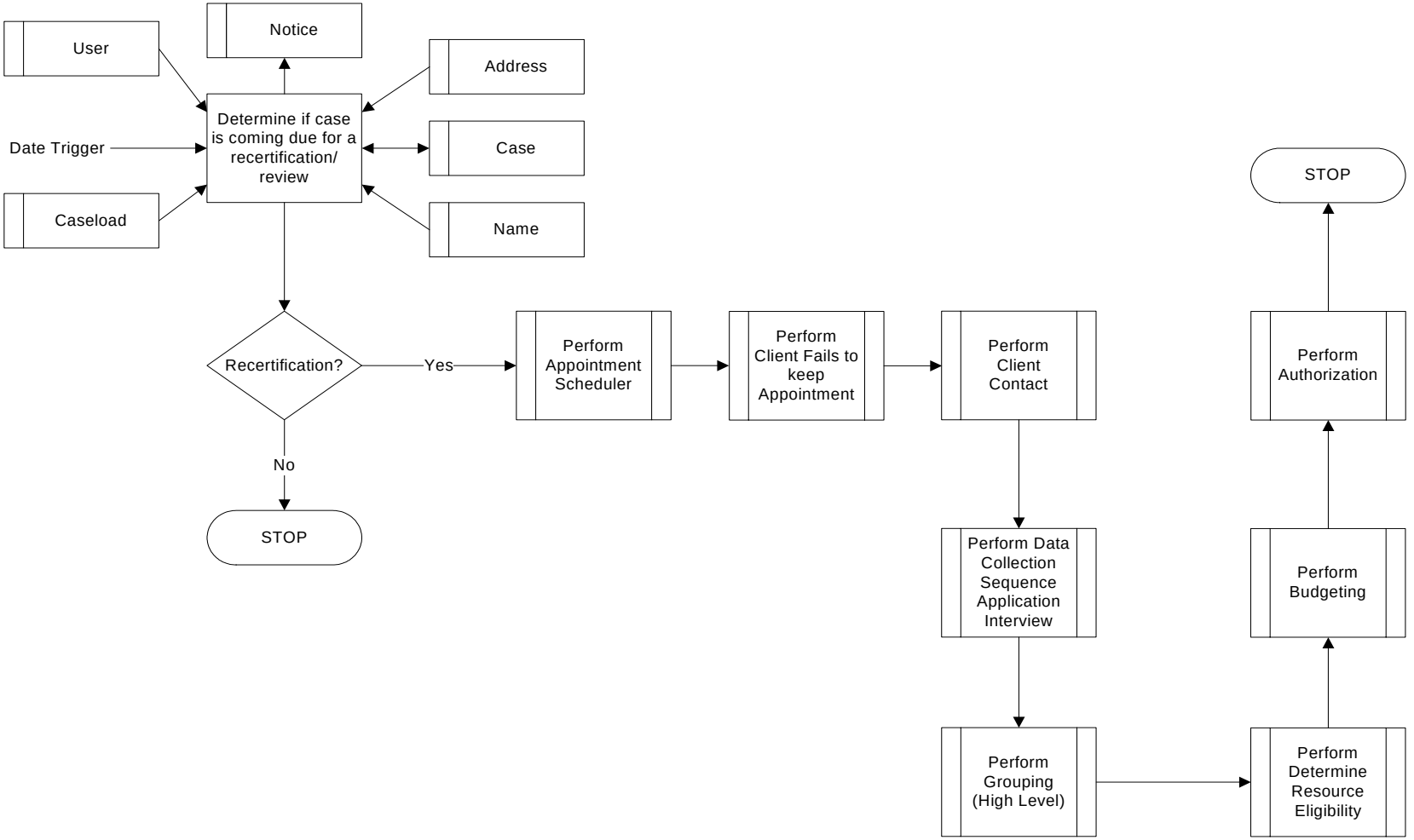
Program Type	Rule Number	Rule
		obtained timely.
IV-E FC	112	The IV-E status of a foster child following a completed redetermination shall be provided to TN KIDS.
AA	113	There is no recertification process in adoption assistance.
AA	114	An adoption assistance agreement is renewed annually.
AA	115	The adoption assistance designee mails the renewal forms to the adoptive parents at least 45 days prior to the renewal date.
AA	116	The adoptive parent(s) may request in writing on the renewal affidavit a conference with the adoption assistance designee.
AA	117	If the adoptive parent(s) do not complete and return the renewal forms prior to the due date, the adoption assistance agreement is not renewed and all payments will end.
AA	118	The adoption assistance designee completes a Form 16, which is sent to fiscal services, reporting the renewal is completed and the amount of the adoption subsidy payments.
AA	119	Fiscal Services enters the data into the payment system verifying the renewal period and payment amount.
TCS	120	TennCase Standard cases are approved for 12 months based on the date of application. The TennCare Bureau will send a notice to the individual informing them that the case is due for recertification and a renewal packet will be sent with the notice.
TCS	121	The individual may call the office and request a face-to-face interview at which time an appointment will be made, or he/she may mail in the renewal packet and request a phone interview or he/she may return the completed renewal packet along with all the required verifications and no interview will be conducted.
TCM	122	TennCare/Medicaid cases are due for review every 12 months.
TCM	123	The system will send the head of each case an appointment letter to come in for the review. The individual may come into the office for a face-to-face interview, or he/she may mail in the application and request a phone interview for TennCare/Medicaid cases. Ex parte reviews may be done in certain situations that are covered in the rule on ex parte reviews.
TCS/TCM	124	All required information as it relates to each case will be reviewed and updated on the system.
TCS/TCM	125	All information entered in each case will be effective the following month as benefits are currently being received based on prior information, except for addition of a new individual in

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		the case. This new individual will be added effective the date of application if otherwise eligible or the date spend-down is met for Medically Needy individuals or date of birth of newborn if the mother of the newborn is an active TennCare/Medicaid or TennCare Standard recipient.
TCS	126	TennCare Standard ME underwriter approvals are approved from the date of application and are given an additional 12 months based on the case worker's approval authorization date.
TCS/FFP	127	Refugee Medicaid and cash assistance have an 8 month recert period. A new application would have to be filed to apply for additional benefits.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.3.45
ReCertification



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.3.46 Transitional Food Stamps	
Program Affected: FS	**Users: Caseworker, Supervisor and above**

Process:

When a FF case is closed for earned income it must be determined if the associated FS case qualifies as transitional. The Food Stamp benefit amount will be continued using the same amount of income as budgeted in the last month of FF eligibility. The household will not be required to report changes during the TFS period nor will negative changes to associated cases affect the TFS.

Sub-Processes:

1. Determine if Open FS Case & FF Case is Being Closed

   The system shall determine if there is an open FS case for the head of case when the FF case is being closed. The system shall determine if the FS was open in the last month that the FF grant was received.

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   CASE (Input / Output)
   Case Number
   Case Type
   Case Status
   Case Closure Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.3.46 Transitional Food Stamps

Program Affected: FS	**Users: Caseworker, Supervisor and above**

2. Determine if Reason For Closure Is Earned Income

The system shall determine if the FF case was closed because of earned income or a combination of earned and unearned income, when there is a currently certified FS case during the last month a FF grant is received.

CASE (Input)
Case Number
Case Type
Case Status
Case Closure Date
Case Closure Reason

INCOME (Input / Output)
Income Type
Earned Income Indicator
Unearned Income Type

INCOME RESULTS (Input)
Pass / Fail Indicator
Benefit Amount

3. Process Transitional FS

When it has been determined that the FF case was closed due to earnings, the system shall identify the FS case as transitional (or TFS). When calculating the budget the system shall not include the FF grant amount. The system shall include the earned and unearned income that was utilized in the FS budget prior to the FF closure. The system shall maintain this budget for the TFS period according to business rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.3.46 Transitional Food Stamps

Program Affected: FS	**Users: Caseworker, Supervisor and above**

CASE (Input)
Case Number
Case Status

COUNTABLE INCOME (Input)
Benefit Period
Earned Income Amount
Unearned Income Type
Unearned Income Amount

INCOME RESULTS (Output)
Total Monthly Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Adjusted Net Income Amount
Net Income Amount
Pass / Fail Indicator
Benefit Amount
Budget Effective Date
Benefit Reduction Amount

TFS (Input / Output)
TFS Indicator
TFS Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.3.46 Transitional Food Stamps

Program Affected: FS	**Users: Caseworker, Supervisor and above**

TFS End Date

4. Perform “Authorization” Process

   The system shall perform “Authorization” and set the certification period for the TFS case for a maximum of 5 months. The system shall notify the household in the fourth month of the expiration of benefits.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

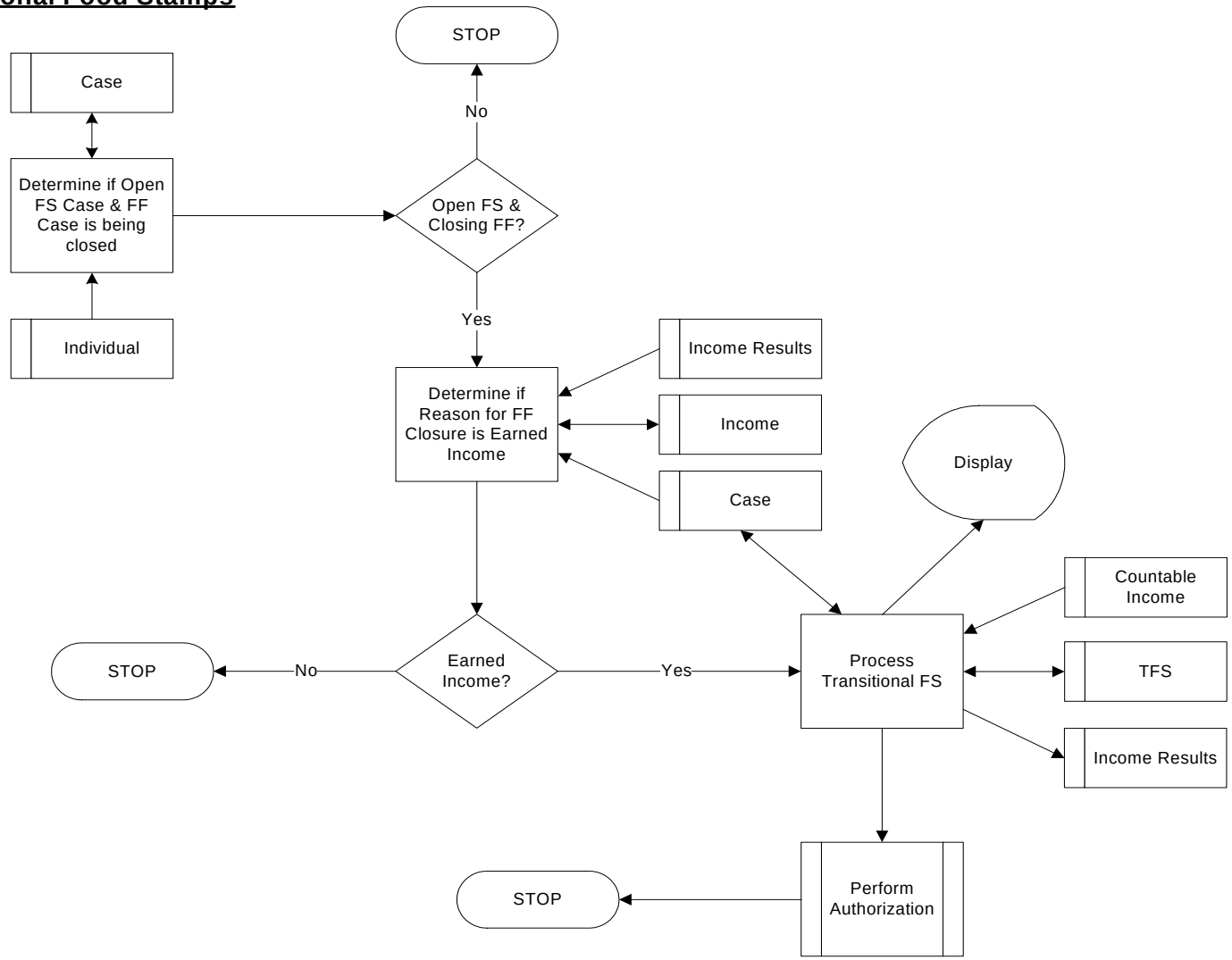
Program Type	Rule Number	Rule
FS	1	When a Families First group which is part of a currently certified food stamp household is closed because of earned income, or earned income in combination with other income, the food stamp household may be eligible for transitional food stamps (TFS).
FS	2	To be eligible for TFS, the group must be part of a currently certified food stamp household in the last month a FF grant is received.
FS	3	All food stamp household members do not have to have been receiving Families First to be eligible for transitional food stamps; however, if there is an open Families First case remaining within the food stamp household, the food stamp household is not eligible for TFS.
FS	4	Only eligible food stamp household members are eligible for TFS; i.e., ineligible or disqualified individuals are not eligible for TFS.
FS	5	Determine the TFS allotment by using the earned and unearned income that was in the food stamp budget prior to Families First closure and removing the FF grant from the computation.
FS	6	TFS benefits begin the first month following termination of FF benefits, or as soon as is administratively feasible.
FS	7	The household shall be assigned a new certification period for TFS that conforms with the five-month period.
FS	8	TFS benefits continue for a maximum of five months.
FS	9	If the TFS household reapplies for FF and is approved during the TFS period, TFS must stop and the household must reapply food stamps.
FS	10	If the TFS household reapplies for the regular Food Stamp Program and is approved during the TFS period, TFS must end, and there shall be no overlap of benefits.
FS	11	A household member who leaves the TFS household during receipt of TFS benefits must reapply for regular food stamp benefits in order to regain food stamp eligibility. He/she shall not continue to receive TFS in a separate household.
FS	12	A TFS household is not required to report changes during the five-month TFS period unless a household member leaves the household and applies for food stamps in another household.
FS	13	If a TFS household reports a change, the change information must be documented so that it can be considered when determining eligibility under the regular Food Stamp Program when the TFS certification ends.
FS	14	If a TFS household reports a change, no action shall be taken unless the client wants the case closed or reapplies for the regular FS program and/or FF, and is approved.
FS	15	If a household member is disqualified for an Intentional Program Violation during the TFS period, impose the disqualification on the individual and adjust the benefits according to Food Stamp Program rules.
FS	16	If a claim is established for the food household during the TFS period, apply the appropriate allotment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		reduction according the Food Stamp Program rules.
FS	17	A household may apply for the regular Food Stamp Program at any time during the TFS period.
FS	18	If a household applies for the regular Food Stamp Program during the TFS period and is found to be eligible for benefits higher than its transitional benefits and the TFS benefits have already been issued for the first month of regular food stamp eligibility, authorize the approval and issue the household a supplement for the difference.
FS	19	A TFS household must be sent an appointment notice for recertification under the regular Food Stamp Program in the month before the end of the five-month TFS period.
FS	20	Normal food stamp recertification processing will follow if the household applies for recertification.
FS	21	If the TFS household does not respond to the appointment letter, the TFS certification will expire and the case will automatically close, as in the regular food stamp program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.46
Transitional Food Stamps



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.1 Work Registration	
Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

Food Stamp policy requires each household (case) member who is not otherwise exempt from work registration to register for employment prior to certification and once a year thereafter. Persons losing their exemption due to a change that is required to be reported by the household must register for work as a condition of continued eligibility.

Food Stamp policy permits individuals who are able-bodied, without dependents and not otherwise exempt from the ABAWD requirement to receive Food Stamps without meeting a work requirement for a set period.

Sub-Processes:

1. Record Work Registration Exemption

   The system shall auto-populate a work status, when possible, for each individual per program and sub-program policy. Once the system has determined those individuals required to register for employment and determined, when possible, any exemptions, the user will manually determine if the applicant / recipient is exempt from work registration. The system must record and store the exemption and reason entered. The system shall allow any auto-populated information to be overridden by the user based on rules.

   CASE (input)
   Case Number
   Program(s) requested
   Program(s) receiving

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.1 Work Registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

EMPLOYMENT (input)
Employment Indicator
Number of Hours
Pay Rate
Employment Begin and End Dates

DEMOGRAPHICS (input)
Date of Birth
County of Residence

CASE (input)
Individuals in Food Stamp case
Ages of Individuals in Food Stamp case

RELATIONSHIPS(input)
Relationship of Household Members
Unable to Provide Child Care Indicator

FAMILIES FIRST ELIGIBILITY (input)
Families First Eligible Indicator
Individual Eligibility Begin and End Dates

DISABILITY/INCAPACITY (input)
Disability-Incapacity Type
Date
Special Circumstances

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.1 Work Registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

UNEARNED INCOME (input)
Unemployment Compensation Indicator
UEC income begin and end dates

SCHOOL ATTENDANCE (input)
School Type
Name
Address
Expected Graduation Date

WORK REGISTRATION (input)
Referral date for FS work requirements
Referral and registration dates for FS work requirements
Referral de-registration dates for FS work requirements

E & T COUNTY (input)
E & T County Indicator
E & T Begin and End Dates

WORK REQUIREMENTS (output)
Exemption date for FS work requirements
Other reasons that an eligible FS individual will be unable to complete the work requirement
Individual work status for each FS individual
Exempt work status for FS elderly individuals (over 60) and minors (16 or younger)
Applicable work exemption reason for eligible FS individuals
Barriers to completing the work requirement for eligible FS individuals

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.4.1 Work Registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

DOCTOR'S STATEMENT (input)
Doctor's Statement Type
Doctor's Statement Date
Date of Release from Doctor's Care

VOCATIONAL REHABILITATION (input)
Type of Vocational Rehabilitation
Begin date of Vocational Rehabilitation
Expected End date of Vocational Rehabilitation
End date of Vocational Rehabilitation

SANCTION (input)
Sanction Reason
Sanction Begin Date
Sanction End Date

2. Determine If Referral Required

   If the applicant / recipient is determined not exempt from work registration, the system must determine if a work registration referral for the applicant / recipient is needed according to program requirements.

3. Perform 'Authorization' sub-process.

   If it is not appropriate to submit a work registration referral for the applicant / recipient or if the applicant / recipient is exempt from work registration (and is not registered), the system must perform 'Authorization' sub-

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.4.1 Work Registration	
Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

process.

4. Generate Referral.

   If it is appropriate to submit a work registration referral for the applicant / recipient, the system will generate a referral to the Department of Labor and Workforce Development.

   WORK REQUIREMENTS (input)
   Exemption date for FS work requirements
   Other reasons that an eligible FS individual will be unable to complete the work requirement
   Individual work status for each FS individual
   Exempt work status for FS elderly individuals (over 60) and minors (16 or younger)
   Applicable work exemption reason for eligible FS individuals
   Barriers to completing the work requirement for eligible FS individuals

   NOTICE (output)
   Individuals in Case
   Application date
   Authorization date or date of action
   Effective date of action
   Individual pass/fail status for financial/non-financial/resource
   Case pass/fail status for financial/non-financial/resource
   Work Registration Date
   Work Registration Exemption Reason
   Review due date
   Worker

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.1 Work Registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

5. Determine if Individual has Already Registered for Work

   If the applicant / recipient is determined to be exempt from work registration, the system must then determine if the applicant / recipient has already registered for work.

   WORK REGISTRATION (input)
   Referral date for FS work requirements
   Referral and registration dates for FS work requirements
   Referral de-registration dates for FS work requirements

6. Perform 'Food Stamp Work Requirement De-registration' process.

   If the applicant / recipient is registered for work, but is now exempt from work registration, the system must perform the 'Food Stamp Work Requirement De-registration' sub-process.

7. Perform 'Authorization' process.

   When the individual is exempt from work registration and does not need to be de-registered, continue with the 'Authorization' of the case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

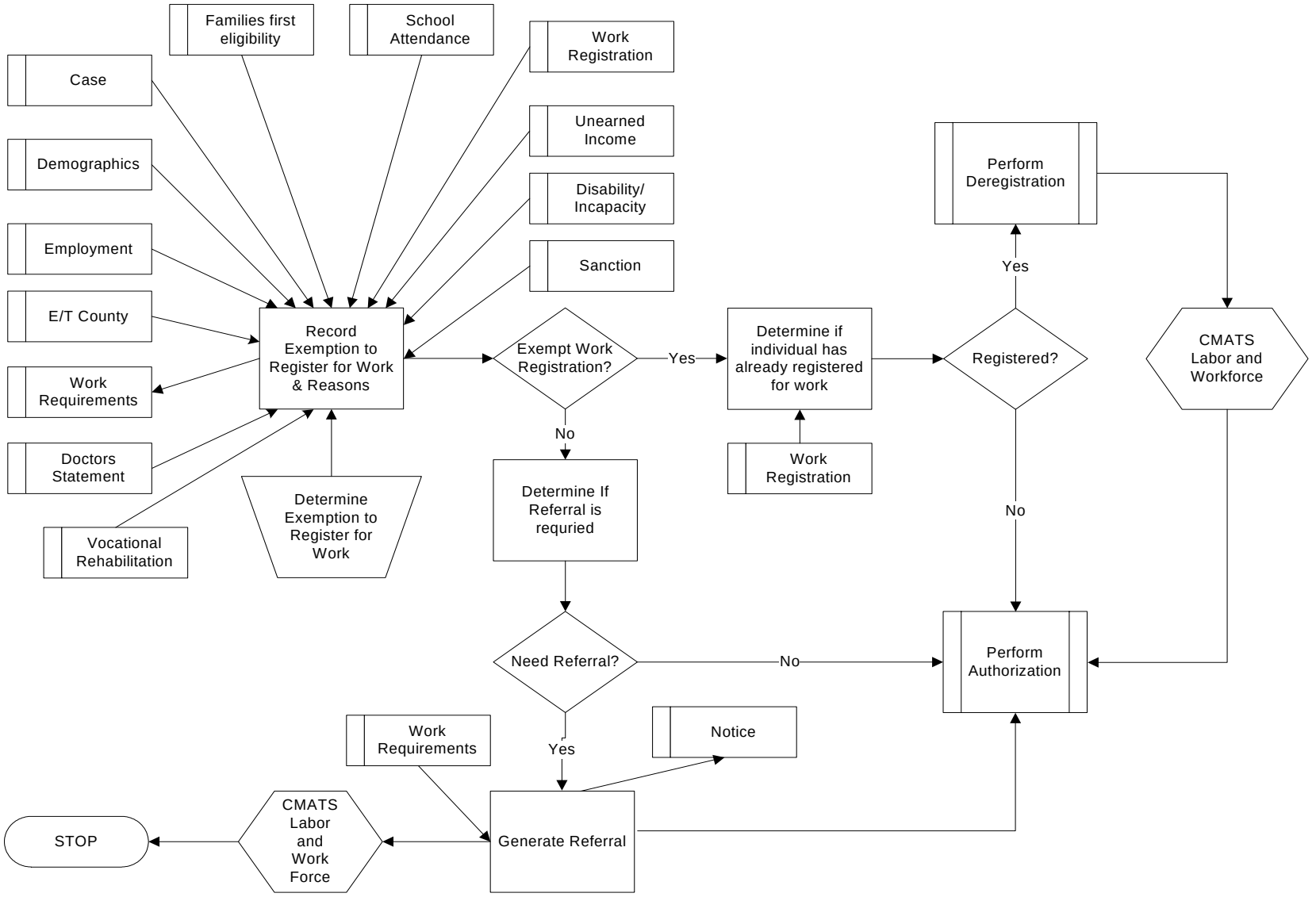
Program Type	Rule Number	Rule
FS	1	Each individual in the food stamp household who is at least age 16 but under age 60 must be evaluated at initial application and once a year thereafter for work registration status
FS	2	Work registration status must be one of the following: mandatory, exempt, or volunteer.
FS	3	An individual who is classified as exempt or volunteer must be re-evaluated for work registration status as a condition of continued eligibility if he/she loses his/her exempt status.
FS	4	An individual may be exempt from the work requirement on the basis of federally defined exemptions.
FS	5	A person under 16 or over 59 is federally defined as exempt from the FS work requirement.
FS	6	A person physically or mentally unfit for employment is federally defined as exempt from the FS work requirement.
FS	7	A household member subject to and complying with a Families First work requirement is federally defined as exempt from the FS work requirement.
FS	8	An individual who has applied for or is receiving unemployment compensation is federally defined as exempt from the FS work requirement.
FS	9	An individual who is a regular participant in a drug addiction or alcoholic treatment program is federally defined as exempt from the FS work requirement.
FS	10	A student who is enrolled at least half-time in any recognized school, training program, or institution of higher education is federally defined as exempt from the FS work requirement.
FS	11	An individual who is employed or self-employed at least 30 hours per week is federally defined as exempt from the FS work requirement.
FS	12	An individual who is employed or self-employed and whose earnings equal at least the federal minimum wage multiplied by 30 hours per week is federally defined as exempt from the FS work requirement.
FS	13	Migrant and seasonal farm workers who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days are federally defined as exempt from the FS work requirement.
FS	14	An individual may be exempt from the work requirement on the basis of state defined exemptions (or barriers).
FS	15	An individual who has a temporary illness or injury which is obvious or verified has a state defined exemption or barrier to the work requirements.
FS	16	An individual who has a temporary disability which is obvious or verified has a state defined exemption or barrier to the work requirements.
FS	17	An individual who has a temporary emergency, such as family emergency or illness, disaster, or

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		emergency related to the job, has a state defined exemption or barrier to the work requirements.
FS	18	An individual who has no access to transportation has a state defined exemption or barrier to the work requirements.
FS	19	An individual who lives in a non-funded employment and training (E&T) county has a state defined exemption or barrier to the work requirements.
FS	20	An individual who has an approved exemption by DHS has a state defined exemption or barrier to the work requirements.
FS	21	An individual who is exempt may participate in the Food Stamp Employment and Training Program by volunteering for participation.
FS	22	An individual who is determined to be a mandatory work registrant must participate in an employment and training program if assigned by the Department of Labor and Workforce Development (DOLWD).
FS	23	An individual who is determined to be a mandatory work registrant must provide additional information regarding employment status or availability for work if requested by DHS or DOLWD.
FS	24	An individual who is determined to be a mandatory work registrant must report to an employer for suitable employment if referred by DOLWD.
FS	25	An individual who is determined to be a mandatory work registrant must accept a bona fide offer of employment unless the employment is determined to be unsuitable.
FS	26	An individual who has been determined to be exempt from the work registration requirement and who is otherwise eligible for the Food Stamp Program may be approved for participation in the program.
FS	27	An individual who has been determined to be a mandatory registrant, who is in compliance with the work registration requirement and is otherwise eligible for the Food Stamp Program, may be approved for participation in the program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.1 Work Registration



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)	
Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

Food Stamp program business rules require each household (case) member who is not otherwise exempt from work registration to register for employment prior to approval for Food Stamp benefits and once a year thereafter. Persons losing their exemption due to a change that is required to be reported by the household must register for work as a condition of continued eligibility.

Food Stamp program business rules permit individuals who are able-bodied, without dependents and not otherwise exempt from the Able-bodied Adults Without Dependents (ABAWD) requirement to receive Food Stamps without meeting a work requirement for a specified number of months within a set period of time. This set period repeats as defined by the program business rules.

Sub-Processes:

1. Determine ABAWD Status

   Once the system has determined that the case is eligible for Food Stamp benefits according to program business rules, the system must determine each case members ABAWD status using Food Stamp program rules. The system shall be able to identify the individual as an ABAWD based on business rules. If an individual is identified as an ABAWD, the system will determine eligibility based on this criterion and will establish time limits for the ABAWD individual based on business rules. The system shall track ABAWD countable months and / or exemption reasons as defined by the program business rules.

   CASE (input)
   Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Case Name
Case Address
Program(s) requested
Program(s) receiving

INDIVIDUAL (input)
Individual(s) Name
Individuals(s) SSN
Individual(s) ID Number
Individual(s) Age

DISABILITY/INCAPACITY (input)
Individual(s) Disability-Incapacity Status
Date became disabled / incapacitated
Date Disability / Incapacity Ends
Date of disability / incapacity review

PRP (input)
Individual(s) Complying with PRP work component

SCHOOL ATTENDANCE (input)
Individual(s) educational status
Type of Institution enrolled in
Date of education completion

HH COMPOSITION (input)
Individuals in Food Stamp case

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Ages of Individuals in Food Stamp case
Relation(s) of all individuals in case to each other
ABAWD (output)
ABAWD Indicator

2. Determine if Subject to Work Registration

If the individual is not an ABAWD according to program business rules or if the individual is an ABAWD but is time count exempt, the system must determine if the individual is subject to work registration according to program rules. If subject to work registration, must also reside in a county where registration is required.

CASE (input)
Case Name
Case Number
Case Address
Benefits Requested
Benefits Receiving

INDIVIDUAL(input)
Individual's Name
Individual's SSN
Individual's ID
Individual's Age

EMPLOYMENT (input)
Individual's Employment Status
Employer Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Employer Address
Number of Hours Worked Per Month
Date Job Began
Date Job Ended

UNEARNED INCOME (input)
Receiving Unemployment Compensation

COUNTY (input)
Labor Surplus County Indicator
Labor Surplus Begin and End Dates
WR County Indicator
E & T County Indicator

WORK REGISTRATION (input – output)
Work Registration Requirement Indicator
Client Work Registered

3. Perform 'Work Registration' sub-process

   If it is determined that the individual is subject to work registration, the system must perform the 'Work Registration' sub-process.

4. Determine if Exempt from Time Count

   If the individual is an ABAWD according to program business rules, the system must determine if the ABAWD individual is exempt from ABAWD time counts according to ABAWD program business rules. The system

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

shall automatically exempt ABAWDs who are residing in a Labor Surplus county or a county with 10% or greater unemployment rate. The system shall be able to look at the hours of employment and other program policy defined reasons to determine if a month is a countable month for an ABAWD individual. The user shall determine and record if a temporary disability exists in an ABAWD individual and the system shall capture the information to determine if a month can be deemed countable or not countable.

CASE (input)
Case Number
Benefits Requested
Benefits Receiving
INDIVIDUAL (input)
Individual's Name
Individual's SSN
Individual's ID
Individual's Age
Individual's Pregnancy Indicator
County of Residence

EMPLOYMENT (input)
Individual's Employment Status
Hours Worked Per Month
Date Job Began
Date Job Ended

COUNTY (input)
Labor Surplus County Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Labor Surplus Begin and End Dates

SCHOOL ATTENDANCE (input)
Individual(s) Educational Status
Type of Institution Enrolled In
Date of Education Completion

WORK REGISTRATION (input)
Work Registration Requirement Indicator
Client Work Registered

ABAWD (output)
ABAWD Indicator
ABAWD Exemption Status
Exemption Begin Date
Exemption End Date
Exemption Reason

5. Determine Number of Countable Months Remaining

If the ABAWD individual is not exempt from the time counts according to ABAWD program business rules, the system must determine the number of countable months remaining in the current ABAWD 36-month eligibility period. The system must continue to calculate the months and store. The user must be notified when the ABAWD individual has used all allowable months according to the program business rules. After using the initial countable months, if an individual loses employment or ceases to participate in a work or workfare

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

program through no fault of their own, the system shall have the ability to allow additional participation for a set period of time as defined by business rules and program standards.

CASE (input)
Case Number
Benefits Receiving
Date of first full month of Food Stamps received as non-exempt ABAWD
Begin Date of Current ABAWD Period
End Date of Current ABAWD Period
Number of full months of Food Stamps received

INDIVIDUAL (input)
Name of ABAWD Individual
ID of ABAWD Individual
SSN of ABAWD Individual

ABAWD (input – output)
ABAWD Status Indicator

CASE (output)
Case Number
Number of Countable Months
Number of Months Remaining
Last Month of Eligibility

WORK REGISTRATION (output)
Work Registration Requirement Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Client Work Registered

6. Store Countable Months Used and Months Remaining

   If the ABAWD individual has countable months remaining, the system must store and display the countable months used and the remaining months of the current ABAWD period according to the program business rules.

   CASE (input – output)
   Case Number
   Number of Countable Months
   Number of Months Remaining
   Last Month of Eligibility

7. Store Countable Months Used

   If the ABAWD individual does not have countable months remaining, the system must store the countable months used of the current ABAWD period according to the program business rules.

   CASE (input – output)
   Case Number
   Number of Countable Months
   Number of Months Remaining
   Last Month of Eligibility

8. Perform 'Imposing and Removal of Sanction/Penalty/Disqualification' process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.4.2 Able-bodied Adults Without Dependents (ABAWD)

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

If the ABAWD individual has no countable months remaining according to ABAWD business rules, the system must perform 'Imposing and Removal of Sanction/Penalty/Disqualification' process after displaying and storing the countable months used by the ABAWD individual.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

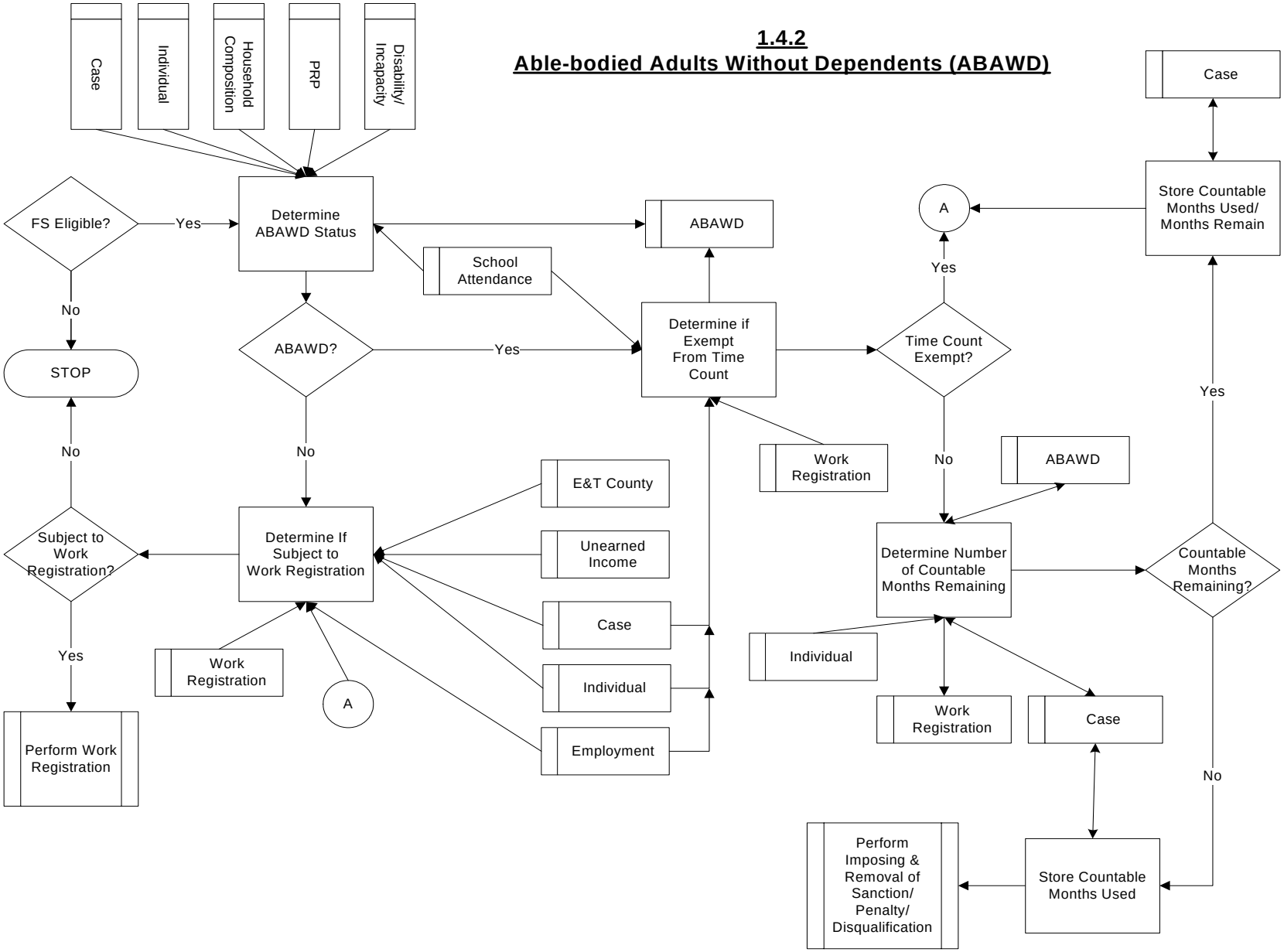
Program Type	Rule Number	Rule
FS	1	Each able-bodied adult without dependents (ABAWD) who is at least 18 but under age 50, who is not otherwise exempt from the work requirement, is subject to special work and eligibility requirements.
FS	2	A child under age 18 is not subject to ABAWD requirements.
FS	3	An individual age 50 or over is not subject to ABAWD requirements.
FS	4	An individual who is physically or mentally unfit for employment is not subject to ABAWD requirements.
FS	5	A person who lives in the same food stamp household as a dependent child under age 18 is not subject to ABAWD requirements.
FS	6	An individual who is pregnant is not subject to ABAWD requirements.
FS	7	An individual who is otherwise exempt from the food stamp work registration requirements is not subject to the ABAWD requirements.
FS	8	A non-exempt able-bodied adult without dependents (ABAWD) who is otherwise eligible for the Food Stamp Program may be eligible for six full months of food stamp benefits within a prescribed 36-month period.
FS	9	Countable months of food stamp eligibility received by a non-exempt ABAWD individual in another state must be considered in the six-month count in this state.
FS	10	The countable months of food stamp eligibility received by a non-exempt ABAWD individual do not have to be consecutive.
FS	11	A partial month of food stamp eligibility for a non-exempt ABAWD individual shall not count in the number of countable months the individual may receive.
FS	12	A non-exempt ABAWD who lives in a county designated by the U.S. Department of Agriculture as Labor Surplus is not subject to the special ABAWD participation requirements or the special ABAWD time limits. If the county is a funded Food Stamp E & T county, the individual must be evaluated for the food stamp work registration requirement (Process 1.4.3).
FS	13	A non-exempt ABAWD who lives in a county approved by the U.S. Department of Agriculture as having a 10 % unemployment rate is not subject to the special ABAWD participation requirements or the special ABAWD time limits. If the county is a funded Food Stamp E & T county, the individual must be evaluated for the food stamp work registration requirement (Process 1.4.3).
FS	14	A non-exempt ABAWD who has participated in the Food Stamp Program for six months must have paid employment, volunteer work, or work for benefits in lieu of wages for 20 hours per week, averaged monthly, to continue participating in the program.
FS	15	A non-exempt ABAWD who has participated in the Food Stamp Program for six months who does not meet the 20 hour per week work requirement may continue to participate if he/she attends and

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		complies with an employment and training program for 20 hours per week, averaged monthly.
FS	16	A non-exempt ABAWD who has participated in the Food Stamp Program for six months who does not meet the 20 hour per week work or employment and training requirement may continue to participate if he/she attends and complies with a Workfare program or an unpaid work experience program through DOLWD.
FS	17	An individual who has received six months of food stamp benefits in a 36 month period, then participates in the FS Program because he/she meets the work/training/workfare requirement but subsequently terminates employment/training/Workfare, can continue participation for a single three consecutive month period within the 36 month period.
FS	18	Subsequent periods of eligibility may only be gained if the individual becomes exempt (including work, training/Workfare participation).
FS	19	An ineligible ABAWD individual's resources are counted in their entirety to the rest of the FS household.
FS	20	An ineligible ABAWD individual income is prorated equally among him/her self and the rest of the FS household members and all of his/her income except his/her prorata share is counted in the FS budget.
FS	21	The ineligible ABAWD individual is not counted in computing the utility standard for the household.
FS	22	An individual who fails to comply with this requirement by participating in employment, training, volunteer work, or Workfare shall be given the opportunity to present evidence of good cause for failing to comply.
FS	23	The interview for a good cause determination may take place in person or over the phone.
FS	24	If good cause is not determined to exist, the individual is not eligible for food stamps.
FS	25	An individual who is exempt from the ABAWD time count must be re-evaluated at each change and each re-certification to determine if he/she continues to be exempt.
FS	26	An able-bodied adult without dependents who is not exempt from the special ABAWD requirements is not eligible to participate in the Food Stamp Program as a member of any household if he/she received food stamps for more than three countable months during a three year period, except that an individual who participates in the FS Program because he/she meets the work/training/workfare requirement but subsequently terminates employment/training/Workfare, can continue participation for a single three consecutive month period within the 36 month period.
FS	27	In Tennessee, currently, three additional months of participation are allowed for non-exempt individuals, using the 15 percent exemptions the state is allowed.
FS	28	In Tennessee, we are currently in a three-year period that began November 1, 2002 and will end October 31, 2005. The next three year period will begin November 1, 2005 and end October 31, 2008.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.2
Able-bodied Adults Without Dependents (ABAWD)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)	
Program Affected: FS	**Users: Caseworkers**

Process:

The Department of Human Services must determine if an individual is to be sanctioned when they do not cooperate with their FS work requirements. This process must be completed for every individual that fails to cooperate with their FS work requirements. Compliance with FS work requirements is determined by the DOLWD when a FS recipient has been registered for work or is participating in an employment / training program.

Sub-Processes:

1. Notify Non-Compliance

   The Department of Human Services will receive notification from the Department of Labor and WorkForce Development when an individual does not cooperate with their work requirements. The notice will include SSN, name and case number. Notification will be received through a system interface file.

   DOL File (Input)
   File Creation Date
   Case Number
   Case Name
   SSN
   Individual ID
   Non-Compliance Activity
   Non-Compliance Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

2. Update Out of Compliance Criteria

   The system shall update individual non-compliance information received from the Department of Labor and WorkForce Development.

   CASE (Input)
   Case Number
   Case Type
   Case Status

   INDIVIDUAL (Input)
   SSN
   Individual ID

   FS WORK COMPLIANCE (Output)
   Non-Compliance Date
   Non-Compliance Activity

3. Determine Contact Made

   The user will attempt to contact the individual in order to determine the reason for non-compliance. The user will record the contact or attempted contact information when attempting to determine non-cooperation.

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

CASE (Input)
Case Number
Case Type
Case Status

FS WORK COMPLIANCE (Output)
Date of Contact
Date(s) of Attempted Contact

4. Determine and Store Good Cause

Based on the information obtained during the contact, the user will enter whether the customer had good cause for failing to comply with their work requirements.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID

FS WORK COMPLIANCE (Output)
Non-Compliance Date
Non-Compliance Activity
Good Cause Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

Good Cause Determination Date
Good Cause Reason

5. Determine Sanction Dates

When the user has indicated that the customer did not have good cause for failing to comply with their FS work requirements, the system shall determine a sanction period. The system shall determine sanction dates for the first available month for every individual who does not comply with their FS work requirements based on business rules. The system shall display the dates.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID

FS WORK COMPLIANCE (Output)
Non-Compliance Date
Non-Compliance Activity
Good Cause Not Found Indicator

SANCTION (Output)
Sanction Type
Sanction Reason
Sanction Occurrence

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

Begin Sanction Date-1st Occurrence
End Sanction Date-1st Occurrence
End Sanction Reason-1st Occurrence
Begin Sanction Date-2nd Occurrence
End Sanction Date-2nd Occurrence
End Sanction Reason-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence
End Sanction Date-Subsequent Occurrence
End Sanction Reason-Subsequent Occurrence

6. Perform “Imposing and Removal of Sanction / Penalty / Disqualification” Process

The system shall perform “Imposing and Removal of Sanction / Penalty / Disqualification” when the individual does not have good cause for failing to cooperate with their work requirements. The user will determine and record the sanction information to be applied.

7. Perform “FS Work Requirement Deregistration” Process

The system shall perform “FS Work Requirement Deregistration” when an individual is being sanctioned for non-compliance with their FS work requirements and the individual must be deregistered from work. The Department of Human Services must notify the Department of Labor and WorkForce Development when an individual must be deregistered. The system shall generate a notice and a file to the Department of Labor and WorkForce Development.

WORK REGISTRATION REFERRALS (Output)
Referral De-Registration Dates for FS Work Requirements
Referral De-Registration Reason Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

8. Create DOLWD Notice and File

When it is determined that good cause exists for non-compliance with work registration requirements, the findings will be sent to DOLWD and the individual will remain registered for work. If the good cause is such that the individual is now exempt, the individual will be deregistered.

CASE (Input)
Case Number
Case Type
Case Status

INDIVIDUAL (Input)
SSN
Individual ID

FS WORK COMPLIANCE (Output)
Non-Compliance Date
Non-Compliance Activity
Good Cause Indicator

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.3 Failure to Comply with Work Registration Requirements (FS Only)

Program Affected: FS	**Users: Caseworkers**

NAME (Input)
Name Type
Case Name
FS Work Deregistration Name
Caseworker Name

ADDRESS (Input)
Address Type
Case Address
County Office Address
County Number

NOTICE (Output)
Notice Type
DOL Notice
Notice Mail Date

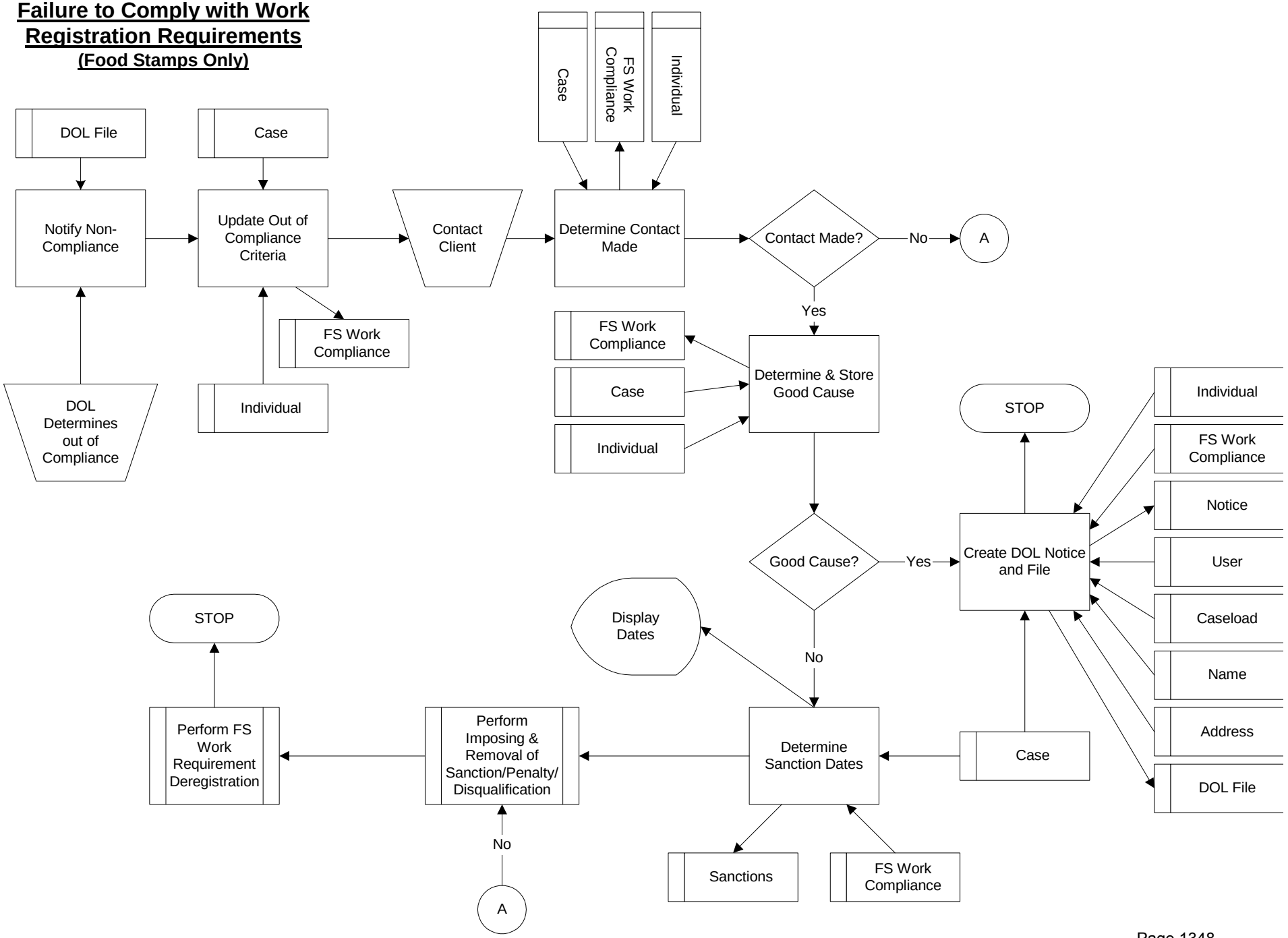
DOL FILE (Output)
File Creation Date
Non-Compliance Date
Non-Compliance Activity
Good Cause Indicator
Good Cause Reason
Good Cause Determination Date
Good Cause Not Found
Sanction Begin Date
Sanction End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	DOLWD will notify the DHS worker when a mandatory food stamp work registrant fails to comply with a component of the Food Stamp Employment and Training Program (FS E&T) administered by DOLWD.
FS	2	DHS will contact the FS household to determine good cause when it learns of non-compliance, from any source, and determines if the individual has failed to comply with a work component.
FS	3	If good cause exists, the appropriate reason for exemption will be determined.
FS	4	If good cause is determined not to exist, the non-compliant household member will be disqualified from program participation.
FS	5	A disqualification period will be set based on whether this is the first, second, third or subsequent non-compliance disqualification for this individual.
FS	6	The disqualification will end when the set period of time has run, or until compliance, whichever is later.
FS	7	DHS will notify DOLWD of the FS good cause and eligibility determination for any individual DOLWD initiated the non-compliance action on.
FS	8	An individual who was registered at the time he/she applied, but was subsequently denied for assistance must be deregistered.
FS	9	An individual who has a work program disqualification or who has been determined ineligible for food stamps must be deregistered.
FS	10	An individual who obtains a job must be deregistered.
FS	11	An individual whose eligibility for Food Stamps Only (FSO) ends must be deregistered.
FS	12	A registered individual who becomes exempt must be deregistered.
FS	13	DHS shall notify DOLWD when an individual is deregistered.
FS	14	When an individual is sanctioned by removal from the FS household, eligibility for the remaining household members must be determined.
FS	15	The income of an individual sanctioned for E & T non-compliance is counted in its entirety to the remaining household members.
FS	16	The resources of an individual sanctioned for E & T non-compliance are counted in their entirety to the remaining household members.
FS	17	If an individual sanctioned for E & T non-compliance pays household expenses that are normally budgeted as deductions for the household, those expenses may continue to be counted as deductions.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.3
Failure to Comply with Work Registration Requirements
(Food Stamps Only)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration	
Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

Food Stamp policy requires each household (case) member who is not otherwise exempt from work registration to register for employment prior to certification and once a year thereafter.

A household member that becomes exempt from work registration, has a work program sanction, fails to comply with work program requirements, obtains a job or leaves assistance must be de-registered from work registration.

Sub-Processes:

1. Determine if Individual Should be De-registered from Work Requirement.

   The user must decide if the individual should be de-registered from the work registration requirement based on the program's business rules. The system shall identify and display the need to de-register the individual whenever possible to determine it is necessary based on case information, to assist the user.

   WORK REQUIREMENT (input)
   Exemption Date for Food Stamp Work Requirements
   Other Reasons that an Eligible Food Stamp Individual will be unable to complete the Work Requirement
   Individual Work Status for Each Food Stamp Individual
   Exempt Work Status for Food Stamp Elderly Individuals (over 60) and Minors (16 or younger)
   Applicable Work Exemption Reason for Eligible Food Stamp Individuals
   Barriers to Completing the Work Requirement for Eligible Food Stamp Individuals

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

CASE (input)
Case Number
Program(s) Requested
Programs Receiving

EMPLOYMENT (input)
Employment Indicator
Number of Hours
Pay Rate
Employment Begin and End Dates

INDIVIDUAL (input)
Date of Birth
County of Residency
Pregnancy Indicator

HOUSEHOLD COMPOSITION (input)
Individuals in Food Stamp Case
Ages of Individuals in Food Stamp Case
Relationships

FAMILIES FIRST ELIGIBILITY (input)
Families First Eligible Indicator
Individual Eligibility Begin and End Dates

DISABILITY / INCAPACITY (input)
Disability Incapacity Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Date
Special Circumstances

UNEARNED INCOME (input)
Unemployment Compensation Indicator
UEC Income Amount
UEC Income Begin and End Dates

SCHOOL ATTENDANCE (input)
School Type
Name
Address
Expected Graduation Date

DATES (input)
Referral Dates for Food Stamp Work Requirements
Referral and Registration Dates for Food Stamp Work Requirements
Referral De-registration Dates for Food Stamp Work Requirements
Dates Food Stamp Assistance Stopped
Date Case was Denied

E & T COUNTY (input)
E & T County Indicator
E & T Begin and End Dates

DOCTOR'S STATEMENT (input)
Doctor's Statement Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Doctor's Statement Date
Date of Release from Doctor's Care

VOCATIONAL REHABILITATION (input)
Type of Vocational Rehabilitation
Begin Date of Vocational Rehabilitation
Expected End Date of Vocational Rehabilitation
End Date of Vocational Rehabilitation

2. Record Reason for De-registration

If it is determined that the individual should be de-registered from the work registration requirement based on the program's business rules, the user must record the reason for the individual's de-registration. If the system identified and displayed the reason to de-register the individual, the user must validate.

WORK REQUIREMENT (input)
Exemption Dates for Food Stamp Work Requirements
Other Reasons that an Eligible Food Stamp Individual will be unable to complete the Work Requirement
Individual Work Status for Each Food Stamp Individual
Exempt Work Status for Food Stamp Elderly Individuals (over 60) and Minors (16 or younger)
Applicable Work Exemption Reason for Eligible Food Stamp Individuals
Barriers to Completing the Work Requirement for Eligible Food Stamp Individuals

CASE (input)
Case Number
Program(s) Requested

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

Programs Receiving

EMPLOYMENT (input)
Employment Indicator
Number of Hours
Pay Rate
Employment Begin and End Dates

INDIVIDUAL (input)
Date of Birth
County of Residency
Pregnancy Indicator

HOUSEHOLD COMPOSITION (input)
Individuals in Food Stamp Case
Ages of Individuals in Food Stamp Case
Relationships

FAMILIES FIRST ELIGIBILITY (input)
Families First Eligible Indicator
Individual Eligibility Begin and End Dates

DISABILITY / INCAPACITY (input)
Disability Incapacity Type
Date
Special Circumstances

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

UNEARNED INCOME (input)
Unemployment Compensation Indicator
UEC Income Amount
UEC Income Begin and End Dates

SCHOOL ATTENDANCE (input)
School Type
Name
Address
Expected Graduation Date

DATES (input)
Referral Dates for Food Stamp Work Requirements
Referral and Registration Dates for Food Stamp Work Requirements
Referral De-registration Dates for Food Stamp Work Requirements
Dates Food Stamp Assistance Stopped
Date Case was Denied

E & T COUNTY (input)
E & T County Indicator
E & T Begin and End Dates

DOCTOR'S STATEMENT (input)
Doctor's Statement Type
Doctor's Statement Date
Date of Release from Doctor's Care

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

VOCATIONAL REHABILITATION (input)
Type of Vocational Rehabilitation
Begin Date of Vocational Rehabilitation
Expected End Date of Vocational Rehabilitation
End Date of Vocational Rehabilitation

3. De-register the Individual

Once the de-registration reason is entered, the system must de-register the individual and a de-registration notice must be transmitted to the Department of Labor and Workforce Development.

CASE (input)
Case Number
Program(s) Requested
Programs Receiving

EMPLOYMENT (input)
Employment Indicator
Number of Hours
Pay Rate
Employment Begin and End Dates

INDIVIDUAL (input)
Date of Birth
County of Residency
Pregnancy Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

HOUSEHOLD COMPOSITION (input)
Individuals in Food Stamp Case
Ages of Individuals in Food Stamp Case
Relationships

FAMILIES FIRST ELIGIBILITY (input)
Families First Eligible Indicator
Individual Eligibility Begin and End Dates

DISABILITY / INCAPACITY (input)
Disability Incapacity Type
Date
Special Circumstances

UNEARNED INCOME (input)
Unemployment Compensation Indicator
UEC Income Amount
UEC Income Begin and End Dates

SCHOOL ATTENDANCE (input)
School Type
Name
Address
Expected Graduation Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

DATES (input)
Referral Dates for Food Stamp Work Requirements
Referral and Registration Dates for Food Stamp Work Requirements
Referral De-registration Dates for Food Stamp Work Requirements
Dates Food Stamp Assistance Stopped
Date Case was Denied

E & T COUNTY (input)
E & T County Indicator
E & T Begin and End Dates

DOCTOR'S STATEMENT (input)
Doctor's Statement Type
Doctor's Statement Date
Date of Release from Doctor's Care

VOCATIONAL REHABILITATION (input)
Type of Vocational Rehabilitation
Begin Date of Vocational Rehabilitation
Expected End Date of Vocational Rehabilitation
End Date of Vocational Rehabilitation

CASE (output)
Update work requirement status

WORK REGISTRATION (output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.4 Food Stamp Work Requirement De-registration

Program Affected: Food Stamps	**Users: Caseworkers, FS1s, Program Supervisors**

De-Registration Reason Code
Date de-registered from work requirements

4. Send Notice to the Department of Labor and Workforce Development

The system must transmit a notice to the Department of Labor and Workforce Development to advise them that the individual must be de-registered.

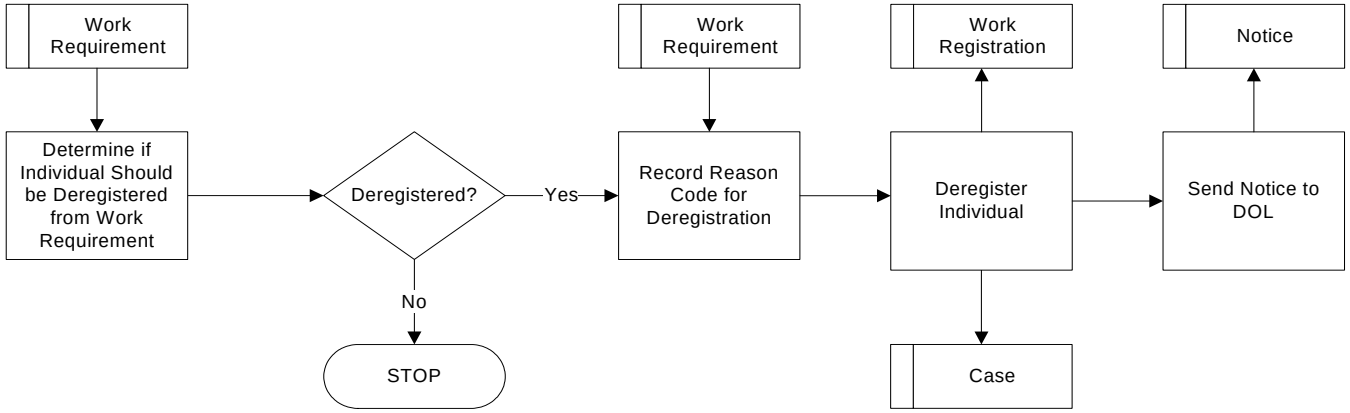
NOTICE (output)
Case Number
Program(s) Requested
Programs Receiving
De-Registration Reason Code
Date de-registered from work requirements

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	DOLWD will notify the DHS worker when a mandatory food stamp work registrant fails to comply with a component of the Food Stamp Employment and Training Program (FS E&T) administered by DOLWD.
FS	2	DHS will contact the FS household to determine good cause when it learns of non-compliance, from any source, and determine if the individual has failed to comply with a work component.
FS	3	If good cause exists, the appropriate reason for exemption will be determined .
FS	4	If good cause is determined not to exist, the non-compliant household member will be disqualified from program participation.
FS	5	A disqualification period will be set based on whether this is the first, second, third or subsequent non-compliance disqualification for this individual.
FS	6	The disqualification will end when the set period of time has run, or until compliance, whichever is later.
FS	7	DHS will notify DOLWD of the FS good cause and eligibility determination for any individual DOLWD initiated the non-compliance action on.
FS	8	An individual who was registered at the time he/she applied, but was subsequently denied for assistance must be de-registered.
FS	9	An individual who has a work program disqualification or who has been determined ineligible for food stamps must be de-registered.
FS	10	An individual who obtains a job must be de-registered.
FS	11	An individual whose eligibility for the FSP ends must be de-registered.
FS	12	A registered individual who becomes exempt must be de-registered.
FS	13	DHS shall notify DOLWD when an individual is de-registered.
FS	14	When an individual is sanctioned by removal from the FS household, eligibility for the remaining household members must be determined.
FS	15	The income of an individual sanctioned for E & T non-compliance is counted in its entirety to the remaining household members.
FS	16	The resources of an individual sanctioned for E & T non-compliance are counted in their entirety to the remaining household members.
FS	17	If an individual sanctioned for E & T non-compliance pays household expenses that are normally budgeted as deductions for the household, those expenses may continue to be counted as deductions.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.4
Food Stamp Work Requirement De-registration



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Process:

This process will determine if the Families First client is required to have a Personal Responsibility Plan and then determine if the PRP needs to include a work activity. If a PRP is required or requested, the process will assist in selecting work activities and support services. If a work activity is not required or requested, only base PRP requirements will be selected. The system must allow revisions to the current PRP, and hold the revised PRP in pending status until signed by the individual. The system must track pending revised PRPs when mailed for signature, and require that the signed copy be returned with a specific time frame. The system shall indicate if the PRP is to cure a FF sanction or a potential FF sanction.

Sub-Processes:

1. Determine if individual is Exempt, Non-Exempt, Non-Interrupt

   The system shall determine which individuals will be required to have a PRP based on program policy. The system shall determine from the case and individual information and data gathered by applying business rules, if the individual is exempt, non-exempt, or non-interrupt from the PRP work requirement.

   PRP (Output)
   PRP Type Code or Indicator

   PRP (Input)
   Work Requirements Indicator
   Number of Hours/Week of additional work activity needed
   Work activities available

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Schedule of Available Work Activities
Content of Available Work Activities
PRP Work Activity Requirements

PROGRAM (Input)
Program Code TANF

RELATIONSHIP(Input)
Relationship Among Case Individuals

SCHOOL ATTENDANCE (Input)
Children's School Attendance Record
Adults Educational Activity
Adults Educational Schedule
Adults Educational Attendance Record

DISABILITY/INCAPACITY (Input)
Adults' incapacity Status Indicator
Adults' Disability Status Indicator
Children's Disability Status Indicator

LIVING ARRANGMENT (Input)
Living Arrangement Codes for Case Individuals

CHILD SUPPORT (Input)
Child Support Cooperation Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

WORK REQUIREMENT (Input)
Work Requirements Compliance Indicator

EMPLOYMENT (Input)
Employer
Number of Hours Per Week Working
Income
Dollars Per Hour Earned
Name of Individual Employed
Self Employment Code
Self Employment Monthly Income
Employment Statue

SANCTIONS (Input)
Sanction Status Indicator

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
Age (Child Under 16 weeks)

WORK STATUS CODE (Output)
Exemption/Interruption

2. Record PRP Agreement Decision

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

After a discussion between the client and user of FF PRP interest and/or requirement, the user will record the PRP agreement decision.

PRP (Output)
PRP Decision
PRP Effective Date
PRP Decision Date

3. Fail TANF

   If the client with or without work activities based on individual circumstance will not agree or will not sign the PRP, the system shall fail the TANF (Families First). Cases that are open at the time of refusal/failure to sign a PRP will require a referral to CSR, and must obtain CSR authorization prior to closure.

   PRP (Input)
   Will to Sign
   Date of Signature

   CASE (Output)
   Status
   Date of Denial
   Denial Reason

4. Determine if Incapacity or Limited PRP Determination Required

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

If the client agrees to sign the PRP, the caseworker shall determine if incapacity was claimed or if the client is only able to participate in the work requirement part time or in specific activities, due to a medical condition or other limiting factors. If incapacity determination is required, the user will determine if a MEU packet must be completed and submitted, or if it can be completed and approved within the county office, if not already initiated. See the 'Incapacity/Disability Determination' process for more information.

PRP (Input)
Incapacity Claimed Indicator
Date Incapacity Claimed

5. Record Verified Incapacity and Limited PRP Decision

If incapacity or limited PRP was claimed and approved, the user will record the required documentation. If incapacity is approved, then the individual will be exempt from a work requirement. If the need for a limited PRP is verified and the individual is able to participate 20 or more hours/week then a work requirement will exist. If the individual is limited to less than 20 hours per week, then their time limits shall be interrupted.

MEDICAL (Input/Output)
Date Dr. Statement Signed
Verified Incapacity Indicator
Free Form Text

PRP (Output)
Limited PRP Verified Date
Date Dr. Statement Signed

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Work Status
Work Hours
Work Activity
Support Services

MEDICAL SOCIAL NARRATIVE (Input)
Text Comments

DISABILITY/INCAPACITY (Input)
Adult's Incapacity Status Indicator

6. Record PRP Requirements

The system or user will record the PRP requirements when a verified incapacity and limited PRP decision is made based on business rules, to determine work requirement; exemption/interruption, or volunteer.

DISABILITY/INCAPACITY (Input)
Incapacity Status Indicator
Limited PRP Indicator

PRP (Output)
PRP Level
Work Requirement
Exemption
Volunteer
Interruption Begin

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Interruption End Dates
Exemption Begin Date
Exemption End Date

7. Derive and Display Activity Options

If a PRP work component is required or is requested by the client, the system shall apply business rules; shall derive; and shall display activity options using employment, education/training, PRP hourly requirement information, and previous PRP work component information if applicable. The display shall include previously started/completed activities as well as options for current PRP.

EDUCATION/TRAINING (Input/Output)
Student Status Indicator
Name of Institution
Credit Hours Taken
Hours Per Week in Class

EMPLOYMENT (Input/Output)
Employer
Number of Hours Per Week Worked
Income
Dollars Per Hour Earned
Name of Individual Employed
Self-Employment Code
Self-Employment Monthly Income

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

PRP (Input/Output)
Required Work Component Hours
Activity
Activity Option
Activity Hours

INDIVIDUAL (Input)
Name
SSN
ID

8. Select Options(s) and Hours by Activity

   The user shall select activity options and hours as per business rules. This selection will be based on other activities in which the client may be involved, and an agreement between the client and user. The system shall track each assessment and activity from date of referral to completion.

   ACTIVITY OPTION (Input)
   Activity Option
   Activity Hours

   CASE (Input)
   Case Number

9. Total and Display PRP Hours/Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

The system shall total all countable activity hours and volunteer hours for each PRP. The system shall display the selected hours by countable and by volunteer typing.

PRP (Input)
Activity
Total PRP Hours

10. Select Work Activity Provider

The user will select and record the provider if appropriate as per business rules for the activity, using the provider table list for that county or other counties as permitted. The system shall associate the provider(s) that is unique to the individual's county and activity code. The user shall not be limited to having to select from the individual's county since the individual may be attending activities in other locations. The system shall utilize drop down boxes to allow the user to select activities and providers. The selected provider will be populated on the PRP for that activity.

PRP (Output)
Provider ID
Contact Name
County
Location of Activity
Start Date
Schedule
Hours

PROVIDER (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Provider Name
Provider Location
Available Service Providers
Start Date of First Activity Available
Schedule of Activity
Hours Per Day Activity Needs

11. Perform 'Appointment Scheduler' Process

Appointment Scheduling will be performed to schedule client's work activity initial appointment with the selected Service Provider. The system shall allow FF Providers to enter their available slots for each activity and allow access to these slots to schedule clients, initiate the client referral and populate the PRP. An individual must have an appointment to begin the activity within the allowable timeframe, as defined by the appropriate business rule(s).

12. Determine if Work Activity Available

The system shall determine if the activity selected is available.

PROVIDER (Input)
Provider Name
Activity
Provider Service Begin Date
Activity Time
Provider Owner Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Provider Phone Number

13. Determine if Support Services Needed

The system with client/user agreement, shall determine based on program rules if the individual is eligible to reach the support service and if support services are required. The system must recognize if the case contains children and if any children are under age 13, or above 13 and disabled to determine child care need. The system must recognize if there is an operational vehicle in the home to determine the type of transportation assistance. All support services must be validated as necessary for PRP compliance by the user rather than system populated or manually recorded. The user may override system populated options, as permitted thru edits.

CASE (Input)
Case No.
Disability Status of Children
Children's Ages

PRP (Input)
Employment Status
Educational Status
Hours Per Week Worked
Hours Per Week in School
PRP Work Activities

RESOURCE (Input)
Vehicle
Transportation Options

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

14. Select Support Services

The user shall select and record the available support service needed by the client. The system shall track each support service from date of service to the completion of the service or case/service closure effective date. The system shall also track support service balances, both available and utilized, for each user, for defined periods of time for eligibility and financial reporting purposes.

PRP (Input/Output)
Support Services Activity
Employment Status
Educational Status
Hours Per Week Worked
Hours Per Week in School
PRP Work Activities
PRP Hours
Support Services Activity Code
Effective Date
Support Service Options
Request for 'First Available' Provider Referral Type
Support Service Requested
Support Service End Reason
Support Service End Date
Inadequate Support Services Indicator
End Date Support Service Not Available
Date Support Service Requested
Amount of Support Service

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Begin Date Support Service Not Available
Support Service Type

15. Select Support Service Provider

The user shall select the appropriate provider from the service provider table list. The selected Service Provider will be auto-populated on the PRP.

PROVIDER (Input/Output)
Provider's Name
Provider Owner Address
Activity Codes of Providers
Provider Service Begin Date
Provider Type
Provider ID

PRP (Input/Output)
Support Services Activity
Employment Status
Educational Status
Hours Per Week Worked
Hours Per Week in School
Household Composition
Activity(ies)
Planned Hours for Each Activity

16. Record Temporary Interruption

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

If there are no support services or work activities available and selected for the client, the system shall record a temporary interruption based on program rules.

TIME COUNTS (Output)
Start Date Interrupt
End Date Interrupt

SUPPORT SERVICES (Input)
Inadequate Support Services Indicator
Request for 'First Available' Provider Referral

PRP (Input/Output)
Work Component Interrupt Indicator
Request for 'First Available' Activity Referral
Activity

17. Select and Record Base PRP Requirements

The system shall determine the base PRP requirements because the base PRP requirements may include compliance with Immunizations, Health Checks, School Attendance and cooperation with Child Support requirements as required by appropriate business rule(s).

PRP (Output)
Immunization
Health Checks

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Children's School Attendance

CASE (Input)
Case Number

INDIVIDUAL (Input)
Name of FF Caretaker
Name of FF Dependents
Age of FF Dependents
ID of FF Dependents

PRP (Input)
Immunization
Health Checks
Children's School Attendance

EDUCATION/TRAINING (Input)
Children's School Attendance Record

18. Record if Client Agreed to PRP

The user will record the PRP agreement after reviewing the base PRP detail. The system shall also display the current and lifetime countable months for the individual in this base PRP detail. Those months of assistance defined as state-only program months shall also be identified and displayed.

PRP (Input/Output)
PRP Agreement Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Date Agreement Obtained

19. Generate PRP

The system shall generate a print of the PRP if the client agreed to the PRP rules. The system shall also permit the option to request a copy of the PRP be mailed to the individual for signature for PRP negotiations over the phone

20. Record Signature and Date Obtained

The user shall manually obtain a signature and record the date. The system shall hold the PRP in pending status until signed by the individual. The system must track pending PRP's when mailed or faxed for signature and require that the signed copy be returned within a specific time frame. The system shall issue the user an alert if the PRP has not been signed within a specific time frame.

PRP (Input/Output)
Personal Responsibility Plan Signature Date

21. Record Child Care Need

If support services are available, the user will determine if child care is needed for the client.

PRP (Output)
Child Care Activity Code
Effective Date
Child Care Need Indicator
Begin Date of Childcare Need

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.5 Personal Responsibility Plan

Program Affected: FF	**Users: Caseworker, Supervisor**

Schedule of Childcare Need

22. Perform 'Child Care Support Service (FF)' Process

If child care is requested, the system shall perform the process 'Child Care Support Service (FF)'.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	To receive Families First cash assistance, all adults and minor caretakers, who are not exempt or interrupted from the work requirement, must participate in a Personal Responsibility Plan that includes a defined number of work and/or work preparation activity hours.
FFP	2	An adult is exempt from the work requirement when the participant has a medically verified disability.
FFP	3	An adult is exempt from the work requirement when the participant proves he/she is needed in the home full-time to care for a disabled child or adult relative who lives in the home.
FFP	4	An adult is exempt from the work requirement when the participant is age sixty or older.
FFP	5	An adult who is an optional assistance group member is exempt from the work requirement when the participant is not included in the assistance group.
FFP	6	An individual shall be exempt from the work requirement when he/she is determined by Vocational Rehabilitation Services to be too disabled to work after attempting to participate in their program.
FFP	7	An individual shall be exempt from the work requirement when he/she is deemed to be incapacitated.
FFP	8	Exempt caretakers who are sixty years of age or older and who are employed may volunteer to participate in work and/or work preparation activities.
FFP	9	Mandatory ineligible aliens who are not included in the grant calculation are not exempt from the work requirement unless they meet other exemption criteria.
FFP	10	Mandatory convicted drug felons (convicted after 8/22/96) who are not included in the grant calculation are not exempt from the work requirement unless they meet other exemption criteria.
FFP	11	Mandatory fleeing felons who are not included in the grant calculation are not exempt from the work requirement unless they meet other exemption criteria.
FFP	12	Mandatory probation/parole violators who are not included in the grant calculation are not exempt from the work requirement unless they meet other exemption criteria.
FFP	13	Mandatory disqualified individuals who are not included in the grant calculation are not exempt from the work requirement unless they meet other exemption criteria.
FFP	14	An individual may have an interruption from the work requirement when the Agency cannot provide the appropriate education or job training services prescribed in the recipient's Personal Responsibility Plan.
FFP	15	An individual may have an interruption from the work requirement when the Agency cannot provide essential child care or transportation assistance necessary to comply with the recipient's Personal Responsibility Plan.
FFP	16	An individual may have an interruption from the work requirement when the individual is a member of a two-parent assistance group and is the caretaker of a newborn less than 16 weeks of age.
FFP	17	A caretaker may have an interruption from the work requirement when the individual is a single parent of a child under the age of one year.
FFP	18	A caretaker may have an interruption from the work requirement when the individual has a temporary incapacity that will prevent participation in a work plan.
FFP	19	A caretaker may have an interruption from the work requirement when he/she is participating in an approved drug/alcohol program.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	20	A caretaker may have an interruption from the work requirement when he/she is a victim of domestic violence who has been, or is currently, involved in an abusive intimate relationship.
FFP	21	An individual may have an interruption from the work requirement if he/she is participating in FSC or VR and the FSC/VR Counselor recommends an interruption.
FFP	22	Interrupted single parents, caring for a child under the age of one year, who are either currently employed or actively participating in a Families First activity, may volunteer to participate in work and/or work preparation activities.
FFP	23	An exempt caretaker in a two-parent assistance group, caring for a child under the age of 16 weeks, may volunteer to participate in work and/or work preparation activities.
FFP	24	Individuals who lose their work requirement exemption/interruptions will be required to have a PRP that includes a work activity.
FFP	25	An individual may participate in fewer than the defined required number of hours if the individual is participating in FSC or VR and has a modified Personal Responsibility Plan that includes a total of 20 hours or less of activities.
FFP	26	An individual may participate in a Limited Personal Responsibility Work Plan if the individual has a temporary impairment that prohibits full participation in a work activity.
FFP	27	The only work requirement for teen parents (18 or 19 years of age) is to stay in school until they graduate from high school or until the class of which they are members when age 18 has graduated from high school.
FFP	28	The caseworker and the Families First participant shall discuss component choices for the Personal Responsibility Plan in detail, to create a realistic and workable Plan.
FFP	29	The caseworker and the Eligibility Specialist shall ensure that the individual has an opportunity to receive a clear explanation of each activity on the Personal Responsibility Plan and how to comply.
FFP	30	Each assistance group adult must agree to sign and comply with the individualized Personal Responsibility Plan.
FFP	31	Each minor parent who is the caretaker of his/her own case must agree to sign and comply with the individualized Personal Responsibility Plan.
FFP	32	If an adult or minor parent who is caretaker of his/her own case refuses to sign the PRP, the entire assistance group will be ineligible for Families First benefits.
FFP	33	If an adult refuses to sign the PRP at application and there is no minor parent in the assistance group, the entire assistance group will be ineligible for Families First benefits.
FFP	34	If an adult refuses to sign the PRP at application and there is a minor parent in the home, the minor parent may be eligible for Families First benefits for him/herself, if the minor parent agrees to sign/comply with a PRP.
FFP	35	If the adult in the assistance group agrees to sign the PRP but the minor parent refuses, the assistance group may still be eligible for Families First benefits.
FFP	36	An individual, whose application has been denied for refusal to sign a PRP, may reapply at any time.
FFP	37	If the adult in an active Families First case refuses to sign a PRP, the assistance group will be closed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

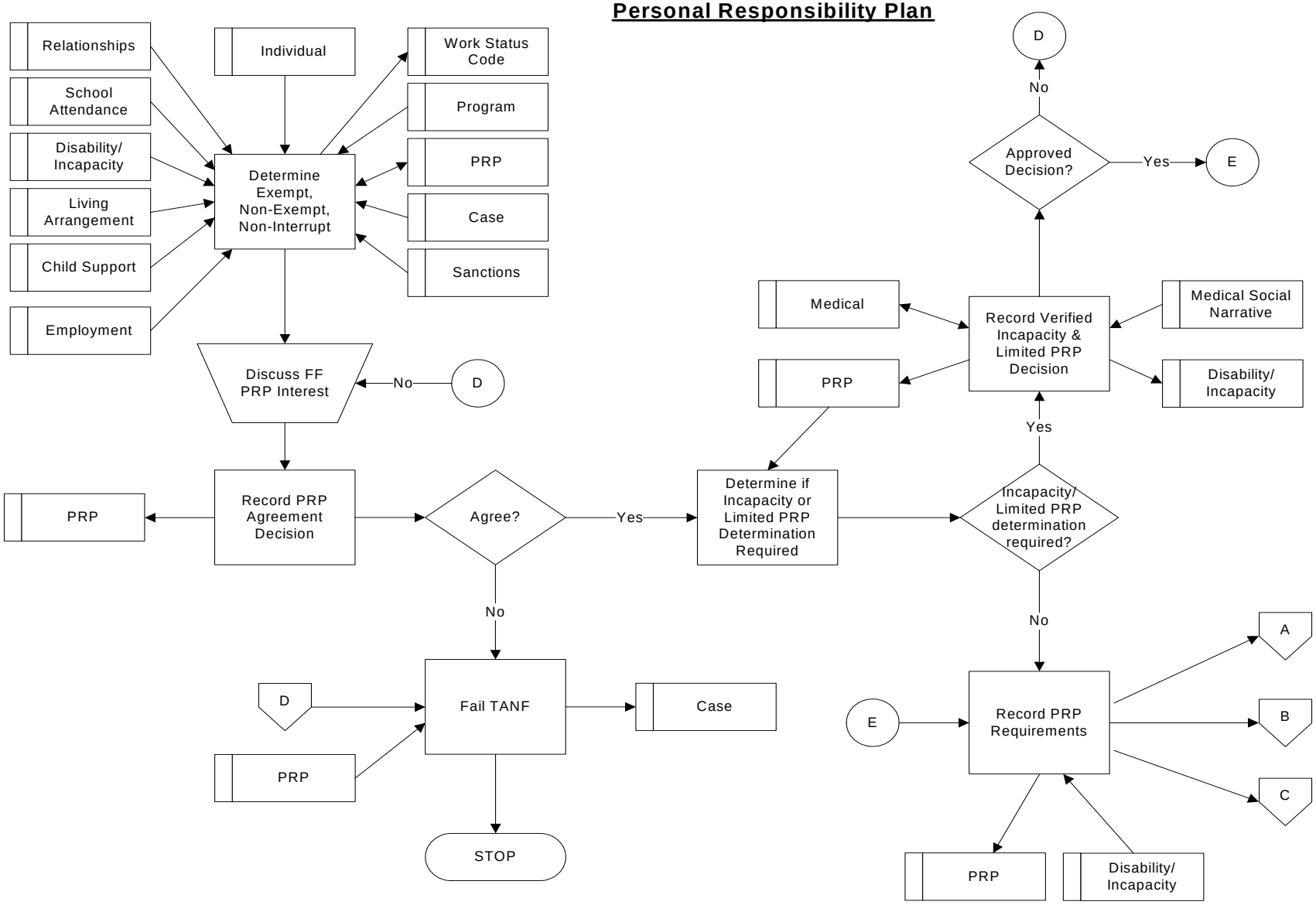
Program Type	Rule Number	Rule
FFP	38	The individualized Personal Responsibility Plan will include an agreement to immunize and get health checks for all assistance group children.
FFP	39	The individualized Personal Responsibility Plan will include an agreement that all assistance group children will attend school, including kindergarten.
FFP	40	The individualized Personal Responsibility Plan may include an agreement that the caretaker will cooperate with Child Support Services to establish paternity, locate the absent parent, and enforce collection of court ordered child support and assignment of child support to the Agency.
FFP	41	The individualized Personal Responsibility Plan may include an agreement that minor parents will enroll in and attend school or an approved alternate educational or training program.
FFP	42	The individualized Personal Responsibility Plan may include an agreement that minor parents will live in the home with parents or another authorized responsible adult.
FFP	43	The individualized Personal Responsibility Plan may include agreed upon work, work preparation, educational or training activities for eligible adults and/or minor caretakers in the assistance group.
FFP	44	The individualized Personal Responsibility Plan may include agreed upon support services and child care for the eligible adults and/or minor caretakers who are participating in work, work preparation educational or training activities.
FFP	45	The caseworker will record the agreed upon Personal Responsibility Plan activities and support services.
FFP	46	The caseworker shall validate claims of temporary impairment that would necessitate a Limited PRP Work Plan.
FFP	47	The caseworker shall record the Limited PRP decision.
FFP	48	The caseworker shall validate claims of incapacity that would necessitate an exemption from the PRP work requirement.
FFP	49	The caseworker shall record the incapacity decision and how it affects the PRP.
FFP	50	The caseworker shall record whether the individual has a PRP with a mandatory work requirement, an exemption/interruption from the work requirement or is exempted/interrupted but has volunteered to participate in a work activity.
FFP	51	A Families First participant may choose a PRP activity from a variety of activity options provided by the Agency
FFP	52	The Families First participant may choose a self-initiated PRP activity.
FFP	53	The Families First participant may choose a combination of Agency-provided and self-initiated PRP activities.
FFP	54	The maximum number of PRP mandatory hours is limited to 40.
FFP	55	The individual may volunteer for activity hours that exceed forty.
FFP	56	The individual may have 1-40 mandatory activity hours on the PRP
FFP	57	The number of PRP activity hours is determined by the type of activity and the individual's ability to participate.
FFP	58	The caseworker will record the PRP activity and the PRP activity hours to which the individual has agreed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	59	The Agency will determine whether the individual's selected PRP activity is available.
FFP	60	The Agency will select the work activity provider based on the activity chosen and whether it is an Agency-provided activity.
FFP	61	If a selected work activity is unavailable, the participant shall select an alternate activity.
FFP	62	If a selected work activity is unavailable, and there is not an appropriate alternate activity, the work requirement shall be interrupted.
FFP	63	The Agency shall obtain the individual's signature to the agreed upon PRP.
FFP	64	The Agency shall record that the individual has signed and agreed to the PRP activities and support services.
FFP	65	The individual shall receive a copy of the signed (and agreed to) PRP activities and support services.
FFP	66	The Agency shall determine if support services are needed to support the PRP.
FFP	67	The Agency shall record whether support services are needed.
FFP	68	The caseworker and participant shall choose support services needed to fulfill the PRP work activities.
FFP	69	The Agency shall determine whether support services are available.
FFP	70	If the Agency cannot provide support services, the individual will be interrupted from the PRP work requirement.
FFP	71	The Support Services shall be recorded on the PRP.
FFP	72	The Agency shall determine if child care services are needed to support the PRP.
FFP	73	The Agency shall record whether child care services are needed.
FFP	74	The caseworker and participant shall choose child care services needed to fulfill the PRP work activities.
FFP	75	The Agency shall determine whether child care is available.
FFP	76	If neither the Agency nor the individual can provide/locate child care services, the individual will be interrupted from the PRP work requirement.
FFP	77	Child care Services shall be recorded on the PRP.
FFP	78	A Third trimester pregnant applicant/recipient with no other children is exempt from the base PRP requirements: to keep assistance group children in school, have them immunized, comply with periodic health checks and cooperate with Child Support Services.
FFP	79	Illegal Aliens are not eligible to be included in the case and are exempt from work requirements, and may not volunteer to participate.
FFP	80	Certain FF cases with one to five individuals, who are exempt from the time limits and work requirements, are eligible for larger FF grant amounts, called differential grants. The following cases will receive differential grants: Child Only Cases, Disabled Caretaker, and Caretakers caring full time for an in-home disabled relative, caretakers over 60 years of age.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

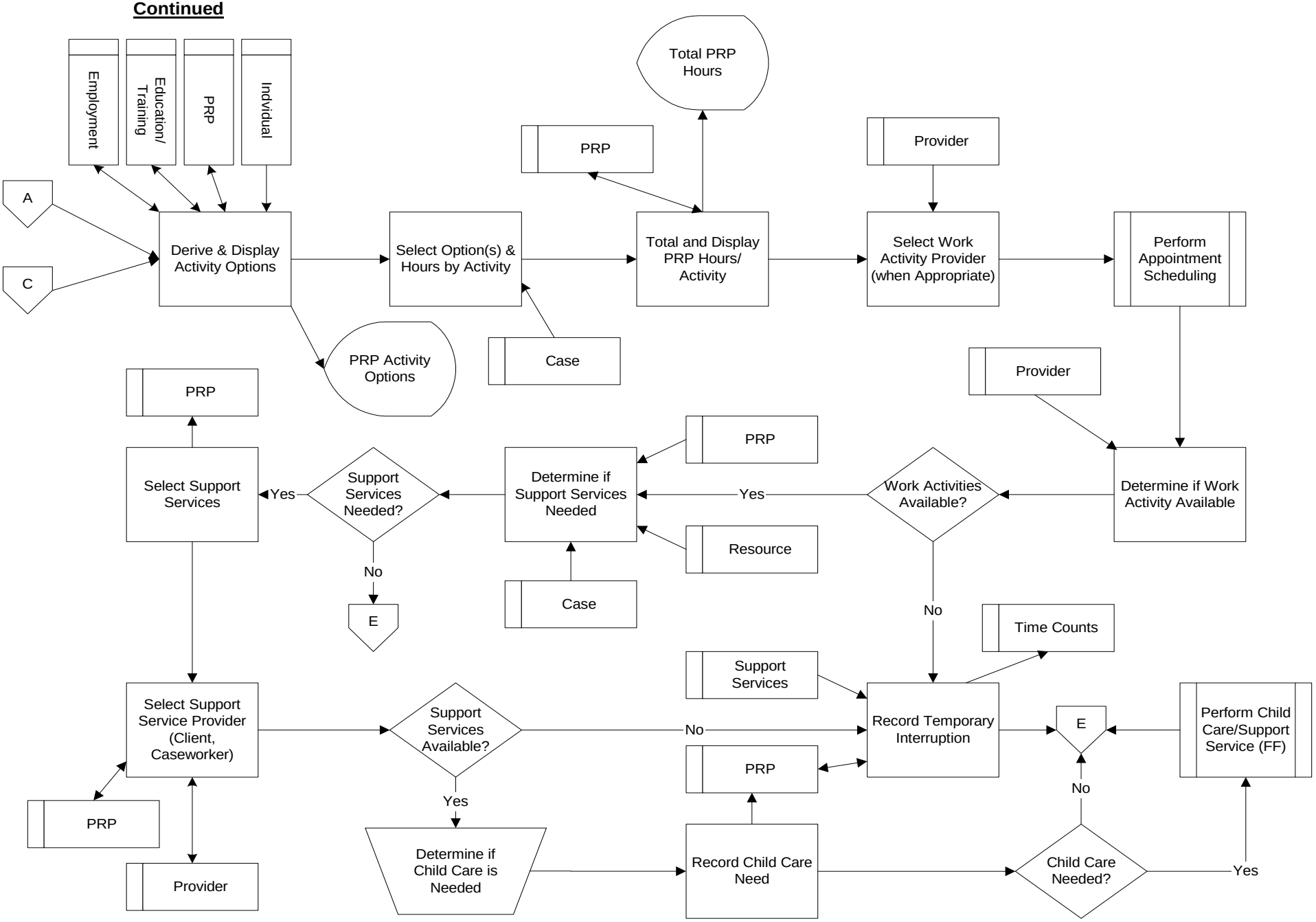
1.4.5
Personal Responsibility Plan



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Personal Responsibility Plan

Continued

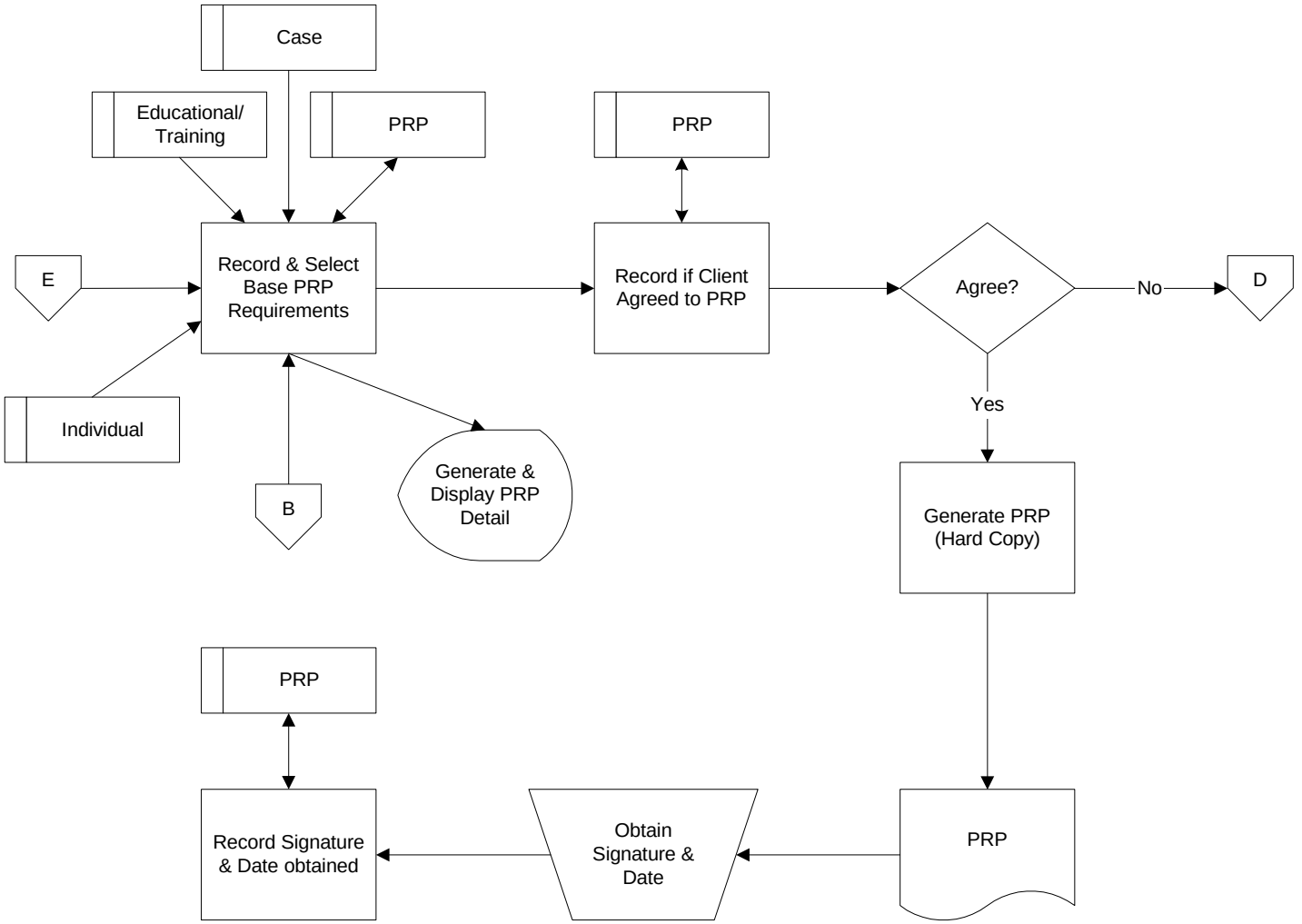


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.5

Personal Responsibility Plan

Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.6 PRP Renegotiation	
Program Affected: FF	**Users: Caseworker, System, Provider**

Process:

This process describes the procedure followed in determining if a PRP Renegotiation is required. A PRP Renegotiation may be required when, activities are completed, there is a change in case or individual circumstances, or when the current activity is no longer available or appropriate, but not limited to the above reasons.

Sub-Processes:

1. Determine if PRP Needs to be Renegotiated

   Based on case conditions, the system will determine if the individual needs a PRP renegotiation, when possible. The caseworker may also determine if a PRP renegotiation is required. If system determined, the user will be alerted.

   PRP (Input)
   PRP Signature Date
   PRP Status
   PRP Level
   PRP Effective Date

   PROVIDER (Input)
   Provider Type
   Provider ID
   Provider ID Extension

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.6 PRP Renegotiation

Program Affected: FF	**Users: Caseworker, System, Provider**

Provider Name
Provider Address
Provider Phone Number

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB

CASE (Input)
Case Number
Case Type
Case Name

ALERT (Output)
Alert Type
Alert Date
Alert Text Message

2. Perform “Appointment Scheduling” Process (Optional)

The PRP may be renegotiated in person, requiring an appointment or may be renegotiated over the phone, with the PRP mailed or faxed, for the signature. The system must be able to retain last signed PRP as valid PRP, while allowing the user to revise the PRP and generate to the client for signature. The renegotiated PRP must be retained as pending until returned for signature. The system must also be able to track the pending PRP and alert the user if a

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.6 PRP Renegotiation

Program Affected: FF	**Users: Caseworker, System, Provider**

signature date is not entered timely to validate the PRP.

3. Perform "Personal Responsibility Plan" Process

   If the individual shows up for the scheduled PRP Renegotiation appointment, then the caseworker will initiate the "Personal Responsibility Plan" process to determine PRP activities for the renegotiated PRP.

4. Determine if Individual Terminated from any Activity

   The system will determine if the individual terminated from an activity.

   PRP (Input)
   PRP Signature Date
   PRP Status
   PRP Level
   PRP Effective Date

5. Create Notice to Provider

   If an activity is terminated, or has ended, the system must generate Provider notification of client termination from their rolls.

   PROVIDER (Input)
   Provider Type
   Provider ID
   Provider ID Extension

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.6 PRP Renegotiation

Program Affected: FF	**Users: Caseworker, System, Provider**

Provider Name
Provider Address
Provider Phone Number

PRP (Input)
PRP Effective Date
PRP Signature Date
PRP Status

NOTICE (Output)
No PRP/ Renegotiation Needed indicator
Effective Date of indicator
Activity termination reason type
Activity termination date

6. Perform “FF CSR Referral for Authorization to Close” Process (Optional)

Failure to renegotiate the PRP or to return the signed copy of the pending, renegotiated PRP may result in a referral to CSR (Customer Service Review) for approval to close the case. If the PRP renegotiation was not mandatory, the previous PRP remains the valid PRP for the individual.

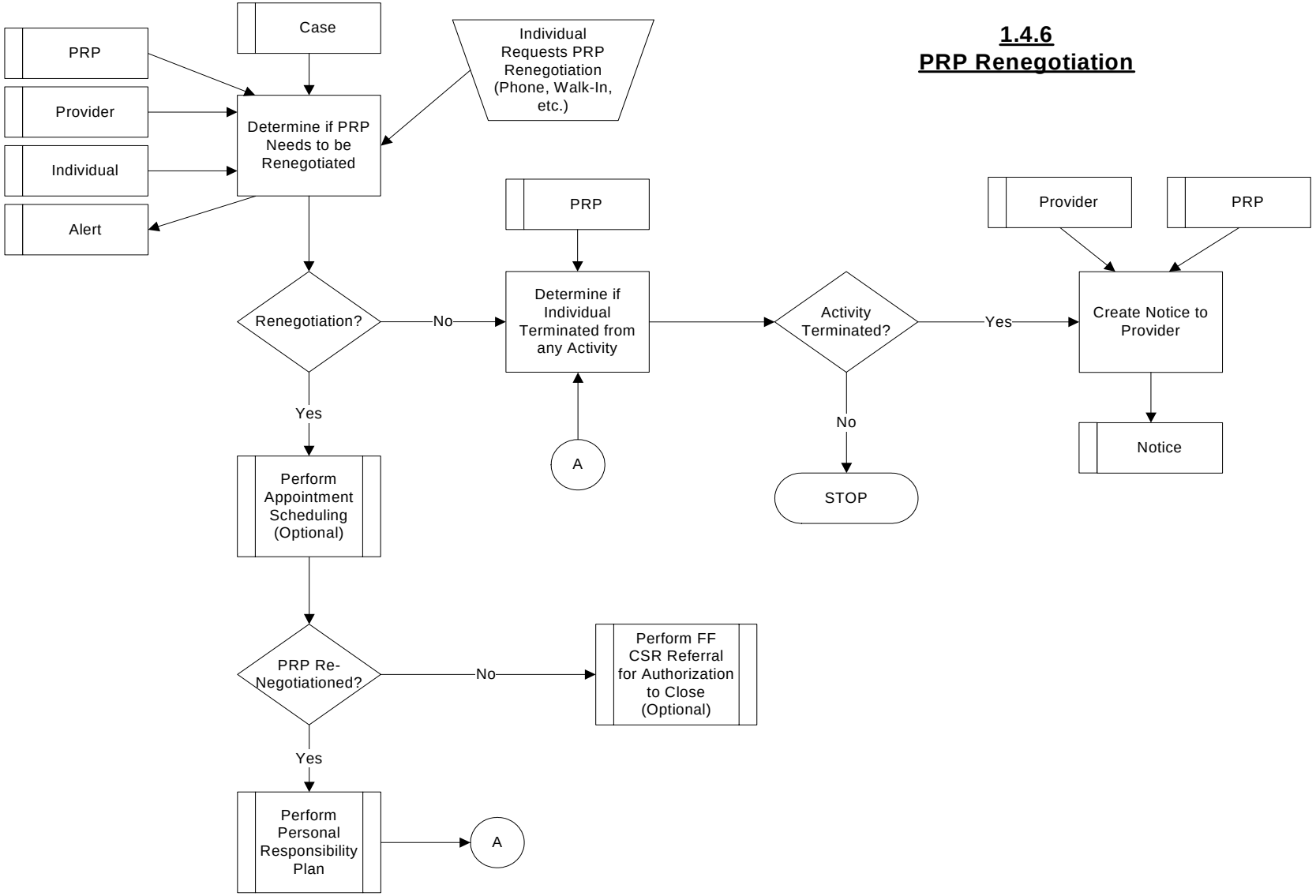
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Renegotiate the PRP when a current PRP activity is completed.
FFP	2	Renegotiate the PRP at each FF 6-month eligibility re-determination review.
FFP	3	Renegotiate the PRP when an interruption begins.
FFP	4	Renegotiate the PRP when an interruption ends.
FFP	5	Renegotiate the PRP when an exemption begins.
FFP	6	Renegotiate the PRP when an exemption ends.
FFP	7	Renegotiate the PRP when a new activity is added.
FFP	8	Renegotiate the PRP when support services are added.
FFP	9	Renegotiate the PRP when support services are ended.
FFP	10	Renegotiate the PRP when an activity is no longer available.
FFP	11	Renegotiate the PRP when a temporary impairment necessitates a limited PRP work plan.
FFP	12	Renegotiate the PRP at the 54th month of the 60-month lifetime limit.
FFP	13	Renegotiate the PRP when the participant progresses to the next AE literacy level in both reading and math.
FFP	14	Renegotiate the PRP when the activity is determined unsuitable.
FFP	15	Renegotiate the PRP when the individual requests Family Services Counseling.
FFP	16	Renegotiate the PRP when the individual requests Vocational Rehabilitation.
FFP	17	Renegotiate the PRP when FSC suggests a modified work plan.
FFP	18	Renegotiate the PRP when an individual who has tested below 9th grade in either math or reading requests AE as his/her component.
FFP	19	Renegotiate the PRP when an individual passes the GED.
FFP	20	Renegotiate the PRP when an individual goes to work, unless the case is closing.
FFP	21	Renegotiate the PRP when the number of activity hours changes, even if the activity remains the same.
FFP	22	Do not renegotiate the PRP when an individual is completing a two-week compliance period in the same activity for which he/she was sanctioned.
FFP	23	Renegotiate the PRP when an individual is completing a two-week compliance period in the same activity for which he/she was sanctioned **if** support services are being added or changed.
FFP	24	The FF caseworker will notify the FF Provider when a FF activity is terminated.
FFP	25	A PRP renegotiation is not required for an individual to return to an activity that is already on their PRP following a period of absence or non-compliance.
FFP	26	A PRP renegotiation may not result in any changes to activities and/or support services, but may be only obtainment of a signature and signature date.
FFS	27	The PRP will be renegotiated whenever the participant's support services needs changes.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	28	The PRP will be renegotiated whenever the participant's support services are no longer available or appropriate.
FFS	29	The FF service provider must be notified of changes to the PRP as a result of the PRP renegotiation.
FFS	30	The PRP will need to be renegotiated if the service provider is unable to provide the required support service to address the participant's need.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS	
Program Affected: FF	**Users: Caseworker, Supervisor**

Process:

This process describes the STEPS (Steps To Encourage Personal Success) procedures followed when a Families First client reaches 54 countable months of Families First benefits. Since Families First has a 60 countable month limit, the STEPS program is designed to assist the client in achieving self sufficiency by the 60th month.

Sub-Processes:

1. Determine if FF Case Greater Than or Equal to 53 Months

   The system shall determine from the time count if the FF case is greater than or equal to 53 months.

   CASE (Input)
   Case Number
   Case Type
   Status

   TIME COUNT (Input)
   Last Time Count Updated
   Countable Months

   PRP (Input)
   Work Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

EMPLOYMENT (Input)
Hours Per Week Worked
Pay Rate Per Hour

USER (Input)
Provider ID

2. Worker Receives Alert to Validate Time Count

   When the system determines by evaluating case, case status, current time counts, PRP, employment, and user information, that the Families First case time count is approaching or equal to 54 months, the system shall alert the worker. This is the worker's prompt that the case's time count needs to be reviewed.

   ALERT (Output)
   Case Number
   Case Status
   Individual Name
   Individual ID
   Time Count
   Last Date Time Count Updated

   USER (Input)
   Provider ID

3. Record Worker Time Count Approval Decision

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

The worker will manually review the time count and record the time count decision for approval. If any adjustments need to be made, the time count will be updated at the time of the review. If the number of countable months is reduced, the STEPS process is stopped and will begin again when case approaches 54th month. If the number of countable months remains the same or is increased, the caseworker indicates approval of the time count. Upon completion, the supervisor must review worker review and any suggested time count revisions, and record approval/denial, if the countable months equal 54 or greater.

TIME COUNT (Output)
Previous Time Count
Adjusted Time Count
Time Count Approval Decision
Date Time Count Adjusted
Date of Time Count Adjustments
Case Number
Individual Name
Individual ID

4. Generate Supervisor Alert

If the time count recorded by the worker is equal to or greater than 54 countable months the system shall generate an alert to the designated supervisor to grant or deny approval of the time count.

ALERT (Output)
Time Count Approval Decision
Date of Time Count Approval Decision
Current Time Count
Date Time Count Adjusted

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

Time Count Adjustments
Case Number
Case Type
Individual Name
Individual ID

5. Record Supervisor Approval Decision

   The user shall record the approval decision. The decision may be in concurrence with the time count or request that changes be made to the time count.

   TIME COUNT (Output)
   Time Count Approval Decision
   Date of Approval Decision
   Time Count
   Case Number
   Case Status

6. Perform 'Appointment Scheduler' Process

   If the supervisor approves the time count or the worker has adjusted the time count per management requests, and if the system determines that the time count is 54 months or higher, an appointment is scheduled for client and staff who participate in STEPS to perform a staffing.

7. Generate STEP Staffing Appointment Notice and Pre-Staffing Form

   The system shall generate the appropriate notices to the client for staffing appointments and pre-staffing

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

forms to all attending personnel. The notices shall include time, date and location of appointment and goals for the meeting.

NOTICE (Output)
Case Number
Case Status
Client's Name
Client's ID
Names of Staffing Individuals
Appointment Date
Appointment Time
Appointment Location
Client's Mailing Address

8. Perform 'Worker Notification of Scheduled Appointment and Log-in' Process

   The client shall be logged-in for the appointment when they arrive. If the client fails to attend the staffing, that will be documented.

9. Record Staffing Results

   The system shall record the staffing results. Any goals or other decisions reached in the STEPS staffing shall be recorded.

   STAFFING (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

Case Number
Case Status
Individual Name
Individual ID
Individual Mailing Address
Staffing Meeting Results
Names of Staffing Individuals Attending
Current PRP Activities
New PRP Activities

10. Generate Staffing Results Notice

The system shall generate the staffing results notice to all attending personnel and client. The notice shall clearly outline any requirements that were established for the client in the meeting. System users shall be notified by e-mail.

NOTICE (Output)
Case Number
Case Status
Individual Name
Individual ID
Client Mailing Address
Staffing Meeting Results
Names of Staffing Individuals Attending
Current PRP Activities
New PRP Activities

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

11. Determine if PRP is to be Renegotiated

    One of the results of the staffing meeting is that the PRP needs to be renegotiated.

12. Perform 'Appointment Scheduler' Process (Optional)

    If it is determined that the client's PRP needs to be renegotiated, an appointment may be scheduled using the reusable appointment scheduling process or the user may contact the client and renegotiate the PRP over the phone. The renegotiation may have been completed at the conclusion of the STEP staffing if the client was present.

13. Generate Notice of Appointment (Optional)

    The system shall generate the scheduling notice to the client informing him/her of appointment date and time.

    NOTICE (Output)
    Case Number
    Case Status
    Individual Name
    Individual ID
    Individual Mailing Address
    Appointment Date
    Appointment Time
    Appointment Location

14. Generate STEP Staffing Alert to Users

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS	
Program Affected: FF	**Users: Caseworker, Supervisor**

If the staffing results do not require a PRP appointment because the PRP was renegotiated at the staffing, the system shall generate the STEPS staffing alert to the appropriate users. (1) The STEPS coordinator will need an alert so that he/she can contact the individual within 5 days and monthly when the counter is between 54-60 months, if agreeable to the individual; (2) the ECS may contact monthly 54>60; (3) the caseworker will contact monthly 54 – 60.

ALERT (Output)
Individual's Name
Case Number
Case Address
County
Case Type
User ID
STEPS Coordinator
ECS staff
Alert Type
Alert Date
Time Count

USER (Input)
User ID
Case Number

15. Record Contact Attempts by the Above Staff

The user shall record the contact attempts to the client.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.7 STEPS

Program Affected: FF	**Users: Caseworker, Supervisor**

CONTACT ATTEMPTS (Output)
Contact Attempted Indicator
Date Contact Attempted
Time Contact Attempted
User ID
Client ID Attempted Contact
Type of Contact
Contact Results Narrative

INDIVIDUAL (Input)
Name
Client ID
Case Number
Phone Number
Address
Email Address
Fax Number

PRP (Input)
Number of Countable Months
Activity
FSC Contact Agreeable Indicator

16. Worker Adjusts Time Count Per Supervisor Request

If supervisor does not approve of or concur with the time count, adjustments will be requested. The

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.7 STEPS	
Program Affected: FF	**Users: Caseworker, Supervisor**

caseworker will make manual adjustments to the time count specific to the month and reason for adjustment.

17. Determine if Time Count Greater Than or Equal to 54 Months

    After adjustments are made to the time count by the case worker, the system will determine if the countable months are still equal to or greater than 54. If they are, the STEPS process will continue. If the countable months are less than 54, the STEPS process will stop.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	An alert must be sent to the case worker when the time count for a FF case is at 54 months.
FFP	2	The alert must give the case number and the open/close status.
FFP	3	The alert must give the client's name and ID.
FFP	4	The alert must give the time count.
FFP	5	The alert must give the effective date of the time count.
FFP	6	A notice must be generated when a staffing appointment for STEPS is set.
FFP	7	The notice must include the case number and open/close status of the case.
FFP	8	The notice must include the time count for the case.
FFP	9	The notice must include the client's name and ID.
FFP	10	The notice must include the names of individuals invited to the meeting.
FFP	11	The notice must include the date, time, and location of the meeting.
FFP	12	The notice must be sent to all individuals invited to the meeting.
FFP	13	The notice must be sent in time to be received at least 7 days before the appointment.
FFP	14	A management alert must be generated when the caseworker approves the time count at 54 months.
FFP	15	The alert must be sent to the manager selected by the caseworker.
FFP	16	The alert must request review/approval of the time count.
FFP	17	The alert must include the case number and open/close status of the case.
FFP	18	The alert must include a "respond by" date.
FFP	19	A notice must be generated after the STEPS staffing meeting to provide the results.
FFP	20	The notice must be sent to the work addresses of the staffing individuals except for the client.
FFP	21	The notice must be sent to the mailing address of the client.
FFP	22	The notice must summarize the results of the STEPS staffing meeting.
FFP	23	The notice must provide clear requirements that have been established for the client.
FFP	24	The notice must provide "respond by" dates for the client.
FFP	25	A notice must be generated when an appointment is scheduled for the client.
FFP	26	The notice must be mailed to the mailing address listed in the case.
FFP	27	The notice must be sent timely to be received at least 7 days before the appointment.
FFP	28	The notice must include the time, date, and location of the appointment.
FFP	29	The notice must state the purpose of the appointment.
FFP	30	The notice must include instructions to the client in case the appointment time needs to be changed.
FFP	31	The caseworker's name and phone number must be included in the notice.
FFS	32	The STEPS program is designed to assist participants in reaching their goals prior to the sixtieth month of the lifetime limit of months receiving Families First cash assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	33	STEPS involve intensive case management procedures beginning with the fifty-fourth month of the lifetime count receiving Families First cash assistance.
FFS	34	A STEPS case staffing meeting must take place no later than the twentieth day of the fifty-fourth month to initiate the intensive case management process.
FFS	35	The case staffing meeting may be attended by the participant, DHS caseworker, FS1, STEPS Coordinator, Employment Career Services Counselor, Case Management Assistant, Family Services Counseling Counselor and any contract providers involved with the participant.
FFS	36	The ECS Counselor may be involved with regular ECS activities or ECS Plus activities.
FFS	37	A staffing without the DHS caseworker, STEPS Coordinator, and ECS will not be considered valid.
FFS	38	If the participant does not attend the staffing, the staffing may be completed without him/her.
FFS	39	The STEPS Coordinator will facilitate the staffing activities.
FFS	40	The ECS will complete a Career Assessment if one has not been done within the last two years.
FFS	41	The ECS will present the results of Career Assessment at the staffing using the Career Assessment Summary Report.
FFS	42	During the staffing an action plan will be developed to ensure that appropriate steps are being taken to assist the client in obtaining employment.
FFS	43	Once a participant has reached the fifty-fourth month ECS must be added to the PRP as a work component activity.
FFS	44	The ECS Counselor will at a minimum have monthly contact with the participant after the staffing.
FFS	45	The ECS Counselor will complete the ECS Monthly Follow-Up Report to Caseworker to inform DHS of the participant's progress as long as the PRP ECS activity is mandatory.
FFS	46	The STEPS Coordinator will at a minimum have monthly contact with the participant after the staffing if the coordinator and the individual agree on the contacts.
FFS	47	Individuals who have reached the fifty-fourth month and are participating in ECS on a voluntary basis may continue in ECS as along as the ECS Counselor and participant agree that it is necessary.
FFS	48	Failure of the ECS Counselor to make monthly contacts with the participant following the staffing meeting may result in the subsequent being non-countable.
FFS	49	Failure of the STEPS Coordinator to make monthly contacts with the participant following the staffing meeting will result in the subsequent month being non-countable if an agreement was reached between the individual and the STEPS coordinator for the contacts were to be made.
FFP	50	The Steps To Encourage Personal Success Program requires that intensive case management procedures begin with the 54^{th} month of the FF lifetime count for participants who are not exempt or interrupted from the work requirement/time limits.
FFP	51	The FF caseworker will be alerted prior to or when the lifetime count reaches 54 months.
FFP	52	The STEPS Program will identify existing obstacles to employment or self-sufficiency.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	53	The STEPS Program will provide opportunities to help the individual resolve obstacles to self-sufficiency.
FFP	54	The STEPS Program will help the individual attain full-time employment before reaching his/her lifetime limit.
FFP	55	A complete time count review will be completed by the end of the first week of the 54th month for all eligible months back to the last valid time count.
FFP	56	The last valid time count is defined as the last time count prior to a time limits closure that was approved by the county and CSR.
FFP	57	The time count review must be reviewed and approved by the District Director or a Program Supervisor.
FFP	58	The time count results must be recorded.
FFP	59	Dates of previous Career Assessments will be available for access.
FFP	60	If possible, a Career Assessment will be completed prior to the STEPS staffing, if one has not been done in the last two years.
FFP	61	If a Career Assessment cannot be done prior to the staffing date, include ECS as a PRP activity during the staffing.
FFP	62	The STEPS Program is applied to each parent separately in two parent households.
FFP	63	Complete a STEPS case staffing by the 20th day of the 54th month.
FFP	64	The FS1, caseworker, or Eligibility Assistant is responsible for initiating the case staffing after the time count review.
FFP	65	The FS1, caseworker, or Eligibility Assistant will set up a staffing time and date.
FFP	66	The STEPS staffing time and date will be recorded.
FFP	67	The FS1, caseworker, or Eligibility Assistant will send a STEPS Staffing Notice to the individual.
FFP	68	The STEPS staffing notice to the FF individual will be recorded.
FFP	69	The FS1, caseworker, or Eligibility Assistant will email all personnel who are to attend regarding the date, time, and location of the staffing.
FFP	70	The FS1, caseworker, or Eligibility Assistant will send all attending personnel a STEPS Pre-Staffing Form.
FFP	71	The FF individual, caseworker, FS1, STEPS Coordinator, Employment Counseling Specialist, Eligibility Assistant, and other current providers should attend the STEPS staffing.
FFP	72	A STEPS staffing is not valid unless the caseworker, STEPS Coordinator, and Employment Counseling Specialist are present.
FFP	73	It is not mandatory for the FF individual to attend the STEPS staffing.
FFP	74	Reschedule the staffing date within five days of the original date if the FF individual contacts the caseworker stating that he/she cannot attend.
FFP	75	Record the new STEPS staffing date.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	76	The rescheduled STEPS staffing date may be after the 20th of the 54th month, but must be completed during the 54th month.
FFP	77	The Agency may provide transportation to the staffing.
FFP	78	If a staffing is being completed after the 54th month, the FF time clock will be stopped until a valid staffing has been completed, unless the delay is due to the FF individual's request.
FFP	79	The Personal Responsibility Plan will be renegotiated at the STEPS staffing.
FFP	80	Send the STEPS PRP Renegotiation Notice to the FF individual if he/she does not attend the staffing.
FFP	81	Record that the STEPS PRP Renegotiation Notice was sent.
FFP	82	The STEPS renegotiated PRP must include a minimum of five mandatory hours of ECS/ECS Plus unless the FF individual is working 40 hours.
FFP	83	If the FF individual is working 40 hours, he/she will be encouraged to add voluntary ECS/ECS Plus to the PRP.
FFP	84	The STEPS renegotiated PRP must include a minimum of five mandatory hours of ECS/ECS Plus unless the participant is in a VR or FSC Modified Work Plan and the FSC or VR Counselor does not want ECS to be a part of the plan.
FFP	85	The STEPS renegotiated PRP must include only activities that will lead to full-time work.
FFP	86	The STEPS renegotiated PRP must include only activities that are industry or employer specific except that one Work Prep class will be allowed during this period as long as the Work Prep class does not exceed three months.
FFP	87	The STEPS renegotiated PRP must include only activities that are industry or employer specific except that one Job Skills class will be allowed during this period as long as the Job Skills class does not exceed six months.
FFP	88	If a FF individual is currently enrolled in a Work Prep class at the 54th month, the class will count as the one allowable Work Prep activity and the individual will be allowed to continue the activity through the end of the training segment.
FFP	89	If a FF individual is currently enrolled in a Job Skills class at the 54th month, the class will count as the one allowable Job Skills activity and the individual will be allowed to continue the activity through the end of the training segment.
FFP	90	The STEPS renegotiated PRP must include only activities that are industry or employer specific unless the FF individual is in a VR or FSC Modified Work Plan
FFP	91	The STEPS renegotiated PRP must include only activities that can be completed by the 60th month unless the Program Supervisor approves an activity that will exceed the 60th month.
FFP	92	The STEPS renegotiated PRP must include only activities that can be completed by the 60th month unless the individual is already in a training course at month 54 that will not be completed by the 60th month.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	93	If the FF individual is already in a training course at month 54 that will not be completed by the 60th month, the individual may complete the training segment.
FFP	94	A training segment is defined as a designated period of time with no breaks or re-registration required.
FFP	95	The STEPS Coordinator will contact the FF individual within five calendar days after the STEPS staffing to offer ongoing support.
FFP	96	The STEPS Coordinator will complete the STEPS Coordinator Initial Report to Caseworker form within five calendar days after the STEPS staffing.
FFP	97	The STEPS Coordinator will contact the FF individual each month after the 54th month or as long as the Coordinator and the FF individual agree the contact is necessary.
FFP	98	The STEPS Coordinator will report the results of his/her contact to the caseworker via the STEPS Coordinator Monthly Follow-up Report to the Caseworker form.
FFP	99	The FF caseworker will document the results of the monthly STEPS Coordinator contacts.
FFP	100	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss continued access to Medicaid.
FFP	101	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss continued access to food stamps.
FFP	102	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss continued access to child care.
FFP	103	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss the number of Families First months remaining.
FFP	104	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss the advantages of banking Families First months.
FFP	105	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss the current PRP activities and goals.
FFP	106	The FF caseworker will make one STEPS contact with the FF individual each month from the 54th month onward to discuss any potential interruption/exemption situations that may exist.
FFP	107	The FF caseworker will attempt two phone calls and/or personal contact attempts on separate days, each month from the 54th month onward.
FFP	108	If the FF individual cannot be reached by phone in any of the months following the STEPS staffing, the caseworker will mail the FF individual a STEPS Monthly Reminder Notice.
FFP	109	The FF caseworker will document the results of his/her monthly contacts.
FFP	110	Failure of the caseworker to make monthly STEPS contacts can cause the months to be non-countable.
FFP	111	When a FF case has been closed for 60 days or more and the individual reapplies, a new STEPS staffing is required within 30 days following case approval.
FFP	112	The STEPS procedures will be required for any applicant applying during the 54th-60th months whose

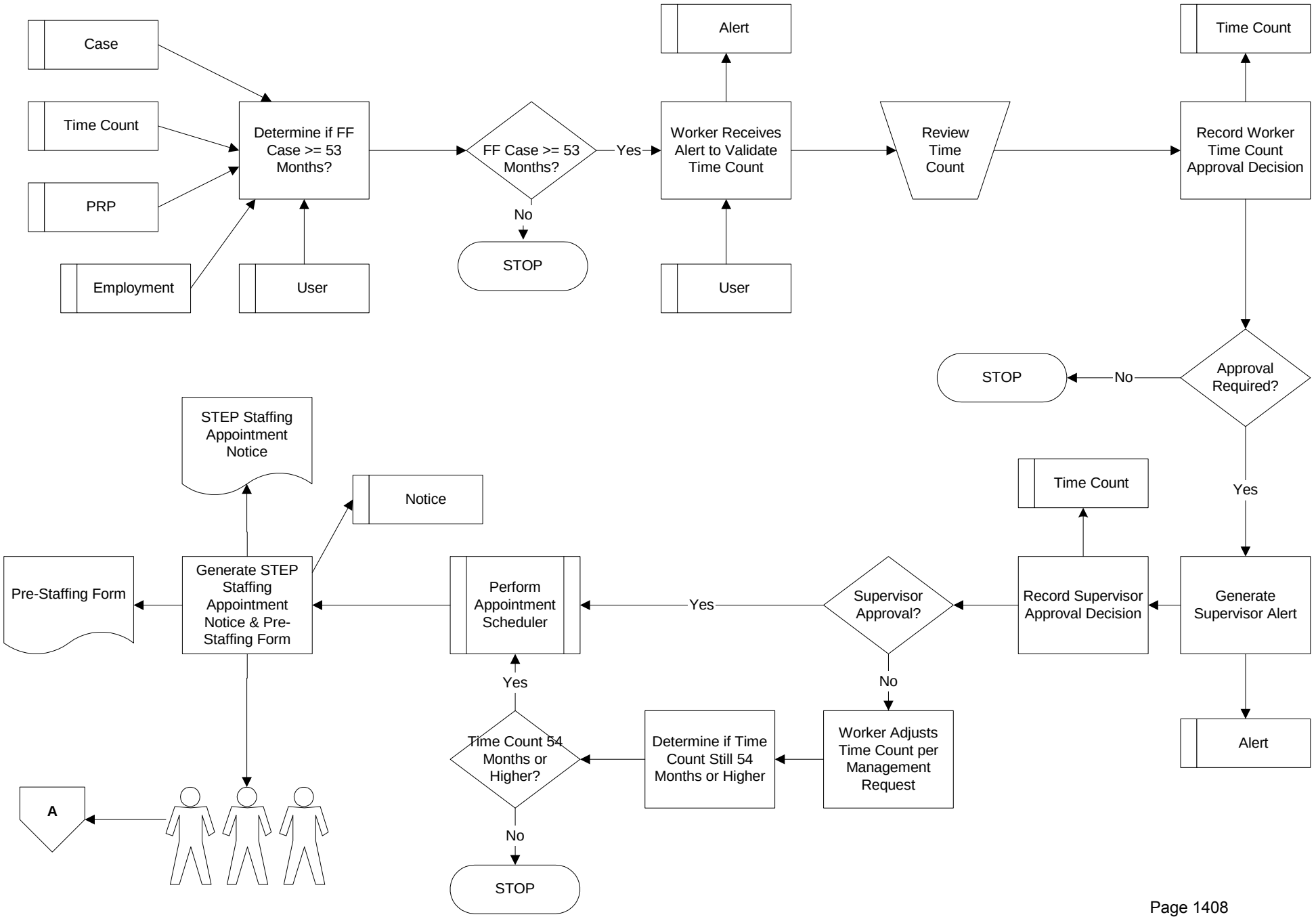
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		case was previously closed prior to the implementation of the STEPS policy (effective May 1, 2002).
FFP	113	FF assistance groups that are eligible for an exemption or interruption after the 54th month that lasts more than 90 days will be subject to another STEPS staffing when the exemption/interruption ends.
FFP	114	When an assistance group re-enters FF due to good cause after a 60-month period of eligibility, complete a STEPS staffing within 30 days following approval, if one has not been done within the last 60 days.
FFP	115	When an assistance group re-enters FF due to good cause after a 60-month period of eligibility, the case will be subject to the STEPS procedures.
FFP	116	When an assistance group re-enters FF due to good cause after a 60-month period of eligibility and is subject to STEPS procedures, monthly contacts are optional.
FFP	117	Even though an FSC agent may act as the STEPS coordinator, it is not a requirement that FSC be an activity on the PRP.
FFP	118	The STEPS coordinator is not active in the role of FSC during the STEPS process.
FFP	119	The time count will be stopped if a valid staffing has not been completed after the 54th month (due to agency).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

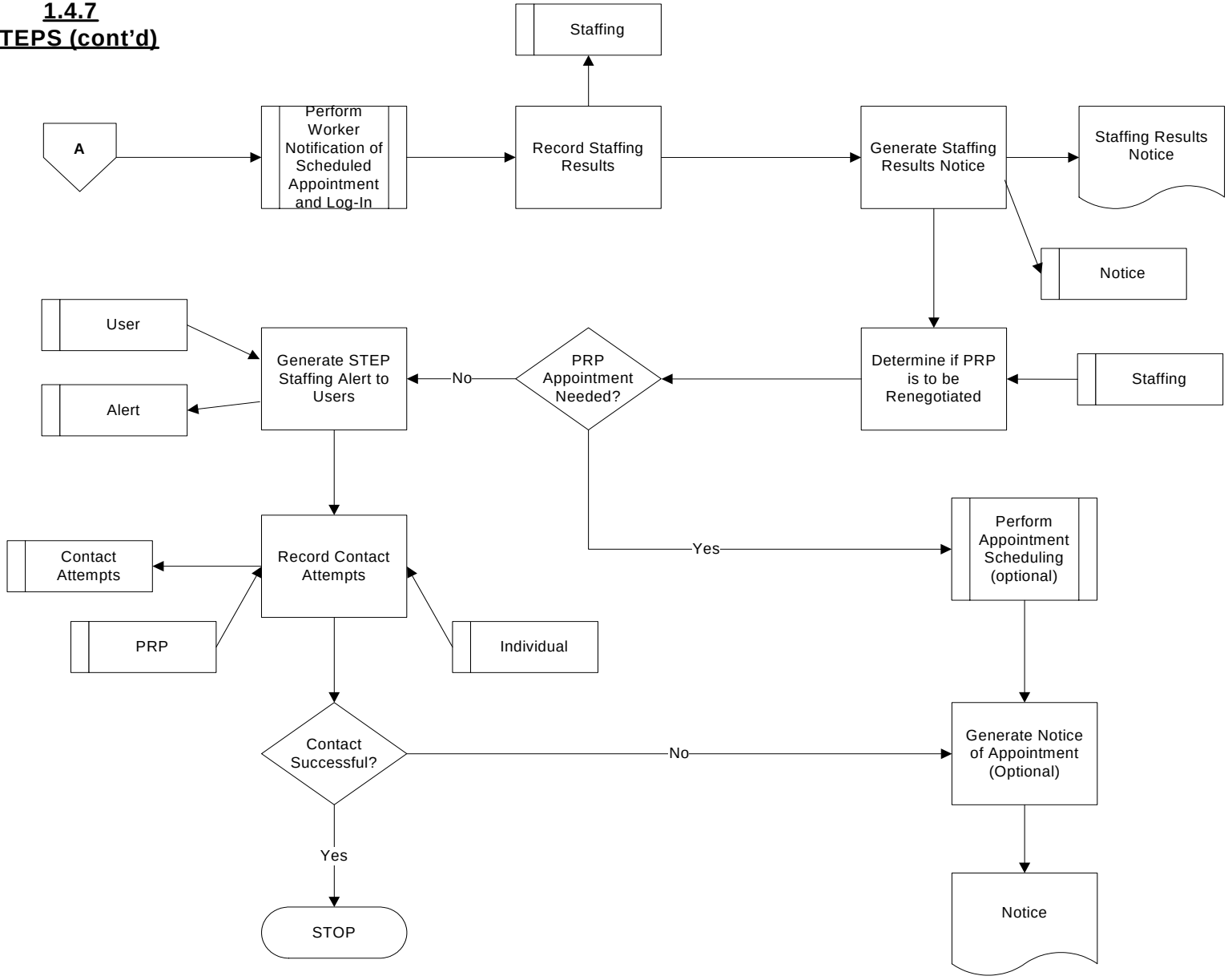
1.4.7

STEPS



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.7
STEPS (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation	
Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Process:

The system must support a conciliation process, requiring the conciliation process to be completed prior to a case being closed for specific reasons. This process describes the procedures to be followed when a Families First case is determined to be out of compliance with their PRP. Such a case may be referred to the Customer Service Review unit for conciliation. If conciliation is not successful, the CSR staff may authorize the case for closure. The system shall ensure the prior steps in the process are completed and documented before allowing the user to proceed to the next step in the process. The system shall allow different users to perform only the conciliation portion of the flow, while not requiring closure authorization approval prior to actual case authorization of the closure, as permitted by rule. The system shall allow CSR requirements and tracking to be implemented or terminated for all or a specific portion of the caseload, as they apply to both conciliation and non-conciliation CSR reviews.

Sub-Processes:

1. Determine and Record if Client is Compliant

   The system will record a compliant status code on an individual based on input from the provider. The system shall have the ability to track FF client's activity, progress and attendance for compliance purposes. The system shall support a receipt of provider feedback.

   PRP (Output)
   Compliance Reason
   Date of Non-Compliance
   Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Non-Compliant Indicator

PROVIDER (Input)
Individual Name
Individual ID
Activity
Compliance Reason
Date of Non-Compliance
Provider Name
Provider Phone

2. Alert DHS Worker

If the individual is not compliant as recorded by the Provider, the system shall generate a non-compliant alert to the specified worker of the non-compliance of the individual.

ALERT (Output)
Client Id
Non-Compliant Indicator
Date of Non-Compliance
Non-Compliant Reason
Case Number
Individual Name

USER (Input)
User ID
User Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

CASE (Input)
Case Number
User ID

3. Record Contact Attempts

   Upon receipt of an alert, the county worker will attempt a phone contact to the individual regarding the non-compliance. The user will enter the results of the phone contact attempt with the client about the non-compliance.

   PRP (Output)
   Person Contacted
   Date of Contact
   Contact Results
   Non-Compliant Activity
   Non-Compliance Date
   Non-Compliance Reason Code
   Phone Number Called
   Time(s) Phone Calls Attempted
   Good Cause Claimed Indicator

4. Determine if Contact Completed

   The system shall determine from the information entered by the worker if the contact was completed.

   PRP (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Contact Results

5. Determine and Record Good Cause

   If the county worker did make phone contact, and the individual claims good cause, the worker will determine if the good cause can be verified within a specified time period. If unable to establish good cause, the worker will continue with a referral to the CSR for conciliation. The user will record the good cause result and verification indicator.

   PRP (Input)
   Good Cause Claimed Indicator
   Contact Results
   Date of Contact
   Free Form Text
   Good Cause Reason

   GOOD CAUSE (Output)
   Activity
   Good Cause Reason
   Date(s) Good Cause Covers
   Verification Indicator

6. Determine if Good Cause Verified

   The system will determine if the good cause has been verified by the user input.

   GOOD CAUSE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Activity
Good Cause Reason
Date of Good Cause
Verification Type
Date Verification Provided
Adequate Verification Indicator

GOOD CAUSE (Output)
Good Cause Granted Indicator
Date Good Cause Decision Made
Good Cause Reason
Good Cause Verified Indicator
Activity for which Good Cause was Granted
Free Form Text

TIME COUNT (Output)
Countable Month Indicator

7. Determine if PRP Needs Renegotiated

There are certain instances where a referral back to the activity the client was non-compliant in would be inappropriate. When this is the case, a new PRP must be completed. If the good cause was verified, the system shall determine from applying business rules, if the PRP needs to be renegotiated with the individual. The user will record their findings that the individual requires a change in their PRP.

PRP (Input)
Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation	
Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Verification Code
PRP Sign Date
Contact Results
Date of Contact

GOOD CAUSE (Input)
Good Cause Granted Indicator
Date Good Cause Granted
Good Cause Reason
Good Cause Verified Indicator
Activity for which Good Cause was Granted

PRP (Output)
PRP Needs Renegotiated Indicator

8. Perform 'CSR Referral Authorization to Close' Process

   If the good cause was not claimed or if it was claimed and verification was not provided or acceptable within the specified period of time, the system shall go to Perform 'CSR Referral Authorization to Close' process.

9. Perform PRP Renegotiation

   If the client claims good cause and the good cause was verified timely by the caseworker, and if it was determined in the discussion between the individual and the case worker that the PRP needs renegotiated, the system shall go to Perform PRP Renegotiation.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

10. Refer Back to Activity

If the client had claimed good cause, verified the good cause within the specified time limit and it was determined in the contact between the individual and the case worker that a new PRP did not need to be renegotiated, the system shall refer the individual back to the activity from which the non-compliance was reported.

PRP (Input)
Contact Results
Date of Contact

GOOD CAUSE (Input)
Good Cause Granted Indicator
Date Good Cause Granted
Good Cause Reason
Good Cause Verified Indicator
Activity for which Good Cause was Granted

PRP (Input)
PRP Needs Renegotiated Indicator

REFERRAL (Output)
Provider Owner Name
Provider Owner Address
Date to Return to Activity
Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

PRP (Output)
Activity
Date to Return to Activity
Provider Name

PROVIDER (Input)
Provider Name
Provider Address
Provider Type

INDIVIDUAL (Input)
Name
Individual ID

11. CSR Record Initial Case Review

The CSR will conduct a case review to determine if the case supports initiating the conciliation process and record the results.

CASE (Input)
Case Number
Case Address

INDIVIDUAL (Input)
Individual ID

PRP (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Activity
Contact Results
Date of Contact

CUSTOMER SERVICE REVIEW (Output)
User ID
Date Assigned to CSR
Initial Case Results
Case Valid Indicator

GOOD CAUSE (Input)
Good Cause Granted Indicator
Good Cause Reason Claimed
Good Cause Verification

12. CSR Determine if a Valid Referral

The system will determine from the recalled case review results if the referral is valid. The system shall allow the CSR to determine from a list of options what is wrong with the referral, if the record does not support referral.

CASE (Input)
Case Number

WORKER (Input)
Worker Name
Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

PRP (Input)
Activity Reason Code

CUSTOMER SERVICE REVIEW (Input)
Initial Case Results
Case Valid Indicator

CUSTOMER SERVICE REVIEW (Output)
Case Needs Reversal Indicator

13. CSR Sends Alert to Supervisor to Approve

CSR sends an alert to the CSR supervisor requesting approval/disapproval of invalid referral or reversal.

ALERT (Output)
FA Worker ID
Supervisor ID
CSR Name
CSR Supervisor Name

CUSTOMER SERVICE REVIEW (Input)
CSR Worker Name
CSR Supervisor Name
Reason for Request
Case Number
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

14. Record Supervisor Decision

The supervisor will record the approval or denial of the reversal/termination.

CUSTOMER SERVICE REVIEW (Input/Output)
Supervisor ID
Reversal Decision
Supervisor Termination Decision

15. CSR Determine if Terminate/Reverse Referral

If the CSR determines that the case that was submitted for closure was not a valid referral or contained errors (as defined by business rules) that would cause a reversal or termination of the referral, the CSR will record the information and refer the case back to the appropriate user(s) as a reversal or termination.

CUSTOMER SERVICE REVIEW (Input)
Case Needs Reversal Termination Indicator

CUSTOMER SERVICE REVIEW (Output)
CSR User ID
Date of Reversal
Reversal Reason
DHS Worker ID
DHS Worker County
CSR Comments
CSR Reversal Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

16. Generate Alert to FA Worker and FA Supervisor

    If the CSR supervisor approved the Reversal/Termination, an alert must be generated to the case worker and their supervisor.

    ALERT (Output)
    Worker ID
    Case Number
    Individual ID
    Activity
    CSR Reversal Indicator
    Reversal Reason
    Date of Reversal
    CSR Comments
    CSR User ID
    Date of Reversal
    Reversal Reason
    DHS Worker ID
    DHS FS1 ID
    DHS Worker County
    CSR Comments
    CUSTOMER SERVICE REVIEW (Input)
    CSR User ID
    Date of Reversal
    Reversal Reason
    DHS Worker ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

DHS FS1 ID
DHS Worker County
CSR Comments

17. FA Worker Alerts CSR if Reversal Rebuttal

If the CSR referral for conciliation is reversed, the FA worker or supervisor may disagree and choose to rebut or argue their point. If so, an alert will be generated to CSR.

ALERT (Output) (Optional)
Rebuttal Reason
CSR User Name
Case Number
Individual Name

CUSTOMER SERVICE REVIEW (Input) (Optional)
CSR User ID
Date of Reversal
Reversal Reason
DHS Worker ID
DHS Worker County
CSR Comments
CSR Reversal Indicator

18. CSR Records Rebuttal Reason

The CSR will record the rebuttal reason.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

CUSTOMER SERVICE REVIEW (Output)
Rebuttal Reason

19. CSR Alerts Appropriate DHS Administrator for a Decision

The system will alert the appropriate administrator based on recorded rebuttal reason filed by CSR.

ALERT (Output)
DHS Administrator Name
Reversal Reason
Rebuttal Reason
Closure Reason
Case Number
Individual Name
CSR Name

CUSTOMER SERVICE REVIEW (Input)
Reversal Reason
Rebuttal Reason
Closure Reason
Individual Name
Case Number
CSR Name

20. DHS Administration Records Decision

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

The DHS Administrator will manually review the case and enter a rebuttal approval or denial.

CUSTOMER SERVICE REVIEW (Output)
Rebuttal Approval/Denial Indicator

21. Alert to CSR and FA Staff

The system shall alert the appropriate CSR and FA User of the administrator's approval or denial decision.

ALERT (Output)
CSR Worker ID
CSR Worker Name
Rebuttal Decision
Date Decision Made
FA User ID
FA User Name
Case Number
Individual Name

CUSTOMER SERVICE REVIEW (Input)
Rebuttal Decision
Reversal Reason
Rebuttal Reason
Closure Reason
Individual Name
Case Number
CSR Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

22. Determine if Rebuttal Approved or Denied

    The system shall determine if the reversal is approved or denied based on the DHS Administrator's decision.

    CUSTOMER SERVICE REVIEW (Input)
    Rebuttal Decision
    Date of Rebuttal Decision

23. Record Contact Attempt Information

    If the referral is valid or the rebuttal is approved, the CSR will contact the individual and record the results of the attempt. The system shall enforce that 1 or 2 phone contacts are after 5:30 pm in the time zone where the customer lives. The system shall proceed to a field where the CSR can record details of the conversation with the customer.

    CUSTOMER SERVICE REVIEW (Output)
    Person Contacted
    Non-Compliance Date
    Date of Contact Attempt
    Individual Phone Number
    Individual Address
    CSR Reviewer Name
    CSR Reviewer Phone Number
    Phone Number Called
    Time(s) Phone Calls Attempted
    Good Cause Claimed Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

24. Determine if Contact Made

The system shall determine from the contact attempt information if the contact was made with the individual. The system shall automatically generate the date/time of the CSR attempt to contact client. The system shall move the case forward to contacting the client by mail if phone contact unsuccessful. The system shall require the CSR to indicate what happened since CSR tried to contact the customer by mail.

CUSTOMER SERVICE REVIEW (Input)
Person Contacted
Individual Phone Number
Individual Address
Date Contact Made

CUSTOMER SERVICE REVIEW (Output)
Contact Made Indicator

25. Create Conciliation Notice to Individual

The system shall create a conciliation notice to the client from the results of the CSR review. The system shall auto populate onto the conciliation notice, all the non-compliance individual identifying information as specified by program rules. The system shall give the CSR the ability to revise the reasons if needed and add personalized explanation of the conciliation. The system shall automatically set the due date as the 11th day after conciliation notice has been mailed. The system shall require the CSR to generate a conciliation notice to each individual, if both the caretaker and non-caretaker are out of compliance.

CUSTOMER SERVICE REVIEW (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Activity
Non-Compliance Date
Non-Compliance Reason
Individual Name
Individual ID
Case Number
Individual Address
CSR Reviewer Name
CSR Reviewer Phone Number
Date Conciliation Notice Sent
Response Due Date
Response Instructions
Response Requirements
Non-Response Consequences
Free Form Text to Explain Reason For Conciliation Notice

NOTICE (Output)
Individual ID
Individual Name
Case Number
Notice Date
CSR Reviewer's Name
CSR Reviewer's Phone Number
Individual Address
Work Activity
Response Instructions
Response Due Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Response Requirements
Non-Response Consequences
Free Form Text to Explain Reason for Conciliation Notice
CSR Staff ID
CSR Staff Name

26. Generate Worker Alert to Close Support Services

The system shall generate an alert to the caseworker that the client is non-compliant and to close the support services.

CUSTOMER SERVICE REVIEW (Input)
Individual Name
Individual ID
Case Number
Date Conciliation Notice Sent
Response Due Date

ALERT (Output)
Individual Name
Case Number
Worker ID

27. CSR Determines and records if Individual Responded

The CSR will determine from the Good Cause information if the individual responded to the contact attempt.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

CUSTOMER SERVICE REVIEW (Output)
Contact Made Indicator

GOOD CAUSE (Input)
Response Date
Person Who Responded
CSR Reviewer
Individual Responded Indicator
Individual Comments
Good Cause Claimed Indicator

CUSTOMER SERVICE REVIEW (Input)
Individual ID
Case Number
Work Activity
Response Instructions
Response Due Date
Response Requirements
Non-Response Consequences
Date Conciliation Notice Sent

28. Record if Willing to Comply

The CSR user will record if the individual states that they are willing to comply with their current PRP. If the customer is willing to comply, the system shall require the CSR to identify from a list of options what needs to be done to comply.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

GOOD CAUSE (Output)
Work Activity
Individual Name
Case Number
DHS Worker Name
DHS Worker Phone Number
Compliance Indicator
Date Compliance Indicator Recorded

GOOD CAUSE (Input)
Response Date
Person Who Responded
CSR Reviewer
Individual Responded Indicator
Individual Comments
Good Cause Claimed Indicator

29. CSR Authorizes Closure

If the individual is not willing to comply, the CSR will authorize that the case may be closed. The system shall require the CSR to choose from a list of reasons why the customer is not willing to comply.

GOOD CAUSE (Input)
Compliance Indicator

CUSTOMER SERVICE REVIEW (Output)
Closure Authorized

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

CSR Worker ID
Date Authorized to Close
Authorization Reason

30. Generate Alert to User

The system shall generate an alert to the appropriate worker informing him/her that the CSR has authorized the case to close.

ALERT (Output)
Worker ID
Individual ID
Case ID
CSR Worker Name
CSR Phone Number
Case Closure Authorized Indicator

CUSTOMER SERVICE REVIEW (Input)
Case Number
Closure Authorized
CSR Worker ID
Date Authorized to Close
Authorization Reason

Good Cause (Input)
Compliance Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

31. Determine and Record Good Cause

    If client contact was made, the user will determine and record any good cause on the activity. Good Cause may be determined by county or CSR user, but a denial of good cause will require CSR approval.

    GOOD CAUSE (Output)
    Good Cause Indicator
    Date Good Cause Determined

    CUSTOMER SERVICE REVIEW (Input)
    Good Cause Claimed Indicator
    Good Cause Date
    Good Cause Granted Indicator
    Good Cause Granted Date
    PRP Change Needed
    Good Cause Denied
    Good Cause Denied Date
    Reason Denied
    Good Cause Reason
    Good Cause App/Denied

32. Create Alert to User

    The system shall create an alert to the caseworker if the good cause was verified.

    CUSTOMER SERVICE REVIEW (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Good Cause Claimed Indicator
Good Cause Verified Indicator
Verification Code
Date Verified
Good Cause Date
Good Cause Granted Indicator
Good Cause Granted Date

ALERT (Output)
Worker ID
CSR Worker Name
Good Cause Verified Indicator
Date Good Cause Verified

33. Generate Alert to DHS

If the individual is willing to comply after responding to a contact, the system shall alert the caseworker.

GOOD CAUSE (Input)
Work Activity
Individual Name
Case Number
DHS Worker Name
DHS Worker Phone Number
Compliance Indicator
Date Compliance Indicator Recorded
Response Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Person Who Responded
CSR Reviewer
Individual Responded Indicator
Individual Comments
Good Cause Claimed Indicator

ALERT (Output)
Worker ID
Individual ID
Individual Name
CSR Worker Name
Compliance Indicator
Date Compliance Indicator Recorded

34. Determine if PRP Needs Renegotiated

The CSR user, along with the individual, shall determine if the PRP needs to be changed. The CSR user will record this determination into the system. The system shall recognize based on previous FF sanction whether a 2-week compliance period is required.

PRP (Input)
Date PRP Signed
PRP Renegotiation Due Date
Work Activity
Case Number
Client ID
Verification Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

PRP (Input)
Contact Results
Date of Contact

GOOD CAUSE (Input)
Good Cause Granted Indicator
Date Good Cause Granted
Good Cause Reason
Good Cause Verified Indicator
Activity for which Good Cause was Granted

PRP (Output)
PRP Needs Renegotiated Indicator

35. Perform 'PRP Renegotiation' process

If the PRP is to be renegotiated, the system shall perform 'PRP Renegotiation' process.

36. Alert to CSR

The system shall generate an alert to the CSR user informing them that the PRP has been renegotiated for the individual. If a 2-week compliance is needed, the system shall create a priority referral for the participant.

ALERT (Output)
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Case Number
Date PRP Renegotiated
CSR User ID
County
Activity(ies) (if any)
Support Services (if any)
2-week Compliance Begin Date

37. Determine if 2-Week Compliance Met

The system shall determine from the compliance indicator and program rules if the 2-week compliance rules were met.

PRP (Input)
Activity
2-Week Compliance Needed Indicator
2-Week Compliance Begin Date

PROVIDER (Input)
Daily Attendance
Compliance Indicator

GOOD CAUSE (Input)
Compliance Indicator

PRP (Output)
2-Week Compliance Met Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

Date 2-Week Compliance Met

38. Alert CSR

    If the 2-week compliance was met, the system shall alert the CSR of such. The system shall have the ability to track dates indicated by program rules.

    PRP (Input)
    2-week Compliance Met Indicator
    Date 2-week Compliance Met

    ALERT (Output)
    Individual Name
    Case Number
    Compliance Indicator
    Date to Comply
    Activity

39. Perform 'Imposing & Removal of Sanction/Penalty/Disqualification' process

    If the two week compliance was met, the system shall perform the 'Imposing & Removal of Sanction/Penalty/Disqualification' process to remove sanction.

40. Alert CSR

    If the 2 weeks compliance was not met, the system shall alert the CSR as such.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

PRP (Input)
2-week Compliance Met Indicator
2-week Compliance Begin Date
User ID

ALERT (Output)
Individual Name
Case Number
Compliance Indicator
Date to Comply
Activity

41. Perform 'Imposing & Removal of Sanction/Penalty/Disqualification' process

    If the 2 week compliance was not met, the system shall perform 'Imposing & Removal of Sanction/Penalty/Disqualification' process to initiate a sanction.

42. CSR Authorize Closure

    If the client fails the 2 week compliance requirements were not met, the CSR shall authorize the closure of the case.

    CUSTOMER SERVICE REVIEW (Input)
    Closure Authorized
    CSR Worker ID
    Date Authorized to Close
    Authorization Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

PRP (Input)
Non-Compliance Activity
Date of Non-Compliance

CUSTOMER SERVICE REVIEW (Output)
Review End Date
User ID

43. Alert DHS User

The system shall generate an alert to the appropriate worker informing him/her that CSR has authorized the case to close.

CUSTOMER SERVICE REVIEW (Input)
Case Number
Closure Authorized
CSR Worker ID
Date Authorized to Close
Authorization Reason

ALERT (Output)
Conciliation Results
Non-Compliance Indicator
Reason
Date
User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

44. Refer Individual to Same Activity for 2-Week Compliance

If the system determines from program rules and good cause, work activity, and PRP information that the PRP does not need to be renegotiated, the system shall refer the individual back to the same activity for the 2-week compliance period.

PRP (Input/Output)
Activity (previous)
Compliance Start Date
Compliance End Date

REFERRAL (Output)
Individual Name
Individual Address
Activity
Compliance Start Date
Compliance End Date

ADDRESS (Input)
Address

INDIVIDUAL (Input)
Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation

Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**

45. Alert CSR

The system shall send an alert to the CSR worker informing them that the individual was referred to the same activity for a two-week compliance period.

ALERT (Output)
CSR User Name
Individual Name
Case Number
Activity
2-Week Compliance Reason
Date 2-Week Compliance Begin
Date 2-Week Compliance End

CUSTOMER SERVICE REVIEW (Input)
CSR User Name
CSR User ID
Case Number
Individual Name

46. Determine if 2-Week Compliance Met

The system shall determine from attendance entered by the provider, and status information if the compliance period was met.

PRP (Input)
Attendance Entered

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.4.8 Families First CSR Process – Conciliation	
Program Affected: FF	**Users: CSR, FA Caseworker, Supervisor**
Activity Status	

Program Type	Rule Number	Rule
FFP	1	The providers of Families First work activities shall keep daily attendance records for all participating clients and report the compliance status to the caseworker.
FFP	2	The caseworker shall determine if the client is complying with the work activity.
FFP	3	If the client is compliant no case action is necessary.
FFP	4	If the client is not compliant the caseworker must attempt to contact the client by telephone and record the results of the client contact attempt.
FFP	5	If the caseworker attempts a call and the line is busy, the caseworker must attempt another contact for each time the line is busy.
FFP	6	If the client's line is out of order no further contact attempt is necessary.
FFP	7	The caseworker must document that phone contact was attempted.
FFP	8	The caseworker must document pertinent information regarding the client's non-compliance.
FFP	9	The caseworker shall refer the case to CSR for conciliation within 3 days of learning of the client's non-compliance.
FFP	10	If the caseworker is able to contact the client, the caseworker must discuss the reason for non-compliance and attempt to resolve barriers to compliance.
FFP	11	The caseworker shall determine if good cause exists.
FFP	12	If good cause exists, the caseworker must request verification of good cause and allow the client 10 days to provide the verification.
FFP	13	If good cause does not exist, the caseworker shall refer the case to CSR to explore good cause and allow the client an opportunity to become compliant. (This is the conciliation process)
FFP	14	If good cause is verified, the caseworker shall determine if the PRP needs to be renegotiated.
FFP	15	If the PRP does not need re-negotiation, the caseworker shall refer the client back to the work activity.
FFP	16	If the PRP does need to be renegotiated, the caseworker shall perform PRP re-negotiation.
FFP	17	The caseworker must document the good cause reason, verification of good cause and the action taken as the result of granting good cause.
FFP	18	When a referral for case conciliation is received by CSR, CSR must review the case within 3 working days of the referral date.
FFP	19	CSR shall determine if the case record reflects the appropriate outcome, and that the client was given an opportunity to leave Families First successfully, if possible.
FFP	20	CSR shall determine if the client received appropriate and timely services, and was provided with detailed information about the causes for case closure.
FFP	21	CSR shall determine if the caseworker followed the correct procedures mandated by Families First policy prior to referring the case for conciliation.

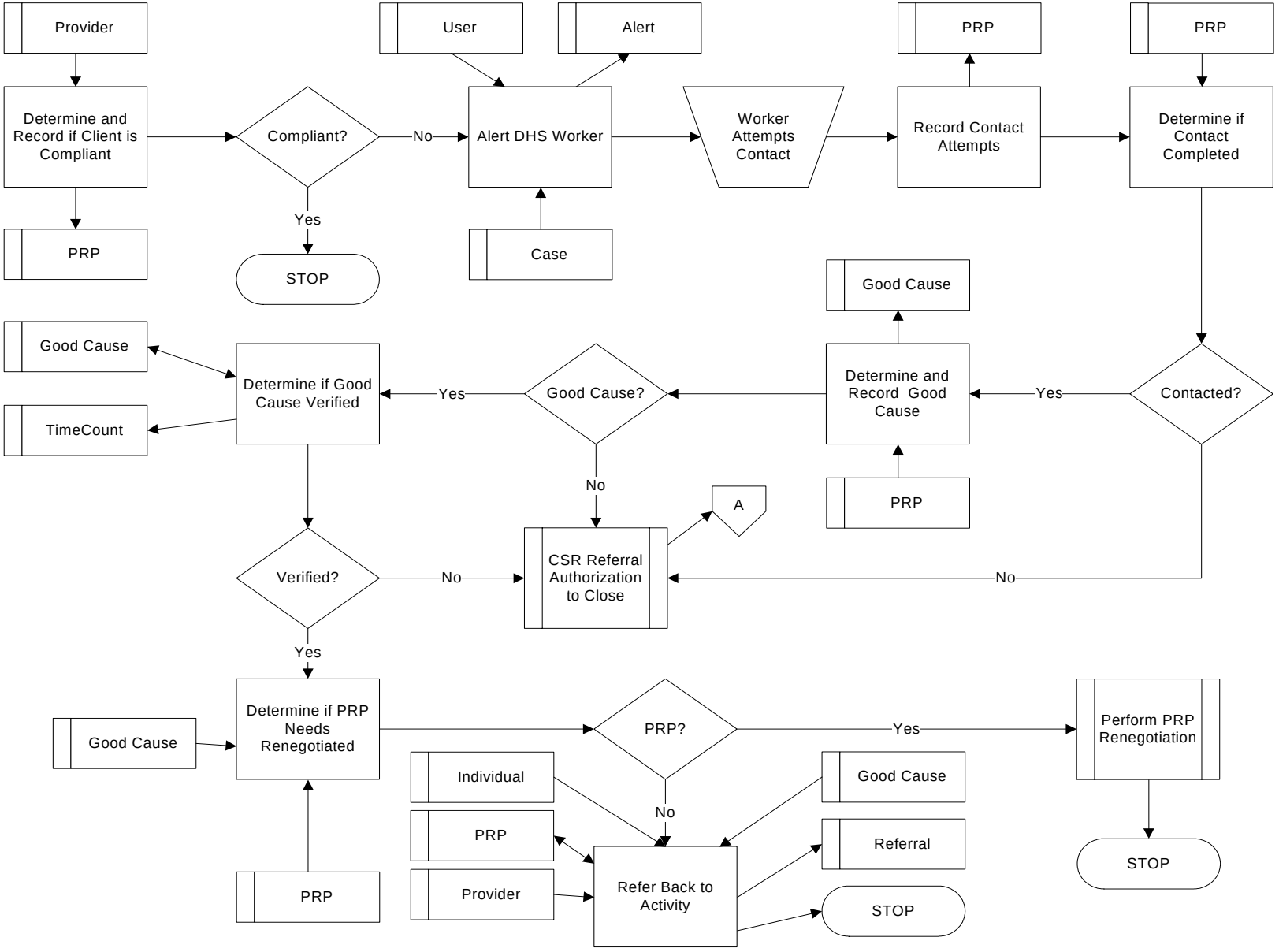
Program Type	Rule Number	Rule
FFP	22	If the case review establishes that the Families First policy or procedures have not been followed properly, CSR must return the case to the caseworker as a reversal with an explanation as to why conciliation is inappropriate.
FFP	23	If the case review establishes that the referral is valid, CSR must make 2 phone call attempts in one day. One call must occur after 5:30 p.m.
FFP	24	If CSR attempts a call and the line is busy, CSR must attempt another contact for each time the line is busy.
FFP	25	If the client's line is out of order, no further attempt to contact the client by telephone shall be necessary.
FFP	26	If the client does not have a telephone but has a contact number, CSR must attempt to reach the client or leave a message and give the client a reasonable amount of time to respond. (Not less than 24 hours)
FFP	27	CSR shall send a conciliation notice to the client even if contact is made, and the client wishes to comply.
FFP	28	CSR must record conciliation information and notify the caseworker to close support services if applicable.
FFP	29	CSR must give the client 10 days to respond to the conciliation notice.
FFP	30	If client contact is made, CSR shall discuss the reason for non-compliance with the client.
FFP	31	If the client responds to the conciliation notice within 10 days, CSR shall discuss the reason for non-compliance.
FFP	32	CSR shall determine if good cause exists, and request verification.
FFP	33	If good cause is verified, CSR must record the good cause verification and notify the caseworker.
FFP	34	If good cause does not exist, CSR shall determine if the client is willing to comply.
FFP	35	If the client is willing to comply, CSR shall notify the caseworker to refer the client back into the work activity or renegotiate the PRP for another work activity.
FFP	36	The caseworker shall monitor the client for 2 weeks compliance.
FFP	37	If the client is not willing to comply, or does not provide verification of good cause within 10 days, CSR shall authorize closure and notify the caseworker.
FFP	38	The caseworker shall determine if the client has met 2-week compliance.
FFP	39	If 2 weeks compliance has been met, the caseworker must notify CSR of compliance. CSR shall remove the sanction and notify the caseworker to continue benefits.
FFP	40	If 2 weeks compliance has not been met, the caseworker must notify CSR of non-compliance. CSR shall impose sanction and notify the caseworker that closure is authorized.
FFP	41	CSR must document the results of the case review.

Program Type	Rule Number	Rule
FFP	42	Compliance in Literacy testing shall be defined as keeping the appointment to take the TABE or BEST test and taking the test.
FFP	43	Compliance in Adult Education shall be defined as maintaining attendance no less than 90% of the time, making progress shall be defined by the Adult Education rules, and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	44	Compliance in Training Preparation Education shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	45	Compliance in Employment Career Services and Employment Career Services Plus shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the ECS Counselor.
FFP	46	Compliance in Job Training shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	47	Compliance in Work Prep shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	48	Compliance in Work Prep shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	49	Compliance in Post-Secondary Education shall be defined as full-time attendance, as defined by the institution and maintenance of a 2.0 collegiate grade point average or, if the post-secondary education is non-collegiate, compliance is defined as full-time attendance, as defined by the institution, and maintain of academic standards equivalent to those of the State's Technology Centers.
FFP	50	Compliance in Community Service Programs shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider.
FFP	51	Compliance in employment shall be defined as satisfactory attendance, progress and participation as defined by the employer.
FFP	52	Compliance with the Department of Children's Services Parenting Plan shall be determined by DCS.
FFP	53	Compliance with Court Ordered Activities shall be determined by the court or its designee.
FFP	54	Compliance with Work Experience shall be determined by the worksite supervisor.
FFP	55	Compliance with Family Services Assessment shall be defined as keeping an FSC assessment and participating in the assessment, and agreeing to ongoing FSC if barriers are found.
FFP	56	Compliance with Family Services Counseling shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by the Provider (FSC).

Program Type	Rule Number	Rule
FFP	57	Compliance with VocRehab Assessment shall be defined as keeping a VR assessment and participating in the assessment and agreeing to ongoing VR if barriers are found.
FFP	58	Compliance with VocRehab shall be defined as maintaining attendance no less than 90% of the time, and making progress and maintaining appropriate behavior during the activity as defined by VR.
FFP	59	The 2-week compliance period to cure a sanction shall be defined as attendance and participation for 100% of the time for two-weeks in all activities except FSC, VR and activities lasting less than two weeks.
FFP	60	If an individual chooses to comply in FSC or VR and barriers are identified and he/she agrees to ongoing FSC or VR, then the two-week compliance requirement has been met.
FFP	61	If an activity is less than two-weeks in length, the individual must enter a second activity to complete the two-week compliance period.

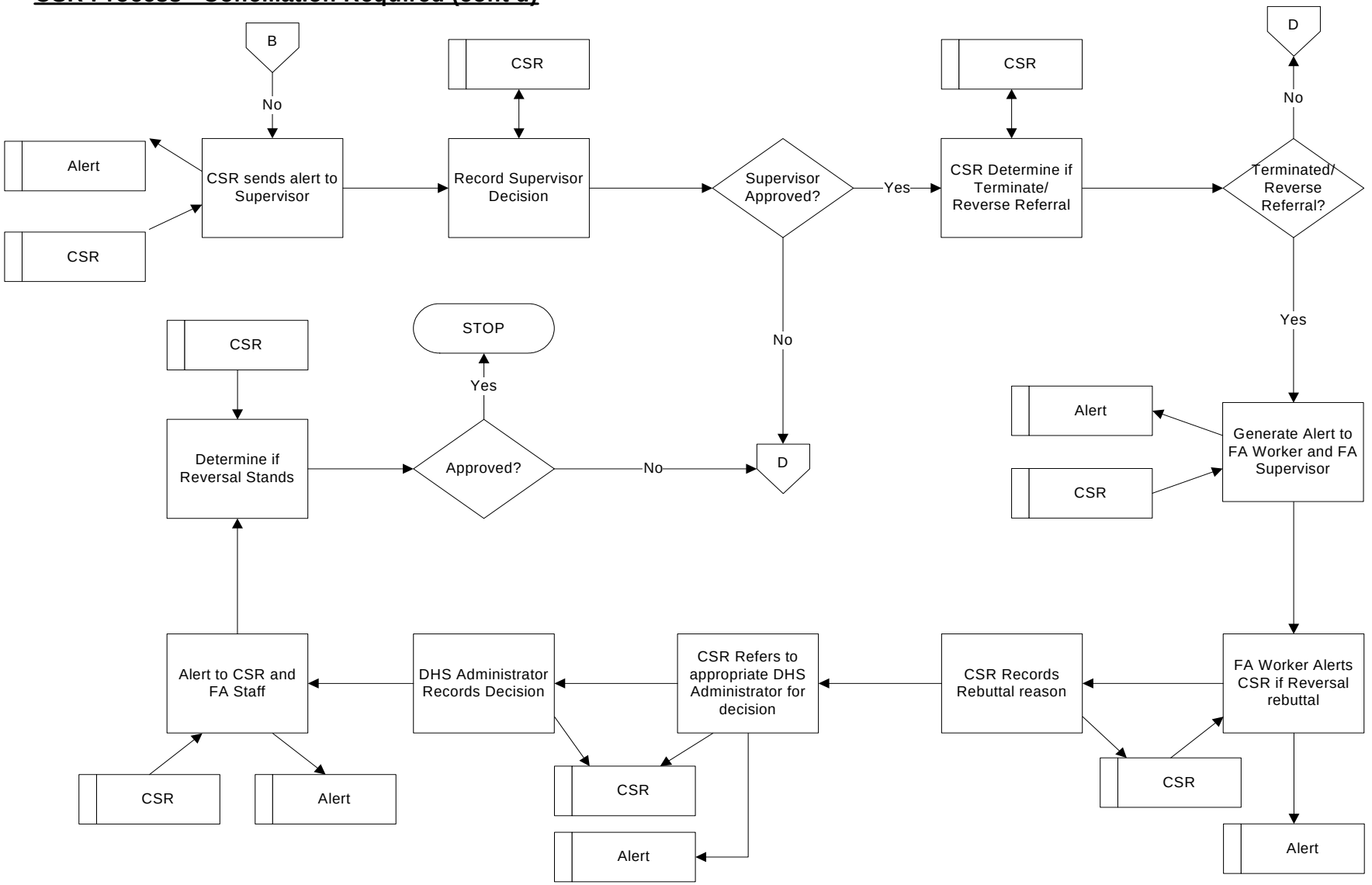
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.8 CSR Process - Conciliation Required



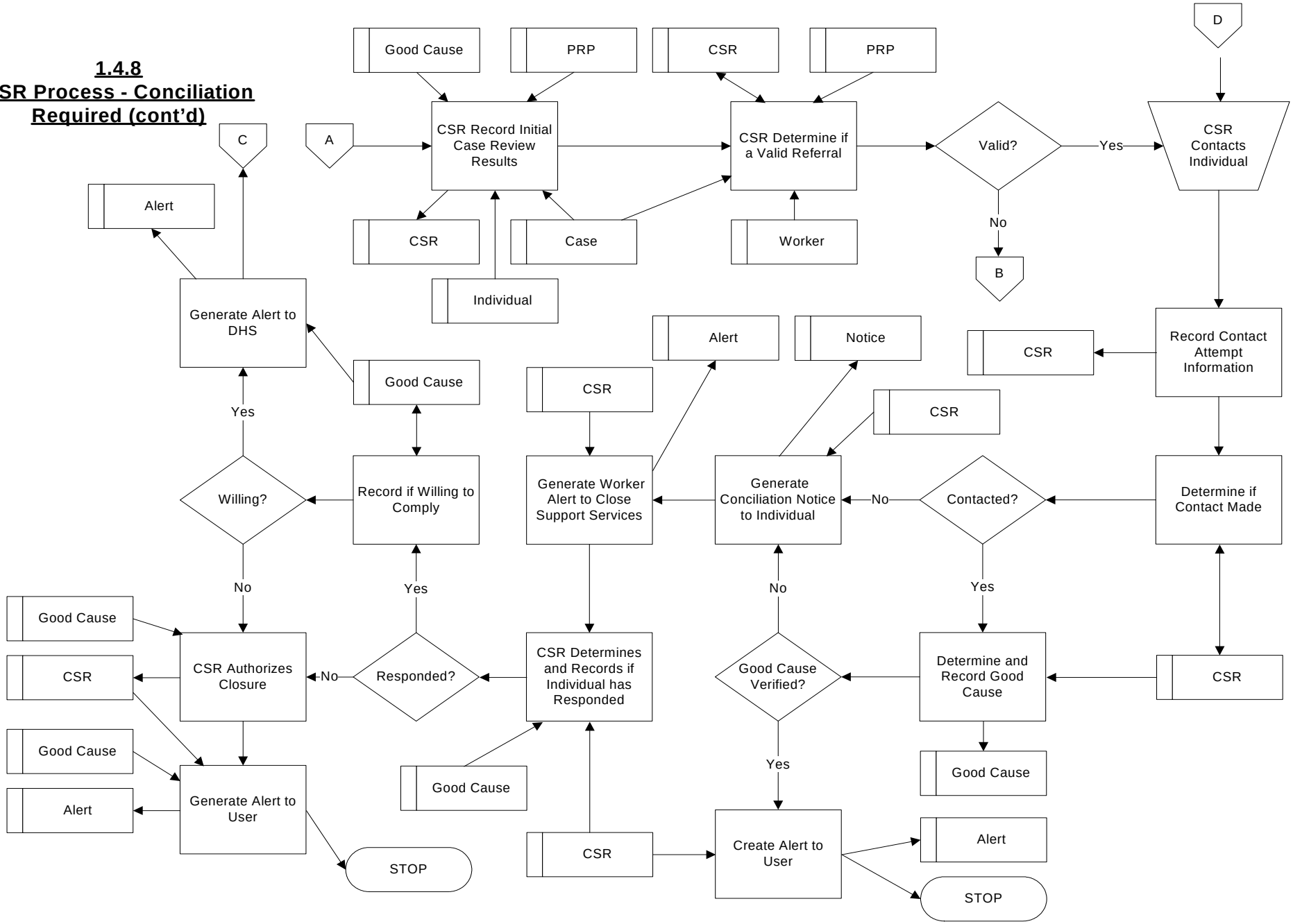
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.8
CSR Process - Conciliation Required (cont'd)



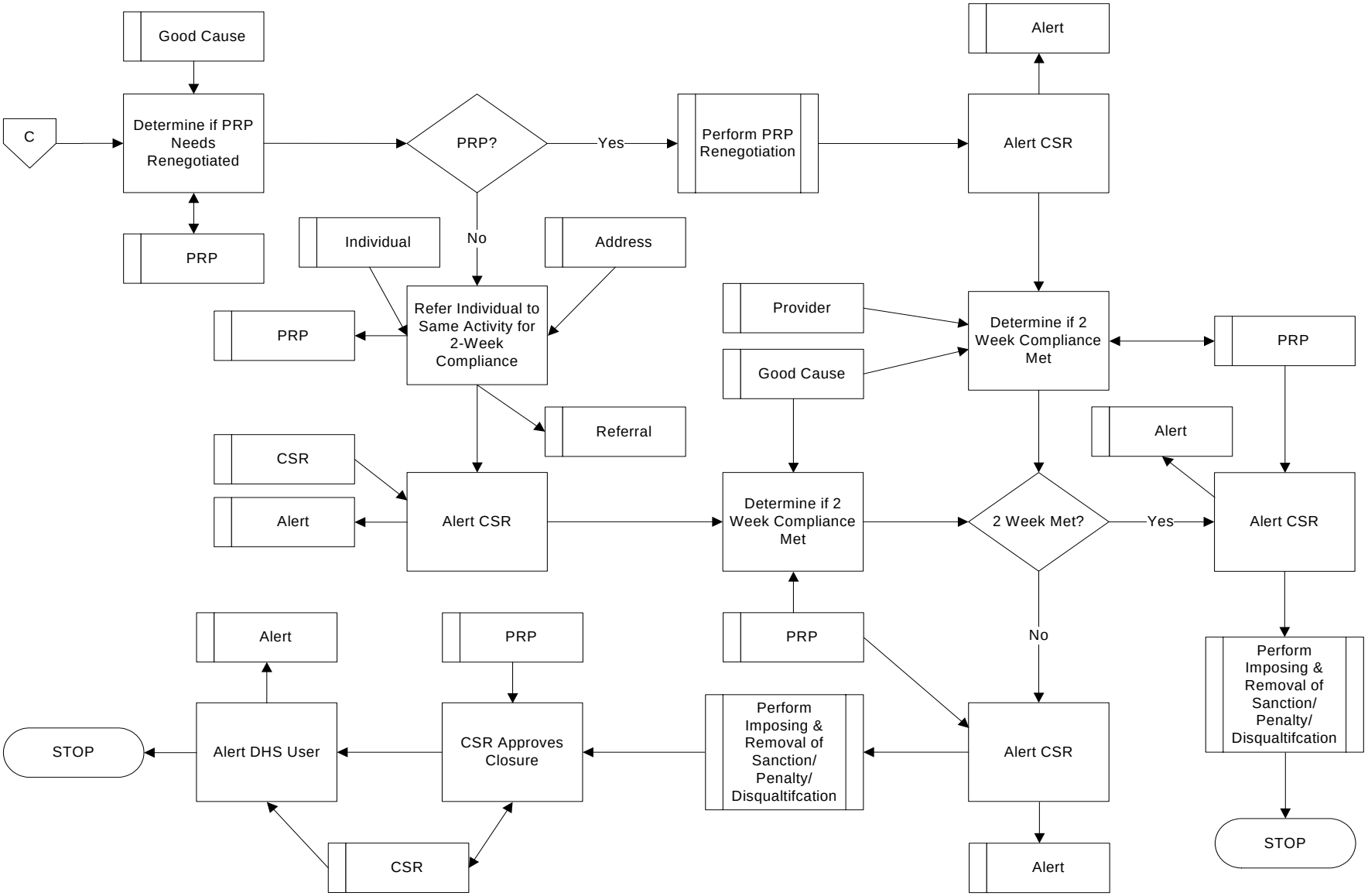
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.8 CSR Process - Conciliation Required (cont'd)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.8 CSR Process - Conciliation Required (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction	
Program Affected: FF/FS	**Users: Caseworkers**

Process:

The Department of Human Services must determine if an individual must be penalized or sanctioned when employment is voluntarily ended by denying the application, closing the case or removing the individual from the case based on business rules. This sanction process may be completed for individual(s) who have ended employment voluntarily without good cause, voluntarily reduced their work effort to less than 30 hours a week or refused to provide sufficient information to allow a determination of their employment status or job availability.

Sub-Processes:

1. Record Employment Termination or Reduction in Hours Information

   The user will record if specific employment information indicating termination or reduction in work hours has occurred for individual(s) in the case and the reason.

   CASE (Input)
   Case Number
   Case Type
   Case Status

   INDIVIDUAL (Input)
   SSN
   Individual ID

   EMPLOYMENT (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

PWE Indicator
Voluntary Quit Date
Voluntary Quit Reason
Voluntary Quit Verification
Voluntary Quit Good Cause Indicator
Monthly Hours
Employment Begin Date
Employment End Date
Employer Name
Employer Address
PWE Indicator
Reduction In Work Indicator
Reduction In Work Good Cause Indicator
Comments

2. Determine if Voluntary Quit Policy Applies

The system shall determine if the voluntary quit (or reduction in work hours) penalty / sanction must be applied to an individual in an applying or active case based on program and policy rules using employment information, age, relationship, and disability / incapacity. The user may override the system generated decision.

CASE (Input)
Case Number
Case Type
Case Status
Application Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

Household Composition

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

DISABILITY / INCAPACITY (Input)
Disability Type
Date of Disability

EDUCATION (Input)
Student Status

RELATIONSHIP (Input)
Relationship of Individuals to all Others
Specified Degree of Relationship
Purchase and Prepare Food Arrangement Indicator

EMPLOYMENT (Input)
PWE Indicator
Voluntary Quit Indicator
Voluntary Quit Date
Voluntary Quit Reason
Voluntary Quit Verification
Voluntary Quit Good Cause Indicator
Monthly Hours

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

Employment Begin Date
Employment End Date
PWE Indicator
Reduction In Work Indicator
Reduction In Work Good Cause Indicator

3. Determine if Good Cause Applies

When the user enters voluntary quit or reduction in work hours, the voluntary quit policy may apply. The user shall obtain information to determine if the individual has good cause for terminating employment or reducing work hours. The user will record the findings.

INDIVIDUAL (Input)
SSN
Individual ID

EMPLOYMENT (Input / Output)
Voluntary Quit Indicator
Voluntary Quit Begin Date
Voluntary Quit Good Cause Indicator
Reduction In Work Indicator
Reduction In Work Good Cause Indicator

4. Determine if CSR Referral Needed

The system shall determine if a CSR referral is required based on business rules when there is not good

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

cause for the voluntary quit or reduction in work hours. A CSR referral is only required for open FF cases needing a voluntary quit sanction approval.

CASE (Input)
Case Status
Program/Sub-Program
Closure Reason

INDIVIDUAL (Input)
SSN
Individual ID

EMPLOYMENT (Input / Output)
Voluntary Quit Good Cause Indicator
Reduction In Work Good Cause Indicator
Voluntary Quit Indicator
Reduction In Work Indicator

5. Perform “FF CSR Referrals for Authorization to Close” Process

The system shall perform “FF CSR Referrals for Authorization to Close” when the CSR referral is required based on business rules. This referral shall begin the CSR process, and based upon conclusion, the case will be authorized to close with the sanction applied, if appropriate.

6. Perform “Imposing & Removal of Sanction / Penalty / Disqualification” Process

The system shall perform “Imposing & Removal of Sanction / Penalty / Disqualification” when an individual

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

does not have good cause for a voluntary quit or reduction in work hours and a CSR referral and review is not required prior to imposing the sanction.

7. Determine if Voluntary Quit for FF Intake Applies

The system shall determine if a voluntary quit or reduction in work hour's sanction is being implemented for a FF application.

CASE (Input / Output)
Case Number
Case Type
Application Date
Application Indicator
Household Composition

EMPLOYMENT (Input)
Voluntary Quit Indicator
Voluntary Quit Date
Reduction In Work Indicator
Reduction in Work Date

INDIVIDUAL (Input)
SSN
Individual ID
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

SANCTION (Input)
Sanction Type
Sanction Indicator
Sanction Occurrence
Begin Sanction Date-1st Occurrence
Begin Sanction Date-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence

8. Generate DOH Referral

The system shall generate a DOH referral when it has been determined that an individual in an applying FF case has been denied due to voluntary quit policy.

CASE (Input)
Case Number
Program / Sub-Program

SANCTION (Input)
Sanction Type
Sanction Indicator
Sanction Occurrence
Begin Sanction Date-1st Occurrence
Begin Sanction Date-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence

INDIVIDUAL (Input)
SSN

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.4.9 Voluntary Quit Sanction

Program Affected: FF/FS	**Users: Caseworkers**

Individual ID
Date of Birth

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ADDRESS (Input)
Address Type
Case Address
County Office Address
County Number

DOH REFERRAL (Output)
Referral Date
Referral Type
Caretaker's Name
SSN
Individual ID
Household Members
Date of FF Closure
Closure Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	An individual who, while participating in the Food Stamp Program, voluntarily quits his/her most recent job of at least 30 hours per week, without good cause for quitting, is not eligible to participate in the Food Stamp Program.
FS	2	An individual who, while participating in the Food Stamp Program, voluntarily reduces his/her work hours to less than 30 hours per week, without good cause, is not eligible to participate in the Food Stamp Program.
FS	3	An applicant who voluntarily quits his/her job of at least 30 hours per week is not eligible to participate in the Food Stamp Program when the quit occurred within 60 days before the date of application, or after the date of application but before disposition of the case.
FS	4	An applicant who voluntarily reduces his/her work hours to less than 30 hours per week is not eligible to participate in the Food Stamp Program when the reduction of hours occurred within 60 days before the date of application, or after the date of application but before disposition of the case.
FS	5	For currently participating household members, if the worker determines that good cause exists, participation in the Food Stamp Program may continue.
FS	6	For applicant household members, if the worker determines that good cause exists, the individual may continue to be considered for food stamp eligibility in the eligibility determination for the household.
FS / FFP	7	Good Cause for quitting a job or reducing hours of employment includes but is not limited to circumstances beyond the individual's control, such as illness, illness of another household member which requires the individual's presence, a household emergency, or unavailability of transportation.
FS / FFP	8	Good Cause for quitting a job or reducing hours of employment includes but is not limited to discrimination by an employer based on age, sex, race, color, handicap, religious beliefs, national origin, or political beliefs.
FS / FFP	9	Good Cause for quitting a job or reducing hours of employment includes, but is not limited to, work demands or conditions that render continued employment unreasonable, such as working without being paid on schedule.
FS	10	Good Cause for quitting a job or reducing hours of employment includes but is not limited to enrollment at least half-time in any recognized school, training program or institution of higher learning that requires the household member to leave employment or reduce work hours.
FS	11	Good Cause for quitting a job or reducing hours of employment includes but is not limited to acceptance of a new job by another household member which requires the household to relocate.
FS	12	Good Cause for quitting a job or reducing hours of employment includes but is not limited to enrollment at least half-time by another household member in a recognized school, training program, or institution of higher education in another county, which requires the household to relocate.
FS	13	Good Cause for quitting a job or reducing hours of employment includes but is not limited to resignation by a person under age 60 which is recognized by the employer as retirement.
FS	14	Good Cause for quitting a job or reducing hours of employment includes but is not limited to acceptance of a bona fide offer of employment of more than 30 hours a week (or the weekly earnings are equivalent

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		to the Federal minimum wage multiplied by 30 hours) which did not materialize or did not turn out to be 30 hours a week or the equivalent in wages, because of circumstances beyond the individual's control.
FS / FFP	15	Good Cause for quitting a job or reducing hours of employment includes but is not limited to leaving a job in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm work or construction.
FS / FFP	16	Good Cause for quitting a job or reducing hours of employment includes but is not limited to a situation in which the job is determined to be unsuitable.
FS / FFP	17	Employment will be considered unsuitable if the wage offered is less than the applicable federal minimum wage, or 80 % of the federal minimum wage if the federal minimum wage is not applicable.
FS	18	Employment will be considered unsuitable if the employment is on a piece-rate basis and the average hourly yield the employee can reasonably expect to earn is less than the applicable hourly wage.
FS	19	Employment will be considered unsuitable if the household member is required to join, resign from or refrain from joining any legitimate labor organization.
FS	20	Employment will be considered unsuitable if the work offered is at a site subject to a strike or lockout at the time of the offer, unless the strike has been enjoined under applicable federal law.
FS	21	Employment will be considered unsuitable if the risk to health and safety is unreasonable.
FS	22	Employment will be considered unsuitable if the household member is physically or mentally unfit to perform the employment.
FS	23	Employment will be considered unsuitable if the employment offered within the first 30 days of work registration is not in the individual's major field of experience. Offers after 30 days must be accepted.
FS	24	Employment will be considered unsuitable if the distance between the individual's home and workplace exceeds two hours per day in commuting time, exclusive of time required to transport a child to and from child care.
FS	25	Employment will be considered unsuitable if public and private transportation is unavailable and the distance to the workplace is too far to walk.
FS	26	Employment will be considered unsuitable if the cost of transportation to the work site is excessive based on the expected wage.
FS / FFP	27	Employment will be considered unsuitable if the working hours or nature of the employment interferes with the member's religious observance, convictions, or beliefs.
FS	28	Employment will be considered unsuitable if there are other good reasons that justify a conclusion that the employment is unsuitable.
FS	29	Employment will be considered unsuitable if additional criteria are established by the Employment and Training Program.
FS	30	An individual who is exempt from the food stamp work registration requirements at the time of the voluntary quit or reduction of work hours is not subject to sanction for voluntarily quitting or reducing hours of employment.
FS	31	For applicant or participating household members who are found to have quit or reduced employment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		without good cause, the individual must be disqualified from participation.
FS	32	For the first voluntary quit violation, the individual is disqualified for one month.
FS	33	For the second voluntary quit violation, the individual is disqualified for three months.
FS	34	For the third and subsequent voluntary quit violations, the individual is disqualified for six months.
FS	35	A notice of adverse action must be issued prior to implementation of the sanction to inform the household of the proposed period of disqualification and to give them the opportunity to appeal for a fair hearing.
FS	36	When the disqualification of the individual is imposed, the individual's needs are removed from the household's budget and his/her income and resources are counted as available to the remaining household members.
FS	37	A disqualified individual who leaves the current food stamp household and joins another household takes his/her sanction with him/her, must serve the remainder of the disqualification period before he/she is once again eligible for food stamps, and his/her income and resources are removed from consideration in determining eligibility for the household he/she left and are counted as available to the remaining household members in the new household.
FS	38	A disqualified individual who becomes exempt from the food stamp work requirements and who meets all other eligibility requirements may participate in the Food Stamp Program, even though the minimum disqualification period has not been served.
FFP	39	FF caseworkers shall determine good cause for individuals who have voluntarily quit a job.
FFP	40	FF caseworkers shall determine good cause for individuals who have voluntarily reduced their work hours.
FFP	41	The FF individual must be contacted to determine good cause for voluntary quit.
FFP	42	The FF individual must be contacted in writing to determine good cause for voluntary quit if he/she cannot be contacted in person or by phone.
FFP	43	A formal conciliation is not required for voluntary quit.
FFP	44	Refer the FF case to Customer Service Review if there is no good cause reason for voluntary quit.
FFP	45	A voluntarily quit without good cause by a FF adult individual who has a work requirement will result in ineligibility for the entire assistance group for three months.
FFP	46	Good cause for voluntarily quitting employment may include acceptance of other employment with at least comparable wages.
FFP	47	Good cause for voluntarily quitting employment may include leaving a job that paid less than the minimum wage based on the number of hours actually worked.
FFP	48	Good cause for voluntarily quitting employment may include leaving employment in connection with patterns of employment in which workers frequently move from one employer to another, such as migrant farm workers.
FFP	49	Good cause for voluntarily quitting employment may include leaving employment to attend an educational or training program full-time (as defined by the institution) that is consistent with allowable Personal Responsibility Plan components.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	50	Good cause for voluntarily quitting employment may include work demands or conditions that rendered continued employment unreasonable, such as working without being paid on schedule.
FFP	51	Good cause for voluntarily quitting employment may include work demands or conditions that rendered continued employment unreasonable, such as work conditions hazardous to the individual's health.
FFP	52	Good cause for voluntarily quitting employment may include work demands or conditions that rendered continued employment unreasonable, such as child care expenses that exceed the individual's net earnings.
FFP	53	Good cause for voluntarily quitting employment may include work demands or conditions that rendered continued employment unreasonable, such as transportation costs that exceed the individual's net earnings.
FFP	54	Good cause for voluntarily quitting employment may include discrimination by the employer based on age, race, sex, color, handicaps, religious beliefs, national origin or political beliefs.
FFP	55	Good cause for voluntarily quitting employment may include occurrence of a temporary family emergency.
FFP	56	Good cause for voluntarily quitting employment may include having responsibility for the care of an ill or disabled spouse, parent, child or relative household member.
FFP	57	Good cause for voluntarily quitting employment may include unavailability of child care.
FFP	58	Good cause for voluntarily quitting employment may include having an employer who was not required to grant Family Medical Leave Act provisions for the birth of a child.
FFP	59	Good cause for voluntarily quitting employment may include having a medically approved incapacity, including complications from pregnancy that renders the individual unable to work.
FFP	60	The voluntary quit provision applies to applicants.
FFP	61	The voluntary quit provision applies to recipients.
FFP	62	The voluntary quit provision applies to full-time employment.
FFP	63	The voluntary quit provision applies to part-time employment.
FFP	64	A FF applicant group, with an adult member who voluntarily quits a job without good cause two months prior to applying for FF or during the application processing months, will not be eligible for FF for three months, starting with the month the quit occurred.
FFP	65	The assistance group that files an application for FF, and is otherwise eligible except for having voluntarily quit a job without good cause, will have a home visit from a health professional.
FFP	66	Make a Department of Health referral for applicants that have been denied for Families First for voluntary quit.
FFP	67	A FF recipient group that has an eligible adult member, who voluntarily quits a job without good cause, will be ineligible for FF for three months starting with the first possible month of eligibility following case closure.
FFP	68	An individual who voluntarily quits a job without good cause, and leaves one FF assistance group to join another as an eligible adult, will carry any remaining months of the voluntary quit sanction to the new

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

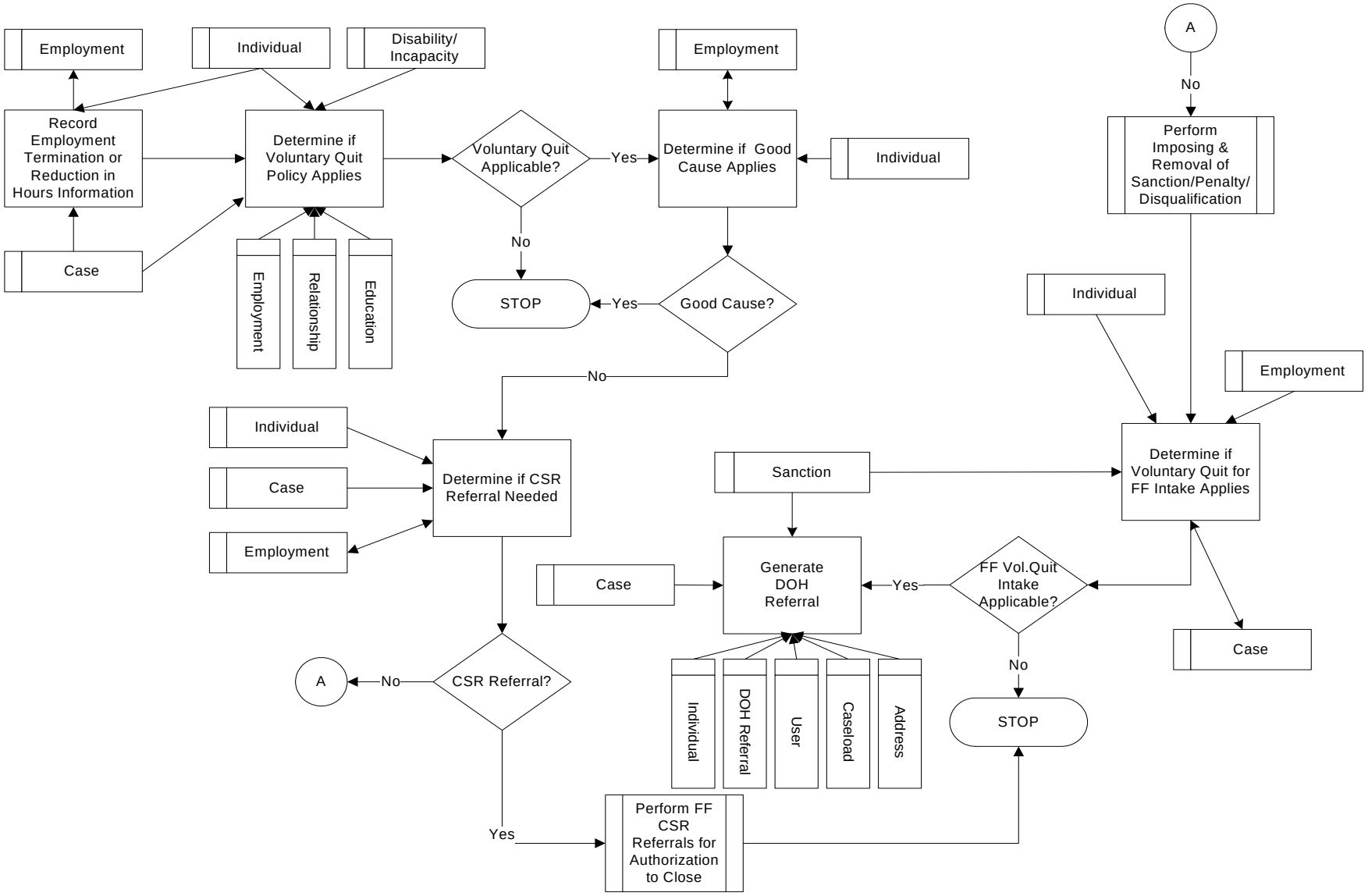
Program Type	Rule Number	Rule
		assistance group.
FFP	69	A voluntary quit sanction will no longer apply to a FF assistance group when the individual who voluntarily quit leaves the assistance group.
FFP	70	Voluntary quit sanctions must be applied to disqualified eligible adults who have voluntarily quit a job without good cause.
FFP	71	Voluntary quit sanctions do not apply to ineligible FF assistance group members.
FFP	72	Voluntary quit sanctions do not apply to FF individuals who are exempt from a work requirement.
FFP	73	Voluntary quit sanctions do not apply to FF individuals who are interrupted from a work requirement.
FFP	74	Voluntary quit sanctions do not apply to FF assistance group minors.
FFP	75	The Customer Service Reviewer may determine good cause for individuals who have voluntarily quit a job.
FFP	76	The Customer Service Reviewer may determine good cause for individuals who have voluntarily reduced their work hours.
CC	77	An individual receiving Families First child care assistance and who is sanctioned for voluntary quit of employment without good cause will not be eligible for child care assistance.
CC	78	An individual Families First receiving child care assistance and who is sanctioned for voluntarily reducing their work effort to less than 30 hours per week will not be eligible for child care assistance.
CC	79	An individual Families First receiving child care assistance that refuses to provide sufficient information will not be eligible for child care assistance.
CC	80	An individual receiving Transitional child care assistance parent who voluntary quits employment without good cause is not eligible for child care assistance.
CC	81	An individual receiving Transitional child care assistance parent who voluntarily reduces their work effort to less than 30 hours per week is not eligible for child care assistance.
CC	82	An individual receiving Transitional child care assistance parent who refuses to provide sufficient information to allow a determination of their employment status or job availability is not eligible for child care assistance.
CC	83	An individual receiving Low Income child care assistance parent who voluntary quits employment without good cause is not eligible for child care assistance.
CC	84	An individual receiving Low Income child care assistance parent who voluntarily reduces their work effort to less than 30 hours per week is not eligible for child care assistance.
CC	85	An individual receiving Low Income child care assistance parent who refuses to provide sufficient information to allow a determination of their employment status or job availability is not eligible for child care assistance.
CC	86	An individual receiving At-Risk child care assistance parent who voluntary quits employment without good cause is not eligible for child care assistance.
CC	87	An individual receiving At-Risk child care assistance parent who voluntarily reduces their work effort to less than 30 hours per week is not eligible for child care assistance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	88	An individual receiving At-Risk child care assistance parent who refuses to provide sufficient information to allow a determination of their employment status or job availability is not eligible for child care assistance.
CC	89	A DCS child care assistance parent who voluntarily quits employment is still eligible for child care assistance.
CC	90	A DCS child care assistance parent who voluntarily reduces their work effort to less than 30 hours per week is still eligible for child care assistance.
CC	91	A DCS child care assistance parent refuses to provide sufficient information to allow a determination of their employment status or job availability is still eligible for child care assistance.

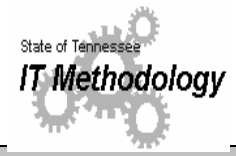
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.9
Voluntary Quit Sanction



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

Process:

The Department of Human Services will apply sanctions, penalties or disqualifications per program and subprogram. The user will also reinstate individuals/cases when a sanction, penalty or disqualification can be removed or has ended based on business rules. (For simplicity will refer to all as sanction.) The system shall track the number of sanctions by type, by program and sub-program and by date. The system shall allow individual sanction or penalty information to follow the individual if he/she moves to another case as appropriate based on business rules.

When an application is filed, a new person is added to an existing case or the SSN is changed for an individual, the system will perform a match against out-of-state disqualification data (DRS). A DRS file is processed monthly, which contains information regarding individuals disqualified in other states. When there is a match, the system must update the disqualification information for the individual and when the match has been resolved by the caseworker, initiate the disqualification when possible. The DRS file will contain different categories of disqualification which must be displayed separately. A front-end verification of the file must be done upon receipt. The system shall support the childcare provider sanction process in terminating, suspending or fining for a specific period of time.

A sanction, depending on the type, can result in case or individual ineligibility for a program. A disqualification will always result in individual ineligibility. A penalty will result in a reduction of the total benefit amount. A recoupment of benefits may be related to a disqualification and a disqualification may be related to a penalty.

Sub-Processes:

1. Determine if Sanction / Penalty / Disqualification Necessary

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

The system shall determine when a sanction must be applied to an individual or a case or when an existing sanction / penalty / disqualification has been resolved / completed, based on the sanction information that has been entered for the following actions - non-compliance with work requirements (FS), non-compliance with child support or PRP and/or related activities (FF), voluntary quit (FF and FS) or claim disqualification (FF and FS). The system shall have the ability to calculate and display penalties related to sanctions and disqualifications. The system shall determine when a sanction or penalty in one program results in a penalty in another program and apply the penalty situation based on business rules.

When a sanction / penalty / disqualification end date is due to expire, the system shall end the sanction and generate an ALERT to the user. The system shall require that compliance and/or good cause or the minimum time period has elapsed prior to ending a sanction based on specific program policy rules.

When a DRS match has been performed and resolved by the user and there is disqualification information that may need to be applied, the system shall update the individual with the disqualification data.

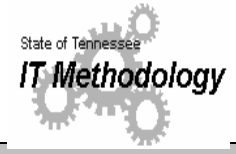
CASE (Input)
Case Number
Case Type
Case Status

INDIVIDUAL (Input / Output)
SSN
SS-5 Date
SSN Exemption
Individual ID
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Disqualification Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

SANCTION (Input / Output)
Sanction Type
Sanction Indicator
Sanction Begin Date
Sanction End Date

PROGRAM STANDARDS (Input)
Sanction Minimum Time Period

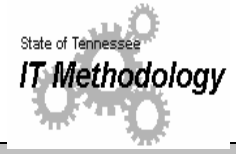
USER (Input)
User ID

CASELOAD (Input)
Caseload Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

CLAIM (Input)
Claim Number
Court Order Indicator
Court Order Decision Date
Court Order Amount
Discovery Date
Overpayment Program

PENALTY (Input)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

PRP (Input)
Non-Compliance Reason
Non-Compliance End Date
Health Check Verification Type
Health Check Good Cause Indicator
Health Check Reason Code
Immunization Verification Type
Immunization Verification Good Cause Indicator
Immunization Reason Code
School Attendance Verification Type
School Attendance Good Cause Indicator
School Attendance Reason Code
Activity End Reason Type

CSR (Input)

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

Closure Approval Reason

EMPLOYMENT (Input)
Voluntary Quit Indicator
Voluntary Quit Date
Reduction In Work Indicator

RESOURCES (Input)
Improper Resource Transfer Indicator
Improper Resource Transfer Date
Improper Resource Transfer End Reason

CHILD SUPPORT (Input)
Failure to Cooperate with Child Support Indicator
Failure to Cooperate with Child Support Reason
Failure to Cooperate with Child Support Begin Date
Failure to Cooperate with Child Support Reason

2. Determine if There Is An Existing Sanction / Penalty / Disqualification

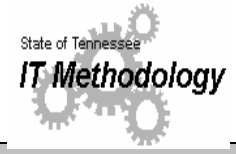
The system shall determine if there is an existing sanction of the same type, once it has been determined that a sanction is not necessary. The system shall allow multiple consecutive disqualification periods for the same individual in the same program.

INDIVIDUAL (Input / Output)
SSN
Individual ID
SS-5 Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

SSN Exemption
Individual ID
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

SANCTION (Input / Output)
Sanction Type
Sanction Indicator
Sanction Begin Date

CLAIM (Input / Output)
Claim Number
Court Order Indicator
Court Order Decision Date
Court Order Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

Discovery Date
Overpayment Program

PENALTY (Input / Output)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

3. End Sanction / Penalty /Disqualification

The user shall record the compliance information and the system shall reset the sanction dates and information. The system shall automatically end claim disqualifications based on business rules when the end date expires. The system shall determine if compliance warrants reopening of the case immediately or at a later date based on business rules.

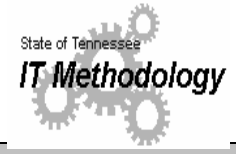
SANCTION (Input / Output)
Sanction Type
Sanction Indicator
Sanction Begin Date
End Sanction Date-1st Occurrence
End Sanction Reason-1st Occurrence
End Sanction Date-2nd Occurrence
End Sanction Reason-2nd Occurrence
End Sanction Date-Subsequent Occurrence
End Sanction Reason-Subsequent Occurrence

INDIVIDUAL (Input / Output)
SSN

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

SS-5 Date
SSN Exemption
Individual ID
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Individual ID
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Out-of-State Disqualification End Date
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number
Court Order Indicator
Court Order Decision Date
Court Order Amount
Discovery Date
Overpayment Program

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

PENALTY (Input / Output)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

4. Determine If This Is An Existing Sanction / Penalty / Disqualification

When the sanction is deemed necessary, the system shall determine if there is an existing sanction of the same type and program / sub-program. When an individual has a current sanction or disqualification and the user records another sanction or disqualification, the system shall determine if this is for a new disqualification period, based on business rules.

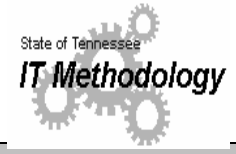
When an individual reapplies with an active TN disqualification and there is an out-of-state disqualification, the system shall determine if the out-of-state disqualification must be initiated based on business rules.

INDIVIDUAL (Input / Output)
SSN
Individual ID
SS-5 Date
SSN Exemption
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

SANCTION (Input / Output)
Sanction Type
Sanction Occurrence
Begin Sanction Date-1st Occurrence
End Sanction Date-1st Occurrence
End Sanction Reason-1st Occurrence
Begin Sanction Date-2nd Occurrence
End Sanction Date-2nd Occurrence
End Sanction Reason-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence
End Sanction Date-Subsequent Occurrence
End Sanction Reason-Subsequent Occurrence

CLAIM (Input / Output)
Claim Number
Overpayment Program
Court Order Indicator
Court Order Decision Date
Court Order Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

Discovery Date

PENALTY (Input / Output)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

5. Record New Sanction / Penalty / Disqualification

When there is not an existing sanction of the same type, the user shall record a new sanction occurrence or new sanction dates when appropriate as determined by business rules. When there is an existing claim disqualification, the system shall determine if the new disqualification is different and a new disqualification period should be applied. The system shall have the ability to apply multiple sanctions and/or penalties simultaneously based on business rules. The system shall capture the reason code for any sanction / penalty / disqualification by individual and program.

The system shall determine the number of the out-of-state disqualification and calculate the end date by adding the disqualification length to the disqualification begin date. If the calculated end month is equal to or less than the current system month, the system shall disregard this disqualification. When there is also a TN disqualification, the system shall compare the end date of the TN disqualification to the end date of the out-of-state disqualification for the same type. If the out-of-state end disqualification date is greater than the TN ending date, the system shall use the out-of-state ending date. The system shall display both disqualification periods and indicate which one is from out-of-state. The system shall display multiple types of disqualifications.

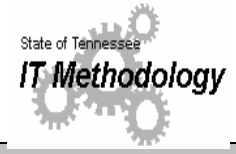
The system shall support partial penalties based on business rules.

INDIVIDUAL (Input / Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

SSN
SS-5 Date
SSN Exemption
Individual ID
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Out-of-State Disqualification End Date
Benefit Reduction Indicator

SANCTION (Input / Output)
Sanction Type
Sanction Reason
Sanction Occurrence
Begin Sanction Date-1st Occurrence
End Sanction Date-1st Occurrence
End Sanction Reason-1st Occurrence

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All | **Users: All**

Begin Sanction Date-2nd Occurrence
End Sanction Date-2nd Occurrence
End Sanction Reason-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence
End Sanction Date-Subsequent Occurrence
End Sanction Reason-Subsequent Occurrence

CLAIM (Input / Output)
Claim Number
Overpayment Program
Court Order Indicator
Court Order Decision Date
Court Order Amount
Discovery Date

PENALTY (Input / Output)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

6. Perform “Grouping” Process

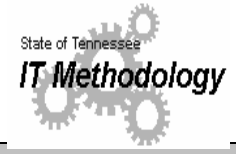
The system shall perform “Grouping” when a new sanction must be initiated or when a sanction must be removed or stopped or a disqualified individual’s status is changed.

7. Perform “Resource Determination” Process

The system shall perform “Resource Determination” when a new sanction or a new occurrence of the same

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

type must be initiated or when a sanction must be removed or stopped.

8. Perform “Budgeting” Process

The system shall perform “Budgeting” and either apply the sanction or the penalty percentage as calculated against the individual or case or remove it as determined by business rules per program and subprogram.

9. Perform “Authorization” Process

The system shall perform “Authorization”. Notices generated as a result of this process must include information regarding the sanction / penalty / disqualification status, effective dates, individuals and case impact.

10. Update Sanction / Penalty / Disqualification

The system shall update the sanction criteria with the effective date after the action has been authorized. The effective date will be determined based on business rules. (see “Effective Date of Change” process.) When the disqualification is to be implemented, the system shall generate a disqualification notice to the most recent address when case / individual is not active.

BUDGET (Input)
Budget Effective Date

INDIVIDUAL (Input / Output)
SSN
SS-5 Date
SSN Exemption

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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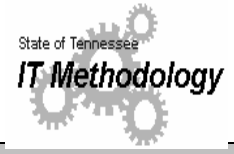
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

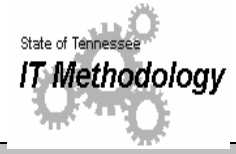
Individual ID
Drug / Felony Conviction Indicator
Drug / Felony Conviction Reason
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Claim Number
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Out-of-State Disqualification End Date
Benefit Reduction Indicator

SANCTION (Input / Output)
Sanction Type
Sanction Reason
Sanction Occurrence
Begin Sanction Date-1st Occurrence
End Sanction Date-1st Occurrence
End Sanction Reason-1st Occurrence
Begin Sanction Date-2nd Occurrence
End Sanction Date-2nd Occurrence

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification

Program Affected: All	**Users: All**

End Sanction Reason-2nd Occurrence
Begin Sanction Date-Subsequent Occurrence
End Sanction Date-Subsequent Occurrence
End Sanction Reason-Subsequent Occurrence

CLAIM (Input /Output)
Claim Number
Court Order Indicator
Court Order Decision Date
Court Order Amount
Discovery Date

PENALTY (Input / Output)
Penalty Type
Penalty Good Cause Indicator
Penalty Verification

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

NAME (Input)
Name Type
Claimant Name

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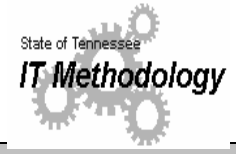
DHS V.I.P. Process Description
Prepared by: DHS Policy/Systems
Date: January 31, 2005



Process: 1.4.10 Imposing and Removal of Sanction / Penalty / Disqualification	
Program Affected: All	**Users: All**

ADDRESS (Input)
Address Type

NOTICE (Output)
Notice Type
Initiate Disqualification
End Disqualification
Initiate Sanction
End Sanction
Initiate Penalty
End Penalty
Notice Mail Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	Failure to comply with a Food Stamp Work Registration requirement without good cause results in the individual's disqualification from participation in the Food Stamp Program.
FS	2	A disqualification period for non-compliance with work requirements will be set based on whether this is the first, second, third or subsequent non-compliance disqualification for the individual.
FS	3	Length of disqualification periods are program defined limits set by USDA/FNS.
FS	4	The disqualification will end when the set period has run, or until compliance, whichever is later.
FS / FF	5	When an individual is sanctioned by removal from the FS or FF household, eligibility for the remaining household members must be redetermined.
FS / FF	6	The income of an individual sanctioned for non-compliance with FS or FF work requirements is counted in its entirety to the remaining household members.
FS / FF	7	The resources of an individual sanctioned for non-compliance with FS or FF work requirements are counted in their entirety to the remaining household members.
FS	8	If an individual who is sanctioned for non-compliance with FS work requirements pays household expenses that are normally budgeted as deductions for the household, those expenses may continue to be counted as deductions.
FS	9	An individual who, while participating in the Food Stamp Program, voluntarily quits his/her most recent job of at least 30 hours per week, without good cause for quitting, is not eligible to participate in the Food Stamp Program.
FS	10	An individual who, while participating in the Food Stamp Program, voluntarily reduces his/her work hours to less than 30 hours per week, without good cause, is not eligible to participate in the Food Stamp Program.
FS	11	An applicant who voluntarily quits his/her job of at least 30 hours per week is not eligible to participate in the Food Stamp Program when the quit occurred within 60 days before the date of application, or after the date of application but before disposition of the case.
FS	12	An applicant who voluntarily reduces his/her work hours to less than 30 hours per week is not eligible to participate in the Food Stamp Program when the reduction of hours occurred within 60 days before the date of application, or after the date of application

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		but before disposition of the case.
FS	13	A disqualification period will be set based on program defined limits that are based on whether this is the first, second, third or subsequent non-compliance disqualification for the individual.
FS	14	The disqualification will end when the set period has run.
FS	15	A notice of adverse action must be issued prior to implementation of the sanction to inform the household of the proposed period of disqualification and to give them the opportunity to appeal for a fair hearing.
FS	16	When the disqualification of the individual is imposed, the individual's needs are removed from the household's budget and his/her income and resources are counted as available to the remaining household members, and eligibility must be determined for the group.
FS	17	A disqualified individual who leaves the current food stamp household and joins another household takes his/her sanction with him/her.
FS	18	A disqualified individual who leaves the current food stamp household and joins another household must serve the remainder of the disqualification period before he/she is once again eligible for food stamps.
FS	19	When a disqualified individual leaves the current food stamp household and joins another household his/her income and resources are removed from consideration in determining eligibility for the household he/she left.
FS	20	When a disqualified individual leaves the current food stamp household and joins another household his/her income and resources are counted as available to the remaining household members in the new household.
FS	21	A disqualified individual who becomes exempt from the food stamp work requirements and who meets all other eligibility requirements may participate in the Food Stamp Program, even though the minimum disqualification period has not been served.
FS	22	Advance notice of adverse action is not required when a household member is disqualified for Intentional Program Violation (IPV) and benefits for the remaining household members are reduced or terminated because of that individual's disqualification.
FS	23	Advance notice of adverse action is not required when a household member is

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		disqualified for Intentional Program Violation (IPV) and benefits for the remaining household members are reduced or terminated because of that individual's disqualification.
FS	24	An IPV is determined through an administrative disqualification hearing or a court of appropriate jurisdiction.
FS	25	An IPV results when an individual is determined to have intentionally made a false or misleading statement.
FS	26	An IPV results when an individual is determined to have intentionally misrepresented, concealed or withheld facts.
FS	27	An IPV results when an individual is determined to have intentionally traded food stamp benefits for guns, ammunition, explosives or controlled substances.
FS	28	An IPV results when an individual is determined to have intentionally committed any act that constitutes a violation of the Food Stamp Act, the Food Stamp Program regulations, or any state statute relating to the use, presentation, transfer, acquisition, receipt or possession of food stamp benefits.
FS	29	When an administrative disqualification hearing official or court of appropriate jurisdiction determines that a household member has committed an IPV, or when the household member signs a waiver of right to an administrative disqualification hearing or an administrative consent agreement, that individual shall be disqualified from Food Stamp Program participation according to program defined limits.
FS	30	When a household member is disqualified, his/her needs must be removed from the food stamp group and eligibility for the remaining household members must be determined.
FS	31	When an administrative disqualification hearing official rules that a household member has committed an IPV the disqualification period must begin with the first month it is administratively feasible following the date of the written notification of the hearing decision sent to the household by Hearings and Appeals.
FS	32	When a household member suspected of committing an IPV signs the waiver of right to an administrative disqualification hearing, the disqualification period must begin with the first month it is administratively feasible following the date of the written notification of the disqualification sent to the household by Hearings and Appeals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	33	When a court of appropriate jurisdiction finds the household member guilty of an IPV, the Department must disqualify the individual for the length of time the court specifies.
FS	34	If the court does not impose a disqualification period, the Department shall impose a disqualification period in accordance with program defined limits.
FS	35	Once a household member is disqualified for an IPV, the Department shall impose allotment reduction as a means of restitution from the remaining members of the household.
FS	36	Once a disqualification penalty has been imposed against an individual, the period of disqualification shall continue uninterrupted until completed regardless of eligibility of the disqualified member's household.
FS	37	The disqualified member's household shall continue to be responsible for repayment of the over issuance which resulted from the disqualified member's IPV, regardless of its eligibility for benefits.
FS	38	An individual referred for prosecution for IPV may be allowed to sign a disqualification consent agreement as pre-trial diversion.
FS	39	An individual referred for pre-trial diversion must be given written advance notice of the consequences of consenting to disqualification.
FS	40	An individual who signs the disqualification consent agreement must receive written notice of the disqualification and when it will take effect.
FS	41	The remaining household members must be given written notice of the allotment they will receive during the period of disqualification, or that they must reapply because the certification has expired.
FS	42	A written demand letter for restitution must be provided to the remaining household members.
FFP	43	Before sanctions may take place on open FF cases, CSR must indicate approval of closure with implementation of full family sanction.
FFP	44	FF intake applications may have voluntary quit sanctions applied without CSR approval.
FFP	45	Implementation of IPV claim disqualifications and partial family / benefit penalties do not require CRS review and authorization.
FFP	46	Sanctions are applied to FF assistance groups when the AG has not complied with the Personal Responsibility Plan and good cause does not exist.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	47	Determine if there is an existing or prior sanction before applying a sanction.
FFP	48	A sanction is applied to a FF assistance group for failure to cooperate with work or work preparation PRP components without good cause.
FFP	49	A sanction is applied to a FF assistance group for voluntary termination of employment without good cause.
FFP	50	A sanction is applied to a FF assistance group for failure to cooperate with Child Support without good cause.
FFP	51	A sanction is applied to a FF assistance group for failure of the unmarried minor parent to attend school without good cause.
FFP	52	A sanction is applied to a FF assistance group for failure of married parents, married minors and other assistance group children to attend school without good cause.
FFP	53	A sanction is applied to a FF assistance group for failure of the assistance group children to have immunizations and or health checks without good cause.
FFP	54	A FF sanction for non-compliance with work or work preparation components will cause ineligibility for the entire assistance group.
FFP	55	A FF sanction for non-compliance with work or work preparation components will continue, for the first occurrence, until the adult is in compliance.
FFP	56	A FF sanction for non-compliance with work or work preparation components will continue, for the second and any subsequent occurrences, until the adult serves a three-month sanction or complies, whichever is greater.
FFP	57	A FF (first occurrence) sanction for non-compliance with work or work preparation components will be resolved when the adult complies 100% for a two-week period.
FFP	58	The three-month sanction period for a second or subsequent FF sanction for non-compliance with work or work preparation components, will begin with the first month after case closure.
FFP	59	A work requirement exemption or interruption does not allow for early re-entry during a three-month FF sanction for non-compliance with work or work preparation components.
FFP	60	FF sanctions for non-compliance with work or work preparation components will be recorded in the case record.
FFP	61	Beginning and ending dates for FF sanctions for non-compliance with work or work

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Program Type	Rule Number	Rule
		preparation components will be recorded in the case record
FFP	62	FF sanctions for non-compliance with work or work preparation components are not limited to one 18-month period of eligibility.
FFP	63	FF sanctions for non-compliance with work or work preparation components are counted consecutively throughout the 60-month lifetime program period.
FFP	64	A FF sanction for non-compliance with Child Support without good cause will cause ineligibility for the entire assistance group.
FFP	65	A FF sanction for non-compliance with Child Support will be resolved when the individual complies or agrees to comply at a future date.
FFP	66	FF sanctions for non-compliance with Child Support will be recorded in the case record.
FFP	67	Beginning and ending dates for FF sanctions for non-compliance with Child Support will be recorded in the case record.
FFP	68	A work requirement exemption or interruption allows for early re-entry on FF sanction only.
FFP	69	A FF sanction for failure of an unmarried minor parent to attend school without good cause will result in the removal of the unmarried minor parent's need from the FF budget whether he/she is an eligible child or an eligible adult.
FFP	70	A FF sanction for failure of an unmarried minor parent to attend school without good cause will result in ineligibility for the entire assistance group if the unmarried minor parent is the only assistance group child.
FFP	71	A FF sanction for failure of an unmarried minor parent to attend school will be resolved when the unmarried minor parent returns to school and attends for two weeks.
FFP	72	FF sanctions for failure of an unmarried minor parent to attend school will be recorded in the case record.
FFP	73	Beginning and ending dates for FF sanctions for failure of an unmarried minor parent to attend school will be recorded in the case record.
FFP	74	A FF sanction for failure of any or all other assistance group children, including married minors and married minor parents to attend school, without good cause, will result in a 20% sanction to the assistance group's cash payment.
FFP	75	The FF grant will be reduced the first month following the month of the adverse action for a FF sanction for failure of any or all other assistance group children, including

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		married minors and married minor parents to attend school
FFP	76	A FF sanction for failure of any or all other assistance group children, including married minors and married minor parents, to attend school will be resolved when the married minor, married minor parent, or other assistance group child is in compliance with the school attendance requirements.
FFP	77	FF sanctions for failure of any or all other assistance group children, including married minors and married minor parents will be recorded in the case record.
FFP	78	Beginning and ending dates for FF sanctions for failure of any or all other assistance group children, including married minors and married minor parents to attend school will be recorded in the case record.
FFP	79	A FF sanction for failure to have immunizations or health checks for any or all assistance group children without good cause, will result in a 20% sanction to the assistance group's cash payment.
FFP	80	A FF sanction for failure to have immunizations or health checks for any or all assistance group children will be resolved when the assistance group is in compliance with immunizations and health check requirements.
FFP	81	FF sanctions for failure to have immunizations or health checks for any or all assistance group children will be recorded in the case record.
FFP	82	Beginning and ending dates for FF sanctions for failure to have immunizations or health checks for any or all assistance group children will be recorded in the case record.
FFP	83	If other sanctions are imposed on the assistance group at the same time the 20% sanction for immunization and health checks is imposed, the 20% sanction will be applied to the net grant payment.
FFP	84	Both a 20% sanction for failure to have immunizations or health checks for any or all assistance group children, and for failure of any or all other assistance group children, including married minors and married minor parents to attend school may be imposed simultaneously, resulting in a 40% sanction.
FFP	85	The FF grant will be reduced the first month following the month of the adverse action for a FF sanction for failure to have immunizations or health checks for any or all assistance group children.
FFP	86	The FF budget will have the 20% reduction for either failure to have immunizations or

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		health checks for any or all assistance group children, or for failure of any or all other assistance group children, including married minors and married minor parents to attend school, removed the first possible month following compliance.
FFP	87	An individual will be disqualified from the FF program for failure to be enumerated.
FFP	88	The FF disqualification for failure to be enumerated will end when the individual is enumerated.
FFP	89	An individual will be disqualified from the FF program for an Intentional Program Violation.
FFP	90	A FF Intentional Program Violation disqualification will be imposed after the issuance of the Final Administrative Order finding the individual guilty.
FFP	91	A FF Intentional Program Violation disqualification will begin no later than the second calendar month following the date of the Final Administrative Order.
FFP	92	A FF Intentional Program Violation disqualification will be imposed after a state or federal court finds an individual guilty of having committed an Intentional Program Violation.
FFP	93	A FF Intentional Program Violation disqualification will begin no later than the second calendar month following the date of the State or Federal court order.
FFP	94	The FF disqualification for an Intentional Program Violation will end, for a first offense, after six months.
FFP	95	The FF disqualification for an Intentional Program Violation will end, for a second offense, after twelve months.
FFP	96	The FF disqualification for an Intentional Program Violation for a third and subsequent offense will be permanent.
FFP	97	A notice will be sent to the individual who has been disqualified from the FF program due to an Intentional Program Violation
FFP	98	The notice of IPV disqualification will contain the period of disqualification.
FFP	99	The notice of IPV disqualification will contain the amount of payment the Assistance group will receive during the disqualification period.
FFP	100	If the FF case is closed, the notice of IPV disqualification will include information that the disqualification will run as if the individual was an active recipient.
FFP	101	An individual will be disqualified from the FF program for 10 years, if he/she has been

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		convicted, entered a guilty plea or a plea of nolo contendere in a Federal or State court for having made a fraudulent statement or representation with respect to his/her place of residence in order to receive assistance simultaneously from two or more states.
FFP / FS	102	An individual will be disqualified from the FF and FS program if he/she is a fleeing felon.
FFP / FS	103	An individual will be disqualified from the FF and FS program if he/she has been convicted of a felony offense which occurred after August 22, 1996, and which has as an element of possession, use, or distribution of a controlled substance unless the felony has NOT been classified as a class A felony and the convicted individual is complying with, or has already complied with, all obligations imposed by the criminal court, including any substance abuse treatment.
FFP / FS	104	An individual will be disqualified from the FF and FS program if he/she has been convicted of a felony offense which occurred after August 22, 1996, and which has as an element of possession, use, or distribution of a controlled substance, unless he/she is currently participating in an approved substance abuse program.
FFP / FS	105	An individual will be disqualified from the FF and FS program if he/she has been convicted of a felony offense which occurred after August 22, 1996, and which has as an element of possession, use, or distribution of a controlled substance unless he/she is currently enrolled in, and/or on a waiting list for, an approved substance abuse treatment program and enters the program at the first available opportunity.
FFP / FS	106	An individual will be disqualified from the FF and FS program if he/she has been convicted of a felony offense which occurred after August 22, 1996, and which has as an element of possession, use, or distribution of a controlled substance unless he/she has satisfactorily completed an approved substance abuse program
FFP / FS	107	An individual will be disqualified from the FF and FS program if he/she has been convicted of a felony offense which occurred after August 22, 1996, and which has as an element of possession, use, or distribution of a controlled substance unless he/she has been determined by a treatment provider licensed by the Department of Health, Division of Alcohol and Drug Abuse Services, not to need treatment according to TennCare Guidelines.
FFP	108	An individual will be disqualified from the FF program if he/she has been convicted of a Class A felony.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP / FS	109	A disqualified caretaker receiving FF and FS is still required to participate in a work activity, unless otherwise exempt, and will remain eligible for support services while participating.
FFS	110	Families First Service Providers must report incidents of participant non-compliance to DHS.
TCM	111	A parent that does not cooperate with child support shall not receive Families First associated Medicaid, Aid to Families with Dependent Children Medicaid only or Medically Needy.
TCM	112	At the time that the parent agrees to cooperate with child support, he/she will be added to Medicaid.
TCM	113	The transfer of assets will be subject to a penalty period of ineligibility for nursing home vendor or wavered services under Home and Community-Based Services, determined by dividing uncompensated value of the transferred asset by the average monthly nursing home charge at the private pay rate for institutionalized disabled, blind and aged Medicaid.
TCM	114	This penalty period of ineligibility may be removed if satisfactory proof is provided that the individual intended to dispose of assets for the fair market value for institutionalized disabled, blind and aged Medicaid.
TCM	115	This penalty period of ineligibility may be removed if satisfactory proof is provided that the assets were transferred exclusively for a purpose other than to qualify for Medicaid for institutionalized disabled, blind and aged Medicaid.
TCM	116	This penalty period of ineligibility may be removed if the transferred assets have been returned to the individual.
TCM	117	The penalty period of ineligibility may be removed if it is determined that the penalty period would work an undue hardship in that the application of the penalty will result in loss of essential nursing care, which is not available from any other source.
TCM	118	A parent that does not cooperate with child support will be removed from the transitional Aid to Families with Dependent Children Medicaid only case; however the children will remain open in some category.
CC	119	A Transitional child care assistance parent is ineligible for non-compliance with work requirements.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	120	A Transitional child care assistance parent is ineligible for failure to pay the parent co-pay fee.
CC	121	A Transitional child care assistance parent is ineligible for failure to provide sufficient information to allow a determination of their work activity status.
CC	122	A Transitional child care assistance parent is ineligible for failure to cooperate with child support efforts and the case remains ineligible for the remainder of the 18 month period.
CC	123	A Transitional child care assistance parent is disqualified for a claim disqualification.
CC	124	An At-Risk child care assistance parent is ineligible for non-compliance with work requirements.
CC	125	An At-Risk child care assistance parent is ineligible for failure to cooperate with child support efforts.
CC	126	An At-Risk child care assistance parent is disqualified for a claim disqualification.
CC	127	An At-Risk child care assistance parent is ineligible for failure to pay the parent co-pay fee.
CC	128	An At-Risk child care assistance parent is ineligible for failure to provide sufficient information to allow a determination of their work activity status.
CC	129	A Low Income child care assistance parent is ineligible for non-compliance with work requirements.
CC	130	A Low-Income child care assistance parent is ineligible for failure to provide sufficient information to allow a determination of their work activity status.
CC	131	A Low Income child care assistance parent is disqualified for a claim disqualification.
CC	132	A Low Income child care assistance parent is ineligible for failure to pay the parent co-pay fee.
CC	133	A DCS foster care child care assistance parent does not have work requirements.
CC	134	A DCS protective services child care assistance parent does not have work requirements.
CC	135	A DCS foster care child care assistance parent is not ineligible for failure to provide sufficient information to allow a determination of their work activity status.
CC	136	A DCS protective services child care assistance parent is not ineligible for failure to provide sufficient information to allow a determination of their work activity status.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	137	A DCS foster care child care assistance parent is disqualified for a claim disqualification.
CC	138	A DCS protective services child care assistance parent is disqualified for a claim disqualification
CC	139	A DCS foster care child care assistance parent is ineligible for failure to pay the parent co-pay fee.
CC	140	A DCS protective services child care assistance parent is ineligible for failure to pay the parent co-pay fee.
CC	141	A disqualification for non-compliance with work requirements is ended when the Transitional child care assistance parent returns to compliance.
CC	142	A disqualification for failure to pay the parent co-pay fee is ended when the Transitional child care assistance parent is paid in full or has a verified repayment plan approved by the child care provider.
CC	143	A disqualification for a claim disqualification is ended when the Transitional child care assistance parent is paid in full.
CC	144	An ineligibility period for non-compliance with work requirements is ended when the At-Risk child care assistance parent is in compliance.
CC	145	A disqualification for a claim is ended when the At-Risk child care assistance parent is paid in full.
CC	146	An ineligibility period for failure to pay the parent co-pay fee is ended when the At-Risk child care assistance parent is paid in full or has a verified repayment plan approved by the child care provider.
CC	147	An ineligibility period for non-compliance with work requirements is ended when the Low Income child care assistance parent is in compliance.
CC	148	A disqualification for a claim is ended when the Low Income child care assistance parent is paid in full.
CC	149	An ineligibility period for failure to pay the parent co-pay fee is ended when the Low Income child care assistance parent is paid in full or has a verified repayment plan approved by the child care provider.
CC	150	A DCS foster care child care assistance parent does not have work requirements.
CC	151	A DCS protective services child care assistance parent does not have work

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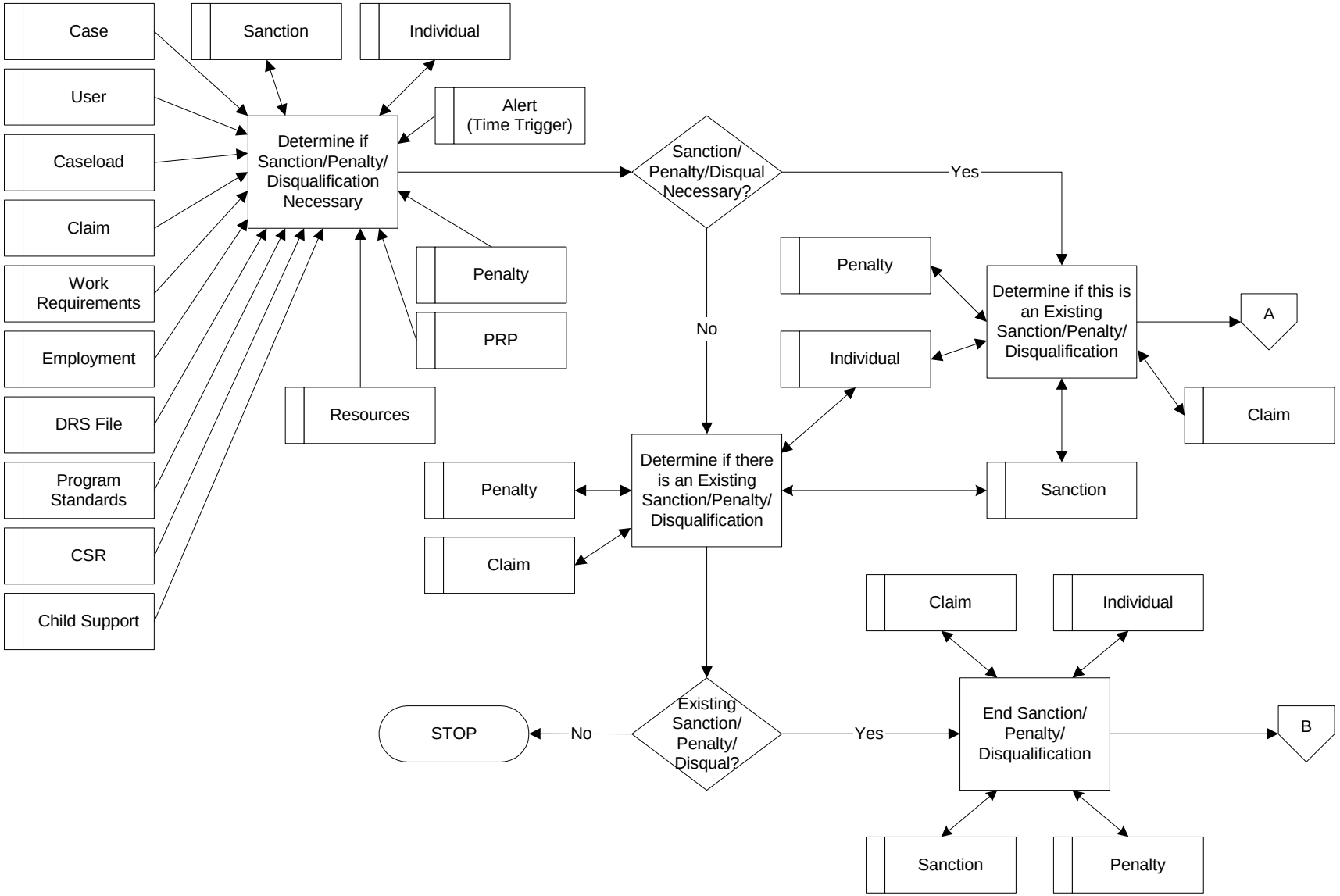
Program Type	Rule Number	Rule
		requirements.
CC	152	A disqualification for a claim is ended when the DCS foster care child care assistance parent is paid in full.
CC	153	A disqualification for a claim is ended when the DCS protective services child care assistance parent is paid in full.
CC	154	An ineligibility period for failure to pay the parent co-pay fee is ended when the DCS foster care child care assistance parent is paid in full or has a verified repayment plan approved by the child care provider.
CC	155	An ineligibility period for failure to pay the parent co-pay fee is ended when the DCS protective services child care assistance parent is paid in full or has a verified repayment plan approved by the child care provider.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

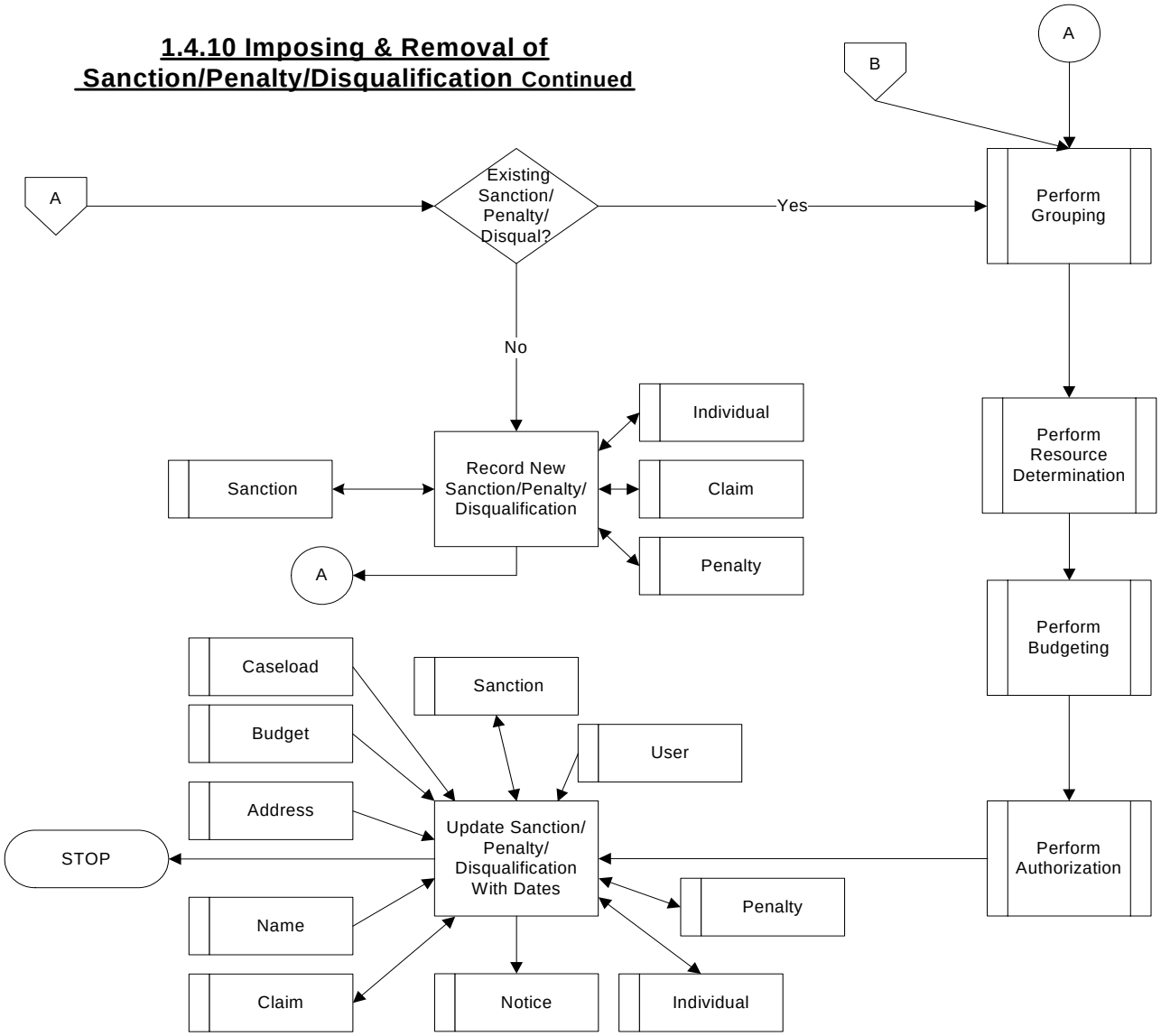
1.4.10

Imposing & Removal of Sanction/Penalty/Disqualification



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.4.10 Imposing & Removal of Sanction/Penalty/Disqualification Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral	
Program Affected: FF	**Users: Caseworker, System**

Process:

This process will generate a timely PRP work activity referral, send the referral to the Families First service provider, and send a notice to the client. This takes place whenever the PRP has activity change made to it. The system shall capture the date the referral was actually generated and released and populate the PRP with that date. The system shall be capable of determining when a referral is to be immediately released or held, and if held when to release or delete, based on rules. Referrals never released must be marked as such.

Sub-Processes:

1. Determine if 2 Week Compliance Referral Required

   The system shall determine by applying business rules if the activity is related to a 2 week compliance referral. If yes, a referral identifying the participant as being subject to 2 week compliance must be sent immediately to the provider, even if the case is still pending.

   PRP (Input/Output)
   Date Compliance Effective
   Compliance Expected Completion Date
   Work Activity Requiring 2 week compliance
   Activity Status That Required Compliance
   Activity
   2 Week Compliance Indicator

   SANCTION (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral

Program Affected: FF	**Users: Caseworker, System**

Sanction Indicator
Sanction Begin Date
Sanction End Date

PROVIDER (Input)
Provider Type

2. Determine if Case Opened or Pending for FF

   If a 2 week compliance referral is not required the system shall determine if the case is open for FF (Families First). This is also true in open/pending situations.

   CASE (Input)
   Case Status
   Program

   PRP (Input)
   Referral Date

3. Hold For Authorization

   If the case is in a pending status for TANF, the referral shall be held for case approval.

   CASE (Input)
   Case Status
   Status Reason
   Case ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.5.1 PRP Activity Referral

Program Affected: FF	**Users: Caseworker, System**

REFERRAL (Output)
Date Referral Held
Referral Hold Reason

4. Determine If Approved

   The system shall determine if the case has been approved.

   CASE (Input)
   Case Status
   Date Authorized
   Authorization Reason

5. Generate and Release Referrals to Provider At Approval

   If the case is authorized (Open) for TANF, the system shall generate the referral to the provider at approval. If the referral was held before being released pending case approval, the system shall determine if the activity start date needs to be adjusted prior to releasing the referrals, and if so, require the user to update. The system shall track the timeliness of, but not limited to, referrals, activity begin and end dates, and PRP negotiation dates, etc. to correctly adjust current and lifetime countable months based on program rules.

   TIME COUNTS (Output)
   Cycle Count
   Lifetime Count

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral	
Program Affected: FF	**Users: Caseworker, System**

CASE (Input/Output)
Date Referred
Date Authorized
Case ID

REFERRAL (Output)
Individual Name
Individual SSN
Time of Referral
Date of Referral
Referral Activity
Expected Start Date
Expected Completion Date
Provider ID
Provider Name

6. Send Referral to Client and Provider

If the referral is not to be printed, the user will request that the system generate the referral that will have all the necessary information pertaining to the activity for the individual and the selected Provider (if applicable).

REFERRAL (Output)
Provider Name
Provider Owner Address
Start Time of Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral

Program Affected: FF	**Users: Caseworker, System**

Individual Name
Begin Date of Activity
Caseworker Name
Caseworker Phone
Support Service Provider Name
County Office Phone Number
Service Center Phone Number
Individual ID
Planned Hours of Activity
Activity
PRP Activity Type
Planned Hours of Activity
Referral Date
Begin Date of Activity
Email Address
Fax Phone Number

CASE (Input)
Case Name
Case Address

7. Generate and Release Referral to Provider Immediately

   If a two week compliance referral is needed, the system shall generate and release the referral to the provider immediately using case information. A copy of the referral will also be provided to the client.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral

Program Affected: FF	**Users: Caseworker, System**

REFERRAL (Output)
Case Name
Case Number
Time of Referral
Date of Referral
Referral Activity
Expected Start Date
Expected Completion Date
2 Week Compliance Indicator
2 Week Compliance Begin Date
2 Week Compliance End Date

TIME COUNTS (Output)
Cycle Count
Lifetime Count

PRP (Input)
Provider Name
Location of Activity
Start Time of Activity
Individual's Name

CASE (Input)
Case Name
Case Number

8. Select Referral Print/Mail Option

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral	
Program Affected: FF	**Users: Caseworker, System**

The user will determine and select either the print or mail option for the referral.

REFERRAL (Input)
Individual Name
Individual SSN
Time of Referral
Date of Referral
Referral Activity
Expected Start Date
Expected Completion Date
2 Week Compliance Indicator
2 Week Compliance Start Date
2 Week Compliance End Date
Print/Mail Indicator

REFERRAL (Output)
Date Printed
Date Mailed

9. Delete Referrals Being Held

If the case is closed, or if the application is denied prior to referrals being released, the system shall delete held referrals and document the case as such.

REFERRAL (Output)
Date Deleted

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.1 PRP Activity Referral	
Program Affected: FF	**Users: Caseworker, System**

Reason Deleted

PRP (Output)
Referral Deleted Indicator
Date Deleted
Reason Deleted

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

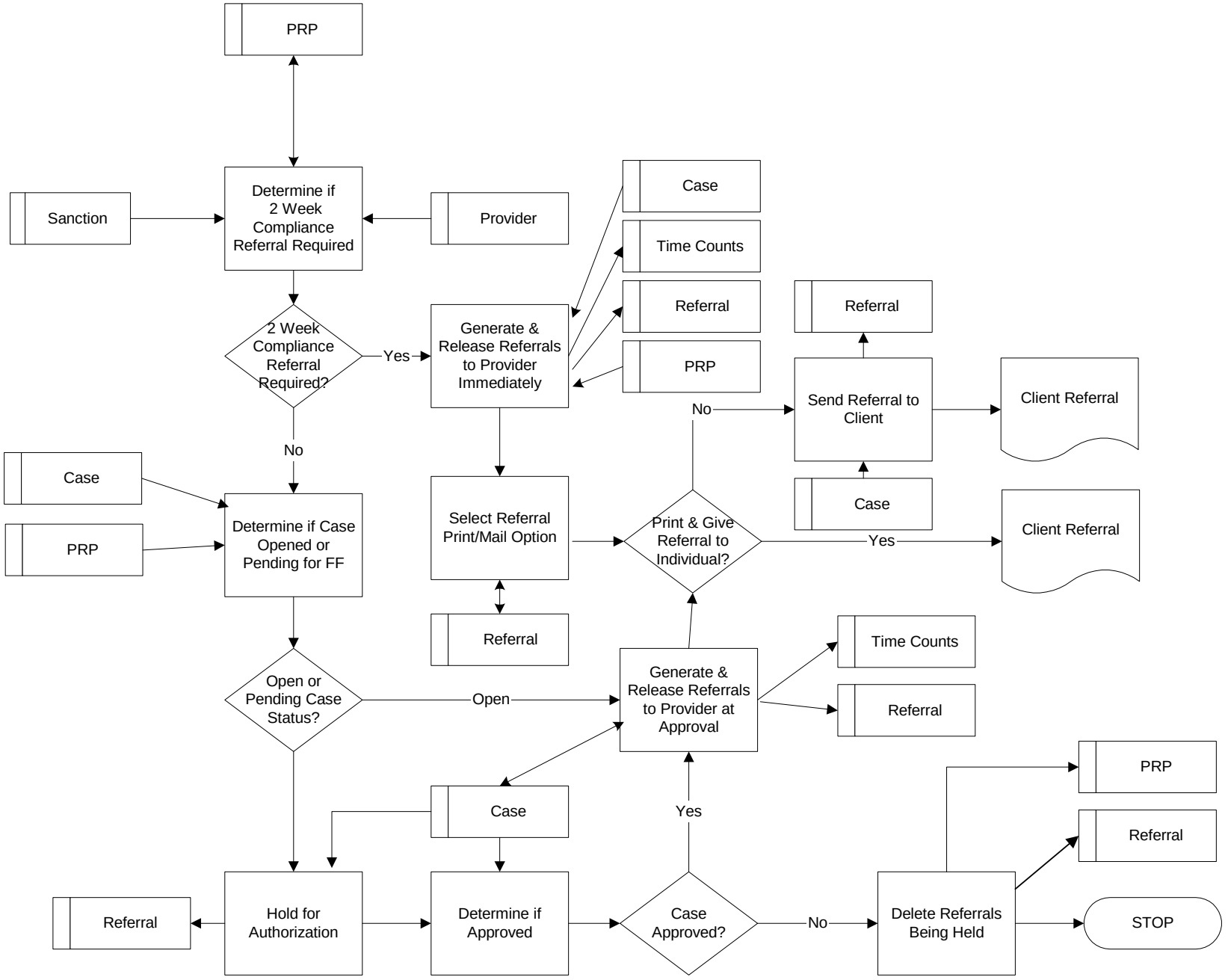
Program Type	Rule Number	Rule
FFP	1	If a Families First individual does not have good cause for non-compliance with a PRP work activity, the individual shall participate in the original activity or FSC/VR for two weeks at a 100% participation level.
FFP	2	If a Families First individual does not have good cause for non-compliance with a PRP work activity, and he/she is unable to participate in the original activity, the individual shall participate in an alternate activity.
FFP	3	When both parents in a two-parent assistance group have been sanctioned, both must comply before anyone in the assistance group can be eligible for Families First, unless either parent becomes exempt.
FFP	4	If a Families First assistance group that has been closed because an individual(s) failed to comply with a PRP reapplies, the individual(s) who did not comply will be required to comply for two weeks prior to approval of Families First benefits.
FFP	5	If an individual in an active Families First case fails to comply, he/she will be given the opportunity to comply.
FFP	6	If a Families First applicant must comply for two weeks prior to case approval, the Eligibility Assistant shall contact the adult(s) and/or minor parents in the case to refer them to the appropriate activities and support services to comply with the PRP.
FFP	7	A referral shall be made to the appropriate Personal Responsibility Plan activity provider for the Families First applicant when the individual must comply for two weeks prior to approval.
FFP	8	If the Families First applicant is not required to comply for two weeks, a referral shall be completed and made to the appropriate Personal Responsibility Plan activity provider for the Families First individual when the Families First case is approved
FFP	9	The Families First individual may be given a referral in person.
FFP	10	The Families First individual may be given a referral by mail.
FFP	11	The Families First individual shall receive notice of an activity referral, its location and start date.
FFS	12	A referral shall be made to the appropriate Personal Responsibility Plan (PRP) support services provider for the Families First applicant when the individual is to attend a work activity.
FFS	13	A referral shall be made to the appropriate Personal Responsibility Plan (PRP) work activity provider for the Families First applicant when the individual must attend the specified work activity.
FFS	14	A referral shall be made to the appropriate Personal Responsibility Plan (PRP) work activity provider for the Families First applicant when the individual must comply for two weeks prior to approval.
FFS	15	If a Families First assistance group that has been closed because an individual(s) failed to comply with a PRP reapplies, the individual(s) who did not comply will be required to comply for two weeks prior to approval of Families First benefits.
FFS	16	Families First work activity providers must track participant attendance and participation.
FFS	17	Participant attendance must meet specific criteria of 90% attendance in an activity or 100% attendance if

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		required to establish activity compliance.
FFS	18	DHS caseworker must notify the work activity provider when a participant is required to attend an activity for a two-week period at 100% compliance.
FFS	19	A PRP work activity referral must be sent to the work activity provider indicating the two week compliance date.
FFS	20	The work activity provider must notify the DHS caseworker of the participant's attendance and activity status.
FFS	21	All instances of non-compliance must be report to DHS by the work activity provider.
FFP	22	Non-Compliance could be based on attendance, participation of lack of progress.
FFP	23	The Families First Individual may be given a referral in person.
FFP	24	The Families First Individual shall receive notice of an activity referral, its location and start date.
FFP	25	The FF Individual may be given a referral by mail.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.1
PRP Activity Referral



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider	
Program Affected: FF	**Users: Caseworker, Service Provider**

Process:

This process describes what the service provider does after he/she receives a referral for an activity for a Families First participant. A referral is generated based on the PRP information, and released upon case authorization, unless the individual is attempting to cure a sanction through a 2-week compliance period. Note: Tennessee does not currently provide FF activity tracking through EBT, although we may add this by the time this system is implemented.

Sub-Processes:

1. Perform 'Appointment Scheduler' Process

   If an appointment had been scheduled and the individual requests that his/her appointment be changed prior to the scheduled appointment time, the provider will perform the pre-defined process 'Appointment Scheduling' Process.

2. Record Individual Show/No Show For Appointment

   An individual's attendance at an activity shall be recorded electronically (EBT Card) or manually (providers without electronic link to the system). The show/no show status of Families First individuals is required to determine if they are complying with attendance requirements.

   APPOINTMENT (Input)
   Client ID
   No-Show indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

Date of appointment
Time of appointment
Activity Name

PRP (Input)
Activity Name

ATTENDANCE (Output)
Attendance Indicator

CASE (Input)
Case Number
Activity Participant's Name
Activity Participant's ID

3. Perform 'Caseload Assignment' Process

   The system shall perform the pre-defined process to assign the individual to the appropriate activity instructor/facilitator when individual is recorded as a 'show' for the initial appointment with the selected FF Service Provider.

4. Update Case with Facilitator Information

   The system shall update the case with the assigned facilitator information.

   PRP (Input)
   Assigned Provider

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

Effective Date of Activity
FF Activity

Case (Output)
Facilitator Name
Date Assigned

5. Determine if Individual Must Meet 2-Week Compliance or does not wish to Reschedule

   Utilizing sanction, compliance/conciliation and PRP data, the system shall determine if the individual must meet 2-week 100% attendance requirements based on FF rules or if the individual (not a 2-week compliance) had contacted the provider prior to the appointment or stated that they do not plan to attend the activity as scheduled and does not wish to reschedule.

   APPOINTMENT (Input)
   Appointment Date
   Appointment Time
   Good Cause Reason for Missed Appointment

   CASE (Input)
   Individual ID
   FF Activity

   PRP (Output)
   2 Week Compliance Indicator
   2 Week Compliance End Date
   Non-Compliance Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

2 Week Compliance Begin Date
Missed Appointment for Activity Indicator
Good Cause Reason for Missed Appointment

SANCTION (Input)
Sanction Type
Begin Date of Sanction
Good Cause Indicator
Good Cause Effective Date
Good Cause End Date
Good Cause Reason
End Date of Sanction
Sanction Indicator

6. Alert Appropriate User Immediately

The appropriate DHS user will be notified immediately by display if the individual in a two-week compliance period does not show up for the appointment or if the individual missed his first appointment. The user will be notified if the appointment was rescheduled, as permitted based on business rules.

USER (Input)
User ID
User Name

ALERT (Output)
User ID
Client Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

Client ID
Alert Type

7. Determine if 1st No Show

   If the individual has not shown up for the appointment, and they are not in two-week compliance, the system will determine if this is the 1st time they had missed an appointment for the referral activity.

   APPOINTMENT (Input)
   Number of Missed Appointments
   Missed Appointment Dates
   Missed Appointment Times

   CASE (Input)
   Case Number
   Individual's Name
   Individual's ID

   CASE (Output)
   Missed 1st Appointment for Activity Indicator

8. Record Contact Detail

   If the individual doesn't show for his/her initial appointment with the Service Provider, the provider will attempt to contact the client and record the contact detail information. The contact shall attempt to determine if there is good cause for the no show and if the individual wishes to reschedule. If the client

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

does not show, the initial activity will be rescheduled.

CONTACT (Output)
Date of Contact
Individual Name
Individual ID
Appointment Date
Appointment Time
Contact type
Contact Comments
Contact Worker User ID
Case Number
Excused/Good Cause Indicator for No Show Dates for Attendance

CASE (Input)
Case Number
Individual's Name
Individual's Phone Number
Individual's Address

APPOINTMENT (Input)
Appointment Time
Appointment Date
Attendance Indicator

9. Perform Appointment Scheduling

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

Based on business rules, the system shall perform the pre-defined process Appointment Scheduling.

10. Determine Non-Compliance Status

    If not individuals, first no-show, the attendance results, noting the individual failed to show user shall record the attendance results, noting the individual failed to show. Attendance shall continue to be entered for each day the individual is to be in the activity. Based on business rules and data entered, the system shall determine and record the appropriate status for the individual.

    PRP (Output)
    Individual ID
    Date of Non-Compliance
    Appointment Date of Missed Day

    ATTENDANCE (Input)
    Number of Misses
    Date of Misses
    FF Activity
    Facilitator

    CASE (Input)
    Individual Name
    Individual ID
    Case Number

11. Alert User

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider

Program Affected: FF	**Users: Caseworker, Service Provider**

If the 'no show' is determined not to be the 1st no show, the system shall display an alert to the appropriate DHS user.

ALERT (Output)
Individual ID
Date of Appointment
Number of No Shows
Individual Name
Alert Type
Worker User ID
2-Week Compliance Indicator
Case Id
Activity Name
Individual Name

ATTENDANCE (Input)
FF Activity
Date(s) Missed
Facilitator
Number of Misses

CASE (Input)
Case Number
Individual Name
Individual ID

12. Record if Individual Wants to Reschedule

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 1.5.2 Work Activity Referral to Provider	
Program Affected: FF	**Users: Caseworker, Service Provider**

If the provider was successful in contacting the individual from a 1st no-show, the provider will record if the individual wants to reschedule his/her appointment.

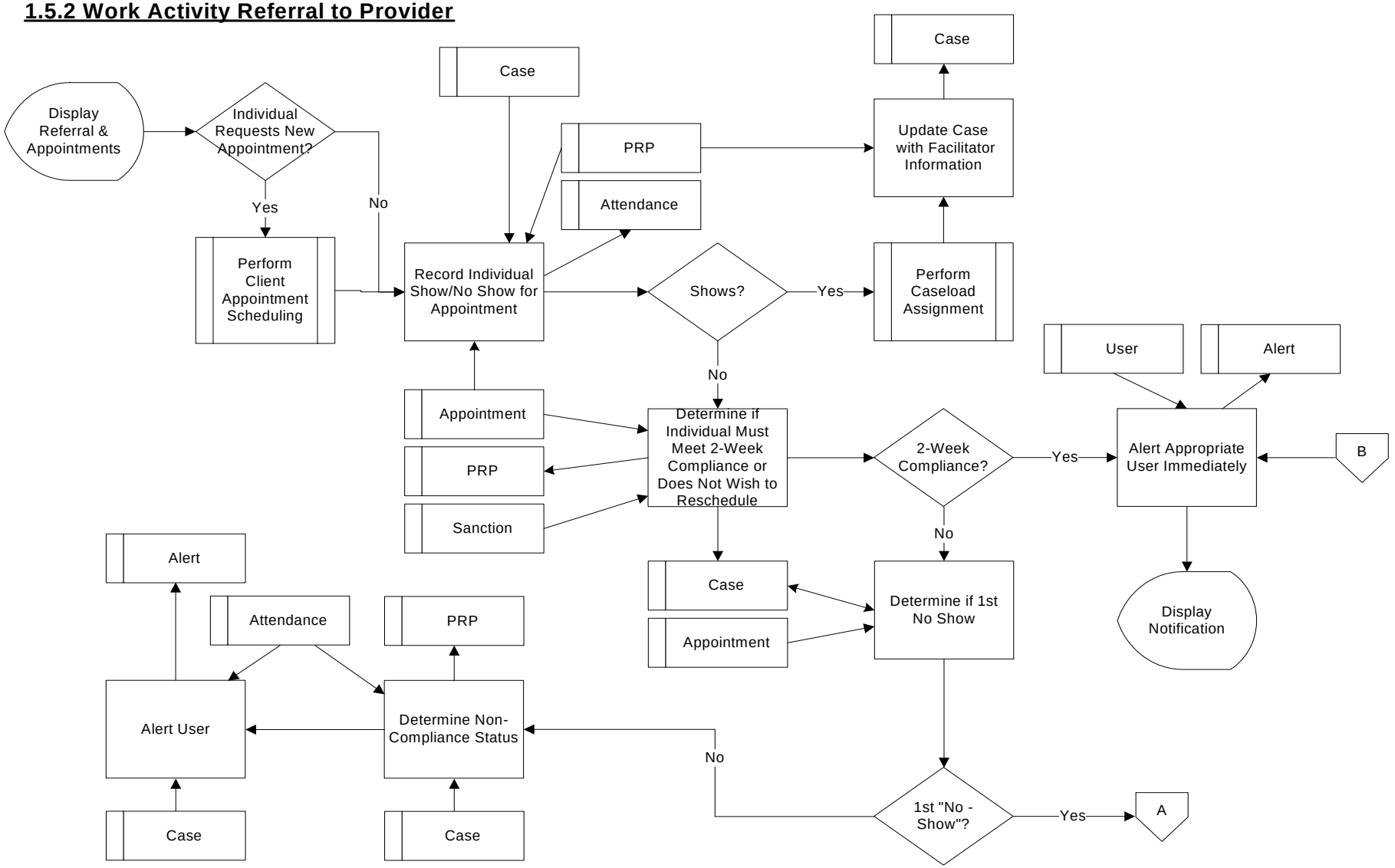
APPOINTMENT (Output)
Appointment Type Requested by Client

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

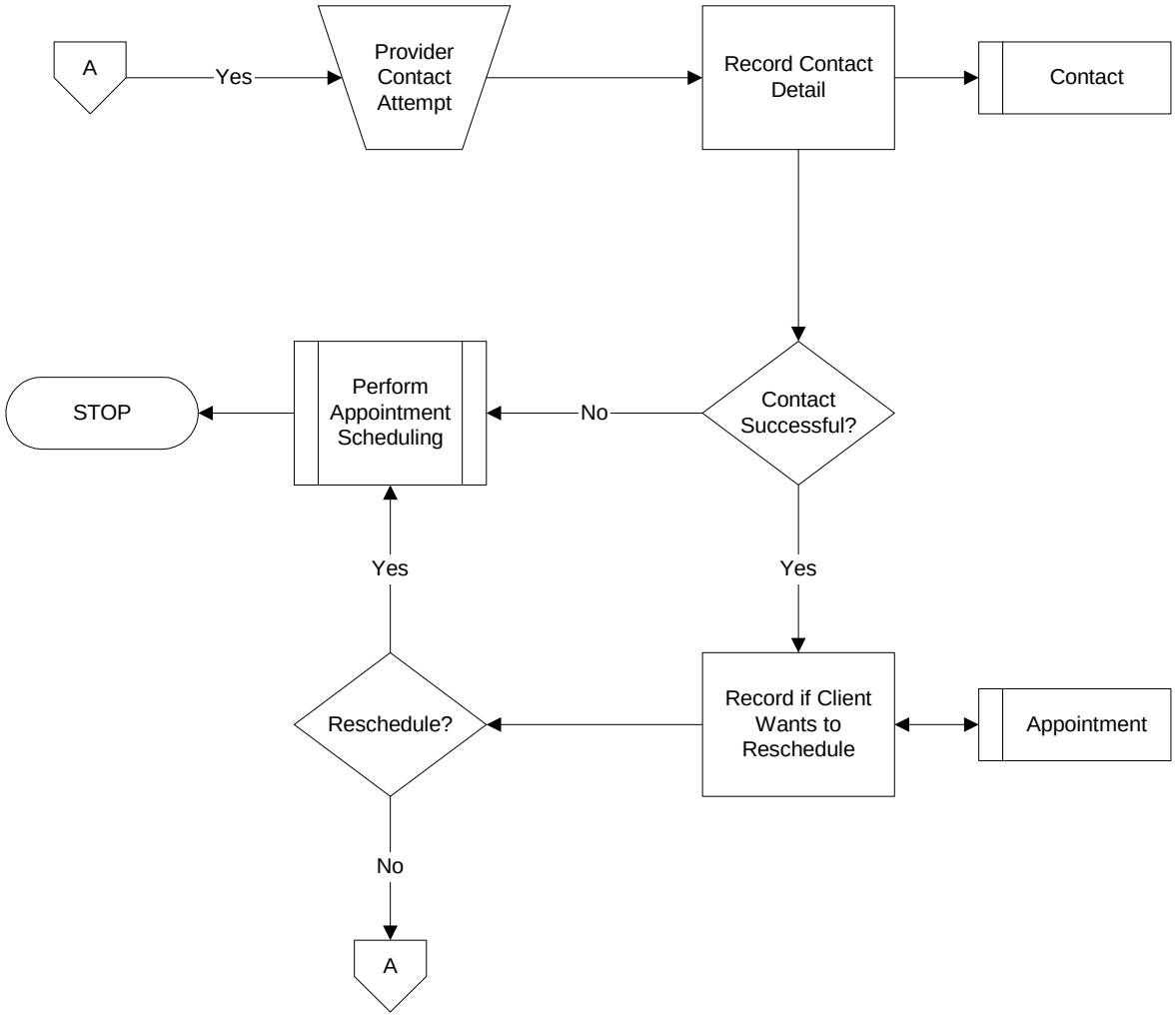
Program Type	Rule Number	Rule
FFS	1	A client cannot reschedule an initial missed appointment if they are in a 2-week compliance status.
FFS	2	The FF Provider should contact the client regarding the initial appointment at least one time according to the preferred method of contact then report non-attendance after 3 days.
FFP	3	FF individuals must participate in work or work preparation activities unless exempt or interrupted.
FFP	4	The FF provider must record the FF individual's attendance.
FFP	5	The FF individual who is not in two-week compliance and who is not exempt or interrupted must participate in a work activity 90% of the time.
FFP	6	If the FF individual misses activity time, the provider must determine if the individual has met the 90% attendance requirement.
FFP	7	The FF provider must notify the caseworker within three working days if a FF individual who is not in two-week compliance fails to meet the 90% attendance requirement.
FFP	8	The FF individual in two-week compliance must participate in a work activity 100% of the time.
FFP	9	The FF individual, who is not in two-week compliance and is not exempt or interrupted from the work requirement, must comply with his/her PRP activity for two-weeks to resolve a sanction if he/she fails, without good cause, to participate in a work activity 90% of the time.
FFP	10	The FF provider must notify the caseworker within three working days if a FF individual, who is in two-week compliance, fails to meet the 100% attendance requirement.
FFP	11	The FF individual will be given the opportunity to reschedule a 1st activity appointment with a provider.
FFS	12	If a client opts to reschedule an initial appointment, this is not considered an excused day.
FF	13	When a client logs in for an appointment, their attendance must be recorded.
FF	14	When a client misses an appointment, their absence must be recorded.
FF	15	When a client who is required to meet 2-week compliance misses an appointment, an alert must be sent to the user immediately.
FF	16	The alert must inform the user the client missed an appointment.
FF	17	The alert must inform the user the client's name.
FF	18	The alert must inform the user that the client is required to meet 2-week compliance.
FF	19	The alert must inform the user of the client's ID.
FF	20	The alert must inform the user of the case number.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.2 Work Activity Referral to Provider



1.5.2
Work Activity
Referral to Provider
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP	
Program Affected: FF	**Users: Caseworker**

Process:

This process will apply business rules and determine if an individual meets the criteria that require that they be offered a PRP for their signature in order to qualify to receive Families First assistance and the extent of the requirements that they will have on their Personal Responsibility. The system shall have the ability to track time limited benefits by individual. The system shall build the FF PRP based on user input. The system shall allow the user to enter freeform text to be included on the PRP. The system shall allow an adult, who previously received FF assistance for one group of children but now receive FF assistance for a different group of children to have a new interim and a new lifetime time counter. Note: additional information regarding the FF PRP may be found in the "Personal Responsibility Plan' process.

Sub-Processes:

1. Determine PRP Base Requirements

   If the individual meets the criteria, the system shall determine by examining interruption and exemption indicators if the client has an interruption or an exemption. The system shall also determine if school attendance compliance requirement is required based on age of children. Using relationship data, the system shall also determine if compliance with child support applies to the specific case as a requirement.

   PLACEMENT/LIVING ARRANGEMENT (Input)
   Living Arrangement Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

RELATIONSHIP (Input)
Caretaker Relationship with other Household Members
Non-Parental Caretaker Inclusion Indicator

INDIVIDUAL (Input)
Individual ID
Pregnancy Information
Date of Conception
Due Date
End Date
Date of Birth

CASE (Input)
Case ID
Status
Caretaker Indicator

DISABILITY/INCAPACITY (Input)
Live Alone Indicator
Live with Immediate Family and Friends Indicator
Begin Date of Disability
End Date of Disability
Disability Claimed Indicator
Date Disability Claimed
Disability Claim Status
Disabled Person Name
Verification of Disability

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

Begin Date of Incapacity
End Date of Incapacity
Incapacity Claimed Indicator
Incapacity Claimed Status
Date Incapacity Claimed
Incapacitated Person Name
Verification of Incapacity
Review Due Date for Incapacity
Doctor's Statement Date
Doctor's Name
Doctor's Address
Doctor's Statement Reason
Caring for Ill or Incapacitated Indicator
SSI Recipient Indicator

INCOME (Input)
Individual's Name
Individual's SSN
Income Type

EMPLOYMENT (Input)
Employment Type
Monthly Hours
Monthly Hours Verification
Hourly Rate
Job Begin Date
Job End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

SCHOOL ATTENDANCE (Input)
Attending
School Status
Number of Hours Attending
Caretaker's Literacy Level
Second Parent's Literacy Level
Minor Parent's Literacy Level
Expected Graduation Date
Caretaker is 18 Not Graduated from High School Indicator

SANCTIONS (Input)
Sanction Type
Sanction Reason
Sanction Occurrence
Begin Sanction Date
End Sanction Date

CUSTOMER SERVICE REVIEW (Input)
CSR User ID

PRP (Input)
PRP Signature Date
Activity Requested
Date Activity Requested
Appropriate Work/Educational Activity Not Available Indicator
Begin Date Work/Education Activity Not Available

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

End Date Work/Education Activity Not Available
Support Service Requested
Transportation Not Available Indicator
Child Care Not Available Indicator
Begin Date Support Service Not Available
End Date Support Service Not Available
Interruption Indicator
Interruption Reason
Date Interrupt Begin
Date Interrupt End
Exemption Indicator
Exemption Reason
Date Exempt Begin
Date Exempt End
FSC Referral Date
FSC Assessment Begin Date
FSC Assessment End Date
FSC Recommended Time Count Interruption Indicator
FSC Recommended Time Count Interruption End Date
VR Assessment Referral Date
VR Assessment Begin Date
VR Assessment End Date
VR Recommended Time Count Interruption Indicator
VR Recommended Time Count Interruption Begin Date
VR Recommended Time Count Interruption End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

2. Populate Base PRP

The system shall populate the base PRP according to business rules and specific case information. The base PRP will also include information related to time limits providing the interim and lifetime countable months as of the date the PRP is printed. It shall further identify if the case is in a period of time limit extension, and reason, or in an interruption or exemption period, why and end date of interruption/exemption if applicable.

PRP (Input)
Interruption Reason
Interruption Indicator
Date Interruption Start
Date Interruption End
Exemption Reason
Exemption Indicator
Date Exempt Begin
Date Exempt End

INDIVIDUAL (Input)
Individual ID
Pregnancy Information
Date of Conception
Due Date
End Date
Date of Birth
Individual Eligibility Participation Status
Alien Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

ABSENT PARENT (Input)
Child Support Cooperation Indicator
Agreement to Assign Child Support to the State Indicator
Date Child Support Cooperation Indicator Recorded

SCHOOL ATTENDANCE (Input)
Individual Attending School
School Status
Number of Hours Attending
Caretaker's Literacy Level
Second Parent's Literacy Level
Minor Parent's Literacy Level
Expected Graduation Date

PRP (Output)
Case Name
Case Number
Individual's Name
Individual's SS #
Agreement to Sign PRP Indicator
School Attendance Indicator
Health Check Agreement Indicator
Immunization Agreement Indicator
Child Support Cooperation Indicator
Agreement to Assign Child Support to the State Indicator
Interruption Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

Interruption Reason
Date Interrupt Begin
Date Interrupt End
Exemption Indicator
Exemption Reason
Date Exempt Begin
Date Exempt End

3. Determine if Work Activity Applies

The system shall determine by applying business rules if the individual will be required to participate in a work activity. The system shall allow the user to select the provider from a 'service provider list' for each activity, transportation, or support service, as the PRP is negotiated. The system will utilize tracking from work activities and support services in the calculation of countable months based on policy rules. The system shall have the ability to generate appropriate notices and referrals at any time in the application process.

PRP (Input)
Interruption Indicator
Interruption Reason
Date Interrupt Begin
Date Interrupt End
Exemption Indicator
Exemption Reason
Date Exempt Begin
Date Exempt End

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

PRP (Output)
Work Activities Indicator

4. Record if the Exempt/Interrupted Customer Wants to Volunteer for a Work Activity.

   The user will record whether an individual who has been determined to meet certain exemption or interruptions wants to volunteer for work activities and is permitted to do so. The interruptions and exemptions that will allow the individual to be considered a volunteer versus having mandatory work requirements will be defined by program policy rules.

   PRP (Input)
   Interruption Indicator
   Interruption Reason
   Date Interrupt Begin
   Date Interrupt End
   Exemption Indicator
   Exemption Reason
   Date Exempt Begin
   Date Exempt End
   Work Activities Indicator
   Individual Name

   PRP (Output)
   Volunteer Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

5. Create Work Activities

The system shall auto-populate the PRP as much as possible based on prior input into the case, with the user retaining the ability to override the information. In conjunction with the individual, the user will determine and record the work activities and hourly requirements for each activity. The system must edit to ensure the PRP is valid before presenting for signature. System validity checks shall include, but not be limited to, total hourly requirement; hours per activity, combination of activities as defined by program rules and utility case and individual data. The caseworker shall also be able to record additional comments regarding each activity that may be included on the PRP. The system shall have the ability to calculate and compare the number of planned hours and actual hours in a work activity. The system shall track the progress of FF clients entering time limited work activities. The system shall allow adjustments to attendance for a specified period of time based on policy rules. The system shall use education level and length of time in Adult Education to determine progress for FF individuals with an Adult Education work activity. The system shall track the number of weeks/months an individual has participated in each FF work activity and display current and lifetime counter total for each. The system shall be able to edit combinations of different activities or use prior activities to determine validity of proposed PRP. The system shall provide the user the capability to print the PRP each time the plan is initiated or re-negotiated and the FF participant will sign the printed PRP. The system shall have the capability to print the PRP upon demand. The system shall require the PRP to be reviewed at specific periods of time and updated at any time by the user based on rules. The system shall have the capability for the user to determine when a referral is to be sent from the PRP. The system shall have the ability to capture actual referral dates based on actual date generated. The system shall track the time from when the PRP is mailed, faxed, emailed to the individual. The system shall provide the capability to obtain an electronic signature by the client. The system shall require a new VR feedback summary for each new referral to VR as an activity. The system shall allow updates to VR feedback while individual is an active referral. The system shall ensure that to prevent duplicate entry, the system shall have the option for appropriate user to accept information that is provided by the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

contractors. The system shall support an active assessment of an individual's barriers and track from date of referral to completion. The system shall allow customer to be assessed multiple times.

PRP (Input)
Work Activities Indicator
Volunteer Indicator
FSC Referral Date
FSC Assessment Begin Date
FSC Assessment End Date
FSC Recommended Time Count Interruption Indicator
FSC Recommended Time Count Interruption Begin Date
FSC Recommended Time Count Interruption End Date
VR Assessment Referral Date
VR Assessment Begin Date
VR Assessment End Date
VR Recommended Time Count Interruption Indicator
VR Recommended Time Count Interruption Begin Date
VR Recommended Time Count Interruption End Date

EMPLOYMENT (Input)
Employment Type
Monthly Hours
Monthly Hours Verification
Hourly Rate
Job Begin Date
Job End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

SCHOOL ATTENDANCE (Input)
Individual Attending School
School Status
Number of Hours Attending
Caretaker's Literacy Level
Second Parent's Literacy Level
Minor Parent's Literacy Level
Expected Graduation Date

SANCTIONS (Input)
Sanction Type
Sanction Reason
Sanction Occurrence
Begin Sanction Date
End Sanction Date
Good Cause Indicator
Good Cause Date
Good Cause Reason
Good Cause Begin Date
Good Cause End Date

INCOME (Input)
Individual's Name
Individual's SSN
Monthly Income Amount
Monthly Income Verification
Monthly Expenses Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

Monthly Expenses Verification
Income Type

PRP (Output)
Activity Type
Activity
Expected Begin Date
Referral Date
Expected Completion Date
Worker Comments

6. Determine if Support Services Apply

The caseworker will determine and record if the client is eligible for a support service activity. The system shall maintain a list of all support services available to participate. The system shall use participant attendance data to calculate transportation benefits based on policy rules. The system shall calculate FF transportation gas reimbursement payments for individuals who provide their own transportation to work on training activities.

PRP (Input)
PRP Needs Work Activities Indicator
Eligible to Participate as a Volunteer Indicator
Activity Type
Activity
Expected Begin Date
Referral Date
Expected Completion Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

Worker Comments

INDIVIDUAL (Input)
Date of Birth

Disability/Incapacity (Input)
Disabled Individual

PRP (Output)
Support Services Indicator

TRANSPORTATION (Input)
Transportation Type

7. Create Support Services

If support services are requested and/or needed for compliance with the work requirements, the user will select and record the appropriate activity(s).

PRP (Input)
Support Services Indicator

PRP (Output)
Date Support Service Requested
Type of Support Service
Amount of Support Service

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

8. Select Provider

The caseworker will select the most appropriate provider for the individual for the selected activities. In some instances, the system may populate the provider when there is only the one choice, or rules identify the choice, and user input is not necessary. However, the user may always override a system populated choice. If a provider is not available for a selected activity, the system will trigger the user to revise as part of the validity check. The system should be able to identify the core service provider that specifically offer services and arrange that information by county location and/or service. The system shall allow user to schedule appointment with provider for the most appropriate start time, start date, and print the information for the individual in a referral form and to populate the PRP.

PRP (Input)
Eligible to Receive Support Services Indicator
Individual Name
Individual ID Number
Date Support Service Requested
Type of Support Service
Amount of Support Service

PROVIDER (Input)
Date Support Service Requested
Provider Service Type
Amount of Support Service
Provider Owner Name
Provider Owner Address
Provider Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.3 Initialize Families First PRP

Program Affected: FF	**Users: Caseworker**

PRP (Output)
Provider Name
Provider Owner Address
Provider Owner Name
Provider Phone Number
Provider Service Type

9. Review and Update PRP and Obtain Client Signature

The caseworker will review and update the PRP and/or work activities once the system has populated the field with a combination of auto-generated and user generated entries. Such a review will be completed before providing to the individual for signature.

PRP (Input/Output)
PRP Actual End Date of Activity
PRP Activity Type
Activity
Personal Responsibility Plan Signature Date
PRP Agreement Indicator
PRP Refused Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	The system shall maintain a list of contracted core service providers and/or service providers that administer work related activities.
FFS	2	The service provider lists should be arranged according to county of location and/or service area.
FFS	3	Work Prep and jobs skills training are work related activities in which a participant may only attend twice in the sixty month period of eligibility to cash assistance.
FFS	4	Once a participant attends Work Prep or jobs skills training, they are not allowed to be reassigned unless a period of employment has occurred or the participant has been in another approved work activity.
FFS	5	The instances a participant has attended Work Prep and Job skills training then limit the number of times Work Prep or Jobs skills training should be tracked can be entered on the PRP.
FFS	6	Whenever it is determined by the caseworker that a valid reason for reassignment to Work Prep or Jobs skills training exists, an override must be permitted.
FFS	7	A valid reason for reassignment to Work Prep may include satisfactory completion of Family Services Counseling.
FFS	8	If a participant is being assigned to Work Prep or Jobs skills training a second time, the system shall verify that the participant has been employed or involved in another approved work activity since the previous assignments based on information entered into the case record and/or additional documentation.
FFS	9	If these requirements are not met then Work Prep or Jobs skills training would not apply as an appropriate work activity.
FFP	10	The Families First Personal Responsibility Plan (PRP) is an agreement between the Families First participant and the Department of Human Services (DHS) that shall be completed for each Families First case.
FFP	11	In the Families First PRP agreement, the Families First participant shall agree to take certain steps to move the case to self-sufficiency. In return DHS shall agree to provide temporary cash assistance and support services to help the caretaker/parent to gain employment.
FFP	12	The Families First PRP development shall take place during the eligibility determination process. The caseworker and the participant shall discuss the requirements and choice of work activities in the PRP in detail to create a realistic, workable plan.
FFP	13	The caseworker must ensure that the caretaker shall receive a clear explanation of each activity on the PRP and how to comply with the plan.
FFP	14	Each Families First CASE adult must agree to sign and comply with the individualized PRP. If there are two adults in the CASE, each one must sign his/her own PRP.
FFP	15	The PRP must be signed by the minor parent if he/she is the caretaker of the case. The minor parent who is a dependent in a CASE shall not be required to sign a PRP, but one shall be presented to him/her.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

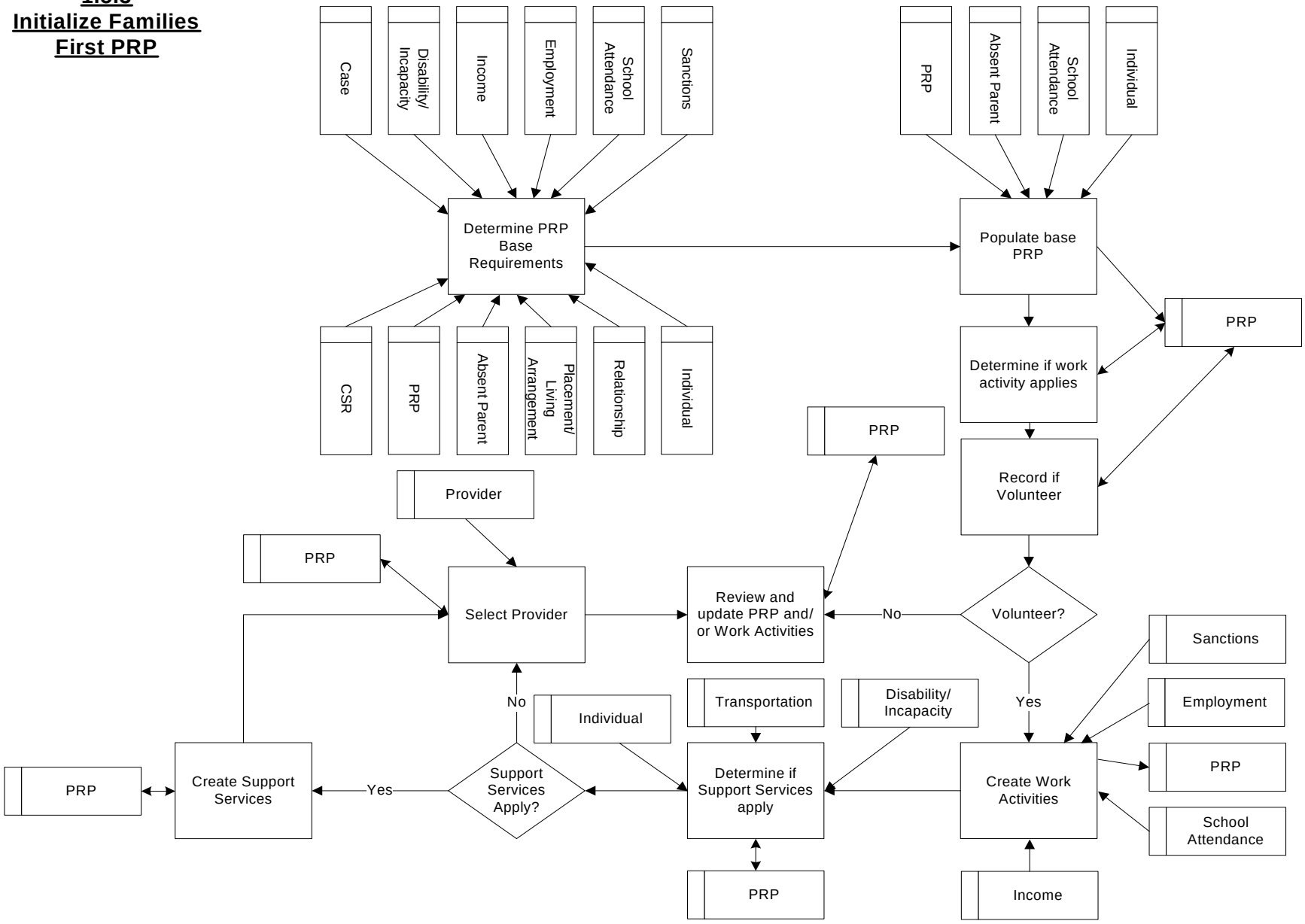
Program Type	Rule Number	Rule
FFP	16	If the adult or the minor parent who is the caretaker of his/her own refuses to sign the PRP, the entire CASE shall be ineligible for Families First benefits.
FFP	17	If the adult refuses to sign the PRP at application and there is no minor parent in the CASE, the case shall fail for Families First benefits and shall trickle to determine Medicaid eligibility.
FFP	18	If the adult refuses to sign the PRP at application and there is a minor parent in the home, the CASE shall fail for Families First benefits and the case shall trickle to create a Families First CASE for the minor parent. If the minor parent agrees to sign/comply with the PRP, a case shall be established with him/her as the caretaker for himself/herself and his/her child.
FFP	19	If the adult who previously refused to sign the PRP, and later decides to sign and comply with the PRP shall be able to reapply for Families First benefits at any time.
FFP	20	If the adult in an active CASE refuses to sign the PRP, the CASE will be closed and Transitional Child Care/Transitional Medicaid shall be set. Minor parents in the CASE who wish to apply for Families First for themselves and their children shall be eligible to do so.
FFP	21	The individualized PRP shall require the CASE adult or minor parent to keep immunizations and health checks current for all CASE children in the case.
FFP	22	The individualized PRP shall require the CASE adult or minor parent to enforce school attendance, including kindergarten, for all CASE children in the case.
FFP	23	The individualized PRP shall require the CASE adult or minor parent to cooperate with Child Support Services to establish paternity, locate the absent parent, and enforce collection of court ordered child support and assignment of child support to DHS.
FFP	24	The individualized PRP shall require the minor parent to live in the home with parents or other authorized responsible adult.
FFP	25	The individualized PRP shall require the minor parent to enroll in and attend school or an approved alternate educational or training program. If the minor parent is not is school during non-traditional school periods, he/she shall be encouraged, but not required to participate in other work activities.
FFP	26	The individualized PRP shall require the adult to participate in work, work preparation, educational or training activities, Family Service Counseling or Vocational Rehabilitation, unless exempt or interrupted.
FFP	27	The individualized PRP shall require DHS to provide support services and child care for the eligible adult/and/or minor caretakers who are participating in work, work preparation, educational or training activities, or Family Service Counseling or Vocational Rehabilitation.
FFP	28	If the individual is already in compliance with some of the PRP requirements, such as immunizations, school attendance, employment, etc. at the time of the interview, verification of these requirements must be provided to the caseworker prior to case approval.
FFP	29	The individual shall not be assigned to any work activity, or referred for child care and other support services until the Families First case is approved.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	30	The individual shall be assigned to a work activity, and supportive services shall be provided during the application period when the individual must complete a two-week compliance period prior to approval.
FFP	31	The caseworker shall determine the PRP base requirements during the eligibility determination process, and populate the PRP.
FFP	32	The caseworker shall determine if a work activity is required for the individual.
FFP	33	If a work activity is required, the caseworker and the individual shall discuss in detail and select the most appropriate work activity for the individual to participate in.
FFP	34	The caseworker shall review and update the PRP and/or work activity.
FFP	35	If a work activity is not required, but the individual chooses to participate in an activity, the caseworker and individual shall discuss in detail and select the most appropriate work activity. The caseworker shall document that the individuals participation shall be voluntary
FFP	36	The caseworker shall determine if Support Services shall be required for the individual to participate in his/her work activity.
FFP	37	If Support Services shall be necessary for the individual to participate in his/her work activity, the caseworker must create the Support Services and record the services that shall be provided.
FFP	38	If Support Services shall not be necessary for the individual to participate in his/her work activity, no Support Services shall be created.
FFP	39	The caseworker shall record detailed information regarding the PRP requirements, work activities and supportive services.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.3 Initialize Families First PRP



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral	
Program Affected: Families First	**Users: Caseworkers**

Process:

The Department of Human Services offers certain extended time limited services (activity and support) for those Families First cases that close and are determined to be eligible based on rules. As defined by rule, some individuals who close for FF will automatically receive a referral to the service, while others will receive a notice informing them the service may be available upon request. Referrals for extended services must be able to be generated without requiring a PRP update or signature.

Sub-Processes:

1. FF Case Closes and Individual and/or provider notified of Extended Services Opportunities

Upon specified FF case closures, the individual and appropriate provider is notified of availability of extended (ECS) Extended Career Services, Extended (FSC) Families Services Counseling, and First Wheels opportunities.

CASE (Input)
Benefits Status
Case ID
Case Name
FF Closure Date
FF Closure Reason

INDIVIDUAL (Input)
Head of Case ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

NOTICE (Output)
Individual Name
Individual Address
FF Closure Date
FF Closure Reason
Head of Case

NOTICE (Output)
Provider Name
Provider Address
Case Number
FF Closure Date
FF Closure Reason
Head of Case

PRP (Input)
Work Activity
Name of Provider

EMPLOYMENT (Input)
Begin Date
Employment Status
Name of Employer

INCOME (Input)
Monthly Case Gross Income

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

Monthly Case Net Income
Monthly Individual Gross Income
Monthly Individual Net Income

2. Record Individual's Request for Extended Services

After the individual contacts the user requesting extended services, the user must record the individual's request in the system. Some services will not require the individual to make contact to request the service as an automated referral was sent at time of closure to prevent break in services. Such situations will be defined by rules and the system shall generate referrals at time if FF case closure. In the case of a referral, the individual may contact the provider directly and proceed with the service. The provider shall record extended services rendered in system.

EXTENDED SERVICES (output)
Individual ID
Extended Services Requested
Date Requested

3. Determine Eligibility for Extended Services

The system shall determine if the individual is eligible to receive the requested extended services based on the program's business rules.

CASE (input)
Case Number
Case Status
Case Begin and End Dates

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

FF Closure Reason
FF Closure Date

INDIVIDUAL (input)
Individual ID

SANCTION (input)
Families First Sanction Indicator

EMPLOYMENT (input)
Individual Name
Total Gross Earned Income Amount
Total Net Earned Income Amount

PROGRAM STANDARDS (input)
Families First Gross Income Standard Amount
Families First Net Income Standard Amount

4. Record Eligibility Decision

After determining the individual's eligibility for extended services, the decision must be recorded the eligibility decision in the system.

EXTENDED SERVICES (input)
Individual ID
Extended Services Requested
Date Requested

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

EXTENDED SERVICES (Output)
Date Approved
Eligibility Begin Date
Eligibility End Date

5. Record Extended Services and Providers (optional)

If the individual is determined eligible for extended services based on the program's business rules, the user must record the extended services requested for which the individual is determined eligible and the providers of those services in the system.

EXTENDED SERVICES (output)
Individual ID
Extended Services Requested
Date Requested
Provider Name
Provider ID

6. Generate Provider Referral

The system must generate the required referral to the provider(s) based on the type extended services requested for which the individual is determined eligible and notify individual of eligibility.

REFERRAL (output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

Individual Name
Extended Services Activity
Extended Services Begin Date
Extended Services End Date
Individual Address

PROVIDER (Input)
Provider Name
Provider Address
Provider Phone
Effective Date of Notice

INDIVIDUAL (Input)
Head of Case ID
Head of Case Address

CASE (Input)
Case Number
Head of Case
FF Closure Date
FF Closure Reason

NOTICE (Output)
Notice Date
Notice Type
Individual Address
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.4 Families First Extended Activity Referral

Program Affected: Families First	**Users: Caseworkers**

Case ID
Individual ID

7. Generate Notice to Individual

If the individual is determined to be ineligible for extended services based on the program's business rules, the system must generate the appropriate notice based on the eligibility decision entered by the user.

NOTICE (output)
Provider Name
Provider Address
Provider Phone Number
Effective Date of Notice
FF Closure Date
FF Closure Reason
Head of Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	When a Families First cash assistance case has closed a participant may be eligible to receive extended services.
FFS	2	Families First participants are not required to participate or accept any extended services.
FFS	3	Extended services may include Extended Employment Career Services, Extended Family Services Counseling and First Wheels.
FFS	4	Participants must meet eligibility requirements for any or all extended services.
FFS	5	Extended ECS continues to provide employment related services for twelve (12) months after individuals leave Families First with earnings.
FFS	6	Extended ECS is available to participants whose Families First cash assistance payment is terminated and the participant has earnings at the time of closure.
FFS	7	The only exception is the ECS cannot serve those individuals in a case where the case was closed for a sanction or non-cooperation reason, even if there was employment at the time of the closure.
FFS	8	Extended FSC provides FSC services for all participants once the cash assistance case closes.
FFS	9	To be eligible for any extended service, the participant must be a resident of TN and have care and control of his/her children.
FFS	10	Child only cases are not eligible for extended FSC.
FFS	11	An individual who is eligible for extended FSC may request services from the FSC counselor.
FFS	12	The FSC counselor is responsible for obtaining verification of eligibility for extended FSC participants in writing from the DHS caseworker before initiating FSC services.
FFS	13	Individuals may be eligible to apply for First Wheels after the cash assistance case is closed if basic eligibility requirements are met as specified in that process.
FFS	14	At authorization for cash assistance case closure, a notification to individuals of the availability to extended services must be sent.
FFS	15	The notification should include instructions specifying how to obtain extended services.
FFS	16	A referral will be generated at the time of case closure for all FSC individuals who are eligible for extended FSC services.
FFS	17	An individual may request consideration for the First Wheels Program by contacting the designated DHS worker if the cash case is closed.
FFS	18	The request shall be recorded and shall alert the designated staff person to contact the individual to initiate the process according to the First Wheels process.
FFS	19	An individual may request extended FSC and/or extended ECS services by contacting the designated DHS staff person.
FFS	20	The designated DHS staff person will enter the individual’s request in the system.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

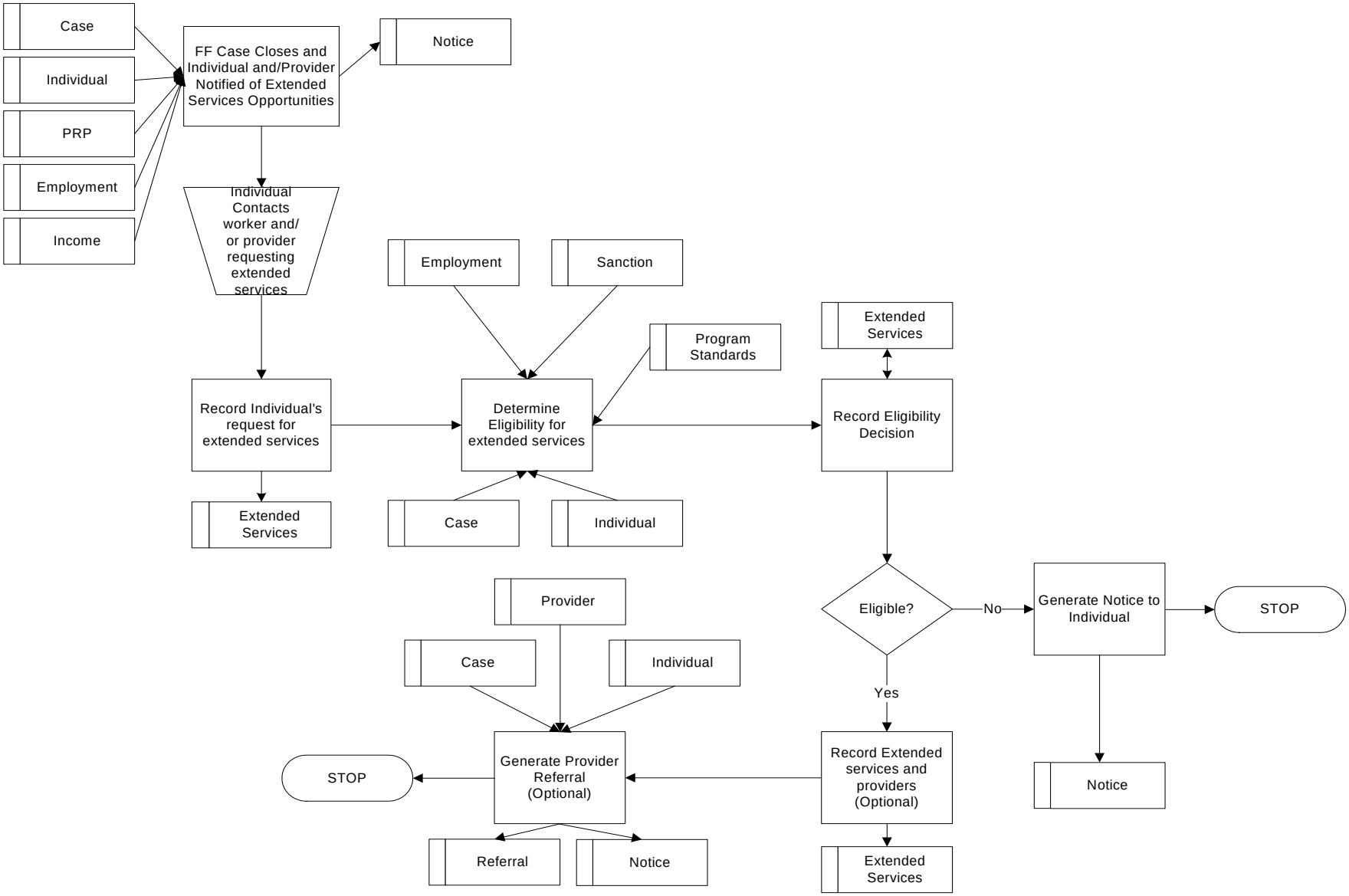
Program Type	Rule Number	Rule
FFS	21	A referral to the appropriate service provider can be created to initiate support services.
FFS	22	The system will notify the individual of eligibility or ineligibility to the requested extended service.
FFS	23	The individual may request extended service directly from the service provider and the service provider must notify DHS to record the request and initiate the referral.
CC	24	When a Families First case closes for cash assistance, the assistance group is often extended 18 months of Transitional Child Care eligibility. Cases not eligible for TCC include those closed due to non-cooperation with child support, moved out of state, or have no eligible children in the home.
CC	25	The 18 months begins the first day of the next recurring month after the FF case is closed.
CC	26	Children eligible for child care assistance under Transitional funding include the following: children under age 13, children age 13 or older who are under court supervision, children age 13 or older who are physically or mentally incapable of self-care, other children who live in the home and for whom the caretaker is responsible but who were not in the FF case assistance group at the time of Families First case closure or who are added at later times during eligibility.
CC	27	Even though a case may be eligible for 18 months of extended child care under Transitional funding, in order to receive subsidized child care a parent must qualify for those benefits.
CC	28	In order to qualify for TCC a parent/caretaker must fall within an income limit established by policy, have eligible children in the home, and meet minimum work/training requirements.
CC	29	A parent/caretaker may qualify for TCC at any time during 18 months of eligibility assuming that the parent/caretaker has not returned to the Families First program.
CC	30	It is possible for a parent/caretaker to receive TCC during all of the 18 month period if she/he continues to remain qualified.
CC	31	At the time of the authorization of Families First case closure, the case worker will determine if parent/caretaker qualifies for child care assistance under Transitional funding.
CC	32	Eligibility for Transitional Child Care will end if the parent/caretaker returns to the Families First cash assistance program.
FFP	33	The Employment Career Specialist shall be available to provide post-employment or employment counseling to help with job retention and advancement.
FFP	34	Individuals who have Employment Career Services/Employment Career Services Plus on their Personal Responsibility Plan at the time of case closure due to income shall automatically be referred to ECS for 12 months of extended ECS.
FFP	35	After receipt of a referral, the Employment Career Services/Employment Career Services Plus Counselor will contact the referred individual.
FFP	36	Individuals who do not have Employment Career Services/Employment Career Services Plus on their Personal Responsibility Plan at the time of case closure due to income shall receive a notice that extended ECS may be available to them at their request.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	37	A referral will be made for extended Employment Career Services/Employment Career Services Plus if an eligible individual whose case was closed due to earned income and who did not have Employment Career Services/Employment Career Services Plus on their PRP at the time of closure requests a referral within 12 months of case closure.
FFP	38	Families First cases that have been closed due to a sanction or a non-cooperation reason shall not be eligible for extended Employment Career Services/Employment Career Services Plus.
FFP	39	The Family Services Counselor shall be available to provide post-benefits counseling to individuals whose Families First cash benefits have ended within the past twelve months.
FFP	40	The Families First caseworker shall make a Family Services Counseling referral for an individual who has received Families First cash payments within twelve months of the referral request.
FFP	41	The Families First caseworker will record the individual's request for FSC services.
FFP	42	After receipt of a referral, the Family Services Counselor will contact the referred individual.
FFP	43	There are no exceptions to the availability of Family Services Counseling to individuals who have lost cash benefits within the last twelve months.
FFP	44	An individual whose Families First cash benefits have ended may be eligible to apply for an interest free loan to purchase a vehicle needed for transportation to work.
FFP	45	Caseworkers and/or Eligibility Assistants will inform transitional Families First participants of the availability, eligibility criteria, program criteria and requirements for the First Wheels Revolving Loan Program and assist applicants in comprehending and completing the loan application process.
FFS	46	When a client is in extended services, they are not eligible for support services.
FFS	47	A provider is required to maintain contact with client for a 12 month period; this does not include tracking of attendance which is not required for extended activities.
FFS	48	Extended services may be terminated at any time by the client. Once extended services have ended for any reason the provider will update the activity status.
FFP	49	If a FF case is opened in error, extended activities are not available to individual upon case closure.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.4
Families First Extended Activity Referral



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees	
Program Affected: FF	**Users: Provider, System**

Process:

This process will enable the providers (providers that DHS has a contract with) to have a real time list of individual's that have been referred to them for a FF Activity. This roster will also capture individual statuses related to each activity for that person, and identify the activity(ies) for the person. This roster may also be used to identify those FF participants referred to and being served by an employee of that specific provider.

Sub-Processes:

1. Populate Roster from PRPs

   The system shall populate the roster from the provider's selected for each work activity on the PRP. The system will also indicate on the roster if the individual is in a two-week compliance, and populate from actual referrals generated, not PRP, as may be on PRP as selected but referral never sent. The system shall use status codes and PRP updates to keep the list current. If an individual changes providers, the system must remove the individual from the previous provider's roster and populate the new provider's roster.

   REFERRAL (Input)
   Activity
   Activity Type
   Provider Name
   Provider Address
   Provider Phone Number
   Effective Date of Activity

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees

Program Affected: FF	**Users: Provider, System**

Effective Begin Time
Expected End Date
Number of Activity Hours
Referral Date
Individual Name
Case Number
Individual Social Security Number
Individual Address
Individual Phone Number
Head of Case Name
Head of Case Social Security Number
Caseworker's Name
Caseworker's User ID
Number of Months on Families First for Individual
Special Accommodations Needed for Individual Narrative
Activity Status Code
Activity Status Change Date
Individual ID
Two-Week Compliance Indicator

PROVIDER (Input)
Provider Employee the Individual is assigned to if appropriate

ROSTER (Output)
Activity
Provider Name
Provider Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees

Program Affected: FF	**Users: Provider, System**

Provider Phone Number
Provider Employee the Individual is assigned to, if appropriate
Effective Begin Date
Effective Begin Time
Effective End Date
Number of Activity Hours
Activity Status Code
Activity Status Change Date
Referral Date
Individual Name
Case Number
Individual SSN
Individual Address
Individual Phone Number
Head of Case Name
Head of Case SSN
Caseworker's Name
Caseworker's User ID
Number of Months on FF for Individual
Special Accommodations Needed for Individual Narrative
Individual ID
Two-Week Compliance Indicator

2. Select Work Related Activity

The provider will request a roster for a particular work activity. The system shall maintain a complete

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees

Program Affected: FF	**Users: Provider, System**

roster of all Individuals served by a provider also that is not specific to an activity.

ROSTER (Input)
Activity
Provider Name
Provider Address
Provider Phone Number
Provider Employee the Individual is assigned to, if appropriate
Effective Begin Date
Effective Begin Time
Effective End Date
Number of Activity Hours
Activity Status Code
Activity Status Change Date
Referral Date
Individual Name
Case Number
Individual SSN
Individual Address
Individual Phone Number
Head of Case Name
Head of Case SSN
Caseworker's Name
Caseworker's User ID
Number of Months on FF for Individual
Special Accommodations Needed for Individual Narrative
Individual ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees

Program Affected: FF	**Users: Provider, System**

Two-Week Compliance Indicator

ROSTER (Output)
Activity
Provider Name
Provider Address
Provider Phone Number
Provider Employee the Individual is assigned to, if appropriate
Effective Begin Date
Effective Begin Time
Expected End Date
Number of Activity Hours
Activity Status Code
Activity Status Change Date
Referral Date
Individual Name
Case Number
Individual SSN
Individual Address
Individual Phone Number
Head of Case Name
Head of Case SSN
Caseworker's Name
Caseworker's User ID
Number of Months on FF for Individual
Special Accommodations Needed for Individual Narrative
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.5 Create Activity Roster for FF Providers and Employees

Program Affected: FF	**Users: Provider, System**

Two-Week Compliance Indicator

3. Perform Attendance (Optional)

   The system shall perform the pre-defined process 'Perform Attendance'. The system shall allow those individuals associated with a specific activity group to have daily attendance entered for entire class. This daily attendance shall then populate each individual's attendance log. The system shall also allow the user to select an individual on the list and link to the attendance log for that person.

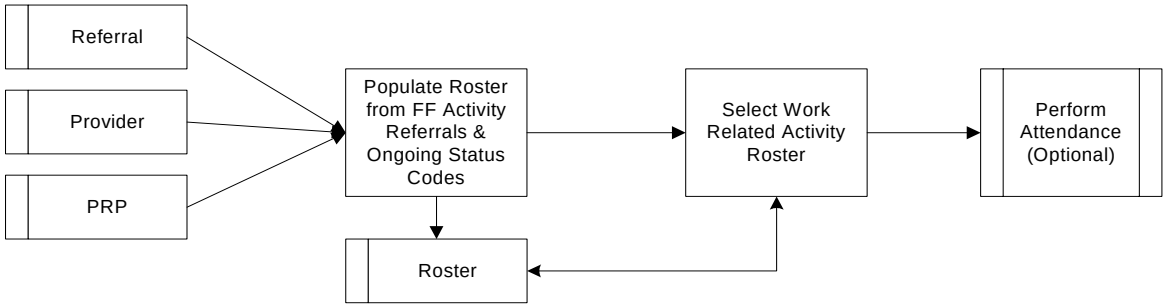
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	Each FF participant required to attend a work related activity must sign a Personal Responsibility Plan (PRP) indicating the work related activity (ies) the participant will attend.
FFS	2	Core service providers are contract agencies that administer work related programs for FF participants.
FFS	3	Each FF participant required to attend a work related activity must be assigned to a core service provider.
FFS	4	FF participants are assigned to a core service provider using a referral that includes the participant's identifying information, the core service provider's identifying information, the appointment dates and times, along with the attendance requirements.
FFS	5	Based on the referral information, the system shall create a list of all participants assigned to a specific core service provider must be created.
FFS	6	Each core service provider will be given a list of all assigned participants in order to determine if a participant initially reports as directed and to monitor attendance ongoing.
FFS	7	The provider's roster may be used to assign individual participants to employees and/or sub-contractors of the core service providers.
FFS	8	The core service provider roster may accessed by multiple users to compile specific lists of participants or activities.
FFS	9	The core service provider roster should be populated from referrals that have been determined eligible for FF assistance and authorized unless the participant is within a two-week compliance status.
FFS	10	A core service provider must be notified when a participant must have 100% attendance to comply during the conciliation process.
FFS	11	The core service provider roster will include the participant's activity status and date of status change.
FFS	12	A positive activity status indicates a participant is in compliance with an activity, making adequate progress.
FFS	13	A negative activity status indicates a participant is not in compliance and/or failing to make adequate progress in an activity.
FFS	14	A core service provider must report all instances of participant non-compliance to DHS, which may change the participant's activity status from positive to negative.
FFS	15	A participant listed on a core service provider roster may be shown as active if the activity status is positive and the participant remains in compliance through the duration of the activity.
FFS	16	A participant with a negative activity status may be listed on a core service provider roster, until such time as the participant complies and returns to a positive/active status or is no longer assigned to that activity or core service provider as determined by DHS.
FFS	17	A participant remains on the roster for that provider until either the activity is ended or another provider is assigned, as documented in the PRP.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	18	Under no circumstances should a contractor be allowed to remove a participant from a roster without DHS approval.
FFS	19	Information contained on the roster may be used to report attendance to DHS for a participants assigned to a core service provider.
FFS	20	A participant may no longer be required to attend an activity due to an exemption or interruption as determined by the DHS case worker according to existing policy.
FFS	21	A participant is populated on the Provider's roster at the point the referral is generated, as of the day the client is advised to start the activity, whether they show or not.
FFS	22	A roster may be created for a core provider, or a specific FF activity instructor.

1.5.5
Create Activity Roster for FF Providers and Employees



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education	
Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Process:

This process will allow the service provider to track literacy test results, test due date, record work requirement changes, and evaluate progress. An individual has a specified period of time in which to make progress to the next AE level, or be determined as potentially non-compliant. The system must track test dates and results, and determine when retest is necessary and alert users. The system must also track length of time in each AE level, adjust work requirement as required based on rules, and notify user when contact or conciliation is required for failure to progress.

Sub-Processes:

1. Send Alert to Provider that New Literacy Test is Needed

   The system shall determine from the Personal Responsibility Plan (PRP) Literacy Test information provider information and business rules when and where to send an alert to the specific user that it is time to retest for progress.

   PRP (Input)
   Activity

   PROVIDER (Input)
   Provider Name
   Provider ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

INDIVIDUAL (Input)
Name
ID

ALERT (Output)
Alert Type
Alert Message
Alert Recipient User ID
Date of Alert
Alert Status Level

LITERACY TESTING (Input)
Date of Previous LITERACY
Previous Reading Score
Previous Math Score
Range of Dates for Next LITERACY
Previous Test Result Score

CASE (Input)
Case Number
Case Status

2. Record Literacy Test Results

The provider will view the alert, give the test manually and record or update the results.

LITERACY TESTING (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Test Result Score
Date LITERACY Test
Current Reading Score
Current Math Score
Previous Reading Score
Previous Math Score
Date Individual Entered Current AE Level
Provider's Name Giving the LITERACY
Previous Test Result Score
Progress Since Last LITERACY Test
Current AE Level

CASE (Input)
Case Number
Case Status

INDIVIDUAL (Input)
Individual Name
Individual ID

3. Determine if Individual Case Progress To Next AE Level

Using Literacy Test results and comparing the scores to the Adult Education levels, the system shall determine if the individual has progressed to the next AE level.

LITERACY TESTING (Input)
Previous Reading Score

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Current Reading Score
Previous Math Score
Current Math Score
Previous Test Date
Current Test Date
AE Level Type

LITERACY TESTING (Output)
AE Progress Indicator

4. Record If AE Level Change Results in Change to Work Activity Hourly Requirement

   If the progress level has increased from 8.9 or lower to 9.0 or greater in both math and reading, the system will alert the worker to renegotiate the PRP due to increased work requirement.

   PRP (Input/Output)
   Previous Hourly Work Requirement
   Date Work Requirement Effective
   Activity Name
   Current AE Level
   Previous AE Level
   Date Entered Level
   AE Level Months in Current
   Current Hourly Work Requirement

   INDIVIDUAL (Input)
   Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Individual ID
Case Number

LITERACY TESTING (Input)
Previous Math Score
Current Math Score
Previous Reading Score
Current Reading Score
Previous Test Date
Current Test Date

5. Determine if Within 3 Months of Maximum Allowed Time in AE Level

   If progress was not made to the next AE level based on last literacy, the system will determine if the individual is within 3 months from maximum time allowed at the current AE level. If the client has expended all the time allowed to advance from one AE level to the next level without advancement, AE is no longer a work activity option.

   LITERACY TESTING (Input)
   Date of Current Literacy Test
   Date of Previous Literacy Test
   Date Entered Level
   Current Reading Score
   Current Math Score
   AE Level Type

   CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Case Number
Individual Name
Individual ID

LITERACY TESTING (Output)
AE Limit Within 3 Months Indicator

6. Determine if Reached Max Time Allowed in AE Level

   If it is within 3 months from the expiration of the maximum time allowed in current AE level, the system will determine if the individual has reached the maximum time allowed in the level.

   CASE (Input)
   Case Number

   INDIVIDUAL (Input)
   Individual Name
   Individual ID

   LITERACY TESTING (Input)
   Date of Current Test
   Date Entered Level
   Current Reading Score
   Current Math Score

7. Perform 'FF CSR Process Conciliation' Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

If the individual has reached the maximum time allowed in the AE level, the system shall perform 'FF CSR Process – Conciliation'. If the client has not reached the maximum time permitted in the AE level, no further action is taken.

8. Generate Individual Notice

   If the individual has not reached the maximum time allowed in the current level the system shall generate a letter to the client so the individual can decide if they wish to continue in AE or renegotiate the PRP.

   LITERACY TESTING (Input)
   Literacy Testing Level Required to Advance To Next Level
   Literacy Testing Results
   Date Level Entered
   Results of Current Reading Test
   Results of Current Math Test
   PRP Requirement(s)

   INDIVIDUAL (Input)
   Individual Name
   Individual ID
   Individual Mailing Address

   CASE (Input)
   Case Number
   Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

9. Update Expected ABE Completion Date

If the individual does not request a change to their PRP or does not respond within letter due date requirements, the user or system will update the expected AE completion date, continuing AE as the selected PRP activity.

CASE (Input)
Case Number
Case Status

INDIVIDUAL (Input)
Individual Name
Individual ID

LITERACY TESTING (Input)
Date Entered
Expected AE Level Completion Date
Current Reading Score
Required Reading Score to Advance to Next Level
Current Math Score
Required Math Score to Advance to Next Level

PRP (Input/Output)
PRP Work Activity
Expected Completion Date for Activity

PROVIDER (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

Expected Completion Date ABE

10. Generate AE Level User Alert

If the hourly requirement for the PRP changed, the system shall generate an alert to the caseworker so the worker can initiate the renegotiation process.

CASE (Input)
Case Number
Case Status

INDIVIDUAL (Input)
Individual Name
Individual ID

LITERACY TESTING (Input)
Current Reading Score
Previous Reading Score
Current Math Score
Previous Math Score
Current Test Date

ALERT (Output)
Alert Type
Alert Message
Alert Recipient User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

11. Determine if Individual Responds to Notice

    After client notice is sent regarding client options for failure to make progress, the system shall determine if the individual responds.

    CLIENT CONTACT (Input)
    Contact Individual Number
    Contact Reason
    Date

12. Determine if PRP Change Requested

    If individual responds to notice, the user will determine and record if individual desires to change a PRP activity, or to remain in AE for remainder of permitted time.

    PRP (Input)
    PRP Change Requested Indicator

13. Generate Alert To Worker

    If individual does not respond to the notice, the system shall generate an alert to the worker.

    ALERT (Output)
    Alert Type
    Alert Message
    Individual Name
    Expected AE Level Completion Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.6 Activity Progress for Adult Education

Program Affected: FF	**Users: Service Provider; FA Caseworker, CSR**

LITERACY TESTING (Input)
Expected AE Level Completion Date

INDIVIDUAL (Input)
Number
Name

14. Perform 'Appointment Scheduler' Process (Optional)

    An appointment for PRP Renegotiation/Signing can be made if the client wants to come into the office and renegotiate the PRP.

15. Perform 'PRP Renegotiation' Process

    If the client requests a PRP change or if the work requirement hours have changed, the PRP shall be reviewed with the client and signed and dated.

16. Perform 'PRP Activity' Process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	In Adult Education, the instructor shall monitor progress by literacy testing the participant in the areas of math and reading at a minimum of every 90 days.
FFP	2	In Adult Education, the lower of the reading and math scores shall be used to determine the participant's grade level.
FFP	3	The Adult Education work activity is divided into and progress shall be measured against the following six levels: below 2nd grade, below 4th grade, below 6th grade, below 9th grade, at or above 9th grade and at or above 11th grade.
FFP	4	Individuals who test below a 2.0 grade level on the LITERACY test shall have up to 9 months to progress to the next literacy level.
FFP	5	Individuals who test below a 2.0 on the LITERACY test must be offered a referral to Family Services Counseling for a Learning Disability screening before entering Adult Education.
FFP	6	If the individual previously tested below 2.0 grade level on the LITERACY test and he/she chose not to go to Family Services Counseling for assessment at that time, he/she shall have up to 6 months to progress to the next literacy level.
FFP	7	If the individual who tested below 2.0 grade levels on the LITERACY test has not progressed to the next literacy level in 9 months or less, the Adult Education instructor shall notify the Families First caseworker.
FFP	8	If the individual who tested at a level of 2nd grade or above on the LITERACY test has not progressed to the next literacy level in 6 months or less, the Adult Education instructor shall notify the Families First caseworker.
FFP	9	The caseworker shall offer the individual who tested below 2.0 grade level on the LITERACY test and has not progressed to the next literacy level in 9 months or less, the following options: a referral back to Adult Education for an opportunity to score at the next literacy level within a 3-month period, **or** a referral to FSC for Learning Disability/Barriers screening (if this option has not already been used), **or** an opportunity to change their work activity.
FFP	10	The caseworker shall offer the individual who tested above 2.0 grade level on the LITERACY test and has not progressed to the next literacy level in 6 months or less, the following options: a referral back to Adult Education for an opportunity to score at the next literacy level within a 3-month period, **or** a referral to FSC for Learning Disability/Barriers screening (if this option has not already been used), **or** an opportunity to change their work activity.
FFP	11	If the individual who has not progressed to the next literacy level within 6/9 months chooses to return to Adult Education, he/she shall have 3 additional months to progress to the next literacy level.
FFP	12	If the individual who has not progressed to the next literacy level within 6/9 months chooses to return to Adult Education and does not progress to the next literacy level within 3 months, the caseworker shall

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

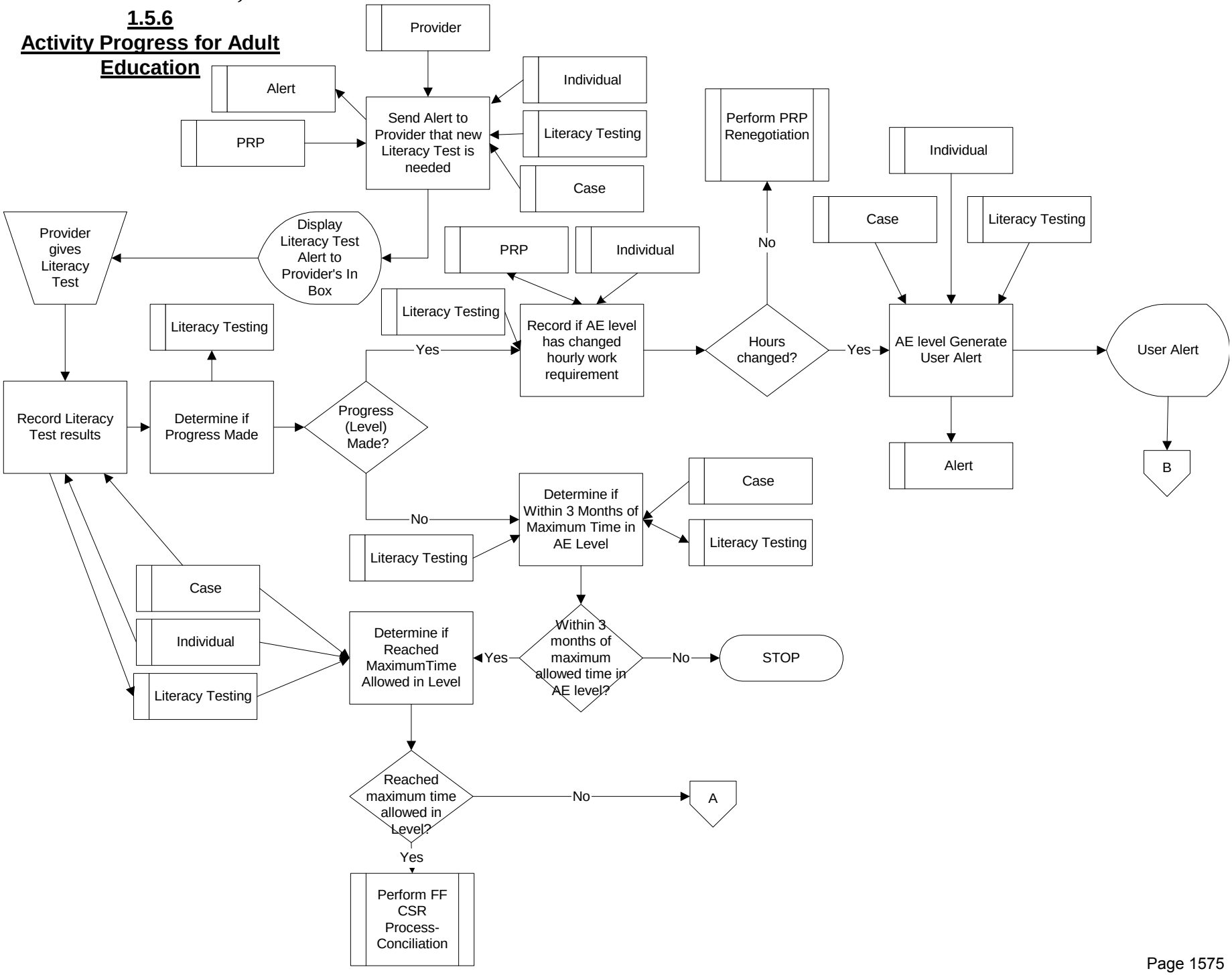
Program Type	Rule Number	Rule
		begin the sanction process by initiating conciliation.
FFP	13	If the individual who has not progressed to the next literacy level within 6/9 months and has not progressed within an additional 3 months receives a conciliation notice, he/she must progress to the next literacy level to be in compliance.
FFP	14	If the individual who has not progressed to the next literacy level within 6/9 months and has not progressed within an additional 3 months, cannot move to the next level in order to comply, he/she must renegotiate a Personal Responsibility Plan for a different activity.
FFP	15	If the individual who has not progressed to the next literacy level within 6/9 months and has not progressed within an additional 3 months, cannot move to the next level in order to comply, he/she may renegotiate the PRP for an FSC assessment but not for a Learning Disability screening (if that has already been done).
FFP	16	Adult Education will not be an allowable option for the individual who chooses to renegotiate the PRP for an FSC assessment because he/she has not progressed to the next literacy level within 6/9 months, has not progressed within an additional 3 months, cannot move to the next level in order to comply, and is found to not have any barriers by FSC.
FFP	17	If FSC finds barriers for an individual who has not progressed to the next literacy level within 6/9 months, who has not progressed within an additional 3 months, and who cannot move to the next literacy level in order to comply, the individual may return to Adult Education for two weeks to try to progress to the next level.
FFP	18	If the individual who has not progressed to the next literacy level within 6/9 months chooses a referral to Family Services Counseling for a Learning Disability screening, the Personal Responsibility Plan shall be renegotiated to reflect Family Services Counseling Assessment.
FFP	19	If the individual who has not progressed to the next literacy level within 6/9 months chooses a referral to Family Services Counseling for a Learning Disability screening and the screening indicates that the individual is not learning disabled, the caseworker shall renegotiate the Personal Responsibility Plan to remove Family Services Counseling (unless the client wants to continue FSC) and add Adult Education or some other activity.
FFP	20	If the individual who has not progressed to the next literacy level within 6/9 months chooses a referral to Family Services Counseling for a Learning Disability screening and the screening indicates that the individual is learning disabled, the Family Services Counselor may expand the FSC Assessment to include Psycho-Educational testing to determine the specific type of learning disability.
FFP	21	A Psycho-Educational test shall provide feedback to the Adult Education instructor to help determine the best educational delivery method for a specific learning disability.
FFP	22	A Psycho-Educational Assessment is a one-time only test. Once the individual completes the test, he/she shall not be offered another Psycho-Educational Assessment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	23	The Families First caseworker shall enter 2 FSC Assessment hours and 18 Adult Education hours on the PRP for individuals who choose to go to FSC Assessment for the sole purpose of screening for a possible learning disability and are already enrolled in Adult Education.
FFP	24	If the participant leaves the Adult Education activity, for any reason, and returns to the Adult Activity more than 90 days from the date he/she left, he/she must start Literacy testing over.
FFP	25	If the participant leaves the Adult Education activity, for any reason, and returns to the Adult Activity in less than 90 days from the date he/she left, he/she must enter Adult Education at the previous Literacy level.
FFP	26	When the Adult Education student who has been testing below the 9th grade literacy level progresses to the 9th grade level or above in math and reading, his/her PRP must be renegotiated to include 40 hours of activity.
FFP	27	If an individual returns to Adult Education class after being out of that class for more than 90 days, the 6 or 9 month period will start over dependant upon the scores of a new literacy test.
FFP	28	If a case has two adults and either adult test is below 9.0 grade level in reading or math on literacy testing and is participating in 20 hours of Adult Education and making satisfactory progress, the case is exempt from time limits.
FFP	29	Individual work requirement in Adult Education must equal 20 hours per week at a grade level of 8.9 or less to be considered exempt from time limits.
FFP	30	If an individual is in a modified work plan that includes adult education and family service counseling, the class will be stopped for one month for Family Service counseling assessment if individual over ninth grade level. If under ninth grade level, the clock (time count) will remain stopped.

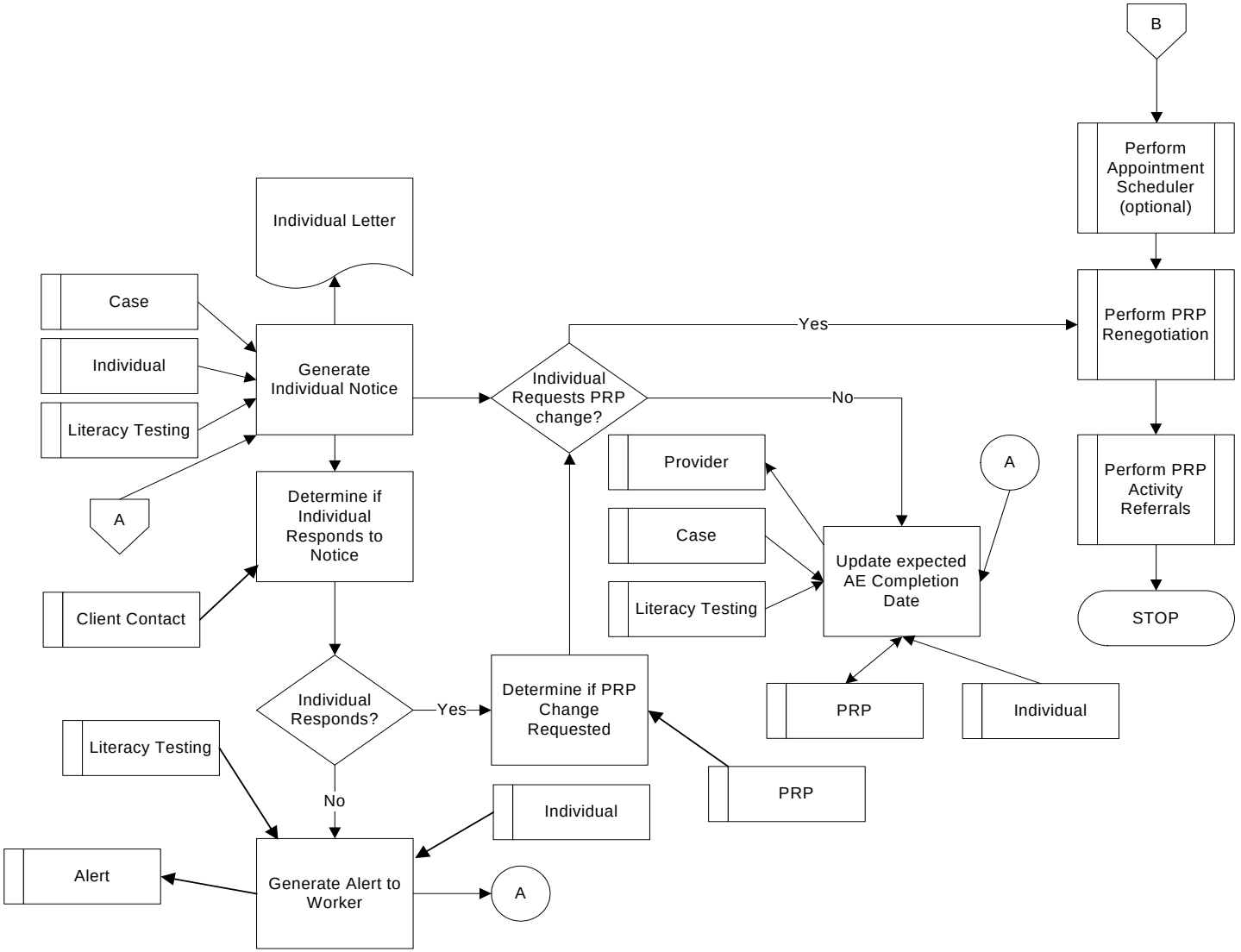
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.6 Activity Progress for Adult Education



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.6 Activity Progress for Adult Education (cont'd)



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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance	
Program Affected: FF	**Users: Caseworkers, Service Providers, System**

Process:

In order to comply with the Personal Responsibility Plan rules, participant attendance in work activities and Child Care attendance may be tracked by the client swiping their EBT card with the results populating the attendance records for the individual in the case. In some instances, the Service Provider or a DHS staff will enter the attendance directly into the system. Attendance records will also be used to determine amount of transportation reimbursement due. The system must be able to track attendance for an individual based on data entered, which may also include reasons for days not participating, coordinating the attendance with the number of hours required for the activity, per PRP. The system must alert the users when attendance is not entered timely. The system must also be able to calculate 90% attendance compliance for each individual by activity, as defined by rule. The system shall display attendance by individual, by a single activity or multiples, or by an activity roster. The system shall allow attendance to be entered on-line by individual or by class roster on a daily basis. Note: At this time Tennessee does not use EBT for activity and child care tracking. We do plan to incorporate this in our EBT functionality.

Sub-Processes:

1. Record Daily Attendance Detail

   Activity and Child Care Attendance will be recorded in the system on a daily basis by processing the EBT file or by the Service Provider entering the hours. The user (Service Provider) will record the daily hours the individual participated in each activity that is associated to the individuals PRP according to the class schedule. The service provider may also indicate an absence as excused or unexcused. Child Care information is compared to FF activity information to ensure that individual does not receive

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

FF child care when not enrolled in a FF work activity, or in some situations, when not in compliance with the activity.

PRP (Input)
Activity
FF Activity Expected Completion Date
Hour Requirement
FF Activity Begin Date
Compliance Requirement
Attendance Requirement

EBT (Input)
Attendance Record
Time Swiped
Date Swiped
Time Entered Class Per Day

ATTENDANCE (Output)
Dates Attended
Dates Absence
Percentage of Attendance
Attendance Requirement
Daily Attendance Indicator

CHILD CARE (Input)
Childcare Provider
Childcare Providers Attendance Record

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

CASE (Input)
Case Number

INDIVIDUAL (Input)
Name
ID

2. Record Daily Attendance Status

If the daily attendance status has changed, the user shall update the daily attendance status (present, absent, excused, unexcused,) on the attendee. Note: Provider can not determine good cause. If revisions are made to prior information, the system must re-determine 90% compliance using new data.

ATTENDANCE (Input)
Date Attended
Date Absence
Daily Attendance Indicator
Percentage of Attendance
Attendance Requirement

INDIVIDUAL (Input)
Name
ID

ATTENDANCE (Output)
Status Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

Excused Absence Indicator
Status Date Change
Date That Absence Excused

PRP (Input)
Activity

3. Determine If Daily Attendance Entered or Updated

   The system shall determine if the attendance has been entered by the provider or by the EBT swipe by examining the class start time and the attendance recorded. The system shall trade the FF activity attendance based on program policy rules.

   ATTENDANCE (Input)
   Daily Attendance Indicator

   PRP (Input)
   Activity
   Daily Attendance Hours

   CASE (Input)
   Case Number

   ATTENDANCE (Output)
   Daily Attendance Indicator

4. Alert User

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

If attendance has not been entered, the system shall alert the appropriate user(s) and display the missing attendance day and client identification. Once attendance information is entered, the process starts over.

ALERT (Output)
Case Number
Provider Name
Provider ID
Alert Type
Individual Name
Individual ID
Attendance Non-recorded Dates

CASE (Input)
Case Number

PRP (Input)
Activity
Daily Attendance Hours

ATTENDANCE (Input)
Percentage of Time Present
Compliance Indicator

5. Determine if 2 Week Compliance Needed

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

If attendance entered or updated, the system shall determine from PRP and sanction information and business rules if the client is to be put in a 2 week compliance period, or is already in a 2-week compliance period.

CASE (Input)
Case Number

PRP (Input)
Activity
Daily Attendance Hours

SANCTIONS (Input)
FF First Sanction Status
Sanction Begin Date
Sanction End Date

PRP (Output)
2-Week Compliance Indicator
2-Week Compliance Start Date
2-Week Compliance End Date

ALERT (Output)
User ID
Individual ID
Individual Name
Individual Needs 2-Week Compliance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

6. Perform Attendance 2-Week Compliance

   If the system determines that a 2-week compliance period is necessary for the individual, the pre-defined process 'Attendance 2-Week Compliance' shall be performed.

7. Determine If 90% Attendance-Failed

   If the attendance was entered and 2-week compliance requirements are not applicable at this time, , the system shall determine if the client failed the attendance requirement by applying the 90% attendance business rules to the attendance recorded and status changes. The 2-week compliance indicator will be set to 'yes' if the 90% was not met. If the individual is determined to not satisfy the 90% attendance requirements, the participation status shall be reset to indicate such, and appropriate users alerted.

   ATTENDANCE (Input)
   Percentage of Time Present
   Daily Attendance Indicator
   Status Type

   CASE (Input)
   Case Number
   Work Activity Participant's Name
   Work Activity Participant's ID

   PRP (Output)
   2-Week Compliance Indicator
   2-Week Compliance Start Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.7 Attendance

Program Affected: FF	**Users: Caseworkers, Service Providers, System**

2-Week Compliance End Date

8. Alert Worker

If the system determines that the 90% attendance was not met, the system shall send an alert to the appropriate user.

CASE (Input)
Case Number
Work Activity Participant's Name
Work Activity Participant's ID

ALERT (Output)
Case Number
Work Activity Participant's Name
Work Activity Participant's ID
Caseworker's Name
Provider Name
FF Work Activity
Provider ID
Alert Type
Individual Name
Individual ID

PRP (Input)
FF Work Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.7 Attendance	
Program Affected: FF	**Users: Caseworkers, Service Providers, System**

ATTENDANCE (Input)
Dates Missed of Activity

9. Perform “FF CSR Process – Conciliation” Process

   This is a pre-defined process that results in worker and Customer Service Reviewer (CSR) attempting to work with individuals in order to gain individual’s compliance with PRP requirements.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	The Families First caseworker must monitor attendance in self-initiated activities.
FFP/FFS	2	Once determined to be out of compliance with 90% requirements, this non-compliance determination continues until the user resolves the non-compliance.
FFP	3	Each participant must cooperate in providing information that verifies attendance and compliance with the PRP.
FFP	4	The user must be notified at the point the individual is determined to not meet 90% attendance requirements.
FFP	5	Each FF individual is expected to attend Work Prep for no less than 90% of the time.
FFP	6	Each FF individual is expected to attend AE for no less than 90% of the time.
FFP	7	Each FF individual is expected to attend ECS/ECS Plus for no less than 90% of the time.
FFP	8	Each FF individual is expected to attend Job Skills Training for no less than 90% of the time.
FFP	9	Each FF minor and teen parent is expected to attend secondary school classes for no less than 90% of the time.
FFP	10	If a FF individual is participating in an activity that lasts one week, the individual cannot miss more than the equivalent of one-half of an activity day to meet the 90% attendance requirement.
FFP	11	If a FF individual is participating in an activity that lasts two weeks, the individual cannot miss more than the equivalent of one activity day to meet the 90% attendance requirement.
FFP	12	If a FF individual is participating in an activity that lasts three weeks, the individual cannot miss more than the equivalent of one and one-half activity days to meet the 90% attendance requirement.
FFP	13	Attendance in activities that last 30 days or longer will be based on 90% of the days in each calendar month.
FFP	14	If the first month or the last month of the activity is a partial month, follow the rules for activities lasting less than 30 days.
FFP	15	Providers may grant waivers to the 90% rule for up to three routine excused absences per month.
FFP	16	Extenuating circumstances beyond the control of the FF individual could result in additional absences beyond these three.
FFP	17	Bereavement leave may be granted based on the same regulations and time restrictions as state employee bereavement leave.
FFP	18	Providers will tally absences in excess of three excused absences to determine if the FF individual is meeting the 90% attendance rule.
FFP	19	When the caseworker receives information that the 90% attendance requirement has not been met in a self-initiated activity or a Service Provider monitored activity, he/she will initiate the sanction process.
FFP	20	If a participant misses days of an activity with good cause, the participant may return to the activity and “make up” the time missed if the provider agrees.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	21	If a participant misses days of an activity without good cause, and the 90% attendance rule was not met, the participant will have to complete the course again.
FFP	22	If a participant misses days of an activity without good cause, and the 90% attendance rule was not met, the participant will have to meet a two-week compliance period in the activity unless the activity is unavailable or inappropriate.
FFP	23	The Families First participant must complete an activity before starting a new one, unless he/she has good cause for not completing an activity.
FFP	24	A participant must meet 100% attendance during two-week compliance.
FFP	25	100% compliance is met in FSC Assessment when the FF individual keeps the assessment appointment and is found to have barriers, and signs a PRP for on-going FSC.
FFP	26	100% compliance is met in FSC On-Going when the FF individual keeps the FSC appointment and is found to have barriers.
FFP	27	100% compliance is met in VR Assessment when the FF individual keeps the assessment appointment and is found to have barriers, and signs a PRP for on-going VR.
FFP	28	100% compliance is met in VR On-Going when the FF individual keeps the VR appointment and is found to have barriers.
FFP	29	Attendance requirements do not apply to Volunteers.
FFP	30	Attendance requirements do not apply to caretakers who are 60 years old or older and are employed.
FFP	31	Attendance requirements do not apply to single caretakers of children under the age of one, who are either currently employed or actively participating in a FF allowable activity.
FFP	32	Attendance requirements do not apply to two-parent assistance groups caring for a child under the age of 16 weeks, who are either currently employed or actively participating in a FF allowable activity.
FFP	33	Attendance will be entered no later then three days past the date of attendance unless the individual is in a two-week compliance.
FFP	34	Attendance will be entered daily for individuals in a 2-week compliance period.
FFP/FFS	35	Attendance must be provided before transportation assistance reimbursement can be calculated and paid to the individual.
FFS	36	Each participant must meet attendance requirements to be in compliance with the PRP.
FFS	37	Participant attendance must be verified to ensure compliance with the PRP.
FFS	38	The service provider must monitor participant attendance in all work component activities as stipulated by the PRP.
FFS	39	Each work component has a specific requirement to meet DHS attendance compliance standards.
FFS	40	Each participant is required to attend a work component for no less than 90% of the specified length of the activity to be considered compliant with DHS attendance standards.
FFS	41	The amount of time that constitutes 90% is dependant upon the length of the activity. (90% Rule)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

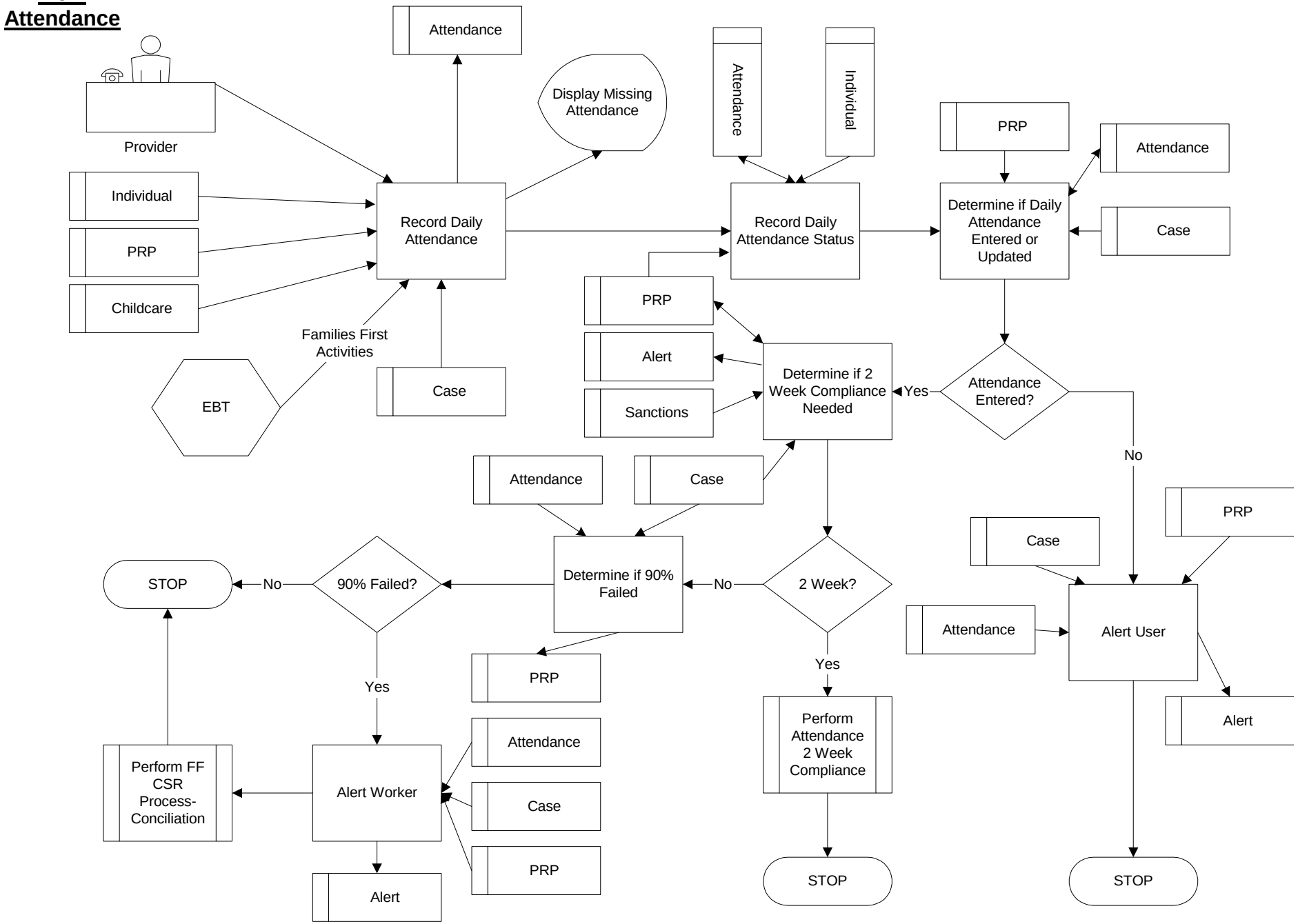
Program Type	Rule Number	Rule
FFS	42	A work component activity that is one week in duration requires the participant miss no more than one-half day of an activity day to be considered in compliance with the 90% rule.
FFS	43	A work component activity that is two weeks in duration requires the participant miss no more than one activity day to be in compliance with the 90% rule.
FFS	44	A work component activity that is three-weeks in duration requires the participant miss no more than one and one-half days of the activity to be in compliance with the 90% rule.
FFS	45	For work component activities that are at least 30 days in duration, attendance tracking will be based on 90% attendance of the actual calendar month.
FFS	46	If an activity lasting more than 30 days, begins or ends during partial month, then the days of attendance outside of the whole calendar month will be based on the criteria listed above for the one-week activity for each week.
FFS	47	A work component activity that is 30 days in duration requires the participant miss no more that two days within a calendar month to be considered compliance with the 90% rule.
FFS	48	Service providers may grant Participants a waiver to the 90% rule for up to three absences per month in activities that are at least 30 days in duration.
FFS	49	Service Providers may grant participant waivers to the 90% rule for absences occurring in activities that last one, two or three weeks in duration.
FFS	50	Service providers may grant Participants a waiver to the 90% rule if verifiable extenuating circumstances exist.
FFS	51	Service providers must report to DHS instances in which waivers to the 90% rule has been granted in lieu of reporting daily attendance.
FFS	52	Participants not complying with the 90% attendance rule will be referred to the DHS Caseworker to initiate the conciliation/sanction process.
FFS	53	A service provider is required to enter daily attendance within 3 working days from the date the individual was scheduled to participate, unless in a 2-week compliance period.
CC	54	Each eligible child's daily attendance in child care service including the child's arrival and exit times must be recorded.
CC	55	Arrival and exit times must be converted to a number of daily hours and to the nearest half hour.
CC	56	The parent or child care provider must enter each child authorized for child care assistance into an EBT point of sale devise upon arrival and exit at the child care center.
CC	57	The child's eligibility for child care assistance must be verified by the EBT data system through the new system upon the child's arrival in order to alert the provider and parent of its acceptance or rejection of the admission prior to the delivery of the child care service.
CC	58	Child Care providers with five or less eligible children will use an alternative recording method, e.g., a toll free telephone call-in number, to report daily attendance and may not be required to report arrival and exit

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		times.
CC	59	Child care providers will report attendance and the total number of hours in care for backdated child care attendance using an alternative method, e.g., EBT back-swipe, paper invoice, or web-based invoice.
CC	60	Children may have special attendance schedules set by the caseworker, e.g., a school age child only attends child care on days the school is closed, a parent only needs care one day per week while she attends mental health counseling sessions.
CC	61	School district calendars must control known days for when the school will be closed to pay at a higher rate for school enrolled children attending child care for a full day. (Refer to Financial section for child care provider payment processes)
CC	62	A child's absences from child care from the normally expected days of attendance, i.e., no recording on regular work weekdays, must be recorded in the child's enrollment record.
CC	63	A child's absences that exceed the allowed limit as set by table for amount and time periods are reported to the caseworker for follow-up action.
CC	64	Holidays set by table are allowed billable days by those child-care providers who close their business for that day. (Refer to Financial section for child care provider payment processes)
CC	65	Days of attendance and allowable holidays in the child's enrollment record are used in the child care payment process. (Refer to Financial section for child care provider payment processes)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.7 Attendance



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)	
Program Affected: All	**Users: Caseworkers, FS1s**

Process:

In order to comply with the PRP rules, participant attendance will be entered by EBT swipes, the Service Provider, or Eligibility Assistant, and tracked by the system, alerting the appropriate users when a participant is out of compliance. FF participants must meet satisfactory participation criteria to successfully complete their PRP activities. The 90% attendance rule determines satisfactory participation in certain activities according to the program business rules. A participant who fails to meet 90% attendance may be determined to be out of compliance, and may have to successfully complete a 2-week conciliation period to be considered back in compliance. A Families First participant in a 2-week compliance period must meet 100% attendance during the 2-week compliance period.

The system must track attendance during this week period, and notify users at any point when an individual is determined to not have satisfied the 2-week compliance period requirements.

Note: At this time, Tennessee does not have EBT functionality to track time and attendance, but we are considering adding it. If not obtained, attendance will be entered on-line by the appropriate user.

Sub-Processes:

1. Track Date 2-Week Compliance Began

   The system shall have the ability to calculate compliance based on attendance information entered for each work activity. The system must maintain the date that the 2-week compliance period began from date entered by caseworker or provider.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

CASE (input)
2-Week Compliance Indicator
2-Week Compliance Begin Date
2-Week Compliance End Date

INDIVIDUAL (input)
Individual ID
Work Activity

COMPLIANCE / CONCILIATION (output)
2-Week Compliance Begin Date
2-Week Compliance End Date

2. Track Attendance

The provider or Eligibility Assistant must enter the attendance daily during the 2-week compliance period so the system can track compliance. The system shall have the ability to calculate compliance based on attendance information entered for each work activity.

CASE (input)
Case ID
Individual ID

ATTENDANCE (output)
Daily Attendance Indicator
Date Missed

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)	
Program Affected: All	**Users: Caseworkers, FS1s**

3. Alert User of 2-week Compliance Results

   The system must alert the user of the attendance results at the end of the 2-week compliance period, or at any point within the 2-week period if the individual fails to meet 100% attendance requirement.

   ATTENDANCE (input)
   2-Week Compliance Met Indicator
   2-Week Compliance Begin Date
   2-Week Compliance End Date
   Daily Attendance Results

   ALERT (output)
   Alert Type
   Alert Message
   User ID of Alert Recipient
   2-Week Compliance Met Indicator
   Individual ID
   Case Number
   Work Activity

4. Determine if 100% Attendance Met

   The system must determine if the 100% attendance requirement is met according to program business rules for attendee's who are in a 2-week compliance period. The 2-week compliance period may be extended if days missed are excused or determined to be good cause absence.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

ATTENDANCE (input – output)
2-Week Compliance Met Indicator
2-Week Compliance Begin Date
2-Week Compliance End Date
Daily Attendance Results

5. Determine if Active Case

   If 100% attendance is met, the system shall determine if case is active
   CASE (input – output)
   Case Number
   Case Status

6. Alert User to End Conciliation

   If 100% attendance has been met on an active case, an alert is sent to the appropriate user to end conciliation.

   CASE (input)
   Case Number

   INDIVIDUAL (input)
   Individual ID
   Individual Name

   ATTENDANCE (input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Date 100% Attained

ALERT (output)
Case Number
Individual Name
Individual ID
Date 100% Attained

7. End Conciliation or Sanction

If the system determines that the 100% requirement is met, the user must end the conciliation or sanction, as appropriate based on case circumstances.

ATTENDANCE (input)
Date 100% Attained

COMPLIANCE / CONCILIATION (output)
Conciliation End Date

SANCTION (output)
Sanction End Date

8. Determine if Good Cause Indicated

If the system determines that the 100% requirement is not met, the user must determine if good cause exists for the attendee not successfully completing 100% requirement according to program business rules and record result.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

ATTENDANCE (input – output)
Dates Missed
Dates Attended
Daily Good Cause Indicator
Date Good Cause Granted
Case/Individual ID
Good Cause Reason
Verification of Good Cause
Free Form Text

9. Record Good Cause Reason

   If the user determines that there was good cause, the good cause reason must be recorded.

   ATTENDANCE (input – output)
   Daily Good Cause Reason
   Date Good Cause Reason entered
   Date Good Cause Granted
   Case/Individual ID

10. Determine if 2-week Compliance Satisfied with Good Cause

    The system must determine if an interruption or exemption can be granted based on good cause information.

    GOOD CAUSE (input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Work Activity
Good Cause Indicator
Good Cause Reason
Good Cause Verification
Date Good Cause Granted

PRP (output)
Work Activity
Interrupt or Exemption Indicator
Interruption or Exemption Indicator Begin Date
Interruption or Exemption Indicator End Date
Type or Exemption / Interruption
Interruption / Exemption Date Granted

11. Extend Compliance Period and Return to Provider

If it is determined that good cause exists and approved, the user must extend the compliance period and return the results to the service provider.

PRP (input – output)
PRP – 2-Week Compliance Indicator
PRP – Compliance Begin Date
PRP – Compliance End Date
PRP – Compliance Due Date
Work Activity

ATTENDANCE (output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Daily Good Cause Code
Date Good Cause Code entered
Case/Individual ID

COMPLIANCE / CONCILIATION (output)
PRP Compliance Indicator

12. End Work Activity and Support Services and Record Compliance Status

If it is determined that good cause did not exist for missed days, the user must end the work activity and support services and record compliance status indicating the individual failed to successfully complete the 2-week compliance period.

PRP (output)
PRP Actual End Date of Activity
Compliance Status
Compliance Status Date
Work Activity

SUPPORT SERVICES (output)
Support Service End Date
Support Service End Reason
Support Service Activity

WORK ACTIVITY (output)
Work Activity End Date
Work Activity End Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Work Activity

PROVIDER (output)
Provider Service Type
Provider ID
Provider Service Begin Date
Provider Service Expected End Date

13. Notify Providers

The system shall notify provider of work activity and support services activity ending.

PROVIDER (input)
Provider ID
Provider Address

CASE (input)
Case Number

INDIVIDUAL (input)
Individual Name
Individual ID

NOTICE (output)
Notice Type
Notice Message

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

14. Determine if Active Case

    The system must determine if the individual who failed to successfully complete the required 2-week compliance period is in an active case.

    CASE (input – output)
    Case Number
    Case Status

15. Generate Alert to User

    If it is determined that case is active or if 2-week compliance was being performed for an application, the system shall generate an alert. The user may be the CSR user who initiated conciliation and the Family Assistance caseworker.

    CASE (input)
    Case Number
    Case Status

    ALERT (output)
    Alert Type
    Alert Message
    User ID of Recipient

16. Perform “Families First CSR Process Conciliation” sub-process

    If the system determines that the case is active, the system must perform the “Families First CSR Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Conciliation" sub-process.

17. Alert User to Proceed with Sanction

    If case is active, but individual was determined to not have complied with 2-week compliance requirements, and no good cause is indicated, then the system shall send an alert to the users to proceed with the sanction process.

    CASE (input)
    Case Number
    Case Status

    ALERT (output)
    Alert Type
    Alert Message
    User ID of Recipient

18. Perform "Imposing and Removal of Sanctions/Penalties/Disqualifications" process

    The system must perform the "Imposing and Removal of Sanctions/Penalties/Disqualifications" process to invoke sanction.

19. Proceed with Families First Denial

    If 100% attendance requirements failed and good cause or interruption or exemption cannot be established, the system must proceed with Families First case denial.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

20. Perform “Imposing and Removal or Sanctions/Penalties/Disqualifications” Process

    If the Families First case is not active and the client has completed the 2-week 100% attendance requirement, this reusable process shall be invoked to end any sanctions, penalties and/or disqualifications related to attendance non-compliance and allow the approval of the Families First case.

21. Proceed with Families First Approval

    When any sanctions, penalties, and/or disqualifications have been cured by the 2-week 100% attendance, the Families First case will be approved for issue of benefits and continuation of support services and PRP work activities.

    CASE (input)
    Case Number
    Benefit Status

    PRP (input)
    Work Activity
    Support Services

    SANCTION (input)
    Sanction Type
    Sanction End Date

    CONCILIATION / COMPLIANCE (input)
    Compliance End Date
    Compliance Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

CASE (output)
Case Number
Benefits Approved
Approval Date
Benefits Effective Date

22. Deny Application

If case is not active, the system will deny application.

PRP (output)
Families First Activity
Families First Activity Start Date
Families First Activity End Date

COMPLIANCE / CONCILIATION (output)
PRP – Compliance Begin Date
PRP – Compliance End Date
PRP – Compliance Indicator

SANCTION (input)
Sanction Reason
Sanction Begin Date

SUPPORT SERVICES (output)
Families First Support Service Type
Families First Support Services End Date Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.8 Attendance (2-Week Compliance)

Program Affected: All	**Users: Caseworkers, FS1s**

Families First Support Services End Date
Families First Support Services Begin Date

NOTICE (output)
Notice Type
Notice Date
Comments

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	The Families First participant must attend his/her required activity 100% of the time during a 2-week compliance period.
FFP	2	The Families First provider must notify the Families First caseworker immediately when a Families First participant fails to attend a required activity 100% of the time during a 2-week compliance period.
FFP	3	The Families First Provider must track attendance during a 2-week compliance period.
FFP	4	The Families First Provider must record attendance daily during a 2-week compliance period.
FFP	5	The date the 2-week compliance begins must be recorded
FFP	6	The Families First participant must be notified of the begin date for his/her 2-week compliance period.
FFP	7	The Families First Provider shall notify the caseworker of the outcome of a 2-week compliance.
FFP	8	If the Families First participant was in attendance 100% of the time during the 2-week compliance period, the Families First sanction will be resolved and the Families First benefits will continue.
FFP	9	100% attendance in all activities except VR and FSC is defined as attending all classes/activities for the required number of hours for a 2-week period.
FFP	10	100% attendance is defined in VR Assessment and FSC Assessment as attending an FSC or VR Assessment and, if barriers are found, signing a PRP agreeing to ongoing FSC/VR.
FFP	11	100% attendance is defined in VR Assessment and FSC Assessment as attending an FSC or VR Assessment and, if no barriers are found, signing a PRP agreeing to 2-week compliance in an alternate activity.
FFP	12	When an individual agrees to comply in a component that lasts less than two weeks, the 2-week compliance period must be completed in an additional component.
FFP	13	If the Agency does not allow time for the applicant/recipient to complete a 2-week compliance period during the 45-day application processing period, the caseworker must approve the Families First benefits and base the 100% attendance on the time the individual was able to participate prior to approval.
FFP	14	If a participant fails to complete a 2-week compliance period during the 45-day application-processing period due to a good cause reason, approve the Families First benefits and request that the individual complete the 2-week compliance period.
FFP	15	If an individual gets a job during a 2-week compliance period, renegotiate the PRP to add employment and require that the remainder of the 2-week period be completed in employment.
FFP	16	If employment obtained during a 2-week compliance period causes ineligibility due to income and the individual does not have time to complete the compliance period during the application processing time frame, the sanction will remain on the case record.
FFP	17	If a participant has time to complete a 2-week compliance period during the application processing period, but chooses not to until it is too late in the processing period, the application shall be denied.
FFP	18	If an individual gets a job during the compliance period and loses it through no fault of his/her own before

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

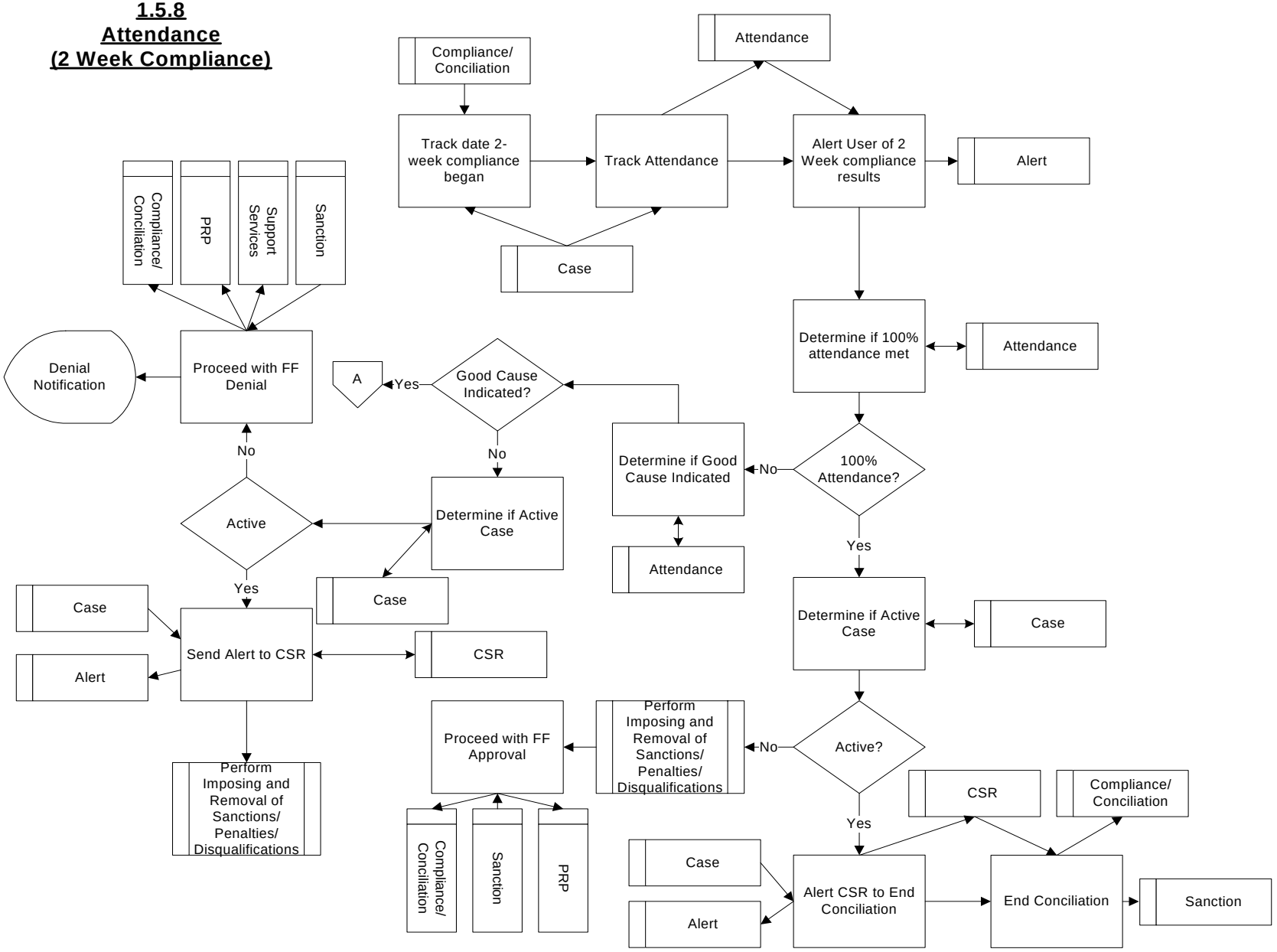
Program Type	Rule Number	Rule
		the compliance period is up, renegotiate the PRP and require that the individual comply in the new activity for the remainder of the 2-week period.
FFP	19	If an individual is absent during the 2-week compliance period, neither the caseworker nor CSR is required to attempt client contact.
FFP	20	If an individual is absent during the 2-week compliance period and the client claims good cause, good cause must be investigated.
FFP	21	If an individual is absent during the 2-week compliance period with good cause, the good cause reason shall be recorded.
FFP	22	If an individual is absent during the 2-week compliance period with good cause, the compliance period shall be extended 1 day for every day missed, and the provider notified.
FFP	23	If an individual is absent during the 2-week compliance period and does not have good cause, the Families First application will be denied.
FFP	24	If an individual is absent during the 2-week compliance period and does not have good cause, the Families First active case will be closed.
FFP	25	If an individual becomes eligible for an interruption or exemption to the work requirements, the 2-week compliance will be waived.
FFP	26	If an individual becomes exempt or interrupted from the work requirement during the 2-week compliance period, the sanction will remain on record, but the 2-week compliance period will not need to be completed when the exemption/interruption ends.
FFP	27	If the last case closure was due to a sanction, the client who reapplies must complete a 2-week compliance period (unless the client is exempt or interrupted), regardless of how long the case was closed.
FFP	28	A Families First case that has reapplied following a closure due to a work requirement sanction must complete a 2-week compliance period before being approved, unless determined to be exempt.
FFP	29	A required 2-week compliance period for a Families First application may be waived if the department failed to proved an opportunity to complete the 2 weeks prior to application due date.
FFP	30	A Families First case that has reapplied following a closure due to a work requirement sanction must complete a 2-week compliance period before being approved, unless determined to be exempt.
FFP	31	A required 2-week compliance period for a Families First application may be waived if the department failed to provide an opportunity to complete the 2-weeks prior to application due date.
CC	32	A Families First participant in a 2-week compliance period is eligible for Families First child care assistance.
CC	33	A Families First participant whose case is eligible for a 2-week compliance period and who was receiving child care assistance from another child care service type will have that service type ended and transferred to the Families First service type effective the day following the prior service type end date.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	34	The Families First child care assistance will end if the participant fails in her 2-week compliance period.
CC	35	A Families First participant who failed a her 2-week compliance period and who was eligible for the Transitional child care assistance service type will have that service type restarted effective day following the Families First end date.
CC	36	Families First child care assistance may be continued during the conciliation period if the participant is in a work activity.
CC	37	Families First child care assistance may be ended during certain types of interruption or exemption periods.
CC	38	Families First child care assistance must be ended effective on a sanction start (begin) date.

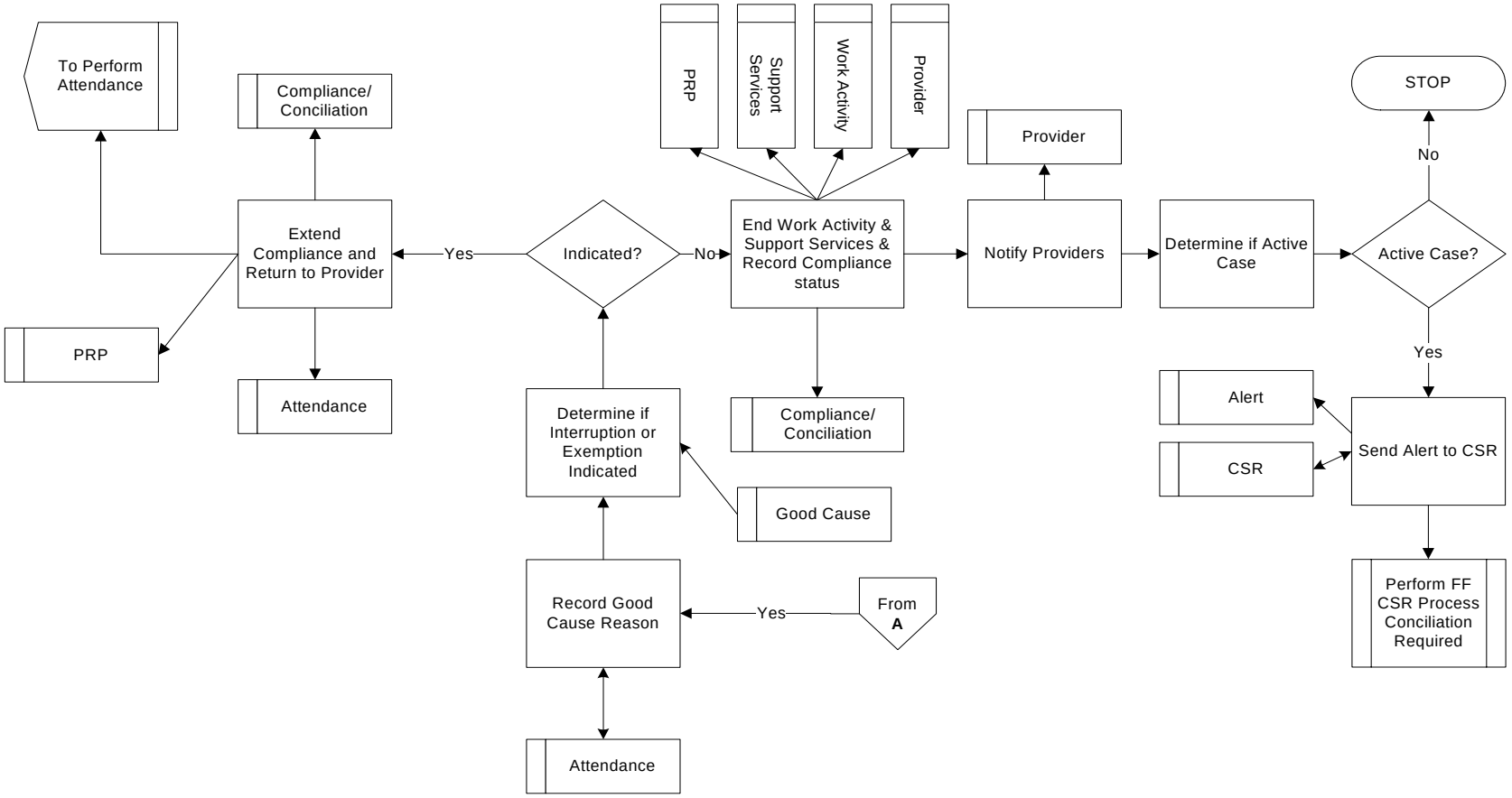
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.8 Attendance (2 Week Compliance)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.8
Attendance
(2 Week Compliance)
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.9 Provider Alert that Participation Update Due	
Program Affected: FF	**Users: System, FF Providers, Caseworker, FS1 Supervisor**

Process:

This process will determine from business rule timelines if an update on an individual's participation in a Families First work activity is due. If the update is due, appropriate users will be alerted.

Sub-Processes:

1. Determine if Time for Provider Update and Alert Needed

   The system shall determine from the last update and timeline rules if it is time to provide the activity update. If so, the provider shall be alerted to enter new status information on the individual participating in an activity.

   PRP (Input)
   Activity Code
   Individual Name
   Individual ID
   Case ID

   FF WORK ACTIVITY PARTICIPATION INFORMATION (Input)
   Status Date
   Status Code

   DATE (Input)
   Current Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.9 Provider Alert that Participation Update Due

Program Affected: FF	**Users: System, FF Providers, Caseworker, FS1 Supervisor**

2. Alert Provider

If an alert has been requested, the system shall alert the specified provider that a status update is due. If alert is not needed, there is no action to be taken.

ALERT (Output)
User ID of Alert Recipient
Status Update Request
Individual Name
Individual ID
Case Number
Activity
Date Participation Update Due

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

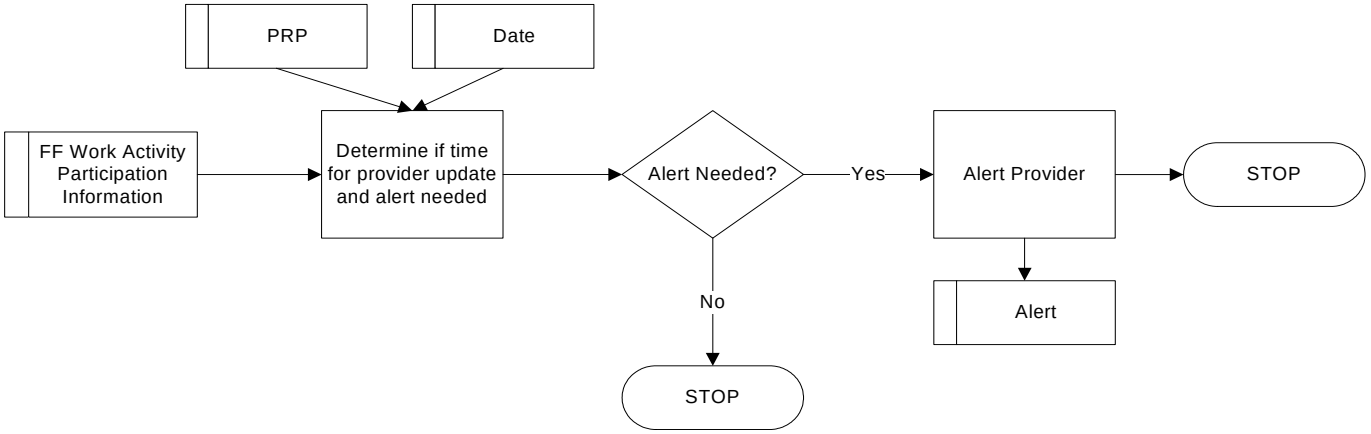
Program Type	Rule Number	Rule
FFP	1	The Provider shall update the individual's component participation progress and compliance (status) at prescribed time intervals dependent upon the activity type.
FFP	2	All TABE/BEST test scores must be reported within three working days of the participant's TABE/BEST score.
FFP	3	The Adult Education/ESL instructor shall monitor a Families First participant's progress by testing the participant every 90 days at a minimum.
FFP	4	A Families First participant who tests at a level of 2nd grade or above and has been in Adult Education for six months must be reevaluated to determine eligibility for ongoing participation.
FFP	5	A Families First participant who tests below a 2nd grade level and has been in Adult Education for nine months must be reevaluated to determine eligibility for ongoing participation.
FFP	6	A Families First participant who tested at a 2nd grade level or above and did not progress to the next level within six months but completes his/her optional additional three months of Adult Education must be reevaluated to determine eligibility for ongoing participation.
FFP	7	A Families First participant who tested below a 2nd grade level and did not progress to the next level within nine months but completes his/her optional additional three months of Adult Education must be reevaluated to determine eligibility for ongoing participation.
FFP	8	A provider shall report daily attendance at a minimum of every five days.
FFP	9	The Training Preparation provider shall be notified when the Families First individual has been in the Training Prep component for six months (the component time limit).
FFP	10	The Employment Career Counselor shall be notified when a Families First participant has completed 10 weeks of Employment Career Counseling (the component time limit).
FFP	11	The Employment Career Counselor shall complete an internal staffing at 90 days for Families First participants in ECS Plus.
FFP	12	The Employment Career Counselor shall complete an interdisciplinary staffing at six months for Families First participants in ECS Plus.
FFP	13	Work Experience providers shall be notified after a period of six months that the Work Experience time limit has been reached.
FFP	14	The Families First Provider shall be notified if reported non-compliance will result in the participant leaving the Provider component.
FFP	15	The Family Services Counselor shall be notified two weeks after the FSC referral date to provide preliminary assessment status.
FFP	16	The Family Services Counselor shall be notified one month after the FSC referral date to provide final assessment status.
FFP	17	The Vocational Rehabilitation Counselor shall be notified one month after the VR referral date to provide

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		preliminary assessment status.
FFP	18	The Vocational Rehabilitation Counselor shall be notified two months after the VR referral date to provide final assessment status.
FFP	19	The Family Services Counselor Provider shall be notified of STEPS staffing time and date.
FFP	20	The Employment Career Counseling provider shall be notified of STEPS staffing time and date.
FFP	21	The Employment Career Counseling provider may be notified to complete a career assessment for a STEPS participant if one has not been completed in the last two years.
FFP	22	The Family Services Counselor Provider shall be notified to contact the STEPS participant on a monthly basis if the participant and counselor have agreed the contacts are necessary.
FFP	23	The Employment Career Counseling provider shall be notified to contact the STEPS participant on a monthly basis.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.9 Provider Alert That Participation Update Due



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.10 FF Activity Communication	
Program Affected: FF	**Users: Caseworker, Provider**

Process:

This process will provide a communication tool that will allow the Family Assistance caseworker and Families First Service provider to share information on an individual they are both serving. Information may be free form text, status updates, or tracking information. Information may be manually entered by user, recorded, or may be system generated based on actions taken or information provided in the case or from the individual. This communication is to be limited not only to the specific case, but also to the individual.

Sub-Processes:

1. Record Individual Activity Participation Information

   The user will record any applicable information related to the individual's participation in an activity. Some changes may be automatically recorded based on other action taken within the case or for the individual. The system shall have the ability to receive a service referral from a FF provider.

   PRP (Input)
   Activity Code

   CASE (Input)
   Case Status
   Elig. Begin Date
   Elig. End Date

   TIMECOUNT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.10 FF Activity Communication

Program Affected: FF	**Users: Caseworker, Provider**

Individual Time Counter

INDIVIDUAL (Input)
Individual ID
Individual Name

ATTENDANCE (Input)
Type
Date of Attendance
Excused Absence Dates
Excused Absence Indicator

FF WORK ACTIVITY PARTICIPATION INFORMATION (Output)
Compliance Indicator
Attendance Indicator
Barriers
Free Form Text
Non-Attendance Indicator
Good Cause Indicator
Good Cause Reason
Good Cause Date

2. Determine if Alert to Caseworker or Provider is Needed

   The system will determine from program rules, and participation information entered if an alert is required to go to the caseworker or provider.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.10 FF Activity Communication

Program Affected: FF	**Users: Caseworker, Provider**

PROGRAM STANDARDS (Input)
Program Type
Program Milestones

FF WORK ACTIVITY PARTICIPATION INFORMATION (Input)
Free Form Text Comments
User ID
Individual ID
Individual Name
Compliance
Attendance
Barriers

3. Alert User

If the system determines that an alert is needed, the system shall generate the alert to the appropriate individual.

CASE (Input)
Case Number

INDIVIDUAL (Input)
Individual ID
Individual Name

ALERT (Output)
Activity Participation Alert

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.10 FF Activity Communication

Program Affected: FF	**Users: Caseworker, Provider**

Individual Name
Activity Status
Free Form Text Comments
User ID of Recipient
Date
Activity Name

FF WORK ACTIVITY PARTICIPATION INFORMATION (Input)
Compliance Indicator
Barrier Indicator
Attendance Indicator
Alert Request Indicator
Non-Attendance Indicator
Good Cause Indicator
Good Cause Reason
Good Cause Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	Core Service Providers and contracted service providers are required to communicate all changes in the participant's activities back to DHS within three working days after the event occurs unless in a 2-week compliance period.
FFS	2	The service providers must report all instances of non-compliance as well as the completion of activities as they occur.
FFS	3	The service providers may need to transmit a variety of information to the DHS caseworkers involving issues relating to any activity the provider provides.
FFS	4	Based on interacting with the participant, the services providers may recommend a specific activity for a participant to attend and will need to notify the DHS worker of the possible need to renegotiate the PRP.
FFS	5	The services providers may need to report participant changes that the service provider becomes aware of but are not specifically related to the activity status as otherwise indicated in other processes.
FFS	6	To capture these types of communication dialogs, the service providers may enter information in free form text that is linked to the case and the individual.
FFS	7	The service provider must alert the DHS case worker should action be required on the case such as an appointment to renegotiate the PRP, change case information (i.e. address, telephone number changes, changes in transportation needs) and information related to eligibility status (i.e. marital status, health issues that may result in incapacity exemption and/or interruption issues.
FFS	8	An individual in a 2-week compliance must have all status changes reported by the FF service provider on the same day the status change occurred.
FFP	9	The caseworker will be alerted when the Families First service provider enters information indicating an individual is not compliant with his/her work activity.
FFP	10	The date of an activity status change must be recorded.
FFP	11	The caseworker will be alerted when the service provider indicates that an ECS participant is non-compliant due to refusal to accept employment without good cause.
FFP	12	The caseworker will be alerted when the service provider indicates that a participant is non-compliant due to not putting forth a good faith effort to successfully complete the activity.
FFP	13	The caseworker will be alerted when the service provider indicates that a participant is non-compliant due to excessive unruliness or violence in their activity.
FFP	14	The caseworker will be alerted if the service provider enters information indicating that a revision of the PRP needs to be considered.
FFP	15	The caseworker will be alerted if the service provider indicates a participant requires a change in support services.
FFP	16	The caseworker will be alerted when the service provider reports that a new PRP is required due to the completion of an activity.

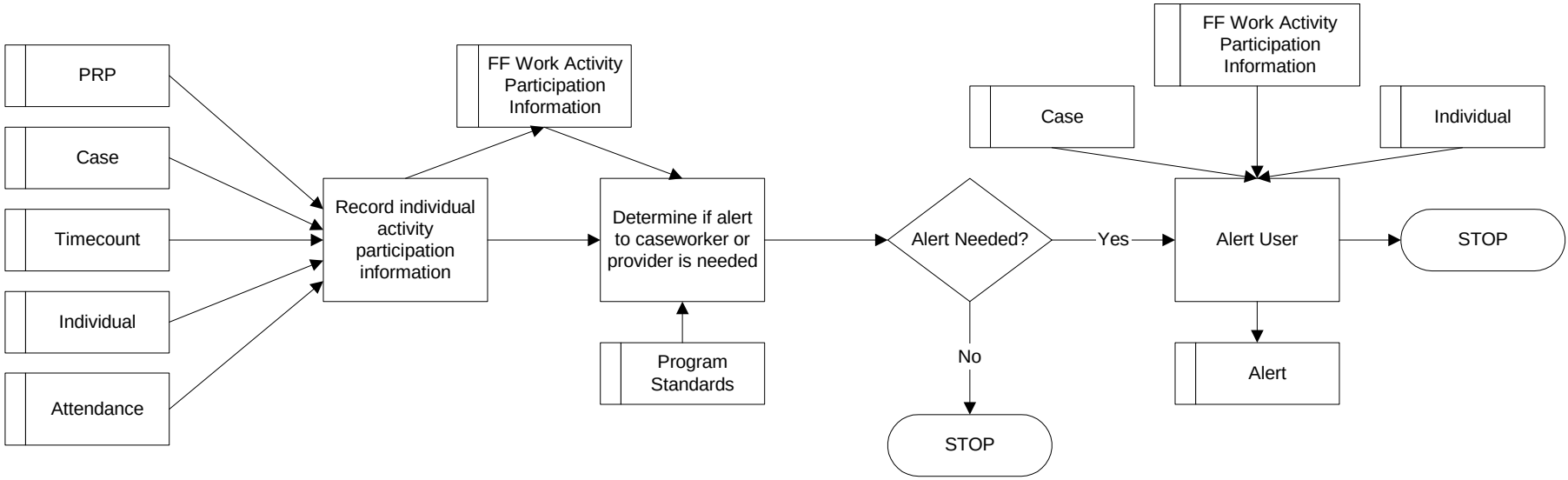
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	17	Free form text may be associated with any status change.
FFP	18	The date of a status change will be associated with any status change.
FFP	19	The service provider will be alerted when a participant is no longer eligible/able to take part in work activities or receive support services due to case closure, exemption, or interruption.
FFS	20	A participant or other service provider may request FSC services directly from the FSC if an emergent need exists.
FFS	21	An emergent need would include the participant being in immediate physical danger in the case of a domestic violence situation or in a condition that poses a threat to him/her self or others and immediate intervention is required.
FFS	22	The FSC must notify DHS of the request and initiation of services by using the activity communication process alerting the caseworker that a referral is needed.
FFS	23	DHS should ensure that the participant signs the PRP and initiates the referral within ten days in order for the family services counseling to continue.
FFS	24	Any service provider may recommend a needed service or PRP renegotiation for a client by alerting the DHS caseworker via the FF activity communication process.
FFP	25	The caseworker must report to service provider when good cause has been granted for an individual.
FFP	26	The FF service provider must notify the worker when an emergency referral to FSC is made.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.10

FF Activity Communication



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.11 Families First Activity Status Change	
Program Affected: FF	**Users: Provider, System, Caseworker**

Process:

The system shall have the ability to capture and update Family First activity status changes recorded by the user and generate a user alert if necessary. Status changes may be recorded by either the FF service provider or the FA user. Alerts must be generated to either for required action as a result of the status change in the activity. Some status changes may also be the result of conditions met and are system generated.

Sub-Processes:

1. Record FF Activity Status Change(s)

   The user or system will record any activity status code change(s). Status changes will be important in determining when a PRP needs to be renegotiated to reflect a change in activity, when follow up is needed, or conciliation may be required or resolved. The activity status, PRP, case, provider and attendance information are used for this process.

   ACTIVITY STATUS (Input)
   Familes First Activity Status
   Date Status Change

   CASE (Input)
   Individual's name
   Individual's SSN
   Individual's ID
   Individual's Case number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.11 Families First Activity Status Change	
Program Affected: FF	**Users: Provider, System, Caseworker**

PROVIDER (Input)
Provider name
Provider contact

PRP (Input)
PRP Compliance Begin Date
PRP Compliance End Date
PRP Compliance Status Type
PRP Activity End Reason Type
PRP Compliance Good Cause indicator
PRP Good Cause reason
PRP Good Cause start date
PRP Good Cause end date
PRP Activity Status
PRP Activity Start Date

ATTENDANCE (Input)
PRP Non-Attendance Adjustment Indicator
Daily Attendance indicator
Daily Non-attendance indicator

ACTIVITY STATUS (Output)
Families First Activity Status
Date Status change

2. Determine if Activity Status Change is a Positive Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.11 Families First Activity Status Change

Program Affected: FF	**Users: Provider, System, Caseworker**

The system shall determine if an individual is in a positive activity status by using case and activity status information provided by the Provider. Activity progress (positive or negative) will be recorded by the provider on a regular basis as required by business rules.

CASE (Input)
Individual name
Individual case number
Individual SSN
Individual ID

ACTIVITY STATUS (Input)
Families First Activity Status
Date Status Change
Previous activity status

3. Determine if Activity is Completed

If the activity status change is to a positive status, the system will determine if the activity is completed by using case and activity status information entered by the provider.

CASE (Input)
Individual name
Individual case number
Individual SSN
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.11 Families First Activity Status Change

Program Affected: FF	**Users: Provider, System, Caseworker**

ACTIVITY STATUS (Input)
Families First Activity Status
Date Status Change
Activity Completion Date
Activity Completion Indicator

4. Perform ”PRP Renegotiation”

   If the activity is completed, the user will perform the “PRP Renegotiation” process.

5. Generate Alert to Worker to Contact Individual

   If the activity status change entered is a negative status change or requires worker follow up, the system will generate an alert to the caseworker informing them to contact the individual or to initiate conciliation, as appropriate based on program rules. The alert is generated based on case and activity status information.

   CASE (Input)
   Worker/user ID
   Case number
   Individual ID
   Individual Name
   Individual SSN

   ACTIVITY STATUS (Input)
   FF Activity status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.11 Families First Activity Status Change	
Program Affected: FF	**Users: Provider, System, Caseworker**

Status change date
PRP Activity

ALERT (Output)
Individual Name
Individual ID
Alert Type
Alert Status
Alert Date
Alert Message Text
PRP Activity
Case Number
Activity Status

6. Perform “FF CSR Process Conciliation”

   If the activity status change entered is negative, the system will perform the “FF CSR Process Conciliation” reusable process, provided worker contact does not successfully resolve the situation.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

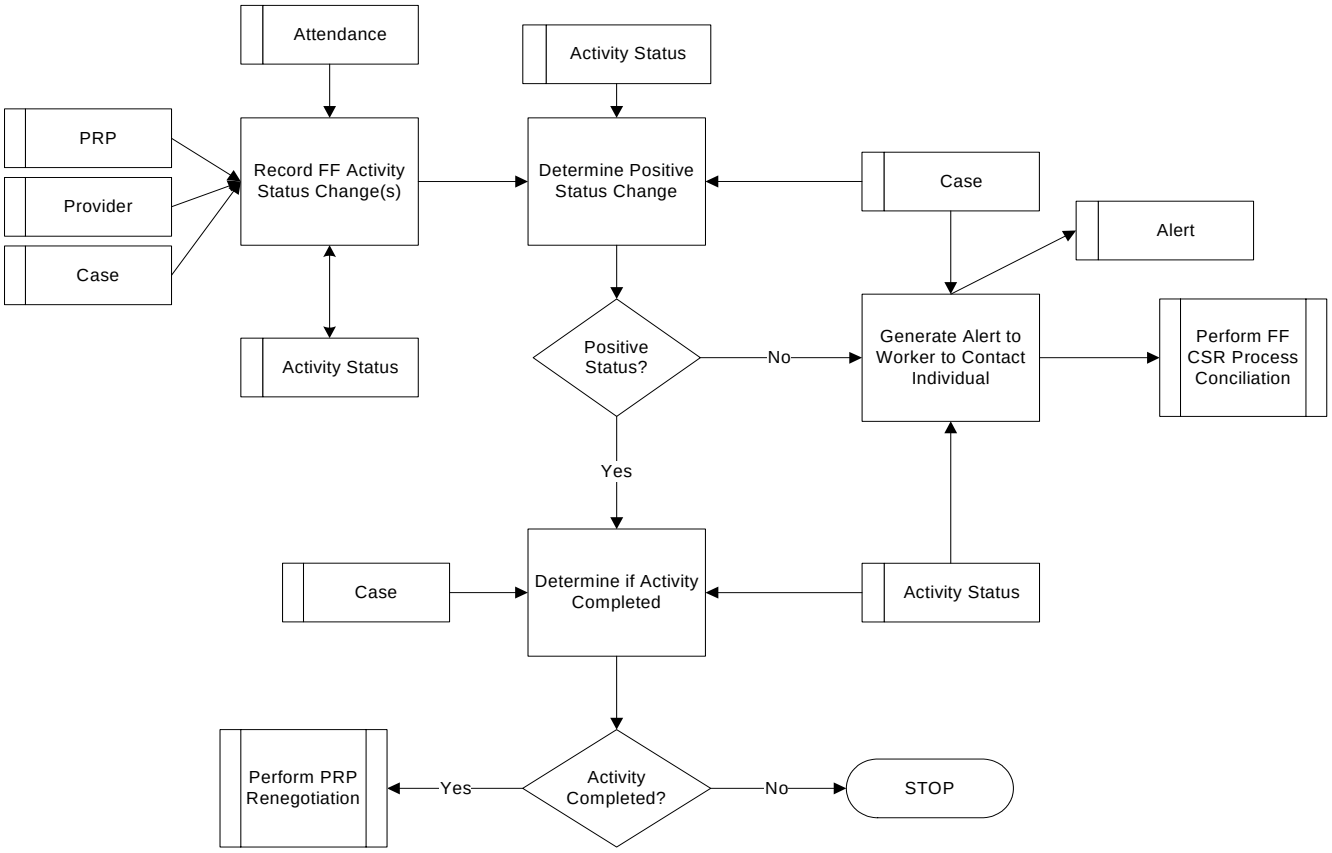
Program Type	Rule Number	Rule
FFP	1	Completion of an activity will result in an activity status change.
FFP	2	A change in activity hours will result in an activity status change.
FFP	3	Failure to meet the 90% attendance requirements will result in an activity status change.
FFP	4	Unsatisfactory progress in an activity will result in an activity status change.
FFP	5	An exemption from the work activity requirement will result in an activity status change.
FFP	6	An interruption from the work activity requirement will result in an activity status change.
FFP	7	A request for FSC will result in an activity status change.
FFP	8	A request for VR will result in an activity status change.
FFP	9	The FF provider must report completion of an activity to the caseworker within three working days.
FFP	10	The FF caseworker will contact the FF individual when an activity has been completed in order to renegotiate the PRP.
FFP	11	The FF provider must report changes in activity hours to the caseworker within three working days.
FFP	12	The FF caseworker will contact the FF individual when there are changes in the number of activity hours in order to renegotiate the PRP.
FFP	13	The FF provider must report failure to meet the 90% attendance requirement to the caseworker within three working days.
FFP	14	The FF caseworker will contact the FF individual when the individual fails to meet 90% attendance.
FFP	15	The FF provider must report unsatisfactory progress in an activity to the caseworker within three working days.
FFP	16	The FF caseworker will contact the FF individual when the individual fails to make satisfactory progress.
FFP	17	The FF caseworker must determine whether an activity has been completed prior to entering a new or additional activity.
FFS	18	Every provider is required to communicate all changes in the participant's activities to DHS within three working days after the event occurs unless the client is in a two-week compliance situation.
FFS	19	A participant's activity status must be tracked to ensure that program requirements are being met.
FFS	20	Activity status changes may include the initiation of an activity.
FFS	21	Activity status changes may include the participant's completion of an activity.
FFS	22	Activity status changes may include the participant's non-compliance in attending an activity.
FFS	23	Activity status changes may include the participant's failure to make adequate progress in an activity.
FFS	24	Activity status changes may include the participant's non-enrollment (failure to show initially) in any required activity.
FFS	25	A participant's activity status may be deemed positive or negative depending on participant's individual or case requirements.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	26	A positive activity status indicates that the participant is in compliance with the program requirements and progressing as scheduled.
FFS	27	A negative activity status indicates that the participant is not in compliance with program requirements and may not be progressing as scheduled.
FFS	28	A participant's activity status must be tracked to determine when an activity has been completed and a PRP renegotiation is required.
FFS	29	A participant's activity status must be tracked to determine when an activity has not been attended or completed as scheduled to initiate the conciliation process.
FFS	30	A participant's activity status must be tracked to determine if the participant is complying with the conciliation process.
FFS	31	A FF Service provider may only end an activity when that activity has been determined to be completed.
FFS	32	An individual remains in the activity until the activity is ended on the PRP by the FA user.
FFP/FFS	33	An activity milestone will require a status change.
FFP/FFS	34	A participant's expected start date within an activity will result in a status change, dependent upon their initial attendance on that date.
FFS/FFP	35	Status changes associated with an individual currently in a 2-week compliance period must be reported within one business day.
FFS/FFP	36	A FF Service Provider may not excuse more than 3 absences within a calendar month.
FFP	37	A PRP renegotiation must be performed with an individual entering a new activity within 14 days from date notified of activity completion, to be considered timely.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.11
Families First Activity Status Change



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript	
Program Affected: FF	**Users: Providers, Caseworker**

Process:

This process will enable Families First service providers and FA Caseworkers to enter and track the progress milestones and results of a Families First client in an activity. Entries may be manually entered, or may be automatically written to the record based on other actions taken or entries made elsewhere in the system. Entries may also include free form text. This transcript will be a part of the record for the individual and the FF case the individual is in. This information would be real time communication that could be sent to the FF caseworker. A transcript will still be created for these activities where no specific FF Service Provider is designated.

Sub-Processes:

1. Record PRP Activity Information

   The user shall record in the system information pertaining to an individual's Personal Responsibility Plan (PRP), and the specific activity. Information to be captured includes, but is not limited to: individuals' enrollment and end date in the activity, status changes, good cause information, conciliation referrals and outcomes, activity milestones, support services requested and provided, FF Service Providers and instructors, activity modifications, hourly requirements, mandatory or voluntary status, service provider notes, attendance and compliance indicators, and interruptions in services.

   PRP (Input)
   Activity Type
   Begin Date of Activity
   End Date of Activity

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Milestone Date
Expected Completion Date
Voluntary Work Plan Indicator
Individual ID
Individual Name
Activity Provider
Case ID
Activity Instructor Name
Hourly Requirement for Activity
FF Service Provider
Individual ID
Date Service Not Provided
Individual Name
Case ID
Support Service Provided Indicator
Support Service Type Requested
Begin Date of Support Service
End Date of Support Service
Type of Requested Service Not Provided
Reason Support Service Not Provided
Support Service Provider Notes

TIME COUNT (Input)
Countable Months for Individual
Exempt From Time Cause Reason by Month
Interruption From Time Cause Reason by Month

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

EMPLOYMENT (Input)
Individual ID
Employer Name
Employer Address
Employment Begin Date
Employment End Date
Hourly Rate of Pay
Monthly Hours

SANCTION (Input)
Sanction Type
Sanction Begin Date
Sanction End Date
2-Week Compliance Indicator
Sanction Notice Mail Date
2-Week Compliance Notice Mail Date
2-Week Compliance Begin Date
2-Week Compliance End Date
Sanction Reason
Compliance Resolution Code
Good Cause Claimed Indicator
Good Cause Granted Indicator
Good Cause Reason
Good Cause Begin Date
Good Cause End Date
Date Good Cause Determined
Hourly Requirement for Activity

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Activity Instructor Name

TRANSCRIPT (Output) (all optional)
Status Change
Date Status Changed
Modify Sanctions Indicator
Work Plan Hours
Work Requirements
Post Secondary Schedule Changes
Grade Level
TABE Scores
GPA
Modified PRP Indicator
Communication to Worker
Individual Name
Case Number
Activity
Individual's Actual Start Date
Individual's Actual End Date
TABE Test Date
Good Cause Claimed Indicator
Good Cause Granted Indicator
Good Cause Reason
Good Cause Begin Date
Good Cause End Date
Date Good Cause Determined
Compliance Resolution Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript	
Program Affected: FF	**Users: Providers, Caseworker**

Employer
Employer Address
Employment Begin Date
Employment End Date
Hourly Rate of Pay
Monthly Hours
Voluntary Work Plan Indicator
Exempt from Time-count Reason by Month
Interruption from Time-Count Reason by Month
Provider Feedback Comments
2-Week Compliance Notice Mail Date
2-Week Compliance Begin Date
2-Week Compliance End Date
Sanction Notice Mail Date
Sanction Begin Date
Sanction End Date
Sanction Reason
Testing Results
Modified PRP Begin Date
Modified PRP End Date
Activity Start Date
Activity Provider
Activity Expected Completion Date
Activity Name
Comments Text
Case ID
Individual ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Individual Name
Activity Description
FF Service Provider
Support Service Type
Support Service Begin Date
Support Service End Date
Support Service Provided Indicator
Reason Support Service Not Provided
Support Service Provider Notes
Date Service Not Provided
Type of Service Not Provided

2. Record Sub-Activity Information

Activities such as ECS, ECS Plus and Work Prep may contain a sub-activity within their program. The system shall require the user to record a sub-activity and information related to the sub-activity, while linking it to the FF activity on the PRP. Free form text must be permitted.

FF SUB-ACTIVITY (Input)
Career Assessment
Job Development
Job Counseling
Fresh Start/PACE
Job Placement
Job Retention
Career Advancement Program
Job Skills Training

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Vocational Educational Training
FF Activity
Sub-Activity Start Date
Sub-Activity End Date

TRANSCRIPT (Output) (optional)
Status Change
Date Status Changed
Modify Sanctions Indicator
Work Plan Hours
Work Requirements
Post Secondary Schedule Changes
Grade Level
TABE Scores
GPA
Modified PRP Indicator
Communication to Worker
Individual Name
Case Number
Activity
Individual's Actual Start Date
Individual's Actual End Date
TABE Test Date
Good Cause Claimed Indicator
Good Cause Granted Indicator
Good Cause Reason
Good Cause Begin Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Good Cause End Date
Date Good Cause Determined
Compliance Resolution Code
Employer
Employer Address
Employment Begin Date
Employment End Date
Hourly Rate of Pay
Monthly Hours
Voluntary Work Plan Indicator
Exempt from Time-Count Reason by Month
Interruption from Time-Count Reason by Month
Provider Feedback Comments
2-Week Compliance Notice Mail Date
2-Week Compliance Begin Date
2-Week Compliance End Date
Sanction Notice Mail Date
Sanction Begin Date
Sanction End Date
Sanction Reason
Testing Results
Modified PRP Begin Date
Modified PRP End Date
Activity Start Date
Activity Provider
Activity Expected Completion Date
Activity Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Comments Text
Case ID
Individual ID
Individual Name
Activity Description
FF Service Provider
Support Service Type
Support Service Begin Date
Support Service End Date
Support Service Provided Indicator
Reason Support Service Not Provided
Support Service Provider Notes
Date Service Not Provided
Type of Service Not Provided
Career Assessment
Job Development
Job Counseling
Fresh Start/Pace
Job Placement
Job Retention
Career Advancement Program
Job Skills Training
Vocational Educational Training
FF Activity
Sub-Activity Start Date
Sub-Activity End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript	
Program Affected: FF	**Users: Providers, Caseworker**

3. Determine if Users need Alert

   The system shall determine from the transcript entries, if the FF worker or FF Service Provider needs an alert to indicate a milestone or expected completion date has occurred.

   TRANSCRIPT (Input)
   Status Change
   Date Status Changed
   Modify Sanctions Indicator
   Work Plan Hours
   Work Requirements
   Post Secondary Schedule Changes
   Grade Level
   TABE Scores
   GPA
   Limit Activities Indicator
   Communication to Worker

4. Alert User

   If the user should be alerted of a change, the system shall place an alert in the user's inbox.

   ALERT (Output)
   User ID
   Individual Name
   Individual ID
   Case ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.12 FF Activity Transcript

Program Affected: FF	**Users: Providers, Caseworker**

Provider ID
Work Activity
Transcript Results
Alert Type

5. Print Transcript

If the user selects to print, the system shall allow the transcript to be printed in a user friendly format. The transcript may be printed for any activity, at any time. The transcript may be requested for current information only, or for information entered within a range of dates.

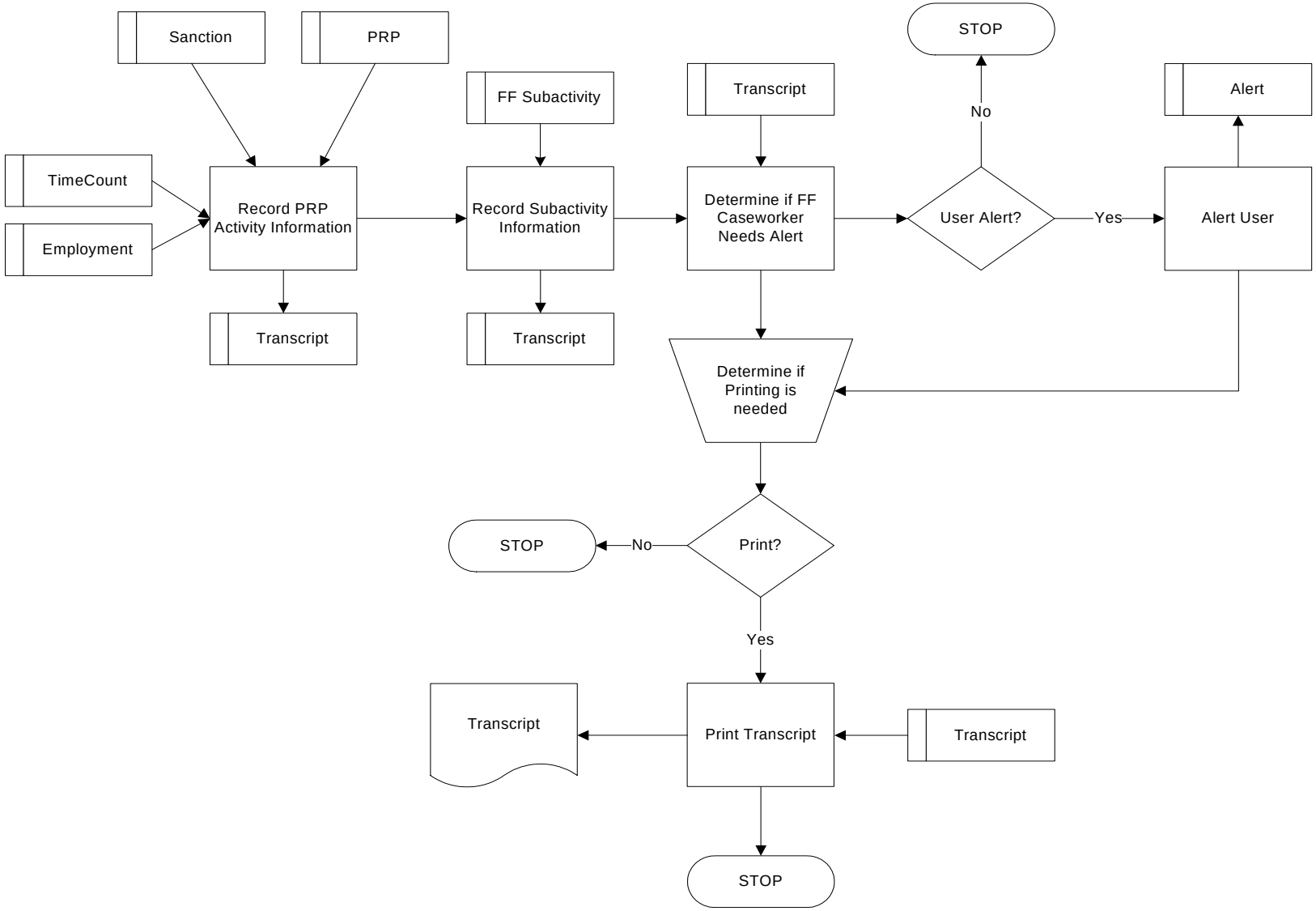
TRANSCRIPT (Input)
(Same as in step 2)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Families First activity providers shall track, update and record the Families First participant's compliance and progress and alert the caseworker at specified intervals or circumstances, dependent upon the activity type.
FFP	2	The caseworker shall be alerted if/when caseworker action is required due to changes in compliance or progress or activity completion.
FFS	3	Each service provider that administers work related services must track participant activities and compile such information in a transcript.
FFS	4	Service providers are required to report participant activities and/or sub-activities to DHS.
FFS	5	A participant may be involved in multiple activities.
FFS	6	A participant may be involved in multiple sub-activities of those listed above.
FFS	7	A variety of activities may be included on the transcript.
FFS	8	Such information may include but is not limited to sanctions, post secondary education activities, modified work plan information, TABE scores and AE levels.
FFS	9	All activities must be tracked and documented on an electronic transcript.
FFS	10	The transcript must contain the participant's identifying information.
FFS	11	The transcript must be updated each time a participant begins an activity and/or sub-activity.
FFS	12	The transcript must be updated each time an activity is completed or ends prior to the scheduled end date.
FFS	13	The transcript must contain the name of the activity, a description of the course content, the dates attended and a description of the verification of progress and/or completion.
FFS	14	The transcript should allow for free-form text to include specific comments.
FFS	15	Specific comments may include reasons an activity and/or sub-activity ended prior to the scheduled completion date.
FFS	16	The transcript should be accessible to multiple users including contract agencies and employees of the agencies.
FFS	17	The system should allow for the transcript to follow the individual participant as the case moves from case workers to district offices to counties as well as contract agencies.
FFS	18	The transcript must be updated as activity status changes occur.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.12 FF Activity Transcript



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application	
Program Affected: FF	**Users: Caseworker**

Process:

This process describes the procedures that are involved in the First Wheels application process. First Wheels is a program available to current and former Families First recipients that provides interest free car loans. The system is to capture information related to the application, track the progress and capture the results. In addition, the system will help identify participants who appear to meet qualifications so they may be targeted for possible participation. The system shall maintain history of all user generated or system generated information based on business rules and provide the means to sort and search the history.

Note: Once approved for a First Wheels loan, the information is sent to the First Wheels Contractor who will complete the process related to car and funding availability and obtainment plus retain any necessary waiting list for services.

Sub-Processes:

1. Determine Screening Eligibility for First Wheels

   The system will determine if an individual is potentially eligible for First Wheels based on case, individual, employment, education and program standards information. This determination could be prompted by a request from the individual. The system shall also identify individuals possibly eligible for First Wheels based on this information. Such determinations may be required at intake, application reviews or at PRP renegotiations.

   CASE (Input)
   Case ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Case Status
Case Eligibility Start Date
Case Eligibility End Date

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB
Individual Mailing Address

PROGRAM STANDARDS (Input)
FF Eligibility Status
FF Eligibility Begin Date
FF Eligibility End Date
60 Day Compliance Rule indicator

EMPLOYMENT (Input)
Employment Status (either full or part time)
Employment Begin Date

EDUCATION (Input)
Student Status
Credit Hours Enrolled

2. Alert User that Individual Meets Preliminary Requirements

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

If the system determines the individual meets the preliminary requirements for First Wheels, an alert is sent to the user. The user may also make such a determination independent of the system.

ALERT (Output)
Alert Type
Alert Date
Alert Message Text
Alert User ID of Recipient

3. Notify Individual (Optional)

The system will notify the individual (if needed), that they are potentially eligible for the First Wheels program. This notice should inform the individual that an appointment is needed and the specific documents that they should bring to the appointment.

NOTICE (Output)
Notice Type
Notice Date
Notice Message Text

4. Perform “Appointment Scheduler” Process (Optional)

If the individual expresses an interest in pursuing the First Wheels application and does not have an appointment with the user in the near future, the “Appointment Scheduler” process will be performed to schedule an appointment to discuss the application and to collect data. However, if a PRP renegotiation or recert/review appointment is scheduled in the near future, that appointment can be used for the same purpose and an additional appointment is not required.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

CASE (Input)
Case Number

APPOINTMENT (Input)
Appointment(s) Status
Appointment Date(s)
Appointment Time(s)
Appointment Type

5. Determine if Appointment Kept and Completed (Optional)

   The system shall determine if the appointment was kept and the necessary information completed, based on the individual and appointment information and utilizing business rules.

   INDIVIDUAL (Input)
   Individual ID
   Individual Name
   Individual SSN
   Individual DOB
   Individual Mailing Address

   APPOINTMENT (Input)
   Appointment Type
   Appointment Date
   Appointment Scheduled Begin Time

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Appointment Scheduled End Time
Appointment Actual Begin Time
Appointment Actual End Time
Good Cause Indicator
Good Cause Date
Good Cause Reason

6. Record Part 1 Verification Information

   If the client kept the appointment and completed the application information, the user will record the First Wheels Part 1 Verification information.

   FIRST WHEELS VERIFICATION (Output)
   First Wheels Orientation Begin Date
   First Wheels Orientation End Date
   First Wheels Orientation Completed indicator
   First Wheels Part 2 Eligible Indicator
   District Office Approval Decision
   District Office Approval Decision Date
   District Office Approval Decision User ID/Name
   District Office Denial Reason
   District Office Denial Date
   First Wheels Appointment Date
   First Wheels Appointment Completed Indicator
   First Wheels Part 1 Verification Indicator
   First Wheels Part 2 Verification Indicator
   Loan Approved Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

7. Determine First Wheels Preliminary Eligibility

The system shall determine First Wheels preliminary eligibility based on case, individual, First Wheels verification and program standards information.

CASE (Input)
Case ID
Case Status
Case Eligibility Start Date
Case Eligibility End Date

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB
Individual Mailing Address

FIRST WHEELS VERIFICATION (Input)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

PROGRAM STANDARDS (Input)
FF Eligibility Status
FF Eligibility Begin Date
FF Eligibility End Date
60 Day Compliance Rule Indicator

8. Generate Alert to User for Evaluation

   If the system determines that the individual meets the First Wheels preliminary eligibility, the system will generate an alert to the appropriate user for evaluation. The user shall be sent all supporting documents necessary to complete evaluation.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

ALERT (Output)
Alert Type
Alert Date
Alert Message Text

9. Generate Notice to Individual

After the system determines if the individual meets the First Wheels eligibility requirements, a notice will be sent to the individual informing them of the outcome of the evaluation.

CASE (Input)
Case ID
Case Status

INDIVIDUAL (Input)
Individual Name

FIRST WHEELS VERIFICATION (Input)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

NOTICE (Output)
Case ID
Case Status
Individual Name
Individual ID
First Wheels Part 1 Verification Indicator

10. Determine and Record if Application is Accepted by User

After the individual sends any supporting documents that are necessary to complete the First Wheels eligibility process to the user, the user shall determine and record if the application and supporting documents are acceptable and meet the requirements of the program standard.

APPLICATION (Input)
Application Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Application Date
Application Accepted Indicator

PROGRAM STANDARDS (Input)
FF Eligibility Status
FF Eligibility Begin Date
FF Eligibility End Date
60 Day Compliance Rule Indicator
First Wheels Eligible Indicator

FW APPLICATION (Output)
Application Accepted Indicator
Application Accepted Date

11. Generate Notice of First Wheels Orientation to Individual

    If the system determines that the application is accepted, the system will generate a notice to the individual informing them that they must attend the required First Wheels orientation as part of the First Wheels requirements. If the client misses the appointment, they can reschedule by calling the user to set up a second orientation appointment.

    FW APPLICATION (Input)
    Application Accepted Indicator
    Application Accepted Date

    NOTICE (Output)
    Notice Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Notice Date
Notice Message Text
First Wheels Orientation Date
First Wheels Orientation Location
First Wheels Orientation Contact Name
First Wheels Orientation Contact Phone

12. Record Part 2 Verification Information

When the individual completes the First Wheels orientation, the user will record the First Wheels Part 2 verification information.

FIRST WHEELS VERIFICATION (Output)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

13. Determine if Part 2 Eligible

The system shall determine if the individual has met the Part 2 eligibility utilizing the program standards and the First Wheels verification information.

PROGRAM STANDARDS (Input)
FF Eligibility Status
FF Eligibility Begin Date
FF Eligibility End Date
60 Day Compliance Rule Indicator
First Wheels Eligible Indicator

FIRST WHEELS VERIFICATION (Input - Output)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

14. Generate Alert of Part 2 Completion to District Office

If the system determines the individual has completed Part 2 of the eligibility, an alert is generated to the District Program Supervisor. The user will also send a manual packet of information to the District Office for their review of the submitted First Wheels application.

FIRST WHEELS VERIFICATION (Input)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

ALERT (Output)
Alert Type
Alert Date
Alert Message Text
Alert Recipient User ID

15. Determine if District Office Approves

Following his/her review, the District Program Supervisor will enter the approval decision into the system.

FIRST WHEELS VERIFICATION (Input - Output)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

16. Generate Alert to Area Manager and User

If the District Office approves the packet, the system will generate an alert to the Area Manager and to the user. The system shall do ongoing matches with the Department of Safety to ensure the individual does not have any new driving citations. This needs to be an on-line match as well as a batch process match to include any new DUI and/or suspensions. If the District Office does not approve the First Wheels application, the application will be denied and a denial notice generated to the client, with the reason for denial. The user will also be notified of decision.

FIRST WHEELS VERIFICATION (Input)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

ALERT (Output)
Alert Type
Alert Date
Alert Message Text
User ID of Recipient

17. Generate Notice to Individual

Once the time and date of the Loan Committee meeting has been scheduled, the user will generate a notice to the individual to inform them that they must attend the Loan Committee meeting as the next step in the First Wheels approval process. The date, time and place of the meeting should be contained in the notice text. If the individual misses the meeting with the Loan Committee, they will be required to call the Area

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Manager, or their equivalent, to reschedule a new committee meeting.

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB
Individual Mailing Address

FIRST WHEELS VERIFICATION (Input)
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date

NOTICE (Output)
Notice Type
Notice Date
Notice Message Text
Loan Committee Meeting Date
Loan Committee Meeting Time
Notice Date to Client

18. Record Loan Committee Meeting Results

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

The user will record the results of the Loan Committee meeting in the system.

FIRST WHEELS VERIFICATION (Output)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

19. Notify Individuals of Results

The system will notify the appropriate user and the individual of the loan committee meeting results.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB
Individual Mailing Address

FIRST WHEELS VERIFICATION (Input)
First Wheels Orientation Begin Date
First Wheels Orientation End Date
First Wheels Orientation Completed Indicator
First Wheels Part 2 Eligible Indicator
District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Reason
District Office Denial Date
First Wheels Appointment Date
First Wheels Appointment Completed Indicator
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Indicator
Loan Disapproved Date
Reason for Disapproval

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

NOTICE (Output)
Notice Type
Notice Date
Notice Message Text

20. Perform “Client Fails to Keep an Appointment” Process

    If the individual does not keep the scheduled appointment to determine initial First Wheels application eligibility, the system will perform the reusable “Client Fails to Keep an Appointment” process.

21. Generate Denial Notice to Individual

    If the individual is determined ineligible for the First Wheels preliminary eligibility, the system will generate a denial notice to the individual.

    INDIVIDUAL (Input)
    Individual ID
    Individual Name
    Individual SSN
    Individual DOB
    Individual Mailing Address

    NOTICE (Output)
    Notice Type
    Notice Date
    Notice Message Text
    Denial Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

22. Generate Denial Notice

    If the user does not accept the First Wheels application, the system will generate a denial notice to the individual.

    INDIVIDUAL (Input)
    Individual ID
    Individual Name
    Individual SSN
    Individual DOB
    Individual Mailing Address

    NOTICE (Output)
    Notice Type
    Notice Date
    Notice Message Text
    Reason First Wheels Application not Accepted

23. Generate Alert to User

    The system will generate an alert to the user informing them that the application is not accepted.

    INDIVIDUAL (Input)
    Individual ID
    Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.13 First Wheels Application

Program Affected: FF	**Users: Caseworker**

Individual SSN
Individual DOB
Individual Mailing Address

ALERT (Output)
Alert Type
Alert Date
Alert Message Text

24. Generate Denial Notice

If the individual is determined ineligible for First Wheels Part 2 verification, the system will generate a denial notice to the individual.

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual SSN
Individual DOB
Individual Mailing Address

NOTICE (Output)
Notice Type
Notice Date
Notice Message Text
Reason for Denial

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Current and transitional Families First participants shall be given the opportunity to apply for an interest free loan to purchase a vehicle needed for transportation to work.
FFP	2	The First Wheels application is a three-part process: (1) determination of basic eligibility, (2) determination of eligibility according to First Wheels requirements and (3) the Loan Committee determination.
FFP	3	An application form to apply for a First Wheels loan and Information Consent form shall be completed and submitted to DHS by each First Wheels applicant.
FFP	4	The Agency shall provide First Wheels applicants with the forms necessary to obtain a driver's safety record from the Tennessee Department of Safety.
FFP	5	The First Wheels applicant shall submit a copy of his/her Tennessee Driver's Safety Record with the First Wheels application.
FFP	6	DHS caseworkers or delegated staff person shall assist applicants who are eligible for Part 1 based on the First Wheels Revolving Loan Program requirements to prepare for each of the subsequent parts of the program.
FFP	7	Within two weeks of the receipt of the First Wheels loan application, the Information Consent forms and the Driver's Safety Record, the Agency will determine eligibility and the appropriate Notices will be issued by the caseworker.
FFP	8	A parent/caretaker who is currently receiving Families First cash payments at the time of the First Wheels application must meet all eligibility requirements for part 1 of the First Wheels program.
FFS	9	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must be a resident of Tennessee.
FFS	10	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must be 18 year of age or older.
FFS	11	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must be employed at least 20 hours or more per week or have unearned income.
FFS	12	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must have dependent children in the home.
FFS	13	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must be an active eligible assistance group member who has been receiving Families First for sixty days preceding the date of loan application
FFS	14	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must have no serious violations on his/her driver's safety record.
FFS	15	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must be in compliance with all aspects of their PRP for the last three months on assistance or the total

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		time on assistance, (whichever is shorter), have continued to be eligible and in compliance throughout the three-part application process.
FFS	16	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must have a demonstrated transportation need.
FFS	17	The basic requirements for participation in the First Wheels program dictate that the parent/caretaker must not have a Families First Intentional Program Violation claim either outstanding or paid in full (does not include a Suspected Intentional Program Violation, SIPV).
FFS	18	Parents/caretakers that are no longer receiving Families First cash assistance may be eligible to participate in the First Wheels program provided the above mentioned criteria are met in addition to the following:
FFS	19	The parent/caretaker must have lost Families First cash assistance within the eighteen (18) months preceding the date of loan application.
FFS	20	The parent/caretaker has been an assistance group member who met all eligibility requirements for Families First and received Families First for a minimum of sixty (60) days prior to case closure.
FFS	21	The parent/caretaker must have been employed for thirty-five (35) or more hours per week for sixty (60) days preceding the date of loan application; or must be employed at least twenty (20) hours per week and satisfactorily participating in full-time post-secondary education for the sixty (60) days preceding the date of loan application. (Note: Self-employment income must equal at least the minimum wage for the hours worked per week, in accordance with Families First policy.)
FFS	22	The parent/caretaker must have a demonstrated transportation need (i.e., lack of transportation, does not own an automobile, has an inoperable automobile that he/she cannot afford to repair, a two parent household where both parents are employed and one vehicle does not suffice for two commutes).
FFS	23	An applicant is ineligible for a First Wheels loan when the individual has no allowable income other than Families First cash assistance.
FFS	24	An applicant is ineligible for a First Wheels loan when the individual is in an assessment or orientation as the only activity in the month of the loan application.
FFS	25	An applicant is ineligible for a First Wheels loan when a Families First case was closed due to a work sanction, voluntary quit sanction or child support sanction within the past eighteen (18) months of the application date.
FFS	26	An applicant is ineligible for a First Wheels loan when the Families First case is a “child only” case.
FFS	27	An applicant is ineligible for a First Wheels loan when there were no eligible children present in the home at or after the time of case closure.
FFS	28	An applicant is ineligible for a First Wheels loan when the individual has an outstanding balance on a current automobile loan.
FFS	29	An applicant is ineligible for a First Wheels loan when he/she resides in a one-parent household with one

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		or more operational vehicles.
FFS	30	An applicant is ineligible for a First Wheels loan when the applicant resides in a two-parent household where both parents are employed, with two or more operational vehicles.
FFS	31	An applicant is ineligible for a First Wheels loan if the applicant or the identified adult drivers have received a DUI and/or DWI charge on their driver's safety record within the past twenty-four (24) months.
FFS	32	The user shall be alerted of a client's basic eligibility to the First Wheels Program.
FFS	33	The individual shall be notified of their basic eligibility to the First Wheels Program.
FFS	34	The individual shall be notified if they do not meet the basic eligibility requirements for the First Wheels Program.
FFS	35	Using the appointment scheduling process, an initial appointment will be generated for the applicant (determined to be eligible thus far) with a designated DHS worker.
FFS	36	The designated DHS worker will assist the applicant to complete the part one application process by reviewing the required forms with the applicant.
FFS	37	The system shall notify the parent/caretaker of the client's part one basic eligibility to First Wheels and provide information concerning the program and application instructions.
FFS	38	The designated DHS worker will assist the applicant to complete the part two application process by referring the applicant to an authorized financial management and vehicle maintenance class and in obtaining documentation verifying completion of financial management and/or vehicle maintenance classes.
FFS	39	Each loan applicant must meet all of the following part two program requirements prior to the individual's application being submitted and/or approved by the Loan Committee.
FFS	40	The applicant must provide documentation of having completed a personal financial management class of five (5) or more hours, which includes instruction on the preparation of a monthly household budget.
FFS	41	The applicant must provide documentation of having completed a vehicle maintenance class of one (1) or more hours.
FFS	42	The applicant must provide a copy of the applicant's current, valid State of Tennessee vehicle operator's license.
FFS	43	The applicant must identify all other drivers in the home at the time of application and agree to limit drivers to the applicant and adult members (age twenty-five (25) or older) of the assistance group/household or a spouse who resides in the home and each identified driver must also submit a copy of their Tennessee Vehicle Operator's License and driver's safety record, obtained from the Tennessee Department of Safety.
FFS	44	The identified drivers in the home may not have any serious driving violations on their driver's safety records within the past three years. Serious driving violations include reckless driving and personal injury accidents.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

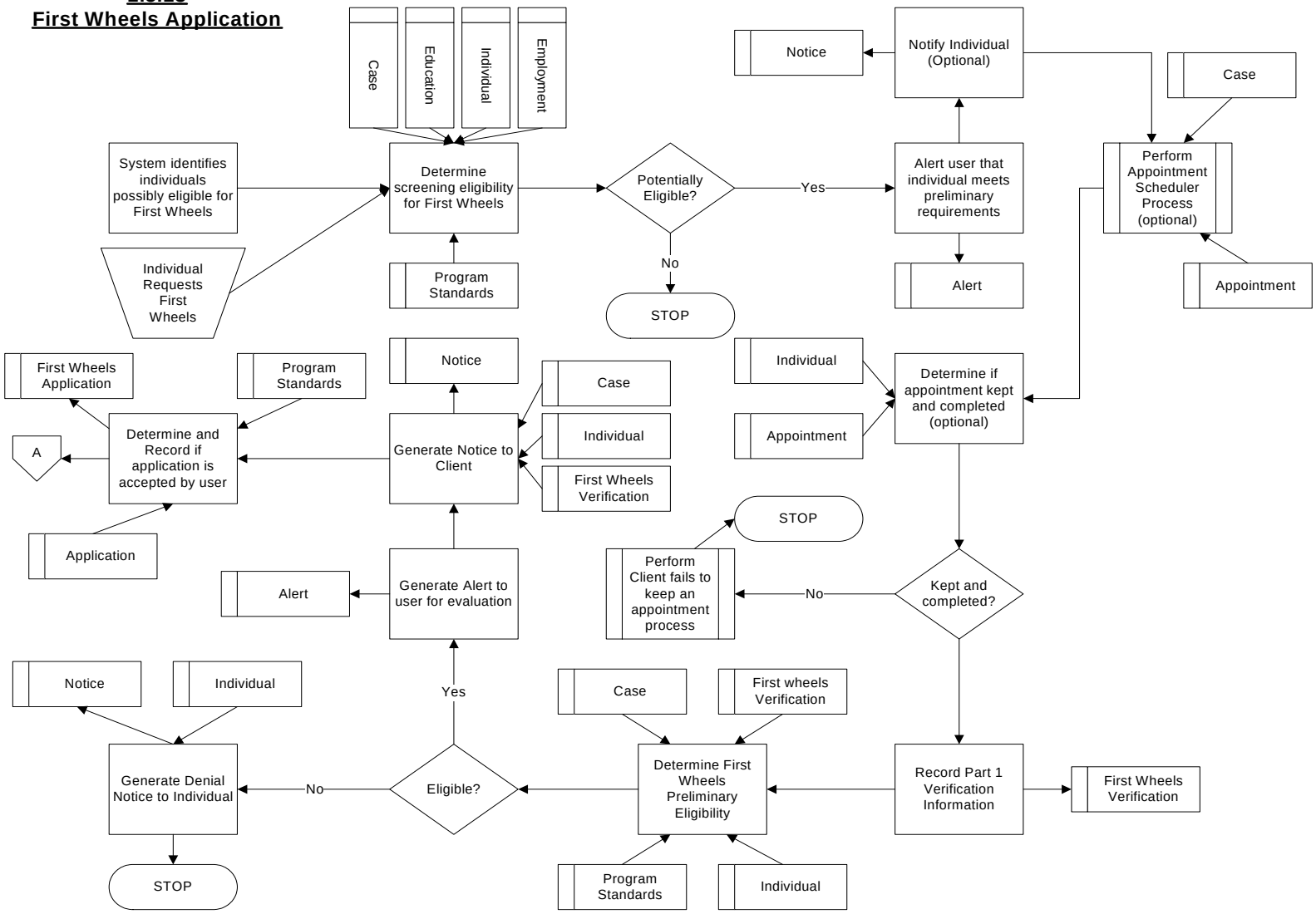
Program Type	Rule Number	Rule
FFS	45	If any of these violations appear on the safety record, applicants must provide proof of the identified drivers having completed a driver's education course.
FFS	46	Information from the Department of Safety will be used to assist in determining eligibility related to driving/licensing information for First Wheels.
FFS	47	Only individuals who are insurable may be considered for a First Wheels Revolving Loan, therefore no automobile will be placed with an individual until their liability insurance is in force.
FFS	48	The applicant must document and demonstrate the ability to afford monthly payments toward the purchase of the car, the expense of regular vehicle maintenance items, afford basic automobile liability and uninsured motorist insurance coverage, and the First Wheels Placement fee.
FFS	49	The estimated costs of the above-mentioned items shall be included in the written monthly budget submitted in the application package.
FFS	50	The income portion of the monthly budget should only reflect countable gross income, unearned income of child support received, and social security benefits, as allowable in First Wheels policy and the Families First cash grant, if applicable.
FFS	51	If including the cash grant as income, time limit counter information must be included within the budget. (*This is a manual process as the system is not calculating the budget, but the information on time limits and countable months should be accessible from the system.)*
FFS	52	The cash grant income can only be counted for the number of countable months remaining in the current eighteen (18) month period of eligibility.
FFS	53	If the case has an extension to the time limits, the grant should only be counted for the current month's income.
FFS	54	Based on the information collected and verified, the designated staff person shall determine eligibility to part two of the First Wheels program and enter that result in the system.
FFS	55	Upon receiving the application, the District Program Supervisor will have two weeks in which to review the application, and approve or deny.
FFS	56	The system shall generate a notice to the client if they do not meet the part two eligibility requirements for the First Wheels Program.
FFS	57	The designated staff person shall prepare the application packet consisting of the signed application form, the monthly household budget (developed by the applicant), copies of a current Tennessee vehicle operator's license for all identified adult drivers, copies of driver's safety records for all identified adult drivers, a signed First Wheels "Authorization for Release of Information" form (HS-2699), a signed statement by the caseworker and the applicant that the applicant is eligible according to Part 1 and 2 requirements, a statement from the District Program Supervisor, that the application has been reviewed/approved, the number of months remaining in the current eighteen (18) month period of eligibility (for those currently receiving cash assistance) as of the date it was approved by the District

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Program Supervisor.
FFS	58	The system shall track the applicant's case to determine that basic FF eligibility is being maintained throughout the First Wheels application process for the applicants currently receiving cash assistance.
FFS	59	The designated staff person shall review the application packet to verify it is complete and that the applicant continues to meet all eligibility requirements.
FFS	60	If the application packet is not complete the client will be given ten days to provide the requested information/documentation.
FFS	61	If all eligibility requirements have not been met or the applicant does not complete the application process, the information will be entered into the system and the applicant will be notified in writing of the denial.
FFS	62	If all requirements have been met, the results will be entered into the system and the system will alert the DHS Area Manager that the applicant has been approved for parts one and two of the First Wheels process.
FFS	63	The Area Manager must arrange for the Loan Committee to meet and the system shall generate a notice to the client of the Loan Committee Meeting.
FFS	64	The results of the Loan Committee Meeting will be recorded in the system.
FFS	65	The system will generate a notice to the applicant of the Loan Committee's decision of approval or denial.
FFS	66	The system shall record and maintain the history of all notices generated and sent to the applicant.
FFS	67	The case must continue to be eligible and in compliance throughout the entire First Wheels loan application process and if approved, to the point of vehicle placement.
FFS	68	If the individual fails to attend a First Wheels appointment, the individual may contact the caseworker to reschedule the appointment once.
FFS	69	If the individual fails to attend a First Wheels appointment more than once, the individual must be found to have good cause to obtain another appointment from the caseworker.
FFS	70	If the individual fails to attend a First Wheels Loan Committee meeting, the individual may contact the Area Manager or equivalent to reschedule once.
FFS	71	If the individual fails to attend the Loan Committee meeting more than once, good cause must be established by DHS before the Loan Committee meeting can be rescheduled.

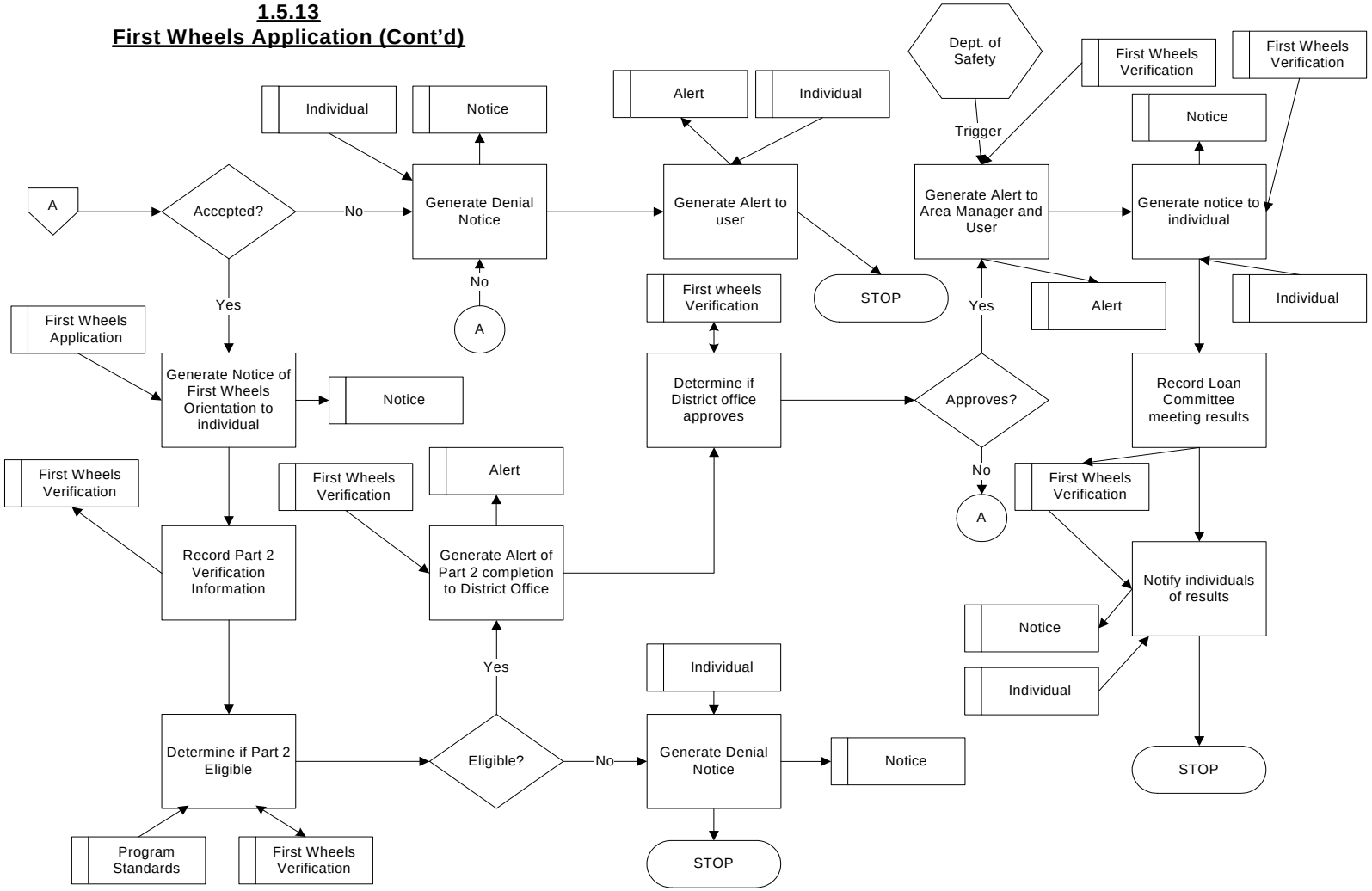
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.13
First Wheels Application



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.13
First Wheels Application (Cont'd)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

Process:

Prior to the closure of a Families First case for certain reasons, a Customer Service Review (CSR) is required. In order for the CSR to be scheduled and performed, the system is to generate a referral to the CSR unit. The determination process to generate a CSR referral involves both automated and manual components. The conditions that require a CSR referral to be generated prior to allowing a Families First case to be closed will be defined in the rules. The system shall establish all appropriate steps in the CSR review process and monitor each step for completion and will alert the user to take the necessary actions as defined by program rules. The system shall support the termination of the CSR process. The system shall have safeguards to prevent cases from being referred to the CSR unless for an appropriate reason based upon rules.

Sub-Processes:

1. Record Reason for CSR Referral

   When a Families First closure is initiated for a case for reasons that do not require conciliation, the system shall determine whether the closure warrants a CSR referral based upon ADDRESS, APPOINTMENT, CASE, CHILD SUPPORT COOPERATION, GOOD CAUSE, INDIVIDUAL, PRP and VERIFICATION data.

   ADDRESS (Input)
   Undeliverable Mail Indicator
   Loss of Contact Indicator
   APPOINTMENT (Input)
   Appointment Type
   Appointment Date
   Appointment Status Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close	
Program Affected: Families First	**Users: Caseworkers and above**

CASE (Input)
Client Request for Closure Indicator

CHILD SUPPORT COOPERATION (Input)
Child Support Cooperation Indicator
Child Support Cooperation Status
Good Cause for Child Support Non-Cooperation
Verification of Good Cause for Child Support Non-Cooperation
Child Support Non-Cooperation Establishment Date
Child Support Good Cause for Non-Cooperation Status
Child Support Good Cause for Non-Cooperation Reason Type
Date Client Requested a Good Cause Exemption for Refusing to Cooperate with Child Support

GOOD CAUSE (Input)
Good Cause Reason for Refusing a Bona-Fide Offer of Employment
Good Cause Reason Claimed Indicator
Good Cause Reason Type
Good Cause Granted Indicator

INDIVIDUAL (Input)
Individual Deprivation Status

PRP (Input)
PRP - Non-Attendance Adjustment Indicator
PRP - Good Cause Adjustment Indicator
PRP - Hours Per Day Scheduled

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

PRP - Hours Per Day Client Attended
PRP - Hours Per Day Client Missed
PRP Compliance Indicator
PRP - Two Week Compliance Indicator
PRP - Compliance Begin Date
PRP - Compliance End Date
PRP - Compliance Due Date
PRP - Volunteer Indicator
PRP - Compliance Status Type
PRP Vendor Name

VERIFICATION (Input)
Outstanding Verification Indicator
Outstanding Verification Type

CUSTOMER SERVICE REVIEW (CSR) (Output)
CSR Referral Reason Code

2. Record Results of Contact Attempt and Client's Compliance Status

The user is required to attempt to contact the client prior to generating a CSR referral, and to record the results of the attempted client contact and the client's compliance status. If the client is contacted and does wish to comply, rather than allowing the case to be closed, the referral may be briefly delayed to allow compliance. If compliance cannot be completed timely, the willingness to comply will be documented and the referral generated.

ADDRESS (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

Loss of Contact Indicator
Case Residential - Address - Type
Case Residential - Address - Number Street
Case Residential - Address - Unit
Case Residential - Address - Direction
Case Residential - Address - Street Rural
Case Residential - Address - Suffix
Case Residential - Address - Quadrant
Case Residential - Address - Apartment
Case Residential - Address - Line 2
Case Residential - Address - City
Case Residential - Address - State
Case Residential - Address - Zip Code (5-digit)
Case Residential - Address - Zip Code (4-digit)
Case Residential - Address - Effective Date
Date of Residence

APPOINTMENT (Output)
Appointment Date
Appointment Scheduled Begin Time
Appointment Scheduled End Time
I.D. of Worker Scheduled to Conducted Interview
Client's Appointment Time of Day Preference
Client's Appointment Day of Week Preference
Worker Scheduled to Conducted Interview - First Name
Worker Scheduled to Conducted Interview - Last Name
Worker Scheduled to Conducted Interview - Middle Initial

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close	
Program Affected: Families First	**Users: Caseworkers and above**

CHILD SUPPORT COOPERATION (Output)
Child Support Cooperation Indicator
Child Support Cooperation Status
Good Cause for Child Support Non-Cooperation
Verification of Good Cause for Child Support Non-Cooperation
Child Support Non-Cooperation Establishment Date
Child Support Good Cause for Non-Cooperation Status
Child Support Good Cause for Non-Cooperation Reason Type
Date Client Requested a Good Cause Exemption for Refusing to Cooperate with Child Support

CUSTOMER SERVICE REVIEW (CSR) (Output)
CSR Individual Non-Compliant Reason Type

GOOD CAUSE (Output)
Good Cause Reason
Good Cause Reason Claimed Indicator
Good Cause Reason Type
Good Cause Granted Indicator
Good Cause Comments

INDIVIDUAL (Output)
Individual Deprivation Status

PRP (Output)
PRP - Good Cause Adjustment Indicator
PRP Compliance Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

PRP - Two Week Compliance Indicator
PRP - Compliance Begin Date
PRP - Compliance End Date
PRP - Compliance Due Date
PRP - Compliance Status Type

VERIFICATION (Output)
Outstanding Verification Indicator
Outstanding Verification Type
Offered Client Assistance in Obtaining Verification? (Y/N)

3. Determine if Client Has a Good Cause Reason

   The system is to determine if the individual has an allowed Good Cause reason for non-compliance based on CHILD SUPPORT COOPERATION and GOOD CAUSE data.

   CHILD SUPPORT COOPERATION (Input)
   Child Support Cooperation Status
   Good Cause for Child Support Non-Cooperation

   GOOD CAUSE (Input)
   Good Cause Reason
   Good Cause Reason Type
   Good Cause Verification Type

4. Determine if Good Cause is Verified

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

If the system determined that an individual has a Good Cause reason, then the system shall determine if verification exists for Good Cause.

GOOD CAUSE (Input)
Good Cause Reason Claimed Indicator
Good Cause Reason Type

GOOD CAUSE (Output)
Good Cause Granted Indicator

VERIFICATION (Output)
Good Cause Verification Type

5. Generate Referral to CSR

If either the individual does not have Good Cause or if the individual has not verified Good Cause or if the client fails to rectify the situation timely, the system shall generate a referral to the Customer Service Review unit.

CASE (Input)
Closure Reason

CSR (input)
Caseworker Contact Results
Non-Compliance Type

GOOD CAUSE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 1.5.14 Families First Customer Service Review (CSR) Referral for Authorization to Close

Program Affected: Families First	**Users: Caseworkers and above**

Good Cause Claimed Indicator
Good Cause Granted Indicator

PRP (Input)
PRP Activity Compliance Reason
PRP Activity Compliance Date

USER (Input)
Caseworker I.D.
Caseworker Name
Caseworker Phone Number

REFERRAL (Input / Output)
CSR Referral Reason Type
CSR Referral Date
CSR Review Request Date

6. Perform “PRP Renegotiation” Process (Optional)

   If the individual has a verified Good Cause for non-compliance, the user may need to renegotiate the PRP.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

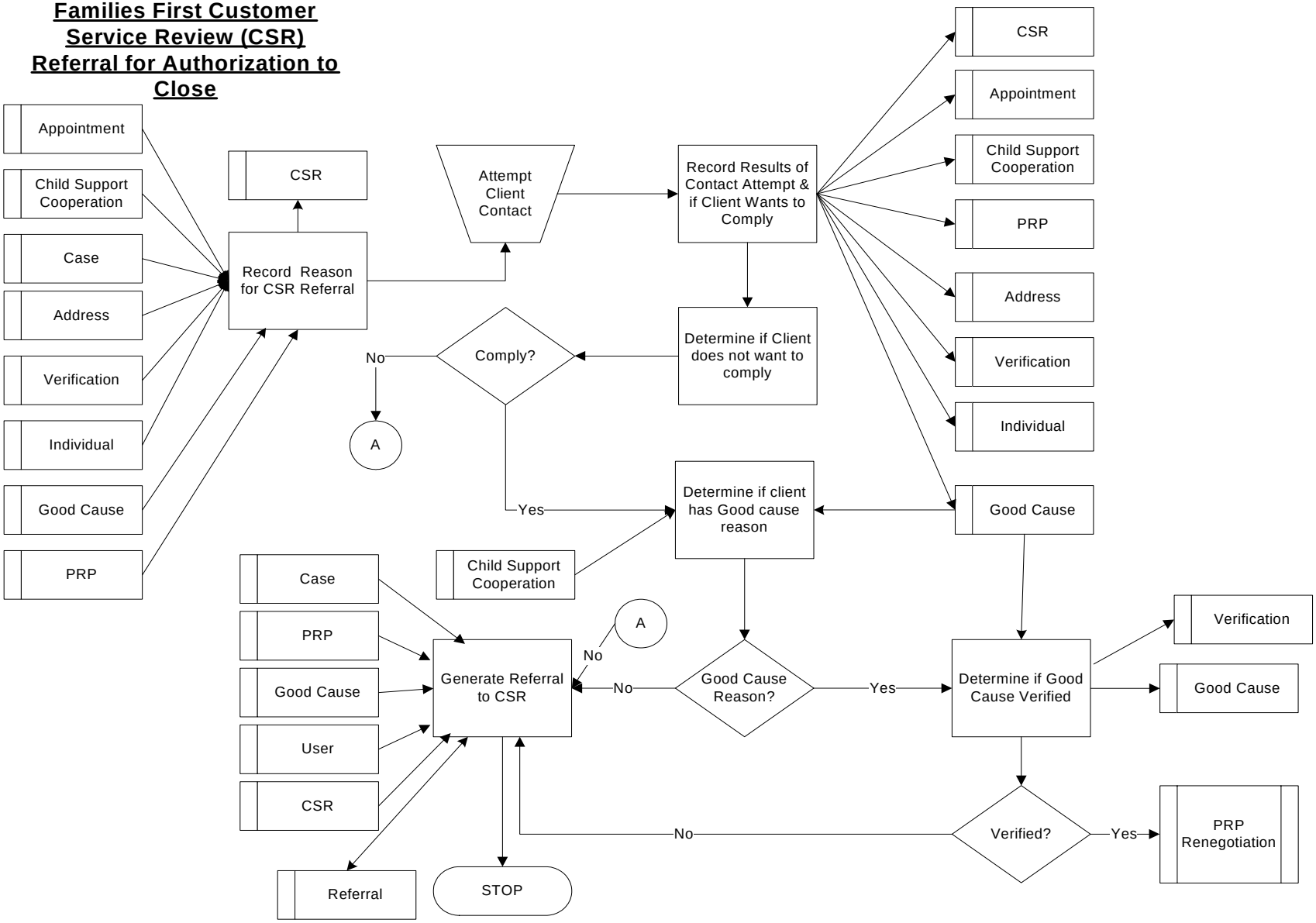
Program Type	Rule Number	Rule
FFP	1	A CSR referral for authorization to close must occur prior to the closure of a Families First case for a missed eligibility review appointment.
FFP	2	A CSR referral for authorization to close must occur prior to the closure of a Families First case for loss of contact with the client.
FFP	3	A CSR referral for authorization to close must occur prior to the closure of a Families First case for the client's failure to cooperate with child support.
FFP	4	A CSR referral for authorization to close must occur prior to the closure of a Families First case if the client requests to have the case closed without the approval of the caseworker's supervisor.
FFP	5	The caseworker must record the reason for the CSR referral prior to generating the referral.
FFP	6	The caseworker must attempt to contact the client by telephone within 3 days of learning of the non-compliance and record the results of the client contact.
FFP	7	If the caseworker attempts a call and the line is busy, the caseworker must attempt another contact for each time the line is busy.
FFP	8	If the client's line is out of order, no further attempt to contact by telephone is necessary.
FFP	9	If the client does not have a telephone but a message number is listed, the caseworker must attempt to reach the client at the contact number, leave a message and give a reasonable amount of time (not less than 24 hours) for the participant to respond.
FFP	10	If client contact is successful the caseworker must discuss the reason for the potential closure, attempt to correct any problems or misunderstandings that may have occurred and discuss the willingness of the client to comply.
FFP	11	If the client does not want to comply the caseworker shall document the conversation and generate a referral for closure to CSR.
FFP	12	If the client does want to comply the caseworker must determine if the client had good cause for the non-compliance, request verification of good cause and allow the client 10 days to provide good cause verification.
FFP	13	Good cause reasons for failing to cooperate with child support are reasonable certainty that there will be physical or serious emotional harm to the client or child.
FFP	14	Good cause for failing to cooperate with child support must be verified with court, medical, criminal, child protective services, psychological or law enforcement records.
FFP	15	Illness of the client is another good cause reason and must be verified with a doctor's statement.
FFP	16	The caseworker must determine if good cause verification has been provided by the client within 10 days.
FFP	17	If good cause verification has not been provided, the caseworker must record that verification has not been provided and shall generate a referral for closure to CSR.
FFP	18	If good cause is verified the caseworker shall record the verification information and must update the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		case as needed.
FFP	19	A CSR referral for authorization to close must occur prior to the closure of a Families First case when the reason for closure is not related to a positive conclusion of the case or if all children are either deceased, out of state or active in another case.
CC	20	Only the FF case worker can authorize the certificate program to terminate a parent/caretaker's FF eligibility for child care. The FF case worker will provide the certificate program with a notice authorizing the termination of child care eligibility or the suspension of child care enrollments when all FF requirements for termination/suspension have been met. Therefore, referral to CSR, determination of good cause and PRP renegotiation comes from the FF case worker and not the child care worker.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Families First Customer Service Review (CSR) Referral for Authorization to Close



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.15 Child Care Support Service (FF)	
Program Affected: FF, CC	**Users: Caseworker, Childcare Worker**

Process:

If a caretaker meets the Families First eligibility requirements, including but not limited to, having child(ren) less than 13 years old, and/or disabled child(ren), and having a PRP work component(s), they may be eligible for child care for their child(ren) in order for them to attend training and/or work. However, the caretaker may make alternate arrangements for the care of their children. Childcare eligibility only continues as long as the caretaker continues to meet eligibility requirements and continues to need assistance. A Families First child care case will not require a co-pay. However, if the FF individual opts to use a child care provider that charges more than the state rate for child care, the individual is responsible for the additional cost. The additional cost will not be an allowable deduction for Families First.

Sub-Processes:

1. Determine if FF Client is Eligible and Needs FF Childcare

   The system shall determine if the applicant is eligible for and is requesting childcare. This determination requires: child(ren) of a certain age and/or disabled child(ren) to be in the case; the caretaker to have a current PRP work component; and an open Families First case. In addition, the caretaker must also request and require childcare in order to comply with requirements. Families First child care shall also be approved for caretaker during a 2-week compliance period prior to case authorization. Some volunteers may receive child care while active for FF, yet not subject to a work requirement as defined by rules. FF child care will be suspended/terminated upon need no longer existing, or a failure to comply with or be in attendance at FF activities.

   CASE (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.15 Child Care Support Service (FF)	
Program Affected: FF, CC	**Users: Caseworker, Childcare Worker**

Case ID
Case Name
Case Status
Caseworker ID
Caretaker name
Caretaker ID
Child(ren) name
Child(ren) age
Child(ren) ID
Child(ren) Disability status
Child(ren) Date of Birth

PRP (Input)
PRP Agreement Indicator
Program(s) requested
PRP Work Activity
PRP Support Services requested
FF Work Regular Hours

COMPLIANCE/CONCILIATION (Input)
Compliance Indicator
Compliance Date
Non-Compliance Date
Good Cause Indicator
Good Cause Date Claimed
Good Cause Verification
Good Cause Reason Comments

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.15 Child Care Support Service (FF)

Program Affected: FF, CC	**Users: Caseworker, Childcare Worker**

Good Cause Date Established
2-Week Compliance Begin Date
2-Week Compliance End Date
2-Week Compliance Indicator

2. Perform “Arrange Childcare” Process

   If the FF individual is determined eligible, the system shall proceed to the “Arrange Childcare” process where a childcare referral will be processed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	Eligibility for child care as a FF support service is determined by the FF case worker. See FF rules.
CC	2	If the FF case worker determines that the parent/caretaker is eligible for and requests subsidized child care, arrangements for child care will be made (see “Arrange Child Care”, process 1.5.19).
CC	3	To receive subsidized child care as a FF support service, 1) the parent/caretaker must either be the head of a child-only case and eligible under no other funding source; or 2) must have an active FF case with a PRP requiring participation in work, education and/or training, and must need child care in order to comply with the requirements of his/her PRP.
CC	4	Only children determined to be eligible “children needing care” can be provided FF child care as a support service.
CC	5	Child-only applicants must meet TCC and At-Risk policy guidelines to determine if qualified under ARCO (At-Risk Child Only) funding.
CC	6	Child care will be provided as a FF support service until such time as the parent/caretaker is no longer eligible for FF child care or the parent/caretaker notifies the case manager that she/he no longer needs child care.
CC	7	Recipients under ARCO funding will be eligible for only one year of subsidized child care.
CC	8	Eligibility start date for Families First child care shall not precede the date of Families First case approval effective date, except during a period of two-week compliance.
CC	9	Eligibility for child care shall not precede the start date for a work or training activity listed on the Personal Responsibility Plan.
CC	10	Caretakers who are part of a pilot project through The Department of Children’s Services for relatives who are providing care for children who otherwise may have been placed in state custody shall follow the policy guidelines for child care under At-Risk Child Only subprogram.
CC	11	At-Risk Child Only Child Care may be given to caretakers who are individuals who receive a Families First cash grant for a child who is within the specified degree of relationship, but who are not included in the assistance group with the child/children.
CC	12	At-Risk Child Only Child Care caretakers must work at least 40 hrs each week (30-39 if considered by the employer to be fulltime) or must be enrolled in school and work part-time for a total of 40 hours per week.
CC	13	Eligibility start date for child care for an individual in a 2-week compliance is the date that the individual agrees to begin compliance.
FFP	14	A Families First recipient shall have a child under age 13 to be eligible for Child Care Support Services.
FFP	15	A Families First recipient shall have a child 13 or older who is under court supervision to be eligible for Child Care Support Services.
FFP	16	A Families First recipient shall have a child 13 or older who is physically or mentally incapable of self-care to

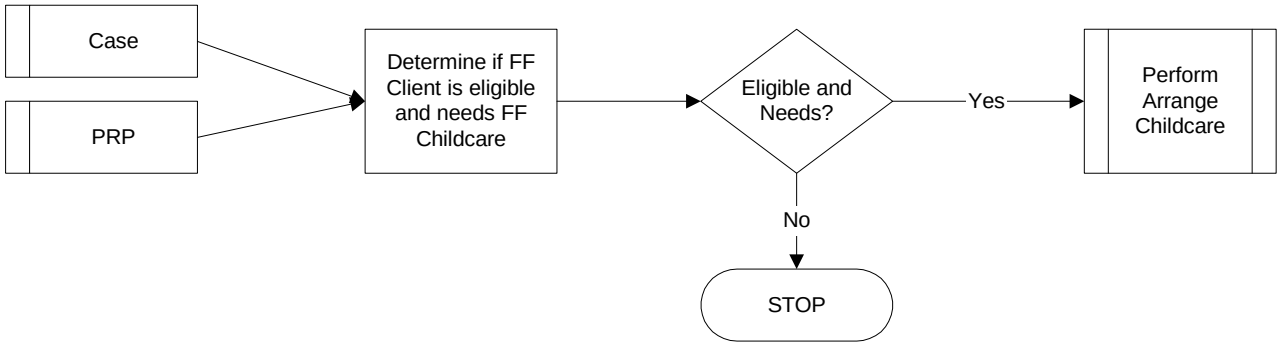
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		be eligible for Child Care Support Services.
FFP	17	A Families First recipient may receive child care for a child living in the home for whom the caretaker has care and control but who is not in the assistance group.
FFP	18	A Families First recipient may receive child care for a child who would be included in the assistance group except for the fact that he/she receives SSI.
FFP	19	Child care shall be available for all eligible adults (even if they are disqualified) if they are in a work component.
FFP	20	Child care shall be available if the Families First participant needs and requests child care to be able to participate in a work component.
FFP	21	Child care shall not be provided if the caretaker can arrange for free care or the children are in school during the hours the individual will participate in work, school or training.
FFP	22	Child care shall not be provided to two-parent households if one parent is able, willing and appropriate to provide care in the home.
FFP	23	Child care shall not be provided to a minor parent who is an eligible child if the caretaker of the assistance group can provide the care.
FFP	24	Child care support services shall continue as long as the participant wants and needs child care, is in a work component and meets all child care eligibility requirements.
FFP	25	A Families First recipient, who has to wait for a Families First Child Care placement for more than two weeks, will have their time count interrupted until the problem is corrected.
FFP	26	Families First Child Care shall not be given to a minor parent who is an eligible child in a case if the case caretaker can provide child care.
FFP	27	A minor parent who is an eligible child in a Families First case and has signed a PRP shall receive Families First Child Care if it is needed for them to fulfill their PRP obligations.
FFP	28	Families First Child Care must be ended once the PRP non-compliance is established or the case closes.
FFP	29	Families First participants who are employed at the time of case closure action or re-determination of non-compliance due to income shall receive Families First Child Care through the effective date of case closure.
FFP	30	Families First Child Care shall be available for any interim components that the individual may volunteer for while waiting for a Vocational Rehabilitation assessment to be completed.
FFP	31	Exempt individuals cannot volunteer to participate in Families First activities and receive child care with the exception of eligible adult employed caretakers who are 60 years of age or older, single parents caring for a child under the age of 1 year and two-parent households caring for a child under the age of 16 weeks.
FFS	32	Families First Services has no specific requirements for this process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.15

Child Care Support Service (FF)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care	
Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Process:

This process will enable the user to select the children that need day care, record hours needed, record co-pay and enrollment information into the appropriate day care provider. The system shall not allow the user to enroll a child in child care prior to the eligibility date.

Sub-Processes:

1. Select and Add Child(ren) that Need Child Care and Record Reason

   The user will select and record child(ren) that need Child care. A reason code will also be recorded for any child older than 13 that needs child care.

   INDIVIDUAL (Input)
   Head of Case ID
   Head of Case Name
   Child Indicator
   Child Date of Birth
   Child ID
   Child Name

   CASE (Input)
   Case ID
   Case Name
   Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Caseworker ID
Case County

CHILDCARE CHILD(REN) (Output)
Individual Name
Child Older than 13 indicator
Reason for Child Older than 13
Child Care Weekly Total Number of Hours Needed
Child Care Parent Work Shift Type
Child Care Schedule Type

2. Record Hours Needed for Child Care for Each Child

The user will record the hours needed for child care for each child based on information documented in the case file.

WORK ACTIVITY (Input)
Activity Name
Activity Facility Name
Activity Facility Address
Activity Start Date
Activity Expected End Date
Activity Time of Class/Training
Activity Meet Time
Activity Planned Hours
Day(s) of Week Activity Meets

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

PRP (Input)
Parent Work Shift Type
Work Status Type
Activity Planned Hours
PRP Provider Employment Name
PRP Provider Employment Weekly Hours

CHILDCARE CHILD(REN) (Output)
Individual Name
Child Older than 13 indicator
Reason for Child Older than 13
Child Care Weekly Total Number of Hours Needed
Child Care Parent Work Shift Type
Child Care Schedule Type

3. Determine if Parent Has Co-pay

The system will determine if the parent has a co-pay utilizing case and income information and business rules.

CASE (Input)
Case ID
Case Status
Case County
Caseworker ID
Individual Name
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

INCOME (Input)
Parent Pay Period Start Date
Parent Pay Period End Date
Co-Payment indicator
Parent Income
Rate of Pay
Pay Frequency
Employer Name
Employer Address

4. Perform “Child Care Parent Co-Pay” Process

   If the system determines that the parent will make a co-payment, the system shall perform the “Child Care Parent Co-Pay” process.

5. Determine if EBT Method or Certificate Method

   The system shall determine from business rules the method of selecting a child are provider. If the method is Certificate, the parent will select a specific provider. If the method is EBT, the Point of Service (POS) swipe would identify the provider. EBT would validate whether the child would be eligible.

   Note: Presently Tennessee does not utilize EBT as a method for tracking child care providers, attendance and calculation of payments. We do want to expand and add this to our EBT processing within the next 12-18 months, if possible. Otherwise, all child care cases will follow the Certificate method.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

6. Record Parent's Selection of Child Care Provider Enrolled in Certificate Program

   If the Certificate method is determined to be the method to use, the system will record the provider selected by the parent, utilizing individual information and data on the provider file. If the method is determined to be EBT, the system will record the provider information identified by the Point of Service (POS) swipe. The system shall allow the enrollment of child care providers based on program policy/rules. If the selected provider is not known to the system, the system will alert the user so that the child care provider may be enrolled.

   INDIVIDUAL (Input)
   Child's Name
   Child's ID
   Head of Case Name
   Head of Case ID

   PROVIDER FILE (Input - Output)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider Hours of Operation
   Provider ID Number
   Provider ID Extension Number
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider Contact Name
   Provider Owner Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Provider Owner Address
Provider Owner Phone Number

7. Determine if Provider has Reached Licensed Capacity

   The system shall determine if the selected provider has reached its licensed capacity. This determination is based on information from the TCCMS licensing database and provider enrollment data via real time interface. The capacity figure for that provider is compared to the new child enrollment to make sure the enrollment will not exceed the capacity figure for that provider. The system shall terminate the provider when the provider has no children enrolled in the last six months. The system shall not allow child enrollments after the child care provider is terminated or closed. The system shall be able to link multiple child care sites for a provider and record data for each site.

   TCCMS (Input)
   Provider name
   Provider licensed capacity enrollment amount

   PROVIDER ENROLLMENT (Input)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider Hours of Operation
   Provider ID Number
   Provider ID Extension Number
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider enrollment amount
Provider enrollment amount exceeded indicator

8. Generate Immediate Alert to Pop-Up-Box

   The system shall generate an alert to the user immediately if the new enrollment will make the provider exceed their licensed enrollment capacity.

   CASE (Input)
   Head of Case ID
   Head of Case Name
   Case ID

   PROVIDER ENROLLMENT (Input)
   Provider enrollment amount exceeded indicator
   Provider Name
   Provider ID

   ALERT (Output)
   Alert type
   Alert date
   Alert message text
   Alert Recipient User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Case ID
Head of Case ID

9. Determine if Provider can Accept the Additional Enrollment

   The user will determine if the provider can accept the new enrollment. If the enrollment will exceed the provider's capacity, the user can phone the provider and explain the capacity situation. Some providers can exceed their capacity and will accept the child enrollment. If provider cannot accept, the user must be prompted to obtain another provider's information from the individual.

   PROVIDER FILE (Input)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider Hours of Operation
   Provider ID Number
   Provider ID Extension Number
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider Contact Name
   Provider Owner Name
   Provider Owner Address
   Provider Owner Phone Number
   Provider Authorization to Accept Child
   Date Authorization Obtained

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

10. Determine if Certificate Should be Generated

    If the provider has not reached their licensed capacity or the provider will accept the child enrollment, the system shall determine from business rules and the compliance/conciliation information if the certificate should be generated. The certificate is an authorization of child care eligibility. The system shall allow each child to be enrolled with a specific child care provider.

    PRP (Input)
    Case ID
    Two-Week Compliance indicator
    Two-Week Compliance indicator date

    CASE (Output)
    Child Care Certificate Authorized Indicator
    Child Care Certificate Authorized/Not Authorized Reason
    Child Care Certificate authorization date
    Child Care Certificate not authorized date
    Child Care Authorization Date
    Child Care Effective Begin Date
    Child Care Effective End Date

11. Generate Certificate

    If the system determines the certificate should be generated, the system shall generate a hard copy of the child care certificate that the client will use to take to the childcare provider indicating their enrollment and eligibility and the location of the provider. The system shall calculate and track the number of months eligible and the number of months child care is received by case and sub-program as defined by program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

rules. The system must also support and permit certificates to be sent electronically, upon user's request, while maintaining a copy of the electronic certificate.

PROVIDER (Input)
Provider Name
Provider Address (site)
Provider Contact Person
Provider Phone Number
Provider Hours of Operation

CHILD CARE CERTIFICATE (Output)
Provider ID
Certificate Start Date
Certificate End Date
Case ID
Child ID
Child Care Worker ID

12. Determine if EBT File Should Be Generated

If the EBT Method is determined to be the method to use, the system will determine if the EBT file should be generated based on the case and PRP information and business rules.

PRP (Input)
Case ID
Two-Week Compliance indicator
Two-Week Compliance indicator date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.16 Arrange Child Care

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

CASE (Output)
Case Number
EBT Eligible Child Indicator
EBT Eligible Child begin date
EBT Eligible Child end date

13. Generate File to EBT

If the system determines that the EBT file should be generated, a file will be created for the EBT vendor and the user shall record the provider information.

CASE (Input)
EBT Eligible Child
EBT Non-Eligible Child
Child's Name
Child's ID
Head of Case Name
Head of Case ID

EBT (Output)
Child Care Enrollment Start Date
Child Care Enrollment End Date (termination)
Schedule Type
Days of Attendance
Hours of Attendance
Days Absent

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	An eligible child is a minor child up to age 13 or up to age 18 or 19 if the child has a physical or mental incapacity, is under court supervision, is an SSI recipient or has mental or physical problems that prevent self-care. (*age 19 applies if the child with incapacity is in school at age 18 and is expected to finish before his/her 19th birthday.)
CC	2	Any eligible child who lives in the home and for whom the caretaker is responsible may be given child care.
CC	3	For child care to be subsidized it must be necessary in order for the parent/caretaker to participate in the required work, education and/or training program.
CC	4	If there is a second parent in the home, that parent should be screened to see whether he or she is available, capable and appropriate to provide child care before authorizing subsidized child care.
CC	5	Child care may be for full-time care or part-time care depending upon the parent/caretaker's work, education and/or training program.
CC	6	Part-time care is defined as care provided up to 19 hours per week.
CC	7	Fulltime care is defined as care provided from 20 to 40 hours per week.
CC	8	Child care services may be reduced from full-time to part-time if the parent/caretaker's need for child care is reduced to less than 20 hours. When care is reduced from full-time to part-time, a 10-calendar day advance notice is sent to the parent/caretaker. Likewise, care may be increased from part-time to full-time if the parent/caretaker's work, education and/or training program necessitate the increase.
CC	9	Child care assistance for a parent or caretaker is determined and reimbursed by the number of hours per week needed for the parent to participate in the required work, education and/or training program.
CC	10	Hours of child care needed may vary from one child to another within a child care case, depending upon the need of the parent/caretaker and the individual circumstances of each child.
CC	11	If an eligible parent/caretaker seeking child care has legal custody for only part of the month with custody returning to the other parent for the remainder of the month, child care assistance will only be provided for those weeks for which the eligible parent has physical possession of the child(ren).
CC	12	The head of the case is required as a part of his/her continued eligibility to pay a graduated amount of co-payment or parent fee based on the family's gross household income and family size. The parent co-fee is deducted from the amount if child care payment made to the provider by the department for the individual child(ren).
CC	13	There is no co-pay for a Families First child care case.
CC	14	A parent co-fee may be waived temporarily based upon no income other than child support or SSI. Other extenuating circumstances may warrant a temporary waive of fees based on a case by case situation as determined by worker and supervisor.
CC	15	Hours for children in school are to be determined based upon the hours needed during the school year. If

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		part-time care is needed during the school year but full-time care is needed during the summer, parent co-fee is based on part-time care in the winter and full-time care during the summer months.
CC	16	It is the right of the parent/caretaker to select a day care provider.
CC	17	In order to receive subsidized child care payments from the department, a regulated provider selected must be in compliance with day care licensing and must be enrolled in the certificate program.
CC	18	If an unregulated provider is chosen, the provider must apply for enrollment in the certificate program.
CC	19	If the unregulated provider subsequently fails a mandatory home visit, the provider will be paid for care provided up to the point of a denial and the removal of the children.
CC	20	When a child care provider is selected, a certificate is issued to the provider with a copy to the parent. This certificate will show which child(ren) are being enrolled with the provider, the effective date of enrollment, care level, schedule, shift, any co-fee assessed to the parent and other identifying information about the child and provider.
CC	21	If the EBT option is used by the department, no certificate shall be issued. An EBT card will be generated to the parent/caretaker and will be used to verify child attendance.
CC	22	Each regulated day care facility will have an enrollment capacity as determined by day care licensing. This capacity should not be exceeded at any given time during a day. Capacity limit is recorded by day care licensing in TCCMS in the individual provider records. Should a provider be showing as at or over capacity when a new child is being enrolled, the provider should be contacted by phone by a representative of the department to determine if there is actual schedule capacity for the additional child. The certificate program should contact day care licensing if there are suspected problems with over-capacity of a regulated provider.
CC	23	An unregulated provider can provide care for up to four subsidized children, or up to six if two or more are within the degree of relationship (stops at niece and nephew). If the unregulated provider has reached capacity, no new children can be enrolled with that provider.
CC	24	A new certificate shall be issued to the parent/caretaker and provider anytime there is a change that would affect enrollment. These times would include but not be limited to a change in provider, a new enrollment, or a change in parent co-fee.
CC	25	A new certificate shall be issued when the child care provider changes.
CC	26	A new certificate shall be issued when there is a new enrollment for a child.
CC	27	A new certificate shall be issued when there is a change in co-pay fees.
CC	28	A child care provider shall be notified when child care is terminated.
CC	29	Child care case eligibility is determined by the parent/caretaker's eligibility.
CC	30	Eligibility under Families First funding is set by the FF case worker and is determined by the date the parent needs child care in order to comply with a work or training requirement.
CC	31	Eligibility under TCC, Low-Income, At-Risk and At-Risk Child Only cases is determined by the date the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		parent requests child care and is determined to be qualified for subsidized child care.
CC	32	The date an individual child becomes eligible for child care in the parent/caretaker's case can begin and end at any time during the case eligibility.
CC	33	It is possible for a child to be closed out of one case and opened up in another case per individual circumstance.
CC	34	The eligibility begin date and start date for a case is established by the child's eligibility only in a DCS case.
CC	35	Enrollment with a provider for child care is done per individual child. Enrollment cannot begin prior to a child's eligibility or continue past the child's eligibility.
CC	36	Enrollment with a provider will not continue past the effective date of the parent's eligibility.
CC	37	Only a parent can select a day care provider. The caseworker can assist the parent if requested, by providing a list of providers enrolled with the Department.
CC	38	A certificate always has an end date but can be terminated prior to the end date if circumstances warrant and with proper notification to parent and provider.
CC	39	In order to be paid by the Department, a provider has to be enrolled as a child care provider with the Department.
CC	40	DCS children receiving subsidized child care cannot be enrolled with an unregulated provider. All other funding sources can use regulated, exempt or unregulated child care providers who are enrolled with the Department.
CC	41	Child care eligibility start date is defined as the date which child care payments may begin for a child in any child care program as long as all rules are met.
CC	42	Child care eligibility end date is defined as the date child care payments stop, based on rules.

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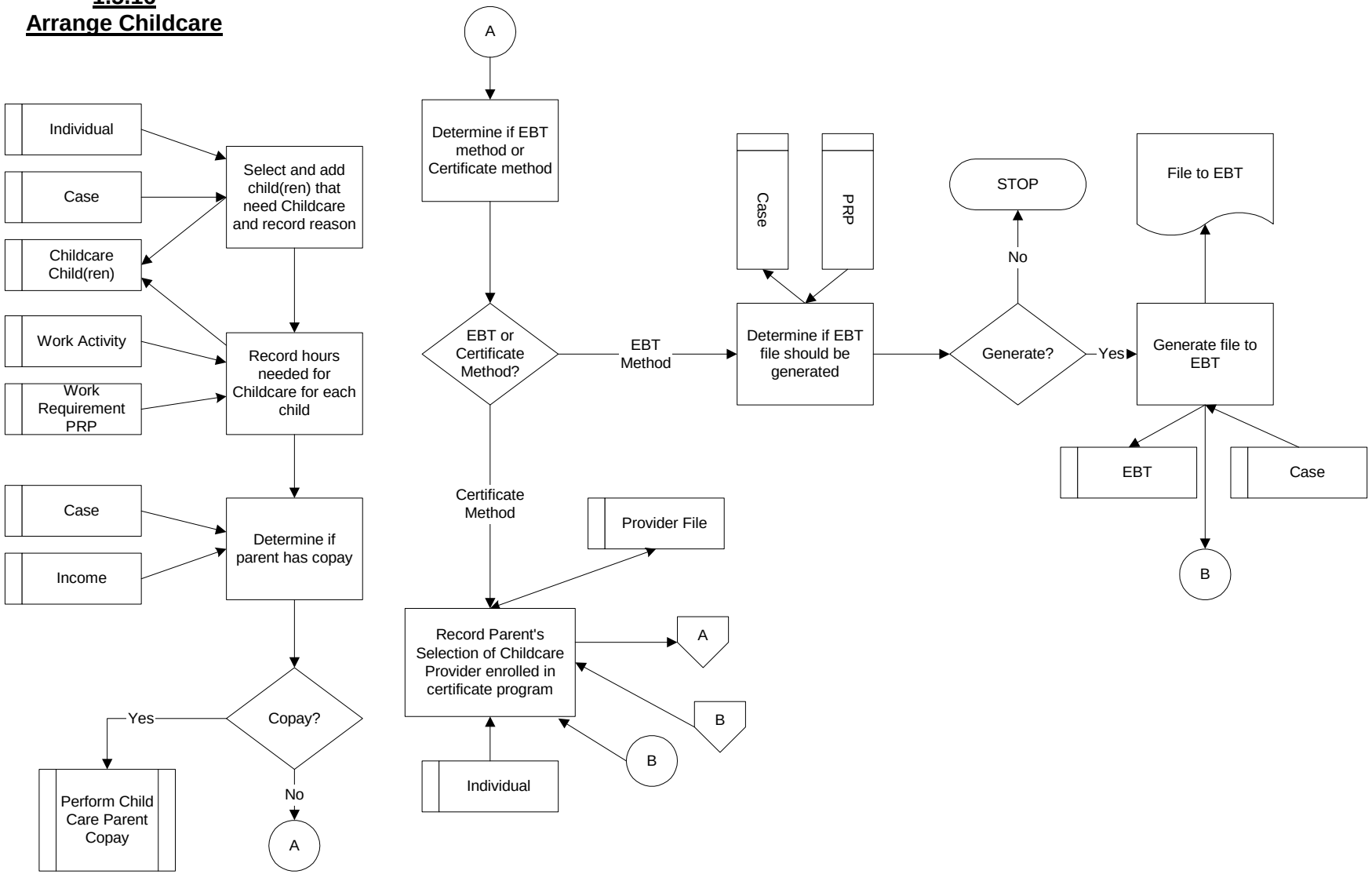
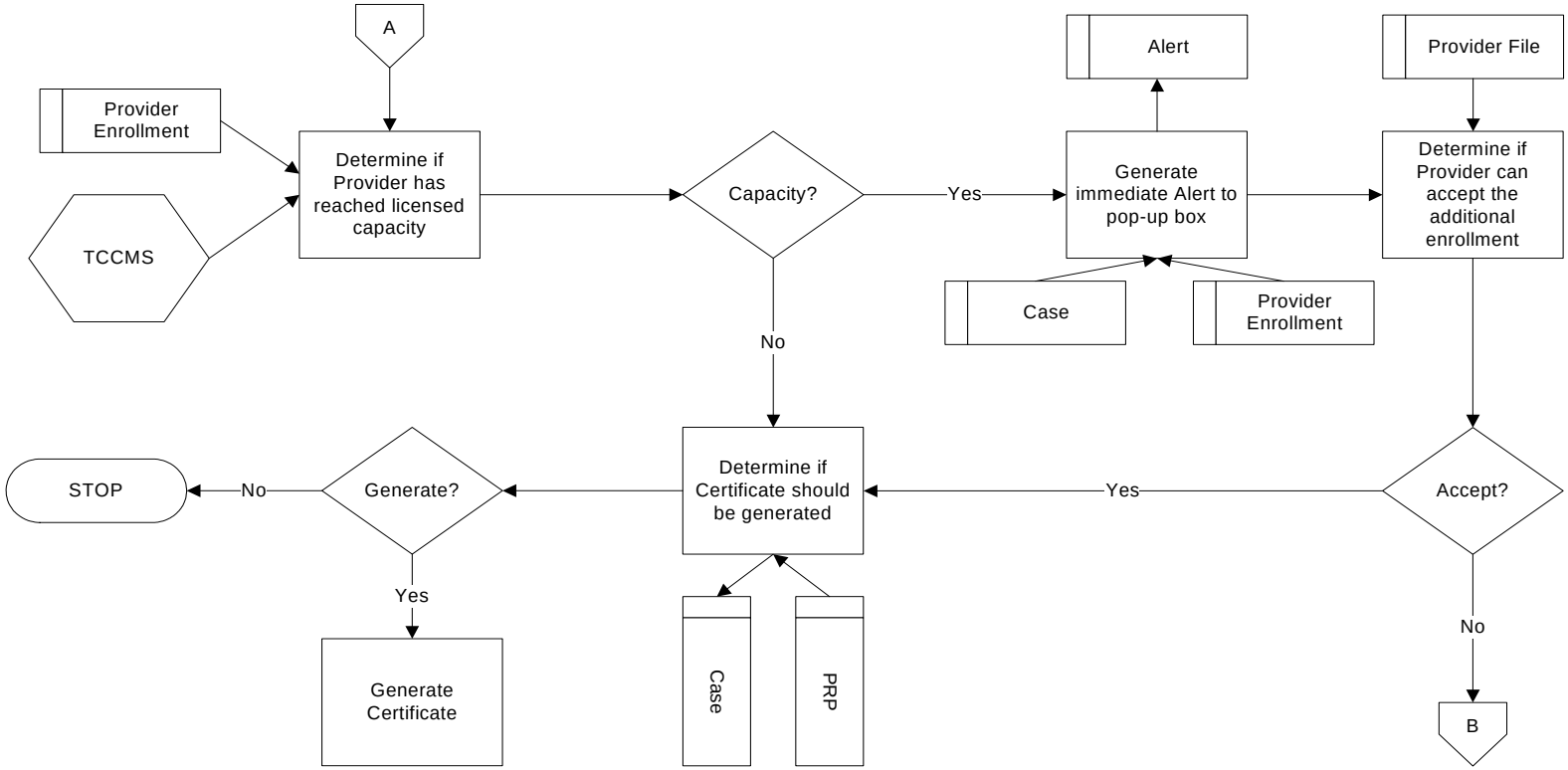
1.5.16 Arrange Childcare



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.16
Arrange Childcare (Cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Process:

This process describes the procedures followed to enroll a Child Care Provider into the Child Care Certificate Program. The system shall be able to link multiple child care sites for a provider and record data for each site. The system shall provide for both manual and automated provider child care enrollment application terminations. The system shall validate the child care provider for appropriate regulatory and legal status. The system shall have a history record for staff to manage the child care provider sanction process that terminates, suspends or fines providers. The system shall have the capability to link child care provider vacancies by query.

Sub-Processes:

1. Determine if Licensed Provider

   The system will determine if the provider is licensed, based on information received from the real-time interface with TCCMS, Tennessee Child Care Management System, and business rules.

   PROVIDER ENROLLMENT (Input)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider License Date
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider License Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider enrollment capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

2. Record Enrollment Information

   If the provider is licensed, the user will record the provider information. The system shall not allow child enrollments after the child care provider is terminated or closed.

   PROVIDER ENROLLMENT (Output)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider License Date
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment	
Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS | **Users: Caseworkers**

Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider Enrollment Capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

3. Record Public Rates

The user will record the public rates in the system using provider rates and business rules. The system shall calculate state defined percentage rate reductions for sanctioned child care providers based on rules. The system shall manage payments by a billing cycle selected by the provider applicant. The system shall maintain the provider's child care rate. The system shall record state default rate and provider's general public rate. The system shall provider child care discount capability for rate based on provider policy.

PROVIDER ENROLLMENT (Output)
Provider Name (agency)
Provider Address (site)
Provider Mailing Address

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider License Date
Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider Enrollment Capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

PROVIDER REIMBURSEMENT RATE (Output)
Provider Reimbursement Rate
Provider Reimbursement Rate Start Date
Provider Reimbursement Rate End Date

4. Send Enrollment Packet to Fiscal Services

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

The user will send the enrollment packet to Fiscal Services for approval or rejection. The system shall allow staff to enroll a child when the child care provider enrollment process is complete and the provider has been approved.

5. Determine if Provider Applicant is Applying to be an Unregulated Provider

   If the Provider is not licensed, the user will determine if the applicant is applying to be an Unregulated Provider based on business rules and provider enrollment information.

   PROVIDER ENROLLMENT (Input)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider License Date
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider License Type
   Provider ID Number
   Provider ID Extension Number
   Provider Contact Name
   Provider Owner Name
   Provider Owner Address
   Provider Owner Phone Number
   Provider Rate Agreement Date
   Federal Tax Form W-9 Indicator
   Automated Clearing House (ACH) Form Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment	
Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider Enrollment Capacity
Pay Cycle

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

6. Determine if Parent Request

   If the Provider is applying to be an Unregulated Provider, the user will determine if there is a completed "Parent Application to Choose Unregulated Provider" form submitted by a parent for this Provider.

   PROVIDER ENROLLMENT (Input)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider License Date
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider License Type
   Provider ID Number
   Provider ID Extension Number
   Provider Contact Name
   Provider Owner Name
   Provider Owner Address
   Provider Owner Phone Number
   Provider Rate Agreement Date
   Federal Tax Form W-9 Indicator

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider Enrollment Capacity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

7. Determine if Provider Applicant is Eligible to become an Unregulated Provider

   If the Provider Applicant is not a licensed Provider, the system shall determine if the Provider Applicant is eligible to become an unregulated provider, based on business rules and Child Care Provider information. This decision will then be recorded in the system.

   PROVIDER ENROLLMENT (Input - Output)
   Provider Name (agency)
   Provider Address (site)
   Provider Mailing Address
   Provider License Date
   Provider Phone Number
   Provider Phone Number Alternate
   Provider Fax Number
   Provider License Type
   Provider ID Number
   Provider ID Extension Number
   Provider Contact Name
   Provider Owner Name
   Provider Owner Address
   Provider Owner Phone Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Parent Request Date
Provider enrollment capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

8. Send Enrollment Packet to Fiscal Services

   If the Provider Applicant is determined to be technically eligible to become an unregulated provider, the user will send the completed enrollment packet to Fiscal Services.

9. Perform Appointment Scheduler

   If the Provider Applicant is determined to be technically eligible, the system shall schedule a home visit with the Provider Applicant using the “Appointment Scheduler” process.

10. Record Home Visit Outcome

    The system shall record the outcome of the home visit in the system. The system shall alert the user if an inspection does not occur or is not recorded within a specified time frame.

    HOME VISIT (Output)
    Unregulated Provider Date of Birth
    Unregulated Provider Relationship to Child
    Child’s Care in Own Home Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Unregulated Provider Home Visit Conducted Date
Home Visit Approval/Denial Date
Reason for Denial
Home Visit Narrative
Worker Name Conducting Home Visit

PROVIDER ENROLLMENT (Output)
Provider Name (agency)
Provider Address (site)
Provider Mailing Address
Provider License Date
Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider Enrollment Capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.17 Child Care Provider Enrollment

Program Affected: FF, Childcare, DCS	**Users: Caseworkers**

Provider Hours of Operation

11. Generate Denial Notice

If the Provider Applicant is not technically eligible to become an unregulated provider, or the home visit outcome was denied, the system shall generate a denial notice to the Provider Applicant and the parent who selected the provider. The system shall terminate the provider when the provider has had no children enrolled in the past six months.

NOTICE (Output)
Notice Type
Notice Date
Notice Text Message

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	There can be an unlimited number of child care providers enrolled as subsidized providers with the department.
CC	2	0 – many CC providers may be enrolled with the department.
CC	3	A designated user(s) is assigned to a catchment's area where the day care resides would assist the prospective CC provider with enrollment.
CC	4	Enrolled CC providers shall be either licensed (example: centers, group homes and family homes) or licensing exempt.
CC	5	Both licensed and licensed exempt CC providers can be enrolled.
CC	6	A provider may not be enrolled with the department as a licensed provider and a licensed exempt CC provider during the same time period.
CC	7	A CC provider may be actively enrolled with the department as either a licensed provider or a licensed exempt provider but may not be active as both simultaneously.
CC	8	Licensed CC providers applying with the department must be in good standing with the appropriate licensing entity and in compliance with Section 504 of the 1973 Rehabilitation Act prior to enrollment in the Certificate Program.
CC	9	A prospective CC provider can not be enrolled with the department unless they are in good standing with the appropriate licensing entity and are in compliance with Section 504 of the 1973 Rehabilitation Act.
CC	10	CC licensing can occur through DHS Day Care Licensing or through DOE (Department of Education).
CC	11	DOE and DHS are designated CC licensing entities.
CC	12	A CC provider will have only one designated licensing entity at a given time.
CC	13	Either DOE or DHS will be the designated CC licensing entity but only one will be assigned to a provider at a given time.
CC	14	Unregulated CC providers are not subject to licensing criteria.
CC	15	Licensing criteria does not apply to licensed unregulated providers.
CC	16	In order to become an unregulated CC provider there must be a parent request for the applicant provider to care for his/her child(ren).
CC	17	An unregulated provider may not enroll with the Certificate Program unless a "Parent Application to Choose Unregulated Care" form has been completed requesting the particular applicant CC provider.
CC	18	Either child's own home or the CC provider's home may be the location where an unregulated provider keeps the child(ren).
CC	19	The applicant CC provider will have an interview with the user and may be given provisional approval pending final approval. The unregulated provider will be in "applied" status until approved or denied.
CC	20	After an interview with the applicant CC provider and before approval or denial, the cases may be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		given provisional approval and is in applied status.
CC	21	An unregulated CC provider applicant who has a disability, age, frailty, health or medical condition which may impair his/her supervision of the age level of the child or of the child's own disability or health condition, will be required to provide a doctor's statement verifying that the stated condition will not impair the provider applicant's supervision of a child's age being considered.
CC	22	In addition to meeting technical requirements, an unregulated CC provider must have a scheduled home visit in the home where the child will be kept. This initial home visit must be scheduled and conducted by a department designee within 30 days of the provider application date.
CC	23	An initial home visit must be conducted within 30 days of the unregulated CC provider applicant's application.
CC	24	An unregulated CC provider who resides in another state and will be keeping the child(ren) in the provider's own home will not be subject to a home visit. (A home visit is not required if the child is being kept in the home of the provider which is located outside the state of Tennessee.)
CC	25	If an unregulated CC provider applicant fails the initial home visit, he or she will not be approved as an unregulated provider but will be reimbursed for any care provided up to the point of a denial.
CC	26	If an unregulated CC provider passes the technical requirements, the initial home visit, and receives approval through Fiscal Services in Nashville, the unregulated provider is considered to be an enrolled provider with the department.
CC	27	Technical requirements for an unregulated CC provider are: applicant provider must be at least age 21, the applicant provider cannot be a sibling of the child needing care while also residing in the child's home, the applicant provider must not have a criminal background which could pose a risk to the health and safety of young children, neither the applicant provider nor a member of the applicant provider's family residing in the home or anyone having contact with the children in the applicant provider's home is currently charged with or has been convicted of or plead guilty to any crime involving a child or crime of violence against another person or drug-related crime.
CC	28	On a case by case basis, immediate family members may be approved as unregulated CC providers under the following exceptions: the offense of violence against another person did not involve this or any child under age 18 at the time or another family member, the drug-related offense was over four years ago, the drug-related offense did not involve sale to a minor, the drug-related offense involving the use of was followed by treatment or no additional substance abuse or use type charges for three years since.
CC	29	This approval is conditional upon the parent of the child signing a release acknowledging she understands the charges and agrees to not hold the Department liable for any injury to her/his child by this individual she is requesting to care for her/his child.
CC	30	In order to be enrolled as a child care provider with the department all necessary forms must be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

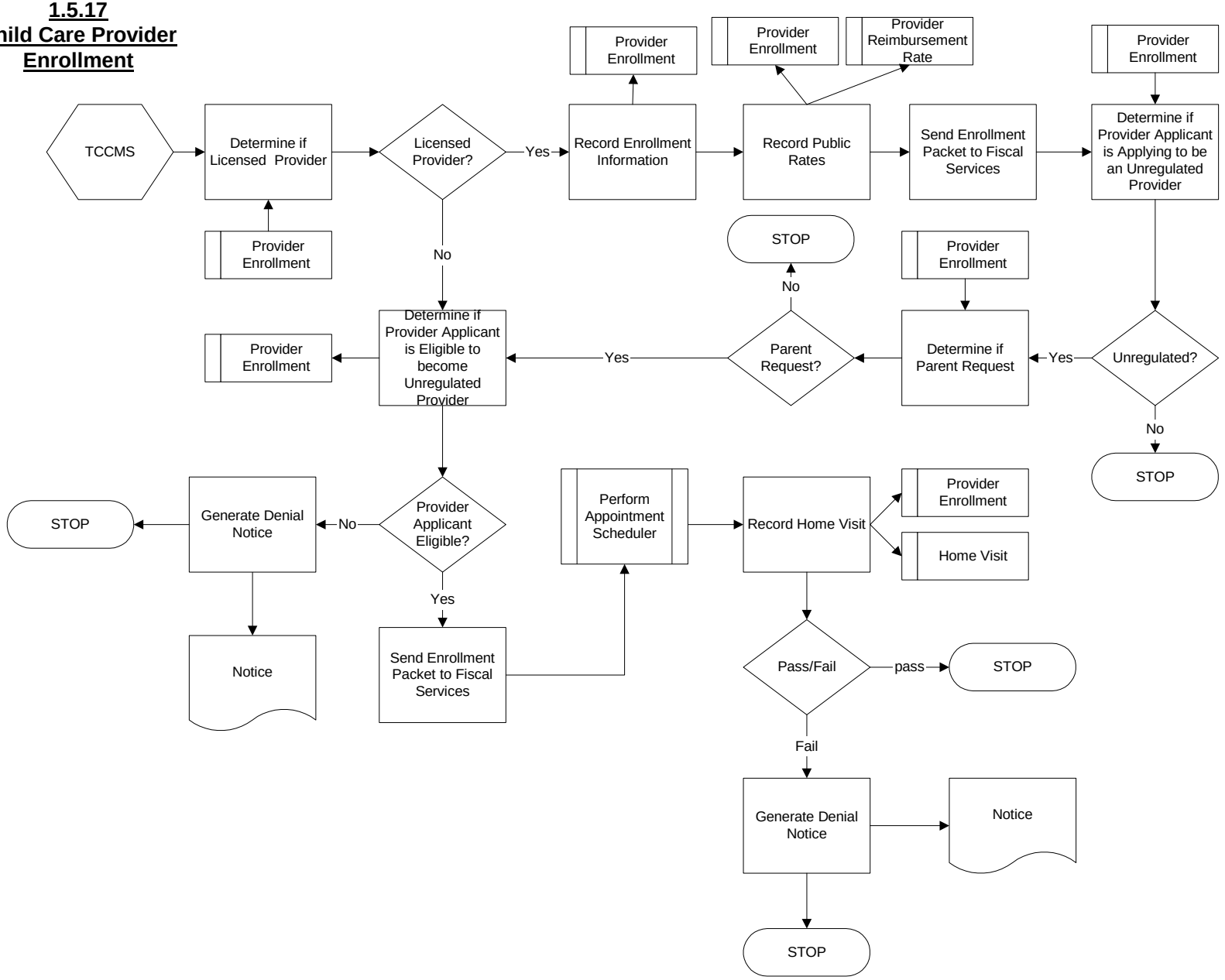
Program Type	Rule Number	Rule
		completed, mailed to Fiscal Services in Nashville, and approved by the appropriate user.
CC	31	Fiscal Services in Nashville must approve the enrollment packet for all CC providers before they can be enrolled.
CC	32	Enrollment forms to be completed for unregulated CC providers are Parent Application to Choose Unregulated Care, Unregulated Provider Application, Unregulated Provider Enrollment, IRS W-9 form, Payment Cycle Option, Direct Deposit form (optional), Health and Safety Checklist.
CC	33	Enrollment forms to be completed for licensed CC providers are Provider Enrollment Agreement form, Provider Rate Agreement form, Substitute W-9 form, Payment cycle Option, Direct Deposit form (required).
CC	34	The user will review all CC provider rates and policies for the rate charges and compare these commercial or public rates to the state maximums in accordance with provider payment policy.
CC	35	DHS reimburses the CC provider at the lesser of the rates charged the public or the state maximum rate. At enrollment the user will encode into the system the public or commercial rates of the specific provider. The state default rate will be recognized by the system and the lesser rate automatically used to calculate reimbursement for child attendance.
CC	36	The system will apply star CC provider bonuses when applicable. (This may be more appropriate attached to another flow regarding payment.)
CC	37	The begin date for a licensed CC provider enrollment will not precede the licensing approval effective date.
CC	38	No licensed CC provider can be enrolled prior to the approval effective date entered by the appropriate licensing entity.
CC	39	The begin date for an unregulated CC provider will not precede the date of eligibility for the first parent who requested the unregulated provider.
CC	40	No unregulated CC provider can be enrolled prior to the date of eligibility for the first parent who has completed the Parent Application to Choose Unregulated Care form for this provider.
CC	41	If a Parent Application to Choose Unregulated Child Care form is completed for a provider already approved as an unregulated provider, it is not necessary for the unregulated provider to submit new enrollment forms or undergo another home visit assuming that no changes exist with the provider.
CC	42	If an unregulated CC provider is already enrolled with the Certificate Program and a second parent requests this same provider, no additional enrollment must be done with this provider unless the provider's circumstances have changed.
CC	43	NOTE: THE ABOVE RULES WERE WRITTEN AS RELATIONAL RULES ON 11/17/04. THEY APPEAR SUFFICIENT EXCEPT FOR A FEW ADDITIONS WHICH HAVE BEEN DETAILED BELOW. REFERENCES TO THE CERTIFICATE PROGRAM WERE REPLACED WITH "THE DEPARTMENT".

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	44	An unregulated child care provider applicant who is determined to be ineligible to become an enrolled provider with the department shall be denied approval and will not be eligible to reapply for 90 days from the date of the denial. A denial notice will be sent.
CC	45	In the event that an unregulated child care provider applicant selected by a parent is denied approval, the department shall notify the parent that the provider will not be approved and will assist the parent in selecting another day care provider for her child(ren).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.17 Child Care Provider Enrollment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List	
Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Process:

This process describes the procedure followed when there are no available childcare slots for a child who has been determined to be eligible for childcare. Waiting lists will be maintained by sub-programs and by location. In such a situation, the child must be placed on a waiting list and remain on the list until a slot becomes available, the child no longer qualifies or voluntary removal from the waiting list is requested. The system shall create and support child care waiting lists by each program type. The system shall have the ability to prioritize sub-criteria for each child care waiting list. Maintenance of the waiting list shall include new placements, removals and list updates. The system shall be able to provide waiting list specifics based on parent, child or other criteria.

Sub-Processes:

1. Determine and Record if Individual is Eligible for Waiting List Placement

   When a child care sub-program has no available slots currently, and an individual has applied for that sub-program, once determined to be eligible, the individual will be asked if he/she wishes to be placed on a waiting list. The user shall accept the individual's statement for determining if the individual is eligible for the child care sub-program waiting list. The user will record the results in the system.

   SERVICE TYPE (Input)
   Family First Child Care Support Services
   Transitional Child Care
   Low Income Child Care
   At Risk Child Care
   DCS Foster Care or State Custody

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

DCS Protective Services (Non-Custody)
DCS Relative Care Giver (Kinship Care)
At Risk Child Only Child Care

INDIVIDUAL (Input)
Individual Last Name
Individual First Name
Individual Middle Initial
Individual ID
Individual SSN
Individual DOB
Individual County
Individual Mailing Address
Child's Last Name
Child's First Name
Child's Middle Initial
Child's Date of Birth
Case Indicator
Child's Care Level
Child's Address
Child's Phone Number
Eligibility Begin Date
Eligibility End Date
Date of Last Contact
Special Priority Indicator
Caretaker Name
Child's Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

CASE (Input)
Case ID
Case Last name
Case First Name
Case Middle Initial
Case Mailing Address
Program Type
Sub-Program Type
Caseworker ID
Certificate Region
Program Status
Sub-Program Status
Parent's Eligibility Start Date
Parent's Eligibility End Date

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Caregiver Name
Caregiver Name

SERVICE TYPE WAITING LIST (Output)
Child's Last Name
Child's First Name
Child's Middle Initial
Child's ID
Case ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Child's Date of Birth
Parent's Last Name
Parent's First Name
Parent's Middle Initial
Mailing Address
Child's Program Type
Child's Service Type
Child's Care Level
Child Care Waiting List Indicator
Child Care Waiting List Service Type
Child Care Waiting List Date
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason

2. Generate Notice

   If the individual is not eligible for waiting list placement then a notice will be generated to the individual.

   CASE (Input)
   Individual ID
   Individual Name
   Individual Mailing Address
   Case ID
   Child(ren) Name
   Child(ren) ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

NOTICE (Output)
Individual ID
Individual Name
Individual Mailing Address
Case ID
Child(ren) Name
Child(ren) ID
Notice Type
Notice Date

3. Record Individual on Waiting List

   If the individual is found to be eligible for waiting list placement, the user will place the individual on the waiting list utilizing the individual, case, relationship and service type information and based on business rules.

   INDIVIDUAL (Input)
   Individual Last Name
   Individual First Name
   Individual Middle Initial
   Individual ID
   Individual SSN
   Individual DOB
   Individual County
   Individual Mailing Address
   Child's Last Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Child's First Name
Child's Middle Initial
Child's Date of Birth
Child's Care Level
Child's Mailing Address
Child's Phone Number
Caretaker Name
Case Indicator
Eligibility Begin Date
Eligibility End Date
Date of Last Contact
Special Priority Indicator

CASE (Input)
Case ID
Case Last name
Case First Name
Case Middle Initial
Case Mailing Address
Program Type
Sub-Program Type
Caseworker ID
Certificate Region
Program Status
Sub-Program Status
Parent's Eligibility Start Date
Parent's Eligibility End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

RELATIONSHIP (Input)
Relationship Type
Foster Child Parent Caregiver Name
Caregiver Name

SERVICE TYPE (Input)
Family First Child Care Support Services
Transitional Child Care
Low Income Child Care
At Risk Child Care
DCS Foster Care or State Custody
DCS Protective Services (Non-Custody)
DCS Relative Care Giver (Kinship Care)
At Risk Child Only Child Care

SERVICE TYPE WAITING LIST (Output)
Child's Last Name
Child's First Name
Child's Middle Initial
Child's Date of Birth
Child's ID
Case ID
Parent's Last Name
Parent's First Name
Parent's Middle Initial
Mailing Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Child's Program Type
Child's Service Type
Child's Care Level
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason
Child Care Waiting List Indicator
Child Care Waiting List Service Type
Child Care Waiting List Date

4. Update Waiting List

The system will update the waiting list information using business rules and the Service Waiting List information. The system shall allow the user to identify the numeric placement where the child(ren) is currently on the child care waiting list. The system shall automatically terminate families from the child care waiting list when a family starts receiving child care assistance, in any child care sub-program.

SERVICE TYPE WAITING LIST (Input - Output)
Child's Last Name
Child's First Name
Child's Middle Initial
Child's ID
Child's Date of Birth
Case ID
Parent's Last Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Parent's First Name
Parent's Middle Initial
Mailing Address
Child's Program Type
Child's Service Type
Child's Care Level
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason
Child Care Waiting List Indicator
Child Care Waiting List Service Type
Child Care Waiting List Date

5. Determine if Notice is Needed

   The system will determine if a notice should be sent. Notices are sent periodically to those individuals on the waiting list to see if there is still a need or interest or to re-determine eligibility for the child care waiting list. These are called contact notices.

   SERVICE TYPE WAITING LIST (Input)
   Child's Last Name
   Child's First Name
   Child's Middle Initial
   Child's ID
   Child's Date of Birth
   Case ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List

Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Parent's Last Name
Parent's First Name
Parent's Middle Initial
Mailing Address
Child's Program Type
Child's Service Type
Child's Care Level
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason
Child Care Waiting List Indicator
Child Care Waiting List Service Type
Child Care Waiting List Date
Child Care Interest Indicator
Child Care Eligibility Criteria Type

6. Generate Notice

   If it is determined a notice is needed, the system will generate the notice. This notice is sent to see if there is still a need or interest in childcare or to re-determine eligibility for the child care waiting list.

   NOTICE (Output)
   Notice Type
   Notice Date
   Notice Message text
   Individual Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.18 Addition to Child Care Waiting List	
Program Affected: FF, CC	**Users: Caseworker, Child Care Worker**

Individual ID
Individual Mailing Address
Case ID
Child's Name
Child's ID
Interest in Child Care Indicator
Signature
Signature Date
Child Care Eligibility Criteria Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

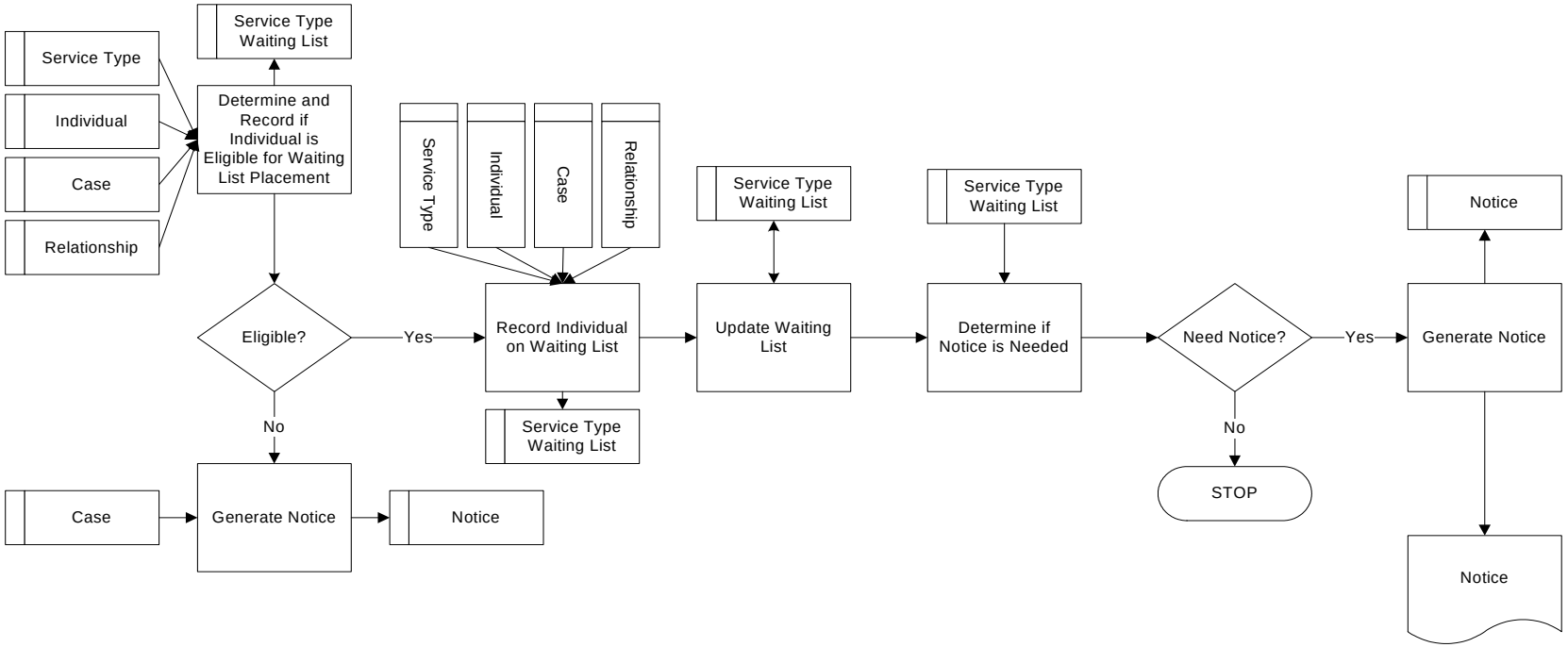
Program Type	Rule Number	Rule
CC	1	When a parent/caretaker applies for child care assistance with the department, it shall be determined if the parent/caretaker is eligible for child care assistance in a subprogram.
CC	2	All applicants will file an application and will have an interview to determine child care eligibility.
CC	3	If the parent/caretaker is eligible for a subprogram with an open funding source, the parent/caretaker will be served under that subprogram.
CC	4	An open funding source is one through which new child care enrollments are able to be made.
CC	5	If the parent/caretaker is not eligible under an open funding source but is found to be eligible for a subprogram for which there is no open funding available at the time of application, that parent/caretaker will be given the option to be placed on a waiting list for that subprogram.
CC	6	A child may not be placed on a waiting list until eligibility for that specific subprogram has been established through the eligibility interview process.
CC	7	Criteria for placement on a waiting list is that a parent is otherwise eligible for subsidized child care under a subprogram and would be served except for the fact that the subprogram is not accepting new child care enrollments.
CC	8	Placement on the waiting list can occur 1) when a parent/caretaker/s eligibility under a current funding source ends and there are no other funding sources available to the parent/caretaker; 2) it can occur if a parent/caretaker has never had an open child care case and has no funding source available to him/her at the time he/she requests child care; or 3) it can occur if a parent has had child care in the past but has no funding source available to him/her at the time of current request.
CC	9	Placement on the waiting list may be prioritized by date of application or by special priority indicator as dictated by current policy established by state office.
CC	10	Calculation of numbers on a particular waiting list may be obtained by parent, by individual children, or by other criteria as may be available.
CC	11	A parent/caretaker who appears on the waiting list will be subject to recertification yearly in order to determine whether the parent/caretaker is still eligible to remain on the waiting list.
CC	12	A parent/caretaker who is found to no longer meet program requirements to remain on the waiting list will be terminated from the waiting list and will be sent a 10 day termination notice prior to termination effective date.
CC	13	Removal from the waiting list can occur under the following circumstances: 1) a parent becomes eligible under another subprogram, 2) a parent requests removal, 3) loss of contact, 4) no longer eligible under program requirements, 5) no eligible children in the home, 6) family moves out of state.
CC	14	If funds become available to serve persons on the waiting list, an interview will be required and

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		verification obtained for a redetermination of eligibility to be made and child care enrollment arranged.
CC	15	If a parent/caretaker is removed from the waiting list but is later found to be eligible for placement back on the waiting list, the effective date of placement will be the approval date of the current application.
CC	16	Awaiting list will be maintained by subprogram with county and statewide selection.
CC	17	A parent/caretaker's recertification for remaining on the waiting list can be done by face-to-face interview.
CC	18	A parent/caretaker's recertification for remaining on the waiting list can be done by mail.
CC	19	A parent/caretaker's recertification for remaining on the waiting list can be done by telephone.
CC	20	A parent/caretaker's recertification interview may be set to coincide with an appointment for another FA program recertification if the caretaker also has a food stamp case.
FF, CC	21	Child care applicants may or may not receive immediate child care assistance due to limitations in funding
FF, CC	22	All eligible or potentially eligible applicants and parents may be placed on a waiting list and selected for service based on priority.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.18
Addition to Child Care Waiting List



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.19 Child Care Waiting List Utilization	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Process:

This process describes the procedure followed when a childcare slot or funds become available for a child on the Child Care waiting list. The child selected is based on priority. The system shall create and support child care waiting lists by each program and sub-program type. The system shall have the ability to prioritize sub-criteria for each waiting list. The system shall allow the user to identify the numeric placement where the child(ren) are currently on the child care waiting list.

Sub-Processes:

1. Select Caretakers from Waiting List Based on Priority

   The user will select the caretaker from the Child Care waiting list based on the child's waiting list priority. The priority is determined based on the service type waiting list information and utilizing the business rules.

   SERVICE TYPE WAITING LIST (Input)
   Child's First Name
   Child's Last Name
   Child's Middle Initial
   Parent's First Name
   Parent's Last Name
   Parent's Middle Initial
   Caretaker's First Name
   Caretaker's Last Name
   Caretaker's Middle Initial

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.19 Child Care Waiting List Utilization

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Mailing Address
Child's Program Type
Child's Service Type
Child's Care Level
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason

2. Perform "Appointment Scheduling"

   The system will perform the "Appointment Scheduling" reusable process. From this process, the system generates an appointment notice. The system shall also include information on the available child care slot. The caretaker must be interviewed to determine if currently available.

   CHILD CARE AVAILABILITY NOTICE (Output)
   Notice Type
   Notice Date
   Child Care Available Date
   Office Location
   Caseworker Name
   Caseworker Phone Number
   Appointment Date
   Appointment Time

3. Perform "Worker Notification of Scheduled Appointment and Log-In" Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.19 Child Care Waiting List Utilization

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

The system will perform the "Worker Notification of Scheduled Appointment Log-In" process, if the individual shows for the scheduled appointment. If the individual fails to show for their appointment, this process will not be performed.

4. Determine if Caretaker Attended Appointment

   The system will determine if the caretaker attended the scheduled appointment based on the appointment information and business rules.

   APPOINTMENT (Input)
   Appointment Type
   Appointment Date
   Appointment Scheduled Begin Time
   Appointment Scheduled End Time
   Appointment Actual Begin Time
   Appointment Actual End Time

5. Perform "Child Care Grouping" Process

   If the individual attended the appointment, the system will perform the "Child Care Grouping" reusable process following the data collection to determine eligibility. From this point, the case is treated as an application for review for assistance, completing the process with necessary notices, authorizations and service arrangements. The case will be removed from the waiting list no matter the outcome, as they will either be determined eligible for the available slot or to no longer be eligible for the program.

6. Remove Individual from Waiting List

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.19 Child Care Waiting List Utilization

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

If the caretaker did not attend the scheduled appointment, the user will remove the child of the caretaker from the service waiting list.

SERVICE TYPE WAITING LIST (Input and Output)
Child's First Name
Child's Last Name
Child's Middle Initial
Parent's First Name
Parent's Last Name
Parent's Middle Initial
Mailing Address
Case ID
Case Status
Child's Program Type
Child Care Sub-program Type
Child's Service Type
Child's Care Level
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List End Date
Child's Waiting List Termination Reason

7. Generate Child Care Denial Notice

   The system will generate a notice to the caretaker of the child upon removal of the child from the waiting list when the individual fails to keep their appointment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

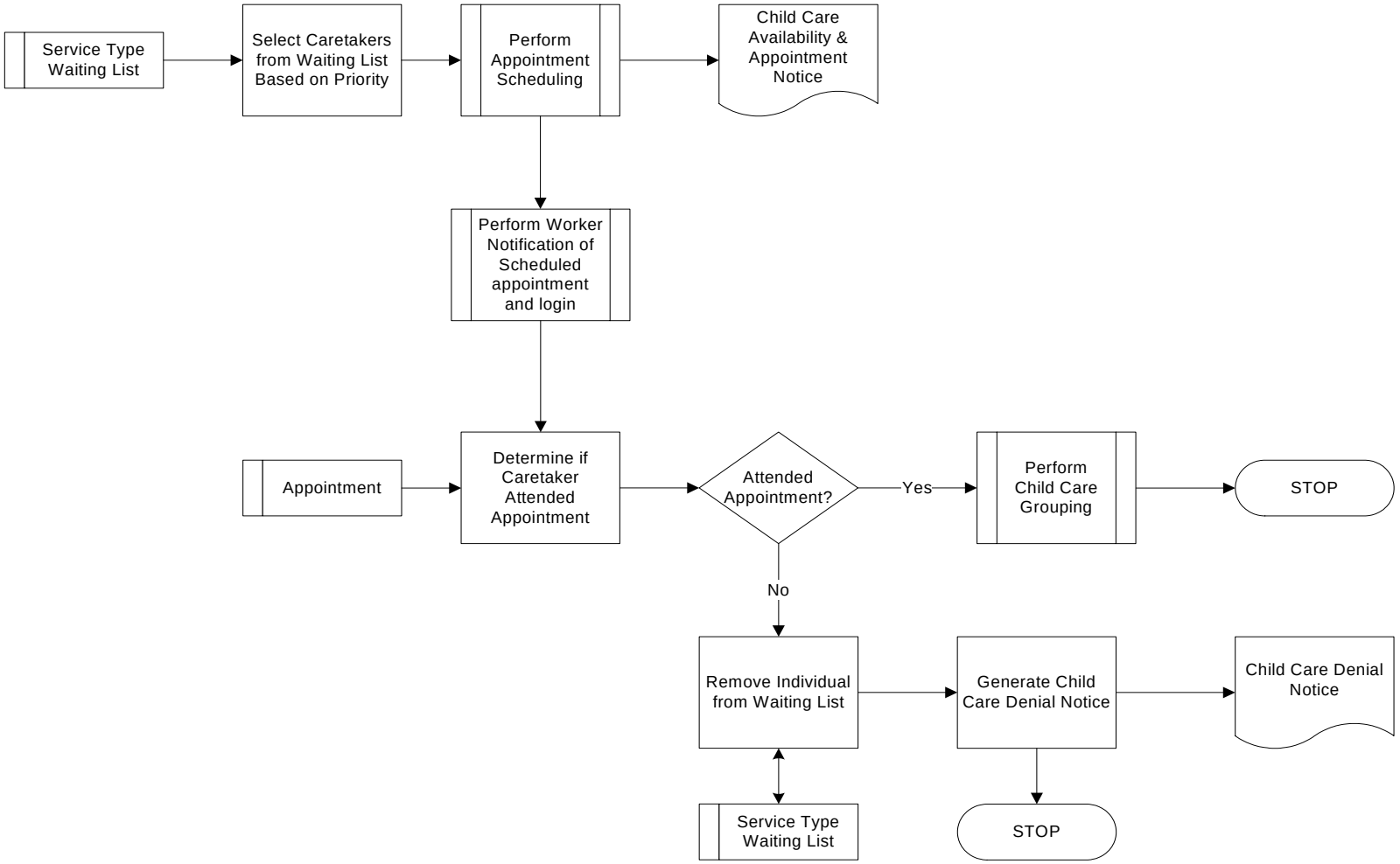
Process: 1.5.19 Child Care Waiting List Utilization	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

CHILD CARE DENIAL NOTICE (Output)
Notice Type
Notice Date
Individual Name
Individual Address
Child Care Waiting List Denial Date
Child Care Waiting List Denial Reason
Notice Message Text

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF, CC	1	An individual remains on the waiting list until selected, removed or purged from the waiting list.
CC	2	All eligible or potentially eligible applicants may be placed on a child care waiting list and selected for service based on priority.
CC	3	When funds become available allowing the Department to serve an individual currently on a waiting list, those children and their parents/caretakers will be identified based on the eligibility criteria of the funds available. The identification of appropriate criteria will be made by state office staff who will notify the county office to serve persons from the waiting list maintained by the county office.
CC	4	The number of child care slots available and the selection criteria will vary according to current policy and funding levels at a given time.
CC	5	A child care list utilization prioritization can be by length of time since initial placement on the list.
CC	6	A child care list utilization prioritization can be by previous enrollment history.
CC	7	A child care list utilization prioritization can be by income standards.
CC	8	A child care list utilization prioritization can be by age of children.
CC	9	A child care list utilization prioritization can be by specific policy changes.
CC	10	When funds become available, notices will be sent to parents/caretakers currently on the waiting list who meet the identified criteria. This notice will ask the parent/caretaker to keep an appointment to determine eligibility for child care.
CC	11	If the parent/caretaker fails to keep the scheduled appointment to determine current eligibility, the parent/caretaker's name and the name of his/her child(ren) will be removed from the waiting list. A denial notice will be sent.
CC	12	If at the appointment it is determined that the parent does not meet the eligibility criteria for the new funding slots or any other funding available through the Department at the time, the parent/caretaker's name may remain on the waiting list per current policy of the time. A notice will be sent denying request for child care but informing the parent/caretaker that his/her name will remain on the waiting list.
CC	13	An interview will be required once selected from the waiting list.
CC	14	Current eligibility for child care must be determined by an eligibility determination at the time of waiting list selection prior to authorizing program benefits.
CC	15	Waiting lists are by sub-program, and eligibility must continue in that child care sub-program to remain on the list.
CC	16	Once selected for eligibility establishment, failure to comply with interview or eligibility establishment requirements will result in denial and removal from the list.

1.5.19 Child Care Waiting List Utilization



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.20 Child Care Eligibility Termination	
Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Process:

This process describes the Child Care Eligibility Termination process. This is different from case termination in that one to many of the children within a child care case may have their individual eligibility terminated, without effecting case status.

Sub-Processes:

1. Determine and Record if Child Care Eligibility Should be Terminated

   The user shall determine if the Child Care Eligibility should be terminated based on business rules and utilizing individual and case information. The user shall be able to select the child(ren) being terminated from a list of children in the case, provided by the system. The system will record the selected child(ren)'s termination information in the appropriate data store. The system shall allow the termination of a child's enrollment, as designated by specific termination reason(s).

   CHILD'S CHILD CARE ELIGIBILITY (Input)
   Child's Name
   Child's Program Type
   Child's Service Type
   Child's Participation Start Date
   Child's Participation End Date
   Child's Participation Termination Reason
   Child's Care Enrollment Start Date
   Child's Care Enrollment End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.20 Child Care Eligibility Termination

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Care Enrollment Termination Reason

INDIVIDUAL (Input)
Individual ID
Individual Name
Individual Address
Individual SSN
Individual DOB
Individual Date of Death

CASE (Input)
Case Number
Case Name
Case Mailing Address
Caseworker ID
Case Type
Case Program
Case Sub-Program
Case Eligibility Start Date
Case Eligibility End Date
Case Eligibility Status
Child Name

CHILD'S CHILD CARE ELIGIBILITY (Output)
Child's Name
Child's Program Type
Child's Service Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 1.5.20 Child Care Eligibility Termination

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Child's Participation Start Date
Child's Participation End Date
Child's Participation Termination Reason
Child's Care Enrollment Start Date
Child's Care Enrollment End Date
Child's Care Enrollment Termination Reason

2. Generate Termination Notices

   If Child Care Eligibility is being terminated, the system will generate Termination Notices to the Provider and to the parent of the child.

   PROVIDER NOTICE (Output)
   Notice Type
   Notice Date
   Individual Name
   Case Number
   Individual Mailing Address
   Child(ren) that Child Care ends for
   Termination Reason
   Date Eligibility ends

   CLIENT NOTICE (Output)
   Notice Type
   Notice Date
   Individual Name
   Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 1.5.20 Child Care Eligibility Termination

Program Affected: FF, CC	**Users: Caseworkers, Child Care Workers**

Individual Mailing Address
Child(ren) that Child Care ends for
Termination Reason
Date Eligibility ends

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	The termination of a parent/caretaker's child care case shall terminate the child's child care eligibility and enrollment.
CC	2	A termination of a child's child care eligibility or enrollment does not always close a parent/caretaker's child care case.
CC	3	A child's child care eligibility end date shall not be greater than the parent /caretaker's child care eligibility end date.
CC	4	A parent/caretaker may have multiple child care case terminations.
CC	5	A child may have multiple child care enrollment terminations.
CC	6	A child may have multiple child care eligibility terminations.
CC	7	All parents/caretakers whose child care case is being terminated shall receive an advance notice.
CC	8	All parents/caretakers whose child care enrollment only was terminated shall receive a termination notice.
CC	9	All parents/caretakers whose child care case was terminated shall receive a termination notice.
CC	10	All providers who are serving children whose child care enrollment was terminated shall receive a termination notice for those children (in the paper certificate model).
CC	11	All active Transitional child care assistance parents/caretakers who are about to reach the service type time limit will receive a termination notice in the month prior advising them to apply for At-Risk child care assistance – if that service type is open to new admissions.
CC	12	All active At-Risk parents/caretakers who are about to reach the service type time limit will receive a termination notice in the month prior advising them to apply for Low-Income child care assistance – if that service type is open to new admissions.
CC	13	Child care eligibility may be terminated due to parent's ineligibility or due to the child's ineligibility.
CC	14	Child care eligibility may be terminated for an individual child in a case or for all children in the case.
CC	15	All children in a child care case may have child care eligibility terminated or termination may occur per individual child.
CC	16	If a parent's eligibility for child care is terminated, all children in the child care case would have eligibility terminated also.
CC	17	An individual child's eligibility for child care may be terminated without terminating the parent's eligibility.
CC	18	0 – many children may be terminated from child care eligibility.
CC	19	Child care eligibility may be terminated at any time during a period of child care eligibility.
CC	20	The last known provider for a child whose child care enrollment has been terminated shall receive a termination notice for those children (EBT model).
CC	21	Child care eligibility may be terminated due to parent's ineligibility or due to the child's ineligibility.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

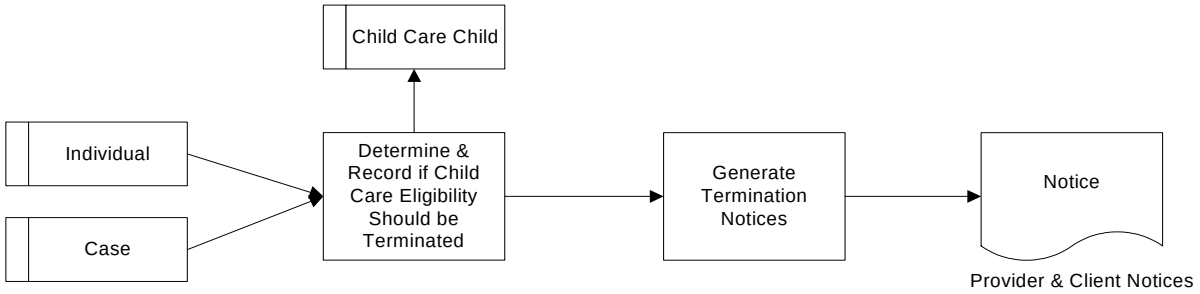
Program Type	Rule Number	Rule
CC	22	Child care eligibility may be terminated for an individual child in a case or for all children in the case.
CC	23	All children in a child care case may have child care eligibility terminated or termination may occur per individual child.
CC	24	If a parent's eligibility for child care is terminated, all children in the child care case would have eligibility terminated also.
CC	25	An individual child's eligibility for child care may be terminated without terminating the parent's eligibility.
CC	26	0 – many children may be terminated from child care eligibility.
CC	27	Child care eligibility may be terminated at any time during a period of child care eligibility.
CC	28	A 10-calendar day advance notification letter will be sent to parents/caretakers whose case is closing due to failure to re-determine.
CC	29	A 10-calendar day advance notification letter will be sent to parents/caretakers whose case is closed due to failure to comply with work/training requirements.
CC	30	A 10-calendar day advance notification letter will be sent to parents/caretakers whose case is closed due to being over income eligibility guidelines.
CC	31	A 10-calendar day advance notification letter will be sent to parents/caretakers whose case is closed due to parent is no longer eligible under current funding source.
CC	32	A 10-calendar day advance notification letter will be sent to parents/caretakers whose case is closed due to the only child in the home is approaching age 13 with no diagnosed disability and incapable of self-care or under court supervision.
CC	33	An advance termination notice is not required if the case closure is due to no eligible children living in the home.
CC	34	An advance termination notice is not required if the case closure is due to all members of the household moving out of state.
CC	35	An advance termination notice is not required if the case closure is due to parent request.
CC	36	An advance termination notice is not required if case closure is due to no longer needing child care.
CC	37	An advance termination notice is not required if case closure is due to center terminating child care.
CC	38	A child's eligibility can be closed if the child leaves the household.
CC	39	A child's eligibility can be closed if the child reaches age 13 and has no diagnosed disability or is incapable of self-care or is not under court supervision.
CC	40	If a parent's eligibility ends, eligibility for the children in that case ends also.
CC	41	If a child's eligibility ends as a "child needing care" but the child remains in the household, that child will be opened as an "other family member."
CC	42	When all child care enrollments are ended in a low-income child care case, the case will close and can not be reopened under the low-income funding source due to lack of funds.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	43	When all child care enrollments are ended in a Transitional, At-Risk or ARCO case, the parent case will be closed but can be reopened as long as the case is within time limits, remains income eligible and meets work/training requirements.
CC	44	When all child care enrollments are ended in a FF case that case should be closed but can be reopened as long as the parent remains eligible for FF and needs child care in order to comply with PRP.
CC	45	A new application would be completed at each re-determination or when a case has been closed and the parent reapplies.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

1.5.20
Child Care Eligibility Termination



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Process:

Data Elements must be edited for validity and consistency as they are entered into the system. Edit values should be stored in Maintenance Tables rather than hard coded in the system. Table values should be easily maintained so that system program changes are not necessary every time a table value is added or changed. Maintenance Tables that require corresponding system program changes must be secure so that the users without the proper security cannot update the table without requesting a corresponding system modification. Any system modifications that are required due to table changes must be easily modified. Examples of Maintenance Tables are list values for on-line drop down lists.

There are Maintenance Tables referred to as Program Standards in the Process Narratives that, when changed, could result in a Mass Change. The primary purpose of a Mass Change is to apply changes that may affect a significant number of cases without requiring the caseworkers to manually change the cases and re-compute eligibility and benefit amounts**.**

For example, Program Standard Mass Changes are currently run annually for Families First on Memorial Day weekend, effective July 1; Food Stamps on Labor Day weekend, effective October 1; and Medicaid on Thanksgiving weekend, effective January 1. A TENNCARE Mass Change process is also needed for changes to the federal poverty level.

The system should have the capability to initiate a periodic Mass Change when there is a cost of living adjustment (COLA) in the SSA and SSI individual amounts and a Medicare premium change that may affect the benefit amounts for these individuals. The COLA Mass Change is triggered by the receipt of COLA file transmissions from Social Security. Currently, a COLA mass change is run annually on Thanksgiving weekend, effective January 1.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

The system shall have the capability to initiate a monthly Mass Change on cases that include individuals who have received an increase/decrease in SSA/SSI income for a given month or who have received Child Support monies (Pass-through from the state collections received from the absent parent) that may affect the benefit amount for the individual.

The system shall have a test mode to be able to project the effect of Program Standard table mass changes. This test mode will support the "Policy Change Forecasting" process.

Sub-Processes:

1. Change Table Values

   The State will have the responsibility of updating Tables. The Tables should be easy to maintain. There are two types of Tables: Maintenance tables that include list values for edits, and Program Standards that affect eligibility and benefits. History of Table Changes should be retained.

   Modifications to Maintenance Tables and Program Standard tables shall not require corresponding system program changes.

   The system should have the capability to initiate a periodic Mass Change when Program Standards are modified that may affect the eligibility and benefit amount or premium amount of cases receiving assistance in the Food Stamp, Families First, Medicaid, Child Care, Foster Care, Adoption Assistance and TennCare programs. Some of these changes may include, but are not limited to, Income Eligibility Standards for all programs, shelter and dependent care deductions, the Thrifty Food Plan for Food Stamps, standard deductions and premium tables for TennCare Standard.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

The system shall have a test mode to be able to project the effect of Program Standard table mass changes. This test mode will support the "Policy Change Forecasting" process.

PROGRAM STANDARDS (Input)
Income Eligibility Standards
Shelter Deductions
Dependent Care Deductions
Food Stamp Thrifty Food Plan
Standard Deductions
Premium Tables for TennCare
Child Care Standards
Service Provider Rates
AFDC MO Tables
IV-E Tables
PLIS Standards
Federal Poverty Level Tables
Effective Date of Table
Test Mode Indicator

MAINTENANCE TABLES (Input)
List Values for Data Elements
Related Data Fields
Effective Date of Table

POTENTIAL TABLE CHANGE (Output)
Maintenance Table Name
Effective Date of the Table Change

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

2. Determine if this is a test mode mass change

   The system shall have a test mode to be able to project the effect of Program Standard table mass changes. This test mode will support the "Policy Change Forecasting" process. The test mode will forecast the impact of the change on the selected cases but will not update the selected cases with the change.

   PROGRAM STANDARDS (Input)
   Test Mode Indicator

3. Select cases for the test mode mass change

   If there is a change to a Program Standards table that requires a test mode mass change the system shall provide a mechanism for a user to initiate a test Mass Change. The Mass Change process should select all cases based on table driven Selection Criteria.

   CASE (Input)
   Program
   Case Status

   INDIVIDUAL(Input)
   Eligibility Status

   PROGRAM STANDARDS (Input)
   Table Being Tested

   SELECTED CASES (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Case Number
Mass Change Flag

4. Perform “Policy Change Forecasting” process

5. Determine if system change required

   There may be some Maintenance Tables that, if modified, could potentially require system modifications. The system shall not allow the State user without proper security to update these Maintenance Tables.

   POTENTIAL TABLE CHANGE (Input and Output)
   Maintenance Table Name
   Table change approved
   Table change denied

   APPROVED TABLE CHANGE (Output)
   Maintenance Table Name
   Table change approved

6. Provide System Override

   If this Maintenance Table is a table that could potentially require system modifications, the System Administrator shall have override capability to update the Production Table when all system modifications have been made.

   POTENTIAL TABLE CHANGE (Input)
   Maintenance Table Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Table change approved
Table change denied

APPROVED TABLE CHANGE (Output)
Maintenance Table Name
Table change approved

7. Update Tables

   If this Maintenance Table is not a table that could potentially require system modifications, update the tables with changes. Allow the System Administrator to make the appropriate changes to this table.

   APPROVED TABLE CHANGE (Input)
   Maintenance Table Name
   Table change approved

   PROGRAM STANDARDS (Output)
   Income Eligibility Standards
   Shelter Deductions
   Dependent Care Deductions
   Food Stamp Thrifty Food Plan
   Standard Deductions
   Premium Tables for TennCare
   Child Care Standards
   Service Provider Rates
   AFDC MO Tables
   IV-E Tables

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

PLIS Standards
Federal Poverty Level Tables
Effective Date of Table

MAINTENANCE TABLES (Output)
List Values for Data Elements
Related Data Fields
Effective Date of Table

8. Identify Selection Criteria

   If there is a change to a Program Standards table that requires a Mass Change the system shall provide a mechanism for a State Office System Coordinator user to initiate a Mass Change. The Mass Change process should select all cases based on table driven Selection Criteria. Selection Criteria should include but are not limited to the effective date of the change, the tables that will change, the program(s) and sub-program(s) that are affected by the change and the reason(s) for the change.

   SELECTION CRITERIA (Output)
   Program Standard Table Being Changed
   Effective Date of the Change
   Program affected by Change
   Sub-program affected by the Change
   Reason for the Change

9. Update Income and Medicare Premium Changes

   The COLA Mass Change process should start by automatically processing a COLA BENDEX (SSA income

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

and Medicare premium deduction) transmission and COLA SDX (SSI income) transmission.

The system should have the capability to initiate a monthly Mass Change on cases that include individuals who have received an increase/decrease in SSA/SSI income for a given month or who have received Child Support monies (Passthrough) from the state (collections received from the absent parent) that may affect the benefit amounts for the individuals receiving Food Stamps, Families First, Medicaid and TENNCARE assistance.

The individuals who have received a decrease/increase in SSA/SSI income should be identified prior to the mass change by processing monthly BENDEX (SSA and Medicare premium) transmission files and daily SDX (SSI) transmission files.

When the transmission files are read, records should be bypassed that cannot be matched. For those records that are not bypassed, the SSI income, SSA income and Medicare premium (if BENDEX tape) should either be updated, or an unresolved match and alert should be generated to the caseworker due to a discrepancy. If an alert is generated, the caseworker should do a desk review on these individuals.

For individuals without a discrepancy, update the income and medical expenses.

The system should have the capability to process any third party transmission files with individual income that would affect benefits.

BENDEX BYPASS ALERT (Generate one alert for each bypassed record) (Output)

BENDEX BYPASS RECORD (Output)
Pay status not current pay on BENDEX record
Unmatched SSN on system
Unmatched individual id and SSN on system

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Individual not in open case on system
440 Buy-in Medicare Premium amount and/or end date discrepancy on system
Premium pay code not self or RRB on BENDEX record
Invalid SMI or HI option code on BENDEX record

SDX BYPASS ALERT (Generate one alert for each bypassed record) (Output)

SDX BYPASS RECORD (Output)
Duplicate Record
Pay status not current pay on SDX record
Unmatched SSN on system
Individual is applicant on system
Individual not in open case on system

BENDEX DISCREPANCY ALERT (Generate one alert for each match) (Output)

BENDEX DISCREPANCY MATCH (Output)
SSN discrepancy between BENDEX and system
Unearned income discrepancy between BENDEX and system
- No SSA income on system
- Multiple SSA income segments w/ no end date on system
- No match on SSN and claim number on system
- SSA income ended on system prior to mass change date on system
- SSA income is equal to zeroes on system

Pending SSA income verification on system
Medicare premium discrepancy between BENDEX and system
- No Medicare Premium on system

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Multiple Medicare premium segments with no end date on system
No match on SSN and claim number on system
440 Buy-in with Medicare premium amount greater than zeroes and Medicare premium end date is blank on system
HI and SMI option code on BENDEX record but not Part A & B on system
Only HI option code on BENDEX record but not only Part A on system
Only SMI option code on BENDEX record but not only Part B on system
Pending Medicare premium verification on system

SDX DISCREPANCY ALERT (Generate one alert for each match) (Output)

SDX DISCREPANCY MATCH (Output)
SDX Unearned income discrepancy
No SSI income on the system
Multiple SSI income segments with no end date on he system
SSI income is equal to zeroes on the system
Pending SSI income verification

INCOME (Output)
SSI Amount (Updated)
BENDEX Income Amount (Updated)
Child Support Passthrough (Updated)

MEDICAL EXPENSES (Output)
Medicare Premium Amount (Updated)

INDIVIDUAL (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Mass Change Flag Indicator
Individual Identifier

10. Select Cases/Individuals for Mass Change

The Mass Change process should automatically mass change cases that meet the selection criteria. Any case that has an end date in the month prior to the effective date should not be mass changed.

At the time of the mass change, the individuals who were flagged to be mass changed for increase/decrease in SSA/SSI income and a file from the Child Support System of individuals receiving child support should be processed through the mass change. In addition, cases that have individuals with a milestone birth date should be mass changed.

There may be exceptions that cannot automatically be mass changed and will require caseworker intervention. The system shall limit exceptions that cannot be automatically mass changed and will require caseworker intervention. Any exception cases shall be written to an exception report and an alert should be generated to the caseworker.

INDIVIDUAL (Input)
Mass Change Flag Indicator
Individual Number

SELECTED CASES (Output)
Case Number
Mass Change Flag

ALERT (Output) (One alert should be generated for each discrepancy)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Case Exception Alert
- Pending case
- Open/Pending case (worker has started, but not completed an action on the case.)
- Individual eligible on more than one case
- Spenddown liability greater than zero
- Spenddown AG in case
- Case failed eligibility
- Case has outstanding verifications
- Individual failed age requirements
- Individual failed time limits
- Override present in case
- Individual less than 21 years old and caretaker of deprived children Medicaid with FRR budget

CASE EXCEPTIONS (Output)
Case Exception Report

11. Perform “Budgeting” process

During the mass change process, budgets should be recalculated based on the new income and the increased medical expense. TENNCARE premiums should be recalculated when appropriate. If there are any cases that cannot be mass changed due to possible closure or eligibility for another subprogram, output a mass change alert to the worker.

MASS CHANGED CASES (Output)
Mass Change Notice Information

MASS CHANGE ALERT

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change

Program Affected: All	**Users: Systems Coordination and Information Systems**

Case Number
Reason case was not mass changed

12. Determine if notices or referrals need to be generated

    If there is an increase or decrease in benefits as a result of the mass change, increase/decrease notices should be sent to the clients reflecting the change and the appropriate reasons for the change. If the case is an institutionalized case and there is a patient liability change, send a notice to the nursing home or lead agency. If any cases are closed due to the mass change or determined eligible for another sub-program, generate the appropriate mass change notice. If there is no change in benefits or eligibility, do not create a mass change notice.

    Referrals to other agencies should be generated as appropriate based on the results of budgeting and authorization.

    MASS CHANGED CASES (Input)
    Mass Change Notice Information

    MASS CHANGE NOTICES (Output)

    NURSING HOME NOTICES (Output)

13. Mass change processing should result in the following reports:

    MASS CHANGE REPORTS (Output)

        Categories Affected by Mass Change (Include totals by category and a summary of the increased cost by category)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

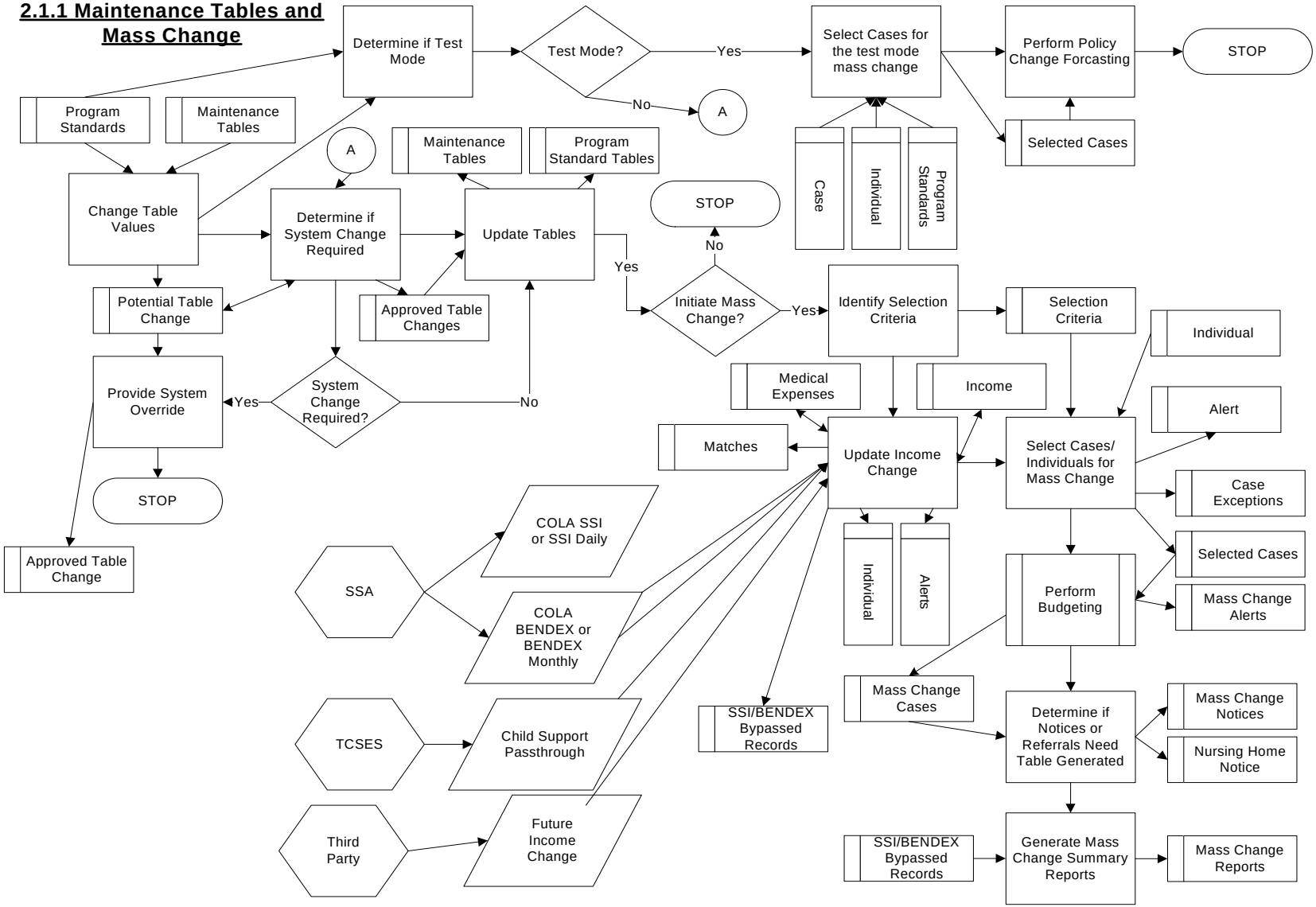
Date: January 31, 2005

Process: 2.1.1 Maintenance Tables and Mass Change	
Program Affected: All	**Users: Systems Coordination and Information Systems**

Mass Change Summary (County/District/State) (Include before mass change and after mass change totals)
Mass Change Exception List
Families First Projected Cost Report
Nursing Home Mass Change Report
BENDEX (SSA) Mass Change Records Bypassed (COLA and monthly)
BENDEX COLA Mass Change Zero SSN on System Report
SDX (SSI) MC Records Bypassed (COLA and monthly)
Cases closed by mass change.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.1 Maintenance Tables and Mass Change



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client	
Program Affected: All	**Users: Caseworkers**

Process:

This process describes the tasks involved when the caseworker adds or updates individual information. When the individual contacts DHS for particular reasons, the user will query the system to search for individual data. Depending on what is found the user may need to update current system data or may need to enter new individual information into the system. If the update includes removing an individual from a case the system shall retain historical information for the individual and associate that individual's information with the timeframe that the individual was in the case.

Sub-Processes:

1. Determine if Existing Individual

   The system will determine if the individual is known to the system using the individual's information.

   INDIVIDUAL (Input)
   Individual First Name
   Individual Last Name
   Individual Middle Initial
   Individual ID
   Individual SSN
   Individual Date of Birth
   Individual Sex
   Individual Race
   Individual County of Residence

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client

Program Affected: All	**Users: Caseworkers**

INDIVIDUAL (Output)
Individual Found indicator
Individual First Name
Individual Last Name
Individual Middle Initial
Individual ID

2. Determine if Individual Information Needs to be Updated

   If the individual is known to the system, the system will determine if the individual needs to be updated based on individual information and business rules.

   INDIVIDUAL (Input)
   Individual First Name
   Individual Last Name
   Individual Middle Initial
   Individual ID
   Individual SSN
   Individual Date of Birth
   Individual Sex
   Individual Race
   Individual County of Residence

3. Record New Information for the Individual

   The system will record any updates to or additions of individuals that the user completes.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client

Program Affected: All	**Users: Caseworkers**

INDIVIDUAL (Output)
Individual First Name
Individual Last Name
Individual Middle Initial
Individual ID
Individual SSN
Individual Date of Birth
Individual Sex
Individual Race
Individual County of Residence

4. Determine if Needs to be Linked to New Application

   If the individual data does not need updating, the system will determine if the data needs to be linked to a new application based on individual and application information and from business rules.

   INDIVIDUAL (Input)
   Individual First Name
   Individual Last Name
   Individual Middle Initial
   Individual Social Security Number
   Individual Date of Birth
   Individual Sex
   Individual Race
   Individual County of Residence
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client

Program Affected: All	**Users: Caseworkers**

APPLICATION (Input)
Individual ID
Application Number
Application Type
Application Date
Application Status
Reason Contact

5. Link Individual ID to New Application or Case Data

   If the new application data needs to be linked, the system will link the individual ID number to either the new application or to the case data, whichever is applicable utilizing the business rules.

   INDIVIDUAL (Input)
   Individual First Name
   Individual Last Name
   Individual Middle Initial
   Individual Social Security Number
   Individual Date of Birth
   Individual Sex
   Individual Race
   Individual County of Residence
   Individual ID

   APPLICATION (Output)
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client

Program Affected: All	**Users: Caseworkers**

Application umber
Application Type
Application Date
Application Status
Reason Contact

CASE (Output)
Individual ID
Application Number

6. Determine if Individual Needs to be Added

   If the individual is not known to the system, the system will determine if the individual needs to be added based on the individual information and business rules.

   INDIVIDUAL (Input)
   Individual First Name
   Individual Last Name
   Individual Middle Initial
   Individual SSN
   Individual Date of Birth
   Individual Sex
   Individual Race
   Individual County of Residence
   Individual Found indicator
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.2 Add or Update Client	
Program Affected: All	**Users: Caseworkers**

7. Perform “Process Change Information” (Optional)

   The system shall perform the “Process Change Information” process if the user selects this option.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	An individual may have active participation in only one child care case at any given time. Case query by individual name, SS#, or case identifier shall allow the user to determine whether an individual (adult or child) has active participation in a child care case.
CC	2	An individual child care case – active or inactive – shall exist in only one county. Child care cases can be transferred from one county to another depending upon the county of venue.
CC	3	The county of venue for all cases other than some DCS cases will be considered the county of household residence.
CC	4	The county of venue for DCS cases will remain with the county where the DCS removal occurred unless notified by DCS that the county of venue is changing (example: child is placed in an adoptive placement).
CC	5	The head of case (parent/caretaker) is responsible to report changes to the certificate program within 10 calendar days of the change. Changes to be reported include but are not limited to the following: change in household composition, change in income (type, amount, rate of pay, source, ending and beginning dates), change of address and/or phone number, any change in child care arrangement (increase or decrease in hours, child no longer needs care, etc), change in unearned income from any source (Social Security, child support, pensions and annuities, unemployment comp, worker's comp, alimony, veteran's pension, training stipends, etc).
CC	6	Failure to report changes may result in a loss of eligibility and child care assistance. Certificate programs shall inform all participants in writing and verbally at the time of application of this need to report changes and the possible consequences for failure to report.
CC	7	It shall be the responsibility of the head of case to provide necessary verification to support changes.
CC	8	It shall be the responsibility of the child care worker to act on the reported changes as soon as they are reported and verified.
CC	9	Changes in FF and TCC cases shall be reported by the FF case worker as soon as it is reported to them. (Currently, this comes to child care through the electronic referral system). These changes may include changes but are not limited to the following: income, household composition (adding members/removing members), changes in relationship, address, phone number, county of venue, funding source changes, ending and beginning of eligibility, child care enrollment suspensions, and other changes in child care needs.
CC	10	It shall be the responsibility of the child care worker to act on the changes reported from the Family Assistance unit.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	11	It shall be necessary for the certificate program to receive a referral adding a new child to a FF or TCC case before that child can be provided subsidized child care.
CC	12	The certificate program shall make initial contact with the head of case by pbone call or by mailing within 3 working days of having received a FF approval referral.
CC	13	When a FF closure referral is received, the certificate program will mail a ten calendar day termination notice to the parent with a copy to the child care provider.
CC	14	All child care providers enrolled with the certificate program are required to report changes including but not limited to the following: address, phone number, policy changes, rate changes, contact person, change in bank account for direct deposit from the certificate program, changes in child care enrollments (irregular attendance, termination by provider, etc.). The certificate program will act on the reported changes as appropriate (sometimes this includes documentation only; other times it may include having provider complete new enrollment forms, making changes in the provider case and/or parent case, requiring a new home visit for unregulated providers).
CC	15	Fiscal Services in Nashville also reports changes to the local certificate program. These changes include but are not limited to termination of child care enrollments, irregular attendance, and closure of child care provider due to inactivity. When these changes are reported the local certificate program will take immediate action to send termination notices to parent and provider or in the case of irregular attendance will attempt to discover the cause for non-attendance.
CC	16	Other changes reported to the certificate program include information from Day Care Licensing. These changes include but are not limited to a change in provider status, change in services offered, change in provider number, change in enrollment capacity, change of address, and change in Star bonus status. When these changes are reported to the certificate program, appropriate action is taken as indicated by the type of change being reported.
CC	17	Changes are also reported by the Sanction Committee and OPI when irregularities are discovered per individual provider. When these changes are reported, the certificate program will take appropriate action as indicated by the type of discovery which may include terminating provider enrollment or decreasing provider payment as instructed by the Sanction Committee.
CC	18	All reported changes in parent case and provider case and the resulting action taken will be documented in case history.
CC	19	If case query does not locate a child care case to be updated, a new application and/or a referral from FF or DCS will be required.
All	20	An individual must maintain only one unique identity.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	21	An individual's current name must be identical and consistent from case to case.
All	22	An individual's current Social Security number must be identical and consistent from case to case.
All	23	An individual's current date of birth must be identical and consistent from case to case.
All	24	An individual's current gender designation must be identical and consistent from case to case.
All	25	An individual's current racial/ethnic designation must be identical and consistent from case to case.
All	26	An individual must not exist to DHS records as more than one unique individual.
FFP	27	The Families First assistance group must report changes in household composition.
FFP	28	A new application is required to add an individual to an existing Families First case.
FFP	29	A dependent child who is a newborn in the assistance group or who moves into the home must be added to the assistance group (unless technically ineligible).
FFP	30	A newborn shall be added to the Families First case effective with the date of his/her birth.
FFP	31	A mandatory case member who moves in the home shall be added to the case effective with the date he/she moves into the home.
FFP	32	A technically eligible whole, half, or adopted sibling(s) of the assistance groups child(ren) must be added to the assistance group.
FFP	33	A technically eligible parent, including an incapacitated parent or an unemployed parent who moves into the home must be added to the assistance group (unless marriage during receipt policy affects the case).
FFP	34	A technically eligible alleged parent who meets incapacity or unemployed parent criteria must be added to the assistance group if the dependent child does not have a legal father.
FFP	35	Any eligible married or single minor who lives with or moves into the home with a Families First caretaker parent who is receiving Families First for the minor's siblings must be included in the assistance group.
FFP	36	A minor parent's child may be included or excluded from the major parent's assistance group
FFP	37	If a minor parent is applying for Families First for his/her own child and the minor parent lives with the major parent who receives Families First for the minor parent's siblings, the minor parent and the minor parent's child must be included in the major parent's assistance group.
FFP	38	If a major parent is applying for Families First for a minor parent, the minor parent's child is an optional assistance group member.
FFP	39	Recipient caretakers who marry during the receipt of assistance may continue to qualify for Families First benefits without meeting the deprivation and stepparent deeming rules.
FFP	40	Marriage during receipt may allow the caretaker the option of including or excluding the new spouse.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	41	A caretaker must be within the 5th degree of relationship to the dependent child to receive Families First for the child.
FFP	42	A grantee relative within the 5th degree of relationship to the dependent child may be included in the assistance group.
FFP	43	The spouse of the grantee relative within the 5th degree of relationship to the dependent child may be included in the assistance group
FFP	44	A stepparent living in the home with the dependent child when the natural/adopted parent in the home is incapacitated, may be included in the assistance group
FFP	45	A stepparent living in the home with the dependent child when the stepparent is the only relative in the home who meets the requirements of caretaker may be included in the assistance group.
FFP	46	The parent or other caretaker relative of a SSI child may be included in the assistance group if the SSI child is the only child in the home.
FFP	47	Individuals who receive SSI shall be excluded from the Families First assistance group.
FFP	48	Individuals who have not applied for a Social Security number shall not be included in a Families First assistance group.
FFP	49	Individuals sanctioned for failure, without good cause, to cooperate with the minor parent school attendance shall not be included in a Families First assistance group.
FFP	50	Individuals disqualified for Intentional Program Violation shall not be included in a Families First assistance group.
FFP	51	Ineligible aliens shall not be included in a Families First assistance group.
FFP	52	Illegal aliens shall not be included in a Families First assistance group.
FFP	53	Aliens who would be included but are ineligible due to deemed income from their sponsors shall not be included in a Families First assistance group.
FFP	54	Individuals who are convicted or who enter a guilty plea in a federal or state court for fraudulently receiving benefits in more than one state simultaneously, shall not be included in a Families First assistance group.
FFP	55	Fleeing felons shall not be included in a Families First assistance group
FFP	56	Individuals who are convicted of a Class A felony offense (which occurred after 8/22/96) which has an element of possession, use or distribution of a controlled substance shall not be included in a Families First assistance group.
FFP	57	Individuals who are convicted of a felony offense other than a Class A offense (which occurred after 8/22/96) which has an element of possession, use or distribution of a controlled substance may be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		included in a Families First assistance group if certain conditions are met.
FFP	58	Individual information must be updated when the source of income changes.
FFP	59	Individual information must be updated when the amount of income changes.
FFP	60	Individual information must be updated when income begins.
FFP	61	Individual information must be updated when income ends.
FFP	62	Individual information must be updated when an individual obtains a new resource.
FFP	63	Individual information must be updated when an individual loses a resource.
FFP	64	Individual information must be updated when the value of a resource changes.
FFP	65	Individual information must be updated when an individual begins receiving child support.
FFP	66	Individual information must be updated when an individual stops receiving child support.
FFP	67	Individual information must be updated when an individual changes residences.
FFP	68	The caseworker must act on all reported changes to determine if the change affects the assistance group's eligibility or benefit level
FFP	69	The Agency shall have the ability to link a new application to an existing assistance group if an applicant is required to be included in an existing case.
FFP	70	The Agency shall have the ability to link new individual information to an existing Families First individual.
All	71	An Individual may have one to many First Names.
All	72	A First name may belong to zero to many Individuals.
All	73	An Individual may have one to many Middle Initials.
All	74	Middle Initials may belong to zero to many Individuals.
All	75	An Individual may have one to many Last Names.
All	76	Last Names may belong to zero to many Individuals.
All	77	An Individual may have zero to many Social Security Numbers.
FS	78	When information about a client is reported or learned from any source, the worker must determine if the client is known to the agency.
FS	79	If the client is not known to the agency, the worker must determine if the individual must be added to an existing case.
FS	80	If the client is not known to the agency and has no link to an existing case, the worker must determine if the individual wishes to file an application for assistance.
FS	81	If the client is known to the agency, the worker must determine whether the information

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		reported/learned will change the client's/household's eligibility or amount of benefits.
IS	82	Individuals included in an FS Household or Families First Assistance Group having an active account receivable balance shall have benefit reduction applied to the group's benefits to repay the debt.
IS	83	Individuals included in a Families First Assistance Group with an active account receivable due to a child care or support service claim shall have their grant reduced to repay the debt.
AA	84	The child receiving adoption assistance is the only person in a case.
AA	85	A new Social Security number issued for an adoptive child will be entered when this number is available after finalization.
TCS	86	For TennCare Standard (TCS) an application is required to add an individual to a case.
TCM	87	Referrals for presumptive TCM categories may be processed with only the application information.
TCM	88	If an individual is not known to the system and the case is currently receiving food stamps, an application is not required for child-related TCM.
TCM/TCS	89	An individual added or updated on the system for all child-related cases other than cases with foster care children, and for other adult cases will be added or updated effective the date of application. The coverage may have to be manually added to the TennCare Interchange.
TCM/TCS	90	A newborn added to the system for all child-related cases will be added effective the date of birth, if the mother was currently receiving Medicaid or TennCare Standard at the time of birth.
TCM/TCS	91	An individual who is active in another case must be closed in the original case before he/she can be approved for the same type of assistance in a new case. The individual may be added to the new case, but would be a non-eligible individual until the effective date of closure in prior case.
TCM/TCS	92	An application for an individual may be filed at any time for any type of assistance.
TCM/TCS	93	When a change is reported regarding an individual or a referral made to report a change, the change will be effective within 10 days for Medicaid and 20 days for TCS.
TCM/TCS	94	An individual must report the addition of another household member as soon as possible. The individual shall complete an application as required for the specific Medicaid or TennCare subprogram.
IV-E FC	95	An open Title IV-E foster care case shall consist of only one individual, the DCS foster child, unless the Title IV-E foster child is a minor parent and the minor parent's child is living in the same foster care placement as the minor parent.
IV-E FC	96	Information may be added for a foster care child with a pending Title IV-E foster care referral or updated on a foster child's open Title IV-E foster care case.
IV-E FC	97	Information on any required member of a foster child's pre-custody removal home may be added to

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Program Type	Rule Number	Rule
		the child's pending Title IV-E foster care referral.
IV-E FC	98	Changes in a foster child's circumstances shall be updated to a foster child's open Title IV-E foster care case.
IV-E FC	99	A redetermination of the child's eligibility and reimbursability for Title IV-E foster care shall be completed if the change affects benefits, i.e., change in resources, income, age, deprivation, etc.
IV-E FC	100	The child of a Title IV-E eligible minor parent shall be eligible to be included in the minor parent's Title IV-E foster care open case if the son or daughter of the IV-E minor parent is living in the same foster care placement as the minor parent.
IV-E FC	101	The date the child of a IV-E foster care minor parent was placed with the minor parent shall be gathered and verified before the child is added to the minor parent's Title IV-E foster case.
IV-E FC	102	The relationship between the minor parent and his/her child shall be verified and documented.
IV-E FC	103	The Social Security Number, income, and resources of the child of the IV-E minor parent shall be gathered and verified
FFS	104	Families First Services has no specific requirements for this process.

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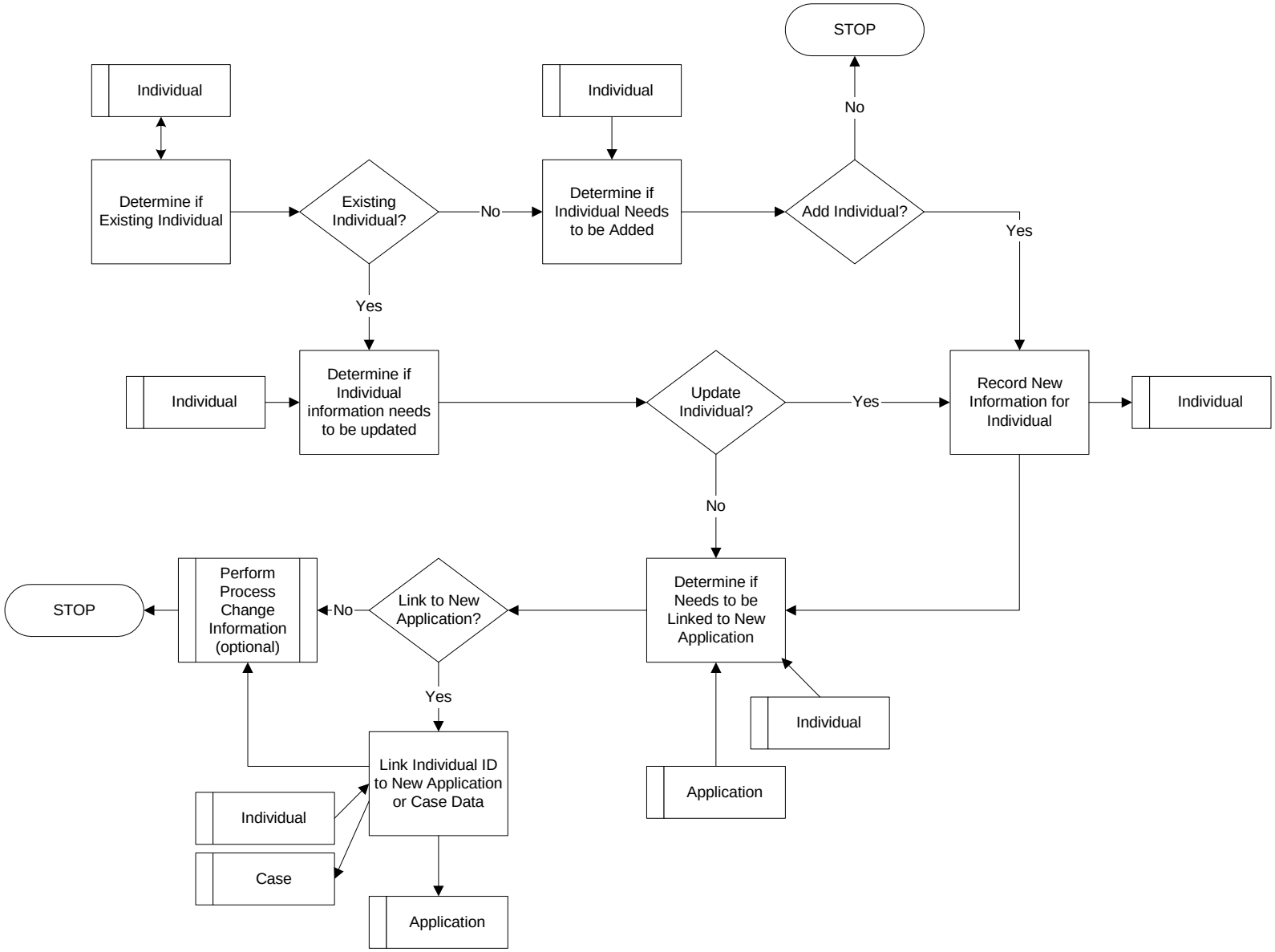
2.1.2
Add or Update Client



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.3 Process Change Information

Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

This process describes the steps that the system shall follow in order to process changes, adds, and updates. Interface matches, as defined by the business rules, as well as internal system alerts (i.e., time limits, etc.) are data sources that will feed into the first stage of this process, along with change information received by client contact. The system shall determine the effective date of a change to a case based on date reported and date verified and shall apply accurately across multiple programs. A change that is made by an individual will be applied to all related cases, if the change is one that has potential impact for that case based on specific program rules. The system shall accept the change and guide the user to gather necessary information related to the change for processing, as well as determine additional items to explore based on change information.

Sub-Processes:

1. Determine Type of Change

   The user will determine the type of change that is needed. For example, if there is an address change reported, the user may select the change type from a drop-down box.

   CHANGE NEEDED
   This data store could potentially include almost any data element in the system.

2. User Records Change

   If the user receives a change, add, or update to the case through client contact, the user will record the change in the system. If the notification of the change is through an alert, the user will update the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.3 Process Change Information

Program Affected: FA	**Users: Caseworkers, Supervisors**

case and take the appropriate action based on the alert.

CHANGE NEEDED (INPUT)

ALERT (INPUT)

UPDATED INFO (OUTPUT)

AUDIT TRAIL AND HISTORY (OUTPUT)

3. Determine if Additional Changes are Needed

   The system shall determine if additional changes are needed as defined by the business rules. If additional changes are needed, the system shall alert the user of the needed change(s).

   CHANGE NEEDED (INPUT)

4. Perform the "Data Collection Sequence" Process

   If additional changes are needed as a result of the initial change, the system shall display the other related data elements that may be affected by the change, as defined by the business rules. For example, if an address change is reported, the shelter costs also may have changed. The system shall display the data elements associated with shelter costs, in order for the user to determine if other changes are needed.

5. Determine if Verification Needed

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.3 Process Change Information

Program Affected: FA	**Users: Caseworkers, Supervisors**

If the system determines that no additional changes are needed, the user will determine if verification for the change (s) is needed.

6. Perform the “Obtain Verification” Process

   If verifications are needed, the system shall perform the “Obtain Verification” routine and return to the next step in the process.

7. Determine if Eligibility Determination is Needed

   If no verifications are needed or after the “Obtain Verification” routine is performed, the system shall determine if eligibility determination is needed based on the type of change and as defined by the business rules. This may include grouping, a redetermination of resources, and/or a redetermination of budgeting.

   CHANGE TYPE (INPUT)

8. Generate Notice

   If no determination of eligibility is required, the system shall generate a ‘no-change’ notice to the individual.

   NOTICE (OUTPUT)

9. System Determines Eligibility

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.3 Process Change Information

Program Affected: FA	**Users: Caseworkers, Supervisors**

If eligibility determination is needed, the system will automatically initiate a redetermination of eligibility as defined by the business rules.

RESOURCES (INPUT)
GROUPING (INPUT)
BUDGETING (INPUT)

RESOURCES (OUTPUT)
GROUPING (OUTPUT)
BUDGETING (OUTPUT)

10. Perform the “Authorization” Process

Program Type	Rule Number	Rule
All	1	A change of living address shall require a review of shelter costs, household composition, residency in the State, and living arrangement.
All	2	A change of mailing address alone shall not require eligibility redetermination.
All	3	A change in address to a state other than Tennessee must require eligibility redetermination.
All	4	A change in address to a public institution must require eligibility redetermination.
All	5	A change in household composition must require eligibility redetermination.
All	6	A name change alone shall not require eligibility redetermination.
All	7	A Social Security number change alone shall not require eligibility redetermination.
All	8	Before an individual's Social Security number can be changed, the Social Security number must be validated.
All	9	A change in gender designation shall require a review of relationship and, if pregnant, pregnancy information.
All	10	A change in racial/ethnic designation alone shall not require eligibility redetermination.
All	11	A change in household relationship must require eligibility redetermination.
All	12	A change in citizenship status must require eligibility redetermination.
All	13	A change in marital status alone shall not require eligibility redetermination.
All	14	A change in marital status from single to married shall require a review of household composition and relationships.
All	15	A change in countable resources must require eligibility redetermination.
All	16	A change in countable income must require eligibility redetermination.
All	17	A change of authorized representative alone shall not require eligibility redetermination.
FFP	18	A reported change of address must be forwarded to Families First Work Activity providers and Support Service providers.
FFP	19	A reported name change must be forwarded to Families First Work Activity providers and Support Service providers.
FFP	20	A change of Social Security number must be forwarded to Families First Work Activity providers and Support Service providers.
FFP	21	A date of birth change for a child who is a Families First assistance group member that results in an age change from 17 to 18 must require eligibility redetermination.
FFP	22	A date of birth change for a child who is a Families First assistance group member that results in an age change from 18 to 19 must require eligibility redetermination.
FFP	23	A change in activity status may require an eligibility determination.
FFP	24	A change in disability status for a Families First recipient shall require a review of the Personal Responsibility Plan.

Program Type	Rule Number	Rule
FFP	25	A change in disability status for a Families First assistance group member must require eligibility redetermination if that individual's disability was the reason for deprivation.
FFP	26	A change in pregnancy status for a Families First recipient shall require a review of the Personal Responsibility Plan.
FFP	27	A change in pregnancy status for a Families First recipient must require eligibility redetermination if the reason for Families First eligibility was due to pregnancy.
FFP	28	A change in school attendance for an adult Families First recipient shall require a review of the Personal Responsibility Plan.
FFP	29	A change in child support cooperation for a Families First assistance group member must require eligibility redetermination.
FFP, TCM	30	A change in absent parent information must be forwarded to Child Support.
FFP	31	If a change is reported that results in the removal of an absent parent from a case because it has been proven that he/she is not the parent of the Families First child, then an absent parent must be named to replace the one removed
FS	32	A change in shelter costs must require Food Stamp eligibility redetermination.
FS	33	A date of birth change that results in an age change from 59 to 60 must require Food Stamp eligibility redetermination.
FS	34	A date of birth change for the youngest child in the household that results in an age change from 5 to 6 shall require a review of Food Stamp work registration for the child's caretaker.
FS	35	A date of birth change for the youngest child in the household that results in an age change from 5 to 6 shall require a review of Food Stamp student eligibility for the child's parents who are at least half-time students of an institution of higher education.
FS	36	A date of birth change for the youngest child in the household that results in an age change from 11 to 12 shall require a review of Food Stamp student eligibility for the child's parents who are at least half-time students of an institution of higher education.
FS	37	A date of birth change for the youngest child in the household that results in an age change from 17 to 18 shall require a review of Able-Bodied Adults Without Dependent Children eligibility for that individual and all adults in the household who were exempt from Able-Bodied Adults Without Dependent Children time limits because of a child in the home under age 18.
FS	38	A date of birth change for a Food Stamp recipient that results in an age change from 49 to 50 shall require a review of that individual's Able-Bodied Adults Without Dependent Children counters.
FS	39	A date of birth change that results in an age change from 59 to 60 must require eligibility redetermination for a Food Stamp recipient.
FS	40	A date of birth change that results in an age change from 17 to 18 for a child with earnings who is a student at least half-time must require eligibility redetermination for a Food Stamp case.

Program Type	Rule Number	Rule
FS	41	A date of birth change that results in an age change from 17 to 18 for a Food Stamp recipient shall require a review of Able-Bodied Adults Without Dependent Children counters for that individual and all adults in the food stamp case with that individual.
FS	42	A date of birth change that results in an age change from 49 to 50 for a Food Stamp recipient shall require a review of Able-Bodied Adults Without Dependent Children counters for that individual.
FS	43	A change in disability status for a Food Stamp recipient must require eligibility redetermination.
FS	44	A change in disability status for a Food Stamp recipient who is less than age 60 shall require a review of Food Stamp work registration for that individual.
FS	45	A change in disability status for a Food Stamp recipient who is less than age 60 shall require a review of Able-Bodied Adults Without Dependent Children counters for that individual.
FS	46	A change in pregnancy status for a Food Stamp recipient shall require a review of Able-Bodied Adults Without Dependent Children counters for that individual.
FS	47	A change in medical expenses for a Food Stamp recipient who is disabled or age 60 or older must require eligibility redetermination.
FS	48	A change in child care expense for a Food Stamp recipient must require eligibility redetermination.
FS	49	A change in child support expense for a Food Stamp recipient must require eligibility redetermination.
TCM	50	A date of birth change that results in an age change to 1 year old must require eligibility redetermination for recipients of Medicaid Not Pregnant Less Than 1 Year Old.
TCM	51	A date of birth change that results in an age change to 1 year old must require termination in the category for recipients of Medicaid Newborns Up To 12 Months Old.
TCM	52	A date of birth change that results in an age change from 5 to 6 for a recipient of Medicaid Not Pregnant Less Than 6 Years Old must require eligibility redetermination.
TCM	53	A date of birth change that results in an age change from 17 to 18 for a recipient of Medicaid Not Pregnant Less Than 18 Years Old Born Before 10-1-1983 must require eligibility redetermination.
TCM	54	A change in pregnancy status for a recipient of Medicaid for Pregnant Women must require eligibility redetermination.
TCM	55	A change in emancipation status for a minor shall require eligibility redetermination for all Medicaid cases of which that minor is a member of the assistance group.
TCM, TCS	56	A reported change of address must be forwarded to TennCare.
TCM, TCS	57	A reported name change must be forwarded to TennCare.
TCM, TCS	58	A change of Social Security number must be forwarded to TennCare.
TCM, TCS	59	A change in gender designation must be forwarded to TennCare.
TCM, TCS	60	A change in racial/ethnic designation must be forwarded to TennCare.
TCS	61	A change in health insurance coverage for a TennCare Standard recipient must be forwarded to TennCare.

Program Type	Rule Number	Rule
TCS	62	A change in health insurance coverage for a TennCare Standard recipient which results in access to health insurance must require eligibility redetermination.
CC	63	The head of a child care case is responsible to report to the department any changes in household circumstances. These changes should be reported as soon as they have occurred or within 10 days.
CC	64	Changes to be reported include but are not limited to the following: changes in employment, changes in address and phone numbers, changes in household size or marital status, changes in household income, any medical leave needed for maternity or major surgery, any situations that would require a child to be absent from day care for more than 10 days in a month.
CC	65	Changes that are reported to the user by a parent or any other source shall be addressed by the appropriate user.
CC	66	Upon receiving a report of a change, the user will determine if additional verification is needed. Example: if a change in employment is reported, verification through employer statement or recent check stubs should be used to substantiate the reported change.
CC	67	If additional information and/or verification is needed, the user shall seek to obtain this information. This may include calling the parent/caretaker, sending a notice of pending verification needed, or contacting another source as appropriate. Example: it may be necessary for a department representative to contact an employer in order to clarify some question about the employment change reported.
CC	68	Upon receiving information that a change has occurred in a case and verification obtained if needed, the user shall take appropriate action on the change. This action may include but is not limited to the following: case closure, decrease or increase in benefits, adding a household member to the case, removing a household member from a case, ending or suspending child care enrollments, changing mailing address, authorizing a temporary exemption from work requirements.
CC	69	Sometimes a reported change prompts other changes in a case. The user shall examine all aspects of the case in order to determine whether a single action or multiple actions may be necessary. Example: a reported change of address should cause the worker to explore whether there have also been changes in household composition and the need for child care assistance.
CC	70	All actions precipitated by the reported change should be acted upon in a timely manner by the user (within 10 days). All action taken should be documented in case history and appropriate notices sent to the head of case.
FFP	71	When changes occur between the required six-month reviews that affect the case's Families First eligibility or benefit level, the caseworker must adjust the case.
FFP	72	Changes may be reported by Families First case members, case references, or Authorized Representatives.
FFP	73	Changes may be reported by Families First activity Providers.

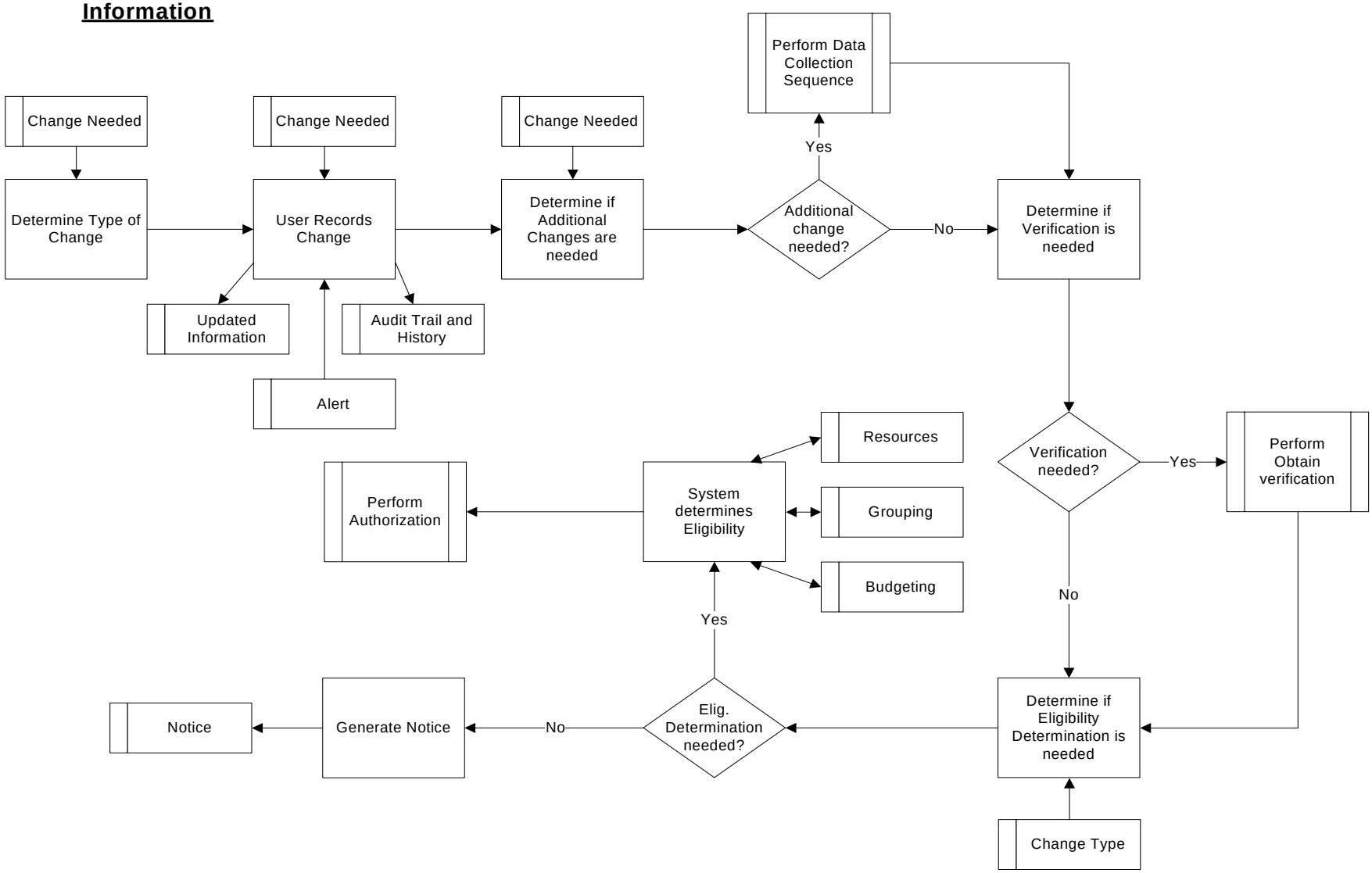
Program Type	Rule Number	Rule
FFP	74	Changes may be reported anonymously.
FFP	75	Changes may be reported via data matches with other Agencies.
FFP	76	The caseworker shall determine the type of change.
FFP	77	The type of change may involve a change in source and/or amount of case income.
FFP	78	The type of change may involve the acquisition or loss of a resource.
FFP	79	The type of change may involve a change in the value of case resources.
FFP	80	The type of change may involve a change in case household composition.
FFP	81	The type of change may involve a change of address.
FFP	82	The type of change may involve a change in alien status or citizenship.
FFP	83	The type of change may involve a change in age.
FFP	84	The type of change may involve a change in marital status.
FFP	85	The type of change may involve a change in relationship.
FFP	86	The type of change may involve change in absent parent information.
FFP	87	The type of change may involve changes in the Personal Responsibility Plan.
FFP	88	The type of change may involve changes in immunizations and health checks.
FFP	89	The type of change may involve changes in school attendance for minors.
FFP	90	The type of change may involve changes in Child Support cooperation.
FFP	91	The type of change may involve changes in work activities/training/education requirements.
FFP	92	The type of change may involve changes in exemptions or interruptions from the work requirement.
FFP	93	The type of change may involve case changes due to time limits.
FFP	94	The type of change may involve changes in the need for support services.
FFP	95	The caseworker shall record/date all changes.
FFP	96	Any change may result in zero to many additional changes to the Families First case.
FFP	97	Changes in source and/or amount of income may result in changes to cash benefits.
FFP	98	Changes in source and/or amount of income may result in ineligibility.
FFP	99	Changes due to the acquisition of a resource may result in ineligibility.
FFP	100	Changes in the value of resources may result in ineligibility.
FFP	101	Changes in household composition may result in ineligibility, or additional changes in cash benefits, in income, in Child Support data or receipt, in absent parent data, in deprivation, and/or in work requirements and the Personal Responsibility Plan.
FFP	102	Address changes may result in ineligibility or additional changes to living expenses, phone number, household composition, the Personal Responsibility Plan and/or activity and support service providers.
FFP	103	Changes in alien status or citizenship may result in ineligibility or additional changes in cash benefits, in income, in the Personal Responsibility Plan and/or in case composition.

Program Type	Rule Number	Rule
FFP	104	Changes in age may result in ineligibility or additional changes in cash benefits, changes in the Personal Responsibility Plan and/or in work requirements.
FFP	105	Changes in marital status may result in ineligibility, or additional changes in household composition, in benefit amount, in income, in resources, in the Personal Responsibility Plan and/or work requirements.
FFP	106	A change in relationship may result in ineligibility or additional changes in cash benefits, changes in the Personal Responsibility Plan and/or in work requirements.
FFP	107	Changes in absent parent information may result in ineligibility, in the need for a different absent parent to be named, child support pass through payments, and/or a change in income.
FFP	108	Changes to the Personal Responsibility Plan may result in a change in activities and/or support services.
FFP	109	Changes in immunizations and health checks may result in a change in benefits or updating case data.
FFP	110	Changes in school attendance for minors may result in a change in benefits, in a Personal Responsibility Plan change, or a case data update.
FFP	111	Changes in Child Support cooperation may result in ineligibility, or changes involving compliance.
FFP	112	Changes in work activities/training/education requirements may result in ineligibility or in additional changes to the Personal Responsibility Plan, changes in exemption/interruption status, and/or changes involving compliance.
FFP	113	Changes in exemption or interruptions from the work requirement may result in ineligibility, and/or changes in the Personal Responsibility Plan.
FFP	114	Changes due to time limits may result in ineligibility or changes in countable months.
FFP	115	Changes in the need for support services may result in changes to the Personal Responsibility Plan.
FFP	116	The caseworker shall determine if a case change needs to be verified.
FFP	117	The caseworker shall determine if the case change will result in an eligibility determination.
FFP	118	The Agency shall notify the client regarding how the case change affected his/her case.
FS	119	Changes in a household's circumstances must be reviewed to determine the impact, if any, on the household's eligibility and amount of benefits.
FS	120	If a change in the household's circumstances results in a change to the household's eligibility or amount of benefits, adequate and timely notice must be provided to the household.
TCM/TCS	121	If a change is reported by the customer or another individual, the change will be entered on the system by the worker and processed.
TCM/TCS	122	Changes made within a specified time within a month, as determined by program defined limits, will be effective the next month
TCM/TCS.		Any change made after a specified time as determined by program defined limits will be effective the

Program Type	Rule Number	Rule
	123	next recurring month.
TCM/TCS	124	Mass changes generated by the system will alert the worker that the change is being completed without any action taken by the worker.
TCM/TCS	125	If unable to complete a mass change, the system will alert the worker to complete.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.3 Process Change Information



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Process:

Families First cases must undergo a 3rd party review before a closure authorization for certain reasons can proceed. Such a review is referred to as Customer Service Review (CSR). This process describes the procedures to be followed when a user determines a Families First case is to be closed for certain reasons that require a CSR review of the case and the referral does not require conciliation to be performed. The FF case must be referred to CSR, who must complete their review of the proposed closure and give approval to proceed before the closure for the specified reason can proceed. The system must prohibit case closure when this authorization has not been provided, as defined in rules. The system must also determine and alert the CSR user who is processing the review when case actions have been taken that may affect, or even terminate their current review. The system shall allow CSR requirements and tracking to be implemented or terminated for all or a specific portion of the caseload, as they apply to both conciliation and non-conciliation CSR reviews.

Sub-Processes:

1. CSR Accepts Referral

   The system shall accept the referral to the CSR from the case pending closure (authorization) process. The referral shall be generated and routed utilizing the 'FF CSR Referral for Authorization to Case' process and will be assigned to the CSR staff who will work it using the 'DOH/CSR/FF Provider Caseload Assignment' process. Once received, the user will review the case to determine if the referral is valid, and if yes, if the case supports the referral.

   CASE (Input)
   Individual Name
   Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation	
Program Affected: FF	**Users: CSR, Caseworker**

REFERRAL (Input)
Case Name
Case Number
Referral Type
Referral Date
Caseworker's User ID
Caseworker's Name
Caseworker Supervisor's Name
County Code
County Name
Reason for Closure Request

2. Record Case Review Results

If the referral is valid, the CSR user will determine and record the results from their case review. If any errors are found in the case it must be determined if the error is to result in a reversal of the CSR referral, or if the case is to be corrected by the FA user before proceeding with the review.

CUSTOMER SERVICE REVIEW (Output)
Review Result Comments
Date Reviewed
Case Correct Indicator

CASE (Input)
Any Data Element

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

3. Determine and Record if the Case is Correct

   The CSR will determine and record from the review of the case if the case is correct and proceed with the process.

   CASE (Input)
   Any Data Element

   CUSTOMER SERVICE REVIEW (Output)
   Case Correct Indicator
   Date Case Reviewed

4. Determine if Error Results in Reversal

   The system shall determine from the review results entered by the CSR if the errors will result in a reversal of the referral based on program rules.

   CUSTOMER SERVICE REVIEW (Input)
   Error Type
   Date Error Found by CSR

5. Notify FA Worker of Needed Corrections

   If the CSR user records that corrections are needed in the case in order to proceed with the review, and the system has determined that the errors will not result in a reversal, the system shall notify the

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

worker. The supervisor of the FA worker will be alerted the notice has been sent requesting corrections.

NOTICE (Output)
CSR User ID
CSR Name
Caseworker Name
Caseworker ID
Individual Name
Case Number
Date of Notice
Correction Required to Continue Referral
Free From Text
Date Corrections Due to CSR

6. FA Worker Records Correction

Upon being notified, the FA user will make the corrections to the case which could be any data element. If the FA worker disagrees with requirements, they will resolve with CSR. Such discussion could result in CSR revising earlier recorded review results with subsequent revisions to worker action required or reversal decision.

CASE (Output)
Any Data Element

CASE (Input)
Any Data Element

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

7. Create CSR User Alert

   The system shall create an alert to the CSR user following the FA user recording the corrections to the case advising that referral is ready to proceed. The system must alert appropriate users, following a progressive hierarchy, when case corrections are not completed timely, per program rule.

   ALERT (Output)
   CSR User ID
   CSR User Name
   Caseworker User ID
   Correction Made Indicator

   REFERRAL (Input)
   Correction Completed
   Date Correction Completed
   Type of Correction Made

8. Document Results of Phone Contact

   Once the referral has been validated, with the case review supporting the referral, the CSR staff will attempt phone contacts as required by rule. After attempting phone contact, the CSR worker will document the results of such. The system must prohibit user from going to next step until contacts attempts made at appropriate time per rule. Further, the system must record as 'call attempt time' the actual time the user made the entry regarding call outcome in the system. System generated time may only be overridden by user with appropriate security.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

CUSTOMER SERVICE REVIEW (Output)
Call Time
Call Attempt Phone Number
Call Number
Call Attempt Date
Contact Success/Fail Indicator

9. Determine if Client Contact Made

The system shall determine from case information if the client was contacted by the caseworker.

CUSTOMER SERVICE REVIEW (Input)
Contact Date
Type of Contact
Result of Contact

CONTACT (Input)
Caseworker Contact
Caseworker Contact Date
Caseworker Type of Contact
Results of Caseworker Contact

10. Determine and Record Good Cause

Upon contact with the client, the CSR will determine if good cause is being claimed.

GOOD CAUSE (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Good Cause Type
Good Cause Date
Good Cause Indicator
Verification Used to Determine Good Cause

11. Determine if Verified

If the individual claimed good cause, the system shall determine if the good cause reason entered was verified. If the good cause reason can not be verified, the CSR will hold for 10 days to allow the client ample time to provide verifications.

GOOD CAUSE (Input)
Verification Indicator for Good Cause

CUSTOMER SERVICE REVIEW (Output)
Review Held Indicator
Date Review Held
Date Review to Release

12. Notify FA User

If the good cause was verified, the system shall create a notice to the caseworker advising the client had good cause, and authorization to close is not being approved. CSR review is terminated. If the caseworker does not agree with the good cause determination, the final decision will be made by the program supervisor by a manual review.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

NOTICE (Output)
Good Cause Determined
Good Cause Type
Case Name
Case Number
Date Good Cause Established
Verifications Used to Establish Good Cause

13. Invalidate Referral

If the CSR referral was determined to not be valid based on rules, the user shall record and invalidate the referral. This terminates the referral, associating an outcome as invalidated referral.

REFERRAL (Output)
Invalidation Reason
Date Invalid
User ID

14. Notify FA Worker and FA Supervisor

The system shall notify the worker and supervisor if the referral was invalidated.

NOTIFY (Output)
FA User ID
Supervisor ID
Invalidation Reason
Case Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Case Number
Date of Invalidation
CSR User ID

15. Record Supervisor Approval

The CSR Worker will submit potential reversals to CSR Supervisor for approval. If the supervisor approves the reversal the review will be terminated. If the supervisor does not approve the reversal, the review process will continue.

CUSTOMER SERVICE REVIEW(Input)
Case Number
Case Name
Review Due Date

CUSTOMER SERVICE REVIEW (Output)
Reversal Approved Indicator

16. Reverse Referral

If the initial case review results indicate the case does not support the referral to authorize closure, and the error(s) is such as to result in a Reversal, per program rules, the system shall permit the CSR user to reverse the referral. This shall terminate the CSR review. Note: The system must permit FA user rebuttal of reversal reason, and track outcomes, with escalation of rebuttal as needed, based on rules.

CUSTOMER SERVICE REVIEW (Output)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Individual Name
CSR Name
CSR Worker ID
Caseworker ID
Reason for Reversal
CSR Supervisor Name

17. Generate Contact Notice

The system shall create a notice to the client if client contact by phone was not made. This notice advises the client to contact the CSR reviewer by a specific date to discuss a pending closure on their FF case. This notice must be specific to CSR user and system must calculate contact due date using date contact notice requested and rules.

NOTICE (Output)
Individual Name
Individual Address
Reason for Notice
Date Notice Generated
Date Due Date for CSR Contact
Reason for Closure
Phone Number to Contact CSR
CSR Reviewer Name

INDIVIDUAL (Input)
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Individual Address

18. Determine if Client Responded Timely

Using the due date for contact that was calculated by the system, using contact notice date and rules, the system shall determine if the client responded timely.

CONTACT (Input)
Date of Contact
Individual ID
Type of Contact

CUSTOMER SERVICE REVIEW (Input)
Due Date
Proposed Reason
CSR Reviewer Name
CSR Reviewer ID

19. System Create an Alert to CSR

If the client does not respond timely the system shall create an alert to the CSR user so they can proceed with closure referral.

ALERT (Output)
CSR User ID
Case Number
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Timely Contact Not Made
Referral Reason
Due Date

20. CSR Authorize Closure

If the client did not respond timely to the contact notice, the CSR user will proceed with the closure authorization. The CSR will authorize closure on the system by entering an indicator that allows the FA user to authorize the case. The system shall require that the closure notice includes a closure reason and free form comments that the CSR wants in the closure notice. This ends the CSR review.

CONTACT (Input)
Individual ID
Date Contacted
No Contact Indicator
Date Due to Contact
Contact Type

CASE (Output)
Closure Reason
CSR User ID
Date Authorized to Close

21. Generate Alert To Worker

The system shall generate an alert to the FA user that the closure is approved for their authorization to close the case. When the closure is authorized, this will populate as such to the CSR information.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

ALERT (Output)
User ID
Case ID
Authorized to Close Reason
Effective Date of Closure
Reason for Closure

22. Determine and Record Want to Comply

If the client does not claim good cause, or good cause is not substantiated, the user shall determine and record if the client wants to comply to avoid case closure, if permitted, per rules. It the client does not wish to comply, CSR will proceed with and authorize closure request.

COMPLIANCE (Output)
Agrees/Disagrees Indicator
Date Recorded

CUSTOMER SERVICE REVIEW (Output)
End Date of Review
Reason for Closure

23. Notify FA Worker

If the CSR user indicated that the client wants to comply, and that is permitted in the specific case situation, the system shall notify the FA user. Upon receipt, the user will arrange an opportunity for the client to comply with whatever was causing the case to be referred for closure. Such arrangement will

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

be recorded and tracked by the system for timeliness and compliance.

NOTIFY (Output)
User ID
Agreed to Comply
Original Reason for Closure

24. Determine and Record if Client Complied

The system shall determine if the client complied and alert user(s) of outcome.

COMPLIANCE (Output)
Type of Compliance Completed
Case Number
Individual's Name
Date Client Complied

WORK ACTIVITY (Output)
Review Appointment
Child Support Cooperation
Verification Provided
Contact Re-established

INDIVIDUAL (Input)
Case Number
Individual Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

Income
Client Address
Client Phone Number

25. Generate Failure to Comply Alert to CSR

If the client was determined to have not complied as required, the system shall generate an alert to the CSR user. Upon receipt of this alert, the CSR shall proceed with closure authorization referral.

ALERT (Output)
Case Number
Individual's Name
Date Client Did Not Comply
Type of Compliance Client Failed to Meet
Authorization to Close Case
Effective Date of Closure

26. Generate Compliance Alert to CSR

If the client complied, the system shall alert the CSR. Upon receipt, the CSR review will be terminated, with the outcome captured.

ALERT (Output)
Date Client Complied
Individual's Name
Case Number
Type of Compliance Completed

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.4 FF CSR Process – Non-Conciliation

Program Affected: FF	**Users: CSR, Caseworker**

End Date of Review

CUSTOMER SERVICE REVIEW (Input)
CSR Worker ID
CSR Worker Name
Case ID
Individual ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	The Customer Service Review (CSR) for Non-Conciliation cases is an independent review of Families First cases prior to closure.
FFP	2	The purpose of the CSR is to ensure that the case record reflects the appropriate outcome and the assistance group (AG) leaves Families First successfully if possible.
FFP	3	The purpose of the CSR is to ensure that each individual receives appropriate and timely services.
FFP	4	The purpose of the CSR is to ensure that the case shall come to the appropriate conclusion without the need of a formal appeal.
FFP	5	The purpose of the CSR is to ensure that detailed information about the cause of Families First case closure is provided to the AG.
FFP	6	A CSR shall be required for non-conciliation cases for the failure of AG caretaker to keep a Families First case eligibility determination appointment.
FFP	7	A CSR shall be required for non-conciliation cases for the failure of the AG caretaker to provide income verification.
FFP	8	A CSR shall be required for non-conciliation cases for the failure of the AG caretaker to cooperate with Child Support Services.
FFP	9	A CSR shall be required for non-conciliation cases for the failure of the AG caretaker to maintain contact with DHS.
FFP	10	A CSR shall be required for non-conciliation cases when the AG reaches the 18th-60th month time limit, or when the caretaker has requested the case be closed without discussing the decision with the DHS caseworker's supervisor.
FFP	11	After the caseworker determines that a referral for closure for a non-conciliation reason is appropriate for a Families First AG, he/she shall record in detail the reason closure shall be appropriate, and send the referral to CSR for approval to close the case.
FFP	12	When the CSR process is completed, the CSR shall notify the caseworker about the outcome of the review.
FFP	13	CSR shall determine if the referral for closure is invalid because the Families First case does not require a CSR.
FFP	14	CSR shall determine if the review is completed and reversed because the closure shall not be valid according to Families First policy.
FFP	15	CSR shall determine if the review is completed with no Families First benefits lost. These cases shall remain open for reasons other than a misapplication of policy.
FFP	16	CSR shall determine if the review is completed and the closure shall be sustained because the review determined case closure shall be appropriate.
FFP	17	CSR shall determine if the review is discontinued because information to stop the review was discovered.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

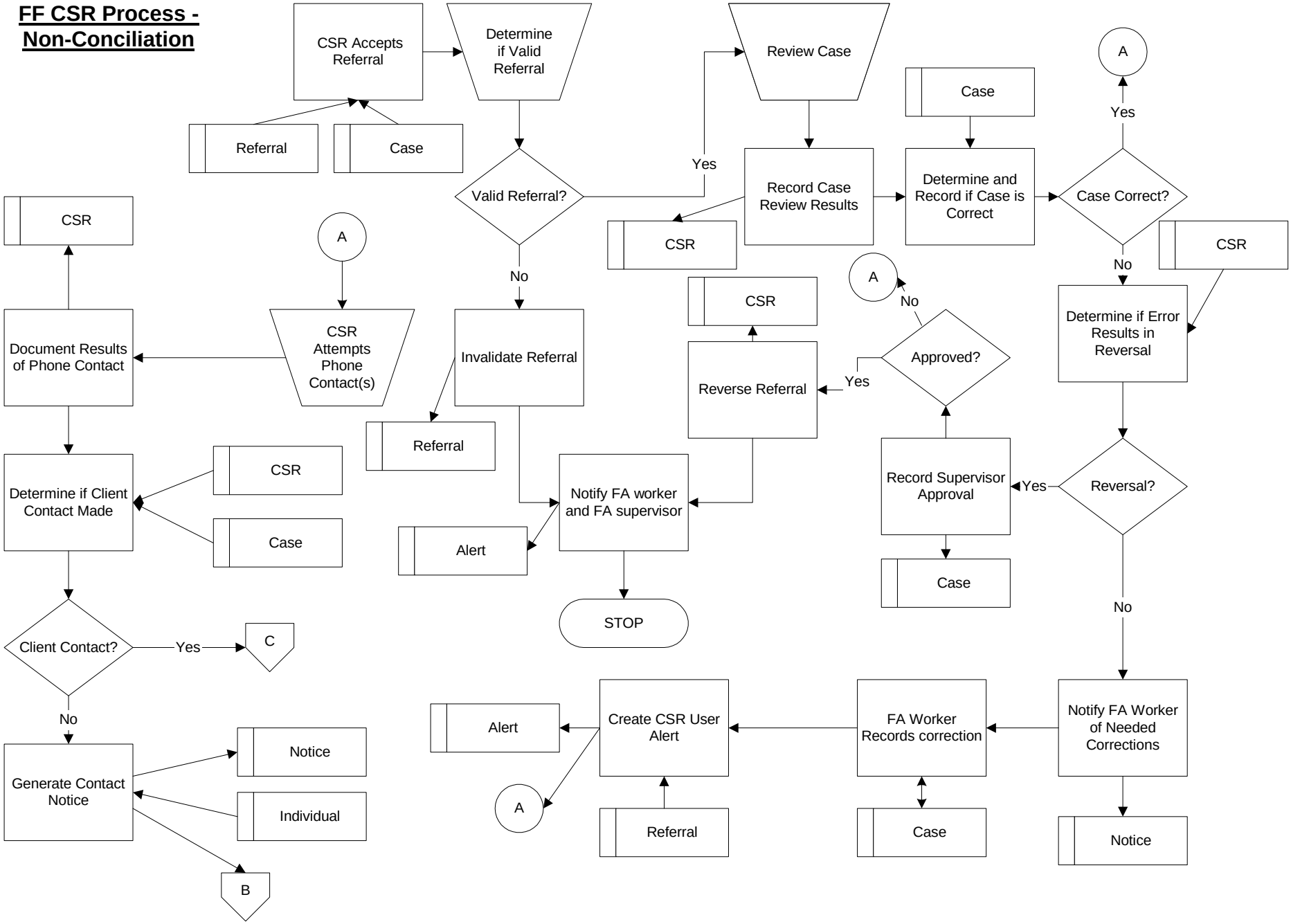
Program Type	Rule Number	Rule
FFP	18	After the caseworker determines that a referral for closure for a non-conciliation reason is appropriate and sends a referral to CSR, CSR shall accept the referral and determine if the referral is valid.
FFP	19	If CSR determines the referral is not valid, CSR shall invalidate the referral, end the review, and notify the caseworker and caseworker's supervisor. CSR shall also record the results of review.
FFP	20	If CSR determines the referral is valid, CSR shall continue the review and record the results of the review.
FFP	21	If CSR determines the referral is valid, CSR shall determine and record if the case is correct according to Families First policy and procedures.
FFP	22	If CSR determines that the case is not correct, CSR shall determine if the error in the case shall result in a reversal of the referral.
FFP	23	If CSR determines the referral shall be reversed, CSR must record reversal reason, and notify the caseworker's supervisor.
FFP	24	If CSR determines the referral shall be reversed, the caseworker's supervisor must determine if he/she agrees with CSR's review outcome.
FFP	25	If CSR determines the referral shall be reversed and the caseworker's supervisor agrees with the reversal decision, the caseworker's supervisor shall notify CSR that he/she agrees with the review outcome.
FFP	26	If CSR determines the referral shall be reversed and the caseworker's supervisor agrees, CSR shall end the review and notify the caseworker.
FFP	27	If CSR determines the referral shall be reversed and the caseworker's supervisor does not agree, the supervisor shall be able to rebut CSR decision. If the supervisor and CSR do not reach an agreement, DHS administration shall make the final determination.
FFP	28	If CSR determines the referral shall be reversed and the decision has been rebutted and decided to be a valid referral by DHS administration, CSR must continue the review.
FFP	29	If CSR determines the referral shall be reversed and the decision has been rebutted and decided to be a reversal by DHS administration, CSR shall end the review and notify the caseworker.
FFP	30	If CSR determines that the case error requires correction, the CSR shall notify the caseworker to make the appropriate corrections.
FFP	31	If CSR determines that the case error requires correction, and the caseworker makes the necessary corrections, the caseworker will notify CSR that corrections have been made.
FFP	32	When CSR determines the case is valid and correct, CSR shall attempt telephone contact with the client contact.
FFP	33	When CSR determines the case is valid, CSR shall record the results of the telephone contact.
FFP	34	If CSR was not able to contact the client with the first telephone attempt, CSR must make a second

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		attempt after 5:30 p.m. If the CSR can not reach the client after 5:30, CSR shall send a contact notice and allow the client 10 days to respond.
FFP	35	If CSR was able to contact the customer, CSR shall determine if the client has good cause. If the client shall claim good cause, CSR shall request verification and allow the client 10 days to provide the good cause verification.
FFP	36	If CSR determines the case is valid, CSR shall determine if client responded timely to contact notice.
FFP	37	If CSR determines the client did not respond timely to the contact notice, CSR shall approve case closure for the entire AG, and notify the caseworker.
FFP	38	If CSR determines the client did respond timely to the contact notice, CSR shall determine if the client has good cause. If the client shall claim good cause, CSR shall request verification and allow the client 10 days to provide the good cause verification.
FFP	39	CSR shall determine if good cause verification has been provided by the client.
FFP	40	If good cause verification has not been provided, CSR shall approve closure, document the care record and notify the caseworker that closure shall be approved.
FFP	41	If good cause verification has been provided, CSR shall determine if the client is willing to comply.
FFP	42	If the client is not willing to comply, CSR shall document the case record, approve case closure and notify the caseworker that closure shall be approved.
FFP	43	If the client states he/she is willing to comply, CSR shall notify the caseworker and shall hold the case review until the client shall meet compliance.
FFP	44	If the client states he/she is willing to comply and has complied, the caseworker shall notify CSR. CSR shall end the review and the case shall continue with no benefits lost.
FFP	45	If the client states he/she is willing to comply, but fails to meet compliance the caseworker shall notify CSR. CSR shall approve closure, record review outcome and notify caseworker to close the case.

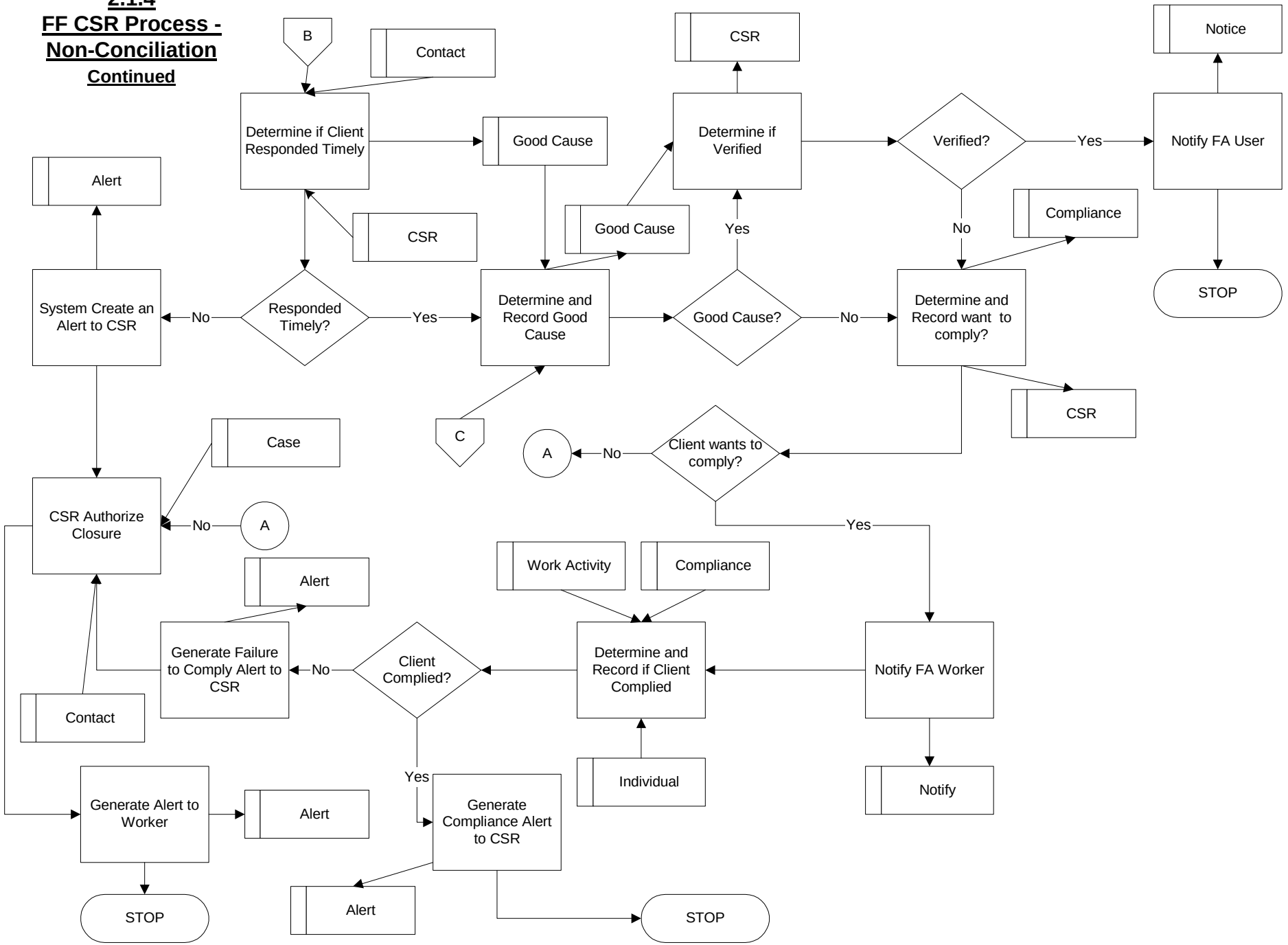
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.4 FF CSR Process - Non-Conciliation



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.4 FF CSR Process - Non-Conciliation Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.5 Families First Final Closure Notice	
Program Affected: FF	**Users: Caseworker, CSR**

Process:

CSR reviews FF cases that are closing for specific reasons, and if applicable, will recommend closure of the case. If the client contacts the worker or CSR within 10 days of the closure notice (during adverse action period) and requests an opportunity to comply, the worker shall re-open the case as permitted by rules. If the case was re-opened and the client does not comply, and specified conditions are not met, as per business rules, the case will be authorized for closure and CSR will send a notice of final closure to the client. No further CSR review is required and no new 10-day adverse action notice is necessary.

Sub-Processes:

1. Determine Reason For Closure

   The system shall examine the case closure reasons, and determine if one of the reasons for closure was due to a CSR recommendation. It must also be determined if the reason for closure and case situation allows the client the opportunity to comply and possibly avoid closure, if client requests.

   CASE (Input)
   Status
   Closure Reason(s)
   Previous Client Contact Date(s)
   Good Cause Indictor
   Conciliation Date(s)
   Date Case Reopened
   AG Failed to Rectify Problem

2. Determine if FF Reopened Due to Adverse Action Period

   The system shall determine, by looking at case information, if the case shall be reopened during this 10-day period following closure. The case will remain closed, if the case does not qualify to be reopened upon client's request to comply. The client will have to re-apply and be determined eligible to return to the program.

   CASE (Input)
   Status
   Adverse Action Period Indicator
   Closure Reason Code(s)
   Date Client Request to Comply Made

3. Determine if Closure Reason Rectified

   The system shall determine by examining information as appropriate for the prior closure pertaining to appointment, PRP, Case, and Child Support information if the closure reason was rectified.

   APPOINTMENT (Input)
   Client Log-In
   Appointment Scheduler
   Appointment Type

   PRP (Input)
   Personal Responsibility Plan Signature Date
   Exempt Status
   Interrupt Status
   Activity
   PRP Compliance Indicator
   Daily Attendance Status Code
   Conciliation Status
   Date Conciliation Start
   Date Conciliation End

CASE (Input)
Pass/Fail Indicator

CHILD SUPPORT (Input)
Cooperation Indicator

4. Refer to CSR Requesting Final Closure Notice

   If the case closure reason was not rectified, the system shall generate a referral to the CSR to authorize the final closure notice and to advise the user the case is to be re-closed, and closure reasons to be used.

   REFERRAL (Output)
   Case Number
   Case Name
   Final Closure Reason
   Final Closure Indicator
   Date Determined Did Not Comply

5. CSR Authorizes Final Closure

   CSR accepts the referral, and authorized final closure and FF final closure notice. FA user is alerted of authorization.

   CASE (Output)
   Final Closure Reason
   Final Closure Indicator

   ALERT (Output)
   FA User
   Final Closure Authorized

6. 'Perform Authorization' Process

The user will authorize the case for closure following CSR approval of the final closure. Further contact from the client requesting to regain eligibility will not result in the case being re-opened. The client will be required to re-apply, and regain eligibility. The final notice does not allow the individual another adverse action period.

7. Send Closure Notice

If a final closure notice is needed, the system shall generate the notice to the client for final closure capturing CSR input as notice is created.

NOTICE (Output)
Client Name
Client Address
Final Notice Reason
Free Form Text

CASE (Input)
Case Name
Case Number
Final Closure Indicator
Final Closure Reason

INDIVIDUAL (Input)
Individual Name
Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

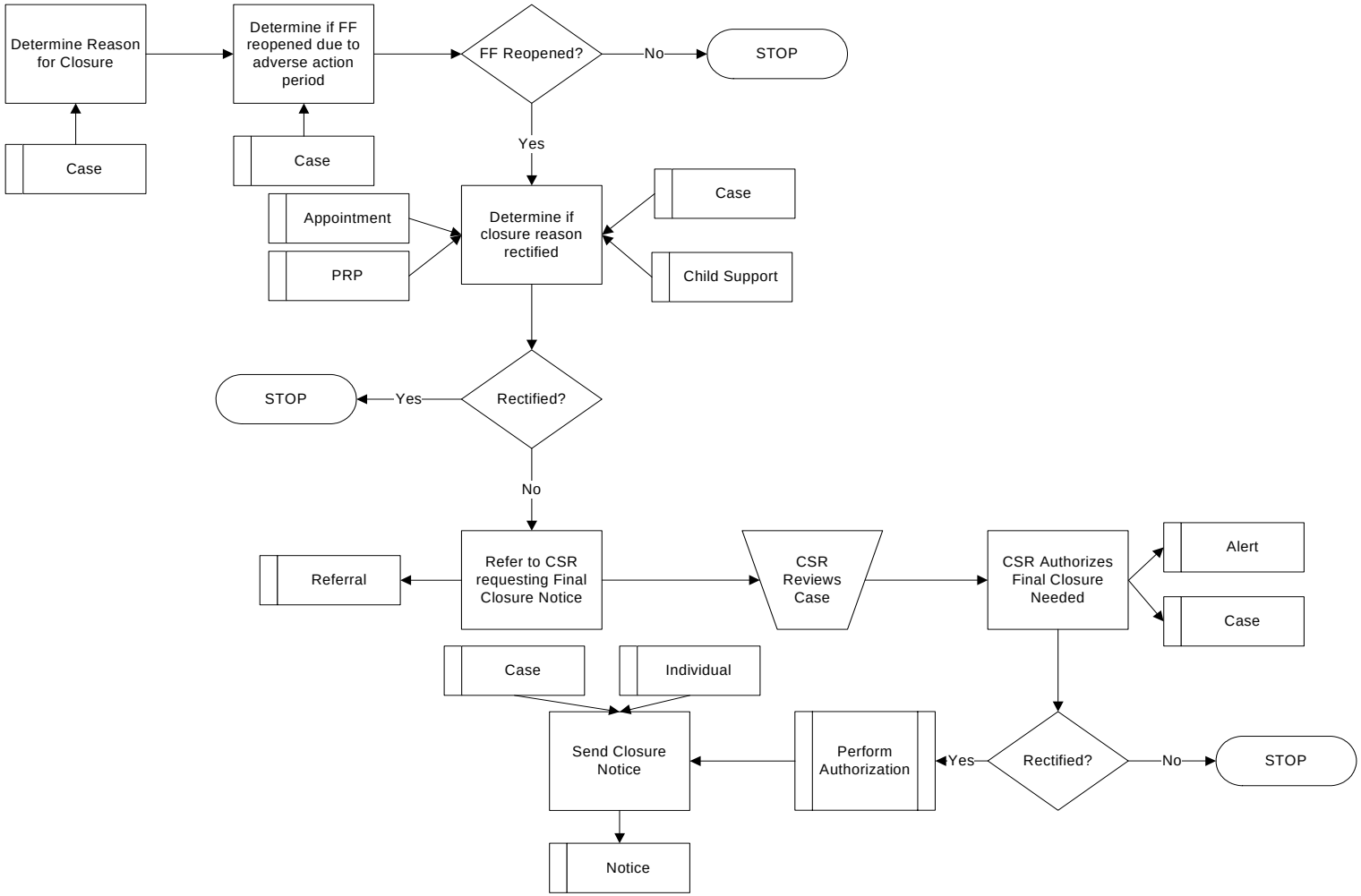
Program Type	Rule Number	Rule
FFP	1	A final closure notice shall be sent to an Assistance Group (AG) when the Families First case is reopened during the ten-day period after the Regular or 18/60-Month Closure notice is sent and the AG fails to rectify the problem that caused the closure.
FFP	2	When the AG fails to rectify the problem that caused the case closure, the caseworker shall return the case to the CSR for a Final Closure Notice. A client contact, conciliation notice or determination of good cause shall be required.
FFP	3	If the AG reports good cause before the case is sent to the CSR for a Final Closure Notice, the caseworker must make a determination of good cause unless that determination has already been made.
FFP	4	When the AG fails to rectify the problem that caused the case closure, the caseworker must clearly mark the Potential Families First Conciliation/Closure Log to indicate that this referral shall be for a Final Closure Notice.
FFP	5	When the CSR has received the referral for a Final Closure Notice for an AG that has failed to rectify the problem that caused case closure, CSR's only responsibility shall be to review the case to determine if the Final Closure Notice is appropriate and send the Final Closure Notice. No contact with the AG is required. A 10 day adverse action period is not required.
FFP	6	When the Final Closure Notice is sent, the AG shall not be reopened without a new application unless the caretaker files an appeal and requests continued benefits.
FFP	7	When the Final Closure Notice is sent, the AG must meet all Families First policy requirements, including filing a reapplication, waiting three months if the closure was for non-compliance with the work activity, or voluntary quit, etc.
FFP	8	When the CSR authorizes any Families First case for closure, the CSR shall document the record with the following information: • The date the closure notice was mailed • The closure notice reason codes • The date the Review Outcome Log was sent to the caseworker with notification of the review outcome.
FFP	9	When the CSR notifies the caseworker that the closure notice has been sent, the caseworker must take immediate action to close the case. It is imperative when the closure notice is sent near or on the adverse action date; that the case is closed immediately to avoid the issuance of benefits for which the AG shall not be eligible for, and avoid problems with child support distributions.
FFP	10	When the CSR notifies the caseworker that the closure notice has been sent, the caseworker must use the same reason code or codes that the CSR used on the closure notice to close the Families First case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	11	When the CSR notifies the caseworker that the closure notice has been sent, the caseworker must set any appropriate sanctions, and set TCC/TM (Transitional Child Care/Transitional Medicaid) for all closures other than non-cooperation with Child Support. Non-Cooperation with child support shall cause the caretaker to be ineligible for TCC/TM, and only the children in the AG shall get TM.
FFP	12	A case may not be reopened during the 10-day adverse action period if the case has been closed for a sanction and an additional reason that will prevent the case from being reopened. (Example, work sanction plus no children left in the home).
FFP	13	If an AG has been reopened and a DOH notification for an auxiliary payment is received by an FA worker, the FA worker will not issue the auxiliary payment if a FF grant payment was already received for the month and will be received timely the following months.
FFP	14	The final closure notice shall not require Adverse Action even if the original closure notice was for a reason that did not require an adverse action period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.5
Families First Final Closure Notice



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.6 Case Simulation	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

This process describes the steps involved in executing the 'case simulation' mode. In this mode, the user will have the capability of making changes to a simulation of any case or set of cases in the system in a temporary holding area in order to determine the effects of those changes without altering the current status of the actual case. Such functionality may be applied to a current or past period of time. If applied to a past period of time, the system will perform the case simulation using program rules and table values for that time. The system must permit the user to save the results even if the change is not applied, as well as, print the results, showing a comparison of current and potential change information.

Sub-Processes:

1. Identify Case(s) to Perform 'What-If' Scenario.

   The user will identify the case(s) that the system shall copy into a temporary holding area in order to perform the 'what-if' scenario.

   CASE (INPUT)
   Case Name
   Case ID Number

   INDIVIDUAL (INPUT)
   Individual's Name
   Individual's Recipient ID Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.6 Case Simulation

Program Affected: FA	**Users: Caseworkers, Supervisors**

2. Determine Type of Change for 'What-If' Scenario.

   Once the selected case has been copied into the temporary holding area, the system shall display a menu to allow the user to select the types of change(s) that need to be implemented for the simulated case.

   CASE (INPUT)
   INDIVIDUAL (INPUT)
   LIVING ARRANGEMENT (INPUT)
   FOSTER CARE (INPUT)
   ALIEN TYPE (INPUT)
   SCHOOL ATTENDANCE (INPUT)
   RELATIONSHIP (INPUT)
   LIQUID RESOURCES (INPUT)
   RESOURCES (INPUT)
   INCOME (INPUT)
   MEDICAL (INPUT)
   EXPENSES (INPUT)
   SPENDDOWN (INPUT)
   CLAIMS (INPUT)
   BUDGET (INPUT)
   PROGRAM GUIDELINES (INPUT)

   NOTE: The input/output data elements will not be listed in this document since the list of potential data elements could include any data element in the system.

3. Enter Change Information into the System.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.6 Case Simulation

Program Affected: FA	**Users: Caseworkers, Supervisors**

After the user selects the change types from the menu, the system shall display the appropriate screen for update, and the user will enter the change information into the simulated case in the 'what-if' or 'scratchpad' mode.

CHANGE SCENARIO INFORMATION (OUTPUT)

4. Determine the Effect of the Change.

After the user has entered all of the changes that are designated for the simulated case, the system shall determine the effects of the change(s) and shall display the effects. For example, if the change(s) affect budgets, the system shall calculate new budgets and display those budgets. The worker must then evaluate the change(s) and decide if the change(s) should be applied.

CHANGE SCENARIO INFORMATION (INPUT)

5. Determine if Additional Changes.

The user will determine if the change already entered needs to be changed or corrected, or if an additional change needs to be tested in simulation.

6. Populate Changes to Actual Case.

If the user decides that the changes should be implemented at that time, the system shall populate the changes to the actual case.

CASE (OUTPUT)
INDIVIDUAL (OUTPUT)
LIVING ARRANGEMENT (OUTPUT)
FOSTER CARE (OUTPUT)
ALIEN TYPE (OUTPUT)
SCHOOL ATTENDANCE (OUTPUT)
RELATIONSHIP (OUTPUT)
LIQUID RESOURCES (OUTPUT)
RESOURCES (OUTPUT)
INCOME (OUTPUT)
MEDICAL (OUTPUT)

EXPENSES (OUTPUT)
SPENDDOWN (OUTPUT)
CLAIMS (OUTPUT)
BUDGET (OUTPUT)

7. Perform the “Process Change Information” Process.

   After the changes are populated to the actual case, the system shall perform the “Process Change Information” process.

8. Delete Scenario Information.

   If the user decides that the changes should not be implemented, the system shall delete the simulated case with its “what-if” changes. Worker has option to save and/or print results.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.1.6 Case Simulation

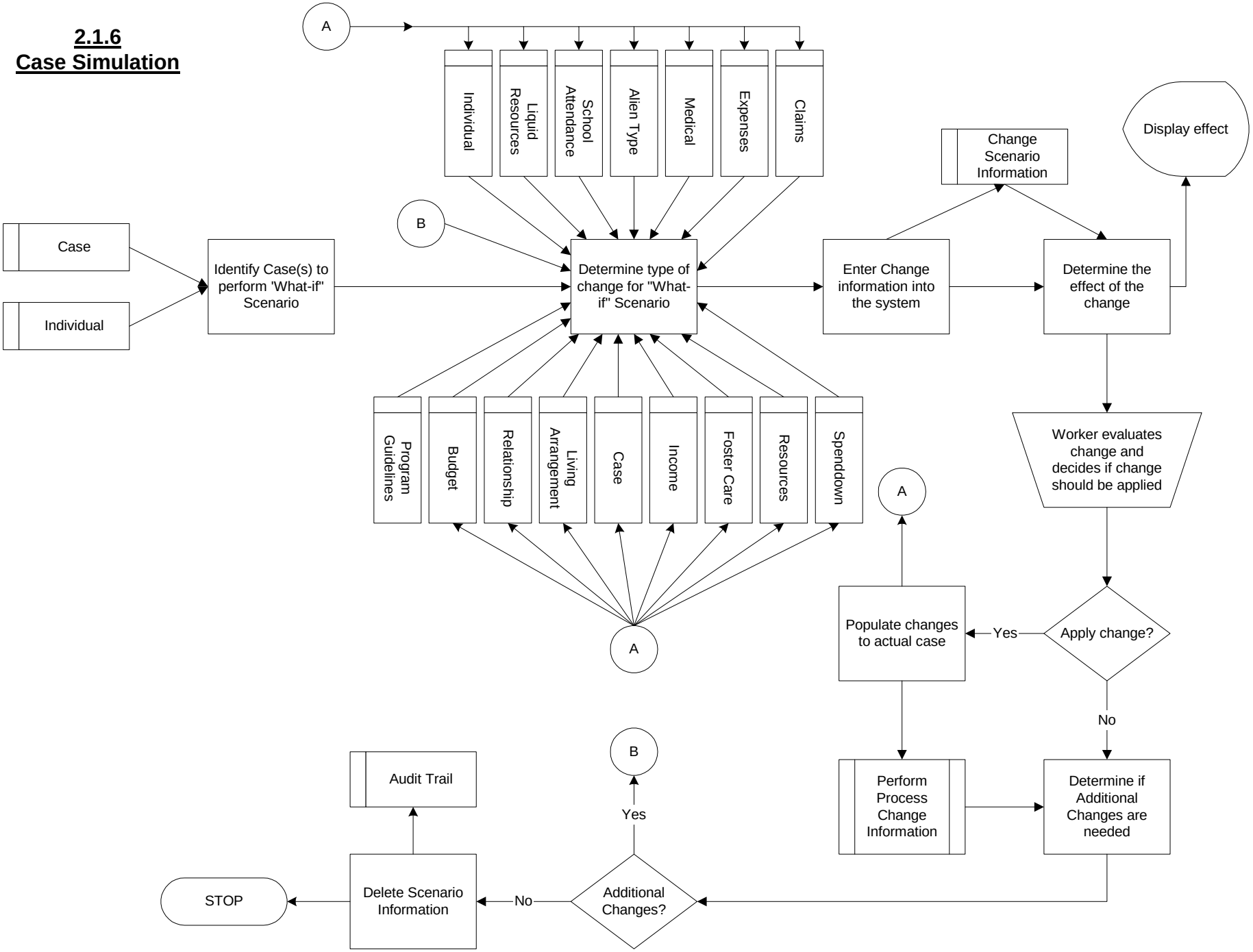
Program Affected: FA	**Users: Caseworkers, Supervisors**

AUDIT TRAIL (OUTPUT)
Scenario Created Date
Scenario Results
Case IDs

Program Type	Rule Number	Rule
All	1	When case simulation is selected, a permanent case shall be duplicated into the simulation.
All	2	The user shall be able to change any data in the simulated case that is normally entered into the permanent case by the caseworker and/or by interface.
All	3	The user shall be able to delete the simulated case at any time.
All	4	The changes made to the simulated case shall not be transferred to the permanent case without user initiation.
All	5	Any simulated case shall be capable of having all processes normally performed on permanent cases performed on it.
All, except IS	6	Changes made to the simulated case must be able to be transferred to the permanent case after user initiation.
All	7	Changes made to the simulated case shall not affect benefits issuance until transferred by the specified user to the permanent case.
All	8	Zero to many changes shall be made to a simulated case before testing changes.
All	9	The user must be able to select the changes in the simulated case to be transferred to the permanent case.
All	10	Not all changes made to the simulated case must be transferred to the permanent case.
All	11	Zero to many changes made to the simulated case must be capable of being transferred to the permanent case at one time.
IS	12	Case simulation mode must perform historical eligibility/budgeting for claim determination using the standards in place at the time of the claim period.
IS	13	Eligibility determination and budget calculations will be saved and become part of the investigation and/or claim.
IS	14	Historical eligibility and budget calculations will be completed and saved on a month by month basis using the begin and end dates of the claim period
IS	15	The begin and end date of a claim may be changed based upon the results of the case simulation. Therefore one or more new sets of historical budgets/eligibility calculations may be required before saving the case simulation data to an investigation/claim.
IS	16	An investigator may make one to many data changes to case simulation prior to saving to an investigation/claim.
IS	17	Historical eligibility/budgets from case simulation will not update actual case data.
IS	18	Any data changes reflected in the actual case for the claim period shall also be in the historical case simulation unless the investigator removes that change.
All	19	A simulated case must be subject to the same confidentiality requirements as any actual case.
TCM/TCS	20	There are no Medicaid/TennCare specific rules for this process.

Program Type	Rule Number	Rule
All	21	Simulated case may not be authorized unless action is transferred to the permanent case.

2.1.6
Case Simulation



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.7 Case Forecasting	
Program Affected: FA	**Users: State Office**

Process:

This process describes the steps that the system shall take in order to forecast policy/program changes for a group of selected cases. After the changes are forecast, the system shall analyze the effects of the changes and provide to the user documentation of the projected impact to the corresponding program. This process will only be available to State Office level personnel who must make projections regarding the impact of prospective program changes.

Sub-Processes:

1. Identify Selection Criteria

   Based on the types of changes that the user must have analyzed, the user will input specific case selection criteria into the system. The system shall use a query, ad hoc program, or table to identify the population that the user wants to select for forecasting. The user must be able to specify that the query/ad hoc/table forecast results are for the entire State or for a subset of the total population as defined by the selection criteria.

   SELECTION CRITERIA (OUTPUT)

   AD HOC/QUERY/TABLE (OUTPUT)

2. Select Case(s)/Individuals for Forecasting

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.7 Case Forecasting

Program Affected: FA	**Users: State Office**

The system shall select the cases to use for forecasting based on the case selection criteria input by the user. The system will then store copies of the selected cases in a temporary holding area to use for forecasting. For example, if the user wants to test a statewide change in the Family Cap policy of the Families First program, the system shall select all cases with a Family Cap child for the forecasting process as per the guidelines input by the user.

CASE (INPUT)
INDIVIDUAL (INPUT)
LIVING ARRANGEMENT (INPUT)
FOSTER CARE (INPUT)
ALIEN TYPE (INPUT)
SCHOOL ATTENDANCE (INPUT)
RELATIONSHIP (INPUT)
LIQUID RESOURCES (INPUT)
RESOURCES (INPUT)
INCOME (INPUT)
MEDICAL (INPUT)
EXPENSES (INPUT)
SPENDDOWN (INPUT)
CLAIMS (INPUT)
PROGRAM STANDARDS (INPUT)
SELECTION CRITERIA (INPUT)

SELECTED FORECAST CASES (OUTPUT)

NOTE: These data elements (both input and output) will not be identified in this document since the list of potential data elements could include any data element in the system.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.7 Case Forecasting

Program Affected: FA	**Users: State Office**

3. Enter Change Information into the System if Needed

   The system shall have the ability to copy and change the production tables of values, such as maximum income per size of household. These tables will be retained on a temporary basis and purged at the end of the requested forecasting. These tables are documented as Program Standards. The system shall also be able to accept rule changes for the purpose of testing the proposed change. Such rule changes must not be applied to any live case data, but used for test purposes only at this point.

   TEMPORARY FILES (OUTPUT)

4. Perform “Mass Change” process

5. Forecast Results of Change

   The system shall apply the designated changes to the copies of the selected cases and shall make the effects of those changes available for display to the users.

   SELECTED FORECAST CASE (INPUT)

   TEMPORARY FILES (INPUT)

6. Generate Forecast Report

   After the policy change forecaster has been implemented, the system shall generate a report for the user that shows an analysis of the projected impact to a specific program. Such analysis shall

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.1.7 Case Forecasting

Program Affected: FA	**Users: State Office**

include, but not be limited to, the number of cases impacted, dollar savings or increased costs and eligibility impacts (cases closed, additional cases eligibility, benefit changes, etc.).

FORECAST RESULTS (INPUT)

REPORT (OUTPUT)
Report Title
Date
Run Time
Page Number
Forecast Results

7. Save Forecast Results.

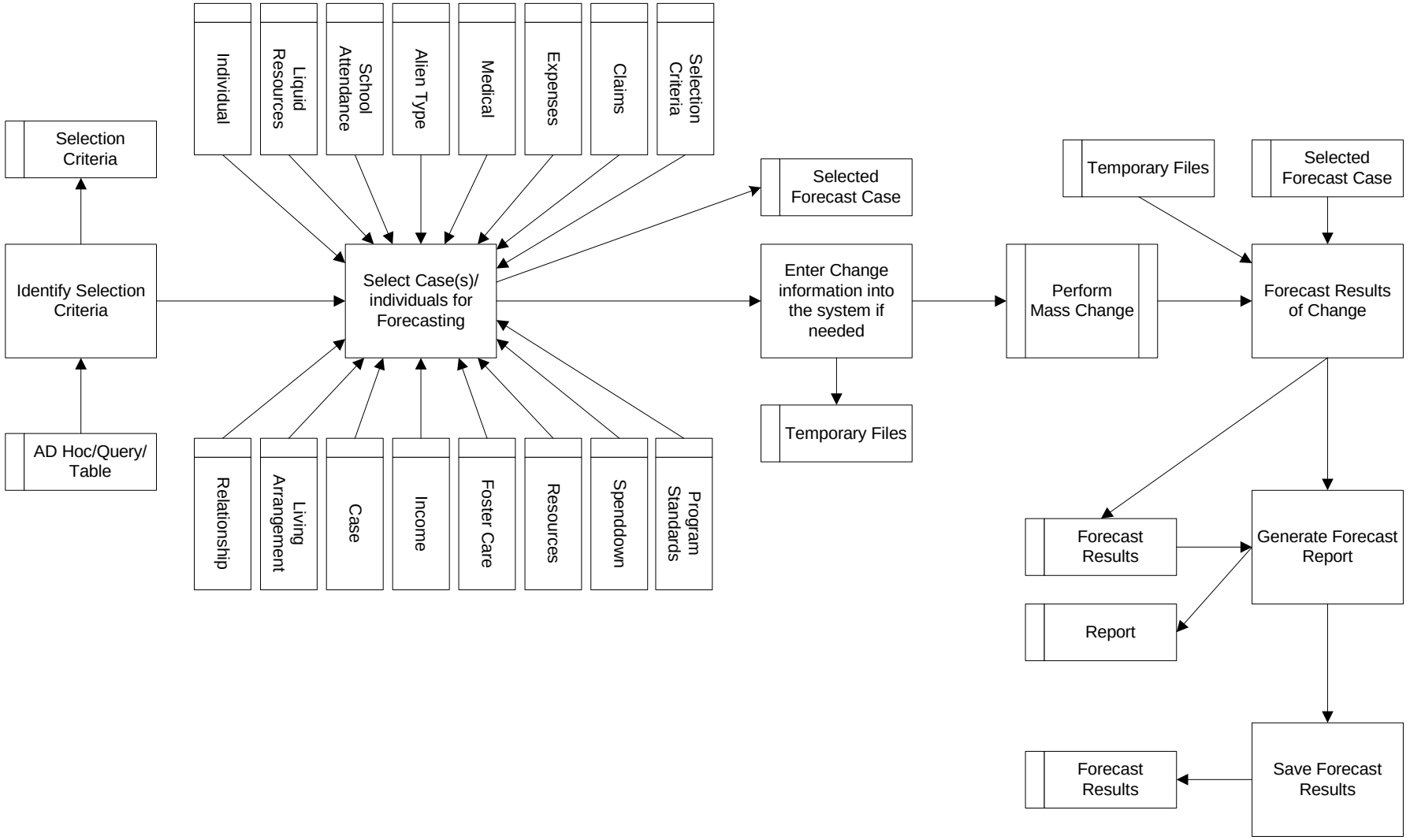
   The system shall save the results of the forecast in order for the user to make future comparisons. The user may want to use the results of a policy change after actual implementation for comparison with the results from the forecast.

   FORECAST RESULTS

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.1.7

Case Forecasting



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.1 Food Stamp Batch Auto Closures

Program Affected: Food Stamps	**Users: N/A (Batch)**

Process:

This narrative addresses functionality that allows for the system initiated auto-closure of Food Stamp cases when the certification end date has been reached.

The jobs that govern the auto-closure of cases are to be executed on a regularly scheduled basis in batch processing.

Sub-Processes:

1. Determine if the Food Stamp Certification Period Has Ended

   The system shall determine if a Food Stamp cases' certification period has ended using CASE data and according to business rules.

   CASE (Input)
   Case ID
   Program Type
   Sub-Program Type
   Certification End Date

2. Perform Closure (Batch)

   If a Food Stamp case has reached its certification end date, the system shall perform a batch closure based upon ADVERSE ACTION and CASE data and according to business rules. The system shall update the Food Stamp case status and reason code to reflect the closure. Appropriate notices shall be generated.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.1 Food Stamp Batch Auto Closures

Program Affected: Food Stamps	**Users: N/A (Batch)**

ADDRESS (Input)
Mailing Address

ADVERSE ACTION (Input)
Adverse Action Date

CASE (Input)
Case ID
Program Type
Sub-Program Type
Certification End Date

CASE (Output)
Case Eligibility Status
Certification End Date
Case Closure Reason Code

NOTICE (Input/Output)
Notice Type (Food Stamp Closure)
Notice Date

3. Determine if Case Individuals Are Registered for Work

   The system shall determine if each active individual in the case is registered for work using INDIVIDUAL and WORK REGISTRATION data.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.1 Food Stamp Batch Auto Closures

Program Affected: Food Stamps	**Users: N/A (Batch)**

INDIVIDUAL (Input)
Recipient ID
Individual Employment Status
Employment Type

WORK REGISTRATION (Input)
Food Stamp Work Requirements Exemption Date
Food Stamp Work Requirements Referral Date
Food Stamp Work Requirements Registration Date
Food Stamp Work Requirements De-Registration Date
Food Stamp Work Requirements De-Registration Reason

4. Perform “Work De-registration” Process

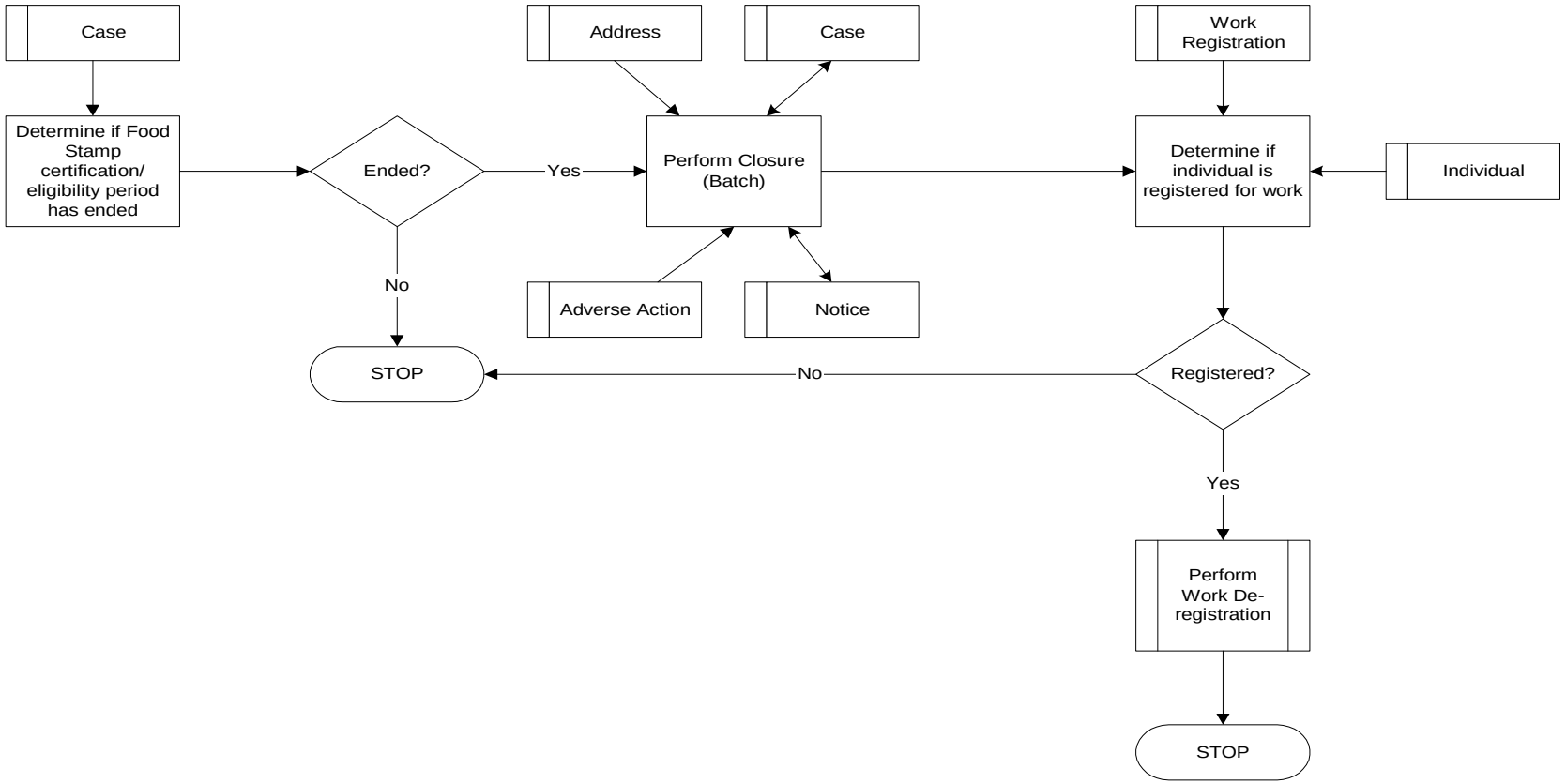
   When a Food Stamp case is closed via the system-initiated auto-closure process, the system shall perform the “Work De-registration” process for those individuals identified as being registered for Food Stamp Work Requirements.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	No household may participate in the Food Stamp Program beyond the expiration of the certification assigned without a determination of eligibility for a new period.
FS	2	If the food stamp household contains an individual who is registered to work, when the certification period ends without a determination of eligibility for a new certification period, the individual must be de-registered.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.2.1 Food Stamp Batch Auto Closures



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.2 Medicaid Batch Auto Closures

Program Affected: Medicaid	**Users: N/A (Batch)**

Process:

This narrative addresses functionality that determines whether a Medicaid case may be auto-closed. If it is determined that a Medicaid case can be closed, the system shall auto-close the case and generate referrals and notices (if applicable.) The auto-closure of a TennCare Medicaid case may still require the user to determine if the individual(s) may be eligible for continued coverage in any other category. The system must identify and alert the user when such a determination is required.

The jobs that govern the auto-closure of cases are to be executed on a regularly scheduled basis in batch processing.

Sub-Processes:

1. Determine if Medicaid Case Has An End Date

   The system shall determine if a Medicaid case has an end date. Under certain circumstances, a Medicaid case's eligibility end date is not populated. If a Medicaid case does not possess a populated eligibility end date, it is not to be closed by the auto-closure process.

   CASE (Input)
   Eligibility End Date

2. Determine if TCM Case Can Be Auto-Closed

   If an open TennCare-Medicaid case does possess a populated eligibility end date, then the system shall determine whether the Medicaid case can be closed using CASE and INDIVIDUAL data and according to

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.2 Medicaid Batch Auto Closures

Program Affected: Medicaid	**Users: N/A (Batch)**

business rules.

CASE (Input)
Case Status
Eligibility End Date

INDIVIDUAL (Input)
Individual Eligibility End Date

3. Generate Advanced Closure Notice

   The system shall generate a notice to the client allowing them time to file a new application prior to the closure.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type
   Effective Date of Closure

   INDIVIDUAL (Input)
   Recipient I.D.
   Individual Name

   ADDRESS (Input)
   Mailing Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.2 Medicaid Batch Auto Closures	
Program Affected: Medicaid	**Users: N/A (Batch)**

NOTICE (Input / Output)
Notice Type (Advanced Closure Notice)
Notice Mailing Date

4. Batch Auto-Close

   If the system has determined that a Medicaid case can be closed, the system shall close the Medicaid case. Appropriate notices and alerts shall be generated.

   ADDRESS (Input)
   Mailing Address

   INDIVIDUAL (Input)
   Recipient I.D.
   Individual Name

   USER (Input)
   Caseworker I.D.
   Caseworker Name

   ALERT (Output)
   Alert Type
   Alert I.D.
   Date of Alert
   Case Closure Reason
   Case Closure Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.2 Medicaid Batch Auto Closures

Program Affected: Medicaid	**Users: N/A (Batch)**

CASE (Output)
Case Status
Case Closure Reason
Case Closure Date

NOTICE (Input / Output)
Notice Type
Notice Mailing Date

5. Generate Referral to TennCare

   When a Medicaid case is closed, the system shall generate a referral to TennCare.

   REFERRAL (Input / Output)
   Referral Type
   Referral Date

6. Generate Referral to TCSES If Needed

   When a Medicaid case is closed, the system shall generate a referral to the Tennessee Child Support Enforcement System (TCSES) if needed as defined by rules.

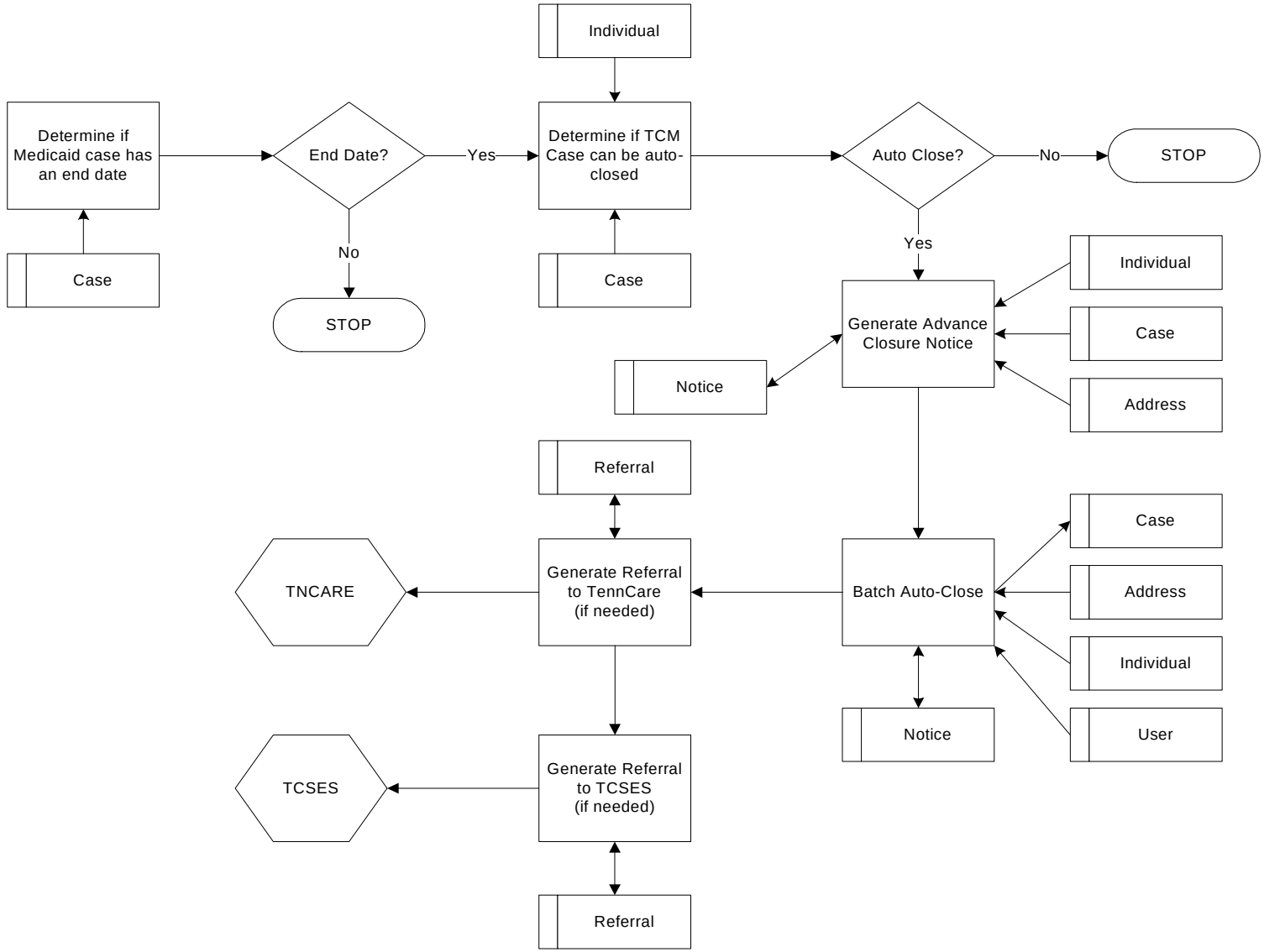
   REFERRAL (Input / Output)
   Referral Type
   Referral Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	1	If a case is receiving Transitional Medicaid in connection with Families First, it will automatically be closed after 18 months of receipt.
TCM	2	A newborn that has been receiving TennCare Medicaid for 12 months shall be automatically closed.
TCM	3	An individual receiving Medically Needy, Aged, Disabled or Blind Medicaid Spend-down shall be automatically closed after 12 months of receipt.
TCS	4	An individual receiving TennCare Standard shall be automatically closed if they do not come in for reverification as set up as due by the TennCare Bureau.
TCM/TCS	5	If a Medicaid case is determined to be closed each individual being closed shall be evaluated to determine if they might be eligible for TennCare Medicaid or TennCare Standard.
TCM/TCS	6	If determined that an individual may be eligible for another type of Medicaid or TennCare, a notice shall be sent notifying the customer of need to complete an application.
TCM	7	If a case is currently active for Food Stamps, it is not required to complete an application for a child who is losing eligibility as a Newborn.
TCM	8	An individual whose spenddown is ending must file an application for Medically Needy, Disabled, Aged or Blind Medicaid
TCM	9	If a case is currently active for Food Stamps, it is not required to complete an application for determination in another TCM or TCS category if the Transitional Medicaid is ending.
TCM/TCS	10	If any Medicaid or TennCare coverage is ending, for whatever reason, a notice shall be sent informing the individual/case as to the reason and informing them of the possible need to reapply for continuing benefits 10 days prior to the closure effective date.
TCM	11	If a child is receiving TennCare Medicaid, Families First associated Medicaid, Aid to Dependent Children Medicaid-Only, or Medically Needy Medicaid and there is deprivation due to the absence of a parent and the current Medicaid coverage is being closed, a referral shall be sent to the Tennessee Child Support Enforcement System notifying them of the closure.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.2.2 Medicaid Batch Auto Closures



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

Process:

This narrative addresses functionality that allows for the system initiated auto-closure of Child Care cases. The functionality is to include the tracking of Child Care cases in order to generate an advanced notice of closure when a Child Care case, which meets specified requirements as detailed in program rules, is within thirty or ten days of its eligibility end date and send the appropriate notice.

The jobs that govern the auto-closure of cases are to be executed on a regularly scheduled basis in batch processing.

Sub-Processes:

1. Determine if either a Thirty-Day Advance Closure Notice or a Ten-Day Termination Notice is Needed

   The system shall track the eligibility status of Child Care cases and thirty calendar days prior to the Child Care case eligibility end date; the system shall generate an advanced closure notice, if required by program rules.

   The system shall track the eligibility status of Child Care cases and ten calendar days prior to the Child Care case eligibility end date; the system shall generate a termination notice, if required by program rules.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type
   Case Eligibility End Date
   Case Closure Reason Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

CHILDREN'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Child Enrollment Status
Individual Child Care Child Eligibility Status

PARENT'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Eligibility Status

INDIVIDUAL (Input)
Recipient I.D.
Individual Name

2. Generate Thirty-Day Advanced Closure Notice

   If the system determined that an Advanced "Thirty-Day Closure Notice" is required, then the system shall generate the notice and populate such according to program rules.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type
   Case Name
   Case Eligibility End Date
   Case Closure Reason Code
   Case Language Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures	
Program Affected: Child Care	**Users: N/A (Batch)**

INDIVIDUAL (Input) (Multiple)
Recipient I.D.
Individual Name

CHILDREN'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Child Enrollment Status
Individual Child Care Child Eligibility Status

PARENT'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Eligibility Status

NOTICE (Input)
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date
Notice Language Type

NOTICE (Output)
Case I.D.
Program Type
Sub-Program Type
Case Name – First Name
Case Name – Last Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

Case Name – Middle Initial
Case Eligibility End Date
Case Closure Reason Code(s)
Individual Recipient First Name
Individual Recipient Last Name
Individual Recipient Middle Initial
Individual Child Care Child Enrollment Status
Individual Child Care Child Eligibility Status
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Eligibility Status
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date
Notice Language Type

3. Generate Ten-Day Termination Notice

   If the system determined that an advanced ten-day closure notice is required, then the system shall generate the notice and populate such according to program rules.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures	
Program Affected: Child Care	**Users: N/A (Batch)**

Case Name
Case Eligibility End Date
Case Closure Reason Code
Case Language Type

INDIVIDUAL (Input) (Multiple)
Recipient I.D.
Individual Name

CHILDREN'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Child Enrollment Status
Individual Child Care Child Eligibility Status

PARENT'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Eligibility Status

NOTICE (Input)
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date
Notice Language Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

NOTICE (Output)
Case I.D.
Program Type
Sub-Program Type
Case Name
Case Eligibility End Date
Case Closure Reason Code(s)
Individual Name
Individual Child Care Child Enrollment Status
Individual Child Care Child Eligibility Status
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Eligibility Status
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date
Notice Language Type

4. Determine if Child Care Case Can Be Auto-Closed

   The system shall determine if the Child Care case can be auto-closed using CASE, INDIVIDUAL, CHILDREN'S CHILD CARE ENROLLMENT, PARENT'S CHILD CARE ENOLLMENT data and based upon program rules.

   CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

Case I.D.
Program Type
Sub-Program Type
Case Eligibility End Date
Case Closure Reason Code

INDIVIDUAL (Input)
Recipient I.D.
Date of Birth

CHILDREN'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Child Enrollment Status
Individual Child Care Child Enrollment End Date

PARENT'S CHILD CARE ENROLLMENT (Input)
Individual Child Care Enrollment Status
Individual Child Care Enrollment End Date

5. Close Child Care Case and Enrollment

   If the system determines that the Child Care case can be auto-closed, the system shall close the Child Care case and the related enrollment. If there is an open FS or TMA case the system must alert the caseworker to re-determine eligibility as the case's allowable childcare deduction may have changed.

   ADVERSE ACTION (Input)
   Adverse Action Period Begin Date
   Adverse Action Period End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures	
Program Affected: Child Care	**Users: N/A (Batch)**

INDIVIDUAL (Input)
Recipient I.D.
Individual Eligibility Status
Individual Eligibility End Date

CASE (Output)
Case Eligibility End Date

CHILDREN'S CHILD CARE ENROLLMENT (Output)
Individual Child Care Child Enrollment Status
Individual Child Care Child Enrollment End Date
Individual Child Care Child Eligibility Status
Individual Child Care Child Eligibility End Date

PARENT'S CHILD CARE ENROLLMENT (Output)
Individual Child Care Parent Enrollment Status
Individual Child Care Parent Enrollment End Date
Individual Child Care Parent Eligibility Status
Individual Child Care Parent Eligibility End Date

ALERT (Input / Output)
Alert Type
Alert Message
Alert Date
Case I.D.
Individual I.D.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

User I.D.

6. Determine if EBT Method or an Existing Method Is Being Used

   It has yet to be determined whether Child Care time and attendance will be maintained via an EBT collection process or by existing pre-printed form method or the existing web-based method or by a combination of the above.

   The purpose of this decision box is to allow for each the EBT collection process and existing processes to be addressed. Therefore, there are no inputs to this decision.

7. Existing Methods - Generate Closure Notice to Provider

   If existing methods are maintained, then the system shall generate a closure notice to the vendor who provided Child Care services for the children in the case being closed. The vendor will be sent a notice detailing the enrollment data of those children for whom services will no longer be approved. Parent enrollment data is not required for this purpose.

   CHILDREN'S CHILD CARE ENROLLMENT (Input)
   Individual Child Care Child Enrollment Status
   Individual Child Care Child Enrollment End Date
   Individual Child Care Child Eligibility Status
   Individual Child Care Child Eligibility End Date
   Individual Child Care Child Termination Reason

   PROVIDER ENROLLMENT RECORD (Input)
   Child Care Certificate Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

Child Care Certificate Program I.D.
Child Care Provider I.D.
Child Care Provider I.D. Extension
Child Care Provider Type
Child Care Provider Enrollment Application Date
Child Care Provider Name
Child Care Provider Address

NOTICE (Input)
Notice Type
Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date

NOTICE (Output)
Child Care Provider Type
Child Care Provider's Enrollment Application Date
Child Care Provider Name
Child Care Provider Address
Child Care Provider Address Effective Date
Individual Child Care Child Enrollment Status
Individual Child Care Child Enrollment End Date
Individual Child Care Child Eligibility Status
Individual Child Care Child Eligibility End Date
Notice Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.2.3 Child Care Batch Auto Closures

Program Affected: Child Care	**Users: N/A (Batch)**

Notice Sub-Type
Notice Transmission Type
Notice Reason Type
Notice Requested Date
Notice Mail Date

8. Generate Record to EBT

   If the EBT method is enacted, then the system shall electronically notify the vendor of those children for whom services will no longer be approved. Parent enrollment data is not required for this purpose.

   CHILDREN'S CHILD CARE ENROLLMENT (Input)
   Individual Child Care Child Enrollment Status
   Individual Child Care Child Enrollment End Date
   Individual Child Care Child Eligibility Status
   Individual Child Care Child Eligibility End Date

   PROVIDER ENROLLMENT RECORD (Input)
   Child Care Provider I.D.
   Child Care Provider I.D. Extension
   Child Care Provider Type
   Child Care Service Start Date
   Child Care Service End Date

   EBT CHILD CARE ENROLLMENT (Output)
   Child Care Provider I.D.
   Child Care Provider I.D. Extension

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

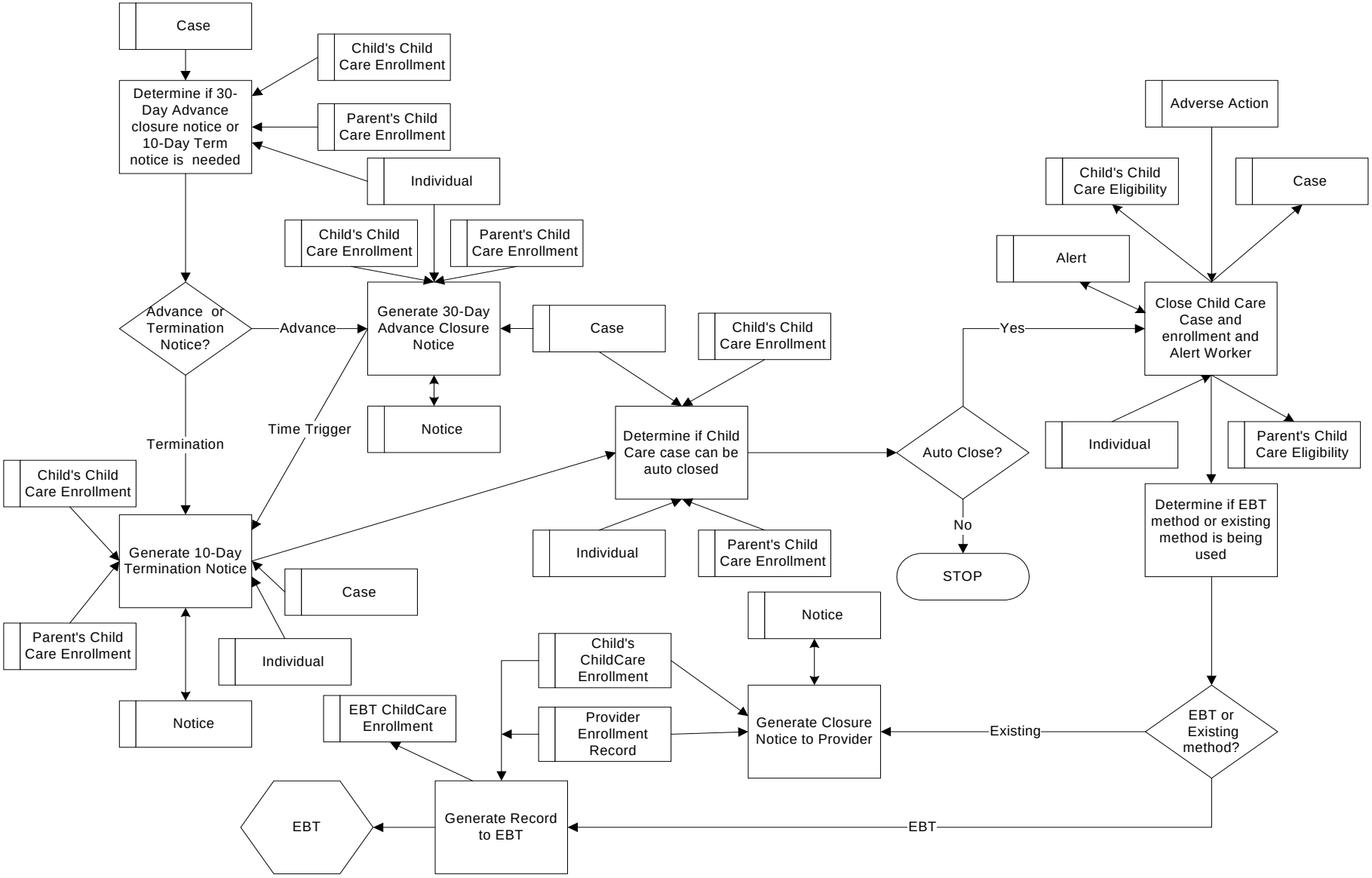
Process: 2.2.3 Child Care Batch Auto Closures	
Program Affected: Child Care	**Users: N/A (Batch)**

Child Care Provider Type
Child Care Service Start Date
Child Care Service End Date
Individual Child Care Child Enrollment Status
Individual Child Care Child Enrollment End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	A child care case approaching the last month of eligibility in any child care subprogram for which they are eligible to receive child care will be sent a 30-day advance notification of closure.
CC	2	A child care case in the last month of eligibility in any child care subprogram for which they are eligible to receive child care will be sent a 10-day notice prior to closure.
CC	3	A child care case which has reached the end date of eligibility in the subprogram for which they are eligible to receive child care will be closed effective at the end of the last day of the current eligibility.
CC	4	A child care case due for re-certification in the current month will be required to be re-certified for child care prior to the re-certification end date.
CC	5	A child care case which fails to re-certify will be closed effective at the end of the last day of the current eligibility.
CC	6	A child care case due for re-certification in the current month will receive a 10-day advance notice prior to the last day of current eligibility if re-certification has not yet occurred.
CC	7	If a case being closed may be eligible for continued child care within a different subprogram, the closure notice shall contain this information.
CC	8	If there are child care enrollments open at the time of case closure, those enrollments will be closed using the same closure effective date as for case closure.
CC	9	Ten days prior to the effective date of child care enrollment termination; the child care provider will be sent a termination notice.
CC	10	Child care cases being closed for reasons other than failure to re-determine or reaching the last month of eligibility for child care will not be auto-closed.

2.2.3 Child Care Batch Auto Closures



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.2.4 FF Case With Pass-through Closes

Program Affected: FF, FS, TCM, CC | **Users: Caseworker, Supervisor and above**

Process:
When a FF case is closed or fails eligibility determination, the system will determine if there is on-going child support income that must be counted in the Food Stamp case that previously was budgeted in the form of child support passthrough payments and now that income is to be calculated and budgeted.

Note: See the "Unmet Need for FF Child Support" process for additional information.

Sub-Processes:

1. Remove Budget Effective Date

The system shall remove the budget effective date when a FF case fails or is closed. The budget effective date was set when the FF case was approved as the date that any child support payments on behalf of FF eligible children must go to the State. This date also represents the date that the passthrough payments may come over from TCSES and populate the FS budgets. When the FF closes, the client is no longer required to turn in their child support and will no longer have passthrough payments budgeted in their Food Stamps. Ending this date will alter the budgeting process and notify TCSES to stop the passthrough payments.

CASE (Input)
Case Number
Case Type
Program / Sub-Program
Case Closure Effective Date

BUDGET (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.4 FF Case With Pass-through Closes

Program Affected: FF, FS, TCM, CC | **Users: Caseworker, Supervisor and above**

Budget Pass / Fail Indicator

BUDGET (Output)
Budget Effective Date
Date Budget Effective Date Removed

2. Determine if Open FS Case

The system shall determine if there is an open FS case from examining case data for the head of case when the FF case is closed. The system shall not create a TFS case when there is an open FF case for any member in the FS household. The system shall create a TFS case when increase in earnings causes the closure of a FF case based on policy rules.

CASE (Input)
Case Number
Case Type
Program / Sub-Program
FF Case Closure Reason

CASE (Output)
Open FS Case Indicator

3. Determine if Child Support Being Received

The system shall determine if child support is being received. The system shall display current payments.

CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.4 FF Case With Pass-through Closes

Program Affected: FF, FS, TCM, CC	**Users: Caseworker, Supervisor and above**

Case Number
Case Type
Program / Sub-Program

BUDGET (Input)
Child Support Indicator

PASSTHROUGH (Input / Output)
Child Support Passthrough Amount
Child Support Passthrough Begin Date
Child Support Passthrough Indicator
Child Support Passthrough Amount
Child Support Passthrough Begin Date
Child Support Passthrough End Date

4. Update Worker Entry Child Support Begin Date with Next Budget Month

When a FF case is closed or fails, the system shall determine the effective date to remove the child support amount from related program budgets. The system shall update the appropriate budget(s) with on-going child support amount.

PASSTHROUGH (Input)
Passthrough Indicator
Passthrough Amount
Passthrough Begin Date
Passthrough End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.4 FF Case With Pass-through Closes

Program Affected: FF, FS, TCM, CC | **Users: Caseworker, Supervisor and above**

BUDGET (Output)
Child Support Begin Date
Child Support Budget Date (MM/YY)

5. Update Recurring Month with Averaged Child Support Actual Collected Amount

The system will receive the child support amount(s) collected and shall update the appropriate case. The system shall store the actual child support collected for the previous two months and perform calculation to determine countable child support for on-going eligibility determination.

CASE (Input)
Case Number
Case Type
Program / Sub-Program

TCSES (Input)
Caretaker SSN
FF Case Number
Child Support Amount Collected
Child Support Collection Date
Child Support Passthrough End Date

CHILD SUPPORT (Output)
Child Support Amount
Child Support Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.4 FF Case With Pass-through Closes

Program Affected: FF, FS, TCM, CC | **Users: Caseworker, Supervisor and above**

BUDGET (Output)
Child Support Collection Amount
Child Support Collection Begin Date
Child Support Collection End Date
Budget Effective Date

6. Perform “Budgeting” Process

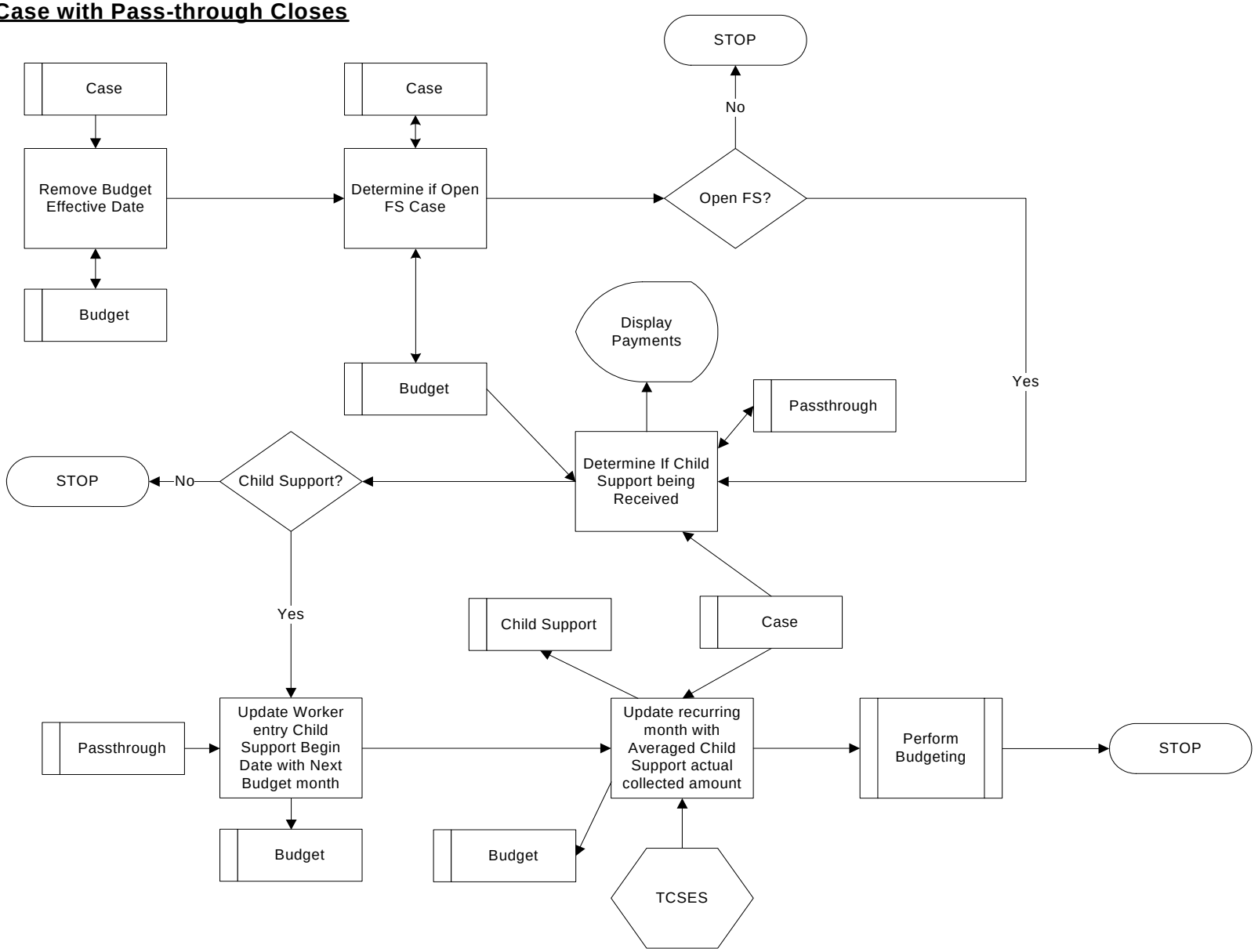
The system shall perform “Budgeting” counting the correct child support amount in the on-going FS budget. “Budgeting” is a reusable process and as such has inherent input/output requirements that will be involved when the process is run. The budget will no longer disregard child support entries.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF	1	When a Families First case closes, the budget effective date will be automatically removed at closure.
FF	2	When no Families First case is open, there will be no budget effective date assigned to a case. “Perform TMA Grouping.”
FS	3	See process 1.3.12 for the applicable rules.
FF	4	When a Families First case is closed, child support will be sent to the caretaker, rather than being retained by the state, and any passthrough ends.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.2.4
FF Case with Pass-through Closes



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.2.5 Provider Notification of Case Closure

Program Affected: Families First	**Users: Caseworkers**

Process:

When a Families First case is closed, all Providers associated with the case are to be notified of the closure and if they will continue to service the individual as 'extended'. The system must correctly track these individuals who are served as 'extended' apply appropriate requirements, as defined in rules. Note: Requirements specific to transitional child care following closure of the FF case will be covered in other processes.

Sub-Processes:

1. Determine if Families First Closure Warrants Provider Notification.

   The system shall determine if a Families First provider or Support Service provider needs notification after a case has been closed based on defined business rules.

   CASE (Input)
   Case Closure Date
   Case Closure Reason
   Activity Closure Date
   Activity Closure Reason
   Support Service Closure Date
   Support Service Closure Reason
   Activity Status Code
   Case Status
   Authorization
   Activity Name
   Support Service Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.2.5 Provider Notification of Case Closure

Program Affected: Families First	**Users: Caseworkers**

2. Determine if Extended Work Activities Eligible

   The system shall determine if the individual is eligible to receive extended work activities, based on defined business rules.

   CASE (Input)
   Case Status

   PRP (Input)
   FSC Activity
   Previous Activities

   SANCTION (Input)
   Sanction Type

   EMPLOYMENT (Input)
   Date of Employment
   Number of Hours
   Gross Monthly Income
   Place of Employment

   EXTENDED SERVICES (Output)
   Extended Services Requested
   Date Requested

3. Perform FF Extended Activity Referral

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.5 Provider Notification of Case Closure

Program Affected: Families First	**Users: Caseworkers**

If an extended activity (or activities) is needed, the system will perform the pre-defined process of FF Extended Activity Referral. Extended activities may require an automatic referral, and/or a notice to the individual informing them of extended service that may be available upon request following case closure, as permitted by rule.

4. Record FF Activity Support Service Closure Detail

   The user will record the FF activity support service closure details.

   PRP (Input/Output)
   Type
   End Date
   Extended Service Eligible
   Extended Service Requested
   Referral Made

   EXTENDED SERVICES (Output)
   Eligibility End Date

5. Generate Alert to FF Provider(s)/Support Service Broker

   The system shall generate an alert to the FF provider(s)/Support Service broker(s) of the case closure and closure of FF activities and services. If the broker is not a user of the system, an alert will be sent to the appropriate user for broker notification.

   PRP (Input)
   Activity Ending

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.2.5 Provider Notification of Case Closure

Program Affected: Families First	**Users: Caseworkers**

Effective Date
Activity End Reason
Support Service Type
Support Service End Date
Support Service End Reason

CASE (Input)
Case Type
Closure Reason
Earned Income

INDIVIDUAL (Input)
SSN
Name
Age

ALERT (Output)
Alert Recipient User ID
Alert Type
Alert Message
Closure Date
Individual Name
Individual ID
Service Type

PROVIDER (Input)
Provider ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

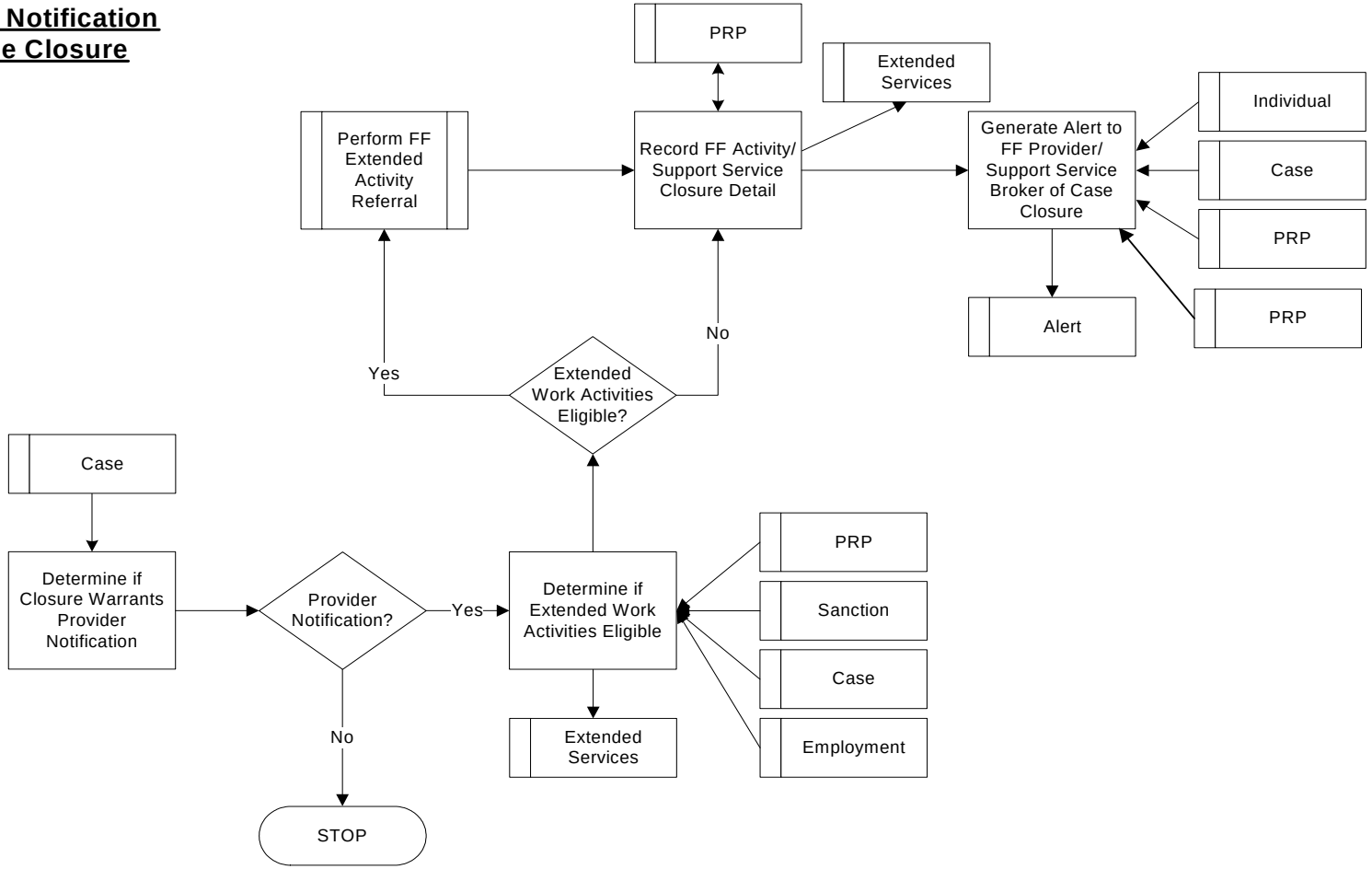
Program Type	Rule Number	Rule
FFP	1	Families First providers must be notified when the Families First case is closed.
FFP	2	Families First provider notifications must be recorded.
FFP	3	Families First Employment Career Services/Employment Career Services Plus participants may receive twelve months of extended ECS/ECS Plus services unless the case is closed due to a sanction or non-cooperation reason.
FFP	4	ECS/ECS Plus providers must be notified of a FF participant's eligibility for extended services.
FFP	5	ECS/ECS Plus extended services must be recorded.
FFP	6	Individuals who have received FF may be eligible to receive extended FSC during the twelve months following FF case closure, as long as they have care and control of their children and are Tennessee residents.
FFP	7	FF closures due to sanction or non-cooperation reasons do not affect eligibility for extended FSC.
FFP	8	FSC extended services must be recorded.
FFP	9	The Child Care program must be notified of a FF case closure.
FFP	10	Individuals who have received FF may be eligible to receive Transitional Child Care for eighteen months following FF case closure.
FFP	11	The Child Care Certificate program must be notified of Transitional Child Care eligibility.
FFP	12	Eligibility for TCC must be recorded.
FFS	13	When a FF case is being closed, the support services must also be closed.
FFS	14	The system shall notify all service providers and support service providers when a FF case is pending closure for any reason.
FFS	15	Core services providers that administer work/training related services will be notified of the FF case by an alert and by the system removing the participant from the provider's roster.
FFS	16	Transportation assistance may be terminated as a result of compliance related reasons and non-compliance related reasons.
FFS	17	Transportation assistance will be terminated when an individual becomes non-compliant with the PRP (at the point when an adverse action is recorded in the system and the 15 days have expired without the non-compliance situation being resolved, either through good cause determination or by the participant agreeing to correct the non-compliance situation).
FFS	18	When a case is being closed for a non-sanction related reason, the support services brokers must be notified of the FF case closure in order to ensure the transportation services end by the effective date of the case closure.
FFS	19	In a non-sanction situation, transportation services must be terminated ten (10) days prior to the date the FF case closure is authorized on the system matching the end of the adverse action period.
FFS	20	Employed individuals will continue to receive transportation assistance for the days they are scheduled to work, until the effective date of FF case closure.
FFS	21	All support services must be initiated prior to the closure of the Families First cash assistance.
FFS	22	Support service brokers may invoice for services rendered after the FF case closure effective date provided the service was initiated prior to the closure date.
FFS	23	Clients must be notified in writing of the case closure and ending of support services prior to the effective date of

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		closure.
FFS	24	The system generated notice of the FF case closure should include specific information concerning the date support services will no longer be available.
FFS	25	Participants may be eligible to receive extended services once the FF case is closed according to the procedures outlined in the case authorization process.
FFS	26	Services are considered initiated when the participant schedules an appointment with the vendor that will be providing the service.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.2.5 Provider Notification of Case Closure



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.1 Caseload Assignment

Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

This process describes the steps involved in assigning a unique caseload to each caseworker. The system shall support date specific, temporary, or permanent reassignment of case(s) and case maintenance functions to user caseloads that are different than those specified in the county workflow design. The system shall allow users to do their own queries on their caseloads, such as requesting all cases that are due for review. The system shall allow county, district and state queries on caseload information. In order for the caseload management system to properly function, the system shall require that all cases be assigned to a specific caseload. The system shall have the capability to create and maintain a confidential caseload, and only specified users may view and/or update the case based on the user's security access. The system shall have the ability to designate a case, and linked cases if desired, as confidential. The system shall have the ability to allow confidential cases and individuals to show with minimal information when doing a search for that case or individuals.

Sub-Processes:

1. Head of Case Assigned to Worker/Caseload.

   After the individual provides an application, the Head of Case is assigned to a caseworker caseload by the system or by the user. Caseworkers may specialize in one or more programs or may take applications for all programs depending on the individual county's choice. Also, with new caseworkers, the supervisor may want to restrict the caseload size for a period of time; for example, the supervisor may want a new caseworker to start out with a caseload that is 25% of the normal caseload size or that contains only certain types of cases. The system will need to know this information in order to assign a Head of Case to a specific caseload. Worker profile information will allow the system to make accurate assignments to caseloads. Whenever the system makes the caseload assignment, the user will have

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.1 Caseload Assignment

Program Affected: FA	**Users: Caseworkers, Supervisors**

override capability.

NOTE: Multiple case numbers with the same Head of Case will be assigned to the same caseworker.

NOTE: Certain identified cases may be assigned to multiple caseloads. For example, a case may be in a Families First caseworker's caseload, but may also be in a CSR's caseload while the caseworker is doing a review. Such multiple caseload assignments must be easily identified when viewing a case.

WORKER PROFILE (INPUT)
Worker Name
Type of Case that Worker Handles (FF, FS, MA, etc.)
Current Caseload Numbers
Worker Percentage

CASELOAD (OUTPUT)
Caseload Identifier

2. Determine if Eligibility Determination has Been Made.

The system shall determine if the client showed for the intake interview and if eligibility determination has been made on the case (i.e., if the case has been through the driver and has been authorized).

CASE (INPUT)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.1 Caseload Assignment

Program Affected: FA	**Users: Caseworkers, Supervisors**

CASE (OUTPUT)
Eligibility Determination Status

3. User Denies Cases.

   If the application/case is still pending, the user will deny the application, based on the business rules, and the system shall create a record to show that the individual was denied and that the case(s) is not in open status. This case remains in the caseload of the user who took the action, with the appropriate case status reflected.

   CASE (INPUT)
   Eligibility Determination Status

   CASE (OUTPUT)
   Disposition Date
   Disposition Reason

4. Perform the “Transferring Cases Within County/Office” Process (optional).

   If the case has been approved, the next step in the process is optional. If the completed application does not remain with the user who took the action to approve the case, based on individual county procedures, the user may opt to perform the “Transferring Cases Within County/ Office” Process.

   The system shall automatically move the case to Inactive Files based on a pre-defined time period when an active case’s eligibility ends and the status is changed to closed. The system shall allow only designated staff to update pre-defined specific information on closed file cases.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.1 Caseload Assignment

Program Affected: FA	**Users: Caseworkers, Supervisors**

The system shall support the modification of closed cases by the user based on rules. The system shall allow designated users to be able to easily remove the case from inactive files if a case has been moved to an inactive file and the head of case reapplies for benefits. The system shall determine which cases shall be moved to inactive files and which cases shall remain open that are associated to the same individual since an individual can be identified as the Head of Case in more than one case. The system shall be able to send the corrected or updated data to other entities on an inactive case.

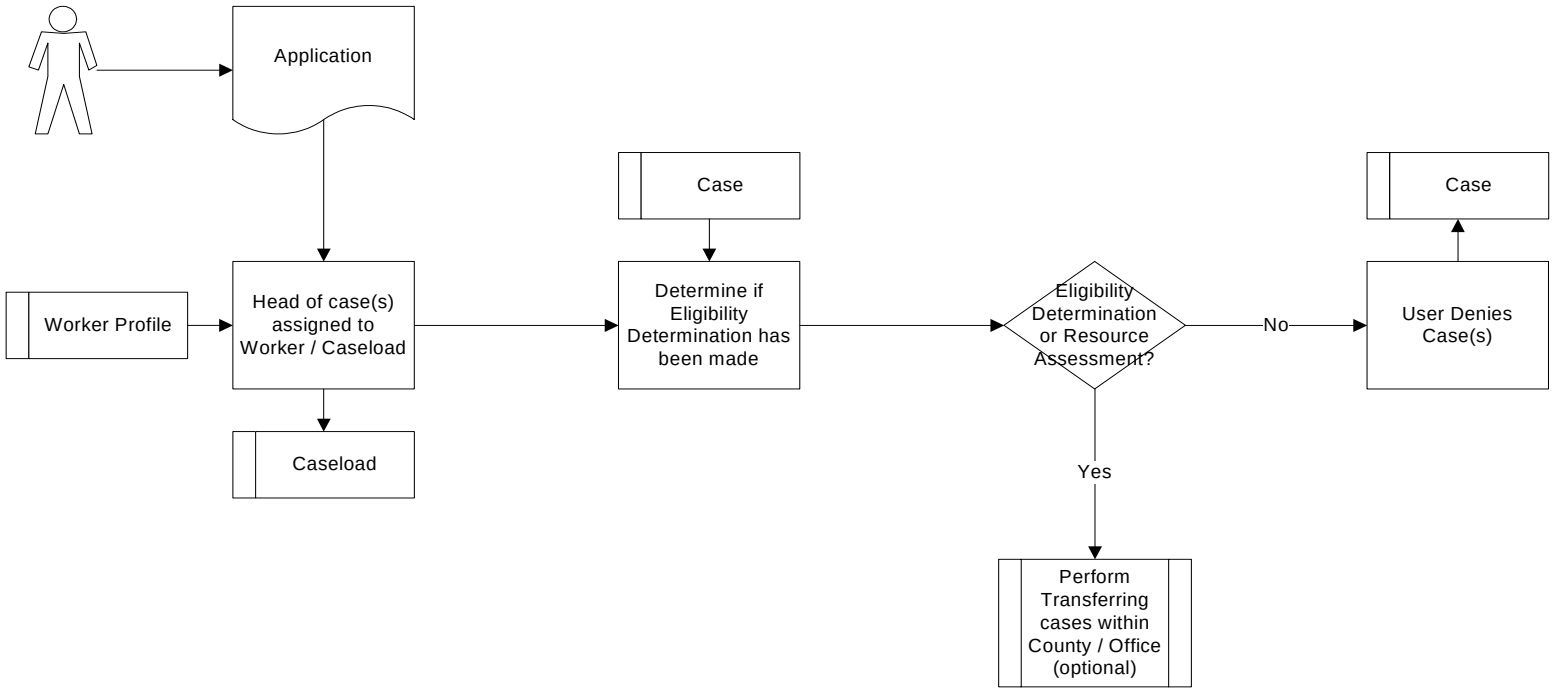
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	The supervisor shall have the authority to determine caseload assignments/distribution based on available staff, cases within a unit(s) or county, and the delivery of quality customer service.
CC	2	The supervisor shall have the flexibility to assign caseloads by various methods to include but not be limited to the following criteria: alphabetical, by zip code, by program type or funding source.
CC	3	The department designee shall maintain a confidential caseload of child care cases which include DHS employees or DHS contractors within the DHS building. These cases will be assigned to one or more department designees as determined by the local supervisor and shall be protected against unauthorized users.
CC	4	See rules governing “all” program which also applies to child care cases – “RU 1.1.7 FASC V1 120804”.
IV-E FC	5	A referral for Title IV-E foster care benefits shall be completed for each DCS foster child.
IV-E FC	6	The foster child shall be the head of a Title IV-E foster care case and the only member of an active Title IV-E foster care case.
IV-E FC	7	A Title IV-E foster care referral shall be generated through the DCS SACWIS (State Automated Child Welfare Information System) System, i.e., TN KIDS, and provided to the DHS V.I.P. System by an interface.
IV-E FC	8	The initial assignment of a Title IV-E foster care referral for a foster care child to a DCS eligibility counselor shall be completed within SACWIS.
IV-E FC	9	Each referral for Title IV-E foster care may be assigned to a DCS eligibility counselor by: • an eligibility counselor; or • DCS supervisory staff; or • assigned automatically by SACWIS.
IV-E FC	10	The DCS eligibility counselor that the referral was initially assigned shall maintain an approved Title IV-E foster care case unless supervisory staff authorizes the approved Title IV-E foster care case be transferred to a different eligibility counselor.
IV-E FC	11	If a decision regarding a foster child’s eligibility for Title IV-E foster care is not completed by the time frames as defined by program limits, the child’s referral for Title IV-E foster care shall be denied.
IV-E FC	12	An approved and active Title IV-E foster care file shall be maintained in the V.I.P. System.
All	13	Each case must reside in a caseload.
All	14	Each caseload must be assigned to a worker and/or a unit.
All	15	Each worker shall have primary responsibility for the cases residing in the caseload assigned to that worker.
All	16	Each worker shall have primary responsibility for the cases residing in the caseload assigned to that worker’s unit.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	17	The supervisor shall determine the case distribution for that supervisor's unit.
All	18	The supervisor shall determine the caseload distribution for that supervisor's unit.
TCM/TCS	19	The worker to whom a case is assigned will be responsible for authorizing the case or another worker who has the capability to work on the cases of the original worker to whom a case was assigned.
FFP	20	The Agency shall have the ability to assign a Families First case to a specific caseworker.
FFP	21	The Agency shall have the ability to track all Families First case actions taken by individual caseworkers.
FFP	22	The Agency shall have the ability to assign a specific caseworker to a caseload.
FFP	23	Caseloads may consist of Program specific cases or Family Assistance generic cases.
FFP	24	The Agency shall have the ability to manipulate caseload size as needed.
FFP	25	The Agency shall have the ability to transfer caseworkers from one caseload to another.
FS	26	There are no food stamp policy rules for this process.
QC	27	Quality Control has no special rules for this process at this time.
IS	28	None
FFS	29	Families First Services has no requirement for this process.
TCM	30	Resource assessments completed by DHS for an individual must be assigned to a caseload even when no application has been filed.

2.3.1
Caseload Assignment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment	
Program Affected: Claims	**Users: Claims Staff**

Process:

This process describes the steps that must be utilized to assign investigation referrals and claims to a caseload within a District or when the claim must be passed to another District based on business rules.

Sub-Processes:

1. Route and Allocate to District Supervisors

   The system shall route non-TennCare Medicaid investigation referrals and claims to the appropriate District Supervisor for distribution based on county information, caseload assignment and business rules.

   CLAIM (Input / Output)
   Claim Number
   Claim Type
   Claim Status

   USER (Input)
   User ID
   Investigator ID
   Supervisor ID

   CASELOAD (Input)
   Caseload Number
   Unit Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment

Program Affected: Claims	**Users: Claims Staff**

ADDRESS (Input)
Address Type
County Office Address
Claimant Address

2. Determine If Investigation or Claim Assigned Within District

The District Supervisor will identify claims that must be routed to another district. The system shall allow the user to select and transfer specific claims to the appropriate district and District or Field Supervisor. Claims not transferred will be assigned within the current district.

CASELOAD (Input)
Caseload Number
Unit Number

CLAIM (Input / Output)
Claim Number
Claim Type
Claim Status

USER (Input)
User ID
Investigator ID
Supervisor ID

ADDRESS (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment

Program Affected: Claims	**Users: Claims Staff**

Address Type
Claimant Address
County Office Address
District
District Indicator

3. Record Investigation / Claim Assignment

The system shall allow the District Supervisor to select and assign investigations or claims when it has been determined that transfer to another district is not required.

CLAIM (Input / Output)
Claim Number
Claim Type
Claim Status

CASELOAD (Input)
Caseload Number
Unit Number
Caseload Identifier

USER (Input)
User ID
Investigator ID
Supervisor ID

4. Generate ALERT to Supervisor

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment

Program Affected: Claims	**Users: Claims Staff**

The system shall generate an ALERT to the District supervisor receiving the transferred investigation or claim, when transfer to another district for processing is required.

CLAIM (Input)
Claim Number

USER (Input)
User ID
Investigator ID
Supervisor ID

CASELOAD (Input)
Caseload Number
Unit Number

ALERT (Output)
Alert Type
Transferred Claim
Alert Date

5. Record Sending Supervisor Approval

The sending supervisor will record their approval of the request for transfer of the investigation or claim referral. The system shall generate an ALERT to the receiving supervisor when approval is entered.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment	
Program Affected: Claims	**Users: Claims Staff**

CASELOAD (Output)
Caseload Number
Unit Number
Supervisor Approval Indicator
Supervisor Approval Type

CLAIM (Input / Output)
Claim Number

ALERT (Output)
Alert Type
Claim Transfer
Alert Date

6. Determine Supervisor Approval

The system shall capture the receiving supervisor's response to the transfer.

CLAIM (Input / Output)
Claim Number
Claim Status

CASELOAD (Input)
Caseload Number
Supervisor Approval Indicator
Supervisor Approval Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment

Program Affected: Claims	**Users: Claims Staff**

7. Route and Allocate

   The system shall determine the receiving Supervisor's action and when approved, transfer the investigation o claim to the appropriate user and update their caseload with this claim or investigation as well as its status.

   CASELOAD (Input)
   Caseload Number
   Supervisor Approval Indicator
   Supervisor Approval Type

   CLAIM (Input / Output)
   Claim Number
   Claim Status

   CASE ASSIGNMENT (Output)
   Claim Transfer Received Indicator
   Date Claim Received

8. Generate ALERT to New Caseload User

   The system shall generate an ALERT to the appropriate user upon receipt of the claim based on business rules.

   IS ACCOUNT (Input)
   Account Number
   Account Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.2 Investigations Caseload Assignment	
Program Affected: Claims	**Users: Claims Staff**

CLAIM (Input)
Claim Number
Claim Status

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Selected Case Indicator

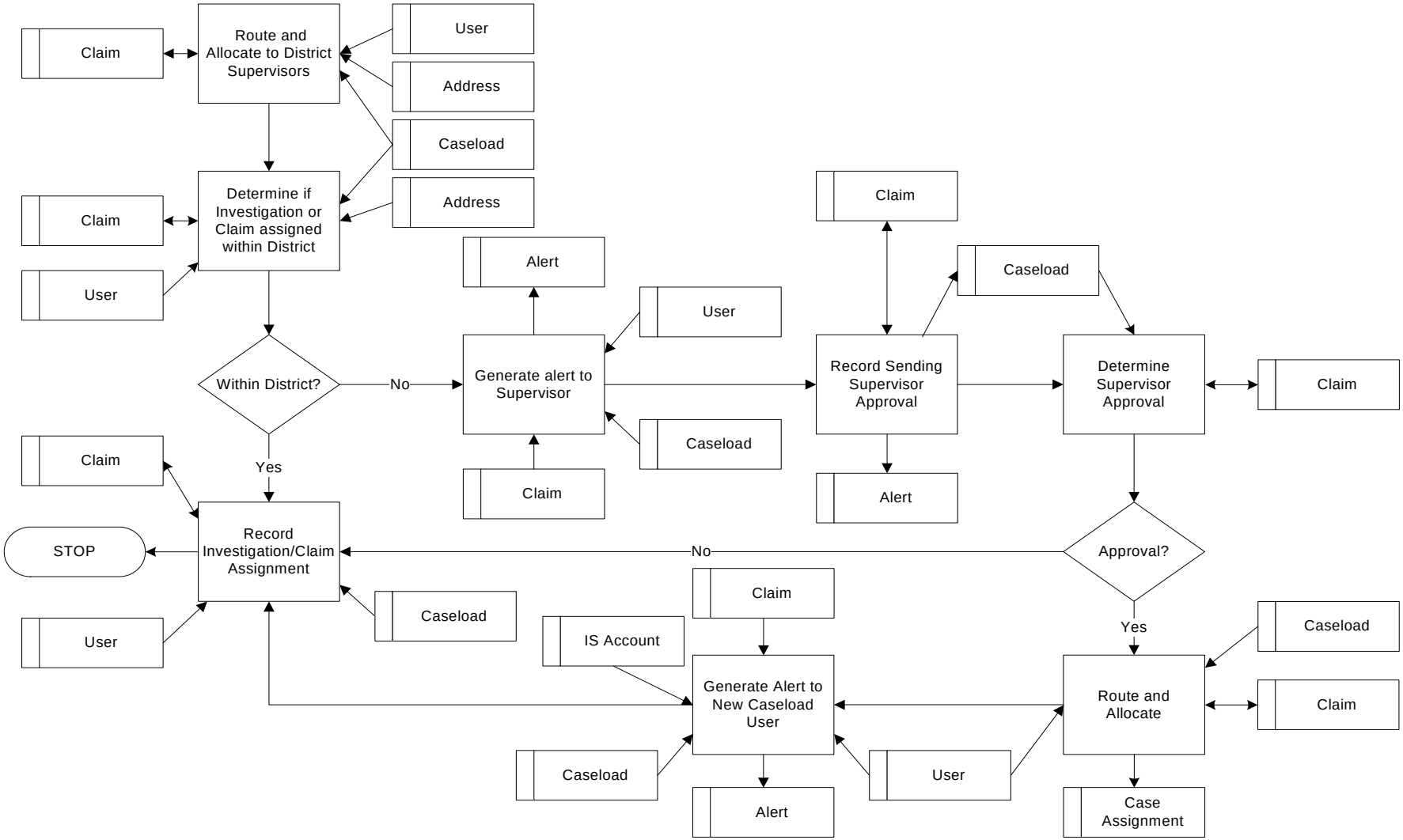
ALERT (Output)
Alert Type
Transferred Claim
Alert Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Districts receive referrals based upon county code of the referral.
IS	2	Districts are made up of one or more counties.
IS	3	Districts have one or more district supervisors.
IS	4	District supervisors may supervise many counties within the district or only part of one county.
IS	5	District supervisors may “transfer” a referral from it’s current assigned location to another district’s supervisor prior to assignment to an Investigator.
IS	6	System matrixes used for referral assignment must be easily maintained and easily changed by the appropriate user.
IS	7	When the appropriate district supervisor “transfers” a referral from one district to another, the “receiving” district supervisor will be notified that a referral has been transferred from one district to them.
IS	8	The “receiving” district supervisor must be able to see who transferred the referral and why prior to approving (or accepting) the transfer.
IS	9	When the “receiving” district supervisor does not approve (or accept) the transferred referral, the referral shall remain routed to the original district supervisor.
IS	10	When the “receiving” district supervisor does not approve (or accept) the transferred referral, the original district supervisor shall be able to see why the transfer was not approved prior to assignment to an Investigator.
IS	11	Once a referral is assigned to an Investigator it becomes a pending investigation.
IS	12	Once a referral is assigned to an Investigator it becomes part of the Investigator’s caseload.
IS	13	Once a referral is assigned to an Investigator the referral status becomes assigned.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.3.2 Investigations Caseload Assignment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment	
Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

Process:

This process describes how users will receive referrals on cases that require additional action to be taken by the specified unit. Referrals will be delegated and tracked by the system to specific users who are responsible for assigning cases to other individuals who may also be users. Referrals will go to the user's inbox and can then be delegated out to other users. We will need to track the original users and delegated users. We also want the case to be updated with the latest referral information such as, user, date referred, etc. The original referral will remain populated on the users caseload or roster and will show the referral information if delegated. When cases are delegated, the new user's caseload or roster will be updated with the original referral information and the user who delegated the referral, and date delegated. Case transcripts will also be updated. Each referral will be given a unique identifier which will be linked to user(s) and to the associated case and individual. Each referral must be assigned a 'status', as appropriate, with the status being updated as action is taken. The caseload of the user must be able to be searched and sorted by several options, including, but not limited to referral number, case number, individual number and status. The system shall support the cancellation of a referral and update the status to reflect based on rules. The system shall have the ability to "round-robin" service providers by client but with an option to reject the assignment.

Sub-Processes:

1. Referrals Received In User's Inbox

   The system shall receive the referral to the appropriate user's inbox (such as the core service provider) as designated on the referral. The system shall support the prioritization of FF referrals to the CSR based on program rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

REFERRAL (Input)
Provider ID
Provider Name
Referral Date
Individual ID
Individual Name
Activity
Referral Type
Case Number
Program
County

INBOX (Output)
User ID of Provider
FF Individual Name
Activity
Individual ID
Case Number
County
Head of Case Name
Head of Case ID
Mailing Address of Head of Case
Phone Number of Head of Case

CASE (Input)
Case Number
Head of Case Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

Head of Case ID

INDIVIDUAL (Input)
Mailing Address of Head of Case
Phone Number of Head of Case

2. Referral is Given a Unique Identifier

The system shall assign the referral a unique identifier for tracking purposes. This referral shall be linked to the case, individual and the receiving unit/provider.

CASE (Input)
Case Number
Head of Case Name
Head of Case ID

REFERRAL (Output)
Referral ID Number
Head of Case Name
Head of Case ID
Provider ID
Provider Name
Case Number

PROVIDER (Input)
Provider ID
Provider Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

3. Referrals Delegated to Appropriate User (Optional)

   If the user who originally received the referral delegates the referral to another user for processing, the system shall populate the delegated referral in the appropriate user's inbox as designed by the original recipient of the referral. The system shall keep history of referrals delegated out.

   USER (Input)
   Sender User ID
   Receiving User Name
   Receiving User ID

   REFERRAL (Input)
   Date Referral Delegated
   Date Referral Originally Assigned
   Referral Number

   REFERRAL (Output)
   User ID Assigned for the Referral
   Referral ID
   Date Delegated
   Receiving User Name
   Receiving User ID
   Date Referral Delegated
   Case Number
   Referral Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

CASE (Input)
Case Number

4. Referral Is Linked to User

   The system shall link the referral to the appropriate user. This user shall be determined based on original referral user assignment, and any subsequent delegations for processing.

   REFERRAL (Input)
   Referral Number
   Case Number
   Date Referral Delegated
   Delegating Individual Name
   Delegating Individual ID

   USER (Output)
   User ID Assigned for the Referral
   Referral Number
   Case Number
   Date Referral Delegated
   Delegating Individual Name
   Delegating Individual ID

5. Case and Roster is Updated with Referral Information

   The system shall populate the received or delegated referral to the individual's caseload. If delegated out, referral needs to be deleted from the original receiver's caseload and populated to the new user's

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

caseload.

REFERRAL (Input)
Referral Number
Date Referral Delegated
Delegating Individual Name
Delegating Individual ID

CASE (Input)
Case Number
Head of Case Name
Benefits Status
Head of Case ID
Caseworker's Name
Caseworker's ID
Benefits Closure Reason Code

PRP (Input)
Active Work Component
Services Status
Work Component Status

PROVIDER (Input)
Provider Owner Name

USER (Input)
Referral Receiving Individual's Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

Referral Receiving Individual's ID

ROSTER (Output)
Individual Name
Activity
Date Referred
Case Number
Referral Number

CUSTOMER SERVICE REVIEW (Output)
Case Number
Head of Case Name
Head of Case ID
Work Component Status
Benefits Closure Reason Code
Referral Number
Date Referral Delegated
Delegating Individual's Name

DOH (Output)
Case Number
Referral Number
Benefits Status
Caseworker's Name
Date Referral Delegated
Delegating Individual's Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.3 DOH/CSR/FF Provider Caseload Assignment

Program Affected: FF	**Users: CSR, Provider, DOH, DHS Caseworker**

PROVIDER (Output)
Case Number
Active PRP Work Component
Work Component Status
Head of Case Name
Head of Case ID
Caseworker's Name
Caseworker's ID
Referral Number
Services Status

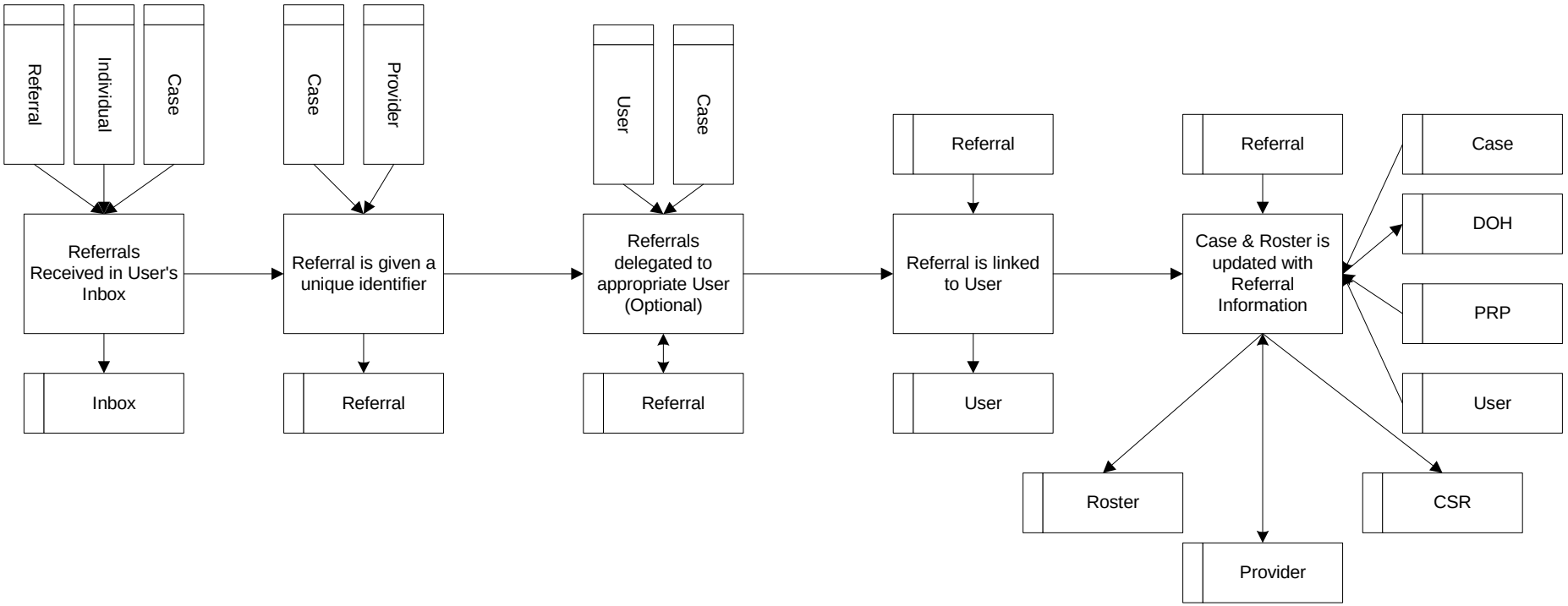
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	Families First participants required to have a work related activity such as ECS or Work Prep are referred to contracted service providers by referral.
FFS	2	The service provider may assign participants to work with individual staff members or subcontractors to complete specific activities.
FFS	3	The system will generate a roster of all participants referred to a specific service provider.
FFS	4	The system shall allow each service provider to assign a participant's case to an individual staff member for the purposes of tracking and monitoring.
FFS	5	DHS must assign participants to a specific service provider by a system generated referral.
FFS	6	The referral will be sent to the individual provider's inbox and/or to the inbox of the specified staff member as assigned by the service provider.
DOH	7	DOH Families First Home Visit referrals are sent to one specific user in each DOH county.
DOH	8	If the DOH user receiving the referrals is not the person who will provide the service, the user will immediately delegate all appropriate referrals to the DOH home visitors who will provide the service.
FFP	9	Families First cases that lose eligibility for any reason other than the successful transition to self-sufficiency shall be referred to the Department of Health for a home visit by a nurse, medical social worker or other health professional.
FFP	10	Families First applications that are otherwise eligible, but are denied because of voluntary quit provisions shall be referred to the Department of Health for a home visit by a health professional.
FFP	11	Families First case members who have a work requirement and choose to participate in a Department of Human Services sponsored activity shall have a referral to a DHS Provider for their specified activity.
FFP	12	Families First case members who have a work requirement and choose to participate in a Department of Human Services sponsored activity may have a referral to a DHS Support Service Provider for child care, transportation, vehicle related repairs/expenses or optical/dental assistance.
FFP	13	All potential Families First case closures shall be referred to the Customer Service Review Unit with some exceptions (detailed in the CSR Process).
DOH, CSR	14	If the case should transfer to another county prior to action being taken, the status will indicate transferred and new referrals generated to new county.
FF Provider	15	If the case should transfer to another county, the FF provider must be notified by using the FF Activity Communication process.
DOH, CSR, FF Provider	16	Caseloads will be updated with new referrals.
DOH, CSR, FF Provider	17	Each case will indicate the status of the action to be taken or case (uninitiated, initiated/pending, complete, transferred, terminated, active, etc.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.3.3

DOH/CSR/FF Provider Caseload Assignment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment	
Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

The Quality Control Caseload Assignment provides the means for the State Office QC staff to assign a QC Sample Case to a QC Reviewer. The State Office will receive a list of QC referrals generated from the monthly QC Sampling process. The Sampled Cases will be assigned a unique QC Review number that will be used by the system to build the QC Review. The QC Reviewer will access their monthly QC Reviews as QC Referrals in their In-Box. The QC Reviewer will be able to display a list including status information of all QC Reviews in their caseload.

Sub-Processes:

1. Cases are given a unique identifier

   A unique QC Review Number will be assigned to each QC Review that has been selected from the QC Universe to be sampled.

   QC UNIVERSE (Input)
   Case
   County
   Caseworker
   Program
   Subprogram
   Client Name
   Address
   Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment

Program Affected: FS and Medicaid	**Users: Quality Control**

Case Status Date

SAMPLE CASES (Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date

2. Select Cases to assign to users

After the monthly QC sampling selection of Active and Negative sample cases, all sample cases will be forwarded to the QC State Office In-Box. The State Office QC user will be responsible for assigning each QC sample case to a QC Reviewer.

SAMPLE CASES (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment

Program Affected: FS and Medicaid	**Users: Quality Control**

Client Name
Address
Case Status
Case Status Date

USER PROFILE (Input)
User Id
User Name
User Phone Number

SELECTED CASES (Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated

3. Case Delegated to appropriate user's In-box

The State Office QC user will delegate each selected case to the appropriate QC Reviewer. The QC

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment

Program Affected: FS and Medicaid	**Users: Quality Control**

Reviewer will receive the QC Review in their In-Box as a QC Referral. The detail information for the QC referral will be available by selecting the Referral Message.

SELECTED CASES (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated

USER IN-BOX
REFERRAL IN-BOX MESSAGE (OUTPUT)
Date Referral Generated
Referral Message (QC Referral)
Referral Identifier (QC Review number Case Number)
Referral Name
Due Date
Workflow Location (QC Review)

4. Populate user's caseload with cases

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment

Program Affected: FS and Medicaid	**Users: Quality Control**

The system shall populate the received or delegated QC referral to the QC Reviewer's caseload. The system shall display the QC Reviewer's caseload and the status of each referral as requested by the user.

SELECTED CASES (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated

CASELOAD (Output)
QC REVIEW
QC Reviewer
QC Review Due Date
QC Review Number
QC Review Status
Case

QC REVIEW CASELOAD LISTING(Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 2.3.4 QC Caseload Assignment	
Program Affected: FS and Medicaid	**Users: Quality Control**

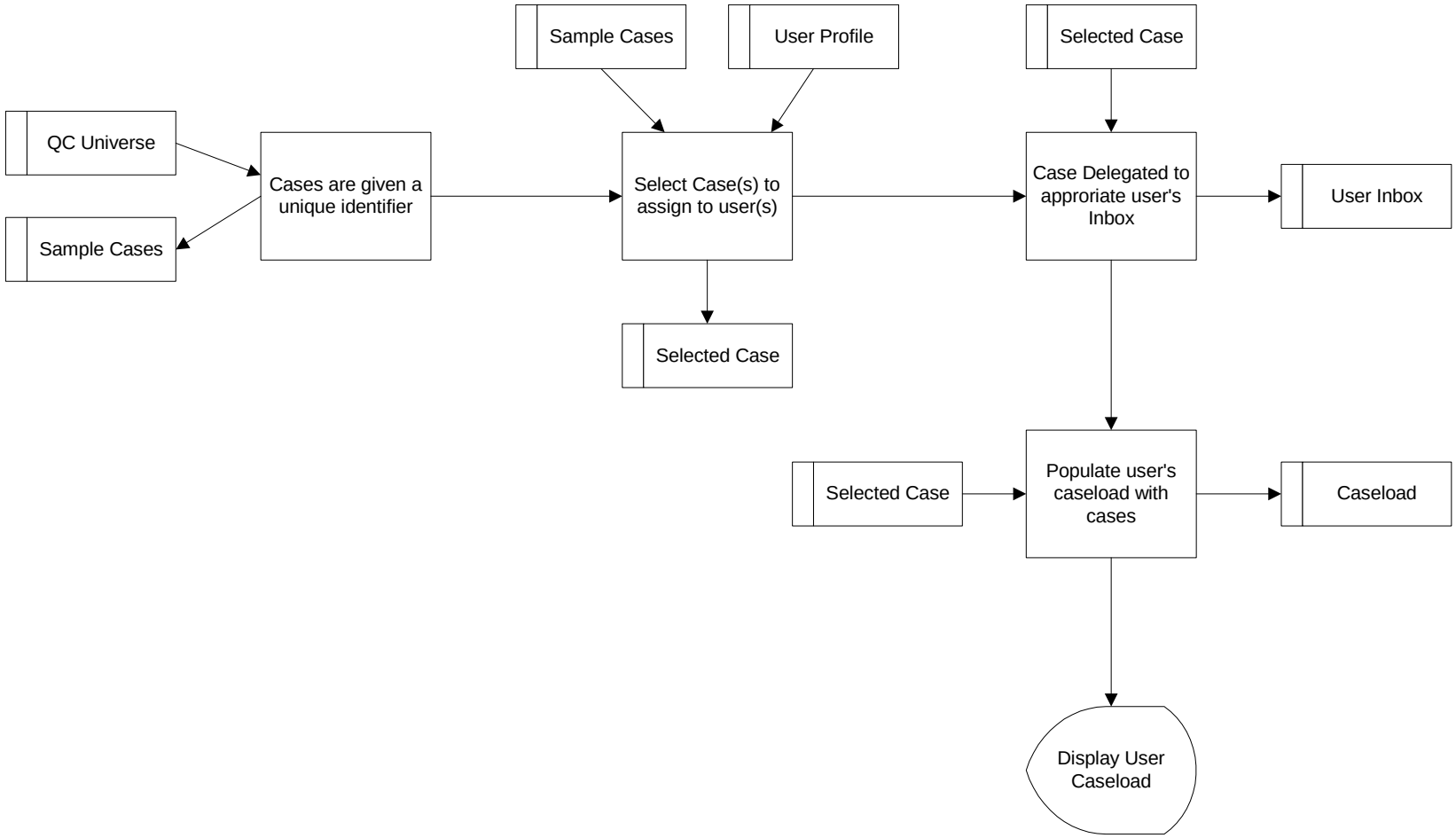
QC Reviewer
QC Review Due Date
QC Review Number
QC Review Status
Case
Case Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	Negative reviews must be automatically assigned to reviewers based on criteria entered by the QC Director.
QC	2	The Director, using a manual process, assigns active reviews to Reviewers.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.3.4
QC Caseload Assignment



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office	
Program Affected: FF/FS/MA	**Users: System , Caseworker**

Process:

This process describes the procedures the system will take to transfer cases between users in a county office. This will happen when caseloads are equalized or when specific cases need to be transferred to different caseworkers. When cases are transferred, the system shall recognize a management hierarchy that links individual users and their cases to appropriate management staff. The system shall ensure that all cases that have the same head of case are transferred when transferring any one of the associated cases.

Sub-Processes:

1. Determine Cases that Need Transfer

   The system shall determine from query results and case information the cases that need to be transferred to another caseload within the same county. Cases may need to be transferred to equalize caseloads to get the case into the hands of the user to whom it was recently assigned or to get the case into a specialized caseload, or to allow the case to be processed during the absence of the user to whom was previously assigned.

   USER(Input)
   Case Number
   Case Type
   Caseworker ID for Each Case Number
   Caseworker Name for each Case Number

   CASELOAD (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office

Program Affected: FF/FS/MA	**Users: System , Caseworker**

Previous Caseworker's New Caseload Size
Recipient Caseworker's New Caseload Size

QUERY RESULTS (Input)
Caseload Size by Worker
Caseload Program Type by Case Worker
Absent Caseworker(s)

CASE (Input)
Case Number
Case Type
Caseworker ID for Each Case Number
Caseworker Name for Each Case Number

CASE (Output)
Case Number of Case To Be Transferred
Case Type of Case To Be Transferred

2. Select and Assign Cases

The system or user will select specific cases that need transferring to different caseloads within the same county. The system shall link and move alerts with the case or individual.

CASELOAD (Input)
Previous Caseworker's New Caseload Size
Recipient Caseworker's New Caseload Size

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office

Program Affected: FF/FS/MA	**Users: System , Caseworker**

USER (Input)
Caseworker Name
Caseworker ID
Caseworker Caseload Size by Case Type
Caseworker Overall Caseload Size
Caseworker's Supervisor's Name
Caseworker's Supervisor's ID
Caseworker List for County/Office

CASE (Input)
Case Number
Case Type
Caseworker ID for Each Case Number
Caseworker Name for Each Case Number

CASE (Output)
Case Number of Cases Transferred
Case Type of Cases Transferred
Recipient Caseworker's Name
Recipient Caseworker's ID
Date Case Transferred

3. Notify User

The system shall alert the new user of the new cases assigned to their caseload and any related appointment information

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office

Program Affected: FF/FS/MA	**Users: System , Caseworker**

ALERT (Output)
Case Number of Cases Transferred
Type of Cases Transferred
Date Cases Transferred
Recipient Caseworker's Name
Recipient Caseworker's ID

CASE (Input)
Case Number of Cases Transferred
Type of Cases Transferred
Date Cases Transferred

USER (Input)
Recipient Caseworker's Name
Recipient Caseworker's ID

4. Determine if Case has Appointment

The system shall determine if the case has been assigned an appointment with the prior caseworker.

APPOINTMENT (Input)
Case Number
Appointment For Case
Type of Appointment
Time of Appointment
Date of Appointment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office

Program Affected: FF/FS/MA	**Users: System , Caseworker**

5. Delete Old Appointment

   If the case already has an appointment, the system shall delete the old appointment and alert the new worker of potential need to reschedule the cancelled appointment.

   APPOINTMENT (Output)
   Deleted Appointment Indicator
   Previous Date of Deleted Appointment
   Type of Deleted Appointment
   Time of Deleted Appointment

   ALERT (Output)
   New Worker ID
   Client ID
   Cancelled Appointment
   Date of Original Appointment

6. Notified Client

   The system shall notify the client of the deleted appointment, and if a new appointment has been or will be rescheduled.

   NOTIFICATION (Output)
   Case Number
   Case Type
   Head of Case
   Head of Case Mailing Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.5 Transferring Cases Within County/Office

Program Affected: FF/FS/MA	**Users: System , Caseworker**

Previous Appointment Time
Previous Appointment Date
Appointment Deletion Reason
New Caseworker's Name
New Caseworker's Phone Number

CASE (Input)
Case Number
Case Type
Head of Case

INDIVIDUAL (Input)
Head of Case Mailing Address

APPOINTMENT (Input)
Previous Appointment Time
Previous Appointment Date
Appointment Deletion Reason

USER (Input)
Caseworker's Name for Case
Caseworker's Phone Number for Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

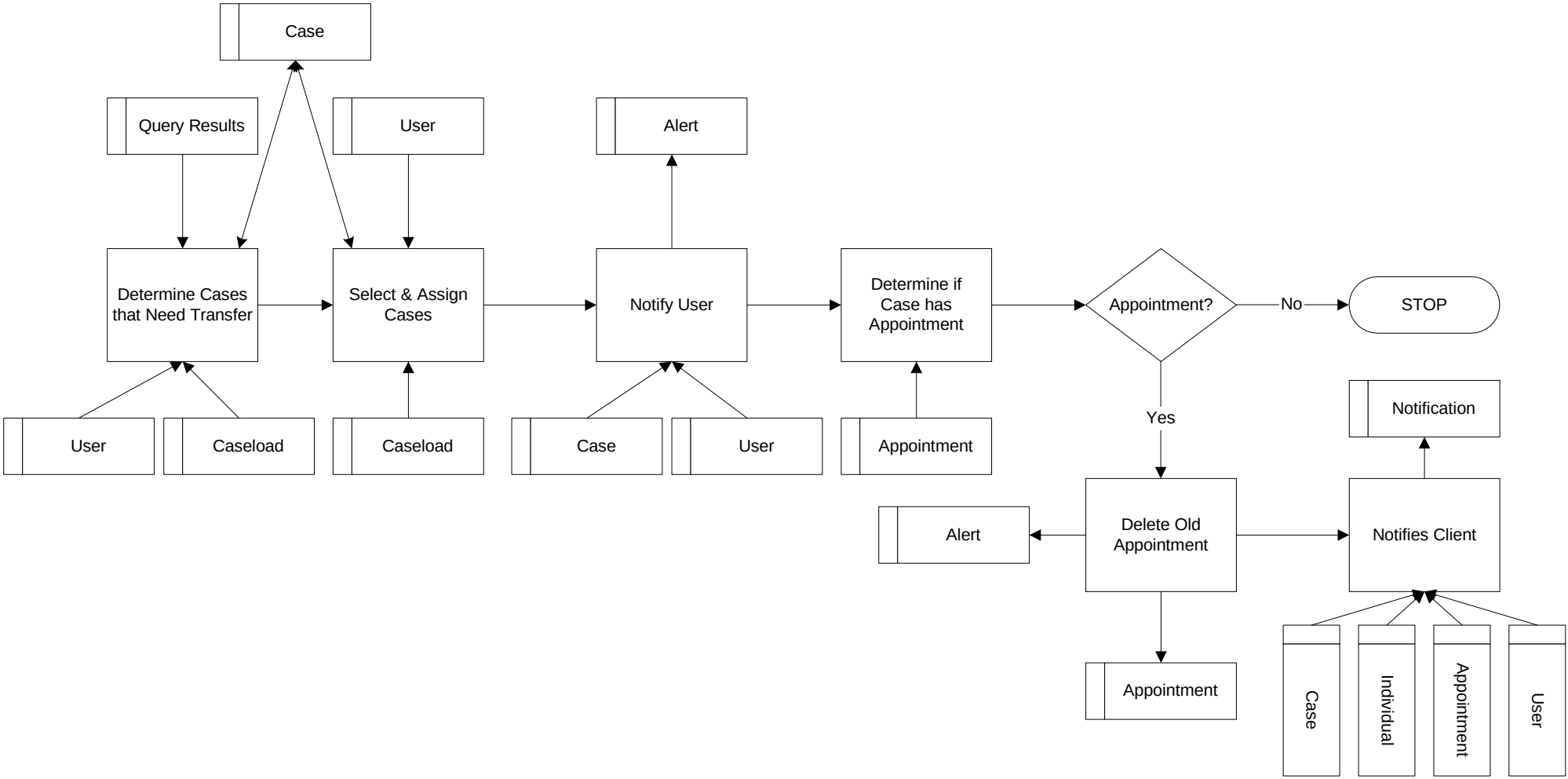
Program Type	Rule Number	Rule
FFS	1	FF Service providers must receive timely notification of case transfers if the transfer impacts the contractor's ability to provide the service.
FFS	2	FF Service providers must be identified as a user in order to receive notification of case transfers.
ALL	3	When a case is transferred to a new caseworker an alert must be sent to the recipient caseworker.
ALL	4	The alert must contain the case number for the case transferred.
ALL	5	The alert must contain the case type for the case transferred.
ALL	6	The alert must contain the date the case was transferred.
ALL	7	A case may be transferred to another user at any time.
ALL	8	User profiles and associated security levels will designate who may transfer a case.
ALL	9	When an appointment is cancelled because a case is transferred to a new caseworker, a notice must be generated.
ALL	10	If Notices are mailed, the notice must be addressed to the mailing address listed in the case.
ALL	11	The notice must contain the reason the appointment has been cancelled.
ALL	112	The notice must contain instructions to the head of case describing what must be done to schedule a new appointment.
ALL	13	The notice must contain the new caseworker's name.
ALL	14	The notice must contain the new caseworker's phone number.
ALL	15	The notice must contain the Service Center's phone number.
ALL	16	The notice must contain the county office phone number where the case is located.
ALL	17	The notice must be addressed to the head of case.
ALL	18	The notice must include consequences of not scheduling a new appointment.
ALL	19	The notice must include a "respond by" date.
All	20	When a case is transferred to a worker, that worker must be notified of the transfer.
All	21	When a case is transferred to a worker, that worker must be informed of the identification of the individual who transferred the case.
All	22	When it is determined that an individual has moved their residence to another zip code served by a different branch office within a county, every case for which that individual is head of case must be transferred to the appropriate worker in the new branch office.
All	23	When it is determined that an individual has moved their residence to another zip code served by a different branch office within a county, notification of the move must be sent to the worker to whom is assigned any case in which the individual is a member.
All	24	When a worker is notified that a member of a case has moved their residence to another zip code served by a different branch office within a county, the worker must determine if that case member should be removed from the case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	25	When a worker is notified that a member of a case has moved their residence to another zip code served by a different branch office within a county, the worker must determine if that case should be transferred to the appropriate worker in the new branch office.
IV-E FC	26	A case may be transferred from one Child Welfare Benefits Counselor to another Child Welfare Benefits Counselor to equalize caseloads or to allow a case to be processed during the absence of the Child Welfare Benefits Counselor to whom the case was previously assigned.
IV-E FC	27	The user will select the specific cases that are to be transferred to another Child Welfare Benefits Counselor.
IV-E FC	28	A supervisor shall approve a case transfer before the case transfer is authorized.
IV-E FC	29	An alert shall be sent to the new Child Welfare Benefits Counselor before a case is transferred to the recipient Child Welfare Benefits Counselor.
IV-E FC	30	The alert shall contain the case name and case number for the case transferred.
IV-E FC	31	The alert shall contain the case type for the case transferred.
IV-E FC	32	The alert shall include the reason(s) for the transfer.
IV-E FC	33	The alert shall contain the date the case was transferred.
IV-E FC	34	The alert shall contain the name of the supervisor who authorized the case transfer.
AA	35	The adoption assistance designee maintains all active adoption assistance cases.
AA	36	Adoption Assistance cases are not routinely transferred to other case managers.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

2.3.5 Transferring Cases Within County/Office



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County	
Program Affected: FA, DCS	**Users: Caseworker, System**

Process:

This process describes the steps taken to transfer a case to a different zip code or county by a user. Transfers based on zip codes only apply when that county has satellite offices set up based on zip codes. The county must still be specified when transferring. Cases typically reside in the home county of the head of case, per current address. The system will trigger the user to enter or modify voter registration information when necessary. The system shall have the capability to link and display by household and/or individual all corresponding cases and allow user to transfer the appropriate cases. The system shall ensure that all cases that have the same head of case are transferred when transferring any one of the associated cases. The system shall support the transfer of cases in 'open' status. The system shall perform edits to ensure that appropriate case action(s) have been taken prior to transfer of cases. The system shall allow cases that are selected for transfer out or in may be sorted based on parameters defined by that user. Under certain circumstances, the system may auto transfer a case based on a new address and business rules.

Sub-Processes:

1. Select Case(s) that Need Transferring

   The user shall select from query results the case(s) that need transferring.

   CASELOAD (Input)
   Case

   INDIVIDUAL (Input)
   Related Cases that Individual Receives In

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County

Program Affected: FA, DCS	**Users: Caseworker, System**

QUERY RESULTS (Input)
Individual Found Indicator
Case Found Indicator

2. Enter New Location

   The user shall enter the new location for the case(s). The system shall associate specific reminders or work orders with an individual or case and these with all other alerts shall be linked and moved with the individual or case. The new worker will have responsibility for any outstanding alerts.

   LOCATION (Output)
   County
   Case ID
   Date Transferred
   Branch Office Zip Code

   CASELOAD (Input)
   Selected Case

3. Determine if New MCO Needed

   The system shall determine if a new MCO will be needed for individuals in the case in the new location. The system shall read the MCO list and the counties and/or cities covered by each MCO to determine if a new MCO is needed.

   LOCATION (Input)
   County

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County	
Program Affected: FA, DCS	**Users: Caseworker, System**

MCO (Input)
Available MCO Providers
Area Served by MCO

4. Determine Caseload Accepting Transfer in Cases

   If a new MCO is not needed and/or after the TennCare System notification of new MCO has been assigned, the user shall determine from user data the new user the case is being transferred to. The system shall support date specific, temporary, or permanent reassignment of case(s) and case maintenance functions to user caseloads that are different than those specified in the county work flow design. The system shall support assignment of initial cases and caseload maintenance functions based on county specific work flow design.

   MCO (Input)
   MCO Name
   Counties/Cities Covered by MCO's
   Type of Coverage Provided by MCO's

5. Record New MCO Individual(s)

   If the individual's current MCO does not provide coverage for the new location, the system will record the user's selection of a MCO provider for the case being transferred.

   MCO (Input)
   Available MCO Provider
   Type MCO Provider

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County	
Program Affected: FA, DCS	**Users: Caseworker, System**

Area Served by MCO Provider
INDIVIDUAL (Output)
MCO Selection

CASE (Input)
Eligible Individuals

6. Notify TennCare system of New MCO Assigned for Individual(s)

   If a new MCO was recorded for the individual(s) due to case transfer, this information will be sent to TennCare.

   INDIVIDUAL (Input)
   Individual Name
   MCO
   Individual Number

   MCO (Input)
   MCO Selection

   TENNCARE FILE (Output)
   (Defined in the Interfaces)

7. Assigns Case(s)

   The system shall assign the case(s) to the new caseload being transferred.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County

Program Affected: FA, DCS	**Users: Caseworker, System**

CASELOAD (Output)
New Case ID
Date Transferred
Assigned User

CASELOAD (Input)
Available Users

8. Alert Users

   If appropriate, the system shall send an alert notice to the new user with case information. The alert shall also note that all appointments in the previous location have been cancelled, and shall provide information to be used in scheduling new appointment (s). When appropriate, this alert shall notify prior user of transfer to new county or zip.

   ALERT (Output)
   New Case Transferred
   Date Transferred

   CASELOAD (Input)
   Assigned User

9. Perform 'Transferring Cases within County' Process (Optional)

   The system shall perform the pre-defined process of 'Transferring Cases within the County' when transferring is occurring between office caseloads.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County	
Program Affected: FA, DCS	**Users: Caseworker, System**

10. Determine if New Appointment Needed

    The system shall determine from the transfer if a new appointment is needed.

    CASE (Input)
    Case Number

11. Perform 'Appointment Scheduling' Process

    The system shall perform the pre-defined process of 'Appointment Scheduling' if the individual needs a new appointment.

12. Determine if Verification Request Should be Sent.

    Once the case is transferred and it has been determined an interview is not required, the user shall determine by examining the case and program rules if a verification request is to be sent to the client to obtain information necessary to establish continuing program eligibility.

    CASE (Input)
    Case Name
    Case Address

    PROGRAM STANDARDS (Input)
    Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County	
Program Affected: FA, DCS	**Users: Caseworker, System**

13. Generate Verification Request

    If the user determined that a verification request should be sent, the system shall generate the request to the client.

    NOTICE (Output)
    Verifications Requested
    Individual Name
    Case Name
    Address
    Due Date of Verification(s)

    CASE (Input)
    Case Name
    Case Address

14. Generate Client Notice of Transfer

    The system shall generate notices to clients who have transferred to other counties to remind them of the change reporting requirements as required by policy rules. This notice must also include the new case worker's name, phone number and county office address for the case(s).

    NOTICE (Output)
    County Name
    Satellite Office
    Worker Name
    Worker Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 2.3.6 Transfer Case to Other Zip Code or County

Program Affected: FA, DCS	**Users: Caseworker, System**

County Office Address

15. Perform 'Obtain Verification' Process

    If the user determines verification is necessary to determine on-going eligibility for the transferred in case, based on program rules and case specifics, the 'Obtain Verifications' process will be performed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	1	Cases may be transferred from one county to another county within the state in specific circumstances.
IV-E FC	2	Cases may only be transferred from one region to another region within the state when the there is a change in the foster child's county of commitment.
IV-E FC	3	A case shall only be transferred from one county to another county after the transfer of venue order is received.
IV-E FC	4	The user shall select the specific case that is to be transferred to another county.
IV-E FC	5	When a case is transferred to a DCS eligibility counselor, the eligibility counselor must be notified of the transfer.
IV-E FC	6	Supervisory staff shall authorize a case transfer from one county to another county.
IV-E FC	7	Supervisory staff must assign a case to a caseload in the new county of commitment.
AA	8	An adoption assistance case is approved and must remain in the adoptive parent's county of residence.
AA	9	In cases in which the adoptive parent resides out of state, the case is approved and must remain in the county/ region from which the child is placed.
AA	10	An adoption assistance case is not to be transferred.
FS	11	Food Stamp households may move from county to county within the state and remain eligible for benefits.
FS	12	DHS county offices shall transfer the food stamp case to the new county as quickly as possible.
FS	13	When a household reports to the county to which the case is currently assigned that the household has moved to another county, the county to which the case is currently assigned shall record the new address and transfer the case to the new county of residence.
FS	14	When the household moves from one county in the state to another and reports the change to the new county first, the new county will contact the county to which the case is currently assigned, and that county will change the address and transfer the case to the new county of residence.
FS	15	When a household is not assigned to simplified reporting, once the case has been transferred to the new county, the household will be given or sent a notice requesting verification for shelter, utilities and other pertinent information, if needed.
FS	16	The non-simplified reporting household must provide the requested information to the new county within 10 days of the date the letter was sent or given to the household.
FS	17	If the requested information is not received in the new county by the date requested, the food stamp case will be closed.
FS	18	If the household is assigned to simplified reporting, verification of shelter and utilities is not required, so no verification request will be sent.
CC	19	When Families First, Transitional and Low-Income participants move their residence to another county

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		within the state, the Child Care Specialist will transfer the case after closing the child enrollment. The participant's eligibility will remain open.
CC	20	Families First, Transitional and Low-Income participants must update all household information, including income, with the Child Care Specialist in the new county before enrolling with another child care provider.
TCS/TCM	21	If a case is transferred to another zip code or county, this could affect the MCO selection, as there are different MCO's accepted in different areas of the state.
FFP	22	Families First recipients may move from county to county within the state and remain eligible for benefits.
FFP	23	The Agency county offices shall transfer the Families First case to the new county as quickly as possible.
FFP	24	The Agency county offices shall ensure that benefits are not interrupted if the Families First individual provides all necessary information related to the address change.
FFP	25	The Agency county offices shall review the transferred Families First cases within 30 days of receipt.
FFP	26	When a Families First assistance group moves from one county in the state to another, the caseworker in the old county shall record the new address and transfer the case to the new county.
FFP	27	When a Families First assistance group moves from one county in the state to another, and reports the new address to the new county first, the caseworker in the new county shall notify the caseworker in the old county who shall update the address and transfer the case.
FFP/FFS	28	FF Activities will be ended, and the FF Service Providers Notified, when a case is transferred out of the county and the activity involves Services thru a Provider.
FFP	29	The Families First caseworker in the old county shall assign a new MCO, if necessary, prior to transferring the case to the new county.
All	30	When it is determined that an individual has moved their residence to another county within the state, every case for which that individual is head of case must be transferred to the appropriate worker in the new county of residence.
All	31	When it is determined that an individual has moved their residence to another county within the state, notification of the move must be sent to the worker to whom is assigned any case in which the individual is a member.
All	32	When a worker is notified that a member of a case has moved their residence to another county within the state, the worker must determine if that case member should be removed from the case.
All	33	When a worker is notified that a member of a case has moved their residence to another county within the state, the worker must determine if that case should be transferred to the appropriate worker in the new county of residence.
All	34	When a case is transferred to a worker, that worker must be notified of the transfer.
All	35	When a case is transferred to a worker, that worker must be informed of the identification of the individual who transferred the case.
FFS	36	FF Service providers must receive timely notification of case.

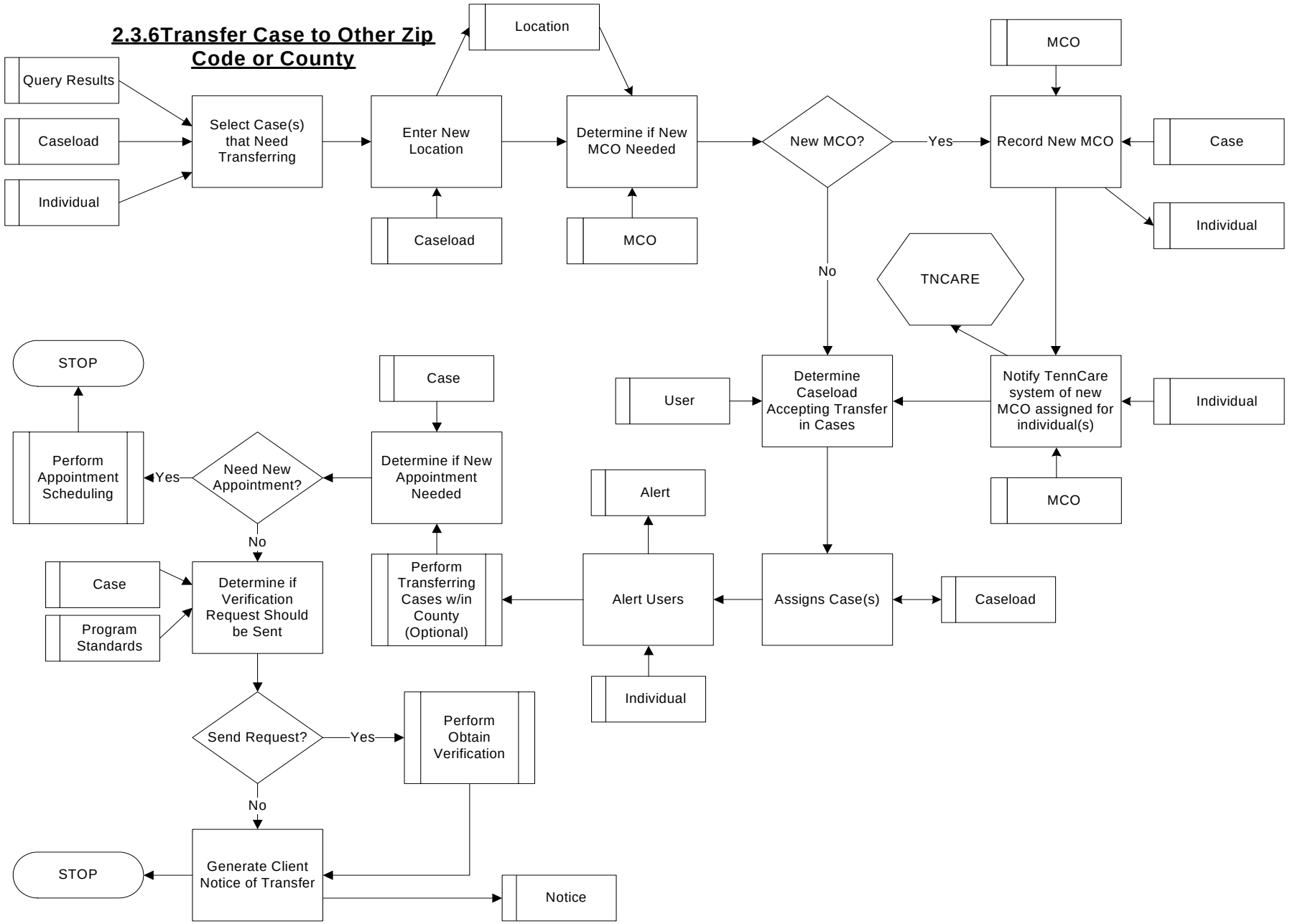
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	37	FF Service providers must be identified as a user in order to receive notification of case transfers.
FFP	38	A transferred case must be given an appointment and reviewed within 30 days from date of transfer.
All	39	A notice must be generated by the system and mailed to the head of case when their case(s) are transferred to another county or zip code (branch 0ffice).
All	40	The notice must be mailed to the (new) mailing address of the head of case.
All	41	The notice must give the name, location, and phone number of the new location office.
All	42	The notice must give the number(s) of the cases transferred to the new location.
All	43	The notice must give the name and phone number of the caseworker to whom the case was assigned.
All	44	The notice must give the effective date of the transfer.
FFP/FFS	45	The FF activity will not be ended when the same Service Provider for the activity serves both the prior and the new county of residence for the case.
FFP	46	A FF case that transfers to another county and had FF activities ended on the PRP, must have their PRP renegotiated in the new county of residence within 14 days.
TCS/TCM	47	A notice must be generated by the system and sent to Tenncare when a case is transferred to a new location (office).
TCS/TCM	48	A notice must give the case number(s) that are transferred to a new location (office).
TCS/TCM	49	The notice must give the name and SSN's of all individual(s) in the case(s) that are transferred to a new location (office).
TCS/TCM	50	The notice must give the residence address of all individual(s) that are in the case(s) that are transferred to the new location (office).
TCS/TCM	51	The notice must give the mailing address of all individual(s) that are in the case(s) that are transferred to the new location (office).
TCS/TCM	52	The notice must give the type of TCS coverage currently provided to the individual(s) in the case(s) that are transferred to a new location (office).
All	53	All cases transferred to a new location that have the same head of case must be assigned to the caseload of one caseworker.
DOH	54	When a case is transferred to another county, and there is a pending DOH referral, the DOH referral should be terminated and a new DOH referral sent to the new county where the case now resides.
IS	55	Normally once an investigation has begun, the assigned investigator finishes the investigation and any subsequent claim(s) even if the client and/or their FA case(s) transfer to a new county. Once a claim referral is assigned to an investigator and becomes an investigation the system will not automatically re-route (or transfer) the investigation.
IS	56	The appropriate Investigation's supervisor will transfer a referral, investigation, claim, or account receivable in the system upon request.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	57	When a referral, investigation, claim, or account receivable is transferred or assigned a new investigator the new investigator will receive an alert informing them of the transfer.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

Process:

The system shall display a user In-Box that presents to the user pending actions or information. The pending actions include but are not limited to Alerts, Matches, Reports, Referrals, Flash Bulletins, Reminders, Case Action Requests, User Communications and any other notifications that are required for the user. The system shall create and generate information to the user In-Box when conditions exist that warrant the need for review or action.

The In-Box will be used as an organizational tool to assist users to organize their cases. The In-Box should assist the user in identifying the work that has to be done that day or on a specified future date. Critical items and overdue actions should be identified. The system shall have the ability to update the In-Box priority levels as determined by program rules. The In-Box should also include easy access to the User's Appointment Calendar and to the User's Waiting List of clients with appointments that have arrived in the office. The system shall allow the user to link to their current caseload.

The In-Box will include specific information for the different types of users of the system. Investigations, Appeals, Families First Services, Quality Control, Department of Health, Active Case Review, DCS users and Customer Service Review users will have different needs than Family Assistance case workers and supervisors. Some of those special needs include but are not limited to the following:

DHS Family Assistance caseworkers and supervisors: Alerts, Matches, Reports, Flash Bulletins, Reminders, Case Action Requests, User Communication and Calendar.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

Investigations: Newly assigned referrals, unresolved matches, overdue notices, caseload aged by type and appointment calendars,

Appeals: Pending for conciliation; actions and reinstated benefits; similar to the DHS Family Assistance caseworkers and supervisors

Families First Services: Provider referrals, STEPS, attendance information, status changes, terminated individuals; two-week compliance notification.

Quality Control: Supervisory review approval tracking; monthly review assignment listing; reassigned reviews, alerts, Director notifications.

Active Case Review: Immediate Action Notification notifying the ACR supervisor, case reading results to users.

Department of Health: Referrals

Department of Childrens Services: In-Box will be similar to the DHS caseworker In-Box

Customer Service Review: Referrals by type; withdrawn referrals; conciliation outcomes, reassignment of review.

Financial: Bankruptcy, Invoices, Provider Incentive, Child Care

Service Center: Internet Inquiries, Work Order, Electronic Applications assigned, DHS Caseworker In-Box

The system shall provide query for all In-Box categories. The system shall display outstanding action items for an

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

individual or case any time a user accesses a case. The system shall indicate if an In-Box item has been viewed but not yet resolved. The user should have flexibility in customizing their In-Box format. The user shall have the capability to search the In-Box by date received, date due and type of pending action. The user shall have sort and search capability for all In-Box information. Sort by zip, priority level, due date, county, user, date received.

The system shall notify the user and supervisor when items in the user's In-Box are overdue. The supervisor shall have the capability to identify the pending action that should escalate for supervisor review when overdue. The system shall store a record of all actions that are escalated for supervisor review.

The system shall produce an In-Box report that lists monthly totals of pending actions that have been generated for each user. The report should include pending actions created for the month, remaining pending actions, actions completed for the month and overdue actions. This report will assist supervisors in performance reporting.

The system shall allow the ability for a user to view another user's In-Box when applicable. The system shall allow the ability to view In-Box pending actions for a user that is no longer active. The system shall have the ability to transfer the In-Box work.

Sub-Processes:

1. Alerts

An alert is a system generated message linked to a case, to a specified user or group of users that requires action to be taken. Alerts will be tied to a case, an individual or an investigation. The alert shall be assigned a priority and due date. The alerts shall have different levels of priority such as overdue, critical, high, medium,

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.

Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

and low. The priority level of an alert shall change based on type of alert and due date. Many alerts have been identified in the individual process flows. The types of alerts that shall be generated by the system include, but are not limited to the alerts identified in the process flows, batch system alerts that are time triggered such as birthdates, time counters etc, overdue applications, reapplications and expedited applications, eligibility alerts, benefit issuance alerts, interface match alerts, case management alerts, and interface alerts caused by mis-match with an external system such as TennCare or Child Support. Alerts will be generated to notify the worker that Interface matching or Mass Change has occurred and that there are generated matches on cases and individuals that need action.

The system shall have the ability to generate alerts real time or by batch as appropriate. The system shall compare alerts to determine duplicates and shall not repeat the alert but will display the number of times the alert has been generated. History shall be maintained of previously generated alerts so the user can determine when the other alert was generated.

When a user accesses a case or individual, display all of the alerts and other In-Box notifications that are due on that case or individuals on that case. The user shall be able to go to additional detail for this alert by clicking on the Alert Message. The detail is shown in the ALERT data store below. The user shall be able to go to the appropriate case or individual for this alert by clicking on the case number. Each alert will have a defined location to access for that alert.

The system shall link and move alerts with the case or individual. The system shall indicate if an alert has been viewed but not resolved. The system shall display alerts until resolved or the case is closed. Unresolved alerts shall remain with a closed or denied case for a specified period of time as identified by programs rules. The system shall prevent approval of a case if there are outstanding alerts; if required based on program policy. The system shall suspend resolution of the alerts when a case is closed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

The system shall provide help text on all alerts to assist the user on the proper action that should be taken to resolve the alert. The system shall recognize each alert type and the parameters that must be met before alert resolution. The system shall automatically resolve the alert and remove from the In-Box, as possible, when the user takes the appropriate case action. For those alerts that are automatically removed from the In-Box due to case action post alerts to history and post the action and reason for automatic resolution as case notes. The system shall track the alert, the system program that created the alert, the user who received it, the user who worked it and when, what action was done and how long it took to work it.

The system shall provide a notification to appropriate staff when a user's number of unresolved alerts reaches a specified number for a specified type of alert. The supervisor shall have the capability to identify the alerts that should escalate for supervisor review when overdue.

Alert status should be updated with pending if the alert has been read, verification is outstanding, or reset the status to not read. All alerts that have been worked should be stored in history and can be viewed by the user, or other staff as permitted.

ALERT IN-BOX MESSAGE
Alert Due Date
Alert Generation Date
Alert Identifier (Case or Individual Id)
Case Name
Alert Number
Alert Message Text
Alert Due Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

Alert Priority

ALERT
Alert Due Date
Alert Generation Date
Alert Program (System Program that generated the alert)
Alert Identifier (Case or Individual Id)
Case or Individual Identifier
Case Name
Alert Narrative
Alert Number
Alert Priority
Alert sequence Occurrence Number (for multiple alerts)
Alert Status
Alert User (User ID of the user that received alert)
Alert Name (Name of the user that received alert)
Alert Help Text
Workflow location (Case section to access when the user selects case or individual number)

2. Matches

A match is a message and specific data elements generated from an interface. The match results will be stored for on-line viewing. The match information will be linked to a specific individual/case. The request can be assigned a priority and due date. Interface matching will occur at application and at pre-scheduled times. The on-line match will display at appropriate times during the interview. For example, wage matches

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

should display at the time questions on earned income are being asked.

The process flows and the Interface document identify the type of matching that shall occur. A match alert will be generated for every match that must be evaluated. The user shall be able to select the match alert from the In-Box and link to the on-line match that corresponds to that match alert. The detail of the Interface matching is included in the Interface Model.

The match information will include all of the information necessary for the user to determine if a case action must occur. The match information will be stored in history. Help text shall be available to assist the user on the proper action that should be taken to resolve the match. When a match is resolved automatically delete the match alert associated with this match. The system shall have the ability to calculate a cost savings report resulting from resolving required interface matches.

Match status should be updated with pending if the match has been read, verification is outstanding, or reset the status to not read.

MATCH IN-BOX MESSAGE
Date Match Generated
Match Message
Match Status
Match Identifier (Individual Identifier or SSN of the Individual matches)
Match Name
Due Date
Workflow Location (Case section to access when the user selects individual number or SSN)
Resolve User (User ID of the user that resolved the alert) Could be system resolved

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

Resolve Name (Name of the user that resolved the alert) Blank if system resolved
Resolution Reason
Resolution Savings Amount
Resolution Overage Amount

3. Reports

Users will receive notification that reports or queries have been generated and are ready for review. This listing will include report name and date of report.

REPORT
Report Name
Date of Report
Due Date

4. Referrals

An In-Box referral is an electronic notification that is sent to a system user. The referral contains a message and specific data elements needed by the user to process the referral. The referral information will be stored for on-line viewing. The user shall be able to link to the detail of the referral by clicking on the referral message in the In-Box. The detail of the referral is in the Interface Model. The referral information will be linked to a specific case, to a specified user or group of users that requires the user to take action. The referral shall be assigned a priority and due date. The referral will be assigned to a user and will primarily be for Families First Services, Investigative review or Department of Health follow-up.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

REFERRAL IN-BOX MESSAGE
Date Referral Generated
Referral Message
Referral Identifier (Individual Identifier or SSN of the Individual matches)
Referral Name
Due Date
Workflow Location (Case section to access when the user selects referral identifier)

5. Flash Bulletin

The system shall provide the capability for the State office to issue Flash bulletins to the entire state, selected areas, or to selected users. Flash Bulletins are short messages identifying future events that users need to be aware of. The Flash Bulletin should be date specific. A history of Flash Bulletins shall be stored on the system that can be accessed by users. The display of Flash Bulletins should be organized by program, topic, characteristic and subject. The system shall provide a method for the user to know that a new Flash Bulletin has been posted and that a Flash Bulletin has been viewed.

The system shall provide a link to the Department Intranet to view Department bulletins, memos and policy manuals. The Flash Bulletin shall also be used to notify the users that there is a new Intranet communication to review.

6. Reminders

Users shall be able to send reminder messages to either themselves or other users. This reminder message can function to remind the worker of upcoming events and/or expected case changes. For example the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 2.3.7 In-Box This process description does not include a process flow.	
Program Affected: All	**Users: Caseworkers, QC, Investigators, Child Welfare Counselors, Supervisors, DOH users, Service Providers, ACR, CSR, Appeals Staff, Financial, State Office, Systems**

worker might send a reminder to them self about calling a client. The reminder could be dated in the future and appear as a reminder on the day that the call should be placed. The Reminder will remain in the In-Box until the user clears it. Cleared Reminders do not need to be stored in history.

7. Case Action Request

   A Case Action Request is a supervisory generated message linked to a case sent to a user or a group of users for a specific action on a case. The request can be assigned a priority and due date. Case Action Requests shall be stored in history.

8. User Communication

   The system shall allow users to send brief messages to other users or agencies. These short, free-format messages remain in the receiving user's In-Box until cleared by the receiving user. The communications are dated by the sender. This allows a user to send a message that can appear on a future date or on the same day it is sent. Cleared User Communications shall be stored in history for future reference.
   Notify the sending user when the receiving user is not signed on the system. The sending user may need to escalate the Communication to the User's Supervisor.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	A means must be devised to organize and prioritize assigned work.
All	2	Certain events internal to a case trigger related case actions that must be taken. A means must be devised to notify the user of those events.
All	3	Certain events external to a case trigger related case actions that must be taken. A means must be devised to notify the user of those events.
All	4	Actions or events that affect eligibility or benefit amounts must be given the highest priority.
All	5	Actions that involve compliance with Federal regulations must be given the highest priority.
All	6	Actions that involve compliance with court orders must be given the highest priority.
All	7	As a notification or alert nears its due date, the priority level of that notice or alert increases.
All	8	A means must be devised to notify supervisors of unresolved actions or events that have reached their highest priority.
All	9	A user shall continue to be notified of a case action or event until that information has been resolved within the case.
All	10	When notified of an event or action, the user must at least be notified of the date the event or action became known, the name of the affected case, the case number of the affected case, the individual ID number of the affected individual, the nature of the event or action, the priority level of the notification and the date corrective case action is due.
All	11	When notified of an event or action that requires case action, a user must have a means to access the appropriate case section directly from the notification.
All	12	Once an action or event has been resolved within a case, notification of that action or event must cease and be removed from the user's to-do list.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.1 Individual Status Override	
Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Process:

The Department of Human Services must be allowed to perform overrides for specific instances. The user must be allowed to change the status or participation of individuals, remove or add individuals to cases, alter the benefit amounts and cost-sharing amounts determined by the system and change individual status within a case from pass to fail or fail to pass.

Sub-Processes:

1. Record Override Type

   The user will request an override and record the override type needed for an individual status change.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CASE (Input)
   Case Number
   Case Type

   OVERRIDE (Output)
   Override Type
   Override Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.1 Individual Status Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

2. Record Override Information for Individual

The user will record the override information that will be needed based on the override type selected based on business rules. The system shall display individual/case status original and changed amounts and dates.

CASE (Input)
Case Number
Case Type
Case Status

BUDGET (Input)
Budget Type
Benefit Amount
Budget Begin Date
Budget End Date

EXPENSES (Input)
Cost-Sharing Amount
Effective Date of Cost-Sharing Amount

INDIVIDUAL (Input)
SSN
Individual Eligibility Status
Individual ID

RESOURCE BUDGET (Input)
Resource Amount for Individual

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.1 Individual Status Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Resource Amount for Case
Resource Status
Resource Budget Begin Date
Resource Budget End Date

OVERRIDE (Output)
Override Type
Override Case Status (pass/fail)
Override Individual Status (pass/fail)
Override Reason
Override Begin Date
Override End Date
Override Benefit Amount
Override Expenses
Override Comment
Override Cost-Sharing Amount

3. Determine Recalculation Needed

When the benefit amount or an expense amount has been changed by override, the system shall determine if a budget must be recalculated based on program and subprogram rules. When there is a benefit reduction claim the system shall count the appropriate amount in the budget based on business rules.

OVERRIDE (Input)
Override Type
Override Case Status (pass/fail)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.1 Individual Status Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Override Individual Status (pass/fail)
Override Reason
Override Begin Date
Override End Date
Override Benefit Amount
Override Expenses
Override Comment
Override Cost-Sharing Amount

CASE (Input)
Case Number
Case Type

CLAIM (Input)
Claim Type
Claim Status
Benefit Reduction Indicator
Effective Date of Claim

OVERRIDE (Output)
Override Type
Override Benefit Amount
Override Expenses
Override Cost-Sharing Amount
Override End Date
Override Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.1 Individual Status Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

BUDGET (Input)
Budget Type
Benefit Amount

4. Perform 'Budgeting' Process

   The system shall perform the 'Budgeting' process and display the results when the budget must be recalculated based on business rules.

5. Update Case

   The system shall update the case or individual with the override information showing a "before" and "after" comparison. Any individual, whose system determined status has been overridden, needs to be flagged as such. This override status shall continue until terminated by the user, but the user will be alerted by the system of the override situation whenever the case is accessed.

   OVERRIDE (Input)
   Override Type
   Override Case Status (pass/fail) (Before and After)
   Override Individual Status (pass/fail) (Before and After)
   Override Reason
   Override Begin Date
   Override End Date
   Override Benefit Amount (Before and After Benefit Amount)
   Override Expenses (Before and After)
   Override Comment
   Override Cost-Sharing Amount (Before and After)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.1 Individual Status Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Individual Override Indicator

CASE (Output)
Case Number
Case Type

BUDGET (Output)
Budget Type
Benefit Amount

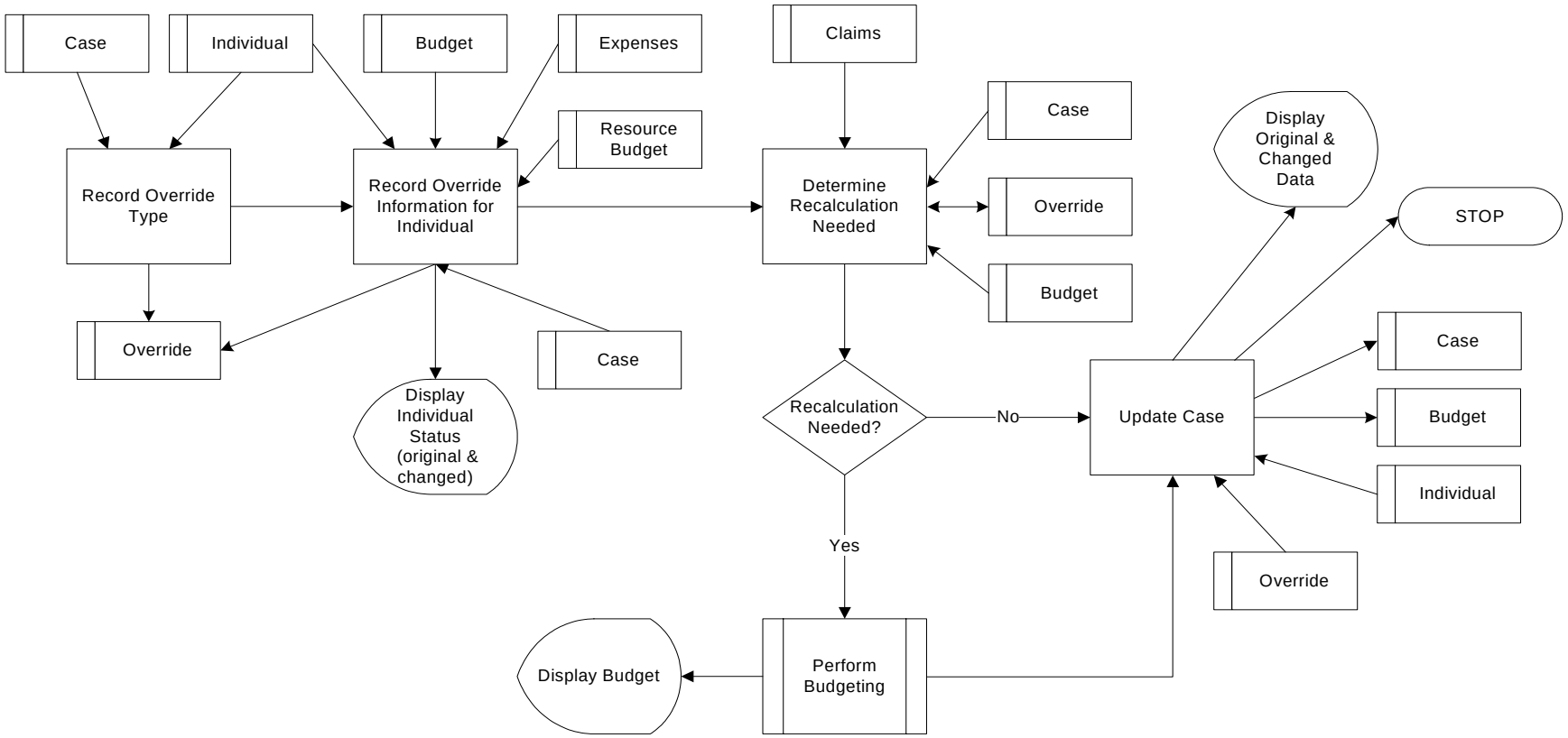
INDIVIDUAL (Input)
SSN
Individual ID
Individual Eligibility Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	Supervisor approval is required to authorize a case when an individual is added to the case by an override process.
All	2	Supervisor approval is required to authorize a case when an individual is removed from the case by an override process.
All	3	Supervisor approval is required to authorize a case when eligibility dates are changed by an override process.
All	4	Supervisor approval is required to authorize a case when case eligibility is changed from 'fail' to 'pass' by an override process.
All	5	Supervisor approval is required to authorize a case when case eligibility is changed from 'pass' to 'fail' by an override process.
All	6	Supervisor approval is required to authorize a case when eligibility of an individual is changed from 'fail' to 'pass' by an override process.
All	7	Supervisor approval is required to authorize a case when eligibility of an individual is changed from 'pass' to 'fail' by an override process.
All	8	Supervisor approval is required to authorize a case when the benefit amount is changed by an override process.
AA	9	The adoption assistance designee shall request that an adoption assistance case be transferred to another county/region only when initially approved in an incorrect county/region.
AA	10	The adoption assistance designee shall request the entry of the child's new Social Security number when it becomes known to replace a workaround number.
AA	11	The adoption assistance designee shall request a change in the amount of the adoption assistance payment when amount is incorrect. The amount of the adoption assistance payment entered cannot exceed the standard for that level of care.
AA	12	If any individual data on the child is entered incorrectly, such as the name, Social Security number, birth date, or effective date of eligibility, the adoption assistance designee shall request an override to correct this data.
TCM, FF Associated Medicaid AFDC-Medicaid Only	13	An eligible adult who has been receiving Families First or AFDC-MO and the accompanying Medicaid will have a case created for her as an eligible adult if all eligible children leave the home for transitional Medicaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.1
Individual Status Override



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.2 Case Override	
Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Process:

The Department of Human Services must be allowed to remove or add individuals to cases to change the individual's eligibility status, change premium benefit amount and/or create new cases for individuals by use of an override as defined by business rules. The system shall allow for supervisory approval of an auxiliary issuance for services based on program rules.

The system shall ensure that the FF fund limits on support services are not exceeded per individual override support services or transportation limits. The system shall allow a restoration or supplement to be issued to a FS or FF household that is currently ineligible (denied or closed) with supervisory approval. The system shall support the ability to require supervisory approval if daily issuance authorizations exceed a specific amount, with the flexibility to allow different threshold amounts to be set by location. If overrides are time limited, the appropriate users will be notified when the expected end date is near. The system shall have the ability to override the number of sanctions for an individual. The system shall allow the user to override system generated codes, as allowed, per security rules. The system shall allow the user to override auto-populated begin dates.

Sub-Processes:

1. Select Override Case Type

   The user shall enter the override needed based on business rules for program and subprogram.

   OVERRIDE (Output)
   Override Type
   Add Individual Indicator
   Remove Individual Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.2 Case Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Override Date
Override Reason
Create Case Type
Delete Case Type

INDIVIDUAL (Input)
Individual Eligibility Status
Individual Eligibility Status Begin Date
Individual Eligibility Status End Date

CASE (Input)
Case Number
Case Type
Case Status
Case Status Begin Date
Case Status End Date
Case Individuals

BUDGET (Input)
Benefit Amount
Benefit Begin Date
Benefit End Date
Benefit Amount Begin Date
Benefit Amount End Date

RELATIONSHIP (Input)
Relationship

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.2 Case Override	
Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

2. Apply Override

The system shall allow the user to select the individuals that must be added or removed from the case. The system shall update and display the new case composition.

CASE (Input/Output)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
Individual ID

BUDGET (Input)
Benefit Amount
Benefit Begin Date
Benefit End Date
Benefit Amount Begin Date
Benefit Amount End Date

OVERRIDE (Input/Output)
Selected Individuals
Updated Case Status
Updated Case Status Begin Date
Updated Case Status End Date
Updated Benefit Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.2 Case Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Updated Benefit Amount Begin Date
Updated Benefit Amount End Date
Updated Benefit Begin Date
Updated Benefit End Date
Updated Individual Eligibility Status
Updated Individual Eligibility Status Begin Date
Updated Individual Eligibility Status End Date

3. Perform “Resources” Process

   The system shall perform “Resources” and determine if the case is resource eligible with the new case members.

4. Perform “Budgeting” Process

   The system shall perform “Budgeting” and determine if the case is financially eligible.

5. Determine if New Grouping Required

   The user will determine if a new grouping of individuals is needed if the case fails either resource or budget eligibility determination.

   PROGRAM/SUB-PROGRAM (Input)
   Program Type

   CASE (Input)
   Case Number
   Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.2 Case Override	
Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

INDIVIDUAL (Input)
SSN
Individual ID

BUDGET (Input)
Budget Pass/Fail Indicator
Budget Pass/Fail Status

RESOURCES (Input)
Resources Pass / Fail Status
Pass / Fail Resources Indicator

6. Perform “Grouping” Process

The system shall perform “Grouping” when requested by the user.

7. Determine if Supervisor Approval Required

If a new case grouping is not required the system shall determine if supervisor approval is required. The system shall generate an ALERT to the supervisor when required as defined by business rules. The system shall hold the case as pending until approval is received.

OVERRIDE (Input)
Override Type
Override Reason
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.2 Case Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

Supervisor Approval Needed Indicator

CASE (Input)
Case Number
Case Type

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
Supervisor Approval Needed for Override
Alert Date

8. Record Supervisor Approval

The user will record the supervisor's approval when required.

CASE (Input)
Case Number
Case Type

USER (Input)
Supervisor User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.2 Case Override

Program Affected: FA	**Users: Caseworkers, Supervisors and Above**

OVERRIDE (Input/Output)
Supervisor Approval Indicator
Supervisor Approval
Supervisor Approval Date

9. Perform “Authorization” Process

The system shall perform “Authorization” when supervisory approval is not required or when it has been received.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	There are no special rules for child care assistance cases as defined in the Families First business rules to remove or add individuals to a case.
CC	2	There are no special rules for child care assistance cases as defined in the Families First business rules to create a new case for individuals by use of an override.
IV-E FC	3	The Family Assistance eligibility case that the child was removed from shall be regrouped excluding the child who was removed from the home.
All	4	Any override actions must be authorized on the same day they are initiated.
All	5	An override may be used to create, delete, or change the composition of a pending case or the grouping of the individuals.
All	6	An override may be used to change system determined eligibility (pass to fail or fail to pass) for an individual in a pending case.
All	7	An override may be used to change system determined eligibility (pass to fail or fail to pass) or benefits for an entire case.
All	8	A supervisor must approve all overrides.
All	9	The system must alert the supervisor of an override so that the supervisor can approve the override, if appropriate.
All	10	An override must be used to annul system-determined benefits it calculates if the system generated decision is not correct.
All	11	Supervisor approval is required to authorize a new case created by an override process.
All	12	Supervisor approval is required to authorize a case deleted by an override process.
All	13	Supervisor approval is required to authorize a case when eligibility dates are changed by an override process.
All	14	Supervisor approval is required to authorize a case when assistance group eligibility is changed from ‘fail’ to ‘pass’ by an override process.
All	15	Supervisor approval is required to authorize a case when assistance group eligibility is changed from ‘pass’ to ‘fail’ by an override process.
All	16	Supervisor approval is required to authorize a case when eligibility of an individual is changed from ‘fail’ to ‘pass’ by an override process.
All	17	Supervisor approval is required to authorize a case when eligibility of an individual is changed from ‘pass’ to ‘fail’ by an override process.
TCM	18	If a child under age 18 within a family group has income of his/her own, the child may be removed from the group.
TCM	19	The needs of any individual to be removed will not be considered.

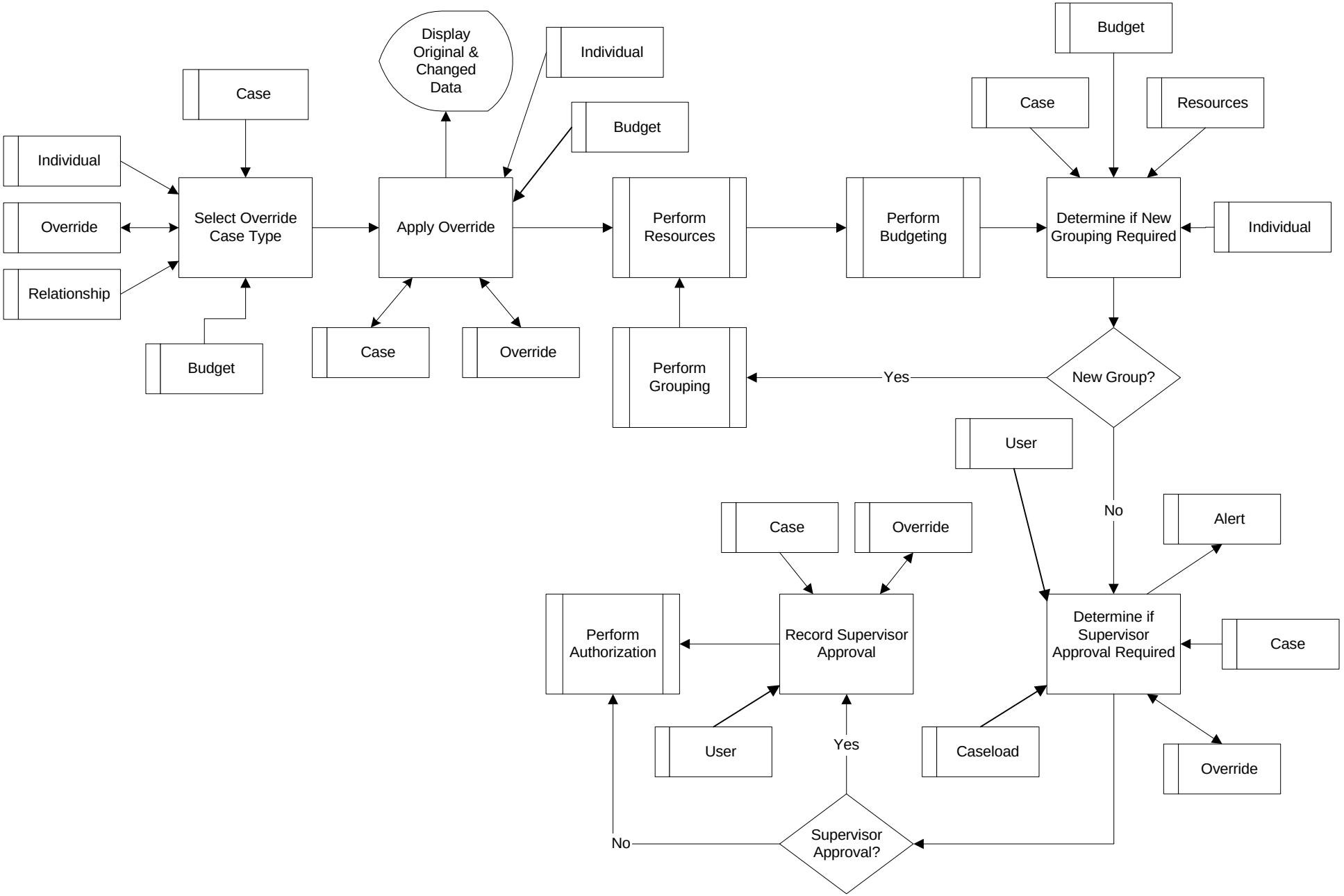
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM	20	The resources and income of the child to be removed will not be counted.
TCM	21	When a case includes an aged, blind or disabled adult, and the aged, blind or disabled adult is not a mandatory member of the case, he/she may be in a case of his/her own.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.2

Case Override



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.1.3 Case Authorization	
Program Affected: All Programs	**Users: Caseworkers, FS1s, Program Supervisors**

Process:

The Department of Human Services must determine the eligibility for applicants and recipients of the various family assistance programs provided by the State of Tennessee. The system shall automatically identify and close specified cases that reach the end of their eligibility period. The system shall display all of the changes made to the case at the time of closure when a reinstatement request is made. The system shall have the ability to calculate and track authorization due dates using application or change dates based on business rules.

Once the system's grouping, determine resources and budgeting processes have been completed, the system must provide a means for authorizing or re-authorizing those cases. The system shall allow multiple daily case authorizations to the same case, but will only recognize the last authorization when determining benefits and storing information to history. The system shall support approval/closure or denial/approval transactions for a case in a single action. The system shall provide a mechanism for authorizing TENNCARE Medicaid benefits for the Department of Children's Services (DCS) IV-E Foster Care children who are categorically eligible for TENNCARE Medicaid. The system shall have the ability to reinstate cases without a loss of benefits for cases that have been closed in error. These cases should not be considered applications or re-applications. The system shall allow a reinstatement requested to be initiated by the user when a case is closed in error or client made contact during adverse action period.

Sub-Processes:

1. Generate Summary of Case / Individual Results

   The system shall generate and display the pre-authorization case and individual benefit including budget and eligibility summary. The system must allow the worker to approve benefit issuance for cases that pass

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.3 Case Authorization

Program Affected: All Programs	**Users: Caseworkers, FS1s, Program Supervisors**

eligibility criteria and close or deny cases that fail eligibility criteria. If the case indicates a pending status, authorization must not occur unless program/sub-program rules specify. The system shall determine individuals or groups that are categorically eligible for benefits based on business rules. The system shall determine and display initial eligibility and reimbursability for IV-E Foster Care, recommending that IV-E Foster Care eligibility be approved or denied, and allow the user to take appropriate action. The system shall require any individual to be tested for TENNCARE Medicaid and to be determined to be ineligible prior to approving TENNCARE Standard based on business rules. The system shall allow coverage for TENNCARE Medicaid to begin without application for a specific period of time based on program rules. The system shall populate Presumptive Eligibility Screen with the child's name, date of birth, and SSN or SS-5 to authorize the 45 days of TENNCARE Presumptive Eligibility for children in state custody. The system shall have the ability to impose individual or case time limits for benefits based on program rules. The system shall provide a list of mandatory and optional brochures required by program type at the point of authorization, with a checklist to be completed by the user for documentation purposes. The system shall identify all fields still pending verification and prompt user to enter missing information at the point of authorization.

RESULTS SUMMARY (input – output)
Application date
Authorization date or date of action
Effective date of action
Individual pass/fail/pending status for financial/non-financial (technical)/resource
Case pass/fail status for financial/non-financial (technical)/resource
Individual effective begin date
Individual effective end date
Case effective begin date
Case effective end date
Individual pass/fail reason(s)
Individual with outstanding verifications

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List of outstanding verifications for individual
Review due date
Worker
Authorizing Supervisor ID

BUDGET (input/output)
Income Owner
Income Type
Total Countable Income Amount by Type
Income Total Countable Amount by Individual
Income Total Individual Countable Amount Begin Date
Income Total Individual Countable Amount End Date
Income Total Countable Amount by Case
Income Total Case Countable Gross Amount Begin Date
Income Total Case Countable Gross Amount End Date
Income limit for program/subprogram
Income Total Case Countable Net Amount Begin Date
Income Total Case Countable Net Amount End Date
Shelter Expense Amount
Utility Expense Amount
Shelter/Utility Expense begin and end dates
Shelter Assistance Received (type, amount, dates, provider)

RESOURCES (input)
Resource Owner
Resource Type
Resource Countable Amount by Type

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Resource Total Countable Amount by Individual
Resource Total Individual Countable Amount Begin Date
Resource Total Individual Countable Amount End Date
Resource Total Countable Amount by Case
Resource Total Case Countable Amount Begin Date
Resource Total Case Countable Amount End Date
Resource limit for program/subprogram

TECHNICAL ELIGIBILITY (input)
Individual Name
Individual Pass/Fail Technical Eligibility Indicator
Individual Pass/Fail Technical Eligibility Reason
Individual Technical Eligibility Pass/Fail Begin Date
Individual Technical Eligibility Pass/Fail End Date

CASE (output)
Program Type/Sub-type
Application date
INDIVIDUAL (output)
Individual Name

2. Determine Certification Period/Date Next Review Due Per Case.

The system must determine benefit begin, end, and re-certification dates per the program's business rules and must take into account any applicable adverse action requirements. The system shall retain the date of application as the benefit begin date, provided all eligibility requirements are met and based on business rules. The system shall support exceptions that a benefit begin date may be before or after the application date

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based on sub-program policy rules. The system shall continue TENNCARE Standard eligibility for those individuals for up to 90 days and select these individuals for immediate renewal. The system shall distinguish between an intake application and a re-certification application by individual and/or case and apply appropriate dates for benefit issuance and next re-certification based on business rules. The system will provide a mechanism for periodic re-determination of IV-E Foster Care and Adoption Assistance cases. The system shall store Medically Eligible review date and allow reauthorization of TENNCARE Standard at review if future ME review date exists. The system shall populate the Food Stamp begin date with the first day of the next month if a re-certification is being performed. The system shall not tie the Food Stamp re-certification period to other program's benefit periods. The system shall extend the Food Stamp certification period so that the full time period is available when a case is determined to be eligible for transitional Food Stamps at the end or in the last month of certification for regular Food Stamp benefits. The system shall begin QMB eligibility the first day of the month after the month of approval. The system shall allow for retroactive begin dates based on business rules. The system shall have the ability to assign periods of eligibility based on program rules that may be date specific or open ended.

CASE (input)
Program Type/Sub-type
Application date
Re-certification Date

INDIVIDUAL (input)
Individual Name

DISABILITY/INCAPACITY (input)
Individual Name
Elderly and Disabled Indicator able to purchase and prepare own meals
Disability-Incapacity Type

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Disability Incapacity Begin Date
EMPLOYMENT (input)
Employed Person's Name
Employed Person's SSN
Monthly Earnings Effective Start Date
Monthly Earnings Effective End Date
Employment Amount
Food Stamp Countable Gross Amount
Medicaid Countable Gross Amount
TENNCARE Countable Gross Amount
TANF Countable Gross Amount
Self Employment Amount
Self Employment Allowable Expense Amount
Job Begin Date
Job End Date
Food Stamp Countable Gross Amount
Medicaid Countable Gross Amount
TENNCARE Countable Gross Amount
TANF Countable Gross Amount
Blind Worker Expenses

INCOME (input)
Individual's Name
Individual's SSN
Date Received
Gross Amount FS/FF/MA
Mandatory Deductions

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Program Affected: All Programs	**Users: Caseworkers, FS1s, Program Supervisors**

Net Amount
Unearned Income Begin Date
Unearned Income End Date
Food Stamp Amount
Medicaid Amount
TENNCARE Amount
TANF Amount
Budget Effective Begin Date
Budget Effective End Date (MMCCYY)

ABAWD (input)
ABAWD Time Periods
Exempt from Time count individual indicator
Exemption Reason

3. Determine if Re-certification Date Should Be Changed.

   The user may change the re-certification date that was set by the system based on the program's business rules. The system must allow the user to perform the change.

4. Worker Changes Re-certification Date

   The user changes the re-certification date set by the system.

   CASE (input)
   Program Type / Sub-type
   Application date

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Program Affected: All Programs	**Users: Caseworkers, FS1s, Program Supervisors**

Re-certification Date

5. Determine if Supervisor Approval Needed

The system must determined based on type of override performed by the user and based on the program's business rules if a supervisor approval is required for the changes made to the case. The system shall allow the user to override the system determined eligibility status, reason, dates, and other elements with program policy/rules.

BENEFIT (input)
Original Benefit Amount
Override Benefit Amount
Difference Amount

OVERRIDE (input)
Override Date
Override User-Id
Override Reason
Override Effective Date

6. Generate Alert to Supervisor.

If a supervisor approval is required based on the changes made by the user and the program's business rules, the system must generate an alert to the appropriate supervisor.

ALERT (output)

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Program Affected: All Programs	**Users: Caseworkers, FS1s, Program Supervisors**

Case Number
Alert Type
Action Performed
Action Required

7. Determine if Supervisor Authorizes

Based on the supervisor's input, the system must determine if the supervisor has approved the changes that were made. The system must generate the appropriate alert to the worker notifying the user whether or not the supervisor authorized the changes, including the reason if not.

ALERT (output)
Case Number
Alert Type
Action Performed
Action Required

8. Authorize Benefits.

If the supervisor authorized the changes made by the user, the user may now authorize case benefits. The system shall determine eligibility for Transitional Child Care/Transitional Medicaid/Transitional Food Stamps when a Families First case is closed based on policy and closure reasons. The system shall be able to prevent authorization from being taken on a case if there are outstanding alerts if required per rule. The system shall determine if all mandatory information has been entered prior to allowing authorization. The system shall 'pend' cases where verification has not yet been provided. When an active AFDC-MO case is closed for increased earnings or hours of employment the system shall create a transitional Medicaid (TM) case if they have received and were eligible for AFDC-MO in 3 out of the last 6 months. The system shall

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terminate transitional Food Stamps (TFS) if the group reapplies for regular Food Stamps during the transitional period. The system shall link TFS to a case, not an individual. The system shall close TFS if the household reapplies for Families First and is eligible. The system shall prohibit TFS and regular Food Stamp cases open at the same time for the household. The system shall determine an individual's eligibility for transitional child care (TCC) based on the closure reason for Families First. The system shall allow the user to authorize TENNCARE standard at renewal until the Medically Eligible (ME) process is complete. The system shall close TENNCARE Standard cases during review period for no response or dunning based on program rules. The system shall close Food Stamp cases when the certification date expires. The system shall close cases approved for closure by CSR. The system should auto-populate whenever possible, the authorization reason codes but allow them to be overridden and added to by the user as defined by business rules. The system shall sort reasons for case action by defined hierarchy. The system shall determine appropriate case and individual time limits at finalization and apply according to program rules. The system shall prohibit closure of specific cases based on business rules. The system shall have the ability to prevent early denials for cases that are pending verifications based on rules. The system shall retain the changes to the case, but are not applied toward TFS benefits. The system shall generate an alert to the appropriate user at authorization if the caseworker authorizes an overdue case. The system shall recognize early re-entry requirements and will disallow reopening if requirements are not met. The system shall show the application date on the authorization page.

CASE (input)
Program Type/Sub-type
Application date
Re-certification Date
Authorization date or date of action
Authorization Reason
Effective date of action

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9. Worker Adds Free Form Text for Notices

Once authorized, the system must generate the appropriate notice and allow the user to add freeform comments to the notice prior to being sent.

NOTICE (output)
Individuals in Case
Application date
Authorization date or date of action
Effective date of action
Individual pass/fail status for financial/non-financial/resource
Case pass/fail status for financial/non-financial/resource
Individual effective begin date
Individual effective end date
Case effective begin date
Case effective end date
Individual pass/fail reason
Individual with outstanding verifications
List of outstanding verifications for individual
Review due date
Worker

AUTHORIZATION REASON (output)
Authorization date or date of action
Authorization Reason
Effective date of action

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10. Send Notices, Referral, and Interface.

    The system must send all appropriate notices, referrals and interfaces based on the program's business rules. The system shall generate Department of Health (DOH) referrals for Families First closures based on closure reason(s). The system shall recognize if client has active EBT account and prompt user to inquire if replacement card is needed. The system shall generate an ME packet based on business rules. The system will allow the user to designate a print area. The system shall allow the option for notices/referrals to be completed and submitted via email through the web based on rules. The system shall be able to print referral rather than fail for the individual, yet still generate provider referral. The system shall have the capability to print a paper certificate for the child care provider.

    PROVIDER REFERRAL (input)
    Client Name
    Client SSN
    Time of Referral
    Date of Referral
    Provider Name
    Location of Activity
    Referral Activity
    Date of Activity
    Expected Start Date
    Expected Completion Date
    Start Time of Activity
    Support Service
    Caseworker Name
    Caseworker Phone

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Support Service Provider Name
County Office Phone Number
Service Center Phone Number

11. Store Notices, Referral, Interface

The system must maintain copies of all notices, referrals and interface transactions generated. The user must be able to view any and all notices, referrals and interface transactions at any time following its being generated. The system shall have the ability to create and print a summary of case and individual information for the current or a past period of time.

FINALIZATION (output)
List of Rights and Responsibilities
Date ME packet sent
Date ME packet received
Date ME replacement packet requested (must allow a minimum of 20 dates)
Date ME replacement packet mailed (must allow a minimum of 20 dates)
ME packet due date (address where ME packet should be sent)

NOTICE (output)
Individuals in Case
Application date
Authorization date or date of action
Effective date of action
Individual pass/fail status for financial/non-financial/resource
Case pass/fail status for financial/non-financial/resource
Individual effective begin date

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Individual effective end date
Case effective begin date
Case effective end date
Individual pass/fail reason
Individual with outstanding verifications
List of outstanding verifications for individual
Review due date
Worker

REFERRAL (output)
Client Name
Client SSN
Time of Referral
Date of Referral
Provider Name
Location of Activity
Referral Activity
Date of Activity
Expected Start Date
Expected Completion Date
Start Time of Activity
Support Service
Caseworker Name
Caseworker Phone
Support Service Provider Name
County Office Phone Number
Service Center Phone Number

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12. Perform 'Grouping' sub-process.

    If the supervisor will not approve change to re-certification date, case will perform 'Grouping' process.

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Program Type	Rule Number	Rule
FS	1	A household's eligibility shall be determined for the month of application.
FS	2	The household's circumstances for the entire month of application must be considered in determining eligibility.
FS	3	A month is defined as a calendar month.
FS	4	An application is held pending until it is disposed of by approving it or denying it.
FS	5	When the applicant group is determined to be ineligible for food stamps, the worker will authorize denial of benefits.
FS	6	When the applicant group is determined to be eligible for food stamps, the approval must be authorized.
FS	7	If approved, a certification period must be set for the group.
FS	8	The initial month of certification is the first month for which the household is certified for participation in the Food Stamp Program following any period during which the household was not certified.
FS	9	The household will be assigned the longest certification period possible, based on the household's circumstances.
FS	10	A household's certification period must not exceed 12 months unless all adult members of the household are elderly or disabled.
FS	11	A household with all adult members who are elderly or disabled and who have a 24-month certification must have at least one contact with the agency every 12 months. The type of contact may include but is not limited to telephone, mail, email, or face-to-face.
FS	12	A household shall be assigned a certification period of at least six months unless the household's circumstances are unstable or unless other circumstances exist, based on program policies existing at that time, which warrant a shorter certification period.
FS	13	Every applicant found eligible to participate in the Food Stamp Program shall be provided with a written notice of eligibility as soon as a determination is made, but no later than 30 days from the date of the application.
FS	14	Each applicant who is denied eligibility shall be provided with a written notice of denial.
FS	15	Once assigned, a certification cannot be shortened unless the household becomes ineligible, has not complied with certain requirements, or becomes eligible for Transitional Food Stamps.
FS	16	Once assigned, a certification period may be lengthened, so long as the total months of the assigned certification period do not exceed those restrictions based on household circumstances.
FS	17	A household which applies for recertification by the 15th of the last month of their existing certification period must be provided with either a notice of approval or a notice of denial by the end of the current certification period if the household has met all recertification requirements.
FS	18	Households which received a notice of expiration of benefits at the time of the current certification, who

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Program Type	Rule Number	Rule
		have timely applied for recertification, must be furnished a notice of approval or a notice of denial no later than 30 days following the date the household's last allotment was available to the household.
FFP	19	The Families First caseworker will review the electronically displayed benefit options, pass/fail reasons, and benefit amounts prior to authorization for Families First benefits.
FFP	20	Families First benefits are authorized by a Families First caseworker or supervisor who has update access to the case.
FFP	21	Authorization of the Families First case allows the Families First benefits to be issued through an Electronic Benefit Transfer system (EBT).
FFP	22	Authorization of the Families First case allows Families First benefits to be transmitted nightly to the EBT processor
FFP	23	Authorization of the Families First case allows the Families First recipient or other designated payee to access Families First benefits with the use of a Benefit Security Card.
FFP	24	Families First benefits can be accessed on the first day of the month for active cases.
FFP	25	Families First benefits can be accessed the day after authorization for new applicants.
FFP	26	When an applicant is eligible during the application month and subsequent months prior to approval, a single Families First payment will be made to the assistance group beginning with the date of application.
FFP	27	When an applicant is not Families First eligible during the application month, the application will be denied for the application month.
FFP	28	When an applicant is not eligible during the application month, he/she may be authorized for Families First benefits for eligible future months.
FFP	29	Applicants who become ineligible during the application processing period, due to a change in circumstances, will be denied for Families First. See 3.13 Approval Closure
FFP	30	Applicants who become ineligible during the application processing period, due to a change in circumstances, may be eligible for benefits for part of the application processing period and can be authorized only for the month(s) of eligibility.
FFP	31	Families First benefits may be authorized for a grant less than $10, but no benefits will be issued.
FFP	32	Authorizations may be held pending supervisor approval or override.
FFP	33	Authorizations may result in referrals for agreed upon activities.
FFP	34	Authorizations may result in referrals for agreed upon support services.
FFP	35	Authorizations may result in Child Support benefits.
FFP	36	Authorizations may result in Child Care benefits.
FFP	37	The Families First six-month review period will be determined at authorization.
FFP	38	Families First applications must be completed by the caseworker within 45 days of the application date.
FFP	39	Active Families First cases must have a reapplication review every six months.

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Program Type	Rule Number	Rule
FFP	40	A reapplication review for an active FF case is considered timely if it is completed prior to the end of the sixth month following the application approval effective date or the previous reapplication review date.
FFP	41	Families First applications that are not authorized by the 49th day after the application, must be authorized for interim benefits.
FFP	42	Families First case changes to the budget and household composition must be authorized before the change can be effective.
FFP	43	All authorizations will result in a Notice to the Families First applicant/recipient describing the results of the authorization and the reason for the action taken.
All	44	An authorization may be rescinded if the rescind is done before the end of the day of authorization.
All	45	An authorization may be changed if the change is done before the end of the day of authorization.
All	46	An applicant/recipient shall be notified of the results of the final authorization of the day only.
All	47	A record must be maintained of the notices, referrals and case information that result from the final authorization of the day only.
All	48	Any change to a case that results in a loss of eligibility must require a new authorization.
All	49	Any change to a case that results in a change in benefit amount must require a new authorization.
All	50	A case must not be authorized until all factors of eligibility for that case have been collected and verified.
All	51	A case may be authorized when all factors of eligibility for that case have been collected and verified, even if other cases for the same household remain incomplete.
All	52	Supervisor approval is required to authorize a new case created by an override process.
All	53	Supervisor approval is required to authorize a case deleted by an override process.
All	54	Supervisor approval is required to authorize a case when eligibility dates are changed by an override process.
All	55	Supervisor approval is required to authorize a case when assistance group eligibility is changed from ‘fail’ to ‘pass’ by an override process.
All	56	Supervisor approval is required to authorize a case when assistance group eligibility is changed from ‘pass’ to ‘fail’ by an override process.
All	57	Supervisor approval is required to authorize a case when eligibility of an individual is changed from ‘fail’ to ‘pass’ by an override process.
All	58	Supervisor approval is required to authorize a case when eligibility of an individual is changed from ‘pass’ to ‘fail’ by an override process.
All	59	Supervisor approval is required to authorize a case when the benefit amount is changed by an override process.
All	60	If a pending Families First case and a pending Food Stamp case are both ready for authorization and

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Program Type	Rule Number	Rule
		the Families First recipient is a member of the Food Stamp case, then the Families First benefit must be included in the Food Stamp budget.
All	61	If a pending TennCare Standard case and a pending Food Stamp case are both ready for authorization and the TennCare Standard recipient is a member of the Food Stamp case and the TennCare Standard recipient is age 60 or older or disabled, then any TennCare premium must be included as a medical expense in the Food Stamp budget.
All	62	If a pending QMB/SLMB/QI case and a pending Food Stamp case are both ready for authorization and the QMB/SLMB/QI recipient is a member of the Food Stamp case, then the QMB/SLMB/QI recipient's Medicare Part B premium must be removed from the Food Stamp budget.
TCM	63	If a QI-1 applicant is a Medicaid recipient, then the applicant cannot be approved for QI-1.
All	64	An applicant must be notified of the eligibility result for all programs and subprograms for which that applicant applied.
All	65	An applicant or recipient must be notified of the Food Stamp benefit amount that has been authorized.
All	66	An applicant or recipient must be notified of the Families First benefit amount that has been authorized.
All	67	An applicant or recipient must be notified of the TennCare Standard premium amount that has been authorized.
All	68	An applicant must be notified of their Medicaid Spenddown amount.
All	69	An applicant must be notified of the approval reason for all programs and subprograms for which that applicant is approved as eligible.
All	70	An applicant must be notified of the denial reason for all programs and subprograms for which that applicant is denied as ineligible.
All	71	A benefit recipient must be notified of the reason benefits were increased for all programs and subprograms for which that recipient's benefits were increased.
All	72	A benefit recipient must be notified of the reason benefits were decreased for all programs and subprograms for which that recipient's benefits were decreased.
All	73	A benefit recipient must be notified of the reason benefits were closed for all programs and subprograms for which that recipient's benefits were closed.
All	74	A benefit recipient must be notified if a case action results in no change in benefits.
All	75	A benefit recipient must be notified of the reason for any change in their certification period.
All	76	An applicant must be notified of the certification period for all programs and subprograms for which that applicant was approved.
All	77	Authorization of benefits shall initiate interfaces with other data systems.
All	78	When a case is authorized, EBT, TennCare, TNKids, Dept of Health, Child Support, Dept of Labor & Workforce Development, among others, may receive approval and case status information.
All	79	Authorization shall be the final step in the eligibility determination process.

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Program Type	Rule Number	Rule
All	80	Notification sent to an applicant/recipient may contain the sender's comments or additional explanation in addition to approval/denial reasons and eligibility results.
All	81	Certification periods must be given to each case based on, among other things, the date of application, the date benefits were last received, and benefit type or subprogram.
All	82	Authorization of benefits shall initiate the issuance of referrals to agencies and service/activity providers.
FFP	83	The standard certification period for a Families First case shall be six months.
All	84	A case must not be authorized until all unresolved alerts and matches have been resolved.
FFS	85	When a Families First cash assistance case has closed a participant may be able to receive extended services.
FFS	86	Families First participants are not required to participate or accept any extended services.
FFS	87	Extended services may include Extended Employment Career Services, Extended Family Services Counseling and First Wheels.
FFS	88	Participants must meet eligibility requirements for any or all extended services.
FFS	89	Extended ECS continues to provide employment related services for twelve (12) months after individuals leave Families First with earnings.
FFS	90	Extended ECS is available to participants whose Families First cash assistance payment is terminated and the participant has earnings at the time of closure.
FFS	91	The only exception is the ECS cannot serve those individuals in an aid group where the case was closed for a sanction or non-cooperation reason, even if there was employment at the time of the closure.
FFS	92	Extended FSC provides FSC services for all participants once the cash assistance case closes.
FFS	93	To be eligible for extended FSC, the participant must be a resident of TN and have care and control of his/her children.
FFS	94	Child only cases are not eligible for extended FSC.
FFS	95	An individual who is eligible for extended FSC may request services from the FSC counselor.
FFS	96	The FSC counselor is responsible for obtaining verification of eligibility for extended FSC participants in writing from the DHS caseworker before initiating FSC services.
FFS	97	Clients may be eligible to apply for First Wheels after the cash assistance case is closed if basic eligibility requirements are met as specified in that process.
FFS	98	At authorization for cash assistance case closure, the system should send written notification to clients of the availability to extended services.
FFS	99	The notification should include instructions specifying how to obtain extended services.
TCM/TCS	100	A Medicaid/TennCare card will be issued to each eligible individual at all new applications.
TCM/TCS	101	A Medicaid/TennCare card will not be issued to each eligible individual at each review/reverification.

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Program Type	Rule Number	Rule
TCM/TCS	102	The authorization screen will signify if the assistance group passes or fails eligibility for a specific program.
TCM/TCS	103	The worker will open the group if the specific program passes eligibility with the appropriate reason code.
TCM/TCS	104	The worker will deny the group if the specific program fails eligibility with the appropriate reason code.
TCM/TCS	105	In the situation where a customer applies for and is eligible for Food Stamps, the worker will use the Food Stamp assistance group to determine the certification period.
TCM/TCS	106	If the customer does not apply for Food Stamps, the worker will consider the specific Medicaid groups to determine the certification period.
TCM /TCS	107	Medicaid cases for children will be certified for 12 months.
TCM	108	Adult Medicaid cases that have a spend down amount will be certified for 12 months.
TCM	109	Adult Medicaid cases that do not have a spend down amount will be certified for 6 months.
TCM	110	Nursing Home/Institutionalized cases will be certified for 6 months.
TCM	111	A disability application that remains pending after 90 days will be authorized for interim benefits Medicaid on the TennCare Interchange.
TCM/TCS	112	The Medicaid will be approved effective the date of application if all eligibility requirements have been met effective the date of application.
TCM/TCS	113	A notice will be sent at each authorization advising the customer of any case action, advising of any approval, denial or change.
TCM	114	The Medicaid will be approved effective the date spenddown is met if all other eligibility requirements have been met effective the same date.
CC	115	All applicants for child care assistance will be screened for eligibility.
CC	116	All applicants denied for child care assistance will receive a denial notice.
CC	117	Caseworker determines and enters child care begin date for Families First child care assistance based on when the activity starts.
CC	118	Child care assistance cannot start earlier than the case effective start date
CC	119	Child care assistance cannot continue after the case effective end date.
CC	120	Child care assistance can be backpaid after the case end effective date for care provided during an eligible period. (See Financial child care provider payment processes)
CC	121	Child care assistance cannot exceed a time period limit of months as set by table by subprogram type.
CC	122	Families First child care assistance can exceed the time period limit of months if a good cause reason set by table is verified.
CC	123	Child care assistance cannot exceed a lifetime limit of cumulative months as set by table by subprogram type.
CC	124	Child care assistance cases will be recertified periodically as set by table by subprogram type.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	125	If parent is eligible for child care assistance, authorize child care case.
CC	126	If parent is not eligible for child care assistance, deny child care case.
CC	127	If eligible, authorize child care assistance to EBT vendor.
CC	128	If denied, send a denial notice to child care applicants who applied but failed the eligibility certification tests.
CC	129	If authorized, issue a Parent Agreement for Child Care Services form for parent signature.
CC	130	If authorized, issue a Child Care Authorization form to the parent.
CC	131	If authorized, send interface data to EBT child care on individuals approved for child care assistance with child care begin and ends dates.
CC	132	Send interface data to EBT with child care end dates on individuals who were recertified and failed for continued child care assistance.
CC	133	Send interface data to EBT with child care end dates on individuals who meet the established time period limit or lifetime limit period set by table by subprogram type.
IV-E FC	134	A DCS custody child's cost of care shall be reimbursable from Title IV-E foster care funds if the child meets all of the Title IV-E foster care eligibility and reimbursability requirements.
IV-E FC	135	DCS may claim Title IV-E foster care funds from the first day of placement in the month in which a DCS custody child meets all of the IV-E foster care eligibility and reimbursability criteria.
IV-E FC	136	The first date that a Title IV-E foster care eligible child's cost of care is reimbursable from Title IV-E foster care funds is the date the child meets the eligibility and reimbursability requirements and is placed with a IV-E approved provider.
IV-E FC	137	A DCS custody child is no longer eligible for Title IV-E foster care funds if the child meets any of the following conditions: • the child is released from DCS custody; or • the child was placed in foster care by a valid Voluntary Placement Agreement, but a court order with a judicial finding that it continues to be in the child's "best interest" to remain in foster care is not obtained by the child's 180th day of custody; or • the child turns age 18 and is not in school; or • the child turns age 18 and is in school, but is not on schedule to complete secondary school (or the equivalent) before turning age 19.
IV-E FC	138	If a DCS custody child is no longer eligible for Title IV-E foster care funds, the child's Title IV-E foster care case shall be closed.
IV-E FC	139	A child who has been removed from his/her home and placed in DCS custody may be eligible for Title IV-E foster care funds.
IV-E FC	140	An 18-year-old DCS custody child may continue to be eligible for Title IV-E foster care funds through the month that the child completes high school (or an equivalent program) if the child is on schedule to

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		graduate or complete his/her studies before turning age 19.
IV-E FC	141	If an 18-year-old foster care child is in school, but will not complete high school (or an equivalent program) before turning age 19, he/she shall be ineligible for IV-E foster care funding the month following his/her 18th birthday.
IV-E FC	142	If a child does meet the Title IV-E foster care eligibility requirements and reimbursability requirements, the child's cost of care may be reimbursable from Title IV-E foster care funds if the child is placed with a IV-E approved provider.
IV-E FC	143	A foster care custody episode shall begin the date a child initially enters an out of home placement and ends on the date the child is released from DCS custody.
IV-E FC	144	A IV-E eligible child's cost of care is not reimbursable from IV-E foster care funds in any month that the child does not meet all of the IV-E foster care reimbursable requirements.
IV-E FC	145	Non-reimbursability in any one month does not affect on-going IV-E eligibility.
IV-E FC	146	A change in the child's circumstances may change the child's IV-E reimbursable status.
IV-E FC	147	A IV-E eligible child whose cost of care is non-reimbursable from IV-E foster care funds in one month may become reimbursable if the child meets the IV-E reimbursable requirements the following month.
IV-E FC	148	A redetermination of a IV-E foster care eligible child's continuing reimbursability for IV-E foster care funds is required no later than every 12 months.
IV-E FC	149	Each state has the option of completing a IV-E foster care redetermination more frequently than every 12 months.
IV-E FC	150	A redetermination of a IV-E foster child's continuing eligibility and reimbursability for IV-E foster care benefits shall be completed periodically as defined by program standards. If the redetermination is not completed within the defined program standards, the redetermination shall be designated as past due.
IV-E FC	151	A V.I.P. electronic file of each DCS child's initial Title IV-E foster care status for the corresponding foster care custody episode will be provided daily from V.I.P. to TN KIDS.
IV-E FC	152	A V.I.P. electronic file of each child's Title IV-E foster care status will be provided to TN KIDS for each IV-E foster care redetermination.
IV-E FC	153	A V.I.P. electronic file of each child's Title IV-E foster care status will be provided to TN KIDS for each reported change if the reported change results in a change in the child's Title IV-E foster care status.
IV-E FC	154	A notice with a summary of the child's Title IV-E foster care status and appeal rights will be generated by V.I.P. and sent to the child's DCS case manager and DCS eligibility counselor, i.e., Child Welfare Benefits Counselor, for each new foster care custody episode.
IV-E FC	155	The notice will include the following information: • foster child's name; • foster child's SSN; • foster child's date of birth;

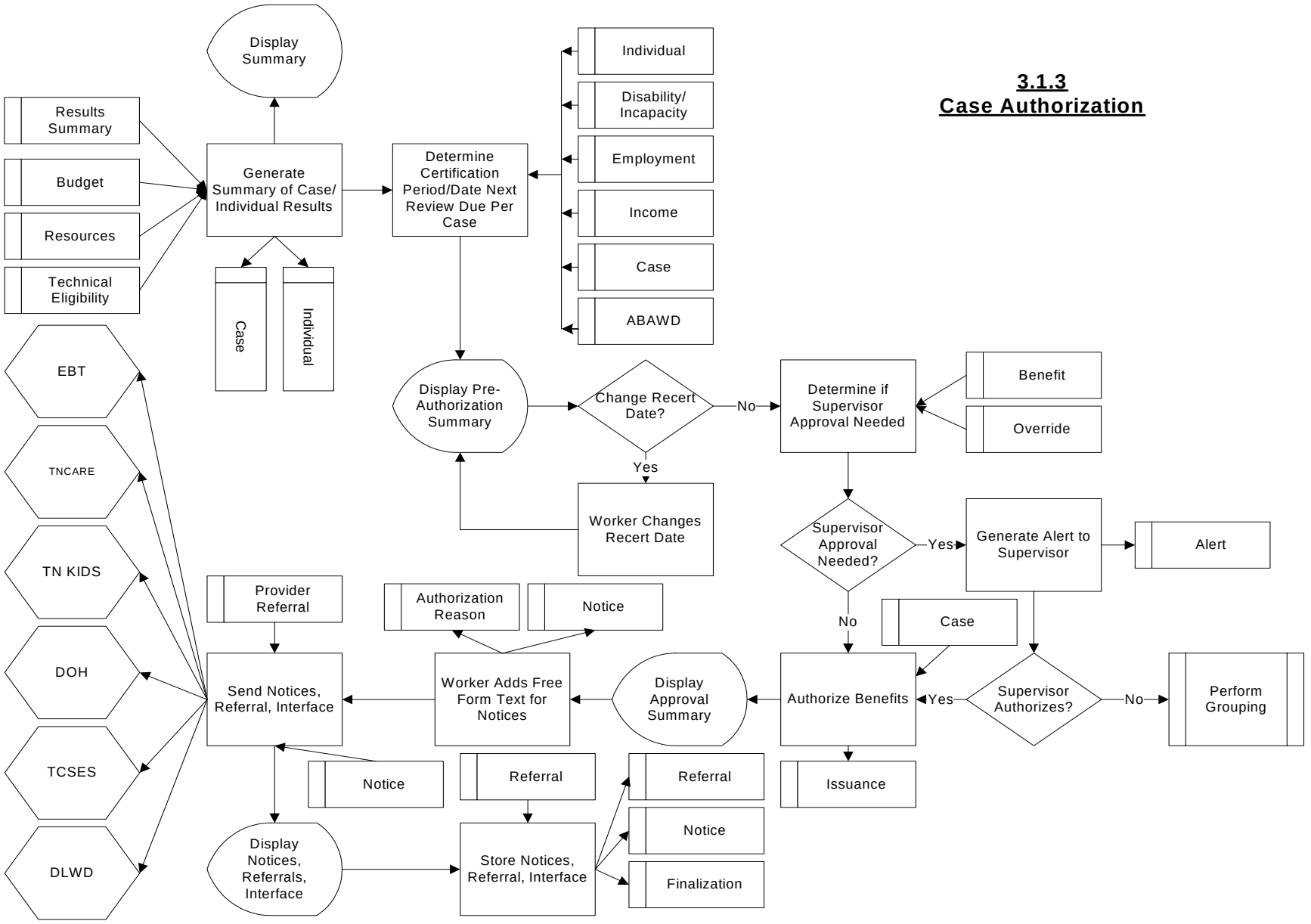
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• custody department; • date of DCS custody; • child welfare benefits that the child has been approved, if eligible, and the effective start date of the benefits; • child welfare benefits/programs that the child is ineligible and the reason(s) for the child's ineligibility; • federal benefit(s), e.g., Title II Social Security, Title XVI SSI, Veteran's benefits, that the child is receiving; • date the notice was generated.
IV-E FC	156	A notice with a summary of the child's Title IV-E foster care status and appeal rights will be generated by V.I.P. and sent to the child's DCS case manager and Child Welfare Benefits Counselor for each IV-E foster care redetermination.
IV-E FC	157	The notice for the IV-E foster care redetermination will include the following information: • foster child's name; • foster child's SSN; • foster child's DOB; • custody department; • child's date of DCS custody; • child's current Title IV-E foster care status; • if the child is no longer eligible for Title IV-E foster care benefits, the reason(s) for the child's ineligibility and the effective date benefits will be stopped.
IV-E FC	158	A notice with a summary of the child's Title IV-E foster care status and appeal rights will be generated by V.I.P. and sent to the child's DCS case manager and Child Welfare Benefits Counselor for each reported change in the child's circumstances only if the reported change results in a change in the child's Title IV-E foster care status.
IV-E FC	159	The notice generated by the reported change will include the following information: • foster child's name; • foster child's SSN; • foster child's DOB; • custody department; • child's date of DCS custody; • if the reported change results in the child becoming ineligible for Title IV-E foster care, the reason for the child's ineligibility.
IV-E FC	160	An application is not required for a determination of a child's eligibility for Title IV-E foster care.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IV-E FC	161	An automated on-line referral from TN KIDS to V.I.P. triggers an initial eligibility determination for Title IV-E foster care for each new foster care custody episode.
IV-E FC	162	Designated DCS supervisory staff can override a system-generated Title IV-E foster care eligibility determination decision.
IV-E FC	163	The designated DCS supervisory staff will provide a reason for the override.
IV-E FC	164	A foster child age 19 or older is ineligible for Title IV-E foster care benefits.
IV-E FC	165	A referral for IV-E foster care shall be designated as pending until the referral is approved or denied.
IV-E FC	166	The first date that a foster child shall be eligible for Title IV-E foster care is the first date that the child meets all of the Title IV-E foster care eligibility criteria, e.g., the child is physically or constructively removed from the home as the result of a valid Voluntary Placement Agreement or a timely judicial finding of continuation if the child's removal home is contrary to the child's welfare and a timely finding of initial reasonable efforts, and the child meets the July 16, 1996 AFDC program requirements.
IV-E FC	167	A decision to approve or deny a referral for Title IV-E foster care benefits shall be made within a time period limit of days as defined by the department's standards. The referral shall be designated as overdue if a decision is not made within the defined program standards.
IV-E FC	168	A Title IV-E foster care child shall be designated as eligible, non-reimbursable if the child meets the IV-E foster care eligibility requirements, but does not meet all of the reimbursability requirements.
IV-E FC	169	A Title IV-E foster care child shall be designated as eligible and reimbursable if the child meets the IV-E foster care eligibility and reimbursability requirements.
IV-E FC	170	If a Title IV-E eligible and reimbursable child is receiving companion TennCare benefits and the Title IV-E foster care case is closed, the foster child's eligibility for TennCare only benefits shall be explored to determine the child's eligibility for TennCare Medicaid benefits.
TCM	171	For institutionalized individuals, TennCare Medicaid vendor payments may be authorized up to 3 months prior to the application month beginning the date that the client became technically and financially eligible for Medicaid vendor payments, or the long term care admission date, provided the client would have been vendor eligible then except that the PAE was not yet approved. Vendor payment may be approved beginning at a date earlier than the PAE approval date IF the client was otherwise eligible. The long term care facility will request retroactive PAE approval from the Medicaid fiscal agent. It must be explained during intake that a patient's need for nursing home care prior to the PAE date must be approved by the Medicaid fiscal agent before Medicaid will pay the nursing home for nursing care.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.4 Approval/Closure of Referrals and Interfaces

Program Affected: FS, FFP, MA, CC, DCS | **Users: Caseworkers**

Process:

This narrative addresses the incorporation of functionality that will allow for the system to determine eligibility for multiple sub-programs. In addition, the functionality is to determine eligibility for all potential months affected between the date of application and the date of authorization. For example, at a re-certification appointment an income change is reported that will affect the next benefit month, the first month of eligibility is for the PLIS categories, the following month the case will only be eligible for the TennCare Standard sub-program. The desired functionality would allow for the system to approve the PLIS category for the initial month, close the PLIS category at the end of the month, and approve the TennCare Standard for the following month without manual intervention. The functionality must be able to track the case-program-subprogram. Approval-closures may also apply to those cases that are eligible for a portion of the application period, but that do not meet on-going eligibility.

Sub-Processes:

1. Determine if Case is Eligible Ongoing

   The system shall determine if the case is eligible for ongoing benefits.

   CASE (Input)
   Case I.D.
   Program Type
   Sub-Program Type

2. Determine End Date for Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.4 Approval/Closure of Referrals and Interfaces

Program Affected: FS, FFP, MA, CC, DCS | **Users: Caseworkers**

The system shall determine the end date for the case when the case is not eligible for ongoing benefits. The system shall prohibit the closure of certain cases based upon program/sub-program rules. The system shall have the ability to track dates for approval, denials and closures based on rules.

CASE (Input)
Case Status
Eligibility End Date

INDIVIDUAL (Input)
Individual Eligibility End Date

3. Perform the “Grouping” Process

   The system shall determine if the case is eligible for the next sub-program in the hierarchy, utilizing the grouping process for the sub-program.

4. Perform the “Authorization” Process

   The system will perform the “Authorization” process based upon the results of sub-process 1 – 3.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

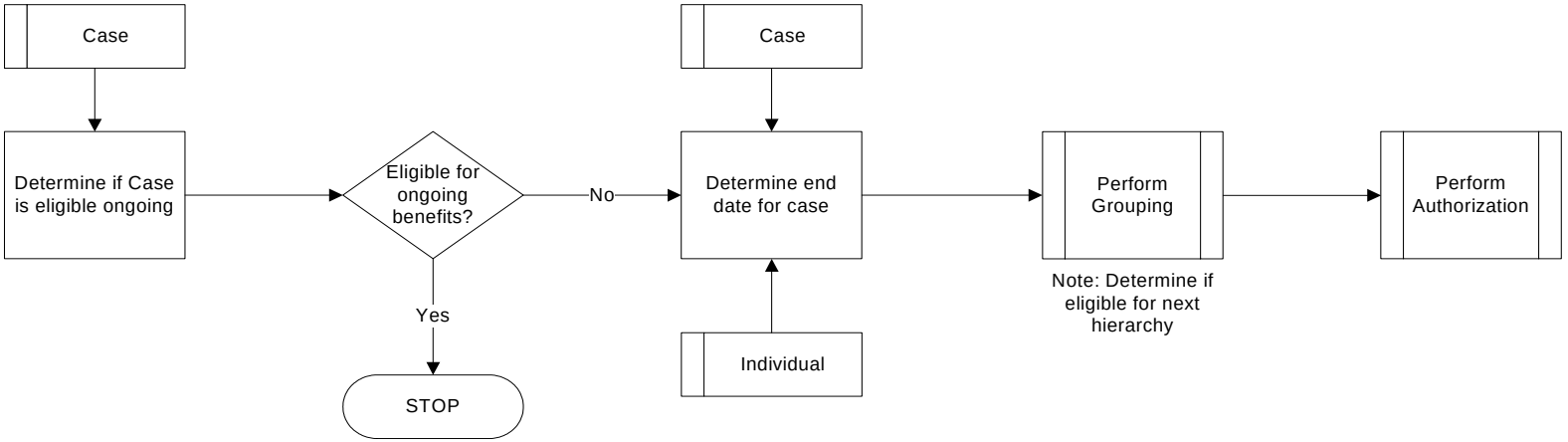
Program Type	Rule Number	Rule
All	1	Eligibility for all programs is determined on a month-to-month basis.
All	2	When all factors of eligibility are known for a given series of months, then eligibility for all programs must be determined on a month-to-month basis for those months.
All	3	Applicable rules for Approval Closures process should be in the Grouping, Budgeting and Authorization processes.
FS	4	Due to anticipated changes, a household may be eligible for the month of application but ineligible in the subsequent month.
FS	5	The household shall be entitled to benefits for the month of application even if the processing of its application results in the benefits being issued in the subsequent month.
TCM/TCS	6	A customer that has a known change in circumstances in a following month may be approved for the current month and then closed for the following month in a specific grouping. Then he/she may be grouped in another program in which he/she would be eligible for that following month.
IV-E FC	7	A referral for Title IV-E foster care shall be completed for every child who is removed and placed in DCS custody, regardless of the number of days that a child is placed in DCS custody.
IV-E FC	8	V.I.P. shall have the ability to both approve and close a Title IV-E foster care case in the same action when a foster child is eligible at the time of application, but becomes ineligible for continuing Title IV-E foster care benefits during the application processing period and prior to case authorization.
IV-E FC	9	The closure date for an Approval/Closure shall be the last day of the month in which the case is approved or the last day of the month following approval if the 10-day adverse action period expires in the month following approval.
CC	10	All active child care cases will have a begin date and a date for re-determining eligibility.
CC	11	The begin date for eligibility for a FF child care case will be determined by the FF case manager. It is based on date of application, PRP work requirements and the need of the parent/caregiver. Child care enrollment can not precede the date of application but may begin at any time during the eligibility period based on the need of the parent/caretaker. Closure effective date of a FF child care case will be determined by the FF case manager allowing for a 10-day advance closure notification to the parent prior to closure.
CC	12	The begin date for TCC child care will be determined by the FF case manager at the time of active FF case closure. Child care enrollment under TCC funding can not precede the begin date for TCC or the effective date the parent/caretaker becomes qualified for TCC child care enrollment. TCC eligibility for child care will remain until the 18 month expiration period is reached or until the FF case manager may determine that the parent is no longer eligible under TCC funding during the 18 month period. Child care enrollment will continue as long as the parent qualifies under income and work requirements, there is an eligible child in the home and the need for child care exists. The closure effective date for

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		TCC eligibility will be the date determined by the FF case manager (requires a 10-day advance notice to parent) or the date of the 18 month eligibility expiration (requires a 30-day advance notice to parent).
CC	13	The begin date for DCS child care will be determined by the DCS case manager who will also be responsible to supply information to the department in order to re-determine DCS cases or to close DCS cases. Child care enrollment under this funding source can not precede the eligibility begin date nor continue past the eligibility end date or a past due re-determination date.
CC	14	Eligibility begin date for Low-income, At-Risk and ARCO cases will be determined by the child care worker and are based on date of application. Child care enrollments will not precede an eligibility begin date nor continue past a termination date or a past due re-determination date.
CC	15	A re-determination date may be as short as one month but may extend as long as six months, twelve months or eighteen months per client circumstance and current policy requirements at a given time.
CC	16	A new eligibility or recertification date begins effective the day following the re-determination end date if completed before that date. If the re-determination was completed after the re-determination due date, the new eligibility period will be started effective on the past re-determination due date if services are being backdated. The certificate program will notify eligible parents of their new eligibility status following re-determination. (Note: TCC or Low-income parents/caretakers who come in for re-determination within 10 calendar days of the re-determination due date and are found to be ineligible will be given a full 10-day advance termination notice prior to a closure effective date.)
CC	17	If a case is being transferred from one county to another, the effective date for service in the new county can not precede the transfer effective date of the previous county.
CC	18	A child care case can not be open under more than one funding source at any given time.
CC	19	If a funding source transfer occurs, eligibility will remain under the previous funding source through the effective date for closure of that funding source. The child care case can not be opened under the new funding source prior to the termination effective date of the previous funding source. (Example: FF case closes effective 1/31/05 and TCC eligibility begins 2/1/05. Child care will not be transferred to TCC funding source until after the FF closure effective date of 1/31/05.)
FFP	20	The Agency shall have the ability to both approve and close a Families First application in the same action when the applicant is eligible at the time of application, but becomes ineligible for continuing assistance during the 45-day application processing period and prior to case authorization.
FFP	21	The closure date for an Approval/Closure shall be the last day of the month in which the case is approved or the last day of the month following approval if the 10-day adverse action period expires in the month following approval.
FFP	22	The Agency shall provide the Families First applicant with an Approval/Closure Notice.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.4 Approval/Closure of Referrals and Interfaces



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

With the concept of denial/approval, the client may be ineligible for program benefits at the beginning of the application period but may become eligible at some point during the application period. This process of denial/approval describes the steps involved in determining if a case is eligible for program benefits for any month included in the application period. The system shall recognize any cases that have previously been closed and apply reapplication requirements based on the business rules. The system shall recognize if a newly-added individual is an applicant or has existing eligibility and shall determine the correct eligibility begin dates. The system shall automatically end the Medicare premium with correct end dates and recalculate benefits when QMB, SLMB, or QZI is opened for the individual. The system shall allow for authorization of benefits for prior periods. The system shall have the capability to prohibit the user from proceeding in the case if an error is recognized. The system shall support client notices that address specific eligibility decisions for each month when necessary.

Sub-Processes:

1. Determine if Case is Eligible during any Portion of the Application Period.

   If the individual is not eligible effective the date of application, the system shall determine if an individual is eligible for program benefits for any portion of the application period. For example, for a FS application, the system shall determine if the applicant is eligible for any part of the 30-day application period. The system shall track the number of continuous days that an individual has been in a Long-Term Care Facility (LTCF), Home and Community Based (HCBS), hospital, or combination of all to determine if the continuous confinement requirement is met. The system shall create and store a point-in-time resource value allocation for a potential TennCare Medicaid Institutionalized individual and

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.5 Denial/Approval

Program Affected: FA	**Users: Caseworkers, Supervisors**

use the stored value in future eligibility determination. The system shall determine retroactive and prospective budgeting as needed under different situations and programs based on the rules. The system shall allow overlapping dates when closing TennCare Standard to open TennCare Medicaid.

CASE (INPUT)
Name
Program Type
Application Date
Pass/Fail Technical Eligibility Indicator Begin Date
Pass/Fail Technical Eligibility Indicator End Date
Pass/Fail Technical Eligibility Reason(s)

BUDGET (INPUT)
Pass/Fail Budget Indicator Begin Date
Pass/Fail Budget Indicator End Date
Pass/Fail Budget Reason(s)

RESOURCES (INPUT)
Pass/Fail Resources Indicator Begin Date
Pass/Fail Resources Indicator End Date
Pass/Fail Resource Reason(s)

CASE (OUTPUT)
Case Pass/Fail Status Indicator
Case Pass/Fail Status Indicator Begin Date
Case Pass/Fail Status Indicator End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Case Pass/Fail Reason(s)

Begin Date of Ineligibility
End Date of Ineligibility

BUDGET (OUTPUT)
Begin Date of Ineligibility
End Date of Ineligibility

2. Perform the “Authorization” Process.

If the case is not eligible for program benefits for any portion of the application period, the system shall perform the “Authorization” process. If not eligible for any program for any portion of the application period, the case will be denied.

3. Determine if Application Date is the Date Eligibility Begins.

If the case is not ineligible for the entire application period, the system shall determine if the application date is the date eligibility begins.

CASE (INPUT)
Application Date
Case Pass/Fail Status Indicator Begin Date
Case Pass/Fail Status Indicator End Date
Case Status Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

CASE (OUTPUT)
Case Eligibility Begin Date

4. Perform the "Authorization" Process.

   If the application date is the date eligibility begins, the system shall perform the "Authorization" process. The case will be approved with the application date as the benefit (budget) effective date.

5. Determine the Period of Ineligibility.

   If the application date is not the date eligibility begins, the system shall determine the period of ineligibility.

   CASE (INPUT)
   Name
   Program Type
   Application Date
   Case Eligibility Begin Date

   INCOME (INPUT)
   Income Type
   Income Amounts
   Begin Date
   End Date

   RESOURCES (INPUT)
   Resource Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

CASE (OUTPUT)
Begin Date of Ineligibility
End Date of Ineligibility

BUDGET (OUTPUT)
Begin Date of Ineligibility
End Date of Ineligibility

6. Determine the Reason for Ineligibility.

The system shall determine the reason (s) the case is ineligible based on the business rules.

CASE (INPUT)
Name
Program Type
Pass/Fail Technical Eligibility Reason(s)

INCOME (INPUT)
Income Type
Income Amounts
Begin Date
End Date

RESOURCES (INPUT)
Resource Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

CASE (OUTPUT)
Name
Reason for Ineligibility
Reason for Eligibility
Pass/Fail Technical Reason(s)

BUDGET (OUTPUT)
Eligibility/Ineligibility Decision Reason

Pass/Fail Budget Reason(s)

RESOURCE (OUTPUT)
Pass/Fail Resource Reason(s)

7. Determine the Begin Date for Eligibility.

After determining the begin and end dates of ineligibility, the system shall determine the begin date for eligibility.

CASE (INPUT)
Name
Program Type

INCOME (INPUT)
Income Type
Income Amounts

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.5 Denial/Approval	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Begin Date
End Date

RESOURCES (INPUT)
Resource Amount

CASE (OUTPUT)
Name
Begin Date for Eligibility

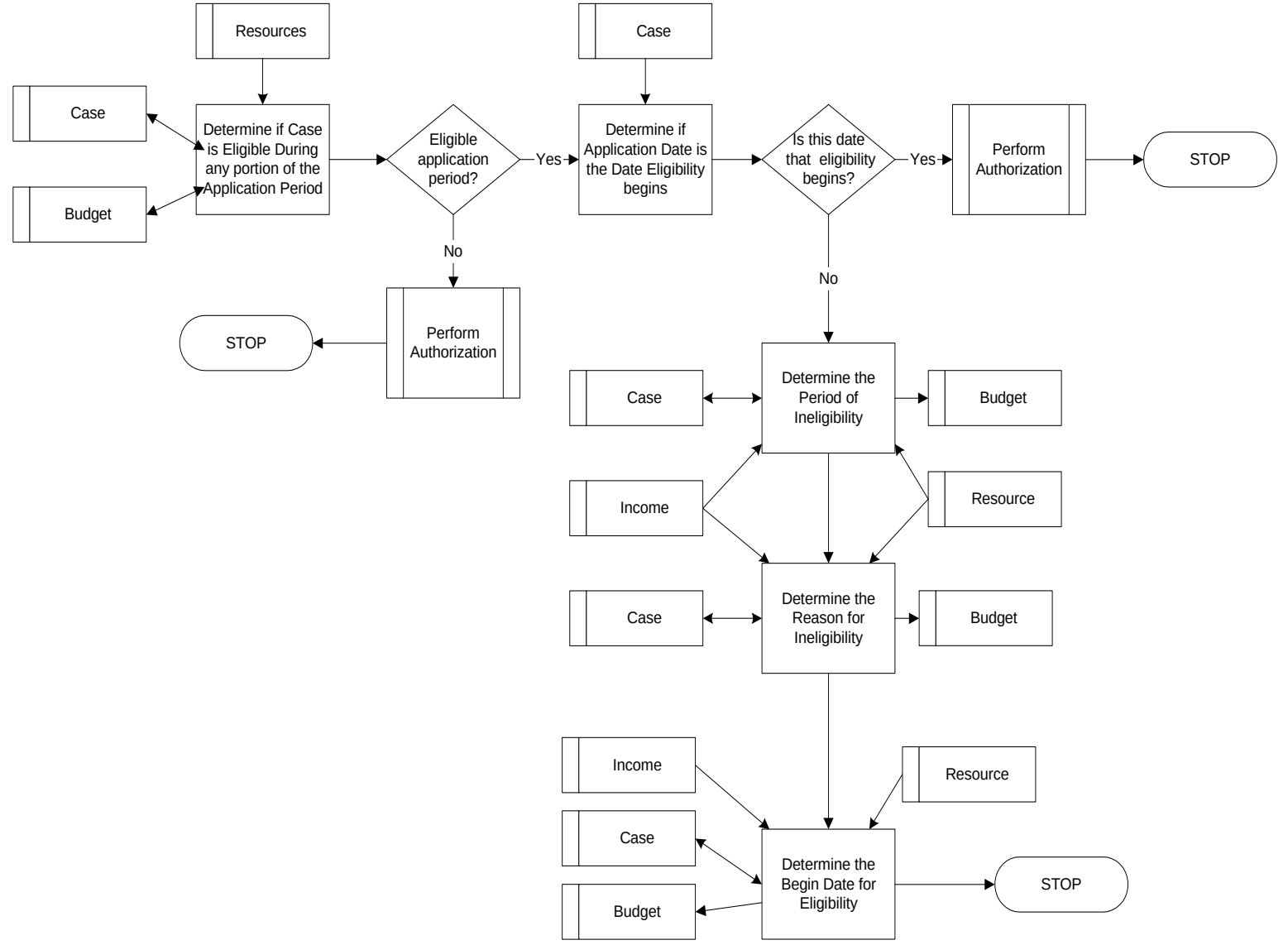
BUDGET (OUTPUT)
Begin Date of Eligibility

Program Type	Rule Number	Rule
CC	1	The date of eligibility for FF child care is determined by the date the parent/caretaker will begin a work activity for which he/she will need child care in order to comply. The begin date for FF child care will not precede eligibility for FF but may begin at any time during the eligibility period as long as it is needed to comply with a work activity.
CC	2	The dates of eligibility for TCC child care coincide with the 18 months of transitional benefits as set following the closure of FF cash assistance. The begin date for TCC child care will be the date the parent/caretaker qualifies for TCC child care as determined by work hours and income guidelines per policy. TCC child care can not precede the beginning date of transitional benefits nor continue after transitional benefits have expired.
CC	3	The dates of eligibility for DCS child care are set by the DCS case manager. See rules written by DCS. Child care under DCS funding will not precede the begin dates determined by the DCS case manager and will not continue under that same funding source after DCS has terminated authorization for services.
CC	4	All other child care funding sources will follow the date of application with child care enrollment to begin when it is determined that the case meets eligibility standards for receiving child care.
CC	5	A case set for a funding source transfer may be eligible or ineligible under the current funding source but eligible or ineligible under a new funding source. Determination of eligibility follows the criteria of the current funding source. Closure under one funding and approval under another source may be seamless if the parent meets eligibility criteria for both sources. Approval under the new funding source can not begin until the day after the previous funding source has been terminated.
CC	6	A parent cannot receive FF child care in the same month as a child care deduction is taken in the FF budget.
CC	7	Application period for pending cases in child care shall reflect the same rules as found in FF policy.
All	8	Eligibility shall begin on the date of application or the date an individual becomes eligible, whichever is later, unless the case qualifies for an exception to this rule.
All	9	Eligibility for all programs is determined on a month-to-month basis.
All	10	When all factors of eligibility are known for a given series of months, then eligibility for all programs must be determined on a month-to-month basis for those months.
All	11	Applicable rules for Denial/Approval process should be in the Grouping, Budgeting and Authorization processes.
FFP	12	An assistance group (AG) may be ineligible for benefits in the application month based upon circumstances in that month, but eligible in the subsequent month due to changes, which may occur during the application period.

Program Type	Rule Number	Rule
FFP	13	The caseworker shall determine if the AG is eligible for benefits during any portion of the application period.
FFP	14	If the AG is not eligible during the application month the caseworker must perform the authorization process to deny benefits.
FFP	15	If the AG is eligible any subsequent months of the application period the caseworker shall determine if the application date is the same date of eligibility.
FFP	16	If the application date is not the date of eligibility, the caseworker shall determine the reason for ineligibility. The caseworker must deny the initial application for the application month.
FFP	17	If the applicant is eligible following the initial month, the caseworker shall determine the beginning date of eligibility and must approve the application for subsequent months.
FFP	18	The caseworker shall have the ability to both deny and approve a Families First application in the same action when the applicant is ineligible at the time of application but becomes eligible for continuing assistance during the application period.
FFP	19	The Agency shall provide the Families First applicant with a Denial/Approval Notice.
FS	20	A household may be ineligible for the month of application, but eligible in the subsequent month due to anticipated changes in circumstances.
FS	21	Even though denied for the month of application, the household does not have to reapply in the subsequent month.
FS	22	The same application shall be used for the denial for the month of application and the determination of eligibility for subsequent months.
TCM	23	If an individual is not eligible for a specific Medicaid category during the month of application but will be eligible the next month, the individual may be denied for the month of application and approved for the next month.
TCM	24	If an individual or case is being denied for the application month and approved for the recurring month, the notice will inform the customer of the reasons for the denial and the reasons for the approval.
TCM	25	At authorization, there will be a denial reason or reasons and an approval reason or reasons entered.
TCS	26	If an individual is over income for TennCare Standard for the initial month of application, but then has a reduction of income in the recurring month, the system will enter the recurring income for the TennCare Standard budget.
TCM	27	The eligibility begin date for QMB cases is the month after the month of approval.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.5 Denial/Approval



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.6 Interim Benefits for Medicaid

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

Process:

The Department of Human Services has 90 days to process an application for TENNCARE Medicaid benefits based on disability. The department in that time period must process the application and issue the appropriate benefits if the case is eligible or send a denial/closure notice if the case is not. If the Department of Human Services has not completed processing the application within the 90 day period, the case must be issued an interim TENNCARE Medicaid benefit as determined by program business rules, while the case remains pending until authorization can be performed.

An interim TENNCARE Medicaid benefit may also be issued for Families First Associated Medicaid when an interim benefit for Families First is issued. Refer to process 'Interim Benefits for Families First'.

Sub-Processes:

1. Determine if applying for MA D.

   The system shall determine that the case is a Medicaid Disabled Non-institutionalized or Institutionalized intake application as determined by the program's business rules.

   APPLICATION (input)
   Benefits applying for
   CASE (input)
   Benefits Receiving

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.6 Interim Benefits for Medicaid

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

2. Greater than 90 Days since Application.

   If the application is for Medicaid Disabled Non-institutionalized or Institutionalized, the system shall track and determine if the application has been pending for more than 90 days from the application date.

   CASE (input)
   Application Date
   Current Date

3. Issue Interim Benefits.

   If the application has been pending for more than 90 days, the system must automatically issue an interim benefit as determined by the program business rules.

   CASE (input)
   Benefit Type
   Pending Status

   ISSUANCE (output)
   TENNCARE Medicaid Issuance Type
   TENNCARE Medicaid Issuance Amount
   TENNCARE Medicaid Benefit Countable Indicator
   TENNCARE Medicaid Benefit Date
   Issuance Cancel Indicator

4. Generate Alert to Worker.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.1.6 Interim Benefits for Medicaid

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

The system must issue an alert to the user notifying the user that an interim benefit has been issued for the case.

ALERT (output)
Case ID
Individual ID
Alert Message
Interim Benefit Issued Alert Type

5. Determine if Case Needs Authorization.

Once notified of the overdue status of the case and the interim benefit issuance, the user must determine if the case needs authorization.

6. Approve MA D Case and Stop Interim.

If the case meets eligibility standards according to the program business rules and can be authorized, the user must approve the case. This must stop the automatic interim benefit issuance.

AUTHORIZATION (output)
Application date
Authorization date or date of action
Effective date of action
Individual pass/fail status for financial/non-financial/resource
Case pass/fail status for financial/non-financial/resource
Individual effective begin date
Individual effective end date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.6 Interim Benefits for Medicaid

Program Affected: TENNCARE Medicaid	**Users: Caseworkers, FS1s**

Case effective begin date
Case effective end date
Individual pass/fail reason
Individual with outstanding verifications
List of outstanding verifications for individual
Review due date
Worker

7. Deny MA D Case and Stop Interim.
   If the case does not meet eligibility standards according to the program business rules and can be authorized, the user must deny/close the case. This must stop the automatic interim benefit issuance.

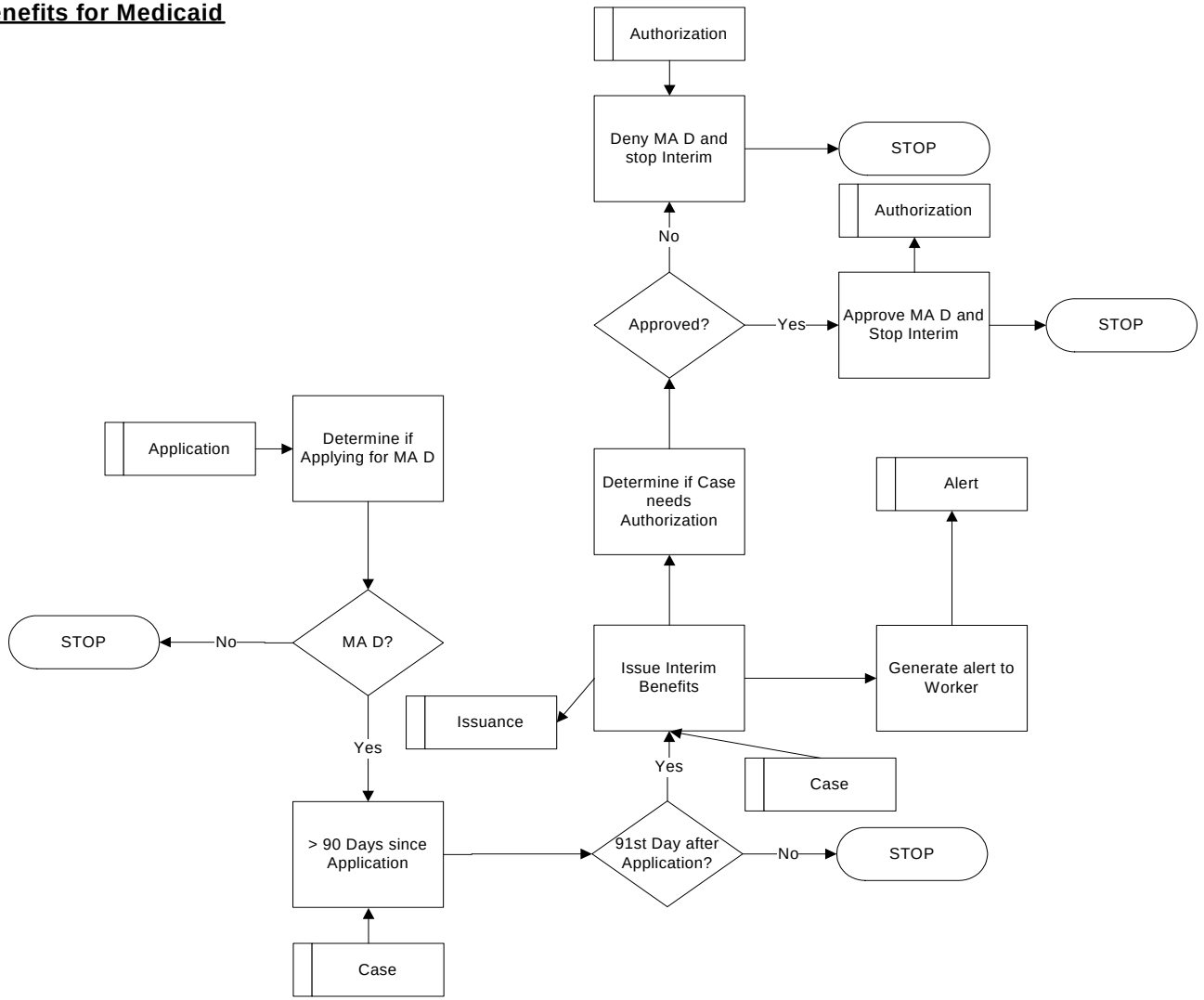
   AUTHORIZATION (output)
   Application date
   Authorization date or date of action
   Effective date of action
   Individual pass/fail status for financial/non-financial/resource
   Case pass/fail status for financial/non-financial/resource
   Individual effective begin date
   Individual effective end date
   Case effective begin date
   Case effective end date
   Individual pass/fail reason
   Individual with outstanding verifications
   List of outstanding verifications for individual
   Review due date
   Worker

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCM/disabled-non-institutionalized, disabled institutionalized	1	It must be determined that an application for this sub-program is pending for an individual to receive interim benefits.
TCM/disabled-non-institutionalized, disabled institutionalized	2	The application must be pending 90 days for medical disability determination only.
TCM/disabled-non-institutionalized, disabled institutionalized	3	The worker will complete a medical social narrative, listing the individual's medical problems and giving names and addresses of the individual's doctors.
TCM/disabled-non-institutionalized, disabled institutionalized	4	The Medical Social Narrative will be sent to the Disability Determination Section, whose responsibility is to obtain all medical information and records from doctors and hospitals in order to determine if the individual is disabled.
TCM/disabled-non-institutionalized, disabled institutionalized	5	On the 90th day that an application is pending, the individual will be approved for interim benefits.
TCM/disabled-non-institutionalized, disabled institutionalized	6	Once disability has been determined by the Disability Determination Section, the worker will be notified and the case will be authorized.
TCM/disabled-non-institutionalized, disabled institutionalized	7	If the individual is approved for disability, the automatic interim benefits will end and Medicaid Disabled Non-institutionalized or Institutionalized will be approved effective the date of application or the date spend-down is met, as long as all other eligibility requirements have been met.
TCM/disabled-non-institutionalized, disabled institutionalized	8	If the individual is denied for disability, the automatic interim benefits will end.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.6
Interim Benefits for Medicaid



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.7 Interim Benefits for Families First	
Program Affected: Families First	**Users: Caseworkers, FS1s**

Process:

The Department of Human Services has 45 days to process a new application for Families First benefits, issuing the appropriate benefits if the case is eligible or issuing a denial/closure notice if the case is not. If the Department of Human Services has not completed processing the application within the 45 day period, the case must be issued interim Families First benefits, as determined by program business rules.

Sub-Processes:

1. Determine Families First Intake Application.

   The system must determine that the application is a Families First intake application as determined by the program's business rules.

   CASE (input)
   Date of Last Families First Issuance
   Application Date

2. Pending More Than 48 Days since Application.

   If the application is for Families First, the system must track and determine that the application has been pending for more than 48 days from the application date.

   CASE (input)
   Application Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.1.7 Interim Benefits for Families First

Program Affected: Families First	**Users: Caseworkers, FS1s**

Type of Application
Current Date

CASE (output)
Number of Days Pending

3. Determine if Case Can Be Authorized.

   Once notified of the overdue status of the case, the user must determine, based on program business rules, if the case is ready to authorize that day.

   VERIFICATION (input)
   Pending Indicators

   CASE (input)
   Case Type

4. Authorize Families First Case Equal to 49th Day.

   If the case meets eligibility standards according to the program business rules, the user must approve the case that day.

   AUTHORIZATION (input/output)
   Application date
   Authorization date or date of action
   Effective date of action
   Individual pass/fail status for financial/non-financial/resource

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.1.7 Interim Benefits for Families First

Program Affected: Families First	**Users: Caseworkers, FS1s**

Case pass/fail status for financial/non-financial/resource
Individual effective begin date
Individual effective end date
Case effective begin date
Case effective end date
Individual pass/fail reason
Individual with outstanding verifications
List of outstanding verifications for individual
Review due date
Worker

5. Perform 'Authorization' Process.

If a decision can be made on the application, authorization must be completed on or before the 49th day.

AUTHORIZATION (input/output)
Application date
Authorization date or date of action
Effective date of action
Individual pass/fail status for financial/non-financial/resource
Case pass/fail status for financial/non-financial/resource
Individual effective begin date
Individual effective end date
Case effective begin date
Case effective end date
Individual pass/fail reason
Individual with outstanding verifications

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.7 Interim Benefits for Families First

Program Affected: Families First	**Users: Caseworkers, FS1s**

List of outstanding verifications for individual
Review due date
Worker

6. Issue Interim Benefits.

If the application has been pending for 49 days or greater and case authorization cannot be completed by the 49th day, the system must automatically issue a Families First interim benefit as determined by the program business rules. The system must permit the Families First application to remain pending even though this interim benefit has been issued. Once authorized, the system must prohibit additional interim benefits, although interim benefits may be paid as long as the case remains pending. The system shall prohibit the issuance of a regular Families First payment for the same period as an interim payment has been made, unless supervisory approval is provided.

CASE (input)
Number of Days Pending
Case Type

ISSUANCE (output)
Families First Issuance Type
Families First Issuance Amount
Families First Benefit Countable Indicator
Families First Benefit Date
Issuance Cancel Indicator
Issuance Offset Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.7 Interim Benefits for Families First

Program Affected: Families First	**Users: Caseworkers, FS1s**

NOTICE (output)
Interim Benefit Amount
Outstanding Information Still Required

7. Generate Alert to Worker.

   The system must issue an alert to the user notifying the user that an interim benefit has been issued for the case, and that the application remains pending.

   ALERT (input/output)
   Case ID
   Individual ID
   Alert Message
   Interim Benefits Issued Alert Type
   Interim Coverage Period

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

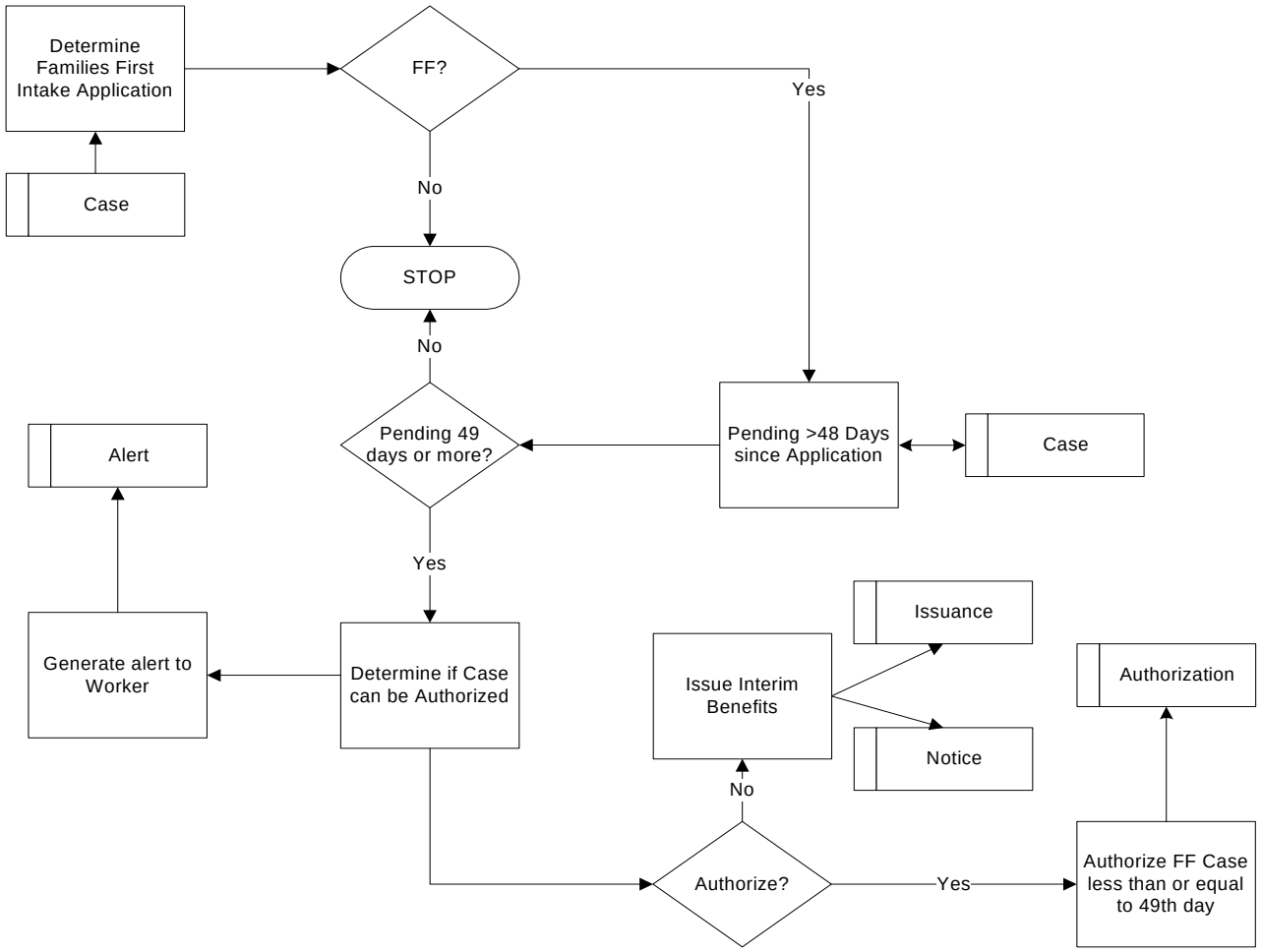
Program Type	Rule Number	Rule
FFP	1	The standard for completing Families First applications will be no later than 45 days from the date the assistance group or its representative files the application.
FFP	2	An opportunity to participate in the Families First program consists of providing eligible assistance groups with cash payments within 45 days after the completed application is filed.
FFP	3	An opportunity to participate has been provided if the Families First benefits are approved prior to or on the 45th day.
FFP	4	If the information in the Families First case is inadequate to make an eligibility determination on or before the 49th day after application, interim benefits shall be authorized on the 49th day.
FFP	5	If a client has provided verifications that show the household is ineligible for Families First, but the Agency did not take timely action, the case shall be denied. Do not issue interim benefits.
FFP	6	If a client has provided verifications that show the household is eligible for the application months but not for the recurring months and the Agency did not take timely action, an approval/closure shall be completed. Do not issue interim benefits.
FFP	7	If an application is not acted upon timely and does not have adequate information to make an approval/denial decision on or before the 49-day mark, interim benefits shall be issued even if the client failed to complete a required two-week compliance.
FFP	8	The Agency shall have a process in place to monitor application timeliness.
FFP	9	The caseworker shall be alerted that an application-processing period is expiring and that interim benefits may need to be issued.
FFP	10	A notice shall be issued to the individual indicating that he/she has been approved for interim benefits.
FFP	11	The interim benefits notice shall specify what information is still needed to make a final eligibility determination.
FFP	12	Families First benefits will continue to be issued following initial issuance until a decision is made on the application.
FFP	13	The interim benefit amount shall be the amount to which the case is entitled based on available eligibility criteria.
FFP	14	The interim benefit amount shall be the maximum Families First grant for the case size if the amount cannot be calculated due to insufficient information.
FFP	15	A denial notice following an interim benefit issuance shall notify the individual that no more interim benefits will be issued.
TCM – FF associated Medicaid	16	If it has been determined that a Families First application is eligible for interim benefits, the Medicaid Interim Benefits will also be approved effective the date of application.
TCM	17	Once eligibility has been determined for Families First, the Families First case will be authorized.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TRM	18	Once determined eligible for Families First, the Medicaid Interim Benefits will be terminated and case will be approved for the proper Medicaid category.
FF	19	An alert must be generated when interim Families First benefits are issued.
FF	20	The alert must be sent to the caseworker to whom the application was assigned.
FF	21	The alert must provide the reason the interim benefits have been issued.
FF	22	Pending >48 Days Since Application
FF	23	A Families First intake application pending 49 days or more from application date must have interim Families First benefits issued.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.7.
Interim Benefits for Families First



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request	
Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

Process:

The Department of Human Services must have the capability to request additional benefits outside of case authorization by an auxiliary or restoration request, based on business rules.

Sub-Processes:

1. Record Auxiliary or Restoration Information

   The user will request an auxiliary for FF cash or restoration for Food Stamps when a customer is entitled to back benefits based on program and business rules and when it is determined that they are due a FF Emergency payment. The user will record the information necessary for the issuance of the benefits. The system shall allow the user to request multiple instances for the same case.

   CASE (Input)
   Case Number
   Case Type

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Benefit Reduction Indicator

   NAME (Input)
   Name Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

Case Name

ADDRESS (Input)
Address Type
Case Address
Mailing Address
County Office Address
County Number

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Supervisor ID

TRANSACTION HOLD (Input / Output)
Issuance Type
Request Amount
Total Request Amount
Recurring Benefit Amount

ACCOUNT (Input)
Total Account Receivable Balance

AUXILIARY (Output)
Auxiliary Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

Auxiliary Request Date
Auxiliary Begin Date
Auxiliary End Date
Reason for Request
Auxiliary Amount

2. Determine if Supervisor Approval Required

The system shall determine if supervisor approval is required for an auxiliary/restoration request based on business rules.

TRANSACTION HOLD (Input)
Issuance Type
Request Amount
Total Request Amount
Recurring Benefit Amount
Approval Required Switch

AUXILIARY (Input/Output)
Auxiliary Type
Reason for Request
Supervisor Approval Indicator

3. Hold for Approval

The system shall hold the issuance until approval has been secured by the appropriate supervisor. The system shall ALERT the supervisor of the issuance needing approval.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

CASE (Input)
Case Number
Case Type

NAME (Input)
Name Type
Case Name

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Supervisor ID

TRANSACTION HOLD (Input)
Approval Required Switch
Hold Issuance Indicator
Hold Issuance Begin Date

ALERT (Output)
ALERT Type
Supervisor Approval Required for Auxiliary
Alert Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

4. Record Supervisor Approval

The user will record their approval of the issuance request. The system shall remove the hold once their approval is obtained.

CASE (Input)
Case Number
Case Type

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Supervisor ID

AUXILIARY (Input/Output)
Approval Required Switch
Supervisor Approval Indicator
Supervisor Approval
Supervisor Approval Date

TRANSACTION HOLD (Input)
Hold Issuance Indicator
Hold Issuance End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

5. Determine if Claim to be Offset

   The system shall determine if there are any claims/account receivables for the case with an outstanding balance that must be applied to the restoration request based on business rules.

   CLAIM (Input/Output)
   Claim Number(s)
   Claim Classification
   Account Repayment Method
   Account Receivable Balance

   ACCOUNT (Input)
   Account Number
   Total Account Receivable Balance

   CASE (Input)
   Case Number
   Case Type

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Benefit Reduction Indicator

6. Deduct Claim Amount from Request

   The system shall select the appropriate claim/account receivable with an outstanding balance, based on

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

business rules. The system shall deduct the total balance from the restoration amount and issue any remainder.

CLAIM (Input)
Claim Number(s)
Claim Classification
Account Receivable Balance
Account Repayment Method

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CASE (Input)
Case Number
Case Type

TRANSACTION HOLD (Input/Output)
Issuance Type
Request Amount
Total Request Amount
Offset Amount
Benefit Reason Code
Benefit Month
Offset Amount Applied
Claim Switch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

7. Determine Claim Balance

   The system shall calculate the new claim balance by deducting the restoration amount from the appropriate claim/account receivable based on business rules.

   CLAIM (Input/Output)
   Claim Number(s)
   Claim Classification
   Claim Status
   Account Receivable Balance

   TRANSACTION HOLD (Input)
   Issuance Type
   Request Amount
   Total Request Amount
   Offset Amount Applied

8. Update Claim

   The system shall update the appropriate claim / account receivable balance with the restoration deduction. The system shall reset the claim status when a claim is paid out with the restoration.

   TRANSACTION HOLD (Input)
   Issuance Type
   Request Amount
   Total Request Amount
   Eligibility Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

Eligibility End Date
Offset Amount Applied

CLAIM (Output)
Claim Number(s)
Claim Classification
Claim Status
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

9. Create Notice

The system shall create a notice for the case when the auxiliary/restoration request has been authorized or approved. The system shall notify the customer of claim activity that occurred with the restoration request.

TRANSACTION HOLD (Input)
Issuance Type
Benefit Request Type Code
Request Amount
Total Request Amount
Offset Amount
Offset Amount Applied
Eligibility Begin Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

Eligibility End Date
Benefit Month

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input)
Claim Number
Claim Status
Account Receivable Balance

CASE (Input)
Case Number
Case Type

NAME (Input)
Name Type
Case Name
Caseworker Name

ADDRESS (Input)
Address Type
Case Address
Mailing Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request

Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

NOTICE (Output)
Notice Type
Auxiliary/Restoration Notice

10. Update Transaction Hold

The system shall hold the auxiliary/restoration request amount to be processed by issuance. The system shall not process those auxiliary/restoration requests that have not received the required supervisory approval. When the claim balance is greater than the restoration amount, the system shall not issue a restoration amount for that case.

TRANSACTION HOLD (Input/Output)
Issuance Type
Request Amount
Total Request Amount
Offset Amount
Approval Required Switch
Actual Approval Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.8 Auxiliary / Restoration Request	
Program Affected: FF, FS, TCM	**Users: Caseworkers, Supervisors and above, IS**

CASE (Input)
Case Number
Case Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

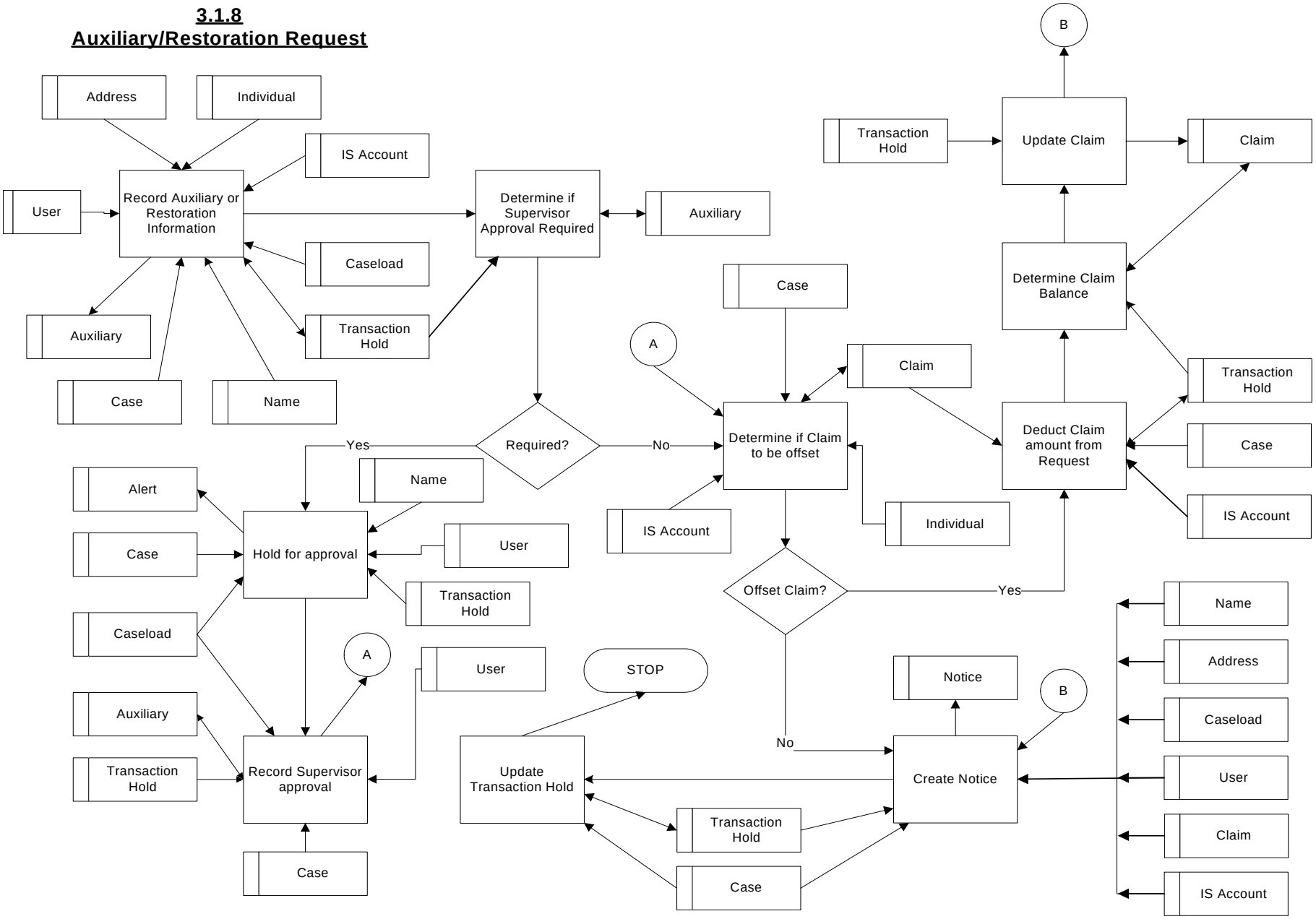
Program Type	Rule Number	Rule
FS	1	When the state agency becomes aware that a household has received a lower food stamp allotment than it was entitled to receive within the most recent twelve month period, the correct amount will be determined and the difference in the entitlement and the amount actually received will be calculated and issued to the household as a restoration.
FS	2	A notice will be issued to the household informing them of the restoration and the reason it has been issued.
FS	3	When a restoration of benefits is authorized, the amount of the restoration must be compared to any outstanding claim balance, and will be used to offset the claim.
FS	4	Any of the restoration remaining after satisfying the claim balance will be issued to the household.
FS	5	The notice issued to the household will provide an explanation regarding the claim offset.
FFP	6	A Families First auxiliary shall be issued when a Families First household receives less assistance than they were entitled to receive.
FFP	7	The caseworker shall document the reasons for the auxiliary payment.
FFP	8	The caseworker shall establish the period of incorrect payment.
FFP	9	The caseworker shall use the policies, procedures, budgeting methods and payment standards in effect during the period of underpayment.
FFP	10	The caseworker shall work a Families First budget off-line to determine the amount of benefits that the case should have received for each month of the period.
FFP	11	The caseworker shall subtract the amount received from the amount that should have been issued to determine the amount of the auxiliary payment for each month in question.
FFP	12	Auxiliary payments shall be made to correct an underpayment of a least $1.00 per month.
FFP	13	The caseworker shall record auxiliary payment information.
FFP	14	The applicant/recipient shall receive Notice of an auxiliary payment.
FFP	15	The caseworker shall determine if the auxiliary requires Supervisory approval.
FFP	16	If child support was collected and there is any remaining unmet need after the auxiliary has been authorized, the Agency must notify Child Support Services regarding the months involved, the correct Consolidated Need Standard, the correct Families First payment and any net countable income for the affected months.
FFP	17	A FF auxiliary payment (for a retroactive benefit amount) may not be used to offset a claim.
FFP	18	A FF auxiliary request may be used as a means to issue Families First Emergency payments.
All	19	Management may reserve the right to impose a dollar amount in excess of which an auxiliary issuance cannot be authorized without supervisory approval.
IS	20	Offsetting Claims. If an account against any adult household member is unpaid and not held in suspense the amount of Food Stamp Benefits to be restored shall be offset against the amount due

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		on the claim before the balance, if any, is restored to the household.
IS	21	Notification to the Household. When the county office determines that a loss of FS benefits has occurred, the household shall be notified, in writing, of the following: 1. entitlement to restored benefits; 2. the amount of benefits to be restored; 3. any offsetting that was done; 4. the method of restoration; and 5. the right to appeal through the fair hearing process if the household disagrees with any aspect of the proposed lost benefit restoration.
TCM / TCS	22	When it becomes known that an individual's eligibility begin date is not correct and should have begun earlier, a benefit restoration may be used to date coverage back.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.8
Auxiliary/Restoration Request



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request	
Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

Process:

The Department of Human Services must have the capability to request additional case benefits for the next issuance cycle based on business rules. The situation occurs where a case is due an increase in benefits, such as Food Stamps, the next time monthly benefits are issued. However, if the determination is made too late in the month to include this increase in the regular benefit issuance. In this instance, a supplement will be requested. The system must also be able to issue a supplemental payment for a current month when additional benefits are due based on program rules. The system shall provide the worker with a means to delete supplemental issuances on the day they are requested. The system shall allow supplements to be issued to a Food Stamp or Families First Household that is currently ineligible. The system shall make available for display all issuance types approved that day. Supplemental requests that exceed a threshold amount, or that are issued by a certain worker, may require supervisory approval.

Sub-Processes:

1. Record Supplement Information

The user will request a supplement when the increase in benefits could not be included in the regular issuance amount. The user will record the information necessary for the issuance of the benefits. The system shall allow the user to request multiple instances for the same case.

CASE (Input)
Case Number
Case Type

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

NAME (Input)
Name Type
First Name
MI
Last Name

ADDRESS (Input)
Address Type
County

CASELOAD (Input)
User ID
Supervisor ID

DATE (Output)
Date Type
Request Date
Begin Date
End Date

AUXILIARY (Output)
Auxiliary Type
Auxiliary Amount
Total Auxiliary Amount
Auxiliary Begin Date
Auxiliary End Date
Reason for Request

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

Offset Amount
Deficit Amount

2. Determine if Supervisor Approval is Required

The system shall determine if supervisor approval is required for a supplemental request based on business rules and user roles.

CASE (Input)
Case Number
Case Type

AUXILIARY (Input)
Auxiliary Type
Reason for Request
Auxiliary Amount
Total Auxiliary Amount
Auxiliary Begin Date
Auxiliary End Date
Offset Amount
Deficit Amount
Supervisor Approval Needed Indicator

3. Hold for Approval

The system shall hold the issuance until approval has been secured by the appropriate supervisor. The system shall ALERT the supervisor of the issuance needing approval.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

CASE (Input)
Case Number
Case Type

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Supervisor ID
Date ALERT Sent to Supervisor
Date Supervisor Action on ALERT

ALERT (Output)
ALERT Type
Supplemental Request

TRANSACTION HOLD (Input / Output)
Approval Required Switch
Benefit Request Type Code
Benefit Month
Request Amount

4. Record Supervisor Decision

The user will record their approval or denial of the issuance request.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

CASE (Input)
Case Number
Case Type

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Supervisor ID

AUXILIARY (Output)
Supervisor Approval Indicator
Supervisor Approval Date
Supervisor Denial Indicator
Supervisor Denial Date

TRANSACTION HOLD (Input / Output)
Approval Required Switch

5. Determine if Supervisor Approved Supplement Request

Once the supervisor takes an action on the supplemental issuance needing approval, the system shall determine if the supervisor approved the issuance request.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

CASE (Input)
Case Number
Case Type

TRANSACTION HOLD (Output)
Approval Required Switch
Actual Approval Code
User ID

AUXILIARY (Input / Output)
Supervisor Approval Indicator
Supervisor Approval Date
Supervisor Denial Indicator
Supervisor Denial Date

6. Generate ALERT To Worker to Resolve

The system shall generate an ALERT to the caseworker when the supervisor does not approve the supplemental issuance request. The caseworker must determine offline what must be changed about the request and take appropriate action. If the supplement is still required following worker correction, the process starts over.

USER (Input / Output)
User ID

CASE (Input)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

AUXILIARY (Input)
Supervisor Approval Indicator
Supervisor Approval
Supervisor Approval / Denial Date

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
ALERT Date
Auxiliary Denial by Supervisor
Auxiliary Denial Reason

7. Create Notice

The system shall create a notice for the case when the auxiliary/restoration request has been authorized or approved. This notice shall also include information regarding claim activity that occurred with the restoration request.

AUXILIARY (Input)
Auxiliary Type
Auxiliary Amount
Total Auxiliary Amount
Auxiliary Begin Date
Auxiliary End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request	
Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

Reason for Request
Offset Amount
Deficit Amount

CASE (Input)
Case Number
Case Type

NAME (Input)
Name Type
Case Name
Caseworker Name

ADDRESS (Input)
Address Type
Case Address
County Office Address
County Number

CONTACT (Input)
Caseworker Phone Number
Service Center Phone Number

USER (Input)
User ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.9 Supplement Request

Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

CASELOAD (Input)
Caseload Number

NOTICE (Output)
Notice Type
Supplemental Issuance
Request Amount
Begin Date
Free-form Comments

8. Update Transaction Hold

The system shall hold the auxiliary/restoration request amount to be processed by issuance. The system shall not process those auxiliary/restoration requests that have not received the required supervisory approval. When the claim balance is greater than the restoration amount, the system shall not issue a restoration amount for that case.

CASE (Input)
Case Number
Case Type

AUXILIARY (Input)
Auxiliary Type
Auxiliary Amount
Total Auxiliary Amount
Auxiliary Begin Date
Auxiliary End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.9 Supplement Request	
Program Affected: FF and FS	**Users: Caseworkers, Supervisors and above**

Reason for Request
Offset Amount
Deficit Amount

TRANSACTION HOLD (Output)
Approval Required Switch
Actual Approval Code
Record Date
Segment Date
Issue Method Code
Benefit Reason Code
Request Amount
Benefit Month
Eligibility Begin Date
Eligibility End Date
Case Number Claim
Category Claim
Sequence Number Claim
Claim Number
Offset Amount Applied
Claim Switch

Program Type	Rule Number	Rule
FS	1	Use a supplementary allotment to increase benefits when adding a new household member who is not a member of a currently certified household, and the household has provided the required verification of the change within the ten day period, and it is too late in the month to adjust the following month's allotment for the subsequent month.
FS	2	Use a supplementary allotment to increase benefits when there has been a decrease in the household's gross monthly income by $50 or more and the household has provided the required verification of the change within the ten day period, and it is too late in the month to adjust the following month's allotment for the subsequent month.
All	3	Eligibility for all programs is determined on a month-to-month basis.
All	4	When all factors of eligibility are known for a given series of months, then eligibility for all programs must be determined on a month-to-month basis for those months.
All	5	Applicable rules for Approval Closures process should be in the Grouping, Budgeting and Authorization processes.
IV-E FC	6	The system must determine if a foster child is eligible for Title IV-E foster care and if an eligible child’s cost of care is subject to be reimbursed from Title IV-E foster care funds.
IV-E FC	7	The system must determine eligibility for TennCare Medicaid for DCS foster children and will authorize TennCare Medicaid benefits for those foster children who are eligible for TennCare Medicaid.
IV-E FC	8	The system must provide a list to TN KIDS of each DCS foster child’s Title IV-E foster care status: • eligible, reimbursable; • eligible, non-reimbursable; • ineligible.
IV-E FC	9	Because the system will not be used to issue Title IV-E foster care funds, there are no rules for supplemental payments.
AA	10	A change in the adoption assistance subsidy payment cannot be effective until the last signature date on the agreement.
AA	11	All changes in an adoption assistance subsidy payment amount are effective the first day of the month following the last signature.
AA	12	An increased payment for the previous month may be issued as a result of a court order or order following an appeal hearing.
AA	13	An order from the court or the hearing officer must be received before supplemental benefits can be requested.
AA	14	The adoption assistance designee must notify the Team Coordinator that additional benefits are to be issued to the adoptive parent and must provide all supporting documentation.

Program Type	Rule Number	Rule
AA	15	An underpayment form is submitted to Fiscal Services by the Team Coordinator with all supporting documentation.
AA	16	The additional payment is entered for payment by Fiscal Services staff.

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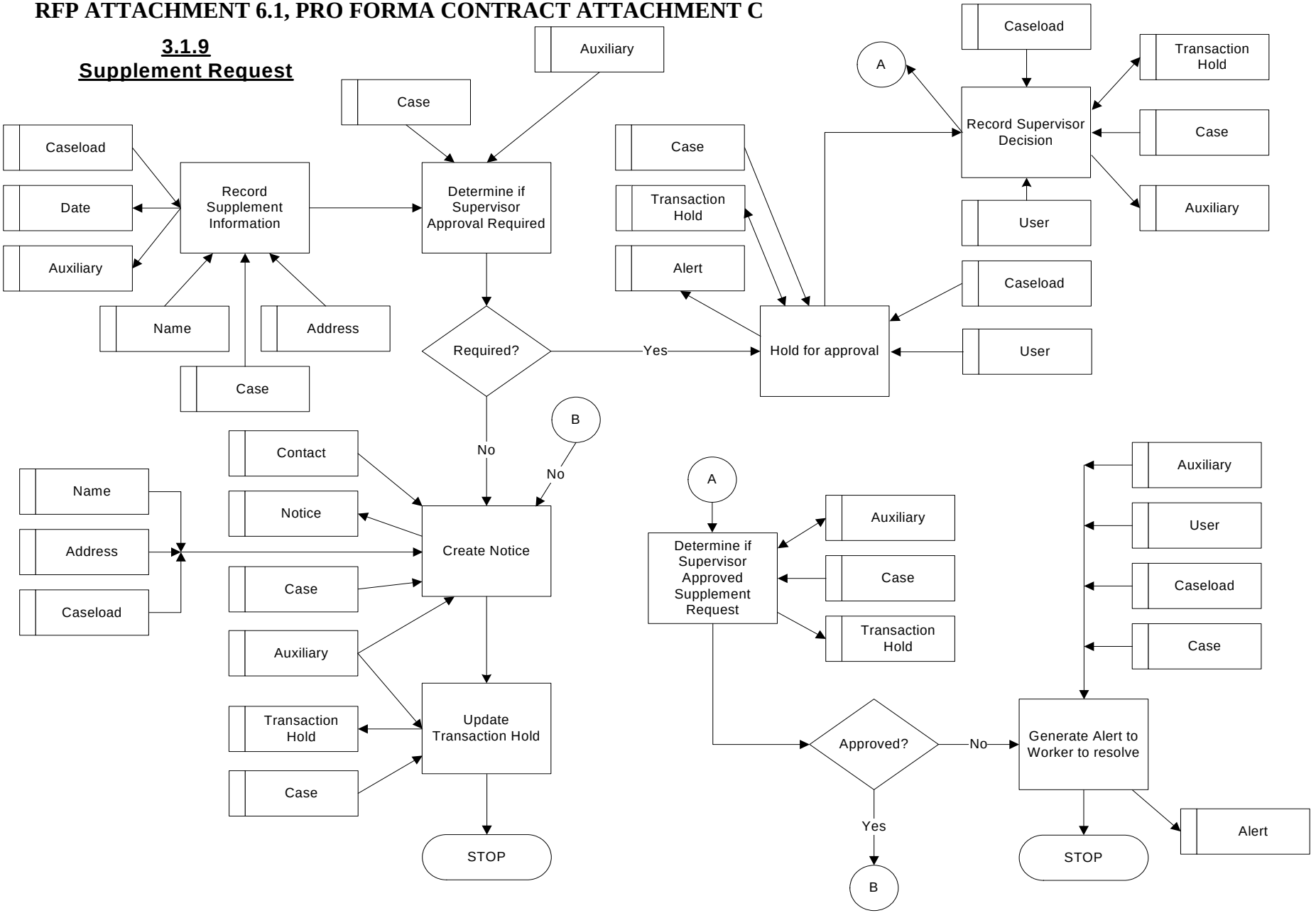
3.1.9 Supplement Request



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case	
Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Process:

The system shall use this process to add an EBT case to the EBT case data store and to create the transactions to add an EBT case to the EBT vendor's database. This process is used also to modify (change) an EBT case on the EBT case data store and to create the transactions to modify (change) an EBT case on the EBT vendor's database.

This process is performed by (used by) any process which authorizes a FF or FS case or any process that modifies/changes any data element on the FF or FS case and that data element is used on an EBT case. This process is performed by (used by) the processes that create daily benefits or that create monthly benefits to make sure that there will be an EBT case(s) to which to post these benefits.

The unique identifying number of the head of the FF or FS Case becomes the case number for the EBT case. The EBT case number is not deleted from the EBT case data store even though the EBT vendor will remove it from the vendor's database.

The process will also need to support the Child Care Attendance and the FF Attendance. Tennessee is committed to expand the EBT program to include Child Care Attendance and the FF Attendance, but at this time, these two expansions have not been designed by Tennessee or the EBT Vendor. When each is designed the process will need to be modified to support those two expansions to the EBT program. In practical terms, an EBT Card could be issued to a parent when the parent is deemed eligible for child care assistance or when a person is assigned activities to perform as part of the person's PRP (Personal Responsibility Plan).

In case of the child care, the EBT card would be used to relay information to the provider regarding the parent's out-of-pocket responsibility and the state's contribution when the EBT card is swiped on a POS device at the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

child care center. The information from the card swipe on the child's arrival and departure times from the child care center would be used to determine payment amounts and attendance irregularities. The location of the card swipe could be recorded by EBT and populate in the new system.

In case of the FF Attendance, the EBT card would be used to relay information to the provider regarding the person's attending the activity.

Sub-Processes:

1. Determine if new EBT case is required.

   The system shall use the unique identifying number of the head of the FF case or FS case from the information being processed to read the EBT case data store to determine if the EBT case exists. If the EBT Case number is not present on the EBT Case Data Store, a new EBT case needs to be created and added to this data store as well as the EBT Vendor's Data Store.

   EBT DATA FROM V.I.P. PROCESSING (Input)

   Unique Identifying Number Of The Head of the FF Case or FS Case

   EBT CASE (Input)

   EBT Case Number

2. Extract Information for EBT case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

The system shall extract data from Case, Individual, possibly Authorized Representative, and possibly Protective Payee Data Stores and build the EBT Case Data Store. Even though both the Authorized Rep and Protective Payee are in the same data store, the Authorized Representative Data is used only if the case has an Authorized Representative, and the Protective Payee Data is used only if the case has a Protective Payee. The EBT Case Data Store contains one record for each EBT Case that has ever been created, and the record will be coded if the EBT Case has been removed (Swept) from the EBT Vendor's EBT Case Data Store.

CASE (Input)
- FF/FS Case Number
- Worker Identification
- County Number
- Case Address Street
- Case Address City
- Case Address State
- Case Address Zip

INDIVIDUAL (Input)
- Head of Case Unique Identifier Number
- Head of Case Social Security Number
- Head of Case Date Of Birth
- Head of Case First Name
- Head of Case Last Name
- Head of Case Middle Initial
- Language Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

AUTHORIZED REPRESENTATIVE/PROTECTIVE PAYEE (Input)
- AR/PP First Name
- AR/PP Last Name
- AR/PP Middle Initial
- AR/PP Address Street
- AR/PP Address City
- AR/PP Address State
- AR/PP Address Zip
- AR/PP Language Preference
- AR/PP Revoke EBT Card
- AR/PP Delete Code
- AR/PP Active/Inactive Switch
- AR/PP Use Switch
- AR/PP Receive Switch

3. Add the EBT Case

The system shall add the EBT case to the EBT case data store and write these same data elements, but in a different format, to the EBT maintenance data store from which the transactions, for the EBT vendor, will be created. Each day the EBT maintenance data store contains all the on-line changes for all the EBT Cases being changed for that given day. This EBT Case maintenance data is stripped from the file at the end of the on-line day to create the EBT Transactions for the EBT Vendor to add and to change the EBT Cases on the EBT Vendor's database.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

EBT CASE (Input)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

EBT MAINTENANCE (Output)

EBT Case Number
Transaction Date
Transaction Time
Action Code
- A Add the case/client
- C Change the case/client
- D Deactivate the alternate client
- P Change the client type
- E Add the expedited case/client (will be changed to 'A' in Sub-Process 4)

Client Type Code
- P_ Primary Client

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

PF Primary Client - Food Stamps Only
1F Alternate Client 1 - Food Stamps Only
1B Alternate Client 1 - Both Cash and FS
2C Alternate Client 2 - Cash Only

Worker ID
County Number
Name - First
Name - Middle Initial
Name - Last
Address Line1
Address Line2
Address City
Address State
Address Zip
Date of Birth
SSN
Card Issue Code
Deactivate Code
Old Client Type Code
Language Code

4. Create EBT Maintenance Transactions for the EBT vendor.

   The system shall use the EBT maintenance data from the EBT maintenance data store, and create the EBT transactions to add or modify the EBT case to the vendor's database. The layouts of these EBT Maintenance Transactions formatted for EBT Vendor Data Store are specified by the EBT vendor.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

EBT MAINTENANCE (Input)

EBT Case Number
Transaction Date
Transaction Time
Action Code
- A Add the case/client
- C Change the case/client
- D Deactivate the alternate client
- P Change the client type
- E Add the expedited case/client (will be changed to 'A' in Sub-Process 4)

Client Type Code
- P_ Primary Client
- PF Primary Client - Food Stamps Only
- 1F Alternate Client 1 - Food Stamps Only
- 1B Alternate Client 1 - Both Cash and FS
- 2C Alternate Client 2 - Cash Only

Worker ID
County Number
Name - First
Name - Middle Initial
Name - Last
Address Line1
Address Line2
Address City
Address State
Address Zip

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Date of Birth
SSN
Card Issue Code
Deactivate Code
Old Client Type Code
Language Code

EBT MAINTENANCE TRANSACTIONS FORMATTED FOR EBT VENDOR (Output)

Case/Client Batch Header Record

Record Type
Agency Unique
Agency Code
Maintenance Type
File Create Date
File Create Time

Client Add/Change Detail Record

Refresh Action
Case Number
Case Type
Case Worker ID
Local Office Code
Client First Name
Client Middle Initial

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Client Last Name
Street Address 1
Street Address 2
City
State
Zip Code
Language Indicator
Birth date
Social Security Number
Issue Card

DEACTIVATE CLIENT DETAIL RECORD

Refresh Action
Cash Number
Client Type
Status Card

CHANGE CLIENT TYPE DETAIL RECORD

Refresh Action
Cash Number
Old Client Type
New Client Type

CASE/CLIENT BATCH TRAILER RECORD

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Record Type
Total Number of Records
Number of Adds
Number of Changes
Number of Deletes
Number of Client Type Changes

5. Determine if change to EBT case.

The system shall compare the information to the existing EBT data store. If the incoming data is different than the data that is stored about the EBT case, then the system shall change this data. This change could be for the primary client or an alternate client(s). It may be adding one or both alternate clients. It may be changing data about the primary client and/or one or both of the alternate clients. If the incoming data is the same as the data in the existing EBT case, then the system shall not change this data and no action to EBT case is necessary. A change could impact any of the data elements on the EBT Case Data Store except the EBT Case Number.

EBT DATA FROM V.I.P. PROCESSING (Input)

Unique Identifying Number Of The Head of the FF Case or FS Case

EBT CASE (Input)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (Social Security Number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

6. Extract information to modify EBT case.

The system shall determine which part(s) (primary Client, alternate FS Client, alternate FF Client) of the EBT case is/are being modified. The system shall use the new data to update the EBT Case Data Store.

EBT CASE (Input)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

CASE (Input)

FF/FS Case Number
Worker Identification
County Number
Case Address Street
Case Address City
Case Address State
Case Address Zip

INDIVIDUAL (Input)

Head of Case Unique Identifier Number
Head of Case Social Security Number
Head of Case Date Of Birth
Head of Case First Name
Head of Case Last Name
Head of Case Middle Initial
Head of Case Language Code

AUTHORIZED REPRESENTATIVE/PROTECTIVE PAYEE (Input)

AR/PP First Name
AR/PP Last Name
AR/PP Middle Initial
AR/PP Address Street
AR/PP Address City

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

AR/PP Address State
AR/PP Address Zip
AR/PP Language Preference
AR/PP Revoke EBT Card
AR/PP Delete Code
AR/PP Active/Inactive Switch
AR/PP Use Switch
AR/PP Receive Switch

7. Modify EBT case

The system shall update the EBT Case in the EBT Case Data Store and create the EBT maintenance information to be used to create EBT transactions to update the EBT Case on the EBT vendor's database.

EBT CASE (Output)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case

Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

EBT MAINTENANCE (Output)

EBT Case Number
Transaction Date
Transaction Time
Action Code
- A Add the case/client
- C Change the case/client
- D Deactivate the alternate client
- P Change the client type
- E Add the expedited case/client (will be changed to 'A' in Sub-Process 4)

Client Type Code
- P_ Primary Client
- PF Primary Client - Food Stamps Only
- 1F Alternate Client 1 - Food Stamps Only
- 1B Alternate Client 1 - Both Cash and FS
- 2C Alternate Client 2 - Cash Only

Worker ID
County Number
Name - First
Name - Middle Initial
Name - Last
Address Line1
Address Line2
Address City
Address State
Address Zip

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.10 Add/Modify EBT Case	
Program Affected: FF, FS, CC	**Users: DHS V.I.P. System**

Date of Birth
SSN
Card Issue Code
Deactivate Code
Old Client Type Code
Language Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

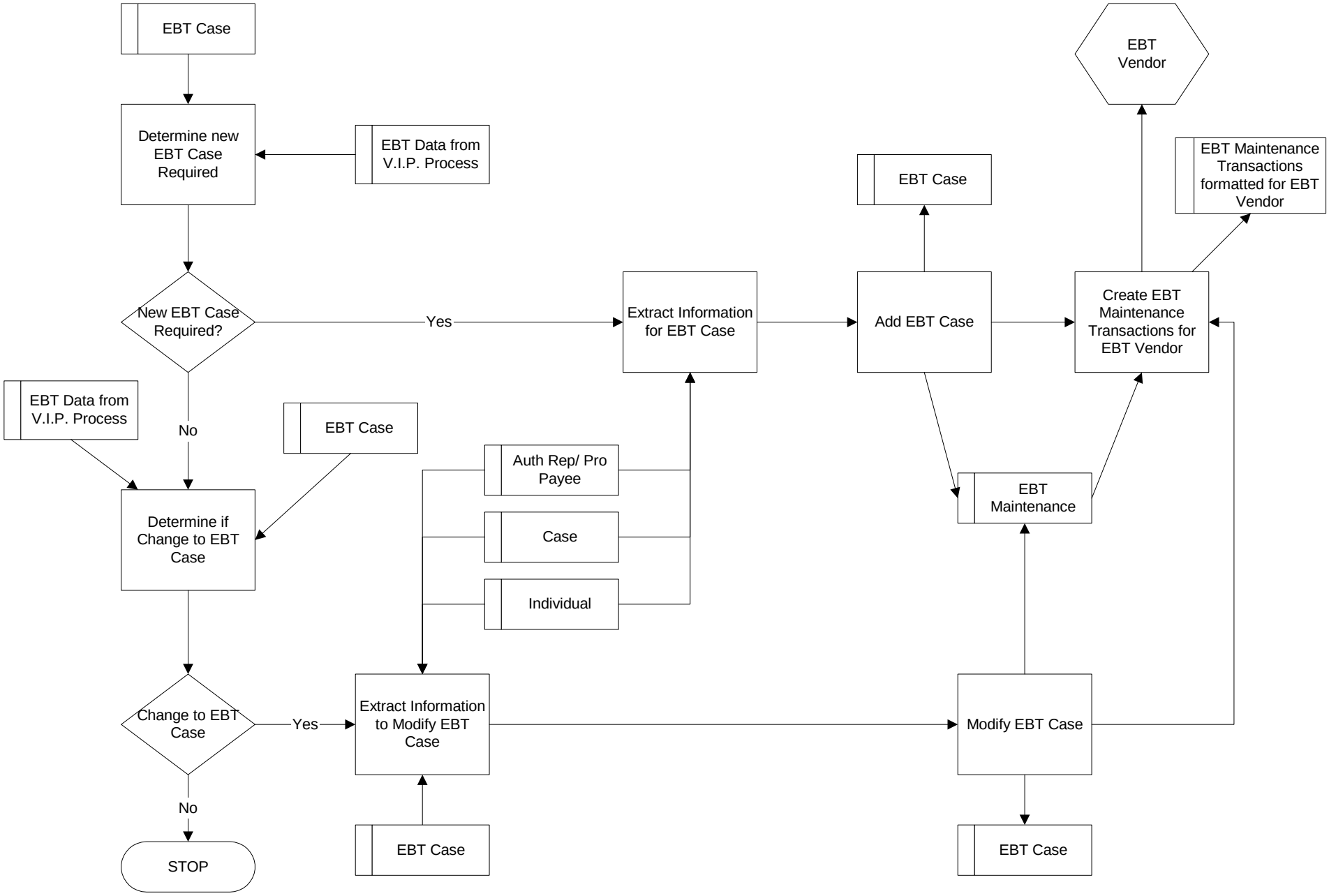
Program Type	Rule Number	Rule
FF, FS	1	An EBT case number is the unique identifying number of the head of a FF or FS case.
FF, FS	2	If the same person is the head of both a FF and a FS case, there will be only one EBT case.
FF, FS	3	The EBT case must be stored on a local EBT Case Data Store as well as the EBT vendor's EBT Case Data Store.
FF, FS	4	When the EBT case is on the local EBT Case Data Store and is not marked as 'swept' (removed from EBT Vendor's database), indicates that the EBT case is also on the EBT Vendor's EBT Case Data Store.
FF, FS	5	This process is performed by the FF and the FS Case authorization process.
FF, FS	6	This process is performed by the FF and the FS Case Maintenance process in certain situations. They are Case Address Change, Head of Case Change, Head of Case Birthday Change, Case Worker Assigned to Case Change, Adding or Changing of Authorized Rep, Adding or Changing of Protective Payee, and Language Preference Change.
FF, FS	7	This process is performed by FF and FS Daily and Monthly Issuance processes if the EBT case to which the issuance is being made, is not on the EBT Case Data Store.
FF, FS	8	This process maintains the local EBT Case Data Store.
FF, FS	9	This process creates the EBT Vendor's EBT Case data.
FF, FS	10	This process creates the transactions, in the formats specified by EBT vendor, to maintain the EBT Case on the EBT Vendor's EBT Data Store.
FF, FS	11	The alternate FF Client and the alternate FS Client can actually be the same person.
FF, FS	12	If the alternate FF Client and the alternate FS Client is the same person, there is only one alternate client with a client type that indicates that this alternate client is both FF and FS.
FF, FS	13	The Unique Identifying number of the head of Case is used as the EBT Case Number to which the benefits for that case are issued.
FF, FS	14	An EBT Case Number can only be added to the EBT Case Data Store one time. Thus, there can be no duplicates EBT Case Numbers.
FF, FS	15	All transactions that are created to add and/or modify an EBT Case must be created and processed (applied) in the exact same sequence as the action took place against V.I.P. system.
FF, FS	16	An EBT Case Primary Client and/or Alternate Client(s) must be added to an EBT Case before they can be changed.
FF, FS	17	When creating an EBT Maintenance Transactions for the EBT Vendor, the primary client must exist or must have been just created before any alternate client can be added.
FF, FS	18	Expedited EBT Case maintenance must be in a separate batch than the normal EBT Case maintenance and must be transmitted to the EBT Vendor before the normal EBT case maintenance and EBT Benefit Maintenance.
FF, FS	19	An alternate client can be deactivated with the alternate client's access to cash or food stamps stopping

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		immediate (no access at all) or stopping for any future access.
FF	20	There can be only one alternate FF Client on the EBT Case.
FS	21	There can be only one alternate FS Client on the EBT Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.10
Add/Modify EBT Case



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.11 EBT Replacement Card Request	
Program Affected: FFP, FS	**Users: The DHS V.I.P. System**

Process:

The user shall use this process to request an EBT Replacement card on an already existing EBT case. This request is sent to the EBT Vendor who issues the EBT replacement card to the client. This EBT replacement Card can be for the primary client, an alternate FS client and/or an alternate FF client. An Alternate FS Client is an authorized representative for the Primary Client who can access the food stamp funds for the Primary Client for the given EBT Case. An Alternate FF Client is a protective payee for the Primary Client who can access the cash funds for and instead of the Primary Client for the given EBT Case. A pin number, for an EBT card, is issued through the EBT System when the EBT Card is activated. Whenever a FF Case or FS Case is authorized, the original EBT card is automatically generated/issued through the Add/Modify EBT Case Process if the EBT Case does not already exist. The uniquely identifying number for the head of the FF Case or the FS Case is also used as the EBT Case Number to which the FF benefits or the FS benefits or both are posted.

Sub-Processes:

1. Determine if EBT Card is needed.

   When the user receives a phone call or an email from a client requesting a new EBT card, the user shall access the EBT case data store to see if there is an existing EBT case for this client. The system will recognize that the EBT Case does not exist when the system reads the EBT Case Data Store and the EBT Case being asked for is not there. The system shall return the transaction to the user indicating that the EBT Case does not exist.

2. Request EBT card.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.11 EBT Replacement Card Request

Program Affected: FFP, FS	**Users: The DHS V.I.P. System**

If there is an existing EBT Case, the user shall request an EBT Card. The system shall always retrieve case address and the address of any authorized representative or protective payee and update the EBT case with the current addresses for the primary and alternate clients before extracting the data elements for the EBT card. The data elements extracted from the EBT case data store are based on the card that is needed (card for primary client, card for alternate client-FS or card for alternate client-FF).

For an EBT Card for the primary client, the system shall extract these data elements:

EBT CASE (Input)
- EBT Case Number (head of case unique identifier number)
- FF/FS Case Number
- Worker Identification
- County Number
- Primary Client Recipient Number (head of case unique identifier number)
- Primary Client Social Security Number (head of case social security number)
- Primary Client Date Of Birth (head of case date of birth)
- Primary Client First Name (head of case first name)
- Primary Client Last Name (head of case last name)
- Primary Client Middle Initial (head of case middle initial)
- Primary Client Street Address (case address street)
- Primary Client Address City (case address city)
- Primary Client Address State (case address state)
- Primary Client Address Zip(case address zip)
- Primary Client New Card Indicator
- Primary Client Name Change Indicator
- Primary Client Language Preference (head of case language preference)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.11 EBT Replacement Card Request

Program Affected: FFP, FS	**Users: The DHS V.I.P. System**

For an EBT Card for an alternate FS client, the shall extract these data elements:

EBT CASE (Input)
- EBT Case Number (head of case unique identifier number)
- FF/FS Case Number
- Worker Identification
- County Number
- Primary Client Social Security Number (head of case social security number)
- Primary Client Date Of Birth (head of case date of birth)
- Alternate Client FS First Name (Authorized Rep's first name)
- Alternate Client FS Last Name (Authorized Rep's last name)
- Alternate Client FS Middle Initial (Authorized Rep's middle initial)
- Alternate Client FS Street Address (Authorized Rep's address street)
- Alternate Client FS Address City (Authorized Rep's address city)
- Alternate Client FS Address State (Authorized Rep's address state)
- Alternate Client FS Address Zip (Authorized Rep's address zip)
- Alternate Client FS Card Indicator
- Alternate Client FS Name Change Indicator
- Alternate Client FS Language Preference (Authorized Rep's language preference)

For an EBT Card for the alternate FF client, the shall extract these data elements:

EBT CASE (Input)
- EBT Case Number (head of case unique identifier number)
- FF/FS Case Number
- Worker Identification
- County Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.11 EBT Replacement Card Request

Program Affected: FFP, FS	**Users: The DHS V.I.P. System**

Primary Client Social Security Number (head of case social security number)
Primary Client Date Of Birth (head of case date of birth)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

3. Generate EBT card Request.

The system shall generate the EBT case maintenance transaction and update the EBT maintenance data store. These EBT maintenance transactions will have the EBT card request indicator set to yes.

EBT MAINTENANCE (Output)

EBT Case Number
Transaction Date
Transaction Time
Action Code
- A Add the case/client
- C Change the case/client
- D Deactivate the alternate client

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.11 EBT Replacement Card Request

Program Affected: FFP, FS	**Users: The DHS V.I.P. System**

P Change the client type
E Add the expedited case/client (will be changed to 'A' in Sub-Process 4)

Client Type Code
P_ Primary Client
PF Primary Client - Food Stamps Only
1F Alternate Client 1 - Food Stamps Only
1B Alternate Client 1 - Both Cash and FS
2C Alternate Client 2 - Cash Only

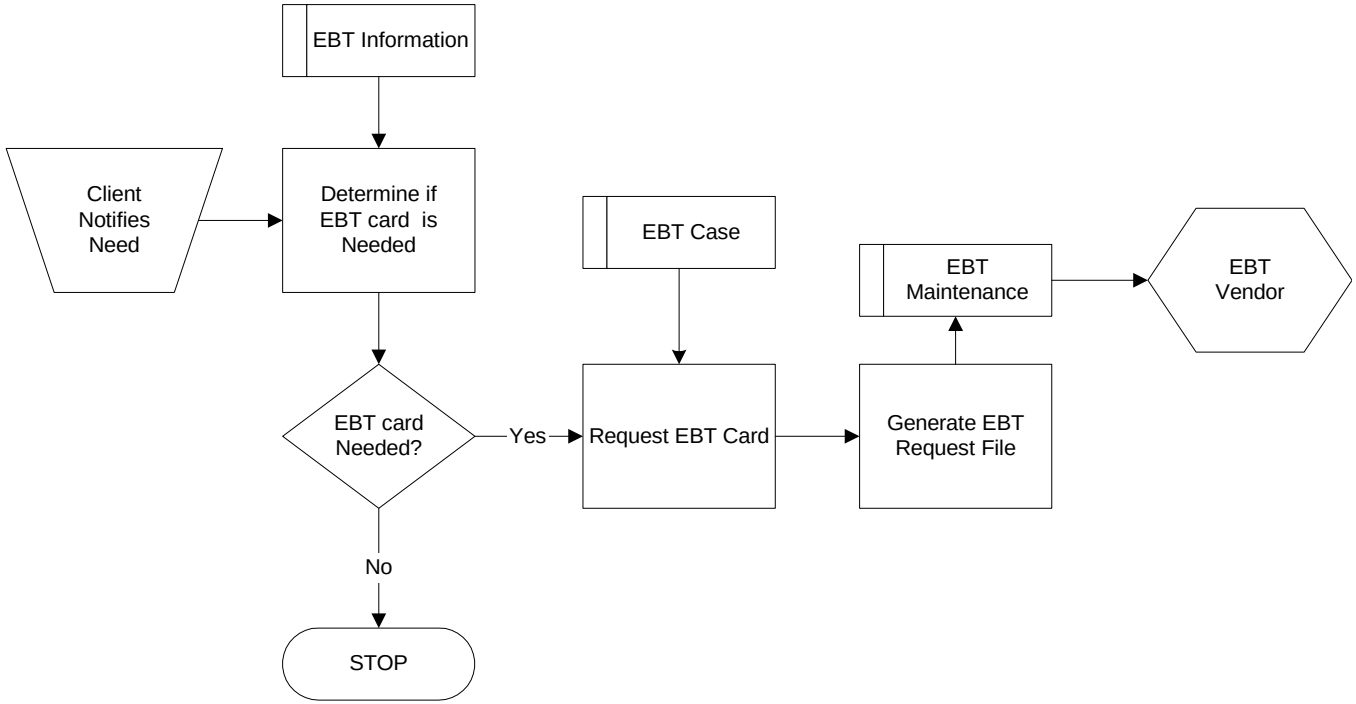
Worker ID
County Number
Name - First
Name - Middle Initial
Name - Last
Address Line1
Address Line2
Address City
Address State
Address Zip
Date of Birth
SSN
Card Issue Code
Deactivate Code
Old Client Type Code
Language Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP, FS	1	The address of the primary client is always updated with the current case address, when an EBT replacement card is requested. This update only occurs if these addresses are different.
FFP, FS	2	The EBT case must already exist on the vendor's EBT database.
FFP, FS	3	A pin number can not be requested using this method.
FFP, FS	4	When an EBT replacement card is requested, a new transaction is created and sent to the EBT vendor requesting an EBT replacement card be made and sent to the client.
FFP, FS	5	An EBT replacement card can be requested for the primary client, the alternate FS client or the alternate FF client.
FFP	6	An alternate FF client must exist on the EBT case to have an EBT replacement card for that alternate FF client to be requested.
FS	7	An alternate FS client must exist on the EBT case to have an EBT replacement card for that alternate FS client to be requested.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.11 EBT Replacement Card Request



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Process:

This process is used by the issuance process to generate the benefits (authorizations) to be posted to the EBT cases in EBT vendor's database. This process is a reusable process and it is used by both the V.I.P. daily issuance and the V.I.P. monthly issuance processes. Each issuance, whether it is daily or monthly issuance, is sent through this process after the issuance has been authorized. When this issuance process is called to process daily cash, for example, it will be processing all the daily cash before the process is called to process daily food stamps. This process shall also have the capability to determine if an EBT Case exists, into which the cash or FS can be issued.

Sub-Processes:

1. Determine the daily or monthly EBT processing frequency.

   There are two EBT processing frequencies, which are Daily or Monthly. The system shall determine, from the Calling Process Communication Record, if the calling process is a daily or monthly EBT processing frequency.

   ISSUANCE FOR EBT (Input)
   - Record Type
   - Benefit Type
   - Issuance Method
   - Case Number
   - FS Cycle Indicator
   - Program Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

2. Determine if Cash or Food Stamps.

   The system shall determine if the issuance data is cash (FF) or FS from the Calling Process Communication Record.

3. Create Daily EBT Cash Authorizations.

   The system shall select all FF Issuance transactions that are coded with the issuance method of EBT to be issued through EBT. The system shall extract the data from both issuance for EBT and from the EBT Case to create the EBT Issuance Records, which the EBT Vendor calls EBT Cash Authorizations. The issuance transactions shall be grouped in batches and sent to the EBT Vendor nightly.

   ISSUANCE FOR EBT (Input)
   - Record Type
   - Benefit Type
   - Issuance Method
   - Case Number
   - FS Cycle Indicator
   - Program Code
   - Sub-Program Code
   - Processed Date
   - Benefit Date
   - County Code
   - Worker Number
   - Payee Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

EBT CASE (Input)

EBT Case Number

EBT AUTHORIZATIONS (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Refresh Action (A for add)
EBT Case Number
Benefit Type (ADCR, ADCU, ADCI, FS)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (The next day)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

4. Create Cash Authorizations For Vendor.

The system shall use the selected FF EBT authorization data and create the EBT batch header and trailer transactions to prepare the data store to be sent to the EBT vendor to post to the clients EBT case. The issuance transactions shall be grouped in batches and sent to the EBT Vendor nightly.

EBT AUTHORIZATION (Input)

Refresh Action (A for add)
EBT Case Number
Benefit Type (ADCR, ADCU, ADCI, FS)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (The next day)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

5. Create EBT Daily Food Stamp Authorizations.

   The system shall select all FS Issuance transactions that are coded with the issuance method of EBT, to be issued through EBT. The system shall extract the data from both issuance for EBT and from the EBT Case to create the EBT Food Stamp Issuance Records which the EBT Vendor calls EBT Food Stamp Authorizations. The issuance transactions shall be grouped in batches and sent to the EBT Vendor nightly.

   ISSUANCE FOR EBT (Input)
   - Record Type
   - Benefit Type
   - Issuance Method
   - Case Number
   - FS Cycle Indicator
   - Program Code
   - Sub-Program Code
   - Processed Date
   - Benefit Date
   - County Code
   - Worker Number
   - Payee Code
   - Payee Name
   - Payee ID Number
   - Address Code
   - Payee Address Line1
   - Payee Address Line2
   - Payee City

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

EBT CASE (Input)

EBT Case Number

EBT AUTHORIZATION (Output)

Refresh Action (A for add)
EBT Case Number
Benefit Type (FS)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (The next day)
Benefit Available Time (always 0500)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Local Office Code (County)
Benefit Status (A for active)

6. Create Food Stamp Authorizations for Vendor.

   The system shall use the selected FS authorization data and create the EBT batch header and trailer transactions to prepare the data store to be sent to EBT vendor to post to the clients EBT case. The issuance transactions shall be grouped in batches and sent to the EBT Vendor nightly.

   EBT AUTHORIZATION (Input)

   Refresh Action (A for add)
   EBT Case Number
   Benefit Type (FS)
   Authorization Number (benefit number)
   Authorization Amount (benefit amount)
   Benefit Available Date (The next day)
   Benefit Available Time (always 0500)
   Local Office Code (County)
   Benefit Status (A for active)

7. Determine if EBT case exists for Cash or Food Stamps.

   The system shall use, as result of the monthly EBT monthly issuance, the Unique Identifier for the Head of the case to access the EBT Case data store to see if the EBT case exists.

   EBT CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

EBT Case Number

8. Perform “Add/Modify EBT Case”.

   The system shall perform the Add EBT Case Process to add an EBT case to the EBT case data store and to generate the EBT case add transactions to add the EBT case to the EBT vendor’s database.

9. Determine if Cash or Food Stamps.

   The system shall determine if the issuance data is cash (FF) monthly or FS monthly from the calling process communication record

10. Create EBT Monthly Cash Authorizations.

    The system shall select all monthly cash (FF) transactions that are coded with issuance method of EBT to be issued through EBT. The system shall extract the data from both issuance for EBT and from the EBT Case to create the EBT cash authorizations and shall put these transactions in the EBT authorization data store.

    ISSUANCE FOR EBT (Input)
    - Record Type
    - Benefit Type
    - Issuance Method
    - Case Number
    - FS Cycle Indicator
    - Program Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

EBT CASE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

EBT Case Number

EBT AUTHORIZATION (Output)

Refresh Action (A for add)
EBT Case Number
Benefit Type (ADCR, ADCU, ADCI)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (The first day of the next calendar month)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

11. Create Monthly Cash Authorization for Vendor.

The system shall use the selected EBT Authorization data and create the EBT batch header and trailer transactions to prepare the data store to be sent to EBT vendor to post to the clients EBT case.

EBT AUTHORIZATION (Input)

Refresh Action (A for add)
EBT Case Number
Benefit Type (ADCR, ADCU, ADCI)
Authorization Number (benefit number)
Authorization Amount (benefit amount)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Benefit Available Date (The first day of the next calendar month)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

12. Determine EBT Monthly Food Stamp Cycle.

The system shall select the EBT monthly food stamp benefit transactions for the cycle to be processed. The cycle is based on the last two digits of the FF/FS Case Number (This is not the EBT Case number).

FS CYCLE CONTROL

Issued for Cycle Switch (Occurs 10 times)
Number of Issued Benefits for Cycle (Occurs 10 times)
Total Issued Amount for Cycle (Occurs 10 times)

13. Create EBT Monthly Food Stamp Authorization for Cycle.

The system shall select all the Monthly Food Stamp Benefit Transactions for the specific cycle that are coded with issuance method of EBT to be issued through EBT. The system shall extract the data from both issuance transaction and from the EBT Case to create the EBT monthly food stamp authorizations for the specific cycle and shall put these transactions in the EBT authorization data store.

ISSUANCE FOR EBT (Input)
Record Type
Benefit Type
Issuance Method

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: Create 3.1.12 EBT Authorization for EBT vendor

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Case Name

EBT CASE (Input)

EBT Case Number

EBT AUTHORIZATION (Output)

Refresh Action (A for add)
EBT Case Number
Benefit Type (FS)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (day is 01 – 10 of the next calendar month represented by the cycle number)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

14. Create Monthly Food Stamp Authorization for the Vendor.

The system shall use the selected EBT Authorization data and create the EBT batch header and trailer transactions to prepare the data store to be sent to EBT vendor to post to the clients EBT case.

EBT AUTHORIZATION (Input)

Refresh Action (A for add)
EBT Case Number

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

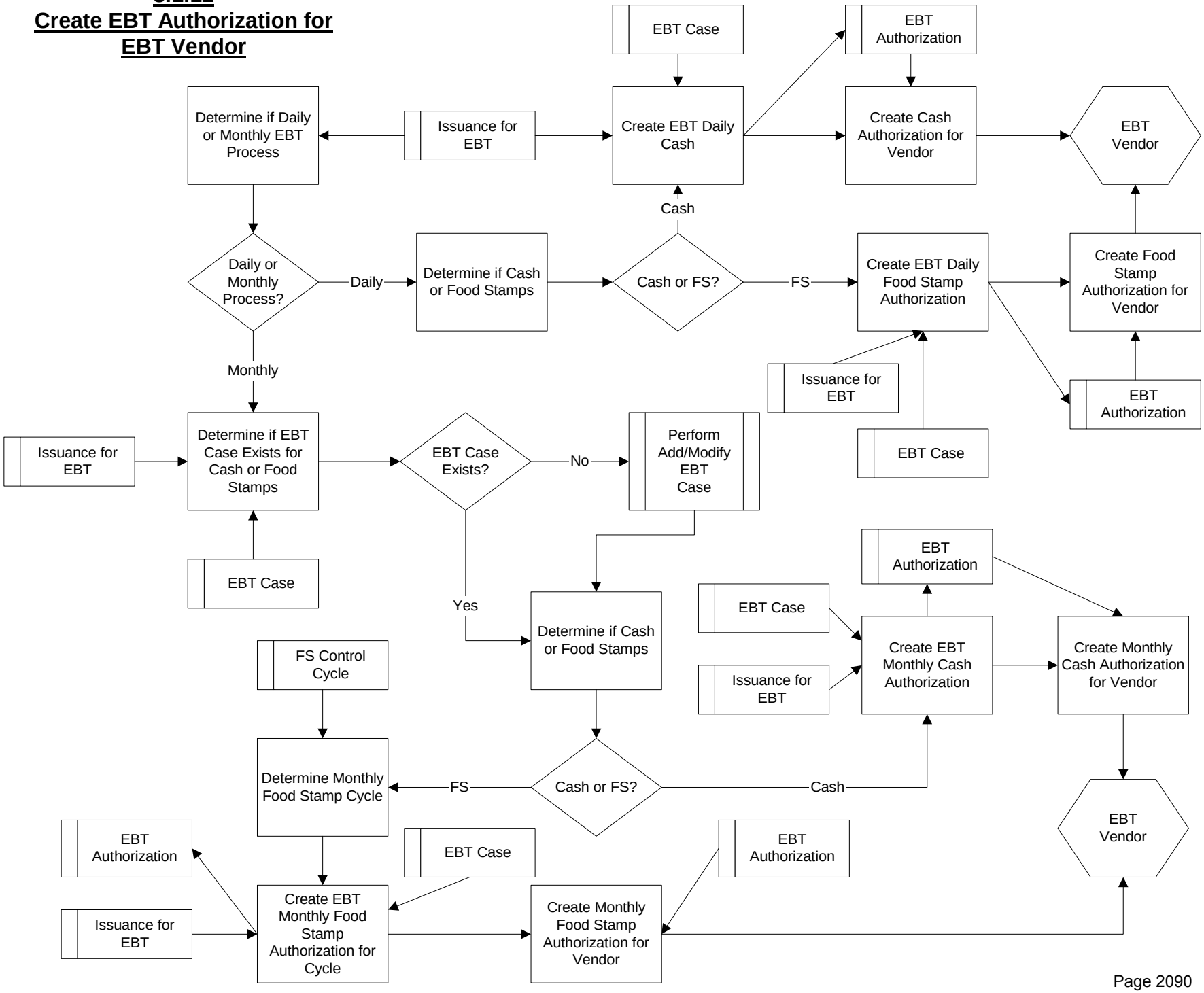
Process: Create 3.1.12 EBT Authorization for EBT vendor	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Benefit Type (FS)
Authorization Number (benefit number)
Authorization Amount (benefit amount)
Benefit Available Date (day is 01 – 10 of the next calendar month represented by the cycle number)
Benefit Available Time (always 0500)
Local Office Code (County)
Benefit Status (A for active)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF, FS	1	This process is performed by the Daily FF Issuance Process, Daily FS Issuance Process and Monthly FF Issuance Process and Monthly FS Issuance Process.
FF, FS	2	The process performing this process will have in its Calling Process Communication Record a code identifying whether this is a Daily or Monthly Process.
FF, FS	3	The process performing this process will have in its Calling Process Communication Record a code identifying whether this is a Families First (FF) (Cash) or Food Stamps (FS) Process.
FF, FS	4	This process only handles issuance transactions with an issuance method code of EBT.
FF, FS	5	The system shall use the Unique Identifier for the Head of the case as the EBT Case Number.
FF, FS	6	An EBT Case can receive more than one issuance of the same type for any given day.
FF, FS	7	The EBT Authorization number can not have a duplicate on the EBT Vendor's EBT Data Store at any one time even though the Benefit Numbers for FF and for FS are issued from two sets of control number.
FF, FS	8	The State sets a limit that EBT authorization amount for any one EBT authorization can be for any given day even though the Benefit Issue Amount has no limit. Currently, that EBT limit is $1999. If any one Benefit Amount is greater than $1999, the Benefit Amount is split among two or more EBT Authorizations where the Authorization Amount for any one of these Authorizations is not greater than $1999. When the Authorization Amount is split, the same Authorization Number is used, but the third character is incremented by one (For example CA1 prefixed Authorization is split into two authorizations, the authorizations would have prefix of CA2 and CA3).
FF, FS	9	Each batch data store that is sent to the EBT Vendor must have a header and a trailer record according to the format specified by the EBT Vendor.
FF, FS	10	When the Issuance Transaction has a benefit amount greater than zero, the system shall create an EBT Issuance for that amount.
FF, FS	11	When the Issuance Transaction has a benefit amount equal to zero, the system shall not create an EBT Issuance.
FF, FS	12	Issuance records coming into this process are never combined because they have already been assigned a benefit number.
FF	13	The FF Authorization Numbers are FF Benefit Numbers with a prefix of 'CA1' attached.
FS	14	The FS Authorization Numbers are FS Benefit Numbers with a prefix of 'FS1' attached.
FS	15	For monthly Food Stamp Issuance consist of 10 cycles based on the last two digits of the FS Case Number. These 10 cycles correspond to the first 10 days of the month of availability.
FS	16	The first 3 FS cycles are prepared and sent to the EBT Vendor on recurring weekend. The next 7 cycles are prepared and sent to the EBT Vendor at the rate of 1 cycle each evening for the next 7 working days.

3.1.12 Create EBT Authorization for EBT Vendor



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Process:

This process uses the various transmissions of data from the EBT vendor and posts information to various data stores, prepares notices and sends these notices to the clients, and extracts some information and sends this information to another system for processing. These various transmissions of data are:

EBT Daily Batch Refresh Reports – Each of these reports represents a batch of transactions that has been sent by the State of Tennessee to the EBT vendor and indicates any errors that may be in the batch. The State of Tennessee wants these reports stored on its report utility system so that the report can be viewed on-line and printed when necessary.

Aged Benefits – Each issued benefit/authorization, to the client, that still has an open remaining balance is aged on last date used. The aging categories are 30, 60 and 90 days of no activity on each of the authorizations. Any authorizations in the 90-day category also represent those authorizations that the EBT vendors has removed from the client's EBT case on the Vendor's database and need to be posted to the Issuance History as a returned benefit. Any authorizations in the 60-day category will need to have aged notices sent to the client informing the client that this benefit has had no activity for 60 days and will be removed from the EBT Vendors database if this benefit reaches 90 days with no activity.

Swept Accounts – These are EBT FS Authorized Reps and/or EBT Cash Protective Payees and/or EBT cases that the EBT vendor has removed from the EBT database because the client record has had no activity for 365 days.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Daily EBT Client History – This is all the transactions that access an EBT Case Number on a given day. These transactions include all the transactions that the client creates by using an ATM or POS device. The EBT Vendor only provides this file on a daily basis. The transaction volume is too large to provide on a monthly basis.

Daily and Weekly Reports – These are reports prepared, by the EBT vendor's system, the State of Tennessee wants to store these reports on its report utility system so the reports can be viewed on-line and printed.

Work Activity Hours by Provider – This represents hours each day and hours that each client is attending a specific work activity. The FF attendance system will use this data store. The process, that determines transportation reimbursements, will also use this data store. This is a planned enhancement to our current EBT process.

Sub-Processes:

1. Determine Client Aged Benefit Notice Required.

   The system shall use the aging indicator to select aged 60-day data and the aged 90-day data to be processed. The aging indicator contains 0, 1, 2, or 3 which corresponds to current, 30 days, 60 days and 90 days. Any data less than aged 60-days will not be used. The system shall use the EBT case number to access the EBT case data store for 60-day and 90-day EBT cases. The system shall list any 60-day or 90-day case that is not on the EBT case data store on the control report.

   AGED BENEFITS (Input)
   - EBT Case Number
   - EBT Authorization Number

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Benefit Type
Aging Indicator
Availability Date
Available Balance Amount
Original Authorized Amount

EBT CASE (Input)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Type
Primary Client Status
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account	
Program Affected: FF, FS	**Users: DHS V.I.P. System**

Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS Client Type
Alternate Client FS Client Status
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF Client Type
Alternate Client FF Client Status
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

2. Post 90-day Aged Benefit

The system shall retrieve the original issuance from the issuance history data store. After the original issuance has been retrieved from the issuance history data store, the system shall change specific data elements before the issuance is posted as a new issuance record on the Issuance History Data Store. This new issuance record, even though it is a returned benefit, will be held on the Issuance History Data Store so it can be reissued to the client, if the client requests that it be reissued.

ISSUANCE HISTORY (Input/Output)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date
    - Individual Unique Identifier
    - Issuance Status
    - Issuance Status Date
    - Number of Adults

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

- Number of Children
- Payee Name
- Process Date
- Type of Payee
- Worker Number

Common Data – FF, FS

- Benefit Amount
- Benefit Date
- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Needs Amount

FF Data

- Benefit System Switch
- Fiche Number
- Investigation Status
- Investigation Status Date

MA Data

- Benefit Reason
- Eligibility Begin Date
- Invest Status Code
- Invest Status Date
- Living Arrangement Code
- Warrant Switch

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Detail Record
- Benefit Reason
- Benefit Period
- Detail Benefit Amount
- FF Countable Code
- SFFF Countable Code
- System Benefit Amount
- SFFF Internal Countable

3. Extract Aged Benefit Notice Data

Since the Aged Indicator indicates that the benefit has had no activity for 60 days, the system shall extract the data element necessary to create an Aged Benefit Notice Request.

EBT CASE (Input)

- EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
- FF/FS Case Number
- Worker Identification
- County Number
- Primary Client Type
- Primary Client Status Type
- Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
- Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
- Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
- Primary Client First Name (first name of Head of the FF Case or FS Case)

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS Client Type
Alternate Client FS Client Status
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF Client Type
Alternate Client FF Client Status
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

EBT AGED BENEFIT (Input)

EBT Case Number
EBT Authorization Number
Benefit Type
Aging Indicator
Availability Date
Available Balance Amount
Original Authorized Amount

4. Create Aged Benefit Notice Request

The system shall use the data extracted in sub-process 3 to created an Aged Benefit Notice Request and put the request on the Notice Request Data Store. This notice informs the client that this specific Benefit has not had any activity for 60 days and will be aged off the EBT Vendor's database if the benefit continues to have no activity for the next 30 days.

NOTICE REQUEST (Output)
Notice Request date
Notice Request Time

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

EBT Case Number
Notice Recipient Last Name, First Name, MI
Notice Mailing Address Line1
Notice Mailing Address Line2
Notice Mailing Address City
Notice Mailing Address State
Notice Mailing Address Zip
Notice Type
Notice sub-type
Notice Action code
Notice Reason code
Notice Application Date
Case Number
Authorization Number
Original Authorization Amount
Available Authorization Amount
Original Availability Date
Date Aged Off EBT Vendor's Database
County Number
Worker ID
Notice Generating Program Number
Notice Mail Date

5. Determine Expunge Necessary

This sub-process can occur anytime after all the returned benefits have been posted to the Issuance History Data Store and the end of the month. None of the returned benefits that are posted to the

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Issuance History Data Store this month are a candidate to be expunged this month. The system shall determine if any previously posted returned Food Stamp Benefit has been on the Food Stamp Issuance History Data Store for 9 months or greater without being reissued. If so, the benefit is eligible to be expunged.

ISSUANCE HISTORY (Input)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date
    - Individual Unique Identifier
    - Issuance Status
    - Issuance Status Date
    - Number of Adults
    - Number of Children
    - Payee Name
    - Process Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

- Type of Payee
- Worker Number

Common Data – FF, FS

- Benefit Amount
- Benefit Date
- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Needs Amount

FF Data

- Benefit System Switch
- Fiche Number
- Investigation Status
- Investigation Status Date

MA Data

- Benefit Reason
- Eligibility Begin Date
- Invest Status Code
- Invest Status Date
- Living Arrangement Code
- Warrant Switch

Detail Record

- Benefit Reason
- Benefit Period
- Detail Benefit Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

6. Determine If a Claim Exists

The system shall access the Claims Indicator Case Data Store to determine if a Claim Exist.

CASE (Input)
- Case Number
- Claims Indicator

7. Perform "Claims Repayment Hierarchy"

If the claim Indicator indicates that there is a claim, the system shall perform the Claims Repayment Hierarchy.

8. Update Issuance History

When the amount of the Returned Benefit is more than the amount that was applied to the claim, the system shall expunge the remaining balance of the Returned Benefit and update the Issuance History Data Store. When the amount of the Returned Benefit is zero after the amount was applied to the claim, the system shall update the returned benefit on the Issuance History as Reissued. When the returned benefit was not applied to any claim (no claim existed), the system shall change the returned benefit to expunged benefit on the Issuance History Data Store.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

ISSUANCE HISTORY (Output)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date
    - Individual Unique Identifier
    - Issuance Status
    - Issuance Status Date
    - Number of Adults
    - Number of Children
    - Payee Name
    - Process Date
    - Type of Payee
    - Worker Number
  - Common Data – FF, FS
    - Benefit Amount
    - Benefit Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Needs Amount

FF Data

- Benefit System Switch
- Fiche Number
- Investigation Status
- Investigation Status Date

MA Data

- Benefit Reason
- Eligibility Begin Date
- Invest Status Code
- Invest Status Date
- Living Arrangement Code
- Warrant Switch

Detail Record

- Benefit Reason
- Benefit Period
- Detail Benefit Amount
- FF Countable Code
- SFFF Countable Code
- System Benefit Amount
- SFFF Internal Countable

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

9. Determine Expunge Notices Needed

When any Returned Benefit has not been reissued for 8 months (greater than 7 months but less than 9 months), the system shall select this Returned Benefit to have an Expunge Notice prepared. The system shall by-pass any other returned benefit.

ISSUANCE HISTORY (Input)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date
    - Individual Unique Identifier
    - Issuance Status
    - Issuance Status Date
    - Number of Adults
    - Number of Children
    - Payee Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

- Process Date
- Type of Payee
- Worker Number

Common Data – FF, FS

- Benefit Amount
- Benefit Date
- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Needs Amount

FF Data

- Benefit System Switch
- Fiche Number
- Investigation Status
- Investigation Status Date

MA Data

- Benefit Reason
- Eligibility Begin Date
- Invest Status Code
- Invest Status Date
- Living Arrangement Code
- Warrant Switch

Detail Record

- Benefit Reason
- Benefit Period

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

10. Extract Expunged Notice Data

The system shall extract the data element necessary to create an Expunged Notice Request.

EBT CASE (Input)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Primary Client New Card Indicator
Primary Client Name Change Indicator
Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

ISSUANCE HISTORY (Input)
Type Record
Type Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Case Number
Program Code
Sub-Program Code
County Number
Benefit Record
Common Data – FF,FS,MA
Benefit Number
Benefit Type
County Number
Disposition Status
Disposition Status Date
Individual Unique Identifier
Issuance Status
Issuance Status Date
Number of Adults
Number of Children
Payee Name
Process Date
Type of Payee
Worker Number
Common Data – FF, FS
Benefit Amount
Benefit Date
Benefit Issued Amount
Deficit Amount
Issuance Method Code
Penalty Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Recoupment Amount
Unmet Needs Amount
FF Data
Benefit System Switch
Fiche Number
Investigation Status
Investigation Status Date
MA Data
Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date
Living Arrangement Code
Warrant Switch
Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

11. Create Expunged Notice Request

The system shall create an Expunged Benefit Notice Request, and shall put this benefit notice request in notice request data store.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

NOTICE REQUEST (Output)

Notice Request date
Notice Request Time
EBT Case Number
Notice Recipient Last Name, First Name, MI
Notice Mailing Address Line1
Notice Mailing Address Line2
Notice Mailing Address City
Notice Mailing Address State
Notice Mailing Address Zip
Notice Type
Notice sub-type
Notice Action code
Notice Reason code
Notice Application Date
V.I.P. Case Number
Authorization Number
Original Authorization Amount
Available Authorization Amount
Original Availability Date
Date Aged Off EBT Vendor's Database
County Number
Worker ID
Notice Generating Program Number
Notice Mail Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

12. Post Closed Account

When the Swept Accounts Data Store is received from the EBT Vendor, the system shall update the EBT case on the EBT Case Data Store. If an alternate client is being swept, the system shall remove that alternate client from the EBT Case Data Store. If the primary client is being swept, the system shall update to EBT case status for the primary client as being swept.

EBT CASE (Output)

EBT Case Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
FF/FS Case Number
Worker Identification
County Number
Primary Client Recipient Number (Unique Identifying Number Of The Head of the FF Case or FS Case)
Primary Client Social Security Number (social security number of Head of the FF Case or FS Case)
Primary Client Date Of Birth (date of birth of Head of the FF Case or FS Case)
Primary Client First Name (first name of Head of the FF Case or FS Case)
Primary Client Last Name (last name of Head of the FF Case or FS Case)
Primary Client Middle Initial (middle initial of Head of the FF Case or FS Case)
Primary Client Street Address (case address street)
Primary Client Address City (case address city)
Primary Client Address State (case address state)
Primary Client Address Zip(case address zip)
Primary Client New Card Indicator
Primary Client Name Change Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Primary Client Language Preference (language preference of Head of the FF Case or FS Case)
Alternate Client FS First Name (Authorized Rep's first name)
Alternate Client FS Last Name (Authorized Rep's last name)
Alternate Client FS Middle Initial (Authorized Rep's middle initial)
Alternate Client FS Street Address (Authorized Rep's address street)
Alternate Client FS Address City (Authorized Rep's address city)
Alternate Client FS Address State (Authorized Rep's address state)
Alternate Client FS Address Zip (Authorized Rep's address zip)
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
Alternate Client FS Language Preference (Authorized Rep's language preference)
Alternate Client FF First Name (Protective Payee's first name)
Alternate Client FF Last Name (Protective Payee's last name)
Alternate Client FF Middle Initial (Protective Payee's middle initial)
Alternate Client FF Street Address (Protective Payee's address street)
Alternate Client FF Address City (Protective Payee's address city)
Alternate Client FF Address State (Protective Payee's address state)
Alternate Client FF Address Zip (Protective Payee's address zip)
Alternate Client FF New Card Indicator
Alternate Client FF Name Change Indicator
Alternate Client FF Language Preference (Protective Payee's language preference)

13. Strip transactions for Investigations

When the Daily EBT transaction data store is received, the system shall copy certain transactions to the Daily EBT Transactions For Investigations Data Store. The Data Store that is received from the EBT

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

Vendor is kept for six months to research answers to questions that the users may have.

DAILY EBT TRANSACTIONS FOR INVESTIGATIONS (Input)

Case Number
Authorization Number
Update Type
Benefit Type
Report Category
Available Balance
Transaction Amount
Transaction Date
Transaction Time
Merchant FCS Number
Card Acceptor ID
Store Name
Store Location
Terminal ID
Local Code

14. Strip Daily EBT Batch Refresh Reports

When the Daily EBT Batch Refresh Reports Data Store is received from the EBT Vendor, the system shall extract and write the reports to the Report Utility Data Store for viewing and printing, if necessary. The Daily EBT Batch Refresh Reports Data Store is already in printed report format.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.13 EBT Returned Files/Aged Benefits/Swept Account

Program Affected: FF, FS	**Users: DHS V.I.P. System**

15. Post to Individual on PRP Data Store

When Work Activity Hours by Provider Data Store is received from the EBT Vendor, the system shall post these hours to the individual on the PRP Data Store.

PRP

Individual Identification Number
Work Activity Number
Daily Attendance Hours
Daily Attendance Date
Daily Attendance Status Code
Daily Attendance Good Cause Code

16. Strip Daily EBT Reports.

When the Daily EBT Reports Data Store is received from the EBT Vendor, the system shall extract and write the reports to the Report Utility Data Store for viewing and printing, if necessary. Daily EBT Reports Data Store is already in printed report format.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		AGED BENEFITS
FF, FS	1	The EBT Vendor ages each authorization (benefit) monthly using the last used date of the authorization.
FF, FS	2	Each aged benefit record contains an Aging Indicator which represents 30, 60 or 90 days of no activity on the Authorization.
FF, FS	3	The records with the 60-day aging indicator are used to prepare the Aged Benefit Notice.
FF, FS	4	The records with the 90-day aging indicator represent those authorizations (benefits) that have been removed from the EBT Vendor's EBT Benefit Data Store. These are considered Returned Benefits.
FF, FS	5	The aged benefits (authorizations) with the 90-day aging indicators are posted to the Issuance History Data Store with 'RB' as the Benefit Type, Disposition Status and Issuance Status.
FF, FS	6	Returned benefits can be reissued through the normal auxiliary benefit process with a reason code of '0093' and have the same availability date as the returned benefits.
FF, FS	7	Any Aged Benefit for an EBT Case that is not on the local EBT Case Data Store, needs to be skipped. These are for special EBT Cases that are set up for investigations. The benefits are issued through the ADMIN Terminal with benefit number that will not be on the issuance history data store.
		AGED BENEFIT NOTICES
FF, FS	8	Each aged benefit record with a 60-day aging indicator will be used to create an Aged Benefit Notice Request if the available balance is equal to $10.00 or greater, and to write the request to the Notice Request Data Store to be processed by the Notice Generation Process.
		SWEPT ACCOUNTS
FF, FS	9	The EBT Vendor will remove any EBT Case Primary Client and/or Alternate client that has had no activity for 365 days from its EBT Case Data Store and will send a record representing that removal to the State.
FF, FS	10	When posting closed (swept) accounts to the local EBT Case Data Store, if the client type being swept is either the Alternate FF Client or Alternate FS Client, the system should remove that client type from the EBT Case.
FF, FS	11	When posting closed (swept) accounts to the local EBT Case Data Store, if the client type being swept is the primary client, the system should updated the primary client status code to 'S' (swept) and remove any alternate clients.
		DAILY EBT HISTORY TRANSACTIONS
FF, FS	12	When the transactions for investigations are being stripped from the Daily EBT Transaction Data Store, the transactions going to investigations will be the same format as the transactions coming from the EBT Vendor. Investigations will provide the selection criteria.
		DAILY EBT BATCH REFRESH REPORTS
FF, FS	13	The Batch Refresh Reports that are stripped and written to the Report Utility Data Store are already in report format. The Report ID that is being put on Report Utility Data Store may need to be modified to

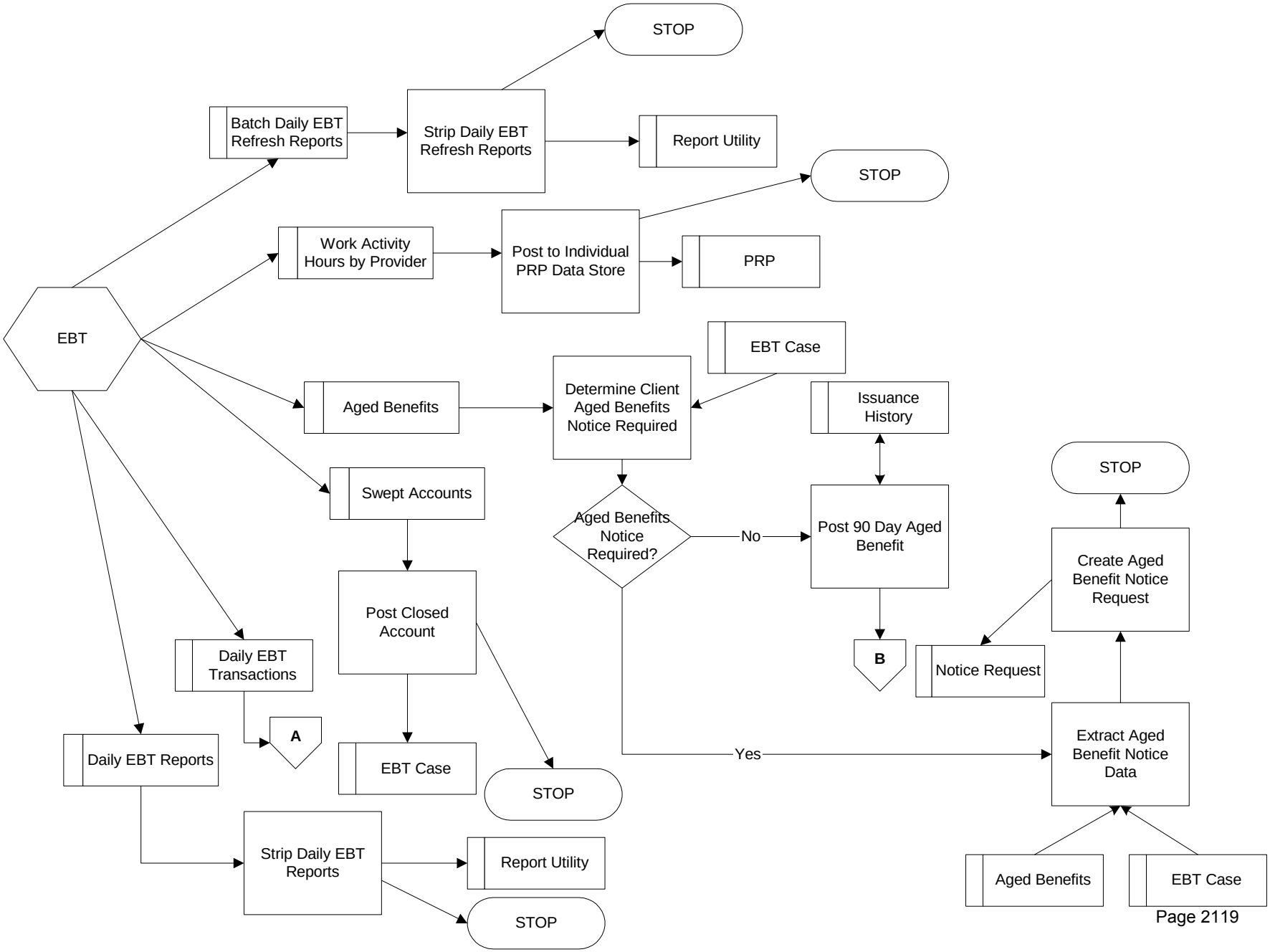
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		reduce to an 8-character report ID.
		EBT DAILY REPORTS
FF, FS	14	The EBT Daily Reports that are stripped and written to the Report Utility Data Store are already in report format. The Report ID that is being put on Report Utility Data Store may need to be modified to reduce to an 8-character report ID.
		WORK ACTIVITY HOURS BY PROVIDER
FF	15	Post work activity attendance time to the appropriate activity on Individual's PRP.
FF	16	Post corrections to work activity attendance time to the appropriate activity on Individual's PRP.
		EXPUNGED BENEFITS
FS	17	Expunged Benefits is a monthly process which is run just after all the returned benefits are posted to the Issuance History Data Store.
FS	18	Only FS Returned Benefits can be expunged.
FS	19	Any FS Returned Benefit that has been posted to the Issuance History Data Store for 9 months or greater and which has not been reissued must be selected to be expunged.
FS	20	The claims indicator is on the V.I.P. Case Data Store.
FS	21	Before the Returned Benefit can be expunged, the system shall determine there are any outstanding claims against the V.I.P. Case. If so, the system shall apply the benefit, to be expunged, must be applied against any outstanding claims. If the returned benefit has any remaining balance, the returned benefit must be expunged by changing the Benefit Disposition to XP on the Issuance History Data Store. Neither the returned benefit nor the claim can be reduced to less than zero.
FS	22	When updating the outstanding claim, the system must do so on the Claim Data Store and the Issuance History Data Store.
FS	23	Any Returned Benefit, either FF or FS, that has been reissued, the system must change the Benefit Disposition to RI.
FS	24	Any Reissued Returned Benefit will have the same availability Period as the returned benefit and a reason code of 0093
FS	25	Any FS returned benefit has been posted the Issuance History Data Store for greater than 7 months and less the 9 months and not been reissued needs to have an Expunge Notice Request prepared and written to the Notice Request Data Store to be processed by the Notice Generation Process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.13

EBT Returned File/Aged Benefits/Swept Account

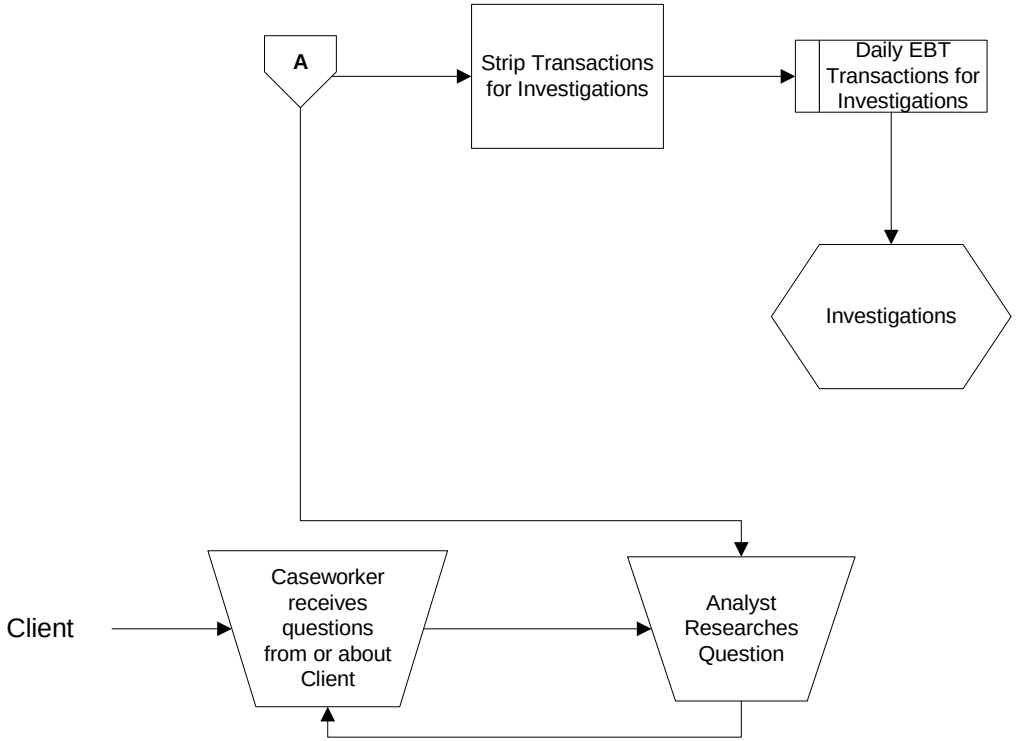


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.13

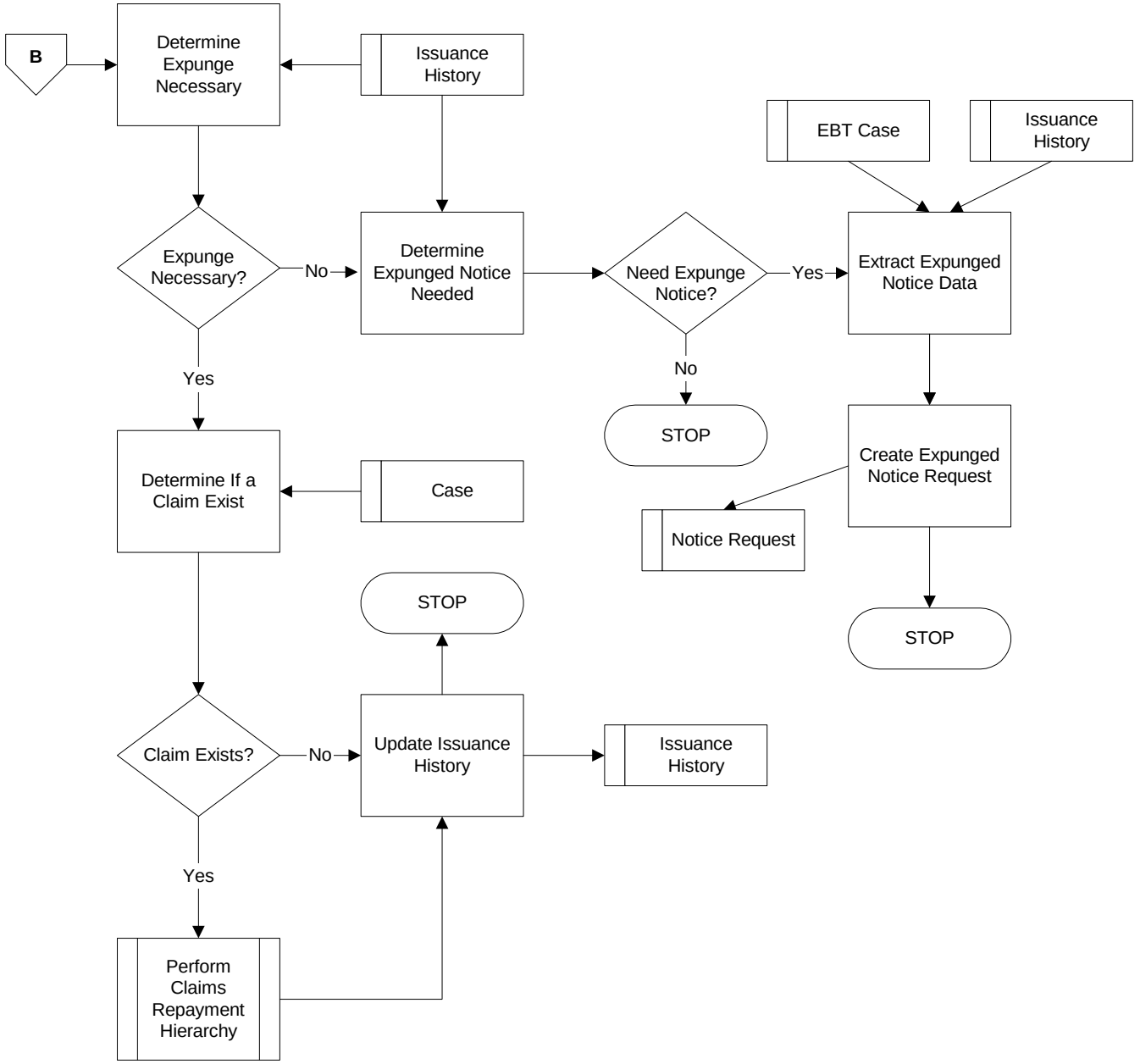
EBT Returned File/Aged Benefits/Swept Account

continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.13 EBT Returned File/Aged Benefits/Swept Account continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Process:

This process retrieves the appropriated Daily Issuance Request from the Daily Issuance Transaction Hold Data Store and based on business rules, issues the benefits to the case. The system shall allow issuance authorizations that are at or above minimum thresholds based on program policy/rules. The system must also support the issuance of FS Disaster Benefits.

Sub-Processes:

1. Pull Issuance Request

   The system shall retrieve the issuance requests from the Transaction Hold Data Store. This data store holds all the Issuance Requests that are created by all the on-line transactions through out the day. The Transaction Hold may contain more than multiple Issuance Requests for each Case, Program and Sub-Program, and each one can be a separate Issuance.

   TRANSACTION HOLD (Input)

   Case Number
   Program
   Sub-Program
   County Number
   Employment Number
   Record Type Code

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Caseload Number
Approval Required Switch
Actual Approval Code
User ID
Issue Method Code
Offset Amount
Segment Date
Overpayment Begin Date
Overpayment End Date
Alert Supervisor User ID
Benefit Request Type Code
Benefit Reason Code
Request Amount
Benefit Month
Patient Medical Liability Amount
Replacement Benefit Date
Replacement Benefit Number
Eligibility Begin Date
Eligibility End Date
Medical Only Switch
Individual Unique Identifier Number
Warrant Switch
Case Number Claim
Category Claim
Sequence Number Claim
Claim Number
Food Stamp Benefit Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Offset Amount Applied
Claim Switch

2. Determine Supervisory Approval Required

   The system shall determine if a supervisor's approval is required by checking the Approval Required Switch.

   TRANSACTION HOLD (Input)

   Approval Required Switch

3. Determine If Approved

   If approval is required, the system shall evaluate Actual Approved Code to determine if the request has been approved.

   TRANSACTION HOLD (Input)

   Actual Approval Code

4. Generate Alert

   If the system determines that the Issue Request requires supervisory approval, but the request has not been approved, the system shall generate a Supervisor Alert.

   TRANSACTION HOLD (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Case Number
Program
Sub-Program
County Number
Employment Number
Record Type Code
Caseload Number
Approval Required Switch
Actual Approval Code
User ID
Issue Method Code
Offset Amount
Segment Date
Overpayment Begin Date
Overpayment End Date
Alert Supervisor User ID
Benefit Request Type Code
Benefit Reason Code
Request Amount
Benefit Month
Patient Medical Liability Amount
Replacement Benefit Date
Replacement Benefit Number
Eligibility Begin Date
Eligibility End Date
Medical Only Switch

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Individual Unique Identifier Number
Warrant Switch
Case Number Claim
Category Claim
Sequence Number Claim
Claim Number
Food Stamp Benefit Number
Offset Amount Applied
Claim Switch

5. Determine if Issuance for Today

   The system shall determine if the issuance is for today by comparing the transaction Benefit Month date to the System Date. This is only done for RM, RR and EX Benefit Types. All other Benefit Types bypass this test and are automatically selected for today.

   TRANSACTION HOLD (Input)

   Benefit Month Date

6. Extract Data for Issuance

   The system shall use the issuance request and extract additional data to build an issuance transaction.

   TRANSACTION HOLD (Input)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Case Number
Program
Sub-Program
County Number
Employment Number
Record Type Code
Caseload Number
Approval Required Switch
Actual Approval Code
User ID
Issue Method Code
Offset Amount
Segment Date
Overpayment Begin Date
Overpayment End Date
Alert Supervisor User ID
Benefit Request Type Code
Benefit Reason Code
Request Amount
Benefit Month
Patient Medical Liability Amount
Replacement Benefit Date
Replacement Benefit Number
Eligibility Begin Date
Eligibility End Date
Medical Only Switch
Individual Unique Identifier Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Warrant Switch
Case Number Claim
Category Claim
Sequence Number Claim
Claim Number
Food Stamp Benefit Number
Offset Amount Applied
Claim Switch

CASE (Input)

Case Number
Case Record Date
Case Status Code
Case Name
Case Caseload Number
Case Living Arrangement Code
Case Phone Number
Case Closed ELIG For Benefit Switch
Case Primary Information Person Household Switch
Case PIP Verify Code
Case Residence Address Line 1 Street Number
Case Residence Address Line 1 Unit
Case Residence Address Line 1 Direction
Case Residence Address Line 1 Rural
Case Residence Address Line 1 Suffix
Case Residence Address Line 1 Quadrant

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Residence Address Line 1 Apartment
Case Residence Address Line 2
Case Residence Address City
Case Residence Address State
Case Residence Address Zip
Case Expedite FS Switch
Case Homeless Switch
Case History Code
Case Program Code
Case Sub-Program Code
Case Sanction Reason Code
Case Date Sanction Begins
Case Date Sanction Ends
Case Worker ID Authorizing Case
Case Date Delayed Spenddown liability for Medicaid Met
Case Eligibility Begin Date
Case Eligibility End Date
Case Date Retroactive Period Begins
Case Date Retroactive Period Ends
Case Date Application Signed
Case Recoupment Switch
Case Fair hearing Status switch
Case Authorized Rep Switch
Case Protective Payee Switch
Case Mail Address Switch
Case Issuance Method code
Case Effective Benefit Amount after End of Month

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Net Change Amount to Benefits Due to Adverse Action
Case Status Reason Codes 1
Case Fiat Switch
Case Date Case Authorized
Case FF Child Support Sanction Switch
Case Work Related Sanction Code
Case Voluntary Quit Sanction Switch
Case Parental Striker Sanction Switch
Case Work Related FS Action Code
Case Voluntary Quit FS Action Code
Case 20 Percent Penalty Code
Case Adverse Action Switch
Case Tape Payment Standard Code
Case Immunization Sanction Switch
Case Health Checks Sanction Switch
Case School Attendance Sanction Switch
Case Unmarried Minors Not Attending School Disqualification Switch
Case Funding Stream Code
Case Funding Stream Effective Date
Case Extended Services Switch

INDIVIDUAL (Input)

Unique Identifier Number
Status Code
Social Security Number
Last Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

First Name
Middle Initial
Date Of Birth
Phone Number
Pregnancy Verification Code
Individual Identification Verification Code
Living Arrangement Code
Social Security Applied Verification
Living Arrangement Date
Resident of State Switch
SS5 Date
Citizenship
Ethnicity
Race
Emancipated Minor Indicator
Veteran Status
Marital Status
Migrant Worker Information
Gender
Good Cause Claimed Indicator
Good Cause Granted Indicator
Medical Provider Name
Pregnancy Switch
Pregnancy Due Date
Date Pregnancy End
Date Pregnancy Begin
Post Partum/New Born Extended Coverage Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Department of Health and Employment Code
Birth Verification
DH Interface Program Switch
TennCare Managed Care Organization Number
MCO Transmit Code
Language Code
Principal Wage Earner Switch
Current FF Cycle Count
Lifetime FF Cycle Count
FF Sanction
TCS Application Switch
ME Application Switch
TennCare Application Date
Color Approved Code
TNCARE Appeal Code
TNCARE Re-verification Code
Insurance Policy Number
Monthly Cost of Coverage Amount
Coverage Code (occurs 15 times)
Coverage Verified Code
Medical Support Coverage Switch
Co-operative with Medical Support Switch
Begin Date for Policy Coverage to Apply
Date Policy Begins to Applies
Date Policy No Longer Applies
End Date for the Policy Cost Applying

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

BUDGET (Input)

Common Budget Data for FF, FS, MA

- Budget Type Code
- Benefit Amount
- Budget Month Type Code
- Date Program Right to Appeal Ends
- Number of Eligible Adults
- Number of Eligible Children
- Total Gross Income
- Initial Benefit Amount
- Initial Benefit Code
- Initial Benefit Date
- Dependent Child Disregard Amount
- Total Unearned Income Amount
- Total Earned Income Amount
- Earned Income Deduction Amount
- Record Date
- Status Code
- Time Updated

Common Budget Data for FF, FS

- Monthly Recoupment Amount

FF Budgets Data

- Initial Benefit Issuance Amount (occurs 6 times)
- Sponsored Child Care Disregard Amount
- 100% Deemed Income Disregard Amount
- Amount of Income Deemed to Program/Sub-Program

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Countable Earned Income Amount
Excess Income Amount
Standard Need Amount
Special Monthly Allowance Amount
Net FF Benefit Amount After Deduction of Child Support Received
Date Child Support Was Assigned to DHS
100% Need Standard Test Disregard Amount
Student Earned Income Amount
185% Need Standard Amount
100% of Program Countable Earned Income
Number of Eligible Individuals When Program Fails Financial Eligibility
Number of Eligible Children When Program Fails Financial Eligibility
Amount of Adverse Action Net Change
Amount of Countable Needs Standard
Student Earned Income Amount used in 100% Need Standard Calculation
Sponsor Disregard Income Amount
100% Deemed Income Disregard For a Deemed Sponsor
130% Deemed Income Disregard For a Deemed Sponsor
Number of Deemed Sponsors in the FF/MA Program
Amount of Deemed Sponsor Income for FF/MA Program
Amount of Deemed Sponsor Income for FS Program
Number of Deemed Spouse Count Need in Program Determining 185% - 100% Need Standard
Amount of Unemployment Compensation Received Principal Wage Earner
End Date Of Initial Prorating Period
Unmet Need Amount
Sponsored Child Care Disregard Amount
Monthly Deficit Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Initial Penalty Amount Used in Budget
Recurring Penalty Amount Used in Budgets (Occurs 6 times)
Standard Need Amount for the Intact Program
Number in Family Cap

FS Budget Data

Shelter/Utility Deduction Amount
Allowable Monthly Shelter Expense Amount
Allowable Monthly Medical Expense Amount
Self-employed Farmer Gross Income Amount
Non-Farm Self-Employment Income Amount
Amount of Income Lost Due to Farm Expenses Exceeding Farm Income
Maximum Net Income Allowable for the FS Program Size
Adjusted Monthly Net Income Amount
Monthly Thrifty Food Plan Amount for Program of this size
Number of Deemed Persons Who Reside with Elderly/Disabled Persons
Program Member Has Been Approved for Disability
Program Member is Unable to Purchase Food and prepare Meals Switch
Educational Financial Aid Income Amount
Standard Monthly Deduction Amount
Standard Monthly Medical Deduction Amount
Over 59 Age Switch
Actual Utility Amount or Utility Standard Amount
Non-Farm Self-Employment Expense Amount
Additional Employment Earned Income Amount
Self-employed Farmer Expense Amount
165% Deemed Income Amount Available to Program
Adverse Action Net Change in Benefits Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

165% Need Standard for Program This Size
FS Public Assistance Type Code
130% Need Standard amount for program of This Size
Deemed Sponsor Income Disregard Amount
100% Deemed Income Disregard Amount for Deemed Sponsor
130% Deemed Income Disregard Amount for Deemed Sponsor
Number of Deemed Sponsors in the FF/MA Program
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FF/MA Program
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FS Program
Number of Deemed Sponsors on FF/MA Program
Deemed Sponsor's Child Care Disregard Amount
Budget Amount Program Entitled
Intentional Program Violation Recoupment Amount
Administrative Error Recoupment Amount
Inadvertent Household Error Recoupment Amount
Child Support Disregard Amount
Initial 20% Penalty Amount
20% Penalty Amount
Date Penalty Begins

MA Budget Data

Allocated Spouse Amount
Half Remaining Disregard Amount
COLA Disregard Amount
Remaining Unearned Income Disregard Amount
Amount of Past Medical Expenses
Amount of Recurring Medical Expenses
Blind Work Expense Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Deemed Income Amount
Employment Earned Income Amount
Long Term Care Rate Amount
Gross Unearned Income Amount
Categorically Needy Need Standard Amount
Medically Needy Need Standard Amount
Adverse Action Net Change Amount
Standard Maintenance Amount
Insurance Premium Expense Amount
Spenddown Delay Liability Amount
Personal Need Amount
Patient Liability Amount
Other Deduction Amount for Pickle/Passalong
Ineligible Children Disregard Amount
VA Aid/Attendance Amount
Number of Eligible Adults
Child Support Disregard Amount
Work Disregard Amount
Shelter Workshop Maximum Amount
Student Earned Income Amount
Paid Medical Expense Amount
Spenddown Code
Gross Self-employment Income Amount
Allocated Dependent Amount
Item-D Medical Expense Amount
Patient Liability Expense Amount
Utility Cost Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Standard Maintenance Amount Percentage
Excess Income Amount
Special Income level Budget Standard Amount
Social Security Income Amount
Long Term Care Facilities Expense Amount
Allocated Dependent/Spouse Amount
Countable Earned Income Amount
Date Child Support Assigned to DHS

MEDICAL PROVIDER (Input)

History Code
Sequence Number
Status Code
Segment Date
Address line 1
Address line 2
Address City
Address State
Address Zip
Provider Name
Type of Medicaid Coverage Code
Delete Code

SELECTED CASE ISSUANCE INFORMATION (Output)

Record Type
Case Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Child
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Vendor Unit Number

7. Determine if Issuance for Program FF or MA

The system shall determine if issuance is for FF or MA Program by using the Program Code.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Child
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

8. Determine if Issuance for Program FF

The system shall determine if issuance is for FF Program to separate the issuance for the FF Program from the issuance for the MA Program.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Number of Adults
Number of Child
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

9. Perform “Add/Modify EBT Case” Process

The system shall perform Add/Modify EBT case. This process will determine if an EBT case needs to be created and if so, it will create a new EBT Case.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

10. Create MA Eligibility Data for TennCare

The system shall use the MA Issuance to create the MA Eligibility Data which is sent to TennCare. The MA Issuance has the same data elements as FF&MA Issuance Data Store.

MA ISSUANCE (Output)

Record Type
Benefit Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
  Number of Adults Cash
  Number of Child Cash
  Warrant Number
  Warrant Amount
  Recoupment Amount
  Benefit Amount Cash
  Supplement Amount
  FF Countable Code
  Benefit Switch System
  Benefit Amount System
  Penalty Amount
  Deficit Amount
  Unmet Needs Amount
  Case Name
Medicaid Data
  Medicaid Number of Adults
  Medicaid Number of Children

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

11. Combine Issuance Records for same Case, Program and Sub-Program

The system shall combine the issuance records for same Case, Program and Sub-Program and write the records to the FF&MA Issuance Data Store.

FF&MA ISSUANCE (Input)

Record Type
Benefit Type
Case Number
Program Code cash

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
  Number of Adults Cash
  Number of Child Cash

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

FF&MA ISSUANCE (Output)

Record Type
Benefit Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
- Number of Adults Cash
- Number of Child Cash
- Warrant Number
- Warrant Amount
- Recoupment Amount
- Benefit Amount Cash
- Supplement Amount
- FF Countable Code
- Benefit Switch System
- Benefit Amount System
- Penalty Amount
- Deficit Amount
- Unmet Needs Amount
- Case Name

Medicaid Data
- Medicaid Number of Adults
- Medicaid Number of Children
- Medicaid Eligibility Begin Date
- Medicaid Eligibility End Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

12. Assign Benefit Numbers

The system shall assign benefit numbers for the FF and MA issuance and produce the necessary data stores.

FF&MA ISSUANCE (Input)

Record Type
Benefit Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
- Number of Adults Cash
- Number of Child Cash
- Warrant Number
- Warrant Amount

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Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Program Affected: FF, FS, MA	**Users: The System**

FF Count Switch Table (occurs 12 times)

FF ISSUANCE (Output)

Same Data Elements as FF&MA ISSUANCE.

FF NON-PAY ISSUANCE (Output)

Same Data Elements as FF&MA ISSUANCE.

ISSUANCE FOR EBT (Output)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code

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Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

MA ISSUANCE (Output)

Same Data Elements as FF&MA ISSUANCE.

MA NON-PAY ISSUANCE (Output)

Same Data Elements as FF&MA ISSUANCE.

MEDICAL RECONCILIATION (Output)
Case

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Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Program
Sub-Program
Source Record Code
County
Case First Name
Case Middle Initial
Case Last Name
Case Mail Address Line 1
Case Mail Address Line 2
Case Mail Address City
Case Mail Address State
Case Mail Address Zip
Payee Indicator
Payee Last Name
Payee First Name
Payee Middle Initial
Benefit Type
Creation Date
Card Issue Date
Number of Trailers
Table of Individuals (24 Entries)
Unique Identifier of Individual
Last Name of Individual
First Name of Individual
Middle Initial of Individual
Data Of Birth of Individual
Gender of Individual

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Prepared by: DHS Policy/Systems

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Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid QMB Start Date of Individual
Medicaid QMB End Date of Individual
Card Type of Individual

13. Determine If FS Program Issuance

The system shall determine if the issuance is for FS Program by using the Program Code.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Child
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Needs Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
AUX CASH DATA
AUX Cash Number of Months

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Prepared by: DHS Policy/Systems
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Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

14. Perform “FS Benefit Reduction Hierarchy” Process

    The system shall perform FS Benefit Reduction Hierarchy Process.

15. Perform “Add/Modify EBT Case” Process

    The system shall perform Add/Modify EBT Case to determine and possibly create an EBT case to which this issuance should be posted.

16. Assign Benefit Numbers

    The system shall assign benefit numbers to the FS Issuance.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

FS ISSUANCE (Input)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number
Payee Code
Payee Name
Payee Unique Identifier Number
Payee Social Security Number
Payee Address Code
Payee Address Line 1

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date
Number of Months
Table of Reason Amount (Occurs 12)
Benefit Period
Reason Code
FS Penalty Amount

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

FS EBT Benefit Amount
FS EBT Authorized Amount

FS ISSUANCE (Output)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number
Payee Code
Payee Name
Payee Unique Identifier Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Social Security Number
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date
Number of Months
Table of Reason Amount (Occurs 12)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period
Reason Code
FS Penalty Amount
FS EBT Benefit Amount
FS EBT Authorized Amount

FS NON-PAY ISSUANCE (Output)

Data Elements are the same as FS ISSUANCE.

ISSUANCE FOR EBT (Output)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

17. Increment FF Counters

Based on the business rules, the system shall increment the FF Counters.

FF ISSUANCE (Input)

Same Data Elements as FF&MA ISSUANCE.

INDIVIDUAL (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Current Counter
Lifetime Counter

18. Post FF Issuance

The system shall post the FF Issuance to the Issuance History Data Store.

FF ISSUANCE (Input)

Same Data Elements as FF&MA ISSUANCE.

FF NON-PAY ISSUANCE (Input)

Same Data Elements as FF&MA ISSUANCE.

ISSUANCE HISTORY (Output)

Type Record
Type Code
Case Number
Program Code
Sub-Program Code
County Number
Benefit Record
Common Data – FF,FS,MA
Benefit Number
Benefit Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

- County Number
- Disposition Status
- Disposition Status Date
- Individual Unique Identifier
- Issuance Status
- Issuance Status Date
- Number of Adults
- Number of Children
- Payee Name
- Process Date
- Type of Payee
- Worker Number

Common Data – FF, FS

- Benefit Amount
- Benefit Date
- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Needs Amount

FF Data

- Benefit System Switch
- Fiche Number
- Investigation Status
- Investigation Status Date

MA Data

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date
Living Arrangement Code
Warrant Switch

Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

19. Perform “EBT Authorization for EBT Vendor” Process

ISSUANCE FOR EBT (Input)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

20. Print FF Journal

The system shall print a FF Journal and put on Report Viewing Utility.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

21. Post FS Issuance

The system shall post the FS Issuance to Issuance History Data Store.

FS ISSUANCE (Input)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number
Payee Code
Payee Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Unique Identifier Number
Payee Social Security Number
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date
Number of Months

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Table of Reason Amount (Occurs 12)
Benefit Period
Reason Code
FS Penalty Amount
FS EBT Benefit Amount
FS EBT Authorized Amount

FS NON-PAY ISSUANCE (Input)

Data Elements are the same as FS ISSUANCE.

ISSUANCE HISTORY (Output)

Type Record
Type Code
Case Number
Program Code
Sub-Program Code
County Number
Benefit Record
Common Data – FF,FS,MA
Benefit Number
Benefit Type
County Number
Disposition Status
Disposition Status Date
Individual Unique Identifier

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Issuance Status
Issuance Status Date
Number of Adults
Number of Children
Payee Name
Process Date
Type of Payee
Worker Number

Common Data – FF, FS

Benefit Amount
Benefit Date
Benefit Issued Amount
Deficit Amount
Issuance Method Code
Penalty Amount
Recoupment Amount
Unmet Needs Amount

FF Data

Benefit System Switch
Fiche Number
Investigation Status
Investigation Status Date

MA Data

Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Living Arrangement Code
Warrant Switch

Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

22. Perform EBT Authorization for EBT Vendor

ISSUANCE FOR EBT (Input)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Child Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

23. Print FS Journal

    The system shall print a FS Journal and put on Report Viewing Utility.

24. Post MA Issuance

    The system shall post the MA Issuance to the Issuance History Data Store.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

MA ISSUANCE (Input)

Same Data Elements as FF&MA ISSUANCE

MA NON-PAY ISSUANCE (Input)

Same Data Elements as FF&MA ISSUANCE

ISSUANCE HISTORY (Output)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date
    - Individual Unique Identifier
    - Issuance Status
    - Issuance Status Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Number of Adults
Number of Children
Payee Name
Process Date
Type of Payee
Worker Number

Common Data – FF, FS
Benefit Amount
Benefit Date
Benefit Issued Amount
Deficit Amount
Issuance Method Code
Penalty Amount
Recoupment Amount
Unmet Needs Amount

FF Data
Benefit System Switch
Fiche Number
Investigation Status
Investigation Status Date

MA Data
Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date
Living Arrangement Code
Warrant Switch

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.14 Daily Issuance

Program Affected: FF, FS, MA	**Users: The System**

Detail Record
- Benefit Reason
- Benefit Period
- Detail Benefit Amount
- FF Countable Code
- SFFF Countable Code
- System Benefit Amount
- SFFF Internal Countable

25. Transmit Medical Reconciliation

The system shall transmit the Medical Reconciliation to the Department of Health.

MEDICAL RECONCILIATION (Input)

Case
- Program
- Sub-Program
- Source Record Code
- County
- Case First Name
- Case Middle Initial
- Case Last Name
- Case Mail Address Line 1
- Case Mail Address Line 2
- Case Mail Address City
- Case Mail Address State

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

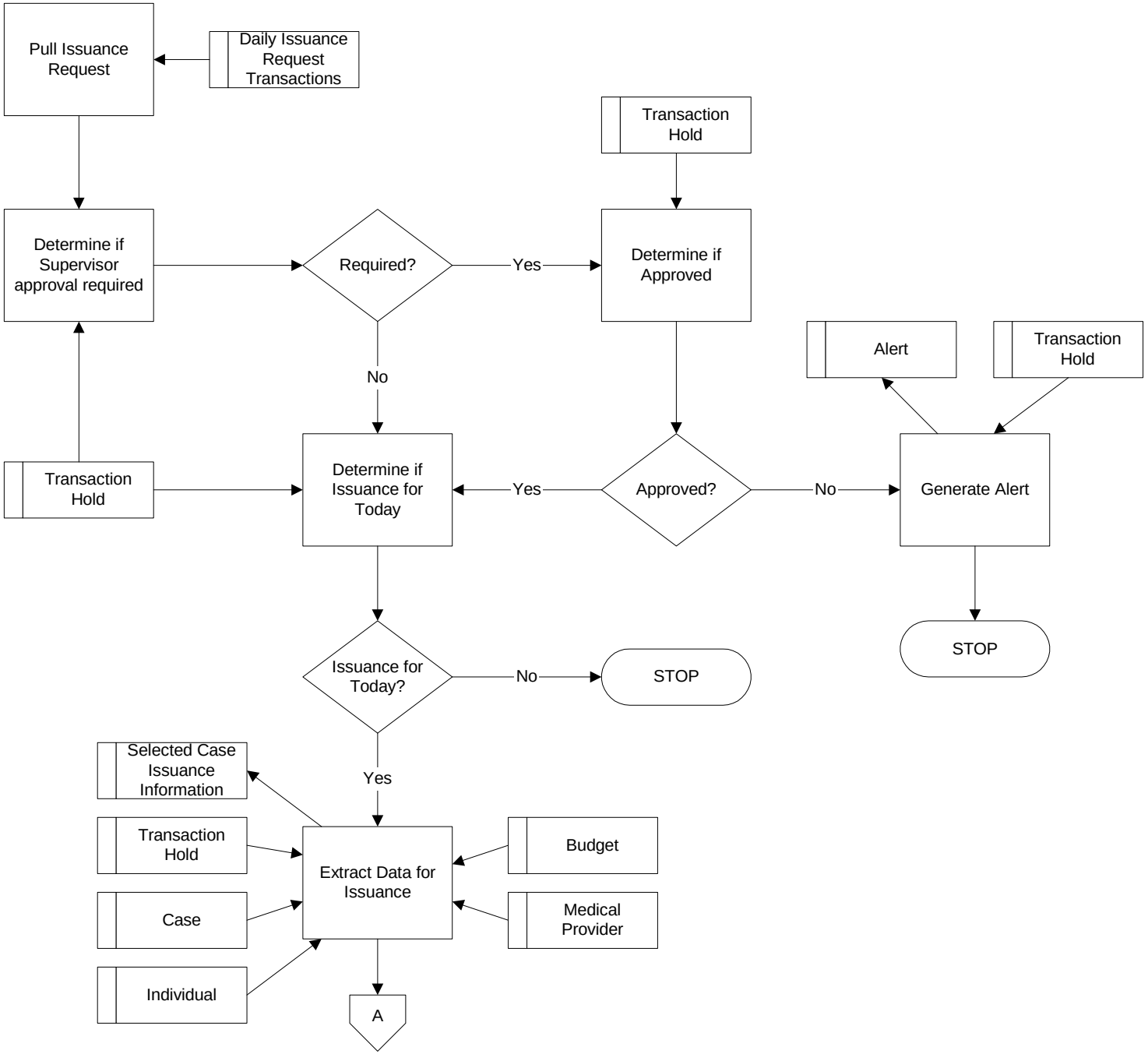
Process: 3.1.14 Daily Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Case Mail Address Zip
Payee Indicator
Payee Last Name
Payee First Name
Payee Middle Initial
Benefit Type
Creation Date
Card Issue Date
Number of Trailers
Table of Individuals (24 Entries)
- Unique Identifier of Individual
- Last Name of Individual
- First Name of Individual
- Middle Initial of Individual
- Data Of Birth of Individual
- Gender of Individual
- Medicaid QMB Start Date of Individual
- Medicaid QMB End Date of Individual
- Card Type of Individual

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

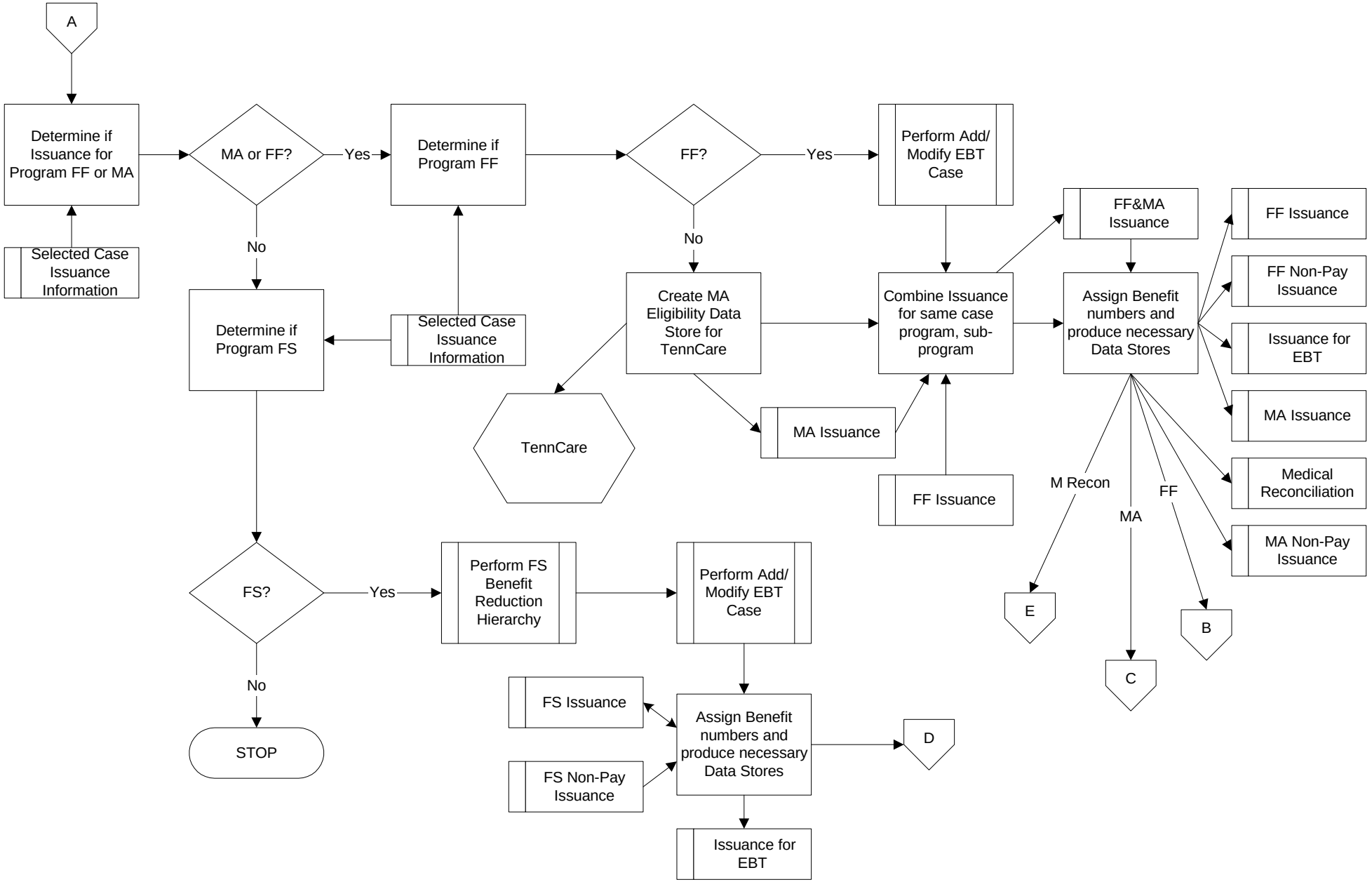
Program Type	Rule Number	Rule
ALL	1	If supervisor approval is required, the approval required switch contains a yes.
ALL	2	If the supervisor has approved the issuance request, the approval required switch contains a yes and the actual approval code contains a yes.
ALL	3	Any issuance request requiring approval and is not approved, will be skipped, but a supervisor alert is issued.
ALL	4	The program code will indicate whether the issuance is for FF, FS or MA program.
ALL	5	Before the benefit number is assigned to an issuance, issuance request can be combined to form one issuance to be sent to the client. The issuance has to be for the same benefit type, case, program, sub-program and same issuance date.
ALL	6	The combined issuance gets the benefit number, not each individual issuance that makes up the combined issuance.
ALL	7	When a daily issuance request is put in the issuance transaction collection data store (which is being called Transaction Hold Data Store) by the on-line transaction, all decisions about the issuance have been made by the on-line transactions.
ALL	8	The daily issuance process selects the issuance request for today, and extracts the additional information from several data stores to create the issuance to be processed.
ALL	9	The system shall generate issuance and non-issuance data stores for reporting purposes.
FF, FS	10	Each issuance request, that is on the Transaction Hold Data Store and requires approval, will be held on the Transaction Hold Data Store until the approval has been provided.
FF, FS	11	The Add/Modify EBT Case process will determine if an EBT Case has to be generated and added to the EBT Vendor's Database.
FF, FS	12	The system shall generate an issuance for EBT where the Issued Amount is greater than zero.
FF	13	The current and lifetime FF Counters will be incremented by each FF issuance for a given benefit month in which client receives a FF Benefit unless the client FF interrupt code is set on.
MA	14	When creating the DH Eligibility data, the program signed date becomes the Application date.
MA	15	When creating the DH Eligibility data, the Physical Limit Code is updated if the individual is Aged, Blind or Disabled.
MA	16	When creating the DH Eligibility data, if the program/program-sub is MA M or MAMP, the QMB/SLMB Begin Date is equal to the Medicaid Eligibility Begin Date and the QMB/SLMB End Date is equal to the Medicaid Eligibility End Date.

3.1.14
Daily Issuance

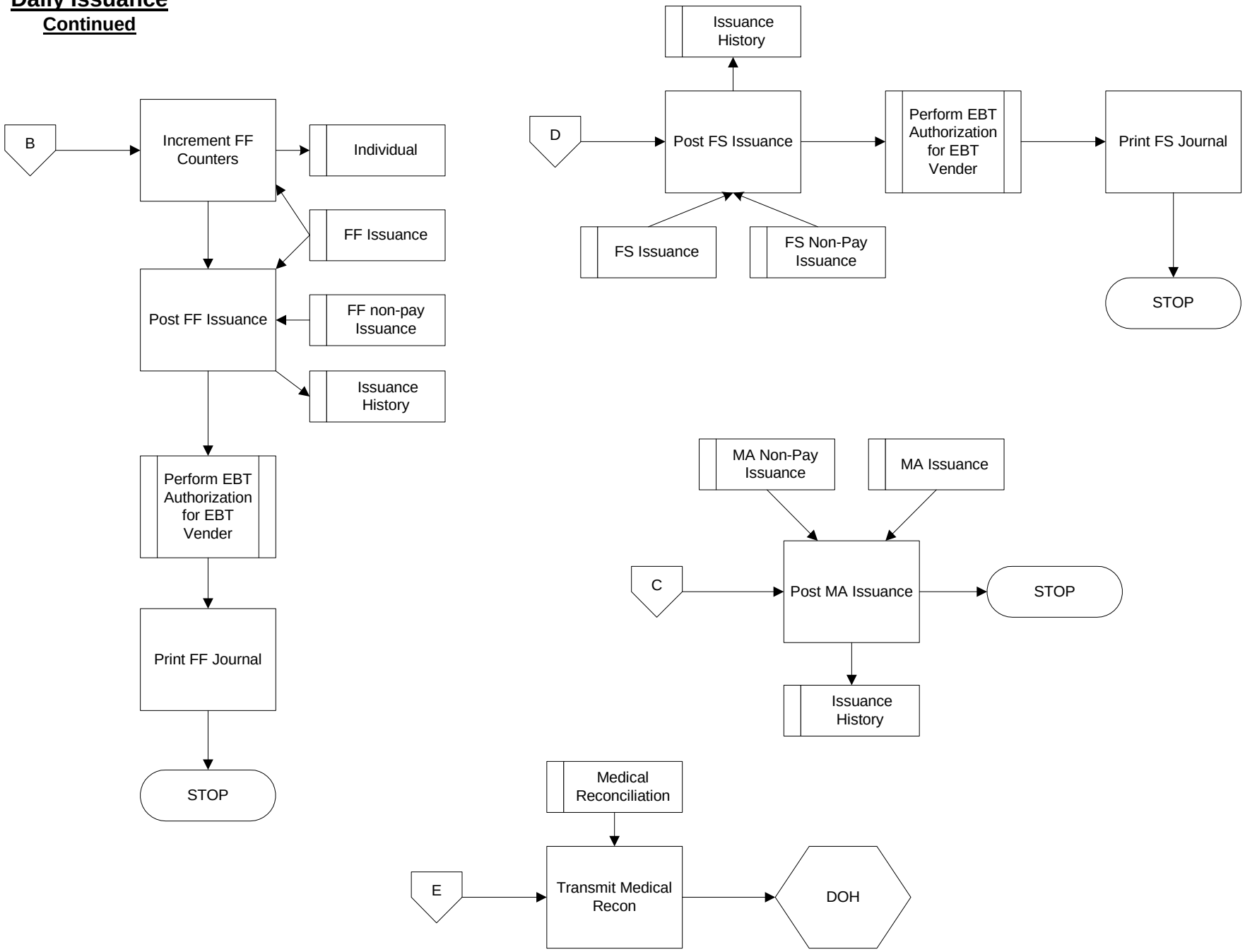


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.14
Daily Issuance
Continued



3.1.14
Daily Issuance
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Process:

This process is a monthly process that is initiated approximately ten working days before the end of the month. It creates FF, FS and MA benefits that will be available to the clients during the first ten calendar days of the next calendar month. Actually, the FF and MA Benefits are available the first day of the next calendar month, and FS Benefits are available during the first ten days of the next calendar month. The start of this process is controlled by a calendar that is created at the beginning of the calendar year and the process is run over a weekend following cutoff.

Sub-Processes:

1. Select Cases for Issuance

   The system shall select all cases that are open and eligible for issuance and all cases that are closed but eligible for issuance.

   CASE (Input)

   - Case Number
   - Case Record Date
   - Case Status Code
   - Case Name
   - Case Caseload Number
   - Case Living Arrangement Code
   - Case Phone Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Closed ELIG For Benefit Switch
Case Primary Information Person Household Switch
Case PIP Verify Code
Case Residence Address Line 1 Street Number
Case Residence Address Line 1 Unit
Case Residence Address Line 1 Direction
Case Residence Address Line 1 Rural
Case Residence Address Line 1 Suffix
Case Residence Address Line 1 Quadrant
Case Residence Address Line 1 Apartment
Case Residence Address Line 2
Case Residence Address City
Case Residence Address State
Case Residence Address Zip
Case Expedite FS Switch
Case Homeless Switch
Case History Code
Case Program Code
Case Sub-Program Code
Case Sanction Reason Code
Case Date Sanction Begins
Case Date Sanction Ends
Case Worker ID Authorizing Case
Case Date Delayed Spenddown Liability for Medicaid Met
Case Eligibility Begin Date
Case Eligibility End Date
Case Date Retroactive Period Begins

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Date Retroactive Period Ends
Case Date Application Signed
Case Recoupment Switch
Case Fair hearing Status switch
Case Authorized Rep Switch
Case Protective Payee Switch
Case Mail Address Switch
Case Issuance Method code
Case Effective Benefit Amount after End of Month
Case Net Change Amount to Benefits Due to Adverse Action
Case Status Reason Codes 1
Case Fiat Switch
Case Date Case Authorized
Case FF Child Support Sanction Switch
Case Work Related Sanction Code
Case Voluntary Quit Sanction Switch
Case Parental Striker Sanction Switch
Case Work Related FS Action Code
Case Voluntary Quit FS Action Code
Case 20 Percent Penalty Code
Case Adverse Action Switch
Case Tape Payment Standard Code
Case Immunization Sanction Switch
Case Health Checks Sanction Switch
Case School Attendance Sanction Switch
Case Unmarried Minors Not Attending School Disqualification Switch
Case Funding Stream Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Funding Stream Effective Date
Case Extended Services Switch

CASE MAIL ADDRESS (Input)
- History Code
- Status Code
- Address Line I
- Address Line 2
- Address City
- Address State
- Address Zip
- Delete Code

MEDICAL PROVIDER (Input)
- History Code
- Sequence Number
- Status Code
- Segment Date
- Address Line 1
- Address Line 2
- Address City
- Address State
- Address Zip
- Provider Name
- Type of Medicaid Coverage Code
- Delete Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

BUDGET (Input)

Common Budget Data for FF, FS, MA
- Budget Type Code
- Benefit Amount
- Budget Month Type Code
- Date Program Right to Appeal Ends
- Number of Eligible Adults
- Number of Eligible Children
- Total Gross Income
- Initial Benefit Amount
- Initial Benefit Code
- Initial Benefit Date
- Dependent Child Disregard Amount
- Total Unearned Income Amount
- Total Earned Income Amount
- Earned Income Deduction Amount
- Record Date
- Status Code
- Time Updated

Common Budget Data for FF, FS
- Monthly Recoupment Amount

FF Budgets Data
- Initial Benefit Issuance Amount (occurs 6 times)
- Sponsored Child Care Disregard Amount
- 100% Deemed Income Disregard Amount
- Amount of Income Deemed to Program/Sub-Program

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Countable Earned Income Amount
Excess Income Amount
Standard Need Amount
Special Monthly Allowance Amount
Net FF Benefit Amount After Deduction of Child Support Received
Date Child Support Was Assigned to DHS
100% Need Standard Test Disregard Amount
Student Earned Income Amount
185% Need Standard Amount
100% of Program Countable Earned Income
Number of Eligible Individuals When Program Fails Financial Eligibility
Number of Eligible Children When Program Fails Financial Eligibility
Amount of Adverse Action Net Change
Amount of Countable Needs Standard
Student Earned Income Amount used in 100% Need Standard Calculation
Sponsor Disregard Income Amount
100% Deemed Income Disregard For a Deemed Sponsor
130% Deemed Income Disregard For a Deemed Sponsor
Number of Deemed Sponsors in the FF/MA Program
Amount of Deemed Sponsor Income for FF/MA Program
Amount of Deemed Sponsor Income for FS Program
Number of Deemed Spouse Count Need in Program Determining 185% - 100% Need Standard
Amount of Unemployment Compensation Received Principal Wage Earner
End Date Of Initial Prorating Period
Unmet Need Amount
Sponsored Child Care Disregard Amount
Monthly Deficit Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Initial Penalty Amount Used in Budget
Recurring Penalty Amount Used in Budgets (Occurs 6 times)
Standard Need Amount for the Intact Program
Number in Family Cap
FS Budget Data
Shelter/Utility Deduction Amount
Allowable Monthly Shelter Expense Amount
Allowable Monthly Medical Expense Amount
Self-employed Farmer Gross Income Amount
Non-Farm Self-Employment Income Amount
Amount of Income Lost Due to Farm Expenses Exceeding Farm Income
Maximum Net Income Allowable for the FS Program Size
Adjusted Monthly Net Income Amount
Monthly Thrifty Food Plan Amount for Program of this size
Number of Deemed Persons Who Reside with Elderly/Disabled Persons
Program Member Has Been Approved for Disability
Program Member is Unable to Purchase Food and Prepare Meals Switch
Educational Financial Aid Income Amount
Standard Monthly Deduction Amount
Standard Monthly Medical Deduction Amount
Over 59 Age Switch
Actual Utility Amount or Utility Standard Amount
Non-Farm Self-Employment Expense Amount
Additional Employment Earned Income Amount
Self-employed Farmer Expense Amount
165% Deemed Income Amount Available to Program
Adverse Action Net Change in Benefits Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

165% Need Standard for Program This Size
FS Public Assistance Type Code
130% Need Standard Amount for Program of This Size
Deemed Sponsor Income Disregard Amount
100% Deemed Income Disregard Amount for Deemed Sponsor
130% Deemed Income Disregard Amount for Deemed Sponsor
Number of Deemed Sponsors in the FF/MA Program
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FF/MA Program
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FS Program
Number of Deemed Sponsors on FF/MA Program
Deemed Sponsor's Child Care Disregard Amount
Budget Amount Program Entitled
Intentional Program Violation Recoupment Amount
Administrative Error Recoupment Amount
Inadvertent Household Error Recoupment Amount
Child Support Disregard Amount
Initial 20% Penalty Amount
20% Penalty Amount
Date Penalty Begins

MA Budget Data

Allocated Spouse Amount
Half Remaining Disregard Amount
COLA Disregard Amount
Remaining Unearned Income Disregard Amount
Amount of Past Medical Expenses
Amount of Recurring Medical Expenses
Blind Work Expense Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Deemed Income Amount
Employment Earned Income Amount
Long Term Care Rate Amount
Gross Unearned Income Amount
Categorically Needy Need Standard Amount
Medically Needy Need Standard Amount
Adverse Action Net Change Amount
Standard Maintenance Amount
Insurance Premium Expense Amount
Spenddown Delay Liability Amount
Personal Need Amount
Patient Liability Amount
Other Deduction Amount for Pickle/Passalong
Ineligible Children Disregard Amount
VA Aid/Attendance Amount
Number of Eligible Adults
Child Support Disregard Amount
Work Disregard Amount
Shelter Workshop Maximum Amount
Student Earned Income Amount
Paid Medical Expense Amount
Spenddown Code
Gross Self-employment Income Amount
Allocated Dependent Amount
Item-D Medical Expense Amount
Patient Liability Expense Amount
Utility Cost Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Standard Maintenance Amount Percentage
Excess Income Amount
Special Income Level Budget Standard Amount
Social Security Income Amount
Long Term Care Facilities Expense Amount
Allocated Dependent/Spouse Amount
Countable Earned Income Amount
Date Child Support Assigned to DHS

AUTH REP/PROT PAYEE (Input)

History Code
Status Code
Record Date
Address Line 1
Address Line 2
Address City
Address State
Address Zip
Last Name
First Name
Middle Initial
Phone
Use Switch
Apply Switch
Receive Switch
Delete Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Active/Inactive Switch
Rep/Payee Verification Code
Revoke EBT Card Code
Language Code

INDIVIDUAL (Input)

Unique Identifier Number
Status Code
Social Security Number
Last Name
First Name
Middle Initial
Date Of Birth
Phone Number
Pregnancy Verification Code
Individual Identification Verification Code
Living Arrangement Code
Social Security Applied Verification
Living Arrangement Date
Resident of State Switch
SS5 Date
Citizenship
Ethnicity
Race
Emancipated Minor Indicator
Veteran Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Marital Status
Migrant Worker Information
Gender
Good Cause Claimed Indicator
Good Cause Granted Indicator
Medical Provider Name
Pregnancy Switch
Pregnancy Due Date
Date Pregnancy End
Date Pregnancy Begin
Post Partum/New Born Extended Coverage Code
Department of Health and Employment Code
Birth Verification
DH Interface Program Switch
TennCare Managed Care Organization Number
MCO Transmit Code
Language Code
Principal Wage Earner Switch
Current FF Cycle Count
Lifetime FF Cycle Count
FF Sanction
TCS Application Switch
ME Application Switch
TennCare Application Date
Color Approved Code
TNCARE Appeal Code
TNCARE Re-verification Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Insurance Policy Number
Monthly Cost of Coverage Amount
Coverage Code (occurs 15 times)
Coverage Verified Code
Medical Support Coverage Switch
Co-operative with Medical Support Switch
Begin Date for Policy Coverage to Apply
Date Policy Begins to Applies
Date Policy No Longer Applies
End Date for the Policy Cost Applying

INDIVIDUAL ELIGIBLILTY (Input)

Status Code
Record Date
Time Updated
Eligibility Status Code
Time Limit Over 18 Months Code
Time Limit Over 60 Months Code
Individual Supplemental SSI Results Code
ABAWD Eligibility Status
Participation Status Code 1
Participation Status Code 2
Individual Sanction Result Code
Worker Denied Code
COTS Switch
Minor Parent Result Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

CASELOAD (Input)

- Caseload Number
- County Number
- Caseload Code
- Confidential Code

CLOSED CASE ELIG FOR ISSUANCE (Output)

- Record Type
- Case Number
- Program Code Cash
- Sub-Program Code Cash
- Program Code Medicaid
- Sub-Program Medicaid
- Processed Date
- Benefit Date
- Benefit Mailed Date
- Benefit Reason Code
- Living Arrangement Code
- District Code
- County Code
- ADMIN Unit Code
- Worker Number
- Payee Code
- Payee Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
- Number of Adults Cash
- Number of Children Cash
- Voucher Number
- Warrant Number
- Warrant Amount
- Recoupment Amount
- Benefit Amount Cash
- Supplement Amount
- FF Countable Code
- Benefit Switch System
- Benefit Amount System
- Penalty Amount
- Deficit Amount
- Unmet Need Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Name
MEDICAID DATA
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

FF Count Switch Table (occurs 12 times)
FF Countable Code

SELECTED CASE ISSUANCE INFORMATION (Output)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
  Number of Adults
  Number of Children
  Voucher Number
 Benefit Number
 Benefit Issued Amount
  Recoupment Amount
  Benefit Amount
  Supplement Amount
 FF Countable Code
 Benefit Switch System
  Benefit Amount System
  Penalty Amount
  Deficit Amount
  Unmet Need Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Name
Project Center Number
Vendor Code
MEDICAID DATA
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

WORK PROGRAM ASSIGNMENT (Input)

History Code
Sequence Number
Status Code
Record Date
Activity Code
Assignment Status Code
Begin Date
End Date
Department of Transportation Code

2. Determine if Closure Necessary

Base on business rules, the system shall determine if it is necessary to close the Case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

3. Generate Alert

For any case that needs to be automatically closed, the system shall generate an alert to the caseworker.

INDIVIDUAL ELIGIBLILTY (Input)

Status Code
Record Date
Time Updated
Eligibility Status Code
Time Limit Over 18 Months Code
Time Limit Over 60 Months Code
Individual Supplemental SSI Results Code
ABAWD Eligibility Status
Participation Status Code 1
Participation Status Code 2
Individual Sanction Result Code
Worker Denied Code
COTS Switch
Minor Parent Result Indicator

CASE ELIGIBILITY (Input)

Status Code
Record Date
Eligibility Status Code
Reason Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Resource Eligibility Status Code
Financial Eligibility Code
Non-Financial Eligibility Code
Resource Verification Results Code
Financial Verification Results Code
Total Resource Vehicle Amount
Total Liquid Assets Amount
Total Real Property Amount
Total Life Insurance Amount
Total Lump Sum Amounts
Total Resource Vehicle Amount For Sponsor
Total Liquid Assets Amount For Sponsor
Total Real Property Amount For Sponsor
Total Life Insurance Amount For Sponsor
Total Lump Sum Amounts For Sponsor
185 Eligibility Code
100 Eligibility Code
Income Eligibility Code
Date Eligibility Begins
Date Eligibility Ends
Last Change Date
Non-Financial Verification Code
Date Transfer Ineligibility Begins
Date Transfer Ineligibility Ends
Number of Months Transfer Ineligibility
Total Amount of Lump Sum Expenses
Total Amount of Countable Income

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Total Amount of Standard Need Income
Number of Months of Eligibility
Amount of Countable Income for Next Month
Date Ineligibility Begins
Date Ineligibility Ends
Rights and Responsibilities Results
Face to Face Interview Results Code
Signature Date Results Code
Date Lump Sum Ineligibility Begins
Date Lump Sum Ineligibility Ends
Results of Non-Financial Questions Code
Results of Resource Questions Code
Results of Financial Questions Code
165% Test Results
100% Test Results
Amount Over Resource Limit
Authorize Code
Amount of Deemed Resources
Date Eligibility Passed
FF Claims Exist
Tape Payment Standard Code
Immunization Sanction Switch
Health Check Sanction Switch
School Attendance Sanction Switch
Unmarried Minor Parent School Attendance Disqualified Switch

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

ALERT (Output)
Alert Type
90% Compliance Not Met
Activity Status Change
Amount Of Support Services Money Available
Appeal Received From ARTS
Appeal Resolution
Appointment Missed Or Chose Not To Reschedule
Attendance Information Missing
Auxiliary Recommended By DOH To Caseworker
Bankruptcy
Car Tag Alert
Case Transferred
Claim Refund May Be Needed
Claim Transfer
Client Non-Compliant Close Support Services
Client Meets The First Wheels Preliminary Eligibility
CSR Authorized The Case To Close
CSR Referral Not Valid
Enrollment Capacity Exceeded
FF Update Due
FF Work Activity
Good Cause Verified
Individual Did Not Reply To Notice
Interim Benefit Issued
Issuance Needs Supervisor Approval
Medical Records Not Received

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medically Eligible From TENNCARE
More Than One No-Show
New Case Being Transferred To You
New TABE Needed - To Provider
No Active Case For Bankruptcy
No Money Available For Support Services
Non-Compliance CSR
Non-Cooperation From TCSES
Other First Wheels
Outstanding Verification(s) Not Received
Preliminary First Wheels Met
PRP Hourly Requirement Changed
PRP Not Needed
Reschedule Needed For Cancelled Appointment
Supervisor Approval Needed For Override
Support Service Not Allowed
Time Count Needs Approval
Time Count Needs Review
Transferred Claim
Update Requested To Provider
Verification Due /Overdue
When The Due Date Passes Without Input Of Good Cause Verification- Child Support Cooperation
Appointment Missed And Rescheduled
Interim Benefits Issued

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

4. Determine if Food Stamps

The system shall determine if any of the Cases selected for Auto Closure is Food Stamps Case. The Program Code of FS will indicate that the Case is a Food Stamp Case.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

5. Close The FS Case

The system shall close the FS Case and if the Closed Case ELIG For Issuance Switch is set to yes, the system shall write the record to the Closed Case ELIG For Issuance Data Store.

CASE (Output)

Case Status

CLOSED CASE ELIG FOR ISSUANCE (Output)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Voucher Number
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code

6. Determine if FF or MA

The system needs to separate the FF and MA cases that need to be closed. The system shall determine selected case is FF or MA.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

7. Close the FF Case.

After generating the non-issue issuance, the system shall close the FF Case and if the Closed Case ELIG For Issuance Switch is set to yes, the system shall write the record to the Closed Case ELIG For Issuance Data Store.

CASE (Output)

Case Status

CLOSED CASE ELIG FOR ISSUANCE

Record Type
Case Number
Program Code cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Voucher Number
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code

8. Close the MA Case

After generating the MA non-issue issuance, the system shall close the MA Case and if the Closed Case ELIG For Issuance Switch is set to yes, the system shall write the record to the Closed Case ELIG For Issuance Data Store.

CASE (Output)
Case Status

CLOSED CASE ELIG FOR ISSUANCE (Output)
Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Voucher Number
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code

9. Determine if FF Program

The system shall determine if the selected case is for the FF Program.

CLOSE CASE ELIG FOR ISSUANCE (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Voucher Number
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
Admin Unit Code
Worker Number
Payee Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

10. Determine if MA Program

The system shall determine if the selected case is for the MA Program.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

11. Determine if FS Program

The system shall determine if the selected case is for the FS Program.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number Vendor Code
Medicaid Data

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

12. Determine if fiat

The system shall determine if the case has been fiated.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount

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Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA | **Users: The System**

Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

13. Set Issue Amount = Fiat Amount

If the amount of Fiat Amount is greater than zero, the system shall set the Issue Amount equal to the Fiat Amount.

SELECTED CASE ISSUANCE INFORMATION (Input/Output)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

14. Determine is Benefit Amount < $10.

The system shall determine if the Benefit Amount is less than $10.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
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Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

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Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

15. Generate a FF Non-Payment Issuance

The system shall generate a FF Non-payment Issuance, and write to the FF&MA Issuance Data Store.

FF&MA ISSUANCE (Output)

Record Type
Benefit Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
- Number of Adults Cash
- Number of Children Cash
- Warrant Number
- Warrant Amount
- Recoupment Amount
- Benefit Amount Cash
- Supplement Amount
- FF Countable Code
- Benefit Switch System

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
AUX CASH DATA
AUX Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

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Prepared by: DHS Policy/Systems
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Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

16. Perform "FF Benefit Reduction Hierarchy" Process

    The system shall perform the Benefit Reduction Hierarchy Process to document the amount of the claim that will be recouped from this issuance. The system shall update the recoupment amount on the issuance request.

17. Deduct any Penalty

    The system shall deduct any penalty, and recalculate the Issue Amount.

18. Determine If Issue Amount = 0

    The system shall determine if the issue amount is equal to zero.

    SELECTED CASE ISSUANCE INFORMATION (Input)

    Record Type
    Case Number
    Program Code Cash
    Sub-Program Code Cash
    Program Code Medicaid
    Sub-Program Medicaid
    Program Code Food Stamp
    Sub-Program Code Food Stamp
    Processed Date
    Benefit Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
  Number of Adults
  Number of Children

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Prepared by: DHS Policy/Systems
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Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

19. Generate FF Non-Payment Issuance

The system shall generate a FF Non-Payment Issuance and put the issuance on the FF&MA Issuance Data Store.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

FF&MA ISSUANCES (Output)

Record Type
Benefit Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
  Number of Adults Cash
  Number of Children Cash
  Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Provider Address State
Provider Address Zip
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
FF Count Switch Table (occurs 12 times)

20. Generate FF Recurring Issuance

The system shall generate a FF Recurring Issuance and put the issuance on the FF&MA Issuance Data Store.

RECURRING FF & MA ISSUANCES (Output)

Record Type
Benefit Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
FF Count Switch Table (occurs 12 times)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

21. Select All INDV in MA Case

The system shall select all individuals in the selected MA Case.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

INDIVIDUAL (Input**)**

Unique Identifier Number
Status Code
Social Security Number
Last Name
First Name
Middle Initial
Date Of Birth
Phone Number
Pregnancy Verification Code
Individual Identification Verification Code
Living Arrangement Code
Social Security Applied Verification
Living Arrangement Date
Resident of State Switch
SS5 Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Citizenship
Ethnicity
Race
Emancipated Minor Indicator
Veteran Status
Marital Status
Migrant Worker Information
Gender
Good Cause Claimed Indicator
Good Cause Granted Indicator
Medical Provider Name
Pregnancy Switch
Pregnancy Due Date
Date Pregnancy End
Date Pregnancy Begin
Post Partum/New Born Extended Coverage Code
Department of Health and Employment Code
Birth Verification
DH Interface Program Switch
TennCare Managed Care Organization Number
MCO Transmit Code
Language Code
Principal Wage Earner Switch
Current FF Cycle Count
Lifetime FF Cycle Count
FF Sanction
TCS Application Switch

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

ME Application Switch
TennCare Application Date
Color Approved Code
TNCARE Appeal Code
TNCARE Re-verification Code
Insurance Policy Number
Monthly Cost of Coverage Amount
Coverage Code (occurs 15 times)
Coverage Verified Code
Medical Support Coverage Switch
Co-operative with Medical Support Switch
Begin Date for Policy Coverage to Apply
Date Policy Begins to Applies
Date Policy No Longer Applies
End Date for the Policy Cost Applying

22. Determine if QMB

The system shall determine if individual is QMB.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
Admin Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount before Fiat Amount Applied
Number of Individuals

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

23. Set Record Type to QMB18

If the individual is QMB, the system shall set the record type equal to QMB18, and put the issuance on the FF&MA Issuance Data Store.

FF&MA ISSUANCE (Output)

Record Type
Benefit Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
    Number of Adults Cash
    Number of Children Cash
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

24. Determine if SLMB

The system shall determine if individual is SLMB.

SELECTED CASE ISSUANCE INFORMATION (Input)

Record Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Medicaid
Program Code Food Stamp
Sub-Program Code Food Stamp
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Print Sequence Number
System Origin Code
Fiat Switch
Fiat Amount
Benefit Issued Amount Before Fiat Amount Applied
Number of Individuals

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Issuance Method Code
EBT Cash Availability Date
Cash and FS Data
Number of Adults
Number of Children
Voucher Number
Benefit Number
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Project Center Number
Vendor Code
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Card Number
Provider Name

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Replacement Medicaid Card Number
Replacement Medicaid Care Date
Replacement Medicaid Card Worker Number
Medicaid Spenddown Verification Code
Medicaid Spenddown Amount
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
Replacement Warrant Number
Replacement Warrant Date
Replacement Worker Number
FF Count Switch Table (occurs 12 times)
FF Countable Code
Vendor County Number
Vendor Administration Number
Vendor satellite Number
Vendor Unit Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

25. Set Record Type to SLMB19

If the individual is SLMB, the system shall set the record type equal to SLMB19, and put the issuance on the FF&MA Issuance Data Store.

FF&MA ISSUANCE (Output)

- Record Type
- Benefit Type
- Case Number
- Program Code Cash
- Sub-Program Code Cash
- Program Code Medicaid
  - Sub-Program Medicaid
  - Processed Date
  - Benefit Date
  - Benefit Mailed Date
  - Benefit Reason Code
  - Living Arrangement Code
  - District Code
  - County Code
  - ADMIN Unit Code
  - Worker Number
  - Payee Code
  - Payee Name
  - Payee ID Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
Aux Reason Code
FF Count Switch Table (occurs 12 times)

26. Set Record Type to ‘03’ and Benefit Type to ‘R ‘

If the individual is not SLMB, the system shall set the record type equal to ’03’ and the benefit type to ‘R ‘, and put the issuance on the FF&MA Issuance Data Store.

FF&MA ISSUANCE (Output)

Record Type
Benefit Type
Case Number
Program Code Cash

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code
Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System
Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
- Medicaid Number of Adults
- Medicaid Number of Children
- Medicaid Eligibility Begin Date
- Medicaid Eligibility End Date

Provider Name
Provider Address Line1
Provider Address Line2
Provider Address City
Provider Address State
Provider Address Zip
Aux Cash DAta
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

27. Perform "FS Benefits Reduction Hierarchy"

The system shall perform the FS Benefits Reduction Hierarchy process. This process will update the issuance request with any claim that can be applied to this issuance and reduce the issue amount by the amount to be recouped.

28. Determine if adverse action

The system shall determine if Adverse Action exists.

29. Deduct Any Penalty Present

If any penalty amount is present and there is no adverse action, the system shall deduct the penalty amount from the issue amount.

30. Set Availability Date

The system shall determine the availability date for the issuance based on the last two digits of the case number. The availability date will be one of the first 10 days of the next calendar month.

31. Set Issuance Method to EBT

The system shall set the issuance method to 'E' for EBT.

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

32. Write the FS Issuance Records to the Appropriate Data Store

The system shall write the Issuance Records to the FS Issuance data store.

FS ISSUANCE (Output)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number
Payee Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Name
Payee Unique Identifier Number
Payee Social Security Number
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Number of Months
Table of Reason Amount (Occurs 12)
Benefit Period
Benefit Amount
Reason Code
FS Penalty Amount
FS EBT Benefit Amount
FS EBT Authorized Amount

33. Assign Benefit Numbers

The system shall assign benefit numbers to the FF and MA issuance and put the records on the proper data stores.

FF&MA ISSUANCE (Input/Output)

Record Type
Benefit Type
Case Number
Program Code Cash
Sub-Program Code Cash
Program Code Medicaid
Sub-Program Medicaid
Processed Date
Benefit Date
Benefit Mailed Date
Benefit Reason Code

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Living Arrangement Code
District Code
County Code
ADMIN Unit Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
Number of Individuals
Issuance Method Code
EBT Cash Availability Date
Cash Data
Number of Adults Cash
Number of Children Cash
Warrant Number
Warrant Amount
Recoupment Amount
Benefit Amount Cash
Supplement Amount
FF Countable Code
Benefit Switch System

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Amount System
Penalty Amount
Deficit Amount
Unmet Need Amount
Case Name
Medicaid Data
Medicaid Number of Adults
Medicaid Number of Children
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Provider Name
Provider Address Line 1
Provider Address Line 2
Provider Address City
Provider Address State
Provider Address Zip
Aux Cash Data
Aux Cash Number of Months
Amount Reason Table (occurs 12 times)
Benefit Period Date
Benefit Period Amount
AUX Reason Code
FF Count Switch Table (occurs 12 times)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

BENEFIT NUMBER CONTROL (Input / Output)

FF Benefit Number Counter
FS Benefit Number Counter
MA Benefit Number Counter

ISSUANCE FOR EBT (Output)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code
Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Children Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

All FF and MA Issuance Data Store are the same format.

FF ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

FF NON-PAY ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

FF NON-ISSUE ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

MA ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

MA/QMB ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

MA/SLMB ISSUANCE (Output)

All FF and MA Issuance Data Store are the same format

MEDICAL RECONCILIATION (Output)

Case
Program
Sub-Program
Source Record Code
County
Case First Name
Case Middle Initial
Case Last Name
Case Mail Address Line 1
Case Mail Address Line 2
Case Mail Address City
Case Mail Address State
Case Mail Address Zip

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Indicator
Payee Last Name
Payee First Name
Payee Middle Initial
Benefit Type
Creation Date
Card Issue Date
Number of Trailers
Table of Individuals (24 Entries)
Unique Identifier of Individual
Last Name of Individual
First Name of Individual
Middle Initial of Individual
Data Of Birth of Individual
Gender of Individual
Medicaid QMB Start Date of Individual
Medicaid QMB End Date of Individual
Card Type of Individual

34. Perform “EBT Authorization for EBT Vendor”

The system shall perform EBT Authorization for EBT Vendor to create the benefit issuance/authorizations to be transmitted to EBT Vendor.

35. Print Cash Recurring Warrant Register

The system shall print the Cash Warrant Register.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

36. Post FF Issuance History

The system shall post FF issuance to the Issuance History Data Store. The types of FF Issuance, that are being posted, are FF Issuance, FF Non-Payment Issuance and FF Non-Issue Issuance.

FF ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

FF NON-PAY ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

FF NON-ISSUE ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

ISSUANCE HISTORY (Output)

Type Record
- Type Code
- Case Number
- Program Code
- Sub-Program Code
- County Number

Benefit Record

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Common Data – FF,FS,MA
- Benefit Number
- Benefit Type
- County Number
- Disposition Status
- Disposition Status Date
- Individual Unique Identifier
- Issuance Status
- Issuance Status Date
- Number of Adults
- Number of Children
- Payee Name
- Process Date
- Type of Payee
- Worker Number

Common Data – FF, FS
- Benefit Amount
- Benefit Date
- Benefit Issued Amount
- Deficit Amount
- Issuance Method Code
- Penalty Amount
- Recoupment Amount
- Unmet Need Amount

FF Data
- Benefit System Switch
- Fiche Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Investigation Status
Investigation Status Date
MA Data
Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date
Living Arrangement Code
Warrant Switch

Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

37. Post to MA Issuance History

The system shall post the recurring MA issuance to the MA Issuance History Data Store. The types of MA Issuance that are being posted are Recurring MA Issuance, Recurring MA/QMB Issuance, and Recurring MA/SLMB Issuance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

MA ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

MA/QMB ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

MA/SLMB ISSUANCE (Input)

All FF and MA Issuance Data Store are the same format

ISSUANCE HISTORY (Output)

- Type Record
  - Type Code
  - Case Number
  - Program Code
  - Sub-Program Code
  - County Number
- Benefit Record
  - Common Data – FF,FS,MA
    - Benefit Number
    - Benefit Type
    - County Number
    - Disposition Status
    - Disposition Status Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Individual Unique Identifier
Issuance Status
Issuance Status Date
Number of Adults
Number of Children
Payee Name
Process Date
Type of Payee
Worker Number

Common Data – FF, FS
Benefit Amount
Benefit Date
Benefit Issued Amount
Deficit Amount
Issuance Method Code
Penalty Amount
Recoupment Amount
Unmet Need Amount

FF Data
Benefit System Switch
Fiche Number
Investigation Status
Investigation Status Date

MA Data
Benefit Reason
Eligibility Begin Date
Invest Status Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Invest Status Date
Living Arrangement Code
Warrant Switch
Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

38. Transmit to DOH

The system shall transmit the Medical Reconciliation to Department of Health.

MEDICAL RECONCILIATION (Input)

Case
Program
Sub-Program
Source Record Code
County
Case First Name
Case Middle Initial
Case Last Name
Case Mail Address Line 1

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Case Mail Address Line 2
Case Mail Address City
Case Mail Address State
Case Mail Address Zip
Payee Indicator
Payee Last Name
Payee First Name
Payee Middle Initial
Benefit Type
Creation Date
Card Issue Date
Number of Trailers
Table of Individuals (24 Entries)
- Unique Identifier of Individual
- Last Name of Individual
- First Name of Individual
- Middle Initial of Individual
- Data Of Birth of Individual
- Gender of Individual
- Medicaid QMB Start Date of Individual
- Medicaid QMB End Date of Individual
- Card Type of Individual

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

39. Assign Benefit Numbers

The system shall assign FS Benefit Numbers to each issuance.

FS ISSUANCE (Input)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number
Payee Code
Payee Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Payee Unique Identifier Number
Payee Social Security Number
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Available
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date
Number of Months
Table of Reason Amount (Occurs 12)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Benefit Period
Benefit Amount
Reason Code
FS Penalty Amount
FS EBT Benefit Amount
FS EBT Authorized Amount

BENEFIT NUMBER CONTROL (Input / Output)

FF Benefit Number Counter
FS Benefit Number Counter
MA Benefit Number Counter

40. Assign FS Cycle Numbers

The System shall assign a cycle number of 01 through 10 to each issuance based on the last two digits of the case number. The system will group the Recurring FS Issuance Records by cycle number. This cycle number assigned will correspond to the first ten days of the next calendar month.

41. Update the Cycle Control

The system shall update the FS Cycle Control Data Store with total issuance records and total dollars issued by cycle number.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

FS CYCLE CONTROL (Input)

Issued for Cycle Switch (occurs 10 times)
Number of Benefit Issued for Cycle (occurs 10 times)
Total Issued Amount for Cycle (occurs 10 times)

FS BENEFIT ISSUANCE (Input)

Record Type
Benefit Type
Cycle Indicator
Case Number
Program
Sub-Program
Vendor Code
Project Center Number
Method of Issuance
Processed Date
Benefit Date
Benefit Number
Benefit Reason Code
District Code
County Code
Administrative Unit
Administrative Satellite Number
Unit Code
Worker Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance	
Program Affected: FF, FS, MA	**Users: The System**

Payee Code
Payee Name
Payee Unique Identifier Number
Payee Social Security Number
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address City
Payee Address State
Payee Address Zip
Number of Adults
Number of Children
Benefit Amount
Authorized Amount
Recoupment Amount
Payee Received Code
Payee Received Name
Date Eligibility Begin
Date Eligibility End
Date Available
Redirect Type Code
Vendor County Number
Vendor Administration Number
Vendor Satellite Number
Vendor Unit Number
Partition Code
EBT FS Availability Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Number of Months
Table of Reason Amount (Occurs 12)
Benefit Period
Benefit Amount
Reason Code
FS Penalty Amount
FS EBT Benefit Amount
FS EBT Authorized Amount

FS NON-ISSUE ISSUANCE (Input)

Same format as RECURRING FS BENEFIT ISSUANCE.

ISSUANCE FOR EBT (Input)

Record Type
Benefit Type
Issuance Method
Case Number
FS Cycle Indicator
Program Code
Sub-Program Code
Processed Date
Benefit Date
County Code
Worker Number
Payee Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Payee Name
Payee ID Number
Address Code
Payee Address Line1
Payee Address Line2
Payee City
Payee State
Payee Zip
EBT Benefit Availability Date
Number of Adults Cash
Number of Children Cash
Benefit Number
Authorized Amount
Recoupment Amount
Benefit Amount
Supplement Amount
FF Countable Code
Penalty Amount
Case Name

42. Post Recurring FS Issuance to Issuance History

As each cycle is processed, the system shall post the Recurring FS Issuance to the FS Issuance History Data Store. On recurring weekends the system shall post the Recurring FS Non-Issue Issuance to the Issuance History Data Store.

ISSUANCE HISTORY (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Type Record
- Type Code
- Case Number
- Program Code
- Sub-Program Code
- County Number

Benefit Record
- Common Data – FF,FS,MA
  - Benefit Number
  - Benefit Type
  - County Number
  - Disposition Status
  - Disposition Status Date
  - Individual Unique Identifier
  - Issuance Status
  - Issuance Status Date
  - Number of Adults
  - Number of Children
  - Payee Name
  - Process Date
  - Type of Payee
  - Worker Number
- Common Data – FF, FS
  - Benefit Amount
  - Benefit Date
  - Benefit Issued Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

Deficit Amount
Issuance Method Code
Penalty Amount
Recoupment Amount
Unmet Need Amount

FF Data
Benefit System Switch
Fiche Number
Investigation Status
Investigation Status Date

MA Data
Benefit Reason
Eligibility Begin Date
Invest Status Code
Invest Status Date
Living Arrangement Code
Warrant Switch

Detail Record
Benefit Reason
Benefit Period
Detail Benefit Amount
FF Countable Code
SFFF Countable Code
System Benefit Amount
SFFF Internal Countable

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.15 Recurring Issuance

Program Affected: FF, FS, MA	**Users: The System**

43. Perform "EBT Authorization for EBT Vendor"

The system shall perform the EBT Authorization for EBT Vendor process to create the Monthly FS Issuance records to be transmitted to the EBT Vendor.

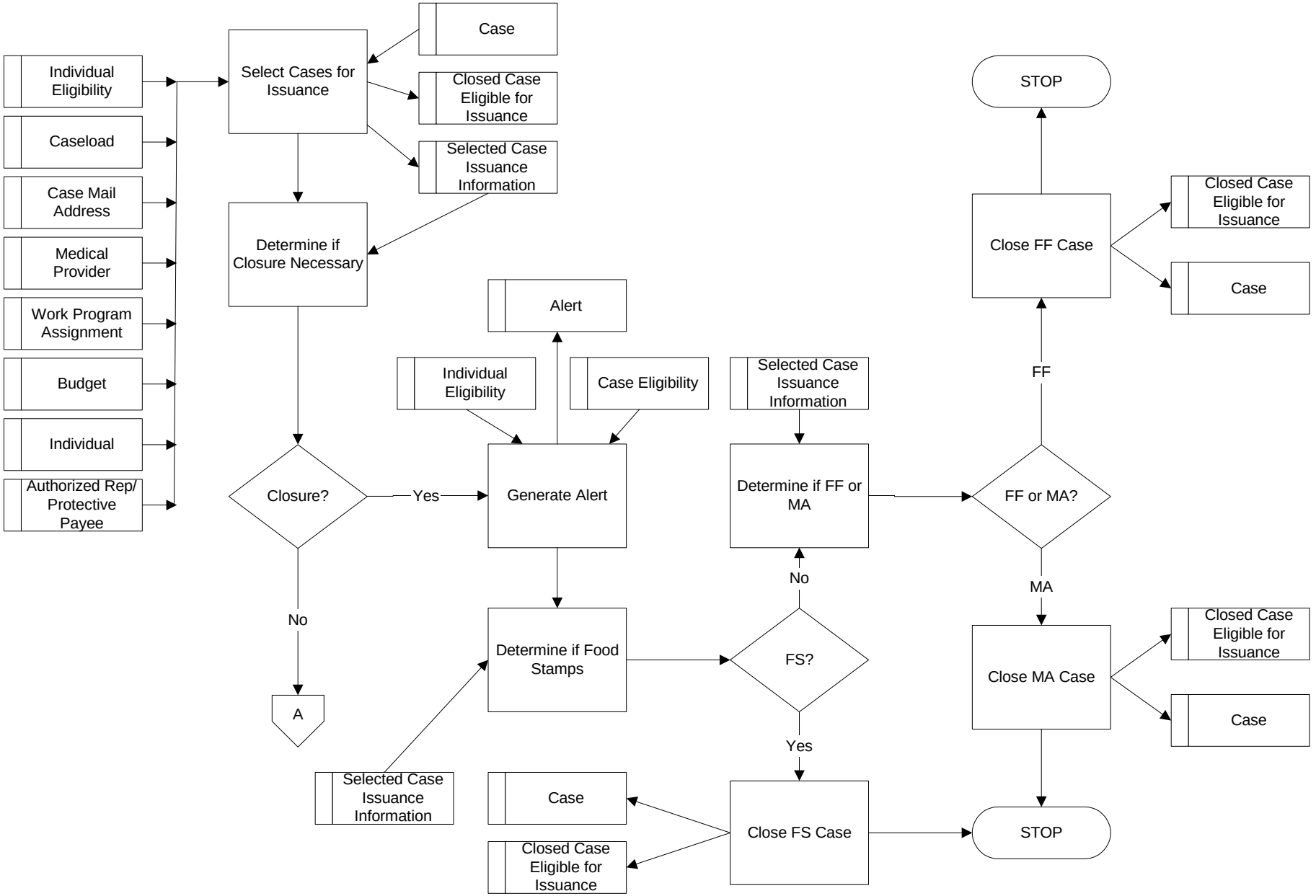
44. Print the FS Journal for the Cycle Being Processed

The system shall print the FS Journal for the cycle being processed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ALL	1	When selecting cases for monthly issuance, the system shall select any case where: Case is open and the eligibility begin date is less than the first day of the calendar month following the month being processed; or Case is closed and the Eligibility End Date is equal to or greater than the first day of the month being processed; or Case is closed and the Closed Case Eligible For Benefit Switch is equal to yes.
ALL	2	When determining if any selected case needs to be automatically closed, the system shall close any case that is open and the eligibility end date is equal to or less than last day of the month being processed.
ALL	3	When determining if any selected cases are suspended, the system shall suspend any case that has a status code of suspend and the closure date is greater than zero.
ALL	4	The system shall bypass any case where the case is pending or the eligibility begin date is greater than the month end date for the month being processed.
ALL	5	The system shall be able to auto-close a case.
ALL	6	The system shall be able to reduce eligible benefits.
ALL	7	The system shall be able to use the Program/Sub-Program Code to determine program type.
ALL	8	The system shall be able to avoid reducing benefits when required by Policy.
ALL	9	The system shall generate issuance and non-issuance data stores for reporting purposes.
FF, FS	10	The system shall generate an issuance for EBT where the Issued Amount is greater than zero.
FF	11	If the benefit amount is less than $10, the system shall generate an Issuance with NP (No Payment) benefit type.
FF	12	If the benefit amount is equal to zero dollars, the system shall generate an Issuance with NP (No Payment) benefit type.
FS	13	During Adverse Action, the system shall not deduct any penalty amount that may be present.
MA	14	When program/sub-program is equal to MA L or MALP and the Individual is Active and eligible, the system shall set the record type to QMB18.
MA	15	When program/sub-program is equal to MA M or MAMP and the Individual is Active and eligible, the system shall set the record type to SLMB19.

3.1.15
Recurring Issuance

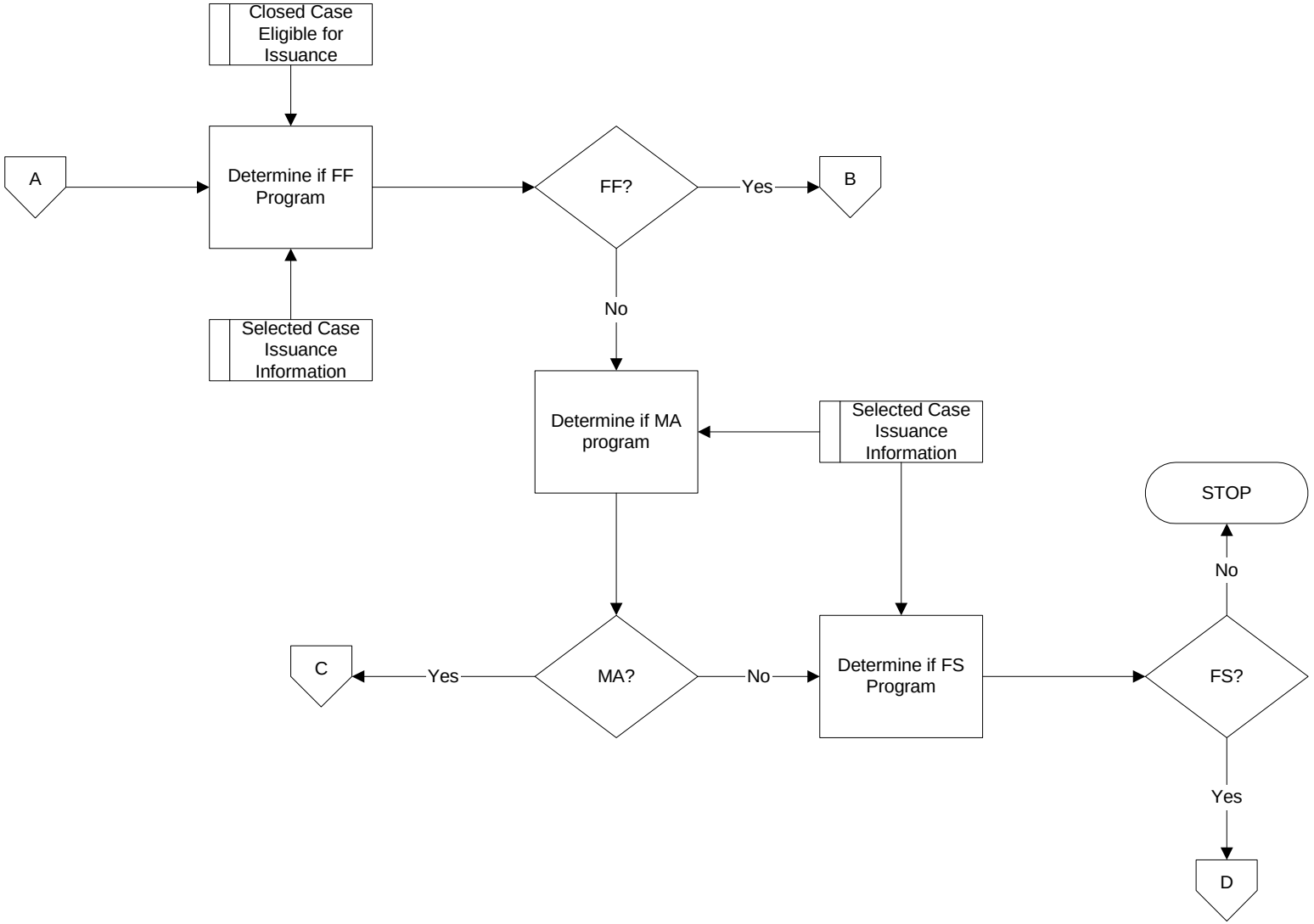


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15

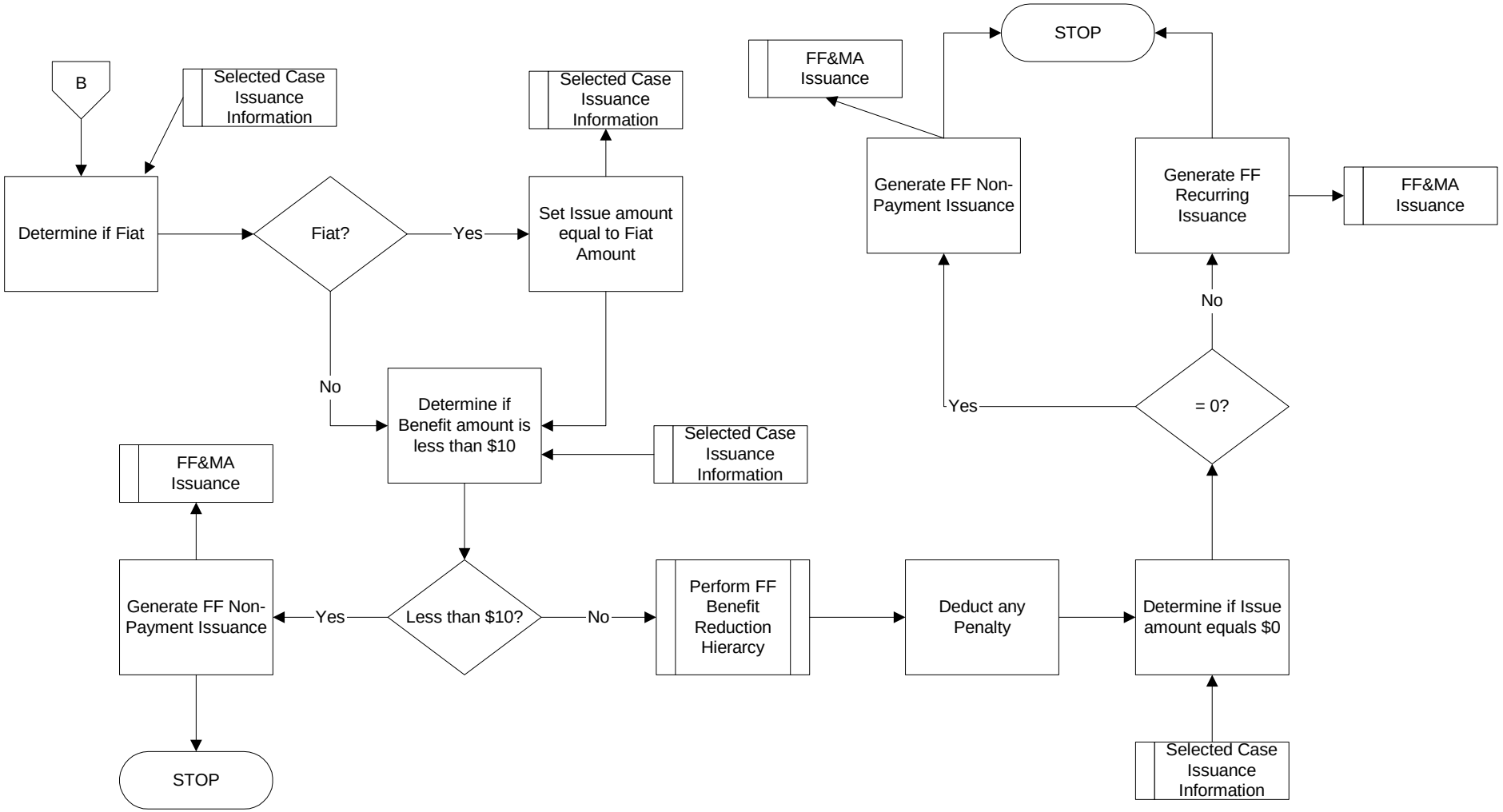
Recurring Issuance

Continued



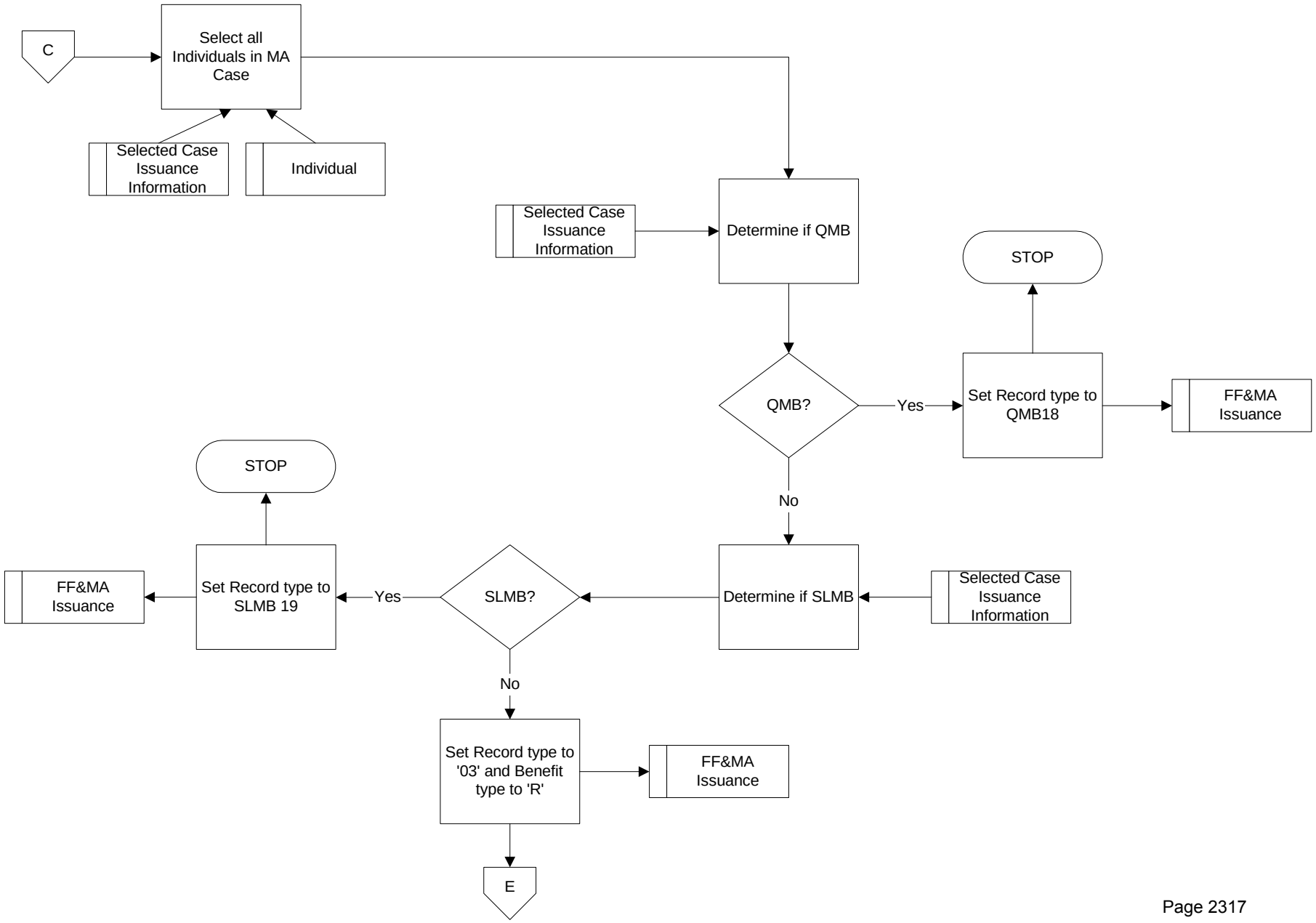
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



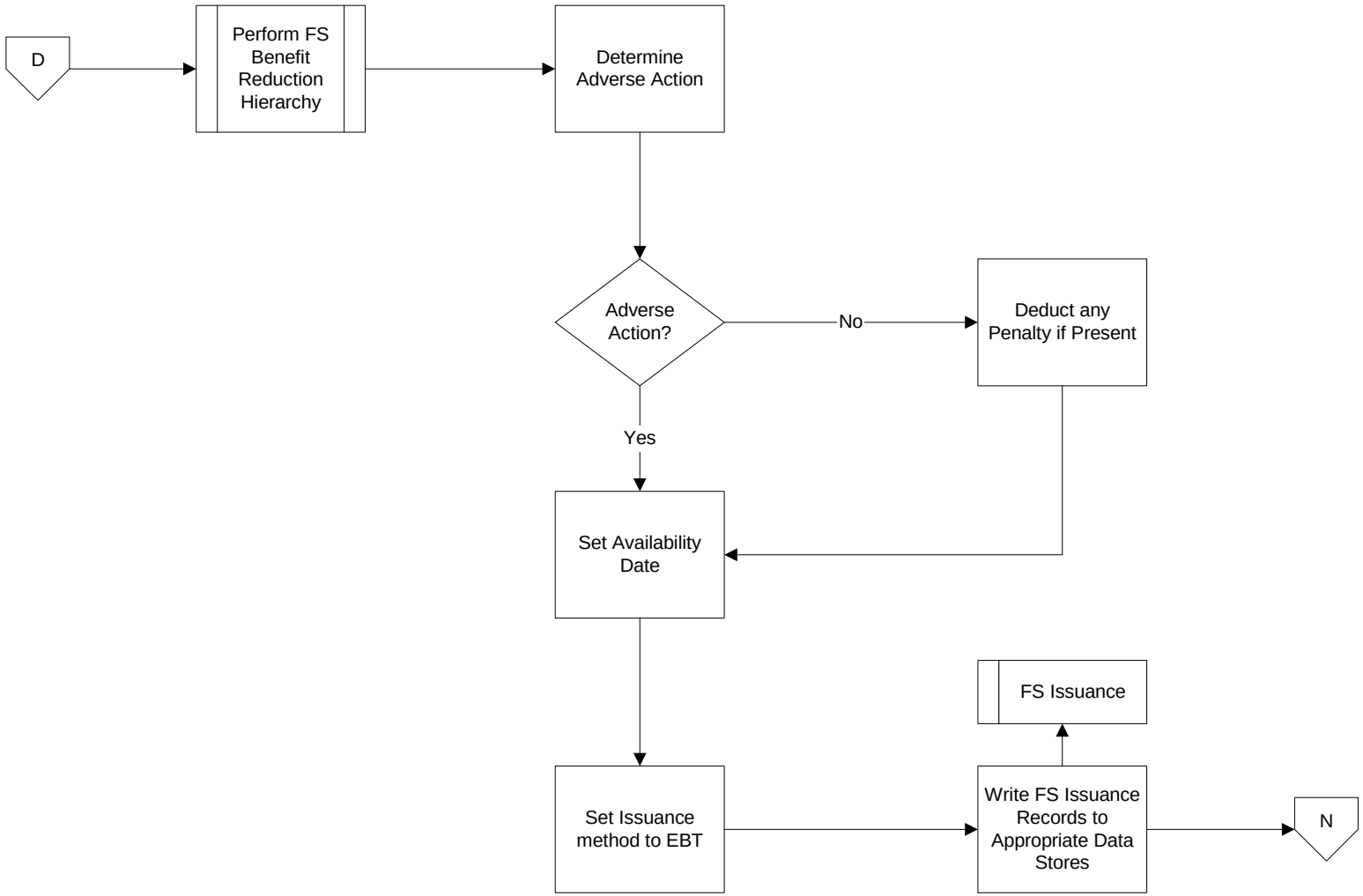
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



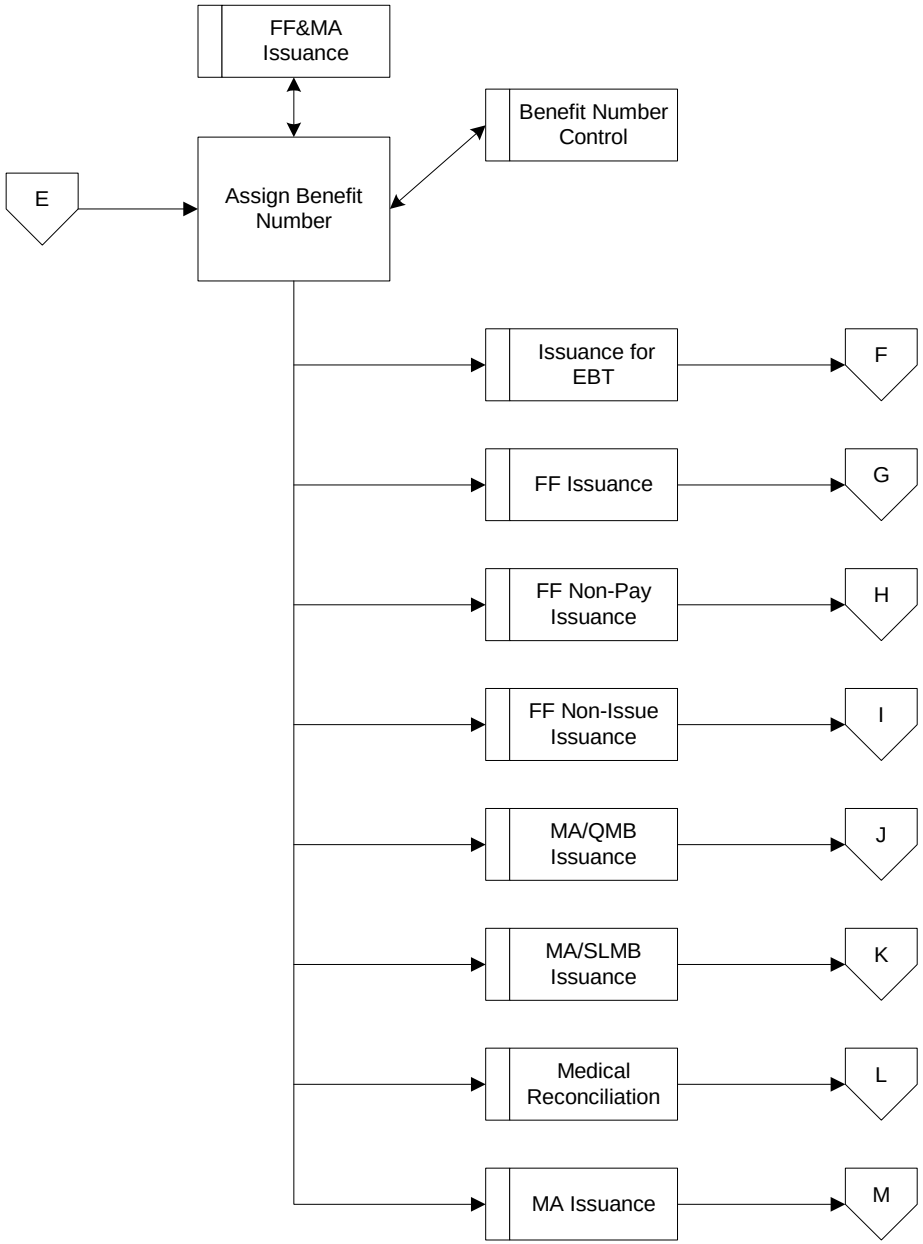
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



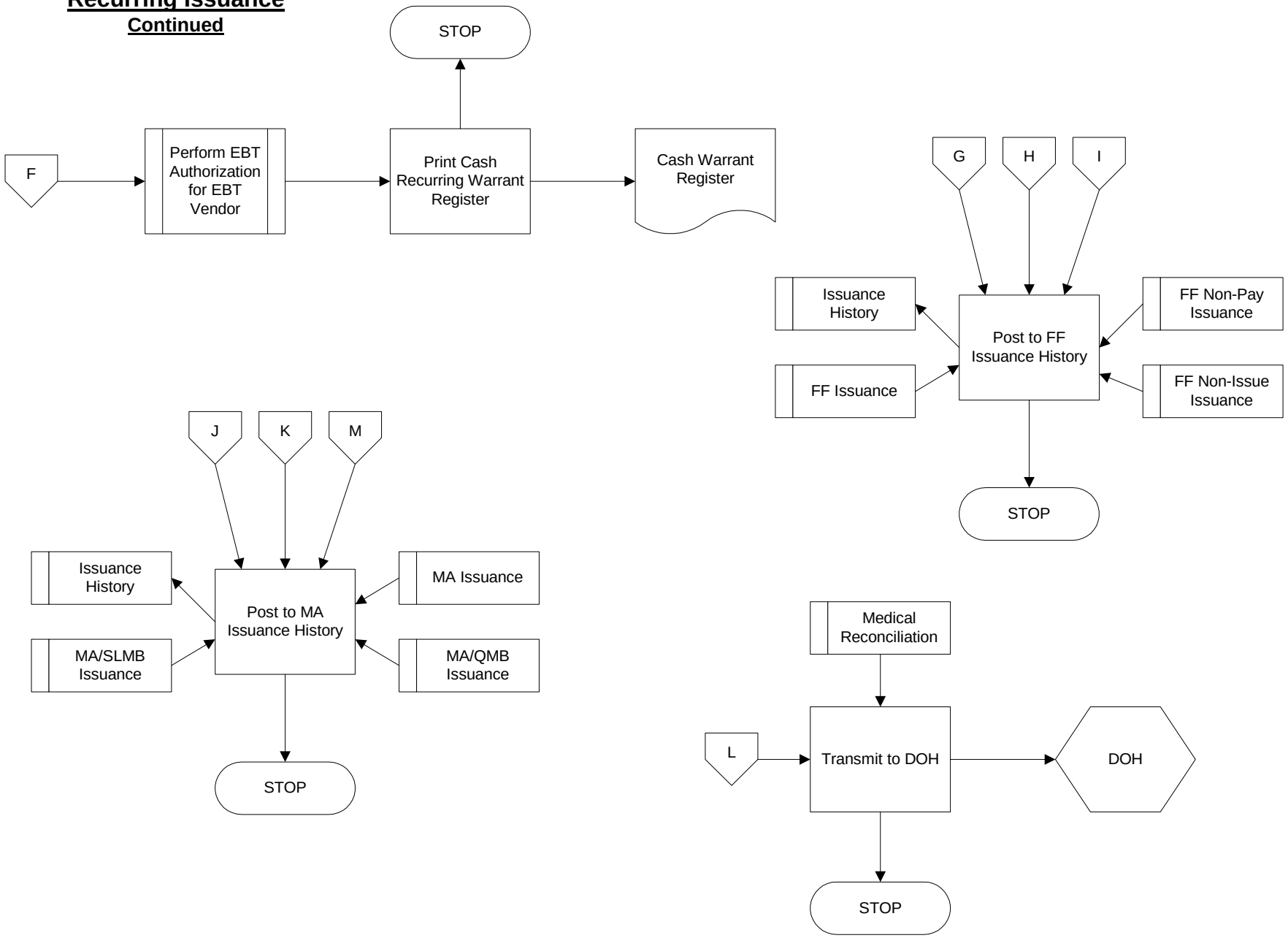
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



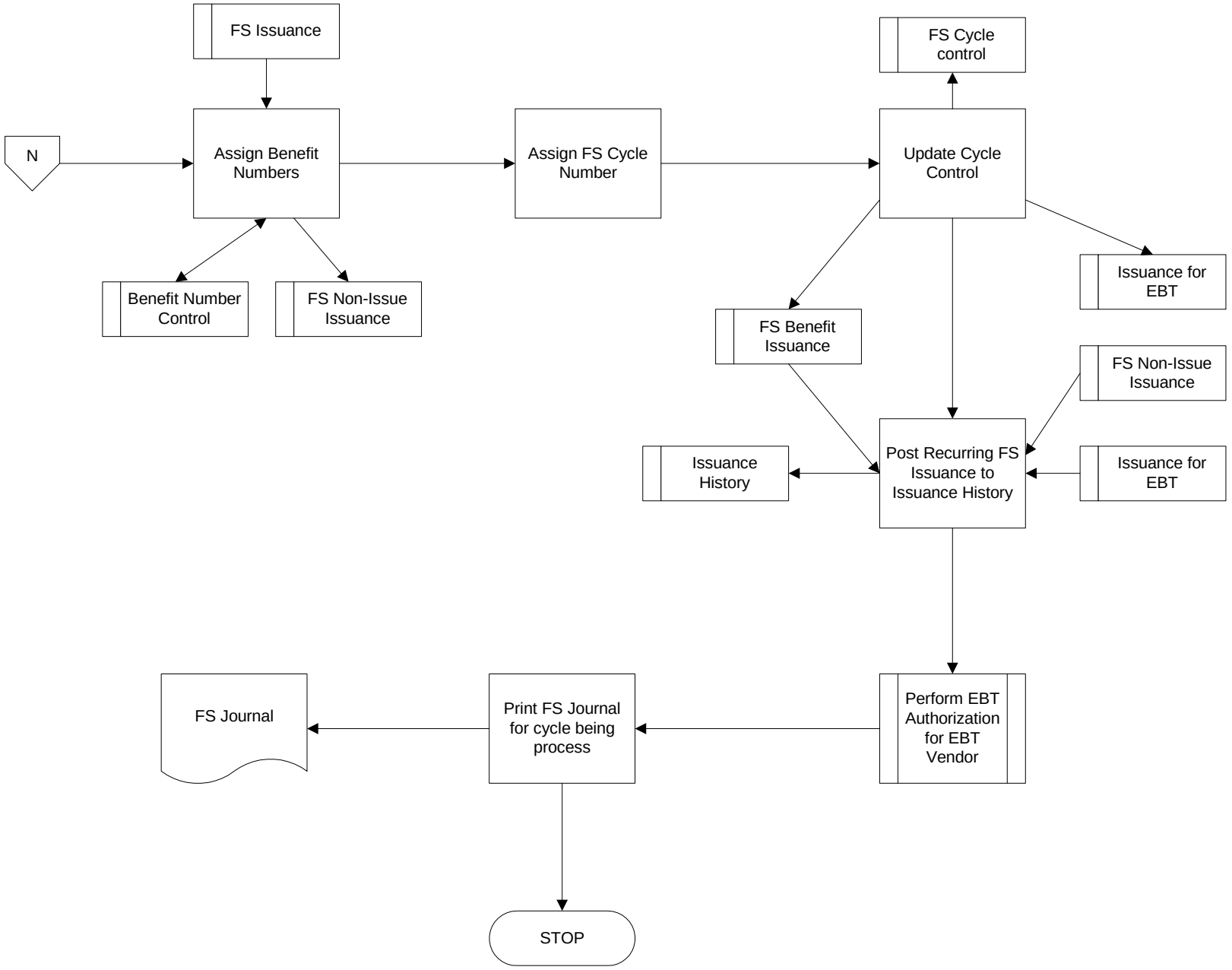
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.15
Recurring Issuance
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits	
Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Process:

The Department of Human Services must have the capability to cancel benefits that have been authorized / approved and not yet issued that day based on business rules. FF, Food Stamp, TennCare Medicaid, TennCare Standard, Refugee Assistance and Child Care benefits could be created by case approval, change authorization or by auxiliary/restoration / supplement request.

Sub-Processes:

1. Determine if Benefit To Be Cancelled

The user will determine if an issuance amount that has been approved for that day and has not been issued must be cancelled. The user may need to delete an auxiliary or supplement issuance amount or a benefit amount that was authorized that day for the case. The user will request the cancel process.

CASE (Input)
Case Number
Case Type
Approval Date

TRANSACTION HOLD (Input)
Case Number
Program
Sub-Program
County Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Record Type Code
Caseload Number
User ID
Issue Method Code
Segment Date
Record Date
Benefit Request Type Code
Request Amount
Benefit Month
Eligibility Begin Date
Eligibility End Date
Warrant Switch

BENEFIT CANCEL (Output)
Benefit Cancel Indicator
Benefit Cancel Reason
Benefit Cancel Date

2. Select Benefit to Cancel

The system shall display all the issuance types and amounts that have been created for that day and not yet issued. The user will select and record the issuance(s) that must be cancelled. The user must be allowed to select any or all of the issuances created that day.

TRANSACTION HOLD (Input)
Case Number
Program

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Sub-Program
County Number
Record Type Code
Caseload Number
User ID
Issue Method Code
Segment Date
Record Date
Benefit Request Type Code
Request Amount
Benefit Month
Eligibility Begin Date
Eligibility End Date
Warrant Switch

CASE (Input)
Case Number
Case Type
Case Status
Application Date

BENEFIT CANCEL (Output)
Benefit Cancel Indicator
Benefit Cancel Date
Total Amount Canceled

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

3. Delete Benefit From Transaction Hold

The system shall delete the issuance(s) selected by the user from the Transaction Hold area.

CASE (Input)
Case Number
Case Type

BENEFIT CANCEL (Input)
Benefit Request Type
Request Amount
Benefit Cancel Indicator
Benefit Cancel Reason
Benefit Cancel Date

TRANSACTION HOLD (Output)
Case Number
Program
Sub-Program
County Number
Record Type Code
Caseload Number
User ID
Issue Method Code
Segment Date
Record Date
Benefit Request Type Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Request Amount
Benefit Month
Eligibility Begin Date
Eligibility End Date
Warrant Switch
Food Stamp Benefit Number

4. Delete Benefit From Notice

The system shall remove the cancelled benefit amount and date from the notice.

TRANSACTION HOLD (Input)
Case Number
Program
Sub-Program
County Number
Record Type Code
Caseload Number
User ID
Issue Method Code
Segment Date
Record Date
Benefit Request Type Code
Request Amount
Benefit Month
Warrant Switch
Food Stamp Benefit Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

CASE (Input)
Case Number
Case Type

BENEFIT CANCEL (Input)
Benefit Request Type
Request Amount
Benefit Cancel Indicator
Benefit Cancel Reason
Benefit Cancel Date

NOTICE (Output)
Notice Type

5. Reset Claim Balance (if appropriate)

When an issuance amount has been cancelled and a benefit reduction or offset was applied for the case, the system shall reset the claim balance back to the amount prior to the offset or benefit reduction. The system shall maintain history of all cancelled benefits.

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Input)
Account Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.16 Cancel Benefits

Program Affected: FA	**Users: Caseworkers, Supervisors and above**

Total Account Receivable Balance

CLAIM (Input)
Claim Number(s)
Claim Balance
Total Claim Balance
Benefit Reduction Amount

CLAIM (Output)
Account Receivable Balance
Account Repayment Method
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

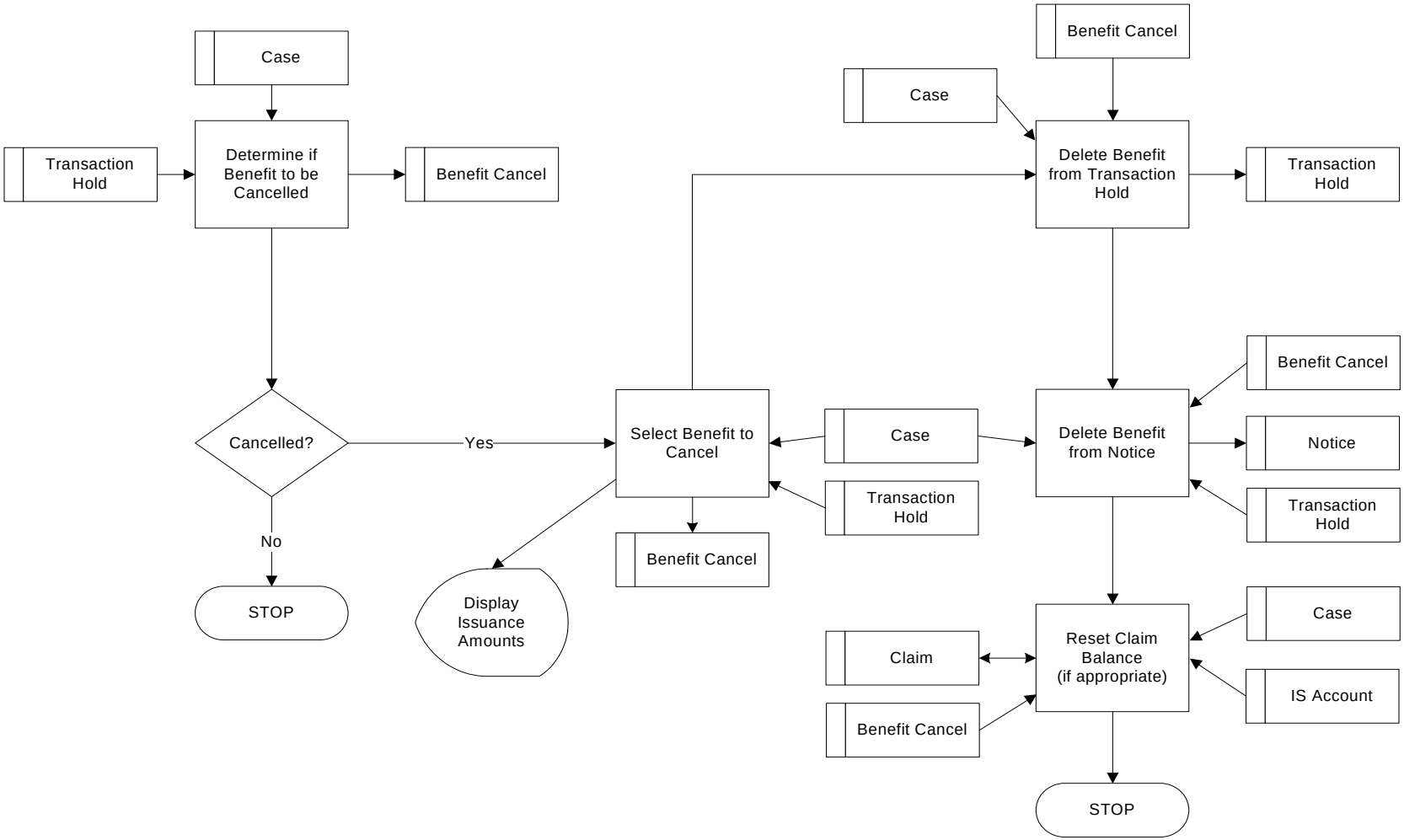
BENEFIT CANCEL (Output)
Benefit Cancel Indicator
Cancel Offset Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	1	When a worker or supervisor determines that a benefit that has been authorized but not issued is incorrect, for whatever reason, the worker or supervisor must be able to cancel that benefit and any notice pertaining to it.
All	2	If a notice has been issued specifying that benefit, the benefit cannot be cancelled.
All	3	If a benefit is to be cancelled the notice linked to that benefit must also be cancelled.
FFP	4	The Agency shall have the ability to cancel Families First benefits on the same day of authorization/approval, providing benefits have not been issued.
All	5	The Agency shall have the ability to delete the cancelled benefit date and amount from the notice, providing notice/benefits have not been issued.
All	6	If a worker determines that a case has been incorrectly authorized, the worker may re-authorize on the same day, canceling the benefits.
CC	7	Child care shall have the ability to cancel a child care benefit within the same day as it was approved or authorized assuming that the benefit has not yet been issued.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.16
Cancel Benefits



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.17 Simplified Reporting

Program Affected: Food Stamps	**Users: N/A**

Process:

This narrative addresses the system determination of case eligibility for Food Stamp Simplified Reporting, the determination of the appropriate interview (or appointment) type and the scheduling of the appointment. The system shall allow the user to shorten or lengthen an existing certification period based upon business rules.

Sub-Processes:

1. Determine if Eligible for Simplified Reporting

   The system shall determine if the case is eligible for Simplified Reporting.

   ABLE **B**ODIED **A**DULTS **W**ITHOUT **D**EPENDENTS (**ABAWD**) (Input)
   ABAWD Status
   ABAWD Department of Labor Compliance Indicator
   ABAWD Status Begin Date
   ABAWD Status End Date
   ABAWD Exclusion Reason
   ABAWD Individual Status
   ABAWD Eligibility Begin Date
   ABAWD Eligibility End Date
   ABAWD Physically and / or Mentally Unfit Indicator

   CASE (Input)
   Case I.D.
   Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.17 Simplified Reporting	
Program Affected: Food Stamps	**Users: N/A**

Sub-Program Type

DISABILITY / INCAPACITY (Input)
Disability / Incapacity Indicator
Elderly and Disabled Indicator

EMPLOYMENT (Input)
Employment Status
Migrant Status Indicator
Destitute Migrant / Farm Worker - Income Termination Date
Destitute Migrant / Farm Worker - Monthly Income Amount
Migrant or Seasonal Farm Worker - New Income Date
Migrant or Seasonal Farm Worker - Income Amount

2. Flag Case as Simplified Reporting

   If the system determined that a case is eligible for Simplified Reporting, then the system shall update the CASE data store to indicate such.

   CASE (Output)
   Simplified Reporting Indicator

3. Determine if Next Interview Type Can Be “Phone”

   The system shall check recertification appointment history to determine the type of the last recertification interview and apply rules to determine if the next appointment must be a face-to-face interview or if it may be over the phone. The appointment method for the next recertification appointment shall be retained for use

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.1.17 Simplified Reporting

Program Affected: Food Stamps	**Users: N/A**

when scheduling the appointment.

APPOINTMENT (Input)
Appointment Type (Previous)

APPOINTMENT (Output)
Appointment Type (New)

4. Schedule Phone Appointment

   If the system determined that a phone interview was appropriate, then the system shall schedule a phone interview type appointment. The system shall be able to close a Food Stamp case if the simplified reporting Form is not returned within a specified period based upon business rules.

   APPOINTMENT (Input)
   Appointment Type (Phone Interview)

   APPOINTMENT (Output)
   Appointment Type
   Appointment Date
   Scheduled Appointment Begin Time
   Scheduled Appointment End Time
   Scheduled Caseworker I.D.

5. Schedule Office Appointment

   If the system determined that a phone interview was not appropriate, then the system shall schedule an office

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.1.17 Simplified Reporting

Program Affected: Food Stamps	**Users: N/A**

appointment or another face-to-face type appointment.

APPOINTMENT (Input)
Appointment Type (Face-to-Face)

APPOINTMENT (Output)
Appointment Type
Appointment Date
Scheduled Appointment Begin Time
Scheduled Appointment End Time
Scheduled Caseworker I.D.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	A Simplified Reporting household shall be assigned a six-month certification period.
FS	2	A partial month of eligibility is considered one of the six months in the certification period.
FS	3	All food stamp households will be assigned to simplified reporting except cases certified for twelve months because of annualized income from self-employment, and cases composed solely of elderly/disabled individuals without earnings.
FS	4	A household assigned to simplified reporting is only required to report a change in monthly gross income that exceeds the food stamp gross income standard for the household size determined at the most recent certification.
FS	5	All households assigned to simplified reporting shall be provided written notice of the simplified reporting requirements, which shall include the food stamp gross income standard by household for households of one through ten members.
FS	6	A household with an able-bodied adult without dependents who is employed must report anytime his/her hours of employment decrease below 20 hours per week.
FS	7	If a change occurs during a simplified reporting household's certification period so that the household no longer meets the simplified reporting criteria, the household shall stay in simplified reporting for the remainder of the certification period.
FS	8	If a household voluntarily reports a change, the worker must act on the change.
FS	9	If a household not assigned to simplified reporting reports countable earned income during a certification period, eligibility must be determined, and if the household remains eligible, the household shall be assigned to simplified reporting and will be notified of the simplified reporting requirements.
FS	10	If a household, which is being assigned to simplified reporting, is currently certified longer than six months, the worker shall shorten the certification period to six months (set the end date to six full months from the date the change was processed).
FS	11	If a household, which is being assigned to simplified reporting, is currently certified longer than six months, the worker shall document in the record that the household is now assigned to simplified reporting with the new certification period.
FS	12	If a household which is being assigned to simplified reporting is currently certified longer than six months, the worker shall explain the new reporting requirements to the household and provide the household with written notice of the requirements.
FS	13	If a household, which is being assigned to simplified reporting, is currently certified longer than six months, the worker shall provide adequate and timely notice to the household with the new certification period.
FS	14	If the household that is being assigned to simplified reporting is currently certified less than six months, the worker shall explain the new reporting requirements to the household and provide them with written

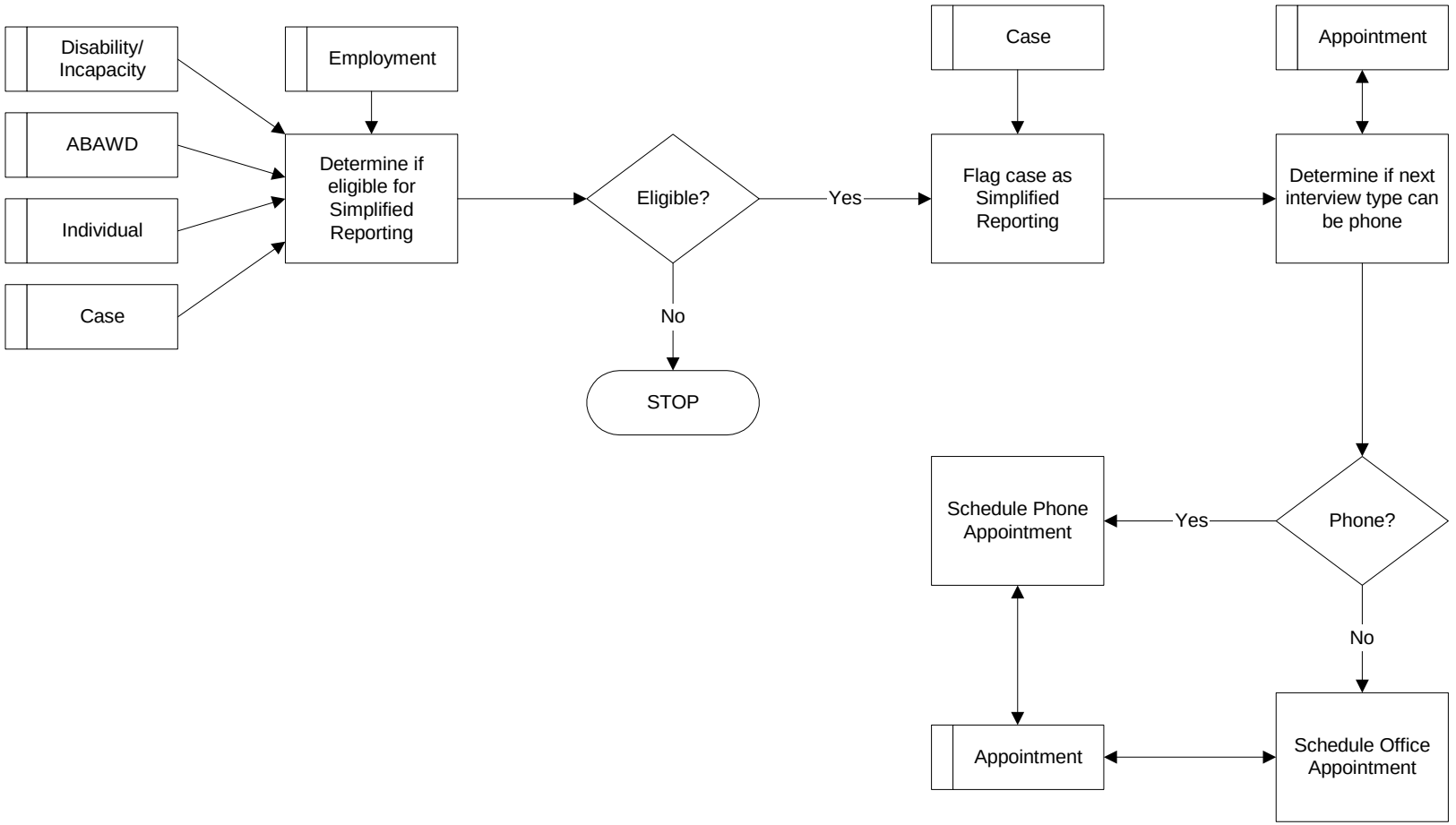
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		notice of the requirements.
FS	15	If the household which is being assigned to simplified reporting is currently certified less than six months, the worker shall document in the record that the household meets the simplified reporting criteria.
FS	16	If the household which is being assigned to simplified reporting is currently certified less than six months, the worker shall not extend the current certification period, but shall flag the case for simplified reporting at the next recertification.
FS	17	A household without countable earnings shall be assigned to simplified reporting only at application and recertification.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.1.17

Simplified Reporting



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case	
Program Affected: FF	**Users: Caseworker, DOH Worker**

Process:

This process describes the steps taken when a Families First Case has been closed or denied for a reason that requires a home visit by the Department of Health to evaluate home conditions and to determine if an emergency payment is needed. The system must identify those cases that will require a visit at the point the case is closed, and hold the referrals until effective date of closure. Prior to releasing of referral, the system shall determine if the FF case has been reopened and if so, delete referral indicating reason not generated. The system shall also determine if the case has reapplied or if the children are in another case, or if assistance has been applied for in another case, and terminate referral if all case children are now active in another case, capturing and recording data with referral deletion reason. If assistance has been applied for, but not yet authorized, that shall be included in the referral to DOH.

Sub-Processes:

1. Determine if Closure/Denial Warrants DOH Referral

   The system shall determine from case and authorization reason and business rules, if a FF case closure/denial needs a home visit. The system will hold the DOH referral until the effective date of closure and will cancel the referral all together if the case is reopened. The referral for a denied application shall be sent at the time of the denial.

   CASE (Input)
   Case Number
   Case Status
   Case Type When Open

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

AUTHORIZATION (Input)
Case Closure Reason
Date Closure Effective
Effective Date of Closure
Case Status
Case Denial Reason
Date of Denial

2. Send Referral to Users In-Box and Track

If a DOH referral is needed, the system shall send a referral to the DOH user based on case location effective date of closure. The user will be a DOH supervisor designated for that county. The supervisor will sort cases in their inbox by zip code and distribute to the appropriate users. As referrals go into the DOH user inbox they are given a DOH case number and then populate that user's caseload. The caseloads as well as the inbox show the status of each referral. The status of each referral or DOH case is triggered by DOH entry into data fields. Each referral will need to be tracked for timeliness based on rules and an alert will need to be sent to user and/or supervisor when actions are not taken timely.

REFERRAL (Output)
Case ID
Date Closed/Denied
Head Of Case Resident Address
Case Phone Number
Case Name
Case Closure Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

Head of Case ID
Names of Other Case Individuals
IDs of other Case Individuals
Head of Case Phone Number
Employment Status
Monthly Income
Caseworker's Name
Caseworker's Phone Number
Customer Service Reviewer's Name
Customer Service Reviewer's Phone Number

INDIVIDUAL (Input)
Head of Case Name
Head of Case ID
Head of Case Residence Address
Names of Other Case Individuals
IDs of other Case Individuals
Sex of Other Case Individuals
Race of Other Case Individuals

INCOME (Input)
Monthly Income

CASE (Input)
Case Number
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

Case Type When Open
Case Closure Reason
Date of Case Closure

EMPLOYMENT (Input)
Employment Status
Reason for Termination/Denial

USER (Input)
Caseworker's Name
Caseworker's Phone Number
Customer Service Reviewer's Name
Customer Service Reviewer's Phone Number

3. Record Home Visit Results

After attempting the home visit, the DOH worker will record the results of the attempt.

DOH HOME VISIT RESULTS (Output)
Home Visit Made Indicator
Date Attempted Home Visit
Home Visit Results
Number of Attempts to Make Home Visit
Due for Eviction Indicator
Due for Utility Cutoff Indicator
Date Cut-off Due
Date Eviction Due

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

Free Form Text
'At Risk' Indicator
Number of Adults in Home
Number of Minors in Home
'At Risk' Reason
Food in Home Status
Income
DCS Referral Indicator

4. Determine if Home Visit Failed Due to Client Moved to Different County and Address is Known.

   If the client moved to another county, and the DOH home visit is still pending or it is within 30 days from the date of the closure, the referral will be transferred to the new county to perform the visit.

   DOH HOME VISIT RESULTS (Input)
   Home Visit Failed Due to Client Moved to Different County Indicator

   CASE (Input)
   Case Number
   Case Name

5. Send Worker Alert to Transfer Case to New County

   DOH HOME VISIT RESULTS (Input)
   Home Visit Failed Due to Client Moved to Different County Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

ALERT (Output)
User ID
Case Name
Case Number

6. Determine if FF Emergency Payment Recommended

   The system shall determine from the home visit results if an FF Emergency Payment is recommended.

   DOH HOME VISIT RESULTS (Input)
   Home Visit Indicator
   Number of Attempts to Make Home Visit
   Date of Home Visit
   'At Risk' Indicator
   Number of Adults in Home
   Number of Minors in Home
   'At Risk' Reason
   Food in Home Status
   Income

   DOH HOME VISIT RESULTS (Output)
   FF Emergency Payment Recommendation Indicator

7. Send Alert to Caseworker

   If an FF Emergency Payment is recommended, the system shall alert the caseworker of the case.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

ALERT (Output)
Head of Case Name
'At Risk' Reason
Head of Case ID
Caseworker Name

8. Record FF Emergency Payment Determination

The DHS caseworker will attempt to verify the client's need for an FF Emergency Payment and will record the FF Emergency Payment determination results.

FF EMERGENCY PAYMENT(Output)
FF Emergency Payment Recommendation

DOH HOME VISIT RESULTS (Output)
Home Visit Indicator
Number of Attempts to Make Home Visit
Date of Home Visit
'At Risk' Indicator
Number of Adults in Home
Number of Minors in Home
'At Risk' Reason
Due Date of Eviction
Due Date of Cutoff
Food in Home Status
Income

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

9. Determine if Due to Eviction/Cutoff Notice/Lack of Food

   If an FF Emergency Payment is needed, the system shall determine from the DOH home visit results if the household is due to be evicted, has a utility cut-off, or there is a lack of food in the home.

   DOH HOME VISIT RESULTS (Input)
   'At Risk' Indicator
   'At Risk' Reason
   Due Date of Eviction
   Due Date of Cutoff
   Case Number
   Head of Case Name

10. Determine if Individual Received at Least 3 Cash Payments in the Last 12 Months

    If an Emergency Payment is needed, or if an eviction/utility cutoff notice has been recorded, the system shall determine if the individual had received at least 3 cash payments in the last 12 months.

    ISSUANCE (Input)
    Issuance Amount
    Case ID
    Date Issued

    CASE (Input)
    Case Status
    Case ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

11. Perform 'FF Emergency Payment Determination' Process

    If the individual received at least 3 cash payments in the last 12 months, the system shall perform the pre-defined process 'Perform FF Emergency Payment'

12. Perform 'Appointment Scheduler' Process

    If there is no eviction, utility cutoff or lack of food notice indicated, the system shall perform Appointment Scheduler for the review of the FF Emergency Payment request.

13. Determine if Need for FF Emergency Payment Verified

    The user shall determine from the DOH home visit results and customer verifications that an FF Emergency Payment request needs to be verified.

    DOH HOME VISIT RESULTS (Input)
    'At Risk' Verification Status
    Date of Verification

    INCOME (Input)
    Gross Monthly Income per Individual
    Gross Monthly Income per Household

    EXPENSES (Input)
    Shelter Expenses
    Utility Expenses

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.1.18 DOH Referral Following Closure of FF Case

Program Affected: FF	**Users: Caseworker, DOH Worker**

CASE (Input)
Case Number
Case Status
Case Type (when open)

14. Record FF Emergency Payment Determination

If the Emergency payment need is verified, the system shall issue the payment and notify the client.

NOTICE (Output)
Emergency Payment Amount Issued
Client Name
Client Address
Emergency Payment Reason

FF EMERGENCY PAYMENT (Output)
Emergency Payment Amount
Date Payment

15. Perform 'Auxiliary/Restoration Request' Process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF	1	When an FF Emergency Payment is recommended by DOH an alert must be sent to the caseworker.
FF	2	The FF Emergency Payment alert must contain the case number.
FF	3	The FF Emergency Payment alert must contain the name of head of case.
FF	4	The FF Emergency Payment alert must contain the ID of head of case.
FF	5	The FF Emergency Payment alert must contain the effective date of the FF Emergency Payment.
FF	6	The FF Emergency Payment alert must give the “at risk” reason.
FF	7	When an FF Emergency Payment is issued, a notice must be generated.
FF	8	The FF Emergency Payment notice must be addressed to the head of case.
FF	9	The FF Emergency Payment notice must be addressed to the mailing address listed in the case.
FF	10	The FF Emergency Payment notice must state that the FF Emergency Payment has been issued.
FF	11	The FF Emergency Payment notice must state the date the payment was issued.
FF	12	The FF Emergency Payment notice must include a request for verification if the “need for FF Emergency Payment” has not been verified.
FF	13	The FF Emergency Payment notice must include a “respond by” date for providing the verification.
DOH	14	The DOH referral report is considered to be overdue if it is not complete by the last day of the month following the Families First termination date.
DOH	15	A report is considered to be incomplete if the answer to the Activity Report question “is this county’s referral work complete” is not marked “yes.”
DOH	16	An alert is sent to the worker and the supervisor for a report that is overdue. The alert is sent on the first day of every month that the report is determined to be and continues to be overdue.
DOH	17	An Activity Report with an item checked in the Location Update Section that directs the worker to “check the box if the new address is in another county and the referral should be forwarded” indicates that the a new DOH referral should be sent to the new DOH county listed.
DOH	18	Referrals to DOH for home visits should include the participant’s name, county, zip code, recipient identification and a link to the case.
DOH	19	A home visit is determined to have occurred if the “initial home visit” box is marked with a corresponding visit date recorded.
DOH	20	If the participant’s total unpaid expenses exceed the total gross monthly income, mark the box “referral to DHS for FF Emergency Payment Assessment” in the Results of Home Visit Section.
DOH	21	The DHS caseworker receives an alert when the “referral to DHS for FF Emergency Payment Assessment” box is checked in the Results of the Home Visit Section so that appropriate steps can be taken to assist the participant in the FF Emergency Payment assessment.
DOH	22	If the participant’s is determined to be in need of an emergency appointment for food stamps, check

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		the “Emergency Appointment Needed for Food Stamps” item in the Results of Home Visit Section.
DOH	23	The DHS caseworker receives an alert when the “Emergency Appointment Needed for Food Stamps” box is checked in the Results of the Home Visit Section.
FFP	24	If at any point between date DOH referral is made and date DOH referral is completed, the FF case is reopened, all children are reapproved for FF, or an application for FF assistance is filed for all case children, the DOH Staff person assigned to the referral shall be notified.
FFP	25	If at any time during the pending DOH referral, all the case children leave the state, die or in some way no longer require the home visit, the DOH staff person assigned to the referral will be notified.
FFP	26	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless the assistance group’s income or resources exceed Families First limits.
FFP	27	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless the assistance group requested the closure in writing.
FFP	28	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless there are no children within age limits.
FFP	29	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless the family has moved out of state.
FFP	30	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless all the children in the assistance group reside with a different caretaker.
FFP	31	Assistance groups that lose eligibility will have a home visit by a nurse, medical social worker or other health professional from the Department of Health unless the only child in the assistance group has died.
FFP	32	The only time a Department of Health visit is completed on a denied Families First application, is when an otherwise eligible assistance group is denied because of voluntary quit provisions.
FFP	33	The Customer Service Reviewer shall submit the referral to the Department of Health at the beginning of the effective month of the Families First assistance group’s case closure.
FFP	34	The Families First caseworker will submit the Department of Health home visit referral for cases denied due to voluntary quit at the time of the application denial.
FFP	35	During the home visit the health professional will determine whether or not the assistance group is in an “at risk” situation and in need of financial assistance to prevent the removal of a child from the custody of his/her parents.
FFP	36	During the home visit the health professional will determine whether or not the assistance group is

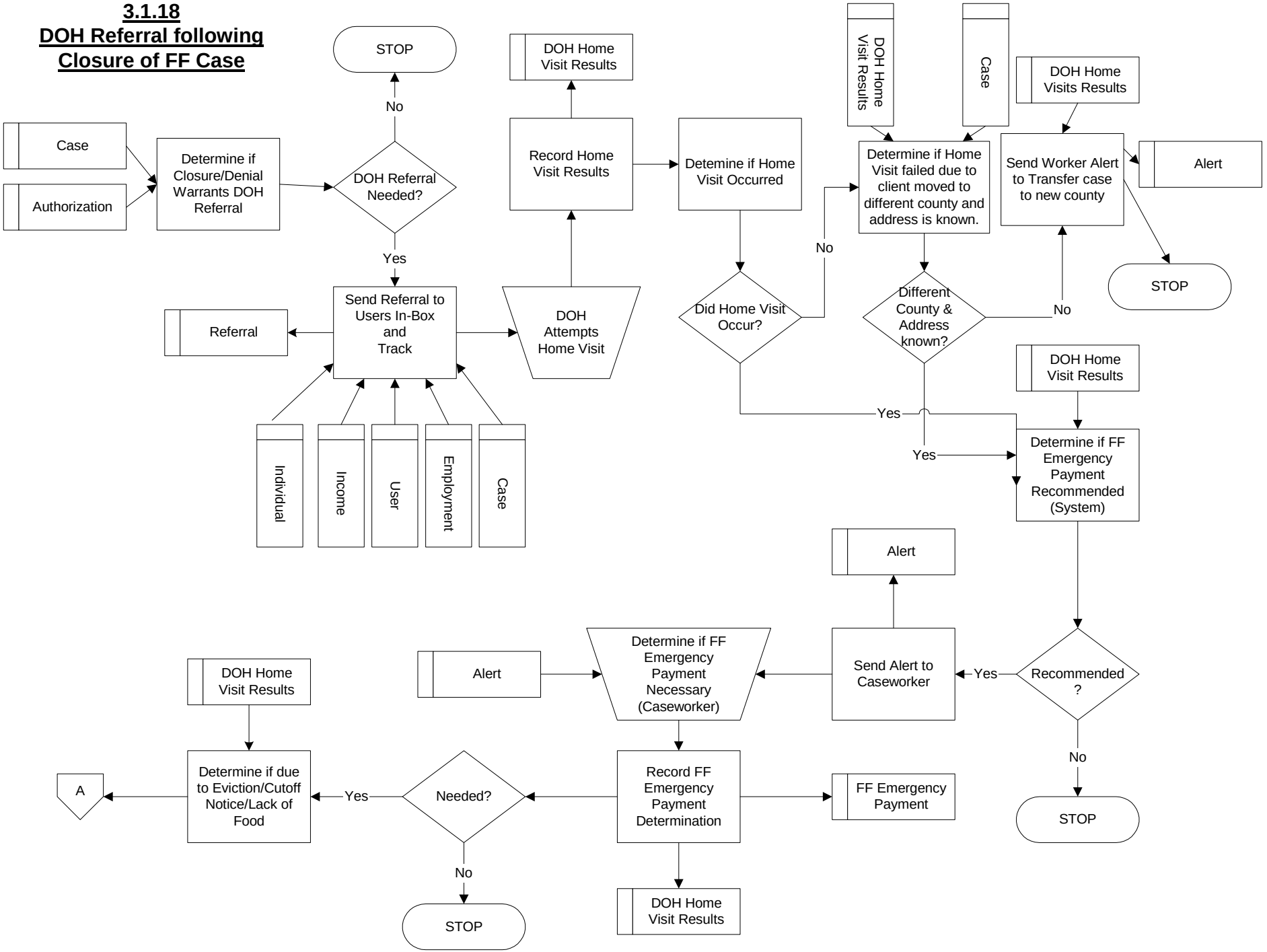
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		in an “at risk” situation and in need of financial assistance to prevent the loss of shelter or utilities.
FFP	37	If the assistance group is determined to be “at risk” because of an eviction in the first month after Families First case closure, the department of Health professional will notify the Department of Human Services caseworker within 48 hours.
FFP	38	If the assistance group is determined to be “at risk” because of a utility cut-off notice in the first month after Families First case closure, the department of Health professional will notify the Department of Human Services caseworker within 48 hours.
FFP	39	If the assistance group is determined to be “at risk” because of lack of food in the first month after Families First case closure, the Department of Health professional will notify the Department of Human Services caseworker within 48 hours.
FFP	40	When a Department of Health professional reports, within the first month after the Families First case closure, that a family is “at risk” due to an eviction notice, the Families First caseworker shall immediately issue an FF Emergency Payment.
FFP	41	When a Department of Health professional reports, within the first month after the Families First case closure, that a family is “at risk” due to a utility cut-off notice, the Families First caseworker shall immediately issue an FF Emergency Payment.
FFP	42	When a Department of Health professional reports, within the first month after the Families First case closure, that a family is “at risk” due to lack of food, the Families First caseworker shall immediately issue an FF Emergency Payment.
FFP	43	When a Department of Health professional reports, within the first month after the Families First case closure, that a family is “at risk” due to an eviction notice, the Families First caseworker shall immediately issue an FF Emergency Payment.
FFP	44	After the Families First caseworker has issued an FF Emergency Payment to a family who is “at risk” within the first month after the Families First case closure due to an eviction notice, the caseworker will schedule a follow-up interview, to occur within 30 days, so that the assistance group can present the eviction notice
FFP	45	When a Department of Health professional reports, within the first month after the Families First case closure, that a family is “at risk” due to utility cut-off notice, The Families First caseworker shall immediately issue an FF Emergency Payment.
FFP	46	After the Families First caseworker has issued an FF Emergency Payment to a family who is “at risk” within the first month after the Families First case closure due to a utility cut-off notice, the caseworker will schedule a follow-up interview, to occur within 30 days, so that the assistance group can present the utility cut-off notice
FFP	47	If an individual who was issued an FF Emergency Payment in the first month after the Families first case closure due to an eviction notice, does not provide verification of the eviction notice within 30

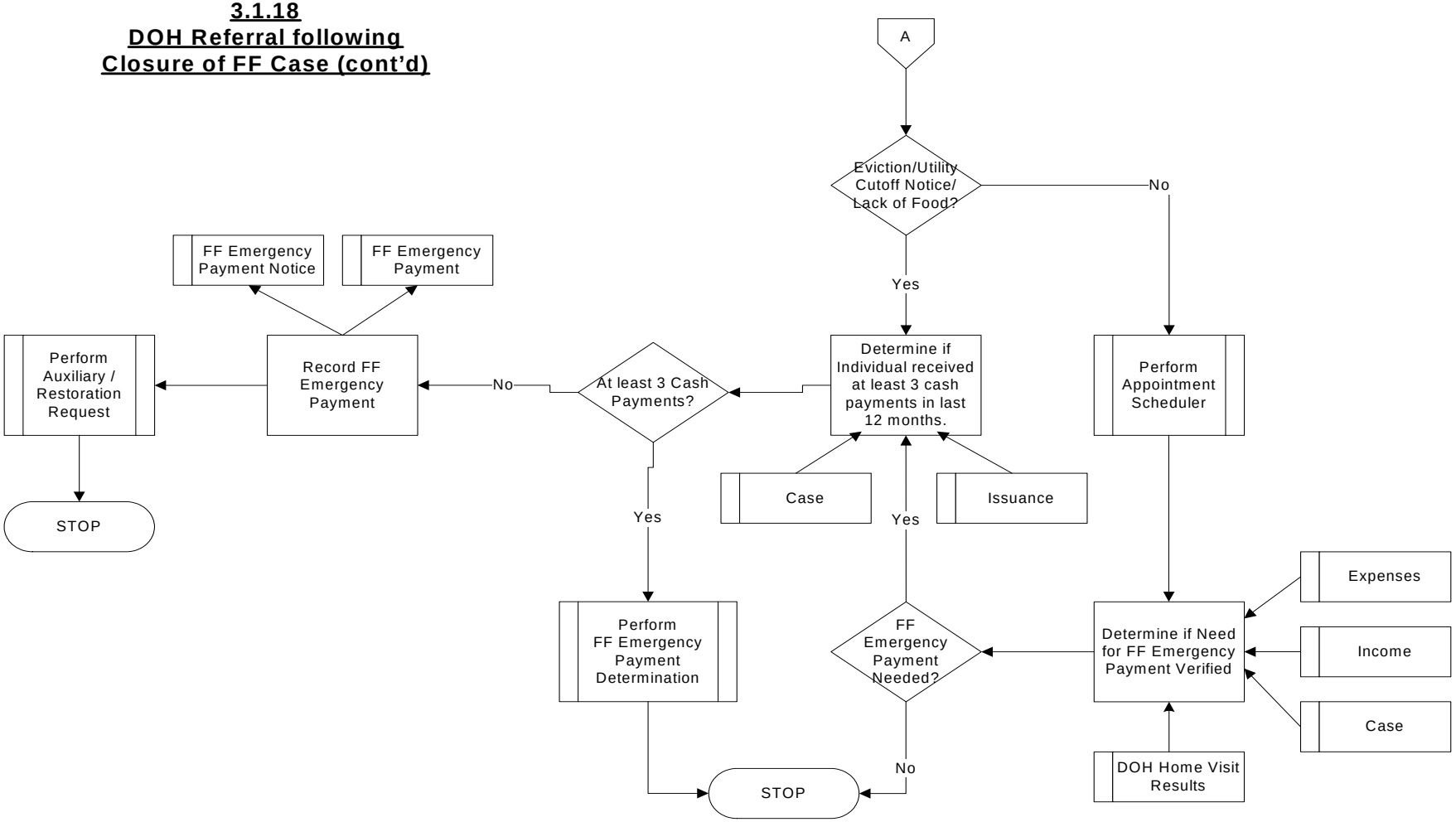
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		days of the issuance of the auxiliary, no further FF Emergency Payment shall be issued to the family for the current or any subsequent month, until the documentation is provided.
FFP	48	If an individual who was issued an FF Emergency Payment in the first month after the Families first case closure, due to an a utility cut-off notice, does not provide verification of the utility-off notice within 30 days of the issuance of the auxiliary, no further FF Emergency Payments shall be issued to the family for the current or any subsequent month, until the documentation is provided.
FFP	49	If a Families First assistance group's unpaid shelter or utility bills exceed their current income in the first month after Families First closure, the Department of Health will notify the Families First caseworker.
FFP	50	If a Families First caseworker receives notice from a Department of Health professional, in the first month after Families First closure, that a family's unpaid shelter or utility bills exceed their current income, the Families First caseworker shall set up an appointment to verify the unpaid shelter and/utility bills, so that if the assistance group is eligible, the FF Emergency Payment can be issued within 7 days of the DOH notice.
FFP	51	If the Families First caseworker is contacted by an assistance group, in the first month after Families First case closure, that the family's unpaid shelter or utility bills exceed their current income, the Families First caseworker shall set up an appointment.
FFP	52	The initial three cash FF Emergency Payments shall be made in the amount of the assistance group's Families First grant prior to closure.

3.1.18 DOH Referral following Closure of FF Case



3.1.18
DOH Referral following Closure of FF Case (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals	
Program Affected: All	**Users: FA Staff, Claims, State Office**

Process:

An individual has the right to file an appeal with the Department of Human Services regarding treatment of their case(s). The Department will process the appeal and notify the customer. Appeal tracking and outcomes will be maintained in the Department's Appeal Resolution Tracking System (ARTS), but information related to the appeal situation must also be linked to the appropriate case(s) and individual(s) in this system. Every appeal will be entered into the ARTS system.

Sub-Processes:

1. Record Appeal Information

   The appeal information is directly entered into ARTS, it will be sent via interface to the Family Assistance system (see interfaces).

   ARTS (Input)
   Appeal Individual
   Appeal File Date
   Appeal Reason
   Appeal Transaction Date
   Date Decision Notice sent for benefits being appealed
   Case Number(s) (appeal filed on)
   Claim Case Number(s) (appeal filed on)
   County of Residence
   Benefits Reinstated Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals	
Program Affected: All	**Users: FA Staff, Claims, State Office**

Benefits Declined Reason
Appellant Phone Number
Individual's SSN
Narrative
Previous Appeal Indicator
Existing Appeal ARTS Tracking Number
Existing Appeal Indicator
ARTS Tracking Number
Mailing Address
Cell Phone Number
Authorized Representative
Name
Home Phone
Work Phone
Reinstated Declination Reason

APPEAL (Output)
(same as above)

CLAIM (Output)
(same as above)

INDIVIDUAL (Input / Output)
SSN
Individual ID
Appeal Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

2. Determine if Appeal Related to Adjudicated Claim / Account Receivable

The system shall determine if the appeal is being requested on an adjudicated claim/account receivable. The system shall use the individual's SSN and Claim number to search for the account/claim number.

APPEAL (Input / Output)
Appeal File Date
Appeal Reason
Appeal Transaction Date
Benefits Reinstated Indicator
Benefits Declined Reason

INDIVIDUAL (Input)
SSN
Individual ID
Eligibility Status
Eligibility Begin Date
Eligibility End Date
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Appeal Indicator

IS ACCOUNT (Input)
Account Number
Account Status

CLAIM (Input)
Claim Number
Claim Classification
Claim Status

3. Locate and Identify Claim / Account Receivable Case

When an appeal is requested on an adjudicated claim / Account Receivable, the system shall locate and identify the correct Account Receivable.

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)
Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

CLAIM (Input)
Claim Number
Overpayment Program
Claim Classification

CLAIM (Output)
Appeal Filed Indicator

4. Notify ARTS

When the claim is not found the system shall generate a file to ARTS indicating inability to link appeal to claim.

ACCOUNT (Input)
Claim Not Found Indicator
Case Number
Case Name
Appeal Number
Appeal Filed Indicator

INDIVIDUAL (Input)
SSN
Individual ID

ARTS (Output)
Claim Not Found Indicator
Case Name
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Appeal Number

5. Determine Account Receivable Repayment Status

When the Account Receivable is found, the system shall alert the user and determine the current repayment status.

CLAIM (Input)
Claim Number
Claim Status
Account Receivable Balance
Account Repayment Method
Suspension Indicator
Suspension Reason

INDIVIDUAL (Input)
SSN
Individual ID
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Pay to Court Indicator

USER (Input)
User ID of ALERT Recipient

CASELOAD (Input)
Caseload Number
County Number

ALERT (Output)
ALERT Type
ALERT Date

6. Update Account Receivable to Prohibit Repayment Status Change

If the Account Receivable is not in repayment status, the system shall update it to prohibit repayment status change.

CLAIM (Input / Output)
Claim Number
Claim Status
Claim Classification
Account Repayment Method

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Suspension Indicator
Suspension Reason

7. Suspend Repayment

When the account receivable adjudicated claim is currently in repayment status, the system shall suspend the account receivable and not allow benefit reduction. The system shall allow designated investigation users to update the individual's address on the account receivable case.

APPEAL (Input)
Adjudicated case indicator
Appeal Indicator

CLAIM (Output)
Claim Number
Claim Status
Claim Classification
Account Repayment Method
Suspension Indictor
Suspension Reason

8. Determine Disqualification

The system shall determine if the appeal is regarding an IPV disqualification.

CLAIM (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Claim Number
Claim Status

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

9. Perform “Imposing and Removal of Sanction / Penalty / Disqualification” Process

When there is a disqualification the system shall perform “Imposing and Removal of Sanction / Penalty / Disqualification.” The system shall either reinstate or suspend the individual based on business rules.

10. Determine if Benefits Are To Be Reinstated

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

When an appeal is not based on an adjudicated claim / Account Receivable, the system shall determine if benefits must be reinstated based on the ARTS indicator and business rules. If benefits are not to be reinstated, the client will be notified.

CASE (Input)
Case Number
Case Type
Case Status
Certification Period

APPEAL (Input)
Appeal file date
Date decision notice sent for benefits being appealed
Benefits Reinstated Indicator
Appeal Individual
Appeal File Date
Appeal Reason
Appeal Transaction Date
Date Decision Notice sent for benefits being appealed
Case Number(s) (appeal filed on)
Claim Case Number(s) (appeal filed on)
County of Residence
Benefits Reinstated Indicator
Benefits Declined Reason
Appellant Phone Number
Individual's SSN
Narrative

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Previous Appeal Indicator
Existing Appeal ARTS Tracking Number
Existing Appeal Indicator
ARTS Tracking Number
Mailing Address
Cell Phone Number
Authorized Representative
Name
Home Phone
Work Phone
Reinstated Declination Reason

APPEAL (Output)
Benefit Reinstatement Decision

11. Perform “Process Change Information” Process

The system shall perform “Process Change Information” when benefits are to be reinstated for the individual with an appeal.

12. Reinstate Benefits

When the user indicates that benefits are to be reinstated, the system shall determine the benefit(s) that are in appeal and reinstate benefits based on business rules. The system shall generate a notice to the client based on business rules.

CASE (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Case Number
Case Type
Case Status
Benefits Reinstated Indicator
Date Benefits Reinstated
Amount Benefits Reinstated

BENEFITS (Output)
Benefit Amount
Benefit Begin Date

APPEAL (Input)
Benefit Reinstatement Decision

APPEAL (Output)
Date Benefits Reinstated
Amount of Benefits
Type of Benefits Reinstated

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

NAME (Input)
Name Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

Caseworker Name
Customer Name

ADDRESS (Input)
Address Type
County Office Address
County Number
Customer Address

TRANSACTION HOLD (Input)
Case Number
Program
Sub-Program
Issue Method Code
Benefit Request Type Code
Benefit Reason Code
Request Amount
Benefit Month
Offset Amount Applied

NOTICE (Output)
Notice Type
Benefits Reinstated
Notice Mail Date

13. Determine If Other Programs Need Changes

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

The system shall determine if case benefits for other programs that the household receives must be adjusted based on benefit reinstatement and business rules.

CASE (Input / Output)
Case Number
Case Type
Case Status

INDIVIDUAL (Input / Output)
Eligibility Status
Eligibility Begin Date
Eligibility End Date

14. Perform “Process Change Information” Process

The system shall perform “Process Change Information” when benefits are to be reinstated, or other case benefits need changing.

15. Notify ARTS

The system shall generate a record to ARTS indicating if benefits were reinstated. The system shall generate a notice to the individual when benefits are not reinstated.

CASE (Input)
Benefits Reinstated Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

State of Tennessee
IT Methodology

Process: 3.2.1 Initiate Appeals	
Program Affected: All	**Users: FA Staff, Claims, State Office**

Case Number
Case Status
Appeal number

INDIVIDUAL (Input)
SSN
Individual ID
Eligibility Status
Eligibility Begin Date
Eligibility End Date

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ADDRESS (Input)
Address Type
Case Address
County Address

NAME (Input)
Name Type
Caseworker Name
Case Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.1 Initiate Appeals

Program Affected: All	**Users: FA Staff, Claims, State Office**

ARTS (Output)
Benefits reinstated indicator
Benefit reinstated amount
Benefit reinstated date

NOTICE (Optional Output)
Notice Type
Benefits Not Reinstated
Notice Mail Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The state agency shall provide a fair hearing to any household aggrieved by any action the state agency which affects the participation of the household in the Food Stamp Program.
FS	2	Any applicant for or recipient of food stamps may file an appeal for fair hearing with any county, area, district, Service Center, or the State Office when dissatisfied with an action on his/her case.
FS	3	An applicant's/recipient's authorized representative may file an appeal for fair hearing in behalf of the applicant/recipient.
FS	4	An interested party may file an appeal for fair hearing in behalf of the applicant/recipient.
FS	5	If there is a written request by a responsible member of the food stamp household, its currently authorized representative, or its legally designated representative to review materials contained in its case, the material and information contained in the case shall be made available for inspection during normal business hours.
FS	6	Confidential information, such as the names of individuals who have disclosed information about the household without the household's knowledge, or the nature or status of pending criminal prosecution may be withheld by the county office.
FS	7	A food stamp household shall be allowed to request a hearing on any action by the Department, including loss of benefits, which occurred in the previous ninety (90) days.
FS	8	In order for the recipient to continue receiving assistance during the current certification period pending the outcome of the final decision on the appeal, the appeal must be filed within 10 days of the mailing date of the notice.
FS	9	If it can be established that there was good cause for the client's failure to request a fair hearing and continuation of benefits during the 10-day advance notice period, assistance may be reinstated at the prior level.
FS	10	The time limits shall be computed by excluding the first day and including the last, unless the last day is a Saturday, a Sunday, or a legal holiday, and then it shall also be excluded. If the 10th day or the 90th day falls on a legal holiday or weekend, the next working day may be considered as filing within the time limit.
FS	11	The Commissioner or his/her designee will approve any extension of time under this section after a showing of good cause by the appellant that he/she could not file within the prescribed time limits.
FS	12	When benefits are reduced or terminated due to a mass change, benefits at the prior level will be continued only if the issue being contested is that eligibility or benefits were improperly computed or that federal law or policy is being misapplied or misinterpreted by the agency.
FS	13	Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the official hearing decision unless a change affecting the appellant's eligibility or benefit level occurs while the hearing decision is pending and the appellant fails to request a hearing on that issue during the adverse action time period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	14	Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the official hearing decision unless a mass change affecting the household's eligibility or benefit level occurs while the hearing decision is pending.
FS	15	Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the official hearing decision unless the certification period expires.
FS	16	When a household's certification period expires, the household may reapply and may be determined eligible for a new certification period, with a new benefit amount determined on the basis of current eligibility.
FS	17	Once continued or reinstated, benefits shall not be reduced or terminated prior to the receipt of the official hearing decision unless the Administrative Law Judge/Hearing Officer makes a preliminary determination, in writing and at the hearing, that the sole issue is one of federal law or regulation and that the household's claim that the Department improperly computed the benefits or misinterpreted or misapplied the law or regulation is invalid.
FS	18	Appeal tracking and outcomes will take place in the Department's Appeal Resolution Tracking System (ARTS).
FS	19	Information maintained by the Department on a household requesting a fair hearing must link to the ARTS.
FFP	20	Every applicant/recipient shall be informed of his/her right of appeal if he/she is aggrieved by an action of lack of action on the part of the Department of Human Services.
FFP	21	Anyone who applies or wants to apply for Families First shall be given an informational pamphlet that explains the right to appeal and fair hearing information.
FFP	22	All Families First applicants/recipients shall be informed of their appeal rights verbally when they apply for benefits, in writing on the Notice detailing case action and when they indicate disagreement with an Agency action.
FFP	23	Appellants shall be informed of any free available legal representation able to assist with their appeal.
FFP	24	Any applicant for or recipient of Families First may file an appeal through to the Department of Human Services County Office, District Office, State Office or Family Assistance Service Center.
FFP	25	If an individual files an appeal because he/she is dissatisfied with an action or lack of action of the county office, the appellant shall be offered the opportunity to have an informal conference with either the caseworker or the Supervisor to discuss the issue.
FFP	26	The caseworker shall inform the appellant that the local county informal conference is optional and will not delay or replace the fair hearing.
FFP	27	In the informal conference with the appellant, the caseworker or Supervisor shall discuss the complaint, review the facts of the case, allow the individual to present any new information, review the policies to determine if they were applied correctly, determine if any changes in policy or procedure may have

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		become effective since the date of the contested action and make any adjustment that may be indicated or explain the reason for the action and why it can't be changed.
FFP	28	If an individual files an appeal, it cannot be delayed or canceled without his/her consent because of the outcome of the informal conference.
FFP	29	The appellant must sign a Withdrawal of Appeal form to withdraw an appeal.
FFP	30	Families First appeals must be filed within a specified period of days (defined by policy) after the mailing date of the written notice of the adverse action taken on the case.
FFP	31	If the appeal is filed within a specified number of days (defined by policy) of the notice of Adverse Action, Families First benefits on an active case can be continued at the previous level, pending the final appeal decision.
FFP	32	If the last of the specified number of days to file an appeal or request that benefits continue falls on a weekend or holiday, the time limits will be extended to the next working day.
FFP	33	Once an appellant has requested that Families First benefits continue pending an appeal decision, benefits cannot be reduced or terminated prior to the final hearing unless the Administrative Law Judge issues an oral and written decision that the issue being appealed is one of law, regulation or policy and that the appellant's claim that the county improperly computed the benefits, misinterpreted or misapplied such law or regulation is invalid.
FFP	34	If the Administrative Law Judge issues an oral decision that the issue being appealed is one of law, regulation or policy, the Families First benefits shall be reduced immediately as indicated in the original notice of adverse action.
FFP	35	Once an appellant has requested that Families First benefits continue pending an appeal decision, benefits cannot be reduced or terminated prior to the final hearing unless another change occurs while the hearing decision is pending that affects eligibility or benefits level and the appellant does not request a hearing on the issue during the 10-day adverse action period.
FFP	36	Once an appellant has requested that Families First benefits continue pending an appeal decision, benefits cannot be reduced or terminated prior to the final hearing unless a mass change occurs while the hearing decision is pending.
FFP	37	The casework shall continue benefits at the previous amount if the appellant requests that they continue within the required period of time.
FFP	38	An individual may file an appeal either orally or in writing.
FFP	39	Whether the appeal request is oral or in writing, an Appeal form shall be completed and signed by the appellant.
FFP	40	The Agency shall assist the appellant in filing the appeal in any way necessary.
FFP	41	The Agency shall record appeal information.
FFP	42	The date the appeal is requested shall be the filing date of the appeal, whether the request is oral or in

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		writing.
FFP	43	The appellant shall give a clear statement about the issue of his/her grievance and his/her mailing address.
FFP	44	If appeal issue is unclear, the caseworker or Family Assistance Service Center shall clarify the issue prior to submitting the appeal form.
FFP	45	The caseworker or Family Assistance Service Center shall clarify on the Appeal form the date the appeal was requested, a clear statement regarding the action taken or delay in action, the date the action was taken on the case and the state policy rule numbers of the policy upon which the case action was based.
FFP	46	The Appeal shall be FAXED to the Division of Appeals and Hearings on the date the appeal is filed or the next working day.
FFP	47	If the appeal is filed orally or the appellant refuses to sign the form, the caseworker or Family Assistance Service center will not wait for the appellant to sign the appeal before submitting it to the Division of Appeals and Hearings.
TCM/ TCS	48	Every individual customer has the right to appeal any decision made on his/her Medicaid or TennCare case, either in writing or by phone.
TCM/ TCS	49	If the worker is contacted, he/she will complete the appeals request form and fax it to the appeals unit.
TCM/ TCS	50	The worker and supervisor may review the case to see if the issue can be resolved locally. However, this review is not mandatory and the appeals request must still be faxed to the appeals unit within the prescribed time limits.
TCS	51	Appeals for TennCare Standard must be submitted verbally or in writing within 30 days of the action, plus sufficient mail time.
TCS	52	TennCare Standard coverage will be continued or reinstated if the appeal is filed within 10 days of the action, plus sufficient mail time.
TCS	53	An individual receiving TennCare Standard may appeal issues related to specific medical services that would be considered an adverse action. These may be a delay, denial, reduction, suspension or termination of TennCare benefits or an omission by TennCare that impairs the quality, timeliness or availability of such benefits.
TCS	54	The enrollee has the right to have a decision within 90 days for a standard appeal or 31 days for an expedited appeal.
TCS	55	If the appeal is decided against the enrollee, he/she may have to repay TennCare for the cost of the care received during the appeal process.
TCM	56	Appeals for all TennCare Medicaid cases will be accepted only if they are filed within 90 days after the mailing date of the written notice of action that is being appealed.
TCM	57	In order for a recipient to continue receiving TennCare Medicaid pending the outcome of the final

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		decision by the appeals' unit, it is necessary that the appeal be filed within 10 days, unless it can be established that there was good cause for the client's failure to request a hearing and continuation of assistance or services within this 10 days. If the appeal is filed within 10 days or good cause for failure to do this within the 10 days is determined, assistance or services will be reinstated at the same prior level.
TCM / TCS	58	An individual or another member of the household or an authorized representative has the right to appeal any decision made on a TennCare Medicaid or TennCare Standard case.
CC	59	Any parent/caretaker with a child care case through the department has the right to file a grievance or appeal on any action taken on their case.
CC	60	All parents/caretakers receiving child care assistance through the department are advised of their right to appeal at their initial interview and thereafter. Information about the right to appeal is included in the Child Care Agreement Form which is signed by the parent/caretaker during the interview.
CC	61	A parent/caretaker requesting an appeal should do so within 90 days of the action being appealed.
CC	62	If a client requests an appeal in the county office, it is the responsibility of the county office staff (including the child care case manager) to provide the client with an appeal form or to complete the form on behalf of the parent/caretaker and immediately forward to the Division of Appeals and Hearings (DAH).
CC	63	The county office may continue to take action to resolve the issues in the appeal informally but will still fax the appeal to DAH. If the informal hearing results in resolution or if the parent/caretaker otherwise withdraws the request, the county office should fax the written withdrawal to DAH.
CC	64	The appropriate departmental representative will continue to cooperate with DAH as requested.
CC	65	10 day advance notices will be sent to parents/caretakers whenever an adverse action has occurred. This notice will inform the parent/caretaker of the action taken and will include information about the right to appeal and who to contact if an appeal is requested.
CC	66	A parent/caretaker has the option to continue child care benefits or stop them during the appeals process. If the appeal is won by the parent/caretaker, benefits will be reinstated and reimbursement made if necessary. If the action taken by the county office is upheld and the parent/caretaker continued to receive benefits during the appeals process, the parent is responsible to repay the department for child care benefits she/he received during that period of time.
CC	67	Child Care Providers are not included in the Appeals Process.
AP	68	An applicant/recipient can file an appeal concerning eligibility/calculation of benefits for any Family Assistance (Families First, Food Stamps, Medicaid, or TennCare) program administered by the Department of Human Services or for multiple other programs, including but not limited to Child Support.
AP	69	The caseworker must record in the system receipt of the appeal data.
AP	70	The appeal data must be associated with a case and the individuals associated with the case, as well as with any claims associated with the case.

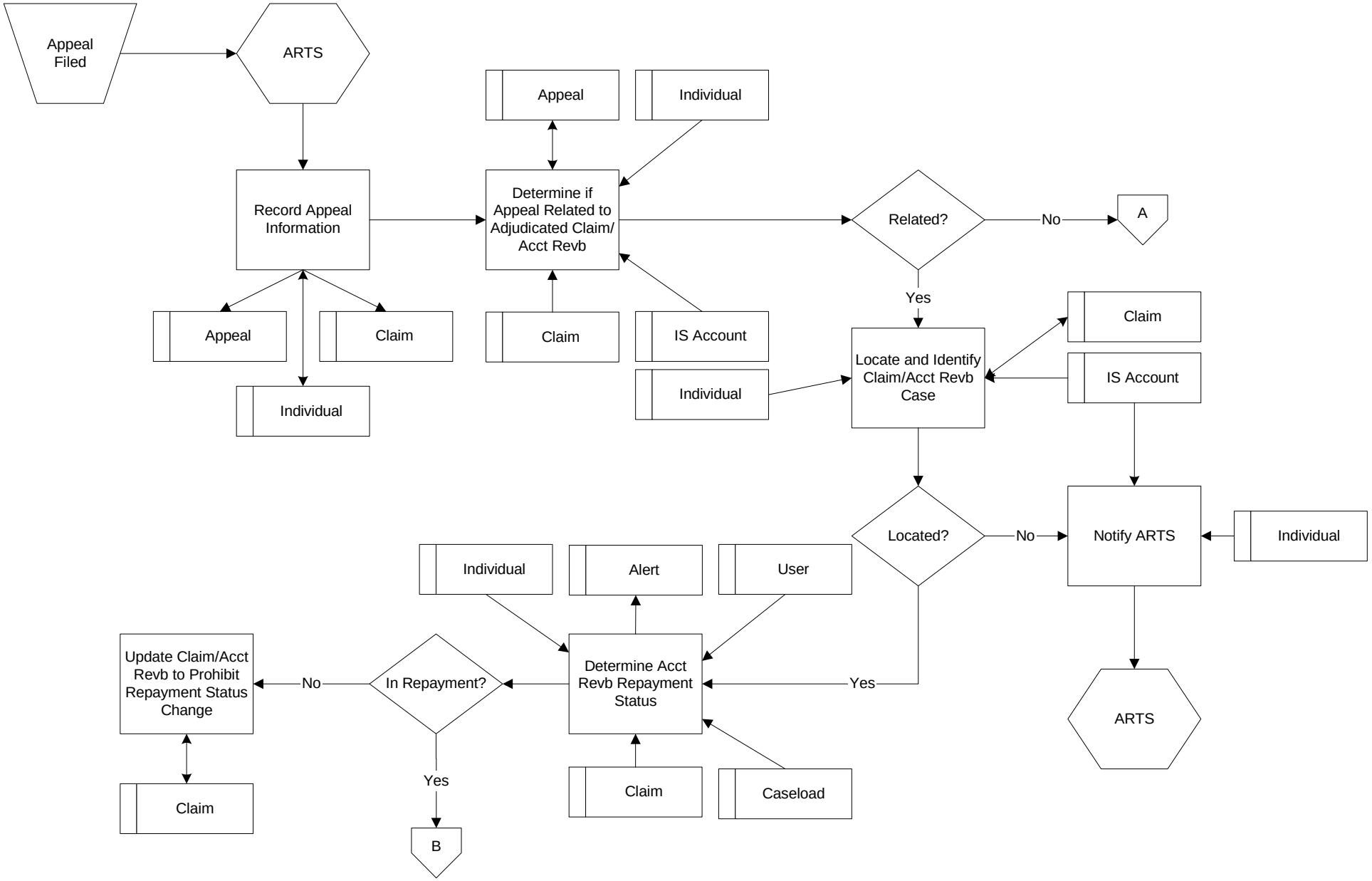
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
AP	71	The caseworker must forward the appeal document to the Division of Appeals and Hearings.
AP	72	The Division of Appeals and Hearings staff must record the appeal information into ARTS (Appeals Resolution and Tracking System).
AP	73	The Appeals staff must determine if benefits must be reinstated based on the date of notification, date of appeal receipt, and the business rules for each Family Assistance program. ARTS must send this reinstatement of benefits data to the system.
AP	74	Appeals staff must review the case action and notify the appellant or caseworker as needed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.2.1

Initiate Appeal



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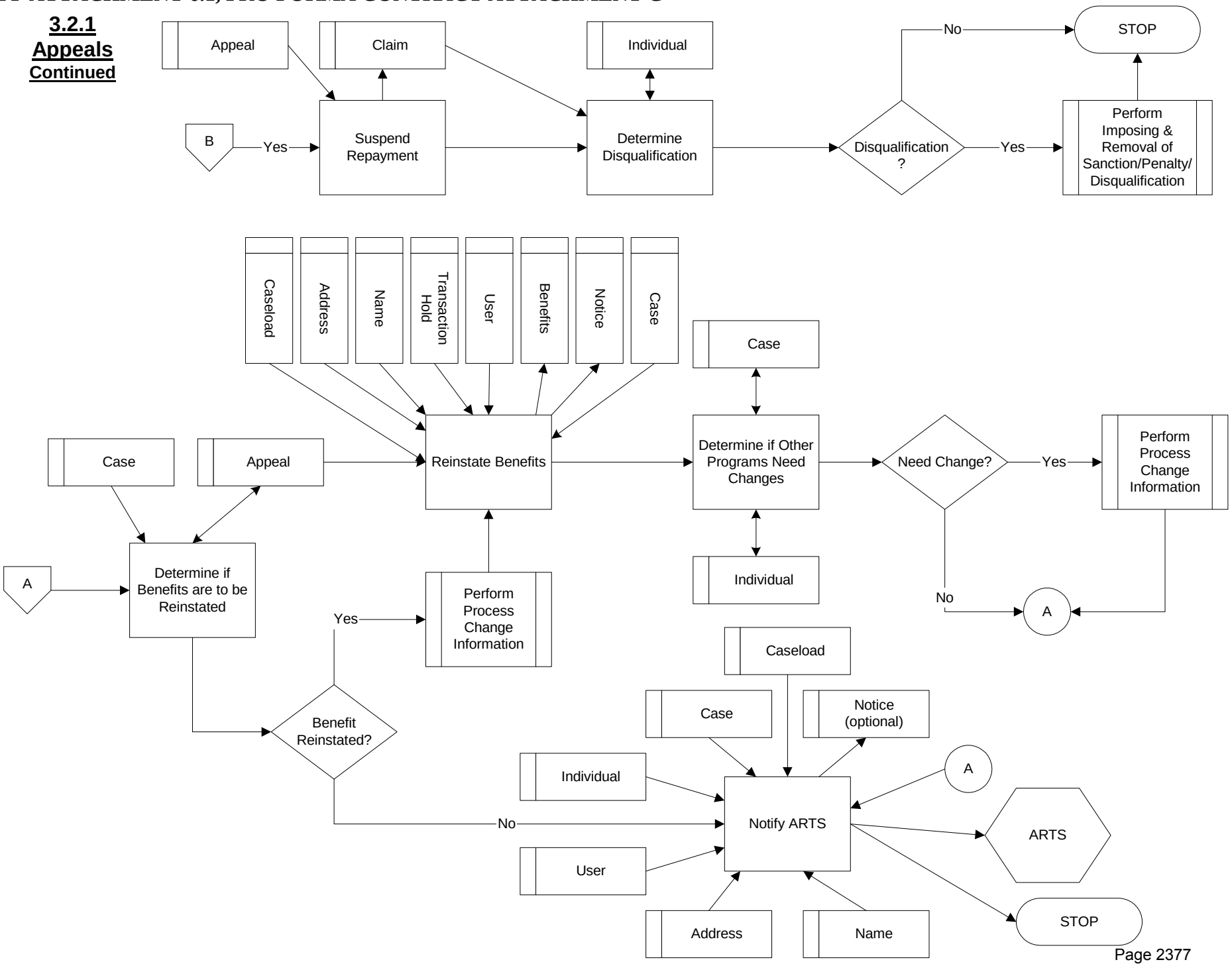
3.2.1 Appeals Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims	
Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

Process:

This process describes the tasks involved when there is an Appeal Resolution other than Claims, received from ARTS. The resolution results could change the case, restore benefits, create a pending claim and/or require no action. The resulting information will be sent back to ARTS.

Sub-Processes:

1. Determine Appeal Resolution

   The system will determine the Appeal Resolution reason based on the information received from ARTS and business rules. The system will generate an alert to the worker.

   ARTS (Input)
   Appeal Case Name
   Appeal Number
   Appeal Date
   Appeal Reason
   Appeal Decision
   Case Number
   Benefit Restore Indicator

   CASE (Input)
   Case Number
   Appeal Decision

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

Benefit Restore Indicator
Appeal Case Name
Appeal Number
Appeal Date
Appeal Reason

APPEAL (Input)
Appeal Case Name
Appeal Number
Appeal Date
Appeal Reason
Appeal Case Number
Appeal Decision
Benefit Restore Indicator

ALERT (Output)
Alert Type
Alert Date
Appeal Resolution
Appeal Resolution Date
Case Number

2. Record Resolution

The system will update the Appeal Resolution reason, and display the results.

CASE (Output)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

Case Number
Appeal Date
Appeal Resolution Affects Dates
Appeal Decision Amount (if defined)
Appeal Resolution Reason
Appeal Resolution Date

3. Determine if Case Change Needed

   The caseworker will determine if the case needs to be changed utilizing the business rules and case information. The appeal results are based on if all, any part, or no part of the appeal was upheld for the Department of Human Services.

   CASE (Input)
   Case Number
   Appeal Decision
   Appeal Decision date
   Benefit Restore indicator

4. Perform “Process Change Information” Process

   If the case needs to be changed, the system will perform the reusable “Process Change Information” process.

5. Update Appeal Status

   If the case does not need to be changed, the system will update the APPEAL data store with the current

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals | **Users: ARTS, Caseworkers, System**

status and send ARTS this information.

APPEAL (Input - Output)
Appeal Status
Case Action Indicator

6. Determine if Benefits Restored during Appeal

The system will determine if benefits were restored, based on the appeal, benefit and case information and utilizing the business rules. If benefits were not restored, the system will determine if client is due additional benefits based on the appeal decision and program rules.

APPEAL (Input)
Appeal Status
Case Action Indicator
Appeal Decision
Appeal Decision Date

BENEFITS (Input - Output)
Benefit Issuance Indicator
Benefit Issuance Date
Benefit Restore Indicator
New Benefit Amount
New Benefit Individual Eligibility Status
Benefit Eligibility Begin Date
Benefit Eligibility End Date
New Benefit Amount Begin Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

New Benefit Amount End date
Benefit type

CASE (Input)
Benefit Issuance
Benefit Issuance Date
Benefit Restore Indicator

7. Determine if Pending Claim Required

   If the benefits were restored, the system shall then determine if a pending claim is required based on appeal and benefit information and utilizing business rules. If the benefits were not restored, no further action is taken.

   APPEAL (Input)
   Appeal Status
   Case Action Indicator
   Appeal Decision
   Appeal Decision Date
   Appeal Case Name
   Appeal Case Number
   Appeal Number
   Appeal Date
   Appeal Reason

   BENEFITS (Input)
   Pending Claim Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

Pending Claim Date
Benefit Restoration Indicator
Benefit Restoration Date
Benefit Issuance
Benefit Issuance Begin Date
Benefit Issuance End Date

CLAIM (Output)
Pending Claim Indicator

8. Perform “Establish Claim” Process

   If a claim is necessary, the system will create the pending claim using the reusable “Establish Claim” process. The system will record the data and send the information to ARTS.

   ARTS (Output)
   Pending Claim Indicator
   Case Number
   Case Name
   Claim Begin Date
   Claim End Date
   Claim Reason

9. Issue Restoration

   If a claim is not required, the system shall issue a restoration based on the business rules and case information.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims

Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

CASE (Input)
Case Number
Appeal Date
Appeal Resolution Affects Dates
Appeal Decision Amount (if defined)
Appeal Resolution Reason
Appeal Resolution Date
Appeal Decision
Appeal Decision Date
Benefit Restore Indicator
Benefit Issuance
Benefit Issuance Date

BENEFITS (Input)
Benefit Restored Indicator
New Benefit Amount
New Benefit Individual Eligibility Status
Benefit Eligibility Begin Date
Benefit Eligibility End Date
New Benefit Amount Begin Date
New Benefit Amount End Date
Benefit Type

ISSUANCE (Output)
Restoration Indicator
Restoration Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.2 Appeal Resolution Other Than Claims	
Program Affected: All, Appeals	**Users: ARTS, Caseworkers, System**

Restoration Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ALL	1	If the appeal decision upholds the county office, any benefits issued to the appellant due to continuation of benefits pending the hearing decision may be subject to recovery by filing an overpayment claim as permitted by a specific program rule.
ALL	2	If the appeal decision is in favor of the appellant, the county will prepare the appropriate authorization to implement the final decision.
ALL	3	The caseworker who has responsibility for the case in appeal must be notified of the appeal decision.
ALL	4	The supervisor of the caseworker who has responsibility for the case in appeal must be notified of the appeal decision.
FFP	5	A Families First appeal shall be resolved when the appellant withdraws his/her appeal.
FFP	6	A Families First appeal shall be resolved when the Administrative Law Judge rules in the appellant's favor.
FFP	7	A Families First appeal shall be resolved when the Administrative Law Judge rules in the Agency's favor.
FFP	8	If the appellant is satisfied with an adjustment or explanation of the reason for the action by local or district staff, he/she will be given the opportunity to withdraw the Families First appeal at any point during the appeal process.
FFP	9	A Families First appeal cannot be withdrawn by verbal request only.
FFP	10	A Families First appeal shall be withdrawn after the appellant signs a Withdrawal Form.
FFP	11	When a Families First appeal is resolved by the Administrative Law Judge, the Administrative Law Judge Case Prep Unit shall send a copy of the Initial Order to the appellant and his/her representative, the county office, and the Agency Legal Services Section (if a staff attorney represented the Agency) who attended the hearing.
FFP	12	Any party to the Appeal hearing may file a Petition for Reconsideration and/or Appeal of the Initial Order by submitting written comments, arguments and exceptions to the order within 10 days of the mailing of the Initial Order.
FFP	13	In accordance with due process, it is not permissible to add new evidence that was not presented at the hearing to a Petition for Reconsideration.
FFP	14	The Initial Order shall be submitted to the Commissioner or his/her designated representative for the final decision.
FFP	15	While the Final Order entered by the Commissioner or his/her designated representative shall be binding upon all parties to the appeal, any party may file a written Petition for Reconsideration of the Final Order within 10 days of the date of the Final Order, stating the specific grounds for the request.
FFP	16	Filing a Petition for Reconsideration of the Final Order shall not supersede or delay the effective date of the Final Order.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	17	The Final Order shall take effect on the date entered and will continue in effect until a Petition for Reconsideration of the Final Order is granted or until the Final Order is superseded, modified or set aside in a manner provided by law.
FFP	18	If a change affecting the individual's benefits occurs while a Reconsideration of the Final Order is pending, action to implement the change shall not be delayed pending the decision on the petition.
FFP	19	If the appeal decision is in favor of the appellant and benefits were not continued, the benefits shall be reinstated and any lost benefits shall be issued in accordance with the final appeal decision.
FFP	20	If the final appeal decision upholds the county's action and the Families First benefits have been continued, the assistance group's benefits shall be reduced effective the first possible month after receipt of the decision.
FFP	21	No advance notice is required to implement an appeal decision.
FFP	22	An overpayment claim shall be completed to recover any benefits that the assistance group received pending the final decision of the appeal.
TCMTCS	23	A TennCare/Medicaid appeal shall be resolved when the appellant withdraws his/her appeal.
TCM/TCS	24	A TennCare/Medicaid appeal shall be resolved when the Administrative Law Judge rules in the appellant's or the agency's favor.
TCM/TCS	25	If the appellant is satisfied with an adjustment or explanation of the reason for the action by local or district staff, he/she will be given the opportunity to withdraw the appeal at any point during the appeal process.
TCM/TCS	26	A TennCare/Medicaid appeal shall be withdrawn only after the appellant signs a Withdrawal Form.
TCM/TCS	27	If a change affecting the individual's benefits occurs while a Reconsideration of the Final Order is pending, action to implement the change shall not be delayed pending the decision of the petition.
TCM/TCS	28	If the appeal decision is in favor of the appellant and benefits were not continued, the benefits shall be reinstated and any lost benefits shall be issued in accordance with the final appeal decision.
TCM/TCS	29	If the final appeal decision upholds the county's action and the TennCare/Medicaid benefits have been continued, the TennCare/Medicaid of the assistance group shall be corrected effective the first possible month after receipt of the decision
TCM/TCS	30	No advance notice is required to implement an appeal decision.
TCM/TCS	31	An overpayment claim shall be completed to report any benefits that the assistance group received pending the final decision of the appeal.
ALL	32	An appeal resolution will have one to many resolution dates.
ALL	33	A case may have zero to many appeal resolutions.
ALL	34	An appeal may have zero to many claim amounts entered.
ALL	35	An appeal may be linked to zero to many claims.
ALL	36	Claims may be linked to zero to many appeals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ALL	37	An appeal must have one to many appeal resolutions.
ALL	38	An appeal may belong to zero to many claim types.
ALL	39	Claim types may belong to zero to many appeals.
ALL	40	Claims will have one to many claim begin dates.
ALL	41	Claims will have one to many claim end dates.
ALL	42	Claims may have zero to many claim amounts.
ALL	43	Claims may have zero to many adjusted claim amounts.
ALL	44	There may be zero to many claim amounts as determined by appeal.
ALL	45	An appeal may have one to many appeal resolution types.
ALL	46	Appeal resolution types may belong to zero to many appeals.
ALL	47	Claim amounts may belong to zero to many appeals.
FS	48	The Final Order will be entered by the Commissioner of the Department of Human Services or his/her designee.
FS	49	The Commissioner or his/her designee may adopt the decision of the Administrative Law Judge or Hearing Officer who heard the appeal, as set forth in the Initial Order.
FS	50	The Commissioner of his/her designee may modify and/or reverse the decision of the Administrative Law Judge or Hearing Officer who heard the appeal, as set forth in the Initial Order.
FS	51	Written notice of the right to petition for reconsideration and/or appeal must accompany the initial order mailed to the parties to the appeal.
FS	52	Either party to the appeal may petition for appeal or reconsideration of the Initial Order to the Commissioner or his/her designee within 15 days of the date of the Order.
FS	53	If an initial order is subject to both a timely petition for reconsideration and appeal, the petition for reconsideration shall be disposed of first, and a new 15-day period shall start to run upon disposition of the petition for reconsideration.
FS	54	A petition for reconsideration must be in writing.
FS	55	A petition for reconsideration must state the specific grounds for the request.
FS	56	Filing a petition for reconsideration shall not supersede or delay the effective date of the Final Order.
FS	57	Written notice of the right to petition for reconsideration of the final order must accompany the final order to the parties.
FS	58	Any party who feels aggrieved by a final order may file a written petition for reconsideration, specifying the specific reason(s) for the request, within 15 days following the date of the order
FS	59	The Final Order shall take effect on the date entered and shall continue in effect until the Petition for Reconsideration is granted, or until the Final Order is superseded, modified, or set aside, as prescribed by law.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	60	If a change in the recipient's benefits occurs while the reconsideration is pending, action to implement that change must not be delayed pending the decision.
FS	61	The Administrative Law Judge/Hearing Officer who heard the appeal or the Commissioner or his/her designee who rendered the initial or final order, which is the subject of the petition, shall enter a written order within 20 days of receiving the petition.
FS	62	The order shall either deny or grant the petition and shall set the manner for further proceedings, or it shall grant the petition and enter a new initial or final order.
FS	63	If no action has been taken on the petition within 20 days, the petition shall be deemed to have been denied at the end of the 20 days.
FS	64	An order granting the petition and setting the matter for further proceedings shall state the extent and scope of the proceedings, which shall be limited to argument upon the existing record.
FS	65	No new evidence shall be introduced unless the party proposing such evidence shows good cause for his/her failure to introduce the evidence in the original proceeding.
FS	66	If the decision set forth in the Final Order is in favor of the appellant and benefits have not been continued pending the hearing decision, the county will authorize benefits appropriately to implement the decision.
FS	67	Lost benefits shall be provided when the hearing authority determines that program benefits have been improperly denied or issue in a lesser amount than was due.
FS	68	If benefits were continued pending the hearing decision, no further action is necessary unless a change in the amount of benefits is recommended.
FS	69	If a change in benefit amount is recommended, the county will authorize the appropriate allotment to implement the Final Order, and will restore lost benefits in accordance with the Final Order.
FS	70	If the decision set forth in the Final Order upholds the county's action, and benefits were not continued pending the outcome of the hearing, no further action is necessary.
FS	71	If the decision set forth in the Final Order upholds the county's action and benefits were continued pending the outcome of the hearing, the county will take the appropriate action to implement the decision.
FS	72	If the decision set forth in the Final Order upholds the county's action and benefits were continued pending the outcome of the hearing, the county will prepare a claim against the household to recover the over-issuances.
FS	73	County offices are responsible for ensuring that all final hearing decisions are implemented within specified time limits.
FS	74	Decisions that result in an increase in the food stamp benefits must be reflected in the household's allotment within 10 days of receipt of the Final Order, even if the benefits must be provided in a supplementary allotment outside the normal issuance cycle.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

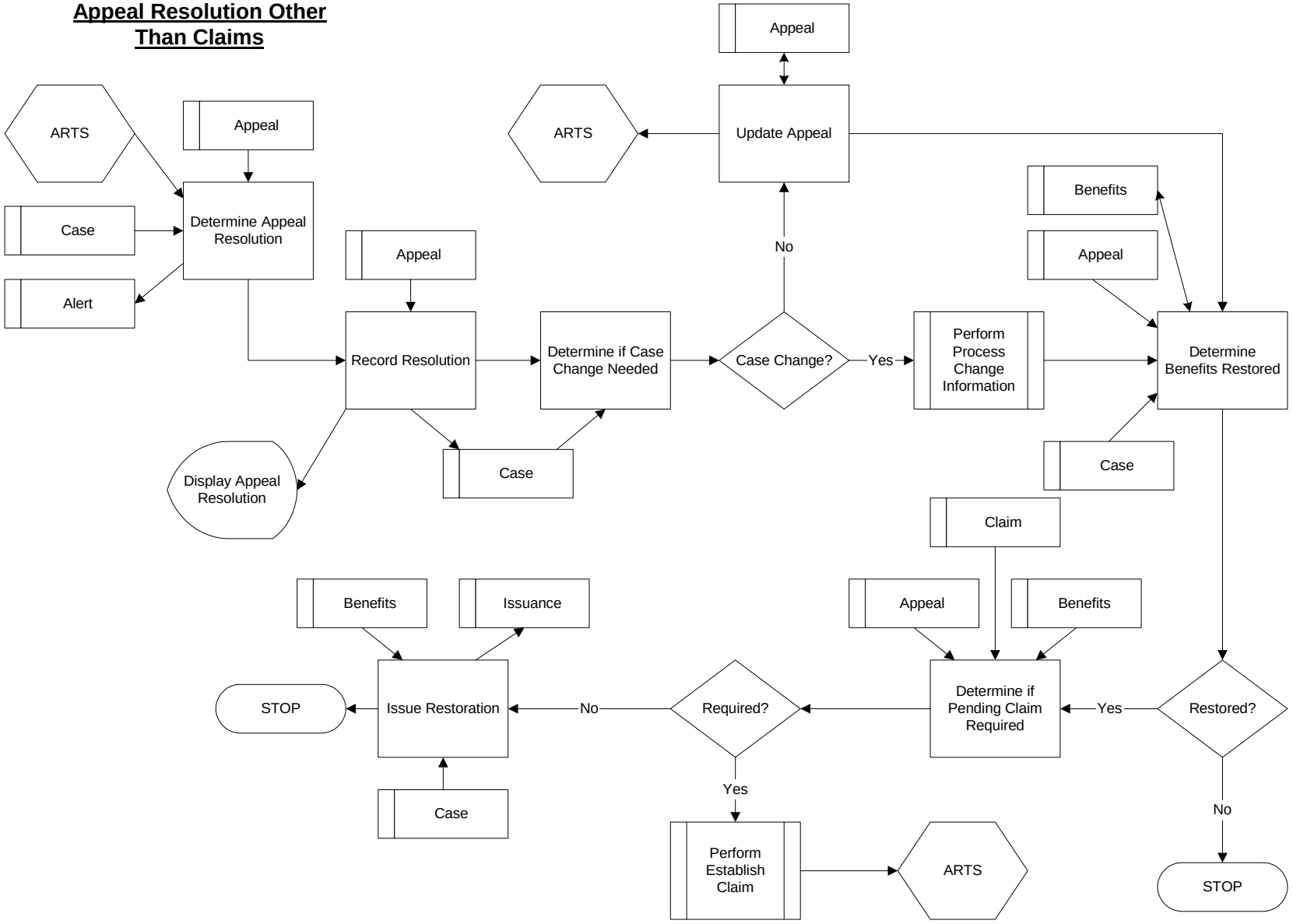
Program Type	Rule Number	Rule
FS	75	The county may take longer than 10 days to provide the increased benefits to the household if it elects to make the decision of the Final Order effective in the appellant's normal issuance cycle, provided that the issuance will occur within 60 days from the date the hearing was requested.
FS	76	A person who is aggrieved by a final decision in a fair hearing has the right to request judicial review.
FS	77	Proceedings for judicial review are instituted by filing a petition for review in a chancery court of Tennessee having jurisdiction within 60 days after the hearing decision by the Commissioner or his/her designee.
AP	78	ARTS (Appeals Resolution Tracking System) must send appeals resolution data to the system.
AP	79	The system must determine the appeal resolution reason.
AP	80	The system must update the appeal resolution reason and display the results.
AP	81	The system must notify the worker of the appeal resolution results.
AP	82	The caseworker must determine if the case must be changed, based on the case data and the business rules.
AP	83	The system must update the appeal status and the case action indicator and send ARTS this data if the case does not need to be changed.
AP	84	The system must utilize the Case Change process to perform the case change, if needed.
AP	85	The system must determine if the benefits were restored during the pending appeal.
AP	86	The system must determine if the case is due additional benefits based on the appeal decision and the program rules.
AP	87	The system must issue a restoration, if necessary, based on case and appeal data and program rules, if a claim is not required and benefits were not restored during the pending appeal.
AP	88	The system must notify the user that a claim must be pended, if the benefits were restored, based on appeal and benefit data, utilizing program rules.
AP	89	The system must notify ARTS of the case action resulting from the appeal decision.
FFS	90	FFS has no specific requirements related to this process.
IV-E FC	91	Per DCS legal staff, an appeals process is not required for adverse actions for eligibility decisions or actions for Title IV-E foster care. Therefore, there are no rules for an appeals process. DCS shall continue to have an internal process for reviewing adverse actions.
AA	92	Any negative action in adoption assistance may be appealed by the adoptive parent.
AA	93	An appeal form must be completed and returned to the case manager by the adoptive parent within 10 days of the written notice.
AA	94	The appeal process will be handled by the case manager.
CC	95	Child Care participants may request for continued child care services after filing an appeal.
CC	96	DHS will continue to pay the child care provider for services during the appeal process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	97	Participants will receive a ten-day advance termination notice if the final appeal decision is not in their favor.
CC	98	An overpayment claim will be completed to recover monies paid to the child care provider during the appeal process, if the final appeal decision is not in favor of the participant.
CC	99	Transitional and Low Income participants must continue to meet their work requirements and pay the assessed parent co-pay fees during the appeal process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.2.2 Appeal Resolution Other Than Claims



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims	
Program Affected: Claims	**Users: Claims Staff**

Process:

The Department of Human Services will update the claims process when an appeal decision is received for an individual with a claim that was suspended while the appeal was pending.

Sub-Processes:

1. Update Appeal

   The system will be updated with appeal information when a file is received from ARTS. The system shall generate an ALERT to the user when the file is received.

   APPEAL (Input / Output)
   Appeal Case Name
   Case Number
   Case Type
   Date of Appeal
   Appeal Reason
   Appeal Resolution Type
   Appeal Resolution Date

   ALERT (Output)
   Alert Type
   Alert Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

2. Record Appeal Resolution

The user will determine the action(s) needed for appeal resolution based on circumstances of the case. The system shall allow the user to enter as many pages of comments as needed in the determination of a claim.

APPEAL (Input)
Appeal Case Name
Case Number
Case Type
Date of Appeal
Appeal Reason
Appeal Resolution Type
Appeal Resolution Date
Appeal Decision Details

IS ACCOUNT (Input)
Account Number
Account Status

CLAIM (Output)
Claim Number
Account Receivable Balance
Claim Status
Claim Type
Appeal Filed Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

3. Determine if Client Appeal Successful

   The system shall determine if all or a portion of the appeal was upheld for the Deparment of Human Services or overturned.

   APPEAL (Input)
   Appeal Resolution Type
   Appeal Decision Details

   CLAIM (Input)
   Claim Number
   Claim Status

   CLAIM (Output)
   DHS Decision Upheld Indicator

4. Reinstate Prior Repayment Status

   When all or a portion of the appeal is upheld in the Department's favor, the system shall reinstate the prior repayment status based on the appeal decision. The system shall notify the user if a supervisor override is needed based on business rules.

   CLAIM (Input / Output)
   Claim Number
   Claim Status
   Claim Classification
   Suspension End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

Suspension Indicator
Suspension End Reason
Repayment Status Change Not Allowed Indicator

5. Perform “Budgeting” Process

The system shall perform “Budgeting” for active FA cases either initiating or removing benefit reduction from the budget as appropriate, based on business rules.

6. Determine Program and Repayment Type

The system shall determine the claim program and current repayment type when the client wins the appeal.

APPEAL (Input)
Appeal Case Name
Date of Appeal
Appeal Reason
Appeal Resolution Type
Appeal Resolution Date
Appeal Decision Details

CLAIM (Input / Output)
Claim Number
Total Overpayment Amount
Claim Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

Claim Classification
Overpayment Program
Account Repayment Method

7. Record Revised Claim Status

The user shall determine and revise the claim changes as needed if the claim was reclassified as part of the appeal or overissuance / overpayment months and / or amounts were made a part of the appeal resolution.

APPEAL (Input)
Appeal Case Name
Appeal Resolution Type
Appeal Resolution Date
Appeal Decision Details

CLAIM (Output)
Claim Number
Claim Classification
Total Overpayment Amount
Claim Status
Claim Begin Date
Claim End Date
Account Receivable Modification Indicator
Account Receivable Modification Amount
Account Receivable Modification Date
Account Receivable Modification Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

8. Determine If Payments Made

The system shall determine if cash payments have been made while claim was in appeal.

IS ACCOUNT (Input)
Account Number
Account Status
Cash Payment Amount
Cash Payment Date
Month(s) Payment To Be Applied (If Specified

CLAIM (Input/ Output)
Claim Number
Claim Classification
Benefit Reduction Amount
Account Receivable Balance
Account Repayment Method
Claim Status
Claim Begin Date
Claim End Date
Account Receivable Modification Indicator
Account Receivable Modification Amount
Account Receivable Modification Date
Account Receivable Modification Reason
Cash Payments Made While Claim Was In Appeal Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

9. Adjust Claim Balance

The system shall adjust the claim balance based on the revisions made by the system, calculating the new claim balance as determined by the appeal less any payments made while the case was in appeal status. The system shall generate a record to TCSES with the new claim balance, and any adjustments to the month's involved in the claim based on business rules.

ACCOUNT (Input)
Account Number
Account Status
Total Account Receivable Balance
Cash Payment Amount
Cash Payment Date
Month(s) Payment To Be Applied (If Specified)

CLAIM (Input / Output)
Claim Classification
Account Receivable Balance
Claim Status
Total Overpayment Amount
Overpayment Program
Claim Begin Date
Claim End Date
Account Receivable Modification Indicator
Account Receivable Modification Amount
Account Receivable Modification Date
Account Receivable Modification Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

TCSES (Output)
Account Number
Claim Number(s)
Claim Balance Changed Indicator
Adjusted Claim Balance
Claim Balance Changed Begin Date

10. Determine if Outstanding Balance

The system shall determine if the claim has an outstanding balance following adjustment.

CLAIM (Input /Output)
Claim Classification
Total Overpayment Amount
Claim Status
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Amount
Account Receivable Modification Date
Account Receivable Modification Reason

11. Reinstate Prior Repayment Status

The system shall reinstate repayment status for the individual's claim(s).

CLAIM (Input / Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims

Program Affected: Claims	**Users: Claims Staff**

Claim Number
Claim Classification
Benefit Reduction Amount
Account Receivable Balance
Account Repayment Method
Claim Status

TCSES (Output)
Claim Balance

12. Refund Client

If the outstanding balance is negative, the system shall generate an ALERT to the user and store information for possible refund. The user will adjust the claim balance information and issue the refund. The system shall reset the claim(s) status and claim balance when there is not an outstanding balance for all appropriate claims.

CLAIM (Output)
Claim Status
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Amount
Account Receivable Modification Date
Account Receivable Modification Reason
Repayment Amount
Repayment Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.2.3 Appeals Resolution For Claims	
Program Affected: Claims	**Users: Claims Staff**

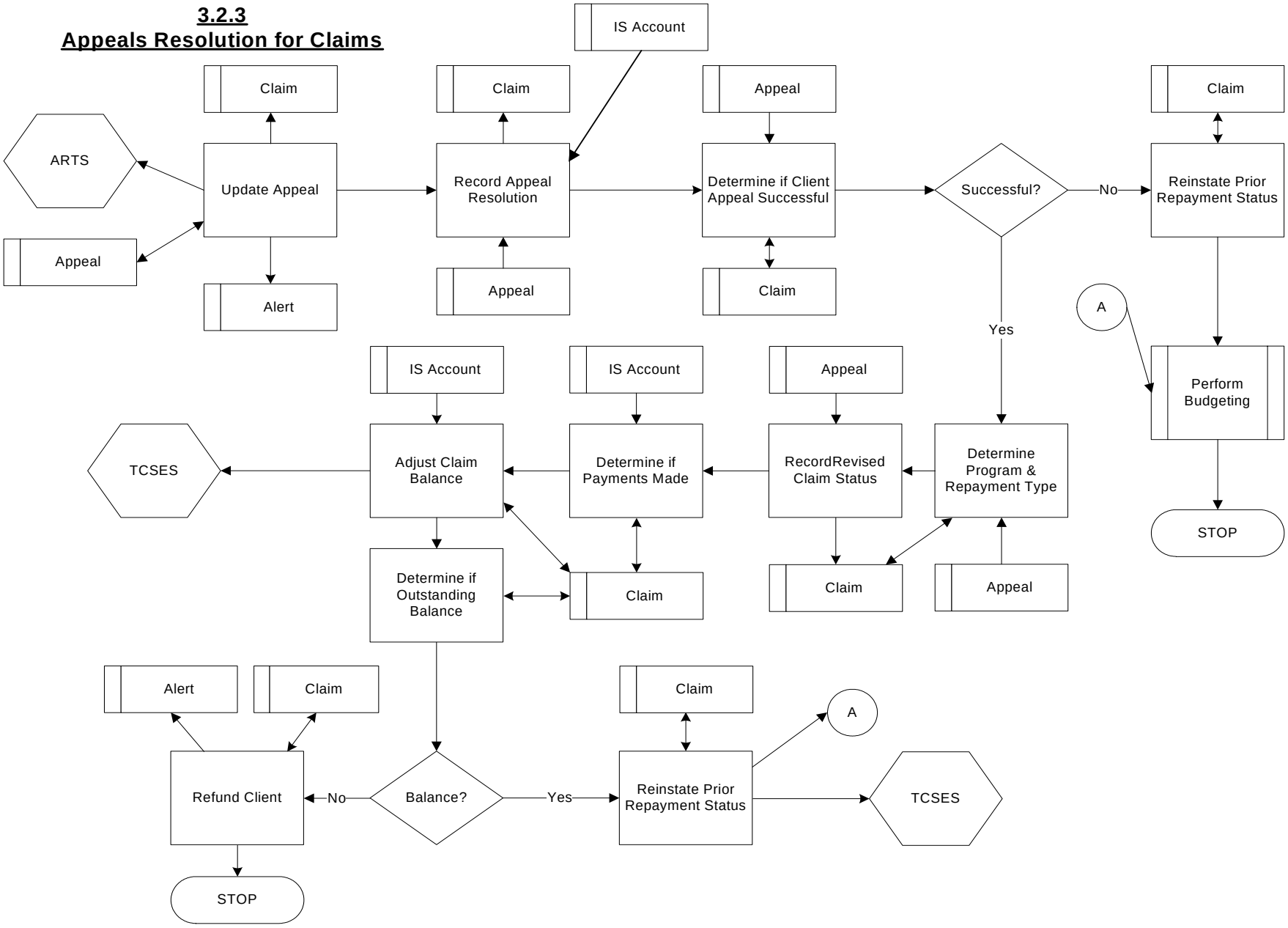
ALERT (Output)
ALERT Type
Claim Adjustment Indicator
Alert Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
AP	1	ARTS must notify the Division of Investigations worker of the appeal decision when an individual's claim repayment was suspended while the appeal was pending.
AP	2	An appeal resolution will have one to many resolution dates.
AP	3	A case may have zero to many appeal resolutions.
AP	4	An appeal may have zero to many claim amounts entered.
AP	5	An appeal may be linked to zero to many claims.
AP	6	Claims may be linked to zero to many appeals.
AP	7	An appeal must have one to many appeal resolutions.
AP	8	An appeal may belong to zero to many claim types.
AP	9	Claim types may belong to zero to many appeals.
AP	10	Claims will have one to many claim begin dates.
AP	11	Claims will have one to many claim end dates.
AP	12	Claims may have zero to many claim amounts.
AP	13	Claims may have zero to many adjusted claim amounts.
AP	14	There may be zero to many claim amounts as determined by appeal.
AP	15	An appeal may have one to many appeal resolution types.
AP	16	Appeal resolution types may belong to zero to many appeals.
AP	17	Claim amounts may belong to zero to many appeals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.2.3
Appeals Resolution for Claims



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Process:

The Department of Human Services will capture information in the establishment of a claim referral. The user must be able to refer an individual(s) with a possible overpayment to the Investigation Section of the Department.

Sub-Processes:

1. Record Referral / Investigation Information

   The system shall allow the user to enter specific information for an investigation referral which shall include free-form text and route the referral to the appropriate investigations staff, as defined by business rules. The system shall automatically build a claim referral based on program policy and generate to appropriate investigations staff upon user authorization. The system shall pre-populate basic information when that individual is known to the system (for example case number and address). Some information that must be collected is program specific and only required for those referrals. The referral status date shall be updated with the current date each time the status changes. The system shall generate an ALERT to Family Assistance staff based on specific criteria and business rules. The system shall incorporate match information from DRS and PARIS for the referred individual. The system shall also link referral information that is entered over the internet, which shall be routed to the correct office when there is sufficient information entered. Some of the information to be captured includes but is not limited to the following listed below. The system shall have the ability to distinguish between claim and investigation referrals.

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Date of Birth

IS ACCOUNT (Output)
Account Number
Account Status

CHILD CARE (Input)
Child Care Vendor Name

CLAIM (Output)
Claim Number

IS REFERRAL (Input / Output)
Referral Number
Referral Source
- Federal Government (not USDA)
- USDA
- DHS (Family Assistance, Voc Rehab, Child Care, Legal, etc)
- Other State Government Entities
- Commissioner's Mail Log
- Anonymous Call or Complaint
- Citizen Complaint
- Webmaster
- Data Matches
- Internal Investigation

Referral Date
Referral Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Assigned
Unassigned
Pending
Closed
Repayment
Paid Out
Suspended
Adjudicated
Uncollectable
Purged
Deleted
Referred to Other Agency
Overpayment Classification
Intentional Program Violation (IPV)
Inadvertent Client Error (IHE)
Inadvertent Household Error (IHE)
Agency Error (AE)
Overpayment Program
Food Stamps
TANF
Child Care
TennCare Medicaid – non LTC
TennCare Medicaid – standard
TennCare Medicaid – LTC
Current Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Estimated Overpayment Amount
Last Review Date
Nursing Home/LTC Facility Name
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Overpayment Period (MM/YY)
Overpayment Reason
Free-Form Comments
Routing Data
Re-route reason
Trafficking Indicator
Trafficking Amount
Felony Indicator
Felony Type
- 1st Violation Trading Firearms, Ammunition or Explosives for Benefits
- Fleeing Felon or Probation / Parole Violator
- Convicted of Felony after 8/22/96 for Possession, Use or Distribution of Controlled Substance
- Convicted of Fraudulent Statement or Representation for Dual Participation

Referral Reason

CC PROVIDER (Input)
Provider ID Number
Provider Extension Number
Provider License Number
Provider License Status

NAME (Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Name Type
Referral Name
Authorized Representative Name
Responsible Person Name
Child Care Vendor Contact Name
Child Care Vendor Name
User Name

USER (Output)
User ID
Supervisor ID
Re-route Approval User ID

CASE (Input)
Case Number
Case Type
Case Status

ADDRESS (Output)
Address Type
Referral Address
Responsible Person's Address
Nursing Home/Facility Address
Child Care Vendor Address
County Office Address
County ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

ALERT (Output)
ALERT Type
Felony Indicator
Felony Type
Trafficking Indicator

2. Perform “Investigations Client Search” Process

The system shall perform “Investigations Client Search” in order to determine if the referred individual has previous or pending referrals. The system shall allow specified users the ability to view all claims that are associated to the individual as well as payment information.

3. Create New Account and Referral Number

The system shall determine when a referred individual is a new client and shall create a new account and referral number for the individual.

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Output)
Account Number
Account Status

IS REFERRAL (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Referral Number
Referral Status

4. Determine Referral Program

The system shall determine the program(s) affected by the overpayment by examining the case and individual data.

INDIVIDUAL (Input)
SSN
Individual ID

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Output)
Account Number

IS REFERRAL (Input / Output)
Referral Number
Overpayment Program

5. Perform “Claim or Account Number Search” Process

When the individual is known and has an existing referral, the system shall perform “Claim or Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Search in order to determine if the referred individual has an existing account or claim number. If the individual is known to the system, the system shall pre-populate information of the individual already known to the system.

6. Determine Duplicate

The system shall determine if the claim referral is for the same program type and estimated overpayment begin date as any existing claim(s) for the individual.

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)
Account Number

IS REFERRAL (Input / Output)
Referral Number
Overpayment Classification
Overpayment Program
Estimated Overpayment Begin Date
Referral Status
Referral Date

INVESTIGATION (Input)
Investigation Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

CLAIM (Input / Output)
Claim Number
Claim Status
Claim Classification

7. Create New Referral Number and Link

When it has been determined that the referred claim is not a duplicate of an existing referral or claim. The system shall create a new number for the referral and link to any existing account number. The system shall link the account and all existing referrals, investigations and claims.

IS REFERRAL (Input / Output)
Referral Number
Overpayment Program
Referral Status

ACCOUNT (Input / Output)
Account Number

INDIVIDUAL (Input)
SSN
Individual ID

8. Determine Investigation, Claim or Referral Status

When it has been determined that the pended referral is a duplicate of an existing referral, investigation or claim, the system shall determine if the status of the original claim or investigation is open or closed.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Claim Type
Claim Program
Claim Status

IS REFERRAL (Input / Output)
Referral Number
Referral Status
Referral Reason

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status

9. Determine Trafficking Status

The system shall determine if the referral is for trafficking when the original investigation or claim is closed. The system shall generate an ALERT to the Family Assistance caseworker when an individual with a FS Trafficking felony of greater than $500 has been identified. The system shall remove the individual from the FS budget.

IS REFERRAL (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Referral Number
Referral Status
Trafficking Indicator
Felony Type
Referral Date
Referral Reason

INVESTIGATION (Input)
Investigation Number
Investigation Status

CLAIM (Input)
Claim Number
Claim Status

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
Trafficking Individual

10. Update Original Referral, Investigation or Claim

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

The system shall update the original referral, investigation or claim with any new information from the new referral when it has been determined that the original investigation or claim status is not closed or referral is unassigned.

INDIVIDUAL (Input / Output)
SSN
Individual ID

CLAIM (Input / Output)
Claim Number
Claim Status

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status

IS REFERRAL (Input / Output)
Referral Number
Referral Status

11. Reject Referral or Claim

The system shall reject the referral when there is an existing duplicate claim in open status or when there is a claim closed for trafficking. The system shall update the Family Assistance case when the referral is rejected. The system shall generate an ALERT to the family assistance worker when a claim referral is rejected.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

CLAIM (Input / Output)
Claim Status
Trafficking Indicator
Felony Type

IS REFERRAL (Input / Output)
Referral Number
Referral Status

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

ALERT (Output)
ALERT Type
Claim Referral Rejected
Alert Date

CASE (Output)
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Case Type

12. Refer to OIG

The system shall determine when the referral program is either TennCare Standard or TennCare Medicaid and refer to the Office of Inspector General. The system shall create a record to send to OIG with all pertinent information when a referral has been entered for a TCS or TCM case.

IS REFERRAL (Input / Output)
Referral Number
Referral Source
Referral Date
Referral Reason
Referral Status
Overpayment Classification
Overpayment Program
Current Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Last Review Date
Nursing Home/LTC Facility Name
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Overpayment Period (MM/YY)
Overpayment Reason
Free-Form Comments
Routing Data

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

Re-route reason

NAME (Input)
Name Type
Caseworker Name
Case Name
Responsible Person Name

ADDRESS (Input)
Address Type
Case Address
Responsible Person Address
County Office Address

USER (Input)
User ID
Supervisor ID
Caseworker ID
Investigator ID

CASELOAD (Input)
Caseload Number

CASE (Input / Output)
Case Number
Case Type
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.1 Claim or Investigative Referral	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Workers**

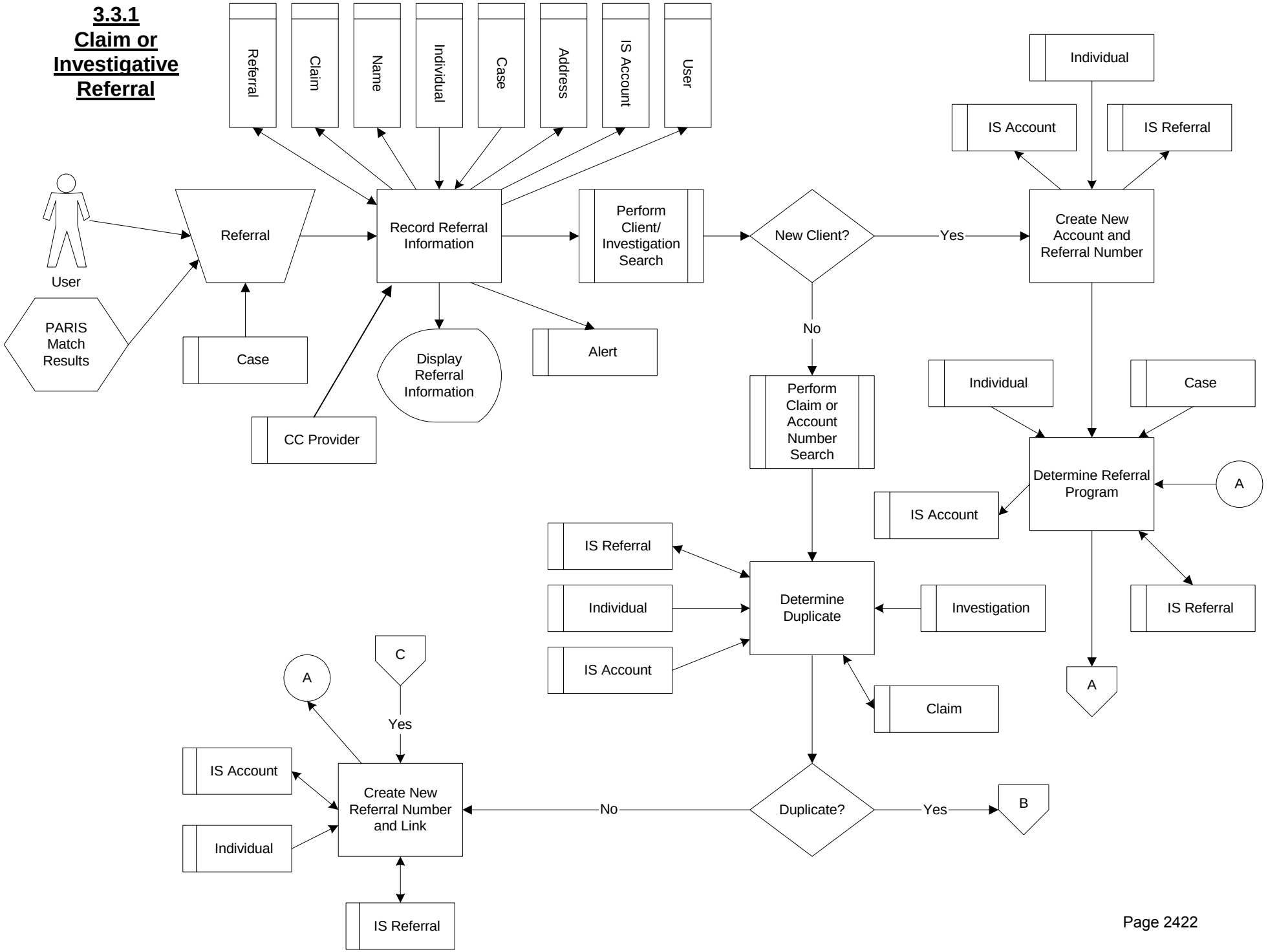
13. Perform “Investigation Caseload Assignment “ Process

The system shall perform “Investigation Caseload Assignment” when the referral program is not TCM or TCS.

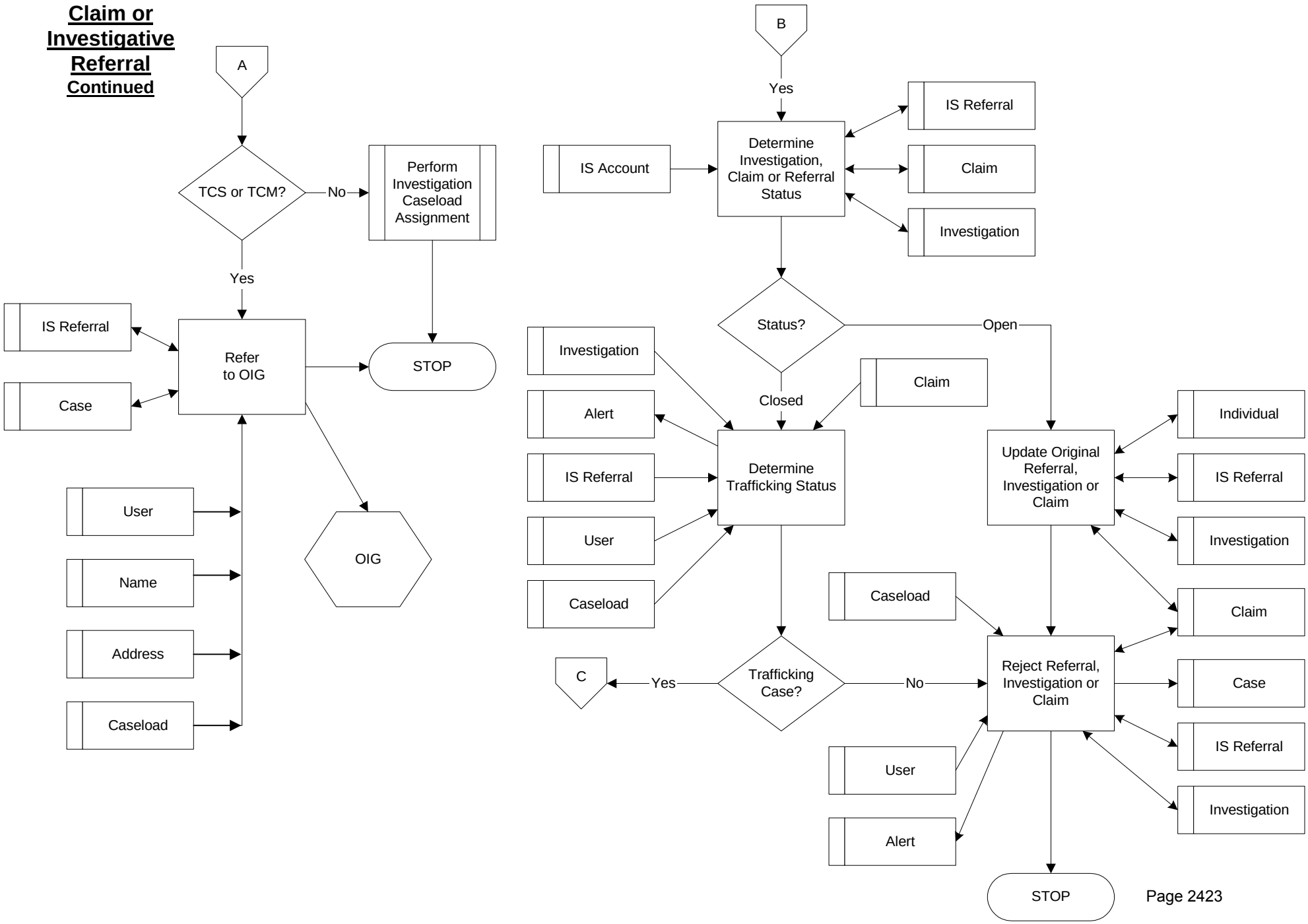
Program Type	Rule Number	Rule
IS	1	Each referral will create zero to many investigations.
IS	2	Each investigation will create zero to many claims.
IS	3	Once a claim is established the individual will have an account.
IS	4	Each account will have one to many claims.
IS	5	Referrals to Investigation may be made on individuals who are "known" or "not known" to the program.
IS	6	If individual is unknown to program, the user must record information on the individual.
IS	7	All new referral shall have Referral Status = Unassigned and the Referral Status Date = Current Date.
IS	8	Referrals in Assigned Status become one or more Investigations (see Establishing Investigation Process).
IS	9	Referral Status Date must be updated with the current date each time the Referral Status changes.
IS	10	Account numbers will be unique for each individual.
IS	11	There will be one account number for each individual referred.
IS	12	Account numbers will link to all unassigned/closed referrals for the individual.
IS	13	Account numbers will not link to assigned referrals for the individual; instead they will link to the investigation(s).
IS	14	When referral Program Type includes only Medicaid the referral must be forwarded to OIG and Referral Status = Referred to Another Agency and Referral Status Date = current date and Referral Status Reason entered (Medicaid Referral).
IS	15	When claim is a duplicate set Referral Status = "Closed" and Referral Status Date = current date and Referral Status Reason – "Duplicate Claim"
IS	16	Appropriate referrals will be assigned to an appropriate user.
IS	17	Each district must have a specific staff member to assign unassigned claims.
IS	18	Referrals that do not meet minimum program standards shall be rejected.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.1 Claim or Investigative Referral



3.3.1 Claim or Investigative Referral Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

The Department of Human Services will capture information in the investigation of a claim. The system will evaluate the information and determine if there is a valid overpayment of benefits and the type of claim according to business rules. The system will calculate the correct benefit amounts by month.

Sub-Processes:

1. Collect and Record Additional Information

   The user will investigate the claim referral and record the additional information obtained during the investigation. The system shall store and display all information. The system shall link the referral to the investigation. A referral may result in one or many investigations.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CASE (Input)
   Case Number
   Case Type
   Case Status
   Application Date
   Dates of all Recertifications / Reviews during claim period
   Number of Household Members

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

INCOME (Input)
Income Type
Earned Income Amount
Unearned Income Amount
Earned Income Begin Date
Earned Income End Date
Unearned Income Begin Date
Unearned Income End Date
Gross Amount FS/FF/MA
Total Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Pass / Fail Indicator
Benefit Amount
Budget Effective Date

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Disregard Amount
Disregard Begin Date
Disregard End Date

EXPENSES (Input)
Expense Type
Expense Amount
Expense Begin Date
Expense End Date

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type

IS REFERRAL (Input)
Referral Number
Referral Source
Referral Date
Referral Reason
Referral Status
Overpayment Classification
Overpayment Program
Current Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Last Review Date
Nursing Home/LTC Facility Name
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Overpayment Period (MM/YY)
Overpayment Reason
Free-Form Comments
Routing Data
Re-route reason
Trafficking Indicator
Felony Indicator
Felony Type

NAME (Output)
Name Type
Claimant Name
Payer Name
DHS Employee
Witness Name
Witness Relationship
Other Claim Members
Responsible Person Name
Provider Name
Child Care Vendor Name
Name of Child Being Cared For
Name of the Individual Paying the Dependent Care Payments
Name of the Individual Paying for Adult/Child Care Payments

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

ADDRESS (Output)
Address Type
Claimant's Address
Witness Address
Payer Address
Child Care Vendor's Address

CONTACT (Output)
Contact Type
Claimant's Phone Number
Contact Availability Time for Claimant
Payer's Phone Number
Contact Availability Time for Payer
Witness Notes
Child Care Vendor Phone Number

CC PROVIDER (Input)
Provider ID Number
Provider ID Extension Number

CHILD CARE (Input)
Child Care Certificate Vendor ID

CHILD CARE PARENT CO-PAY (Input)
Parent Co-Pay Fee End Date
Parent Co-Pay Fee per Individual Child

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Parent Co-Pay Fee Start Date
Total Parent Co-Pay Fee Amount

CHILD CARE PARENT EXPENSES (Input)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date
Child Care Overage Amount
Child Care Overage Begin Date
Child Care Overage End Date

CHILD CARE PAYMENT (Input)
State Subsidized Child Care Begin Date
State Subsidized Child Care End Date
State Subsidized Child Care Monthly Amount

CHILD CARE PROVIDER EXPENSES (Input)
Amount Actually Being Paid
Amount Paid (out of pocket) for Adult/Child Care Expense per Child
Amount the Court Has Ordered (FS only)
Frequency of the Adult/Child Care Expense per Child
Frequency of the Dependent Care Payments per Child

INVESTIGATION (Output)
Investigation Number
Investigation Status
Investigation Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Overpayment Classification
Household Members During Overpayment
Claim Narrative – worker comments regarding referral and documentary evidence
Individual Who Discovered the Error
Other Individual Involved
DHS Employee Who Identify the Client
Individual Who Received the Unreported Income
Overage Period
Overage Amount(s)
Number of Previous IPV Claims
Overage Discussed with Client Indicator
Number of Reported HH Members During Overpayment Period
Actual Household Size
Reported Household Size
Narrative – worker comments regarding referral and documentary evidence
Individual Who Discovered the Error
Other Individual Involved
DHS Employee Who Identified the Client

2. Perform “Obtain Verification” Process

   The system shall perform “Obtain Verification” in order to verify that an overpayment has occurred.

3. Record Amounts

   The user will record the verified information that will be utilized in the determination of the actual over issuance and the correct amounts that should have been applied and issued.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status Date
Investigation Status
Investigation Begin Date
Investigation End Date
Unreported Household Earned Income Amount
Actual Household Earned Income Amount
Actual Earned Income Begin Date
Actual Earned Income End Date
Unreported Household Unearned Income Amount
Actual Household Unearned Income Amount
Actual Unearned Income Begin Date
Actual Unearned Income End Date
Unreported Household Self-employment Income Amount
Actual Self-employment Income Amount
Actual Self-employment Income Begin Date
Actual Self-employment Income End Date
First or Second Individual Earned Income Amount
Actual Household Size
Reported Household Size
Witness Notes
Falsified Application Date
Falsified Verification Indicator
Falsified Document Type
Falsified Document Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Results of Investigation
Comments

NAME (Output)
Witness Name
Responsible Person Name

ADDRESS (Input)
Witness Address

CONTACT (Input)
Witness Phone Number

EXPENSES (Output)
Expense Type
Expense Begin Date
Expense End Date

DEDUCTIONS (Output)
Deduction Type
Deduction Begin Date
Deduction End Date

DISREGARDS (Output)
Disregard Type
Disregard Begin Date
Disregard End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

PENALTY (Output)
Penalty Type
Penalty Begin Date
Penalty End Date

VERIFICATION (Output)
Verification Type
Verification Date
Verification Comments

4. Perform "Investigation Historical Budget(s)" Process

   The system shall perform "Investigation Historical Budget(s)" in order to determine the correct benefit amount and the amount of the over issuance.

5. Close Investigation and Generate Alert

   The user will manually determine if a claim exists based on the calculations of the amounts. The user will record the findings of the investigation determination. When an over issuance does not exist, the system shall close the investigation and generate an ALERT to the FA worker.

   INVESTIGATION (Input)
   Investigation Number

   INVESTIGATION (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Investigation Status

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
Investigation Closed
ALERT Date

6. Determine Classification

When it has been determined that there is an actual overpayment of benefits the investigator will determine if the classification on the referral is correct. If the classification is not correct the user will change it to the appropriate type.

INVESTIGATION (Input)
Investigation Number
Overpayment Classification

CLAIM (Output)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.2 Establish Investigation

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Classification
Date Claim Established
Claim Status

7. Perform “Establish Claim” Process

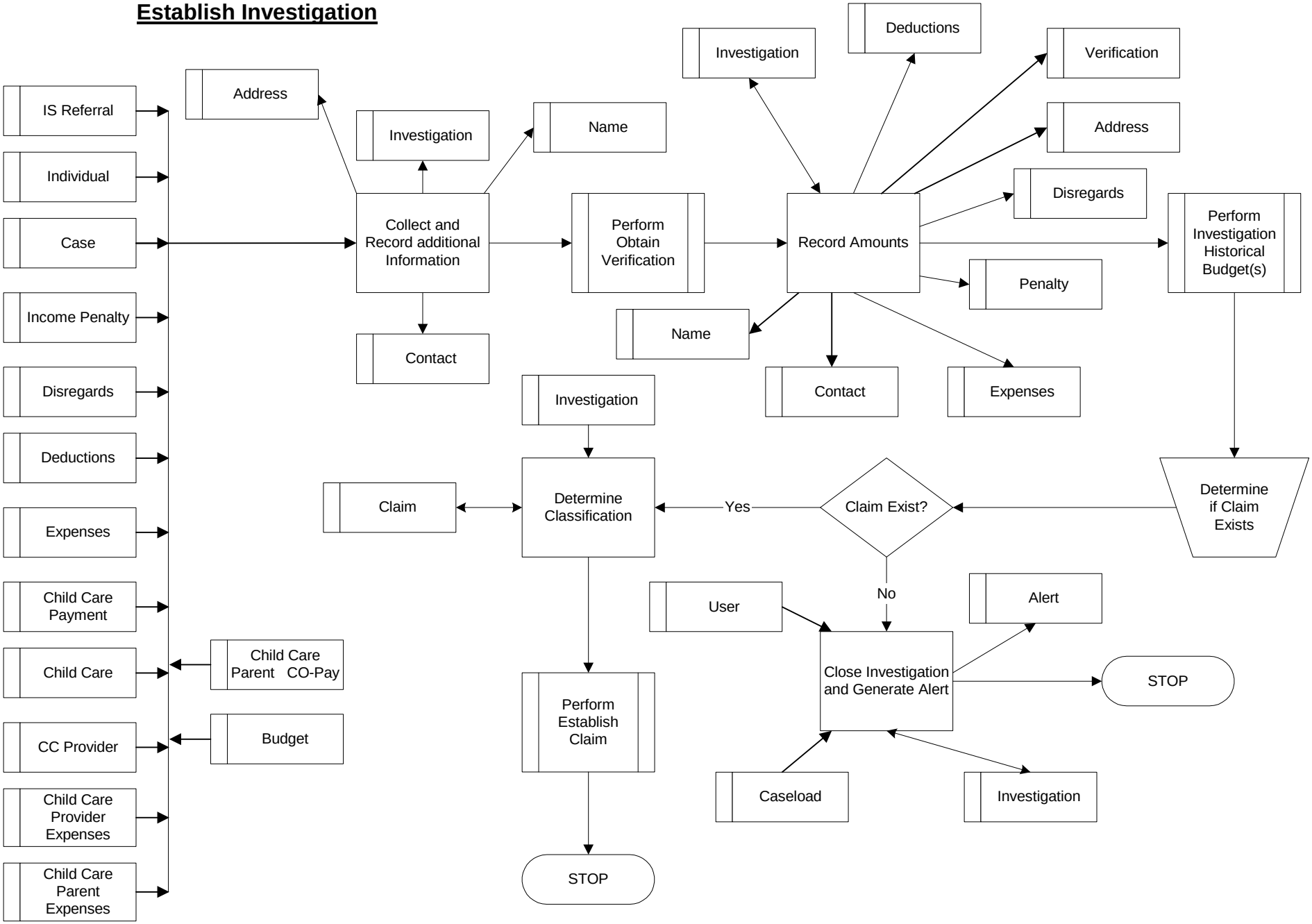
   The system shall perform “Establish Claim” when it has been determined and verified that there is an overpayment of benefits.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Once an investigation is closed (either with a claim established or no claim established) a new investigation can be established based upon the existing referral.
IS	2	One to many investigations can be assigned to a user.
IS	3	The user assigned to a referral shall be the investigator assigned to the investigation.
IS	4	A supervisor may change the assigned investigator at any time.
IS	5	Historical budgets will assist the user in determining the correct benefit amount and the over issuance amount.
IS	6	When calculating a claim amount, first determine the monthly difference between what the individual actually received and what they should have received. If that amount is a negative number, change it to zero.
IS	7	When a referral is assigned it becomes an investigation.
IS	8	An investigation may only be open or closed.
IS	9	Each investigation may involve one to many program types.
IS	10	Each investigation must be related to one or more referrals.
IS	11	Each investigation may result in zero to many claims.
IS	12	Each claim must be related to one or more investigations.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.2
Establish Investigation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation	
Program Affected: Claims	**Users: Claims Staff**

Process:

The Department of Human Services must be able to close a program investigation, a claim or an account receivable based on business rules. The system shall readily identify claims that have special circumstances and apply appropriate procedures per rules. The system shall allow only appropriate staff the ability to update a claim/investigation referral and/or a claim case after it has been received by the claims unit. The system shall allow specific users to update address information on the claim when the claim is with an Appeals unit and shall notify appropriate users of the recorded change.

Sub-Processes:

1. Record Type of Action (Account or Investigation)

   The user will record the type of action that is being requested and the reason for the request. The system shall close an investigation, claim or an account receivable based on business rules.

   IS ACCOUNT (Input / Output)
   Account Number
   Account Status
   Account Action Reason
   Account Action Type
   Account Action Date
   Free-Form Comments

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status
Investigation Action Reason
Free-Form Comments

CLAIM (Input / Output)
Claim Number(s)
Claim Status
Claim Action Reason
Free-Form Comments

IS REFERRAL (Input / Output)
Referral Number
Referral Status
Referral Action Reason
Free-Form Comments

2. Select Account to Close

When the action is to close, the user will select the account, investigation or claim that is to be closed.

INDIVIDUAL (Input)
SSN
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

CLAIM (Input / Output)
Claim Number

IS ACCOUNT (Input / Output)
Account Number

INVESTIGATION (Input / Output)
Investigation Number

3. Determine if Another Account Exists for Individual

The system shall identify by individual ID if there are multiple accounts for an individual when closure action has been indicated.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input / Output)
Claim Number

IS ACCOUNT (Input / Output)
Account Number

INVESTIGATION (Input / Output)
Investigation Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

4. List Accounts

   The system shall list and display all associated account numbers found for an individual.

   IS ACCOUNT (Input / Output)
   Account Number

   INVESTIGATION (Input / Output)
   Investigation Number

   CLAIM (Input / Output)
   Claim Number

5. Select and Link to Retained Account Number

   The user will select the appropriate number(s). The system shall link by RID, investigations and claim(s) from account to be closed to any accounts remaining open.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   INVESTIGATION (Input / Output)
   Investigation Number

   IS ACCOUNT (Input / Output)
   Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

CLAIM (Input / Output)
Account Number

6. Determine if Supervisor Approval Required

The system shall determine if supervisor approval is required for account closure based on business rules. The system shall generate an ALERT to the supervisor when approval is required.

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

IS ACCOUNT (Input)
Account Number
Account Status

ALERT (Output)
ALERT Type
Supervisor Approval Required
ALERT Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

7. Close Account

   The system shall close the selected account(s) when supervisor approval is not required or after approval has been received.

   IS ACCOUNT (Input / Output)
   Account Number
   Account Status
   Account Action Reason
   Account Action Type
   Account Action Date
   Supervisor Approval Indicator
   Account Closure Date

   INVESTIGATION (Input / Output)
   Investigation Number
   Investigation Status
   Investigation Action Reason

8. Obtain and Record Supervisor Approval

   When supervisor approval is required, the system shall hold the closure until approval is received. The user will record approval. The system shall update and maintain history of the closure action.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.3 Close Program Type Investigation

Program Affected: Claims	**Users: Claims Staff**

IS ACCOUNT (Input / Output)
Account Number
Supervisor Approval Indicator
Supervisor Approval Date

9. Maintain History or Audit Trail

The system shall maintain history or audit trail of closure actions for investigations, claims and account(s).

IS ACCOUNT (Input / Output)
Account Number(s) Closed
Account Action Reason
Account Action Type
Account Action Date

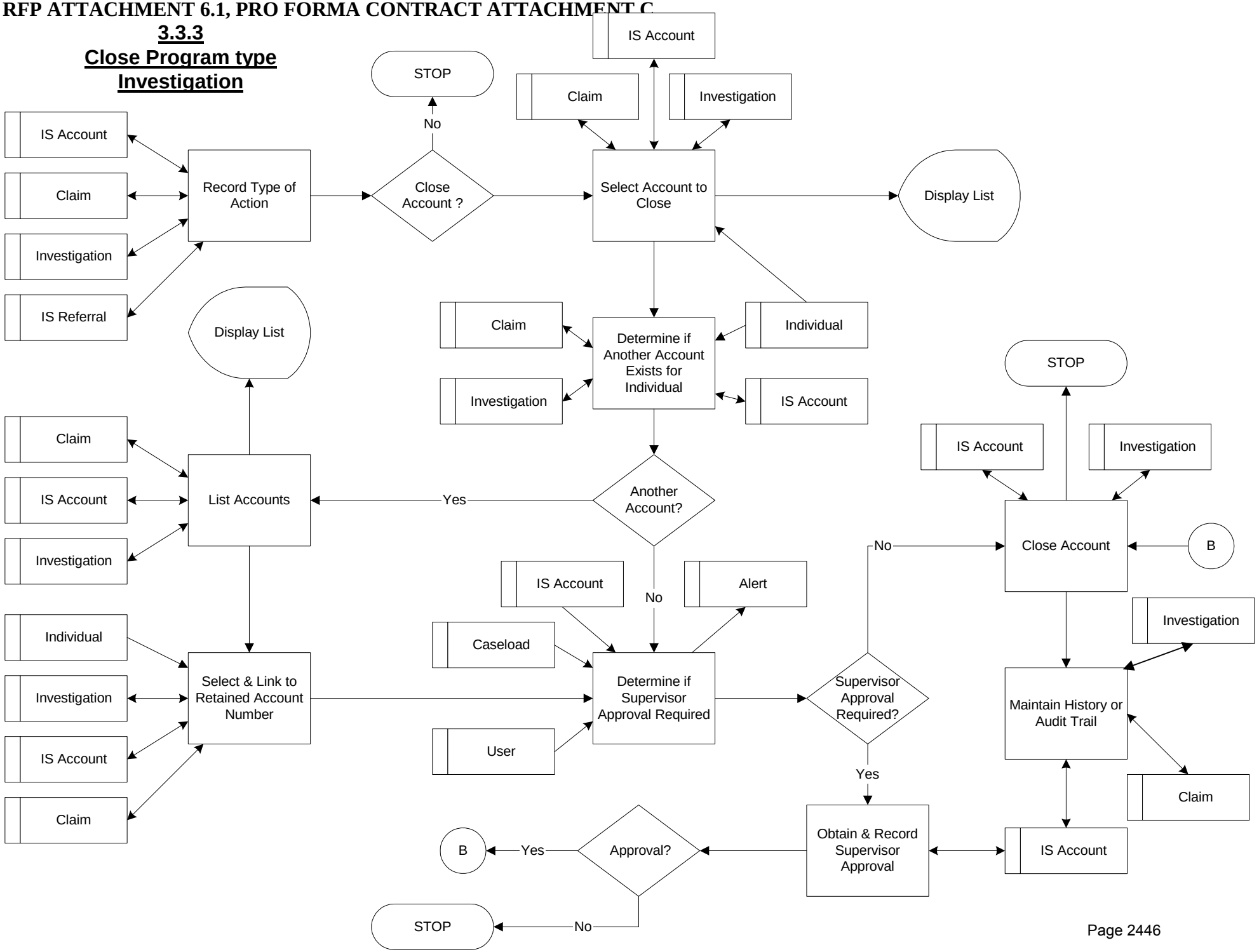
INVESTIGATION (Input / Output)
Investigation Number(s) Closed
Investigation Number
Investigation Status
Investigation Action Reason

CLAIM (Input / Output)
Claim Number(s) Closed

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Supervisor approval is required to close any account receivable with a balance.
IS	2	Account receivables with a zero balance are automatically closed.
IS	3	Only authorized users are allowed to close a referral, investigation, claim or account receivable.
IS	4	Supervisor approval is required to close any claim on a daycare center.
IS	5	The appropriate supervisor must be notified after the tolerance closure level has been reached.
IS	6	Any case with a pending claim, referral, investigation or account receivable cannot be purged.

3.3.3 Close Program type Investigation



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.4 Establish Claim	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

The Department of Human Services will capture information in the determination of claims. The system will evaluate the referral and investigate to determine if there is a valid overpayment of benefits and the type of claim according to business rules. The system will calculate the overpayment amounts by month.

Sub-Processes:

1. Determine and Store Overpayment Reason

   The system shall determine and store the reason for the overpayment when the overpayment is classified as non-intentional (non-IPV). The system shall associate the comments to the account and claim numbers in the determination of a claim. The system shall allow the ability to capture necessary information in the determination of a claim.

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   CLAIM (Input / Output)
   Claim Number
   Claim Status
   Account Receivable Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

IS REFERRAL (Input / Output)
Referral Number
Referral Status
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Overpayment Program
Overpayment Reason

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status

2. Perform “Investigation Historical Budget(s)” Process

The system shall perform “Investigation Historical Budget(s)” in order to calculate the amount of the overpayment. The system must utilize historical budgets and issuance in order to determine the benefit amounts that were received and that should have been received for the overpayment period.

3. Determine if Override Needed

The user will determine if an override is needed once the system has calculated the overpayment amount. The user will record that an override is required.

CLAIM (Input)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

CASE (Input)
Case Number
Case Type

OVERRIDE (Output)
Override Indicator
Override Type
Override Item
Override Reason
Override Date
Override Approval User ID
Override Approval Date

4. Record New Amounts

When it has been determined that an override is required, the user will update the appropriate fields. The user will indicate which fields must have an override applied and record the new data. The system shall display when an override has been performed and the fields that were changed. The system shall allow the user the ability to add or delete months to or from the budget and to have the budget recalculated.

CASE (Input)
Case Number

INCOME (Input)
Total Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Total Unearned Income
Total Unearned Income Amount(s) per Individual
Adjusted Net Income Amount
Net Income Amount
Pass / Fail Indicator
Benefit Amount
Budget Effective Date
Benefit Reduction Amount
Earned Income Amount
Unearned Income Type
Unearned Income Amount

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount
Disregard Begin Date
Disregard End Date

EXPENSES (Input)
Expense Type
Expense Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Expense Begin Date
Expense End Date

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type

CHILD CARE PROVIDER EXPENSES (Input)
Amount Actually Being Paid
Amount Paid (out of pocket) for Adult/Child Care Expense per Child
Amount the Court Has Ordered (FS only)
Frequency of the Adult/Child Care Expense per Child
Frequency of the Dependent Care Payments per Child

CHILD CARE PARENT CO-PAY (Input)
Parent Co-Pay Fee End Date
Parent Co-Pay Fee per Individual Child
Parent Co-Pay Fee Start Date
Total Parent Co-Pay Fee Amount

CHILD CARE PARENT EXPENSES (Input)
Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date
Child Care Overage Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Child Care Overage Begin Date
Child Care Overage End Date

CLAIM (Input / Output)
Claim Number
Claim Status

IS REFERRAL (Input / Output)
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Overpayment Period (MM/YY)

INVESTIGATION (Input / Output)
Investigation Number
Overpayment Determination Month(s)
Overpayment Determination Amount(s)
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care

OVERRIDE (Output)
Override Type
Override Item
- Number of Claim Months
- Claim Type
- Claim Amount
- Overpayment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Balance
Override Reason
Override Indicator
Override Date

5. Recalculate Claim Balance By Month

When an override is performed changing any of the amounts, the system shall recalculate the budget(s) and update with the overpayment amount(s).

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Receivable Overage Amount
Account Receivable Claim Classification

INVESTIGATION (Input / Output)
Investigation Number
Overpayment Determination Amount(s)

IS REFERRAL (Input / Output)
Referral Number
Estimated Overpayment Amount

INCOME (Input)
Total Gross Income
Total Earned Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Adjusted Net Income Amount
Net Income Amount
Pass / Fail Indicator
Benefit Amount
Budget Effective Date
Benefit Reduction Amount
Earned Income Amount
Unearned Income Type
Unearned Income Amount

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount
Disregard Begin Date
Disregard End Date

EXPENSES (Input)
Expense Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Expense Amount
Expense Begin Date
Expense End Date

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type

PROGRAM STANDARDS (Input)
BOI
Standard Payment Amount for Household Size
Gross Monthly Income Amount for Household Size
Adjusted Net Income Amount for Household Size
Net Income Amount for Household Size
Standard Payment Amount for Household Size

6. Update Amounts

When an override is not required, the system shall update the claim with the overpayment amounts that have been calculated by the system. The system shall display the overage amounts, number of months, monthly total and total of all months in the determination of a claim.

CLAIM (Input / Output)
Claim Number
Overpayment Program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Account Receivable Overage Amount
Account Receivable Claim Classification

INVESTIGATION (Input / Output)
Investigation Number
Overpayment Determination Amount(s)

IS REFERRAL (Input / Output)
Referral Number
Estimated Overpayment Amount

7. Determine SIPV or Child Care Claim

The system shall determine if the overpayment claim is an SIPV or Childcare claim. The system shall be able to maintain childcare claims for various funding sources and eligibility, including individuals and providers.

IS ACCOUNT (Input)
Account Number

INDIVIDUAL (Input)
SSN
Individual ID

IS REFERRAL (Input)
Referral Number
Estimated Overpayment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

CLAIM (Input / Output)
Claim Number
Account Receivable Claim Classification

8. Perform “Determine Intentional Claim” Process

The system shall perform “Determine Intentional Claim” when the overpayment is classified as SIPV (Suspected Intentional Program Violation) or a Childcare claim. The system shall impose a disqualification for certain felony classifications based on business rules with the ability to treat different programs and sub-programs uniquely.

9. Perform “Repayment Non-Intentional Violation” Process

The system shall perform “Repayment Non-Intentional Violation” when the overpayment is not classified as SIPV or is not a Child Care claim.

10. Generate Appropriate Repayment Notice

The system shall generate the appropriate repayment notice based on program rules for specific cases and shall mail to the current mailing address.

CLAIM (Input)
Claim Number
Claim Status

IS REFERRAL (Input)
Referral Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Referral Status
Estimated Overpayment Amount

INVESTIGATION (Input)
Investigation Number
Investigation Status
Overpayment Determination Amount(s)

NAME (Input)
Name Type
Claimant Name
Investigator Name

ADDRESS (Input)
Address Type
Claim Address
County Office Address

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

NOTICE (Output)
Notice Type
Repayment Notice

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Notice Request Date
Contact Due Date
Month(s) of Overpayment
Payment Received During Overpayment Period by Month
Correct Monthly Payment Amount
Amount of Overpayment
Total Claim Amount

11. Determine if Repayment Notice Has Been Returned

The system shall determine if the notice has been returned by the expected due date for the notice. The user will record the date when the repayment notice is returned.

CLAIM (Input)
Claim Number
Account Receivable Agreement Date
Account Receivable Indicator
Account Receivable Claim Classification
Account Receivable Signature Date

NOTICE (Input / Output)
Notice Type
Repayment Notice Indicator
Repayment Notice Due Date
Repayment Notice Received Date
Notice Sign Date
Claimant Signature Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.4 Establish Claim

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

12. Alert User

The system shall generate an ALERT and notify the user when the expected due date has passed and the user has not recorded a return date.

CLAIM (Input)
Claim Number

NOTICE (Input / Output)
Notice Type
Repayment Notice Due Date
Repayment Notice Received Date

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

ALERT (Output)
ALERT Type
Repayment Notice Past Due Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	A separate claim shall be established for each program type indicated.
IS	2	Intentional Program violation claims shall be calculated back to the month the act of intentional program violation occurred, but no more than six years prior to discovery, providing case record and issuance information are available. A claim shall not be calculated for any month prior to March, 1979.
IS	3	When a household has failed to report earned income in a timely manner, an earned income deduction, as described in 1240-1-4-.17, shall be allowed in determining the amount of over issuance that has occurred.
IS	4	The months calculated will be from (and including) the begin month of claim to (and including) the end month of the claim.
IS	5	As part of the authorization process, the user will indicate which address notices should be generated to.
IS	6	Notices are to be sent to the individual's mailing address unless otherwise indicated above.
IS	7	SIPV claims must meet program standards.
IS	8	Repayments can be negotiated zero to many times throughout the lifetime of a claim.
IS	9	The latest dated Repayment Agreement overrides all existing Repayment Agreements.
IS	10	After 20 days from Repayment Mailing Date the user must be alerted.
IS	11	The user shall record all repayment data
IS	12	A referral may result in zero to many investigations.
IS	13	An investigation may result in zero to many claims.
All	14	If the household inadvertently or intentionally failed to report a change in its circumstances within the required time-frame, the first month of over issuance shall be the first month in which the change would have been effective had it been timely reported.
All	15	If the household timely reported a change, but the county did not act on the change within the required time-frame, the first month affected by the county's failure to act shall be the first month the county would have made the change effective had it timely acted.
All	16	In no event shall the county determine as the first month in which the change would have been effective any month later than two months from the month in which the change in household circumstances occurred.
All	17	Food Stamp households, once assigned to Simplified Reporting, are only required to report: • a change in monthly gross income that exceeds the food stamp gross income standard for the household size determined at the most recent certification, and • for a household with an employed able-bodied adult without dependents, any time at which hours of employment go below 20 hours per week.
All	18	Simplified Reporting cases must report required changes within the first 10 days of the month following the month the change occurred.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

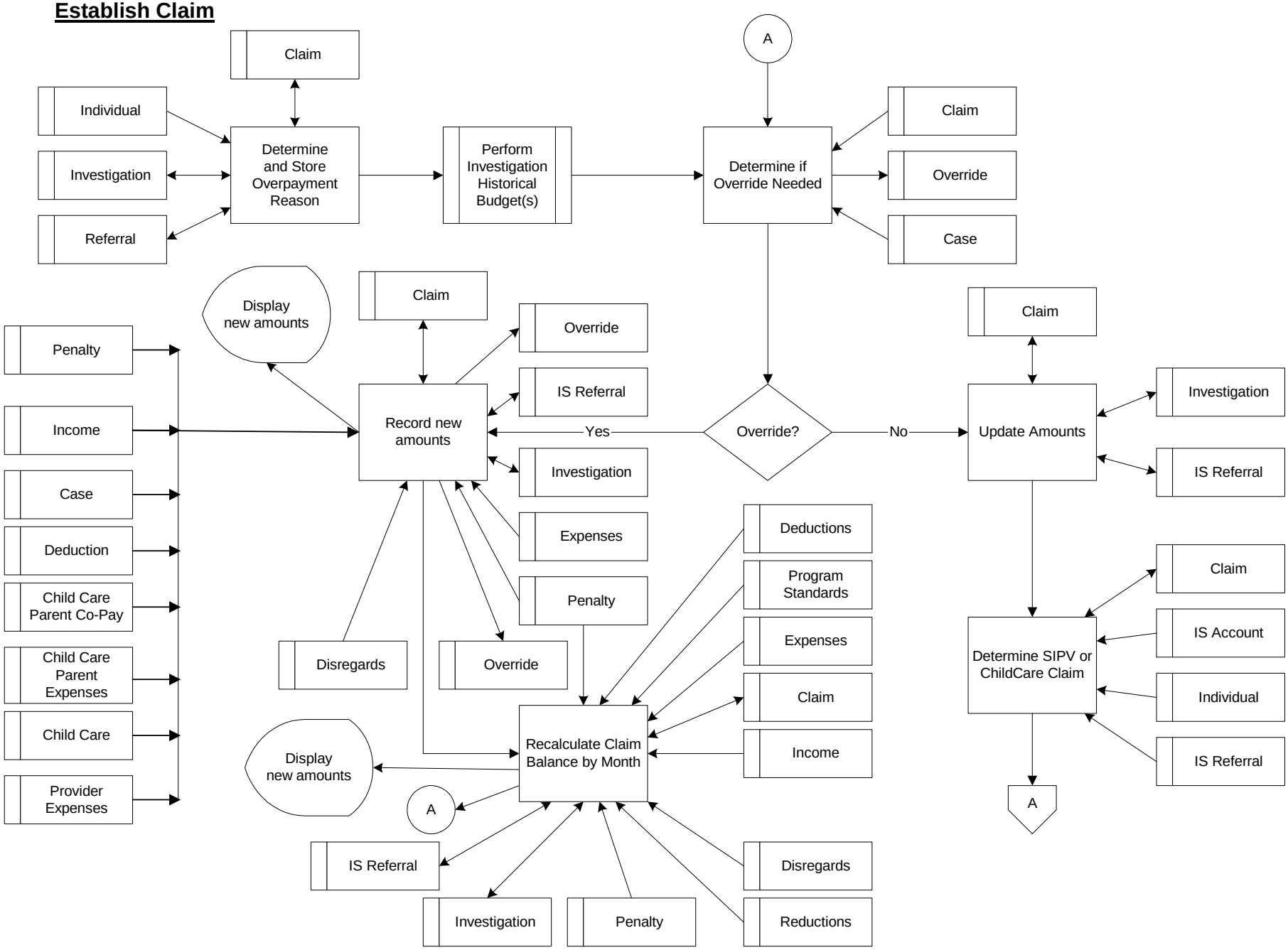
Program Type	Rule Number	Rule
All	19	The ten-day adverse action period count begins the day after the day that the Notice of Adverse Action is mailed to the assistance group.
All	20	To establish the begin date of a claim for all programs (for Families First, when the first month of overpayment or ineligibility is 9/1/96 or later): • allow ten days to report the change from the date the change became known to the case; • allow ten days for the case manager to have acted on the change; • allow ten days for the advance notice of adverse action. The begin date of the claim will be the first month after the adverse action period ends.
All	21	A case must be allowed ten days to report a change from the date the change became known to the case.
All	22	When a change is reported, a case manager shall be allowed ten days from the date the change is reported to act on the change.
All	23	When benefits are decreased or terminated, the case must be notified at least ten days before the date the adverse action takes effect.
FS	24	For non-Simplified Reporting cases, if a match indicates a discrepancy in the source or amount of gross monthly income of more than $25 for any month in which Food Stamps were received, the case must be examined for potential benefit overpayment.
FS	25	For Food Stamp cases assigned to Simplified Reporting, if a match indicates a discrepancy in the source of gross monthly income for any month in which Food Stamps were received, the case must be examined for potential benefit overpayment.
FFP	26	If a match indicates a discrepancy in the source or amount of gross monthly income of more than $25 for any month in which Families First benefits were received, the case must be examined for potential benefit overpayment.
TCM	27	If a match indicates a discrepancy in the source or amount of gross monthly income of more than $25 for any month in which benefits for the Medicaid categories “Not pregnant less than 1 year old (185%)”, “Not pregnant less than 6 years old (133%)”, “Not pregnant less than 18 years old”, “born before 10-1-1983 (100%)”, “Aid to Dependent Children Medicaid Only”, or “QMB/SLMB/QI1” were received, the case must be examined for potential benefit overpayment.
All	28	If a match indicates a discrepancy in the source or in the amount of gross monthly income for the month(s) of initial eligibility determination, then that case must be examined for potential benefit overpayment.
FS	29	For Food Stamp cases assigned to Simplified Reporting, if a match indicates a discrepancy in only the amount of gross monthly income and the discrepancy is not in the month(s) of initial eligibility determination and that discrepancy does not indicate income sufficient to exceed the Food Stamp Gross

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		Income Limit, then no claim action is required on that case.
FS	30	If the county discovers that the household failed to report a change as required, and as a result received benefits to which it was not entitled, the worker must submit a claim.
FS, FFP	31	For Food Stamps and Families First, if a match indicates a discrepancy in the source or amount of gross monthly income for any month in which benefits were received, and that discrepancy indicates income that would have resulted in fewer benefits being issued during those months, then an overpayment claim must be submitted.
FS	32	For the Food Stamps, Families First and Medicaid categories “Not pregnant less than 1 year old (185%)”, “Not pregnant less than 6 years old (133%)”, “Not pregnant less than 18 years old”, “Born before 10-1-1983 (100%)”, “Aid to Dependent Children Medicaid Only”, and “QMB/SLMB/QI1” if a match indicates a discrepancy in the source or amount of gross monthly income for any month in which benefits were received, and that discrepancy indicates income sufficient to exceed the program income limit for that month, then an overpayment claim must be submitted.
All	33	If a match indicates a discrepancy in the source or amount of gross monthly income for the month(s) of initial eligibility determination and benefits were approved for those months and the discrepancy results in income that exceeds the program eligibility limit, then an overpayment claim must be submitted.
FFP	34	If a match indicates a change in the source or amount of gross monthly income of more than $25, Families First eligibility must be redetermined.
FS	35	For non-Simplified Reporting cases, if a match indicates a change in the source or amount of gross monthly income of more than $25 for any month in which Food Stamps were received, eligibility must be redetermined.
TCM, TCS	36	If a match indicates a discrepancy in the source or amount of gross monthly income of more than $25 for any month in which benefits for Medicaid categories “Not pregnant less than 1 year old (185%)”, “Not pregnant less than 6 years old (133%)”, “Not pregnant less than 18 years old”, ”Born before 10-1-1983 (100%)”, “Aid to Dependent Children Medicaid Only”, “QMB/SLMB/QI1”, “Aged Institutionalized”, “Blind Institutionalized”, “Disabled Institutionalized”, or “TennCare Standard” were received, eligibility must be redetermined.
All	37	If a match indicates a discrepancy in the source or amount of current gross monthly income from the information in the case, authorization of that case must not take place until the discrepancy has been resolved.

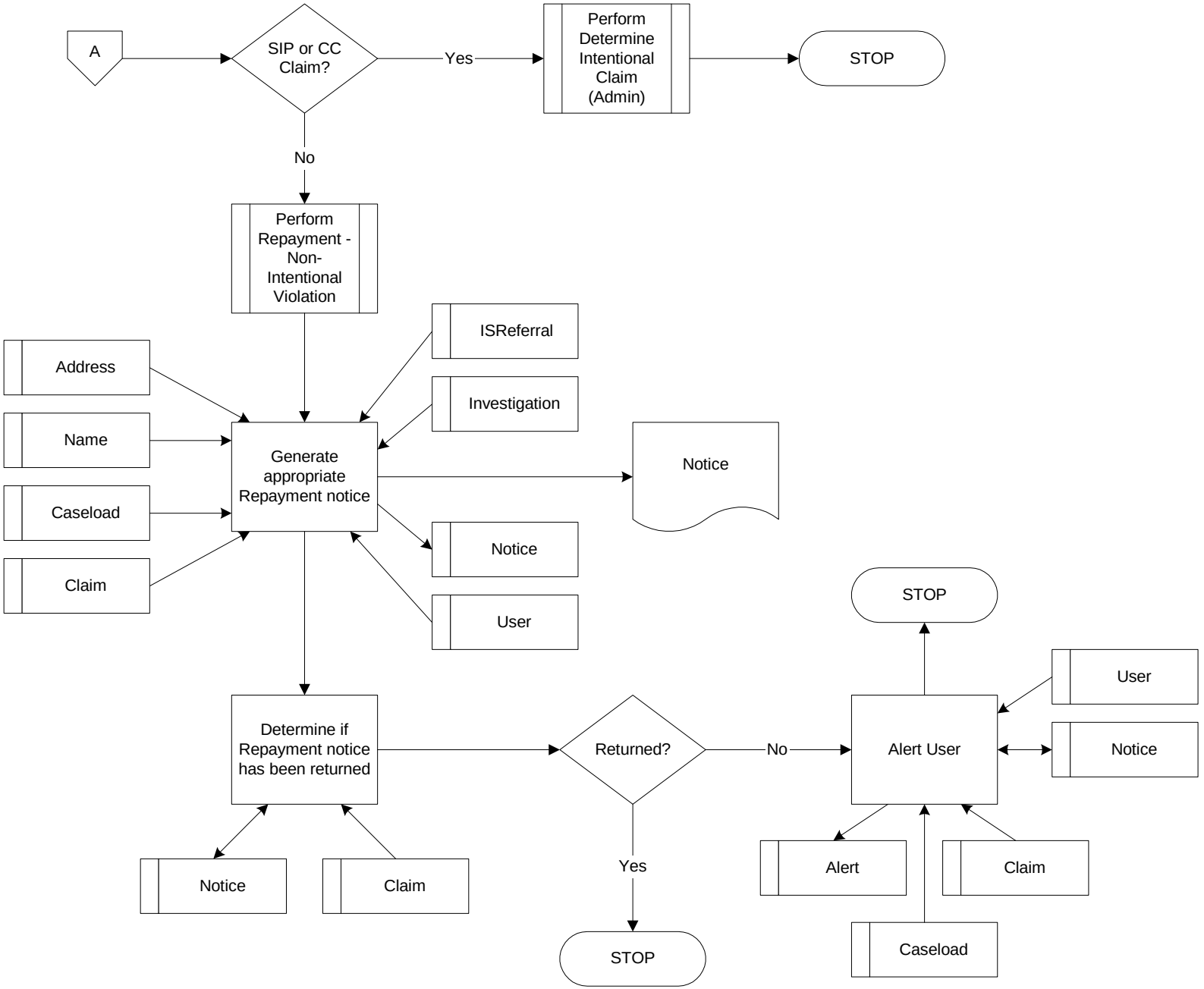
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.4
Establish Claim



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.4
Establish Claim
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

When a claim has been identified as intentional for FF and/or FS programs, the claim must be referred for processing by the Administrative Hearing Unit (default path), unless it is being referred to Criminal Court. The user must have the ability to change the default path based upon claim circumstances.

Sub-Processes:

1. Determine Involved Program(s)

   The system shall determine the programs involved with the overpayment and only refer FF or FS cases.

   CLAIM (Input / Output)
   Claim Number
   Overpayment Status
   Overpayment Program

   INDIVIDUAL (Input / Output)
   SSN
   Individual ID

2. Perform “Determine Intentional Claim (Criminal Courts)” Process

   The system shall perform “Determine Intentional Claim (Criminal Courts)” when the program type for the claim is not Families First or Food Stamps. These claims must be handled through the Courts.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

3. Determine Override Needed

The system shall determine if an override is required before the claim can be referred to Administrative Disqualification Hearing (ADH), based on business rules. The user must be allowed to override a system default.

CLAIM (Input)
Claim Number
Claim Type

OVERRIDE (Output)
Override Type
Override Indicator
Override Reason
Override Begin Date
Override End Date
Override Approval User ID
Override Approval Date

4. Create Notice and Waiver Package

When an override is not required the system shall create a repayment notice and waiver package when an administrative path is needed based on business rules. The user will record the request date of the repayment notice and waiver. The system shall mail the notice / packet to the FA address unless instructed otherwise. The system shall have ability to create an exact duplicate of the notice mailed to client. The user will record the date of authorization of repayment notices. The system shall maintain notice history and store the mail date.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

CLAIM (Input)
Claim Number
Overpayment Program
Overpayment Begin Date
Overpayment End Date

NAME (Input)
Name Type
Defendant Name
ADH Hearing Officer Name
Investigator's Name
Investigator's Title
FA Caseworker Name
FA Caseworker Title
Witness Name
Witness Title

ADDRESS (Input)
Address Type
Defendant's Address
Investigator's Work Address
Witness Address

CASELOAD (Input)
Caseload Number

INDIVIDUAL (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

SSN
Sex
Race
DOB
Individual ID

VERIFICATION (Output)
Verification Type
Verification Receipt Date

NOTICE (Output)
Notice Type
Repayment Notice
Notice Date

CASE (Input)
Case Number
Case Type

CLAIM (Output)
Claim Number
Overpayment Determination Month(s)
Overpayment Determination Amount(s)
Original Certification Date
Review Date (prior to fraud period)
Overpayment Begin Date
Review Date(s) During Claim Period

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Total Overpayment Amount
Overpayment Repayment Type
Payment Monthly Installment Amount
Monthly Benefit Actual Amount
Monthly Benefit Correct Amount
Monthly Benefit Difference
Overpayment Budget Month
Overpayment Budget Year

WAIVER (Output)
Waiver Packet Mail Date
Waiver Packet Received Date
Waiver Hearing Waived Indicator
Waiver Signature Date
Waiver Referral to ADH Date
Waiver Referral to ADH Reason
Waiver Summary
Waiver Investigation Results
Witness Testimony
Exhibit Number

REPORTS (Output)
Report Type
Claim Determination Report

5. Determine if Repayment Notice Returned

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

The user will record the date and other information when the repayment notice is returned from the customer. The system shall determine if the repayment agreement has been returned based on the time frame determined by business rules. The system shall generate an ALERT to the user when the specified time frame has passed and a return date has not been recorded. The system shall link the claim to the FA case when the repayment notice has been returned and shall recalculate a new budget when there is an active FA case. The system shall notify the FA worker of the changed budget.

CLAIM (Input)
Claim Number

CASE (Input)
Case Number
Program Type
Case Status

NOTICE (Input)
Notice Type
Repayment Notice
Repayment Notice Returned Indicator
Repayment Notice Returned Date
Notice Date

ALERT (Output)
ALERT Type
Waiver Package Not Returned
Budget Updated – Claim Agreement

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

6. Perform "Repayment Intentional Violations" Process

   When the user has recorded the return of the waiver package within the specified time frame, the system shall perform "Repayment Intentional Claim."

7. Refer to ADH

   When the waiver package has not been returned by the specified date, the system shall ALERT the user. The user will refer the claim to ADH based on circumstances of the case. The user will record the ADH referral information. The system shall generate a record for the referral to the ARTS system.

   CLAIM (Input)
   Claim Number

   CASELOAD (Input)
   Caseload Number

   USER (Input)
   User ID

   NAME (Input)
   Name Type
   Defendant Name
   Investigator's Name
   Investigator's Title
   FA Caseworker Name
   FA Caseworker Title

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

WAIVER (Input)
Waiver Packet Mailed Date
Waiver Packet Received Date
Waiver Hearing Waived Indicator

ADH REFERRAL (Output)
ADH Referral Indicator
Waiver Referral to ADH
Waiver Referral to ADH Reason
Waiver Referral to ADH Date

ALERT (Output)
ALERT Type
ALERT Date
Waiver Package Due Date

8. Update with ARTS Information

The system shall update the claim with the hearing information received from ADH through the ARTS system.

CLAIM (Output)
Claim Number
Program Type

ADH REFERRAL (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

ADH Hearing Date
ADH Hearing Officer Name
ADH Hearing Number
ADH Hearing Decision
ADH Hearing Decision Reason

9. Obtain Decision

The system shall update the claim with the decision information and generate an ALERT. The user will determine if reconsideration is needed based on circumstances of the case. The user will also update the claim when a decision has been received on a claim that was referred to Criminal Court. The user will manually determine if an out-of-state disqualification exists for an individual by reviewing DRS data stored on Clearinghouse. The user will utilize this information when setting the length of the new disqualification. The system shall store the out-of-state disqualification information for the individual.

ADH REFERRAL (Input)
ADH Hearing Date
ADH Hearing Officer Name
ADH Hearing Number
ADH Hearing Decision
ADH Hearing Decision Reason

CASELOAD (Input)
Caseload Number

USER (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

User ID

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

CLAIM (Input / Output)
Claim Number
Claim Program
Account Repayment Method
Claim Status

ALERT (Output)
ALERT Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

ALERT Type
ADH Decision Received

10. Obtain Supervisor Approval

The supervisor must review the ADH decision. The user will record the approval or the rejection of the decision.

CLAIM (Input)
Claim Number

ADH REFERRAL (Input)
ADH Hearing Date
ADH Hearing Officer Name
ADH Hearing Number
ADH Hearing Decision
ADH Hearing Decision Reason

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

CLAIM (Output)
Supervisor Approval of ADH Decision
Supervisor Approval of ADH Decision Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

11. Determine if Reconsideration Needed

When the ADH decision is against the department, the specified user will determine if reconsideration is required based on circumstances of the case. The user will record when determination of reconsideration must be initiated.

CLAIM (Input)
Claim Number

ADH REFERRAL (Output)
ADH Reconsideration Indicator
ADH Reconsideration Date
ADH Reconsideration Reason

12. File Notice of Reconsideration

When reconsideration is required, the system shall generate a notice of reconsideration and create a record for ARTS.

CLAIM (Input)
Claim Number

NAME (Input)
Name Type
Claimant First Name
Claimant MI
Claimant Last Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

ADDRESS (Input)
Address Type
Case Address
Claimant Address
Responsible Party Address

ADH REFERRAL (Input)
ADH Reconsideration Indicator

ADH REFERRAL (Output)
ADH Reconsideration Date
ADH Reconsideration Reason

NOTICE (Output)
Notice Type
Notice of Reconsideration
Notice Mail Date

13. Determine if Appeal Needed

When reconsideration is not needed, the user will determine if an appeal is needed based on circumstances of the case. The user will record the appeal request date and reason.

CLAIM (Input)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

APPEAL (Output)
Appeal Indicator
Appeal Reason
Appeal Type
Appeal Request Indicator
Appeal Request Date

ARTS (Output)
File Creation Date

14. Record Decision

When an appeal is needed the user will file the appeal with Chancery Court. The user will record the decision information when received. The system shall generate a record of the decision information and send it to the ARTS system.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input)
Claim Number
Account Repayment Method
Repayment Indicator
Repayment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

APPEAL (Output)
Appeal Indicator
Appeal Decision
Appeal Decision Date

15. Determine if Revision Required

When an appeal is not required or when an appeal decision has been received or if supervisory approval was not obtained from the decision, the user will determine if modification must be made to the claim. The specified user will record the needed revisions. The system will allow modification to prior orders.

CLAIM (Input)
Claim Number

CLAIM (Output)
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

16. Perform “Changing or Updating Existing Claim Information” Process

The system shall perform “Changing or Updating Existing Claim Information” based on the revisions needed.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.5 Determine Intentional Claim (Administrative)

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

17. Determine if Closure Needed

The system shall determine if closure is required based on the revisions that were entered. When the ruling is a claim does not exist, the system shall close the case.

CLAIM (Input)
Claim Number

CLAIM (Output)
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

19. Perform “Repayment Intentional Violations” Process

The system shall perform “Repayment Intentional Violations” when closure is not required.

20. Perform “Close Program Type Investigation” Process

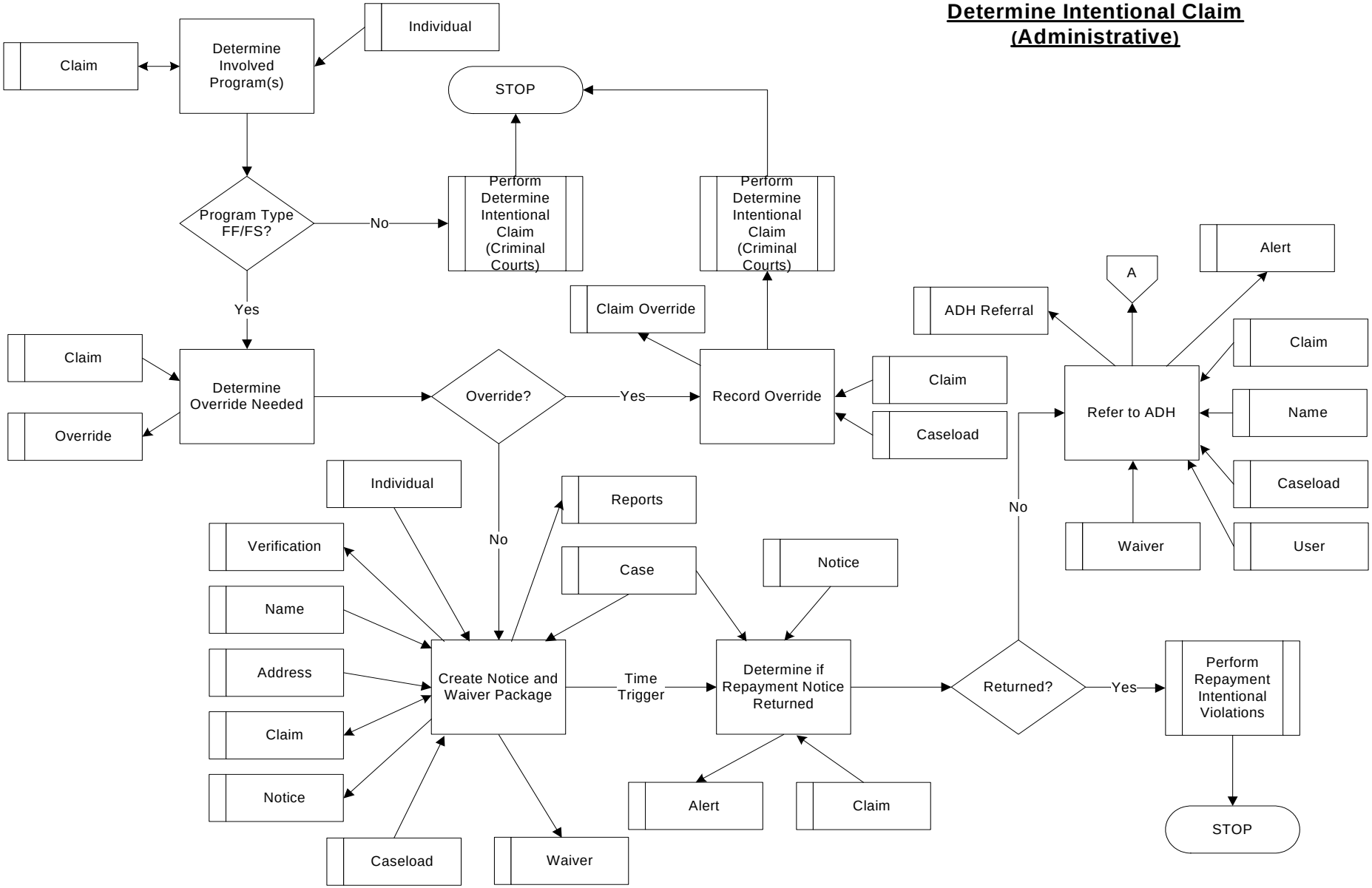
The system shall perform “Close Program Type Investigation” when a closure is required for the claim.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	FS and FF Intentional Program Violation claims will default to the Administrative Path.
IS	2	As part of the authorized process, the investigator will indicate which address notices should be generated.
IS	3	Notices must go to the individual mailing address unless otherwise indicated above.
IS	4	The user shall have the ability to re-create and/or display an exact duplicate of the notice mailed to client.
IS	5	A user must record the date of mailing of Waiver Packet and Repayment Agreement.
IS	6	Repayments will be negotiated several times throughout the lifetime of a claim. All repayments must be saved by the system.
IS	7	A later dated Repayment Agreement overrides all existing Repayment Agreements for the same account receivable.
IS	8	If the household against which collection action has been initiated for repayment of an inadvertent household error or intentional program violation claim is currently participating in the program and does not respond to the written demand letter within twenty (20) days of the date the notice is mailed for an intentional program violation, the Department will reduce the household's food stamp allotment as soon as is administratively feasible.
IS	9	The latest Administrative decision will override prior Administrative decisions relating to the same case.
IS	10	Only authorized users can approve reconsideration or appeal.
IS	11	The default path for child care claims is the Court Path unless there is a contract in place.
IS	12	Where there is a contract with the person (or entity) responsible for the child care claim, the contract shall be invoked as the method of claim adjudication.
IS	13	When the contract is invoked for claim adjudication, the system will establish the claim amount as the account receivable balance and the account repayment method will be benefit reduction from the subsidy payment to the provider.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.5
Determine Intentional Claim (Administrative)



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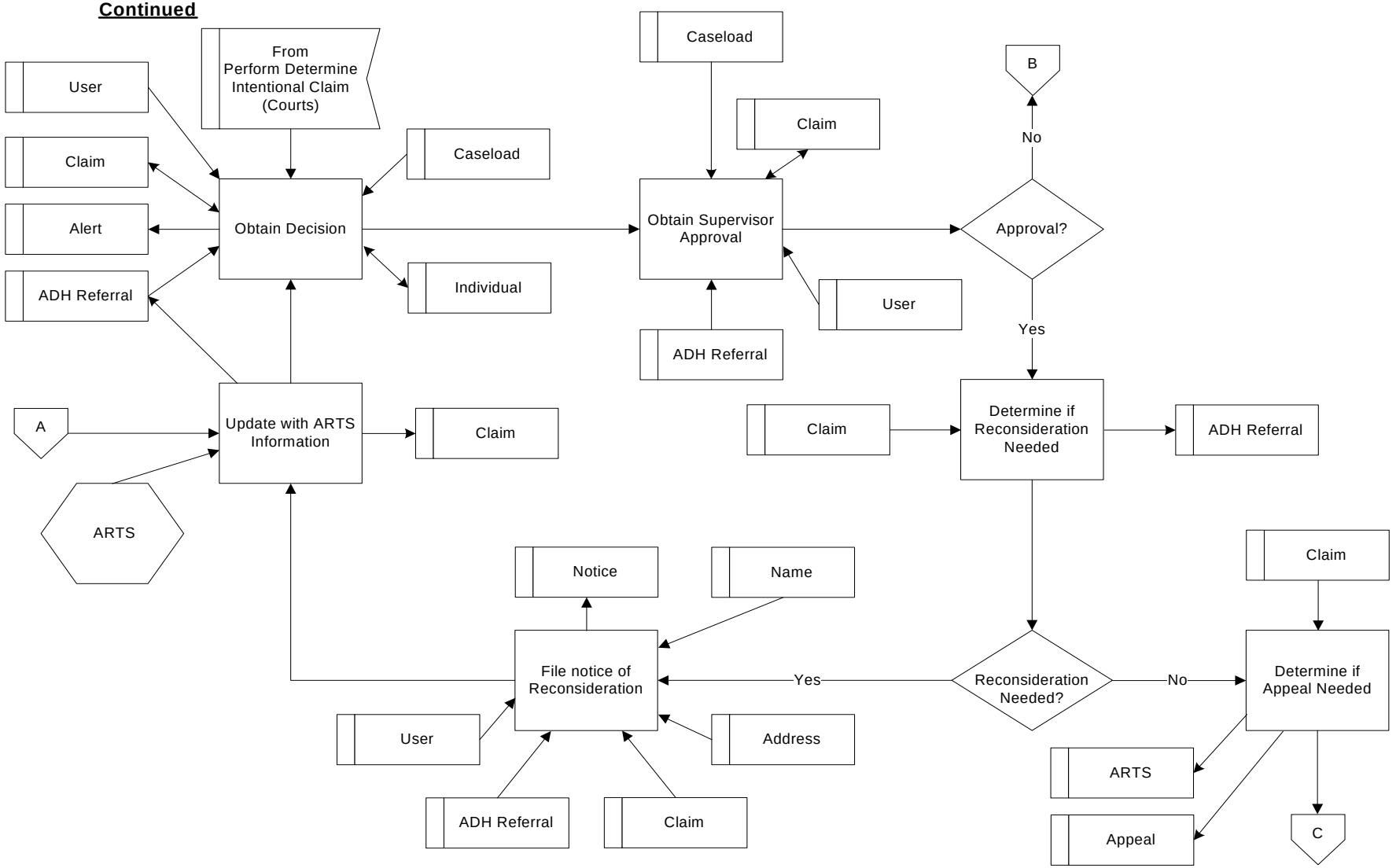
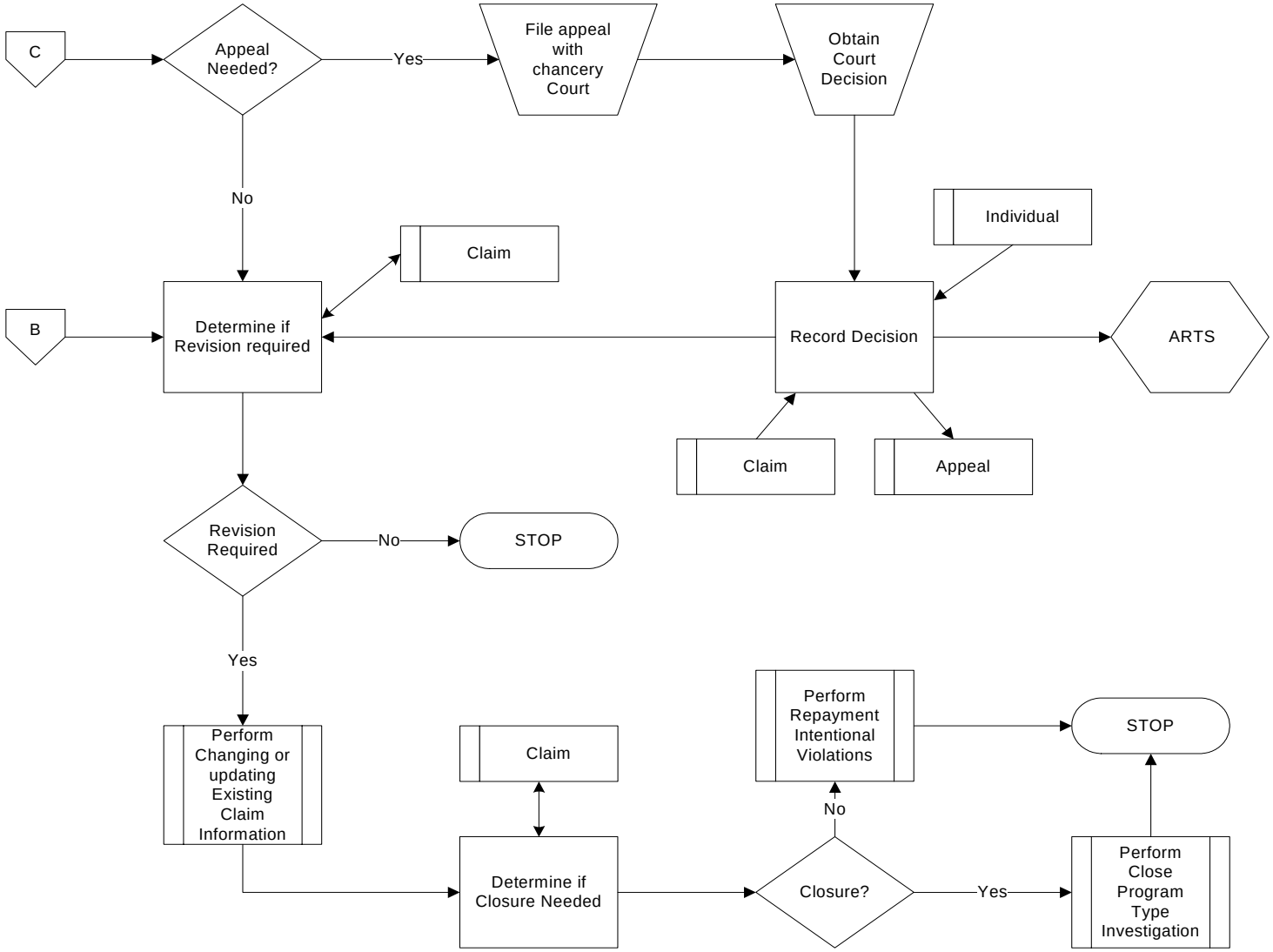
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.5
Determine Intentional Claim (Administrative)
Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.5 Determine Intentional Claim (Administrative) Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)	
Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Process:

The Department of Human Services will capture information in the determination of a claim. When a Food Stamp or Families First claim has been identified as Suspected Intentional Program Violation (SIPV) or when a claim is of the program type Child Care the user may refer the claim to the Criminal Court system. The system shall provide the user with the ability to enter narrative information for all claim types. The system shall capture specific information for a claim or an investigation referral with the capability to add additional requirements at any time. The system shall have the capability to provide users an online listing of all claims that are being processed in the Courts or that have a Civil judgement.

Sub-Processes:

1. Record DA Referral

The user will determine when a claim must be referred to the District Attorney (DA) and will record the referral information for the claim. The user will record the necessary information based on circumstances of case.

CLAIM (Input)
Claim Number
Overpayment Program Type

INVESTIGATION (Input)
Investigation Number

DA REFERRAL (Input / Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

DA Referral Indicator
DA Judicial District
DA Referral Date

IS ACCOUNT (Input)
Account Number

NAME (Output)
Name Type
DA Name
DA Title

2. Create Criminal Court Package

The system shall create the Criminal Court package based on business rules. The user will record the request date of the Criminal Court Package. The system shall store the package creation date.

CLAIM (Input)
Claim Number
Account Receivable Agreement Signature Date

BUDGET (Input)
Monthly Benefit Actual Amount
Monthly Benefit Correct Amount
Monthly Benefit Difference

DA REFERRAL (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

DA Referral Date
DA Referral Indicator
DA Judicial District
Witness List
Witness Testimony

INVESTIGATION (Input)
Overpayment Discovery Date
Verification Types
Verification Provided Date(s)

ISSUANCE HISTORY (Input)
Benefit Period
Benefit Amount

NAME (Input)
Name Type
DA Name
DA Title
Defendant's Name
FA User Name
Investigator's Name

CASE (Input)
Case Number
Case Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Application Signature Date
Certification Dates
Interview Dates by FA
Persons Interviewed by FA
Application Sign Date

INDIVIDUAL (Input)
Race
Sex
Date of Birth
SSN
Individual ID

IS ACCOUNT (Input)
Account Number

ADDRESS (Input)
Address Type
Defendant's Address(s)
Investigator's Work Address

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Investigator ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Supervisor ID

CRIMINAL COURT PKG (Output)
Criminal Court Pkg Indicator
Criminal Court Pkg Creation Date
Witness List
Witness Testimony

REPORT (Output)
Report Type
Claim Determination Report
Report Date

3. DA Decision Recorded

When a claim has been referred to the DA, the user will be notified if it is accepted. The user will record the DA's decision.

CLAIM (Input)
Claim Number

INDIVIDUAL (Input)
SSN
Individual ID

DA REFERRAL (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

DA Referral Indicator
DA Referral Date
DA Decision Type
DA Decision Date

4. Determine Involved Programs

The system shall determine the programs that have been referred to Criminal Court.

5. Perform “Determine Intentional Claim (Admin)” Process

The system shall perform “Determine Intentional Claim (Admin)” when the involved program(s) are Families First and/or Food Stamps.

6. Update Claim Information

When the user records that the DA accepts the referral, the system shall update the claim.

CLAIM (Input)
Claim Number

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Account Number

DA REFERRAL (Output)
DA Referral Indicator
DA Referral Date
DA Decision Type
DA Accept Decision Date

7. Perform “Appointment Scheduling (Optional)” Process

The system shall perform “Appointment Scheduling” when a user needs to make an appointment for the claimant.

8. Record Court Results

The user will contact the Court and record the decision information. When determining the length of a disqualification that may need to be implemented, the user will manually review clearinghouse information to determine if an individual has an out-of-state disqualification. (A monthly DRS file of disqualified out-of-state individuals shall be stored on the individual for future use.) The user must utilize the out-of-state disqualification information when setting the length of the next disqualification. The system shall allow the user to enter disqualification information for out-of-state claims. The system shall impose the disqualification for certain felony classifications, based on business rules with the ability to treat differently for different programs and sub-programs.

CLAIM (Input)
Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.6 Determine Intentional Claim (Criminal Courts)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator

DA REFERRAL (Output)
DA Decision Type
DA Decision Date
DA Decision

9. Perform “Court Results” Process

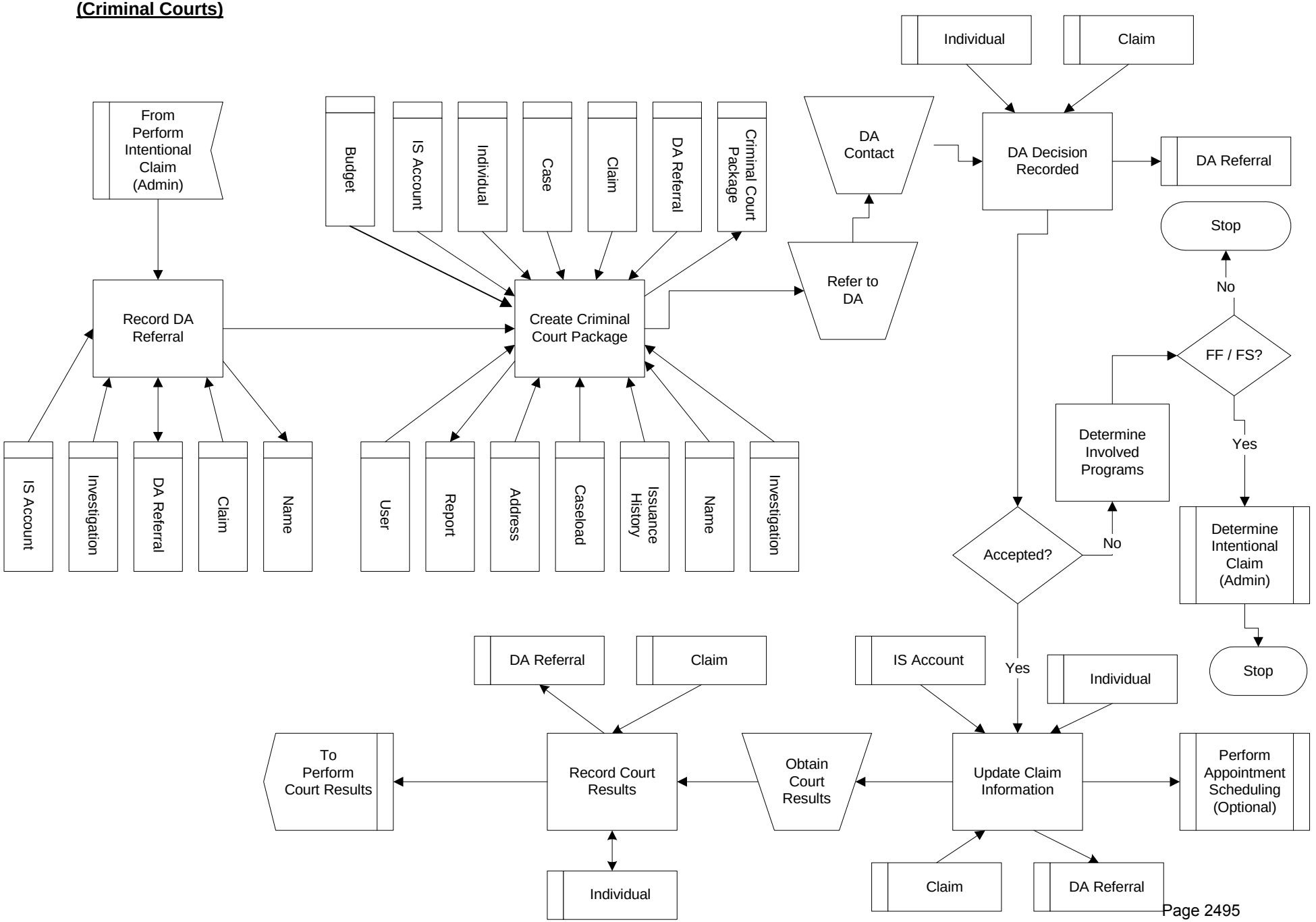
The system shall perform “Court Results” when a court decision is obtained.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	A criminal court package may contain zero to many claims.
IS	2	A criminal court package may not contain an error type claim.
IS	3	FA and Childcare claims that are referred to Criminal Court will always have a Criminal Court package.
IS	4	Food Stamp and Families First claims rejected by the DA may be adjusted as non-IPV claims.
IS	5	If the referral to the DA is rejected by the DA, the claim will be adjudicated administratively.
IS	6	If the referral to the DA is a child care claim and that referral is rejected by the DA, the claim will be closed unless recoupment can be made under the current child care provider's contact.
IS	7	If the referral to the DA is a FF services claim and that referral is rejected by the DA, the claim will be closed out unless recoupment can be made under the current service provider's contact.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.6
Determine Intentional Claim
(Criminal Courts)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets	
Program Affected: Claims	**Users: Claims Staff**

Process:

In the determination of an overpayment, the Department of Human Services must be able to recalculate historical FA budgets using the standards and amounts from the overpayment period while entering revised budget or case size information. The system must be able to take the results, compare new results to issued amounts, and calculate differences by month and prorate totals. The system must retain program policies and apply policies applicable for the date(s) in which eligibility is being redetermined. The system shall retain history of all case numbers, by program and subprogram type, with all individuals ever associated, dates of association, their individual data history, their status in that case, and if they were designated head of case for that case number as defined by business rules. The system shall provide the means to sort and search case for case history.

Sub-Processes:

1. Determine Actual Amounts Should Have Received by Month

   The user will record the correct earned and/or unearned income amounts and resource amounts that were received for the household. The system shall calculate using the actual monthly amount(s) that were received for the case. The system shall calculate the budget using program standards and issuance standards from the overpayment period. The system shall determine the actual amounts based on program rules.

   CASE (Input)
   Case Number
   Case Type
   Household Size

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

LIVING ARRANGEMENT (Input)
Living Arrangement Type

IS ACCOUNT (Input)
Account Number

INVESTIGATION (Input)
Investigation Number
Investigation Status
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date

CLAIM (Input / Output)
Claim Number
Overpayment Program
Claim Classification
Unreported Income Type
Unreported Household Earned Income Amount
Reported Household Earned Income Amount
Unreported Household Unearned Income Amount
Reported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Reported Household Self-employment Income Amount
First or Second Individual Earned Income Amount
Correct Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

Overpayment Amount
Reported Household Size
Actual Household Size
Number of Reported HH Members During Overpayment Period
Reported Countable Resources
Unreported Countable Resources

EXPENSES (Input)
Expense Type
Shelter Type
Actual Shelter Type
Utility Standard Indicator
Phone Standard Indicator
Actual Shelter Expense Amount
Medical Expense Type
Medical Expense Amount
Childcare Expense Amount
Childcare Expense Indicator
Child Support Deduction

INCOME (Input / Output)
Total Monthly Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Adjusted Net Income Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

Net Income Amount
Pass / Fail Indicator
Means Test Program Penalty Indicator
Benefit Period
Earned Income Amount
Unearned Income Type
Unearned Income Amount

DEDUCTIONS (Input)
Deduction Type
Deduction Amount
Deduction Begin Date
Deduction End Date

DISREGARDS (Input)
Disregard Type
Disregard Amount
Disregard Begin Date
Disregard End Date

PENALTY (Input)
Penalty Indicator
Penalty Type
Penalty Program
Penalty Percentage Type
Penalty Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

ISSUANCE HISTORY (Input)
Benefit Type
Benefit Issued Amount
Benefit Date
Benefit Period

BUDGET (Input)
Budget Type
Benefit Amount
Benefit Reduction Amount
Budget Effective Begin Date
Budget Effective End Date

RESOURCES (Input / Output)
Resource Type
Resource Amount(s) per Individual
Pass / Fail Indicator
Total Resource Amount(s) per Individual
Benefit Period

PROGRAM STANDARDS (Input)
BOI (Basis of Issuance)
Standard Payment Amount for Household Size
FS Income Eligibility Standards
Gross Monthly Income Standard Amount for Household Size
Adjusted Net Income Standard Amount for Household Size
Net Income Standard Amount for Household Size

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

FS Standard Deduction
FS Utility Standard
Standard Telephone Allowance
Standard Medical Expenses Amount
Resource Limit (Elderly or Disabled)
Resource Limit (Non-Elderly)
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)
Earned Income Deduction Amount
Excess Shelter Deduction Maximum Amount
FF Payment Standard Types

2. Compare Difference and Calculate Result by Month

The system shall determine the existence of an overpayment by subtracting the amount(s) that were actually received from the amount(s) that were counted and the amounts that were issued, using the program standards from the overpayment period. The system shall display the results by month based on the months involved in the overpayment. The system shall retain and post the issuance histories, for cash and Food Stamps, to case financial information from the appropriate issuance even when the net amount is zero.

ISSUANCE HISTORY (Input)
Benefit Type
Benefit Issued Amount
Benefit Date
Benefit Period

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

BUDGET (Input)
Budget Type
Benefit Amount
Benefit Reduction Amount
Budget Effective Begin Date
Budget Effective End Date

INCOME (Input / Output)
Total Monthly Gross Income
Total Earned Income Amount
Total Earned Income Amount(s) per Individual
Total Unearned Income
Total Unearned Income Amount(s) per Individual
Adjusted Net Income Amount
Net Income Amount
Pass / Fail Indicator
Means Test Program Penalty Indicator

RESOURCES (Input / Output)
Pass / Fail Indicator
Total Resource Amount(s) per Individual
Benefit Period

CLAIM (Input / Output)
Claim Number
Overpayment Program
Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

Unreported Income Type
Unreported Household Earned Income Amount
Reported Household Earned Income Amount
Unreported Household Unearned Income Amount
Reported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Reported Household Self-employment Income Amount
First or Second Individual Earned Income Amount
Correct Income Amount
Overpayment Amount
Reported Household Size
Actual Household Size
Number of Reported HH Members During Overpayment Period
Reported Countable Resources
Unreported Countable Resources
Derived Overpayment Amount

6. Determine if Override Needed

The user will determine if an override of the system overpayment calculation is needed. The user will record when an override to the system is needed.

CLAIM (Input)
Claim Number
Claim Program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

OVERRIDE (Output)
Override Indicator
Override Type
Claim Override
Override Item
Override Reason
Override Date

7. Record Correct amounts

When an override is required the user will record the correct information which must be utilized in determining the 'correct' overpayment amount(s).

CLAIM (Input / Output)
Overpayment Program
Claim Classification
Unreported Income Type
Unreported Household Earned Income Amount
Reported Household Earned Income Amount
Unreported Household Unearned Income Amount
Reported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Reported Household Self-employment Income Amount
First or Second Individual Earned Income Amount
Correct Income Amount
Overpayment Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets	
Program Affected: Claims	**Users: Claims Staff**

Reported Household Size
Actual Household Size
Number of Reported HH Members During Overpayment Period
Reported Countable Resources
Unreported Countable Resources
Derived Overpayment Amount

OVERRIDE (Input / Output)
Override Indicator
Override Type
Override Reason
Override Date
Override Item
Override Amount

CASE (Input)
Case Number
Case Type

8. Recalculate Claim Amounts

The system shall recalculate and update the overpayment amounts when an override is performed altering any of the amounts or dates utilized in the overpayment determination.

CLAIM (Input / Output)
Overpayment Program
Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

Unreported Income Type
Unreported Household Earned Income Amount
Reported Household Earned Income Amount
Unreported Household Unearned Income Amount
Reported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Reported Household Self-employment Income Amount
First or Second Individual Earned Income Amount
Correct Income Amount
Overpayment Amount
Reported Household Size
Actual Household Size
Number of Reported HH Members During Overpayment Period
Reported Countable Resources
Unreported Countable Resources
Derived Overpayment Amount

INCOME (Output)
Pass / Fail Indicator

BUDGET (Input)
Budget Type
Benefit Amount
Benefit Reduction Amount
Budget Effective Begin Date
Budget Effective End Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets

Program Affected: Claims	**Users: Claims Staff**

RESOURCES (Output)
Pass / Fail Indicator
Total Resource Amount(s) per Individual
Benefit Period

PROGRAM STANDARDS (Input)
BOI
Standard Payment Standard Amount for Household Size
FS Income Eligibility Standards
Gross Monthly Income Standard Amount for Household Size
Adjusted Net Income Standard Amount for Household Size
Net Income Standard Amount for Household Size
FS Standard Deduction
FS Utility Standard
Standard Telephone Allowance
Standard Medical Expenses Amount
Resource Limit (Elderly or Disabled)
Resource Limit (Non-Elderly)
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)
Earned Income Deduction Amount
Excess Shelter Deduction Maximum Amount
FF Payment Standards
- 185% Need Standard
- Consolidated Need Standard
- Maximum Payment Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.7 Investigations Historical Budgets	
Program Affected: Claims	**Users: Claims Staff**

OVERRIDE (Input / Output)
Override Indicator
Override Type
Override Reason
Override Date
Override Item
Override Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Historical Budgets use calculations based upon monthly amounts (either calculated or entered by the user) and are used to determine the correct amount of benefits for the historical period.
IS	2	FS -When no elderly or disabled individual is in the home, test the countable gross income against the Gross Income Standard for the HH size and applicable month and year.
IS	3	FS - When the gross countable income is over the GIS the correct amount of FS benefit is $0.00
IS	4	FS -When the gross countable income is less than the GIS or when a GIS test is not necessary a net income test shall be performed, unless the HH is categorically eligible for FS.
IS	5	FS – To determine Net Income subtract allowable Standard Deduction(s), Earned Income Deduction, Medical Expense Deduction, Homeless Deduction, and Shelter Deductions from the countable Gross Income of the HH.
IS	6	Negative monthly differences shall be zero.
IS	7	FS Determine Earned Income Deduction – When the claim type is Agency Error or prior to the claim type being set, the Earned Income Deduction equals the countable reported earned income plus the countable unreported earned income of all HH members multiplied by the percentage found on the standards table for the HH size and budget Month/Year.
IS	8	FS Determine Earned Income Deduction – For all other claim types, the Earned Income Deduction equals the countable reported earned income of all HH members multiplied by the percentage found on the standards table for the HH size for the budget month/year.
IS	9	FS Medical Expense Deduction – When no elderly or disabled person is in the HH the Medical Expense Deduction equals zero.
IS	10	FS Medical Expense Deduction – When the HH contains an elderly or disabled person, the Medical Expense Deduction will be the total countable monthly medical expenses of each elderly or disabled person less $35.00.
IS	11	FS Determine Shelter Cost – When using the Standard Utility Allowance the Shelter Cost will equal the actual allowable Housing Cost plus the SUA from the standards table for the HH size for the budget month/year.
IS	12	FS Determine Shelter Cost – When using the Phone Standard the Shelter Cost will equal the actual countable Housing Cost plus the phone standard from the standards table for the HH size for the budget month/year.
IS	13	FS Determine Shelter Cost – A budget month can not use both the SUA and Phone Standard in the same month.
IS	14	FS Determine Shelter Cost – When no SUA or Phone Standard is used the Shelter Cost will equal the actual countable Housing Cost for the budget month.
IS	15	FS Determine Shelter Deduction – When no elderly or disabled HH member is in the home, the shelter

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

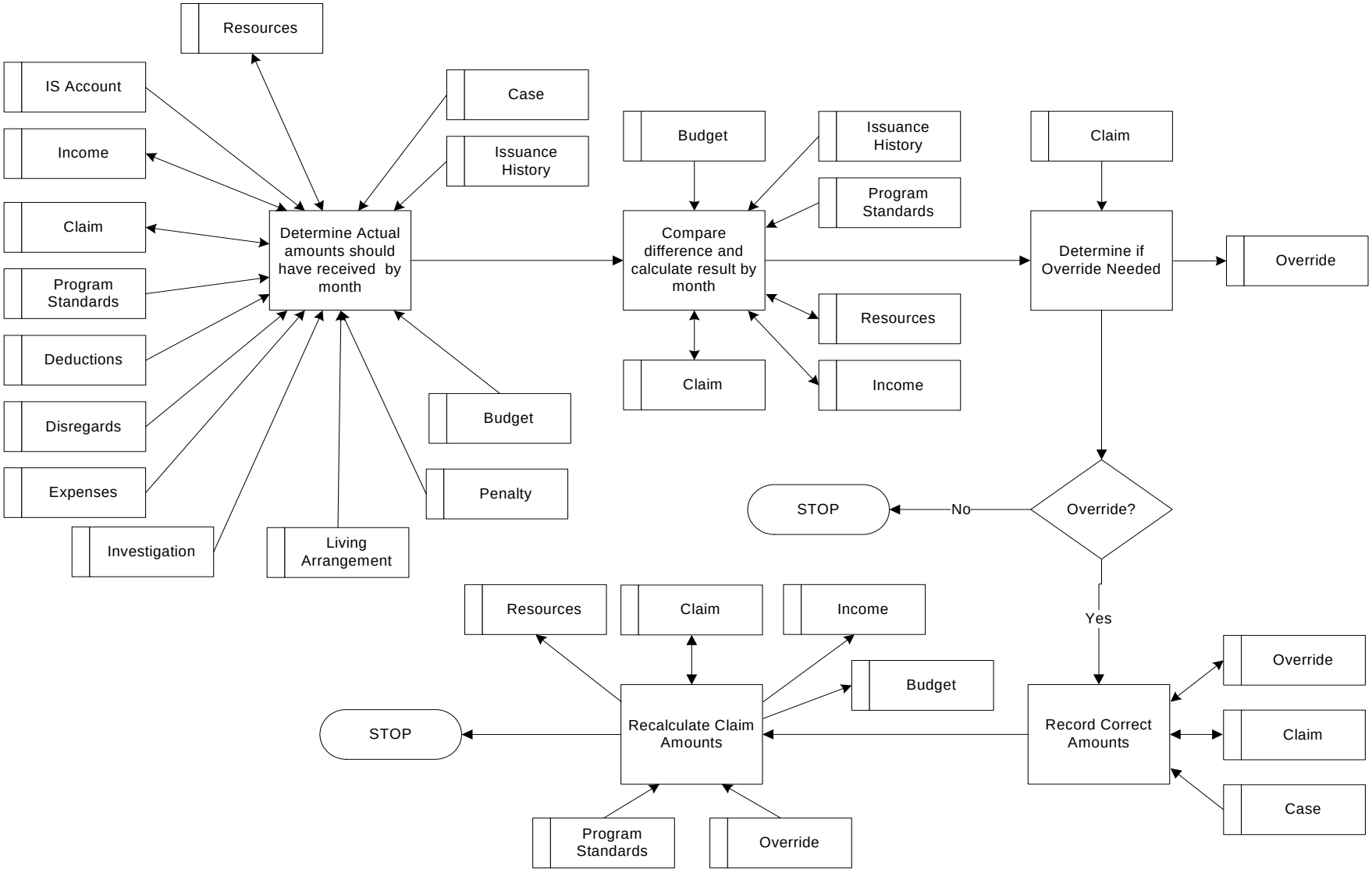
Program Type	Rule Number	Rule
		deduction equals the Shelter Cost minus the Adjusted Gross Income not to be greater than the maximum Shelter Deduction found on the standards table for the HH size for the budget month/year.
IS	16	FS Determine Shelter Cost – When there is an elderly or disabled HH member, the Shelter Deduction equals the Shelter Costs minus ½ of the Adjusted Gross Income.
IS	17	FS Determine Shelter Cost – Adjusted Gross Income is countable Gross Income less allowable Standard Deduction(s), Earned Income Deduction, and Medical Expense Deductions.
IS	18	FS Net Income Test – Determine if net income is over the Net Income Standard by comparing the net income to the standards table for the HH size for the budget month/year.
IS	19	FS - Except with categorically eligible, when net income is over the Net Income Standard the correct benefit equals zero.
IS	20	FS Determine Correct Benefit – Correct Benefit Amount is the amount for the standards table using the Basis Of Issuance, for the HH size, Net Income, for the budget month year.
IS	21	FF – When the Families First Gross Income is greater than the Gross Income Standard for the Countable Group Size the correct benefit amount equals zero.
IS	22	FF – Families First Gross Income is all countable earned and unearned income of all eligible group members plus any deemed income from allowable stepparents or parents.
IS	23	FF - The Countable Group Size is the lessor of the Aid Group Size or Family Cap Size
IS	24	FF – Deemed Income is the result of the countable earned income from a stepparent less the standard earned income deduction from the standards table plus the countable unearned income. Then subtract any child support paid by the stepparent. Then subtract the Consolidated Need Stand for the stepparents in home dependants.
IS	25	FF – Families First Gross Income is tested against the Gross Income of the standards table for the Countable Group Size for the budget month/year
IS	26	FF – When Gross Income is over the Gross Income standard the correct benefit amount equals zero.
IS	27	FF – When Gross Income is under the Gross Income standard a net income is computed and tested against the Consolidated Need Standard on the standards table for the countable group size for the budget month/year.
IS	28	FF - To arrive at a net income for Families First budgets subtract the allowable Earned Income Deductions and the allowable Dependent Care Expenses from countable Gross Income.
IS	29	FF – When the net income is greater than the CNS from the standards table for the Countable Group Size and budget month/year the correct benefit amount equals zero.
IS	30	FF – When the net income is less than the CNS from the standards table for the Countable Group Size and budget month/year the Correct Benefit Amount is determined.
IS	31	FF – The Correct Benefit Amount is determined by subtracting the unemployment income of the Primary Wage Earner from the net income amount. Then subtracting the remainder from the CNS and comparing

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		the result to the Standard Payment Amount for the Correct Group Size. Select the lessor amount from the comparison and subtract the unemployment from a PWE and any sanction amount.
IS	32	A prorate share of any Families First Correct amount or Food Stamp Correct Benefit is calculated using the appropriate program formula when the initial month of eligibility is not the first day of the month.
IS	33	To calculate the correct Child Care benefit amount use the standards from the standards table for the correct family size, income, county and facility type.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.7 Investigation Historical Budget(s)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.8 Court Results	
Program Affected: All	**Users: Claims Staff**

Process:

When the Department has taken a claimant to court, the results will be recorded in the system. The system shall have the capability to provide users an online listing of all claims that are being processed in the Courts or that have a judgment from the Courts.

Sub-Processes:

1. Record Decision

   The user will record the decision information that was obtained from the Court.

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   NAME (Input)
   Name Type
   Claimant Name

   IS ACCOUNT (Input)
   Account Number
   Account Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.8 Court Results	
Program Affected: All	**Users: Claims Staff**

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Court Decision
Court Decision Date
Court Repayment Amount

2. Perform “Investigation Historical Budget(s)” Process

The user will determine if a revision is required based upon the decision received from the court and indicate as such. If a revision is required the system shall perform “Investigation Historical Budget(s).”

3. Determine if Closure Needed

The user will determine if the claim/account receivable should be closed based on business rules.

CLAIM (Input / Output)
Claim Number
Account Receivable Balance
Claim Status

4. Perform “Close Program Type Investigation “ Process

The user will determine and record if the investigation must be closed. The system shall perform “Close

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.8 Court Results

Program Affected: All	**Users: Claims Staff**

Program Type Investigation."

5. Perform "Repayment Intentional Violation" Process

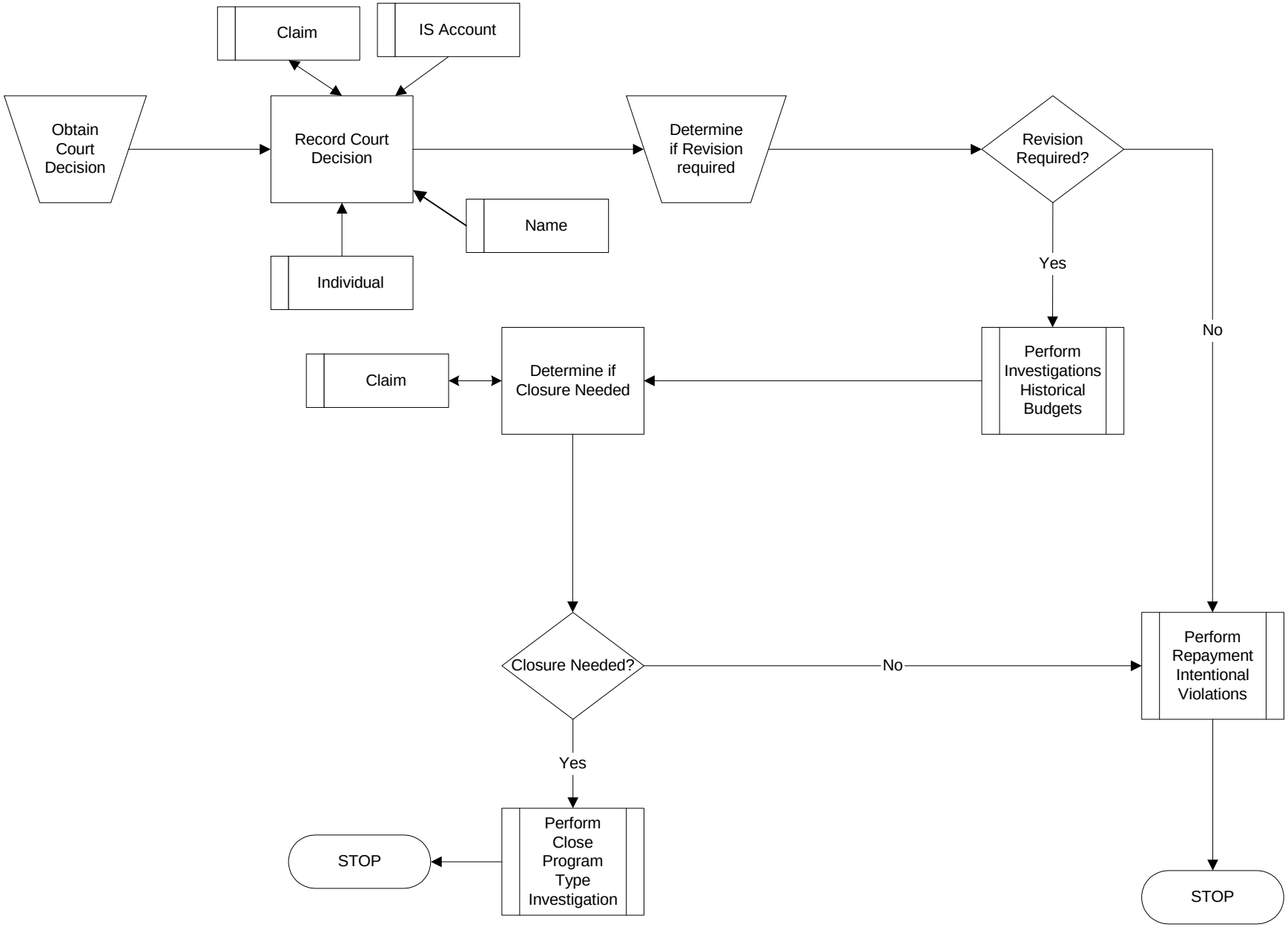
   The system shall perform "Repayment Intentional Violation" when an investigation is not to be closed or if a revision was not required.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Appropriate user shall record court decision.
IS	2	Court result may result in closure of claim / account receivable or it may initiate an account receivable to be opened on an individual.
IS	3	A claim's classification may be revised due to the court's decision.
IS	4	If a claim's classification is revised the claim will be re-established from the beginning with the exception of a claim going from SIPV to IPV.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.8
Court Results



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information	
Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Process:

The system shall provide the user with the ability to update the system with new information at any point in the claim or investigation process.

Sub-Processes:

1. Enter New Data

   The user will determine the correct claim, account or investigation for an individual and record the data that must be updated. The system shall display all updated information. The user will review out-of-state Food Stamp disqualification information stored on Clearinghouse and documented in the system as the result of the DRS interface in order to assign the correct disqualification length. When a disqualification end date has been reached, the system shall generate an ALERT so the user can determine if other changes must be made.

   CLAIM (Input / Output)
   Claim Number
   Claim Source
   Overpayment Begin Date
   Claim Status
   Claim Status Date
   Claim Status Reason
   Account Receivable Claim Classification
   Account Repayment Method

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Overpayment Program
Overpayment Date
Repayment Amount
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Receivable Agreement Selection
Account Receivable Agreement Signature Date
Account Receivable Agreement Witness Date
Payment Monthly Installment Amount
Monthly Benefit Actual Amount
Monthly Benefit Correct Amount
Monthly Benefit Difference
Overpayment Budget Month
Overpayment Budget Year
Total Overpayment Amount
Original Certification Date
Review Date (prior to fraud period)
Overpayment Budget Month
Overpayment Budget Year
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period
Account Receivable Refund Indicator
Account Receivable Refund Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Account Receivable Refund Date
Account Receivable Overage Amount
Claim Action Reason
Free-Form Comments
Account Receivable Balance
Unreported Income Type
Unreported Household Earned Income Amount
Reported Household Earned Income Amount
Unreported Household Unearned Income Amount
Reported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Reported Household Self-employment Income Amount
First or Second Individual Earned Income Amount
Correct Income Amount
Overpayment Amount
Reported Household Size
Actual Household Size
Number of Reported HH Members During Overpayment Period
Reported Countable Resources
Unreported Countable Resources
Derived Overpayment Amount
Civil Court Indicator
Civil Court Referral Date
Responsible Person Indicator
Collection Amount
Collection Type
Collection Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Payment Received Type
Payment Received Date
Payment Received Amount
Claim Paid Out Indicator
Claim Paid Out Date
Benefit Reduction Date
Benefit Reduction Amount
Last Review Date
Re-route reason
Trafficking Indicator
Felony Indicator
Felony Type

USER (Input)
User ID of Individual Submitting Referral
FA Caseworker User ID
Supervisor User ID

ACCOUNT (Input)
Account Number
Account Status
Total Account Receivable Balance
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Amount Reversed
Date Reversed
Reversal Indicator
Hardship Indicator
Date Hardship Determined

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Disqualification Number
Disqualification Length
Disqualification Decision Date
Disqualification Type
Disqualification Begin Date
Disqualification End Date
DRS Category
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Pay to Court Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status
Investigation Date
Verification Types
Verification Provided Date(s)
Review Date (prior to fraud period)
Investigation Action Reason
Free-Form Comments
Overpayment Determination Month(s)
Overpayment Determination Amount(s)
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Investigation Result Details

IS REFERRAL (Input / Output)
Referral Number
Discovery Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Claim Overpayment Determination Month(s)
Claim Overpayment Determination Amount(s)
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Overpayment Period (MM/YY)
Overpayment Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Nursing Home/LTC Facility Name
Referral Source
Referral Date
Referral Status
Overpayment Classification
Overpayment Program
Current Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Last Review Date
Nursing Home/LTC Facility Name
Nursing Home/Facility Address
Free-Form Comments
Routing Data
Re-route reason
Trafficking Indicator
Felony Indicator
Felony Type
Referral Action Reason
Free-Form Comments

ADDRESS (Output)
Address Type
Mailing Address
Individual Address
Claimant Address
Responsible Person Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

County ID

OVERRIDE (Input)
Override Type
Override Reason
Override Begin Date
Override End Date
Override Approval User ID
Override Approval Date

CONTACT (Output)
Contact Type
Phone Number
Email Address

NAME (Output)
Name Type
Claimant Name
Responsible Person
User Name

ALERT (Output)
ALERT Type
Disqualification End Date

2. Determine if Changes Affect Investigation or Claim

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

The system shall determine if the changes that were recorded affect current investigation or claim status.

CASE (Input)
Case Number
Case Type

CLAIM (Input / Output)
Claim Number
Claim Source
Overpayment Date
Claim Status
Claim Status Date
Claim Status Reason
Account Receivable Claim Classification
Account Repayment Method
Overpayment Program

IS ACCOUNT (Input / Output)
Account Number
Account Status
Total Account Receivable Balance
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

NAME (Input / Output)
Name Type
Claimant Name
Responsible Party Name

ADDRESS (Input / Output)
Address Type
Claimant Address
Responsible Person Address
Investigator Address
County Address

VERIFICATION (Input / Output)
Verification Type
Verification Date
Verification of Household Comp
Verification of Current Resources
Verification of Current Income
Claim Information Changes Case Benefits / Eligibility Indicator

IS REFERRAL (Input / Output)
Referral Number
Discovery Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Claim Overpayment Determination Month(s)
Claim Overpayment Determination Amount(s)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Overpayment Period (MM/YY)
Overpayment Reason
Nursing Home/LTC Facility Name
Referral Source
Referral Date
Referral Status
Overpayment Classification
Overpayment Program
Current Date
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Last Review Date
Nursing Home/LTC Facility Name
Nursing Home/Facility Address
Free-Form Comments
Routing Data
Re-route reason
Trafficking Indicator
Felony Indicator
Felony Type
Referral Action Reason
Free-Form Comments

INVESTIGATION (Input / Output)
Investigation Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Investigation Status
Investigation Date
Verification Types
Verification Provided Date(s)
Review Date (prior to fraud period)
Investigation Action Reason
Free-Form Comments
Overpayment Determination Month(s)
Overpayment Determination Amount(s)
Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Investigation Result Details

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Disqualification Number
Disqualification Length
Disqualification Decision Date
Disqualification Type
Disqualification Begin Date
Disqualification End Date
DRS Category
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Pay to Court Indicator

3. Generate ALERT to Caseworker

The system shall generate an ALERT to the caseworker when the change(s) alter benefits or status and worker intervention is needed based on business rules.

IS ACCOUNT (Input)
Account Number

INVESTIGATION (Input)
Investigation Number

CASE (Input)
Case Number
Case Type

CLAIM (Input)
Claim Number
Account Receivable Modification Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

IS REFERRAL (Input)
Referral Number

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ALERT (Output)
ALERT Type
ALERT Date

4. Determine and Record If Repayment Type is Intentional

The user will record the change and the system shall determine if the existing repayment or claim classification is intentional.

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Repayment Method

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

5. Perform “Repayment Intentional Violation” Process

   The system shall perform “Repayment Intentional Violation” when claim type is intentional.

6. Perform “Repayment Non-Intentional Violation” Process

   The system shall perform “Repayment Non-Intentional Violation” when the claim type is non-intentional.

7. Generate ALERT to Caseworker

   The system shall generate an ALERT to the caseworker to notify him/her of case update following changes to the claim.

   CASELOAD (Input)
   Caseload Number

   CLAIM (Input)
   Claim Number

   IS ACCOUNT (Input)
   Account Number

   INVESTIGATION (Input)
   Investigation Number

   USER (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

User ID

ALERT (Output)
Alert Type
Alert Date
Alert Number (I.D.)
Alert Level Type
Alert Priority Type
Alert Action Type
Alert Status Type
Alert Message Text
Alert Sequence Occurrence Number
Alert Reason Type
Alert Generation Date
Alert Due Date
Alert Resolution Date
Alert Resolution Type

8. Generate Notice

The system shall generate a notice to the individual when appropriate based on the changes that were applied and on the business rules.

USER (Input)
User ID

CASELOAD (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Caseload Number

INDIVIDUAL (Input)
SSN
Individual ID

ADDRESS (Input)
Address Type
County Office Address
Claimant Address
Case Address
Responsible Person Address

NAME (Input)
Name Type
Claimant Name
Responsible Party Name
User Name

CLAIM (Input)
Claim Number

IS ACCOUNT (Input)
Account Number

INVESTIGATION (Input)
Investigation Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

9. Process Returned DRS File

The system shall process a monthly returned DRS file that contains out-of-state disqualified Food Stamp recipients. When there is a successful return with no fatal errors, the system shall determine whether an add, change or key change record must be created for next month's transmission.

CLAIM (Input)
Claim Number
Claim Status
Account Repayment Method
Account Receivable Balance

INDIVIDUAL (Input / Output)
SSN
Individual ID
Disqualification Indicator
Disqualification Number
Disqualification Length
Disqualification Decision Date
Disqualification Type
Disqualification Begin Date
Disqualification End Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Pay to Court Indicator

DRS FILE (Output)
Record Type
State Code
Locality Data
Activity Code
File Creation Date
Last Name
First Name
MI
SSN
DOB
Disqualification Number
Disqualification Start Date
Number of Months
Disqualification Decision Date
Sex
State Information
Offense Code
Contact Organization Information

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.9 Changing or Updating Existing Claim Information

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

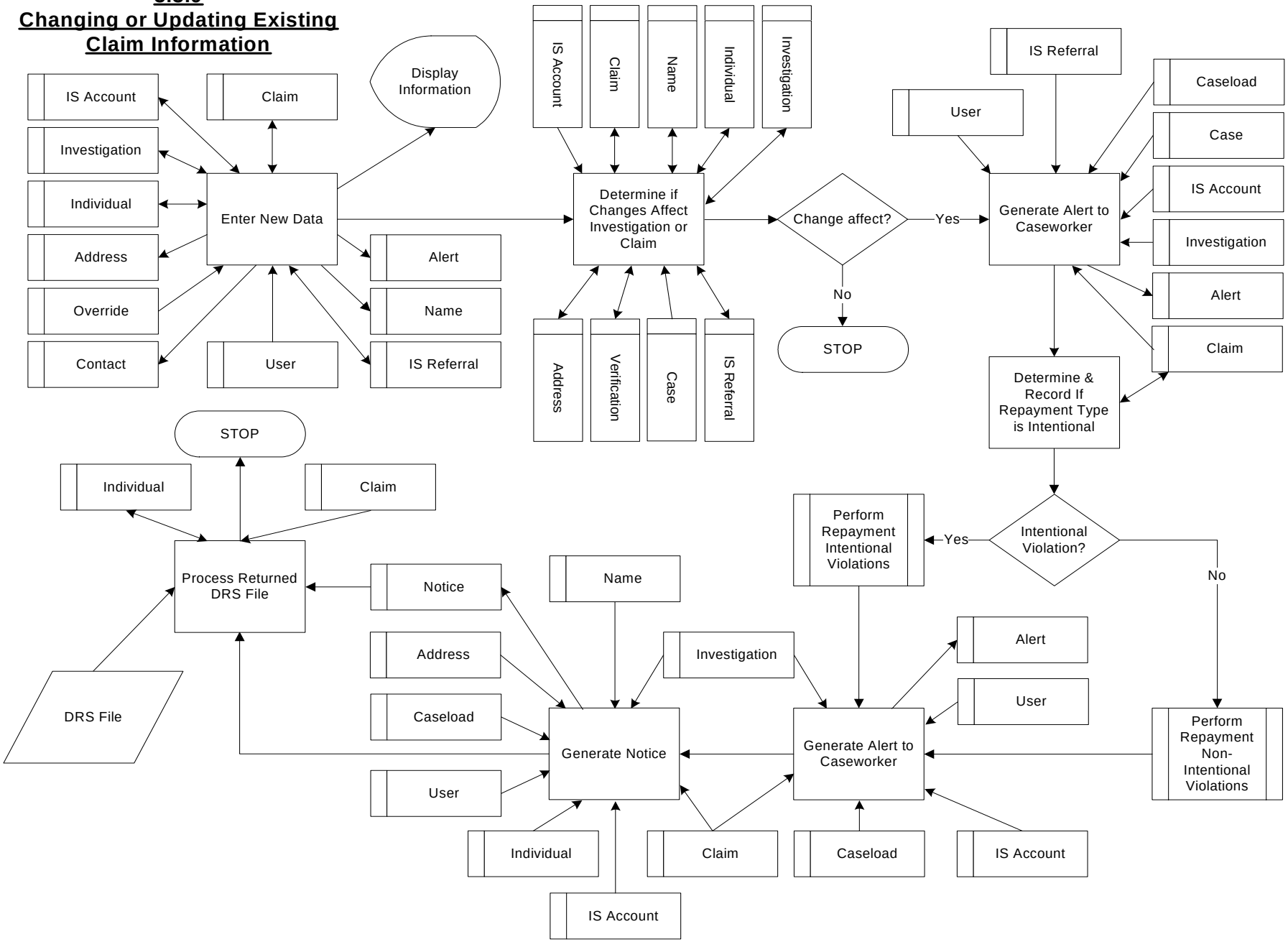
Activity Type
Disqualification Length
Program Code
Disqualification Type Offense Code
Comments
Receive Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Changes may only be made by appropriate users.
IS	2	An account receivable subject to collection cannot be changed or updated without appropriate user approval.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.9 Changing or Updating Existing Claim Information



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

Process:

The Department of Human Services will post account receivable payments (Acct Revb) according to a hierarchy defined by the business rules. The hierarchy exists because the type of claim determines how much the state retains of the account receivable amount. The Department of Human Services may receive cash payments at the State Office or County Office. The Department may also receive payment information from TCSES or by FA benefit reductions. The system shall allow specified users the ability to view all claims that are associated to the individual as well as payment information.

Sub-Processes:

1. Determine If Child Support Collection

   Account receivable payments can be received by benefit reduction from Family Assistance, a cash payment given by the customer or sent by TCSES. The user will record the cash payments received for the Acct Revb. The system shall determine if an amount received is from a child support collection sent on a file from TCSES.

   TCSES (Input)
   SSN
   Collection Amount
   Case Number
   Collection Date

   TRANSACTION HOLD (Input)
   Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

Offset Amount
Eligibility Begin Date
Eligibility End Date

INDIVIDUAL (Input)
SSN
Individual ID

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Repayment Method
Claim Status
Cash Amount Received
Cash Received Date
Account Receivable Balance
Overpayment Program

2. Repayment Must Offset Acct Revb

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

When the payment is for a child support collection, the system shall offset the appropriate TANF account receivable based on program rules. The system shall compare the month and amount of child support collection to the month of overpayment of each FF Acct Revb. If the month of child support collection is included in the FF claim, the system shall offset the related account receivable by the difference between the Child support collection and the correct benefits. The difference needs to be applied against the oldest unpaid benefit coverage month.

IS ACCOUNT (Input / Output)
Account Number
Account Status
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Cash Amount Received
Cash Received Date
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Time Period

3. Determine if Payment Must Be Directed to a Particular Account Receivable

The user will determine if the payment received must be directed to a particular account receivable when it is

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

not a child support collection based on business rules. The user will record the selection of the account.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Claim Classification

IS ACCOUNT (Input / Output)
Account Number

4. Link Acct Revb

The system shall link the appropriate account receivable that was selected by the system when a payment must be posted to that claim.

INDIVIDUAL (Input)
SSN
Individual ID

NAME (Input)
Name Type

IS ACCOUNT (Input / Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

Account Number
Account Status
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Claim Classification

5. Determine if Food Stamp Payment or Benefit Reduction

   The system shall determine if the payment is for Food Stamps when the payment is not directed to a particular Acct Revb.

   CLAIM (Input / Output)
   Claim Number
   Overpayment Program
   Account Receivable Balance
   Overpayment Status
   Account Repayment Method
   Claim Classification

6. Select Oldest Non-Food Stamp Acct Revb

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

When the status is set for payment the system shall sort and select the oldest non-Food Stamp Acct Revb to apply the repayment by sorting all the account receivables for the individual by the agreement date and selecting the one with the oldest date.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number
Account Status

7. Determine if IPV

When the account receivable payment is for Food Stamps and set-up for benefit reduction, the system shall determine which Acct Revb claim to select by a pre-defined hierarchy. The system shall determine if there is an IPV account receivable.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number
Account Status
Total Account Receivable Balance

8. Determine Oldest IPV

When there is an IPV account receivable, the system shall determine the claim with the oldest agreement date to apply the repayment. The system shall select the oldest IPV account receivable.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number
Account Status

9. Select IHE Account Receivables

When there is not an IPV account receivable, the system shall select any IHE account receivables.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number
Account Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

10. Select Oldest IHE

When there is an IHE account receivable the system shall select the status with the oldest agreement date to apply the repayment. The system shall select the oldest IHE account receivable.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number
Account Status
Total Account Receivable Balance

11. Select Oldest AE

When there is not an IHE account receivable, the system shall select the oldest AE account receivable.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status
Claim Status

IS ACCOUNT (Input)
Account Number

12. Determine if Cash Payment or Benefit Reduction

The system shall determine if the repayment was cash or a benefit reduction.

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Overpayment Status
Account Repayment Method
Account Receivable Agreement Date
Claim Classification
Overpayment Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.10 Claim Repayment Hierarchy

Program Affected: All	**Users: All**

Claim Status

13. Perform “Adjust Claim Balance Cash Payment Received” Process

    If this was a cash repayment, the system shall perform “Adjust Claim Balance Cash Payment Received” when the appropriate account receivable has been determined and payment must be posted.

14. Perform “Claim Balance Adjustment” Process

    If this was a benefit reduction repayment, the system shall perform “Claim Balance Adjustment” when the appropriate account receivable has been determined and payment must be posted.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	If the payment received comes from child support collections, TANF claims related to the child support payment shall be offset.
IS	.2	Payments may be made to zero to many account receivables.
IS	3	If the payment is specified to a particular account receivable, it must be applied to that account receivable.
IS	4	If the payment is in the form of benefit reduction then the payment may only be applied to the program where the reduction occurred.
IS	5	If the payment is not benefit reduction of food stamps and is not directed to a particular claim and not from the treasury offset program, it shall be applied in the following order: TANF account receivables first, including child care and support services, (i.e. any money paid out of the TANF block grant). If no TANF account receivable exists, it shall be applied to any existing food stamp account receivable in the following order (1) intentional program violation, (2) inadvertent household error, (3) agency error, without regard to the age of the account receivable.
IS	6	If there are multiple TANF account receivables, the oldest shall be paid first.
IS	7	If there are multiple food stamp intentional program violation account receivables, the oldest shall be paid first.
IS	8	If there are multiple inadvertent household error account receivables, the oldest shall be paid first.
IS	9	If there are multiple agency error account receivables, the oldest shall be paid first.
IS	10	The date for determining order is based upon the date upon which a claim becomes an account receivable.
IS	11	The month and amount of child support collection is compared to the month of overpayment of each FF claim for the person.
IS	12	If the month of child support collection is included in the FF claim, offset the related account receivable by the amount of child support collection that reimbursed the FF grant.
IS	13	Payments received electronically will be processed at the State Office.
IS	14	When the balance of the first account receivable chosen in the Perform Claim Repayment Hierarchy Process reaches zero, the system must apply the remaining payment amount to other accounts when possible.
IS	15	If the payment received comes from a benefit reduction of a childcare subsidy payment it must be applied toward a child care account receivable of the provider.

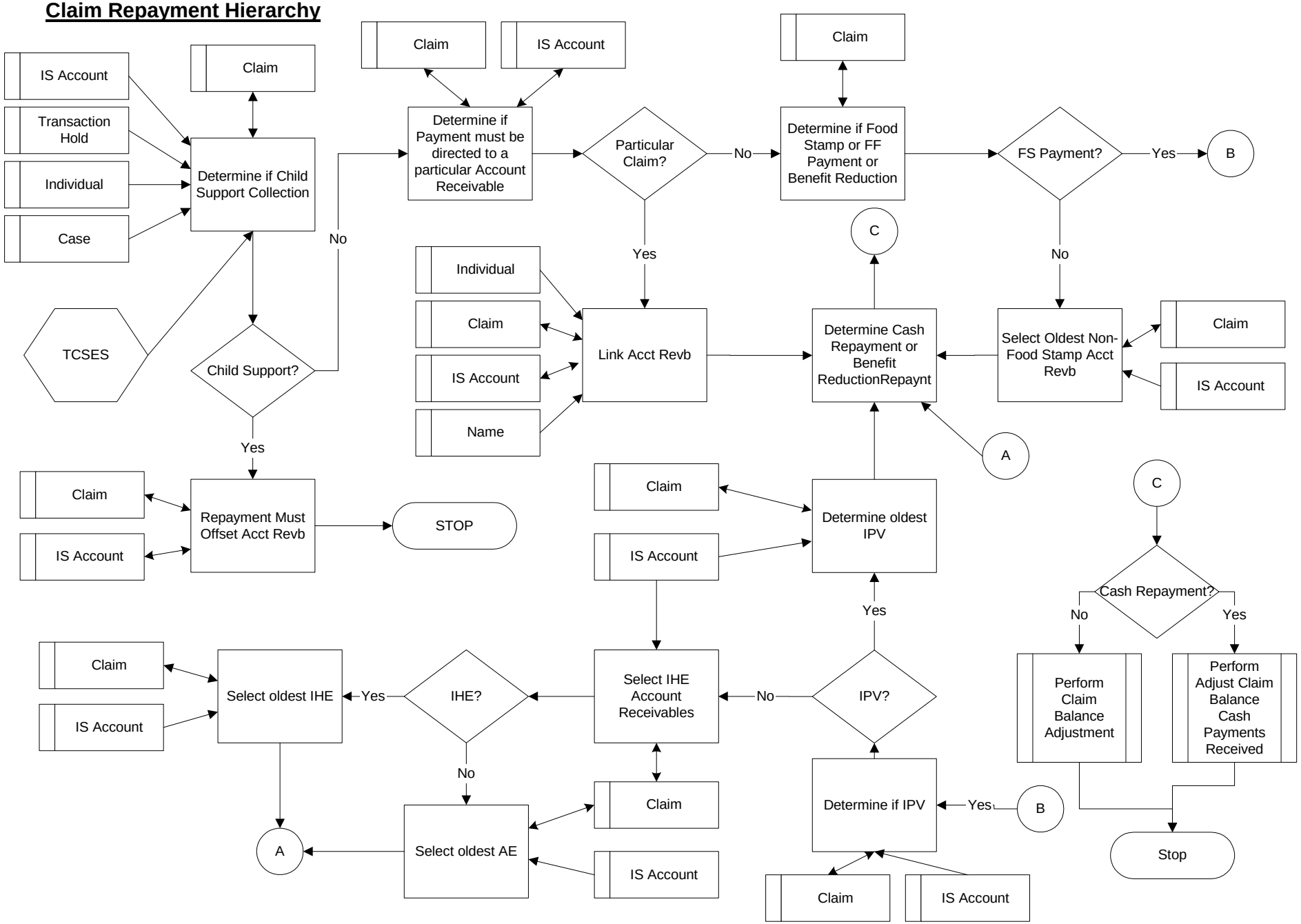
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	16	If there are multiple childcare account receivables, the oldest shall be first when payments are applied.
IS	17	TOP offset payments will be directed to a particular account receivable and will use Treasury Offset Payment process to adjust the account receivable.
IS	18	Cash payments may be applied toward a FS, FF, Families First Services or Childcare Account services and will use the Adjust Claim Balance Cash Payment Received to adjust the account receivable balance.
IS	19	Benefit reduction payments use the Adjust Claim Balance Benefit Reduction to adjust the account receivable.
IS	20	If the cash payment is not directed to a particular claim and not from the treasury offset program and there is no TANF / Childcare / FS account receivable to apply the payment toward, then the payment shall be applied to the offset FF Services claim first.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.10

Claim Repayment Hierarchy



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.11 Repayment – Non-Intentional Violations	
Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Process:

The system shall determine repayment for non-intentional claim types based upon business rules governed by program hierarchy. The system shall create, maintain, and modify an accounts receivable ledger for each authorized claim.

Sub-Processes:

1. Determine If Active

   The system shall determine if the individual with a non-intentional claim has an active Family Assistance case. When the account receivable is eligible for benefit reduction the system shall set the repayment status to "cash payment" when the FA case is not active.

   CASE (Input)
   Case Number
   Case Type

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CLAIM (Input / Output)
   Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.3.11 Repayment – Non-Intentional Violations

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Claim Classification
Account Repayment Method
Account Receivable Balance
Overpayment Program
Claim Status

2. Perform “Adjust Claim Balance Cash Payments Received” Process

   The system shall perform “Cash Payments” when payments are received and the FA case is not active or set up for benefit reduction.

3. Determine if Currently Being Benefit Reduced

   When the Family Assistance case is active, the system shall determine if the case is currently being benefit reduced.

   CLAIM (Input / Output)
   Claim Number
   Claim Classification
   Claim Status
   Account Repayment Method

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Benefit Reduction Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.3.11 Repayment – Non-Intentional Violations

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

CASE (Input)
Case Number
Case Type

4. Perform “Claim Repayment Hierarchy” Process

   The system shall perform “Claim Repayment Hierarchy” when the Family Assistance case is not currently being benefit reduced.

5. Apply Benefit Reduction

   The user will set the appropriate account receivable repayment status to benefit reduction. The system shall apply a benefit reduction when set or adjusted by the user. The system shall, when a recoupment is being applied, indicate the claim type that is used when determining and applying a recoupment. The system shall have the capability to not recoup initial month’s benefits based upon business rules.

   CLAIM (Input / Output)
   Claim Number
   Account Repayment Method

   INDIVIDUAL (Output)
   SSN
   Individual ID
   Benefit Reduction Indicator

6. Perform “Budgeting” Process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.3.11 Repayment – Non-Intentional Violations

Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

The system shall perform "Budgeting" and apply the benefit reduction to the FF or FS benefits based on business rules.

7. Perform "Claim Repayment Hierarchy" Process

   The system shall perform Claim Repayment Hierarchy when the Family Assistance case has an active benefit reduction and another claim is eligible for benefit reduction. The system shall determine if the correct claim is being utilized in the determination of the benefit reduction amount for the program and sub-program, based on business rules.

8. Determine If Benefit Reduction Needs Adjusted

   The user will determine if the current benefit reduction must be adjusted. The user will record the necessary adjustments that must be made to the claim or account receivable.

   CLAIM (Input)
   Claim Number
   Claim Status
   Account Receivable Balance

   CLAIM (Output)
   Claim Status
   Account Receivable Balance
   Account Repayment Method
   Account Receivable Modification Indicator
   Account Receivable Modification Type
   Account Receivable Modification Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.3.11 Repayment – Non-Intentional Violations	
Program Affected: All	**Users: Claims Staff, Caseworkers, Supervisors**

Account Receivable Modification Date
Account Receivable Modification Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	When a responsible adult with an open account receivable based upon a FS claim is not in an active Food Stamp case, the system shall search for any other responsible adults receiving Food Stamps.
IS	2	Food Stamp benefits of other adult household members may be recouped as payment to an open delinquent account receivable as long as the payment is from a single recoupment (can't recoup from 2 cases at the same time) and the responsible adult is not receiving Food Stamp benefits and the account receivable is delinquent.
IS	3	When the responsible adult of an account receivable based upon a Food Stamp claim is not a member of an active FS case, the account receivable repayment agreement must change to cash payment by the system.
IS	4	A FF case may have zero to many account receivables attached to it.
IS	5	Account receivables may be attached to one to many FA cases.
IS	6	Zero to many individuals in a FF case may have account receivables.
IS	7	Only account receivables in a repayment status may be paid.
IS	8	Zero to many individuals may repay a FF account receivable.
IS	9	If a benefit reduction payment is applied that results in a zero balance and there are no more FF account receivables the customer may be entitled to a refund.
IS	10	If the account receivable is suspended for bankruptcy, lost documentation or administratively, the account receivable shall not be subject to benefit reduction.
IS	11	FF account receivables shall be repaid from oldest to newest without regard to type except in such cases where ordered by a court.
IS	12	The Department of Human Services (DHS) shall collect payments for intentional Program Violations (IPV), Inadvertent Household Errors (IHE) and Administrative Errors (AE) from households currently participating in the program by reducing the household's food stamp allotments if the claim has not been repaid through a lump sum cash and/or food stamp benefit payment, or a payment schedule has not been negotiated with the household.
IS	13	Account receivables based upon an Intentional Program Violation claims shall have the greater of 20 percent or $20 per month, subject to revision by the USDA, recovered from the food stamp allotment.
IS	14	Account receivables based upon an Administrative Error or Inadvertent Household error claim shall have the greater of 10 percent or $10 per month, subject to revision by USDA, recovered from the food stamp allotment.
IS	15	It must be determined if multiple account receivables exist for a Food Stamp household.
IS	16	When no account receivable based upon an IPV claim exists, apply the benefit reduction payment to the oldest IHE based account receivable first.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

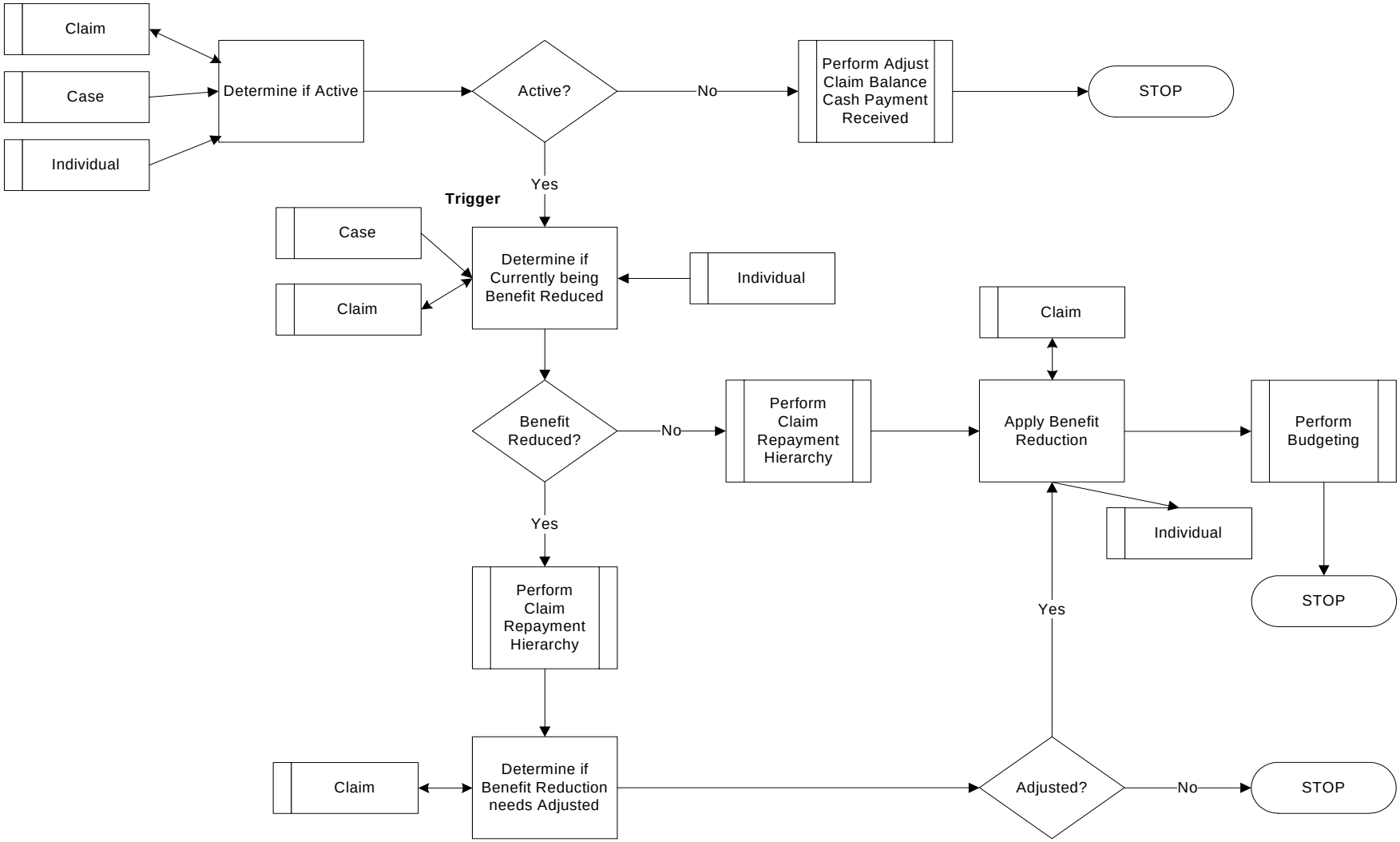
Program Type	Rule Number	Rule
IS	17	If an account receivable based upon an IHE claim does not exist, the oldest AE based account receivable is to be applied.
IS	18	A FS case may have zero to many account receivables attached to it.
IS	19	FS benefit reduction may only be applied to one FS account receivable at a time.
IS	20	A FS case may have zero to many different types of FS account receivables.
IS	21	Zero to many individuals in a FS case may have FS account receivables.
IS	22	Only FS account receivables in repayment status may be paid.
IS	23	Zero to many individuals may repay a FS account receivable.
IS	24	If a benefit reduction payment is applied that results in a zero balance then the next FS account receivable according to the rules shall be paid.
IS	15	The date for determining order of payment is based upon the date upon which a claim becomes an account receivable.
IS	26	FS IHE account receivables being paid from voluntary assignment of unemployment compensation shall be paid prior to other FS IHE account receivables.
IS	27	FS AE account receivables shall be paid when there are no FS IPV account receivables or FS IHE account receivables from oldest to newest.
IS	28	If the FS account receivable is suspended for bankruptcy, lost documentation or administratively the FS account receivables shall not be subject to benefit reduction.
IS	29	All court ordered repayments supersede claim type hierarchy repayment.
IS	30	No account receivables shall be benefit reduced after ten years from the date it was established.
IS	31	If the payment received comes from child support collections, TANF claims related to the child support payment shall be offset
IS	32	If the payment is specified to a particular account receivable, it must be applied to that account receivable.
IS	33	If the payment is in the form of benefit reduction then the payment may only be applied to the program where the reduction occurred.
IS	34	If the payment is not benefit reduction of food stamps and is not directed to a particular claim and not from the treasury offset program, it shall be applied in the following order: TANF account receivables first, including child care and support services, (i.e. any money paid out of the TANF block grant) if no TANF account receivable exists, it shall be applied to any existing food stamp account receivable in the following order (1) intentional program violation, (2) inadvertent household error, (3) agency error, without regard to the age of the account receivable.
IS	35	If an account receivable is eligible for benefit reduction and the Families Assistance case is not active, then the repayment status will be set for cash payment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	36	If payment comes from child care subsidy it should be applied to child care claim account receivable, when no child care account receivable for the responsible person exist apply to any Families First based account receivable.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.11 Repayment - Non-Intentional Violations



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation	
Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Process:

The Department of Human Services must disqualify individuals with an intentional claim and determine if benefits can be recouped. The system shall capture information and the disqualification penalties and repayments of intentional claims which result in an account receivable. In the event of multiple account receivables for an individual or case, the system must apply the hierarchy rules for recoupment by program and claim type.

Sub-Processes:

1. Apply Individual Disqualification

The system shall determine the length of the disqualification period for an individual with an intentional claim, based on business rules. The system shall determine the start of the disqualification period as the first available month following the decision date. The system shall impose the disqualification for certain felony classifications based on business rules with the ability to treat differently for different programs and sub-programs. The system shall allow the user to enter disqualifications information for out-of-state claims.

CLAIM (Input)
Claim Number
Claim Status
Overpayment Program
Account Receivable Overage Amount
Account Receivable Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation	
Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

INDIVIDUAL (Input / Output)
SSN
Individual ID
Eligibility Status
Eligibility Begin Date
Eligibility End Date
Disqualification Indicator
Disqualification Length
Disqualification Number
Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Number
Out-of-State Disqualification Length
Out-of-State Disqualification Decision Date
Out-of-State Program Type
Out-of-State Disqualification Type
Out-of-State Disqualification Begin Date
Benefit Reduction Indicator
Pay to Court Indicator

CASE (Input)
Case Number
Case Type
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

2. Determine if Disqualified Individual Is In An Active Case

   The system shall determine if the individual to be disqualified is in an active Family Assistance case.

   CASE (Input / Output)
   Case Number
   Case Type
   Case Status

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Individual Eligibility Status

3. Perform “Grouping” Process

   The system shall perform “Grouping” when the individual is in an active FA case.

4. Perform “Budgeting” Process

   The system shall perform “Budgeting” removing the disqualified individual from the appropriate budget based on business rules.

5. Determine if Case Fails

   The system shall determine if the Family Assistance case fails eligibility with the removal of the disqualified individual from the budget.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

CASE (Input)
Case Number
Case Type
Case Status
Household Size

INDIVIDUAL (Input)
SSN
Individual ID
Individual Eligibility Status

INCOME (Output)
Pass / Fail Indicator
Budget Effective Date

6. Determine if Other Responsible Parties Are Receiving Benefits

When the individual to be disqualified is not in an active Family Assistance case or the case fails or is ineligible with the removal of the disqualified individual, the system shall determine if there are any other responsible parties receiving benefits.

CLAIM (Input / Output)
Claim Number
Other Responsible Party Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

INDIVIDUAL (Input)
SSN
Individual ID
Benefit Reduction Indicator
Disqualification Indicator

NAME (Input)
Name Type
Claimant Name
Responsible Person Name

CASE (Input)
Case Number
Case Type
Case Status

CLAIM (Output)
Responsible Person(s) Indicator

INVESTIGATION (Input)
Investigation Number
Investigation Status

7. Start Cash Repay

When there is another responsible person associated with the claim but they are not receiving benefits or when no other responsible person is identified, the system shall start cash repayment and alert the claims

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

worker. The user will set up a regular schedule of payments not repaid through a lump sum payment with the responsible person. If the household fails to make a payment in accordance with the established repayment schedule the system shall send the household a notice explaining that no payment or an insufficient payment was received.

CLAIM (Input / Output)
Claim Number
Claim Status
Account Repayment Method
Account Receivable Amount
Account Receivable Date

INDIVIDUAL (Input)
SSN
Individual ID

CASELOAD (Input)
Caseload Number

USER (Input)
User ID
Investigator ID
Supervisor ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.12 Repayment Intentional Violation

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

ALERT (Output)
ALERT Type
Cash Repayment
User ID

ADDRESS (Input)
Address Type
Claimant Address
County Office Address
Responsible Person Address

NAME (Input)
Name Type
Claimant Name
Responsible Person Name
Investigator Name

NOTICE (Output)
Notice Type
Repayment Notice
Notice Date

8. Perform “Budgeting” Process

When there is another responsible party receiving benefits, the system shall perform “Budgeting.” The system shall apply benefit reduction on this individual’s case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

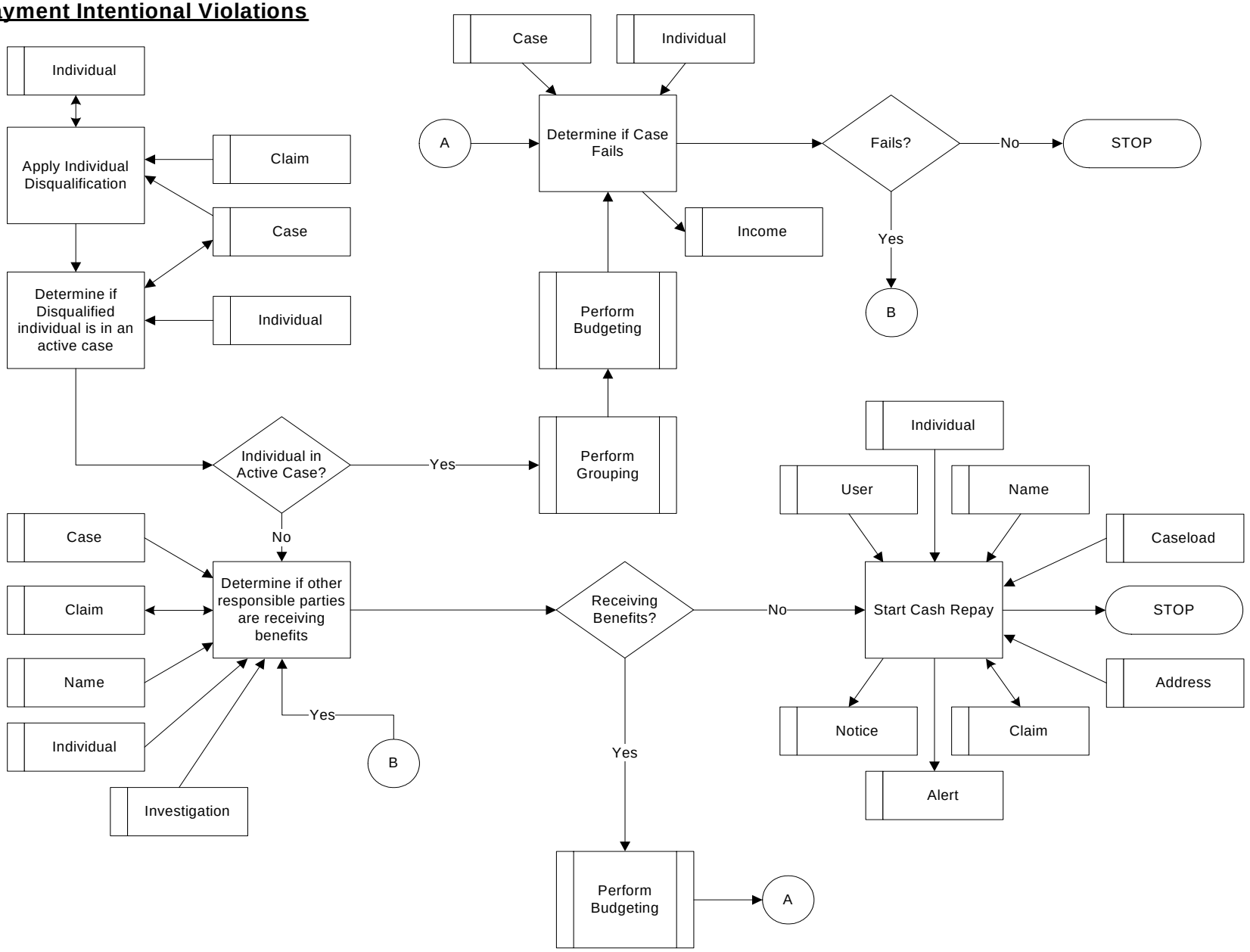
Program Type	Rule Number	Rule
IS	1	An intentional claim for FS and FF may result in disqualification from the affected program.
IS	2	A disqualification period can be applied even if an individual is not currently receiving benefits.
IS	3	Individual is disqualified from the FS program for one year upon the first intentional program violation claim that results in an account receivable subject to collection.
IS	4	Individual is disqualified from the TANF program for a period of six (6) months upon the first intentional program violation claim that results in an account receivable subject to collection.
IS	5	An individual is disqualified from the FS program for two (2) years upon the second intentional program violation claim that results in an account receivable subject to collection.
IS	6	An individual is disqualified from the TANF program for twelve (12) months upon the second intentional program violation claim that results in an account receivable subject to collection.
IS	7	An individual is disqualified from the FS program permanently upon the third intentional program violation claim that results in an account receivable subject to collection and if convicted of trafficking $500 or more in benefits.
IS	8	An individual is disqualified from the TANF program permanently upon the third intentional program violation claim that results in an account receivable subject to collection.
IS	9	An individual is disqualified from the FS program for a period of ten (10) years for making a fraudulent statement as to identity or residence to receive multiple benefits in the FS program.
IS	10	An individual is disqualified from the FS program for a disqualification period specified by a court of law.
IS	11	The disqualification shall begin with the first month it is administratively feasible following an intentional program violation that results in an account receivable subject to collection.
IS	12	The disqualification period shall continue uninterrupted until completed.
IS	13	If an individual is disqualified in FS and there are other adult clients in the same case, the other adult clients are jointly and severally liable for the account receivable.
IS	14	Discontinue any collection activities from an account receivable that is being collected from head of household or adult household member if the individual that is responsible for the intentional violation applies and is approved for benefits.
IS	15	If payment cannot be obtained from the person that committed the violation, or the individual that was the head of household when the violation occurred, collection action must be initiated from any household containing an adult who was a member of the household in which the overage occurred.
IS	16	If the repayment cannot be obtained from the person who committed the program violation, initiate collection action against the household containing the individual who was head of the household at the time the act(s) of intentional program violation occurred.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	17	Collection action must be initiated against the household which committed an intentional program violation and which received the overage of benefits for which the account receivable was established.
IS	18	Payments can be received in a Lump Sum amount, partial payments and monthly payments.
IS	19	A court ordered disqualification with a specific time period supersedes the time period hierarchy.
IS	20	The first disqualification for an intentional violation in FS is for 1 year.
IS	21	The second disqualification for an intentional violation in FS is for 2 years.
IS	22	The third disqualification for an intentional violation in FS is permanent.
IS	23	The first disqualification for an intentional violation in FF is for 6 months.
IS	24	The second disqualification for an intentional violation in FF is for 12 months.
IS	24	The third disqualification for an intentional violation in FF is permanent.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.12
Repayment Intentional Violations



State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities	
Program Affected: Claims	**Users: Claims Staff**

Process:

The Department of Human Services establishes garnishments and other court orders against individuals who have earned income and delinquent Account Receivables. The Department of Human Services shall identify and submit those with delinquent accounts to various Offset Programs. The system shall generate appropriate documentation based upon user input for appropriate adjudication paths and claim type. The system shall maintain different sets of dates for various claim related activities as determined by Policy.

Sub-Processes:

1. Identify Potential Civil Court Individuals

   When the Department of Human Services receives updated Department of Labor Wage Data, the system shall identify those individuals that are delinquent in their Account Balance and also working, according to business rules. The total income earned from all sources should be calculated for each individual selected.

   INDIVIDUAL (Input)
   SSN
   Individual ID
   Date of Birth

   CLAIM (Input / Output)
   Claim Number
   Claim Classification
   Repayment Agreement Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

Repayment Agreement Type
Civil Court Action Indicator

IS ACCOUNT (Input)
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance

LABOR (Input)
Labor SSN
Labor Income Amount
Labor Wage Begin Date
Labor Wage End Date
Labor Employer Name
Labor Employer Address
Labor Employer City
Labor Employer State
Labor Employer Zip
Labor Employer ID

COLLECTION (Output)
Collection RID
Collection Indicator
Collection Begin Quarter Date
Collection End Quarter Date

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

Collection Total Wage Amount
Collection County
Collection District

2. Select Potential Civil Court Individuals

When the “Collections” Investigator is ready to work the Potential Individuals List, the user will request a list from the system and select the required individuals. The system shall display only the individuals associated to the Investigator’s District using business rules.

INDIVIDUAL (Input)
SSN
Individual ID

COLLECTION (Input / Output)
Collection RID
Collection Indicator
Collection Begin Quarter Date
Collection End Quarter Date
Collection Total Wage Amount
Collection County
Collection District

LABOR (Input)
Labor SSN
Labor Income Amount

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

Labor Wage Begin Date
Labor Wage End Date
Labor Employer Name
Labor Employer Address
Labor Employer City
Labor Employer State
Labor Employer Zip
Labor Employer ID

CLAIM (Input)
Claim Number
Claim Classification
Claim Status
Account Receivable Balance

IS ACCOUNT (Input)
Account Number
Account Balance
Account Status

3. Perform “Obtain Verification” Process

   The system shall perform “Obtain Verification.” The “Collections” worker will verify the income reported from the Labor data.

4. Record Amounts

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

When the verification returned from the employer shows the client is currently employed, the collections worker will record the verifications and comments in the system. When the client is no longer employed, collection activities are stopped.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input)
Claim Number
Claim Classification
Repayment Agreement Date
Repayment Agreement Type
Civil Court Action Indicator

COLLECTION (Output)
Collection Comments
Collection Indicator

VERIFICATION (Input / Output)
Verification Type
Verification Provided Date

5. Generate Final Notice

After employment verification has been received and the client is currently employed, the collections worker will request a “Final Notice Letter.” The system shall generate the notice when request is entered.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)
Account Number
Total Account Receivable Balance
Final Notice Indicator
Final Notice Mail Date

CLAIM (Input)
Claim Number
Account Receivable Balance
Claim Classification
Overpayment Program

NAME (Input)
Name Type
Claimant Name
Investigator Name
Responsible Person Name

ADDRESS (Input)
Address Type
District Address
Claimant Address

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

Responsible Person Address

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

NOTICE (Output)
Notice Type
Notice Mail Date

6. Determine if Response to Notice

When there has been a response to the notice the user will record contact date. The system shall determine if there has been a response to the notice.

IS ACCOUNT (Input / Output)
Account Number
Final Notice Indicator
Final Notice Mail Date
Final Notice Contact Date

CLAIM (Input)
Claim Number

INDIVIDUAL (Input)

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

SSN
Individual ID

7. Generate ALERT

When there has been no response to the “Final Notice Letter” within 30 days, the system shall generate an ALERT to the Collections worker.

IS ACCOUNT (Input)
Account Number
Final Notice Indicator
Final Notice Mail Date
Final Notice Contact Date

CLAIM (Input)
Claim Number
Claim Status
Repayment Agreement Date
Repayment Agreement Type

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities

Program Affected: Claims	**Users: Claims Staff**

ALERT (Output)
ALERT Type
ALERT Date

8. Update Claim Information

When the individual responds to the “Final Notice Letter” a new repayment agreement will be negotiated or a cash payment will be sent and one or both of those actions will be recorded by the user into the system.

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input / Output)
Account Number
Final Notice Indicator
Final Notice Mail Date
Final Notice Contact Date

CLAIM (Input / Output)
Claim Number
Claim Classification
Claim Status
Repayment Agreement Date
Repayment Agreement Type

9. Referral to Civil Court

State of Tennessee

DHS V.I.P Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.13 Collection Activities	
Program Affected: Claims	**Users: Claims Staff**

When there is no response to the “Final Notice Letter” the user will make a referral to Civil Court and record the action into the system.

IS ACCOUNT (Input)
Account Number
Final Notice Indicator
Final Notice Mail Date
Final Notice Contact Date

CLAIM (Input / Output)
Claim Number
Civil Court Indicator
Civil Court Referral Date

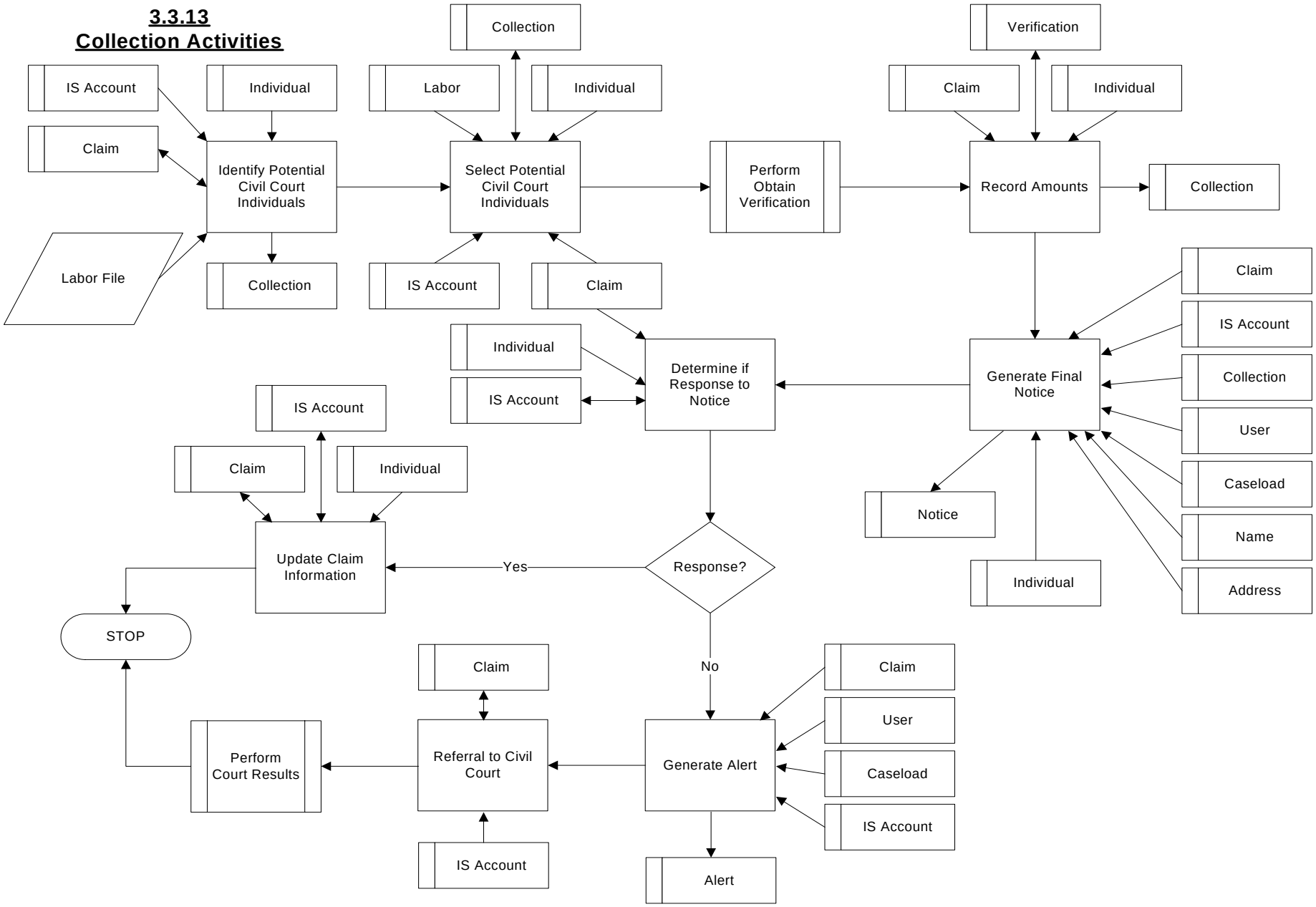
10. Perform “Court Results” Process

The system shall perform “Court Results” when the decision is returned.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Delinquent individuals are individuals who are not currently receiving benefits and have not made a cash payment in the past 6 months on any Account Receivable balance.
IS	2	Individual having an account receivable suspended due to Bankruptcy, Administrative, Death, Lost or Documents shall not be identified as having potential Civil Court action taken against them.
IS	3	Individual must have at least $1000 in quarterly income to be identified as having potential Civil Court action taken against them.
IS	4	The Collection County is the county code of the most recent claim.
IS	5	The Collection District is the Investigation District that includes the Collection County.
IS	6	Individual with potential Civil Court action shall be sorted by Account Receivable outstanding balance amounts so those with the highest outstanding balance will be displayed first.
IS	7	Individuals must have a total account receivable(s) balance of at least $500.00 to be identified as having potential Civil Court action.
IS	8	Non-suspended account receivables balances of individuals shall be used to determine the Total Outstanding Balance
IS	9	The user ID will be used to identify the Collection District for displaying the individual with potential Civil Court actions.
IS	10	When no new repayment agreement is entered between the date the “Final Notice Letter” is mailed and the subsequent 30 days and/or no cash payment is received, the system should generate an alert to the appropriate collections worker.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment	
Program Affected: All	**Users: Claims Staff**

Process:

When a client is eligible to receive benefits and an account receivable has been established against the case, the system will reduce the monthly benefit and post the amount to the appropriate claim account.

Sub-Processes:

1. Apply to Acct Rcvb Amount by Benefit Reduction

   The system shall reduce the Acct Rcvb balance by the amount that was deducted from the customer's FF or FS benefit. The system shall receive the benefit reduction amount as a daily action or as a result of recurring issuance for a future month. The system needs to record the payment and update federal reporting data for both FF and FS. The system shall use the benefit reduction amount to update the benefit overage data with "repaid' amounts until the Acct Rcvb is paid in full. This information is used for the Transaction Register and AFDC / TANF Report. The later data must be accumulated for long-term use. The system shall create a monthly and quarterly federal report for FF and FS. The system shall allow the user to request a quarterly report or annual report on demand for HHS audit.

   IS ACCOUNT (Input)
   Account Number

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

CLAIM (Input / Output)
Overpayment Program
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

TRANSACTION HOLD (Input)
Case Number
Offset Amount
Eligibility Begin Date
Eligibility End Date
Segment Date

2. Create Financial Transaction

The system shall create a financial transaction for Fiscal Services with the benefit reduction information that was applied to the Acct Rcvb.

CASE (Input)
Case Number
Case Type
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

IS ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Overpayment Program
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

FINANCIAL TRANSACTION (Output)
Benefit Reduction Amount
Benefit Reduction Date
Case Number
Claim Number
Category Claim
Case Number Claim

3. Create AFDC / TANF BR Report

The system shall create an AFDC / TANF report by accumulating the benefit reduction payments applied to

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

balances of AFDC / TANF account receivables for each month. Benefit reductions applied to account receivables with an overage date prior to October 1, 1996 are reported as AFDC benefit reductions on the report. Benefit reductions applied to account receivable overages date October 1, 1996 and later are reported as a TANF benefit reduction on the report.

CASE (Input)
Case Number
Case Type
Application Date

INDIVIDUAL (Input)
SSN
Individual ID

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

ADDRESS (Input)
Address Type
Investigator County Number
Claimant County Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

CLAIM (Input)
Claim Number
Overpayment Program
Total Overpayment Amount
Claim Classification
Claim Status
Claim Paid Out Indicator
Claim Paid Out Date
Claim Status Reason
Account Receivable Balance
Account Repayment Method
Payment Received Type
Payment Received Date
Payment Received Amount
Account Receivable Refund Indicator
Account Receivable Refund Amount
Account Receivable Refund Date
Benefit Reduction Date
Benefit Reduction Amount
IV-D Offset
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

REPORT (Output)
Report Type
AFDC / TANF Report
Report Date
Reporting Period
Benefit Reduction Amount
Cash Collection Amount
Refund Amount
Non-Refund Amount
Amount of Coupons
Amount of FS Restoration
Amount Disregarded
TWISS Case Number
TWISS Case Status
Disregard Amount
IV-D Offset Amount
Adjustment Amount
Adjustment Number
Adjustment Date
Adjustment Reference
Adjustment Reason
Filing Fee Date
Filing Fee Reference
Filing Fee Amount
Filing Fee Applied Amount
Reimbursement Amount
Reimbursement Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Reimbursement Offset
Tax Refund Amount
Tax Refund Date
Tax Refund Applied Amount
Tax Refund Offset Indicator
Coupon Date
Coupon Reference
Coupon Amount

4. Create Federal Report

The system shall create a federal report (FS) by accumulating the outstanding account receivable balances of FS and FF account receivables at the beginning of a reporting period, new account receivables that were added during the period, repayment activity for account receivables during the period and the number of account receivables which will no longer contribute to the Federal Reports due to being paid out, closed or deemed uncollectible. Ending balances for the periods are computed. Once an account receivable has been included on a Federal Report it will continue to be included on subsequent reports until such time as it no longer contributes to the report. A report is produced for each individual county, as well as a statewide report with a total of all county reports. The reports are produced monthly for Fiscal Services and quarterly for the federal government.

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Individual ID

ISSUANCE HISTORY (Input)
Benefit Type
Benefit Date
Benefit Issued Amount
Recoupment Amount
Benefit Amount
Issuance Method Code

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

ADDRESS (Input)
Address Type
Investigator County Number

CLAIM (Input)
Claim Number
Overpayment Program
Total Overpayment Amount
Claim Classification

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Claim Status
Claim Status Reason
Account Receivable Balance
Account Repayment Method
Payment Received Type
Payment Received Date
Payment Received Amount
Account Receivable Refund Indicator
Account Receivable Refund Amount
Account Receivable Refund Date

REPORT (Output)
Report Type
Federal TANF Report
Report Date
Reporting Period
Case Number
TWISS Case Number
TWISS Case Status
Program Type
Claim Number
Closure Reason
Claim Amount
Beginning Claim Balance
Ending Claim Amount
Benefit Reduction Amount
Cash Collection Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Refund Adjustment Amount
Non-Refund Adjustment Amount
IV-D Offset Amount
Amount Disregarded

Federal FS Report
County Number
Report Date
Reporting Period
Prior Reporting Individual
TWISS Case Status
Claim Classification
Claim Status
Closure Reason
Claim Amount
Claim Balance
Benefit Reduction Amount
Cash Collection Amount
Refund Adjustment Amount
Non-Refund Adjustment Amount
FS Restoration Amount
Amount Disregarded

5. Generate Report of Benefit Reductions

The system shall generate a report of all benefit reductions that have been applied on a daily and monthly basis with county and statewide totals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Input)
Account Number

INDIVIDUAL (Input)
SSN
Individual ID

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

ADDRESS (Input)
Address Type
Investigator County Number

CLAIM (Input)
Claim Number
Claim Classification
Account Receivable Balance

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

ISSUANCE HISTORY (Input)
Issuance Month
Issuance Year
Issuance Amount
Issuance Type

REPORT (Output)
Report Type
Benefit Reductions Applied
Report Date

4. Create TCSES File

The system shall create a record of all Families First recoupments for TCSES arrearage adjustments.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment	
Program Affected: All	**Users: Claims Staff**

Claim Number
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

IS ACCOUNT (Input)
Account Number
Account Status

CASE (Input)
Case Number
Case Type
Case Status

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

ADDRESS (Input)
Address Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.14 Claim Balance Adjustment

Program Affected: All	**Users: Claims Staff**

Investigator County

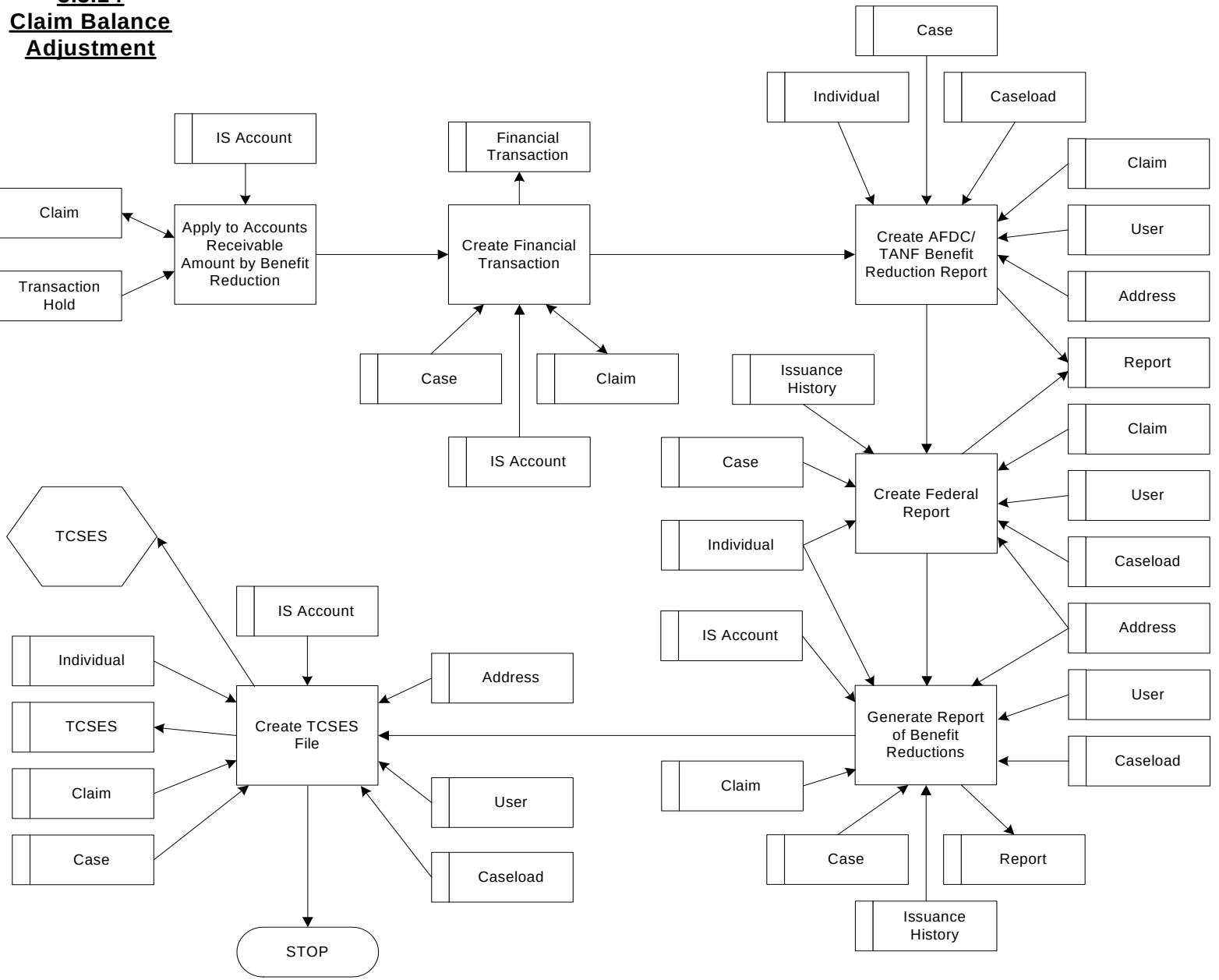
TCSES (Output)
Benefit Month
TCSES ID Number
TCSES Case Number
Account Receivable Modification Amount
Account Receivable Modification Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	The benefit reduction date and issuance cutoff date must be used in determining which federal report month a given benefit reduction should be reported in.
IS	2	FF benefit reductions need to update claim overage period information starting with the oldest prepaid to the newest repaid overage month until the claim is totally repaid.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.14 Claim Balance Adjustment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received	
Program Affected: All	**Users: Claims Staff**

Process:

The Department of Human Services will receive cash payments that will need to be offset against an individual's account receivable (A/R). These payments can be received in the state office or in a county office. Payments may be received by paper or electronically. The system shall have the ability to adjust overpayments that will offset the amount of benefits the client received. The system shall allow restorations to be applied to the balance of an outstanding claim based on program rules. The system shall automatically build claim referrals based on program policy and generate to appropriate investigations staff upon user authorization. The system shall apply appropriate child support payments when determining an overpayment based on rules. The system shall when expunging the returned Food Stamp benefits, apply the amount to any outstanding claim(s) using a defined hierarchy when multiple claims exist for the individual based on rules. The issuance history should be updated when expunged benefits are applied to claims.

Sub-Processes:

1. Determine State Office or County Office Receipt

   The user will record cash payment information that is received. The system shall determine if it is received in the state office or county office by the user ID of the individual. State office staff will process payments received electronically. The system shall generate an ALERT to the user when a cash payment is logged in by another user. The system shall not allow the user to change claim classification to a higher status once the claim has been put into "Repayment" status. The system shall allow user to make adjustments to payment entries. The system shall have the capability to transmit payments nightly to the state's accounting system for payment after the appropriate approvals.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Repayment Method
Overpayment Program
Cash Deposit Number
Account Receivable Modification Indicator
Account Receivable Modification Type
- Cash Payment Received
- Benefit Reduction Applied
- Expunged Electronic Benefits
- Court Amount
- Garnishment
- Lottery

Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period
Payment Received Type
Payment Received Date
Payment Received Amount

INDIVIDUAL (Input)
SSN
Individual ID

IS ACCOUNT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

Account Number
Total Account Receivable Balance

USER (Input / Output)
User ID

CASELOAD (Input / Output)
Caseload Number

ALERT (Output)
ALERT Type
Cash Payment Received
ALERT Date

2. Perform “Issue Receipt” Process

   The system shall perform “Issue Receipt” process to generate a receipt to an individual concerning their payment.

3. Perform “Claim Repayment Hierarchy” Process

   The system shall perform “Claim Repayment Hierarchy” when the account receivable payment is recorded by state office staff.

4. Determine if Refund Applies

   The system shall determine if the payment amount received exceeds the claim balance for the claim(s)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

selected in the hierarchy. When the balance of the first account receivable that was previously chosen reaches zero, the system shall apply the remaining payment amount to other accounts from the process. The system shall allow the reauthorization of returned benefits based on program rules. The system shall expunge any returned FS benefit based on policy rules. The system shall have the ability to differentiate between all benefit issuance types.

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Repayment Method
Overpayment Program
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period
Account Receivable Balance
Payment Received Type
Payment Received Date
Payment Received Amount
Payment Received Office Type
Account Receivable Refund Indicator
Account Receivable Refund Amount

IS ACCOUNT (Input)
Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

Total Account Receivable Balance

5. Perform “Refunds” Process

   The system shall perform “Refunds” when the cash received exceeds the account receivable balance and the customer is entitled to a full or partial refund.

6. Post Cash Payment Information

   The system shall post the account receivable information to the appropriate account receivable(s) as determined by the Hierarchy and business rules. The system shall generate an ALERT to the caseworker. The system shall generate a notice to the client with updated account receivable balance information.

   IS ACCOUNT (Input)
   Account Number
   Total Account Receivable Balance

   INDIVIDUAL (Input)
   SSN
   Individual ID

   USER (Input)
   User ID

   CASELOAD (Input)
   Caseload Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

CLAIM (Input / Output)
Claim Number
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period
Payment Received Type
Payment Received Date
Payment Received Amount
Payment Received Office Type

ALERT (Output)
ALERT Type
Cash Payment Applied to Balance
ALERT Date

NOTICE (Output)
Notice Type
Notice Mail Date

7. Create Financial Transaction

The system shall create a transaction of the cash received and posted and complete STARS deposit information.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

IS ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input)
Claim Number
Payment Received Type
Payment Received Date
Payment Received Amount
Payment Received Office Type
Account Receivable Balance
Cash Deposit Number

NAME (Input)
Name Type
Bank Cashier Name

CASH DEPOSIT (Input)
Cash Deposit Date
Cash Payment Type
Dept/Division Number
Batch Number
Agency Control Number
Department Identifier
Cost Center
Bank Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

Total Deposit Amount
Currency Deposit Amount
Coin Deposit Amount
Checks Deposit Amount

FINANCIAL TRANSACTION (Output)
Transaction Type
Cash Payment Adjustment
Deposit Amount
Payment Received Date

8. Generate Report of Cash Payments

The system shall generate a STARS report of cash payments received by state office.

INDIVIDUAL (Input)
SSN
Individual ID

NAME (Input)
Name Type
Investigator Name

CASELOAD (Input)
Caseload Number

USER (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

User ID

CLAIM (Input)
Claim Number(s)
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

IS ACCOUNT (Input)
Account Number

REPORT (Output)
Report Type
State Office Cash Payments
Report Date

FEDERAL REPORT (Output)
Transaction Type
Creation Date

9. Generate STARS Deposit

The system shall create a STARS record that contains the account receivable information collected by the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

state office that was posted or applied to the claim(s).

IS ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Account Receivable Balance
Payment Received Type
Payment Received Date
Payment Received Amount
Payment Received Office Type
Cash Deposit Number

INDIVIDUAL (Input)
SSN
Individual ID

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

FISCAL REFERRAL (Output)
STARS Deposit Type
STARS Deposit Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

10. Determine if Repayment Agreement Signed

The system shall determine if the claimant has a signed repayment agreement for the account receivable with the posted cash payment amount. The system shall have the ability to set claims for cash payment automatically and on-demand based on policy rules. The system shall provide the option of cash repayment instead of benefit reduction to the household.

IS ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Claim Status
Account Repayment Method
Account Receivable Balance
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Receivable Agreement Selection
Account Receivable Agreement Signature Date

INDIVIDUAL (Input)
SSN
Individual ID

11. Generate and Record Repayment Agreement

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

The system shall automatically generate a repayment agreement when there is not a signed agreement for the claimant. The user will record the date when and if signed and returned. The system shall mail the repayment agreement to the most current mailing address.

INVESTIGATION (Input)
Investigation Number
Investigation Status

NAME (Input)
Name Type
Responsible Person Name
Investigator Name
Claimant Name
Witness Name

CLAIM (Input / Output)
Claim Number
Claim Classification
Overpayment Program
Account Repayment Method
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Receivable Agreement Signature Date
Account Receivable Agreement Witness Date
Investigator Signature Date

IS ACCOUNT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

Account Number
Total Account Receivable Balance

ADDRESS (Input)
Address Type
Claimant Address
Responsible Person Address
County Office Address
County

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

NOTICE (Output)
Notice Type
Repayment Agreement
Notice Mail Date
Account Receivable Agreement Selection
Account Receivable Agreement Claim Classification

12. Complete Deposit Information

The user shall record the deposit information and send a deposit stub or receipt to the administrative office.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

CLAIM (Input)
Claim Number
Payment Received Type
Payment Received Date
Payment Received Amount
Payment Received Office Type
Account Receivable Balance
Cash Deposit Number

IS ACCOUNT (Input)
Account Number
Account Status

USER (Input)
User ID

CASELOAD (Input)
Caseload Number

ADDRESS (Input)
Address Type
Department Address
County Number

NAME (Input)
Name Type
Budget or Fiscal Officer

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.15 Adjust Claim Balance Cash Payments Received

Program Affected: All	**Users: Claims Staff**

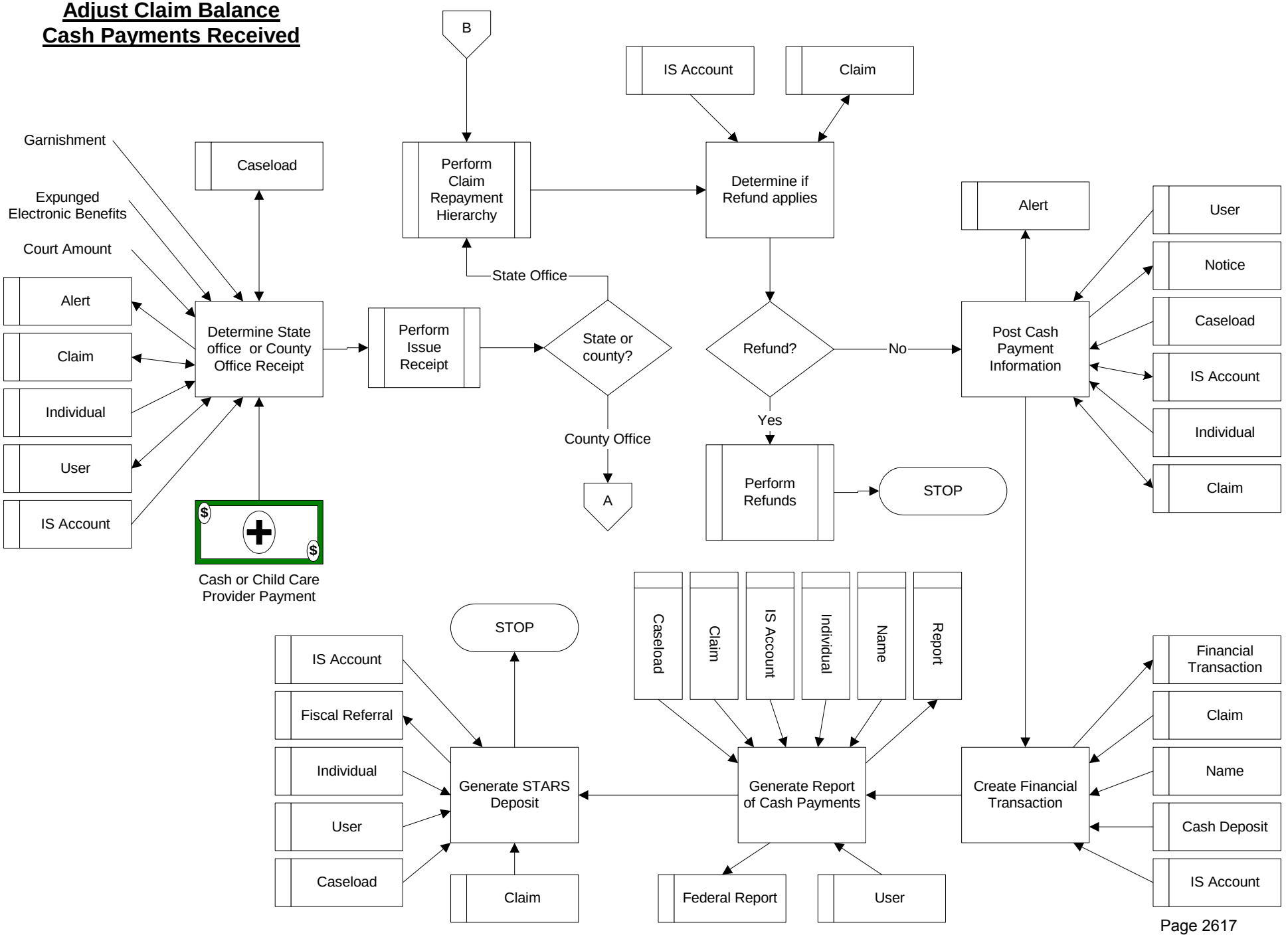
CASH DEPOSIT (Output)
Cash Deposit Number
Cash Deposit Date
Cash Payment Type
Dept/Division Number
Batch Number
Agency Control Number
Department Identifier
Cost Center
Bank Code
Total Deposit Amount
Currency Deposit Amount
Coin Deposit Amount
Checks Deposit Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	Follow rules for hierarchy.
IS	2	The user's USERID will be used to determine if the user is a state office or county office employee
IS	3	Payments received electronically will be processed as state office as opposed to county office payments
IS	4	When the balance of the first account receivable chosen in the Perform Claim Repayment Hierarchy process reaches zero, apply the remaining payment amount to other account receivable when possible
IS	5	When cash is received in the county office a receipt will be produced.
IS	6	Receipts will have a tracking number that establishes a relationship between the receipt and the payment.
IS	7	When cash payment is received in state office the Notice generated to the client with updated claim balance information will serve as the receipt
IS	8	After the correct account receivable(s) are located to apply the cash payment the system shall determine the existence of a repayment agreement for the located account receivables(s)
IS	9	If no repayment exists for the account receivable(s) for which the cash payment is to be applied, the user shall be alerted and a new repayment agreement generated.

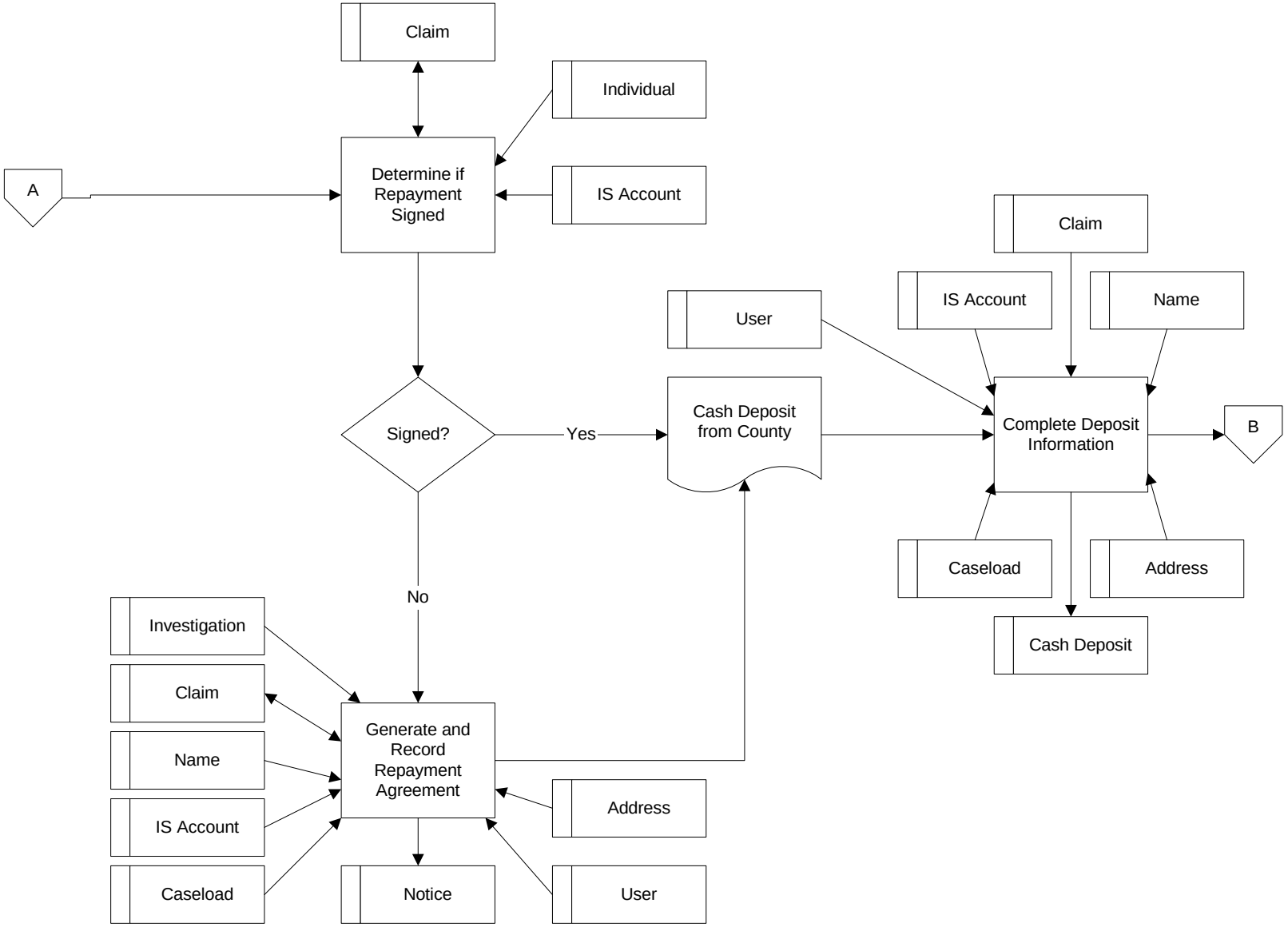
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.15
Adjust Claim Balance
Cash Payments Received



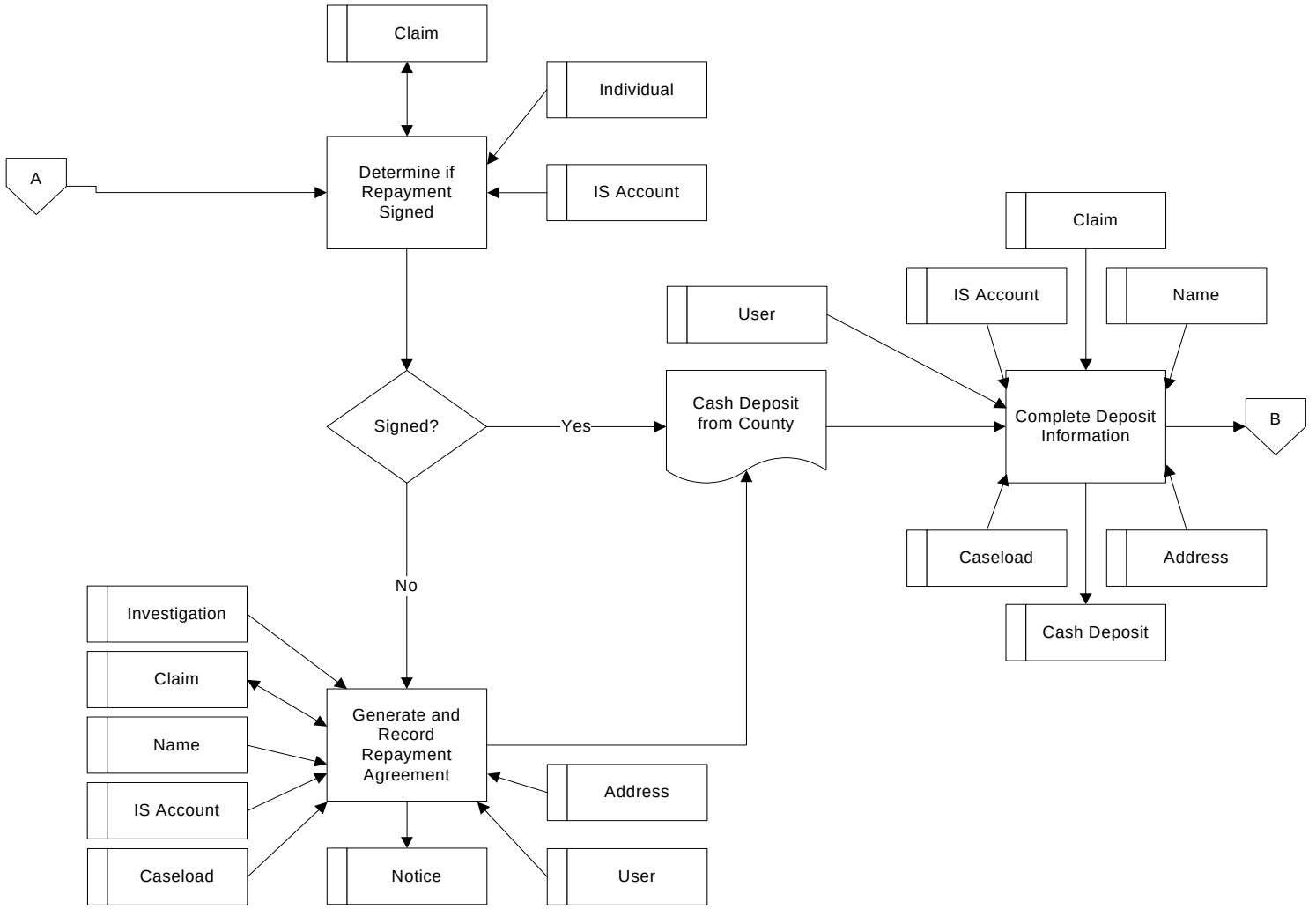
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.15
Adjust Claim Balance
Cash Payments Received
Continued



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.15
Adjust Claim Balance
Cash Payments Received
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)	
Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Process:

The Department of Human Services receives a file from the Treasury Department, TOP (Treasury Offset Program), of individuals with Federal offsets. The Department of Human Services applies the monies to the claim balance. The system shall apply claim payments based on a pre-defined hierarchy and business rules.

Sub-Processes:

1. Process Treasury File

The system shall process the file received from the Treasury Department.

TREASURY (Input)
Treasury Record Type
- Information on Debt or Debtor
- Address Information for Debtor
- Information on alias name

ACCOUNT (Output)
Account Number
Date Posted Filing Fee
Filing Fee Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

2. Perform "Claim or Account Number Search" Process

   The system shall perform "Claim or Account Number Search" for the individual(s) on the file.

3. Determine if Spousal Reversal

   The system shall determine from the Spousal Reversal Amount on the TOP file if the amount intercepted or received from the individual will be reversed and the amount removed from the account.

   TREASURY RECORD (Input)
   Individual Name
   Spousal Reversal Amount

   INDIVIDUAL (Input)
   SSN
   Individual ID

   ACCOUNT (Input)
   Account Number
   Total Account Receivable Balance
   Hardship Indicator
   Date Hardship Determined

   CLAIM (Input / Output)
   Claim Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Claim Status
Account Repayment Method
Account Receivable Balance
Spousal Reversal Amount

4. Back-out Spousal Reversal

If the amount retrieved from the individual is to be backed out, the system shall remove the amount from the account receivable.

ACCOUNT (Input)
Account Number
Total Account Receivable Balance
Hardship Indicator
Date Hardship Determined

CLAIM (Input / Output)
Claim Number
Claim Status
Account Receivable Balance
Amount Reversed
Reversal Indicator
Date Reversed
Payment Type
Payment Date
Payment Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

5. Record and Subtract Filing Fees

When there is not a spousal reversal, the system shall record and subtract the filing fees from the TOP Collection Transaction.

ACCOUNT (Input)
Account Number

CLAIM (Input / Output)
Claim Number
Account Repayment Method
Account Receivable Balance
Filing Fees
Date Updated

6. Determine Acct Rcvb Payment Overage

The system shall determine the new account receivable balance after posting the TOP cash amount. The system shall determine if there is an overage in the payment received.

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

Claim Number
Account Receivable Balance
Payment Received Amount
Payment Received Date
Payment Received Type
Account Receivable Overage Amount

7. Post Cash

The system shall post the amount that was applied to the Acct Rcvb or refunded to the claimant.

ACCOUNT (Input)
Account Number

CLAIM (Input)
Claim Number
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

8. Determine if Other Acct Rcvb Exists for Individual

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

The system shall determine if there is another Acct Rcvb with an outstanding balance available for the individual.

INDIVIDUAL (Input)
SSN
Individual ID

ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Account Receivable Balance
Account Repayment Method

9. Perform “Refunds” Process

Where there is an overage but not another Acct Rcvb to apply the payment, the system shall perform the reusable “Refunds” process.

10. Perform “Claim Repayment Hierarchy” Process

If the system determines that there is another account receivable with an outstanding balance, the system shall perform ‘Claim Repayment Hierarchy.”

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

11. Back out Prior Cash Payments

The system shall back out any prior cash payments from the account.

ACCOUNT (Input / Output)
Account Number
Account Receivable Balance

CLAIM (Output)
Claim Number
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Payment Received Type
Payment Received Date
Payment Received Amount

12. Post Cash to Other Acct Rcvb

The system shall post the backed out cash amount to the next available account receivable and adjust the balance.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)

Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

ACCOUNT (Input)
Account Number

CLAIM (Output)
Claim Number
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

13. Post and Create Financial Transaction

If there is no cash payment overage determined, the user shall record the cash for the account receivable.

ACCOUNT (Input)
Account Number

CLAIM (Input)
Account Receivable Balance
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.16 TOP (Treasury Offset Program)	
Program Affected: All	**Users: Claims Staff, Caseworker, Supervisor**

FINANCIAL TRANSACTION (Output)
Record Type
Record Creation Date
Amount Applied to Acct Rcvb
Date Applied to Acct Rcvb
Refund Indicator
Refund Amount
Refund Reason

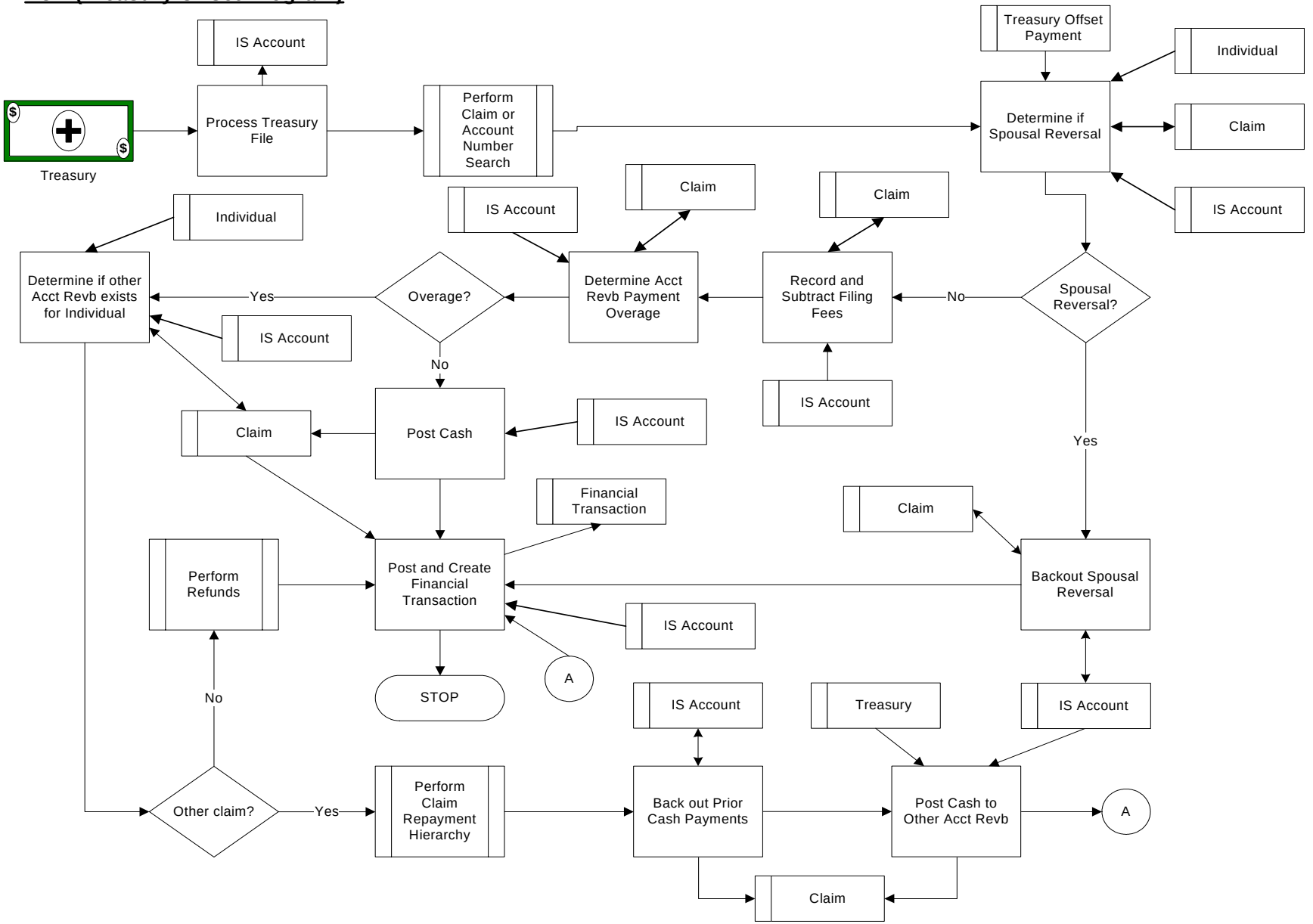
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	TOP offset must be applied to FS type account receivable.
IS	2	Prior cash payments on a TOP debt shall be reapplied in the event of a TOP payment.
IS	3	When a FS account balance is less than the TOP offset received, cash monies must be backed off the TOP account and reapplied to a different FS account in order to apply the entire TOP offset to the TOP account.
IS	4	The TOP offset fee must be subtracted from the collection amount on the TOP file prior to posting the TOP offset.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.16

TOP (Treasury Offset Program)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.17 Child Support Collection for State Arrearages	
Program Affected: Claims	**Users: Claims Staff**

Process:

The Department of Human Services collects child support from absent parents of children who receive Families First cash assistance. The child support collections are used to repay the Families First cash assistance paid to the family and for the support and maintenance of a minor child or children.

When child support collections in a given month are in excess of any amount due the family for that month, the balance is retained by the state to repay cash assistance (AFD/Families first) that has been paid to the family. If an individual in whose behalf the support was collected has an outstanding claim balance for the month of collection, the claim balance will be adjusted accordingly.

The system must prohibit repayment of a Families First cash assistance payment that exceeds the actual Families First payment received by the assistance group for that month, regardless of the source of the repayment.

Sub-Processes:

1. Update Case / Claim Information

   The Child Support Division collects child support and tracks the payments and their distribution through TCSES. TCSES sends a file to update the Family Assistance system. The Family Assistance system shall update the appropriate case and/or Acct Revb and apply the collections to the Families First case and any outstanding claim as determined by business rules.

   CASE (Input / Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.17 Child Support Collection for State Arrearages

Program Affected: Claims	**Users: Claims Staff**

Case Number
Case Type
Case Status
Child Support Indicator

INDIVIDUAL (Input)
SSN
Individual ID

ISSUANCE HISTORY (Input)
Benefit Type
Benefit Date
Issuance Status
Benefit Issued Amount
Recoupment Amount
Benefit Amount

TCSES (Input)
TCSES Indicator
Child Support Collection Amount
Date Child Support Collection Updated
RID

IS ACCOUNT (Input)
Account Number
Account Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.17 Child Support Collection for State Arrearages

Program Affected: Claims	**Users: Claims Staff**

CLAIM (Input / Output)
Claim Number
Accounts Receivable Claim Classification
Overpayment Program
Overpayment Status
Account Repayment Method
Accounts Receivable Balance
Collection Amount
Collection Type
Collection Date

INCOME (Output)
Income Type
Income Amount
Income Effective Begin Date
Income Effective End Date

2. Create Record For TCSES

The system shall create a record of the claim or case update for TCSES. The system shall notify TCSES with all or a portion of an Acct Revb that has been offset, or when a claim balance for a specific month has been adjusted.

IS ACCOUNT (Input)
Account Number

CLAIM (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.17 Child Support Collection for State Arrearages

Program Affected: Claims	**Users: Claims Staff**

Claim Number
Account Receivable Balance
Collection Amount
Collection Type
Collection Date

CASE (Input)
Case Number
Case Type
Recertification Date

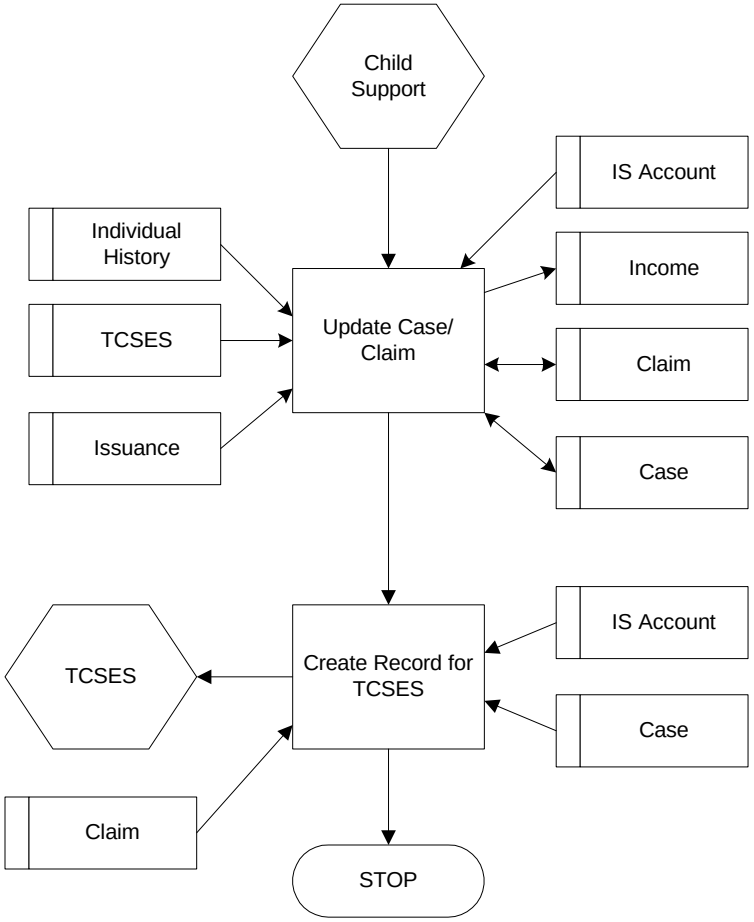
TCSES (Output)
TCSES Indicator
New Grant Amount After Child Support Applied
Child Support Applied Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rules
IS / FFP	1	TCSES shall identify the specific FF grant month and the amount of payment received for that month the child support is repaying.
IS / FFP	2	Child support money received and returned by the state shall result in the claim balance for that month being offset on a dollar by dollar method.
IS / FFP	3	Repayment to the State for FF benefits cannot exceed the amount of the benefit, regardless of the source of the repayment, whether through child support retained arrearages or through claim account collection activities.
IS / FFP	4	Repayment shall be calculated month by month.
IS / FFP	5	TCSES shall be notified of the revised claim balance for each month.
IS / FFP	6	A claim balance shall be applied to the oldest month with an outstanding balance first.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.17
Child Support Collection for State Arrearages



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

The Department of Human Services will generate a record based on the delinquency status of an accounts receivable account. The department will send the results to several outside agencies for the purpose of offset.

Sub-Processes:

1. Generate Record to Offset Programs

   The system shall generate a record to send to the different agencies.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   IS ACCOUNT (Input / Output)
   Account Number
   Account Delinquent Indicator
   Account Payment Date
   Account Payment Type
   Account Suspended Reason
   Account Balance
   Total Account Receivable Balance

   CLAIM (Input / Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Number
Claim Source
Overpayment Begin Date
Claim status
Claim Classification
Overpayment Program
Account Receivable Amount
Account Receivable Balance
Account Repayment Method

TREASURY RECORD (Input)
Account Number
Claim Number
Claim Source
Overpayment Begin Date
Account Delinquent Indicator
Account Balance
Total Account Receivable Balance
Overpayment Program
Account Receivable Amount
Account Receivable Balance
Account Repayment Method

2. Generate Files for Agency

The system shall create a file(s) for the appropriate Agency (Lottery, TOP, Dept. of Labor and Child Care).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Input)
SSN
Individual ID

ADDRESS (Input)
Address Type
Claimant Address

CLAIM (Input)
Claim Number
Claim Source
Overpayment Begin Date
Claim status
Claim Classification
Date of Last Payment
Account Receivable Balance

AGENCY FILE (Input / Output)
Agency Type
Agency File Date
Agency Name
SSN
Individual ID
Account Number
Claim Number
Claim Source
Claimant's Address

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Overpayment Begin Date
Account Delinquent Indicator
Account Balance
Total Account Receivable Balance
Overpayment Program
Account Receivable Amount
Account Receivable Balance
Account Repayment Method

3. Update with Treasury Data

The system shall determine if an individual Treasury Address request Match or No Match has been returned from Treasury.

TREASURY RECORD (Input / Output)
Treasury Record Type
Account name
Account SSN
Claim Number
Claim Source
Claim date
Claim Status
Claim Status Date
Claim Status Reason
Claim Classification
Overpayment Program
Referral date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Error code

CLAIM (Output)
Claim Number
Claim Source
Claim Date
Claim status
Claim Status Date
Claim status reason
Claim Classification
Overpayment Program
Referral date
Account Receivable Balance
Account Repayment Method
Account Receivable Date
Date of Last Payment

IS ACCOUNT (Output)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

4. Determine if Match Exists

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

The system shall determine if there is an individual No Match with the Treasury file and create a No Match Report for the user to review and correct.

TREASURY RECORD (Input)
Treasury Record Type
Account name
Account SSN
Claim Number
Claim Source
Claim date
Claim Status
Claim Status Date
Claim Status Reason
Claim Classification
Overpayment Program
Referral date
Error code

CLAIM (Input / Output)
Claim Number
Claim Source
Claim Status
Claim Status Date
Claim Status Reason
Overpayment Classification
Overpayment Program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Referral date

IS ACCOUNT (Input / Output)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

5. Update Accounts Receivable Account with Treasury Offset Program Information

   The system shall update the accounts receivable account with the treasury information if a No Match was found.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CLAIM (Input / Output)
   Claim Number
   Claim Source
   Claim Date
   Claim Status
   Claim Status Date
   Claim Status Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Classification
Overpayment Program
Referral date
Account Receivable Balance
Date of Last Payment

IS ACCOUNT (Input / Output)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

6. Create Client Notice if 60 Days Delinquent

The system shall create a client notice when an Address Request Match is returned from Treasury, and update Claim data with Notice information.

NAME (Input)
Name Type
Claimant Name
Investigator Name

ADDRESS (Input)
Address Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claimant Address
County Office Address

CASE (Input)
Case Number
Case Type

CASELOAD (Input)
Caseload Number

USER (Input)
User ID

IS ACCOUNT (Input)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

CLAIM (Input)
Claim Number
Claim Source
Claim Date
Claim Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Status Date
Claim Status Reason
Claim Classification
Overpayment Program
Referral date
Account Receivable Balance
Date of Last Payment

NOTICE (Output)
Notice type
60 Day Notice
Notice Mail Date

7. Determine if Treasury Offset Still Applies

Each week the system shall determine if the Account still meets criteria for sending to TOP.

INDIVIDUAL (Input)
SSN
Individual ID

CLAIM (Input / Output)
Claim Number
Claim Source
Claim Date
Claim Status
Claim Status Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Claim Status Reason
Overpayment Program
Claim Classification
Referral date

IS ACCOUNT (Input / Output)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

CASE (Input)
Case Number
Case Type

8. Generate Weekly Transmittal File (to Treasury)

The system shall generate a weekly file to Treasury based on the claim information when the Treasury Offset applies.

INDIVIDUAL (Input)
SSN
Individual ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets	
Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

CLAIM (Input)
Claim Number
Claim Source
Claim Status
Claim Status Date
Claim Status Reason
Overpayment Program
Claim Classification
Referral date

IS ACCOUNT (Input)
Account Number
Account Delinquent Indicator
Account Payment Date
Account Payment Type
Account Suspended Reason
Account Balance
Total Account Receivable Balance

TREASURY RECORD (Output)
Account Number
Account Name
Account SSN
Account Type
Account Status
Account Status Date
Claim Classification

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Overpayment Program
Referral date
Claim Offset Amount
Claim Offset Date

9. Process Unprocessable File

The Treasury Department will process the file and return an error file with those records that were not processable.

TREASURY RECORD (Input)
Treasury Record Type
TOPS Unprocessable Transaction Record
Action Type
Record Type
Tax ID Number
Last Name
First Name
MI
Begin Date Delinquency
Closure Indicator
Delinquency Adjustment Amount
Debt Type
Judgement Indicator
TOP Trace Number
TOP Date
Agency Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Debtor Address
Debtor County
Amount of Debt
Program Type
Error Code

IS ACCOUNT (Output)
Account Number
Total Account Receivable Balance

CLAIM (Output)
Claim Number
Overpayment Program
Account Receivable Balance
Account Receivable Agreement Date
Decision Date

ADDRESS (Output)
Address Type
Claimant Address

INDIVIDUAL (Output)
SSN
Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

NAME (Output)
Name Type
Claimant Name

10. Update and Create Report

When an unprocessable file is received, the system shall update the information that was in error. The system shall create a report of the information that was in error and updated. At the next weekly run of the TOP file, a corrected record for the account receivable will be included.

TREASURY RECORD (Input)
Treasury Record Type
TOPS Unprocessable Transaction Record
Action Type
Record Type
Tax ID Number
Last Name
First Name
MI
Begin Date Delinquency
Closure Indicator
Delinquency Adjustment Amount
Debt Type
Judgement Indicator
TOP Trace Number
TOP Date
Agency Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Debtor Address
Debtor County
Amount of Debt
Program Type
Error Code

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input)
SSN
INDIVIDUAL ID

IS ACCOUNT (Input)
Account Number
Total Account Receivable Balance

CLAIM (Input / Output)
Claim Number
Claim Classification
Account Repayment Method
Overpayment Program
Account Receivable Balance
Account Receivable Agreement Date
Decision Date
Account Receivable Modification Indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.18 Claims Balance Offsets

Program Affected: All	**Users: Caseworkers, Supervisors, Claims Staff**

Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Modification Time Period

ADDRESS (Input)
Address Type
Claimant Address
County Office Address
County Number

NAME (Input)
Name Type
Claimant Name
Investigator Name

USER (Input)
User ID

CASELOAD (Input)
Caseload Number
Unit Number

REPORT (Output)
Report Type
Report Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	An account receivable is not suspended due to bankruptcy, lost documents, or administrative reasons for an offset to be administered (applies to all offsets).
IS	2	One to many account receivables may be offset.
IS	3	A notice may contain one to many account receivables.
IS	4	TOP Offset applies to Food Stamp Claim Type only.
IS	5	The responsible persons for an account receivable must not be participating in an active Food Stamp case for a TOP offset to be administered.
IS	6	The Account Balance for a Food Stamp claim must be greater than $25.00 for an offset to be administered (applies to all offsets).
IS	7	There must not have been a FS benefit reduction payment made by the individual in the current or previous month for a TOP offset to be administered.
IS	8	The total FS benefit reduction payments to all FS account balances made in the last 6 months must be less than $60.00 for a TOP offset to be administered.
IS	9	The total FS Cash Payments made toward a FS Account balance must be less than 5 times the negotiated payment amount when the repayment agreement is a cash payment.
IS	10	The claim or account receivable must not be in litigation for an offset to be administered.
IS	11	Address Requests for more than one claim (per SSN) must be consolidated into one Address Request record to USDA.
IS	12	TOP Weekly Transmittal records must report multiple types of records back to TOP (certifications, increases, decreases, inactives, closures, recertifications, Multiple Payer, etc) Consequentially, Multiple Record types may need to be sent for an account. Multiple Records of the same record type may need to be created for an account.
IS	13	Lottery – Qualifying Accounts must be consolidated into a single record for a given SSN. The consolidated FF and FS total amount must be $100 or greater.
IS	14	The most current Food Stamp account receivable payment agreement must have been negotiated over 6 months ago for a TOP offset to be administered.
IS	15	Address Requests for more than one claim per SSN must be consolidated into one Address Request record to the USDA.
IS	16	TOP Weekly Transmitter records must report multiple types of record back to TOP (certifications, increase, decrease, inactives, closures, recertifications, multiple payers, etc.) Consequentially, multiple record types may need to be sent for an account. Multiple records of the same record type may need to be created for an account.
IS	17	Lottery – Qualifying accounts must be consolidated into a single record for a given SSN. The consolidated FF and FS total amount must be $100 or greater.

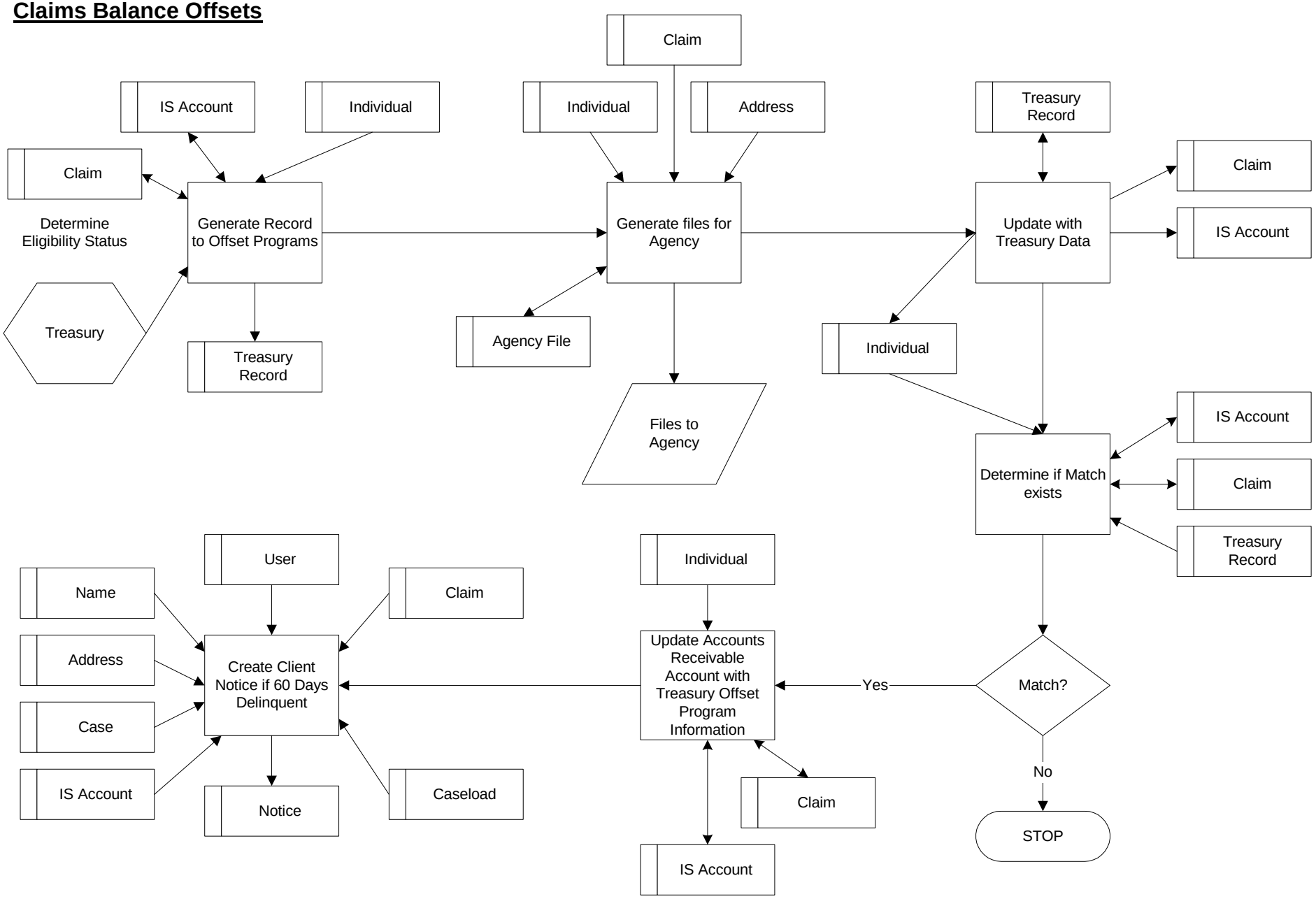
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	18	The claim must be in repayment status for an offset to be administered (applies to all offsets).
IS	19	The FS account receivable must be in repayment status for an offset to be administered (applies to all offsets).
IS	20	The most current FS account receivable repayment agreement was last negotiated over 6 months ago for a TOP offset to be administered.

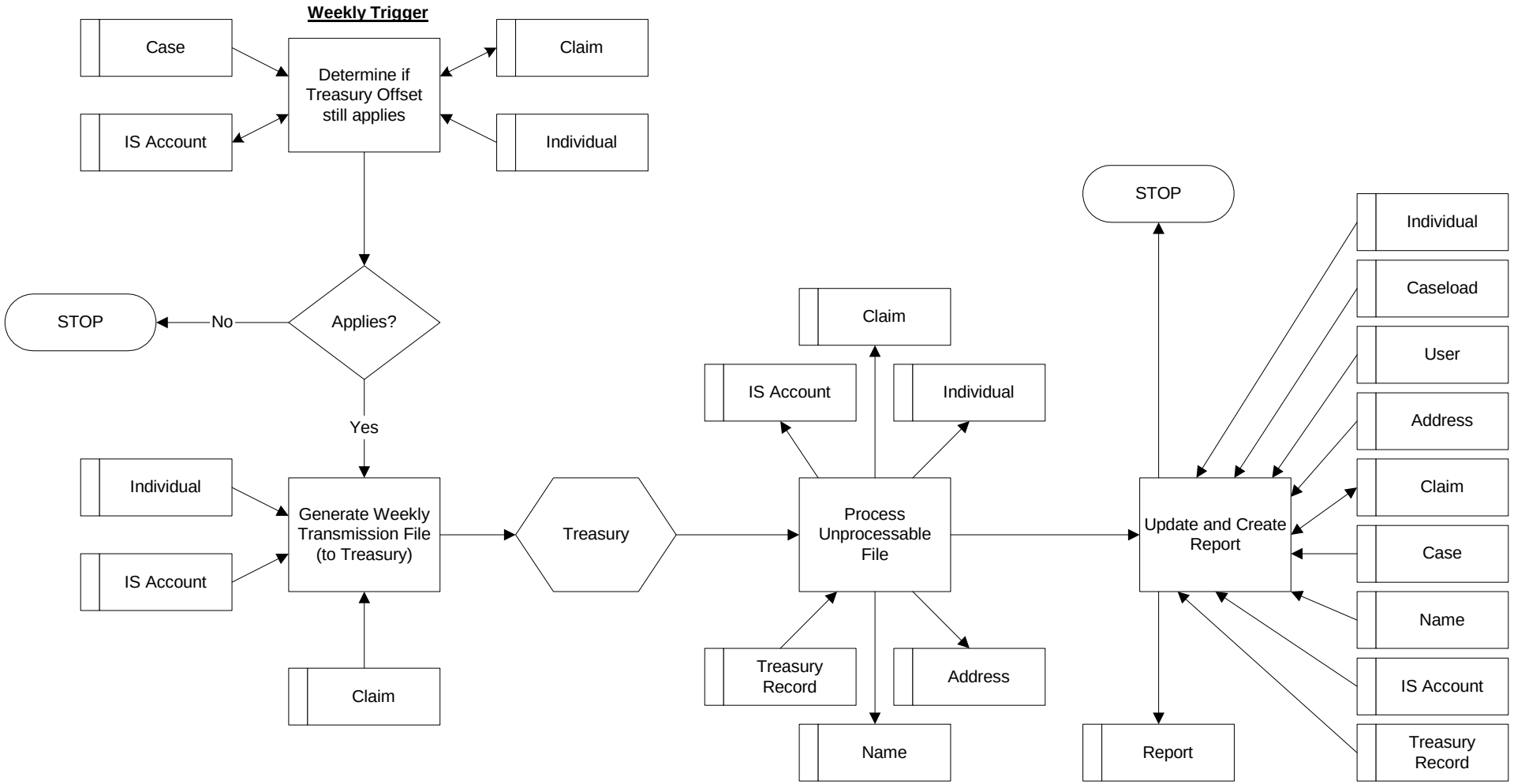
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.18

Claims Balance Offsets



3.3.18
Claims Balance Offsets
Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.19 Refunds	
Program Affected: All	**Users: Claims Staff**

Process:

This process will determine if a refund is to be generated to the client when the amount collected exceeds the amount due or the individual's account receivable amount.

Sub-Processes:

1. Determine if Refund is to be sent

   The system shall determine from the account receivables payment received and the account receivables balance if a refund is to be sent to the client based on business rules.

   IS ACCOUNT (Input)
   Account Number
   Total Account Receivable Balance

   CLAIM (Input / Output)
   Claim Number
   Overpayment Balance
   Account Repayment Method
   Account Receivable Payment Amount
   Account Receivable Refund Indicator
   Account Receivable Refund Amount
   Account Receivable Refund Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.19 Refunds

Program Affected: All	**Users: Claims Staff**

2. Post Balance and Refund Remainder

The system shall post to the account receivable when it has been determined that a payment is to be refunded. The system shall adjust the balance. The system shall display issuance history.

INDIVIDUAL (Input)
SSN
Individual ID
Individual Name

CLAIM (Input / Output)
Account Receivable Refund Indicator
Account Receivable Refund Amount
Account Receivable Refund Date
Account Receivable Modification Indicator
Account Receivable Modification Type
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Balance

IS ACCOUNT (Output)
Total Account Receivable Balance

3. Generate STARS refund

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.19 Refunds

Program Affected: All	**Users: Claims Staff**

The system shall generate a record to the STARS system for the payment, when it has been determined that a refund is to be sent to the client. These records are sent to STARS in a nightly batch file.

CLAIM (Input)
Claim Number
Account Repayment Method
Claim Classification
Account Receivable Refund Indicator
Account Receivable Refund Amount
Account Receivable Refund Date
Account Receivable Modification Reason
Account Receivable Modification Date
Account Receivable Modification Amount
Account Receivable Balance

INDIVIDUAL (Input)
SSN
Individual ID

Name (Output)
Name Type
Claimant Name
Investigator Name

ADDRESS (Output)
Address Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.3.19 Refunds

Program Affected: All	**Users: Claims Staff**

Claimant Address
County Office Address

FISCAL REFERRAL (Output)
Referral Type
Referral Date
Referral Reason
Refund Indicator
Refund Amount

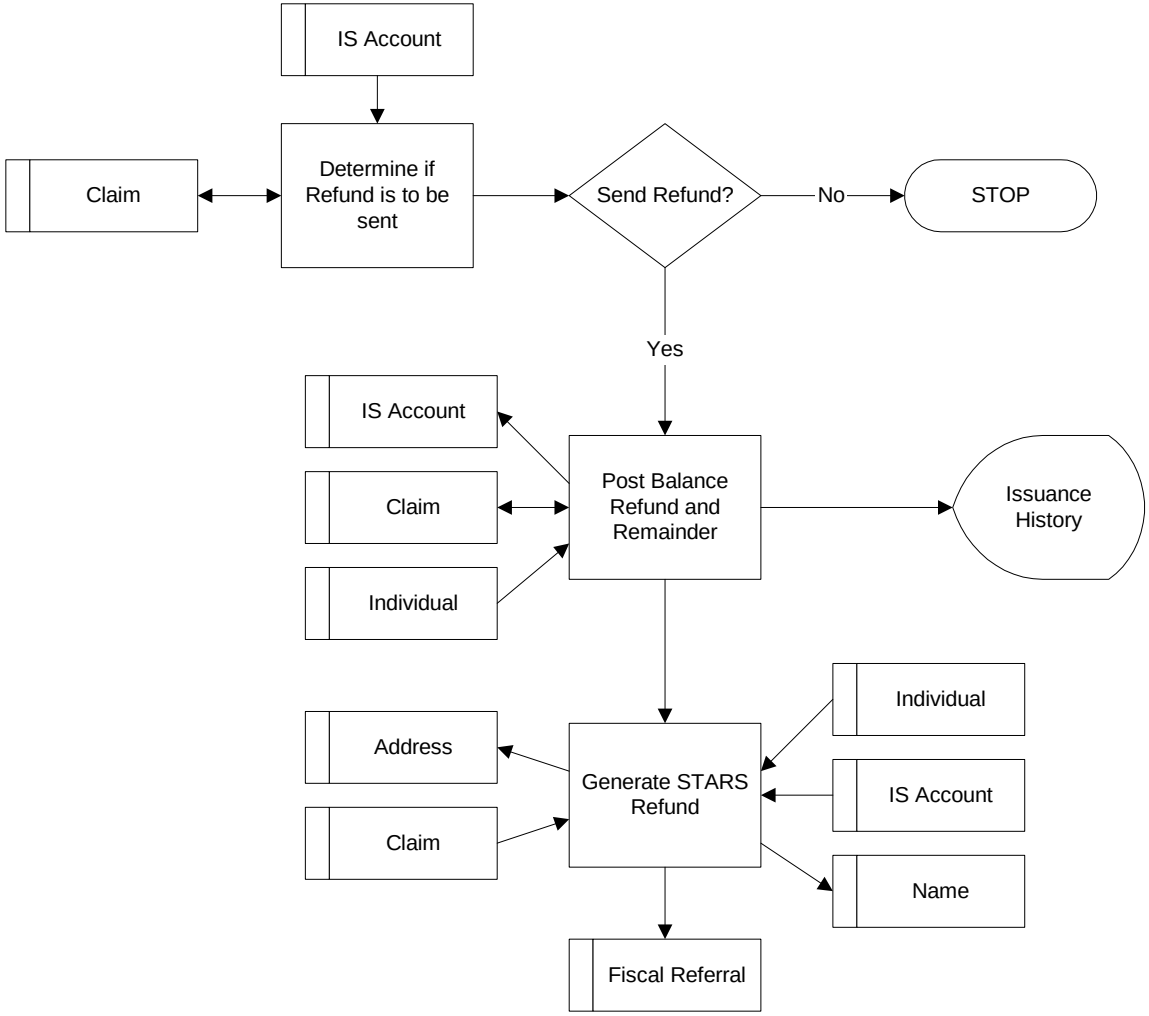
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	If there are other valid account receivables, then no money shall be refunded.
IS	2	When more payments are received than in the account balance a refund may be issued.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.19

Refunds



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims	
Program Affected: All	**Users: Claims Staff**

Process:

The Department of Human Services will apply a bankruptcy order based on business rules. The collection process on active accounts receivables must be suspended or amended when the client files for Bankruptcy. The Department must follow the Court Order(s) during the pending and subsequent ruling(s) of the bankruptcy Court. The system must stop an active benefit reduction until the bankruptcy deduction is stopped. The system shall allow bankruptcy amount to be deducted from the Families First grant amount while continuing to count the full FF amount in the FS budget. The system shall capture if the individual has a bankruptcy for claim/investigation referrals. The system shall, with an individual in a claim that has a bankruptcy, allow a specified user to indicate in the system that a bankruptcy is present and the system shall gather and auto-populate the appropriate bankruptcy information and generate an ALERT to the appropriate user.

Sub-Processes:

1. Determine Bankruptcy Action

   The user will record the type of action that must be taken based on the bankruptcy order received.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   BANKRUPTCY (Input / Output)
   Bankruptcy Indicator
   Bankruptcy Action Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

Bankruptcy Order Number
Bankruptcy Collection Amount
Bankruptcy Order Amount
Bankruptcy Order Date
Bankruptcy Receipt Date
Bankruptcy Collection Begin Date
Bankruptcy Collection End Date
Bankruptcy Court Address
Bankruptcy Court Name
Bankruptcy District
Bankruptcy County Number
Bankruptcy Issuance Begin Date
Bankruptcy Program Indicator
Bankruptcy Verification Type

2. Determine Active non-FS Benefit Reduction

The system shall determine if the individual has an active benefit reduction for any non-Food Stamp benefit reacting so that a bankruptcy deduction can be applied.

CLAIM (Input)
Claim Number
Claim Repayment Type
Claim Status
Claim Program

BANKRUPTCY (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

Bankruptcy Indicator

CASE (Input / Output)
Case Number
Case Type
Case Status

BUDGET (Input)
Budget Effective Date

INDIVIDUAL (Input)
Benefit Reduction Indicator

3. Suspend Benefit Reduction

The system shall suspend an active FF benefit reduction so that a bankruptcy deduction can be applied.

CLAIM (Input / Output)
Account Number
Claim Number
Claim Repayment Type
Claim Status

CASE (Output)
Case Number
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

INDIVIDUAL (Output)
SSN
Benefit Reduction Indicator
Benefit Reduction Suspended

4. Determine if FS Claim(s) is/are Included in bankruptcy

The system shall determine if any FS claim belonging to the bankruptcy individual is included in the order.

BANKRUPTCY (Input)
Bankruptcy Indicator
Bankruptcy Order Number
Bankruptcy Program Indicator

CASE (Input)
Case Number
Case Type

CLAIM (Input / Output)
Claim Number
Claim Classification
Overpayment Program Type
Claim Status

5. Determine if Active FS BR

When a FS claim is included in the bankruptcy order, the system shall determine if the FS case is active with a

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

benefit reduction being applied.

BUDGET (Input)
Budget Effective Date

INDIVIDUAL (Input / Output)
SSN
Benefit Reduction Indicator

CLAIM (Input)
Claim Number
Claim Repayment Type
Claim Status
Claim Program

BANKRUPTCY (Input)
Bankruptcy Indicator

CASE (Input / Output)
Case Number
Case Type
Case Status

6. Suspend FS Benefit Reduction

The system shall suspend an active FS benefit reduction that is included in the bankruptcy order.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

CLAIM (Input)
Claim Number
Claim Status

BANKRUPTCY (Input)
Bankruptcy Program Indicator

CLAIM (Output)
Claim Status
Suspension Type
Suspension Begin Date

INDIVIDUAL (Output)
Benefit Reduction Indicator
Benefit Reduction Suspended

7. Determine Discharge From Court

The system shall determine if the bankruptcy is discharged based on the action recorded by the user.

BANKRUPTCY (Input / Output)
Bankruptcy Action Type
Bankruptcy Discharged Indicator
Bankruptcy Dismissed Indicator

INDIVIDUAL (Input)
SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims

Program Affected: All	**Users: Claims Staff**

Individual ID

CLAIM (Input)
Claim Number
Claim Status

8. Discharge From Court

When the action type is discharge, the system shall delete the outstanding claim balance.

CLAIM (Input / Output)
Claim Number
Account Receivable Balance
Claim Balance Discharge Date

BANKRUPTCY (Input)
Bankruptcy Discharged Indicator

9. Restore Claim Balance Less Payment

When the action type is not discharge, the system shall restore the claim balance less the payment received.

CLAIM (Input / Output)
Claim Number
Account Receivable Balance
Claim Balance Dismissed Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.3.20 Bankruptcy Claims	
Program Affected: All	**Users: Claims Staff**

BANKRUPTCY (Input)
Bankruptcy Dismissed Indicator

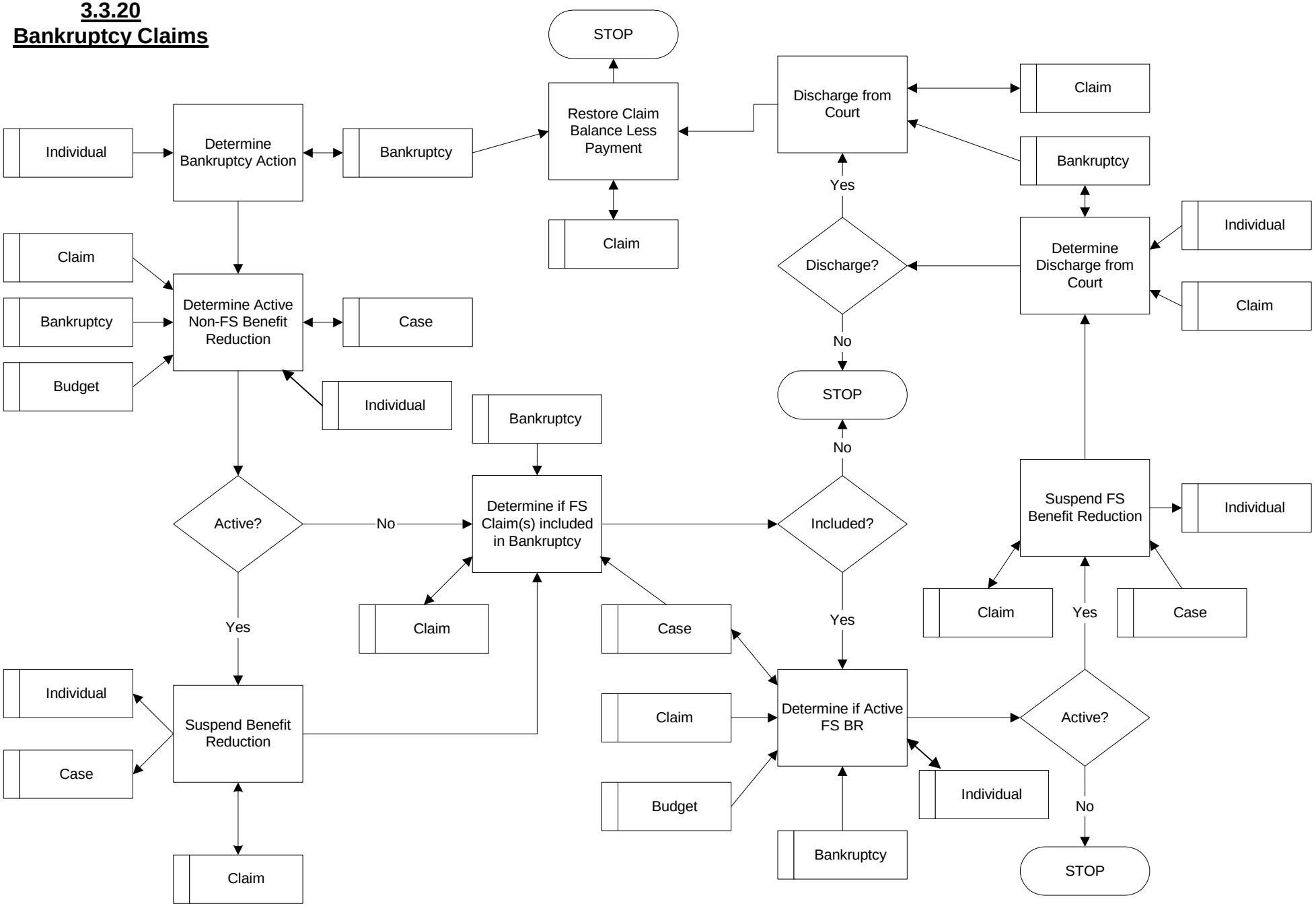
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	If the notice received from bankruptcy court is a notice of commencement of the bankruptcy case and/or notice of the automatic stay pursuant to 11 USCA §341, then collection of any account receivables must be suspended.
IS	2	If the information received from the bankruptcy court is not a notice of commencement or dismissal, then the user shall take the appropriate action.
IS	3	If the information received from the bankruptcy court is a dismissal order, then any previous account receivables balances less payments received during the pendency of the bankruptcy shall be restarted.
IS	4	If the bankruptcy is dismissed, then any prior repayment agreements are reinstated.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.3.20

Bankruptcy Claims



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.4.1 Families First Provider Incentive	
Program Affected: Families First	**Users: Families First Providers**

Process:

Some of the activities on the Families First Personal Responsibility Plan require referrals to Providers who may receive incentive pay based on their success in serving our clients. Incentive payments are provided at different stages in the process – at placement and later if client meets retention requirements.

The Department of Human Services must evaluate whether the Service Provider has met the guidelines to receive the incentive money for the clients that they report meet criteria as set forth in the contracts between the Service Provider and the Department of Human Services.

Sub-Processes:

1. System Records Cases Meeting Criteria by Provider.

   From the activity code entered by the user, the system records cases meeting incentive criteria based on the program business rules.

   PENDING INVOICE (output)
   Individual Name
   Individual Incentive Type
   Incentive Amount Required
   Month(s) for which Incentive Requested
   Incentive Request Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.4.1 Families First Provider Incentive

Program Affected: Families First	**Users: Families First Providers**

PLACEMENT INCENTIVE LIST (output)
Head of Case
Case Number
Individual Name
Individual ID

INDIVIDUAL (output)
Individual Name
Individual Case Number

2. Generate Alert to Provider when Individual Meets Incentive Standards.

The system must generate an alert notifying the service provider when an individual meets an incentive requirement according to the program business rules.

PLACEMENT INCENTIVE LIST (output)
Head of Case
Case Number
Individual Name
Individual ID

ALERT (output)
Individual Case Number
Individual Incentive Type
Individual Incentive Amount Required

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.4.1 Families First Provider Incentive

Program Affected: Families First	**Users: Families First Providers**

3. Generate Invoice for Provider

When an individual meets an incentive requirement and the provider is notified, the system must generate an invoice for the provider.
INDIVIDUAL (output)
Individual Name
Individual Case Number

INVOICE (output)
Individual Name
Individual Incentive Type
Incentive Amount Required
Month(s) for which Incentive Requested
Incentive Request Reason

4. Fiscal Approves Invoice to Release to STARS.

Fiscal approves the invoice and the invoice is released to STARS.

5. Determine if Case Re-Opens

The user must determine based on program business rules if the case has been re-opened.

CASE (input)
Case Number
Case Status
Families First Closure Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.4.1 Families First Provider Incentive

Program Affected: Families First	**Users: Families First Providers**

Families First Closure Reason

6. Generate Wage Retention Alert at 9 Months from case closure if case has not re-opened.

   The system must generate a wage retention alert at 9 months.

   EMPLOYMENT (input)
   Income Amount
   Employer Name
   Employer Address
   Employment Begin Date

   CASE (input)
   Case Number
   Case Status
   Families First Closure Date
   Families First Closure Reason

   ALERT (output)
   Case Number
   Alert Message
   Alert Recipient ID
   Wage Retention Indicator

7. Provider Records Wage Retention Information.

   The provider must record all wage retention information.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 3.4.1 Families First Provider Incentive

Program Affected: Families First	**Users: Families First Providers**

EMPLOYMENT (input)
Income Amount

WAGE RETENTION (output)
Wage Retention Amount

8. Determine if Wage Retention Incentive Necessary.

   Based on the program business rules, the provider must determine if wage retention incentive is necessary.

9. Generate Invoice for Provider.

   If it is determined that wage retention is necessary based on program business rules, the system must generate an invoice for the provider.

10. Fiscal Approves Invoice to Release to STARS.

    Fiscal must approve the invoice to release to STARS.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	1	A Families First Provider may serve individuals in zero to many cases.
FFS	2	A case may have zero to many Families First Providers.
FFS	3	An Incentive Type may have zero to many Dates Incentive requested.
FFS	4	Date Incentive Requested may belong to zero to many Incentive Amounts Requested.
FFS	5	Incentive Amounts Requested may belong to zero to many Dates Incentive Requested.
FFS	6	An Incentive Request Reason may belong to zero to many cases.
FFS	7	A case may have zero to many Incentive Request Reasons.
FFS	8	Families First services contractors that offer ECS Plus have the option of participating as performance incentives contractors.
FFS	9	ECS Plus contractors are eligible to receive placement and retention payments based on participants gaining and retaining employment.
FFS	10	ECS Plus contractors must serve all clients assigned via the referral process.
FFS	11	Performance Incentive contractors may be eligible to receive an increased incentive payments amount based on a county being designated as a hardship county.
FFS	12	The system should identify hardship counties and allow for that information to be updated on an annual basis.
FFS	13	Incentive payments may not be made prior to the benefit reduction or case closure as the funds for the incentive payments are generated from the previous cash benefit.
FFS	14	Participants receiving FF cash assistance 12 months or more are considered long-term participants.
FFS	15	Participants receiving FF cash assistance less than 12 months are considered short-term participants.
FFS	16	ECS Plus contractors may receive placement payments of $50.00 once a participant gains employment reducing the cash benefit amount by 50%.
FFS	17	ECS Plus contractors may receive placement payments of $75.00 once a participant residing in a hardship county gains employment reducing the case benefit amount by 50%.
FFS	18	ECS Plus contractors may receive placement payments of $250.00 once a long-term participant gains employment resulting in the cash case being closed due excess income.
FFS	19	ECS Plus contractors may receive placement payments of $375.00 once a long-term participant residing in a hardship county gains employment resulting in the cash case being closed due to excess income.
FFS	20	ECS Plus contractors may receive placement payments of $100.00 once a short-term participant gains employment resulting in the cash case being closed due to excess income.
FFS	21	ECS Plus contractors may receive placement payments of $150.00 once a short-term participant residing in a hardship county gains employment resulting in the cash case being closed due to excess income.
FFS	22	The system should identify participants assigned to an ECS Plus contractor and generate an invoice to the provider when the cash benefit amount has been reduced by 50% or closed due to excess income

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

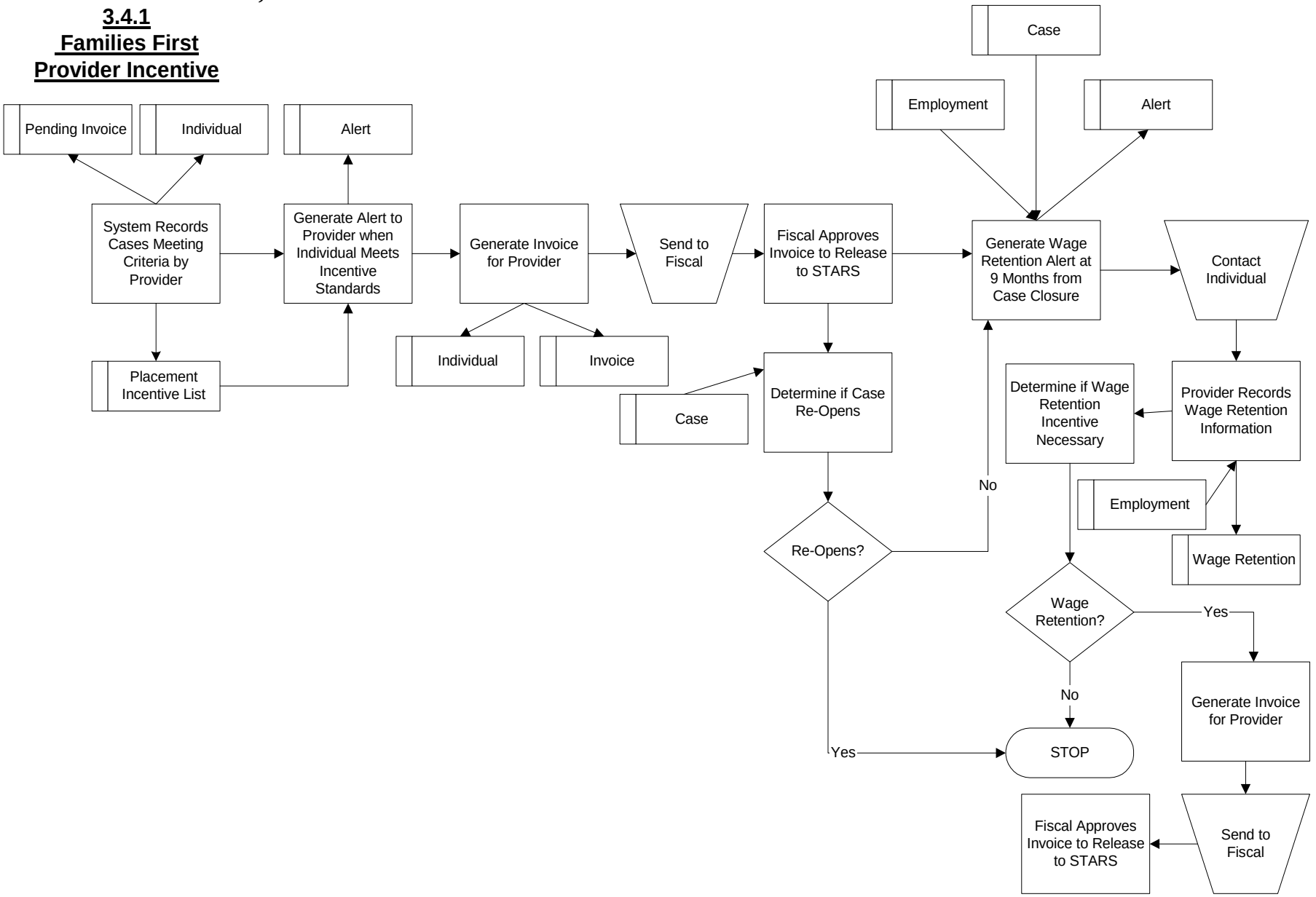
Program Type	Rule Number	Rule
		from employment.
FFS	23	Initial placement incentive payments may be made once a participant has gained employment that result in a 50% benefit reduction.
FFS	24	A subsequent placement incentive payment may be made if that participant's wages or employment status changes resulting in case closure due to excess income.
FFS	25	Other than the previous exception, incentive placement payments are available on a one-time basis per an individual contractor's grant term.
FFS	26	A grant term is defined as the period of time in which a contract is in effect. (Ex. FY'04 – FY '06)
FFS	27	One participant may move from contractor to contractor and each subsequent contractor may be allowed to receive incentive payments for that individual participant.
FFS	28	ECS Plus provider may be eligible to receive incentive retention payments of varying amounts for participants whose employment status meets certain criteria.
FFS	29	If the participant is employed at the time of the referral to the contractor the referral date will be the reference date for retention.
FFS	30	Retention payments may only be made to ECS Plus contractors for participants who have retained employment for at least nine months beginning the month the cash case was closed due to excess income.
FFS	31	A retention payment may be allowed if the participant has more than one job during the nine month tracking period.
FFS	32	During the nine month tracking period, the participant may be unemployed no more than three months and the months the participant is not working are not counted towards the nine month total.
FFS	33	If a participant loses employment and begins receiving cash assistance again, the months that the cash benefits are issued are not included in the nine month retention count.
FFS	34	The specific amounts of the retention payments are determined by the participant's starting wages and any pay increases gained over the nine month period.
FFS	35	The system should allow for payment amounts and specific payment criterion to be updated on an as needed basis.
FFS	36	An incentive retention payment of $500.00 may be made to ECS Plus contractors when after nine months, a long-term participant's wage is less than $9.00 per hour and includes a pay increased of less than 5%.
FFS	37	An incentive retention payment of $750.00 may be made to ECS Plus contractors when after nine months, a long-term participant's wage is less than $9.00 per hour, includes a pay increased of less than 5% and the participant lives in a hardship county.
FFS	38	An incentive retention payment of $250.00 may be made to ECS Plus contractors when after nine months, a short-term participant's wage is less than $9.00 per hour and includes a pay increased of less

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		than 5%.
FFS	39	An incentive retention payment of $375.00 may be made to ECS Plus contractors when after nine months, a short-term participant's wage is less than $9.00 per hour, includes a pay increased of less than 5% and the participant lives in a hardship county.
FFS	40	An incentive retention payment of $500.00 may be made to ECS Plus contractors when after nine months, a short-term participant's wage is less than $9.00 per hour and includes a pay increased of 5% or more.
FFS	41	An incentive retention payment of $750.00 may be made to ECS Plus contractors when after nine months, a short-term participant's wage is less than $9.00 per hour, includes a pay increased of 5% of more and the participant lives in a hardship county.
FFS	42	An incentive retention payment of $750.00 may be made to ECS Plus contractors when after nine months, a long-term participant's wage is less than $9.00 per hour and includes a pay increased of 5% of more.
FFS	43	An incentive retention payment of $1125.00 may be made to ECS Plus contractors when after nine months, a long-term participant's wage is less than $9.00 per hour, includes a pay increased of 5% of more and the participant lives in a hardship county.
FFS	44	An incentive retention payment of $500.00 may be made to ECS Plus contractors when a short-term participant's wage begins at $9.00 per hour or more at the beginning of the retention period.
FFS	45	An incentive retention payment of $750.00 may be made to ECS Plus contractors when a short-term participant's wage begins at $9.00 per hour or more at the beginning of the retention period and the participant lives in a hardship county.
FFS	46	An incentive retention payment of $750.00 may be made to ECS Plus contractors when a long-term participant's wage begins at $9.00 per hour or more at the beginning of the retention period.
FFS	47	An incentive retention payment of $1125.00 may be made to ECS Plus contractors when a long-term participant's wage begins at $9.00 per hour or more at the beginning of the retention period and the participant lives in a hardship county.
FFS	48	Retention payments are made once per fiscal year per participant per state fiscal year.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.1 Families First Provider Incentive



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care	
Program Affected: FF	**Users: Caseworker, Supervisor**

Process:

Once an individual in a FF case has been determined to require support services in order to be able to participate in their PRP, eligibility for these services will be established, and referrals generated. A support service must be on the individual's PRP before a referral can be generated. This process describes the referral, authorization, and payment for FF support services excluding transportation and child care. The system must be capable of tracking support services received by individual within a 12 month period, calculating monies spent by service against program limits, and providing information regarding dollars expended and balance remaining for the eligibility period. The system shall provide a quality support service utilization report.

Sub-Processes:

1. Determine if Money Is Available For Type of Service for Individual

   The system shall determine if monies are available for the type of service being requested for the individual for the specific period of time by examining the support service dollar allotted, time limit by individual, support services listed on the Personal Responsibility Plan and any previous Authorization and Invoice (A/I) information.

   PRP (Input)
   Activity Type
   Activity
   Exemption Reason
   Interruption Reason
   Exemption Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Interruption Date
Support Service Options
Support Service Requested
Amount of Support Service

INDIVIDUAL SUPPORT SERVICE DOLLAR AND TIME LIMITS (Input)
Individual Name
Support Service Amount Used
Support Service Eligibility Period
Support Service Balance for Individual
Individual ID

AUTHORIZATION/INVOICE (Input)
Amount Approved
Date Approved
Approval Reason

ALERT (Output)
Amount of Money Remaining for Individual for SS
Date Generated
User ID of Recipient
Alert Message

2. Alert User

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

The system shall alert the user if monies are available for the support service, prior to generating the referral.

ALERT (Output)
Support Service Money Available Alert Type
Date Alert Generated
User ID of Recipient
Alert Message

3. Determine if Support Service Provided by Broker

   Once established that funds are available for the individual to receive the requested support service, the system shall determine if the support service is provided by a broker or if an in-house referral is to be made to the service provider.

   PROVIDER (Input)
   Provider Service Type
   Provided by Broker Indicator
   Provider Name
   Provider ID
   Amount of Funds Available

4. Generate Referral to Broker

   If the Support Service is provided by a Broker, the system shall generate a referral to that broker.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

REFERRAL(Output)
Broker Name
Broker Address
Support Service Requested
Date Requested
Individual Name
Individual ID
Individual SSN

5. Create Authorization and Invoice

If the support service is not being provided by a broker, the system shall create the A/I for the support service requested. The user must obtain and record necessary documentation necessary to support authorization amount, specifics of service provided, and vendor selection prior to A/I request.

AUTHORIZATION/INVOICE (Output)
Individual Name
Worker ID
Supervisor ID
County
A/I Number
Payee ID
Vendor Address
Fiscal Year
Fund Source
Transaction Code

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

State Office Approved Support Service Indicator
Individual Address
Individual SSN
Authorization Date
Date A/I Approved for Payment
Date of Released to STARS
Date Paid (from STARS)
Warrant Number (from STARS)
Payee Reference (text)
Reimbursement Date
Reimbursement Amount
Source of Reimbursement
Service Item Code
Units Authorized
Amount of Authorization
Units Approved
Date Transaction Completed
Amount Approved
Vendor Instructions
Support Service Estimate
Estimate Date
Name of Provider that provided the estimate
Address of Provider that provided the estimate
Service Detail for Estimate
Free Form Text
State Office Approval Date
State Office User ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Signature
Signature Date

6. Select Vendor

The user shall select and record the vendor on the A/I using the vendor list display from STARS. If the vendor is not on STARS, or if there is not any appropriate vendor for the service already registered in STARS, the user must obtain necessary information regarding the vendor in an off-line process and submit to Fiscal Services so the vendor may be registered. Once registered, the vendor may then be selected for the A/I.

AUTHORIZATION/INVOICE (Output)
Vendor Name
Vendor Address
Vendor ID
Vendor Phone Number
Date Selected
Service Type Authorized
Authorized Payment Amount

STARS VENDORS (Input)
Vendor Selected
Date Selected
Type of Service Authorized
Authorized Amount for Service
STARS Vendor ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

7. Generate Authorization and Invoice to Provider

The system shall generate the A/I to the specified provider for payment requests other than car tags or license fee that will also serve as the individual's referral.

AUTHORIZATION/INVOICE (Input)
Individual Name
Worker ID
Supervisor ID
County
A/I Number
Payee ID
Vendor Address
Fiscal Year
Fund Source
Transaction Code
State Office Approved Support Service Indicator
Individual Address
Individual SSN
Authorization Date
Date A/I Approved for Payment
Date of Released to STARS
Date Paid (from STARS)
Warrant Number (from STARS)
Payee Reference (text)
Reimbursement Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Reimbursement Amount
Source of Reimbursement
Service Item Code
Units Authorized
Amount of Authorization
Units Approved
Date Transaction Completed
Amount Approved
Vendor Instructions
Support Service Estimate
Estimate Date
Name of Provider that provided the estimate
Address of Provider that provided the estimate
Service Detail for Estimate
Free Form Text
State Office Approval Date
State Office User ID
Signature
Signature Date

8. Determine if Money Will Be Used for Car Tags or License Fees

The system shall determine if money is being used to purchase car tags or license fees.

AUTHORIZATION/INVOICE (Input)
Type of Service Being Authorized
Amount Being Authorized

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

County Clerk Name
County Clerk Address
Case Name
Individual Name
Case Number

9. Approve Authorization and Invoice for Car Tags and/or License Fees

   The user shall record the approval of the A/I.

   AUTHORIZATION/INVOICE (Output)
   Approver ID
   Approver Name
   Support Services Type
   Approval Indicator
   Approval Date

10. Create Alert for Tags or Licenses to Fiscal

    Upon approval for A/I for car tags and/or license fees, an alert shall be generated by the system to Fiscal Services for processing of the A/I. Upon receiving the alert of the A/I to be processed, Fiscal Services will generate a referral to STARS to process a check. This check will be returned to the requesting user, who will log its receipt in the individual's file, and proceed to route to appropriate agency for support service.

    ALERT (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Name of Individual
Individual ID
Provider Name
Amount Authorized
County
Car Tag Alert Type
Date Alert Generated
User ID of Recipient
A/I ID
Date A/I Authorized

11. Generate Record for STARS

The system shall generate the record for STARS to generate the payment for car tags and/or licenses, or generate the payment if the provider is not a broker. STARS will provide a check made payable to the county court clerk, and return the payment to the requesting user.

STARS (Output)
Payment Amount
Payment Date
Payee Name
Payee Address
Payee I/D
Payment Authorization ID

12. Alert Immediate Supervisor of Worker

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

The system shall immediately display a notice to the worker and alert the supervisor if the funds available for the support service are insufficient, or if the estimate exceeds allowable limits. Some services may require State Office approval for approval.

ALERTS (Output)
No Money Available Alert
Supervisor ID
Date Generated
Individual ID
Case ID
Individual Name

13. Determine and Record Approval

The supervisor shall record the supervisor's decision, concerning the support service requested.

AUTHORIZATION/INVOICE (Output)
Supervisor ID
Authorization Date
Date A/I Approved for Payment
Date of Released to STARS

PRP (Input)
Work Activity
Exemption Code
Interruption Code
Support Service Activity

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Individual ID
Individual Name

CASE (Input)
Program/Sub Program
Case ID

14. Create Individual Notice and Alert Worker

The requesting user shall be alerted regarding approval decision. If the supervisor does not approve the Support Service the system shall create a notice to the individual informing them the support service request was denied. At the same time the worker will receive an alert stating the request has been denied and stating the reason for denial. If approval was granted, the system shall continue to process the support service request.

NOTICE (Output)
Individual Name
Individual Address
Support Service Being Denied
Reason For Denial
Right To Appeal Text
Worker Name

ALERT (Output)
User ID of Recipient
Individual ID
Individual Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.2 Support Services Other than Transportation and Child Care

Program Affected: FF	**Users: Caseworker, Supervisor**

Denial of Service Reason
Approval of Request
Decision Date

PRP (Input)
Support Service Approval Indicator
Reason for Denial
Support Service Approval/Disapproval Reason

CASE (Input)
Support Service Being Denied
Reason for Denial
Support Service Approval/Disapproval Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Standard Support Services funds may be available to assist Families First participants who are participating in work/work preparation activities.
FFP	2	Standard Support Services (other than transportation and child care) include limited vehicle repairs, vehicle related expenses, dental assistance, and optical assistance.
FFP	3	Work Related Support Services funds may be available to assist Families First participants who are participating in work/work preparation activities.
FFP	4	Work Related Support Services shall be limited to professional or trade licenses, inoculations, medical tests, and/or examinations (not provided by TennCare Medicaid).
FFP	5	If a service that is not considered a Standard Support Service or a Work Related Support Service is needed to insure continued program participation, the Families First caseworker shall bring the issue to the attention of his/her supervisor and the District office for possible State Office approval.
FFP	6	If the needed Support Service is provided by a Broker, a referral shall be made to the Broker
FFP	7	The referred Families First individual must initiate use of the Support Service within 60 days from the date of the referral.
FFP	8	If the referred Families First individual does not initiate use of the Support Service within 60 days from the date of the referral, the referral and subsequent authorization of services will no longer be valid.
FFP	9	The Families First caseworker may make the decision to extend a Support Services referral beyond 60 days if there are extenuating circumstances that prevent the participant from using the referral.
FFP	10	If the Families First Support Services Broker notifies the Families First caseworker that the Support Service referral was not used, the caseworker shall remove the Support Service from the PRP.
FFP	11	If a Support Service referral expires, a new referral may be issued after evaluating whether the service is warranted.
FFP	12	The Families First caseworker shall verify the need for all Support Services.
FFP	13	Families First funds, not to exceed (an amount determined by policy) per twelve-month period, shall be used to provide Limited Vehicle Repairs to make a Families First individual's personal vehicle operational
FFP	14	The income limit for Limited Vehicle Repairs may only be exceeded with the prior approval of the State Office, after receiving a repair estimate and before the repair work is performed.
FFP	15	To be eligible for a Limited Vehicle Repair the Families First individual must be enrolled in and must have been in compliance with a Families First component for a minimum of 60 days **and** must be the vehicle owner responsible for any loan repayments **and** must have owned the reported vehicle for a minimum of three months and must intend to use the vehicle to provide for his/her own transportation.
FFP	16	All reimbursements for vehicle repairs must be made directly to the Broker.
FFP	17	Only the Support Services Broker is authorized to purchase the replacement parts or supplies

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		appropriate for the model of vehicle that will render the car operational.
FFP	18	The Families First participant shall not begin any repairs without receiving authorization from the Support Services Broker.
FFP	19	Families First participants will not be reimbursed for any out-of-pocket expenses for vehicle repair.
FFP	20	Only active Families First participants who have been approved for the First Wheels Revolving Loan Program can access Support Services Vehicle Limited repair funds prior to the transfer of vehicle title and registration.
FFP	21	Families First funds may be used to pay for any/all Vehicle Related Expenses defined as the costs of obtaining a vehicle license and registration, paying county wheel taxes and emission testing fees, and/or renewing/obtaining a Tennessee vehicle operator's license if it will enable the individual to provide their own transportation to a Families First component.
FFP	22	A referral shall be completed for assistance with vehicle related expenses.
FFP	23	Vehicle Related Expenses shall be paid directly to the responsible state, county or city government agency.
FFP	24	Families First individuals shall not be reimbursed for any out-of-pocket expenses for Vehicle Related Expenses.
FFP	25	Funds for Vehicle Related Expenses shall not be used to pay for fines and/or court costs associated with accidents or traffic and parking violations.
FFP	26	The amount of Vehicle Related Expenses will be the actual costs levied for the county of residence.
FFP	27	To be eligible for Vehicle Related Expense funds for a Tennessee vehicle operator's license, the individual must be enrolled in and have been in compliance with a Families First component for a minimum of 60 days, and must use the license to provide his/her own transportation to a Families First component, and must lack a valid Tennessee vehicle operator's license.
FFP	28	To be eligible for Vehicle Related Expense funds for a vehicle license, registration, county wheel taxes and emission fees, the individual must have a vehicle registered in his/her name, and be enrolled in and in compliance with a Families First component for a minimum of 60 days, and must use the license to provide his/her own transportation to a Families First component
FFP	29	Dental assistance shall be available to Families First participants when needed to participate in a Families First component or to obtain/retain employment, if it is not available through Medicaid, community resources, or other insurance coverage.
FFP	30	Families First funds, not to exceed a specified amount per 12-month period, may be used to provide dental assistance for Families First participants.
FFP	31	Dental Services must be initiated prior to Families First case closure.
FFP	32	Dental Services are considered initiated when the participant schedules an appointment with the vendor that will be providing the service.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	33	Only maintenance dental work, defined as routine cleaning (if part of the treatment protocol, extractions, bridges (if less expensive than dentures), full and partial dentures and crowns and fillings, shall be authorized for payment with Families First funds.
FFP	34	A referral for Dental Services shall be authorized when dental pain prevents the participant's participation in a work component or dental problems affecting appearance are a barrier to employment, and there are no other available resources for payment, and the participant has been in compliance with a Families First work component for a minimum of 60 days.
FFP	35	A District Program Supervisor may grant a waiver from the criteria to receive a referral for Dental Services.
FFP	36	Optical assistance shall be available to Families First participants when needed to participate in a Families First component or to obtain/retain employment, if it is not available through Medicaid, community resources, or other insurance coverage.
FFP	37	Families First funds, not to exceed a specified amount per 12-month period, may be used to provide optical assistance for Families First participants.
FFP	38	Optical Services must be initiated prior to Families First case closure.
FFP	39	Optical Services are considered initiated when the participant schedules an appointment with the vendor that will be providing the service.
FFP	40	A new prescription or a change in prescription is required for the authorization of Families First funding of glasses or contact lenses.
FFP	41	A referral for Optical Services shall be authorized when a visual problem prevents full and satisfactory participation in a work component, and there are no other available sources for payment, and the participant has been in compliance with a Families First work component for at least 60 days.
FFP	42	A District Program Supervisor may grant a waiver from the criteria to receive a referral for Optical Services.
FFP	43	Work Related Support Services shall be available to assist Families First participants who have received a bona fide offer of employment and are ready to enter the work force.
FFP	44	The allotment for each Work Related Support Service is limited to the actual amount, or an amount specified by policy, whichever is less.
FFP	45	Each Work Related Support Service is limited to a one-time expense.
FFP	46	If a Families First case is closed and reopens at a later date, the participant may be eligible to receive Families First Work related Support Services again.
FFP	47	All payments for Work related Support Services are made directly to the vendor.
FFS	48	A referral from the DHS Caseworker is required for all support services and documentation to support the authorization of services must be entered into the system.
FFS	49	Any support service must be listed on the PRP when the referral is initiated.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	50	Documentation must include the nature of the service, verification of the participant's eligibility to the service, and time frame by which the service must be rendered.
FFS	51	Referrals cannot be open ended and it is required that the participant initiate use of the support service within 60 days from the date of the referral.
FFS	52	A referral is considered initiated once the appointment has been made with the vendor that will be providing the service.
FFS	53	Even though the first available appointment may be beyond the 60-day time limit, the referral will be considered initiated if the appointment is made within 60 days of the date the referral was received.
FFS	54	The vendor has up to 12 calendar months to invoice for the support service rendered based on available funds in the state budget.
FFS	55	DHS will pay invoices for support services provided during the current fiscal year and the immediately proceeding fiscal year based on the availability of funds.
FFS	56	A vendor will only be paid for services rendered that do not exceed the amount authorized by DHS.
FFS	57	Any costs that exceed the authorized amount approved by DHS must be paid by the client.
FFS	58	A vendor must provide documentation of any services rendered in order to be paid for that service.
FFS	59	A vendor may not invoice for services that have not been rendered.
FFS	60	When a client is in need of a support service that exceeds the allowable amount specified by current policy, the request must be reviewed and approved by a Program Supervisor once it has been determined that extenuating circumstances exist.
FFS	61	In order to approve additional funds for a support service that exceeds the allowable amount approved by current policy, the participant must not only meet the required criteria for the support service, but provide verification of the extenuating circumstance.
FFS	62	The system shall track the amount each participant spends per support service per 12 month period beginning the month the first support service is initiated.
FFS	63	Support services dollars allocated to each participant must be used during a specific twelve month period and does not roll over to the next 12 month period.
FFS	64	If a customer accesses any of the Standard Support Services, this does not preclude them from accessing other needed Support Services.
FFS	65	Support services funds may only be used for the specific type of service provided and may not be combined with other support service funds not utilized by the client. (Ex: Client needs $500. for dental services which exceeds the $400 limit. Money earmarked for other support services, i.e. optical, may not be used to supplement the excess dental cost.)
FFS	66	Once it has been determined that a participant is eligible for a support service and the referral is generated, the participant must maintain eligibility and remain in compliance with all area of the PRP throughout the process of the support service being rendered.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFS	67	Once it has been determined that a participant is eligible for a support service and the referral is generated, the system shall alert the broker/DPA to invalidate the referral if it is determined the participant is non-compliant without good cause.
FFS	68	Once a support service has been rendered and the total cost of the service was less than the established limit for that specific support service, the remaining balance may be used at another time during the 12 month period, provided the participant continues to meet the eligibility requirements and a new need arises as long as the cost does not exceed the remaining balance.
FFS	69	Approval for additional funds to cover the excess cost may only be given if the participant can establish a need and substantiate that the existing barrier prohibits continued program and/or work participation and additional funds are available.
FFS	70	All reimbursements or payments must be made to the vendor who provides a support service and not to the participant.
FFS	71	In the case of limited vehicle repairs, repairs must make the vehicle operational therefore; a participant must provide verification from a knowledgeable mechanic prior to a repair being authorized.
FFS	72	In order to qualify for limited vehicle repairs, a participant must have a valid Tennessee Driver license, a car title for the specific vehicle that is listed as a resource within the system and a current car registration.
FFS	73	Each of the above mentioned items must be in the participant's name and verify that the participant has been in possession of the vehicle for no less than 90 days.
FFS	74	Participants requesting limited vehicle repairs must be enrolled in an approved FF activity in which the vehicle will be used for transportation to the activity and then participant must have been in compliance for no less than 60 days.
FFS	75	Should a participant become non-compliant during the process of obtaining the limited vehicle repair, the referral may be voided and the support service terminated unless good cause is established.
FFS	76	If good cause is not established, the participant may request the limited vehicle repair once the compliance requirement is met.
FFS	77	Vehicle repairs are limited to minor repairs and maintenance that will assist participants in complying with the requirements of their PRP.
FFS	78	Major repairs such as replacing motors, transmissions or body work is prohibited in that such cost are normally excessive and would not be covered in the established allotment.
FFS	79	In the case of limited vehicle repairs, a participant may have a friend or family member that is able to provide the needed repair, but needs a specific car part or supplies to make the vehicle operational.
FFS	80	In this case, DHS must arrange for the purchase of these parts or supplies and document verification of the expenditure within the system.
FFS	81	If a participant is unable to provide the required documentation involving a valid drivers license or car

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		tags, the participant may request car tag or license assistance if they meet the established guidelines.
FFS	82	Car tags and license assistance are offered to assist a participant with meeting the requirements of their PRP.
FFS	83	A referral for the car tag/TN driver license must be generated by the DHS case worker once it has been verified that the participant is enrolled in an appropriate activity and in compliance with the PRP for no less than 60 days.
FFS	84	Fees for car tags may also be paid directly to the TN Department of Safety through a link to the Dept. of Safety system, should the functionality exist at the time.
FFS	85	Outstanding fees for fines or tickets resulting from or related to delinquent car registration, traffic violations or suspended driver's licenses will not be paid by the state, however once verification is provided that the outstanding fees have been paid, the participant may be eligible for vehicle related support provided they are otherwise eligible.
FFS	86	Should a participant become non-compliant during the process of obtaining vehicle related services, the referral may be voided and the support service terminated unless good cause is established.
FFP	87	All payments for Work related Support Services are made directly to the vendor.
FFP	88	Support Services payments may not exceed a specified amount, dependant on the type of services, per 12-month period.
FFP	89	The Families First service broker shall notify the caseworker if the use of a support services referral is not initiated within 60 days of the date of the Families First support referral.
FFP	90	Support Services may be provided by the Agency or a Support Service broker.
FFP	91	The allotment for each work related support service is limited to the actual cost or a specified amount set by the Agency, whichever is less.
FFS	92	Support Services funds are available to assist Families First participants in the elimination of barriers to program participation.
FFS	93	DHS caseworkers must ensure that participants obtain referrals to all necessary support services.
FFS	94	Support Services may be authorized if and only if the participant meets the eligibility criteria for the specific type of service.
FFS	95	Support Services must be included as a part of the participant's PRP
FFS	96	All support services must be initiated prior to the closure of the Families First cash assistance case.
FFS	97	Support Services are categorized into two (2) types, Standard Support Services and Work Related Support Services.
FFS	98	Standard Support Services include Child Care Assistance, Transportation Assistance, Limited Vehicle Repairs, Vehicle Related Expenses, Dental Assistance and Optical Assistance. (Note: Child Care and Transportation will not be addressed in this work flow.)
FFS	99	Work Related Support Services include the cost of professional licenses, trade licenses, inoculations,

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

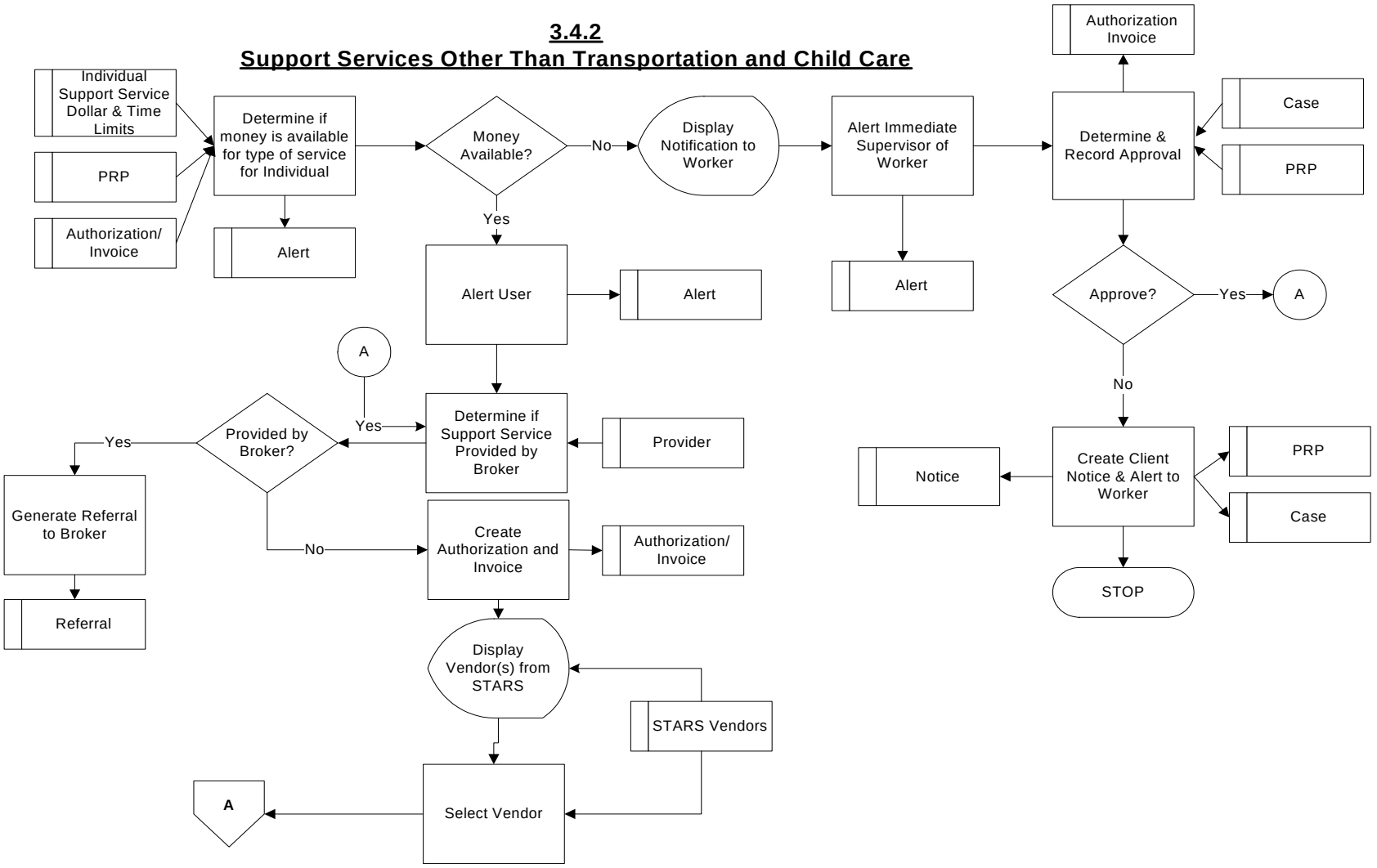
Program Type	Rule Number	Rule
		medical tests and/or examinations.
FFS	100	Work Related Support Services must be required by the employer for the participant to work and not otherwise covered by Tenncare or the employer.
FFS	101	If a service that is not included in the lists above, but is specifically needed to insure continued program participation, the State office may approve a one-time service via the Director of Families First Services.
FFS	102	The majority of Families First Support Services are either provided through a broker system or by the DHS District Office through Delegated Purchase Authority (DPA).
FFS	103	Contracted Brokers must notify DHS within three working days if the broker is unable to arrange the requested support service.
FFS	104	Actual services are purchased from and performed by qualified vendors.
FFS	105	At no time and under no conditions are support service payments made directly to participants.
FFS	106	The use of any Support Service Referral must be initiated within sixty (60) days from the date of receiving the referral.
FFS	107	If the referral is not initiated within the sixty (60) day time frame the referral and subsequent authorization of services will be no longer valid.
FFS	108	The DHS Caseworker may extend the referral initiation deadline beyond sixty (60) days if it is verified that extenuating circumstances exist preventing the participant from using the referral.
FFS	109	If extenuating circumstances do not exist, the participant must once again determine eligibility to the requested support service.
FFS	110	Families First funds, not to exceed $550 per 12-month period, will be used to provide limited vehicle repairs for Families First participants who meet the specified guidelines.
FFS	111	This limit may only be exceeded with the prior approval of the State Office, after receiving the repair estimate and before any repair work is performed.
FFS	112	Families First funds may be used to pay for specified vehicle related expenses if it will enable the participant to provide their own transportation to a work component activity.
FFS	113	Vehicle Related Expenses include vehicle license and registration fees, county wheel taxes, emission testing fees and renewing/obtaining a Tennessee vehicle operator’s license.
FFS	114	Families First funds may cover the entire amount of any Vehicle Related Expense to be paid directly to the responsible state, county or city government agency.
FFS	115	Families First funds, not to exceed $400 per 12-month period may be used to provide dental assistance not otherwise available through Medicaid, community resources or other insurance coverage.
FFS	116	This limit may only be exceeded with the prior approval of the State Office, after receiving the cost estimate and before any work is performed.
FFS	117	Families First funds, not to exceed $175 per 12-month period may be used to provide optical services

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		not otherwise available through Medicaid, community resources, or other insurance coverage.
FFS	118	Families First funds may be used to provide work related services on a one-time basis, not available through any other resource.
FFS	119	If a Families First case closes and reopens at a later time, the participant is eligible to receive another one-time allotment, provided the eligibility criteria are met.
FFS	120	The allotment for each work related expense is limited to the actual cost of the service or $100, whichever is less.
FFS	121	Limits on Support Services for dental or vehicle repair may only be exceeded with the approval of the FF Services Director. Said approved must be obtained prior to service being authorized.

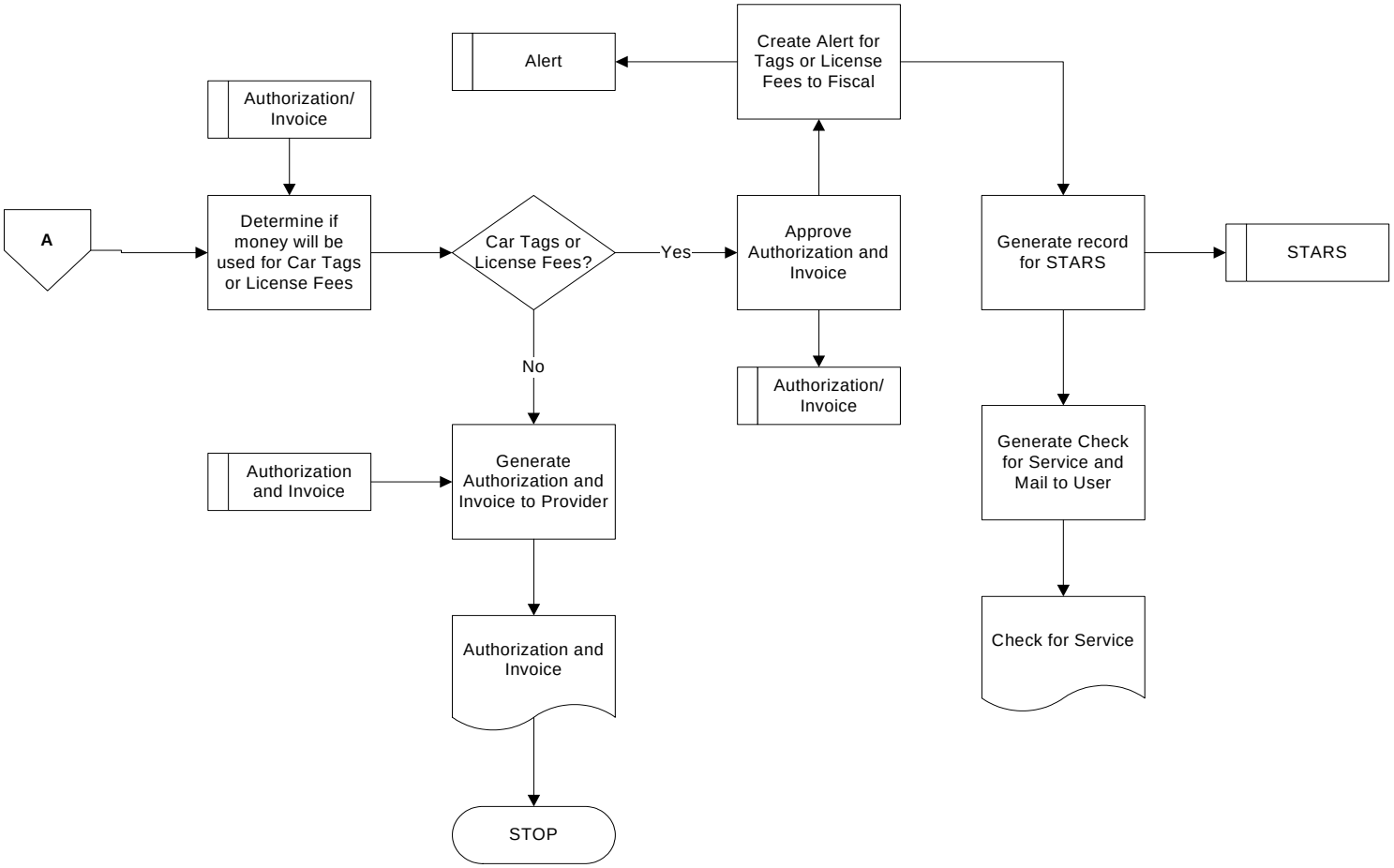
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.2
Support Services Other Than Transportation and Child Care



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.2
Support Services Other Than Transportation and Child Care (cont'd)



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.3 Transportation Eligibility	
Program Affected: FF	**Users: System**

Process:

This process describes how the type of transportation assistance provided to the Families First (FF) individual is determined. If transportation assistance is cash reimbursement the system shall calculate the amount and send a file to EBT, so payment is added to the individual's account. For all other types, a referral is generated to the transportation provider.

Sub-Processes:

1. Determine Transportation Reimbursement Type

   The system shall determine from the transportation type recorded on the Personal Responsibilities Plan (PRP) whether the individual is eligible for cash reimbursement through EBT.

   PRP (Input)
   Transportation Type

   TRANSPORTATION (Output)
   Transportation Eligibility Decision

2. Generate Referral to the Transportation Provider

   If the transportation type recorded is not reimbursement, the system shall generate a referral to the transportation provider recorded on the PRP.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.3 Transportation Eligibility

Program Affected: FF	**Users: System**

REFERRAL (Output)
Provider Name
Activity
Activity Start Date
Individual Name
Individual Address
Individual Phone Number
Individual ID
Free Form Text (for directions, comments, etc.)

PRP (Input)
Transportation Type

3. Record Transportation Information

The user shall record the transportation information from the referral.

TRANSPORTATION (Output)
Individual Name
Individual ID
Transportation Type
Date Needed
Date Approved for Transportation

REFERRAL (Input)
Provider Name
Activity Start Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.3 Transportation Eligibility

Program Affected: FF	**Users: System**

Individual Name
Individual Address
Individual Phone Number
Individual ID
Free Form Text

4. Determine Days Attended in a Defined Period

   If the transportation type is reimbursement, the system shall determine the number of days the individual attended in a defined period from the attendance recorded as per business rules.

   ATTENDANCE (Input)
   Days Attended
   Individual ID

   PRP (Input)
   Activity Type
   Activity

   TRANSPORTATION (Input)
   Transportation Type
   Individual Name
   Individual ID

5. Calculate Transportation Reimbursement Amount

   If the number of days attended is greater than zero, the system shall calculate the amount to be paid as per business rules. The reimbursement amount is updated on attendance to indicate that transportation

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.3 Transportation Eligibility

Program Affected: FF	**Users: System**

has been reimbursed for that day.

ATTENDANCE (Input)
Reimbursement Amount Calculated
Period of Time Reimbursement Covers

ISSUANCE (Output)
Reimbursement Amount Issued
Date Issued
Reimbursement Type

6. Generate a File to EBT

   The system shall generate a file to the EBT system that will post the amount to the individual's EBT account. This file will be generated every other week for reimbursement purposes.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	Transportation assistance shall be provided to all work component activities, to other authorized support services (dental/optical appointments) and case staffing appointments, as needed.
FFP	2	Transportation assistance may be provided for both mother and child to attend counseling if the agency providing the counseling is not associated with TennCare Behavioral Health Organization.
FFP	3	Transportation assistance shall continue for eligible Families First participants until case closure.
FFP	4	The caseworker must evaluate transportation needs and options for Families First participants based on the work components and support services needs specified in the Personal Responsibility Plan.
FFP	5	Transportation assistance may be offered in the form of a reimbursement of $4.00 a day (when the participant elects to provide his/her own transportation).
FFP	6	Transportation assistance may be offered in the form of a reimbursement with an additional $1.00 per day (to the $4.00 per day basic rate) for one-way travel to a work component that exceeds 25 miles.
FFP	7	A dislocated worker on Families First may choose to receive the $5.00 per day dislocation payment for transportation instead of the $4.00 Families First transportation reimbursement.
FFP	8	Families First transportation shall not be provided for extended FSC or ECS services.
FFP	9	Families First participants who ride to a work component with a non-Families First individual who charges a fee for the transport, shall be eligible for a transportation reimbursement.
FFP	10	Transportation services shall be provided to Families First participants who are being assessed by VocRehab until the individual is accepted as a VocRehab participant.
FFP	11	When Families First participants ride together to a work component, only the driver will be eligible for a transportation reimbursement.
FFP	12	Transportation assistance may be offered in the form of mass transit passes.
FFP	13	Transportation assistance may be offered in the form of broker-contracted vans or taxi services.
FFP	14	Two forms of transportation may be combined to meet a participant's needs, with the permission of the supervisor.
FFP	15	The caseworker must record the reason for the need of multiple forms of transportation.
FFP	16	Children are eligible for transportation to childcare with the caretaker by mass transit pass or broker contracted van or taxi services if the caretaker is being transported to a Families First authorized activity.
FFP	17	Families First individuals who elect to walk to their component and do not request transportation services shall not receive a reimbursement.
FFP	18	Families First individuals who own a reliable, operational vehicle that is available to them during the hours of work/training activity must provide their own transportation or receive a mass transit pass.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

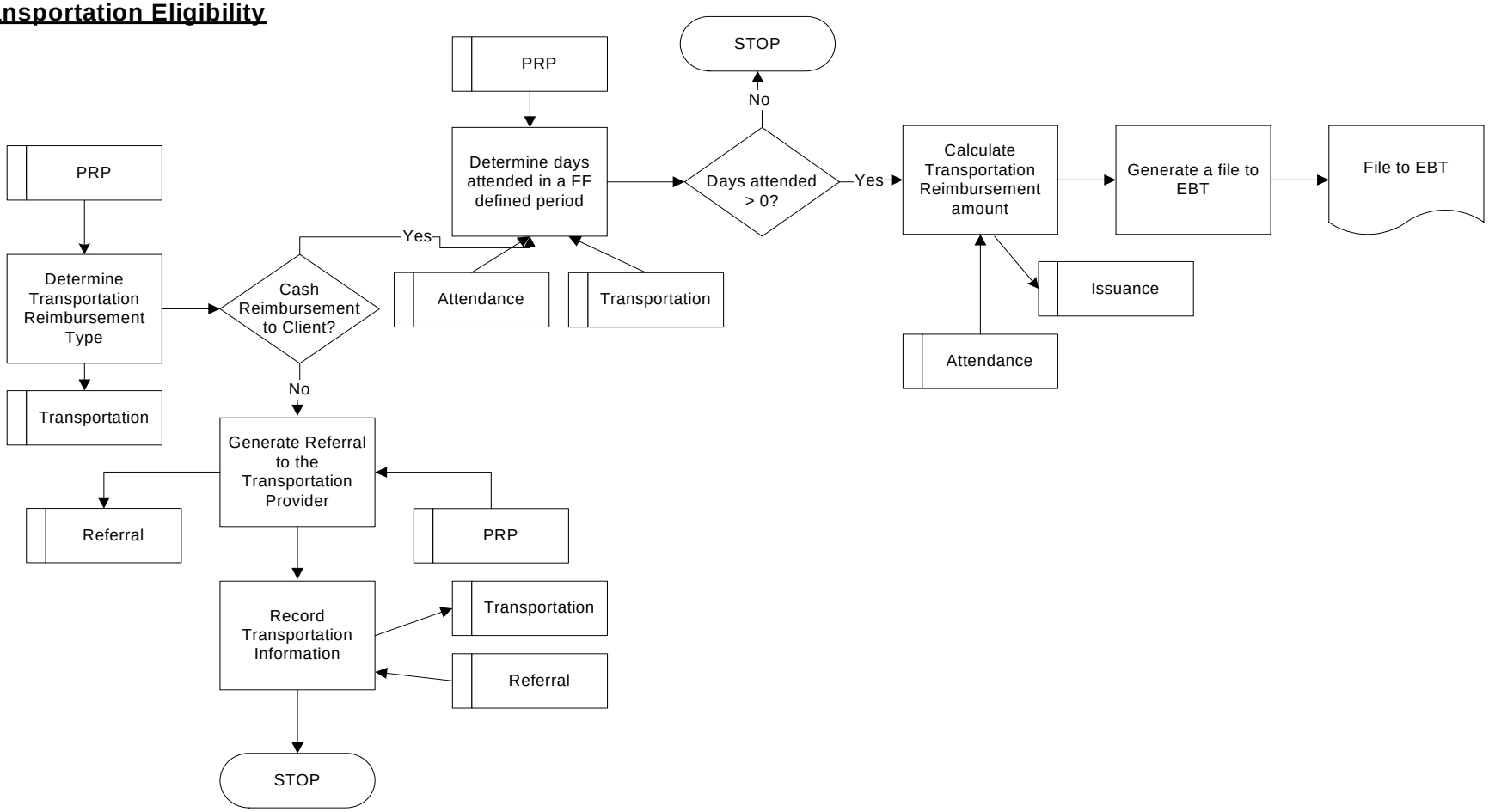
FFP	19	Families First individuals who own a reliable, operational vehicle that is available to them during the hours of work/training activity shall not receive van or taxi transportation services.
FFP	20	The Agency shall send a referral to the transportation provider to secure the Families First participant's transportation.
FFP	21	The Agency shall keep a record of the Families First participant's transportation needs.
FFP	22	The Families First participant shall be provided a transportation reimbursement/mass transit pass/broker contracted van or taxi for each day he/she participates in a work/training activity.
FFP	23	The transportation reimbursement amount shall be calculated based on the number of days in an activity and the distance traveled to the activity.
FFP	24	The Families First participant shall receive a transportation reimbursement amount based on the number of days in an activity and the distance traveled to the activity.
FFP	25	Transportation shall be terminated upon expiration of an unresolved Families First conciliation notice for non-compliance unless the participant is employed.
FFP	26	Employed Families First individuals will continue to receive transportation assistance for the days they are scheduled to work, until the effective date of closure.
FFP	27	Transportation will be terminated at the end of the 10-day adverse action period for Families First participants whose Families First cases are being closed for non-sanction reasons.
FFP	28	A referral to reinstate transportation must be issued within three days if the non-compliant Families First participant agrees to comply.
FFP	29	Transportation assistance must be made available within 14 days from the date that the non-compliant Families First individual agrees to comply.
FFS	30	Participants are eligible for transportation services to all work component activities, authorized support services appointments, case staffing meetings for the STEPS program and childcare for participant's children based on need.
FFS	31	The DHS caseworker must evaluate transportation needs and options for participants in consideration of the work components, support services and childcare needs as specified by the PRP.
FFS	32	The type of transportation services needed will determine the manner in which services are initiated, provided and/or reimbursed.
FFS	33	Transportation assistance may be offered in the form of reimbursements payments of $4.00 per day if the participant elects to provide their own transportation.
FFS	34	Reimbursement payments may include an additional $1.00 per day if the one-way travel exceeds 25 miles.
FFS	35	Transportation assistance may be offered in the form of mass transit passes, vans or taxi services as provided by broker contracted agencies (Transportation Providers).
FFS	36	Transportation assistance offered in the form of mass transit passes, vans or taxi services will be initiated by generating a referral to a transportation provider.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

FFS	37	Transportation providers will be notified electronically of all new transportation referrals.
FFS	38	Once the referral is initiated the transportation provider must notify the client within three working days to arrange transportation services.
FFS	39	Transportation provider is required to notify DHS within three days if transportation services cannot be provided as referred.
FFS	40	Transportation assistance provided in the form of cash reimbursements will be generated based on the attendance of the participant in the specified activity.
FFS	41	Each client participating in a work component activity must complete two weeks of attendance in the activity before transportation services are provided.
FFS	42	Participant attendance will be entered into the Daily Attendance Detail via manual data entry by the service provider.
FFS	43	Participant attendance can be entered into a POS device using the client's EBT card.
FFS	44	Attendance data collected from the POS device will be then complied into a data store that is electronically sent to DHS.
FFS	45	Once it has been determined that the participant has attended the activity for the required number of days the reimbursement amount will be calculated and disbursed to the participant via the EBT card.
FFS	46	For the purposes of transportation, attendance is counted per day, regardless of the number of activities attended.
FFS/FFP	47	An individual may not receive transportation assistance from Families First and from Dislocated Worker's Program for the same period of time.
FFP/FFS	48	Transportation services will only be provided during a period of case eligibility with the exception of an individual in a two-week compliance period.
FFS/FFP	49	If attendance is not provided, transportation reimbursement will not be authorized for that period of time.
FN	50	Transportation reimbursement for an individual may be adjusted through EBT file modification at a later date based on an overpayment or underpayment.
FFS/FFP	51	Transportation assistance must be on the PRP before a referral may be generated, and the service provided.
FFS/FFP	52	If support service cannot be provided within two calendar weeks, the time limit for the case shall be interrupted.
FFS	53	The provider shall have until the end of the next reimbursement period cut-off to submit or make corrections for attendance in regards to transportation reimbursement.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.3
Transportation Eligibility



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.4 FF Support Service Authorization and Invoice Returned For Payment	
Program Affected: FF	**Users: Fiscal Services**

Process:

This process provides the means for Fiscal Service to enter invoice information to process payments through STARS. The system shall have the capability for multiple FF Services to be included on an Authorization/Invoice for the same provider. The system shall allow contractors to submit invoices electronically for payment.

Sub-Processes:

1. Update with Money and Dates

   The user will manually review the returned Authorization and Invoice. If necessary, following this review, updates will be made to the billing accounts and relative dates. The system will allow for supervisory approval or denial of an Authorization and Invoice for services based on business rules. The system shall allow 'reprint' of billing documents as needed based on program policy and rules. The system shall require expenditure authorizations for transportation and support services to be completed by specific users designated by the program and sub-program.

   AUTHORIZATION/INVOICE (Output)
   User Id
   Amount of Support Service
   A/I ID
   Comments Field
   A/I Receipt Date
   Provider Name
   Date of Fiscal Authorization

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.4 FF Support Service Authorization and Invoice Returned For Payment

Program Affected: FF	**Users: Fiscal Services**

Provider ID
Provider Type
Provider Service Begin Date

PRP (Output)
Date Support Service Provided
Amount of Support Service
Date Paid

PROVIDER PAYMENT (Output)
Provider ID
Provider Name
Amount of Support Service

2. Generate Record for STARS

The system shall generate the payment record for STARS for all support services paid by Fiscal Services.

STARS (Output)
Payment Amount
Payment Date
Payee Name
Payee Address

AUTHORIZATION/INVOICE (Input)
Provider Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.4 FF Support Service Authorization and Invoice Returned For Payment

Program Affected: FF	**Users: Fiscal Services**

Provider Address
Amount of Support Service

3. Generate File and Send to STARS

   The system shall generate and send the provider payment file to STARS for processing. The system shall have the ability to transmit payments on a daily basis to the state's accounting system after the appropriate approvals.

   STARS (Output)
   Payment Cycle
   Gross Payment Total for Billing Cycle
   Net Payment Total for Billing Cycle
   Provider Payment Total for Billing Cycle
   STARS Warrant Number
   Vendor Number
   Invoice Number
   Description
   Redeem Date
   Vendor Name
   Vendor Address

4. Update Warrant Information

   After Processing, STARS sends the file to Finance and Administration. F & A sends an updated warrant information file to update the provider payment record in V.I.P. system.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.4 FF Support Service Authorization and Invoice Returned For Payment

Program Affected: FF	**Users: Fiscal Services**

STARS (Input)
Warrant Number
Warrant Amount
Warrant Date

5. Update Provider Payment Record

The system shall record the updated provider payment information from STARS to indicate the payment information in the system for tracking purposes.

PROVIDER PAYMENT (Input)
Net Payment Total for Billing Cycle
Provider Payment Total for Billing Cycle
Payment Date
Provider Name
Provider ID
Warrant Number
Payment ID

PROVIDER PAYMENT (Output)
Payment Date
Payment ID
Provider Name
Provider ID
Warrant Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

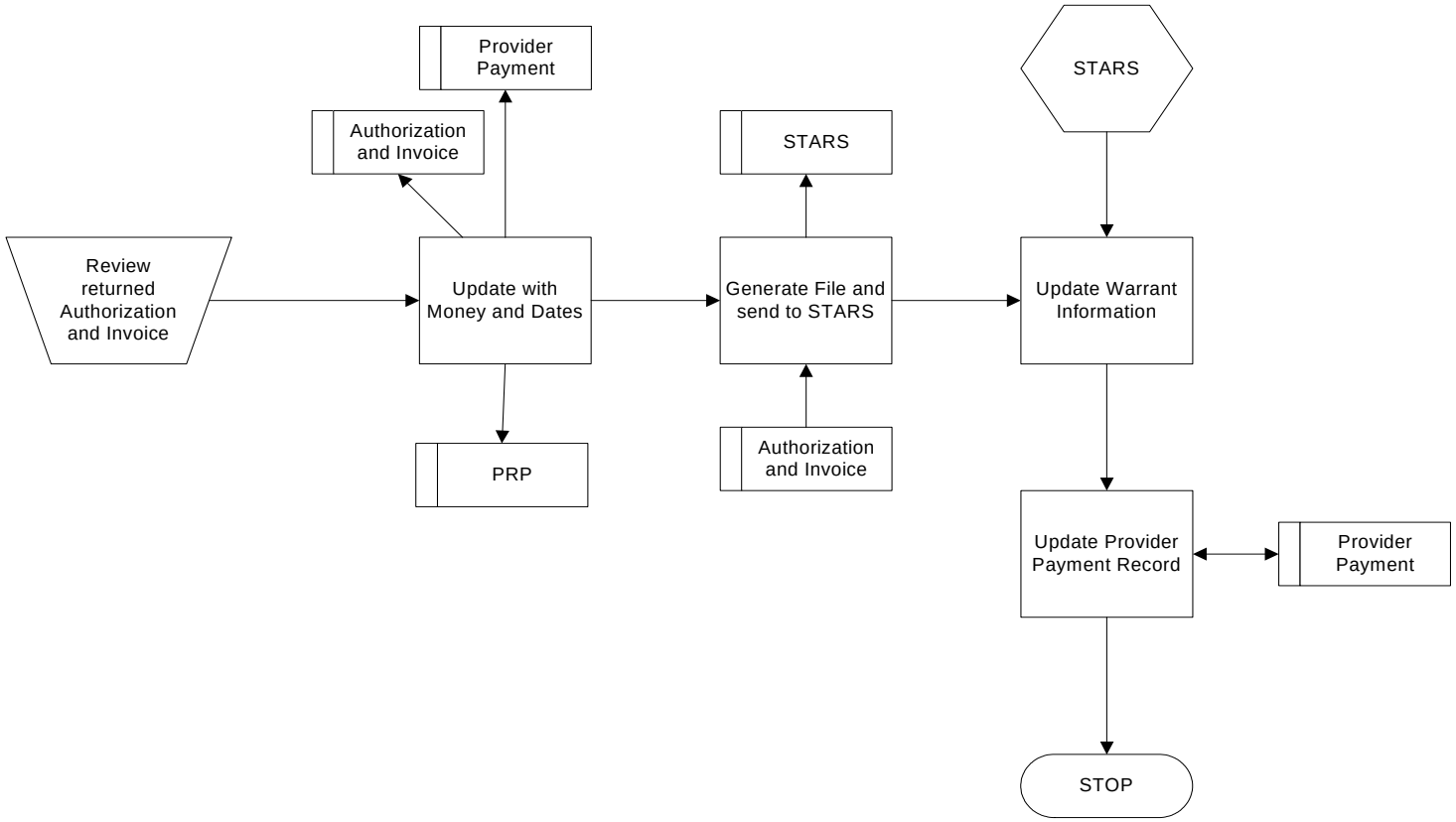
Process: 3.4.4 FF Support Service Authorization and Invoice Returned For Payment	
Program Affected: FF	**Users: Fiscal Services**

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FN	1	If the support services are not being arranged by a contracted broker, vendors will return Authorizations and Invoices to Fiscal Services for payment.
FN	2	The Authorizations and Invoices should contain all information needed for payment, including but not limited to, authorized service(s), authorized amount, authorizing signature, invoiced amount, service date, and vendor signature and date.
FN	3	An Authorization and Invoice returned from one vendor could be for multiple support services.
FN	4	Authorizations and Invoices could be returned from multiple vendors for one client's support services.
FN	5	Authorizations and Invoices must be linked to a client and tracked by service date and/or date sent to STARS.
FN	6	Authorizations and Invoices can be processed for the current State fiscal year and the prior State fiscal year if contract funding is available.
FN	7	Authorizations and Invoices will not be paid for more than the authorized amount.
FN	8	Authorizations and Invoices must be processed in accordance with State accounting and year-end closing policies.
FN	9	Fiscal Services staff will audit the Authorizations and Invoices for completeness and accuracy and will approve the Authorizations and Invoices to be released to STARS for payment.
FFS	10	Once a participant has been determined eligible for support services other than transportation and child care, payment must be invoiced and generated via Fiscal Services.
FN	11	A vendor should not be established in the system until appropriate paper work is obtained and vendor is established in STARS.
FN	12	If appropriate user approves to pay more than the authorized amount, a separate Authorization and Invoice will have to be established.
FN	13	If approved amount is not paid, a specified user should be alerted.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.4
FF Support Service Authorization & Invoice Returned for Payment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)	
Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Process:

This process describes the steps necessary for the provider to submit an Enrollment Attendance Verification (EAV) document for payment. The EAV is a document that will be used by the provider to record the child's daily time and attendance, when EBT is not used to submit this information for processing and payment. The Child Care Provider may opt to file the EAV on-line and submit electronically for processing. This process addresses the submission of an EAV (paper or electronic) and processing of said document. The system shall track and report child care absences by child. The system shall allow for the purging of child care billing documents based on business rules. The system shall automatically change a child's care level at its birth date and determine the appropriate rate for provider payment calculations. The system shall calculate payments for school age children using a pre-set school calendar. The system shall track all children under appropriate funding sources. The system shall allow some funding sources and eligibilities to be exempt from the child care fee calculation. The system shall have the capability of limiting particular funding types to particular child care providers.

Note: Refer to process "Child Care Provider Payments (EBT)" for processing of child care provider payments submitted via EBT. Presently, Tennessee's EBT does not include child care attendance tracking.

Sub-Processes:

1. Generate EAV Document

   The system shall generate an Enrollment Attendance Verification (EAV) document for the provider based on child's childcare eligibility and provider enrollment information. The system must also allow the user to request an EAV out of the regular cycle if needed or to request a replacement EAV. The system shall have the capability to terminate a child's child care enrollment (not eligibility) when a provider terminates a child on

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

an EAV. The DCS case manager will be immediately notified.

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

PROVIDER ENROLLMENT (Input)
Provider Name (agency)
Provider Address (site)
Provider Mailing Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider License Date
Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider enrollment capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

2. Fiscal Updates EAV with New Dates, etc.

   The Department of Human Services will mail the provider the EAV document prior to the beginning of the billing period with each enrolled child listed for recording daily time and attendance. A provider may also enroll and submit these forms via the internet for processing. The user will update the existing EAV with the date the document was received from the provider and any other new information.

   EAV (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Child's Name
SSN per Child
Child Absent Date
Child Attend Date
PT or FT Care
Pay Cycle
Days in Pay Cycle
Care Level per Child
Hours of Attendance per Day per Child
Child Total Attendance Hours per Day
Child Total Attendance Hours

EAV (Output)
Child's Name
SSN per Child
Child Absent Date
Child Attend Date
PT or FT Care
Pay Cycle
Days in Pay Cycle
Care Level per Child
Hours of Attendance per Day per Child
Child Total Attendance Hours per Day
Child Total Attendance Hours

3. Fiscal Updates Enrollment and/or Time and Attendance Exceptions

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

The user will update the system with any exceptions to the time and attendance information.

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

CHILD'S TIME AND ATTENDANCE (Input)
Current Provider Name
Current Provider ID Number
Current Provider ID Number Extension

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Current Provider Phone Number
Child Days of Attendance
Child Hours of Attendance per Day
Child Absent Date
Child Absent Reason Indicator
Child Extended Period of Absence Start Date
Child Extended Period of Absence End Date
Child Extended Period of Absence Reason
Child's ID Number
Parent ID Number
Child's Date of Birth
Child Absence Good Cause Indicator
Provider Pay Cycle (from: to:) for this pay cycle

CHILD'S CHILD CARE ELIGIBILITY (Output)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

CHILD'S TIME AND ATTENDANCE (Output)
Current Provider Name
Current Provider ID Number
Current Provider ID Number Extension
Current Provider Phone Number
Child Days of Attendance
Child Hours of Attendance per Day
Child Absent Date
Child Absent Reason Indicator
Child Extended Period of Absence Start Date
Child Extended Period of Absence End Date
Child Extended Period of Absence Reason
Child's ID Number
Parent ID Number
Child's Date of Birth
Child Absence Good Cause Indicator
Provider Pay Cycle (from: to:) for this pay cycle

4. Determine Provider Payment Rate

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

If there are no other changes to the EAV or after updates to the time and attendance information are made, the system shall determine the provider's payment rate. This determination is based on business rules, EAV, provider enrollment, state rates, provider rates and child's child care eligibility information. The system shall calculate state defined percentage rate reductions for sanctioned child care providers based on policy rules. The system shall allow the user to waive child care co-pay parent fees based on rules. The system shall accommodate mass changes to the rates and child care parent co-pay fees.

EAV (Input)
Child's Name
SSN per Child
Child Absent Date
Child Attend Date
PT or FT Care
Pay Cycle
Days in Pay Cycle
Care Level per Child
Hours of Attendance per Day per Child
Child Total Attendance Hours per Day
Child Total Attendance Hours

PROVIDER ENROLLMENT (Input)
Provider Address (site)
Provider Mailing Address
Provider License Date
Provider Phone Number
Provider Phone Number Alternate

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Fax Number
Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider enrollment capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

STATE RATES (Input)
State Rate Start Date
State Rate End Date
State Rate Star Bonus Percentage Start Date
State Rate Star Bonus Percentage End Date
State Default Rate

PROVIDER RATES (Input)
Provider ID Number
Provider ID Extension Number
Provider Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Public Commercial Rate
Provider Public Commercial Rate Start Date
Provider Public Commercial Rate End Date
Provider Public Commercial Rate Frequency
Provider Lesser Rate if Different from State Rate
Discount Rate Type
Discount Rate Amount
Discount Rate Start Date
Discount Rate End Date
Discount Percentage
Discount Percentage Start Date
Discount Percentage End Date
Star Bonus Rating Level
Star Bonus Rating Start Date
Star Bonus Rating End Date
Star Bonus Rating End Reason
Rate Sanction Percentage
Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason
Payment Cycle
State Default Rate
Child's ID Number
Child Care Level
FT/PT Indicator
Child's Program Type
Child's Rate Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason
Payment Cycle
State Default Rate
Child's ID Number
Child Care Level
FT/PT Indicator
Child's Program Type
Child's Rate Amount

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

5. Calculate Payment

The system shall calculate the payment amount based on EAV, provider enrollment, state rates, provider rates, child's child care eligibility and child care parent co-pay information and utilizing business rules. The system will record the results of the payment calculation. The system shall determine which child care rate should be paid based on a defined hierarchy and rate tables. The system shall calculate and support bonus/incentive payments to child care providers in addition to current rates based on policy.

EAV (Input)
Child's Name
SSN per Child
Child Absent Date
Child Attend Date
PT or FT Care
Pay Cycle
Days in Pay Cycle
Care Level per Child
Hours of Attendance per Day per Child
Child Total Attendance Hours per Day
Child Total Attendance Hours

PROVIDER ENROLLMENT (Input)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Name (agency)
Provider Address (site)
Provider Mailing Address
Provider License Date
Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider License Type
Provider ID Number
Provider ID Extension Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Provider Rate Agreement Date
Federal Tax Form W-9 Indicator
Automated Clearing House (ACH) Form Indicator
Applied Date
Application Approval Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504
Provider Public Rate
Provider Public Rate Start Date
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Lesser Rate if Different from State Rate
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Home Visit Date
Provider Home Visit Approved Date
Provider Home Visit Denied Date
Parent Request
Parent Request Date
Provider enrollment capacity
Pay Cycle
Days in Pay Cycle
Names of Children for Pay Cycle
SSN per Child
Provider Hours of Operation

STATE RATES (Input)
State Default Rate
State Default Rate Date
Star Bonus Amount
Star Bonus Effective Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

PROVIDER RATES (Input)
Provider ID Number
Provider ID Extension Number
Provider Name
Provider Public Commercial Rate
Provider Public Commercial Rate Start Date
Provider Public Commercial Rate End Date
Provider Public Commercial Rate Frequency
Provider Lesser Rate if Different from State Rate
Discount Rate Type
Discount Rate Amount
Discount Rate Start Date
Discount Rate End Date
Discount Percentage
Discount Percentage Start Date
Discount Percentage End Date
Star Bonus Rating Level
Star Bonus Rating Start Date
Star Bonus Rating End Date
Star Bonus Rating End Reason
Rate Sanction Percentage
Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason
Payment Cycle
State Default Rate

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Child's ID Number
Child Care Level
FT/PT Indicator
Child's Program Type
Child's Rate Amount
Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason
Payment Cycle
State Default Rate
Child's ID Number
Child Care Level
FT/PT Indicator
Child's Program Type
Child's Rate Amount

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

CHILD CARE PARENT CO-PAY (Input)
Total Parent Co-Pay Fee Amount
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Amount per Child

PROVIDER PAYMENT (Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

6. Generate File and Send to STARS

The system will generate and send the provider payment file to STARS for processing.

STARS (Output)
Payment Cycle
STARS ID Number
Child Gross Payment Total for Billing Cycle
Child Net Payment Total for Billing Cycle
Provider Payment Total for Billing Cycle

7. Update Warrant Information

After processing, STARS sends the file to Finance and Administration. F & A sends an updated warrant information files to update the provider payment record. The system shall allow appropriate users the ability to make adjustments to current payments based on previously issued payments. The system will track expenditures by individual, by expenditure type and by service dates.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

STARS (Input)
Warrant Number
Warrant Amount
Warrant Date

8. Update Provider Payment Record

The system will record the updated provider payment information.

PROVIDER PAYMENT (Input - Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.5 Child Care Provider Payments (EAV)	
Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Workers, Fiscal Services**

Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	All processing of EAV's including mailing the EAV's to providers who are not on portal or EBT will be done by Fiscal Services.
CC	2	Information found on the EAV's when generated, whether electronic or paper, shall be gathered from provider and child enrollment information.
CC	3	Information pulled from provider files includes but may not be limited to the following: provider name, address, phone number, contact person, identification number (federal vendor number or SS #), and extension number, provider rates, state default rate, star bonus rates, type of facility (center, group, family, unregulated), and payment cycle.
CC	4	Information pulled from child enrollment record or case record includes but may not be limited to the following: name of each child enrolled with provider for the payment cycle in question, SS # of each child, care level for each child, funding source (sub-program), parent co-pay fees, sibling discounts or other negotiated rates per specific children, school calendar, part-time or fulltime care, begin date of enrollment, termination date, county or agency responsible for the child care case, and any other special schedule authorized in the child's case.
CC	5	If a child has been enrolled with a provider after the paper EAV has been mailed, it is possible for the provider to add that child to the EAV.
CC	6	A provider will not be paid for a child for a period of time for which that child was not enrolled with that provider.
CC	7	Payment shall begin the first day of attendance after the enrollment date, assuming that the child enrollment is still open with that provider.
FN	8	Enrollment Attendance Verification (EAV) forms are either mailed to providers or placed on the internet for them to complete with child attendance information.
FN	9	EAV's could be sent bi-weekly, semi-monthly, or monthly.
FN	10	EAV's will have to be mailed out in time for providers to receive them by the end of the appropriate pay cycle.
FN	11	EAV's will be placed on the internet as of the day after the last day of the appropriate pay cycle.
FN	12	Backdated EAV's may have to be issued for children that are enrolled at a provider after the regular EAV has been printed.
FN	13	EAV's are printed in duplicate.
FN	14	EAV's are issued for each physical site where child care is provided.
FN	15	EAV's may be mailed to each physical site or to a central location per provider request.
FN	16	The receipt date for each EAV must be recorded.
FN	17	Changes may be made to a child's child care arrangement based on information provided on the EAV

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

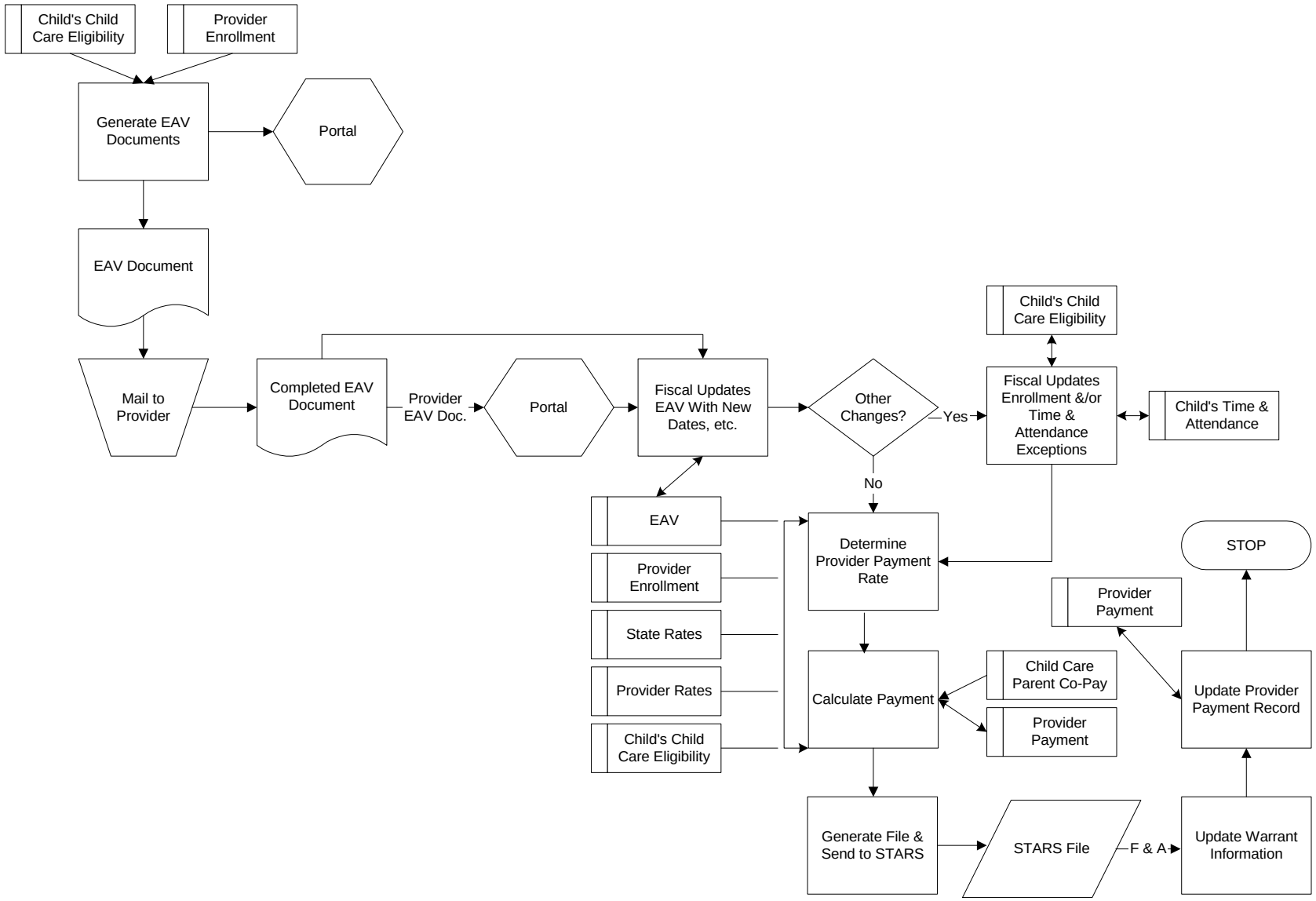
Program Type	Rule Number	Rule
		when it is returned, e.g. the provider says the child is no longer attending.
FN	18	If the provider fails to provide any attendance information for a particular day, they will not be paid for that day.
FN	19	If a provider is closed any days other than official Federal and State holidays, they will not be paid for those days.
FN	20	Provider payment rates are recorded from the provider rate agreement and provider policies.
FN	21	If the provider's rates are equal to or higher than the State default rates, the State default rate is used to calculate payment.
FN	22	If the provider's rates are less than the State default rate, the provider's lesser rate is used to calculate payment.
FN	23	If a provider has sibling discounts, the appropriate rate should be adjusted to take advantage of the discount.
FN	24	If the provider's care level age groups are not in line with the State's, a negotiated rate specific to a child may have to be used to calculate payment.
FN	25	In addition to the factors listed above, the appropriate rate is determined based on the provider's county, child's age, hours of care needed, provider type, and the provider's STAR rating.
FN	26	The appropriate rate should be adjusted based on the provider's STAR rating.
FN	27	State default rates can change at any time.
FN	28	Providers are evaluated for the STAR ratings periodically, and the adjustment to their rate may change.
FN	29	The STAR rating bonus could be a percentage or a dollar amount added on to the appropriate rate.
FN	30	The part-time rate is calculated as one half of the full time rate rounded up to the nearest whole dollar.
FN	31	Rates could be hourly or weekly.
FN	32	If the provider is sanctioned by the Department, the appropriate rates may be reduced by a percentage.
FN	33	Payments could be calculated based on enrollment or actual attendance.
FN	34	Payments for children in the Transitional and Low Income programs will be adjusted for the appropriate required parent co-pay amounts.
FN	35	Payment will only be made to providers that comply with all appropriate federal regulations and are approved by program staff and Fiscal Services to participate in the certificate program.
FN	36	Payment will only be made for children determined eligible for the appropriate programs during the payment period.
FN	37	Providers can be paid bi-weekly, semi-monthly, or monthly.
FN	38	If a provider has an outstanding account receivable with the State, their payment amount will be adjusted based on a repayment agreement.
FN	39	Payments must be tracked by child, funding source, eligibility, service date, and/or STARS effective date.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FN	40	Payments can be processed for the current State fiscal year and the prior State fiscal year if contract funding is available.
FN	41	Payments must be processed in accordance with State accounting and year-end closing policies.
FN	42	All necessary payment information will be transmitted to STARS overnight.
FN	43	Paid dates, effective dates, and warrant numbers from STARS will be recorded.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.5
Child Care Provider Payments (EAV)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)	
Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Process:

This process describes the procedure followed to record a child's time and attendance from the EBT system. This process will determine the rate, calculate payment information and send a file to STARS for payment. *Note: Tennessee's current EBT contract does not include Child Care time and attendance tracking, although this will be added prior to system implementation.

Sub-Processes:

1. Record Time and Attendance Information

   Child care time and attendance can be entered into the system by the EBT system. (Note: For the new system, it is planned to use EBT at all provider sites through POS devices) In addition, a provider may enter data via on-line or through calling in if a POS device is not available to them.

   EBT (Input)
   Child Absent Date
   Child Attend Date
   Child Total Attendance Hours
   Child's ID Number
   Client's ID Number
   Provider's ID Number

   CHILD'S CHILD CARE ELIGIBILITY (Input)
   Child's Date of Birth

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

PROVIDER ENROLLMENT (Input)
Provider ID Number
Provider ID Extension Number
Provider Vendor ID Number
Provider Vendor ID Extension
Provider Name (agency)
Provider Address (site)
Provider Mailing Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Vendor ID Number
Vendor ID Extension Number
Provider Rate Agreement Date
Federal tax form W-9 indicator
Automated Clearing House (ACH) Form indicator
Applied Date
Application Approved Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status
Provider Compliance with Title Section 504 Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

CHILD TIME AND ATTENDANCE (Output)
Current Provider Name
Current Provider ID Number
Current Provider ID Number Extension
Current Provider Phone Number
Child Days of Attendance
Child Hours of Attendance per Day
Child Absent Date
Child Absent Reason Indicator
Child Extended Period of Absence Start Date
Child Extended Period of Absence End Date
Child Extended Period of Absence Reason
Child's ID Number
Parent ID Number
Child's Date of Birth
Child Absence Good Cause Indicator
Provider Pay Cycle (from: to:) for this pay cycle

2. Determine Provider Payment Rate

The system will determine the provider payment rate based on business rules.

CHILD TIME AND ATTENDANCE (Input)
Current Provider Name
Current Provider ID Number
Current Provider ID Number Extension
Current Provider Phone Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Child Days of Attendance
Child Hours of Attendance per Day
Child Absent Date
Child Absent Reason Indicator
Child Extended Period of Absence Start Date
Child Extended Period of Absence End Date
Child Extended Period of Absence Reason
Child's ID Number
Parent ID Number
Child's Date of Birth
Child Absence Good Cause Indicator
Provider Pay Cycle (from: to:) for this pay cycle

STATE RATES (Input)
State Rate Start Date
State Rate End Date
State Rate Star Bonus Percentage Start Date
State Rate Star Bonus Percentage End Date

PROVIDER RATES (Input)
Provider ID Number
Provider ID Extension Number
Provider Name
Provider Public Commercial Rate
Provider Public Commercial Rate Start Date
Provider Public Commercial Rate End Date
Provider Public Commercial Rate Frequency

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Provider Lesser Rate if Different from State Rate
Discount Rate Type
Discount Rate Amount
Discount Rate Start Date
Discount Rate End Date
Discount Percentage
Discount Percentage Start Date
Discount Percentage End Date
Star Bonus Rating Level
Star Bonus Rating Start Date
Star Bonus Rating End Date
Star Bonus Rating End Reason
Rate Sanction Percentage
Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason

PROVIDER RATES (Output)
Child's ID Number
Client's ID Number
Child's Program Type
Child's Service Type
Child Care Level
FT/PT Indicator
Child's Rate Amount
Child's Rate Amount Begin Date
Child's Rate Amount End Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

3. Calculate Payment Information

   The system will calculate the provider payment amount based on business rules and utilizing provider rate, state rates, child enrollment, child care parent co-pay, provider enrollment, school calendar and accounts receivable information. The system will record the information in the data store.

   CHILD TIME AND ATTENDANCE (Output)
   Current Provider Name
   Current Provider ID Number
   Current Provider ID Number Extension
   Current Provider Phone Number
   Child Days of Attendance
   Child Hours of Attendance per Day
   Child Absent Date
   Child Absent Reason Indicator
   Child Extended Period of Absence Start Date
   Child Extended Period of Absence End Date
   Child Extended Period of Absence Reason
   Child's ID Number
   Parent ID Number
   Child's Date of Birth
   Child Absence Good Cause Indicator
   Provider Pay Cycle (from: to:) for this pay cycle

   PROVIDER RATES (Input)
   Provider ID Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Provider ID Extension Number
Provider Name
Provider Public Commercial Rate
Provider Public Commercial Rate Start Date
Provider Public Commercial Rate End Date
Provider Public Commercial Rate Frequency
Provider Lesser Rate if Different from State Rate
Discount Rate Type
Discount Rate Amount
Discount Rate Start Date
Discount Rate End Date
Discount Percentage
Discount Percentage Start Date
Discount Percentage End Date
Star Bonus Rating Level
Star Bonus Rating Start Date
Star Bonus Rating End Date
Star Bonus Rating End Reason
Rate Sanction Percentage
Rate Sanction Start Date
Rate Sanction End Date
Rate Sanction Reason

STATE RATES (Input)
State Rate Start Date
State Rate End Date
State Rate Star Bonus Percentage Start Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

State Rate Star Bonus Percentage End Date

CHILD ENROLLMENT (Input)
Child Name
Child Program Type
Child Service Type
Child Participation Start Date
Child Participation End Date
Child Enrollment Start Date
Child Enrollment End Date
Child Care Level
Child Schedule Type
Child's ID Number
Parent ID Number
Child's Date of Birth

CHILD CARE PARENT CO-PAY (Input)
Total Parent Co-Pay Fee Amount
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Amount per Child

PROVIDER ENROLLMENT (Input)
Provider ID Number
Provider ID Extension Number
Provider Vendor ID Number
Provider Vendor ID Extension

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Provider Name (agency)
Provider Address (site)
Provider Mailing Address
Provider Phone Number
Provider Phone Number Alternate
Provider Fax Number
Provider Contact Name
Provider Owner Name
Provider Owner Address
Provider Owner Phone Number
Vendor ID Number
Vendor ID Extension Number
Provider Rate Agreement Date
Federal tax form W-9 indicator
Automated Clearing House (ACH) Form indicator
Applied Date
Application Approved Date
Application Rejection Date
Application Rejection Reason
Termination Enrollment Date
Termination Enrollment Reason
Provider Type of Agency
Provider Regulatory Agency Type
Provider Regulatory Agency Name
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Provider Compliance with Title Section 504 Status

SCHOOL CALENDAR (Input)
School Calendar Indicator
School Calendar ID
Schedule Begin Date
Schedule End Date
Full Day
School Day
School-In Rate
School-Out Rate

ACCOUNTS RECEIVABLE (Input)
Child's Name
Child's ID Number
Client's Name
Client's Address
Client's ID Number
Case Number
Provider Name
Provider Address
Provider ID Number
Previous Unpaid Co-Payment Balance Amount
Total Amount Received from Client During Billing Cycle
Payment Received from Client Date
Payment Received from Client Amount
Billing Cycle

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Account Status
Billing Period
Payment Status
Case Status

PROVIDER PAYMENT (Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

ACCOUNTS RECEIVABLE (Output)

- Child's Name
- Child's ID Number
- Client's Name
- Client's Address
- Client's ID Number
- Case Number
- Provider Name
- Provider Address
- Provider ID Number
- Total Amount Received from Client During Billing Cycle
- New Charge Amounts
- New Charge Dates
- Payment Status
- Billing Period
- Date of Calculation
- Date Received Fiscal
- Child's Program Type
- Child's Service Type
- Child Care Level
- Daily Rate for Child
- Number of Days Child Care Provided in Billing Cycle
- FT/PT Indicator
- Daily Fee Amount
- Total Fee Amount
- Warrant Number
- Date Provider Paid

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

STARS Date
STARS ID Number
Child Gross Payment Total for Billing Cycle
Child Net Payment for Billing Cycle
Provider Gross Payment Total for Billing Cycle
Provider Net Payment Total for Billing Cycle
Provider Payment Total for Billing Cycle

4. Generate File and Send to STARS

The system will generate and send the provider payment file to STARS for processing.

STARS (Output)
Payment Cycle
STARS ID Number
Child Gross Payment Total for Billing Cycle
Child Net Payment Total for Billing Cycle
Provider Payment Total for Billing Cycle

5. Update Warrant Information

After processing, STARS sends the file to Finance and Administration. F & A sends an updated warrant information files to update the provider payment record.

STARS (Output)
Warrant Number
Warrant Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

Warrant Date

6. Update Provider Payment Record

The system will record the updated provider payment information.

PROVIDER PAYMENT (Input)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.6 Child Care Provider Payments (EBT)

Program Affected: FN, CC	**Users: Providers, Caseworkers, Child Care Worker**

PROVIDER PAYMENT (Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

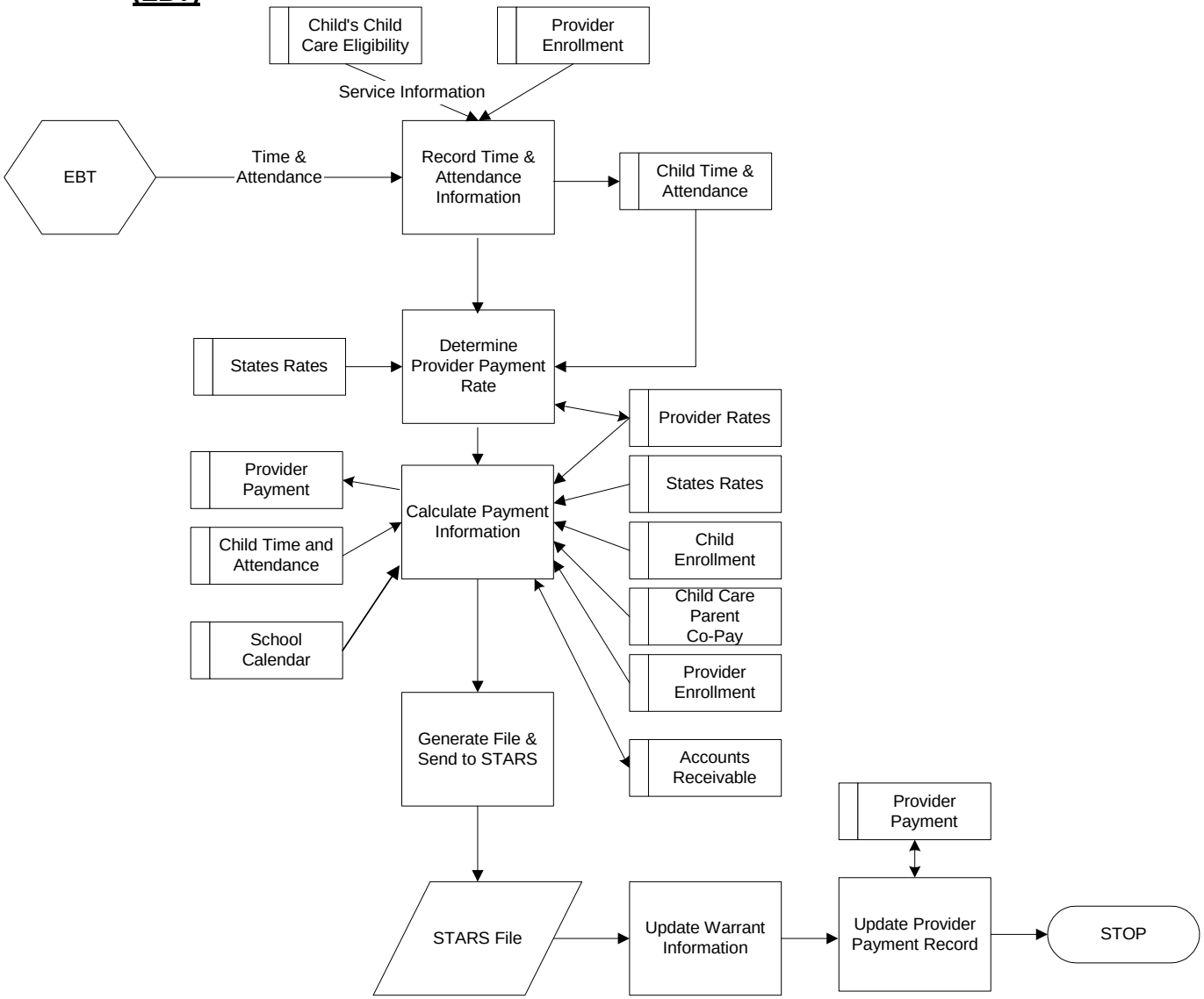
Program Type	Rule Number	Rule
FN/CC	1	Regulated child care providers will be provided POS machines for parents to swipe their EBT cards when they drop their child off and pick them up.
FN/CC	2	Unregulated child care providers will be provided with a toll-free number to dial in the attendance for each child.
FN/CC	3	The EBT vendor will have to develop a system to capture time and attendance for those children who are transported by the child care provider.
FN/CC	4	Provider payment rates are recorded from the provider rate agreement and provider policies.
FN/CC	5	If the provider's rates are equal to or higher than the State default rates, the State default rate is used to calculate payment.
FN/CC	6	If the provider's rates are less than the State default rate, the provider's lesser rate is used to calculate payment.
FN/CC	7	If a provider has sibling discounts, the appropriate rate should be adjusted to take advantage of the discount.
FN/CC	8	If the provider's care level age groups are not in line with the State's, a negotiated rate specific to a child may have to be used to calculate payment.
FN/CC	9	In addition to the factors listed above, the appropriate rate is determined based on the provider's county, child's age, hours of care needed, provider type, and the provider's STAR rating.
FN/CC	10	The appropriate rate should be adjusted based on the provider's STAR rating.
FN/CC	11	State default rates can change at any time.
FN/CC	12	Providers are evaluated for the STAR ratings periodically, and the adjustment to their rate may change.
FN/CC	13	The STAR rating bonus could be a percentage or a dollar amount added on to the appropriate rate.
FN/CC	14	The part-time rate is calculated as one-half of the full-time rate rounded up to the nearest whole dollar.
FN/CC	15	Rates could be hourly or weekly.
FN/CC	16	If the provider is sanctioned by the Department, the appropriate rates may be reduced by a percentage.
FN/CC	17	Payments could be calculated based on enrollment or actual attendance.
FN/CC	18	Payments for children in the Transitional and Low Income programs will be adjusted for the appropriate required parent co-pay amounts.
FN/CC	19	Payment will only be made to providers that comply with all appropriate federal regulations and are approved by program staff and Fiscal Services to participate in the certificate program.
FN/CC	20	Payment will only be made for children determined eligible for the appropriate programs during the payment period.
FN/CC	21	Providers can be paid weekly, bi-weekly, semi-monthly, or monthly.
FN/CC	22	If a provider has an outstanding account receivable with the State, their payment amount will be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		adjusted based on a repayment agreement.
FN/CC	23	Payments must be tracked by child, funding source, eligibility, service date, and/or STARS effective date.
FN/CC	24	Payments can be processed for the current State fiscal year and the prior State fiscal year if contract funding is available.
FN/CC	25	Payments must be processed in accordance with State accounting and year-end closing policies.
FN/CC	26	All necessary payment information will be transmitted to STARS overnight.
FN/CC	27	Paid dates, effective dates, and warrant numbers from STARS will be recorded.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.6
Child Care Provider Payments (EBT)



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement	
Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Process:

This process describes the Child Care Provider payment adjustment procedure. The payment adjustment could be due to a Provider overpayment or underpayment. A file will be generated to STARS for update. In addition, this process also addresses the conditions when a caretaker may require a reimbursement for child care expenses that were paid out-of-pocket, yet the caretaker was eligible for child care benefits.

Sub-Processes:

1. Determine if Provider is Due a Payment Adjustment

   The system will determine if a payment adjustment is due to a Provider. The adjustment could be due to an overpayment or an underpayment. This payment adjustment will be based on the child's child care eligibility, provider enrollment, provider payment, benefit authorization and individual information and utilizing the business rules.

   CHILD'S CHILD CARE ELIGIBILITY (Input)
   Child's Date of Birth
   Child's Negotiated Rate
   Child's Participation end date
   Child's care enrollment start date
   Child's care enrollment end date
   Child's care level
   Child's schedule type
   Child's service type

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason
Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

PROVIDER ENROLLMENT (Input)
Provider ID Number
Provider ID Extension Number
Provider Name (agency)
Provider Mailing Address
Provider Contact Name
Provider Owner Name
Provider Rate Agreement Date
Applied Date
Application Approved Date
Termination Enrollment Date
Provider Type of Agency
Provider Compliance with Title Section 504 Status

PROVIDER PAYMENT (Input)

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

BENEFIT AUTHORIZATION (Input)
Amount Owed Provider due to Underpayment
Amount Due From Provider due to Overpayment

INDIVIDUAL (Input)
Individual ID
Individual First Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Individual Last Name
Individual Middle Initial
Individual Date of Birth
Individual Mailing Address

2. Update Child Care Information

The user shall update the child care information if an adjustment to the payment amount is required. The adjustment will be based on business rules, the child's child care eligibility, provider enrollment, provider payment, benefit authorization and individual information.

CHILD'S CHILD CARE ELIGIBILITY (Input)
Child's Date of Birth
Child's Negotiated Rate
Child's Participation end date
Child's care enrollment start date
Child's care enrollment end date
Child's care level
Child's schedule type
Child's service type
Child's program type
Child's name
Child Care child's SSN
Child Care Enrollment Termination Reason
Child's Participation start date
Child's Child care need indicator
Child's Participation Termination Reason

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Child's Waiting list start date
Child's Waiting list end date
Child's Waiting list priority
Child's Waiting list termination reason

PROVIDER ENROLLMENT (Input - Output)
Provider ID Number
Provider ID Extension Number
Provider Name (agency)
Provider Mailing Address
Provider Contact Name
Provider Owner Name
Provider Rate Agreement Date
Applied Date
Application Approved Date
Termination Enrollment Date
Provider Type of Agency
Provider Compliance with Title Section 504 Status

PROVIDER PAYMENT (Input - Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

BENEFIT AUTHORIZATION (Input - Output)
Amount Owed Provider due to Underpayment
Amount Due From Provider due to Overpayment

INDIVIDUAL (Input)
Individual ID
Individual First Name
Individual Last Name
Individual Middle Initial
Individual Date of Birth
Individual Mailing Address

3. Generate Payment Adjustment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

The system shall generate a payment adjustment based on provider payment information and utilizing business rules.

PROVIDER PAYMENT (Input - Output)
Provider Rates Used During Billing Cycle Needing Adjustment
STAR ID Number
Provider Payment Total for Billing Cycle
Payment Cycle
Child Net Payment Total For Billing Cycle
Child Gross Payment Total for Billing Cycle
Billing Document Form Type (EAV)
Billing Document Form Type
Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
STAR Provider Bonus Effective Date
STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

4. Generate File and Send to STARS

If a payment adjustment is due the provider or a reimbursement is due the caretaker, the system will

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

generate and send a file to STARS.

5. Update Warrant Information

   STARS will update the warrant (check) information and send the file back to the system.

   WARRANT (Output)
   Warrant Number
   Warrant Amount
   Warrant Date

6. Update Payment Data

   The system will update the payment adjustment or caretaker reimbursement information received from the warrant file sent by STARS.

   PROVIDER PAYMENT (Input – Output)
   Provider Rates Used During Billing Cycle Needing Adjustment
   STAR ID Number
   Provider Payment Total for Billing Cycle
   Payment Cycle
   Child Net Payment Total For Billing Cycle
   Child Gross Payment Total for Billing Cycle
   Billing Document Form Type (EAV)
   Billing Document Form Type
   Amount Paid to Provider During Billing Cycle Needing Adjustment per Child
   STAR Provider Bonus Effective Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

STAR Rating During Adjustment Period
Provider Reimbursement/Adjustment indicator
Provider Reimbursement/Adjustment amount
Provider Reimbursement/Adjustment reason
Provider Reimbursement/Adjustment date
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment Date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason

7. Determine if Caretaker is Due a Reimbursement

   If the system determined that the provider was not due a payment adjustment, the user will determine if the caretaker is due a reimbursement. This reimbursement could be required due to the caretaker paying for child care out-of-pocket, during the time they were eligible for child care benefits. This determination is based on business rules, parent's child care eligibility, state rate, provider enrollment and individual information.

   PARENT'S CHILD CARE ELIGIBILITY (Input)
   Parent Program type
   Parent Service type
   Parent Child Care Participation start date
   Parent Child Care Participation end date
   Parent Eligibility start date
   Parent Eligibility end date
   Funding Source
   Funding Source begin date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Funding Source end date
Out of Pocket Amount paid
Out of Pocket Amount paid begin date
Out of Pocket Amount paid end date
Authorization for Caretaker Reimbursement indicator
Authorization for Caretaker Reimbursement date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason
Parent Co-Pay Fee Waiver Start Date
Parent Waiting List End Date
Parent Co-Pay Fee Start Date
Child Care Enrollment Effective Date
Daily Child Care Parent Co-Pay Fee Amount
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Effective Date
Parent's Waiting List Priority
Child Care Parent Co-Pay Fee Reason Type
Parent's Waiting List termination reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount
Parent's Waiting List Start Date

STATE RATES (Input)
State Default Rate

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

PROVIDER ENROLLMENT (Input)
Provider ID Number
Provider ID Extension Number
Provider Name (agency)
Provider Mailing Address
Provider Contact Name
Provider Owner Name
Provider Rate Agreement Date
Applied Date
Application Approved Date
Termination Enrollment Date
Provider Type of Agency
Provider Compliance with Title Section 504 Status

INDIVIDUAL (Input)
Individual ID
Individual First Name
Individual Last Name
Individual Middle Initial
Individual Date of Birth
Individual Mailing Address

8. Record Authorization for Caretaker Reimbursement

   The system will record the authorization for the caretaker reimbursement based on the parent's child care eligibility and utilizing business rules.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement

Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

PARENT'S CHILD CARE ELIGIBILITY (Input – Output)
Parent Program type
Parent Service type
Parent Child Care Participation start date
Parent Child Care Participation end date
Parent Eligibility start date
Parent Eligibility end date
Funding Source
Funding Source begin date
Funding Source end date
Out of Pocket Amount paid
Out of Pocket Amount paid begin date
Out of Pocket Amount paid end date
Authorization for Caretaker Reimbursement indicator
Authorization for Caretaker Reimbursement date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason
Parent Co-Pay Fee Waiver Start Date
Parent Waiting List End Date
Parent Co-Pay Fee Start Date
Child Care Enrollment Effective Date
Daily Child Care Parent Co-Pay Fee Amount
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Effective Date
Parent's Waiting List Priority

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 3.4.7 Child Care Provider Payment Adjustments and Caretaker Reimbursement	
Program Affected: FF, CC	**Users: Providers, Caseworkers, Child Care Workers**

Child Care Parent Co-Pay Fee Reason Type
Parent's Waiting List termination reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount
Parent's Waiting List Start Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

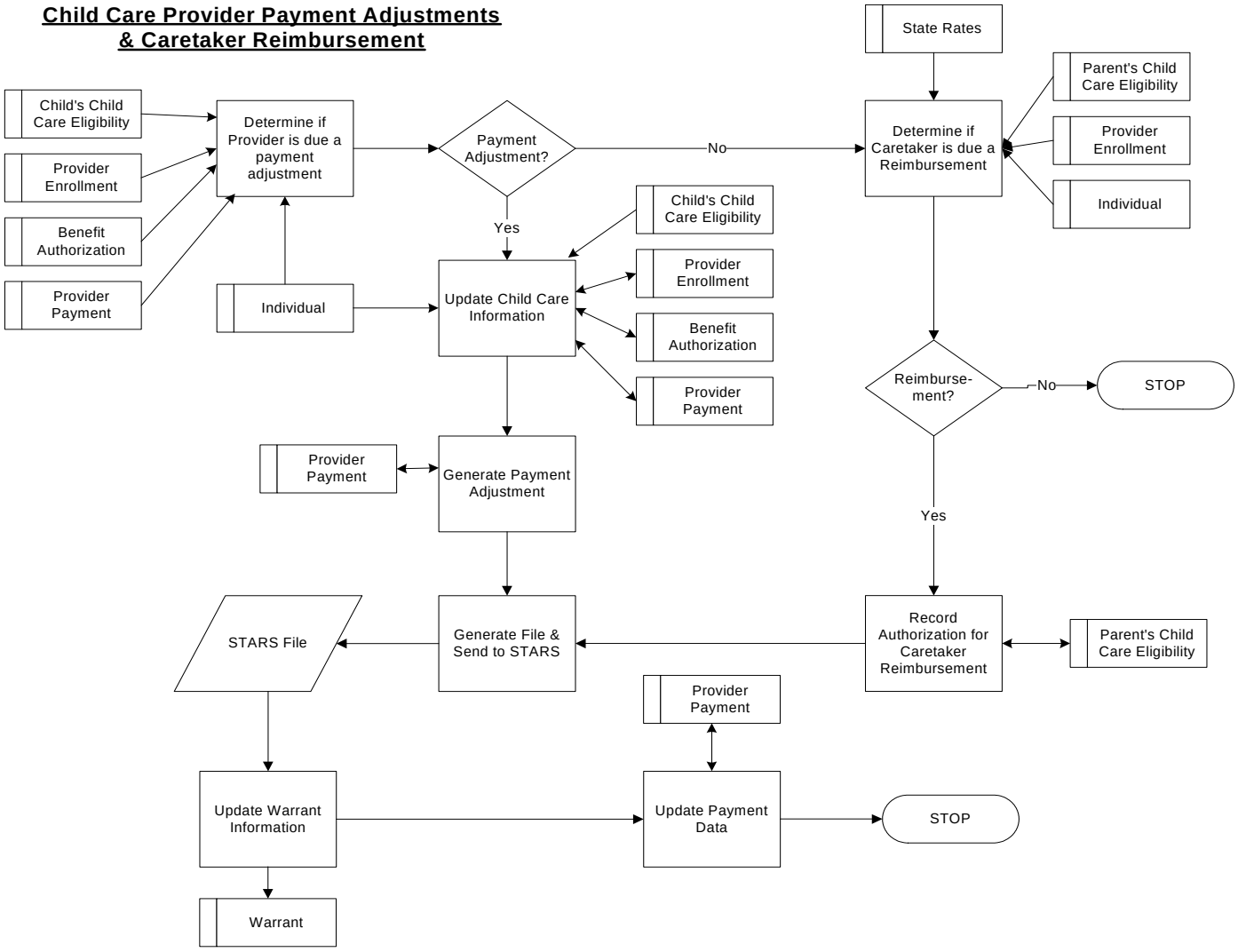
Program Type	Rule Number	Rule
CC	1	If it is reported to the department that a provider is being overpaid due to services not being provided or for any other reason, it is the responsibility of the department representative to refer this information to the investigations unit of the department.
CC	2	If it is determined and verified that a parent/caretaker (all sub-programs) would have been eligible for subsidized child care payment during a period of time when she/he had paid for child care out-of-pocket, that parent/caretaker may be eligible for a caretaker reimbursement. It is necessary to verify that the parent/caretaker was eligible during the period of time in question, that the children for whom payment was made were eligible during that period of time, that the state did not make payment to the provider for the child(ren) during the time in question, and that the provider paid by the parent/caretaker was enrolled with the state during the time in question.
CC	3	It is the responsibility of the parent/caretaker to provide verification of payment in order for a reimbursement to be made. This verification may include but not be limited to receipts given to the parent/caretaker by the provider, a provider statement, or cancelled checks showing payment from the parent/caretaker to the provider for the period of time in question.
CC	4	It shall be the responsibility to verify whether the parent/caretaker and provider were eligible during the period of time in question. This can be verified through information in the parent/caretaker case (child care as well as FA case for TCC and FF) and the provider record.
CC	5	Upon receiving sufficient verification that the parent/caretaker had countable out-of –pocket child care expenses, a department representative will forward the information to Fiscal Services for payment.
CC	6	The reimbursable amount will be the lesser amount when comparing the actual amount paid to the provider to the state default amount for that provider. If a parent/caretaker co-pay fee would have been assessed for the period of time in question, that amount would be deducted from the reimbursement due the parent/caretaker.
CC	7	Child Care provider overpayments may be offset by a reduction in future payments without the overpayments being formally established by investigations.
CC	8	A parent who receives a child care deduction in a given month is not eligible to receive a child care reimbursement in the same month.
FN	9	Provider payments are adjusted for both overpayments and underpayments including but not limited to, fraud, agency errors, improperly completed EAV's, and incorrect STAR ratings.
FN	10	Provider overpayments should be handled through the Claims process.
FN	11	If a parent is paying for child care, and is approved for the certificate program retroactively, a payment will be issued to the parent after all appropriate documentation for the payment has been received by Fiscal Services.
FN	12	Payments must be processed in accordance with State accounting and year-end closing policies.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FN	13	All necessary payment information will be transmitted to STARS overnight.
FN	14	Paid dates, effective dates, and warrant numbers from STARS will be recorded.
IS	15	Childcare payments made to providers may be reduced to repay an outstanding account receivable owed by the provider.
IS	16	Childcare providers may have one or more outstanding account receivables.
IS	17	All childcare reimbursements owed to a provider or caretaker will offset any outstanding account receivable owed by the recipient prior to issuing the reimbursement. When there is no outstanding account receivable the reimbursement may then go to the recipient.
CC/IS	18	Child care providers have no official appeal rights through DHS.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

3.4.7
Child Care Provider Payment Adjustments & Caretaker Reimbursement



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review	
Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Process:

A random sample of active Families First cases is created each month from the previous month's cases. The cases selected are reviewed for accuracy and adequate documentation. Results are used to track error trends, identify best practices, and to correct cases. Training needs are also identified as a result of the findings.

This process describes the actions taken to create a sample of active FF cases to be reviewed and track the results. This process shall provide an on-line review form that can be easily modified and that will be completed by the Reviewer as case reviews are conducted. It shall also generate reports of findings. A results file must be generated upon request when a month's case sample results are finalized.

Sub-Processes:

1. Record/Update Criteria for Sample Extract

   Management will determine on a monthly basis the sample criteria to record in the system to create the extract of FF active cases to be reviewed.

   SAMPLE CRITERIA (Input)
   Date of Sample
   Starting Interval
   Selection Interval

   SAMPLE CRITERIA (Output)
   Date of Sample

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Starting Interval
Selection Interval

2. Extract Sample Data in Text Format to Import into Microsoft Tools and assign review number.

   The system shall create the sample extract in a format applicable to Microsoft software usage and assign review number to each case selected.

   SAMPLE FILE (Output)
   Case ID
   County
   Worker ID
   Case Name
   Head of Case Name
   Individual ID
   Individual SSN
   2nd Parent's Name
   Individual ID (2nd parent)
   Individual SSN (2nd parent)
   District
   Review Number

3. Automatically Assign to Reviewer Role

   The system shall assign the cases to be reviewed to the appropriate reviewer based on the user role.

   USER ROLE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

User ID
User Profile (percentage)
Case Number
Review Number

4. Record/Update Reviewer Comments or Make Corrections

The reviewer assigned will record and/or update the FF Active Case Review on-line document with information gathered from the case review. The on-line review form must be easily modified as program focus and review needs change. **Please Note**: each field will have three locations for indicators to be entered. The reviewer, the reviewer's supervisor, and the ACR Director will enter indicators separately, and all three need to be maintained as a part of the case review documentation.

If the review has been returned to the reviewer, by the Supervisor, to make corrections, the reviewer shall make the appropriate corrections before returning the review to the Supervisor.

ACTIVE CASE REVIEW (Input/Output)
Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director.
GRP Date
Review Date
Case Name
Case ID
SSN
Recipient ID
County
District

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

SAMPLE FILE (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Case ID
County
Worker ID
Case Name
Head of Case Name
Individual ID
Individual SSN
2nd Parent's Name
Individual ID (2nd parent)
Individual SSN (2nd parent)
District ID
Review Number

5. Determine Immediate Action Notification for Supervisor

   The system shall determine if a case review is to be sent to the Reviewer's Supervisor for supervisory review and approval. Cases that have an "immediate action" identified or that have been sent back to the Reviewer for correction, must be reviewed by the Supervisor. If a case does not meet those criteria, it will be optional if the Supervisor reviews it, and shall be done at the Supervisor's discretion.

   ACTIVE CASE REVIEW (Input)
   Same as Above

6. Alert Supervisor Review Ready for Supervisory Approval

   An alert will be sent to the reviewer's supervisor if the review has been completed with identified "immediate actions" or has completed corrections that were identified by the Supervisor and sent back

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

to the reviewer.

CASE (Input)
Case Number
Review Number

ALERT (Output)
Case Number
Review Number
Immediate Action Indicator

ACTIVE CASE REVIEW (Output)
Immediate Action Indicator
Daily Reviews Completed by Reviewer Indicator

7. Record Review Completed

The completed reviews that do not require supervisory review and approval shall be recorded as completed and held so that the supervisor can review them at the Supervisor's discretion.

ACTIVE CASE REVIEW (Output)
Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director.
GRP Date
Review Date
Case Name
Case ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

SSN
Recipient ID
County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review

Program Affected: FF	**Users: Reviewer, Supervisor, Director**

TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.1 Families First Active Case Sampling and Review	
Program Affected: FF	**Users: Reviewer, Supervisor, Director**

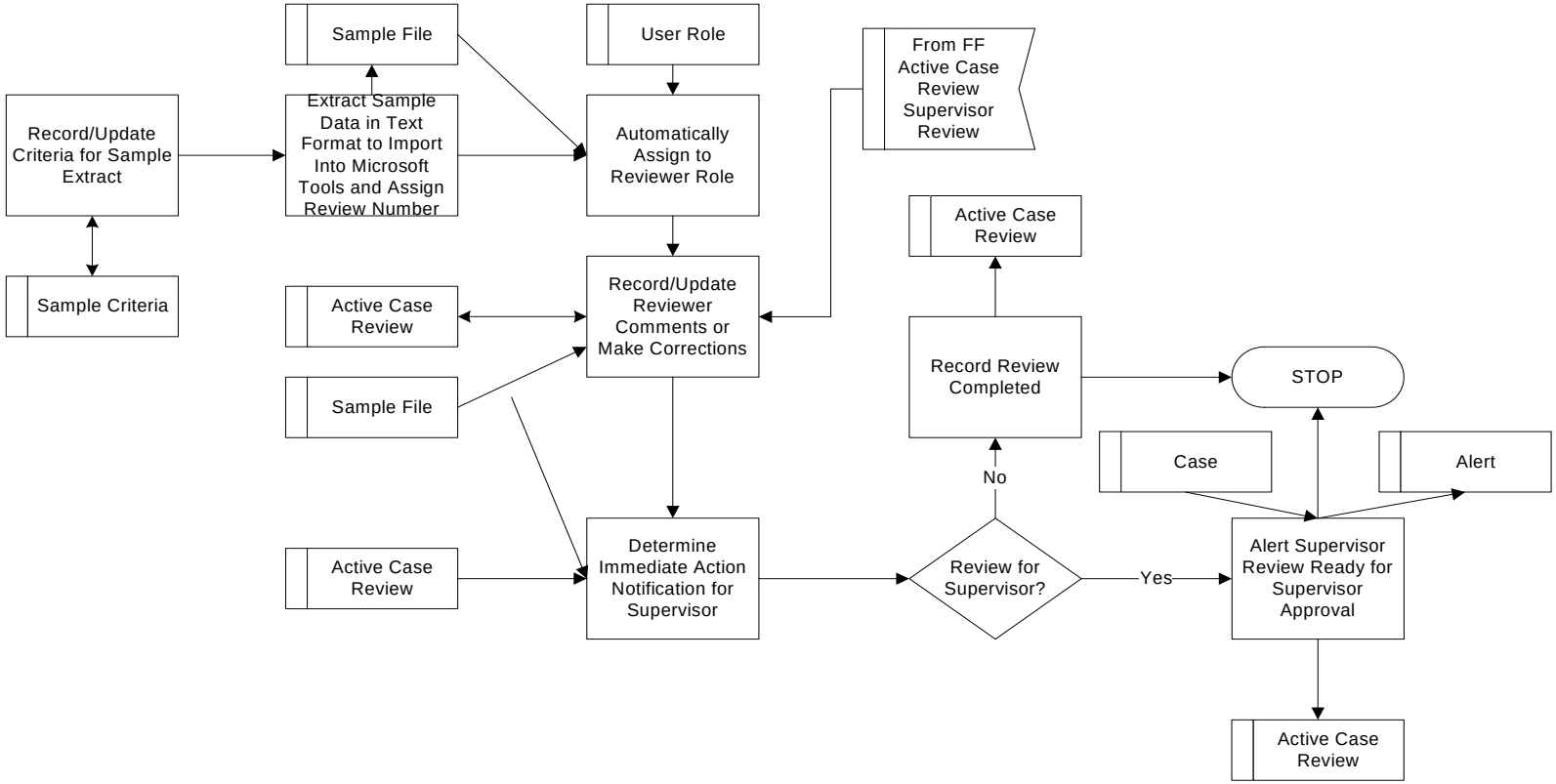
Notice Immediate Attention Review Comments*
Date Review Assigned

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ACR	1	The ACR universe criteria are specified by the ACR Director (or designee)
ACR	2	The ACR sample is drawn from the ACR universe and is selected by criteria entered by the ACR Director (or designee).
ACR	3	The cases selected in the ACR sample are automatically assigned to Reviewers based on a random start and interval entered by the ACR Director (or designee).
ACR	4	The system will automatically populate as many data elements as possible.
ACR	5	The system must contain a method to guide the Reviewers from ACR screen to ACR screen, but must also contain a method for the Reviewer to go directly to a desired screen.
ACR	6	There are no dropped ACR reviews.
ACR	7	If an immediate action notice is needed, the Reviewer recommends that an error be cited.
ACR	8	The Supervisor must be notified if the Reviewer fails to complete six reviews in a day.
ACR	9	The Supervisor must be alerted if the Reviewer indicates an Immediate Action Notice is needed in a completed review.
ACR	10	The Supervisor must be alerted when the Reviewer completes a review that was previously returned for revision.
ACR	11	When the Reviewer completes a review that does not include an Immediate Action Notice and was not previously returned for revision, the review must go into a holding area for Supervisor or Director approval (which are optional) and must remain in this holding area through the fifteenth day of the second month following the review month.
ACR	12	On the sixteenth day of the second month following the review month, the system must generate a file in a format compatible with the reporting software used by the ACR unit (currently MS Office).
ACR	13	An ACR error will be confirmed by the ACR Supervisor.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.1 Families First Active Case Sampling and Review



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review	
Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Process:

After the ACR Reviewer completes their case review, the Supervisor will have an opportunity to review the case. If the case has an Immediate Action Finding, the Supervisor is required to review the case. If the case is being returned to the Supervisor, after the Reviewer has made corrections, the Supervisor is required to review the case. Supervisory review of all other cases is optional and will be performed at the discretion of the Supervisor. Failure to approve a review by the Supervisor will occur when a review is determined to have errors. In this case the Supervisor will send it back to the Reviewer for corrections. A results file must be generated upon request after a month's case sample results are finalized.

Sub-Processes:

1. Supervisor Reviews and Records Comments

   The system shall determine from the reason codes entered on the review by the Reviewer and by applying business rules, if a Supervisor is required to review and record comments. The Supervisor will review cases with Immediate Action Findings, and cases being returned to the Supervisor after the Reviewer has made corrections. Any other cases reviewed by the Supervisor will enter findings into the spaces provided specifically for the Supervisors to record review findings. This will allow both the Supervisor's and the Reviewer's findings to be compared.

   Data elements marked with an * must have three locations to mark with an indicator. The Reviewer, Reviewer's Supervisor, and ACR Director will each mark their findings in a separate location so that differences in findings can be compared.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

ACTIVE CASE REVIEW (Input/Output)
Data elements marked with an * must have three locations to mark with an indicator. The Reviewer, Reviewer's Supervisor, and ACR Director will each mark their findings in a separate location so that differences in findings can be compared.

Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director.
GRP Date
Review Date
Case Name
Case ID
SSN
Recipient ID
County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

2. Record if Review is Approved

During the Supervisory review, if an error is detected, the Supervisor will return the review to the Reviewer to make corrections. If the Supervisor determines the review is acceptable, they shall approve the review and indicate that in the system.

ACTIVE CASE REVIEW (Input/Output)
Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director.
GRP Date
Review Date
Case Name
Case ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

SSN
Recipient ID
County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Notice Immediate Attention Review Comments*
Date Review Assigned

3. Flag Review for Return

If the Supervisor finds errors in the review that need to be corrected, a flag will be entered into the system stating that errors have been detected and the review is not being reviewed.

ACTIVE CASE REVIEW (Input/Output)
(Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director)
GRP Date
Review Date
Case Name
Case ID
SSN
Recipient ID
County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

4. Alert Reviewer of Returned Review for Corrections

   If the Supervisor finds errors in the review that need correcting and flags the errors in the system, an alert will be sent to the Reviewer that the case is being returned for corrections.

   ACTIVE CASE REVIEW (Input)
   Incorrect Reason Code(s)
   Review Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

USER (Input)
User ID

ALERT (Output)
Returned Review Number
Reviewer User ID
Any Element from ACR Reviews
Alert Date

5. Determine if Alert is Needed

When the ACR Supervisor approves the completed review findings, the system shall determine if an alert shall be sent to appropriate individuals. The alert will be sent if the findings include an Immediate Action Finding.

ACTIVE CASE REVIEW (Input)
Case Review Incorrect Reason Code(s)
Review Number

6. Send Alert to Appropriate Users

If the system determines that an alert is needed, the system shall alert the specified program area. The alert is sent to the ACR Director, District Administrator, Supervisor, District Director, and Program Area Manager.

USER (Input)
User Role

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

User ID
User Profile

ACTIVE CASE REVIEW (Input)
Case Name
Case Review Error Code(s)
Eligibility Counselor
District
County
Reviewer

ALERT (Output)
Case Number
Case Review Error Code
Case Worker ID
Management User ID

7. Record Review for Director Review

When reviews are approved by the Supervisor, they are available for review by the ACR Director. The Director's review of cases is optional and will be performed at the Director's discretion with the exception of rebuttals which are mandatory to be reviewed by the ACR Director.

ACTIVE CASE REVIEW (Input/Output)
(Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the Reviewer, Reviewer's Supervisor, and ACR Director)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

GRP Date
Review Date
Case Name
Case ID
SSN
Recipient ID
County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.2 ACR Supervisor Review

Program Affected: FA	**Users: Reviewers, Supervisors, Directors**

FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

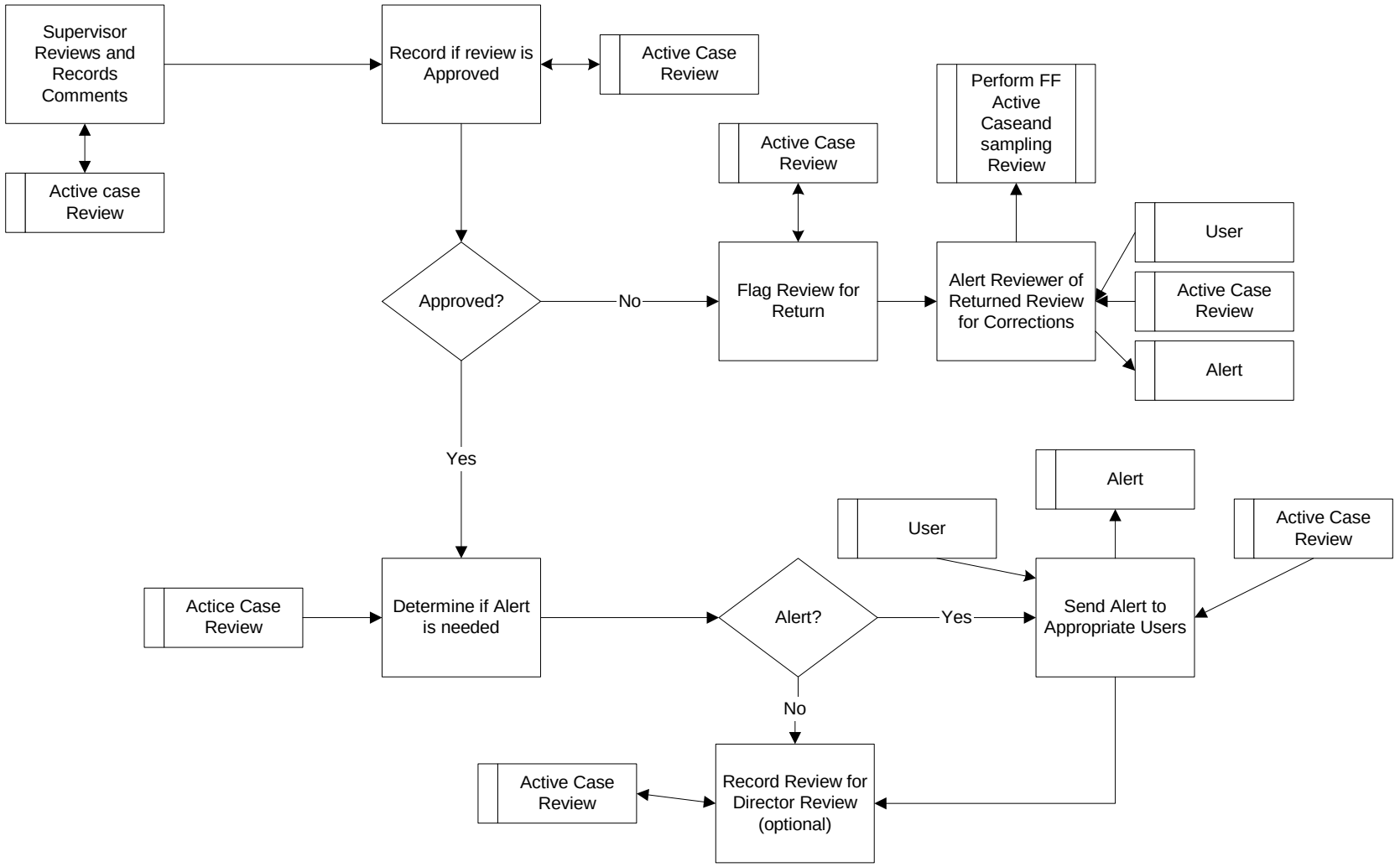
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ACR	1	The Supervisor must read all reviews that include an Immediate Action Notice.
ACR	2	The Supervisor must read all reviews that were previously returned to a Reviewer for revision.
ACR	3	The Supervisor may read reviews that do not require an Immediate Action Notice and were not previously returned to the Reviewer for revision.
ACR	4	Any review that must be read by the Supervisor must be read by the fifteenth day of the second month following the review month.
ACR	5	If the review includes an Immediate Action Notice, the Director must be sent an alert if the Supervisor has not read the review by the sixth working day following the date the Reviewer completed the review.
ACR	6	If the Supervisor chooses to read a review that does not include an Immediate Action Notice and has not been returned to the Reviewer for revision, the review must be read by the fifteenth day of the second month following the review month.
ACR	7	If the findings of the review are not correct, the Supervisor may return the review to the Reviewer or may make the corrections.
ACR	8	If the Supervisor returns the review to the Reviewer, the Reviewer must be alerted.
ACR	9	The original findings of the Reviewer and the findings of the Supervisor must be kept.
ACR	10	If the Supervisor does not enter revised findings, the findings of the Reviewer must be copied into the Supervisor finding data elements when the Supervisor approves the review.
ACR	11	If the Supervisor does not read the review, the Supervisor finding data elements must be left blank.
ACR	12	If the Supervisor findings confirm the need for an Immediate Action Notice, the appropriate Program and field staff must be alerted.
ACR	13	If a review is returned from the Director, the Supervisor must either return the review to the Reviewer or make the corrections within five working days from the date the Director returned the review, or by the fifteenth day of the second month following the review month, whichever is earlier.
ACR	14	When the Supervisor approves a review, the review must go into a holding area for Director review (which is optional) and must remain in this area through the fifteenth day of the second month following the review month.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.2

ACR Supervisor Review



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review	
Program Affected: FF	**Users: Supervisor, Directors**

Process:

After the ACR reviews have been completed by the reviewer and/or the reviewer's supervisor, the ACR Director has the option of reviewing the cases at their discretion. If the ACR Director chooses to review cases, it typically will be a sampling and will not involve the entire caseload.

In addition, the ACR Director shall also review all rebuttals that are submitted by the county offices. Rebuttals can be submitted as a result of immediate action notices or in response to the Results Report. A results file must be generated upon request once a month's case sample results are finalized.

This process describes the actions required to capture the ACR Director's review and comment of completed reviews.

Data elements on the ACR REVIEW data store marked with a '*' from the ACR Sample and Review Process will have three locations to mark with an indicator. The reviewer, reviewer's supervisor, and ACR Director will each have a separate location to place their finding.

The system shall provide supervisory and/or director case review results in a summary form to appropriate staff.

Sub-Processes:

1. Determine if the Program Area Disagreed (Rebutted)

   The system shall determine by examining the rebuttal indicator if the program policy staff rebutted the review determination from the ACR review.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

ACTIVE CASE REVIEW (Input/Output)
Review Number
Case Number Rebutted
Case Review Error Code
Case Review Rebuttal Reason Comments
Case Review Rebuttal Date
User ID for Person Rebutting
Case Review Error Reasons
Rebuttal Decision
Date Decision
Policy Director User ID
Comments
Rebuttal Indicator

2. Record ACR Director Response to Rebuttal

The ACR Director will record his/her response to a program area rebuttal, following a review of the finding.

ACTIVE CASE REVIEW (Input)
Review Number
Case Number Rebutted
Case Review Error Code
Case Review Rebuttal Reason Comments
Case Review Rebuttal Date
User ID for Person Rebutting

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Case Review Error Reasons
Rebuttal Decision
Date Decision
Policy Director User ID
Comments
Rebuttal Indicator

ACTIVE CASE REVIEW (Output)
ACR Director Entry Field
Agreement with Rebuttal Indicator
Disagreement with Rebuttal Reason Comment

3. ACR Director Records Review Comments

If a rebuttal has not been filed, the ACR Director may review. If so, and after the ACR Director has completed their review, they shall record their responses in a manner so that their responses can be compared with those of the reviewer and the reviewer's supervisor.

ACTIVE CASE REVIEW (Output)
Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the reviewer, reviewer's supervisor, and ACR Director.
GRP Date
Review Date
Case Name
Case ID
SSN
Recipient ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Review Number
Case Number Rebutted
Case Review Error Code
Case Review Rebuttal Reason Comments
Case Review Rebuttal Date
User ID for Person Rebutting
Case Review Error Reasons
Rebuttal Decision
Date Decision
Policy Director User ID
Comments
Rebuttal Indicator
ACR Director Entry Field
Agreement with Rebuttal Indicator
Disagreement with Rebuttal Reason Comment

ACTIVE CASE REVIEW (Input)
Review Number
Case Number Rebutted
Case Review Error Code
Case Review Rebuttal Reason Comments
Case Review Rebuttal Date
User ID for Person Rebutting
Case Review Error Reasons
Rebuttal Decision
Date Decision
Policy Director User ID

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Comments
Rebuttal Indicator

4. Determine if to be Returned to Supervisor

   If the director completes his/her review and determines the review is to be revised, the review will be routed to the ACR supervisor. An alert will be generated to the supervisor for the review.

   ACTIVE CASE REVIEW (Input)
   (same as above)

   ACTIVE CASE REVIEW (Output)
   Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the reviewer, reviewer's supervisor, and ACR Director.
   GRP Date
   Review Date
   Case Name
   Case ID
   SSN
   Recipient ID
   County
   District
   Eligibility Counselor
   Date of Last Review/Application
   Date Read
   Reviewer
   New Application Indicator

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review	
Program Affected: FF	**Users: Supervisor, Directors**

Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*
Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*
CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*
Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*
Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned
Review Number
Case Number Rebutted
Case Review Error Code
Case Review Rebuttal Reason Comments
Case Review Rebuttal Date
User ID for Person Rebutting
Case Review Error Reasons

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

Rebuttal Decision
Date Decision
Policy Director User ID
Comments
Rebuttal Indicator
ACR Director Entry Field
Agreement with Rebuttal Indicator
Disagreement with Rebuttal Reason Comment

5. Alert Supervisor

   An alert shall be sent to the reviewer's supervisor when the ACR Director determines that a review is incorrect and needs to be revised. This could be a result of a rebuttal review or an independent review of cases.

   ACTIVE CASE REVIEW (Input)
   (same as above)

   ALERT (Output)
   Supervisor ID
   Incorrect Review Alert Reason

6. Perform 'FF Active Case Review Supervisor Review' Process

   If the review needed indicator is entered by the ACR Director, the case will be returned to the supervisor to see that the review is appropriately corrected. This is a reusable process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

7. Determine if Alert Needed to Appropriate Users

   The alert determination shall be based on the completion of reviews by the ACR Director, a determination of immediate actions from the ACR Director's review, or other findings by the ACR Director that merits review by the county/district representatives. The county representatives may include the District Director, District Administrator, Program Supervisor, and/or Area Manager.

   ACTIVE CASE REVIEW (Input)
   (same as above)

   ALERT (Output)
   User ID
   Director Review Complete Reason
   Case ID
   Alert Message

8. Generate Alert to Appropriate Users

   If the system determines that an alert is to go to the specified program personnel, the system shall generate the alert to the user's in-box. The alert will be sent to the District Administrator, Area Manager, Program Supervisor, and District Director.

   ALERT (Output)
   ACR Review Requested

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.3 FF ACR Director Review

Program Affected: FF	**Users: Supervisor, Directors**

USER (Input)
User ID
User Profile

ACTIVE CASE REVIEWS (input)

9. Alert Families First Policy Director of Decision

When the ACR Director completes their review of the rebuttals, an alert will be sent to the appropriate policy director of the ACR Director's conclusion/findings and the case sample results file will be updated for reporting purposes based on the rebuttal response.

ACTIVE CASE REVIEW (Input)
(same as above)

ALERT (Output)
Rebuttal Findings
ACR Director User ID

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

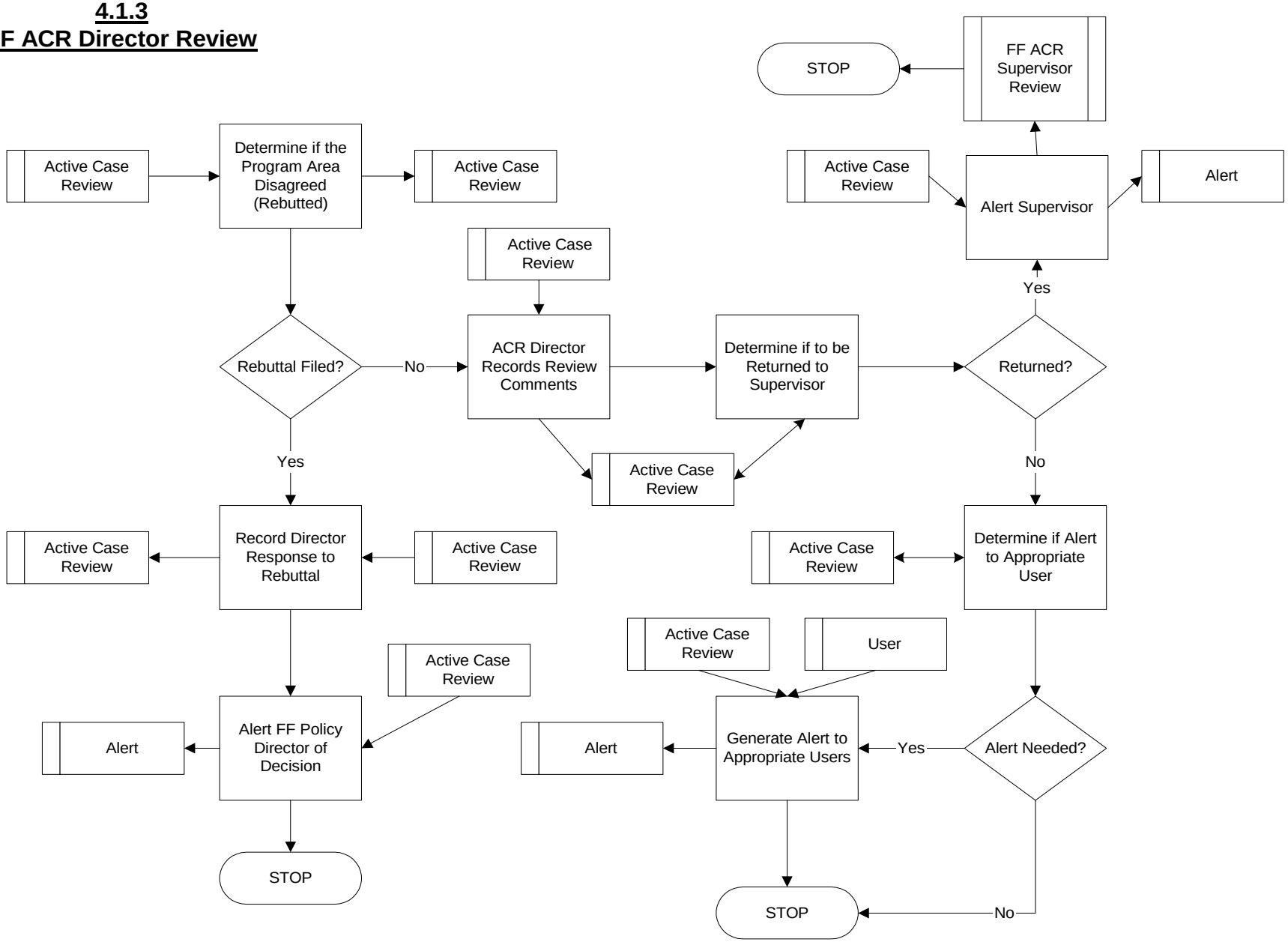
Program Type	Rule Number	Rule
ACR	1	The Director is not required to read any reviews other than those with which the Program disagrees.
ACR	2	The Director may read any review that has been completed by the Reviewer.
ACR	3	The Director may read any review that has been approved by the Supervisor.
ACR	4	If the Director chooses to read a review other than those with which the Program has disagreed, it must be read by the fifteenth day of the second month following the review month.
ACR	5	If the Director reads a review in which an immediate action notice was not sent, and discovers the need for an immediate action notice, the appropriate Program and field staff must be alerted.
ACR	6	If the Director reads a review in which an immediate action notice was sent, and changes the findings, the appropriate Program and field staff must be alerted.
ACR	7	If the findings of the review are not correct, the Director may return the review to the Supervisor or may make the corrections.
ACR	8	If the Director returns the review to the Supervisor, the Supervisor must be alerted.
ACR	9	If the Director reads a review, the system must store the original findings of the Reviewer and the findings of the Supervisor (if any) and the findings of the Director.
ACR	10	If the Director reads a review not read by the Supervisor and the Director does not enter revised findings, the findings of the Reviewer must be copied into the Director finding data elements when the Director reads the review.
ACR	11	If the Director reads a review that was read by the Supervisor and the Director does not enter revised findings, the findings of the Supervisor must be copied into the Director finding data elements when the Director reads the review.
ACR	12	If the Director does not read the review, the Director finding data elements must be left blank.
ACR	13	If the Program disagrees with the findings of a review, the Director must either return the review to the Supervisor or make the corrections within five working days from the date the Program disagrees or by the fifteenth day of the second month following the review month, whichever is earlier.
ACR	14	Once the ACR Director has completed their reading of a review with which the Program disagreed, the FF Program Director must be alerted.
FFP	15	The Active Case Review Director may review ACR case reviews that have been completed by the ACR reviewer and/or the reviewer's supervisor.
FFP	16	The Active Case Review Director's review of an ACR case review may result in a determination that the ACR review should be revised.
FFP	17	If the Active Case Review Director's review of an ACR case review results in a determination that the ACR review should be revised, the ACR Supervisor shall be notified.
FFP	18	The Active Case Review Director shall record his/her ACR case review comments.
FFP	19	The county office may rebut the findings of an Active Case Review (ACR).

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	20	The Active Case Review (ACR) Director shall review all rebuttals that are submitted by the county offices.
FFP	21	Rebuttals may be submitted as a result of Active Case Review immediate action notices.
FFP	22	Rebuttals may be submitted in response to the Active Case Review Results Report.
FFP	23	The Active Case Review Director shall respond to the program area rebuttal.
FFP	24	The Active Case Review Director shall record his/her ACR rebuttal review comments.
FFP	25	The Active Case Review Director's review of the rebuttal may result in a determination that the ACR review should be revised.
FFP	26	If the Active Case Review Director's review of a rebuttal results in a determination that the ACR review should be revised, the Families First Policy Director shall be contacted of the ACR Director's decision.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.3
FF ACR Director Review



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal	
Program Affected: FF	**Users: Directors**

Process:

Upon completion of a Families First Active Case Review, the findings will be transmitted to the appropriate program and county staff. If Program disagrees with a finding, they have the right to file a rebuttal and ask for reconsideration. This process describes how the rebuttal is submitted by program and how the ACR staff accepts such a rebuttal. A results file must be generated upon request once a month's case sample is finalized.

Sub-Processes:

1. Policy Director Records Rebuttal

   After the field staff manually reviews the results report or immediate action notification they believe the ACR finding is incorrect, the field staff will send an email to the FF policy director with their findings. The FF policy director will review the ACR review and record a rebuttal decision if he/she disagrees with the finding.

   ACTIVE CASE REVIEW (Input/Output)
   Data Elements marked with an '*' must have three locations to mark with an indicator. Each will be marked by the reviewer, reviewer's supervisor, and ACR Director.
   GRP Date
   Review Date
   Case Name
   Case ID
   SSN
   Recipient ID

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

County
District
Eligibility Counselor
Date of Last Review/Application
Date Read
Reviewer
New Application Indicator
Review Application Indicator
Second Parent Name
Second Parent SSN
Relationship Reviewed Indicator*
Relationship Review Comment*
Assistance Group Correct Indicator*
Assistance Group Reason Code(s)*
Assistance Group Review Comments*
Family Cap Applied Indicator*
Family Cap Reason Code(s)*
Family Cap Review Comments*
Unemployed Parent Policy Applied Indicator*
Unemployed Parent Reason Code(s)*
Unemployed Parent Review Comments*
Incapacitated Parent Policy Applied Indicator*
Incapacitated Parent Reason Code(s)*
Incapacitated Parent Review Comments*
Data Exchange Alerts Resolved Indicator*
Data Exchange Unresolved Reason Code(s)*
Data Exchange Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

Unearned Income Correct Indicator*
Unearned Income Incorrect Reason Code(s)*
Unearned Income Review Comments*
Unearned Income Computed Correctly Indicator*
Unearned Income Computed Incorrect Reason Code(s)*
Unearned Income Computation Review Comments*
Child Support Incorrect Indicator*
Child Support Incorrect Reason Code(s)*
Child Support Incorrect Review Comments*
Child Support Credited Wrong Indicator*
Child Support Credited Wrong Reason Code(s)*
Child Support Credited Wrong Review Comments*
Earned Income Correct Indicator*
Earned Income Incorrect Reason Code(s)*
Earned Income Review Comments*
Earned Income Error Indicator*
Earned Income Error Reason Code(s)*
Earned Income Error Review Comments*
Vehicles Counted Correctly Indicator*
Vehicles Counted Incorrectly Reason Code(s)*
Vehicles Counted Correctly Review Comments*
CSR Referral Occurred Indicator*
CSR Not Referred Reason Code(s)*
CSR Review Comments*
Two Week Compliance Policy Applied Correctly Indicator*
Two Week Compliance Not Correct Reason Code(s)*
Two Week Review Comments*

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

CSR Referral Timely Indicator*
Phone Attempt Within Three Days of Non-Compliance Indicator*
PRP Sign Date Correct Indicator*
PRP Sign Date Correct Second Parent Indicator*
PRP Correct Work Status Code for Caretaker Indicator*
PRP Incorrect Work Status Caretaker Reason Code(s)*
PRP Work Status Caretaker Review Comments*
PRP Correct Work Status Code for Second Parent Indicator*
PRP Incorrect Work Status Second Parent Reason Code(s)*
PRP Work Status Second Parent Review Comments*
Exemption Code Correct Caretaker Indicator*
Exemption Code Incorrect Caretaker Reason Code(s)*
Exemption Code Caretaker Review Comments*
Exemption Code Correct Second Parent Indicator*
Exemption Code Incorrect Second Parent Reason Code(s)*
Exemption Code Second Parent Review Comments*
Interruption Correct Caretaker Indicator*
Interruption Incorrect Caretaker Reason Code(s)*
Interruption Caretaker Review Comments*
Interruption Correct Second Parent Indicator*
Interruption Incorrect Second Parent Reason Code(s)*
Interruption Second Parent Review Comments*
Work Plan Valid Caretaker Indicator*
Work Plan Invalid Caretaker Reason Code(s)*
Work Plan Caretaker Review Comments*
Work Plan Valid Second Parent Indicator*
Work Plan Invalid Second Parent Reason Code(s)*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

Work Plan Second Parent Review Comments*
Employment Component Match Caretaker Indicator*
Employment Component No Match Caretaker Reason Code(s)*
Employment Component Caretaker Review Comments*
Employment Component Match Second Parent Indicator*
Employment Component No Match Second Parent Reason Code(s)*
Employment Component Second Parent Review Comments*
PRP Completed Caretaker Indicator*
PRP Not Completed Caretaker Reason Code(s)*
PRP Caretaker Review Comments*
PRP Completed Second Parent Indicator*
PRP Not Completed Second Parent Reason Code(s)*
PRP Second Parent Review Comments*
Potential Barriers Addressed Indicator*
Potential Barriers Not Addressed Reason Code(s)*
Potential Barriers Review Comments*
Immunizations Verified Indicator*
Immunization Documentation Sufficient Indicator*
Health Checks Verified Indicator*
Health Checks Documentation Sufficient Indicator*
School Attendance Verified Indicator*
School Attendance Documentation Sufficient Indicator*
Fail to Comply with HC/IMM/SA Requirements Indicator*
Health Check/Immun/School Attend Review Comments*
TABE Score Listed Correct Indicator*
TABE Score Incorrect Reason Code(s)*
TABE Score Review Comments*

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

Time Count Current*
Time Count Lifetime*
Time Count Current Exceeds 18 Months Indicator*
Time Count Current Exceeds 18 Months Reason Code(s)*
Time Count Current Review Comments*
Time Count Lifetime Exceeds 60 Months Indicator*
Time Count Lifetime Exceeds 60 Months Reason Code(s)*
Time Count Lifetime Review Comments*
Absent Parent Listed Each Child Indicator*
Non-Coop Child Support Indicator*
Non-Coop CS Reason Code(s)*
Non-Coop Review Comments*
Non-Coop Appropriate Action Taken Indicator*
Non-Coop No Appropriate Action Taken Reason Code(s)*
Non-Coop Appropriate Action Review Comments*
Non-Coop Good Cause Claimed Indicator*
Non-Coop GC Sufficient Documentation Indicator*
Non-Coop GC Review Comments*
Budgeting Deductions Correct Indicator*
Budgeting Deductions Incorrect Reason Code(s)*
Budgeting Deductions Review Comments*
FF Benefits Authorized Indicator*
FF Benefits Not Authorized Comments*
Notice Immediate Attention Indicator*
Notice Immediate Attention Reason Code(s)*
Notice Immediate Attention Review Comments*
Date Review Assigned

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal

Program Affected: FF	**Users: Directors**

Rebuttal Decision
Date Decision
Policy Director User ID
Comments
Rebuttal Indicator
ACR Director Entry Field
Agreement with Rebuttal Indicator
Disagreement with Rebuttal Reason Comment

2. Alert Director Inbox

   If the program rebutted an ACR review, the system shall alert the ACR Director.

   ALERT (Output)
   Program Rebutted Review
   Date Rebutted
   Rebuttal Reason Comments
   Alert Type
   Alert Date
   User ID of Alert Recipient
   Individual Name
   Individual ID
   Case ID

3. Perform 'FF ACR Director Review'

   The ACR Director will review the ACR reviews that have been rebutted by the field staff and

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.4 FF Active Case Review Rebuttal	
Program Affected: FF	**Users: Directors**
enter his/her comments in the system.	

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	1	The Families First Policy Director shall review the field staff's review of ACR immediate action notifications.
FFP	2	The Families First Policy Director may file a rebuttal and request a reconsideration of the Active Case Review's findings.
FFP	3	The Active Case Review Director shall be notified of the rebuttal.
ACR	4	Only the FF Policy Director can rebut the findings of a review.
ACR	5	The is no time limit for policy staff to file an ACR rebuttal.
ACR	6	The FF Policy Director must enter an explanation of what is being rebutted and why it is being rebutted.
ACR	7	The ACR Director must be alerted when the FF Policy Director rebuts the findings of a review.

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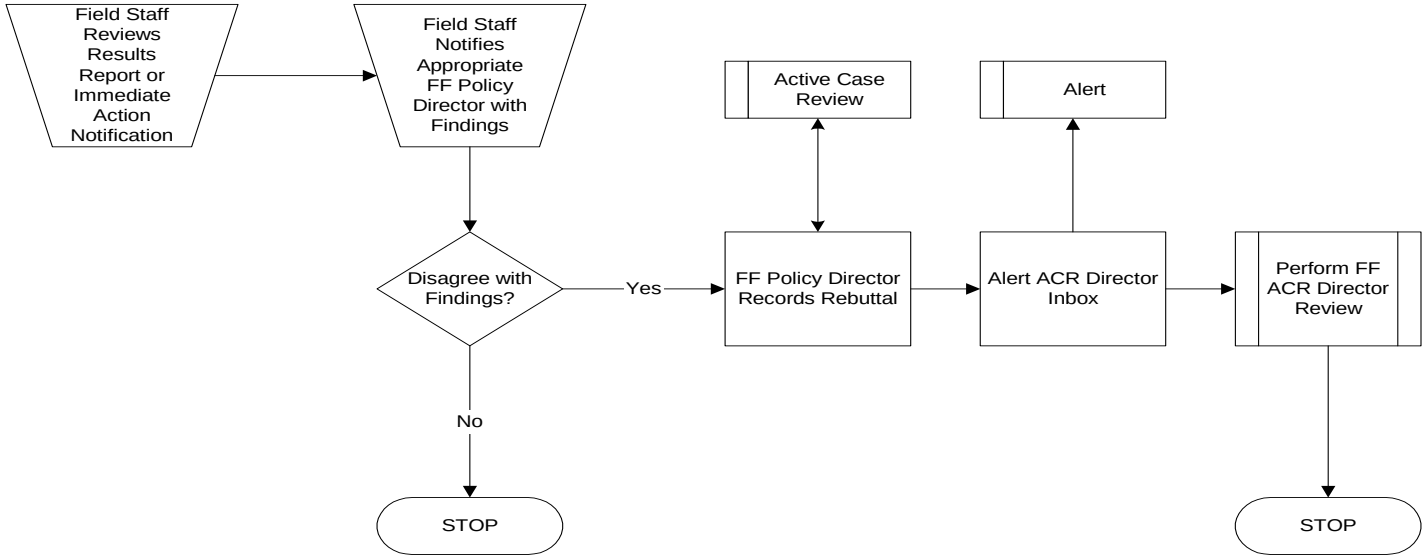
4.1.4 FF Active Case Review Rebuttal



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active	
Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

The Quality Control process provides the means of selecting and documenting statistically valid samples of cases. The system should select universes of active and negative cases based on criteria defined by policy. . The active and negative universes that are selected are based on program type and Quality Control criteria.

Active and negative samples will be pulled from the active and negative universes based on a random start and a fixed interval. The random start and interval will be different for each sample and for each month sampled. Quality control staff will provide the selection intervals and the random start. The random start will identify which case in the universe to select first for sample. If the random start is 25, the 25th case in the universe will be the first case sampled. The interval will define the subsequent cases to select to be sampled. If the interval is 10, every 10th case will be selected beginning with the first case selected. Cases 25, 35, 45 etc. would be selected.

The QC Reviewers will build a QC Review on-line with the system selecting the case information to be reviewed and leading the reviewer through the review and providing the ability to document and retain the results of that review. The QC Reviewer needs the option to print the entire QC Review. All outcomes of the Food Stamp active and negative reviews selected for review are transmitted to FNS via the file for the Federal QC system. An electronic file should be generated to be used as input to the Federal QC System.

This narrative includes QC Sampling and the QC Review Process for the Active samples.

Sub-Processes:

1. Record Sample Review

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

The Quality Control user will enter the start number and the interval number for every sample that will be selected. These intervals will be entered monthly. The system must retain the start number and the interval number for audit purposes.

SELECTION INTERVALS (Output)
Start Case Interval
Fixed Interval

2. Select Clients for Review

Based on the criteria for each sample that must be selected, the system will select a universe of all of the cases that match the selection criteria. The start case interval and the fixed interval will be used to select the monthly sample. The system should count each case in the universe and begin sampling with the case that matches the interval count. The next case sampled will be the case that matches the fixed interval count until all of the cases in the universe are counted. The QC active criteria will be based on program type and subprogram, case status, approval date and recertification period. The QC negative criteria will be based on program type, case status, date of closure or denial and reason for closure or denial.

The system needs to retain the QC universe to be able to recreate the sample selection for federal audit review.

SELECTION INTERVALS (Input)
Start Case Interval
Fixed Interval

QC CRITERIA (Input)
Program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

Sub-program
Case Status
Approval Date
Recertification Period
Date of Closure
Date of Denial
Type Sample (Active or Negative)

3. Store Selected Cases for Review

   QC UNIVERSE (Output)
   Case
   County
   Caseworker
   Program
   Subprogram
   Client Name
   Address
   Case Status
   Case Status Date

4. Perform “QC Caseload Assignment” process

   The system will perform this process in order to assign a QC Review Number and to assign a QC Sample Case to a QC Reviewer. The QC Review will become a part of the QC Reviewers caseload.

5. Notify Client of QC Review

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

If the sample case status is active, a notice will be automatically sent to the client that their case has been selected for review. The notice identifies the reviewer and informs the client that she/he will be scheduled for an interview. The QC Review will be updated with the QC Active Review Notice History.

SELECTED CASES (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated

QC ACTIVE REVIEW NOTICE (Output)
Client Name
Client Address
Case being Reviewed
QC Reviewer
County Office Address
Caseworker
QC Review Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

QC Return Address
QC Reviewer Phone Number

QC REVIEW (Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History

6. Request Application from County

The DHS County office and the appropriate caseworker are alerted that the case has been selected for review. This alert will include a request for a copy of the application that covers the review month unless the application in question was filed electronically and is on-line. This Application Request will be sent for all sample cases.

ALERT (Output)
Alert Type (APPLICATION REQUEST)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

Case Number
Case Name
QC Reviewer
County Office Address
Caseworker
QC Return Address
QC Review Month
Application Date
QC Reviewer Phone Number

7. Perform “Obtain Verification” process

   This is a reusable component. The QC Reviewer will use this component to identify specific requests for verifications that need to be identified on the QC Appointment notice. The QC Reviewer may also request verifications from a third party.

   If the client or the outside entity does not respond to the request for verification, the request will be sent again. The QC Reviewer will keep track of whether the verifications requested have been received. The QC Review will be updated with the verifications.

8. Perform “Appointment Scheduling” process

   This is a reusable component that will be used to automatically schedule an appointment with the QC Reviewer and the client.

9. Perform “QC Review Process – Negative” process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

If this case is a negative review, perform this process.

10. Create Appropriate Appointment Notice by Program

Using the appointment scheduled in Schedule Appointment and the verifications identified in Obtain Verification, create a QC appointment notice. Food Stamp and Medicaid Appointment Notices are different but both notices include requests for verification. If the client does not respond to the verification request, the request for verification will be sent again.

APPOINTMENT (Input)
Appointment Type
Interview Method
Case Name
Case Type
Program/Subprogram Type
Appointment Date
Appointment Time

VERIFICATION (Input)
Verification type
Verification date received

QC APPOINTMENT NOTICE (Output)
QC Review Status
QC Reviewer

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

Client Name
Client Address
Case being Reviewed
County Office Address
Caseworker
Appointment date and time
Program
QC Return Address

11. Determine Warning Notice Needed

If the client does not keep his/her first appointment, the reviewer will schedule a second appointment. If this is a second appointment, a warning notice will be sent to the client along with the rescheduled appointment notice.

APPOINTMENT (Input)
Appointment Type
Interview Method
Case Name
Case Type
Program/Subprogram Type
Appointment Date
Appointment Time

12. Perform “Appointment Scheduling” process

The “Appointment Scheduling” process will be used by the QC Reviewer to schedule a second appointment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

with the client.

13. Create QC Warning Notice

The warning notice will have stronger wording than a standard appointment letter and must be mailed by certified letter with return receipt requested.

QC WARNING NOTICE
QC Review Status
QC Reviewer
Client Name
Client Address
Case being Reviewed
QC Reviewer
County Office Address
Caseworker
Appointment date and time
Program
QC Return Address
Certified Mail Receipt requested information
Second Appointment warning message
QC Reviewer Phone Number

14. Pre-Populate Appropriate QC Review

The system shall populate the QC Review with the appropriate case information for the case action that will be reviewed. The system QC Review shall automatically lead the QC Reviewer through the case

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

information that will be reviewed.

CASE (Input)
Case Number
Case Status
Program
Case Information related to case action being reviewed

INDIVIDUAL (Input)
Individual Number
Individual Information related to case action being reviewed

APPLICATION (Input)
Application Number
Application information related to case action being reviewed

QC REVIEW (Input and Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications

15. Store Template QC Review

The QC Review will be available to the QC Reviewer to view on-line but the QC Reviewer must also have the ability to print the QC Review. The QC Review will include all of the contacts made by the QC reviewer as well as the case information that is being reviewed. The QC reviewer will record actions and comments on the review. This review documentation will consist of system generated data, as well as data entered by the user.

QC REVIEW (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications

QC REVIEW (Printed Output)
QC Workbook
QC Review Form
Contacts
Comments
QC Active Review Notice History
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
Case, Individual, and Application information being reviewed

16. Perform “QC Client Determined Not Subject to Review” process

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

17. Capture Revise/Review Results

The QC Reviewer will interview the client, review the case, and review the verifications received to determine if there are discrepancies in the case. When the QC Reviewer is done with the QC Review, all active reviews will be forwarded for supervisor approval.

VERIFICATION (Input)
Verification type
Verification date received

QC REVIEW (Input and Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Case Discrepancy

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

Verifications

18. Perform “QC Supervisor Approval” process

    The user will determine if there is any case discrepancy and perform supervisor approval.

19. Create Discrepancy Notice to Users QC3

    If there was a discrepancy identified for the QC Review and the QC Director has approved, the system shall create a QC3 discrepancy notice to the county and to Corrective Action. Corrective Action will determine if the county will disagree or rebut the QC finding.

    QC REVIEW (Input)
    QC Review Number
    Discrepancy

    DISCREPANCY NOTICE (Output)
    QC Review in Error
    Reasons for Error

20. Perform “QC Client Refusal/Failure to Cooperate” process

    If the selected client fails to cooperate with the interview or with another part of the review process, the client may be determined refusing or failing to cooperate with the QC Process.

21. Perform “QC Rebuttal Process” process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

If the county disagrees with the results of the QC Review, perform this process.

22. Determine Results Review

    If the rebuttal was successful, the QC results may need to be modified and verifications captured. The QC Review will need to be updated by the QC Reviewer. When the Food Stamp QC Review is complete an electronic file shall be generated. The file will be used by State QC staff to electronically load the Federal QC System.

    QC REVIEW (Input and Output)
    Results of the Rebuttal Process

    FEDERAL QC SYSTEM FILE (Output)
    Food Stamp Review
    QC Review results

23. Create Revised Notice QC 3

    If the results need to be revised as a result of the Rebuttal process, the system shall create a revised Q3 notice.

    DISCREPANCY NOTICE (Output)
    QC Review in Error
    Reasons for Error

24. Determine any Additional Information to the County

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.5 QC Sampling and QC Review Process - Active

Program Affected: FS and Medicaid	**Users: Quality Control**

If there are no revised QC Review results, determine if any additional information needs to be reported to the county.

25. Create Notice with Information to County

If additional information needs to be reported to the county, generate an INFO NOTICE (G2) to the county.

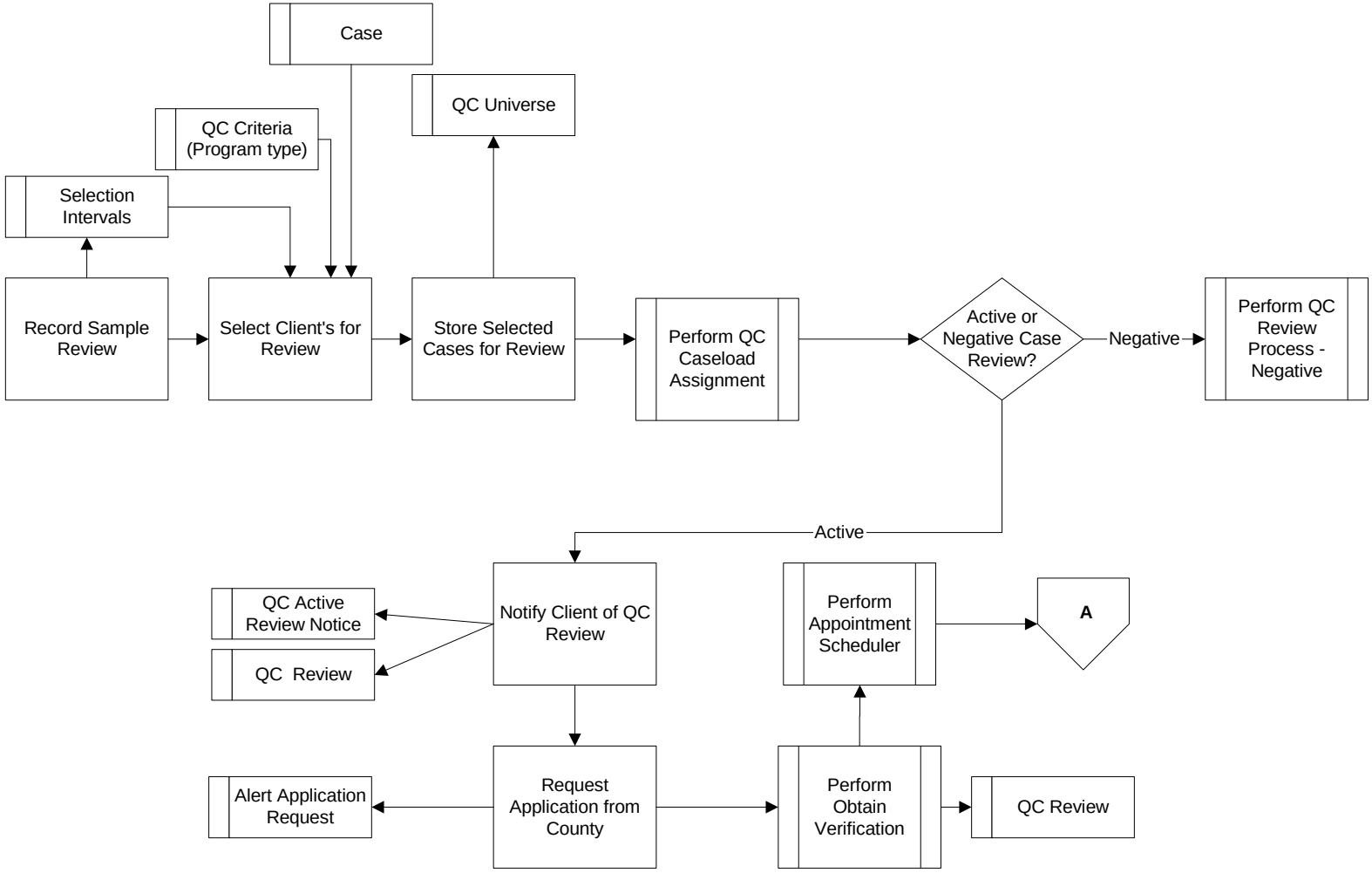
INFO NOTICE (Output)
QC Review Results

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	The system will automatically populate as many data elements as possible.
QC	2	The review information may be completed on a laptop and transferred to the main database.
QC	3	All reviews must be approved by the Supervisor.
QC	4	The system must contain a method to guide the Reviewers from QC screen to QC screen, but must also contain a method for the Reviewer to go directly to a desired screen.
QC	5	The system must record the date the Reviewer completed a review.
QC	6	The Supervisor must be alerted when the Reviewer completes a review.
QC	7	The system must store the original findings of the Reviewer and the findings of the Supervisor
QC	8	The Reviewer, the Supervisor, and the Director must record findings.
QC	9	The system must create four universes monthly (Food Stamp Active, Food Stamp Negative, Medicaid Active, and Medicaid Negative) based on the policy of each program.
QC	10	The universes must be maintained for audit purposes until the Quality Control Director authorizes their destruction.
QC	11	Every month the system must select a sample of cases from each of the universes based on criteria entered by the QC Director.
QC	12	The sample selection criteria will consist of the random start and the interval.
QC	13	Each case selected in the sample will be assigned a six-digit review number.
QC	14	The QC Director will designate the starting review number for each sample type every month and the remaining review numbers for reviews selected in that sample will be assigned sequentially.
QC	15	The QC Director will assign the reviews to Reviewers using a manual process.
QC	16	The Reviewer must be alerted when a review is assigned to them.
QC	17	If the Reviewer is not able to obtain the required verification to document a review, he/she may attempt to complete the review by “likely conclusion”.
FS	18	When the Director has approved the review, the system must prepare a transmission file for the Federal Statistician.

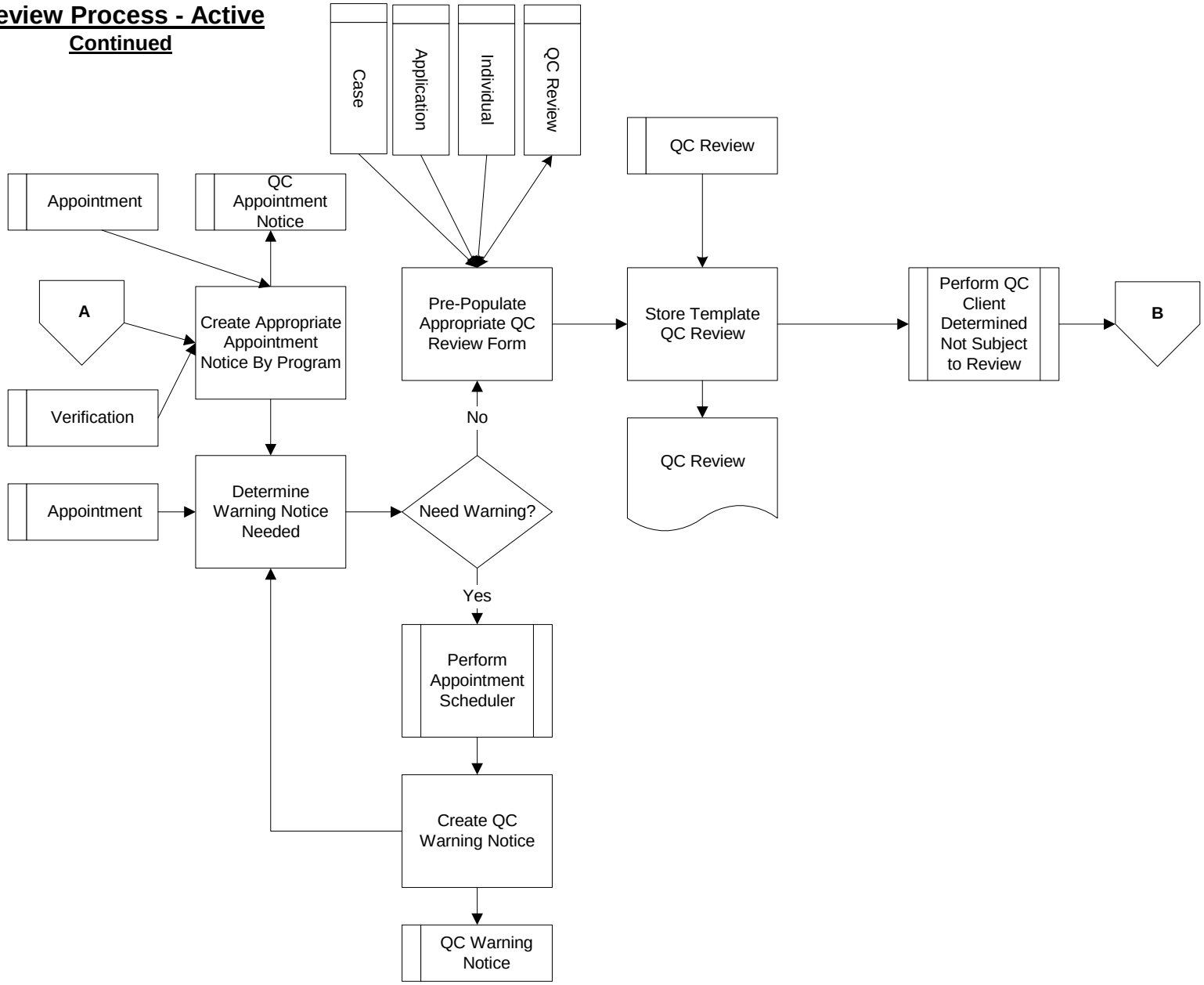
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.5 QC Sampling and QC Review Process - Active

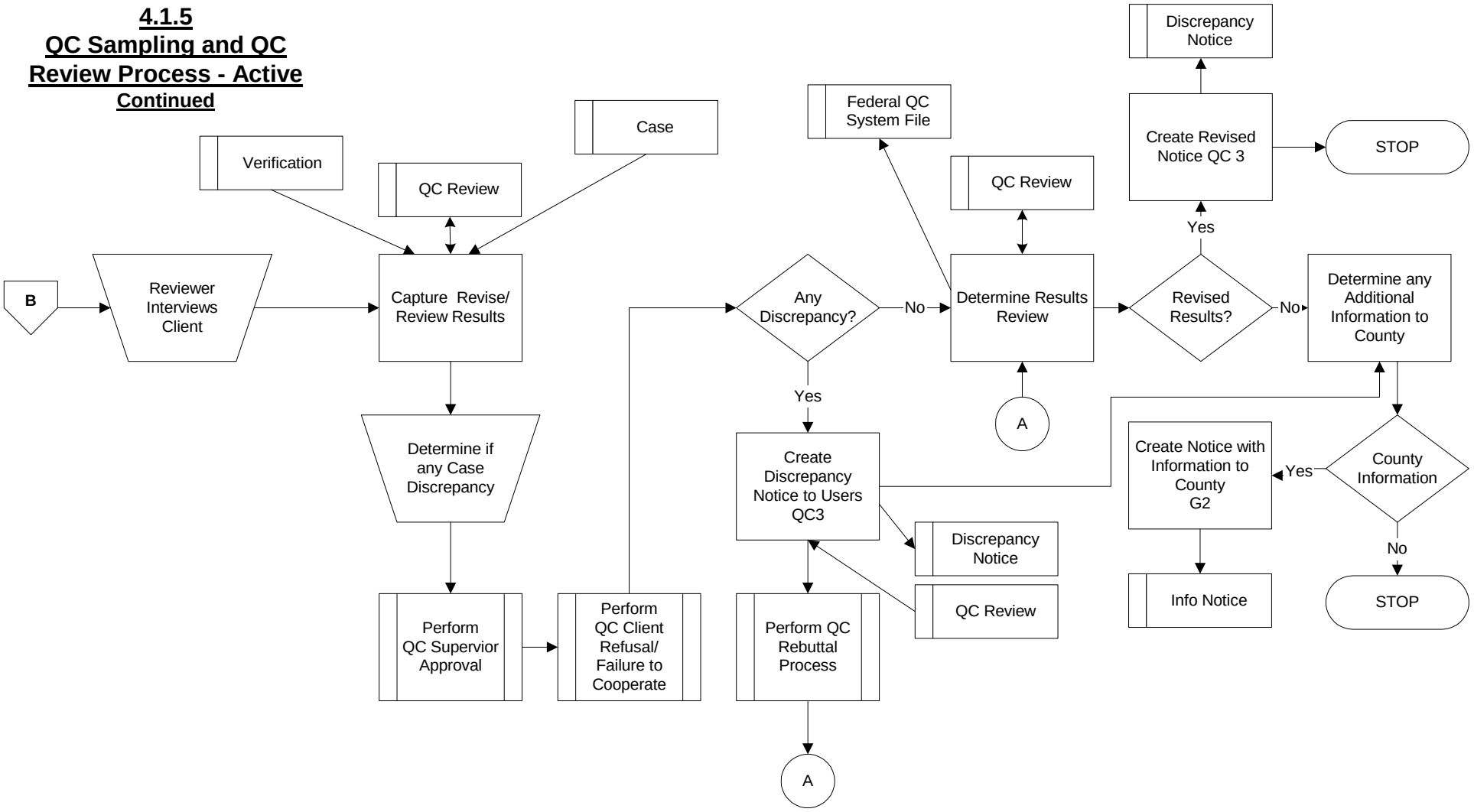


RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.5 QC Sampling and QC Review Process - Active Continued



4.1.5 QC Sampling and QC Review Process - Active Continued



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

The Quality Control process provides the means of selecting and documenting statistically valid samples of cases. The system should select universes of active and negative cases based on criteria defined by policy. Active cases are defined as open approved cases and negative cases are defined as closed and denied cases. The active and negative universes that are selected are based on program type and Quality Control criteria.

Negative samples will be pulled from the negative universes based on a random start and a fixed interval. The random start and interval will be different for each sample and for each month sampled. Quality control staff will provide the selection intervals and the random start. The random start will identify which case in the universe to select first for sample. If the random start is 25 the 25th case in the universe will be the first case sampled. The interval will define the subsequent cases to select to be sampled. If the interval is 10, every 10th case will be selected beginning with the first case selected. Cases 25, 35, 45 etc would be selected.

The client is not notified unless it is necessary. If the case record is not adequately documented, the QC Reviewer will request additional verification from the client or a third party.

The QC Reviewers will build a QC Review on-line with the system selecting the case information to be reviewed and leading the reviewer through the review. The QC Reviewer needs the option to print the entire QC Review. All outcomes of the Food Stamp negative reviews selected for review are transmitted to Food and Nutritional Services (FNS) via the file for the Federal QC system. An electronic file should be generated to be used as input to the Federal QC System.

The system shall maintain a history of worker transactions, which is available for display and printing.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

Sub-Processes:

1. Determine Denial or Case Closure for Negative Review

   The QC review will identify whether this is a denial or a case closure being reviewed.

   QC REVIEW (input)
   Sample Cases

   CASE (input)
   Caseworker
   Case Status

   QC REVIEW (output)
   QC Selected Case Number
   QC Selected Case Name

2. Request application from county

   If this is a denial, an application is requested from the county.

   QC REVIEW (input)
   Review Month
   Reviewer Address
   Reviewer
   Reviewer Phone Number
   QC Review Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

QC Selected Case
QC Selected Case Number
ALERT (Output)
Alert Type (APPLICATION REQUEST)
Case Number
Case Name
QC Reviewer
County Office Address
Caseworker
QC Return Address
QC Review Month
Application Date
QC Reviewer Phone Number

3. Pre-populate QC Negative Case Review

The QC Review will be populated with the case information for the case action that will be reviewed The QC Review should lead the QC Reviewer through the case information that will be reviewed.

CASE (Input)
Case Number
Case Status
Program
Case Information related to case action being reviewed

INDIVIDUAL (Input)
Individual Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

Individual Information related to case action being reviewed

APPLICATION (Input)
Application Number
Application information related to case action being reviewed

QC REVIEW (Input and Output)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed

4. Perform “Obtain Verification” process

This is a reusable component. The QC Reviewer may use this component during his/her manual review to identify specific requests for verifications that need to be identified from an outside entity or individual. The system shall track whether the verifications requested have been received. The QC Review will be updated

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

with the verifications.

EMPLOYMENT (Output)
Verification type
Verification date received

5. Record QC Form Updates

The QC Reviewer will conduct a manual desk review and record in the system the results of the review.

EMPLOYMENT (Input)
Verification type
Verification date received

QC REVIEW (Input and Output)
QC Workbook
QC Review Form
Contacts
Comments
Potential Drop Indicator
Verifications

6. Determine if case is in error

The QC reviewer will use federal policy to determine if case is subject to review. If review is necessary, the user will use review results to determine if case is in error.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

7. Alert QC Supervisor

   If case is found to be in error from review results, alert QC supervisor.

   ALERT (output)
   Alert Type
   User ID of Recipient
   Comments
   QC Review Number
   QC Selected Case
   QC Selected Case Number

   Capture Supervisor Approval

8. Perform “QC Supervisor Approval” Process

   If case found to be in error, the “QC Supervisor Approval” process will be performed to conduct full supervisor review.

9. Alert QC Supervisor

   If case is not found to be in error from review results, alert QC supervisor.

   ALERT (output)
   Alert Type
   User ID of Recipient

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

Comments
QC Review Number
QC Selected Case
QC Selected Case Number

10. Determine if Case Findings Need to be Modified

    Using the results of the QC review, the user shall determine if case findings need to be modified. If so, the QC staff will perform an update to case review.

11. Capture Supervisor Approval

    If the case is not in error and case modifications are not needed, the case is not subject to a full supervisory approval of review. Only the direct supervisor of the reviewer approves. The QC Director does not need to review. The system shall provide supervisory and/or quality control case review results in a summary form to appropriate staff.

    QC REVIEW (input)
    Supervisor Approval Needed Indicator

    QC REVIEW (output)
    Supervisor Approval Completed Indicator

12. Alert Appropriate Staff (Optional)

    If there is not a QC error, the county is not alerted of the results of the completed QC review unless there is information that needs to be corrected.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

QC REVIEW (Input)
QC Review Number
QC Results
Date of Results
QC Reviewer
Caseworker
QC Review Month

INFORMATION ALERT (Output)
QC Results
Date of Results
QC Review Number
QC Reviewer
Caseworker
QC Review Month
Recipient ID

13. Alert QC Reviewer

If case findings need to be modified, alert QC reviewer that reviews action needed.

ALERT (output)
Alert Type
User ID of Recipient
Comments
QC Review Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

QC Selected Case
QC Selected Case Number

14. Alert QC Supervisor

If case not subject to review, alert QC supervisor.
ALERT (output)
Alert Type
User ID of Recipient
Comments
QC Review Number
QC Selected Case
QC Selected Case Number

15. Capture Supervisor Approval

If the case is not subject to review and case findings do not need to be modified based on a decision by the QC reviewer, the case will not be subject to a full supervisory approval. Only the supervisor approves. The QC Director does not need to review.

QC REVIEW (Input)
Potential Drop Indicator

QC REVIEW (Output)
Drop Reason
Supervisor Approval
Date of Supervisor Approval

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

16. Drop Review

With supervisor approval, the QC Reviewer Supervisor will determine if this review can be dropped. The QC Reviewer will update the QC Review with the Drop Information.

QC REVIEW (Input)
Drop Reason
Supervisor Approval

QC REVIEW (Output)
Drop Results

17. Alert Appropriate Staff

If review is dropped, an alert is generated to inform appropriate district, county, and policy staff.

QC REVIEW (Input)
QC Review Number
QC Results
Date of Results
QC Reviewer
Caseworker
QC Review Month

INFORMATION ALERT (Output)
QC Results

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.6 QC Review Process - Negative

Program Affected: FS and Medicaid	**Users: Quality Control**

Date of Results
QC Review Month
QC Review Number
Caseworker
QC Reviewer
Alert Recipient ID

18. Alert QC Reviewer

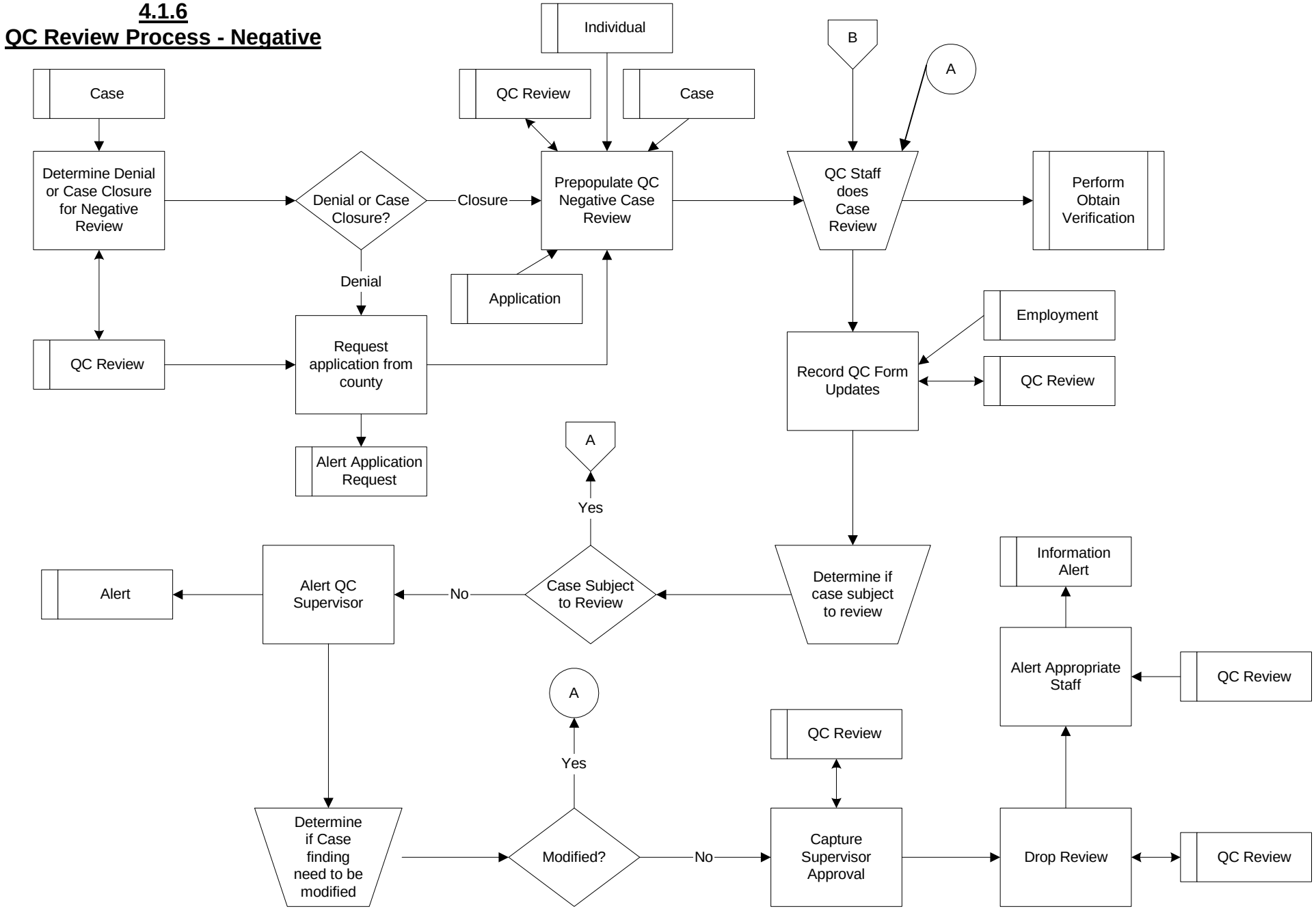
If case findings need to be modified, alert QC reviewer that reviews action needed.

ALERT (output)
Alert Type
User ID of Recipient
Comments
QC Review Number
QC Selected Case
QC Selected Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	The system will automatically populate as many data elements as possible.
QC	2	The review information may be completed on a laptop and transferred to the main database.
QC	3	All reviews must be approved by the Supervisor.
QC	4	If the Supervisor agrees with the Reviewer's decision that the review was not "Subject to Review", the appropriate field staff must be alerted.
QC	5	If the Supervisor finds the action to have been completed correctly, the Director may read the review.
QC	6	The only reason for dropping a review from the negative sample is it is not subject to review.
QC	7	If the Supervisor does not agree with the Reviewer's decision on a review, the Supervisor may return the review to the Reviewer or may make the corrections.
QC	8	The system must contain a method to guide the Reviewers from QC screen to QC screen, but must also contain a method for the Reviewer to go directly to a desired screen.
QC	9	If the Supervisor returns the review to the Reviewer, the Reviewer must be alerted.
QC	10	The system must record the date the Reviewer completed a review.
QC	11	The Supervisor must be alerted when the Reviewer completes a review.
QC	12	The system must store the original findings of the Reviewer and the findings of the Supervisor
QC	13	The Reviewer and the Supervisor must record findings.
QC	14	If the Supervisor determines the action of the county was correct, and there is information for the county, the appropriate field staff must be alerted.
QC	15	If the review finds the action to have been completed incorrectly, the review must be read by the Supervisor and Director.
QC	16	If the review is dropped from the sample, the Supervisor must read the review.
QC	17	If the review finds the action to have been completed correctly, the Supervisor and Director may read the review.
QC	18	Negative reviews should be assigned to Reviewers by the system based on criteria entered by the Director.
QC	19	If the review finds the action to have been completed incorrectly, the appropriate field staff must be notified.
QC	20	If the review is dropped from the sample, the appropriate field staff must be notified.

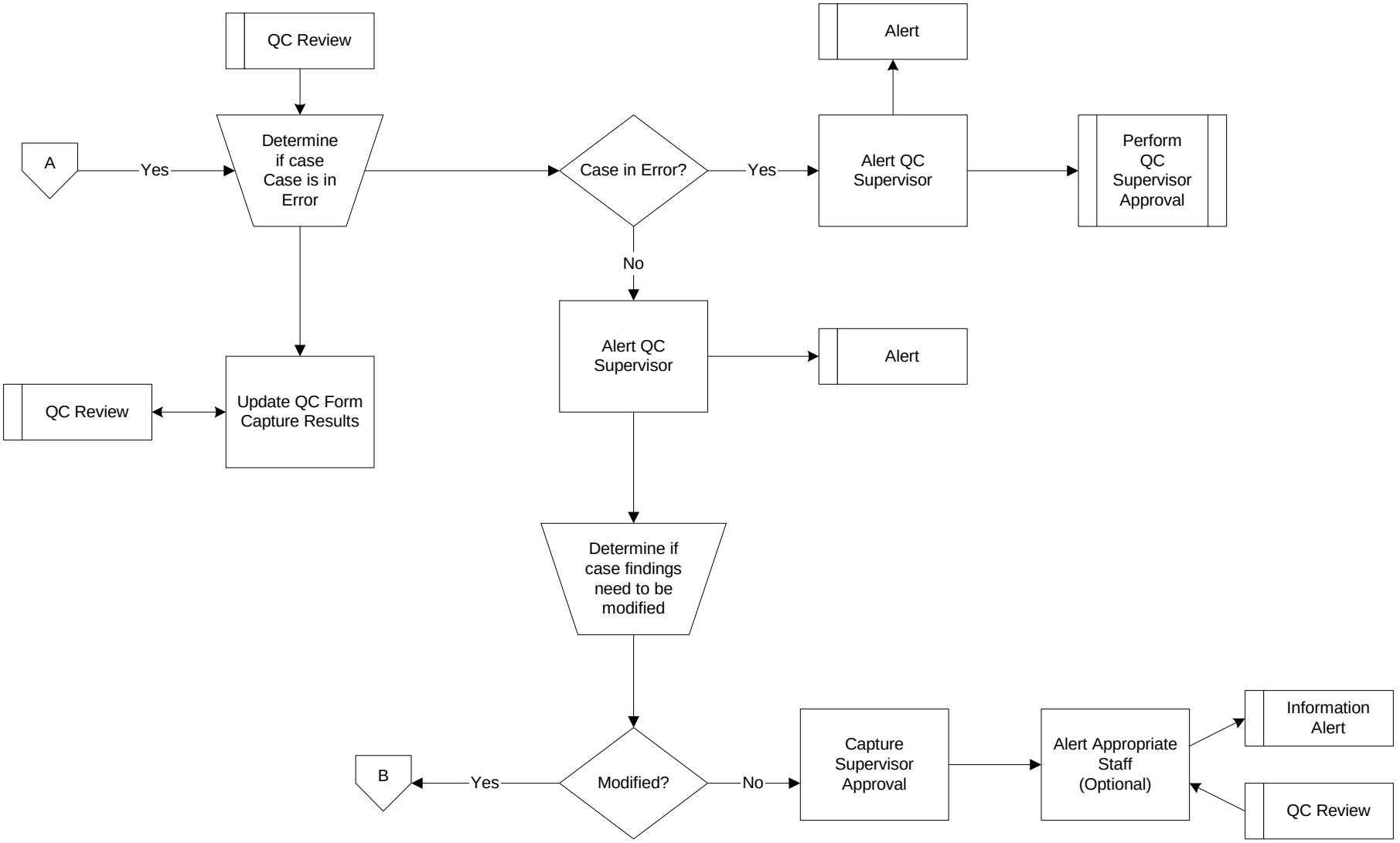
4.1.6
QC Review Process - Negative



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.6

QC Review Process - Negative



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.7 QC Client Determined Not Subject to Review	
Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

There are some cases that are not subject to a QC Review even though the case has been selected for the sample. The QC Reviewer determines if the case is subject to review. Some of the reasons are: the household did not use its benefits, the benefits are a disaster allotment, there is a pending hearing, the case is under active fraud investigation, all of the members have died, or all of the members have moved out of state. If the selected case is determined to not be subject to QC Review, the review will be terminated.

Sub-Processes:

1. Record Case Not Subject to Review

   Once the appointment is made with the client there are certain conditions that are used to determine that the case is not subject to review based on business rules and the user shall record reason in system.

   QC REVIEW (Input)
   QC Review Number
   Case
   County
   Caseworker
   Program
   Subprogram
   Client Name
   Address
   Case Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.7 QC Client Determined Not Subject to Review

Program Affected: FS and Medicaid	**Users: Quality Control**

Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications

CASE (Input)
Case Number
Case Status
Program
Case Information related to case action being reviewed

2. Indicate Not Subject to Review

   If the case is not subject to review, record in the QC Review and terminate the QC Review. Even though the QC Review is terminated, the QC Review will be included on the interface file that is transmitted to the Federal QC system.

   QC REVIEW (Output)
   Not subject to Review Indicator
   Reason not subject to review
   Date Determined Not Subject to Review

3. Perform “QC Supervisor Approval” process

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.7 QC Client Determined Not Subject to Review

Program Affected: FS and Medicaid	**Users: Quality Control**

Full supervisory approval is required for a decision that a case is not subject to review.

4. Alert Appropriate Staff

   The appropriate field/district staff is notified that the case is not subject to review.

   INFORMATION ALERT (Output)
   Case Number
   QC Review Terminated
   Not Subject to Review Wording
   User ID of Alert Recipient
   Date of Alert

5. Initiate Subject to Review

   If the case is subject to review the QC review process is initiated.

   QC REVIEW (Output)
   QC Review Number
   Case
   County
   Caseworker
   Program
   Subprogram
   Client Name
   Address
   Case Status

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.7 QC Client Determined Not Subject to Review

Program Affected: FS and Medicaid	**Users: Quality Control**

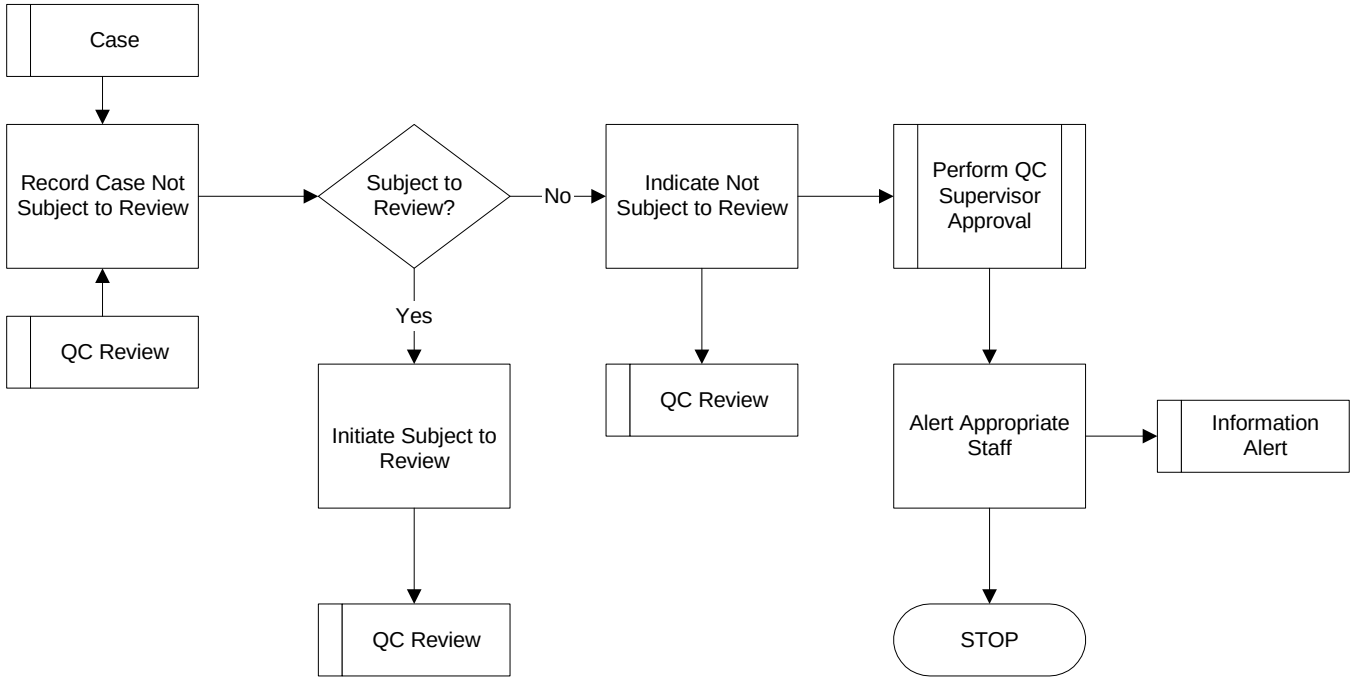
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications
Subject to review indicator

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	Federal policy determines whether a case is subject to review.
QC	2	The determination that a case is not subject to review can be made at any time in the process after the sample is selected.
QC	3	The decision that a case is not subject to review is a manual process and can be made by the Reviewer, the Supervisor, or the Director.
QC	4	Record the specific reason why the case was not subject to review.
QC	5	A QC case not subject to review must be approved by QC supervisor.
QC	6	If QC supervisor confirms that case not subject to review, then appropriate county/district staff will be contacted.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.7
QC Client Determined Not Subject to Review



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.8 QC Client Refusal/Failure to Cooperate	
Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

For a determination of refusal to cooperate, the household must be able to cooperate but clearly demonstrate that it will not take the actions that it can take or are required to complete the QC review process. If the client refuses to cooperate, the case is dropped as incomplete and the county is notified to take action to close the case. QC must attempt to complete the review if the client later decides to cooperate. QC can grant a good cause if the client did not contact the reviewer but later determines he/she wants to cooperate and allow an interview.

For a determination of failure to cooperate for Food Stamps and TENNCARE Medicaid, the QC reviewer must be unable to document or verify the household's unwillingness to take an available action that is required to complete the QC review. The case may be dropped as incomplete and the county is notified to take other administrative actions which may include closure. No other action is taken by QC.

Sub-Processes:

1. Determine Refusal /Failure to Cooperate

   The client must cooperate and meet with the QC Reviewer.

   QC REVIEW (Input and Output)
   QC Review Number
   Case
   County
   Caseworker
   Program

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.8 QC Client Refusal/Failure to Cooperate

Program Affected: FS and Medicaid	**Users: Quality Control**

Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications

2. Capture Refusal/Failure

   If the client does not cooperate with the QC Reviewer, record the results on the QC Review. If the client cooperates with the interview, the QC Review continues.

   QC REVIEW (Input and Output)
   Failure to Cooperate Indicator
   Refusal to Cooperate Indicator
   Date of Failure to Cooperate
   Date of Refusal to Cooperate
   Good Cause Indicator
   Good Cause Effective Date
   Good Cause Reason

3. Perform “QC Supervisor Approval” process

   Client Refusal/Failure to cooperate must have a full supervisory review which includes the QC Reviewer

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.8 QC Client Refusal/Failure to Cooperate

Program Affected: FS and Medicaid	**Users: Quality Control**

Supervisor and QC Director approval.

4. Notify Worker of Refusal/ Failure

   The county caseworker will be notified that the client refused to cooperate. The notice will identify whether the client refused to cooperate or failed to cooperate.

   INFORMATION NOTICE (Output)
   Refusal to Cooperate Notice
   QC Results
   Date of Results
   QC Review Number
   QC Reviewer
   Caseworker
   QC Review Month
   Refused to cooperate indicator

   INFORMATION NOTICE (Output)
   Failure to Cooperate Notice
   QC Results
   Date of Results
   QC Review Number
   QC Reviewer
   Caseworker
   QC Review Month
   Refused to cooperate indicator

   CASE (output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.8 QC Client Refusal/Failure to Cooperate

Program Affected: FS and Medicaid	**Users: Quality Control**

Case Number
Case Status

5. Determine Program and Refusal/Failure

Determine if this is a Food Stamp client. The client has to cooperate or he/she is not eligible to receive benefits and is not eligible until a defined date. That date may be 103 days after the end of the Federal fiscal year and is set by FNS.

QC REVIEW (Input)
QC Review Number
Case
County
Caseworker
Program
Subprogram
Client Name
Address
Case Status
Case Status Date
QC Reviewer assigned for the Referral
Date Delegated
QC Active Review Notice History
Case, Individual, and Application information being reviewed
Verifications

PROGRAM STANDARDS (Input)
FNS defined date for failure to cooperate

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.8 QC Client Refusal/Failure to Cooperate

Program Affected: FS and Medicaid	**Users: Quality Control**

6. Perform "Authorization" process

   The system should prohibit approval of benefits for the case at authorization if the defined date is not past.

7. Flag Individual as ineligible for a Period of Time

   The individual is not eligible until a defined date. That date may be 103 days after the end of the Federal fiscal year and is set by FNS.

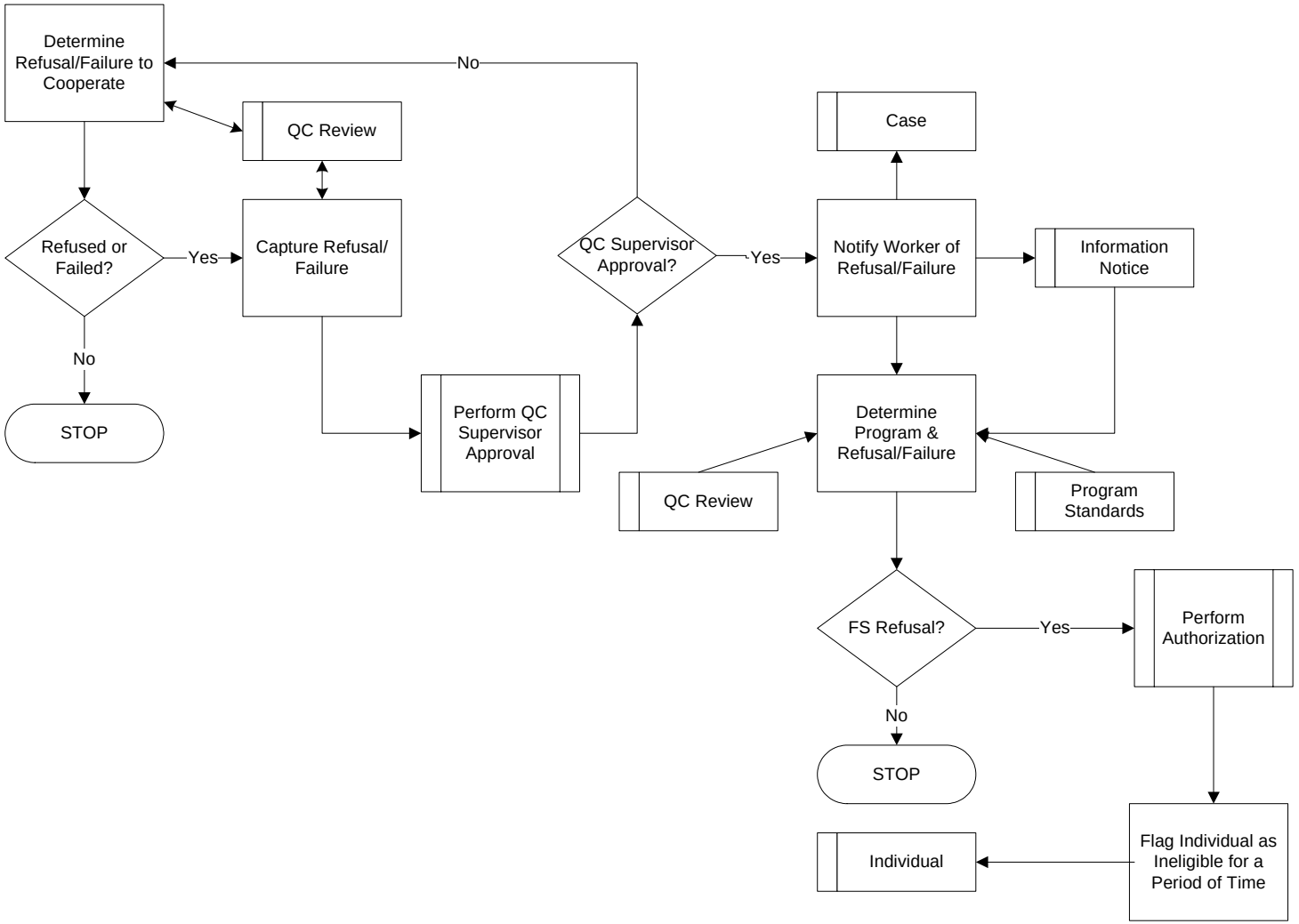
   INDIVIDUAL (Output)
   Ineligible due to failure to cooperate indicator
   Ineligible end date
   Ineligible begin date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	If the Reviewer is not able to obtain the required verification to document a review and is unable to complete the review by "likely conclusion", he/she must determine if the individual has "refused" to cooperate.
QC	2	If the individual has not "refused" to cooperate, the review is dropped for "failure" to cooperate.
QC, FS	3	An individual who has "refused" to cooperate is subject to sanctions.
QC, FS	4	The system must contain an indicator to capture "refusal" to cooperate.
QC, FS	5	The system must contain the date the individual's sanction period is scheduled to end.
QC, FS	6	An individual may cure their sanction prior to the scheduled end date by cooperating with the review.
QC, FS	7	All sanctions for "refusal" to cooperate imposed in a federal fiscal year have the same scheduled end date.
QC	8	A notice to the QC worker must be generated to notify of supervision approval of the caseworker's Refusal/Failure actions.
QC	9	The notice must include case number and status.
QC	10	The notice must include refusing client's name/ID.
QC	11	The notice must notify worker to continue with actions against an individual or group.
QC,TCM	12	An individual who has "refused" to cooperate is not subject to sanctions.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.8
QC Client Refusal/Failure to Cooperate



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.9 Agency QC Rebuttal Process	
Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

If there was a discrepancy identified by the QC Reviewer, a discrepancy notice is generated to the county and to Corrective Action. Corrective Action will work with the county and district staff to argue against the error finding. Additional information may affect the effort finding if appropriate.

Sub-Processes:

1. Determine and Store Results Rebutted

   Corrective Action will notify QC that this is a discrepancy that Corrective Action and the county plans to rebut. If there is a rebuttal, Corrective Action takes the lead in this process. The QC Review will be updated with the results that are being questioned.

   Generate an alert to the QC Director that the Corrective Action Rebuttal is Overdue.

   QC REVIEW (Output)
   QC Rebuttal in process indicator
   QC Rebuttal Date

   ALERT (Output)
   Corrective Action Rebuttal Overdue

2. Determine if Rebuttal Findings Returned

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.9 Agency QC Rebuttal Process

Program Affected: FS and Medicaid	**Users: Quality Control**

The system shall capture if Corrective Action has returned rebuttal case.

QC REVIEW (input)
Rebuttal Findings Returned
Rebuttal Findings Returned Date

3. Determine if Deadline Passed

   The system shall determine if due date for corrective action to return case has passed, if findings not returned.

   QC REVIEW (input)
   Corrective Action Finding Due Date

4. Alert Specified Users

   If deadline has passed for Corrective action to return requested review case, alert specified users.

   ALERT (output)
   User ID of alert recipient
   Alert Type
   Alert Message

5. Capture Final Approval

   If the County decides not to rebut the review, the review goes to the QC Director for signature.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.9 Agency QC Rebuttal Process

Program Affected: FS and Medicaid	**Users: Quality Control**

If the County decides to rebut the review, determine if the rebuttal was successful. If the rebuttal was successful, the QC results may need to be modified, verifications captured and the QC Review will need to go back to the reviewer. Capture the results and continue.

If the rebuttal was not successful, the QC Review will need to go to the QC Director for final approval. There will need to be an alert to the QC Director and to Corrective Action that the Corrective Action rebuttal process is overdue. The QC Director may need to take action to approve the review prior to receiving Corrective Action rebuttal information.

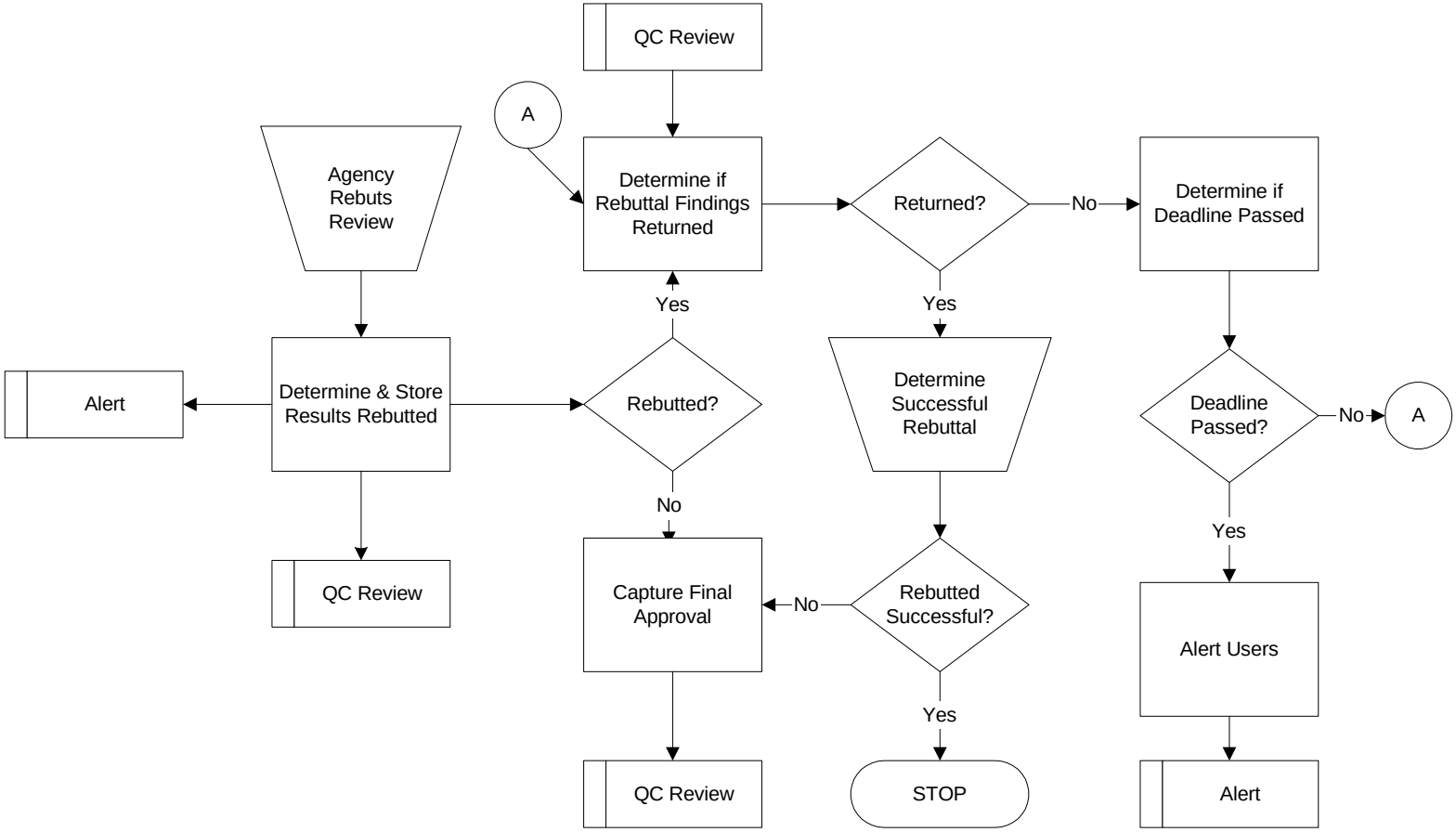
QC REVIEW (Output)
QC Director Approval Indicator
Approval Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	Only the State Office Policy staff can rebut the findings of a QC review.
QC	2	The Policy staff must have a data element to indicate the findings are being rebutted.
QC	3	The QC Director must be alerted when the Policy staff rebuts the findings of a review.
QC	4	Corrective Action will have a maximum of ten days to rebut a finding.
QC	5	Any QC error cited can be rebutted.
QC	6	QC director will return rebuttal findings no later than five days of receipt for rebuttal.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.9
Agency QC Rebuttal Process



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.10 QC Supervisor Approval

Program Affected: FS and Medicaid	**Users: Quality Control**

Process:
All completed QC Reviews must go through the supervisory approval process.

Sub-Processes:

1. Capture Supervisor 1 Approval or Modification

   The QC Supervisor 1 is the first to approve of a completed QC Review. The Supervisor 1 will receive an alert to review the QC Review. When the QC reviewer assigns a QC Review to the QC Supervisor, the reviewer cannot modify the QC Review unless the QC Supervisor 1 determines that the QC Reviewer has to make modifications. If modifications are necessary, the QC Supervisor 1 will assign the QC Review back to the reviewer. The system shall allow the user to request a summary display and/or print of all or specific QC review information.

   The QC Supervisor 1 may receive a Modification Alert from the QC Director if the QC Director does not approve the QC Review. However, this will happen only after the QC Supervisor 1 initially approves the review and sends to the QC Director for approval. The system must capture all QC review returns between supervisor and director and save the results.

   QC REVIEW (Input and Output)
   Date Approved
   Supervisor 1 Approval Indicator (Yes or No)
   Supervisor 1 User ID and Name
   Modifications

   QC APPROVAL ALERT (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.10 QC Supervisor Approval

Program Affected: FS and Medicaid	**Users: Quality Control**

Alert Type
Alert Message
User ID Alert Recipient
Date of Alert

QC MODIFICATION ALERT (Input)
Alert to the QC Reviewer

2. Capture Director Approval

If the QC Supervisor 1 approves the QC Review, an approval alert will be sent to the QC Director to approve the QC Review. The QC Supervisor 1 and the QC Reviewer will not be able to update the QC Review.

If the QC Director does not approve the QC Review, the QC Director has the option to send the QC Review back to the QC Supervisor 1 or the QC Reviewer for rework. An alert will be generated to either the QC Reviewer or the QC Supervisor 1 to modify the QC Review.

QC REVIEW (Input and Output)
QC Director Approval Indicator (Yes or No)
QC Director User ID and Name
Date Approved

QC APPROVAL ALERT (Input)
Alert to the QC Director
Alert Date
Alert Message
User ID of Alert Recipient

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.10 QC Supervisor Approval

Program Affected: FS and Medicaid	**Users: Quality Control**

QC MODIFICATION ALERT (Output)
Alert to the QC Supervisor 1 or
Alert to the QC Reviewer

3. Return to Reviewer for Modification

If the QC Supervisor 1 doesn't approve, a QC Modification alert will be received by the QC Reviewer to revise the QC review. The QC Director may also send a QC Modification alert to the QC Reviewer. When the QC Reviewer has completed the requested modifications, the QC Review will be sent back to the QC Supervisor 1 for approval.

QC MODIFICATION ALERT (Input)
Alert to the QC Supervisor 1 or
Alert to the QC Reviewer
Date of Alert
Alert Message
User ID of Alert Recipient

QC APPROVAL ALERT (Output)
Alert to the QC Supervisor 1
Alert Date
Alert Message
User ID of Alert Recipient

QC REVIEW (Output)
Modifications

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.10 QC Supervisor Approval	
Program Affected: FS and Medicaid	**Users: Quality Control**

4. QC Director to send Review back for Modifications

   If the QC Director does not approve the review, it may be returned to the QC reviewer or the QC Supervisor 1 for modifications to be made. The system shall allow the QC Director to select the User Id of the QC user that must make the modifications.

   QC MODIFICATION ALERT (Output)
   Alert to the QC Supervisor 1 or
   Alert to the QC Reviewer
   Date of Alert
   Alert Message
   User ID of Alert Recipient

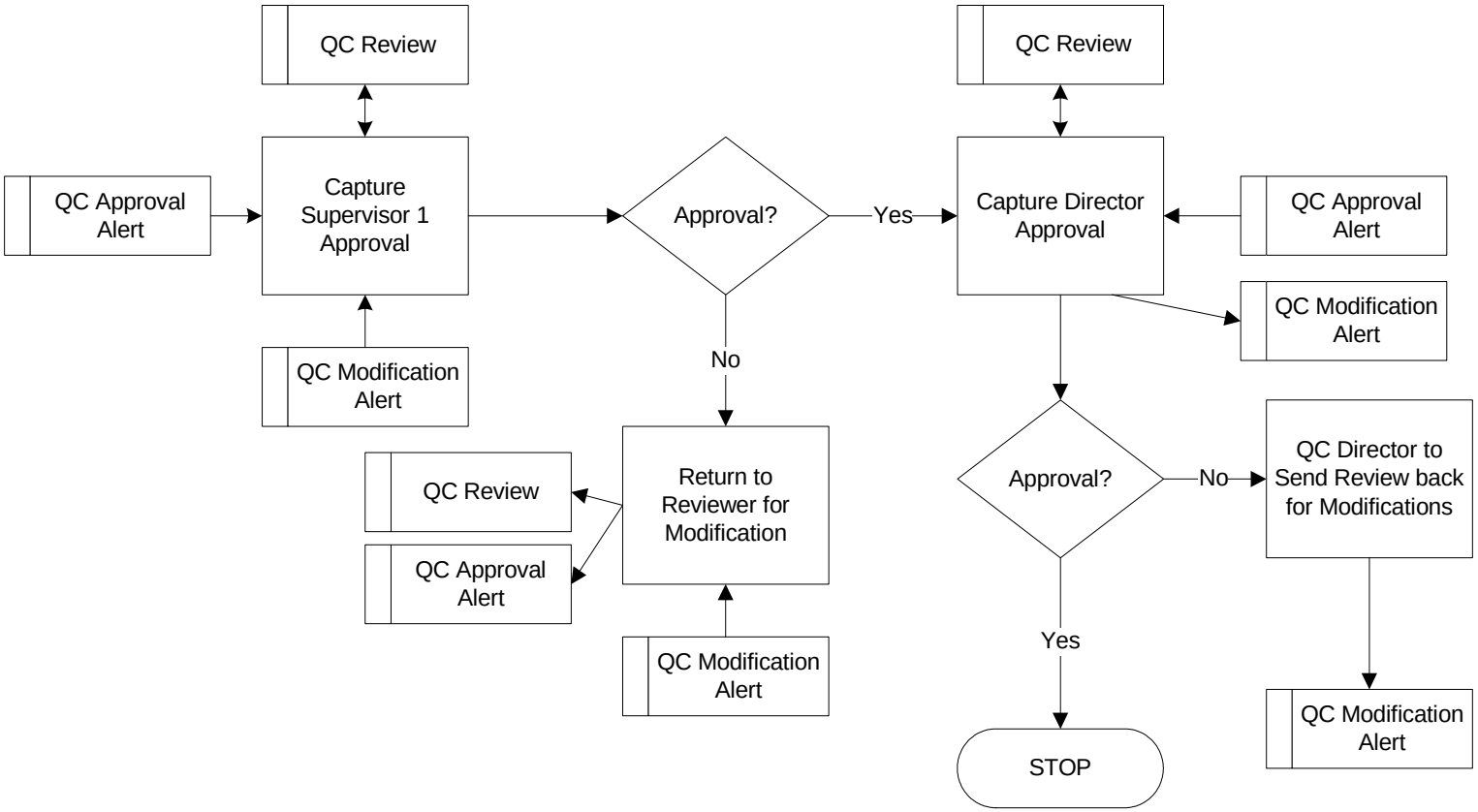
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	1	If the Supervisor does not agree with the Reviewer's findings for the review, the Supervisor may return the review to the Reviewer or may make the corrections.
QC	2	If the Supervisor returns the review to the Reviewer, the Reviewer must be alerted.
QC	3	The system must store the original findings of the Reviewer and the findings of the Supervisor.
QC	4	If the Supervisor does not enter revised findings, the findings of the Reviewer must be copied into the Supervisor finding data elements when the Supervisor approves the review.
QC	5	If a review is returned from the Director, the Supervisor must either return the review to the Reviewer or make the corrections within five working days from the date the Director returned the review.
QC	6	The Supervisor may return a review to a Reviewer multiple times, and each return must be captured by the system.
QC	7	The Director must be alerted when the Supervisor approves a review.
QC	8	If the Director does not agree with the Supervisor's findings for the review, the Director may return the review to the Supervisor or Reviewer, or may make the corrections.
QC	9	If the Director returns the review to the Supervisor or Reviewer, the Supervisor or Reviewer must be alerted.
QC	10	The system must store the original findings of the Supervisor and the findings of the Director must be kept from each review.
QC	11	If the Director does not enter revised findings, the findings of the Supervisor must be copied into the Director finding data elements when the Director approves the review.
QC	12	The Director may return a review to a Supervisor or Director multiple times, and each return must be captured by the system.
QC	13	The system must record the Supervisor who approves a review.
QC	14	The system must record the date the Supervisor approves the review.
QC	15	The system must record the date the Director approves the review.
QC	16	If the Program staff has rebutted the decision of a review, the Director will review the rebuttal request.
QC	17	If the Director does not uphold a rebuttal request, the Director will document the review and the appropriate Program staff will be alerted.
QC	18	If the Director upholds the rebuttal, the Director may return the review to the Supervisor or Reviewer, or may make the corrections.
QC	19	If the Director finds the action taken by the county to be in error, the appropriate Program staff is alerted.
QC	20	If the Director finds the individual failed to cooperate, the appropriate Program staff is alerted.
QC	21	If the Director finds the individual refused to cooperate, the appropriate Program staff is alerted.
QC	22	If the Director finds the individual refused to cooperate, but the individual later cooperates, the

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		appropriate Program staff is alerted.
QC	23	If the review is completed and information is found which could potentially impact the individual's eligibility for on-going benefits, the appropriate Program staff is alerted.

4.1.10
QC Supervisor Approval



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.11 Federal Review	
Program Affected: QC	**Users: QC**

Process:

QC Re-Reviews are due to changes in Federal QC Requirements. The case reviewed must be re-reviewed and findings change per Federal mandate. FNS randomly selects a sample of transmitted cases for re-review; QC will select the cases; print applicable case information; copy required verification information and return to FNS. The Feds will send results back from the Federal review and the QC Director may choose to arbitrate their results. The system shall allow appropriate users the ability to review work completed by other users as defined by security.

Sub-Processes:

1. Select Cases for Sample

   The appropriate QC staff will indicate the cases from the QC Reviewed Cases selected for the Federal Sample. The indications are made from the Sub-Sample list emailed to the QC Director on a monthly basis.

   QC REVIEW (Input)
   (File of QC Cases Reviewed)

   SELECTED CASES (Output)
   Date Received Federal Request
   Date Complied
   Selected Cases

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.11 Federal Review

Program Affected: QC	**Users: QC**

2. Generate Monthly File to FNS

   The system shall generate a file of the selected cases from the QC Reviews and create a file for FNS. This file should be produced in a format acceptable by FNS.

   SELECTED CASES (Input)
   Selected Case Information

3. Record Arbitration Request (Optional)

   After QC receives the results back from FNS, the QC Director will record if they request arbitration on a reviewed case.

   QC REVIEW (Output)
   Arbitration Indicator
   Comments
   Outcome
   Date Recorded

4. Record Federal Results

   The user will record the results on each case from the Federal review.

   QC REVIEW (Output)
   Federal Review Findings
   Federal Review Disposition
   Error Amount

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.11 Federal Review

Program Affected: QC	**Users: QC**

5. Record if Alert is to go to Appropriate Staff (Optional)

   The user will record in the system if an alert is to go to the field staff if the user necessitates so from the results.

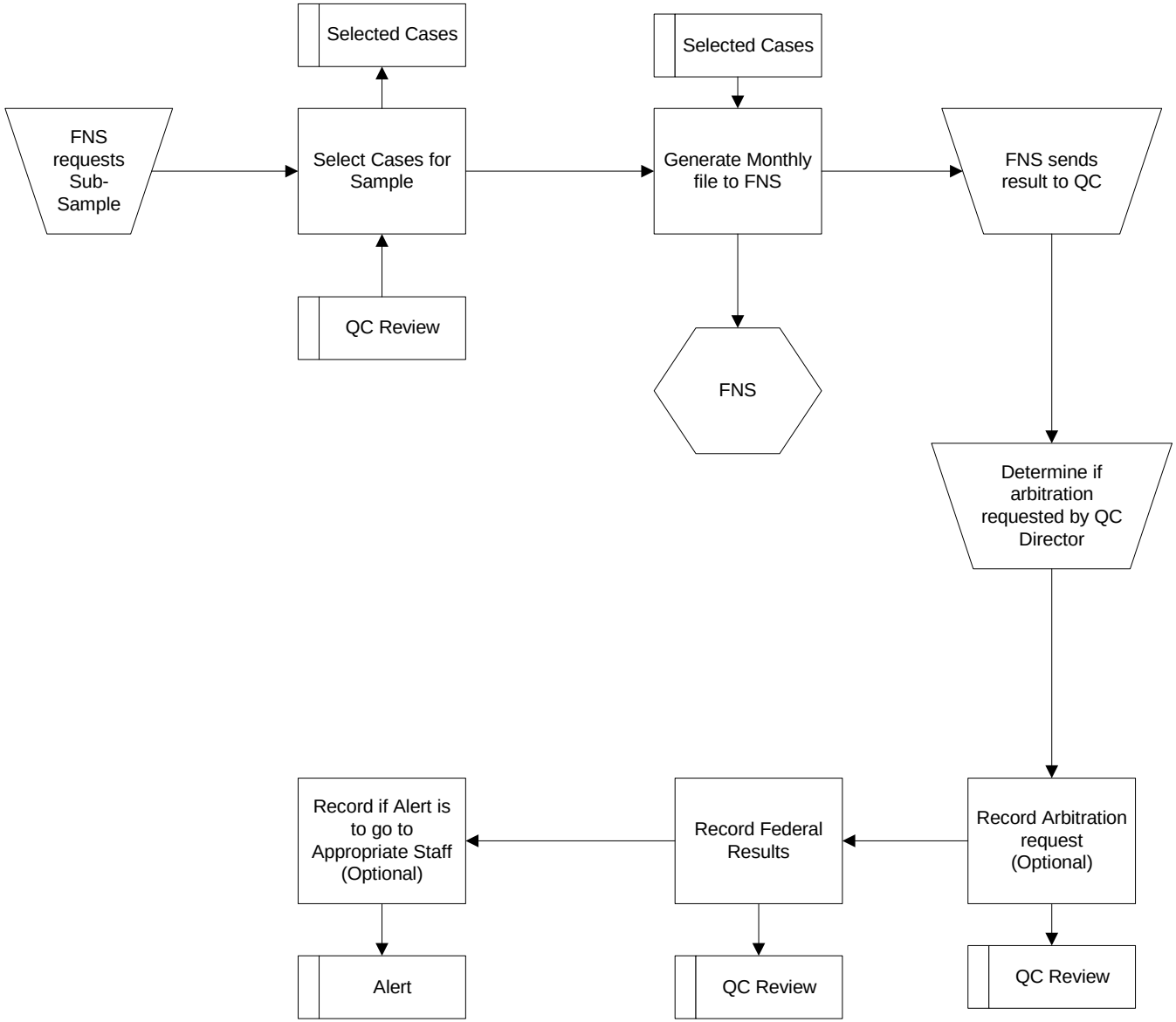
   ALERT (Output)
   Alert Date
   Alert Recipient User ID
   Alert Type
   Alert Message
   QC3 or G2

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC, FS	1	Once a month, the Federal Statistician requests a sub-sample of Active and Negative reviews.
QC, FS	2	The system must show a review has been selected for Federal review.
QC, FS	3	The system must store the date of the sub sample request.
QC, FS	4	The system must store the date the review was sent to the Statistician.
QC, FS	5	The system must store the results of the Federal review.
QC, FS	6	The results of the Federal review may be different from the results of the State review.
QC, FS	7	The QC Director may request arbitration if he/she does not agree with the Federal findings.
QC, FS	8	If the Federal findings are different from the State findings and the QC Director does not request arbitration, or does request arbitration and loses, the appropriate Program staff must be alerted of the revised findings.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.11
Federal Review



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

Process:

There may be a need to change the findings that have already been transmitted to the Federal agency (FNS). There are two different scenarios in which findings are revised and retransmitted.

There is a window of opportunity to revise and retransmit findings for any reason for every transmitted QC review. The window can be as few as 10 days (never less) or as many as 40 days (or even more in unusual circumstances). If QC or the Program staff discovers the need to revise the finding of a transmitted review, and the window has not closed, QC can contact FNS and inform them the case will be retransmitted.

Once the window has closed, the criteria for being able to revise a finding is limited to dropped reviews being changed to complete, a change in drop code, a change in coding necessitated by a federal re-review, or a change in Federal policy or requirement. QC must contact FNS and request permission to retransmit the review. The request must contain an explanation of how the case meets the criteria for retransmission.

Sub-Processes:

1. Determine Source for Change to Finding

   Determine if the change is due to client cooperation, agency rebuttal or Federal request.

   QC REVIEW (Input and Output)
   QC Review Number
   QC Rebuttal in process
   QC Rebuttal Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

Agency Rebuttal Change Finding Indicator
Client Decision to Cooperate Indicator
Change Finding Reason
Change Finding Date

2. Client Opts to Cooperate

   If the client decides to cooperate, the decision must be made prior to the final deadline date. QC will not be able to retransmit the finding if the deadline has passed.

   QC REVIEW (Input)
   QC Review Number
   QC Rebuttal in process
   QC Rebuttal Date
   Agency Rebuttal Change Finding Indicator
   Client Decision to Cooperate Indicator
   Cooperation Decision Date

3. Perform “QC Caseload Assignment” Process.

   If the client decides to cooperate prior to the deadline, the Review will go to Caseload Assignment for a QC Reviewer to be assigned. The QC Reviewer will proceed with the QC Review.

4. Agency Rebuttal and Director Approval

   The QC Director must approve the results of the agency rebuttal. If the rebuttal has been completed within the allowed time frame, the QC Review can proceed through the process to change the findings. If the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

rebuttal is not within the allowed time frame, the county and Corrective Action must be notified.

QC REVIEW (Input)
QC Review Number
QC Rebuttal in process
QC Rebuttal Date
Agency Rebuttal Change Finding Indicator
Client Decision to Cooperate Indicator

5. Notify County and Corrective Action

   Generate a notice to Corrective Action and the county that the rebuttal was not received within the allowed time frame or client did not opt to cooperate within allowed time limit.

   QC REVIEW (Input)
   QC Review Number
   QC Rebuttal in process
   QC Rebuttal Date
   Agency Rebuttal Change Finding Indicator
   Client Decision to Cooperate Indicator
   Missed Deadline for Rebuttal
   Missed Deadline for Client Cooperation

   NOTICE (Output)
   QC Rebuttal not received within the allowed time frame
   Client Cooperation was not within the allowed time frame
   Date of Notice

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

6. Alert QC Federal Transmittal User

   Alert the QC Federal Transmittal User (Stan) that the rebuttal was received timely and can proceed through the process.

   ALERT (Input)
   Agency Rebuttal Timely
   Alert Date
   User ID of Alert Recipient

   QC REVIEW (Input)
   QC Review Number
   QC Rebuttal in process
   QC Rebuttal Date
   Agency Rebuttal Change Finding Indicator
   Client Decision to Cooperate Indicator

7. Identify QC Reviews Selected for Federal Review

   DHS will receive a Federal Letter. Update the selected QC Reviews.

   QC REVIEW (Input and Output)
   QC Review Number
   Federal Requirements.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

8. Related to Review Decision

   If the Federal Letter is not related to a drop code and is related to a decision, capture statistics such as whether or not QC agrees with the decision and whether or not we won the disagreement.

   QC REVIEW (Input and Output)
   QC Review Number
   Federal Requirements.
   Federal Decision Comments
   QC Comments

9. Director's Approval

   If the Federal Letter requests that the drop code be changed, the QC Director must approve the change. If the QC Director does not agree nothing will be changed.
   QC APPROVAL ALERT (Input)
   Alert to the QC Director

   QC REVIEW (Input and Output)
   QC Review Number
   Federal Requirements.
   Federal Decision comments

10. Notify QC Federal Transmittal User

    If the QC Director agrees with the drop code change, the QC Federal Transmittal User will be notified to update the Federal QC Transmission file

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 4.1.12 Determine if Need to Revise and Retransmit Finding

Program Affected: FS and Medicaid	**Users: Quality Control**

ALERT (Output)
Update Transmission file alert.

11. Update QC Case File

    The Federal QC System Transmission file will be updated and retransmitted to the QC Federal system. The QC REVIEW will also be updated to reflect the changes.

    ALERT (Input)
    Update Transmission file alert.

    QC REVIEW (Output)
    Revised QC Findings.

12. Retransmit File to Feds

    Retransmit the file to Federal QC.

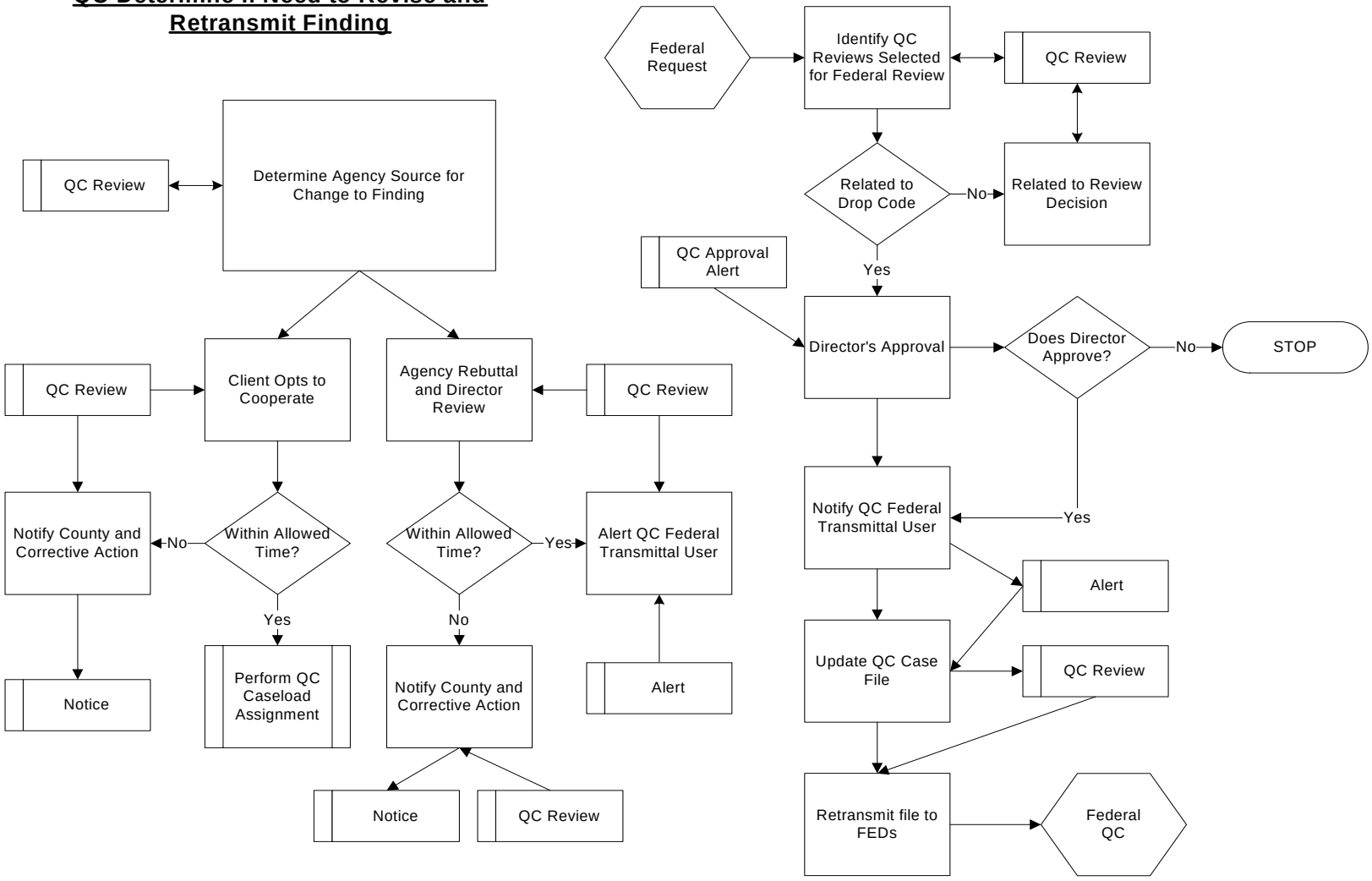
    QC REVIEW (Input)
    Revised QC Findings
    FEDERAL QC TRANSMISSION FILE (Output)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC, FS	1	Only the QC Director can authorize the retransmission of the findings of a review.
QC, FS	2	The system must retain the data regarding the original transmission, and also store the revised data.
QC, FS	3	Record the reason the data is being retransmitted on a QC review.
QC, FS	4	The system must generate a retransmission file for submission to the Federal system.
QC, FS	5	Any QC review information is subject to revision based on federal policy

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.12
QC Determine if Need to Revise and Retransmit Finding



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading	
Program Affected: FA	**Users: Supervisors and Caseworkers**

Process:

The Family Assistance supervisor is required to review a specific number of case actions each month to determine if policy was applied correctly, based on program and sub-program rules. Cases to be reviewed may be either selected manually by a supervisor or may be identified through query. The system shall have the capability to record case reading results. The system shall provide supervisory case review results in a summary form to the appropriate staff. The system shall identify error prone cases based on rules and user input.

Sub-Processes:

1. Identify Cases for Monthly Review

   When manual case selection is chosen, the user will manually determine the cases that must be reviewed for a specific time period. The user will utilize workload reports for case and worker selection.

   CASE (Input)
   Case Number
   Case Type
   Sub-Program Type
   Review Date
   Application Date

   REPORTS (Output)
   Report Type
   Cases Due for Review

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

Reporting Period

USER (Input)
User ID

USER ROLE (Input)
Role Description
Role Date Assigned

CASELOAD (Input)
Caseload Number
Supervisory Caseload Number

CASE SAMPLE (Output)
Sample Time Period
Case Sample Number
Case Sample Selection Indicator

2. Perform Ad-Hoc Query

The system shall perform query when initiated by user. The system shall select the cases for review based upon user case selection criteria and business rules. The system shall display selection results.

CASE (Output)
Case Number(s)
Case Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

CASELOAD (Input)
Caseload Number
Supervisory Caseload Number

CASE SAMPLE (Input / Output)
Sample Date
Sample Number

3. Record Review Results

When the system performs the query the user will review the case and record all findings. The user must perform the reviews for selected time period by a specific date based on business rules. The user will record when corrective actions are required and the due date for the completion of the corrections. No further action will be required when the case is found to be correct, although this information is to be retained for reporting purposes.

CASE (Input)
Case Number
Case Type

STANDARD REVIEW TIMES (Input)
Standard Number of Review Days

USER (Input)
User ID
Reviewer ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

CASE REVIEW RESULTS (Output)
Case Findings Type
Narrative
Date to Worker
Review Date

4. Route Review Results to Worker

The user will forward the case reading results to the worker with an ALERT to the worker's inbox informing them that case corrections have been completed. The system shall indicate the pending status of the ALERT. When the caseworker is working on the case related to the ALERT, indicate as "pending." This ALERT should go into history when worked with the day the action was completed.

CASE REVIEW RESULTS (Input)
Case Findings Type
Narrative
Review Due Date

USER (Input)
User ID
Reviewer ID

CASELOAD (Input)
Caseload Number
Supervisory Caseload

ALERT (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

Alert Type
Case Review
Alert Date

5. Update Case and Case Reading Sheet

The user will update the case with the required corrections documented in the case review as appropriate. The user will record action(s) taken on the case reading sheet.

CASE REVIEW RESULTS (Input / Output)
Case Findings Type
Case Findings Narrative

CASE (Input / Output)
Case Number
Case Type
Case Status

6. Determine If Worker Completed Updates Timely

The system shall determine if the user has updated the case reading sheet in a timely manner by examining the due date to be corrected and returned and the date returned.

CASE (Input)
Case Number
Case Type

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

USER (Input)
Reviewer ID

CASE REVIEW RESULTS (Input / Output)
Review Due Date
Date Review Returned
Case Findings Type
Case Findings Narrative

7. Generate ALERT

The system shall generate an ALERT to the user when corrective actions have not been made to the case by the specified date on the case review document. The alert is also to be sent to the supervisor, who is usually the same as the reviewer.

CASE (Input)
Case Number
Case Type

USER (Input)
Reviewer ID
Supervisor ID

CASELOAD (Input)
Caseload Number
Supervisory Caseload Number

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

CASE REVIEW RESULTS (Output)
Review Due Date
Case Findings Type
Narrative

ALERT (Output)
Alert Type
Corrective Action Past Due
Corrective Action Past Due Date

8. Route Updated Case Review to Reviewer

The user will route the completed case review back to the supervisor when all actions have been completed. The system shall send an ALERT to the supervisor's inbox.

CASE REVIEW RESULTS (Input)
Case Findings Type
Case Findings Narrative
Review Due Date

CASE (Input)
Case Number
Case Type

USER (Input)
User ID
Reviewer ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

ALERT (Output)
Alert Type
Case Review Returned
Alert Date

9. Record Approval

When no further corrective actions are required, the supervisor will record approval of the case that was reviewed.

CASE (Input)
Case Number
Case Type

CASE REVIEW RESULTS (Output)
Case Findings Type (Multiple)
Case Review Approval Date

10. Generate Reports

The system shall generate reports related to specific review findings and statistical management reports. Reports shall be provided by the reviewer and reviewee, with report breaks by state, district, county, unit and individual.

CASE REVIEW RESULTS (Input)
Review Due Date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 4.1.13 Supervisory Case Reading

Program Affected: FA	**Users: Supervisors and Caseworkers**

Case Findings Type (Multiple)
Narrative

DISTRICT (Input)
District ID

REPORTS (Output)
Report Type
Case Review Results
Report Date
Reporting Period
Reporting Totals

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

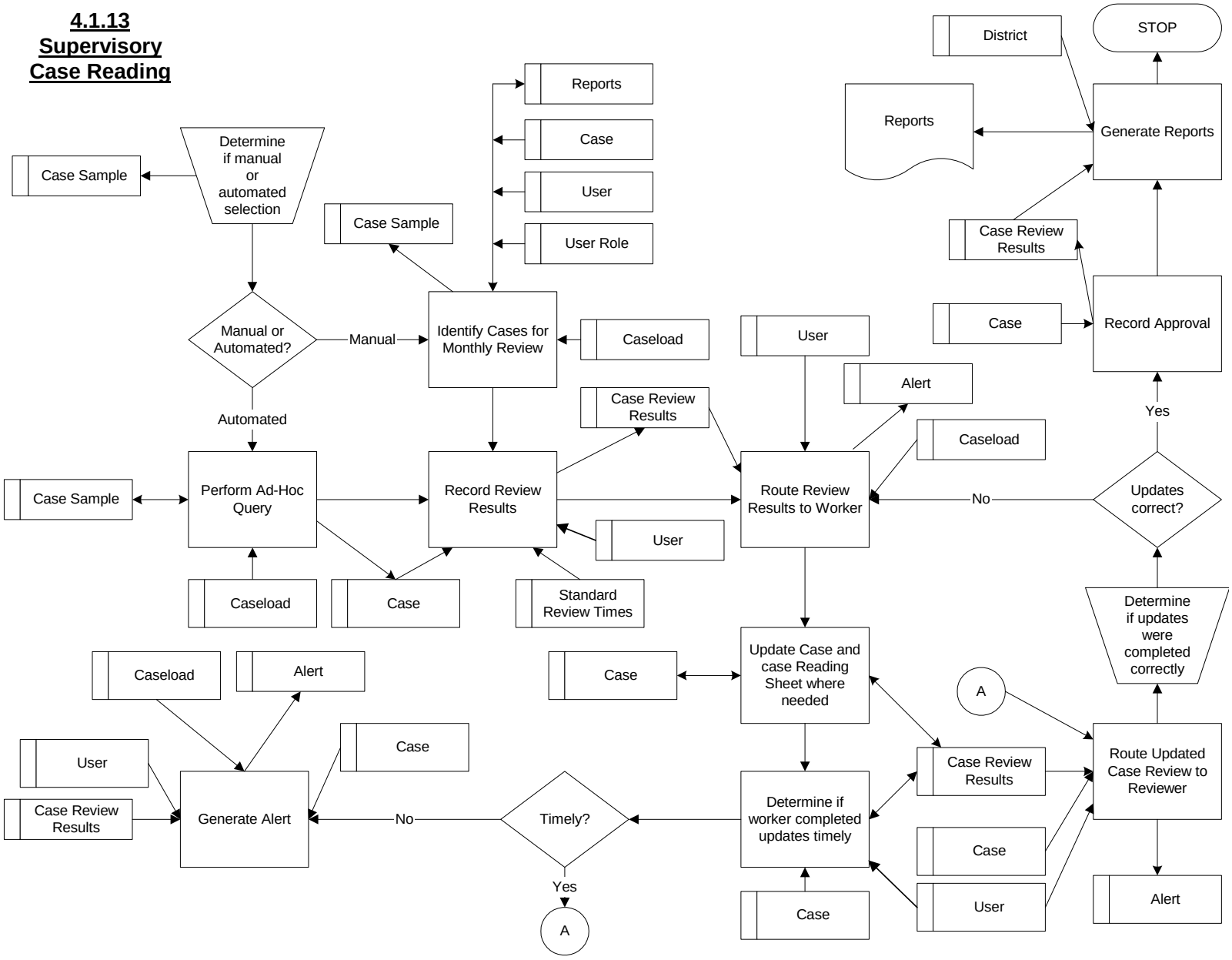
Program Type	Rule Number	Rule
FS, FF, TC, CC, SC	1	Family Assistance supervisors must select a sample of case actions for review each month, either manually or in an automated fashion.
FS, FF, TC, CC, SC	2	Supervisors must review the selected cases and record all findings for the selected case actions.
FS, FF, TC, CC, SC	3	Supervisors will specify corrective actions that are required and the due date(s) for completion of the corrections.
FS, FF, TC, CC, SC	4	Correct cases from a supervisory case review shall require no further action, but the information shall be retained.
FS, FF, TC, CC, SC	5	The results of the case reading will be transmitted to the caseworker for review and action, where necessary.
FS, FF, TC, CC, SC	6	The worker shall review and make any corrections and will record the action(s) taken and return to the supervisor.
FS, FF, TC, CC, SC	7	Due date(s) for correction shall be tracked and the worker and supervisor shall be alerted when the case has not been updated by the specified date(s).
FS, FF, TC, CC, SC	8	If corrections have been completed or no further action is needed, the supervisor will approve the case review.
FS, FF, TC, CC, SC	9	Reports by state, district, county, unit and worker shall be developed to include specific review findings and statistical information that will be defined by each program.
SC, FF, FS, TC, CC	10	A user may read zero to many cases per review period.
SC, FF, FS, TC, CC	11	A case may be read by zero to many users.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
SC, FF, FS, TC, CC	12	A user does not have to have security clearance to enter information on a case to be able to read a case.
SC, FF, FS, TC, CC	13	A user may only be credited with reading the same case once per review period.
SC, FF, FS, TC, CC	14	A case may be credited to being read by more than one user during the same review period.
SC, FF, FS, TC, CC	15	If the reviewer does not document that any errors were found, the caseworker does not have to any additional action on the case reading.
SC, FF, FS, TC, CC	16	Even if errors are found on a case reading, a response by the caseworker may not be needed based on case status.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

4.1.13 Supervisory Case Reading



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling	
Program Affected: All	**Users: Clerical, Caseworker, System**

Process:

The system shall have the ability to track existing appointments, evaluate and provide available time slots for type, time, and date, select new/changed appointment times, and generate notices to the client of scheduled appointment information. The system shall recognize client time range preference as indicated in the case file. The system shall allow for multiple appointments at the same time to the same user. Appointment scheduling may be automated or a manual process. The system shall update the selected provider's schedule of initial appointments when a referral is generated and released, incorporating the date and time as found on the referral, without requiring the user to also use the Appointment Scheduler process to populate the appointment. Further, the appointment schedule for that provider will be able to accommodate an unlimited number of referrals for that specific date and time, and shall also populate the Provider Roster.

Sub-Processes:

1. Determine if Mass Batch Scheduling Needed

   The system shall determine, based on review due dates, if cases need review appointments and will process the information for batch scheduling if needed.

   CASE (Input)
   Review Due Date
   Certification End Period

   APPOINTMENT (Output)
   Case Needs Batch Appointment Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

Case Number
Program/Sub-program

2. Record Appointment Type and Interview Method

   When batch appointment scheduling not needed, the user will record appointment type and interview method requested. The interview method may already be documented in the case file, based on client circumstances and request, FS Simplified reporting and program rules. Depending on the circumstances, the user may also enter the preferred date and/or time for the appointment. The system shall allow daily schedule updates by the user.

   APPOINTMENT (Output)
   Appointment Type
   Interview Method
   Case Name
   Case Type
   Program/Sub-program Type
   Appointment Date
   Appointment Time

   CASE (Input)
   Case Name
   Case Number
   Program/Sub-program

   APPOINTMENT (Input)
   Appointment Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

Interview Method
Preferred Time
Preferred Date

3. Link Multiple Program Appointments for Head of Case Into One Time Slot

   The system shall utilize the head of case's unique identifier number to see if additional appointments are needed for the head of case and shall clump all appointments for the head of the case into one time slot with one staff person.

   CASE (Input)
   Head of Case Name
   Head of Case Unique Identified Number

   APPOINTMENT (Output)
   Appointment Type(s)
   Interview Method
   Case Name
   Case Numbers
   Linked Case Indicator

4. Identify Available Time Slot

   The system shall determine and display one or more available time slot(s). The date, time, appointment type, and caseworker for the available appointment (s) will be displayed for the user to select. The system shall display information to the user if a client already has an appointment scheduled and the user is attempting to schedule another appointment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

COUNTY (Input)
County Code
County Worker List
Worker's Caseload Type

CASE (Input)
Case Type
Case Name
Case Number

USER SCHEDULE (Input)
Worker Name
Worker ID
Appointment Slots/Times by Type/Date

USER ROLE (Input)
User ID
User Profile
User Case Type(s)
User Workload Percentage

APPOINTMENT (Output)
Available Appointment Times
Available Appointment Dates
Available Appointment Types

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

5. Determine if Round Robin

   The system shall determine from the county code, the type of case and scheduling method if the county method is Round Robin.

   COUNTY (Input)
   County Code
   Scheduling Method Per Caseload Type
   County Worker List
   Worker's Caseload Type

   CASE (Input)
   Case Type

   APPOINTMENT (Output)
   Round Robin Appointment Indicator
   Case Number

6. Select Time Slot

   The system will select the most appropriate time slot and store if the scheduling type used is Round Robin.

   APPOINTMENT (Input)
   Round Robin Appointment Indicator
   Case Number
   Available Appointment Times
   Available Appointment Dates

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

Case Name
Appointment Type Requested By Client
Appointment Time Requested By Client

COUNTY METHOD (Input)
County Code
Scheduling Method
County Worker List
Worker's Caseload Type

APPOINTMENT (Output)
Time Slot
Appointment Type
Appointment Time
Appointment Date
Worker Name
Worker ID

7. Generate Notice If Appropriate

The system will determine if the appointment scheduled is to receive a notice, based on the appointment type and client appointment information.

APPOINTMENT (Input)
Appointment Name
Appointment Type
Client Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

Client Address
Appointment Date
Appointment Time
Worker Name

NOTICE (Output)
Notice Type
Case Number
Head of Case
E-mail Address
Mailing Address
Appointment Date
Appointment Time
Worker Name

8. Identify Sending Method

   The user will select the appropriate sending method from the client method preference.

   INDIVIDUAL (Input)
   Sending Method
   Name
   Address
   Email Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

9. Send Notice To Client

   The system shall automatically generate the notice per user request.

   NOTICE (Output)
   Notice Type
   Case Number
   Head of Case
   E-mail Address
   Mailing Address
   Appointment Date
   Appointment Time

   INDIVIDUAL (Input)
   Name
   Address

10. Determine the Number of Appointments, Type and Date Range Interview Method

    The system shall calculate the number of appointments needed per worker, per unit, per county or satellite office based on the number of cases that have a current review due date, by the type of case (program/sub-program), by the number of available workers in an unit, worker id profile and by utilizing either a manual or the program standard date range to use for the calculation.

    CASE (Input)
    Review Due Date
    Case Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.1 Appointment Scheduling

Program Affected: All	**Users: Clerical, Caseworker, System**

Program/Sub-program Type

APPOINTMENT (Input)
Case Needs Batch Appointment Indicator

COUNTY (Input)
County Code
Scheduling Method
County Worker List
Worker's Caseload Type
Satellite Office

PROGRAM STANDARDS (Input)
Review Month Date Range

USER ROLE (Input)
User ID
User Profile

APPOINTMENT (Output)
Number of Appointments Needed by Worker
Number of Appointments Needed by Unit
Number of Appointments Needed by County
Number of Appointments Needed by Program Type
Number of Appointments Needed by Satellite Office

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	A household must have a face-to-face interview with an eligibility worker at initial certification and at least once every 12 months thereafter.
FS	2	A face-to-face interview may be conducted in the county office, at the applicant's residence, or at a mutually agreed-upon place.
FS	3	At a minimum, interviews conducted outside the county office must be scheduled in advance with the household.
FS	4	The individual interviewed may be the head of the household, spouse, other responsible household member, or an authorized representative.
FS	5	The face-to-face interview requirement may be waived and a telephone interview scheduled on a case-by-case basis because of a household hardship situation.
FS	6	The agency must document the record to show when a waiver of the face-to-face contact was granted because of a hardship.
FS	7	The agency must schedule an interview appointment for all applicant households who are not interviewed on the day they submit their applications.
FS	8	Interviews must be scheduled as promptly as possible so that a household has the opportunity to participate in the Food Stamp Program within 30 days after the application is filed.
FS	9	The agency must notify the household that misses its interview appointment that it missed its scheduled appointment and that the household is responsible for rescheduling a missed interview.
FS	10	If the household contacts DHS within the 30 day application processing period, the agency must schedule a second interview.
MA	11	The Medicaid categories of Qualified Medicare Beneficiaries PLIS (100%), Specified Low-Income Medicare Beneficiaries PLIS (120%), Qualified Individuals PLIS (135%), Aid to Families with Dependent Children-Medicaid Only, Pregnant PLIS (185%), Not Pregnant < 1 year old (185%), Not Pregnant < 6 years old (133%), Not Pregnant < 18 years old, Born after 10/1/83 (100%) will be redetermined every 12 months.
MA	12	All currently eligible TennCare Standard recipients must have their eligibility redetermined every 12 months.
MA	13	Every TennCare standard recipient is mailed a Renewal Packet that must be returned to DHS within 90 days.
MA	14	There is no appointment or interview requirement for the TennCare Standard Renewal recipient or for the Medicaid Waiver group included in the governor’s reform plan.
MA	15	A telephone interview may be done if the Renewal Packet is incomplete or proper verifications are not provided.
MA	16	Medicaid Duals will have their eligibility redetermined every 12 months.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
MA	17	New applicants for Medicaid and/or TennCare must be interviewed and have their eligibility established within 45 days of filing an application.
MA	18	No appointment notices will be sent to 18 months Transitional Medicaid cases, Aid to Families with Dependent Children-Medicaid Only, Transitional Medicaid cases and Medicaid Newborn cases.
MA	19	No second appointment notices are required for Medicaid or TennCare Standard cases.
MA	20	An appointment is not required in order to submit an application for child care assistance.
MA	21	An appointment is required and scheduled for a person-to-person initial child care assistance interview for all sub-program types.
MA	22	An initial appointment for child care assistance must be scheduled for a date within ten work days of a filed application for all subprogram types.
MA	23	Appointments with clients for child care assistance are coded by appointment type.
MA	24	Appointments for client recertification of Families First cash grants will include child care assistance recertification.
MA	25	An appointment is required and automatically scheduled for clients to recertify every six months for Transitional, At-Risk and Low Income child care assistance sub-programs based on the child care eligibility start date.
MA	26	Child care recertification appointments will not be extended for other benefit program applications.
MA	27	Authorized representatives are handled the same way in child care assistance appointments as with FF cash assistance.
MA	28	Users can also schedule appointments with child care providers to enroll into the Child Care Assistance program.
MA	29	Appointments with child care providers for enrollment or other provider purposes are coded by that appointment type.
MA	30	No appointments are scheduled if there is no known home address for a parent/caretaker or provider.
MA	31	A notice for child care assistance appointments must be generated and issued to the parent/caretaker with the each appointment and the appointment type of “Child Care Assistance” listed on the notice.
MA	32	Initial recertification notices are sent 30 days prior to the scheduled recertification appointments.
MA	33	A second notice with no second appointment scheduled is sent within three days when the initial recertification appointment was not kept.
MA	34	Send initial and recertification appointment notices to the parent/caretaker’s home or mailing address.
FS, FF, MA	35	The county must schedule face-to-face or out-of-office interviews as promptly as possible after the filing of applications in order to ensure that eligible households receive an opportunity to participate in the Food Stamp Program within thirty (30) days after the application is filed or within 45 days for Families First and Medicaid.
FS, FF,	36	If the HH/AG contacts the office to reschedule, the office must schedule the second appointment as

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
MA		soon as possible to ensure that the original 30/45-day processing timeframe can be met.
FS, FF, MA	37	If the HH/AG does not contact the office to reschedule, do not schedule a second appointment. Let the existing certification expire, or for an application, deny the application at the end of the 30-day period for food stamps, 45-day period for Families First and Medicaid.
FS, FF, MA	38	When a household/assistance group is applying for food stamps, Families First or Medicaid, a single interview shall be held to fulfill the requirements of all programs.
FS	39	Cases in Simplified Reporting must be recertified for food stamps every six months. The household must have at least one face-to-face interview during a twelve-month period. Every other interview should be by telephone unless the applicant/recipient specifically requests an office interview.
FS, FF, MA	40	When the household reports the death of the head of the household only, the worker will schedule an interview appointment.
FS	41	If a household requests an initial appointment to be rescheduled, the county office must have attempted to reschedule the initial interview within 30 days of the date the application was filed. However, if the household has failed to appear for the first interview and a subsequent interview is postponed at the household's request or cannot otherwise be rescheduled until the 20th day, but before the 30th day, following the date the application was filed, the household must appear for the interview, bring verification, and register members for work by the 30th day. If the household has missed both scheduled interviews and requests another interview, any delay is then the fault of the household.
FS	42	DHS must notify each household that their food stamp certification period is ending, prior to the last month of the household's certification period. This notice of expiration may be combined with the recertification appointment notice.
FF	43	An active Families First assistance group will have a reapplication review at six months or sooner if the assistance group contains a food stamp group with earned income. An appointment notice is automatically provided to the assistance group the month before the reapplication is due.
FF	44	If the participant requests to see the caseworker to renegotiate the PRP, the caseworker must set an appointment for renegotiation in person.
FF	45	If the assistance group's unpaid shelter and/or utility bills exceed their current income in the first month after Families First closure, the Department of Health will notify the caseworker. The caseworker must set up an appointment for an interview to verify the unpaid shelter and/or utility bills and establish the assistance group's eligibility for an auxiliary payment. Schedule the appointment so that, if the assistance group is eligible, the auxiliary payment is issued within seven days of notification by Dept of Health.
FF	46	If needed, the county office should try to accommodate working/training hours by scheduling appointments outside of traditional business hours.
FS, FF,	47	If legal action for intentional program violation is being planned, Investigative Services will schedule an

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
MA		appointment for the individual to come in for an interview.
FF	48	An assistance group has an 18-month time limit for a period of eligibility and a 60-month lifetime limit. There are exceptions to this time limit for certain assistance groups. These exceptions can include exemptions, interruptions, and extensions. When an exemption or interruption ends, an appointment is scheduled.
FF	49	Assistance groups that are eligible for an exemption or interruption after the 54th month that lasts more than 90 days will be subject to another staffing (appointment) when the exemption/interruption ends.
All	50	The client must be notified, prior to the appointment date, of each appointment.
All	51	Notification of an appointment may be verbal or written, hand-delivered, mailed, or emailed
All	52	A kept appointment must be documented as kept.
All	53	Appointment scheduling must be flexible to accommodate the client's work schedule.
All	54	An appointment cannot be scheduled beyond the application due date without supervisory permission.
All	55	An appointment can be scheduled for an individual who does not have a case and is not applying for assistance.
All	56	Multiple individuals with multiple cases may be scheduled at the same time with one user.
All	57	An appointment cannot be scheduled unless a vacant appointment slot exists.
All	58	Clients shall be notified of a missed appointment.
All	59	When a client arrives for their appointment, the user must be notified.
All	60	When a client arrives for their appointment and the appointment was scheduled with an individual user, that user must be notified and the client is routed to that user.
All	61	When a client arrives for their appointment, and the appointment was scheduled with a unit for Round Robin distribution, the next user in the queue must be notified and the client is routed to that user.
All	62	If a client arrives for their appointment and the person with whom they were scheduled is not available, the appointment must be rescheduled or routed to another person.
All	63	A first appointment must not be scheduled more than 10 days past the date of application without supervisory approval.
All	64	All appointments and their outcomes, past, present and future shall be linked to the individual and the case(s)
All	65	An appointment cannot be scheduled for a past date.
All	66	Appointments must be classified by type.
All	67	A single appointment cannot be of more than one type.
All	68	An individual's appointment must not indicate a case number for a different individual.
FFP	69	An appointment will be scheduled for any individual who requests one.
FFP	70	Appointments will be scheduled electronically according to appointment type.
FFP	71	An application interview appointment will be scheduled after an application is received in the office.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FFP	72	An electronic appointment notice must be sent to Families First applicants for an application interview.
FFP	73	An interview with the Families First applicant or his/her Authorized Representative must be scheduled promptly so that the application can be processed within 45 days of the application date.
FFP	74	All FF applicants will have an appointment for a face-to-face interview unless the face-to-face interview has been waived as a result of a special needs accommodation.
FFP	75	If the face-to-face interview has been waived, an appointment may be scheduled for a telephone interview.
FFP	76	If the face-to-face interview has been waived, an appointment may be scheduled with the applicant's Authorized Representative
FFP	77	The interview may be conducted at a mutually agreed upon site.
FFP	78	An applicant who misses an application interview appointment will be notified electronically that an appointment may be rescheduled.
FFP	79	A second appointment for a missed application appointment will not be automatically rescheduled.
FFP	80	A second appointment for a missed application appointment will be electronically generated upon the applicant's request.
FFP	81	A second appointment for a missed application appointment must be scheduled within the 45-day application processing period.
FFP	82	A Denial Notice will be electronically issued to applicants who miss an application appointment and do not reschedule within 45 days of the date of application.
FFP	83	The Agency must conduct an interactive Families First review interview with the Families First recipient or his/her authorized representative at six-month intervals.
FFP	84	The Agency must provide an electronic appointment notice to the assistance group the month before the reapplication interview is due.
FFP	85	The Families First review interview appointment must be scheduled prior to or during the sixth month so that the review can be completed prior to the end of the sixth month.
FFP	86	A second appointment for a missed Families First review appointment will be electronically generated upon the applicant's request.
FFP	87	A 10-day Notice of Adverse Action will be sent to recipients who miss a scheduled Families First review appointment.
FFP	88	Application and Families First review appointments will be mailed to the county address for those applicants/recipients who do not have an address.
QC	89	At one point in time, each review will be assigned one and only one active Reviewer.
QC	90	A user with the appropriate security role can change a Reviewer assignment.
QC	91	A notification letter is sent to the client for all reviews of active cases.
QC	92	A notification letter will not be sent to the client on reviews of negative actions.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
QC	93	For each review of an active case, a hard copy of the application is requested from the county.
QC	94	For each review of a negative action that is classified as a denial, a hard copy of the application is requested from the county.
QC	95	For each review of a negative action that is classified as a closure, a hard copy of the application is not requested from the county.
QC	96	If an application is requested for a review in a county with branch offices, the request for the application must be sent to the branch responsible for retention of the application.
QC	97	On reviews of active cases, if the application is not received within ten working days of the date of the request, a follow-up request is sent, with a copy to the District Administrator.
	98	On reviews of negative actions classified as a denial, if the application is not received within ten working days of the date of the request, a follow-up request may be sent, with a copy to the District Administrator.
QC	99	An appointment letter is not sent on reviews of negative case actions.
QC	100	An appointment letter is not sent on reviews of active cases unless the Reviewer or their Supervisor authorizes the appointment letter.
QC	101	The disposition code of a review of an active case must be “not subject to review” if an appointment letter is not sent.
QC	102	The disposition code of a review of a negative action that is classified a denial must be “not subject to review” if the application is not requested.
QC	103	The Reviewer or their Supervisor will determine the date, time, and location of all review appointments.
QC	104	The appointment letter will contain a list of verifications the individual is to provide at the appointment.
QC	105	The Reviewer or their Supervisor will determine what verifications to request from the individual for the appointment.
QC	106	The Reviewers may send free form letters to the individual prior to the appointment.
QC	107	The Reviewers may send template requests for verification to third parties prior to the appointment.
QC	108	The Reviewers must be able to modify the template requests for verification.
All	109	A new/changed appointment notice shall be generated when requested by the user after a new/changed appointment has been scheduled.
All	110	The new/changed appointment notice shall be send to the head of the case.
All	111	The new/changed appointment notice shall be sent in only one manner.
All	112	If the new/changed appointment notice is mailed, it must go the mailing address listed in the case or on the application.
All	113	If the new/changed appointment notice is mailed, it must be mailed to the head of case.
All	114	If the new/changed appointment notice is emailed, it must be sent to the head of case’s email address.
All	115	The new/changed appointment notice must contain the time of the new/changed appointment.

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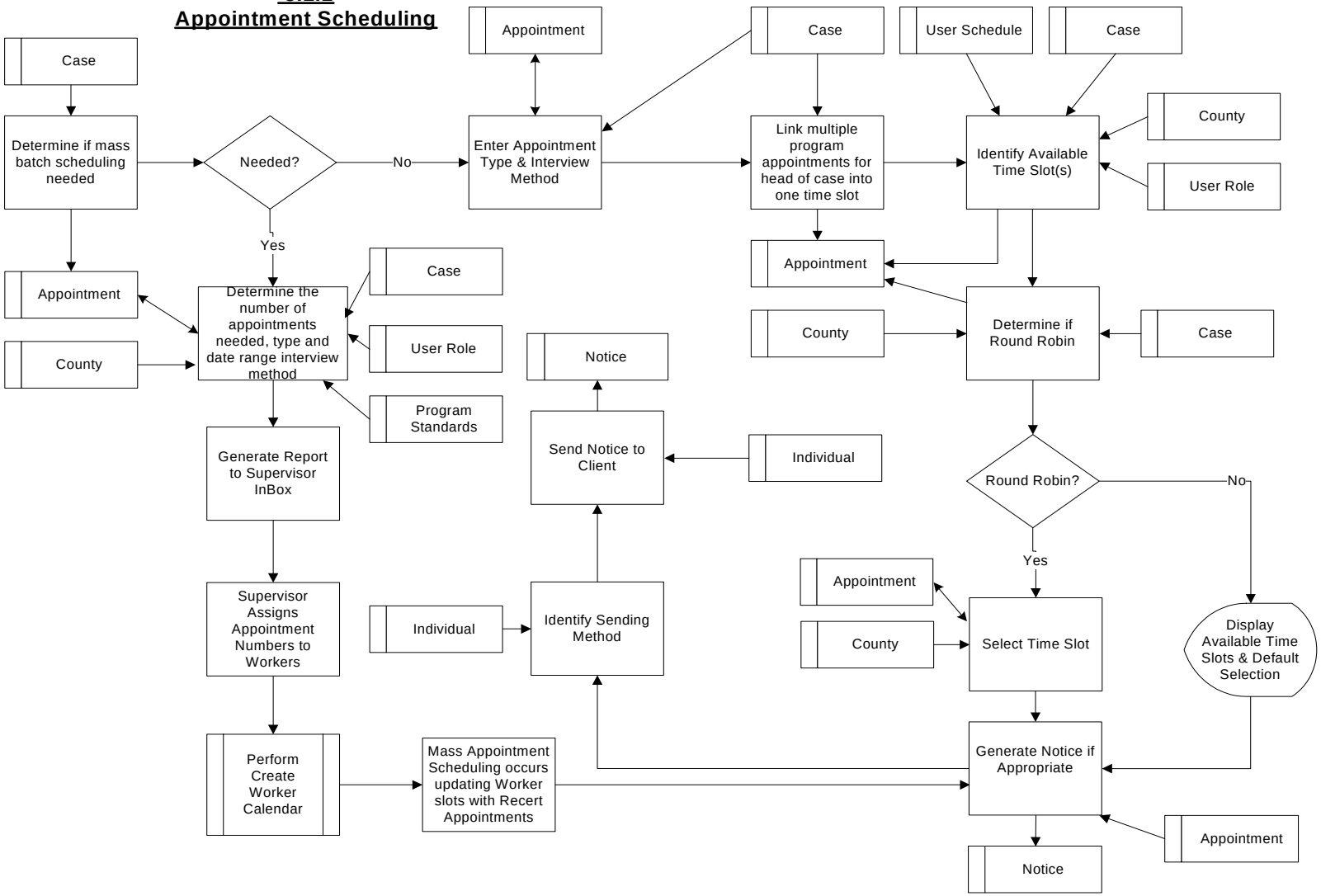
Program Type	Rule Number	Rule
All	116	The new/changed appointment notice must contain the date of the new/changed appointment.
All	117	If the new/changed appointment notice is notifying of a changed appointment, the date and time of the appointment being replaced must be contained in the notice.
All	118	If a client has an appointment scheduled that supersedes another appointment, the previous appointment must be taken off of the caseworker's schedule if it is for a future date.
All	119	If a client has an appointment scheduled that supersedes another appointment, the previous appointment must be taken off of the office's schedule, if the office uses the round robin method of scheduling.
All	120	A client shall have only one appointment at a time for a specific case and a specific purpose.
All	121	One appointment can have more than one case scheduled if the same person is head of case in all cases scheduled.
ALL	122	In cases where there is an authorized representative, notices of all scheduled appointments and notices of missed appointments will be sent to the authorized representative as well as to the individual head of case.
All	123	The system must retain history regarding the outcome of every scheduled appointment, such as kept, no show, cancelled, rescheduled.
FFS	124	The Provider will have available appointment dates for each new participant on a weekly basis.
FFS	125	The Caseworker may schedule appointments to providers.
FFS	126	Both the Provider and Caseworker will have access to the Provider's calendar and both may use the appointment scheduler.
FFS	127	The provider will have specialized appointment types that may differ from caseworker appointment types.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.1.1 Appointment Scheduling



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment	
Program Affected: All	**Users: Caseworker, System**

Process:

This process will schedule worker and administrative appointments, transfer appointments and generate appointment notices including child care unregulated provider home visits. The system shall allow for each user to set up a calendar on a monthly basis identifying days and time available for specific type of appointments. The system shall also create a report that assists in identifying and allocating mass appointments, such as monthly recertifications, for the unit, based on parameters entered.

Sub-Processes:

1. Worker Adds Known Appointments & Leave to Calendar

   On a monthly basis, each worker will enter next month's time that he/she will be on leave or out of the office.

   USER CALENDAR (Output)
   User ID
   User Name
   Month
   Day of the Month
   Times Span Absent
   Reason for Absence

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State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

2. Generate Future Appointment Report

The system shall generate a report of future appointments using future appointments, prior appointments and recertification due date information from the data base. The Supervisor shall have the ability to define security privileges for each worker by appointment type and any limits to the number of appointments a worker can see.

APPOINTMENTS (Input)
Prior Appointment Type (Program)
Prior Appointment Date
Prior Appointment Program

CASE (Input)
Certification End Dates
Annual CC Home Visit Due Dates
Clients Appointment Choice
Time
Type
Day of Week
Missed Appointments
SPMI Indicator
Language Type

INVESTIGATIONS (Input)
Investigations Appointment Type
Appointment Date Requested

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

USER CALENDAR (Input)
Appointment Types (Program)
Appointment Dates
Appointment Slots by Type (Program)
Appointment Slots by Dates
Appointment Slots by Type by County
Appointment Slots by Dates by County

USER ROLE (Input)
Worker Profile
Appointment Type

PRP (Input)
PRP Renegotiation Due Date

3. Perform 'Create Worker Calendar' Process

4. Determine if Insufficient Appointment Slots Exist

   The system shall determine from the number of recertifications/reviews and other appointment types on report and the number of appointments slots for each worker if there are insufficient appointment slots available. The system shall have the capability to require the user to have minimum number of slots, by appointment time, within a specified period of time.

   PRP (Input)
   PRP Renegotiation Due Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

USER CALENDAR (Input)
User ID
User Name
Month
Day of the Month
Times Span Absent
Reason for Absence

CASE (Input)
Certification End Dates
Annual CC Home Visit Due Dates

5. Alert Supervisor

   The system shall send an alert to the supervisor that insufficient appointment slots exist for a particular worker.

   ALERT (Output)
   User ID
   User Name
   Insufficient Slots

6. Revise Worker Calendar

   If insufficient slots have been identified for a worker, the worker will update their calendar and add the sufficient slots.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

USER CALENDAR (Output)
Appointment Slots by Date

7. Assign Appointments for Recerts

The system shall have the capability to assign the next available time slot and/or allow assignment to specific users. The system shall also have the ability to assign appointments in a manner consistent with the established work law structure for each county. The system shall also review information documented in case file regarding client appointment requests (such as specific days or times) and use this data when assigning specific appointments. Any left over appointments not scheduled will show on an exception report.

USER CALENDAR (Output)
Case Number
Case Name
Appointment Time
Appointment Date
Appointment Type

USER CALENDAR (Input)
Available Slots
Appointment Type

CASE (Input)
Certification End Dates
Annual CC Home Visit Due Dates

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

PRP (Input)
PRP Renegotiation Due Date

APPOINTMENT (Output)
Appointment Date
Appointment Time
User Name
User ID
Appointment Location
Appointment Type

8. Update Calendar (Optional)

   If the user determines that an add or change is needed, the user shall update the worker calendar.

   USER CALENDAR (Output)
   Updated Appointment Date
   Worker ID
   Worker Slots By Type
   Worker Slots by Date

9. Generate Appointment Notice

   If no change is needed to the worker calendar, the system shall generate an appointment notice to the client.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

NOTICE (Output)
Date of Appointment
Location of Appointment
Contact Person
Appointment Type
Worker ID
Worker Phone
Appointment Purpose
Client Name
Client Address
Provider Name
Provider Address

APPOINTMENT (Input)
Date of Appointment
Appointment Type
Worker ID
Worker Phone
Location of Appointment

INDIVIDUAL (Input)
Client Name
Client Address
Provider Name
Provider ID
Provider Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

10. Generate Exception Report

    The system shall generate an exception report after the appointments are assigned for a given month of the cases that were not scheduled an appointment because there were insufficient slots.

    CASE (Input)
    Certification End Dates
    Annual CC Home Visit Due Dates

    APPOINTMENTS (Input)
    Date of Appointment
    Appointment Type
    Worker ID
    Worker Phone
    Location of Appointment

11. Notify Worker and Supervisor if Cases Exist Without an Appointment

    The system shall notify the caseworker and their supervisor if there are any cases that need an appointment that were added to the workers caseload after the exception report has been generated.

    APPOINTMENTS (Input)
    Date of Appointment
    Appointment Type
    Worker ID
    Worker Phone
    Location of Appointment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.2 Assign Appointment

Program Affected: All	**Users: Caseworker, System**

ALERT (Output)
User ID
User Name
Supervisor ID
Supervisor Name
Cases Not Scheduled
Case Numbers
Case Names

CASE (Input)
Case Number
Case Type

12. Perform 'Appointment Scheduler' Process

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	Child care assistance program service types (subprogram types) shall be assigned appointments for recertification based on the service type's period of recertification.
CC	2	Annual home visits for unregulated child care providers shall be assigned an appointment date based on the date of the unregulated provider's date of application or last home visit whichever is greater.
CC	3	Annual home visit appoints for unregulated child care providers can be assigned within a 15 calendar range on either side of the "anniversary date" to accommodate.
CC	4	Annual home visits for unregulated child care providers will not be assigned on weekend days.
AA	5	No appointments will be generated by the system for adoption assistance.
All	6	Each caseworker must complete their monthly calendar prior to the scheduling of appointments for that month.
All	7	Each caseworker's monthly calendar must contain sufficient appointment slots for the required number of appointment types for that month.
All	8	An appointment cannot be scheduled unless a vacant appointment slot exists.
All	9	Each appointment slot must indicate the type of appointment for that slot. (i.e. initial application, recertification, second appointment, etc.)
All	10	Each appointment must indicate a begin time.
All	11	Each appointment must indicate an end time.
All	12	Each appointment slot must indicate the maximum allowed number of appointments for that slot.
All	13	There can be one to many types of appointments per appointment slot.
All	14	There can be one to many appointments per appointment slot.
All	15	A caseworker can only schedule appointments for the program types (Families First, Food Stamps, Medicaid, etc.) designated for that caseworker by their supervisor.
All	16	A caseworker cannot schedule more appointments than the maximum designated for that caseworker by their supervisor.
All	17	First appointments for eligibility redetermination/review shall be scheduled by the 15th of the month.
All	19	In order to know how many first appointment slots will be required for recertifications/reviews in a given month, the user must know the number of cases that will require recertification/review for that month.
All	20	An estimate of future initial application appointments may be obtained from an average derived from a sample of previous months.
All	21	In order to know how many first appointment slots for recertifications/reviews will be required per day in a given month, the user must know: • the number of cases that will require recertification/review for that month • the number of workers available to see those appointments that month

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		• the number of days available in which to schedule those appointments
All	22	In order to know how many days will be required in a given month for first appointments for recertifications/reviews, the user must know: • the number of cases that will require recertification/review for that month • the maximum daily number of recertification/review appointments that can be assigned to each worker • the number of workers available to see those appointments that month
All	23	In order to equalize recertification/review appointments among workers for a given month, the user must know how many cases in each caseload are due for recertification/review in the given month.
All	24	An appointment notice shall inform clients that their appointment is with the user with whom the appointment is scheduled (even if the client's case resides in the caseload of a different user).
All	25	An estimate of future second appointment requests may be obtained from a historical mathematical relationship between first and second appointments by appointment type.
All	26	Some workers may be required to schedule fewer appointments than other workers.
FFP	27	An appointment will be given to a Families First participant for an interview to gather medical information for the purpose of determining incapacity.
FFP	28	An appointment may be given to renegotiate a PRP.
FFP	29	An appointment may be given to determine good cause for failure to cooperate with child support.
FFP	30	An appointment will be scheduled within 30 days of the issuance of an auxiliary payment issued due to eviction, utility cut-off notice or lack of food in the first month after the Families First case closure.
FFP	31	An appointment will be scheduled within 7 days of the client's contact to request an auxiliary payment due to unpaid shelter and utility bills that exceed the household's income in the first month after the Families First case closure.
FFP	32	An appointment will be scheduled within 30 days of an auxiliary payment issued due to eviction, utility cut-off notice or lack of food after the first month of Families First case closure.
FFP	33	An appointment will be scheduled within 7 days of the issuance of an auxiliary payment issued due to unpaid shelter and utility bills that exceed the household's income after the first month of Families First case closure.
FFP	34	The Agency should try to accommodate working/training hours by scheduling appointments outside of traditional business hours.
FFP	35	An appointment for an interview will be scheduled as promptly as possible after the filing of an application.
FFP	36	An active Families First assistance group will have a recertification appointment every six months or sooner.
FFP	37	A review appointment must be made within 30 days of the time a county receives a transferred Families

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

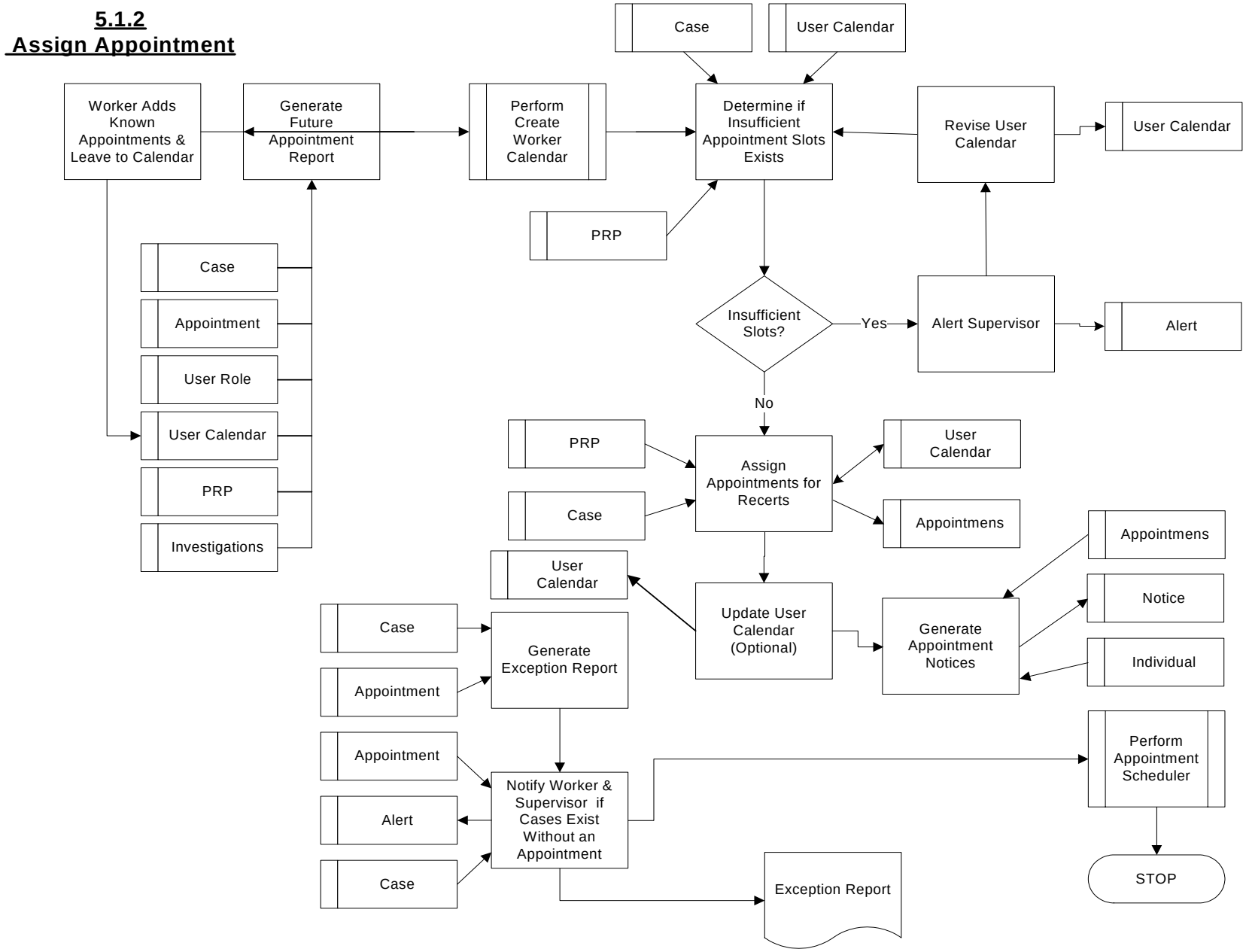
Program Type	Rule Number	Rule
		First case from another county.
FFP	38	An appointment may be made for an FSC/VR Assessment.
FFF	39	An appointment may be made for a non-compliant to discuss conciliation.
FFP	40	An appointment must not be rescheduled for a client whose case is going to CSR or has been in CSR, unless the client requests to reschedule.
FFP	41	An appointment may be made for STEPS staffing.
TCM	42	For individuals applying for adult Medicaid, based on disability unsupported by receipt of a federal disability check, such as Social Security Disability or Veteran's Disability, they shall be given an appointment within 5 days of the receipt of the application in order to timely process the application.
TCM	43	For individuals applying for medically needy TennCare Medicaid based on incapacity, they shall be given an appointment within 5 days of the receipt of the application.
TCM	44	For all cases that are given review appointments, when needed or required, the initial appointment must be set up by the 15th day of each month. This applies to all TennCare Medicaid cases.
TCS	45	A face-to-face interview for TennCare Standard is not required and therefore has no time limit to set an appointment. However, a maximum of 4 letters will be sent to an individual advising them to complete a renewal packet. If no response, then the TennCare Standard will be closed on the TennCare Interchange system.
FASC	46	An appointment will be rescheduled by the Service Center.
FASC	47	The initial appointments will be scheduled by the County Office.
FASC	48	A rescheduled appointment must fall within an application time frame.
FASC	49	A rescheduled appointment type 50 will be changed to reflect the proper appointment type for that application.
FASC	50	If insufficient time to mail an appointment notice, the client may request a phone reminder of the scheduled appointment time.
FASC	51	An appointment reminder will be mailed from the system if more than 8 days.
FASC	52	Service Center is required to have the County Office set aside one appointment per day for a possible re-schedule, there will be a slot or name for the Service Center to have the appointment on the FACET system.
All	53	An appointment notice must be generated for each head of case(s) to whom is assigned a recertification appointment.
All	54	The appointment notice must be mailed to the head of case to whom the recertification appointment is assigned.
All	55	If a head of case has more than one program to be recertified in a month, only one appointment must be scheduled to cover one or more programs.
All	56	If a head of case has more than one program to be recertified in a month, only one notice must be

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		generated to cover all programs.
All	57	The appointment notice must state all programs that will be recertified at the appointment.
All	58	The appointment notice must state all case numbers that will be recertified at the appointment.
All	59	The appointment notice must include the name of the head of case(s) for the case(s) to be recertified at the appointment.
All	60	The appointment notice shall be mailed to the mailing address listed in the case(s).
All	61	The appointment notice must include a list of verifications to be brought to the appointment.
All	62	The appointment notice must include instructions to the client stating what they must do if there is a need to change the appointment.
All	63	The appointment notice must include the name and phone number of the caseworker with whom the client will have the appointment.
All	64	The appointment notice must be mailed to arrive at the mailing address 7 or more days before the appointment.
All	65	The appointment notice must be mailed to arrive at the mailing address 10 or fewer days before the appointment.
All	66	The appointment notice must include the phone number of the Service Center.
All	67	The appointment notice must include the phone number of the county office in which the appointment will is scheduled.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.1.2 Assign Appointment



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.3 Individual Fails to Keep Appointment	
Program Affected: All	**Users: System, Caseworker**

Process:

This process will notify appropriate staff when an individual fails to show for a scheduled appointment. If the individual is a 'no-show' but has rescheduled their appointment, the user will be notified of the 'no show' and the new appointment. The user must be able to display all appointments for a specific day or time, by user or location, past or present, and obtain outcome data for each appointment.

Sub-Processes:

1. Track All Appointments

   The system shall track appointments on a daily basis. The system shall record if an individual is logged in, is a 'no show' and if they reschedule. The system must also allow a user to override the results in the event an error was made or the person who was logged in failed to stay for the interview.

   APPOINTMENT (Input)
   Appointment Times
   Appointment Dates

   CASE (Input)
   Case Number
   Head of Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.3 Individual Fails to Keep Appointment

Program Affected: All	**Users: System, Caseworker**

2. Determine if Individual Showed for Appointment

   The system shall determine from appointment data and case data if the individual showed up for his/her scheduled appointment. The system shall determine that individual showed if the individual is logged in and/or data collection is initiated. The system must allow user override.

   APPOINTMENT (Input)
   Appointment Time
   Log-in Indicator

   CASE (Input)
   Case Number
   Head of Case

   APPOINTMENT (Output)
   Show/No Show Indicator

3. Determine if Individual Rescheduled

   If the individual did not show for their appointment, the system shall determine by examining appointment and case data if the individual had rescheduled his/her appointment. Whenever possible, an appointment that has been rescheduled will results in the initial appointment being cancelled from the user's schedule. Note: Refer to 'Changing an Existing Appointment' process for additional details.

   APPOINTMENT (Input)
   New Appointment Time
   New Appointment Date

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.1.3 Individual Fails to Keep Appointment

Program Affected: All	**Users: System, Caseworker**

CASE (Input)
Case Number
Head of Case

4. Generate Alert to User of Missed Appointment

When the appointment has been missed, the system may generate an alert to the user. The alert shall identify if the appointment has been rescheduled and when.

ALERT (Output)
New Appointment Time
New Appointment Date
Caseworker
Case Number
Head of Case

APPOINTMENT (Input)
New Appointment Time
New Appointment Date

USER (Input)
Caseworker

CASE (Input)
Case Number
Head of Case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.3 Individual Fails to Keep Appointment

Program Affected: All	**Users: System, Caseworker**

5. Generate/Send Individual Notice of Missed Appointment

   If the individual misses an appointment and does not request a rescheduled appointment, a notice may be generated if required by program rules, and send to the individual stating they missed their appointment and must contact DHS during the application processing timeframe to reschedule or the application will be denied. If the appointment is for a purpose other than applying for benefits, the consequences of not rescheduling the appointment will be stated on the notice.

   APPOINTMENT (Input)
   Missed Appointment Time
   Missed Appointment Date

   CASE (Input)
   Case Number (if applicable)
   Head of Case (if applicable)

   INDIVIDUAL (Input)
   Individual's Mailing Address
   Individual's Name

   APPLICATION (Input)
   Application Date

   NOTICE (Output)
   Head of Case or Individual's Name
   Mailing Address

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.1.3 Individual Fails to Keep Appointment	
Program Affected: All	**Users: System, Caseworker**

Missed Appointment Date
Missed Appointment Time
Notice Text
Case Number (if applicable)
Application Date
Date of Pending Application Denial

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FF	1	An alert shall be generated when an individual misses an appointment.
FF	2	The alert from the missed appointment shall only be sent to the caseworker to whom the case is assigned.
FF	3	The alert from the missed appointment shall include the date and time of the missed appointment.
FF	4	The alert from the missed appointment shall include the type and interview method of the missed appointment.
FF	5	The alert from the missed appointment shall include one to many case numbers that were to be reviewed at the missed appointment.
FF	6	The alert from the missed appointment shall include the name of the head of case with whom the appointment was scheduled.
FF	7	If the missed appointment was rescheduled, the time of the rescheduled appointment shall be included in the alert.
FF	8	If the missed appointment was rescheduled, the date of the rescheduled appointment shall be included.
FS	9	When an applicant fails to appear for an interview, a Notice of Missed Appointment must be sent to inform the applicant that he/she must contact the DHS office to schedule a new appointment during the application processing timeframe or the application will be denied.
FS	10	If the applicant fails to schedule a second appointment the Food Stamp application will be denied on the 30th day following the date of application, or the first working day after the 30th day if the 30th day falls on a weekend or holiday.
FS	11	If the applicant schedules a second appointment and fails to keep it, the Food Stamp application will be denied on the 30th day following the date of application, or the first working day after the 30th day if the 30th day falls on a weekend or holiday.
FS	12	Each recipient household is sent a Notice of Expiration of Certification prior to the last month of the household's certification period.
FS	13	Each recipient household is sent an Appointment Notice prior to the last month of the household's certification period.
FS	14	When a recipient fails to appear for an interview, a Notice of Missed Appointment must be sent to inform the household that they must contact the DHS office to schedule a new appointment before the end of the last month of the current certification in order to be eligible for uninterrupted benefits.
FS	15	If the recipient household fails to schedule a second appointment food stamp eligibility will terminate with the end of the current certification period.
QC	16	If the individual misses their 1st appointment, the Reviewer may attempt to contact the individual by phone to discuss cooperation.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

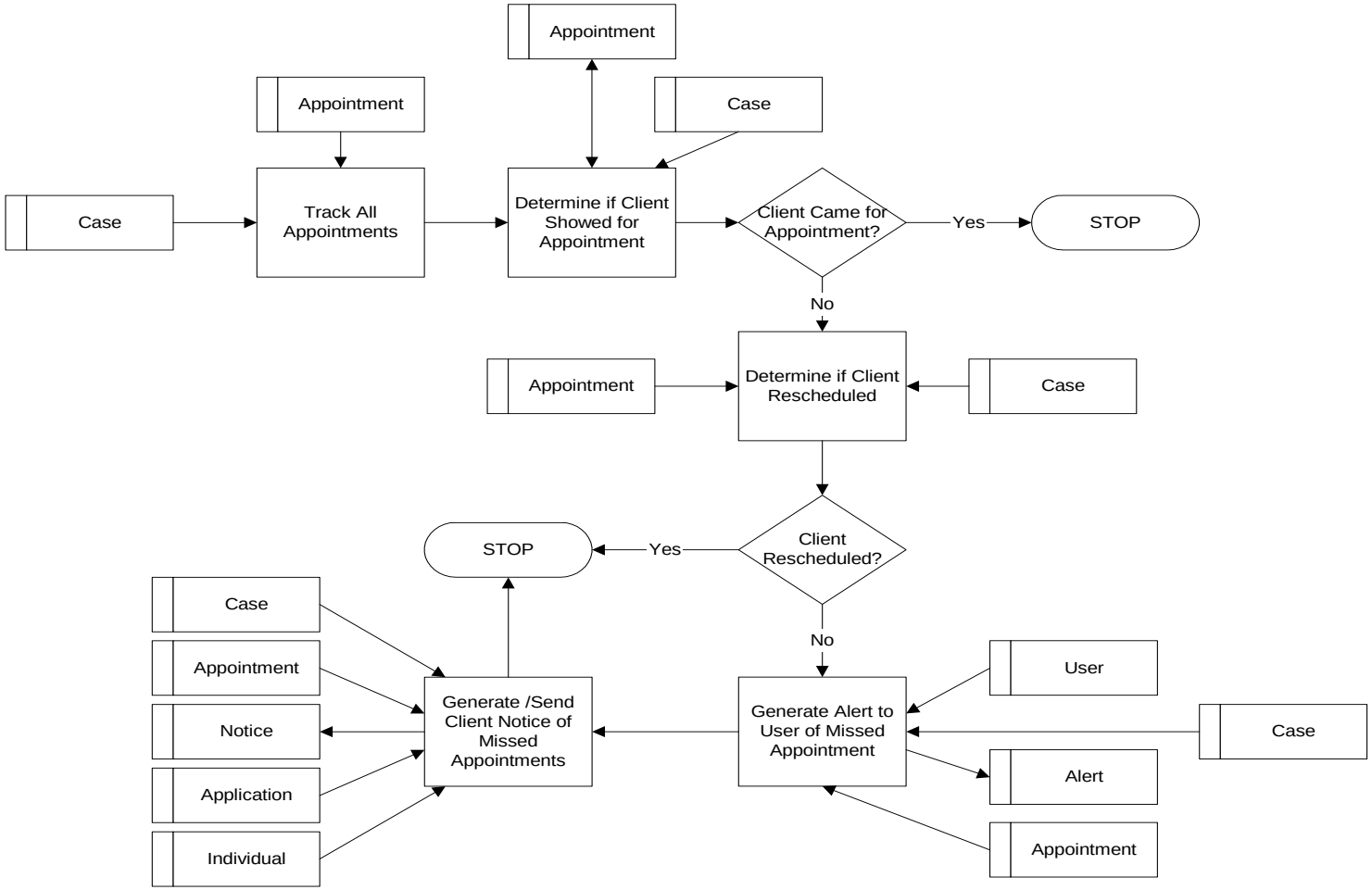
Program Type	Rule Number	Rule
QC	17	If the Reviewer is able to contact an individual by phone who has missed their 1st appointment and the individual states they are not willing to cooperate, a letter must be mailed to the individual to confirm the decision not to cooperate.
QC	18	If the Reviewer is able to contact an individual by phone who has missed their 1st appointment and the individual states they are willing to cooperate, a new appointment letter must be mailed to the individual by certified mail.
QC	19	If the Reviewer chooses not to try to contact the individual who missed their 1st appointment or is unable to contact them by phone, a letter requesting cooperation must be sent to the individual by certified mail.
QC	20	If the individual responds to the letter requesting cooperation and states they are willing to cooperate, a new appointment letter must be mailed to the individual.
QC	21	The Reviewer must not initiate any further contacts with an individual who misses an appointment after a letter has been sent by certified mail and a household member has signed the receipt.
QC	22	The Reviewer must initiate further contacts with an individual who misses an appointment after a letter has been sent by certified mail but a household member has not signed the receipt and additional information becomes available.
QC	23	The Reviewer must not initiate any further contacts with an individual who states they are not willing to cooperate.
QC	24	The individual can initiate contact and request a new appointment at any point prior to the Federal deadline.
ALL	25	If an individual keeps their scheduled appointment, a record of that fact must be kept.
ALL	26	If an individual fails to keep their scheduled appointment, a record of that fact must be kept.
ALL	27	If an individual fails to keep their scheduled appointment, the caseworker to whom that individual's case is assigned shall be notified of the failure to keep the appointment.
ALL	28	If an individual reschedules a missed appointment, the caseworker to whom that individual's case is assigned shall be notified of the rescheduled appointment.
ALL	29	The head of case shall be notified when they miss their scheduled appointment.
FFP	30	The Families First caseworker or appropriate user shall be notified when a participant misses a scheduled Families First appointment.
FFP	31	The Families First caseworker shall take action to notify the Families First participant of a missed appointment.
FFP	32	A missed Families First appointment is not automatically rescheduled, but the Families First participant may contact the Agency to reschedule a missed appointment.
FFP	33	The Families First caseworker or appropriate user shall be notified of a rescheduled appointment.
FFP	34	The Families First caseworker or appropriate user shall be notified of a missed rescheduled appointment.
TCM	35	There are no Medicaid specific rules for this process.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
TCS	36	TennCare Standard recipients are not required to have an appointment or interview.
TCS	37	TennCare Standard recipients' only requirement is to complete and return the renewal packet with the requested verifications.
TCS	38	TennCare applicants must be interviewed, but are not required to have an in-office face-to-face appointment.
All	39	For appointments scheduled for Round Robin interview method, no show should be rotated equally by case type for worker action.
FS	40	The Notice of Expiration of Certification and the Appointment Notice shall be combined into one notice that meets all requirements for each of the notices.
AA	41	The system will not track appointments for adoption assistance.
MA	42	Medicaid cases (except for categories MA J and MA P) will be closed if individual does not respond to appointment notices by the end of their eligibility period.
MA	43	MA J and MA P cases will remain open even if the appointment is not kept.
TCS	44	If no appointment has been kept or Renewal Packet returned for TennCare Standard individuals 90 days past the mailing date of the renewal packet, the case will be closed.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.1.3 Individual Fails to Keep Appointment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.4 Changing an Existing Appointment
Process Number: 5.1.4

Program Affected: All	**Users: Clerical, Caseworker, System**

Process:

This process describes the tasks to be performed when a client requests to change an appointment. The system shall allow rescheduling of appointments to be manual or automated.

Sub-Processes:

1. Perform 'Appointment Search' Process

   The user will locate the scheduled appointment by entering search criteria including, but not limited to, Client Name, SSN, Case number or Individual ID.

2. Select Appointment and Change/Delete

   If the appointment is located in the system, the system shall display the results and the user will update the appointment information that was modified. Previous history of modifications to appointments is available to be viewed, changed and deleted. This functionality must be provided for past or future appointments.

   APPOINTMENT (Input/Output)
   Appointment Type
   Appointment Contact
   Appointment Location
   Contact Phone Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.4 Changing an Existing Appointment
Process Number: 5.1.4

Program Affected: All	**Users: Clerical, Caseworker, System**

Appointment Date
Rescheduled from Earlier Appointment Indicator
Rescheduled Appointment Reason Type

3. Perform 'Appointment Scheduling' Process

   If the user determines that a new appointment is to be made, Appointment Scheduling will be performed.

4. Record New Appointment and Link to Original and Subsequence Appointments

   The user will record the new appointment data. The system will keep a history of the changed appointment, deleting the appointment that has been cancelled and freeing that appointment slot to be used to schedule someone else. The system shall require the user to enter the reason for another appointment if it is the same appointment type.

   APPOINTMENT (Output)
   Location of Appointment
   Date of New Appointment
   Time of New Appointment
   Rescheduled from Earlier Appointment Indicator
   Rescheduled Appointment Reason Type
   ID of Worker Scheduled to Conduct Interview
   Worker Name
   Reason Appointment was Rescheduled

   INDIVIDUAL (Input)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.4 Changing an Existing Appointment
Process Number: 5.1.4

Program Affected: All	**Users: Clerical, Caseworker, System**

Client Name
Client SSN
Client Address
Individual ID

5. Generate Notice

A notice will be generated to the client with new appointment information and update the notice history.

NOTICE (Output)
Date of Notice
Type of Notice
Notice Reason
Client Name
Notice Text

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The worker must be able to change a scheduled appointment when the client requests a change or for any other reason.
FS	2	A notice must be sent to the client notifying the client of the new date, time, and place of the appointment.
All	3	If the household does not contact DHS to reschedule, a second appointment must not be scheduled. The Department is not required to schedule a second appointment unless the client requests a second appointment.
FS	4	If a household requests an initial appointment to be rescheduled, the County Office must have attempted to reschedule the initial interview within 30 days of the date the application was filed.
FS	5	If the household has failed to appear for the first interview and a subsequent interview is postponed at the household's request or cannot otherwise be rescheduled until the 20th day, but before the 30th day following the date the application was filed, the household must appear for the interview, bring verification, and register members for work by the 30th day.
All	6	A client who is employed or participating in a Families First work activity shall be offered the opportunity to request appointment times outside of traditional business hours.
All	7	The client must be notified, prior to the appointment date, of each appointment.
MA, FF, CC	8	Notification of an appointment may be verbal or written, hand-delivered, mailed or e-mailed.
All	9	An appointment cannot be scheduled beyond the application due date without supervisory permission.
CC	10	Appointments for child care assistance purposes are coded by that appointment type.
CC	11	Appointments for child care assistance purposes can be changed by the client as needed upon request.
CC	12	Appointments with child care providers are coded by that appointment type.
CC	13	Appointments for child care providers can be changed by the provider as needed upon request.
CC	14	Searches for child care assistance clients or providers are conducted as with all program types.
CC	15	A notice must be generated with the new appointment and appointment type of "Child Care Assistance" listed.
QC	16	The Reviewer or the individual may initiate a change in the appointment date prior to the appointment date.
QC	17	If the date of the appointment is changed, a new appointment letter is sent to the individual via certified mail.
QC	18	Only the current Reviewer or any Supervisor can change an appointment date and send a new appointment letter.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

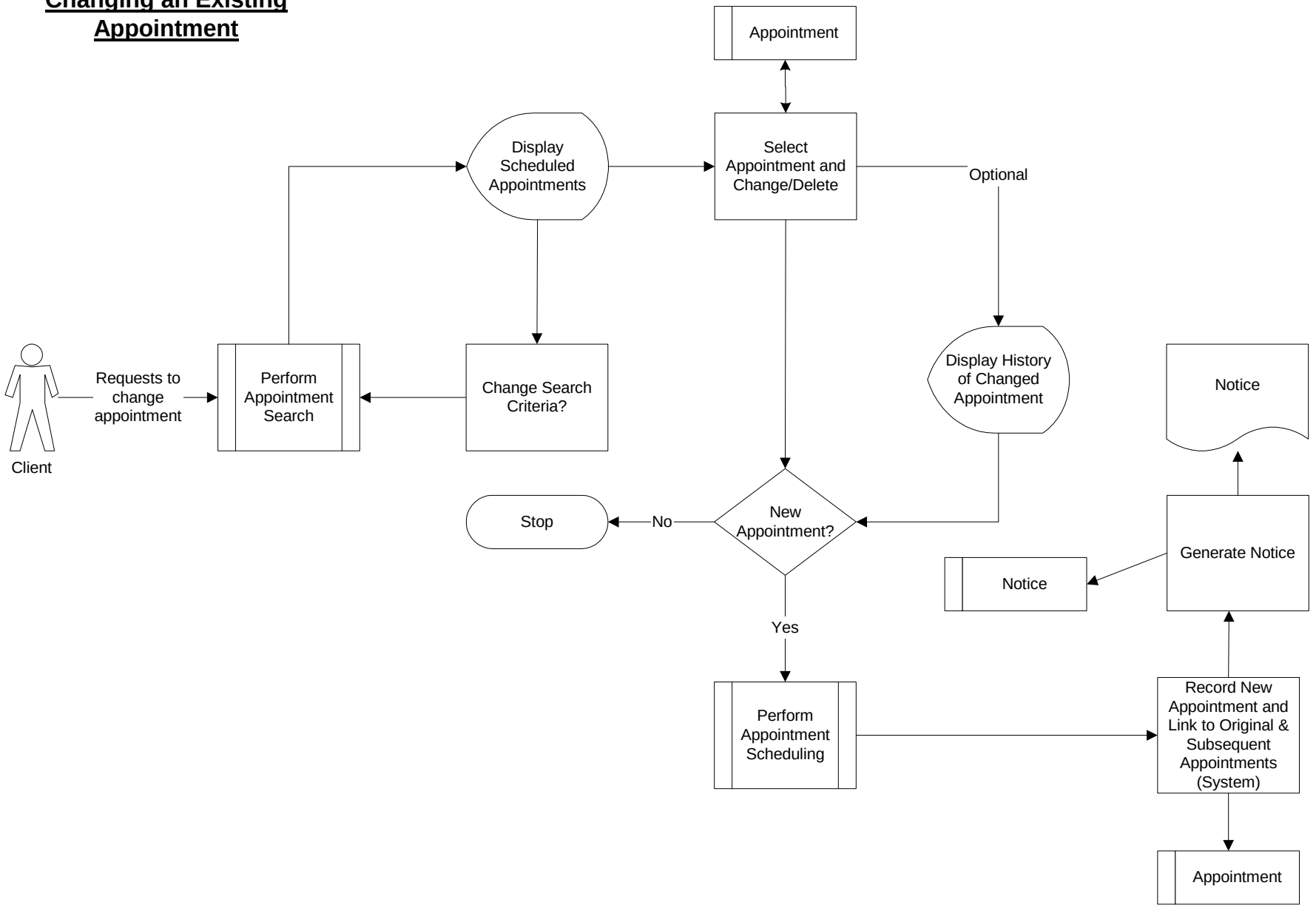
Program Type	Rule Number	Rule
QC	19	If the individual misses their 1st appointment, the Reviewer may attempt to contact the individual by phone to discuss cooperation.
QC	20	If the Reviewer is able to contact an individual by phone who has missed their 1st appointment and the individual states they are not willing to cooperate, a letter is mailed to the individual to confirm the decision not to cooperate.
QC	21	If the Reviewer is able to contact an individual by phone who has missed their 1st appointment and the individual states they are willing to cooperate, a new appointment letter is mailed to the individual by certified mail.
QC	22	If the Reviewer chooses not to try to contact the individual who missed their 1st appointment or is unable to contact them by phone, a letter requesting cooperation is sent to the individual by certified mail.
QC	23	If the individual responds to the letter requesting cooperation and states they are willing to cooperate, a new appointment letter is mailed to the individual.
QC	24	The Reviewer will not initiate any further contacts with an individual who misses an appointment after a letter has been sent by certified mail and a household member has signed the receipt.
QC	25	The Reviewer will initiate further contacts with an individual who misses an appointment after a letter has been sent by certified mail, but a household member has not signed the receipt and additional information becomes available.
QC	26	The Reviewer will not initiate any further contacts with an individual who states they are not willing to cooperate.
QC	27	The individual can initiate contact and request a new appointment at any point.
FFP	28	Applicant/Recipients may request a change in an appointment time and date.
FFP	29	The Agency will be able to update an existing appointment time and date electronically.
FFP	30	The Agency must provide an electronic updated appointment notice to applicants/recipients.
QC	31	The Reviewer or the individual may initiate a change in the appointment date prior to the appointment date.
QC	32	If the date of the appointment is changed, a new appointment letter must be sent to the individual via certified mail.
QC	33	Only the current Reviewer or any Supervisor can change an appointment date and send a new appointment letter.
CC	34	An initial recertification notice with a scheduled appointment will be sent to CC participants 30 days prior to the recertification date.
CC	35	CC participants may request to reschedule appointment.
CC	36	Rescheduled appointments must be scheduled within the month of the recertification date.
CC	37	Rescheduled appointment notices will be sent to participants.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	38	A second recertification notice will be sent to participants who failed to show for initial appointment.
CC	39	A second recertification notice must be sent to participant 15 days prior to recertification date.
CC	40	A second recertification notice must be scheduled within 10 days prior to recertification date.
CC	41	CC is not required to give participant a second appointment date for a missed appointment unless requested by the participant.
FF	42	The County Office will schedule an interview as promptly as possible after the filing of the application in order to ensure that an eligible case has benefits issued by the 45th day.
FF	43	A Families First review will be considered timely if it is completed by the last day of the month in which the review is due.
FS	44	Notification of a changed appointment must be mailed to the head of case.
FS	45	When an applicant fails to appear for an interview, a Notice of Missed Appointment must be sent to inform the applicant that he/she must contact the DHS office to schedule a new appointment during the application processing timeframe or the application will be denied.
FS	46	If the applicant fails to schedule a second appointment, the Food Stamp application will be denied on the 30th day following the date of application, or the first working day after the 30th day if the 30th day falls on a weekend or holiday/
FS	47	Each recipient household is sent a Notice of Expiration of Certification on prior to the last month of the household's certification period.
FS	48	When a recipient fails to appear for an interview, a Notice of Missed Appointment must be sent to inform the household that they must contact the DHS office to schedule a new appointment before the end of the last month of the current certification in order to be eligible for uninterrupted benefits.
FS	49	If the recipient household fails to schedule a second appointment, Food Stamp eligibility will terminate with the end of the current certification period.
FS	50	Each recipient household is sent an Appointment Notice prior to the last month of the household's certification period.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.1.4 Changing an Existing Appointment



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.5 Worker Notification of Scheduled Appointment and Log-in	
Program Affected: FA	**Users: Caseworkers, Supervisors**

Process:

This process describes the steps involved in user notification of a scheduled appointment. It also addresses client login procedure upon their showing for a scheduled appointment, and the notifications associated with that procedure. The system shall provide an appointment waiting list for each worker once the client has been logged in.

Sub-Processes:

1. Determine Method of Appointment.

   The system shall determine the method of appointment in order to either notify the worker that the individual is in the office or to notify the worker in an appropriate time frame that a phone interview or home visit is due. The method of appointment may include, but is not limited to, face-to-face interview (office/group), phone interview, or home visit.

   APPOINTMENT (INPUT)
   Interview Method Type
   Appointment Time
   Case Name

   Case Number
   Appointment Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.5 Worker Notification of Scheduled Appointment and Log-in

Program Affected: FA	**Users: Caseworkers, Supervisors**

2. Record that Individual is Present for Appointment.

   If the appointment type is an office or group appointment, the front desk user will record into the system that the individual has arrived for the appointment.

   USER SCHEDULE (OUTPUT)
   User ID
   Absent/Present Indicator
   Log-in Time
   Date

   INDIVIDUAL (OUTPUT)
   Name

   APPOINTMENT (OUTPUT)
   Individual's Arrival Time
   Time of Notification
   Case Number
   Case Name
   Appointment Type
   Scheduled Time of Appointment
   Actual Time Arrived for Appointment

3. Determine if Round-Robin Appointment.

   The system shall determine if the appointment is a round-robin appointment based on the scheduling method. The system shall have the ability to assign appointments in a manner consistent with the

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.1.5 Worker Notification of Scheduled Appointment and Log-in

Program Affected: FA	**Users: Caseworkers, Supervisors**

established workflow structure for each county.

APPOINTMENT (INPUT)
Scheduling Method

4. Assign to Next Available Worker.

   If the appointment type is a round-robin appointment, the system shall assign the next available worker based on input from the worker profile information and from the round-robin process. If the appointment type is not round-robin, the system shall notify a previously-assigned worker.

   WORKER PROFILE (INPUT)
   User ID
   Slot Types
   User Profile

   INDIVIDUAL (OUTPUT)
   Name
   Individual's ID Number

   USER SCHEDULE (OUTPUT)
   User ID

   APPOINTMENT (OUTPUT)
   Appointment Date
   Individual's Arrival Time

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.1.5 Worker Notification of Scheduled Appointment and Log-in

Program Affected: FA	**Users: Caseworkers, Supervisors**

5. Alert Worker (Pop-Up).

The system shall generate an immediate, on-line (pop-up) alert to the appropriate worker to notify the worker that the individual has arrived for his/her appointment, or that it is time for the telephone interview or for the home visit. The appointment will remain on the waiting list until seen. The system shall generate alerts for the phone interview/home visit prior to the scheduled appointment according to guidelines provided by the State.

USER SCHEDULE (INPUT)
User ID
Absent/Present Indicator
Log-in Time
Date

INDIVIDUAL (INPUT)
Name
Individual ID Number

APPOINTMENT (INPUT)
Individual's Arrival Time

ALERT (OUTPUT)
User ID
Alert Type
Actual Time Arrived for Appointment
Scheduled Time of Appointment
Case Name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.1.5 Worker Notification of Scheduled Appointment and Log-in

Program Affected: FA	**Users: Caseworkers, Supervisors**

Case Number
Time Alert Generated

6. Update Worker Schedule When Appointment is Initiated.

When the caseworker initiates the application driver, the system shall update the worker schedule. The system shall be able to provide statistics on client waiting times using both the log-in time and the driver-initiated time recorded by the system.

USER SCHEDULE (OUTPUT)
User ID
Appointment-initiated Indicator
Time Driver Initiated `

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

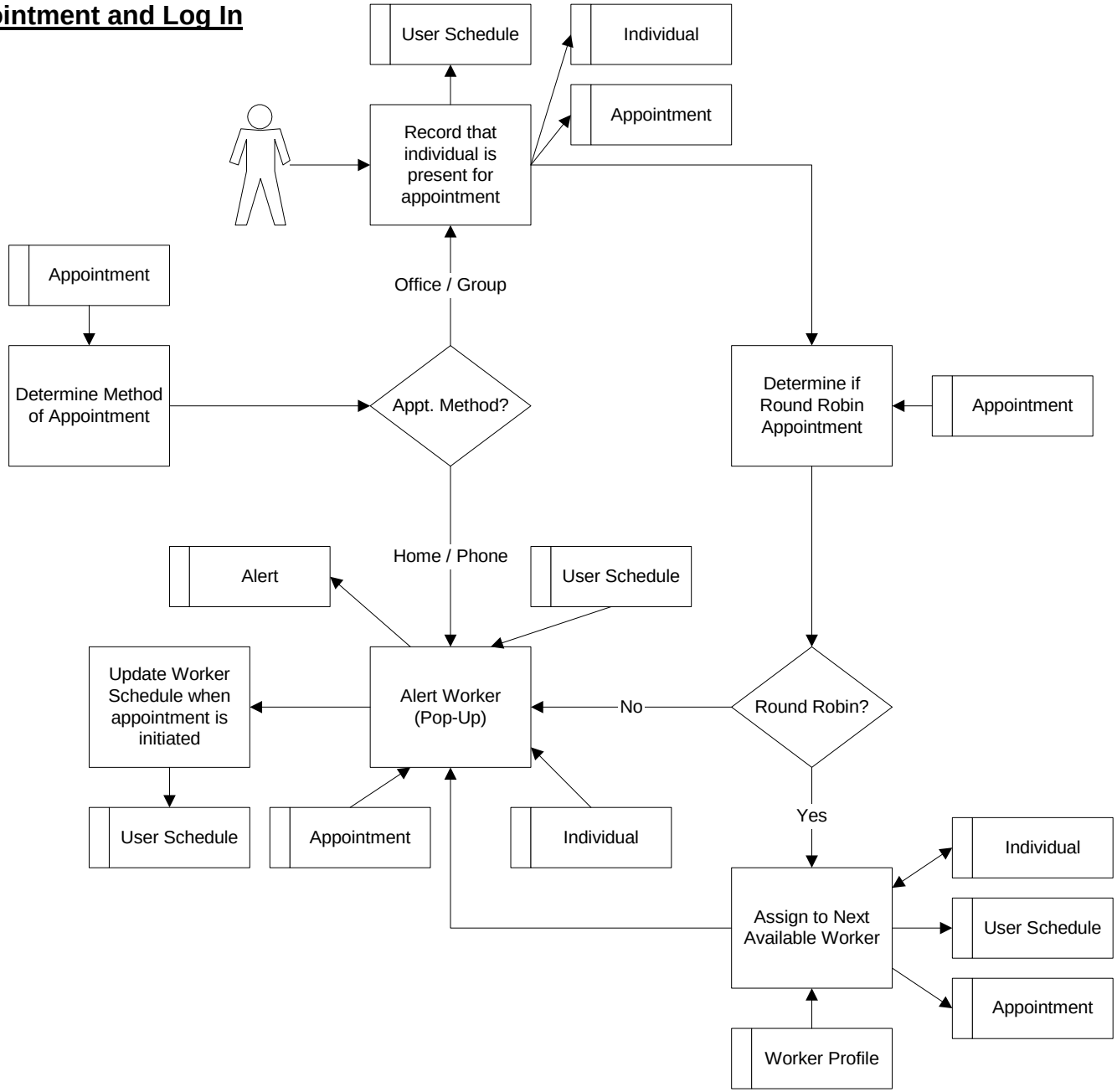
Program Type	Rule Number	Rule
All	1	The user must be notified when a client arrives for an appointment.
All	2	The user must be notified in advance of the appointment time for a phone interview.
All	3	The user must be notified in advance of the appointment time for a home visit.
All	4	Each user must receive documented credit for each appointment seen by that user.
All	5	A record must be maintained of the number of appointments, by type that is seen by each user.
All	6	Each user will have a profile that will identify the case types that they are eligible to receive appointments.
All	7	An appointment log-in time can be a time earlier or later than the set appointed time.
All	8	If the interview is not initiated within a specific period of time from the time the client was logged in. Another pop-up, which also provides the amount of time that the client has been waiting, will be sent to both the user and the supervisor.
CC	9	A department representative shall make an initial home visit for all unregulated provider applicants (living within the State of Tennessee) within 30 days of the application. This is a scheduled home visit and therefore should be included in worker schedule and notification procedure.
CC	10	A department representative shall make an annual home visit to all unregulated providers still active as unregulated child care providers one year after the last home visit. This is a scheduled home visit and therefore should be included in worker schedule and notification procedure.
CC	11	A department representative shall make a home visit to an unregulated provider any time the provider moves from one home to another if the provider is still receiving subsidized child care payment from the department. This is a scheduled home visit and therefore should be included in worker schedule and notification procedure.
All	12	When a client arrives for an appointment, their arrival must be logged in.
All	13	When a client is logged in, the case(s) for which the appointment was made must be recorded.
All	14	When a client is logged in, the name of the head of case must be recorded.
All	15	When a client is logged in, the time of the log-in must be recorded.
All	16	When a client is logged in, the date of the log-in must be recorded.
All	17	When a client is logged in, a pop-up alert must be immediately sent electronically to the user to whom the case is assigned.
All	18	When a pop-up alert notifying of a log-in is sent, it must include the name of the head of case.
All	19	When a pop-up alert notifying of a log-in is sent, it must include the case number(s) for which the appointment was made.
All	20	When a pop-up alert notifying of a log-in is sent, it must include the time of the log-in.
All	21	When a pop-up alert notifying of a log-in is sent, it must include the time of the appointment.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	22	When a client logs in an office with round robin appointment assignment, the pop-up alert will be sent to the next available user with the appropriate type of caseload.
All	23	When a user has a telephone interview, a pop-up alert shall be electronically sent to the user 15 minutes before the time of the appointment.
All	24	When a user has a home visit appointment, a pop-up alert shall be electronically sent to the user 60 minutes before the time of the appointment.
All	25	When a telephone interview pop-up alert is sent, it must contain the phone number to be called.
All	26	When a telephone interview pop-up alert is sent, it must contain the name of the person to be called.
All	27	When a telephone interview pop-up alert is sent, it must contain the number of the case(s) for which the appointment was made.
All	28	When a telephone interview pop-up alert is sent, it must contain the time of the appointment.
All	29	When a home visit pop-up alert is sent, it must contain the address where the appointment will be held.
All	30	When a home visit pop-up alert is sent, it must contain the name of the person to be visited.
All	31	When a home visit pop-up alert is sent, it must contain the phone number of the person to be visited.
All	32	When a home visit pop-up alert is sent, it must contain the time of the appointment.
All	33	When a home visit pop-up alert is sent, it must contain the case number(s) for which the appointment has been made.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.1.5
Worker Notification of Scheduled Appointment and Log In



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 5.1.6 Create Worker Calendar	
Program Affected: All	**Users: Caseworker**

Process:

This process will create and maintain the caseworker calendar schedule that he/she enters on a monthly basis. This calendar must permit the user to enter standard days, standard standing appointments, or specific appointment when creating the calendar. A calendar schedule may be set for current to future dates, and may be changed once entered except for appointment slots that have been booked.

Sub-Processes:

1. Enter Standard Day

   The caseworker will enter their daily schedule either manually or by selecting predefined standard days, or standing appointments. The system shall allow for scheduling multiple appointments at the same time to the same user. The user shall be able to view standard days and their monthly calendar upon demand. The system shall have the capability to require the user to have minimum number of slots, by appointment time, within a specified period of time.

   USER CALENDAR (Output)
   Days Available
   Days Not Available
   Appointment Types
   Begin Time
   End Time
   Number of Appointments Allowed Per Time Slot
   Holiday

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 5.1.6 Create Worker Calendar

Program Affected: All	**Users: Caseworker**

Date of the Week
Days of the Week
Worker ID
Worker Name
Activity Type
Holidays Scheduled
Vacation Slots Scheduled per Worker

2. Generate Worker Calendar

The system shall create the worker calendar from the schedule entered by the designated user and from global entries (such as holidays). The supervisor shall have the ability to change all their workers' calendars at the same time with a pop-up block if time slot already scheduled. A user may also create individual appointment slots outside the standard day function specific to a particular day. The system shall have the override capability to allow users to set the calendar for after hours, weekend and holiday appointments.

USER CALENDAR (Output)
Holidays Scheduled
Vacation Slots Scheduled per Worker
Days Available
Days Not Available
Appointment Types
Begin Time
End Time
Number of Appointments Allowed Per Time Slot
Holiday

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: 01/31/05

Process: 5.1.6 Create Worker Calendar

Program Affected: All	**Users: Caseworker**

Date of the Week
Days of the Week
Worker ID
Worker Name
Activity Type

3. Determine Changes Needed

   The system shall determine from the calendar entered if there are any discrepancies. A user may also make changes to individual days as requested.

   USER CALENDAR (Input)
   Appointment Types
   Time Leave Scheduled
   Number of Appointments Per Time Slot

4. Update Calendar

   If a discrepancy is detected, the user will be alerted of such and required to update their calendar.

   USER CALENDAR (Output)
   Appointment Types
   Time Leave Scheduled
   Number of Appointments Per Time Slot

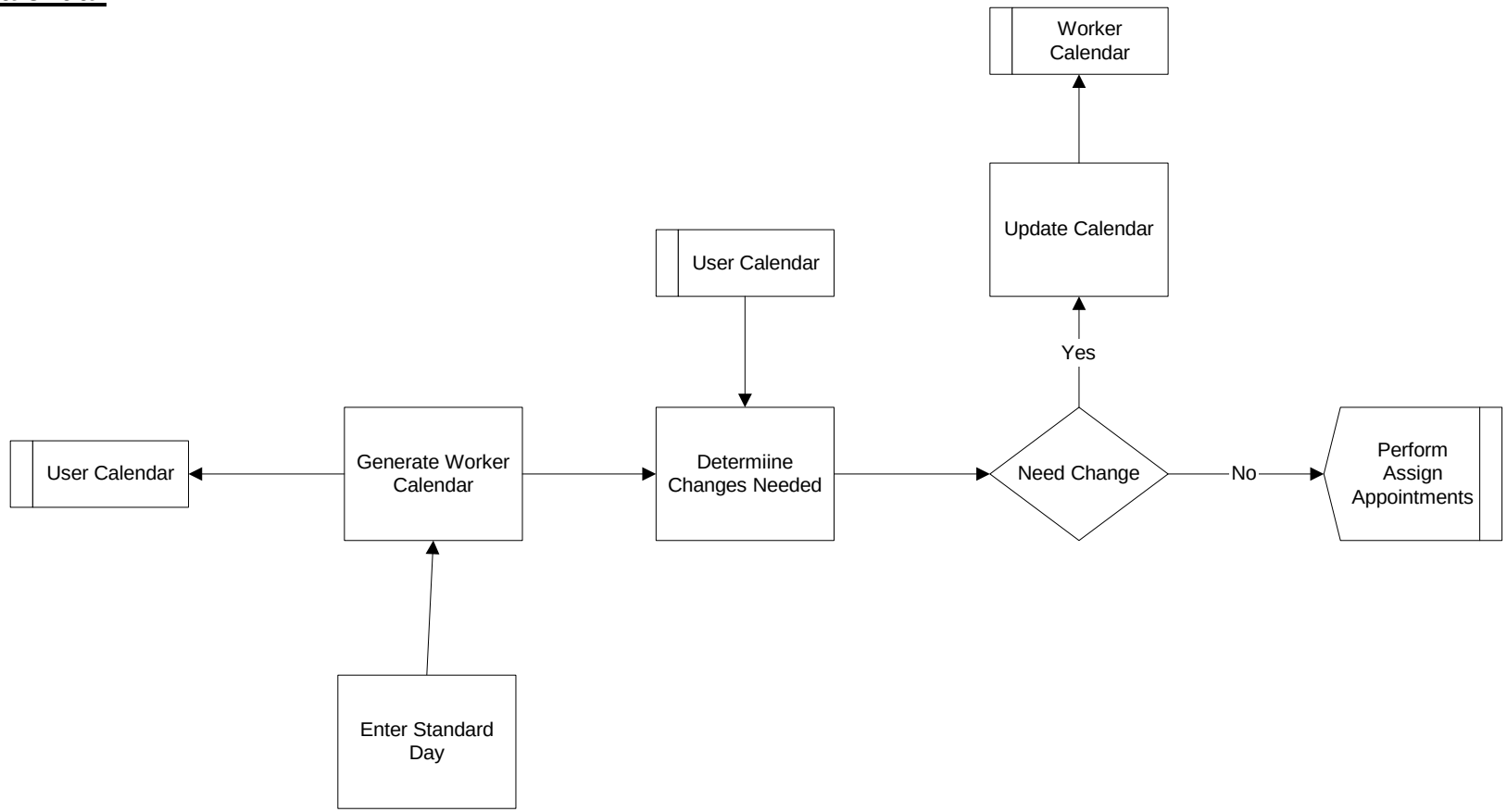
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
CC	1	All parent/caretaker applicants for child care assistance and providers wishing to enroll with the department will be interviewed. Interviews may be by telephone or in person.
CC	2	All child care cases are subject to periodic review or recertification. These may be done by telephone, in person or by desk review.
CC	3	Some parents/caretakers and providers will be seen by scheduled appointment. Others will be seen as walk-ins.
CC	4	Some parents/caretakers and providers will be interviewed by a specific case worker assigned to their case. Others will be interviewed by round–robin method.
CC	5	Each office will have a system in place for seeing that parent/caretakers are seen in an orderly and timely manner.
CC	6	Each child care worker will have a daily calendar with slots available to see parent/caretakers and child care providers.
CC	7	This calendar shall be set enough in advance so as to assign and notify parents/caretakers and providers of scheduled appointments according to current timeliness policy.
CC	8	Appointment types should include but not be limited to the following: office visits, home visits, telephone interviews, desk reviews.
CC	9	Unregulated provider applicants must have an initial scheduled home visit, a scheduled home visit when the provider moves, and/or a scheduled annual home visit.
CC	10	A calendar should be capable of being changed or updated by a user if the need arises (example: someone is on sick or annual leave and therefore can not complete interviews, home visits or desk reviews).
CC	11	A calendar will need the flexibility to schedule appointments for varying lengths of time (Example: a 15 minute slot, a 30 minute slot, a 60 minute slot).
All	12	There will be a set time period each month that a worker may update their next month's worker calendar to correct any discrepancies and/or add leave time.
IV-E FC	13	Appointments and face-to-face interviews are not required and shall not be used for Title IV-E foster care initial eligibility determinations and redeterminations.
IV-E FC	14	Because DCS eligibility staff does not schedule appointments for eligibility determinations, a worker calendar with the daily list of appointments scheduled shall not be required for DCS eligibility staff.
All	15	Each caseworker must maintain a calendar which contains their daily schedule.
All	16	Each caseworker must complete their monthly calendar prior to the scheduling of appointments for that month.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
All	17	Each caseworker's monthly calendar must contain sufficient appointment slots for the required number of appointment types for that month.
All	18	Each appointment slot must indicate the type of appointment for that slot.
All	19	Each appointment must indicate a begin time.
All	20	Each appointment must indicate an end time.
All	21	Each appointment slot must indicate the maximum allowed number of appointments for that slot.
All	22	There can be one to many types of appointments per appointment slot.
All	23	There can be one to many appointments per appointment slot.
TCM/TCS	24	All TennCare/Medicaid or TennCare Standard appointments will be entered on the worker's calendar and will indicate based on appointment type whether the appointment is an office interview, group interview, telephone interview or home visit and whether the appointment is an application or review.
All	25	Each caseworker may develop standard days for their worker calendar.
All	26	A standard day contains appointment slots as established by the caseworker.
All	27	A caseworker calendar for a month may be built using standard days.
All	28	Each caseworker shall be able to store up to 30 standard days to use to build calendars.
All	29	Each standard day shall be readily changeable to change the type of appointment for each slot.
All	30	Each standard day shall be readily changeable to change the time of each appointment slot.
All	31	Each standard day shall be readily changeable to change the duration of each appointment.
All	32	Each caseworker's calendar shall be changeable to add, delete, lengthen, or shorten any single appointment slot.
All	33	Each caseworker's calendar shall be readily changeable to change the type of appointment slot.
All	34	Each caseworker's original calendar for current month shall be retained until the end of the month even if changed 0 to many times.
All	35	The user, and supervisor, shall be alerted when the scheduler contains insufficient slots.

5.1.6 Create Worker Calendar



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Process:

The user can search the databases on-line using client/case information as the key including but not limited to client name, client SSN, case number, individual ID number, address, sex, Medicaid claim numbers and date of birth. The search can be done using one or more of the fields. A search may also be conducted using the individual's partial SSN or name. The system shall provide for the name search to be performed using a Soundex search which can be turned on or off, and which includes a comparison of like-sounding names and possibly nicknames using a mathematical formula. A score is calculated based on the closeness of the match using date of birth, sex, and race. Inquiry with return capability should be possible by selecting a displayed search match. The system should also provide search capability for the TCCMS Child Care identification number, the TCSES Child Support identification number, the TNKIDS foster care individual identification and case number and the Claims Identification number. In addition, the system should provide search capability for the Families First Provider identification numbers. The system shall allow the individual summary to be displayed based on most current circumstances with the ability to view summary history using date specific parameters. The system shall be interactive and shall link each individual summary data element to the originating data and associated case summaries.

The Agency must have the ability to electronically crosscheck existing data for all individual receiving benefits by program and sub-program area, and individual case status.

The Agency must have the ability to electronically process and store all case file information necessary to match and identify existing individuals and associated programs.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Sub-Processes:

1. Record Search Criteria

   The user enters the search criteria into the system to search for an existing individual. The more search criteria entered by the user, the narrower the system search results.

   SEARCH CRITERIA (temporary)(output)
   Individual(s) Name
   SSN of Individual
   Date of Birth
   Individual's Phone Number
   Individual's Address
   Individual's Zip Code
   Caseworker ID
   Individual ID Number
   TCSES ID Number
   TNKIDS Foster Care ID Number
   Claim ID Number
   Medicare Claim Number
   County
   Caseworker
   Sex
   Race

2. Search for Individual

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary	
Program Affected: All Programs	**Users: All**

The system must perform the individual search using the search criteria entered by the user. The more search criteria that are entered, the narrower the individual search. The system must display the results of the search. The system must provide current and/or past information on an individual as requested by the user. The system must be able to search for individuals that are no longer eligible in a case. The system shall link and display all cases where an individual is or has been in more than one case. For voter registration tracking, the system shall provide the means for both local and state office staff to inquire about specific client's voter registration information.

SEARCH CRITERIA (input)
Individual(s) Name
SSN of Individual
Date of Birth
Individual's Phone Number
Individual's Address
Individual's City
Individual's Zip Code
Individual ID Number
County
Caseworker / Caseworker ID
Sex
Race

INDIVIDUAL (output)
Individual(s) Name
Individual SSN
Date of Birth

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Individual's Phone Number
Individual's Address, City, State, Zip
Individual ID Number
County
Caseworker
Sex
Race

3. Determine if Individual Found

   From the individuals displayed in the search, the user must determine if the individual is listed.

4. Select Individual

   If an individual is found that matches the search criteria, the user must select that individual to have the individual summary information displayed.

   SELECTED INDIVIDUAL (temporary) (output)
   Individual(s) Name
   Individual SSN
   Individual ID Number

   INDIVIDUAL (input) (display individual summary)
   Individual(s) Name
   Individual SSN
   Date of Birth
   Individual's Phone Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Individual's Address, City, State, Zip
Individual ID Number
County
Caseworker / Caseworker ID
Sex
Race

INDIVIDUAL SUMMARY (output) (display individual summary)
Individual(s) Name
Individual SSN
Individual ID Number
Date of Birth
Sex
Race
Individual Status in Case(s)
Individual Disqualification(s)
Individual Penalties
Individual Address
Phone Number
Appeal Indicator
Accommodation Type
Individual's MCO
Individual's DCS custody date
DCS Provider
Disability/Incapacity Indicator
SSI Indicator
Child Support Good Cause Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Support Services Indicator
Available Balance for each Support Service
Claim ID Number
Families First Provider Name
TENNCARE Medicaid Open Indicator
TENNCARE Medicaid Recipient ID Number
Flags
Living Arrangement Type
Case(s) the Individual is Linked to
Medicaid Eligibility Begin and End Dates
Family Cap Indicator
Refugee Assistance Expiration Date
Refugee Entry Date
Families First Countable Months
ABAWD Countable Months
Families First Total Months
Families First State-only Months
Language Type
Work Requirements Indicator

5. Select Case (optional)

From the individual summary displayed, the user may select the case that he/she is interested in viewing and display the case summary. The system shall provide a case summary that details the grouping results of the eligibility test for the sub-programs and show status for each individual and each case. The system shall display outstanding action items (alerts, matches, etc.) for an individual or case any time a user accesses a case.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

INDIVIDUAL SUMMARY (input) (display individual summary)
Individual(s) Name
Individual SSN
Individual ID Number
Date of Birth
Sex
Race
Individual Status in Case(s)
Individual Disqualification(s)
Individual Penalties
Individual Address
Phone Number
Appeal Indicator
Accommodation Type
Individual's MCO
Individual's DCS custody date
DCS Provider
Disability/Incapacity Indicator
SSI Indicator
Child Support Good Cause Indicator
Support Services Indicator
Available Balance for each Support Service
Claim ID Number
Families First Provider Name
TENNCARE Medicaid Open Indicator
TENNCARE Medicaid Recipient ID Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Flags
Living Arrangement Type
Case(s) the Individual is Linked to
Medicaid Eligibility Begin and End Dates
Family Cap Indicator
Refugee Assistance Expiration Date
Refugee Entry Date
Families First Countable Months
ABAWD Countable Months
Families First Total Months
Families First State-only Months
Language Type
Work Requirements Indicator

SELECTED CASE SUMMARY (input – output)
Income Types and Amounts for each individual in case
Resource Types and Amounts for each individual in case
Benefit Amounts
Benefit Types
Benefit Status
Benefit Dates
Denial Reason(s)
Closure Reason(s)
Benefit Reduction Reason(s)
Benefit Increase Reason(s)
Claims Indicator
Case Size

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Head of Case Name
Head of Case Address and Phone Number(s)
Conciliation Indicator
Outstanding Verifications Pending for Information
Absent Parent Information for Each Child
Caseworker(s) / Caseworker ID
Last Change to Case and Date (date recorded)
Link to Notices
Case Number
TENNCARE Standard Premium Amount
Sanction Begin Date
Sanction End Date
Early Re-entry Indicator
Medicaid Spend-down Amount
Date of Last Notice
Date of Next Appointment
Date of Last Appointment
TENNCARE Standard Premium Amount
Child Care Co-pay Amount
Children Receiving (Child Care)
Language Type for Head of Case
Medicaid TENNCARE Standard Coverage Dates
Two-week Compliance Indicator and Dates (Begin and End)
Bankruptcy Indicator
Interview Method Chosen
Padding / Peeling Information for Medicaid
Marriage During Receipt Indicator

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Families First Extension Indicator
Number of Transitional Months Child Care / Transitional Medicaid Months Remaining
Work Requirement Indicator
Family Cap
Case Members
Individual Summary Selection
Accommodation Type

INDIVIDUAL (input)
Individual(s) Name
Individual SSN
Individual Date of Birth
Individual's Phone Number
Individual's Address
Individual ID Number
County
Caseworker
Sex
Race

6. Select Data Element (optional)

The user may select a data element found in the summary screen and navigate to view additional detail of the selected case.

CASE SUMMARY (input –output)
Income Types and Amounts for each individual in case

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Resource Types and Amounts for each individual in case
Benefit Amounts
Benefit Types
Benefit Status
Benefit Dates
Denial Reason(s)
Closure Reason(s)
Benefit Reduction Reason(s)
Benefit Increase Reason(s)
Claims Indicator
Case Size
Head of Case Name
Head of Case Address and Phone Number(s)
Conciliation Indicator
Outstanding Verifications Pending for Information
Absent Parent Information for Each Child
Caseworker(s) / Caseworker ID
Last Change to Case and Date (date recorded)
Link to Notices
Case Number
TENNCARE Standard Premium Amount
Sanction Begin Date
Sanction End Date
Early Re-entry Indicator
Medicaid Spend-down Amount
Date of Last Notice
Date of Next Appointment

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Date of Last Appointment
TENNCARE Standard Premium Amount
Child Care Co-pay Amount
Children Receiving (Child Care)
Language Type for Head of Case
Medicaid TENNCARE Standard Coverage Dates
Two-week Compliance Indicator and Dates (Begin and End)
Bankruptcy Indicator
Interview Method Chosen
Padding / Peeling Information for Medicaid
Marriage During Receipt Indicator
Families First Extension Indicator
Number of Transitional Months Child Care / Transitional Medicaid Months Remaining
Work Requirement Indicator
Family Cap
Case Members
Individual Summary Selection
Accommodation Type

7. Determine if Search Criteria Needs Updating

The system must display any match results found. If no match is found, the user must determine if the search criteria was entered incorrectly and/or if the search criteria needs to be updated.

SEARCH CRITERIA (temporary) (input)
Individual(s) Name
Individual SSN

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.1 Individual Search and Summary

Program Affected: All Programs	**Users: All**

Date of Birth
Individual's Phone Number
Individual's Address
Individual ID Number
County
Caseworker
Sex
Race

8. Update Search Criteria

If the client search criteria require updating, the user must update the search criteria and perform another individual search.

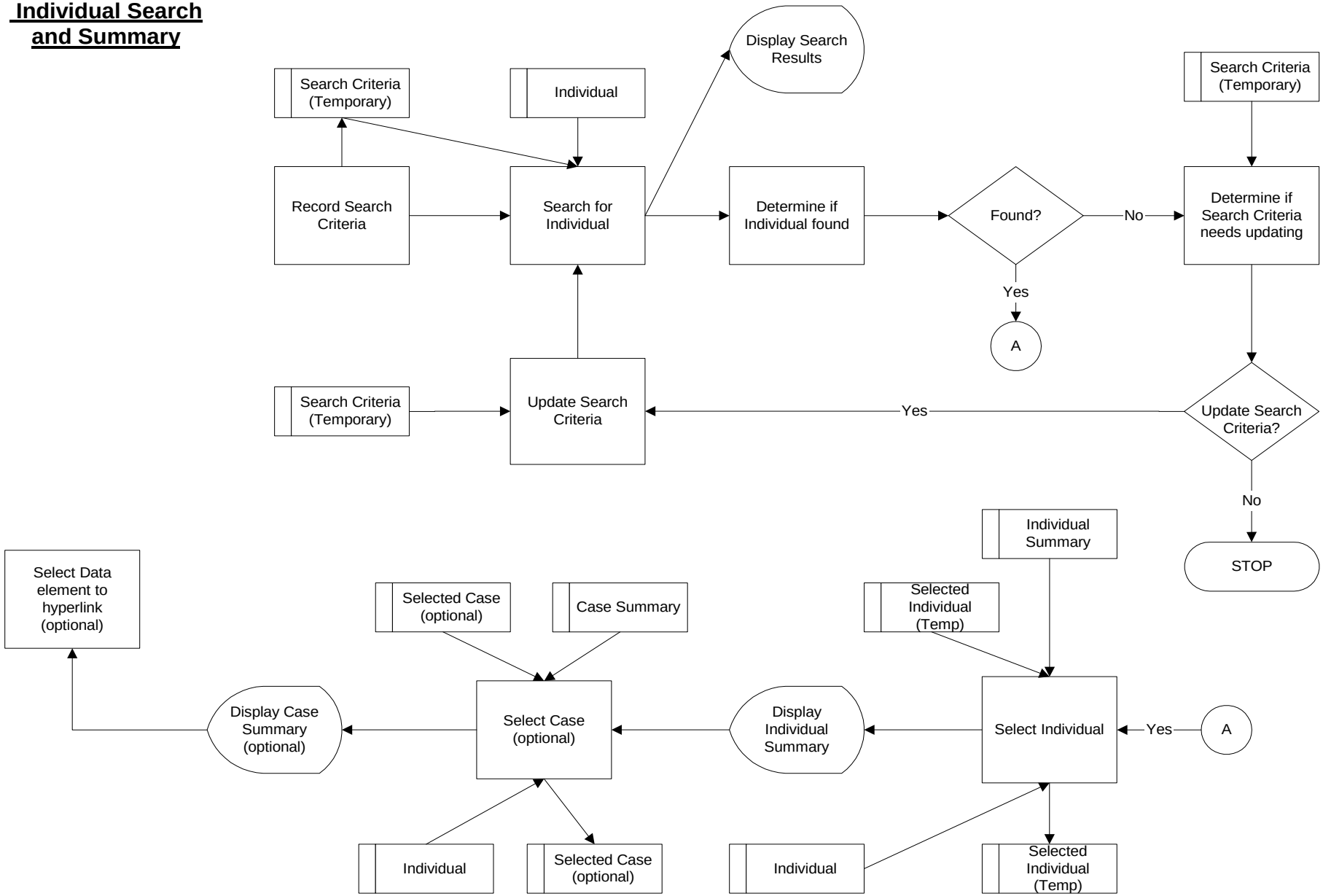
SEARCH CRITERIA (temporary) (input)
Individual(s) Name
Individual SSN
Date of Birth
Individual's Phone Number
Individual's Address
Individual ID Number
County
Caseworker
Sex
Race

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
FS	1	The state agency (DHS) shall keep such records as required by USDA/FNS.
FS	2	The state agency must retain all program records in an orderly fashion.
FS	3	The state agency must computerize its systems for obtaining, maintaining, utilizing and transmitting information concerning the Food Stamp Program.
FS	4	The state agency must have an automated process to crosscheck for duplicate cases for all household members by means of a comparison with food stamp records within the state.
FS	5	The state agency's automated food stamp system must be able to process and store all case file information necessary for the eligibility determination and benefit computation (including but not limited to all household members' names, addresses, dates of birth, social security numbers, individual household members' earned and unearned income by source, deductions, resources, and household size).
FF	6	All Families First cases will be maintained in an electronic file.
FF	7	Individuals may not receive Families First benefits in more than one Families First case at the same time.
FF	8	Demographic information must be updated electronically on existing Families First individuals as needed.
FF	9	Individuals who are not receiving Families First and who are not required to be added to an existing case will be linked to a new application.
FF	10	Individuals who are mandatory Families First assistance group members must be added to an existing Families First case.
TCM	11	The Medicaid claim number will consist of a 7-digit number, plus a letter and an optional number.
TCM	12	Results will be displayed, which will include the Medicare Claim Number.
CC	13	Users can search for current or prior client parents/caretakers who received child care assistance using the client’s name, Social Security number, unique ID number, case identification number, and other search options.
CC	14	Users can search for a child who has a current or prior child care assistance enrollment record using the child’s name, Social Security number, unique ID number, case identification number, TNKids foster care individual identification, TNKids foster care case number, and other search options.
CC	15	Users can search for a child care provider (agency) using the provider’s assistance program enrollment identification number, child care agency’s name, child care agency’s contact name, address, and other search options.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.2.1
Individual Search and Summary



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.2 Case Search and Summary	
Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Process:

The user can search the databases on-line using case information as the key including but not limited to case number, head of case name, case address, case home phone number, case county, case type, case re-certification month and year, and appointments. The search can be done using one or more of the fields. Inquiry with return capability should be possible by selecting a displayed search match. The system should also provide search capability for the TCCMS Child Care identification number, the TCSES Child Support identification number, the TNKIDS foster care individual identification and case number, the Claims Account number, and the case review number. In addition, the system should provide search capability for the Families First Provider names and identification numbers.

If case number is known by user, the system shall provide direct access to case summary upon case number entry. The system shall allow the case or individual summary to be displayed based on most current circumstances with the ability to view history using date specific parameters. The system shall be interactive and shall link each case summary data element to the originating data. The system shall provide a 'Soundex' capability that can be turned on or off.

Sub-Processes:

1. Record Search Criteria

   The user enters the search criteria into the system to search for an existing case or an existing individual who may have been in more than one case. The more search criteria entered by the user, the narrower the system search results.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

SEARCH CRITERIA (temporary output)
Case Number
Case Address
Case Home Phone Number
Case County
Case Program Type
Case Re-certification Month and Year
Case Range Dates
Caseworker
Appointment Dates
Head of Case Name

2. Search for Case

The system must perform the case search using the search criteria entered by the user. The more search criterion that are entered, the narrower the case search. The system must display the results of the search. The system shall retrieve and display the case and individual summary even when partial information has been entered and regardless of case status.

SEARCH CRITERIA (input)
Case Number
Case Address
Case Home Phone Number
Case County
Case Program Type
Case Re-certification Month and Year
Case Range Dates

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Caseworker
Appointment Dates
Head of Case Name

CASE (input)
Case Name
Case Number
Case Phone Number
Case Address
TCCMS Child Care Identification Number
TCSES Child Support identification Number
TNKIDS Foster Care Identification Number
Claims Identification Number
Case Review Number
County
Caseworker

SEARCH RESULTS (output)
Case Program Type
Case Number
Head of Case Name
County
Head of Case ID Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

3. Determine if Case is Found

   Using search criteria provided, the system shall identify and display the cases identified in the search, the user must determine if the correct case is listed.

   SEARCH RESULTS (input)
   Case Program Type
   Case Number
   Head of Case Name
   County
   Head of Case ID Number

4. Select Case

   If a case is found that matches the search criteria, the user must select that case to have the case summary information displayed. If the search results is an exact case match, the system must automatically display the case summary information. The case summary will include the information relative to the program type for the case, and the case specifics. The case summary may also be accessed through entering the case number, or by linking from the individual summary or other sites. The system shall have the capability to provide a case summary that details the grouping results of the eligibility test for the sub-programs. The system shall allow the user to print search results.

   SELECTED CASE (temporary) (input)
   Case Name
   Case ID Number
   TCCMS Child Care Identification Number
   TCSES Child Support identification Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

TNKIDS Foster Care Identification Number
Claims Identification Number
Case Review Number

CASE SUMMARY (input – output)
Income Types and Amounts by Individual
Resource Types and Amounts by Individual
Benefit Amounts
Benefit Types
Benefit Status
Benefit Dates
Denial Reason(s)
Closure Reason(s)
Benefit Reduction Reason(s)
Benefit Increase Reason(s)
Claims Indicator
Case Size
Head of Case
Conciliation Indicator
Outstanding Information Pending Verifications
Absent Parent Information for Each Child
Caseworker(s)
Last Change to Case and Date (date recorded)
Link to Notices
Date of Last Notice
Date of Next Appointment
Date of Last Appointment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

TENNCARE Standard Premium Amount
Child Care Co-pay Amount
Children Receiving Child Care
Language Type for Head of Case
Medicaid / TENNCARE Standard Coverage Dates
Two-week Compliance Indicator and Dates (Begin and End)
Bankruptcy Indicator
Interview Method Chosen
Padding and Peeling Information for Medicaid
Marriage During Receipt Indicator
Families First Extension Indicator
Number of Transitional Child Care Months Remaining
Number of Transitional Medicaid Months Remaining
Work Requirement Indicator
Family Cap Indicator
Case Members – with Date of Birth, Individual Status, Disqualifications, Disability /Incapacity Indicator, SSI Indicator, Flags, Living Arrangement Types and Families First Countable Months for each
Recertification Dates
Sanction Dates (Begin and End)
Sanction Reason(s)
Families First Modified PRP Indicator
Families First Exemption / Interruption Indicator
Families First Early Re-entry Indicator

CASE (input)
Case Name
Case Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Case Phone Number
Case Address
TCCMS Child Care Identification Number
TCSES Child Support identification Number
TNKIDS Foster Care Identification Number
Claims Identification Number
Case Review Number
County
Caseworker

5. Display Case Summary

   The system must display the case summary information of the case selected.

6. Select Data Element to Hyperlink (optional)

   The user may select a data element from case summary information to hyperlink to view the related data entry area of the selected case. Related areas in the case include, but are not limited to, the earned and unearned income, resources, Families First activity attendance record, individuals in case and relationships, demographics, shelter expenses, medical expenses, child care, claims, benefits, pending verifications, and notices generated. The system must then display the current information selected with the ability to view case history.

   CASE SUMMARY (input)
   Income Types and Amounts by Individual
   Resource Types and Amounts by Individual
   Benefit Amounts

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Benefit Types
Benefit Status
Benefit Dates
Denial Reason(s)
Closure Reason(s)
Benefit Reduction Reason(s)
Benefit Increase Reason(s)
Claims Indicator
Case Size
Head of Case
Conciliation Indicator
Outstanding Information Pending Verifications
Absent Parent Information for Each Child
Caseworker(s)
Last Change to Case and Date (date recorded)
Link to Notices
Date of Last Notice
Date of Next Appointment
Date of Last Appointment
TENNCARE Standard Premium Amount
Child Care Co-pay Amount
Children Receiving Child Care
Language Type for Head of Case
Medicaid / TENNCARE Standard Coverage Dates
Two-week Compliance Indicator and Dates (Begin and End)
Bankruptcy Indicator
Interview Method Chosen

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Padding and Peeling Information for Medicaid
Marriage During Receipt Indicator
Families First Extension Indicator
Number of Transitional Child Care Months Remaining
Number of Transitional Medicaid Months Remaining
Work Requirement Indicator
Family Cap Indicator
Case Members – with Date of Birth, Individual Status, Disqualifications, Disability /Incapacity Indicator, SSI Indicator, Flags, Living Arrangement Types and Families First Countable Months for each
Recertification Dates
Sanction Dates (Begin and End)
Sanction Reason(s)
Families First Modified PRP Indicator
Families First Exemption / Interruption Indicator
Families First Early Re-entry Indicator

HYPERLINK (output)
Mode Type

7. Select Mode for Case Update (optional)

   If the user needs to update the case, the user may select the mode for case update. Examples of modes are, but not limited to, case changes or case review to prepare for recertification.

   MODE (input)
   Mode Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.2 Case Search and Summary

Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

8. Determine if Search Criteria Needs Updating

   The system must display any match results found. If no match is found, the user must determine if the search criteria was entered incorrectly and if the search criteria needs to be updated.

   SEARCH CRITERIA (temporary) (input)
   Case Number
   Case Address
   Case Home Phone Number
   Case County
   Case Program Type
   Case Re-certification Month and Year
   Case Range Dates
   Caseworker

9. Update Search Criteria

   If the case search criteria require updating, the user must update the search criteria and perform another case search.

   SEARCH CRITERIA (temporary) (input)
   Case Number
   Case Address
   Case Home Phone Number
   Case County
   Case Program Type
   Case Re-certification Month and Year

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.2 Case Search and Summary	
Program Affected: All Programs	**Users: Clerical Staff, Caseworkers, FASC**

Case Range Dates
Caseworker
Appointment Dates
Head of Case Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

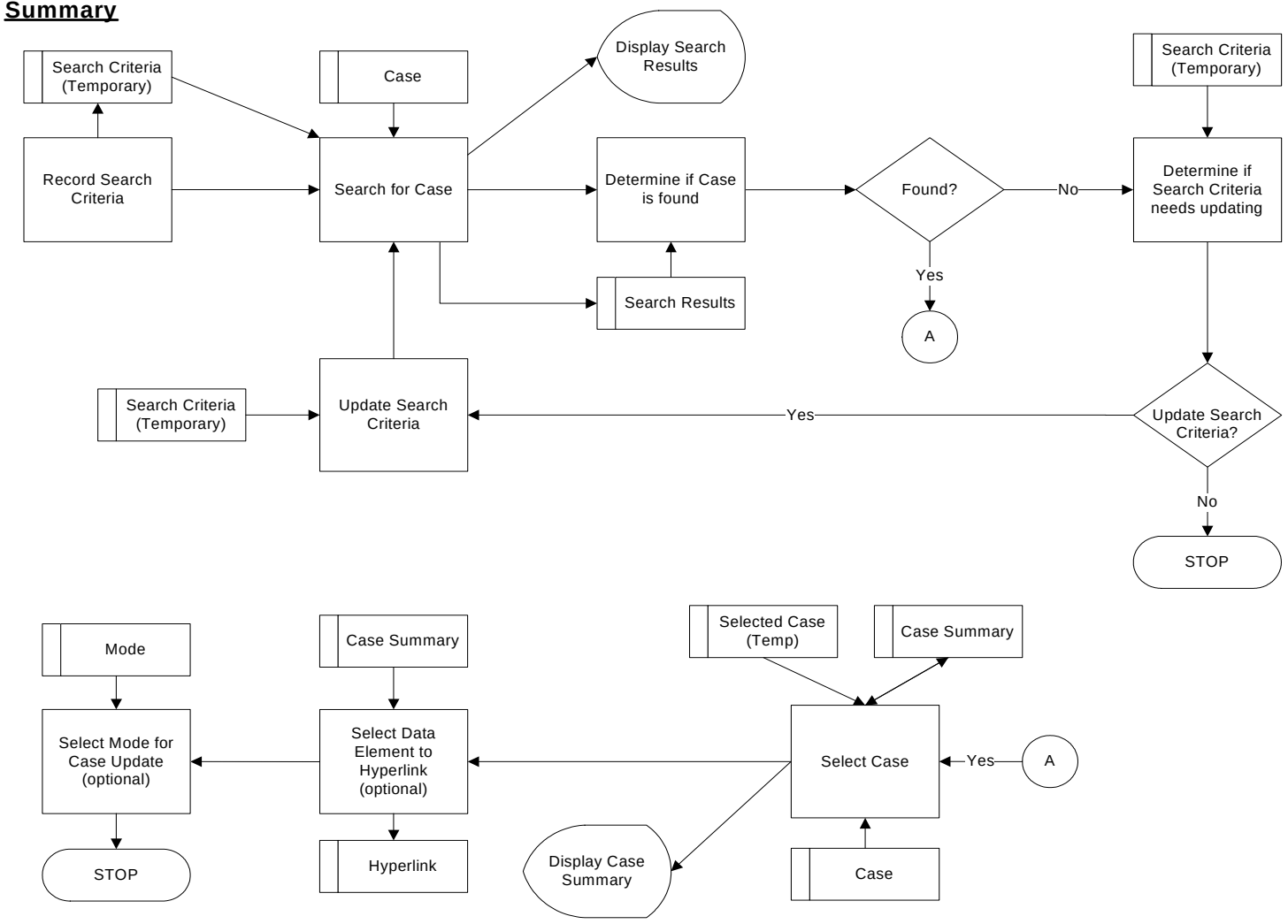
Program Type	Rule Number	Rule
All	1	The state agency must have an automated process to cross-check for duplicate cases for all household members by means of a comparison with case records within the state.
All	2	The state agency's automated system must be able to process all case file information necessary to determine eligibility and benefit calculation for the household.
All	3	The state agency's automated food stamp system must be able to store all case file information necessary to determine eligibility and benefit calculation for the household.
All	4	Case file information shall include, but is not limited to all household members' names, addresses, dates of birth, social security numbers, and individual household members' earned and unearned income by source, deductions, resources, and household size.
All	5	Case file information shall be displayed as summary information, with hyperlinks to each specific type of information for the case.
All	6	In order to perform case actions, the user must locate the correct case.
All	7	Case information must be summarized in a readily available and easily understandable format.
All	8	A case information summary must also indicate any other related cases with which the case in question shares members.
CC	9	The user shall have the capability to search by but not limited to the following criteria: name, SS#, case number, individual identifier, case worker, recertification and review dates, zip code or county, funding source, school calendar, age range, appointment, care level, and schedule (pt/ft).
CC	10	The user shall have the capability to search for child care providers using the following criteria but not limited to: name of facility, contact person, address, type of facility, provider ID number and extension number, county, zip code, sibling discount, star bonus rating, enrollment information (care level approved by licensing), services offered (example: transportation).
CC	11	There shall be multiple search options available until a successful match is reached or until all options are exhausted.
	12	NOTE: RULES ALREADY WRITTEN FOR “ALL” PROGRAM TYPES SHOULD BE APPLIED TO CHILD CARE ALSO.
All	13	All cases are maintained in an electronic file.
FFP	14	An individual may not be an eligible case member in more than one case.
All	15	A user shall enter one or more search criteria against which a search will be performed.
All	16	When search criteria are entered, all exact matches shall be found, whether one or more criteria are entered.
All	17	When searching, only exact matches to all search criteria must be found, whether it is one or more criteria.
All	18	If more than one search criteria are entered, then exact matches to all search criteria must be found for

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
		the search to be successful.
All	19	A correct case number shall allow access to the specified case's case summary.
All	20	When exact match(es) is (are) found, a successful search indicator must be displayed.
All	21	If more than one exact match is found to the search criteria, then all cases numbers must be displayed.
All	22	When one exact match is found, the case number and case summary of the match must be displayed.
All	23	When more than one exact match are found, the user will select one for which the case summary will be displayed.
All	24	When searching, if no exact matches are found, an unsuccessful search indicator must be displayed.
All	25	When searching, if no exact matches are found, a request for updated search criteria shall be displayed.
AA	26	When a child returns to state custody or guardianship, the case manager must conduct a search to determine if a child is receiving adoption assistance or Medicaid.
AA	27	The system will identify all possible matches by the child's identifying data.
AA	28	The case manager will determine the type and amounts of any benefit the child is receiving or has received and the payee for those benefits based on the system match.
AA	29	The case manager/ adoption assistance designee will determine continued eligibility for adoption assistance once a child enters state custody/ guardianship.
IV-E FC	30	All Title IV-E foster case cases shall be maintained in a V.I.P. electronic file.
IV-E FC	31	A foster case child may not be an assistance group member in more than one Title IV-E foster care case.
IV-E FC	32	A foster care child may not be an assistance group member in both a Title IV-E foster care case and a Families First case.
IV-E FC	33	Case file information shall be displayed as summary information.
IV-E FC	34	The summary information shall include a: • a snapshot of data used to generate a Title IV-E determination; • a printed record of Title IV-E information; • changes made to a foster child's Title IV-E eligibility status during a Title IV-E episode.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.2.2 Case Search and Summary



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.3 Appointment Search	
Program Affected: All	**Users: Caseworkers**

Process:

This process allows the user to search for the appointment information on an individual or case. This information can be searched using a variety of search criteria entered by the user. This search may be defined to a future or past period of time. This search will yield information on all appointments scheduled using the systems scheduling functionality. A user shall be able to search for an appointment by using a variety of criteria which will include but will not be limited to SSN, case number, provider number, date of birth, date, caseload or other unique identifier.

Sub-Processes:

1. Record Search Criteria and Search for Appointment

   The user shall enter the search criteria for the appointment, individual or case they are seeking and the system will search for an existing appointment based on the individual, appointment and PRP information and utilizing the business rules

   INDIVIDUAL (Input)
   Names of case individuals
   Individual SSN
   Individual ID
   Case number
   Head of case name
   SSN of case members

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.3 Appointment Search

Program Affected: All	**Users: Caseworkers**

APPOINTMENT (Input)
Appointment Date
Appointment Time
Worker name
User ID of worker
Appointment location
Appointment type
Provider name
Provider ID
Caseload

PRP (Input)
Activity name

SEARCH RESULTS (Output)
Name of case individuals
Appointment time
Appointment date
Appointment type
User name
User ID
Individual SSN
Appointment location
Case number
Individual ID
Head of case name
Provider name

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.3 Appointment Search

Program Affected: All	**Users: Caseworkers**

Provider ID
Caseload
Activity name

2. Determine if Appointment Found

The system shall determine if the requested appointment was found based on the business rules and the search results information.

SEARCH RESULTS (Input)
Name of case individuals
Appointment time
Appointment date
Appointment type
User name
User ID
Individual SSN
Appointment location
Case number
Individual ID
Head of case name
SSN of case members
Caseload
Provider name
Provider ID
Activity Name
Claim Account Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.3 Appointment Search

Program Affected: All	**Users: Caseworkers**

3. Determine if Criteria Needs Updating

   If the appointment was found, the system will display the appointment information for review by the user. If an appointment was not found, the user will determine if new search criteria needs to be entered. If the criteria were updated, the system will repeat the search for an existing appointment. The determination is based on individual, appointment, search results information, and utilizing the business rules.

   INDIVIDUAL (Input)
   Names of case individuals
   Individual SSN
   Case number
   Individual ID

   APPOINTMENT (Input)
   Appointment Date
   Appointment Time
   User name of worker
   Appointment location
   Appointment type
   Individual ID
   User ID of worker

   SEARCH RESULTS (Input)
   Name of case individuals
   SSN of case members
   Appointment time

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.2.3 Appointment Search	
Program Affected: All	**Users: Caseworkers**

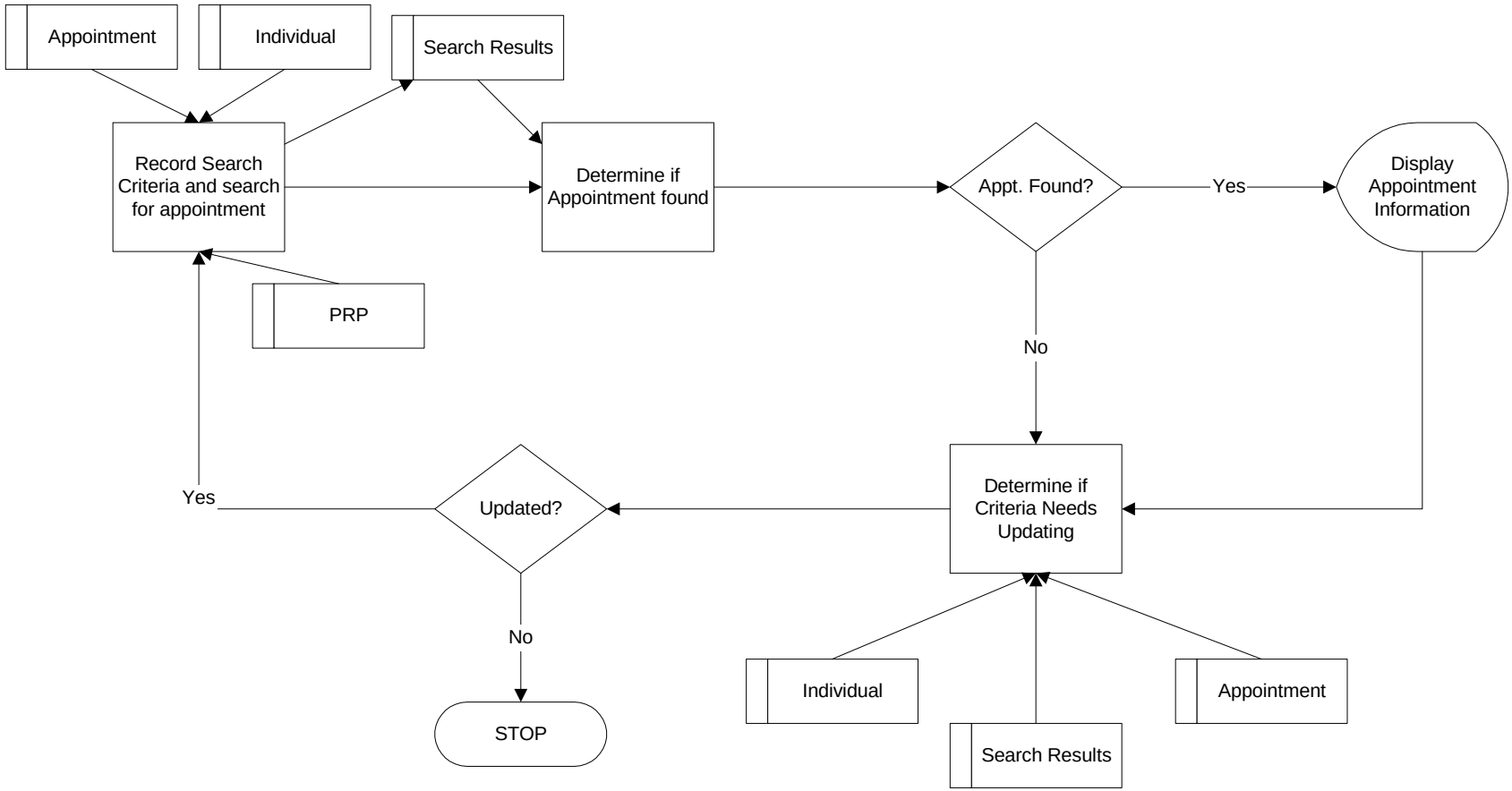
Appointment date
Appointment type
User name
User ID
Individual SSN
Appointment location
Case number
Caseload
Provider Name
Provider ID
Activity name
Claim Account number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
ALL	1	A user shall be able to continue the search by updating search criteria until the search is successful or all search options are exhausted.
ALL	2	A user must be able to view all of a user's appointments that are scheduled for any defined period of time or date.
ALL	3	A user must be able to view all of a client's appointments that are scheduled for any defined period of time.
ALL	4	If an appointment search result matches the search input information, then the requested appointment has been found.
ALL	5	If a user is not satisfied with the result of an appointment search, the user may initiate a new search using different search input information.
ALL	6	If an appointment search is made by the name or SSN of any person other than the head of case and a match is found, the appointment display shall give the head of case's name and the name of the search case member.
ALL	7	If an appointment search results in more than one match, all scheduled appointments will be displayed.
ALL	8	A user must be able to search for all appointments for a specific time and/or date by location and/or interview method.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.2.3
Appointment Search



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search	
Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

This is a description of the process in which the system will locate the information regarding referral to Investigations for an individual. This will be used to locate any and all investigation referrals related to the client. This will be used to help all IS and FA staff to determine if there is already a referral regarding the situation at hand and make a new referral if there is not one already in the system. The system shall be interactive and shall link (hyperlink) all of the individual's claim summaries and data elements to the originating data.

Sub-Processes:

1. Perform "Individual Search and Summary" Process

   The system shall perform "Individual Search and Summary" process to locate individuals to determine if there is a current referral on the individual.

2. Determine if Match Exists

   The system shall determine if an individual has an existing account. When making a claim referral the system shall capture the search criteria, entered by the user, to determine if an individual is known to the system. When making a referral where the individual recipient number is unknown by the system, other search criteria will be used to determine if the individual is known to the system.

   INDIVIDUAL (Output)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

NAME (Output)
Name Type

ACCOUNT (Output)
IS Account number

3. Link the Referral, Investigation, Claim and Individual Information

   When a match is found the system shall display and link the referral, investigation, claim and individual information.

   IS REFERRAL (Input - Output)
   Referral type
   Referral number
   Referral status date
   Referral status

   INVESTIGATION (Input/Output)
   Investigation number
   Investigation status date
   Investigation status

   CLAIM (Input/Output)
   Claim number
   Claim status date
   Claim status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

Confidential Claim Indicator

INDIVIDUAL (Input/Output)
SSN
Individual ID

ADDRESS (Input /Output)_
Individual mailing address Line 1
Individual city
Individual state
Individual zip code

CONTACT (Input)
Individual phone number

NAME (Input/Output)
Individual last name
Individual first name
Individual middle initial
Individual case number

IS ACCOUNT (Input/Output)
Account Number
Account status
Account status date

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

4. Select Case, Individual or Account Drill Down and Display

   The system shall allow the user to select either case, individual or account information to be displayed for the selected individual. The system shall display the detailed information for the selected drill down.

   IS ACCOUNT (Input/Output)
   Account Number
   Account status
   Account status date

   CLAIM (Input/Output)
   Claim number
   Claim status date
   Claim status

   CASE (Input/Output)
   Case Number
   Case Type

   INDIVIDUAL (Input/Output)
   SSN
   Individual ID

5. Select Individual and Create New Referral

   The user shall have the option to select an individual from the displayed information and create a new claim referral.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Input/Output)
SSN
Individual ID

REFERRAL (Output)
Referral Number
Referral Status
Referral Status Date

6. Determine if Search Criteria Must be Altered

   If no match is found the user will determine if the search criteria should be updated based on claim and individual information.

   CLAIM (Input)
   Claim number
   Claim type
   Claim date
   Claim status
   Claim status date
   Claim status reason
   Claim Program type

   INDIVIDUAL (Input)
   SSN
   Individual ID

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems
Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

ADDRESS (Input)
Address Type

NAME (Input)
Name Type

IS ACCOUNT (Input)
Account Number
Account status
Account status date

8. Update Search Criteria

   If the search criteria needs to be altered, the user will record the search information and the system will perform a new search.

   CLAIM (Output)
   Claim number
   Claim Classification
   Claim Date
   Claim Status
   Claim Status Date
   Claim status Reason
   Overpayment Program Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy/Systems

Date: January 31, 2005

Process: 5.2.4 Investigations Client Search

Program Affected: Claims, FA, FS	**Users: Caseworkers, Supervisors, Claims Staff**

INDIVIDUAL (Output)
SSN
Individual ID

IS ACCOUNT (Output)
Account Number
Account status
Account status date

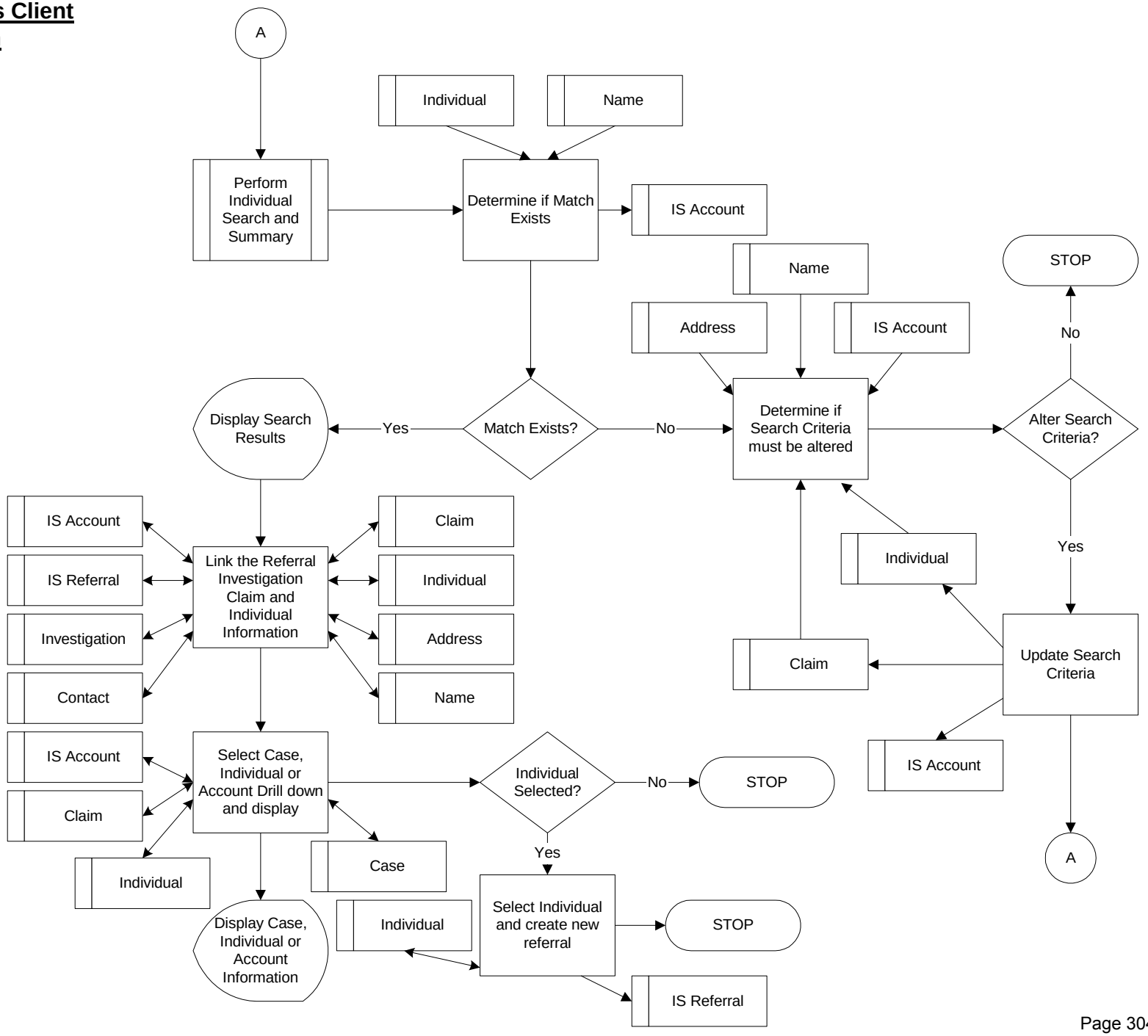
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	The system is initiated to locate referral information (past and present) on an individual.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.2.4

Investigations Client Search



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search	
Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

Process:

The Department of Human Services must be able to perform a search of the system to determine if an individual has an existing account or claim number(s). The system shall allow inquiry on current and historical individual information.

Sub-Processes:

1. Enter Search Criteria

   The user will record specific criteria so that a search can be performed to determine if an individual has an existing referral, investigation, claim or account receivable. The system shall have the ability to perform exact or partial matches using specific data elements to identify individual status in any case.

   CLAIM (Input / Output)
   Claim Number

   IS ACCOUNT (Input / Output)
   Account Number

   INVESTIGATION (Input / Output)
   Investigation Number

   IS REFERRAL (Input / Output)
   Referral Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

Referral Date

CASE (Input)
Case Number
Case Type

INDIVIDUAL (Input / Output)
SSN
Date of Birth
Individual ID

NAME (Input / Output)
Name Type
Claimant First Name
Claimant Last Name
Claimant MI

ADDRESS (Input)
Address Type
Claimant Address
Responsible Person Address

CONTACT (Input)
Contact Type
Phone Number Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

2. Perform Search

   The system shall perform the search based on information either entered by the user or automatically populated when entering a referral. The system shall also be able to perform the search using partial information - such as (but not limited to) the last 4-digits of the SSN, first letter in first name field, or only using last name. The system shall display case / individual / account information from the search process.

3. Select Appropriate Claim/Account Number

   When a match exists, the system shall display all potential matches. The user will review the listing and select the account, referral, investigation or claim number.

   INDIVIDUAL (Input)
   SSN
   Individual ID

   CLAIM (Input / Output)
   Claim Number(s)
   Claim Date(s)
   Claim Status
   Overpayment Program
   Claim Classification
   Account Receivable Balance

   IS ACCOUNT (Input / Output)
   Account Number
   Account Status

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

INVESTIGATION (Input / Output)
Investigation Number
Investigation Status
Investigation Begin Date
Investigation End Date

IS REFERRAL (Input / Output)
Referral Number
Referral Status
Referral Begin Date
Referral End Date

4. Link to Account Number or Claim

The system shall link and display the selected account number and all associated referrals, investigations, claims and account receivables to the referral or search individual to allow the user to obtain more information on referral, investigation and individual selected. The system shall allow the case or individual summary to be displayed based upon the most current circumstances with the ability to view history using date specific parameters. The system shall be interactive and shall link each case summary data elements to the originating data. The system shall link and display all cases where an individual is or has been in more than one case.

CLAIM (Input / Output)
Claim Number(s)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

CASE (Input / Output)
Case Number
Case Type

INDIVIDUAL (Output)
SSN
Date of Birth
Individual ID

ADDRESS (Output)
Address Type

NAME (Output)
Name Type
Claimant First Name
Claimant Last Name
Claimant MI

CASELOAD (Output)
Caseload Number

IS ACCOUNT (Input / Output)
Account Number

INVESTIGATION (Input / Output)
Investigation Number

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

IS REFERRAL (Input / Output)
Referral Number

5. Update Search Criteria

The user will record new search criteria when it is determined that a match was not found. The user will update the search criteria for another search.

INDIVIDUAL (Input)
SSN
Date of Birth
Individual ID

CASE (Input)
Case Number
Case Type

IS ACCOUNT (Input / Output)
Account Number

CLAIM (Input / Output)
Claim Number
Claim Begin Date
Claim End Date

INVESTIGATION (Input / Output)
Investigation Number

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.2.5 Claim Or Account Number Search

Program Affected: All DHS	**Users: Caseworkers, Supervisors, Claims Staff**

Investigation Begin Date
Investigation End Date

IS REFERRAL (Input / Output)
Referral Number
Referral Date

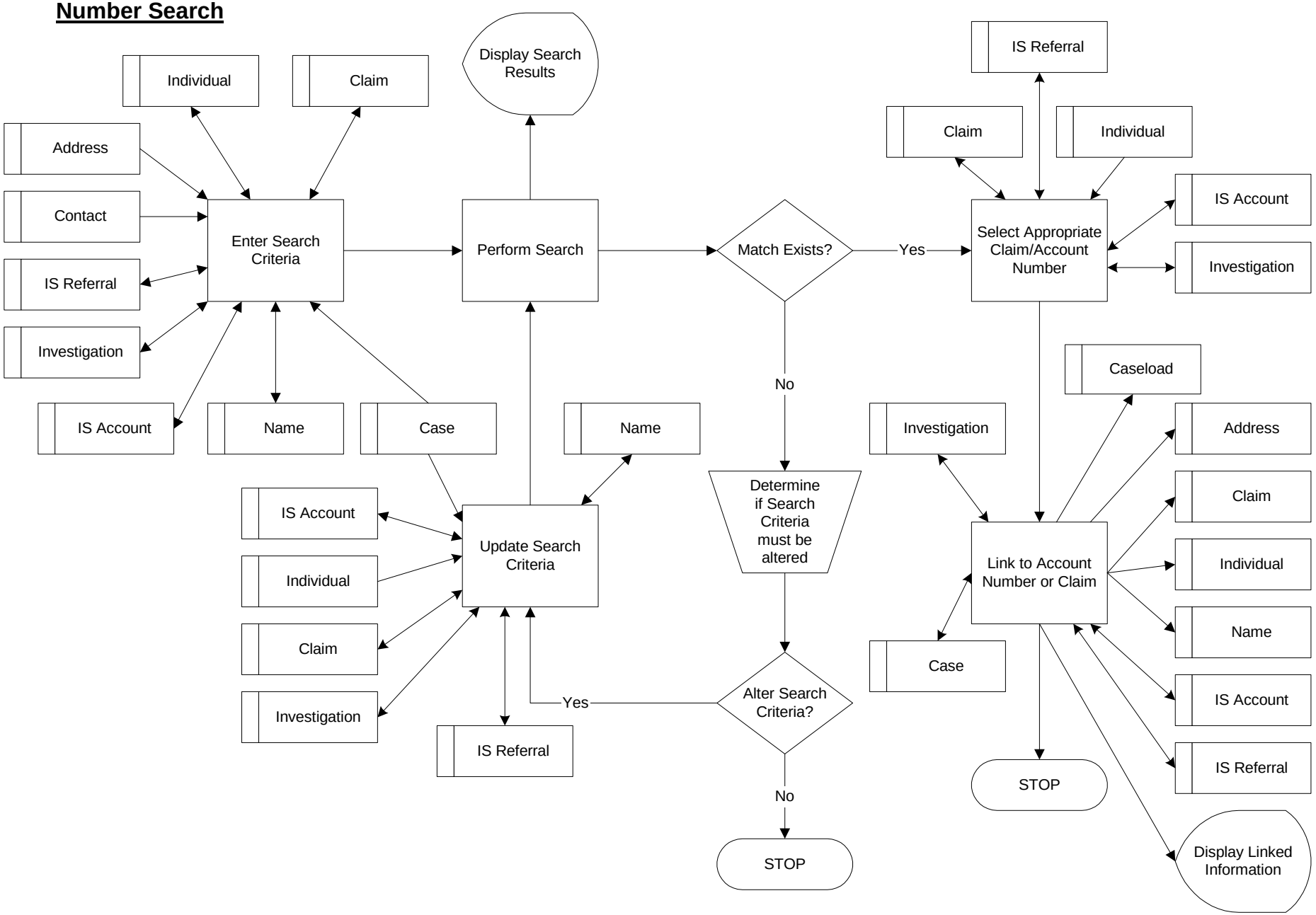
NAME (Input / Output)
Name Type
Claimant Name
Responsible Person Name

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
IS	1	A search may be initiated at any time to establish that a claim, account or referral exists for an individual.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.2.5 Claim or Account Number Search



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

Process:

The system shall support **C**omputer **T**echnology **I**ntegration (**CTI**) functionality. CTI functionality must support calls that come from different paths.

When an individual places a call to a Service Center, the Service Center Telephony System will prompt the caller to select between using an **I**nteractive **V**oice **R**esponse (**IVR**) system or being routed to a Service Center agent. The system shall interface with the telecommunication systems for the Service Center.

This narrative addresses the process by which a Service Center agent can confirm the identification of a caller when the caller selects to speak with a Service Center agent, if the caller is known to the system, and by which an Individual Summary (and a Case Summary) will be generated for display to the Service Center agent to whom the phone call is being routed.

The system shall support “screen pops” with the ability to default to a case or an individual summary screen. “Screen pops” shall be defined based on the path the call took, such as menu selection, IVR, call centered information, or defaults (if insufficient information is provided.)

Note that each step wherein the caller is prompted, the caller is to be offered the option to return to an earlier menu or to terminate the call.
Note that all Service Center phone “scripts” must be available in English and in Spanish.

Sub-Processes:

1. Route Incoming Call to the Service Center

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.	
Program Affected: All Programs	**Users: Service Center Agents and above**

The Service Center Telephony System shall route the call to the Service Center when a caller does not select to use the Interactive Voice Response system. The system shall allow the caller the option to go to the IVR system at any point in the call.

2. Record Reason For Call

   The system shall record the reason for the call by prompting the caller to select from a menu.

   SERVICE CENTER CONTACT (Output)
   Call Reason Code

3. Assign Work Order Number

   The system shall assign a work order number to each call routed to the Service Center. If the reason for the call is to follow up on a prior call that is associated to an outstanding work order, the system shall identify the correct work order number and link the call to that work order number and show it as an additional contact rather than assigning a new work order number. The work order number must be associated to the individual, case number, Service Center agent and location, and shall be trackable.

   SERVICE CENTER WORK ORDER (Input / Output)
   Service Center Work Order Number

4. Perform Phone Number Search

   The system shall match each incoming phone number (area code + prefix + exchange) to the INDIVIDUAL PHONE NUMBER data store to determine if the caller is known to the system. The system shall maintain data regarding the call in the SERVICE CENTER CONTACT data store.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

INDIVIDUAL PHONE NUMBER (Input)
Case Primary Residential - Phone Number - Area Code
Case Primary Residential - Phone Number - Prefix
Case Primary Residential - Phone Number - Exchange
Case Secondary Residential - Phone Number - Area Code
Case Secondary Residential - Phone Number - Prefix
Case Secondary Residential - Phone Number - Exchange
Case - Cell Phone Number - Area Code
Case - Cell Phone Number - Prefix
Case - Cell Phone Number – Exchange
Case Other 1 - Phone Number - Area Code
Case Other 1 - Phone Number - Prefix
Case Other 1 - Phone Number - Exchange
Case Other 2 - Phone Number - Area Code
Case Other 2 - Phone Number - Prefix
Case Other 2 - Phone Number - Exchange
Case Other 3 - Phone Number - Area Code
Case Other 3 - Phone Number - Prefix
Case Other 3 - Phone Number - Exchange
Case Other 4 - Phone Number - Area Code
Case Other 4 - Phone Number - Prefix
Case Other 4 - Phone Number - Exchange
Authorized Representative - Phone Number - Area Code
Authorized Representative - Phone Number - Prefix
Authorized Representative - Phone Number - Exchange
Protective Payee - Phone Number - Area Code

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

Protective Payee - Phone Number - Prefix
Protective Payee - Phone Number - Exchange
Individual - Home Phone Number - Area Code
Individual - Home Phone Number - Prefix
Individual - Home Phone Number - Exchange

SERVICE CENTER CONTACT (Output)
Caller's Phone Number - Area Code
Caller's Phone Number - Prefix
Caller's Phone Number - Exchange
Call Date
Call Begin Time
Phone System ID Data (if available)

5. Display Search Results

If a phone number match occurs, the system shall retrieve ADDRESS, CASE, INDIVIDUAL and NAME data and display the results of the search to the Service Center agent to be used to confirm identification. For each match that occurs, the system shall retrieve and display the caller's residential county I.D. and name, the case head's full name, the ID(s) of the cases in which the caller is an active member, the caller's date of birth, and the caller's SSN. Although, ideally, there would exist a one-to-one match between the caller's phone number and the INDIVIDUAL PHONE NUMBER data store, it is logically possible for more than one match to occur or for a match to occur that does not include the caller in the associated cases. (Example: the caller may be calling from a friend's number and the friend receives benefits, so the system retrieves the friend's cases.) The system shall update the SERVICE CENTER CONTACT data store with positive phone number match result code.

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DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

ADDRESS (Input)
County I.D.

CASE (Input)
Case I.D.(s)

INDIVIDUAL (Input)
Date of Birth
Social Security Number (SSN)
Head of Case - First Name
Head of Case - Middle Initial
Head of Case - Last Name
SERVICE CENTER CONTACT (Output)
Phone Number Match Result Code (positive)

If a phone number match does not occur, the system shall display a message for the Service Center agent stating that the phone number is currently unknown to the system and that match data is unavailable. The system shall record a Phone Number Match Result Code in the SERVICE CENTER CONTACT data store. The system shall also record and retain match data when the match results show the phone number linked to additional cases in which the caller is not an active member.

If the caller states that he or she is a current recipient, the Service Center agent will use other system tools to retrieve the recipient data necessary to assist the caller.

SERVICE CENTER CONTACT (Output)
Phone Number Match Result Code (negative)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

6. Confirm Identification and Select if Match

   If a successful phone number match occurs, the Service Center agent will query the caller using the displayed data from the phone match to confirm the caller's identification. If the Service Center confirms the caller's identification with the match data, the Service Center agent is to select the match that appears to correspond to the data queried from the caller. The system shall record in the SERVICE CENTER CALL MATCH data store a Phone Number Match Result Status Code and, for each match that occurred, a Phone Number Match Result Type Code. Upon selection, the system shall display the Individual Summary screen to the user.

   SERVICE CENTER CALL MATCH (Output)
   Phone Number Match Result Status (positive)
   Phone Number Match Result Type Code

7. Link Case to Work Order

   The system must ensure that all work orders that are associated to an existing case or application are linked to that case or application. The system shall allow the Service Center staff to transfer a call to another office or agency, with the call not being released until the call is answered at the transferred location.

8. Determine if a New Search is Needed

   If upon examination of the "Individual Summary", the Service Center agent is unable to confirm the caller's identification and if more than one match occurred, the system is to provide the Service Center agent with the option to return to the Phone Number Search Results display and select another match. If the Service Center agent selects the option to return to the Phone Number Search Results display, the system shall remove the match data line from Phone Search Results display that was selected last. The Service Center agent will then have the opportunity to select another match result from a modified list. If only one phone number match

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.3.1 Service Center Integration with V.I.P.

Program Affected: All Programs	**Users: Service Center Agents and above**

occurred and if the caller states that he or she is known to the system, the Service Center agent will perform the "Individual Search and Summary" process in an attempt to retrieve client data.

9. Perform the "Individual Search and Summary" Process (Optional)

   The system shall provide the user with the option of performing the "Individual Search and Summary" process. The system shall support the routing of program inquiries that come through the Department's website to the Service Center for processing.

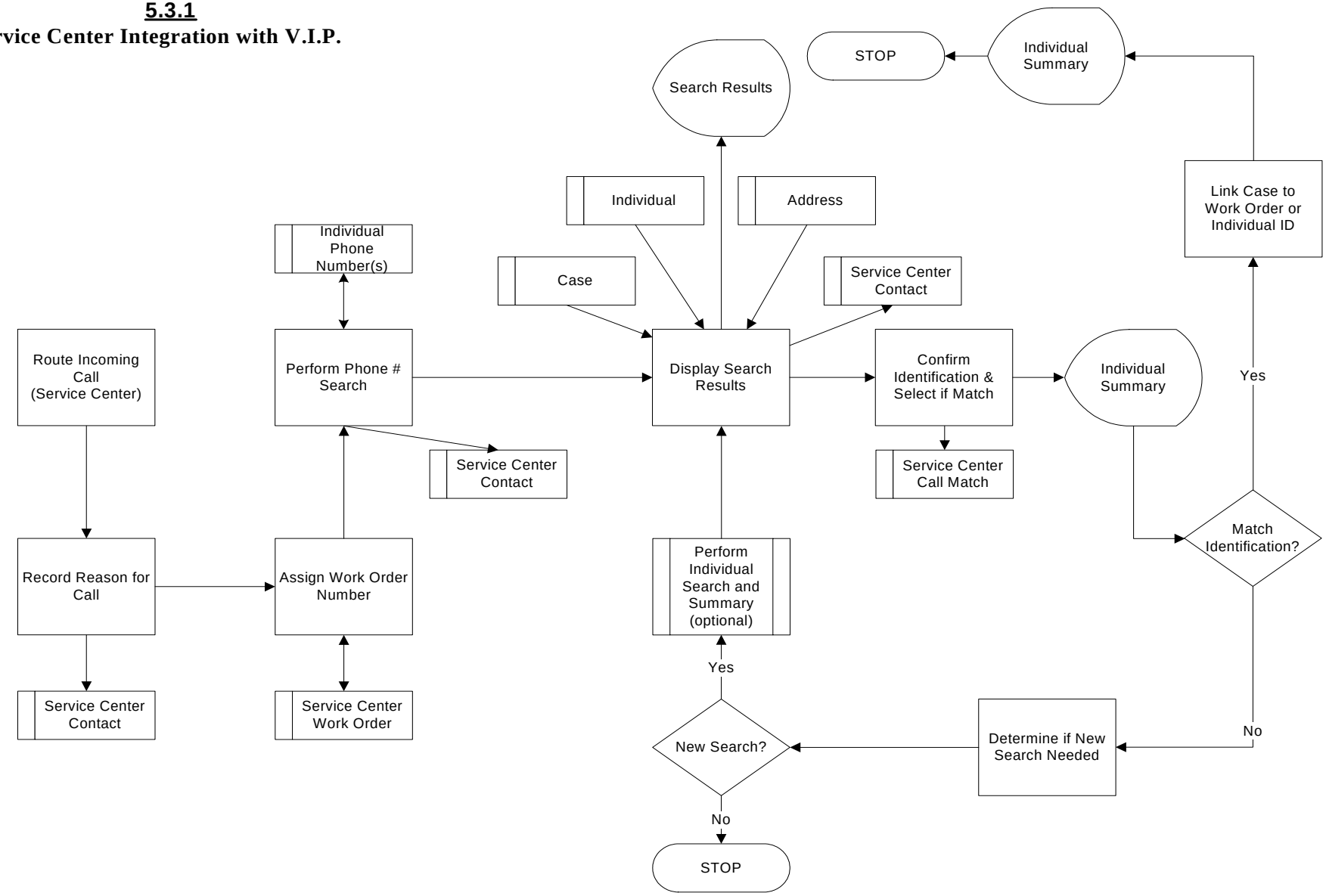
RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
SC	1	Confirm caller name and ID (SSN) after call ID is placed in agent window to confirm data.
SC	2	Record all data (SSN-DOB-case number) in system
SC	3	Re-verify with caller the case number, SSN, DOB with phone number and inquire where they are calling from.
SC	4	Pick up unresolved work order in case associated with individuals.
SC	5	The reason for the Service Center call must be recorded.
SC	6	Each initial call must have a work order number assigned.
SC	7	A work order number shall be assigned and that number and associated call information will be retained even if the caller is not known to the system.
SC	8	Related and follow-up calls shall be linked to the original work order.
SC	9	All entries regarding time spent processing a call, or taking an action related to that call, shall be obtained, through automated and manual entry and shall be associated to the assigned work order number.
SC	10	Failure to provide sufficient Identity Verification shall prohibit case access for the caller.
SC	11	When appropriate, a work order number shall be associated to a case or cases.
SC	12	One work order may be associated with multiple cases when the reason for the call is tied to multiple programs and cases.
SC	13	The case’s language type shall be displayed upon access.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.3.1

Service Center Integration with V.I.P.



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.2 Interactive Voice Response (IVR) Access I.D. Verification

Program Affected: All Programs	**Users: Service Center agents and above**

Process:

This narrative addresses the identification verification process for an individual who has placed a phone call to a Service Center and who has selected to use the **I**nteractive **V**oice **R**esponse (**IVR**) process. Before allowing the caller to proceed, the system shall determine if the individual is authorized to be provided with the data requested. The system shall allow IVR Inquiry both during standard and non-standard business hours, a minimum of twenty-three (23) hours per day, seven (7) days per week. During Service Center hours of operation, the system shall allow a caller to speak to Service Center staff at any point while in the IVR.

Note that each step wherein the caller is prompted, the caller is to be offered the option to return to an earlier menu or to terminate the call.

Note that all Service Center phone “scripts” must be available in English and in Spanish.

Sub-Processes:

1. Record IVR Menu Option Selection

   If the caller selects one of the Interactive Voice Response (IVR) menu options, the system shall record the option selected.

   SERVICE CENTER CONTACT (Output)
   IVR Menu Option Code

2. Record SSN or Case Number as Search Criterion

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.2 Interactive Voice Response (IVR) Access I.D. Verification

Program Affected: All Programs	**Users: Service Center agents and above**

Once the caller has selected an IVR Menu Option, he or she is to be prompted to enter an SSN or a Case Number to be used to confirm the caller's identity and access status.

SERVICE CENTER CONTACT (Output)
Search Criterion Code
SSN
Case I.D.

3. Identify Case

Once the caller has entered a SSN or a case number, the system shall match the selected identifier to the appropriate data store (CASE or INDIVIDUAL) and if the match is successful, the system shall update the IVR Case Log data store with the match data.

Note that if the individual enters a SSN as an identifier, more than one match may occur as the individual may be associated with more than one case

Note that for each case selected in the match process that the case approval date is to be retrieved from the CASE data store.

Note that if the case number selection is chosen that the system shall also retrieve the individual's year of birth for use in the secondary verification step below.

CASE (Input)
Case I.D.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.2 Interactive Voice Response (IVR) Access I.D. Verification	
Program Affected: All Programs	**Users: Service Center agents and above**

Program Type
Sub-Program Type
Case Approval Date
INDIVIDUAL (Input)
SSN
Date of Birth (Century and Year) (Case head's if case number used)
Individual Type (Authorized Representative / Protective Payee)

IVR CASE LOG (Output)
Case I.D.
Program Type
Sub-Program Type
Case Approval Date
SSN
Date of Birth (Century and Year) (Case head's if case number used)
Identity Confirmation Match Result Code

4. Provide Option for Updating Search Criteria

   If the match process was not successful, the caller is to be offered the opportunity to enter a new search criterion. For example, if the caller initially entered a case number and the match was unsuccessful, he or she is to be offered the opportunity to either re-enter the case number (as a mistake was made in the entry) or to enter a SSN.

5. Route to Service Center Queue (If Open, i.e. if during hours of operation)

   If the caller declines the opportunity to perform a new search, the caller is to be routed to the Service Center

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.3.2 Interactive Voice Response (IVR) Access I.D. Verification

Program Affected: All Programs	**Users: Service Center agents and above**

Queue. If the call is made outside of the Service Center hours of operation, the caller will be routed to a canned message that states the hours of operation when a Service Center Customer Service agent may be available. The call will then be terminated.

6. Perform / Record Secondary Identification Verification Match

   Once a case match has been made and prior to providing the caller a match list, the system shall prompt the caller to provide secondary identification verification. If the caller entered their SSN as search criterion, then the caller is to be prompted to enter their year of birth. If the caller entered a case number as search criterion, then the caller is to be prompted to enter the case head's year of birth. If the caller responds to the prompt to enter his or her or the case head's year of birth, the system shall record the result of the match in the IVR CASE LOG data store.

   IVR CASE LOG (Input)
   Date of Birth (Century and Year)

   IVR CASE LOG (Output)
   Secondary Identity Confirmation Match Result Code

7. Prompt Caller to Select Case from Match List

   If the caller passes the secondary identification verification match, the system shall prompt the caller to select the case from the matched cases. The script shall include the program type, sub-program type, case number and approval date for each match that occurred (e.g. "Families First case 123456789 approved on March 13, 2004".) Even if only one match occurred the caller is to be prompted to confirm that the call is in regard to the matched case. The system must allow a caller to access eligible case member information by sub-program type when multiple cases exist for the same sub-program.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.2 Interactive Voice Response (IVR) Access I.D. Verification	
Program Affected: All Programs	**Users: Service Center agents and above**

8. Record Caller's Case Selection

   The system shall record the caller's case selection.

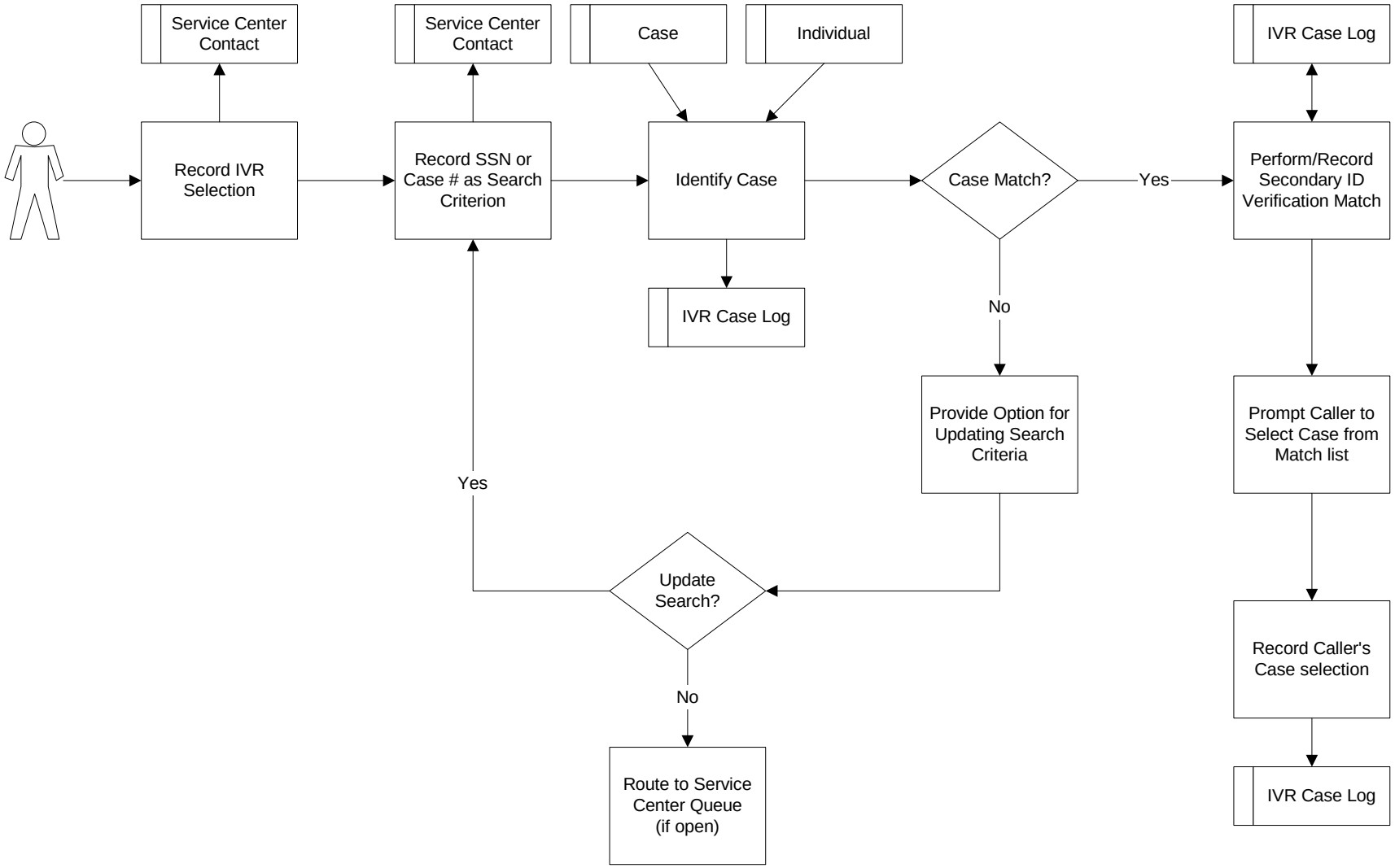
   IVR CASE LOG (Output)
   Case I.D.
   Program Type
   Sub-Program Type

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
SC	1	A caller's identification must be confirmed before information can be obtained from the IVR system.
SC	2	A secondary verification must be obtained from each caller accessing the IVR.
SC	3	Authorized Representatives / Protective Payees shall be able to obtain case information by entering their year of birth and their own SSN.
SC	4	Failure to successfully provide necessary identification will result in call termination or being routed to an agent.
SC	5	Call statistics through IVR will be retained for cases and linked appropriately.
SC	6	An individual may access cases in which they are eligible by entering their own year of birth as secondary verification.
SC	7	An individual who is also head of the case does not have to be an eligible member in that case to access information through the IVR.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.3.2
Interactive Voice Response (IVR) Access I.D. Verification



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

Process:

This narrative addresses the process for providing information to an individual who has called the Service Center and who has selected to use the Interactive Voice Response (IVR) system.

Note that each step wherein the caller is prompted, the caller is to be offered the option to return to an earlier menu or to terminate the call.

Note that all Service Center phone "scripts" must be available in English and in Spanish.

Sub-Processes:

1. Perform the "IVR Access Identification Verification" Process

   In the process "Interactive Voice Response Access Identification Verification", steps are described wherein the caller selects the IVR process from an initial menu, wherein the caller selects an IVR Menu option, wherein the caller identifies the case for which he or she is requesting data, and established authorization to access case data, and wherein the system has written the selected case I.D. to the IVR CASE LOG.

2. Prompt Caller to Select IVR Menu Option

   The system shall prompt the caller to select an IVR Menu Option. The menu may be updated periodically, adding or removing options as required. The current menu options include:

   - Inquire into the status of a case
   - Inquire into the status of an application

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

- Inquire as to the amount and the availability date of a benefit
- Inquire as to the location of the nearest county office
- Inquire as to the date and time of a scheduled appointment
- Inquire as to the date and amount of the last claim payment received

IVR CASE LOG (Output)
IVR Menu Option Code

3. Retrieve Requested Data

Based upon the option selected the IVR system shall retrieve the appropriate data from the appropriate data stores.

3a) Inquire Into the Status of a Case

If the caller selected “Inquire Into the Status of a Case”, the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the CASE data store to retrieve the Case Status. If the status of the case is pending, the IVR system must allow the individual to obtain information regarding outstanding verifications. If the case is closed, the IVR system must provide reasons for action, action date and the effective date of closure.

IVR CASE LOG (Input)
Case I.D.
Program Type
Sub-Program Type

CASE (Output)

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

Case Status
Case Status Date
Outstanding Verification (multiple)
Case Action Date
Effective Date of Action
Action Reason

3b) Inquire Into The Status Of An Application

If the caller selected “Inquire Into the Status of an Application”, the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the CASE data store to retrieve the Application Status. If the application status is pending, the IVR system must allow the caller to obtain information regarding outstanding verifications and the application due date. If the application status is denied, the IVR system must allow the caller to obtain the reason for denial and the action date.

IVR CASE LOG (Input)
Case I.D.
Program Type
Sub-Program Type

CASE (Output)
Application Status
Application Status Date
Case Action Date
Effective Date of Action
Action Reason

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

3c) Inquire Into the Amount and the Availability Date of a Benefit

If the caller selected “Inquire Into the Amount and Availability Date of a Benefit”, the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the BENEFIT data store to retrieve the most recent programmatic benefit. If the current month’ benefits have already been issued, the system shall advise the caller of the following month’s benefit amount and date available (based upon case circumstances at the time of the call.)

IVR CASE LOG (Input)
Case I.D.
Program Type
Sub-Program Type

BENEFIT (Output)
Benefit Amount
Benefit Availability Date
Benefit Period Begin Date
Benefit Period End Date

3d) Inquire Into the Location of the County Office(s)

If the caller selected “Inquire Into the Location of the Nearest County Office”, the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the ADDRESS data store to retrieve the caller’s county of residence. The system shall then use the county I.D. to determine the county office address (or addresses, if satellites exist). If a county utilizes the client zip code to determine which satellite office accepts and processes cases, the system shall match

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

the caller's zip code to determine the appropriate county office location. If, and when, a Geographical Information System (GIS) is available, the process may be enhanced to provide the address of the nearest county office. If the caller does not have a case, the IVR system shall allow the caller to enter a zip code to obtain the location of the nearest county office.

IVR CASE LOG (Input)
Case I.D.
Program Type
Sub-Program Type
Zip Code

ADDRESS (Output)
Address Type (Residential)
County I.D. (caller)
Address Type (County Office)
County Office Address(es)
Zip Code

3e) Inquire Into the Date and Time of a Scheduled Appointment

If the caller selected "Inquire Into the Date and Time of a Scheduled Appointment", the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the APPOINTMENT data store to retrieve the date, time and appointment type of the next appointment for the case. If a future date is not found, the system shall retrieve historical appointment data for a select period of time as defined by rules, and provide information on the last scheduled appointment for the caller, including kept versus no-show status.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

IVR CASE LOG (Input)
Case I.D.
Program Type
Sub-Program Type

APPOINTMENT (Output)
Appointment Type
Appointment Date
Appointment Time
Caseworker Name
Last Appointment Status

3f) Inquire Into the Date and Amount of the Last Claim Payment Received

If the caller selected “Inquire Into the Date and Amount of the Last Claim Payment Received”, the system shall match the Case I.D., Program Type and Sub-Program Type from the IVR CASE LOG and match to the CLAIM data store to retrieve the date and amount of the last claim (accounts receivable) payment received. The system shall also allow the user to enter their accounts receivable (claim) number, if known, as a method to select the correct account. As the caller may have multiple accounts receivable (claims) for the same program / sub-program, the system must provide all matches and permit the caller the ability to select a specific account. The IVR system shall also advise the caller of current balances, before and after the last payment, the date and amount of the next payment due and overdue amounts.

IVR CASE LOG (Input)
Case I.D.
Program Type

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.3 IVR Lookup

Program Affected: All Programs	**Users: Service Center Workers and above**

Sub-Program Type

CLAIMS (Output)
Claim Type
Accounts Receivable (Claim) Number
Accounts Receivable (Claim) Payment Amount
Accounts Receivable (Claim) Payment Date Received
Accounts Receivable Claim) Payment Source
Accounts Receivable (Claim) Balance Prior to Payment
Accounts Receivable (Claim) Balance Subsequent to Payment
Overdue Claims Balance
Date Next Payment Due
Amount of Next Payment

4. Play the Appropriate Phone Script

   Once the system has retrieved the appropriate data for the caller's request, the IVR System shall format the appropriate phone script by which to provide the data to the caller.

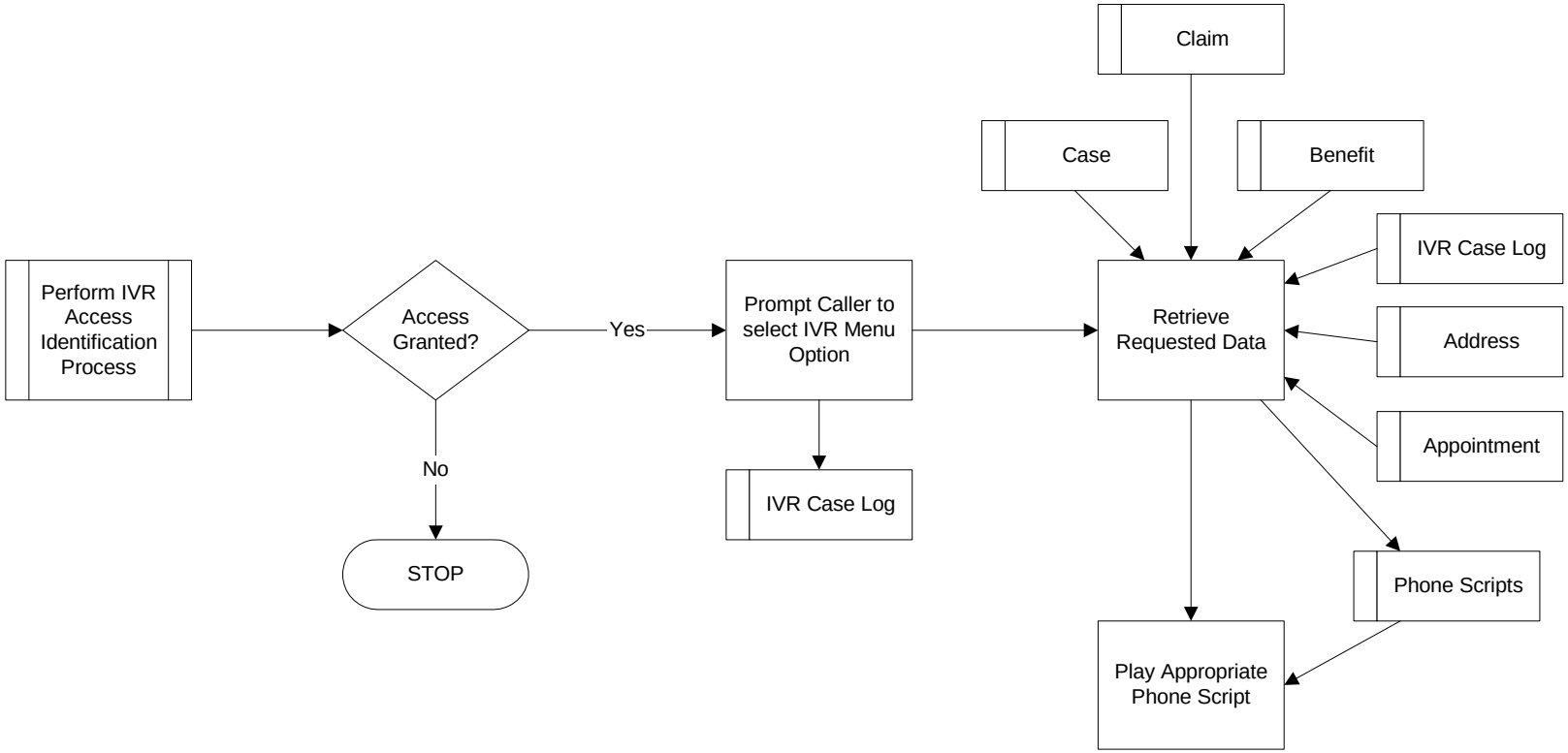
   Once the system has played the response script, the caller is to be offered the option of replaying the script. If the caller declines the offer to replay the script, the caller is to be offered the option to return to an earlier IVR menu, connect with a Service Center Agent (if during hours of operation) or to terminate the call.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
SC	1	An individual will have the ability to access the IVR menu option from the Service Center menu and access case / appointment / claim information.
SC	2	An individual may select one IVR option at a time.
SC	3	An individual may select more than one IVR option during one call.
SC	4	Case specific information may not be accessed without the secondary verification process being performed and authorized.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

5.3.3
IVR Lookup



State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems
Date: January 31, 2005

Process: 5.3.4 IVR Outbound Reminders	
Program Affected: All Programs	**Users: N/A**

Process:

This narrative addresses the telephony system's outbound reminder functionality. Currently there are four scenarios wherein the telephony system is to generate an outbound reminder. Additional reminders may be added as needed. The telephony system is to generate an outbound reminder when (a) an individual has an activity start date within the next forty-eight (48) hours, (b) when an individual has an appointment with DHS within the next forty-eight (48) hours, (c) when an individual has required verification to be provided in a specific time frame, and (d) when an individual has an overdue claim payment. The timings of the last two scenarios are defined by business rules.

Note that all Service Center outbound reminder "scripts" must be available in English and in Spanish. The V.I.P. queries will include the individual's language preference.

Sub-Processes:

1. Individual Has An Activity Start Date Within 48 Hours

A query will automatically be run in V.I.P. each day to select individuals with an activity start date in the next 48 hours. The results of this query will be transmitted to the telephony system. The telephony system will generate scripts to contact each of these individuals through the automatic dialer in the telephony system as a reminder of the activity start date(s) by individual. This reminder shall include the activity name, expected start date, Service Provider name and location, and a contact name and phone number for the provider. The reminder shall also include a statement concerning the possible consequences if the individual fails to attend the activity. The telephony system will capture data regarding successful calls and phone numbers that are no longer in service and will transmit this data to V.I.P. via an online real time interface. V.I.P. will be updated to reflect this information.

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.3.4 IVR Outbound Reminders

Program Affected: All Programs	**Users: N/A**

2. Individual Has An Appointment With DHS Within 48 Hours

   A query will automatically be run in V.I.P. each day to select individuals with an appointment with DHS in the next 48 hours. The results of this query will be transmitted to the telephony system. The telephony system will generate scripts to contact each of these individuals through the automatic dialer in the telephony system as a reminder of the scheduled appointments by individual, starting with Shelby and Davidson counties. The reminder will include the date, time and location of the appointment, the appointment type, and the name of the user with whom the appointment is scheduled. A contact number will also be provided in the event the individual must re-schedule. The telephony system will capture data regarding successful calls and phone numbers that are no longer in service and will transmit this data to V.I.P. via an online real time interface. V.I.P. will be updated to reflect this information.

3. Individual Has Required Verification To Be Provided

   A query will automatically be run in V.I.P. each day to select individuals with pending applications or open cases and pending information that has been recorded which requires the client to provide a required form of verification. The results of this query will be transmitted to the telephony system. Often there is more than one item needed and the V.I.P. query must select each item that has a pending verification. The telephony system will generate scripts to contact each of these individuals through the automatic dialer in the telephony system as a reminder of the verification requirement. The telephony system will capture data regarding successful calls and phone numbers that are no longer in service and will transmit this data to V.I.P. via an online real time interface. V.I.P. will be updated to reflect this information.

4. Individual Has An Overdue Account Receivables (Claim) Payment

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

State of Tennessee

DHS V.I.P. Process Description

Prepared by: DHS Policy / Systems

Date: January 31, 2005

Process: 5.3.4 IVR Outbound Reminders

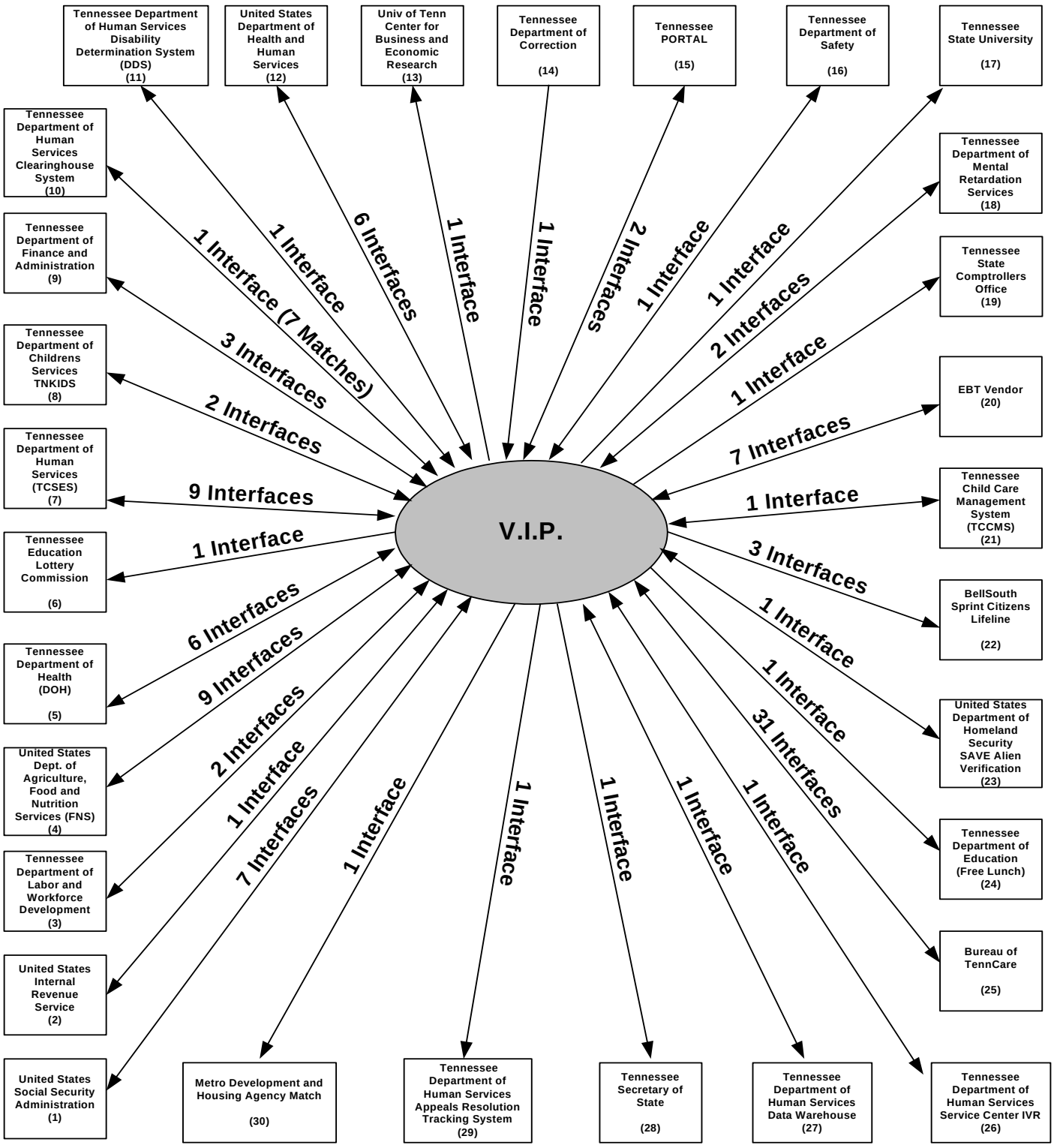
Program Affected: All Programs	**Users: N/A**

A query will automatically be run in V.I.P. each day to select individuals with an overdue accounts receivable (claim) payment. The results of this query will be transmitted to the telephony system. The telephony system will generate scripts to contact each of these individuals through the automatic dialer in the telephony system as a reminder of the overdue claim payment. The script must include the Accounts Receivable (Claim) number, related program, Accounts Receivable (Claim) balance, amounts and due dates of outstanding payments, and the date, amount and source of the last payment received. If an individual has multiple overdue Accounts Receivables, the system shall incorporate all reminders into one call. The telephony system will capture data regarding successful calls and phone numbers that are no longer in service and will transmit this data to V.I.P. via an online real time interface. V.I.P. will be updated to reflect this information.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT C

Program Type	Rule Number	Rule
SC	1	The IVR outbound reminder concerning overdue account receivable is to be sent within thirty (30) days of the payment due date, if an account receivables payment has not been recorded.
SC	2	The IVR outbound reminder concerning appointments must include a message stating that the case could be closed, if the client misses the appointment.
SC	3	An IVR reminder concerning the required provision of verifications is to be sent on the tenth day from the date a change was reported, if the change will not result in case closure.
SC	4	An IVR reminder must be sent 10 days after an interview or a recertification, if outstanding verifications remain.
SC	5	All outbound reminders must include the Service Center phone number.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE



RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

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RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

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RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

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RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

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RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.1 U.S. Social Security Administration (SSA) Beneficiary Data Exchange (BENDEX)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Social Security Administration (SSA)
System: BENDEX

Purpose of the Interface

BENDEX is a Federal interface designed to provide states with initial and updated information on Title II (Regular Social Security) eligibility and benefits received by the states' Families First, Food Stamp and TennCare Medicaid and TennCare Standard recipients.

The file contains three types of transactions. Accretion requests (add individuals) initiate the BENDEX data exchange for individuals who have become eligible since the last monthly run. Alteration requests are generated by the Bureau of TennCare to convey a change in the state category of assistance or to reflect a state BUY-IN of insurance premiums. Deaccretion requests (delete individuals) discontinue the BENDEX exchange for accreted individuals who have become ineligible since the last monthly run. Deaccretion requests are also created when an individual's SSN changes to delete the individuals under the old SSN. In this instance, an accretion transaction is also created to re-accrete the individual under the new SSN.

For each accretion record received, the SSA generates a response record indicating that the individual is accreted. Any demographic mismatches between the data sent by Tennessee and the data on the SSA's own master beneficiary record are indicated on the response record. If the individual is receiving Title II benefits or has applied for these, the record contains detailed information about the active benefits or the disposition of the application. Once the individual is accreted on the SSA side, any change to the individual's Title II status by the SSA will trigger an update record to Tennessee. This accretion remains in place on the BENDEX system until Tennessee sends a de-accretion transaction.

BENDEX files are processed monthly. Resolved matches are generated when there are no discrepancies. Unresolved matches and alerts are generated for records that are processed with discrepancies. If there are no discrepancies, the individual's SSA income and/or Medicare premium are updated and Families First, Food Stamp and TennCare benefits are recalculated through mass change. A COLA SDX file is received from SSA and processed on an annual basis. Resolved matches are generated when there are no discrepancies. If there are no discrepancies, the individual's SSA income and/or Medicare premium are updated. Families First, Food Stamp, TennCare Medicaid, and TennCare Standard are recalculated through mass change.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.2 U.S. Social Security Administration (SSA) State Verification and Eligibility System (SVES) (formerly Wire-to-Wire – WTPY)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Social Security Administration (SSA)
System: SVES

Purpose of the Interface

SVES is a Federal interface designed to provide states with client SSN validation and current information pertaining to any Title II (Regular Social Security) and Title XVI (SSI) eligibility and benefits received by persons applying for Family Assistance benefit programs.

On a nightly basis a file is created of requests for information on the Social Security Numbers of individuals entered in the application registration process that day, and also the Social Security Numbers of individuals added to cases in approved status.

SSN verification information on individuals applying for benefits will be returned from SSA through the Wire-to-Wire process on a daily basis. The SSA sends three types of responses: match records indicating the SSA has the information requested, a conflict record indicating a disagreement between the data sent and the SSA databases, or a no match record indicating that the requested information did not match anyone on SSA's databases. An alert is generated for the case manager for each of the SSA responses.

If the record was free of conflicts and discrepancies, detailed information pertaining to the individual's Title II and Title XVI eligibility and payments (if any) is returned. This information is stored as a match and an alert is generated to the caseworker to review the SSA information.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.3 U.S. Social Security Administration (SSA) State Data Exchange – (SDX)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Social Security Administration (SSA)
System: SDX

Purpose of the interface

SDX is a one-way Federal batch interface designed to provide states with current and ongoing information pertaining to all Tennesseans receiving or applying for Title XVI (SSI) eligibility and benefits.

The SSA generates transactions on a daily basis based on changes to the records of anyone with a Tennessee mailing address. The incoming transactions are matched against active FA recipients. Matches are processed and resolved matches are generated when there are no discrepancies. Unresolved matches and alerts are generated for records that are processed with discrepancies. If there are no discrepancies, the individual's SSI income is updated and Families First, Food Stamp and TennCare benefits are recalculated through mass change. A COLA SDX file is received from the SSA and processed on an annual basis. Resolved matches are generated when there are no discrepancies. If there are no discrepancies, the individual's SSI income is updated and Families First, Food Stamp and TennCare are recalculated through mass change.

Inquiry capability is also available into a cumulative database of all SDX updates received through the Tennessee Clearinghouse. Using this repository, SSI Eligibles are matched on a quarterly basis with all active TennCare and QMB individuals to verify on-going eligibility. If a discrepancy is found as defined by policy, a caseworker alert is generated.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.4 U.S. Social Security Administration (SSA) SSN Number Validation/Enumeration

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Social Security Administration (SSA)
System: Numident (Database of Individuals and their SSNs)

Purpose of the interface

FA recipients are required to have a valid SSN or to have applied for one. In the county offices, eligibility counselors assist applicants in filling out an SS-5 form which is used to request either the re-issuance of a lost SS card with a previously existing number or the assignment of a new SSN and creation of a new card. The worker writes the individual's recipient ID on the form, which is routed to the local SSA office for processing.

On a monthly basis a file is received from the SSA. The file contains all SSNs that have been newly assigned or reverified and a replacement card issued. Using the recipient ID from the record, the individual's 'SSN verified indicator' is set to 'Federally verified' and/or a worker alert is generated for each discrepancy.

On a periodic basis, a SSN verification request file is sent to SSA. All individuals, who have not previously had their SSN federally verified by either the enumeration (assignment of SSN) or Numident (Database of Individuals and their SSN's) processes, are sent.

A response file is received from SSA based on the above transmission. Using the Recipient ID from the record, the individual's 'SSN verified indicator' is set to 'Federally verified' and/or a worker alert is generated for each discrepancy.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.5 U.S. Social Security Administration (SSA) State On Line Query (SOLQ)

Existing Interface: Yes
Existing Interface Method: On Line Real Time
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Social Security Administration (SSA)
System: SOLQ

Purpose of the interface

SOLQ is an on-line real-time system offering states direct access to the SSA's master beneficiary records. The system provides immediate verification of SSN's and provides detailed eligibility and benefit data pertaining to both SSA and SSI.

Currently SOLQ is used in a stand-alone mode. While this capability will continue to exist, the SOLQ processes will be included with the new system as an on-line interface.

As applicants are keyed into the system or individuals are added to existing active cases, on-line transactions to the SSA will be generated. The responses to these will be immediately presented to the caseworker, providing virtually instantaneous feedback as to the validity of the Social Security Numbers keyed. Errors will be corrected on-line resulting in another transaction generated to the SSA and the response presented to the caseworker.

Once the SSN is validated, the response form the SSA will contain any applicable Title II and Title XVI benefit data. This data will be associated to the individual, and will be used by the worker in determining eligibility for Family Assistance programs.

The capability to generate on-demand transactions will also be needed to respond to client calls and to verify reported and suspected changes in SSA eligibility and benefits.

All SOLQ transactions will be generated by the system and the responses will be received and processed by the system.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

IBM SDLC Protocol

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.6 U.S. Social Security Administration (SSA) SSA Prisoner Match

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: SSA
System: Prisoner

Purpose of the interface

This interface is maintained by the SSA to provide states with information concerning the incarceration status of Family Assistance recipients.

On a monthly basis, a file of individuals to be matched is created and transmitted to SSA. Two files are returned to DHS reporting individuals that are currently incarcerated or previously incarcerated. If a match is identified, a match segment and an alert to the case worker are generated.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

1.7 U.S. Social Security Administration (SSA) SSI File for TNCAP

Existing Interface: No
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: SSA
System: State Data Exchange

Purpose of the interface

This interface is maintained by the SSA to provide states with information to establish Food Stamp case and to authorize Food Stamp benefits. TNCAP is not currently operational but is planned for implementation with the replacement system. TNCAP will be a partnership between the Department of Human Services and the U.S. Department of Agriculture Food and Nutrition Service.

TNCAP provides an easy method of delivering food assistance to elderly individuals receiving SSI. TNCAP will have to be approved as an FNS waiver.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT (anticipated implementation)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

2.1 U.S. Internal Revenue Service (IRS)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Internal Revenue Service
System: IRS System

Purpose of the interface

The purpose of this interface is to provide DHS with unearned income data pertaining to active recipients.

On a monthly basis, a transaction file of match requests is sent to the IRS Data Operations. The file contains one record for each recipient who has become eligible since the last monthly run. The IRS generates a match record for each request received and returns the tape to Tennessee for processing. Income amounts checked against certain tolerance levels required by program policy. If a match is identified, the caseworker is alerted. If discrepancies exist, the caseworker is alerted to take appropriate action to resolve the discrepancy.

The IRS databases are updated on an annual basis. When Tennessee is advised that the IRS databases have been updated, a match request file of all eligible individuals is sent to the IRS. This process is in addition to the monthly process described above.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

Physical Tape Exchange. Tape format is Fixed Block, EBCDIC.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

3.1 Department of Labor and Workforce Development Food Stamp Employment and Training

Existing Interface: Yes
Existing Interface Method: Report
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Department of Labor and Workforce Development (TDLWD)
System: eCMATS (Case Management Activity Tracking System)

Purpose of the interface

This monthly interface serves to provide the TDLWD with data pertaining to Food Stamp recipients who were referred for Employment and Training Services. Referrals will include those required to participate in E & T activity as well as those not required but who are volunteering to participate. The new system should provide automated referrals. Individuals registered or de-registered for FS work requirements must be passed to the TDLWD. Currently no information is sent to the TDLWD concerning de-registered individuals.

There will be a return file from the TDLWD to DHS that will have compliance information on the individuals that had previously been referred.

The system will be populated with data coming from TDLWD. The individual's compliance field will be updated with the compliance status. The compliance date will be updated with the date the compliance was received or the date of non-compliance indicated on the file. The compliance verification will be updated as verified by the TDLWD. The non-compliance reason field will be updated with the reason for the non-compliance, if applicable. If there is a non-compliance reason, the case worker will receive an alert. The alert will define the reason for the non-compliance and date of non-compliance.

Platform

Hardware: Sun
Software: Unknown
Database: Oracle 9I
Operating System: Sun Solaris Server 2.7

Existing process for sending/receiving data

Report

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

3.2 Department of Labor and Workforce Development Able Bodied Adults without Dependents (ABAWD)

Existing Interface: Yes
Existing Interface Method: Report
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Department of Labor and Workforce Development (TDLWD)
System: eCMATS

Purpose of the interface

Under Food Stamp Able Bodied Adults without Dependents (ABAWD) eligibility rules, individuals in this category must participate in specified employment training activities. Currently there is a report provided by DHS to TDLWD containing the names of these individuals. This report should be replaced with a file in the new system.

Monthly response files will be generated to DHS indicating whether the individual has complied.

Files are requested instead of the current reports so the data will no longer have to be re-keyed. The ABAWD Report will be eliminated once files are provided.

The system will be populated with data coming from TDLWD. The individual's compliance field will be updated with the compliance status. The compliance date will be updated with the date the compliance was received or the date of non-compliance indicated on the file. The compliance verification will be updated as verified by the TDLWD. The non-compliance reason field will be updated with the reason for the non-compliance, if applicable. If there is a non-compliance reason, the case worker will receive an alert. The alert will define the reason for the non-compliance.

Platform

Hardware: Sun
Software: Unknown
Database: Oracle 9I
Operating System: Sun Solaris Server 2.7

Existing process for sending/receiving data

Report

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.1 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Disqualification Recipient System State file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Disqualification Recipient System (DRS)

Purpose of the interface

Individuals may be disqualified from participation in the FS program for deliberate violations of program rules. This monthly interface sends a file of new, deleted or changed FS disqualified individuals to the national Disqualification Recipient System. State data is combined with other state's data and shared so that disqualifications can be initiated and tracked nationwide.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.2 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Disqualification Recipient Match

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Disqualification Recipient System (DRS)

Purpose of the interface

To provide each state with a monthly update of national FS disqualifications (new or deleted) so that disqualification's can be initiated and tracked.

Individuals on the file will be compared to the active Food Stamp recipients in the system. If a match is found, the system will determine if a match result is needed and if a worker in-box match notification is needed. If a match result is needed, the system will determine if a unresolved or a resolved match is needed and if a worker notification is needed. If the disqualification is an out-of-state disqualification, the system will associate the match data to the individual, if not already on the system.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.3 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Disqualification Recipient System Edit file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Disqualification Recipient System (DRS)

Purpose of the interface

To notify the State of the status of each of its monthly DRS State Transmitter records (whether records were accepted, accepted with warnings, or rejected with fatal errors). The fatal errors must be reset on the database so they can be corrected by Investigations staff before they are resent to the national DRS database.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.4 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Treasury Offset Program Pre-Offset Address Request file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Treasury Offset Program (TOP)

Purpose of the interface

To submit a monthly file of address requests to the U.S. Treasury for FS claims that could potentially be referred to the national Treasury Offset Program (TOP). The file is matched with IRS data for the purpose of returning current client addresses to the state.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for sending data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.5 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Treasury Offset Program Address Request Match/No Match file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Treasury Offset Program (TOP)

Purpose of the interface

To receive addresses previously requested from the U. S. Treasury for use on the TOP 60-Day Notice letter. In addition to the addresses returned (matches), the monthly file will also include any address request records for which a match was not made (no matches). These No Match records will include an error code identifying the specific error condition.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.6 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Treasury Offset Program Weekly Collections file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Treasury Offset Program (TOP)

Purpose of the interface

To receive a file of collection offsets and spousal reversals from the national Treasury Offset Program System. The collections represent IRS, SSA and other federal funds, which have been intercepted and returned to the State of Tennessee to be applied to FS claims. The reversals represent prior offsets that may require adjustment on the claims database. When the file is processed, the system will update the account receivable balance (claim balance) with the amount that was offset, and generate a notice to the client. Reports will also be generated.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for sending data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.7 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Treasury Offset Program Weekly Unprocessables file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Treasury Offset Program (TOP)

Purpose of the interface

To receive unprocessable records from the TOP Weekly Update file. Records submitted on the TOP Weekly Update file are edited prior to processing against the USDA national TOP database and unprocessable records are returned to the State with appropriate error codes.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.8 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Treasury Offset Program Weekly Update file

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Treasury Offset Program (TOP)

Purpose of the interface

To submit a weekly file of new, deleted or changed Food Stamp claim data to the national Treasury Offset Program System for possible offset.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for sending data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

4.9 U.S. Department of Agriculture, Food and Nutrition Services (FNS) Federal Quality Control (QC) Interface

Existing Interface: No
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: United States Department of Agriculture (USDA) - Food and Nutrition Services
System: Quality Control

Purpose of the interface

Currently, DHS Quality Control transmits QC data to FNS utilizing equipment supplied by FNS. This interface will select the data from the new system and create a file that can be loaded to the Federal QC system for transmission to FNS.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Process for sending data

Unknown

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

5.1 Tennessee Department of Health (DOH) Birth Inquiry

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Tennessee Department of Health
System: AIRS (Automated Index Retrieval System)

Purpose of the interface

As applicants are keyed into the system or individuals are added to active cases or a date of birth is changed, on line real-time transactions to the AIRS database will be generated. The user will be presented birth information match results/segments that can be selected as birth verification. The system will notify the user if information is missing or unobtainable through DOH. The system will auto-populate the appropriate fields if an exact match is found. The caseworker can also inquire on any individual at anytime.

Platform

Hardware: IBM Mainframe
Software: Unknown
Database: DB2
Operating System: z/OS V1.4

Existing process for sending/receiving data

Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

5.2 Tennessee Department of Health Death Files

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Tennessee Department of Health
System: Vital Statistics

Purpose of the interface

Currently, a death file is received from the Department of Health on a monthly and yearly basis containing the individuals whose deaths were reported in a given month or a given year. The death files are matched for each active individual and a worker alert is generated for each match, and monthly and yearly reports are produced of the deceased individuals in active cases.

In the new system, each individual on the application and for whom an SSN is added or changed will be matched against the Department of Health's DEATH file. On line matching will take place in real time during the interview process. The user will be presented death match results which contain information that can be selected as death verification. If a match is found, an in-box match transaction for the worker will be generated.

The monthly and annual files will be processed against active recipients in the system. A match result and worker in-box transaction will be generated for each active individual found in the matching process. A report of active individuals found will be generated.

Platform

Hardware: IBM Mainframe
Software: Unknown
Database: DB2
Operating System: z/OS V1.4

Existing process for sending/receiving data

Monthly and Annual Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

5.3 Tennessee Department of Health Early Periodic Screening, Diagnosis & Treatment (EPSD&T)

Existing Interface: Yes
Existing Interface Method: Manual
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Department of Health
System: EPSD&T

Purpose of the interface

EPSD&T is a health-screening program for children in low-income families. A referral report is generated on a periodic basis to the Department of Health.

Notices are generated to the client for each individual in Families First or TennCare-Medicaid cases who are qualified for the EPSD&T program.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

Pamphlet given to the client.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

5.4 Tennessee Department of Health (DOH) Department of Health Women with Infant Children (WIC)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Department of Health
System: WIC

Purpose of the interface

DHS currently produces a monthly file for the Department of Health to identify pregnant women and children under 5 years of age who are potentially eligible for the WIC Program.

Platform

Hardware: IBM Mainframe
Software: IMS
Database: IMS
Operating System: z/OS V1.4

Existing process for sending/receiving data

Batch.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

5.5 Tennessee Department of Health (DOH) Department of Health Immunization Records

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Tennessee Department of Health
System: (SIIS) Statewide Immunization Information System

Purpose of the interface

Maintaining current immunizations for a child is a Families First program requirement. DHS needs access to DOH immunization information to determine compliance with this FF requirement.

Specified applicant children and specified children being added to an existing active case, whose immunization is due or over due, shall be matched on-line real time against the Department of Health's Immunization Records. Also, children will be matched at reverification if their immunization is due or overdue. If the individual is found, a match segment will be created, and an in-box match notification generated for the worker. The system shall record when a match was not found.

The match request record shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout.

Platform

Hardware: AS400
Software: Unknown
Database: DB2
Operating System: OS/400

Existing process for sending/receiving data:

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

5.6 Tennessee Department of Health (DOH) Home Visit Tracking

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:
Agency: Tennessee Department of Health
System:

Purpose of the interface
DHS needs to capture information relative to referrals made by DHS on Families First clients who are having their cases closed. When DOH receives these referrals, they are required to make a home visit, or an attempt, within 30 days from the effective closure date. DHS needs to track referrals, visits, outcomes, recommendations for auxiliary payments, referrals generated to other resources, etc.

Platform
Hardware: AS400
Software: Unknown
Database: DB2
Operating System: OS/400

Existing process for sending/receiving data:
None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

6.1 Tennessee Education Lottery Commission (TELC)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Education Lottery Commission (TELC)
System: N/A

Purpose of the interface

A monthly file to refer all delinquent overpayments of $101 or more to the TELC for possible offset.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

7.1 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Custodial Parent Dependant (CP/DP) Update

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

To inform the caseworker of any applicable updates to a Families First caretaker (custodial parent) or child (dependent) processed in TCSES. When applicable, the system shall be updated with the information coming from TCSES. An example would be if the custodial parent is not cooperating, the Child Support worker would enter non-cooperation information into TCSES. When the TCSES file is processed, the system will update the case and generate an alert to the caseworker.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.2 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Information on Absent Parent

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

To alert the DHS caseworker of any applicable updates to a Non-Custodial Parent (Absent Parent), such as an address change.

Specified absent data received from the Tennessee Child Support Enforcement System (TCSES) shall automatically populate the absent parent data on the new system. Verification data will be updated to indicate that the information was received from TCSES.

The system will determine if an absent parent is also head of his/her own assistance group. If an absent parent is also head of his/her own Family Assistance (FA) case and the individual's case address is different that the absent parent address, an alert will be generated to the worker.

The system will determine if the address of an absent parent is the same as the caretaker of the Families First (FF) case. If the address is the same, an alert will be generated for the worker.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.3 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Redetermination Notice Extract

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

To inform the caseworker of a possible need for re-determination of eligibility on the custodial parent's Families First case. If the monthly distribution process in TCSES determines that collections are equal to or greater than the obligation, and the obligation is greater than the deficit, this may indicate that the caseworker should re-determine the Families First case eligibility. An alert is generated to the user and a report is generated.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.4 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Child Support Pass-through Payment (TCSES)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

On a monthly basis, a file containing child support pass-through payments is received from the Tennessee Child Support Enforcement System (TCSES). These payments are processed in a monthly mass change. This monthly mass change includes posting the pass-through payments to the individual who received child support monies, and the automatic recalculation of Food Stamp benefits to include the additional monies. All changes that affect an assistance group's eligibility or benefit amount result in an automated notice being generated and sent to the assistance group. When a case that has been selected for update cannot be updated via mass change, an alert is sent to the assigned worker with instructions to update the case online. Mass change reports that identify cases that were mass changed and were not mass changed are generated.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.5 Tennessee Department of Human Services Child Support Enforcement System (TCSES) B3/B5 (Exceeds and Adjustments) File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface
To notify the caseworker of monthly excess collections (B3) and adjustments (B5) to collections amounts An alert is generated to the caseworker and a report is produced.

Platform
Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data
Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.6 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Families First or Medicaid Referral to Child Support

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

To inform the Child Support worker of any new eligible Families First or Medicaid case or referable changes to active Families First or Medicaid cases.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Daily and Mass Change Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

7.7 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Families First Issuance File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

To send TCSES the monthly Families First grant amount and budget data for TCSES to use in determine the Families First deficit amount.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

7.8 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Child Support Enforcement Inquiry (TCSES)

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

Specified individual applying for assistance and specified individuals for whom a SSN is being added or changed shall be matched on-line real time against the Tennessee Child Support Enforcement System (TCSES) data base. The match is to assist the worker in determining if an individual/state is receiving child support payments from an absent parent and/or if an individual has an in-state court order to pay child support and/or alimony. Specified individuals will also be matched at reverification. If a match is found, a match result/segment and a worker In-Box match notification shall be generated. If an individual/state is receiving absent parent payments, a match result/segment containing data regarding the last date monies was received from an absent parent shall be generated. If an individual has a court order to pay child support and/or alimony, a match result/segment contain the court data shall be generated. The system shall record when a match is not found.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

7.9 Tennessee Department of Human Services Child Support Enforcement System (TCSES) Child Support Reimbursement Data

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Department of Human Services Child Support Division
System: Tennessee Child Support Enforcement System (TCSES)

Purpose of the interface

This interface will be used to report the collections and benefit levels that have been reimbursed to the Federal Child Support Enforcement system. The purpose of the Interface is to adjust the claim balance based on the Child Support reimbursement amount. This interface will result in an ongoing update to the claim balance based on the client's payments as well as the Child support payments.

Platform

Hardware: IBM Mainframe, Server, PC
Software: Advantage Gen, COBOL, DB2 Connect, PC Forms, IMS DC
Database: DB2
Operating System: z/OS V1.4, Multiple PC OS

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

8.1 Tennessee Department of Childrens Services TnKids IV-E and Medicaid Eligibility Determination

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Department of Children's Services (DCS)
System: TNKIDS

Purpose of the interface

Financial, resource, household composition and demographic information must be transmitted from the TNKIDS system at the Department of Children's Services via an on-line interface when a child is taken into state custody. A Child Welfare Benefits Worker will receive an alert, verify the information transmitted and proceed to determine the child's eligibility through V.I.P. The child's eligibility for Immediate Medicaid eligibility, IV-E Adoption Assistance and IV-E Foster Care, State Funded Adoption Assistance and IV-D childcare is determined through the Department of Human Services new eligibility determination system.

DCS Referral information from the SACWIS TNKIDS System and eligibility results, including status changes, from the V.I.P. System shall be exchanged through an online, real-time, robust (bi-directional) interface. TNKIDS is the database of record for IV-E client data. DCS case manager staff shall record and update the client information in TNKIDS before referral information for IV-E is transmitted to the V.I.P. DCS defines the user roles and business rules for data validation in TNKIDS. All data necessary for the initial determination and subsequent re-determination of title IV-E eligibility is captured and validated in TNKIDS and sent to V.I.P through the online real-time interface.

If data is recorded incorrectly in TNKIDS resulting in an incorrect eligibility decision in the V.I.P, the TNKIDS case manager shall be notified to update the client information. The corrected information will be transmitted to the V.I.P. through the online real-time interface and processed for immediate results. The V.I.P System shall dynamically re-calculate eligibility as the values of pertinent factors change.

TNKIDS shall collect required information regarding reasonable efforts and shall send a Legal Basis indicator to V.I.P. to indicate that the client has passed/failed the reasonable efforts test. This indicator shall be used to support business rules for the IV-E population in the V.I.P system.

The V.I.P system shall capture and age all IV-E pending applications, reapplications and client status changes and shall also have the ability to generate and escalate alerts based on the IV-E eligibility requirements.

The V.I.P system shall have the capability to override IV-E eligibility determination and is to be used only if new or changing system functionality can not be implemented on time and to allow eligibility processing to be performed manually using the override capability until the functionality change is completed. Through the use of a security role, only limited management personnel shall have this capability.

The V.I.P system will retain the TNKIDS information that is necessary for IV-E eligibility determination and will retain all history of case and client changes. Since TNKIDS is the database of record, data transmitted from TNKIDS will be read-only in the V.I.P. All changes to that data must be made in TNKIDS and transmitted to the V.I.P. to ensure data consistency in these two systems.

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Platform

Hardware: SUN and Intel
Software: PowerBuilder 8.03 and EA Studio v4.2.3
Database: Oracle
Operating System: Solaris and Windows

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

8.2 Tennessee Department of Childrens Services TnKids V.I.P. Interface to TNKIDS

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Department of Children's Services
System: TNKIDS

Purpose of the interface

To notify the Department of Children's Services that the Department of Human Services has completed determining the eligibility IV-E Adoption Assistance, IV-E Foster Care, State Funded Adoption Assistance and IV-D child care on a child that has been taken into custody by the Department of Children's Services, and update TNKIDS with the results of the eligibility determination.

DCS Referral information from the SACWIS TNKIDS System and eligibility results, including status changes, from the V.I.P. System shall be exchanged through an online, real-time, robust (bi-directional) interface. TNKIDS is the database of record for IV-E client data.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

9.1 Tennessee Department of Finance and Administration Payments to STARS (State of Tennessee Accounting and Reporting System)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Finance and Administration
System: STARS

Purpose of the interface

The purpose of the interface is to send approved Child Care payment records to STARS for vendor payment. Warrants are printed by STARS and the vendor payment and history files are updated with warrant number.

STARS returns a record which will be used to update the V.I.P system information related to the processed payments.

Platform

Hardware: Mainframe
Software: Cobol
Database: IMS
Operating System: ZOS 1.4

Existing process for sending/receiving data

Batch File

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

9.2 Tennessee Department of Finance and Administration Payments to STARS (State of Tennessee Accounting and Reporting System) Families First Financial Transactions to STARS

Existing Interface: No
Existing Interface Method: Manual Entry
Proposed Interface Method: Batch

System Interface with:

Agency: Department of Finance and Administration
System: STARS - State Accounting and Reporting System

Purpose of the interface

The purpose of the interface is to send Families First Provider payments from the new system to STARS for payment. These payments will include specified Transportation payments and specified Support Services payments.

STARS in return will return the payment information for system update.

Platform

Hardware: IBM Mainframe
Software: IMS, Cobol
Database: IMS
Operating System: z/OS V1.4

Existing process for sending/receiving data

Manual Entry

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V.I.P. INTERFACE

9.3 Tennessee Department of Finance and Administration RACF Validation

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Department of Finance and Administration (OIR)
System: Unknown

Purpose of the interface
The Department of Human Services receives an Info Pac report (USERPERS), a file from Department of Finance and Administration. The Department of Human Services uses that report to set all system user IDs that are not in use to inactive status.

Platform
Hardware: IBM Mainframe
Software: RACF
Database:
Operating System: z/OS V1.4

Existing process for sending/receiving data
Info Pac report

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

10.1 Department of Human Services Clearinghouse System

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: On Line Real Time, Batch

System Interface with:
Agency: DHS
System: Clearinghouse

Purpose of the interface

Tennessee Clearinghouse is a DHS application consisting of a group of databases organized under a single main menu, permitting access through batch interface and also via a statewide on-line inquiry system. The databases available for inquiry include Wage (by quarter), Unemployment, New Hire, SSI Eligibles (SDX), and US Department of Agriculture Disqualified Recipients. A pass-through transaction available through the main menu directly queries a Birth database maintained by the Department of Health and returns and displays birth matches.

The Wage, Unemployment and Federal New Hire data is maintained through updates from the TDLWD. The SSI Eligibles information is updated through daily updates from the SSA received over the Connect: Direct utility. Birth data is obtained by directly accessing the Department of Health's Birth Database (AIRS).

The new system shall interface with Clearinghouse in the following manner:

As applicants are keyed into the system or individuals are added to existing active cases or an SSN is changed, on-line transactions to Clearinghouse databases will be generated. The responses to these will be immediately presented to the caseworker in form of a match result/segment, providing Wage, Unemployment Compensation, New Hire, SSI, and Disqualified Recipient data to be used in the eligibility determination processes. Using a pass-through transaction, birth data will also be requested and displayed, as described in 5.1 of this document. An in-box match transaction will be generated to the worker for each match performed. The system shall record when a match is not found.

The State Clearinghouse is updated with unemployment/new hire information on a weekly basis from the Department of Employment Security. On a monthly basis, eligible individuals will be matched against the State Clearinghouse data base. If a match is found, a match segment will be created. An alert will be generated if the calculated amount of monthly unemployment on the unemployment file is different than the amount in the system. If the calculated amount and the amount on the system is the same, a system resolved match segment will be generated, and no alert will be issued to the worker.

When new hire data is receive, a match will be generated. The system will alert the worker so that hours and wages can be verified, and used in the determination of eligibility.

The State Clearinghouse is updated with wage information on a quarterly basis from the Department of Employment Security. On a quarterly basis, eligible individuals will match against the State Clearinghouse data base. When clearinghouse is updated, the system will compare by employer number the earnings for the current quarter to the previous available quarter. If there is a discrepancy greater than the State of Tennessee tolerance level, an alert and unresolved match will be generated. If the discrepancy is equal or less then the tolerance level, a system resolved match will be generated. A worker alert will not be generated. If an individual is due for recertification in a given quarter, a match segment will be created, but the alert shall not be generated until the month before the recertification is due.

The system will auto-populate the Unemployed Parent work quarter grid with wages from the Clearinghouse system as part of this interface.

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V.I.P. INTERFACE

Platform

Hardware: IBM Mainframe
Software: IMS
Database: IMS
Operating System: z/OS V1.4

Existing process for sending/receiving data

Batch

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11.1 Tennessee Department of Human Services Disability Determination System (DDS)

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Disability Determination Section (DDS)
System: VERSA

Purpose of the interface

Medical social information will be gathered on an individual, and will generate an electronic referral to DDS. DDS will return the decision status of that individual.

At the time DDS updates the disability status, an on-line real time alert shall be generated to the worker responsible for the case.

Platform

Hardware: AS400
Software: VERSA Application
Database: Unknown
Operating System: OS/400

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

12.1 U.S. Department of Health and Human Services PARIS (Public Assistance Reporting Information System)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: SSA (Social Security Administration)
System: PARIS

Purpose of the interface

The PARIS file is prepared by DHS on a quarterly basis. It is sent to the SSA by Connect: Direct and then forwarded to the Department of Defense for matching with other states, VA and Federal employment files. The return files are used to determine individuals that are receiving benefits in more than one state or are not financially eligible to receive benefits.

The system will process the returned SSA PARIS Interstate file, the SSA PARIS VA file, and the SSA PARIS Federal Benefits file. If a match is found on any of the three files for an individual currently receiving benefits, a match result/ segment and an alert will be generated for each type match found. The match results will be associated to the individual. A report of found individuals will also be generated for each type match.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

12.2 U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF) External Federal Reporting

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: U.S. Department of Health and Human Services (USDHHS)
System: Administration for Children and Families (ACF) TANF Data Reporting

Purpose of the interface
To generate and provide data necessary to meet TANF Federal reporting requirements to ACF.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

12.3 U.S. Department of Health and Human Services Separate State Program-Maintenance of Effort (SSP-MOE) Federal Reporting

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: U.S. Department of Health and Human Services (USDHHS)
System: Administration for Children and Families (ACF) SSP-MOE Data Reporting

Purpose of the interface

To generate and provide data necessary to meet SSP-MOE Federal reporting requirements to ACF.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

12.4 U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF) and Separate State program-Maintenance of Effort (SSP-MOE) High Performance Bonus (HPB) Work Measures Federal Reporting

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: U.S. Department of Health and Human Services (USDHHS)
System: Administration for Children and Families (ACF) TANF and SSP-MOE HPB Data Reporting

Purpose of the interface

High Performance Bonus is a competitive program whereby states may receive enhanced funding for good performance in employment and job retention for FF clients. This interface generates the data necessary to display appropriate Maintenance of Effort to compete in the HPB.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

12.5 U.S. Department of Health and Human Services Temporary Assistance for Needy Families (TANF) High Performance Bonus-Medicaid and State Children's Health Insurance Program (SCHIP) Federal Reporting

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: U.S. Department of Health and Human Services (USDHHS)
System: Administration for Children and Families (ACF) TANF HPB Data Reporting

Purpose of the interface

High Performance Bonus is a competitive program whereby states may receive enhanced funding for good performance in the areas of placing clients in employment and keeping them there. This interface extracts and correlates the data necessary to participate in the HPB program.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

12.6 U.S. Department of Health and Human Services Child Care Case-Level Federal Report (ACF-801)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: U.S. Department of Health and Human Services (USDHHS) – Administration of Children and Families (ACF) – Child Care Bureau
System: Child Care and Development Fund Submission of Case-Level Reporting (ACF-801)

Purpose of the interface

To provide case-level Child Care program information for the Child Care and Development Fund (ACF-801) Federal report.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

13.1 University of Tennessee Center for Business/Economic Research

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: University of Tennessee Center for Business/Economic Research
System: Admiral

Purpose of the interface
The individual extract, case extract, case applications extract and PRP extract are provided by Families First to the University of Tennessee Center for Business/Economic Research on a monthly basis for independent analysis of data on the new system.

Platform
Hardware: Micron 4-processor
Software: DataJunction 6.5 (for exporting EBCDIC files to Microsoft SQL Server)
Database: Microsoft SQL Server 7.0
Operating System: Windows NT SP 6a

Existing process for sending/receiving data
Monthly Batch / Physical Tape Exchange, Fixed Block EBCDIC

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

14.1 Tennessee Department of Correction

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Tennessee Department Correction
System: TOMIS (Tennessee Offenders Management Information System)

Purpose of the interface

Individuals applying for assistance and individuals for whom a SSN is being added or changed shall be matched on-line real time against the DHS TOMIS file. If a match is found, a match result/segment and a worker In-Box match notification shall be generated. The system shall record when a match is not found.

A file is received monthly from the Department of Correction. The system will process file from the Department of Corrections. If a match is found for an individual currently receiving benefits, a match result/segment and alert will be generated for the worker. A report of all individuals for whom a match was found will also be generated.

Platform

Hardware: IBM Mainframe
Software: CICS, COBOL, INSTALL/1
Database: DB2
Operating System: z/OS V1.4

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

15.1 Tennessee State Services Portal – Self-Screening and Application Filing

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: State Office for Information Resources
System: State Portal

Purpose of the interface

The State has established a State Service Portal to provide a single access point that functions as an interactive information and transaction gateway to improve the way citizens and businesses access State government services and information over the internet. It is State policy that all internet services provided to citizens and businesses shall go through this portal.

The State's citizens will access the State Service Portal via the Internet to perform two V.I.P process functions: Eligibility Screening for Family Assistance Programs and Filing an Internet Application for these programs.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

15.2 Tennessee State Services Portal – Childcare Enrollment Attendance and Verification (EAV)

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: State Office for Information Resources
System: State Portal

Purpose of the interface

Child Care providers have the capability currently to register with the State Portal to complete and submit a billing document called an EAV on line. A file of Child Care providers that have registered will be sent to V.I.P. The V.I.P. system will send a file of Child Care provider's EAV information to the State Portal so the providers can complete and submit the EAVs on line. The State Portal will send a file of the completed EAVs to V.I.P. for payment processing.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

16.1 Tennessee Department of Safety

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Tennessee Department of Safety
System: Title and Vehicle Registration

Purpose of the interface

To obtain vehicle ownership and registration data for use in verifying data used in determining eligibility for Family Assistance programs.

Individuals applying for assistance and individuals for whom a SSN is being added or changed shall be matched on-line real time against the Department of Safety data base. If a match is found, a match result/segment and a worker In-Box match notification will be generated. The System shall also record if a match is not found.

Platform

Hardware: IBM Mainframe
Software: IMS, COBOL
Database: IMS, DB2
Operating System: z/OS V1.4

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

17.1 Tennessee State University

Existing Interface: Yes
Existing Interface Method: Report
Proposed Interface Method: File

System Interface with:
Agency: Tennessee State University
System: N/A

Purpose of the interface
A file of Food Stamp Demographics Trends by County will be produced on a monthly basis and will provide demographic information concerning individuals in Food Stamp Cases.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
Monthly Report

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

18.1 Tennessee Department of Mental Retardation Services

Existing Interface: No
Existing Interface Method:
Proposed Interface Method:

System Interface with:

Agency: Department of Mental Retardation Services
System: New System Development

Purpose of the interface

An automated referral from the Department of Mental Retardation Services (DMRS) for home and community based individuals. When the Pre-Admission Evaluation (PAE) packet is approved, A DMRS referral will be sent for the determination of Medicaid financial liability for Home and Community based services.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

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V.I.P. INTERFACE

19.1 Tennessee State Comptroller's Office Tax Relief Data Sample

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Tennessee State Comptroller's Office
System: Tax Relief

Purpose of the interface
A monthly file to verify the most current SSI information for a sample of Tax Relief eligible individuals.

Platform
Hardware: Client Server based
Software: Visual Basic 6.0
Database: Oracle 9.x
Operating System: Windows (compatible with Windows 2000 and Windows XP)

Existing process for sending/receiving data
Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

20.1 Electronic Benefit Transfer (EBT) Vendor Families First and Food Stamp Case Set-up

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for FF and FS programs to the EBT Vendor for the purpose of setting up and maintaining their EBT case or account.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

20.2 Electronic Benefit Transfer (EBT) Vendor Families First and Food Stamp Benefits Authorization

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for FF and FS daily and monthly benefits to the EBT Vendor for the purpose of issuing benefits to clients.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

20.3 Electronic Benefit Transfer (EBT) Vendor Child Care Case Set-up

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for Child Care to the EBT Vendor for the purpose of setting up and maintaining the client's child care EBT case. Tennessee is planning to expand the EBT program to include Child Care Attendance but at this time this expansion has not been designed by Tennessee or the EBT Vendor. An EBT Card could be issued to a parent when the parent is deemed eligible for child care assistance. The EBT card would be used to relay information to the provider regarding the parent's out-of-pocket responsibility and the state's contribution when the EBT card is swiped on a POS device at the child care center. The information from the card swipe on the child's arrival and departure times from the child care center would be used to determine payment amounts and attendance irregularities. The location of the card swipe could be recorded by EBT and populate in the new system.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

20.4 Electronic Benefit Transfer (EBT) Vendor Child Care Time and Attendance

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for Child Care to the EBT Vendor for the purpose of reporting child care time and attendance. Tennessee is planning to expand the EBT program to include Child Care Attendance but at this time this expansion has not been designed by Tennessee or the EBT Vendor. An EBT Card could be issued to a parent when the parent is deemed eligible for child care assistance. The EBT card would be used to relay information to the provider regarding the parent's out-of-pocket responsibility and the state's contribution when the EBT card is swiped on a POS device at the child care center. The information from the card swipe on the child's arrival and departure times from the child care center would be used to determine payment amounts and attendance irregularities. The location of the card swipe could be recorded by EBT and populate in the new system.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

20.5 Electronic Benefit Transfer (EBT) Vendor Families First Services Case Set-up

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for Families First Services for the purpose of case setup and maintenance. Tennessee is planning to expand the EBT program to include Families First Services attendance but at this time, this expansion has not been designed by Tennessee or the EBT Vendor. When each is designed the process will need to be modified to support this expansion of the EBT program. In practical terms, an EBT Card could be issued when a person is assigned activities to perform as part of the person's PRP (Personal Responsibility Plan). The EBT card would be used to relay information to the provider regarding the person's attending the activity.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

20.6 Electronic Benefit Transfer (EBT) Vendor Families First Services Time and Attendance

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface
To transfer files for Families First Services to the EBT Vendor for the purpose of Time and Attendance. Tennessee is planning to expand the EBT program to include Families First Services attendance but at this time, this expansion has not been designed by Tennessee or the EBT Vendor. When each is designed the process will need to be modified to support this expansion of the EBT program. In practical terms, an EBT Card could be issued when a person is assigned activities to perform as part of the person's PRP (Personal Responsibility Plan). The EBT card would be used to relay information to the provider regarding the person's attending the activity

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

20.7 Electronic Benefit Transfer (EBT) Vendor Return Files

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: EBT Vendor
System: EBT

Purpose of the interface

This process uses the various transmissions of data from the EBT vendor and posts information to V.I.P. and prepares notices and sends these notices to the clients. These various transmissions of data are:

Aged Benefits – Each issued benefit/authorization, to the client, that still has an open remaining balance is aged on last date used. The aging categories are 30, 60 and 90 days of no activity on each of the authorizations. Any authorizations in the 90-day category also represent those authorizations that the EBT vendors has removed from the client's EBT case on the Vendor's database and need to be posted to the Issuance History as a returned benefit. Any authorizations in the 60-day category will need to have aged notices sent to the client informing the client that this benefit has had no activity for 60 days and will be removed from the EBT Vendors database if this benefit reaches 90 days with no activity.

Swept Accounts – These are EBT FS Authorized Reps and/or EBT Cash Protective Payees and/or EBT cases that the EBT vendor has removed from the EBT database because the client record has had no activity for 365 days.

Daily EBT Client History – These are the transactions that access an EBT Case Number on a given day. These transactions include all the transactions that the client creates by using an ATM or POS device. The EBT Vendor only provides this file on a daily basis.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
CONNECT:DIRECT

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

21.1 Tennessee Department of Human Services Child Care Management System (TCCMS)

Existing Interface: No
Existing Interface Method: No
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: DHS
System: TCCMS (Tennessee Child Care Management System)

Purpose of the interface

To access Child Care licensing information on line real time for the purpose of enrolling eligible children into Child Care facilities that are in compliance with Federal laws.

Also, specified individuals applying for assistance or for whom a SSN is being added or changed shall be matched on-line real time against the Tennessee Child Care Management System (TCCMS). Data base. The match is to assist the worker in determining if an individual is a child care provider, dates child care was received, and amounts received. Individuals will also be matched at reverification. If a match is found, a match result/segment and a worker In-Box match notification shall be generated. The system shall record if a match is not found.

Platform

Hardware: SUN
Software: Oracle forms/Cobol
Database: Oracle
Operating System: Solaris

Existing process for sending/receiving data

Daily Batch.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

22.1 BellSouth, Sprint, Citizens Monthly Lifeline Match

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: DHS
System: V.I.P.

Purpose of the interface
Some telephone companies in Tennessee offer discount or reduction on telephone services called “Lifeline” to individuals on TANF, Food Stamp, or Medicaid. The telephone companies send DHS files of applicants who applied for the discount. DHS verifies that the Lifeline applicants are recipients of TANF, FS, or MA benefits.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
Physical File Exchange (CD)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

23.1 U.S. Department of Homeland Security Systematic Alien Verification for Entitlements System (SAVE)

Existing Interface: Yes
Existing Interface Method: Manual
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Department of Homeland Security
System: SAVE - Systematic Alien Verification for Entitlements System

Purpose of the interface

The purpose of this interface is to verify an alien's immigration status by validating the alien's INS documents through the Department of Homeland Security.

Specified users shall be able to inquire on-line real time inquiry into the SAVE system.

Platform

Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

24.1 Tennessee Department of Education Free Lunch Interface

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Tennessee Department of Education (TDE)
System: File transfer

Purpose of the interface
A monthly file to provide the TDE with a file of school age Children on Families First and Food Stamps. TDE distributes the file to schools in Tennessee. Children on the file qualify for the Free Lunch Program.

Platform
Hardware: Mainframe
Software: SAS
Database: none
Operating System: ZOS

Existing process for sending/receiving data
File Transfer Protocol (FTP)

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.1 Bureau of TennCare Medicaid Eligibility File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid eligibility file is produced daily, monthly and at mass change for TennCare, and provides individual demographic and TennCare Medicaid eligibility information. This file is the vehicle to establish coverage periods for TennCare Medicaid recipients who have been processed. Records are produced when new periods of TennCare Medicaid eligibility are added, when ongoing periods of TennCare Medicaid eligibility are ended, when modifications are made, when auxiliary benefits are issued, when cases are transferred to another county, and when cases are reinstated.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the current TennCare Medicaid Patient Liability file, the TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file, and the TennCare Standard Referral file.

Individuals who were denied for TennCare Medicaid and ineligible caretakers of a TennCare Medicaid case shall be added to this file.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.2 Bureau of TennCare Third Party Liability (TPL) File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Third Party Liability file (TPL) is produced for TennCare and provides provider information about medical insurance coverage for individuals in TennCare Medicaid and TennCare Standard cases.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.3 Bureau of TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file is produced daily for TennCare and provides information on MEU interim benefit recipients. Records are generated when MEU interim benefits are requested to begin, change, stop, or be replaced.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the current TennCare Medicaid Eligibility file, the TennCare Medicaid Patient Liability file, and the TennCare Standard Referral file.

Individuals who were denied for TennCare Medicaid and ineligible caretakers of a TennCare Medicaid case shall be added to this file.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.4 Bureau of TennCare Medicaid Benefits File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A Medicaid Benefits file is produced daily and monthly for TennCare and identifies recipients eligible for TennCare Medicaid benefits.

This file is only used by TennCare to issue client ID cards for Qualified Medicare Beneficiary (QMB). This file may be eliminated, if TennCare can use the TennCare Medicaid Eligibility file to determine the QMB individuals that need ID cards.

If this file is not eliminated, it shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily and Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.5 Bureau of TennCare Medicaid Reconciliation File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Reconciliation file is produced monthly for TennCare and includes all current TennCare Medicaid eligible recipients. The file is intended to keep eligibility information synchronized.

This file may be eliminated if the daily Medicaid files were processed in a timely manner at TennCare.

If this file is not eliminated, it shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily and Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.6 Bureau of TennCare Medicaid 1610 Manual Transaction File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid 1610 Manual Transaction file is produced daily for TennCare and provides individual eligibility information that cannot be processed through the normal daily TennCare Medicaid eligibility file. Records are generated when TennCare Medicaid eligibility is started, changed or stopped.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This manual transaction shall be made available for the TennCare Standard cases as well as the TennCare Medicaid cases.

This information shall be stored on the new system, and the capability shall be available to generate notices for the transactions.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.7 Bureau of TennCare Medicaid Patient Liability File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid patient liability file is produced daily, monthly, and at mass change for TennCare and identifies TennCare Medicaid recipients who are responsible for reimbursing some nursing home charges. Records are produced when patient liability is newly authorized, when patient liability is modified and when patient liability ends.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the current TennCare Medicaid Eligibility file, the TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file, and the TennCare Standard Referral file.

Individuals who were denied for TennCare Medicaid and ineligible caretakers of a TennCare Medicaid case shall be added to this file.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily, Monthly and Mass Change Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.8 Bureau of TennCare Standard Referral File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard referral file is produced on a daily basis and at mass change for TennCare, and provides individual demographic/eligibility information for all individuals in a TennCare Standard family group. This file is a vehicle to establish coverage for TennCare Standard and Medically Eligible recipients who have been processed. Records are produced when individuals have been denied or approved for the two categories of TennCare Standard, when individual coverage for the two categories have ended, when modifications have been made to the TennCare Standard family group, when auxiliary benefits are issued, when family groups are transferred to another county, and when family groups are reinstated.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the current TennCare Medicaid Patient Liability file, the TennCare Medicaid Patient Liability file, and the TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily and Mass Change Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.9 Bureau of TennCare Standard Response File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard Response file is produced on a daily basis by TennCare, and includes information on how TennCare responded to the TennCare Standard referrals to TennCare, whether TennCare accepted the response or reversed the referral back as unacceptable. It includes such information as eligibility begins and end dates, reason why TennCare did not process an individual, and date premium was paid. The file is processed by DHS, resulting in updates to begin and end dates for individuals, automatic closure of family groups for specific reasons, or generation of alerts for the caseworkers.

This file may be consolidated with the new TennCare Medicaid response file.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.10 Bureau of TennCare Standard Syntax Error File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard Syntax error file is produced on a daily basis by TennCare. This file contains TennCare Standard referral records that were rejected by TennCare as syntax errors and the reason for the rejection. The file is processed by DHS and reports are created that are used by Systems and Policy personnel to resolve the errors that resulted in the records being rejected

Since DHS is determining the eligibility for TennCare Standard and will be generating the notices for TennCare Standard recipients, TennCare shall rarely, if ever, override an approval referral from DHS for TennCare Standard eligibility with a syntax error.

This interface may be eliminated if more edits are created to assure the information on the referral is accurate. DHS needs to work with TennCare on these edits for the new system to eliminate the different types of syntax errors and possibly the file. The new TennCare Standard Referral Error file may replace this file.

If this file is not eliminated, it shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.11 Bureau of TennCare Standard Eligibility Error File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard Eligibility error file is produced on a daily basis by TennCare. This file contains TennCare Standard referral records that were rejected by TennCare as eligibility errors and the reason for the rejection. The file is processed by DHS and reports are created that are used by Systems and Policy personnel to resolve the errors that resulted in the records being rejected.

Since DHS is determining the eligibility for TennCare Standard and will be generating the notices for TennCare Standard recipients, TennCare shall rarely, if ever, override an approval referral from DHS for TennCare Standard eligibility with an eligibility error.

This interface may possibly be eliminated if more edits are created to assure the information on the referral is accurate. DHS needs to work with TennCare on these edits for the new system to eliminate the different types of eligibility errors and possibly the file. The new TennCare Standard Referral Error file may replace this file.

If this file is not eliminated, it shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.12 Bureau of TennCare Immediate Eligibility File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Bureau of TennCare
System: Interchange

Purpose of the interface
A TennCare Immediate Eligibility file is produced on a daily basis for TennCare and provides eligibility information on the individuals who are eligible for the Immediate Eligibility category of Medicaid.

Platform
Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data
Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.13 Bureau of TennCare Standard Response Error File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard Response Error file is produced on a daily basis for TennCare and reflects why TennCare's responses to individuals sent to TennCare on the TennCare Standard referral file were rejected.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the new TennCare Medicaid Response Error File.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.14 Bureau of TennCare SSN Match File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A file is received from TennCare containing SSNs of individuals possibly due for closure or that have applied for benefits through the Health Department.

This file is matched at DHS, and a file is created reporting current Medicaid status of the individual at DHS. This match will tell TennCare if the individual has re-applied for Medicaid through DHS, if they are currently active, or if they have been closed or denied benefits. This match file is sent back to TennCare. This process occurs on a daily basis.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.15 Bureau of TennCare Address Match File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A file is received from TennCare containing a list of individuals and their SSN and address on an 'on request' basis.

This information is compared to DHS information, and if address is different, it is written to a Non-match file. If it matches, it is written to a Match file. All others are written to the error file. The match and non-match files are sent back to TennCare.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

On-Request Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.16 Bureau of TennCare Pending File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A daily pending file is produced for TennCare to be used in conjunction with the daily denial file to inform TennCare of individuals who registered at DHS. TennCare will extend TennCare eligibility for any individual on the file until disposed at DHS. TennCare will not end TennCare eligibility for any individual on the file unless later denied at DHS.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.17 Bureau of TennCare Denial File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A daily denial file is produced for TennCare to be used in conjunction with the daily pending file to inform TennCare of any denial disposition. With this denial file, TennCare will end TennCare eligibility for individuals who were extended by the daily pending file.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.18 Bureau of TennCare on Line Match

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A front end on-line match with the TennCare system shall be needed when new applicants are being added on the new system to capture existing individual TennCare Medicaid, TennCare Standard, SSI, and Medicare eligibility information, if the individual exists on the TennCare System.

When a match is found, the individual segment shall be updated with the TennCare Medicaid/TennCare Standard/SSI/Medicare eligibility begin and end dates and the type of Coverage.

This on-line match/inquiry shall also be needed at other times during the eligibility determination process to provide additional information, such as if a service is not covered due to a limit in benefits (e.g. 6 prescriptions per month, 45 days hospital stay, etc). as defined by policy.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.19 Bureau of TennCare Managed Care Organization (MCO) Selection File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Managed Care Organization (MCO) Update file shall be needed on a daily basis from TennCare reflecting the final MCO selection for individuals eligible for TennCare Medicaid or TennCare Standard. This file shall be processed by DHS, and the final selection shall be updated on the new system.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.20 Bureau of TennCare Medicaid and TennCare Standard Overpayment File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare, Program Integrity
System: Interchange

Purpose of the interface

A TennCare Medicaid and TennCare Standard Overpayment file shall be needed daily for TennCare reflecting overpayment claim information due to Intentional Program Violation (IPV) or Inadvertent Client Error (ICE) on individuals in TennCare Medicaid and TennCare Standard cases. It shall also be sent if an investigation is requested. Information for estate recovery when an institutionalized case is closed due to the death of an individual shall also be on the file.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

25.21 Bureau of TennCare Medicaid and TennCare Standard Updated Overpayment File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare, Program Integrity
System: Interchange

Purpose of the interface

A TennCare Medicaid and TennCare Standard Updated Overpayment file shall be needed daily from TennCare reflecting updated overpayment claim information on individuals in TennCare Medicaid and TennCare Standard cases. This file shall be processed by DHS, and overpayment claim information shall be updated on the new system.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.22 Bureau of TennCare Health Check Visit Match File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

DHS needs to know if a health check visit was made for Families First clients to track compliance with the program. It was decided that it was more feasible to get this information from the Bureau of TennCare instead of the Department of Health.

A file shall be needed daily for TennCare containing information for children on Families First.

TennCare shall use this information to match against the TennCare system to determine if an actual health visit was made for the children. This match shall be sent back to DHS to be processed and update the new system.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.23 Bureau of TennCare Medicaid Eligibility Error File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid Eligibility Error file shall be needed on a daily basis from TennCare in response to the daily TennCare Medicaid Eligibility file, TennCare Medicaid Patient Liability file and the TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file. It shall include the reason why TennCare rejected a Medicaid eligibility record. The file shall be processed by DHS and generate alerts to the caseworker.

This file may be consolidated with the new TennCare Standard Referral Error file.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.24 Bureau of TennCare Standard Referral Error File

Existing Interface: No
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Standard Referral Error file shall be needed on a daily basis from TennCare in response to the daily TennCare Standard Referral file. It shall include the reason why TennCare rejected a TennCare Standard referral. The file shall be processed by DHS and generate alerts to the caseworker.

This file may be consolidated with the new TennCare Medicaid Eligibility Error file.

This file may also replace the current TennCare Standard Syntax Error file and the TennCare Eligibility Error file.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Daily Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.25 Bureau of TennCare Medicaid Response File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid Response file shall be needed on a daily basis from TennCare in response to the daily TennCare Medicaid Eligibility file, TennCare Medicaid Patient Liability file and the TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file. The file shall indicate what updates were applied on TennCare. The file shall be processed by DHS to generate a report.

The file may be consolidated with the current TennCare Standard Response file.

The file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.26 Bureau of TennCare Medicaid Response Error File

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A TennCare Medicaid Response Error file shall be needed on a daily basis for TennCare and reflects why TennCare's responses to individuals sent to TennCare on the TennCare Medicaid Eligibility file, TennCare Medicaid Medical Evaluation Unit Interim Benefits (MEU) file and TennCare Medicaid Patient Liability file were rejected.

This file shall be in the Health Insurance Portability & Accountability Act (HIPAA) standard 834 record layout plus a companion record with additional information.

This file may be consolidated with the current TennCare Standard Response Error File.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.27 Bureau of TennCare SSI Terminates from TennCare

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A file shall be needed monthly from TennCare listing those individuals whose SSI cash assistance is ending. Selection of individuals shall be made by TennCare based on reason codes for closure to insure no notice is sent to deceased or out of state individuals.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.28 Bureau of TennCare SSI Terminates Information to TennCare

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

A file shall be needed monthly for TennCare including those SSI terminate individuals that have not reapplied or filed an application by a specified timeframe.

The file shall also include those SSI terminate individuals who did reapply but are denied for both TennCare Medicaid and TennCare standard (including the ME process as appropriate).

The file shall also include those SSI terminate individuals who did reapply within a specified timeframe but are still in 'pending' status to prevent any closure action prior to the eligibility determination be completed.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix Farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

None

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.29 Bureau of TennCare Recovery Match

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: TennCare Program Integrity
System: Recipients System

Purpose of the interface

On a quarterly basis the new system receives a file from TennCare of nursing home recipients who died over the age of fifty-five. This file is matched against the new system to create three files – TennCare Individuals not found (on the new system), TennCare Individuals with a surviving spouse, and TennCare Individuals without a surviving spouse and if they owned a home. The value of this real estate can then be used to pay the nursing home bills when there is no surviving spouse.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Quarterly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.30 Bureau of TennCare Refugee File

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Bureau of TennCare
System: Interchange

Purpose of the interface
On a monthly basis the new system shall receive a file from TennCare of refugees who receive TennCare and Medicaid. This file will be used to generate a report for the Federal government.

Platform
Hardware: Client/Server architecture with the Client running on a Citrix farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data
Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

25.31 Bureau of TennCare Referrals for Newborns

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: Batch

System Interface with:

Agency: Bureau of TennCare
System: Interchange

Purpose of the interface

The purpose of this interface is to receive an automated referral from TennCare for any newborns reported to TennCare by the Managed Care Organizations (MCO). These referrals will be for existing V.I.P. cases. The newborns are eligible for Medicaid coverage at birth. Currently the Medicaid Unit is notified of the newborns via paper referral or phone call.

Platform

Hardware: Client/Server architecture with the Client running on a Citrix farm. The Servers are two SUN 4800's with 12 1.2Ghz CPU per box. One box is the on-line database server/claims engine and the other is the history server which includes the MARS/SURS functionality
Software: EDS in-house developed utilizing 'C' coding language for the claims engine and PowerBuilder for the on-line screens
Database: Oracle RDBMS Version 9.2
Operating System: Solaris Version 9.0

Existing process for sending/receiving data

Paper referral or phone call.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

26.1 Service Center IVR (Interactive Voice Response)

Existing Interface: No
Existing Interface Method: None
Proposed Interface Method: On Line Real Time with Telephony System IVR

System Interface with:

Agency: Service Center IVR
System: Telephony System currently utilized by the Family Assistance Service Centers

Purpose of the interface

To support on line real time client inquiries into cases, claim, appointment information from the new system via a telephone IVR (Interactive Voice Response) system.

The new system will support IVR look-ups such as status of case, status of application, benefit amount, and availability, location of nearest county office, appointment, date and amount of last claim payment received or due, and claim balance. The system shall return information to the IVR system via screen scraper or by query response. The system shall also select a file of a cases for outbound reminders to be used by the Service Center telephony system automated dialer. Some examples of files to be used by the automated dialer are: Appointment notification, overdue verification notification and overdue claim balance notification.

Platform

Hardware: Telephony System
Software: Net-VU Contact Manager
Database: N/A
Operating System: N/A

Existing process for sending/receiving data

None.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

27.1 Tennessee Department of Human Services Data Warehouse

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: DHS
System: Data Warehouse

Purpose of the interface

The purpose of this interface is to provide periodic files reflecting daily updates to V.I.P. Family Assistance Case, Individual and Issuance data. The Contractor shall provide sufficiently detailed data to ensure the continued viability of the existing Families First Data Warehouse/Data Marts. Updates to the Data Warehouse databases will be accomplished through existing Data Warehouse programs and jobs external to V.I.P. Files provided to the Data Warehouse for processing shall be incremental and not a full load of the Data Warehouse other than at initial conversion.

Platform

Hardware: IBM Mainframe, Microstrategy servers are windows
Software: State DW Architecture using the Microstrategy products (desktop, web professional, OLAP services, report services, narrowcast services, db2connect)
Database: DB2 version 7 OS/390 for data; oracle for metadata, DQL server for statistics
Operating System: z/OS V1.4, Microstrategy Intelligent Server

Existing process for sending/receiving data

Daily, Weekly and Monthly Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

28.1 Tennessee Secretary of State

Existing Interface: Yes
Existing Interface Method: Report
Proposed Interface Method: Batch

System Interface with:
Agency: Secretary of State
System: Voter Registration Tracking System (VRTS)

Purpose of the interface
During the application process or during any contact, the client will have the opportunity to apply to register to vote. The system will create a nightly batch file to transfer to the Voter Registration system.

The Secretary of State requires a record of all instances of contact with clients and the data related to each client being given the opportunity to apply to register to vote as required by Federal law.

Platform
Hardware: Mainframe
Software: COBOL
Database: IBM IMS
Operating System: ZOS

Existing process for sending/receiving data
Report

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D: V.I.P. INTERFACE

29.1 Tennessee Department of Human Services Appeals Resolution Tracking System (ARTS)

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:

Agency: Tennessee Department of Human Services
System: Appeals Resolution Tracking System (ARTS)

Purpose of the interface

Appeal tracking and outcome for cases whose eligibility or benefit is being appealed by the recipient is maintained in the DHS Appeal Resolution Tracking System (ARTS).

Data is received from the ART System on a daily basis. Data from the ARTS system shall be processed and linked to the case(s) and individual(s) in the new system. When a match is found the case, individual, claims data shall be updated and linked to the appeal. An alert shall be generated to the worker. If a match is not found, the system shall generate a file to ARTS indicating the inability to link the appeal.

If there is a sanction/penalty/disqualification, the system may either reinstate or suspend. When the appeal is not based on an adjudicated claim/accounts receivable, the system will determine if benefits must be reinstated. If benefits are not to be reinstated, the client will be notified. The system shall create a file to send to ARTS containing reinstatement data.

Platform

Hardware: Compaq Proliant server ML370T03 G3
Software: Microsoft .NET Framework v1.1
Database: Microsoft SQL Server 2000 edition
Operating System: Microsoft Windows Server 2003

Existing process for sending/receiving data

Batch

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT D:
V.I.P. INTERFACE

30.1 Metro Development and Housing Agency (MDHA) match

Existing Interface: Yes
Existing Interface Method: Batch
Proposed Interface Method: Batch

System Interface with:
Agency: Metro Development and Housing Agency (MDHA)
System: File Transfer

Purpose of the interface
A monthly file to match individuals on MDHA databases to V.I.P. The V.I.P. match will send MDHA FF and FS data for V.I.P. individuals.

Platform
Hardware: Unknown
Software: Unknown
Database: Unknown
Operating System: Unknown

Existing process for sending/receiving data
File Transfer Protocol (FTP).

Functional Area: REPORTS

STATE OF TN
REPORTING REQUIREMENTS

Reference Number	Requirement
	General Reports (RPT)
RPT1	The system shall provide statistical and case management reports.
RPT2	The system shall provide scheduled reports that can be sorted using any data element or combination of data elements.
RPT3	The system shall provide users with the ability to access fields or a combinations of fields, within the system through the use of ad-hoc queries.
RPT4	The system shall provide formatted reports in such a manner that they can easily be copied to Microsoft Office, a PDF format, or a database format.
RPT5	The system shall provide that all reports are capable of being retained with an on-line utility.
RPT6	The system shall provide an index of reports to allow for easy report navigation and search based on key words both in the index and within the report.
RPT7	The system shall provide a report description that links each report with report logic and criteria.
RPT8	The system shall provide reports that possess a title, page numbers, run date and time, a report frequency indicator and a report period date range indicating the period that each report covers on each page.
RPT9	The system shall utilize reporting utility having user friendly search engine that allows the user to search on a variety of strings within the reports.
RPT10	The system shall provide specified users with the means to determine how long reports shall be retained prior to purging.
RPT11	The system shall allow users to schedule and view the print progress of any report.
RPT12	The system shall allow users to specify the number of copies of reports to be printed (or saved to another format.)
RPT13	The system shall allow users to store ad-hoc report/query definitions in private folders and/or in public libraries.
RPT14	The system shall provide the ability to create and print reports on special forms.
RPT15	The system shall generate Application Reports.
RPT16	The system shall generate Demographic Reports.
RPT17	The system shall generate Caseload Management Reports
RPT18	The system shall generate Benefit Issuance Reports
RPT19	The system shall generate User Notification and Alert Reports
RPT20	The system shall generate Security Reports
RPT21	The system shall generate Family Assistance Program and Subprogram Reports
RPT22	The system shall generate EBT Reports
RPT23	The system shall generate Mass Change Reports
RPT24	The system shall generate Data Exchange Match Reports
RPT25	The system shall generate Eligibility Screening Reports
RPT26	The system shall generate Case Exception Reports
RPT27	The system shall generate Refugee Program and Subprogram Reports
RPT28	The system shall generate Quality Control Reports.
RPT29	The system shall generate Management Evaluation Reports.
RPT30	The system shall generate ABAWD Reports.
RPT31	The System shall generate Claims Reports.
RPT32	The system shall generate Families First Federal Statistical Summary.
RPT33	The system shall generate Families First Service Provider Reports.
RPT34	The system shall generate Customer Service Reports.
RPT35	The system shall generate ACR Reports.
RPT36	The system shall generate Child Care Reports.
RPT37	The system shall generate Child Support Reports

Functional Area: REPORTS

STATE OF TN
REPORTING REQUIREMENTS

Reference Number	Requirement
RPT38	The system shall generate Financial Reports
RPT39	The system shall generate Service Centers Report
RPT40	The system shall generate Voter Registration Reports
RPT41	The system shall generate Staff Performance Reports
RPT42	The system shall generate DCS Adoption Assistance Reports
RPT43	The system shall generate DCS Child Welfare Benefits Eligibility Reports
RPT44	The system shall generate Title IV-E Foster Care Reports

STATE OF TN
CORRESPONDENCE AND NOTICE REQUIREMENTS

Reference Number	Requirement
	Correspondence/Notices (CN)
COR1	The system shall have the ability to generate and route appropriate correspondence.
COR2	The system shall set the review due date and generate a review appointment notice to the client one month prior as appropriate.
COR3	The system shall generate a notice to the client with the reason for denial when an application is denied.
COR4	The system shall automatically generate client notices using system generated and user entered authorization reasons.
COR5	The system shall generate the appropriate notices specifying impact on action to each individual in the case.
COR6	The system shall have the ability to send forms and attachments and automatically issue a special notice when a case meets certain criteria.
COR7	The system shall recreate all documents generated for an individual or case upon demand and route as directed within user specified time parameters.
COR8	The system shall include a preprinted application populated with client specific data that can be utilized by the client to identify changes at recertification of the case.
COR9	The system shall create renewal notices for those individuals who leave the TennCare Standard household without reapplying for TennCare Standard within the time period given to their original TennCare Standard case to review their eligibility.
COR10	The system shall generate initial renewal TennCare Standard notice, 30 day reminder notice if no contact has been made to this point, and a 70 day closure notice if no case is pending.
COR11	The system shall generate a verification request to the client when a previously verified piece of information is expiring.
COR12	The system shall allow the user to request a verification letter be sent.
COR13	The system shall automatically generate a notice to the client if an application for a SSN has been sent to SSA and the client has not notified the caseworker of the SSN. The time period for generating the notice shall be determined by the State.
COR14	The system shall automatically send a closure notice when a non-institutional disabled Medicaid case is approved or denied and interim benefits are stopped.
COR15	The system shall, for clients with breast or cervical cancer, send the client a notice of presumptive approval of TennCare Medicaid and a request to apply for regular TennCare Medicaid and to submit a treatment plan prior to the expiration of the 45th day of their presumptive period.
COR16	The system shall generate denial notices for individuals not technically eligible for any TennCare Medicaid program or subprogram.
COR17	The system shall generate one notice when a approval/denial transaction is performed is performed at the same time.
COR18	The system shall support the ability to notify the individual of every program and subprogram they have applied for and the outcome in a single notice.
COR19	The system shall automatically generate a replacement ME packet through batch or on-line request and maintain a history of that request.
COR20	The system shall generate status changes to designated providers.
COR21	The system shall enable the use of Microsoft Office Product correspondence templates created by the State when generating notices.
COR22	The system shall allow staff to add free-form text to an existing standard notice.
COR23	The correspondence shall have bold headings, shading, sub-paragraphs and multiple fonts.
COR24	The system shall retain history of all documents issued automatically or user initiated.
COR25	The system shall allow users to view and reprint an exact duplicate of any correspondence that has been created and issued by the system.

STATE OF TN
CORRESPONDENCE AND NOTICE REQUIREMENTS

Reference Number	Requirement
COR26	The system shall provide a history of notices as well as a summary of the notices generated for an individual or case.
COR27	The system shall provide the ability to search notice history by individuals, case, type, and other defined parameters.
COR28	The system shall capture an indicator of how the notice was delivered such as handed to the client, e-mailed or sent via US Postal Service.
COR29	The system shall provide the ability to utilize more than one method to distribute correspondence including e-mail, mail, hand to hand.
COR30	The system shall store predefined correspondence templates and standard paragraph text.
COR31	The system shall individualize each notice to clearly identify eligible and ineligible individuals specifying each program and subprogram which their eligibility is tested..
COR32	The system shall create a receipt and document the receipt of information provided based on program policy/rules.
COR33	The system shall automatically create a receipt and a log entry, which includes date and time, when an application, verification, or claim payment is received based on program policy/rule.
COR34	The system shall provide appointment letters to be mailed to the client for all scheduled events with a defined future date.
COR35	The system shall provide user with the ability to indicate that mail was returned undeliverable and prompt user to check address matches.
COR36	The system shall have the ability to generate a notice when a change is reported or a claim payment is made.
COR37	The system shall generate referrals to clients and providers utilizing system data to populate class, appointment and provider information based on program policy/rules.
COR38	The system shall have the ability to send the Minor Parent a ‘Notice of Potential Eligibility’ if the Major Parent refuses to sign the PRP or fails eligibility.
COR39	The system shall generate a notice upon user request to be sent to the client if a service provider has indicated that the client is not complying with the PRP.
COR40	The system shall generate a notice to the client after the expiration of a 10-day conciliation notice, for a first or subsequent occurrence, notifying them of the closure of the sanctioned case.
COR41	The system shall calculate expected end dates for interruptions and exemptions that are time limited and produce alerts and associated notices for the program based on program policy/rules.
COR42	The system shall provide the user the ability to request a PRP to be mailed to the client for a signature.
COR43	The system shall send the applicant a notice listing all the verifications by program/subprogram that must be provided to the user to complete the application process.
COR44	The system shall make available a generic list of needed verifications for individuals when printing and mailing an application for benefits.
COR45	The system shall generate notices to the head of case informing them of a restoration or supplemental benefit issuance amount.
COR46	The system shall print correspondence in English and/or Spanish.
COR47	The system should have the flexibility to add additional languages for correspondence..
COR48	The system shall be able to group all correspondence for an addressee on a daily basis in order to minimize the number of pieces of correspondence to an individual.
COR49	The system shall compute, track and display the mail-date.
COR50	The system shall create an effective date for appropriate user or system generated action based on the mail date of the notice.
COR51	The system shall have the ability to generate mass periodic correspondence. Upon request these notices could be generated to a select population based on parameters.

STATE OF TN
CORRESPONDENCE AND NOTICE REQUIREMENTS

Reference Number	Requirement
COR52	The system shall generate appropriate notices based on applying a mass change to all or a select group of cases within a program or subprogram.
COR53	The system shall generate a notice of patient liability change, approval or closure to the nursing home or lead agency for institutionalized TennCare Medicaid cases.
COR54	The system shall provide the option of either printing correspondence or reprints locally or centrally at State designated location.
COR55	The system shall provide an eligibility authorization letter informing the client about their reporting requirements and the income limit so they will know what income changes to report.
COR56	The system shall generate and track a Simplified Reporting form for FS.
COR57	The system shall use the address associated to an individual and shall default to the case mailing address if the case address is more recent when correspondence is generated..
COR58	The system shall be able to generate appeal forms with specified notices.
COR59	The system shall provide parents terminated from the child care waiting list a notice of the date and reason for termination.
COR60	The system shall issue the child care provider a remittance document for child care payments made for each child.
COR61	The system shall have the ability to issue a child care certificate.
COR62	The system shall issue a billing document to each provider if they do not wish to participate in the electronic billing process.
COR63	The system shall be able to generate statements and notices for child care claims and overpayments.
COR64	The system shall generate a notice to the custodial parent concerning the results of a child support good cause investigation.
COR65	The system shall have the ability to generate a demand letter as requested for payment of a claim.
COR66	The system shall provide a means for users to make on-line claim referrals to TennCare OIG.
COR67	The system shall generate FF final closure notices if subsequent closure for the same reason/s occurs within a specified period of time.
COR68	The system shall generate a CSR contact letter.
COR69	The system shall send a verification of good cause request, if the CSR indicates that good cause may exist on the system and the conciliation notice was mailed prior to the customer contact.
COR70	The system shall generate a notice to client informing them of their choice to continue or save countable months when client is not exempt or interrupted and is receiving a FF grant less than $10.00.
COR71	The system shall have the ability to generate a notice to a non-parental caretaker as defined by program policy/rule.
COR72	The system shall have the ability to generate notices to multiple addresses.
COR73	The system shall have the ability to generate the PRP for mailing or printing.
COR74	The system shall have the ability to send a notice to the current caregiver of TennCare Medicaid closure when DCS custody ends.
COR75	The system shall ensure all correspondence mailed will meet requirements for bulk mailing discount rates including formatting electronic barcodes as defined by State postal.
COR76	The system shall allow the user to select and request a copy of on-line summaries to be generated and mailed.
COR77	The system shall retain case grouping history of the results of each subprogram's test including status dates and associated reasons and generate appropriate notices
COR78	The system shall have the ability to allow specified users to send referrals for support services to any provider who has access to the system based on security specifications.

STATE OF TN
CORRESPONDENCE AND NOTICE REQUIREMENTS

Reference Number	Requirement
COR79	The system shall inform the provider of the client's eligibility for services via written notice or interface, as appropriate for Long Term Care and HCBS (institutionalized).
COR80	The system shall provide the ability to recreate previously sent notices, referrals, forms with the ability to send to different address and track as a forwarded mail document.
COR81	The system shall have the ability to print or mail a claim waiver request as needed.
COR82	The system shall generate notices for the Families First (FF) program.
COR83	The system shall generate notices for the Food Stamp (FS) program.
COR84	The system shall generate notices for the Child Care program.
COR85	The system shall generate notices for the TennCare Medicaid, TennCare Standard, QMB, SLMB, QI1 and the Medicare Part D programs.
COR86	The system shall generate notices for the Refugee Assistance program.
COR87	The system shall generate notices for the Foster Care program.
COR88	The system shall generate notices for the Adoption Assistance program.
COR89	The system shall generate notices on all reported changes including those that do not result in a benefit change.
COR90	The system shall generate all benefit issuance notices, for all programs.
COR91	The system shall generate EBT notices
COR92	The system shall generate appointment notices.
COR93	The system shall generate sanction, disqualification and penalty notices for all programs.
COR94	The system shall generate mass change (MC) notices
COR95	The system shall generate conversion notices associated with the implementation of the new system.
COR96	The system shall generate intercounty and caseload transfer notices.
COR97	The system shall generate benefit reduction due to bankruptcy notices.
COR98	The system shall generate conciliation notices.
COR99	The system shall generate free-form notices.
COR100	The system shall generate any required notices, correspondence or forms related to appeals.
COR101	The system shall generate all notices for the First Wheels program.
COR102	The system shall generate the six-language attachment to all correspondence as required.
COR103	The system shall generate program time limit notices.
COR104	The system shall generate verification request notices.
COR105	The system shall generate Customer Service Review notices and correspondence.
COR106	The system shall generate Child Care eligibility and certificate notices, for clients and providers.
COR107	The system shall be able to generate statements and notices related to Claims and Investigations from all programs.
COR108	The system shall generate correspondence for all service providers.

State of TN
General Technical Requirements

Reference Number	Requirement
	General
GT1	The system shall provide a solution that supports current the Tennessee Information Resources Architecture, as defined by the Tennessee Department of Finance and Administration (F & A), Office for Information Resources (OIR).
GT2	The system shall be rules-based and allow the business rules associated with the system to be separated from the database design and the graphical user interface (GUI) presentation logic, and therefore, allow for more efficient modifications to the system as necessary. A rule is a statement that defines or constrains some aspect of the business.
GT3	All system configurations/parameters shall be table-driven instead of "hard coded."
GT4	The system shall integrate with a number of different legacy systems on a variety of technical platforms, utilizing an Enterprise Application Integration (EAI) approach. See pro forma contract attachment D for description of interfaces.
GT5	The system shall utilize an object oriented framework approach with non-proprietary industry standard products for development and operation.
GT6	The system shall be deployed as an n-tier architecture solution.
GT7	The system shall utilize the z/OS operating system on an IBM z990 2084-305 mainframe server. The operating system shall be z/OS V1.4 (or higher) and will utilize IBM Web Sphere Application Server V5 (or higher).
GT8	The data base shall be DB2 V7 (or higher) or Oracle 9i (or higher).
GT9	All JAVA source code shall be J2EE compliant.
GT10	All Cobol source code shall meet ANSI standards.
GT11	The system shall communicate via TCP/IP and integrate with the State's Wide Area Network (WAN).
GT12	This framework product shall provide sufficient functionality to query, add, update, and conduct on-line real-time transactions for clients, providers, and staff.
GT13	The system shall comply with the most current version of Tax Information Security Guidelines for Federal, State, and Local Agencies, Safeguards for Protecting Federal Tax Returns and Return Information. 1545-0962, Publication 1075 (ftp://ftp.fedworld.gov/pub/irs-pdf/p1075.pdf)
GT14	The system shall present the following IRS language on the global login window for the new system: The Vision Integration Platform (V.I.P.) contains Federal tax information. All users are subject to monitoring. Unlawful entry, unauthorized use or misuse is subject to criminal penalties.
GT15	The system shall provide the following process control: comprehensive edit, validation, and balancing controls which prevent incomplete or incorrect data from being processed.
GT16	The system shall provide the following process control: programmatic control of the process flow to prevent data from being processed in the wrong sequence.
GT17	The system shall provide the following process control: processing cycles completed in a logical and prescribed order.
GT18	The system shall provide the following process control: integrity of data entering the database, safeguarded through editing criteria.
GT19	The system shall provide the following process control: updating of tables/files upon completion of a logical unit of work according to State/agency business rules.
GT20	The system shall have separate and unique versions of software, data, and related components that allow staff to use the system, as needed, in each of the following processing environments: construction, integration/system test, acceptance test, training, staging, and production.

State of TN
General Technical Requirements

Reference Number	Requirement
GT21	The system shall allow for efficient implementation of system upgrades and new releases.
GT22	The system shall provide purge and archive functions that are user-defined based on type of data and case status.
GT23	The system shall provide modifiable archive and purge criteria options that can be easily changed by an authorized user. File synchronization and referential integrity of tables shall be maintained.
GT24	The system shall allow the user to pre-schedule data archiving and purge routines.
GT25	The system shall allow the user to perform Soundex searches.
GT26	The system shall allow the user to perform Fuzzy logic searches (i.e., Search “Bob” and return: Bob, Bobby, Robby, Rob, and Robert).
GT27	An automated testing tool shall be used in acceptance test and should be used to track the status of problems identified during all phases of testing.
GT28	The system shall use common date subroutines throughout the system .
GT29	The standard format for date storage shall be CCYYMMDD.
GT30	The system shall be compliant with Section 508 c of the Rehabilitation Act (29 U.S.C. 794d).
	Business Rules
BR1	The business rules and reference tables shall be easily accessible to view and maintain.
BR2	The system shall support the effective dating of data elements so that eligibility determination and benefit calculation can be made based on past data, in accordance with business rules.
BR3	The system business rules repository shall be user-friendly, support ease of rule modification, testing, and implementation to accommodate the frequency of policy changes and timeliness of program impact.
BR4	The system shall maintain multiple versions of business rules to meet certain State and federal requirements regarding application of business rules from points of time in the past.
BR5	The system shall include an approach to developing a hierarchy of business rules changes.
BR6	The system shall handle unlimited business rules and conditions.
BR7	The system shall guide the user through each activity in a module based on business rules until all activities are complete for a particular activity or program.
BR8	The system shall maintain a business rules sequence that provides the flexibility to accommodate inherent differences in the programs by executing only the subset of rules that are applicable to the particular programs being assessed and activities being performed at any point in time.
BR9	The business rules and table values shall be maintained in all environments throughout the duration of the contract.
BR10	The system shall support unlimited table values.
BR11	The system shall provide the ability for “what if” analysis for program planning.

State of TN
General Technical Requirements

Reference Number	Requirement
	User Interface
EU1	The development process shall support rapid development of a graphical user interface (GUI) by means of the following: Controls, including Menus, Tree Views, Text Boxes, Labels, Drop-down Lists, List Boxes, Radio Buttons, Check Boxes, Tabs, and Frames; Wizards; Toolbars; ECMA Script; Drag and Drop; DHTML/HTML Generator Tool .
EU2	The system solution shall capture data once, in a logical sequence, and accommodate field-level data entry, as well as narrative text data entry.
EU3	The system shall include a flexible, easy, and efficient method or methods for the user to move around the system (from field to field, window to window, window to system, and system to system, forward to forward, backward to backward, backward to forward and forward to backward) in the least amount of time and with the minimum number of keystrokes.
EU4	The system shall set up a pathway of windows necessary to collect all required data elements and verifications.
EU5	The system shall display root questions on general data collection windows, and subsequent windows shall be presented so that no duplicate entry of data is required.
EU6	The system shall be designed in such a way that modules comprising the system shall fully integrate business processes and associated data that cross modules.
EU7	End-user windows shall contain links to additional data windows based on a specific data input.
EU8	The system shall allow the State to change field labels to be consistent with State terminology.
EU9	The system shall provide the ability to attach and retrieve documents including, but not limited to:
EU10	Word processing documents, including faxes, jpeg's, text files, rtf, etc.
EU11	Spreadsheets.
EU12	The system shall provide immediate validation and editing of data at the point of entry based on user defined criteria.
EU13	The system shall ensure that consistency and integrity are maintained in order to prevent conflicts in business rules.
EU14	The system shall include field edits to ensure that valid values and characters are entered.
EU15	The system shall include relationship edits to ensure that information is valid based on other entries.
EU16	The system shall be browser-based.
EU17	The system shall include free form text comments on any window and associate these comments with the functional area.
EU18	The system shall provide user access to the free form text comments by functional area or aggregate comments by case for a specified period of time and provide a spell check feature.
EU19	The free form text comments shall include date/time stamp and user identification.
EU20	The system shall store free form text comments with links to the related data.
EU21	The system shall allow users to modify and/or delete their own free form text comments for that day prior to the end of day.
EU22	The system shall allow designated staff the ability to modify free form text comments at any time.

State of TN
General Technical Requirements

Reference Number	Requirement
EU23	The system shall allow search capability in free form text comments, using key words, dates and/or phrases.
EU24	The system shall provide a message scrollbar for the user.
EU25	The system shall identify and track information when Service Center representatives are handling case actions and interacting with clients.
EU26	The system shall display the current date and time on all windows.
EU27	The system shall provide a cursor that is easy to visually locate on the window.
EU28	The system shall allow the user to navigate within multiple input windows without losing information input on the original (or header) window.
EU29	The system shall provide the ability to move backward within a menu structure without losing data.
EU30	The system shall contain a bookmark feature which returns the user to the point on the window where they left.
EU31	The system shall provide an authorized user with on-line access to “drill down or up” from summary information to supporting detail information where appropriate.
EU32	The system shall utilize colors and other visual and non-visual aids in a consistent manner across the application to facilitate the use of system functions (e.g., data entry/section errors are presented in red for easy detection).
EU33	The system shall be integrated with Microsoft Office applications and support “cut and paste” capabilities between Office applications and system applications/modules.
EU34	The system shall allow the user to link to another window to view or select information and return to the initial window he/she was using before linking.
EU35	The system shall provide a consistent user interface across all components, including but not limited to: consistent function keys; window naming functions; navigation patterns; consistent use of controls; help; and menus.
EU36	The system shall provide immediate transfer of values from "Pop up" tables to the appropriate field when selected and then proceed to the next entry field.
EU37	The system shall provide direct access to other system modules from any system module without having to reenter case or client number.
EU38	The system shall create an index of what windows have been viewed by the user and shall allow the user to return to windows previously accessed.
EU39	A comprehensive on-line edit structure shall allow the user to return to collect all mandatory information prior to the transaction’s completion.
EU40	The system shall amend the navigation sequence of activities, as activities are completed, outcomes are determined, and dependencies are satisfied, such that users are prompted for entry of data not previously collected only when necessary.
EU41	The system shall allow the selection of a submenu to modify the flow, narrowing the criteria necessary.
EU42	The system shall provide summary inquiry windows linked to detail history windows to provide a rapid display of requested information with the most current record displayed at the top of the window.
EU43	The system shall provide an extensive on-line help facility capable of being easily modified by system management. "Easily modified" implies a table-based help facility. The help facility shall include: window level help; field level help; error message help; context sensitive help; hypertext linked help; indexed help; indexed help; and definable "wizards."

State of TN
General Technical Requirements

Reference Number	Requirement
EU44	The system shall provide an extensive on-line error message facility capable of being easily modified by system management. The error message facility shall include: short error message description (at least 65 characters); detailed error message description; highlighting of field in error; and customizable error message text stored in appropriate system tables.
EU45	The system shall utilize on-line drop-down list of all values for each field.
EU46	The system shall update all database segments with the date and the actual data processing program(s) that posted that update. (Used by systems staff for trouble shooting)
EU47	The system shall allow the user to view history of changes.
EU48	The system shall allow the user to access history by date or a range of dates.
EU49	The system shall default the display of history to the most recent history first.
EU50	The system shall identify window names by window function rather than by an acronym.
EU51	The system edit criteria shall be established in a data dictionary or similar repository.
EU52	The system edit values shall be table driven rather than hard coded in the system.
EU53	The system shall edit each field and display the errors.
EU54	The system shall support the data collection effort with a comprehensive structure of field and relationship edits.
EU55	The system shall allow the user to define the priority display of error messages.
EU56	The system shall allow the user to view a consolidated picture of all of the errors that shall be corrected before the transaction can be finalized.
EU57	The system shall support ease of data entry by presenting data in the form of descriptions, rather than codes.
EU58	The system shall store and save user profile preferences, including but not limited to:
EU59	Font.
EU60	Colors.
EU61	Column and field location.
EU62	Workspace.
	Data Extracts and Interfaces
DE1	The system shall provide ability to interface with Internet or intranet applications using commercial standard interfaces.
DE2	The system shall allow for integration with or downloading data into state standard common office application software, including but not limited to: third-party report generators ; third-party spreadsheet products (e.g., Excel); third-party database products (e.g., Access); and third-party word processing products (e.g., Word).
DE3	The system shall support the exporting and importing of system data using file transfer (FTP), Connect: Direct and other industry-standards file transmission protocols.
DE4	The system shall support electronic data interchange (EDI) capabilities, including:
DE5	Creation and translation of the following ANSI X.12 transaction sets: 834, 997, and EDIFACT HL7 using Sybase translator.
DE6	Full EDI communication protocol to private networks, Intranets, and the public Internet:
DE7	Functional acknowledgment.
DE8	Acceptance acknowledgment.
DE9	Supports encryption technology.

State of TN
General Technical Requirements

Reference Number	Requirement
DE10	Supports public/private key encryption.
	Standard Reports
SR1	The system shall produce standard reports and shall provide flexibility to be easily modified as functional and reporting requirements change
SR2	The system shall support on-line report viewing and printing of standard reports.
SR3	The system shall provide a report distribution on-line viewing and printing system that supports centralized and remote printing capabilities.
SR4	The system shall support the distribution of report and form overlays to remote printer in order to reduce network traffic to and within state agency Local Area Network (LAN) infrastructures.
SR5	The system shall provide a standard reporting/inquiry library to meet routine reporting and analysis needs.
SR6	The system shall provide ability for authorized users to select specific reports and report options (i.e., level of detail, reporting period, report sequence, report frequency) on-line with report generation occurring at the time of the request. Report requests shall not lock up client workstations.
SR7	The system shall provide a mechanism to schedule and control the running of "processing intensive" standard reports during nightly batch processing or by user access rights.
SR8	The system shall provide the following inquiry capabilities using the standard report writing tool:
SR9	Pre-packaged on-line inquiries which can be accessed via menu or icons.
SR10	Drilldown inquiries.
SR11	Ability to automatically invoke on-line chart and graphical views of inquiry data.
SR12	The system shall allow for multiple or "select all" field selection for inquiry criteria.
SR13	The system shall provide ability for remote offices to request and generate their own reports.
SR14	The system shall provide ability to store repository of standard and ad-hoc reports with user-defined retention periods.
	Security and Audit
SE1	The application shall provide a common security function across all application modules.
SE2	The application shall provide multi-level security controls to prevent unauthorized use of system and corruption of data, restrict access to the database, maintain database process controls, and log all database transactions. The system shall support access restriction to: application module; windows and tables; data elements; functions (add, change, delete, inquiry); electronic documents (electronic approvals); business function; and organizational unit.
SE3	The application security shall provide the ability for security coordinator to log out users when necessary to perform maintenance or other activities that require users to leave the system. Such log-outs shall provide for an orderly shutdown of the client workstation.
SE4	The application security shall limit log-on of user IDs to one workstation at a time. If such functionality is enforced and the user attempts to log onto a workstation while already logged on another, the system shall provide a message that the user ID is already in use.
SE5	The application menus shall not display application module, function and window options for which the user does not have access.

State of TN
General Technical Requirements

Reference Number	Requirement
SE6	The application in concert with RACF shall allow security coordinators to reset passwords without knowing the existing password.
SE7	The application in concert with RACF shall provide the ability to enforce the changing of all passwords upon demand.
SE8	The application in concert with RACF shall allow the system administrator to define parameters such as requiring users to use alphanumeric and numeric characters in passwords and minimum password length.
SE9	The application shall provide the ability to use a single password and logon for all system functions enabled in security profiles.
SE10	The application shall be designed to integrate with network security to allow network sign-on to provide system access (parameter based on user selection).
SE11	The application shall provide the option to restrict access by an individual user ID (or identified group of user IDs) and password.
SE12	The application shall create and manage a confidential caseload.
SE13	The audit trail shall provide the capability of identifying users that are browsing in cases outside of their caseload.
SE14	The application shall provide a summary window for confidential cases that displays a minimum of data to identify that the individual is receiving assistance. The summary window shall identify name, address, county, programs and other specified data.
SE15	The application shall allow for establishment of multiple security coordinators:
SE16	At agency-wide level (agency security administrator).
SE17	At organization level.
SE18	At program level.
SE19	The application shall provide ability to inquire and report on individual user IDs and user profiles.
SE20	The application security shall provide ability for security coordinators to inquire on the various “views” that a specific user can access.
SE21	The application security shall provide ability for security coordinators to view the users granted specific assess rights or levels.
SE22	The application shall log off user and generate a report to the security coordinator if the user attempts to breach system-authorized-level-defined security parameters while on-line, based on user defined parameters.
SE23	The application shall accommodate both centralized and regional security.
SE24	The application shall provide the ability to view or obtain security reports showing:
SE25	Authorized system use.
SE26	Unauthorized system use.
SE27	Security profiles by user.
SE28	Security breaches or attempts.
SE29	The application shall include functionality to link automatically to the following State legacy systems without the need to re-login or re-key signon data just entered: TN Kids, TennCare, TCCMS, Clearinghouse, SOLQ, and TCSES.
SE30	The application shall provide ability to establish standard “user profiles” from which individual user IDs may inherit privileges.
SE31	The application shall set the security profile to define personnel authorized to:
SE32	Log on.
SE33	Add data.
SE34	Delete data.
SE35	Change data.

State of TN
General Technical Requirements

Reference Number	Requirement
SE36	View data.
SE37	Approve data.
SE38	The application shall provide the option to restrict data access for each security profile by:
SE39	IP Address.
SE40	User id.
SE41	Application.
SE42	Window.
SE43	Field.
SE44	Workstation.
SE45	Menu.
SE46	Module.
SE47	Report.
SE48	Employee status.
SE49	Transaction type.
SE50	Document type.
SE51	Role.
SE52	Standard report.
SE53	Ad hoc report.
SE54	The application shall use security profiles for all reporting and query functions.
SE55	The application shall restrict use of data by external report writers, data extracts, etc.
SE56	The application shall provide functionality to:
SE57	Define user profiles;
SE58	Assign multiple users to a single profile;
SE59	Provide multiple security profiles to a single user; and
SE60	The application shall evaluate the assignment of multiple security profiles to a single user and generate a warning message to notify the security administrator when the combinations are conflicting.
SE61	The Security Structure shall support role-based profiles. The profile shall identify the role that is being done, not just a job title.
SE62	Standard reports and reports generated by the ad hoc report writer shall comply with the user's security profile and not display data that would violate that profile.
SE63	The application shall be integrated with current State security software for all platforms.
SE64	The application shall deactivate user logon id after system administrator defined time of inactivity (days/weeks).
SE65	The application in concert with RACF shall automatically logoff users after a period of time of inactivity as specified by the administrator (minutes/hours).
SE66	The application shall support standard Internet security including secure socket layers (SSL) and secure hypertext transfer protocol (HTTPS).
SE67	The application shall provide ability to suspend all user access when a user ID is terminated; system shall maintain security parameter settings in an inactive status in case said security were to be re-activated in the future.
SE68	The application shall assign a unique identifier for each individual user.
SE69	The application shall have the ability to include specific identifying information for each unique identifier.
SE70	The application shall provide and keep an appropriate audit trail of all updates to the database. During application configuration, the appropriate level of audit trail for each type of transaction shall be determined.

State of TN
General Technical Requirements

Reference Number	Requirement
SE71	Appropriate level of audit trail detail for the application includes, but is not limited to tracking of transactions recording the user who performed the transaction along with the date and time it was performed.
SE72	Appropriate level of audit trail detail for the application includes, but is not limited to retention of "before" and "after" data.
SE73	The application shall provide historical records (log file) including the user ID of who made the changes, the actual changes, and the date of each change.
SE74	The application shall provide the ability to view log files on-line for all changes, deletions, and additions including:
SE75	Date / time stamp.
SE76	User id.
SE77	Specific input device.
SE78	The application shall maintain audit trails of all updates (adds, changes, and deletes), linking user ID numbers, record identifiers, date, time, security violations and the source of the change in the record (e.g. an extract, a user on-line or a DBA). Also include the user id and name of the owner of the case and the user id of the worker modifying the case.
SE79	The application shall provide functionality to inquire on audit trail information.
SE80	The audit trail shall provide functionality to identify users that are browsing secure data such as IRS and Social Security as defined by the State.
SE81	The application shall provide ability to define which system actions must be logged.
SE82	The application shall keep a log of attempted security violations.
SE83	The application shall support active data recovery of data entered up to the last window.
SE84	The application shall have recovery and security procedures in place for the storage, retrieval, maintenance and control of computer programs.
SE85	The application software shall include recovery procedures and re-start capabilities for events such as operator errors, data errors or hardware/software failures.
SE86	The application shall have checkpoint restart recovery.
SE87	The application software, documentation and communications shall be protected, and back-ups shall be available.
SE88	The application operations shall provide functionality to recover from disaster.
SE89	The application shall provide restart and recovery procedures.
	Database Management Systems
DB1	The system shall provide for replication of table updates to multiple databases.
DB2	The system shall lock records at the lowest database level.
DB3	The system shall provide standard query language (SQL) capabilities for database queries.
DB4	The system shall use relational database technology.
DB5	The DBMS software required for the system shall rely on primary key foreign key relationships, stored procedures and triggers to support data integrity, referential integrity, replication, security and access rights.
DB6	The system shall provide ability to “lock” records so that multiple users cannot perform updates at the same time. The system shall notify users when lockout occurs and permit other processing rather than suspend all activity due to the locked record(s).
DB7	The application modules that comprise the system shall be supported by a defined archival and purge procedure.

State of TN
General Technical Requirements

Reference Number	Requirement
DB8	The system shall provide for automatic full daily back-ups of both file systems and database tables.
DB9	Parent and child transactions shall be linked for the purpose of data entry and inquiry and provides the ability to go directly to the source through the use of a relational database structure.
	Processing
PR1	The system shall have the ability to control priority of the batch process based on multiple user defined criteria.
PR2	The system shall control job start time.
PR3	The system shall control the job by transaction type.
PR4	The system shall sequence multiple jobs based on user defined rules.
PR5	The system shall provide system-wide calendar which can be updated on-line by the user to schedule processing or control processing parameters.
PR6	The system shall provide various program checks for controlling data files, verifying correct processing, and ensuring data integrity, such as record counts, totals, limit checks, and dollar totals.
PR7	The system shall provide automatic reconciliation of all exported/imported data.
PR8	The system shall integrate with third-party scheduling software, as specified in State's standard.
	Interfaces
IN1	The system shall provide interface to telephony and IVR systems.
IN2	The system shall support use of an interface engine for ANSI X12 transactions.
IN3	The system shall have automated, on-line, real-time system-interfacing capabilities that facilitate the appropriate access to and/or exchange of information with other State agencies and external entities, as defined in the Interface Model.
IN4	The system shall accommodate batch processing with other legacy systems.
IN5	The batch turnaround for the system shall comply with the production schedule for batch processing approved by the State.
IN6	The system shall complete batch processing in such a manner as to allow verification of all database updates processed before the initiation of on-line processing for the next day.
IN7	Batch processes shall not directly compete with peak, daytime, on-line process for system resources and shall not adversely affect response time.
	Help Capability
HC1	The system shall provide on-line help features for all window elements (window errors and error codes).
HC2	The system shall utilize an on-line help feature, which directs the user to help windows specific to the transaction which they are processing.
HC3	The system shall provide a context-sensitive help feature.
HC4	The system help facility shall include window level assistance and transaction assistance which directs the user to access help information for each window being viewed.
HC5	The system help facility shall include field level help to access help information for each piece of data designated by cursor position.
HC6	The system help facility shall provide error message help assistance that explains error conditions in more detail.
HC7	The system shall provide a comprehensive help facility to display information to users and to return the user to the originating window location. The help information shall be displayed as pop up windows similar to Microsoft Word Help.

State of TN
General Technical Requirements

Reference Number	Requirement
HC8	The system help facility shall allow the user to print any information upon request.
HC9	The system help facility shall be activated through the use of a standardized access path and shall accommodate scrolling or paging to allow for multiple page help text on any subject matter. The system shall allow the user to initiate help when the cursor is placed over particular fields.
HC10	The system help facility shall be designed to be maintained by the Department.
HC11	The system help facility shall allow the user to simultaneously view the help window and the window for which help is required.
HC12	The system help facility shall provide help on the alerts presented to the workers.
HC13	The contractor shall be responsible for writing help text for the help windows.
HC14	The system help facility shall provide the same help text viewing for all authorized users.
Workflow	
WF1	The system shall support the scheduling of the workflow process based on multiple business processes.
WF2	The system shall support user-defined workflow.
WF3	The system shall support an unlimited number of workflow steps.
WF4	The system shall schedule the workflow based on prior events.
WF5	The system shall support routing of workflow and shall have multiple destinations based on user-defined criteria.
WF6	The system shall allow Workflows to be designated as informational or action required (approval).
WF7	The system shall not allow the transaction to be finalized until approval workflows are complete.
WF8	The system shall provide for routing of rejected transactions to any prior approver.
WF9	The system shall provide an "inbox" for each user with workflow items to be reviewed.
WF10	The system shall provide tracking of workflow approvals and rejections.
WF11	The system shall capture the status of workflow items.
WF12	Workflow destination shall be specified as specific users or classes of users within agency or other user-defined criteria.
WF13	The system shall notify user and supervisor when items in the user's inbox has gone unprocessed for a user- defined period of time.
WF14	The system shall automatically route transactions to a work group after a specific time of inaction (based on transaction type).
WF15	Approval authority shall be delegated to another user for a specified period of time (to cover vacations, etc.).
WF16	The system shall allow the attachment of additional documentation to workflow events (word documents, spreadsheets, etc.).
WF17	The system shall have the capability of processing pseudo cases through the system for EBT audit and EBT disaster purposes.
Query and Reporting	
QR1	The system shall support federal and state government reporting requirements.
QR2	The system shall support drill down capability.
QR3	The system shall generate ad-hoc queries and reports based on user-defined parameters.
QR4	The system shall allow users to modify report queries on-line.
QR5	The system shall allow ad-hoc queries to access any field or combination of fields within the system.

State of TN
General Technical Requirements

Reference Number	Requirement
QR6	The system shall provide on-line real-time reporting and query capability with the ability to reference a data dictionary.
QR7	The system shall have the ability to search a range of data values.
QR8	The system shall have the ability to drill down from summary balances to the supporting detail transactions and drill up from the detail transaction to the summary balance .
QR9	The system shall allow the system administrator to terminate any query or report that significantly reduces system performance.
QR10	The system shall automatically cancel a query job if it fails to meet system administrator defined criteria (e.g., time limits).
QR11	The system shall have the ability to route reports to various network printers as defined by user.
QR12	The system shall provide Administrator-defined limits on the time a report or query takes to execute and the number of records to be retrieved with user option to continue, cancel, or send to batch.
QR13	The system shall provide multimedia report output (central printers, window, data file, CD ROM,)
QR14	The system shall provide reports on user production statistics by user ID.
QR15	The system shall provide query searching capabilities that can be used:
QR16	To perform mass updates.
QR17	Search within a results set.
QR18	With full "if..then..else"logic.
QR19	The system shall run reports in the background and allow users to continue processing.
QR20	The system shall provide for processing reports in batch.
QR21	The system shall provide ability for the end-user to view print progress of any report.
QR22	The system shall provide ability to schedule and view print time for batch printing.
QR23	The system shall provide user the ability to specify number of copies of report to be printed.
QR24	The system shall allow users to print a range of pages.
QR25	The system shall allow ad-hoc report/query definitions to be stored in private folders.
QR26	The system shall allow ad-hoc report/query definitions to be stored in public libraries.
QR27	The system shall provide ability to link from reporting tool to graphic, spreadsheet and presentation applications.
QR28	The system shall provide ability to create reports with defined calculations.
QR29	The system shall allow reports to be saved in various formats:
QR30	External database.
QR31	Word processing format.
QR32	ASCII files.
QR33	Spreadsheets.
QR34	Other presentation formats (e.g., PDF format).
QR35	The system shall provide print preview capability.
QR36	Print preview shall contain fit-to-window capability.
QR37	The system shall provide for user defined record selection and ordering:
QR38	Allows year-to-year, month-to-month, period-to-period, year-to-date comparisons on reports.
QR39	Provides the ability to report on any date during the month or year.

State of TN
General Technical Requirements

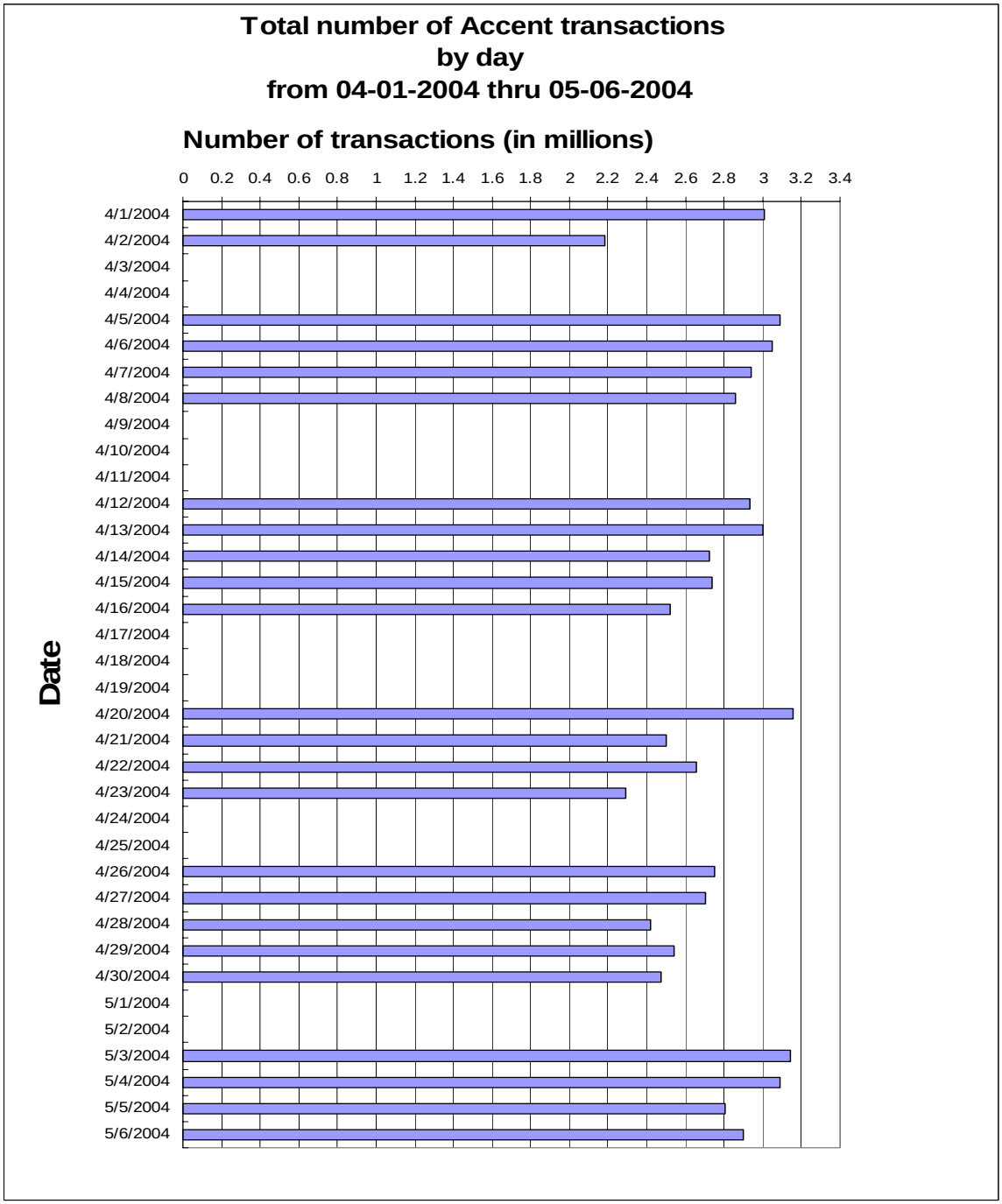
Reference Number	Requirement
QR40	Generates reports based on user-defined thresholds and criteria (other than date).
QR41	Allows users to define a sort order for reports.
QR42	Ability to suppress or select information based on logical operations on data fields.
QR43	The system shall provide user-defined report formatting:
QR44	Report capability includes control breaks and number of lines per page limits.
QR45	Reports include user-defined control breaks and number of print lines per page.
QR46	Reports can include end-user defined headings and borders.
QR47	Provides flexibility to users to round numbers (or not) in report.
QR48	Allows users to define totals.
QR49	The system shall provide the ability to create & print reports on special forms.
QR50	The system shall provide the ability to create reports which can carry totals forward from one report to another.
QR51	The system shall support report distribution based on reporting conditions, such as user-defined data values.
Service Center	
SC1	The system's framework eligibility determination and case management software shall integrate directly with the DHS service center application, including interactive voice recognition (IVR) functionality.

RFP ATTACHMENT 6.1, PRO FORMA CONTRACT ATTACHMENT H: ESTIMATED TRANSACTION VOLUME COUNTS

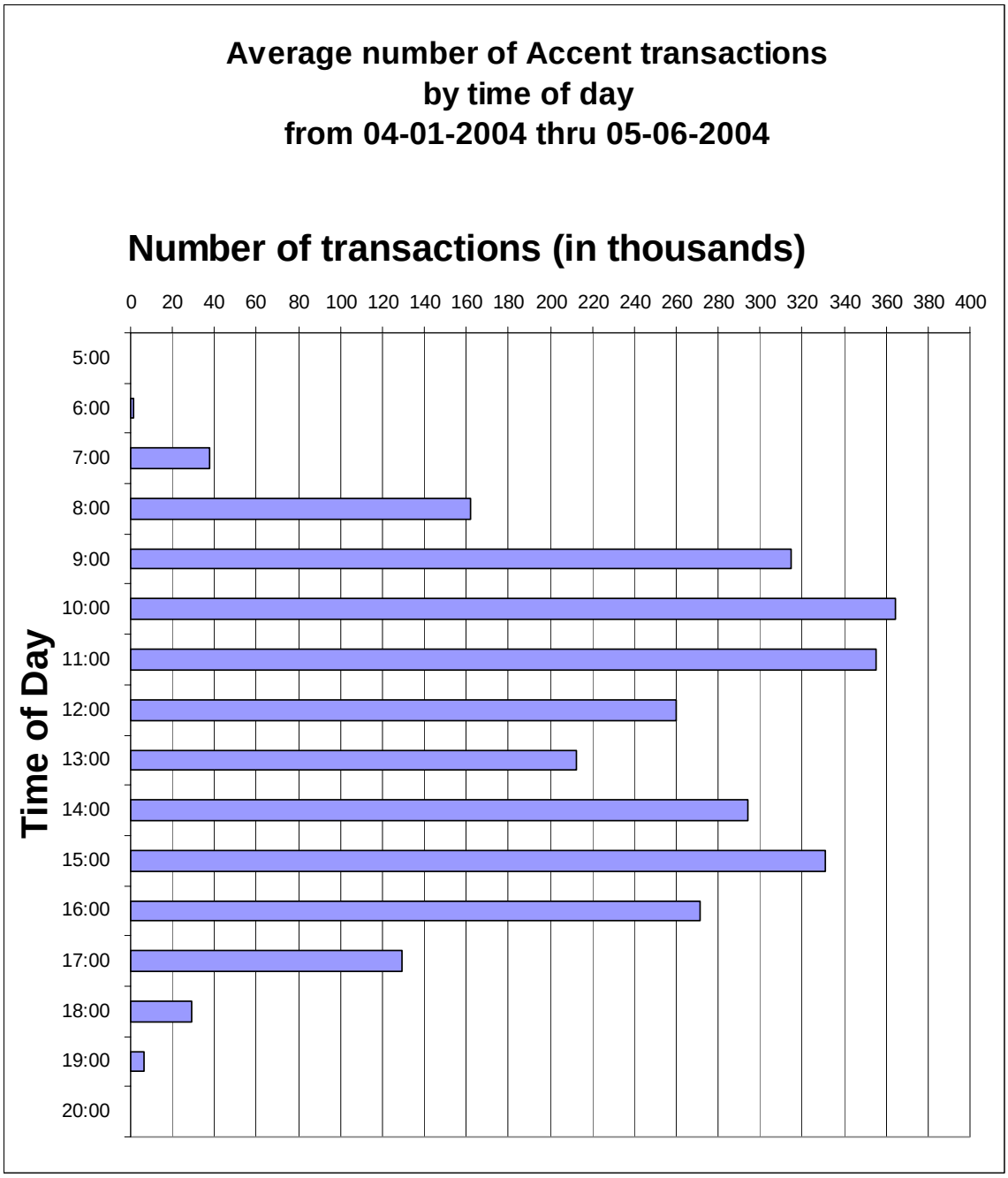
The following pages contain the Estimated Transaction and Volume Counts from the primary Legacy Systems that will be replaced by the V.I.P. The charts that follow are:

A1. ACCENT transaction counts charted by day.
A2. ACCENT transaction counts charted by time of day.
B. Claims On-line Tracking system annual volumes.
C. TCCMS April Transaction counts.
D. JTPA weekly transaction counts.

A1. Automated Client Certification and Eligibility Network for Tennessee (ACCENT)



A2. Automated Client Certification and Eligibility Network for Tennessee (ACCENT)



B. Claims On-line Tracking System

Claims on Line Tracking Annual Transactions	
Transaction Type	**Transaction Volumes**
Total Investigations Pended	4,600
Total Food Stamp Claims Pended	27,000
Total Family First Claims Pended	10,000
Total Prepared Claims	13,000
Total Demand Letters	15,000
Total Food Stamp Statements	324,000
Total Family First Statements	270,000
Total TOP 60 Day Notices	5,400
BJDET01 Worker database inquiry/update	4,000
CODET01 Claims On-line Tracking System database inquiry/update	9,000
DE35A100 DRS inquiry	52,000
DE91B010 Claim menu requests	1,628,000
DE91B015 Pending claim inquiry/update	551,000
DE91B020 FS Benefit overage inquiry/update	64,000
DE91B025 FF Benefit overage inquiry/update	25,000
DE91B030 MA Benefit overage inquiry/update	200
DE91B035 Ineligibles inquiry/update	600
DE91B040 Comment inquiry/update	500,000
DE91B045 Disqualification inquiry/update	16,000
DE91B050 Adjudication explanation inquiry/update	25,000
DE91B055 Investigative claim inquiry/update	31,000
DE91B065 MA liquid assets inquiry/update	200
DE91B070 MA pending claim inquiry/update	800
DE91B075 Payer inquiry/update	154,000
DE91B080 Repayment inquiry/update	91,000
DE91B085 Investigative sentence inquiry/update	17,000
DE91B090 Tracking update	225,000
DE91B095 History log inquiry	7,100
DE91B100 Claim search	645,000
DE91B105 History Log Summary	400
DE91B110 Hardcopy format driver	39,000
DE91B115 DHS Menu	4,539,000
DE91B117 DHS Message Menu	2,826,000
DE91B120 Tracking Inquiry	310,000
DE91B130 TOP search	2,000
DE91B135 TOP inquiry/update	4,000
DE91B140 TOP history inquiry	120
DE91B145 Disqualification delete inquiry	30
DE91B150 Worker Password/printer update	800
DE91B190 Encode/Decode Case number	10,000
DE91B200 Narrative inquiry/update	131,000
DE91B300 Payment General Balance update	10,000
DE91B305 Payment update	19,000
DE91B315 Claim adjustment update	2,000
DE91B320 Payment inquiry	127,000

C. Tennessee Child Care Management System (TCCMS)

Transaction Type	April 2004 Transaction Volumes
New Cases created	1,651
Cases Closed	812
Case Demographic Updates (does not include child enrollments)	20,685
Reviews/Redeterminations (scheduled for May)	7,271
Number of Cases With Fee Calculations	2,436
Number of Cases With Fee Updates	2,397
Parent History Entries	9,180
Referrals from ACCENT	18,580
Child Enrollments Started	9,333
Child Enrollment Provider Transfers	1,410
Child Enrollment Updates (other than provider transfers)	9,122
Child Negotiated Rates Set	460
Notices of All Types Printed (includes Certificates)	5,298
EAV's printed in March	13,479
Number of EAVs processed:	
Backdated	1,030
Regular	10,381
Adjustments	316
Total Payments	11,727
Remittance advices	11,727
Fund Transfers	373
Number of provider enrollment applications submitted/approved	281
Provider History Entries	2,263
Home Visits Made (Unregulated)	382
Entry of Provider Market Rates	67

D. Job Training Partnership Act (JTPA) Weekly Transaction Volume

Day of Week Calendar Day	Mon 4/19/2004	Tue 4/20/2004	Wed 4/21/2004	Thu 4/22/2004	Fri 4/23/2004
Total Transactions	1,622	1,655	1,610	1,316	830
Unique Recipients	1,247	1,255	1,235	977	618
Transactions per Recipient	1.30	1.32	1.30	1.35	1.34

WEEKLY AVERAGES	
Average Daily Transaction Count	1,407
Average Daily Recipient Count	1,066
Average Transactions per Recipient	1.32

Attachment I was intentionally omitted.

V. I. P. Data Dictionary

30 and 1/3

30 and 1/3 are income disregards used in the budgeting calculation for specific programs in which someone who has earned income is allowed a disregard of 1/3 of the individual's earnings plus an additional $30 deduction from the remaining net earnings for a specified period of time.

1/3 Begin Date
1/3 Deduction Amount
1/3 End Date
30 and 1/3 (output)
30 Begin Date
30 Deduction Amount
30 End Date
Previous 1/3 Disregard Begin Date
Previous 1/3 Disregard End Date
Previous 30 Disregard Begin Date
Previous 30 Disregard End Date

A/R ACCOUNT

An accounts receivable used to track the collection of payments for an amount owed by a client for an overpayment of benefits.

Account Action Reason
Account Balance
Account Closure Date
Account Delinquent Indicator
Account Number
Account Number(s) Closed
Account Payment Date
Account Payment Type
Account Receivable Agreement Date
Account Receivable Agreement Indicator
Account Receivable Agreement Signature Date
Account Receivable Agreement Witness Date
Account Receivable Amount
Account Receivable Balance
Account Receivable Claim Classification
Account Receivable Date
Account Receivable Modification Amount
Account Receivable Modification Date

V. I. P. Data Dictionary

Account Receivable Modification Indicator
Account Receivable Modification Reason
Account Receivable Modification Time Period
Account Receivable Modification Type
Account Receivable Overage Amount
Account Receivable Payment Amount
Account Receivable Refund Amount
Account Receivable Refund Date
Account Receivable Refund Indicator
Account Repayment Method
Account Status
Account Status Date
Account Suspended Reason
Accounts Receivable (Claim) Balance Prior to Payment
Accounts Receivable (Claim) Balance Subsequent to Payment
Accounts Receivable (Claim) Number
Accounts Receivable (Claim) Payment Amount
Accounts Receivable (Claim) Payment Date Received
Accounts Receivable Claim Payment Source
Amount Reversed
Appeal Filed Indicator
Appeal Number
Case Name
Case Number
Cash Payment Amount
Cash Payment Date
Claim Not Found Indicator
Claim Number
Date Hardship Determined
Date Posted Filing Fee
Date Reversed
Eligible / Ineligible Individuals
Filing Fee Amount
Final Notice Contact Date
Final Notice Indicator
Final Notice Mail Date
Free-Form Comments
Hardship Indicator
Individual ID
Month(s) Payment To Be Applied
Refund Amount
Refund Indicator
Refund Reason
Reversal Indicator

V. I. P. Data Dictionary

SSN
Supervisor Approval Date
Supervisor Approval Indicator

ABAWD

Able Bodied Adult Without Dependents--A Food Stamp policy that permits individuals who are able-bodied, without dependents and not otherwise exempt from this requirement to receive Food Stamps without meeting a work requirement for a set period of time.

ABAWD Time Periods
Begin Date of Current ABAWD Period
Exempt From Time Count Individual Indicator
Exemption Reason
ABAWD Countable Month Indicator
ABAWD Department of Labor Compliance Indicator
ABAWD De-Registration Date
ABAWD De-Registration Reason Type
ABAWD Eligibility Begin Date
ABAWD Eligibility End Date
ABAWD Exclusion Reason
ABAWD Exemption Reason
ABAWD Exemption Status
ABAWD Indicator
ABAWD Individual Status
ABAWD No-Fault Job Loss Indicator
ABAWD Physically and / or Mentally Unfit Indicator
ABAWD Status
ABAWD Status Begin Date
ABAWD Status End Date
ABAWD Status Indicator
ABAWD Temporary Disability Indicator
ABAWD Time Counter
ABAWD Tracking Reason
Current 36-Month ABAWD Cycle End Date
Current 36-Month ABAWD Cycle Start Date
Exemption Begin Date
Exemption End Date
Exemption Reason

V. I. P. Data Dictionary

ABSENT PARENT

A parent whose physical absence from the home interrupts or terminates the parent's functioning as a provider of maintenance, physical care or guidance OR a parent who lives in the home but has been convicted of an offence and is under sentence of a court to provide unpaid public work during working hours which totally precludes gainful employment.

Absence Begin Date
Absent Parent Absence Date
Absent Parent Absence Reason
Absent Parent Address
Absent Parent Alias Name
Absent Parent Court Action
Absent Parent Court Order Change Date
Absent Parent Court Order City
Absent Parent Court Order County Court
Absent Parent Court Order Court Date
Absent Parent Court Order Effective Date
Absent Parent Court Order Frequency
Absent Parent Court Order Hearing Date
Absent Parent Court Order Number
Absent Parent Court Order State
Absent Parent Court Ordered Amount
Absent Parent Court Ordered Payment Category
Absent Parent Court Ordered Payment Method
Absent Parent Criminal Record Indicator
Absent Parent Current Employer Address
Absent Parent Current Employer Name
Absent Parent Date of Birth
Absent Parent Eye Color
Absent Parent Federal Benefit Type
Absent Parent Hair Color
Absent Parent Height
Absent Parent Insurance Carrier
Absent Parent Insurance Indicator
Absent Parent Insurance Policy Number
Absent Parent Maiden Name
Absent Parent Medical Support Date
Absent Parent Medical Support Indicator
Absent Parent Military Branch
Absent Parent Military Status
Absent Parent Monthly Federal Amount

V. I. P. Data Dictionary

Absent Parent Name
Absent Parent Paternal Indicator
Absent Parent Place of Birth
Absent Parent Race
Absent Parent Recipient ID Number
Absent Parent Sex
Absent Parent Social Security Number
Absent Parent SSN
Absent Parent Status
Absent Parent That Good Cause Applies To
Absent Parent Weight
Absent Parent's Current Employer
Absent Parent's Current Employer's Address
Absent Parent's Current Employer's Telephone Number
Absent Parent's Father's Address
Absent Parent's Father's Name
Absent Parent's Father's Telephone Number
Absent Parent's Mother Phone Number
Absent Parent's Mother's Address
Absent Parent's Mother's Name
Absent Parent's Mother's Telephone Number
Absent Parent's Parent's County/State of Birth
Address
Agreement to Assign Child Support to the State Indicator
Amount Absent Parent Last Paid
Arrearage Amount
Benefit Amount for Families First
Budget Effective Date
Caretaker
Caretaker Referred to Child Support
Caretaker SSN
Case Address
Case Members
Case Name
Case Number
Child Support Compliance Status
Child Support Cooperation Begin Date
Child Support Cooperation Indicator
Child Support Good Cause Indicator
Child Support Non-Compliance Date
Child Support Non-Compliance Indicator
Child Support Non-Compliance Reason
Child's Name That Has Caretaker Referred to Child Support
Children Connected With Absent Parent

V. I. P. Data Dictionary

Children of the Absent Parent That Good Cause Applies To
Children's Mother's Name if She is Not the Caretaker
Collateral Contact Address
Collateral Contact Name
Collateral Contact Telephone Number
Court Action
Court City/State
Court County
Court Name
Court Order Hearing Date
Court Order Number
Court Ordered Amount
Court Ordered Frequency
Court Ordered Payment Category
Court Ordered Payment Method
Criminal Record
Current Employer's Address
Current Employer's Name
Current Employer's Telephone Number
Date Absent Parent Last Paid Child Support
Date Child Support Cooperation Indicator Recorded
Date Good Cause Determined
Date Last Employed
Date of Birth
Date of Good Cause Determination
Date Parent Left Home
Date Parent Returned Home
Divorce City, State
Divorce Date
Divorce Decree Number
Effective Date of Good Cause Claim
Eye Color
Federal Benefit Type
Good Cause Determined Indicator
Good Cause Effective Date
Good Cause Reason
Good Cause Verification Documentation
Hair Color
Height
If Parents were Married: City, State and Date
Individual Making the Child Support Referral
Insurance Carrier
Insurance Information
Insurance Policy Number

V. I. P. Data Dictionary

Last Amount Paid
Last Date Child Support Paid
Last Date Employed
Last Known Monthly Wage
Marriage Certificate Number
Marriage City, State
Marriage Date
Medical Support Information
Military Branch
Military Dates In and Out
Military Status
Monthly Federal Amount
Name(s) of Child(ren) of Absent Parent
Names of Children of Absent Parent Already Referred
No Response Date
Outstanding Verification Due Date
Paternity Information
Payment Effective Date
Payment Frequency
Place of Birth
Policy Number
Program Type
Race
Reason for Absence
Telephone Number
Validity of Address Indicator
Weight
Absent Parent's Parents (if Birth Certificate Information is Entered)
Child Support Cooperation Indicator

ACTIVE CASE REVIEW

A random sample of active Families First cases is created each month. The cases selected are reviewed for accuracy and adequate documentation. Such a review is limited to information found in the case or through other electronic means, and does not involve client contact or reverification of case information. The case review will consist of mandatory items identified to be reviewed in all cases at minimum with optional review items added by local management. Results are used to track error trends, identify best practices, and to correct cases. Training needs are also identified as a result of the findings. Each data element related to the review entries shall have three locations for Reviewer comments, Supervisor Comments, and Director Comments.

V. I. P. Data Dictionary

Absent Parent Listed Each Child Indicator
ACR Director Entry Field
Agreement with Rebuttal Indicator
Assistance Group Correct Indicator
Assistance Group Reason Code(s)
Assistance Group Review Comments
Budgeting Deductions Correct Indicator
Budgeting Deductions Incorrect Reason Code(s)
Budgeting Deductions Review Comments
Case ID
Case Name
Case Number Rebutted
Case Review Error Code
Case Review Error Reasons
Case Review Rebuttal Date
Case Review Rebuttal Reason Comments
Child Support Credited Wrong Indicator
Child Support Credited Wrong Reason Code(s)
Child Support Credited Wrong Review Comments
Child Support Incorrect Indicator
Child Support Incorrect Reason Code(s)
Child Support Incorrect Review Comments
Comments
County
CSR Not Referred Reason Code(s)
CSR Referral Occurred Indicator
CSR Referral Timely Indicator
CSR Review Comments
Data Exchange Alerts Resolved Indicator
Data Exchange Review Comments
Data Exchange Unresolved Reason Code(s)
Date Decision
Date of Last Review/Application
Date Read
Date Review Assigned
Disagreement with Rebuttal Reason Comment
District
Earned Income Correct Indicator
Earned Income Error Indicator
Earned Income Error Reason Code(s)
Earned Income Error Review Comments
Earned Income Incorrect Reason Code(s)
Earned Income Review Comments
Eligibility Counselor

V. I. P. Data Dictionary

Employment Component Caretaker Review Comments
Employment Component Match Caretaker Indicator
Employment Component Match Second Parent Indicator
Employment Component No Match Caretaker Reason Code(s)
Employment Component No Match Second Parent Reason Code(s)
Employment Component Second Parent Review Comments
Exemption Code Caretaker Review Comments
Exemption Code Correct Caretaker Indicator
Exemption Code Correct Second Parent Indicator
Exemption Code Incorrect Caretaker Reason Code(s)
Exemption Code Incorrect Second Parent Reason Code(s)
Exemption Code Second Parent Review Comments
Fail to Comply with HC/IMM/SA Requirements Indicator
Family Cap Applied Indicator
Family Cap Reason Code(s)
Family Cap Review Comments
FF Benefits Authorized Indicator
FF Benefits Not Authorized Comments
GRP Date
Health Check/Immun/School Attend Review Comments
Health Checks Documentation Sufficient Indicator
Health Checks Verified Indicator
Immunization Documentation Sufficient Indicator
Immunizations Verified Indicator
Incapacitated Parent Policy Applied Indicator
Incapacitated Parent Reason Code(s)
Incapacitated Parent Review Comments
Interruption Caretaker Review Comments
Interruption Correct Caretaker Indicator
Interruption Correct Second Parent Indicator
Interruption Incorrect Caretaker Reason Code(s)
Interruption Incorrect Second Parent Reason Code(s)
Interruption Second Parent Review Comments
New Application Indicator
Non-Coop Appropriate Action Review Comments
Non-Coop Appropriate Action Taken Indicator
Non-Coop Child Support Indicator
Non-Coop CS Reason Code(s)
Non-Coop GC Review Comments
Non-Coop GC Sufficient Documentation Indicator
Non-Coop Good Cause Claimed Indicator
Non-Coop No Appropriate Action Taken Reason Code(s)
Non-Coop Review Comments
Notice Immediate Attention Indicator

V. I. P. Data Dictionary

Notice Immediate Attention Reason Code(s)
Notice Immediate Attention Review Comments
Phone Attempt Within Three Days of Non-Compliance Indicator
Policy Director User ID
Potential Barriers Review Comments
Potential Barriers Addressed Indicator
Potential Barriers Not Addressed Reason Code(s)
PRP Caretaker Review Comments
PRP Completed Caretaker Indicator
PRP Completed Second Parent Indicator
PRP Correct Work Status Code for Caretaker Indicator
PRP Correct Work Status Code for Second Parent Indicator
PRP Incorrect Work Status Caretaker Reason Code(s)
PRP Incorrect Work Status Second Parent Reason Code(s)
PRP Not Completed Caretaker Reason Code(s)
PRP Not Completed Second Parent Reason Code(s)
PRP Second Parent Review Comments
PRP Sign Date Correct Indicator
PRP Sign Date Correct Second Parent Indicator
PRP Work Status Caretaker Review Comments
PRP Work Status Second Parent Review Comments
Rebuttal Decision
Rebuttal Indicator
Recipient ID
Relationship Review Comment
Relationship Reviewed Indicator
Review Application Indicator
Review Date
Review Number
Reviewer
School Attendance Documentation Sufficient Indicator
School Attendance Verified Indicator
Second Parent Name
Second Parent SSN
SSN
TABE Score Incorrect Reason Code(s)
TABE Score Listed Correct Indicator
TABE Score Review Comments
Time Count Current Exceeds 18 Months Indicator
Time Count Current Exceeds 18 Months Reason Code(s)
Time Count Current Review Comments
Time Count Current
Time Count Lifetime Exceeds 60 Months Indicator
Time Count Lifetime Exceeds 60 Months Reason Code(s)

V. I. P. Data Dictionary

Time Count Lifetime Review Comments
Time Count Lifetime
Two Week Compliance Not Correct Reason Code(s)
Two Week Compliance Policy Applied Correctly Indicator
Two Week Review Comments
Unearned Income Computation Review Comments
Unearned Income Computed Correctly Indicator
Unearned Income Computed Incorrect Reason Code(s)
Unearned Income Correct Indicator
Unearned Income Incorrect Reason Code(s)
Unearned Income Review Comments
Unemployed Parent Policy Applied Indicator
Unemployed Parent Reason Code(s)
Unemployed Parent Review Comments
User ID for Person Rebutting
Vehicles Counted Correctly Indicator
Vehicles Counted Correctly Review Comments
Vehicles Counted Incorrectly Reason Code(s)
Work Plan Caretaker Review Comments
Work Plan Invalid Caretaker Reason Code(s)
Work Plan Invalid Second Parent Reason Code(s)
Work Plan Second Parent Review Comments
Work Plan Valid Caretaker Indicator
Work Plan Valid Second Parent Indicator

ACTIVITY

A specified component in which an individual participates or agrees to participate. This term is usually related to a work or support activity as a part of an individual's Families First Personal Responsibility Plan.

Activity Reason Code
Activity Closure Date
Activity Closure Reason
Activity Status Code
Work Activity

ACTIVITY STATUS

The individual's status in the activity.

Activity Completion Date
Date Status Change
FF Activity Status

V. I. P. Data Dictionary

Previous Activity Status
PRP Activity
Status Change Date

ADDRESS

The address associated with a case, individual, or agency. This shall include physical and mailing with directions to the location of rural physical addresses. It shall further include phone numbers and email addresses.

Address Type
Address - Apartment
Address - City
Address - Direction
Address - Line 2
Address - Quadrant
Address - State
Address - Street Rural
Address - Suffix
Address - Unit
Address - Zip Code (4-digit)
Address - Zip Code (5-digit)
Address Number Street
Alternate or Message Phone Number
Date of Residence
Email Address
Loss of Contact Indicator
Mailing Address
Telephone Number
Undeliverable Mail Indicator

ADH REFERRAL

Administrative Disqualification Hearing. When an overpayment has been identified as intentional for FF and/or FS programs, the overpayment may be referred for processing by the Administrative Hearing Unit.

ADH Reconsideration Date
ADH Reconsideration Reason
ADH Hearing Date
ADH Hearing Decision
ADH Hearing Decision Reason
ADH Hearing Number

V. I. P. Data Dictionary

ADH Hearing Officer Name
ADH Reconsideration Indicator
ADH Referral Indicator
Waiver Referral to ADH
Waiver Referral to ADH Date
Waiver Referral to ADH Reason

ADJUDICATED DECISION

Judicial findings or settlement results of a case being presented at court.

Adjudication Court Name
Adjudication Effective Date
Adjudication Status

ADVERSE ACTION

A specified period of time that must be provided as advance notice when a case action terminates or decreases benefits. Adverse Action must be completed before a change may become effective. Some negative actions are exempt from Adverse Action.

Adverse Action Begin Date
Adverse Action End Date

AGED BENEFITS

Each issued benefit/authorization, to the client, that still has an open remaining balance is aged on last date used. The aging categories are 30, 60 and 90 days of no activity on each of the authorizations.

Aging Indicator
Availability Date
Available Balance Amount
Benefit Type
EBT Authorization Number
EBT Case Number
Original Authorized Amount

V. I. P. Data Dictionary

AGENCY FILE

The Department of Human Services will generate a record based on the delinquency status of an accounts receivable account. The department will send the results to several outside agencies for the purpose of offset

Account Balance
Account Delinquent Indicator
Account Number
Account Receivable Amount
Account Receivable Balance
Account Repayment Method
Agency File Date
Agency Name
Agency Type
Claim Number
Claim Source
Claimant's Address
Home and Community Based Agency Address
Overpayment Begin Date
Overpayment Program
RID
SSN
Total Account Receivable Balance

ALERT

Notification to a user of case or individual information, and may require case action to be taken.

Case Review
Corrective Action Past Due
90% Compliance Not Met
Active Individual is Included on New Application
Activity Status Change
Actual Time Arrived for Appointment
ADH Decision Received
Agency Rebuttal Timely
Amount of Support Services Money Available
Any Element from ACR Reviews
Appeal Received from ARTS
Appeal Resolution
APPLICATION REQUEST

V. I. P. Data Dictionary

Appointment Missed and Rescheduled
Appointment Missed or Chose Not to Reschedule
Attendance Information Missing
Authorized to Close
Auxiliary Recommended by DOH to caseworker
Bankruptcy
Car Tag Alert
Case / Account Updated
Case Exception Alert
Case Number
Case Review Error Code
Case Review Returned
Case Transferred
Case Worker ID
Cash Payment Applied to Balance
Cash Payment Received
Child is a Member of Another Open Case
Claim Referral Rejected
Claim Refund May Be Needed
Claim Transfer
Client Non-Compliant Close Support Services
Client Complied
Client Meets the First Wheels Preliminary Eligibility
Conciliation Has Ended
Correction Made
Corrective Action Rebuttal Overdue
CSR Authorized the Case to Close
CSR Referral Not Valid
Disqualification End Date
Documentation of Compliance Is Not Received
Enrollment Capacity Exceeded
Ex parte Needed Alert
Exemption Reason or the SS5 Date Expires
Expected Due Date Has Passed
Failure to Comply Alert
Felony Indicator
FF Update Due
FF Work Activity
Final Closure Authorized
Good Cause Verified
Individual Did Not Reply To Notice
Individual Incentive Amount Required
Individual's Verification Has Been Received
Interim Benefit Issued

V. I. P. Data Dictionary

Investigation Closed
Issuance Needing Approval
Issuance Needs Supervisor Approval
Management User ID
Medically Eligible from TENNCARE
More Than One No-Show
New Case Being Transferred To You
New TABE Needed - To Provider
No Active Case For Bankruptcy
No Money Available for Support Services
Non-Compliance CSR
Non-Cooperation From TCSES
Other First Wheels Alerts
Outstanding Verification(s) Not Received
Preliminary First Wheels Met
PRP Hourly Requirement Changed
PRP Not Needed
Reschedule Needed For Cancelled Appointment
Returned Review Number
Review Case Changes
Review Ready for Supervisory Approval
Reviewer User ID
Scheduled Time of Appointment
Supervisor Approval Needed
Supervisor Approval Required
Supervisor Response
Supervisor Approval Needed for Override
Support Service Not Allowed
Time Count Alert
Time Count Needs Approval
Time Count Needs Review
Timely Contact Not Made
To CSR Compliance
To CSR Extension Denied
To CSR Non-compliance
Trafficking Individual
Transferred Claim
Update Requested to Provider
Update Transmission File Alert
Verification Due / Overdue
Wage Retention
Waiver Package Due
Waiver Package Not Returned
When the Due Date Passes Without Input of Good Cause Verification- Child Support Cooperation

V. I. P. Data Dictionary

Case Review Error Code

ALERT IN-BOX MESSAGE

The In-Box will be used as an organizational tool to assist users to organize their workload. Alerts are one of the pending actions that will appear in the In-Box.

Alert Priority
Alert Generation Date
Alert Due Date
Alert Identifier (Case or Individual Id)
Alert Message Text
Alert Number
Case Name

ALERT-ALL

Format of the In-Box Alert.

Alert Due Date
Alert Generation Date
Alert Help Text
Alert Identifier (Case or Individual Id)
Alert Name (Name of the user that received alert)
Alert Narrative
Alert Number
Alert Priority
Alert Program (System Program that generated the alert)
Alert Sequence Occurrence Number
Alert Status
Alert User (User ID of the user that received alert)
Case Name
Case or Individual Identifier
Resolution Overage Amount
Resolution Reason
Resolution Savings Amount
Resolve Name
Resolve User
Workflow Location

V. I. P. Data Dictionary

ALIEN TYPE

An individual who is not a U.S. citizen, and their entrance status into the United States. Entrance status, along with other eligibility criteria, determines if the individual may participate in the program(s).

40 Work Quarter Met
Alien Status
Alien Status Date
Alien Type
Alien Verification
Begin Date for Sponsor-Provided Assistance
Citizenship
Citizenship Status
Citizenship Technical Eligibility
Country of Origin
Date of Entry
End Date for Sponsor-Provided Assistance
Indicator for Sponsor-Provided Assistance
Name of the Alien Being Sponsored
Name of the Individual Meeting the 40 Quarters Requirement
Organization Name, if applicable
Refugee Indicator
Relationship of the Individual Meeting the 40 Quarters Requirement to the Eligible Alien
Sponsor Information
Sponsor Name
Sponsor or Organization Address
Sponsor or Organization Telephone Number
Sponsor Status
Sponsor's AG size
Sponsor's Income
Sponsor's Resources
Sponsor's Spouse's Income
Sponsor's Spouse's Name
Sponsor's Spouse's Resources

APPEAL

An individual may choose to appeal case decisions. Benefits may be continued at the current level when an appeal is pending.

Active Appeal Indicator
Adjudicated Case Indicator

V. I. P. Data Dictionary

Amount of Benefits
Appeal Case Name
Appeal Case Number
Appeal Date
Appeal Decision
Appeal Decision Amount
Appeal Decision Date
Appeal Decision Details
Appeal File Date
Appeal Filed Indicator
Appeal Indicator
Appeal Individual
Appeal Number
Appeal Reason
Appeal Request Date
Appeal Request Indicator
Appeal Resolution Affects Dates
Appeal Resolution Date
Appeal Resolution Reason
Appeal Resolution Type
Appeal Status
Appeal Transaction Date
Appeal Type
Appellant Phone Number
ARTS Tracking Number
Authorized Representative
Benefit Reinstatement Decision
Benefit Restore Indicator
Benefits Declined Reason
Benefits Reinstated Indicator
Case Action Indicator
Case Number(s) (appeal filed on)
Case Type
Cell Phone Number
Claim Case Number(s) (appeal filed on)
County of Residence
Date Benefits Reinstated
Date Decision Notice Sent For Benefits Being Appealed
Existing Appeal ARTS Tracking Number
Existing Appeal Indicator
Home Phone
Individual Involved in Appeal
Individual's SSN
Narrative

V. I. P. Data Dictionary

Previous Appeal Indicator
Reinstated Declination Reason
Type of Benefits Reinstated
Work Phone

APPLICATION

An application is a form prescribed by DHS and/or approved by FNS containing prescribed information which is submitted to the County Office of the DHS by a person requesting assistance, or by the person's legally appointed guardian, designated agent or authorized representative.

Application Accepted Indicator
Application Date
Application Indicator
Application Number
Application Signature Date
Application Status
Application Submitted Indicator
Application Type
Authorized Representative Name
Begin Date
Case Date Application Signed
Case Number(s)
Case Programs
Cell Phone Number
Citizenship
Contact Person Phone Number
County of Residence
County Transfer
Current date
Date and Time Internet Application Filed
Date and Time of Submission
Date of Birth
Days Application Pending
Designated Processing Office
Electronic Signature
Eligibility Screening Completed Indicator
Eligibility Screening Submitted Indicator
Eligible Immigrant
E-mail Address
End Date
Ethnicity
Felon

V. I. P. Data Dictionary

Head of Application SSN
Head of Case Individual Number
Home Phone Number
Household Individuals (Information should be collected for all)
Individual SSN
Individual Citizenship
Individual Date of Birth
Individual Estimated Income
Individual ID Number
Individual Name
Known Sub-Programs Based on Eligibility Screening Results
Language Indicator
Legal Alien Status
Name of Applicant
Name of the Head of the Application
Names of the Individuals Listed on the Application
Programs Applicant is Applying For
Race
Reason Contact
Rights and Responsibilities Indicator
Selected Application Individual
Sex
Social Security Number
Spoken Language
Sub-program Type
Work Phone Number
Application Information Related to Case Action Being Reviewed
Application Number

APPLICATION SOURCE

An indicator of whether the application was filed with DCS or was a DHS application for childcare.

Application Date
Application Name
Application Type
DCS Referral Date
DCS Referral Status

V. I. P. Data Dictionary

APPOINTMENT

A scheduled date and time for an individual to be interviewed or to be otherwise contacted. An appointment may be face-to-face, by phone, or by home visit.

Activity Name
Actual Time Arrived for Appointment
Appointment Actual Begin Time
Appointment Actual End Time
Appointment Contact
Appointment Date
Appointment Deletion Reason
Appointment For Case
Appointment Location
Appointment Scheduled Begin Time
Appointment Scheduled End Time
Appointment Scheduler
Appointment Status Code
Appointment Time
Appointment Time Requested By Client
Appointment Type
Appointment Type Requested By Client
Attendance Indicator
Available Appointment Dates
Available Appointment Times
Available Appointment Types
Case Needs Batch Appointment Indicator
Caseworker Name
Client Log-In
Client's Appointment Day of Week Preference
Client's Appointment Time of Day Preference
Contact Phone Number
Deleted Appointment Indicator
Good Cause Reason for Missed Appointment
Individual's Arrival Time
Interview Method
Interview Method Type
Last Appointment Status
Linked Case Indicator
Log-in Indicator
Missed 1st Appointment for Activity Indicator
Missed Appointment Dates
Missed Appointment Times

V. I. P. Data Dictionary

No-Show Indicator
Number of Appointments Needed by County
Number of Appointments Needed by Program Type
Number of Appointments Needed by Unit
Number of Appointments Needed by Worker
Number of Missed Appointments
Preferred Date
Preferred Time
Previous Appointment Date
Previous Appointment Time
Previous Date of Deleted Appointment
Program/Sub-Program
Rescheduled Appointment Reason Type
Rescheduled from Earlier Appointment Indicator
Round Robin Appointment Indicator
Scheduled Appointment Begin Time
Scheduled Appointment End Time
Scheduled Caseworker I.D.
Scheduled Time of Appointment
Show/No Show Indicator
Time of Appointment
Time of Deleted Appointment
Time of Notification
Time Slot
Type of Deleted Appointment
User Name
Worker ID
Worker Name
Worker Scheduled to Conducted Interview - First Name
Worker Scheduled to Conducted Interview - Last Name
Worker Scheduled to Conducted Interview - Middle Initial
Appointment Date
Appointment Time
Appointment Type
Case Name
Case Type
Interview Method
Program/Subprogram Type

APPOINTMENT SEARCH RESULTS

Results of the search for appointment information.

Appointment date

V. I. P. Data Dictionary

ATTENDANCE

An individual's required schedule of either an appointment or activity participation, and the outcome of the individual's partcipation for that scheduled period of time.

Appointment Kept Indicator
Attendance Indicator
Attendance Requirement
Case/Individual ID
Compliance Indicator
Daily Attendance Indicator
Daily Good Cause Code
Daily Good Cause Indicator
Daily Non-attendance indicator
Date Good Cause Code Entered
Date Good Cause Indicator
Date of Misses
Dates Attended
Dates Missed
Excused Absence Indicator
Facilitator
FF Activity
Individual ID
Number of Misses
Percentage of Attendance
PRP Non-Attendance Adjustment Indicator
Days Attended

ATTENDANCE STATUS

Indicates whether an individual has been present. If absent, includes the absence is considered to be excused.

Date That Absence Excused
Status Date Change
Status Type

V. I. P. Data Dictionary

AUTHORIZATION

The Department of Human Services must determine the eligibility for applicants and recipients of the various family assistance programs provided by the State of Tennessee. This data store is the process that finalizes the eligibility determination.

Application Date
Approval Reason
Authorization Date or Date of Action
Case Effective Begin Date
Case Effective End Date
Case Pass/Fail Status for Financial/Non-Financial/Resource
DATE (Input)
Date Type
Effective Benefit Date
Effective Date of Action
Individual Effective Begin Date
Individual Effective End Date
Individual Pass/Fail Reason
Individual Pass/Fail Status For Financial/Non-Financial/Resource
Individual With Outstanding Verifications
List of Outstanding Verifications For Individual
Review Due Date
TENNCARE Standard Case Failure Reason(s)
Worker

AUTHORIZATION /INVOICE

A bill for services rendered that has been approved by the appropriate users so that payment can be made.

A/I Number
A/I Receipt Date
Amount Approved
Amount Being Authorized
Amount of Authorization
Approval Date
Approval Indicator
Approval User ID
Authorization Date
Authorized Payment Amount
Broker Indicator
Child Name

V. I. P. Data Dictionary

Client Name
Comments Field
County
Date A/I Approved for Payment
Date of Fiscal Authorization
Date Released to STARS
Date Paid (from STARS)
Date Selected
Date Transaction Completed
Fiscal Year
Fund Source
Individual Address
One Time Indicator
Payee ID
Payee Reference (text)
Provider Address
Provider ID
Provider Name
Provider Name for Support Service
Reimbursement Amount
Reimbursement Date
Service Item Code
Service Type Authorized
Source of Reimbursement
SSN
Supervisor ID
Transaction Code
Type of Service Being Authorized
Units Approved
Units Authorized
Updated Amount
Updated Date
User Id
Vendor Address
Vendor ID
Vendor Instructions
Vendor Name
Vendor Phone Number
Warrant Number (from STARS)
Worker ID

V. I. P. Data Dictionary

AUTHORIZATION REASON

The Department of Human Services must determine the eligibility for applicants and recipients of the various family assistance programs provided by the State of Tennessee. This data store identifies the reasons for an eligibility determination decision, and will be translated as part fo the client notice.

Authorization Date or Date of Action
Authorization Reason
Case Closure Reason
Date of Closure
Effective Date of Action
Effective Date of Closure

AUTHORIZED REPRESENTATIVE / PROTECTIVE PAYEE

The person designated by the head of the household, spouse or other responsible household member for making application, including participating in the interview.

Able to Receive Benefits Indicator
Able to Use Benefits Indicator
Active/Inactive Switch
Apply for Benefits Indicator
Apply Switch
Authorized Rep ID
Authorized Rep Indicator
Authorized Rep Reason
Authorized Rep Type
Delete Code
History Code
Language Code
Language Preference
Phone
Receive Switch
Record Date
Rep/Payee Verification Code
Revoke Card Indicator
Revoke EBT Card
Revoke EBT Card Code
Status Code
Use Switch

V. I. P. Data Dictionary

AUXILIARY

A process for the user to request additional benefits to be issued outside of the regular issuance process.

Auxiliary Amount
Auxiliary Begin Date
Auxiliary End Date
Auxiliary Payment Approval Status
Auxiliary Payment Recommendation
Auxiliary Request Date
Auxiliary Type
Reason for Request
Supervisor Approval
Supervisor Approval Date
Supervisor Approval Indicator

BANKRUPTCY

A legal condition declared by a court in which a debtor that, upon voluntary petition or one invoked by the debtor's creditors, is judged legally insolvent. The debtor's remaining property is then administered for the creditors or is distributed among those to whom money is owed.

Bankruptcy Dismissed Indicator
Bankruptcy Action Type
Bankruptcy Amount
Bankruptcy Chapter Type
Bankruptcy Collection Amount
Bankruptcy Collection Begin Date
Bankruptcy Collection End Date
Bankruptcy County Number
Bankruptcy Court - Address Effective Date
Bankruptcy Court - Phone Number
Bankruptcy Court Address
Bankruptcy Court Case Number (Alpha/Numeric)
Bankruptcy Court Name
Bankruptcy Debtor First Name
Bankruptcy Debtor Last Name
Bankruptcy Discharged Indicator
Bankruptcy Dismissed Indicator
Bankruptcy District Name

V. I. P. Data Dictionary

Bankruptcy Indicator
Bankruptcy Issuance Begin Date
Bankruptcy Judge First Name
Bankruptcy Judge Last Name
Bankruptcy Judge Sign Date
Bankruptcy Order Amount
Bankruptcy Order Date
Bankruptcy Order Number
Bankruptcy Program Indicator
Bankruptcy Receipt Date
Bankruptcy Trustee First Name
Bankruptcy Trustee Last Name
Bankruptcy Type
Bankruptcy Verification Type
Bankruptcy Wage Assignment Indicator
Chapter Type
Contact Availability Time for Bankruptcy Court
Individual with Bankruptcy in Case Indicator
SSN (4 - 9)
Wage Assignment Amount
Wage Assignment Indicator

BENEFIT

A payment or entitlement given to an individual or case. It may be in the form of cash assistance, a support service, child care assistance, Food Stamps, TennCare Medicaid or TennCare Standard coverage.

Benefit Amount
Benefit Availability Date
Benefit Begin Date
Benefit Closure Reason Code
Benefit Date
Benefit Eligibility Begin Date
Benefit Eligibility End Date
Benefit End Date
Benefit Month (CCYYMM)
Benefit Number
Benefit Period
Benefit Reason Code
Benefit Receiving
Benefit Reduction Amount
Benefit Reduction Indicator
Benefit Reinstated

V. I. P. Data Dictionary

Benefit Requested
Benefit Restored Indicator
Benefit Status
Benefit Type
Case Benefits
Date of Benefits Closure
Difference Amount
Families First Benefit Countable Indicator
Families First Benefit Date
Food Stamp Benefit Reduction - Percentage of Deduction
Food Stamp Benefit Reduction Amount
Issue Method Code
Negative Change to Benefit Indicator
New Benefit Amount
New Benefit Amount Begin Date
New Benefit Amount End Date
New Benefit Individual Eligibility Status
Original Benefit Amount
Override Benefit Amount
Request Amount
Request Reason Type
Total Request Amount

BENEFIT CANCEL

Cancellation of payment or entitlement prior to issuance.

Benefit Cancel Date
Benefit Cancel Indicator
Benefit Cancel Reason
Cancel Offset Indicator
Total Amount Canceled

BUDGET

An itemized summary of total countable income less any expenses, penalties, disregards, sanctions or disqualifications for an individual or a case, and based on the business rules for that specific program or sub program.

100% Deemed Income Disregard Amount
100% Deemed Income Disregard Amount for Deemed Sponsor
100% Deemed Income Disregard For a Deemed Sponsor
100% Need Standard Test Disregard Amount
100% of Program Countable Earned Income

V. I. P. Data Dictionary

130% Deemed Income Disregard Amount for Deemed Sponsor
130% Deemed Income Disregard For a Deemed Sponsor
130% Need Standard Amount For Program Of This Size
165% Deemed Income Amount Available to Program
165% Need Standard for Program This Size
185% Need Standard Amount
20% Penalty Amount
Actual Utility Amount or Utility Standard Amount
Additional Employment Earned Income Amount
Adjusted Item D Expense Amount
Adjusted Monthly Net Income Amount
Administrative Error Recoupment Amount
Adverse Action Net Change Amount
Adverse Action Net Change in Benefits Amount
Allocated Dependent Amount
Allocated Dependent/Spouse Amount
Allocated Spouse Amount
Allowable Monthly Medical Expense Amount
Allowable Monthly Shelter Expense Amount
Amount of Adverse Action Net Change
Amount of Countable Needs Standard
Amount of Deemed Sponsor Income for FF/MA Program
Amount of Deemed Sponsor Income for FS Program
Amount of Income Deemed to Program/Sub-Program
Amount of Income Lost Due to Farm Expenses Exceeding Farm Income
Amount of Past Medical Expenses
Amount of Recurring Medical Expenses
Amount of Unemployment Compensation Received Principal Wage Earner
Begin Date of Ineligibility
Benefit Amount
Benefit Reduction Amount
Benefit Reduction Indicator
Benefit Reduction Suspended
Blind Work Expense Amount
Budget Amount Program Entitled
Budget Effective Date
Budget Month Type Code
Budget Pass / Fail Indicator
Budget Pass / Fail Status
Budget Type Code
Case Financial Eligibility Status
Case Resource Eligibility Status
Categorically Needy Need Standard Amount
Change Affecting Budget Type

V. I. P. Data Dictionary

Child Support Amount
Child Support Begin Date
Child Support Budget Date
Child Support Collection Amount
Child Support Collection Begin Date
Child Support Collection End Date
Child Support Disregard Amount
Child Support Indicator
Child Support Payment Date
COLA Disregard Amount
Countable Earned Income Amount
Date Budget Effective Date Removed
Date Child Support Assigned to DHS
Date Child Support Was Assigned to DHS
Date Penalty Begins
Date Program Right to Appeal Ends
Deemed Income Amount
Deemed Sponsor Income Disregard Amount
Deemed Sponsor's Child Care Disregard Amount
Dependent Allocation Amount
Dependent Allocation Begin Date
Dependent Allocation End Date
Dependent Child Disregard Amount
Difference Between Actual and Projected Medical Expenses for Item D Quarter
Earned Income Deduction Amount
Educational Financial Aid Income Amount
Eligibility Begin Date
Eligibility/Ineligibility Decision Reason
Employment Earned Income Amount
End Date of Ineligibility
End Date Of Initial Proration Period
Excess Income Amount
FPL Standard
FS Public Assistance Type Code
Gross Self-employment Income Amount
Gross Unearned Income Amount
Half Remaining Disregard Amount
Inadvertent Household Error Recoupment Amount
Income Deductions
Income Disregards
Income Limit for Program/Subprogram
Income of Community Spouse
Income of LTC Patient
Income Owner

V. I. P. Data Dictionary

Income Total Case Countable Gross Amount Begin Date
Income Total Case Countable Gross Amount End Date
Income Total Case Countable Net Amount Begin Date
Income Total Case Countable Net Amount End Date
Income Total Countable Amount by Case
Income Total Countable Amount by Individual
Income Total Individual Countable Amount Begin Date
Income Total Individual Countable Amount End Date
Income Type
Individual / Case Eligibility Begin and End Dates
Individual Financial Eligibility Status
Individual Resource Eligibility Status
Ineligible Children Disregard Amount
Initial 20% Penalty Amount
Initial Benefit Amount
Initial Benefit Code
Initial Benefit Date
Initial Benefit Issuance Amount
Initial Penalty Amount Used in Budget
Insurance Premium Expense Amount
Intentional Program Violation Recoupment Amount
Item-D Medical Expense Amount
Long Term Care Facilities Expense Amount
Long Term Care Rate Amount
Maximum Net Income Allowable for the FS Program Size
Medically Needy Need Standard Amount
Monthly Deficit Amount
Monthly Recoupment Amount
Monthly Thrifty Food Plan Amount for Program of This Size
Net Countable Income
Net FF Benefit Amount After Deduction of Child Support Received
New Item D Quarter
New Projected Item D Expense Amount
Non-Farm Self-Employment Expense Amount
Non-Farm Self-Employment Income Amount
Number in Family Cap
Number of Deemed Persons Who Reside with Elderly/Disabled Persons
Number of Deemed Sponsors in the FF/MA Program
Number of Deemed Spouse Count Need in Program Determining 185% - 100% Need Standard
Number of Eligible Adults
Number of Eligible Children
Number of Eligible Children When Program Fails Financial Eligibility
Number of Eligible Individuals When Program Fails Financial Eligibility
Optional Spousal Allocation Amount

V. I. P. Data Dictionary

Optional Spousal Allocation End Date
Other Deduction Amount for Pickle/Passalong
Over 59 Age Switch
Paid Medical Expense Amount
Pass / Fail Categorically Needy Budget Indicator
Pass / Fail Exceptionally Medically Needy Budget Indicator
Pass/Fail Budget Indicator Begin Date
Pass/Fail Budget Indicator End Date
Pass/Fail Budget Reason
Patient Liability Amount
Patient Liability Expense Amount
Personal Need Allowance
Personal Need Amount
Premium Amount
Premium Begin and End dates
Premium Payer Name
Program Member Has Been Approved for Disability
Program Member is Unable to Purchase Food and Prepare Meals Switch
Record Date
Recurring Penalty Amount Used in Budgets
Remaining Unearned Income Disregard Amount
Resource Limit for Program/Sub-Program
Self-employed Farmer Expense Amount
Self-employed Farmer Gross Income Amount
Shelter / Utility Expense Begin and End Dates
Shelter Assistance Received
Shelter Expense Amount
Shelter Expenses for Community Spouse
Shelter Workshop Maximum Amount
Shelter/Utility Deduction Amount
Social Security Income Amount
Special Income Level Budget Standard Amount
Special Monthly Allowance Amount
Spenddown Code
Spenddown Delay Liability Amount
Sponsor Disregard Income Amount
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FF/MA Program
Sponsor's Income Amount After Deductions Deemed to Sponsored Members FS Program
Sponsored Child Care Disregard Amount
Spousal Allocation Amount
Spousal Allocation Begin Date
Spousal Allocation End Date
Standard Maintenance Amount
Standard Maintenance Amount Percentage

V. I. P. Data Dictionary

Standard Monthly Deduction Amount
Standard Monthly Medical Deduction Amount
Standard Need Amount
Status Code
Student Earned Income Amount
TCS / MA Premium
Time Updated
Total Countable Income
Total Countable Income Amount by Type
Total Deductions
Total Disregards
Total Earned Income Amount
Total Gross Income
Total Itemized Case Income Values
Total Itemized Case Resource Values
Total Itemized Individual Income Values
Total Itemized Individual Resource Values
Total Patient Liability Amount
Total Spousal/Dependent Allocation Amount
Total Spousal/Dependent Allocation Begin Date
Total Spousal/Dependent Allocation End Date
Total Unearned Income Amount
Unmet Need
Unmet Need Amount
Utility Cost Amount
Utility Expense Amount
VA Aid/Attendance Amount
Work Disregard Amount

CARETAKER

Case member who has care and control of the children).

Caretaker ID
Caretaker Name
Caretaker Social Security Number

CASE

A case consists of an individual or a group of individuals for whom eligibility is determined for a program. An individual may be the head of multiple cases for different programs, and may be a member of multiple cases.

Activity FF

V. I. P. Data Dictionary

Adverse Action Period Indicator
AG Failed to Rectify Problem
Agree to Cooperate Indicator
Allotment Amount
Amount Benefits Reinstated
Approval Date
Authorization Date or Date of Action
Authorization Reason
Begin Date of Ineligibility
Benefit Amount FF
Case 20 Percent Penalty Code
Case Action Reason Code(s)
Case Adverse Action Switch
Case Approval Date
Case Authorized Rep Switch
Case Begin and End Dates
Case Change Effective Date
Case Change Reported Date
Case Change Type
Case Closed Due to Income Indicator FF
Case Closed ELIG For Benefit Switch
Case Closed for Time Limit Indicator
Case Closure Date
Case Closure Reason
Case Closure Reason FF
Case Closure/Denial Reason
Case Date Case Authorized
Case Date Delayed Spenddown Liability for Medicaid Met
Case Date Retroactive Period Begins
Case Date Retroactive Period Ends
Case Date Sanction Begins
Case Date Sanction Ends
Case Effective Benefit Amount after End of Month
Case Eligibility End Date
Case Eligibility Start Date
Case Eligibility Status
Case End Date FF
Case Funding Stream Code
Case Funding Stream Effective Date
Case ID
Case Net Change Amount to Benefits Due to Adverse Action
Case Number/Case ID
Case Override Eligibility Month
Case Pass/Fail Reason(s)

V. I. P. Data Dictionary

Case Pass/Fail Status Indicator Begin Date
Case Pass/Fail Status Indicator End Date
Case PIP Verify Code
Case Record Date
Case Service Type
Case Start Date FF
Case Status
Case Status Begin Date
Case Status Date
Case Status End Date
Case Status Reason Codes
Case Summary Information
Case Type Payment Standard Code
Case Type
Case Type When Open
Case Work Related FS Action Code
Case Work Related Sanction Code
Certificate Region
Certification Dates
Certification End Date
Certification Period
Client Request for Closure Indicator
Closure Date FF
Closure Reason
Closure Reason FF
Contact Individual Number(s)
Contact Reason (Resource Assessment)
County of Residence
Date Authorized
Date Authorized to Close
Date Benefits Reinstated
Date Case Reopened
Date Case Transferred
Date Client Request to Comply Made
Date Cooperation Agreed Upon
Date of Denial
Date of First Full Month of Food Stamps Received as Non-Exempt ABAWD
Dates of All Recertifications / Reviews During Claim Period
Dates of Birth of Household Members
Days Application Pending
Denial Reason
Disposition Date
Disposition Reason
Effective Date of Action

V. I. P. Data Dictionary

Eligibility Begin Date FS
Eligibility End Date
Eligibility End Date FS
Eligible Members
End Date of Current ABAWD Period
End Date of Ineligibility
Expedited Status Indicator
Families First Application Date
Fax Number
Final Closure Indicator
Final Closure Reason
Free-form Narrative
Good Cause Indicator
ID Verification Status Indicator
Ineligibility End Date
Interview Dates by FA
Language Type
Last Month of Eligibility
Overpayment Program Type
Pass / Fail Budget Requirements Indicator
Pass / Fail Resources Indicator
Pass/Fail Indicator
Pass/Fail Technical Eligibility Indicator Begin Date
Pass/Fail Technical Eligibility Indicator End Date
Pass/Fail Technical Eligibility Reason
Pass/Fail Technical Reason(s)
Persons Interviewed by FA
Program Status
Program/subprogram
Reason for Eligibility
Reason for Ineligibility
Receipt Number
Received Benefits for Month in Another State Indicator
Recertification Date
Recertification Due Date
Requested Transmission Type
Review Due Date
Review Number
School Attendance Required Indicator
SPA Size
Status FS
Status Reason
Updated Benefit Amount End Date
Updated Benefit Begin Date

V. I. P. Data Dictionary

Updated Benefit End Date
Case Information Related to Case Action Being Reviewed

CASE ASSIGNMENT

The steps that must be utilized to assign investigation referrals and claims to a caseload within a District or when the claim must be passed to another District. based on business rules.

Claim Transfer Received Indicator
Date Claim Received
Supervisor Approval Indicator

CASE REVIEW RESULTS

The Family Assistance supervisor is required to review a specific number of case actions each month. The user will review the case and record all findings, and share the findings with the case worker.

Case Findings Type
Case Review Approval Date
Date Review Returned
Date to Worker
Narrative
Review Date
Review Due Date

CASE SAMPLE

System selected sample of cases for a program or supervisory case review.

Case Sample Number
Case Sample Selection Indicator
Sample Time Period
Program / Sub-Program Type
Sample Date
Sample Number

V. I. P. Data Dictionary

CASE SUMMARY

The case summary will include an overview of the information relative to the specific case. This summary may include case individual specifics. The summary may be based on current or prior circumstances, based on user request. The user may link to more detailed case information from this summary.

Absent Parent Information for Each Child
Bankruptcy Indicator
Benefit Amounts
Benefit Dates
Benefit Increase Reason(s)
Benefit Reduction Reason(s)
Benefit Status
Benefit Types
Case Members with Date of Birth, Individual Status, Disqualifications, Disability /Incapacity Indicator, SSI Indicator, Flags, Living Arrangement Types and Families First Countable Months for Each
Case Size
Caseworker(s)
Child Care Co-pay Amount
Children Receiving Care
Claims Indicator
Closure Reason(s)
Conciliation Indicator
Date of Last Appointment
Date of Last Notice
Date of Next Appointment
Denial Reason(s)
Families First Extension Indicator
Family Cap
Head of Case
Income Types and Amounts by Individual
Interview Method Chosen
Language Type for Head of Case
Last Change to Case and Date
Link to Notices
Marriage During Receipt Indicator
Medicaid / TENNCARE Standard Coverage Dates
Number of Transitional Child Care Months Remaining
Number of Transitional Medicaid Months Remaining
Outstanding Information Pending Verifications
Padding and Peeling Information for Medicaid
Resource Types and Amounts by Individual

V. I. P. Data Dictionary

TENNCARE Standard Premium Amount
Two-week Compliance and Dates
Work Requirement Indicator

CASELOAD

A grouping of cases assigned to a user at a point in time.

Assigned User
Available Users
Case
Caseload Identifier/NUMBER
Caseworker Caseload Size by Case Type
Caseworker List for County/Office
Confidential Code
Date Transferred
New Case ID
Previous Caseworker's New Caseload Size
Recipient Caseworker's New Caseload Size
Selected Case
Supervisor ID
Unit Number
User ID

CASELOAD MANAGEMENT

Tools such as reminders, alerts, etc. that can be created and/or sent to assist in the handling of cases.

Account Number
Caseload Identifier
Claim Number
Claim Status
Claim Type
Selected Case Indicator
Supervisor Approval Indicator
Supervisor Approval Type
Userid

CASEWORKER

User responsible for the case.

V. I. P. Data Dictionary

Caseworker Overall Caseload Size

CASH DEPOSIT

The Department of Human Services will receive cash payments that will need to be offset against an individual's account receivable (A/R). These payments can be received in the State Office or in a County Office.

Agency Control Number
Bank Code
Batch Number
Cash Deposit Number
Cash Payment Type
Checks Deposit Amount
Coin Deposit Amount
Cost Center
Currency Deposit Amount
Department Identifier
Dept/Division Number
Total Deposit Amount

CASH PAYMENT

Payment received in the county or state office, and to be applied toward an individual's Accounts Receivable balance.

Date Recorded
Payment Type
Receipt Date
Receipt Number
Receipted Amount

CHILD CARE

Providing care for a child. DHS may provide assistance in the form of payments to Child Care Providers so that the parent can participate in a work or training assignment. This assistance may pay all or a portion of the Child Care.

Child Care Certificate Vendor I.D.
Child Care Certificate Authorized
Child Care Certificate Authorized Date
Child Care Certificate Not Authorized
Child Care Certificate Not Authorized Date

V. I. P. Data Dictionary

Child Care Expenses Applicable Indicator
Child Care Vendor - Address
Child Care Vendor - Address - Effective Date
Child Care Vendor - Phone Number
Child Care Vendor - Phone Number - Effective Date
Child Care Vendor Contact Name
Child Care Vendor Name
Childcare Providers Attendance Record
Contact Availability Time for Child Care Vendor Contact
Contact Availability Time for Child Care Vendor Contact - From
TCC End Date
TCC Reason
TCCMS Child Care Identification Number

CHILD CARE ACCOUNTS RECEIVABLE

An account used to track the Child Care payments made on the behalf of an eligible child, and including any co-pay amount the client may be personally responsible for.

Account Status
Billing Cycle
Billing Period
Case Number
Case Status
Child Care Level
Child Gross Payment Total for Billing Cycle
Child Net Payment for Billing Cycle
Child's ID Number
Child's Name
Child's Program Type
Child's Service Type
Client's Address
Client's ID Number
Client's Name
Daily Fee Amount
Daily Rate for Child
Date of Calculation
Date Provider Paid
Date Received Fiscal
FT/PT Indicator
New Charge Amounts
New Charge Dates
Number of Days Child Care Provided in Billing Cycle
Payment Received from Client Amount

V. I. P. Data Dictionary

Payment Received from Client Date
Payment Status
Previous Unpaid Co-Payment Balance Amount
Provider Address
Provider Gross Payment Total for Billing Cycle
Provider ID Number
Provider Name
Provider Net Payment Total for Billing Cycle
Provider Payment Total for Billing Cycle
STARS Date
STARS ID Number
Total Amount Received from Client During Billing Cycle
Total Fee Amount
Warrant Number

CHILD CARE CERTIFICATE

The document issued to an eligible parent authorizing child care for a specific period of time as defined by a start date and end date. The document may be provider specific as selected by the parent and shows the eligible children being assigned to that provider, program and state payment amount, and co-pay fees.

Case ID
Case Name
Certificate Date
Certificate Number
End Date
Provider Address
Provider Name
Start Date

CHILD CARE ELIGIBILITY

The specific eligibility criteria for a child is eligible to have a provider be paid for the care of the child. These criteria define the amount paid by the state, hours of care, and eligibility periods.

Child Care Child Name
Child Care Child SSN
Child Care Parent Work Shift Type
Child Care Weekly Total Number of Hours Needed
Child Negotiated Rate
Child Older than 13 indicator

V. I. P. Data Dictionary

Child's Care Enrollment End Date
Child's Care Enrollment Start Date
Child's Care Enrollment Termination Reason
Child's Care Level
Child's Childcare Need indicator
Child's Name
Child's Participation End Date
Child's Participation Start Date
Child's Participation Termination Reason
Child's Program Type
Child's Schedule Type
Child's Service Type
Child's Waiting List End date
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List Termination Reason
Child's Care Enrollment End Date
Child's Care Enrollment Start Date
Child's Care Level
Child's Date of Birth
Child's Participation End Date
Child's Participation Start Date
Child's Program Type
Child's Schedule Type
Child's Service Type
Individual ID
Individual Name
Reason for Child Older than 13

CHILD CARE PARENT CO-PAY

The amount that the parent has to pay the provider for their share of a child's child care cost, if any.

Parent Co-Pay Fee End Date
Parent Co-Pay Fee Per Individual Child
Parent Co-Pay Fee Start Date
Total Parent Co-Pay Fee Amount

V. I. P. Data Dictionary

CHILD CARE PARENT EXPENSE

The cost of child care above the state payment standards for cost of care that the parent, or caretaker, opts to personally pay in order to obtain child care from that specific provider.

Child Care Expense Incurred Amount
Child Care Expense Incurred Begin Date
Child Care Expense Incurred End Date
Child Care Overage Amount
Child Care Overage Begin Date
Child Care Overage End Date

CHILD CARE PAYMENT

Amount paid to a vendor/provider for child care for a specific billing period for children who qualify for child care payments.

State Subsidized Child Care Begin Date
State Subsidized Child Care End Date
State Subsidized Child Care Monthly Amount

CHILD CARE PROVIDER EXPENSES

The allowable expenses that a child care provider incurs in the cost of providing the child care service such as if they provide meals, purchase toys/equipment for the children they care for, etc.

Amount Actually Being Paid
Amount Paid (out of pocket) for Adult/Child Care Expense Per Child
Amount the Court Has Ordered (Food Stamps Only)
Court Order Number (Food Stamps Only)
Dependent Care to Person Living In Another Household
Dependent in the Home
Free Form Documentation
Frequency of the Adult/Child Care Expense Per Child
Frequency of the Dependent Care Payments Per Child
Good Cause Flag for All Programs Except Food Stamps
Is the State Paying for Any Portion of the Adult/Child Care Expense? Y/N
Monthly Amount Paid (out of pocket) for Adult/Child Care Expenses Per Child
Monthly Amount Paid for Dependent Care Payments Per Child
Name of Child Being Cared For

V. I. P. Data Dictionary

Name of the Individual Paying for Adult/Child Care Expenses

Name of the Individual Paying the Dependent Care Payments

Name, Address and Phone Number of Person or Facility Providing Dependent Care

Name, Address and Phone Number of the Dependent Outside the Household Whose Care is Being Paid For

Relationship of the Child Being Cared For, to the Individual Paying for Dependent Child Care Expenses

Relationship of the Individual Paying Dependent Care Payments, to the Individual Outside the Household Being Cared For

State in Which the Court Order was Issued

The Begin Date of the Adult/Child Care Expense

The Begin Date of the Dependent Care Payments

CHILD CARE TIME AND ATTENDANCE

Record of Child Care time and attendance for an eligible child.

Child Absence Good Cause Indicator

Child Absent Date

Child Days of Attendance

Child Extended Period of Absence End Date

Child Extended Period of Absence Reason

Child Extended Period of Absence Start Date

Child Hours of Attendance per Day

Child's Date of Birth

Child's ID Number

Client's ID Number

Current Provider ID Number

Current Provider ID Number Extension

Current Provider Name

CHILD ENROLLMENT

Child Care enrollment and attendance information.

Child Care Level

Child Enrollment End Date

Child Enrollment Start Date

Child Name

Child Participation End Date

Child Participation Start Date

Child Program Type

Child Schedule Type

Child Service Type

V. I. P. Data Dictionary

Child's Date of Birth
Child's ID Number
Parent ID Number

CHILD SUPPORT

Information on the child support income received from the Absent Parent(s).

TCSES Child Support Identification Number
Child Support Amount
Child Support Date
Child Support Indicator
Child Support Payment Date

CHILD SUPPORT COOPERATION

A parent or caretaker's agreement and participation in the attempt to collect information about, establishment of paternity if needed, and/or support from an absent parent and the assignment of their rights to any child support money collected. An individual may request and be granted good cause for this requirement.

Child Support Cooperation Indicator
Child Support Cooperation Status
Child Support Good Cause for Non-Cooperation Reason Type
Child Support Good Cause for Non-Cooperation Status
Child Support Non-Cooperation Establishment Date
Date Client Requested a Good Cause Exemption for Refusing to Cooperate with Child Support
Good Cause for Child Support Non-Cooperation
Verification of Good Cause for Child Support Non-Cooperation
Date
Determined
Extension
Good Cause
Willingness to Comply With Child Support Indicator and Date

CHILD SUPPORT EXPENSES

The amount of any court ordered expense that is being paid for a legally dependent child that does not reside in the home of the person paying the expense.

Alimony Expense Applicable Indicator

V. I. P. Data Dictionary

Child Support Cooperation Indicator
Child Support Court Order - Court Action Type
Child Support Court Order - Court County
Child Support Court Order - Court Name
Child Support Court Order - Court Order Amount
Child Support Court Order - Court Order Change Date
Child Support Court Order - Court Order Effective Date
Child Support Court Order - Court Order Name
Child Support Court Order - Court Order Payment Category
Child Support Court Order - Court Order Payment Frequency
Child Support Court Order - Court Order Payment Method Type
Child Support Court Order - Hearing Date
Child Support Expense Applicable Indicator
Contact Availability Time for Dependent Outside the Household - From
Contact Availability Time for Dependent Outside the Household - To
Court Order Number
Dependent Care Monthly Payment Amount
Dependent Care Payment Begin Date
Dependent Care Payment End Date
Dependent Care Payment Frequency
Dependent Care Payment information Verification Type
Dependent Outside the Household For Whom Support Is Ordered - Address
Dependent Outside the Household For Whom Support Is Ordered - Address Effective Date
Dependent Outside the Household For Whom Support Is Ordered - Name
Dependent Outside the Household For Whom Support Is Ordered - Phone
Dependent Outside the Household For Whom Support Is Ordered - Phone Effective Date
Expense Begin Date
Expense End Date
State in which the Court Order was issued.
The Begin Date of the Alimony /Child Support Expense
The End Date of the Alimony /Child Support Expense
Total Monthly Amount Paid for Dependent Care Payments for All Children
Verification of Actual Alimony /Child Support Payments
Verification of Actual Dependent Care Payment
Verification of Alimony /Child Support Expense

CLAIM

The determination of and/or attempt to establish and collect an over issuance/overpayment of benefits or other amounts owed to the state.

Actual Household Size
Adjusted Claim Balance
Agreement Date

V. I. P. Data Dictionary

Amount of Next Payment
Amount Reversed
Appellant Phone Number
ARTS Tracking Number
Authorized Representative
Benefit Reduction Amount
Benefit Reduction Applied
Benefit Reduction Begin Date
Benefit Reduction Date
Benefit Reduction Indicator
Benefits Declined Reason
Benefits Reinstated Indicator
Case Number
Case Program Type
Cash Amount Received
Cash Deposit Number
Cash Payment Received
Cash Payments Made While Claim Was In Appeal Indicator
Cash Received Date
Cell Phone Number
Civil Court Action Indicator
Civil Court Indicator
Civil Court Referral Date
Claim Action Reason
Claim Adjustment Date
Claim Adjustment Indicator
Claim Adjustment Reason
Claim Adjustment Time Period
Claim Adjustment Type
Claim Agreement Date
Claim Amount
Claim Balance
Claim Balance Before Appeal
Claim Balance Changed Begin Date
Claim Balance Changed End Date
Claim Balance Changed Indicator
Claim Balance Changed Reason
Claim Balance Discharge Date
Claim Balance Dismissed Date
Claim Begin Date
Claim Case Number(s) (appeal filed on)
Claim Classification
Claim Date
Claim End Date

V. I. P. Data Dictionary

Claim Modification Date
Claim Modification Indicator
Claim Modification Reason
Claim Modification Type
Claim Narrative
Claim Number
Claim Number(s) Closed
Claim Offset Amount
Claim Paid Out Date
Claim Paid Out Indicator
Claim Program
Claim Repayment Amount
Claim Repayment Type
Claim Source
Claim SSN
Claim Status
Claim Status Date
Claim Status Reason
Claim Suspension Begin Date
Claim Suspension Indicator
Claim Suspension Reason
Claim Suspension Type
Claim Type
Claimant Count Number
Claims Identification Number
Claims Indicator
Collection Amount
Collection Date
Collection Type
Correct Income Amount
County ID
County of Residence
Court Decision
Court Order Decision Date
Court Order Indicator
Court-Order Amount
Date Decision Notice Sent for Benefits Being Appealed
Date Next Payment Due
Date of Last Payment
Date Reversed
Date Updated
Decision Date
Derived Overpayment Amount
DHS Decision Upheld Indicator

V. I. P. Data Dictionary

DHS Employee Who Identify the Client
Discovery Date
Disqualification Begin Date
Disqualification Decision Date
Disqualification End Date
Disqualification Indicator
Disqualification Number
Existing Appeal ARTS Tracking Number
Existing Appeal Indicator
Felony Indicator
Felony Type
Filing Fees
First or Second Individual Earned Income Amount
Free-Form Comments
Free-Form Narrative
Home Phone
Household Members During Overpayment
Individual Who Discovered the Error
Individual Who Received the Unreported Income
Individual's SSN
Investigation Number
Investigator Signature Date
Last Review Date
Mailing Address
Monthly Benefit Actual Amount
Monthly Benefit Correct Amount
Monthly Benefit Difference
Narrative
Number of Previous IPV Claims
Number of Reported HH Members During Overpayment Period
Original Certification Date
Other Individual Involved
Other Responsible Party Indicator
Outstanding Verification Determination Date
Outstanding Verification Indicator
Outstanding Verification Needed Date
Outstanding Verification Type
Overage Amount(s)
Overage Discussed with Client Indicator
Overage Period
Overpayment Amount
Overpayment Balance
Overpayment Begin Date
Overpayment Budget Month

V. I. P. Data Dictionary

Overpayment Budget Year
Overpayment Date
Overpayment Determination Amount(s)
Overpayment Determination Month(s)
Overpayment End Date
Overpayment Program
Overpayment Reason
Overpayment Repayment Type
Overpayment Status
Pay to Court Indicator
Payment Amount
Payment Date
Payment Monthly Installment Amount
Payment Received Amount
Payment Received Date
Payment Received Office Type
Payment Received Type
Payment Type
Payor
Previous Appeal Indicator
Program Type
Referral Date
Reinstated Declination Reason
Repayment Agreement Date
Repayment Agreement Type
Repayment Amount
Repayment Signature Date
Repayment Status Change Not Allowed Indicator
Repayment Type
Reported Countable Resources
Reported Household Earned Income Amount
Reported Household Self-employment Income Amount
Reported Household Size
Responsible Person Indicator
Reversal Indicator
Review Date (Prior to Fraud Period)
Review Date(s) During Claim Period
Spousal Reversal Amount
Supervisor Approval of ADH Decision
Supervisor Approval of ADH Decision Date
Suspension End Date
Suspension End Reason
Suspension Indicator
Suspension Reason

V. I. P. Data Dictionary

TOP Cash Amount
Total Adjusted Claim Amount During Appeal
Total Claim Balance
Total Overpayment Amount
Trafficking Indicator
Unreported Countable Resources
Unreported Household Earned Income Amount
Unreported Household Self-employment Income Amount
Unreported Household Self-employment Income Amount
Unreported Household Unearned Income Amount
Unreported Income Type
Verification Receipt date
Verification Sent Date
Verification Type(s)
Work Phone

CLAIM OVERRIDE

An override may be required to adjust the claim before the claim can be referred to a disqualification hearing. The user must be allowed to override a system default. Overrides may also be required as a result of the ADH or court findings.

Override Approval Date
Override Approval Userid
Override Begin Date
Override End Date
Override Indicator
Override Reason
Override Type

CLIENT CONTACT

Any communication, whether through the mail, in person, over the phone or via e-mail or fax between an individual, or an Authorized Representative of the individual, who receives DHS benefits and/or services or is interested in receiving, currently receiving, or has received.

Resource Assessment
Application
Appointment
Claim payment
Client reports change
Contact Reason

V. I. P. Data Dictionary

Contact Type
County
Date
DHS Division
Eligibility Screening
Existing Client Indicator
Language
Register to Vote
Request Appeal
Schedule Appointment
Time
User Id (User that logs contact)
Zip Code

COLLECTIONS

Payments received for amounts owed for overpayment of benefits.

Collection Begin Quarter Date
Collection Comments
Collection County
Collection District
Collection End Quarter Date
Collection Indicator
Collection RID
Collection Total Wage Amount

COMPLIANCE

An individual meeting the participation or other requirements with a work or training plan.

Agrees/Disagrees Indicator
Case Number
Date Client Complied
Date Recorded
Individual's Name
Type of Compliance Completed

V. I. P. Data Dictionary

CONCILIATION

The attempt to reconcile an individual's failure to meet their participation guidelines for a required activity.

Conciliation Status
Date Conciliation End
Date Conciliation Start

CONTACT

Any communication, whether through the mail, in person, over the phone or via e-mail or fax between an individual who receives DHS benefits and/or services or is interested in receiving, has received or is acting as an agent (and it has been established by DHS that the person has the authority to do this) for any of the above mentioned individuals and the Department of Human Services.

Appointment Date
Appointment Time
Case Number
Caseworker Contact
Caseworker Contact Date
Caseworker Type of Contact
Claimant's Phone Number
Contact Availability Time for Claimant
Contact Comments
Contact Individual Tracking Number
Contact Reason
Contact Times
Contact Type
County
Date
Date Contacted
Date Due to Contact
Date of Contact
No Contact Indicator
Phone Number
Previous Client Contact Date(s)
Results of Caseworker Contact
Time
User Id (Worker that logs contact)
Witness Notes

V. I. P. Data Dictionary

CONTACT ATTEMPTS

Endeavors to establish communication with a client, or other individual as required by the case.

Client ID Attempted Contact
Contact Attempted Indicator
Date Contact Attempted
Time Contact Attempted
User ID

COUNTABLE INCOME

The amount of income that is to be used in the calculation of a budget for that specific case.

Benefit Period
Earned Income Amount
Unearned Income Amount
Unearned Income Type

COUNTY

The unique characteristics for a specific county, as applied toward program eligibility.

10% Or Greater Unemployment Effective Date
10% Or Greater Unemployment Status
County Code
County Name
County Office Address
County Worker List
Worker's Caseload Type
WR County Indicator
Branch Office Zip Code
Economic Hardship County List
Labor Surplus Begin and End Dates
Labor Surplus County Indicator
Labor Surplus Effective Date
Labor Surplus Status

V. I. P. Data Dictionary

COUNTY SCHEDULING METHOD

The choice within a county whether an interview is scheduled to individual worker or if a round robin assignment of cases is completed when appointments are scheduled. A county may also be broken down by units which have different scheduling methods or may do differently for applications versus reapplications.

County Code
County Worker List
Scheduling Method Per Caseload Type
Worker's Caseload Type
Scheduling Method

CRIMINAL COURT PKG

The system shall generate the Criminal Court package when a claim is referred to Criminal Court.

Criminal Court Pkg Creation Date
Criminal Court Pkg Indicator
Witness List
Witness Testimony

CSR

A third party review of certain potential FF case closures for appropriate policy and procedure before the closure can be authorized.

Activity
Authorization Reason
Benefits Closure Reason Code
Call Attempt Date
Call Attempt Phone Number
Call Number
Call Time
Case Needs Reversal Indicator
Case Number
Case Valid Indicator
Caseworker ID
Closure Authorized
Contact Date
Contact Made Indicator

V. I. P. Data Dictionary

Contact Success/Fail Indicator
CSR Comments
CSR Name
CSR Reviewer Name
CSR Reviewer Phone Number
CSR Supervisor Name
CSR User ID
CSR Worker ID
Date Assigned Facilitator Name
Date Assigned to CSR
Date Authorized to Close
Date Closure Approved
Date Conciliation Notice Sent
Date Contact Made
Date CSR Review Started
Date of Contact Attempt
Date of Reversal
Date Referral Delegated
Date Referred to CSR
Date Review Held
Date Review to Release
Delegating Individual's Name
DHS FS1 ID
DHS Worker County
DHS Worker ID
End Date of Review
Facilitator Name
Free Form Text to Explain Reason For Conciliation Notice
Good Cause App/Denied
Good Cause Claimed Indicator
Good Cause Date
Good Cause Denied
Good Cause Denied Date
Good Cause Granted Date
Good Cause Granted Indicator
Good Cause Reason
Has CSR Approved Closure
Head of Case ID
Head of Case Name
Individual Address
Individual ID
Individual Name
Individual Phone Number
Initial Case Results

V. I. P. Data Dictionary

Is Case in Review Now
Non-Compliance Reason
Non-Response Consequences
Person Contacted
Phone Number Called
PRP Change Needed
Reason Denied
Reason for Closure
Reason for Reversal
Referral Number
Response Due Date
Response Instructions
Response Requirements
Result of Contact
Reversal Approved Indicator
Reversal Reason
Review End Date
Review Held Indicator
Review Indicator
Time(s) Phone Calls Attempted
Type of Contact
User ID
Work Activity
Work Component Status

CSR REVIEW

The review outcome of the third party review process that must be completed for certain potential FF case closures before the closure can be authorized.

Case Correct Indicator
CSR Reviewer ID
CSR Reviewer Name
Date Case Reviewed
Date Error Found by CSR
Due Date
Error Type
Proposed Reason
CSR Referral Reason Code

V. I. P. Data Dictionary

DA REFERRAL

A Referral to the District Attorney of an overpayment situation for possible prosecution.

DA Accept Decision Date
DA Decision
DA Decision Date
DA Decision Type
DA Judicial District
DA Referral Date
DA Referral Indicator
Witness List
Witness Testimony

DECLINATION RESPONSE

In the Voter Registration process, an individual's decision to register or not to register to vote, as documented on the Voter Registration Declination Form.

Date
A Completed Voter Registration Application Was Received by DHS
Address
Age
Applicant/Recipient Refuses to Sign Either an Application to Register to Vote or a Declination Form
Applicant/Recipient Requested to Have Voter Registration Application Mailed (if telephone interview)
Applicant/Recipient Voter Registration Declination Fact Sheet Signed by Worker (if telephone interview or client refuses to sign)
Applicant/Recipient Was Given to Local Election Commission Address
Applicant/Recipient's Statement That They Are Registered to Vote at Their Current Address
Application Form Number
Authorized Representative
Conservator
Declination Form Given to Applicant/Recipient
Declination Form Signed by Applicant/Recipient
Guardian
Refusal Date
Signature Date
Time
Type of Interview
User ID
Voter Registration Application Aas Given to Applicant/Recipient
Voter Registration County I. D.

V. I. P. Data Dictionary

Voter Registration Form Requested by A/R
Voter Registration Indicator

DEDUCTIONS

Allowable expenses that are deducted from gross income in the Budgeting process to arrive at the net income amount.

Deduction Amount
Deduction Begin Date
Deduction End Date
Deduction Type

DEPRIVATION

For program eligibility purposes, deprivation exists when the minor child in the home is deprived of parental support due to the absence, incapacity/disability, unemployment/underemployment or death of one or more parents. Deprivation may be required in order to meet eligibility criteria for some programs/subprograms.

Absence Indicator
Date Child Became Deprived
Date Deprivation Ended
Deprivation Indicator
Deprivation Type
Deprived Child's Name
Deprived Child's Name by Type
Marriage During Receipt Indicator
Parental Caretaker Type
Unemployed Parent Indicator
Unemployed/Underemployed Indicator

DISABILITY/INCAPACITY

'Incapacity' - a physical or mental defect, illness, or impairment supported by competent medical testimony of such a debilitating nature as to reduce substantially or eliminate the parent's ability to support or care for a child and be expected to last for at least 30 days. 'Disability' is considered to be longer-termed physical or mental impairment which prohibits any substantial gainful activity, and the individual may be required to receive SSI, SSA disabiltiy, VA disability, or some other form of disabilty related payments or benefits.

Adults Disability Status Indicator

V. I. P. Data Dictionary

Adults Incapacity Status Indicator
Begin Date of Disability
Begin Date of Incapacity
Blind Status
Caring for Disable/Incapacitated Relative
Caring for Ill or Incapacitated Indicator
Children's Disability Status Indicator
Date Became Disabled / Incapacitated
Date Disability / Incapacity Ends
Date Disability Claimed
Date Incapacity Claimed
Date No Longer Disabled
Date No Longer Incapacitated
Date of Disability / Incapacity Review
Date of Verified Disability
Disability / Incapacity Type
Disability / Incapacity Indicator
Disability Claim Status
Disability Claimed Indicator
Disability Incapacity Begin Date
Disability Indicator
Disability or Incapacity
Disability Type
Disability / Incapacity Indicator
Disability / Incapacity Type
Disabled Person Name
Doctor's Address
Doctor's Name
Doctor's Statement Date
Doctor's Statement Reason
Elderly and Disabled Indicator
Elderly and Disabled Indicator Able to Purchase and Prepare Own Meals
Elderly or Disabled Indicator
End Date of Disability
End Date of Incapacity
HIV Positive Indicator
Incapacitated Person Name
Incapacity Claimed Indicator
Incapacity Claimed Status
Incapacity Indicator
Individual ID
Individual Name
Individual(s) Disability / Incapacity Status
Live Alone Indicator

V. I. P. Data Dictionary

Live with Immediate Family and Friends Indicator
Medicaid Benefits Received
Permanent or Temporary (exceed 30 days) Disability
Permanent or Temporary Disability
Prior Approval/Denial Indicators
Review Due Date for Incapacity
SOLQ Inquiry Data
Special Circumstances
SSD Recipient
SSI Only Income Indicator
SSI Recipient Indicator
Verification of Disability
Verification of Incapacity
Vocational Rehab Indicator

DISASTER BENEFITS

Assistance received from governmental payments that are designated for relief from loss sustained in a disaster.

Case I.D. (Food Stamp)
Disaster Benefit Amount
Disaster Benefit Authorization Date
Disaster Benefit Issuance Date
Disaster Benefit Worker I.D.
Disaster Distribution Type Code

DISASTER COUNTIES

Counties eligible for disaster assistance.

County I.D.
County Name
Disaster Declaration Date
Disaster Occurrence Begin Date
Disaster Occurrence End Date
Disaster Type

DISASTER RELIEF ELIGIBLE INDIVIDUALS

Individuals eligible for certain governmental payments that are designated for relief from loss sustained in a disaster.

V. I. P. Data Dictionary

Individual Recipient Name - First Name
Individual Recipient Name - Last Name
Individual Recipient Name - Middle Initial
Recipient I.D.
SSN
Case I.D. (Food Stamp)
Case Status (Food Stamp)
County I.D.
Date of Birth
Disaster-Only Individual Indicator
Individual - Address - Apartment
Individual - Address - City
Individual - Address - Direction
Individual - Address - Effective Date
Individual - Address - Line 2
Individual - Address - Number Street
Individual - Address - Quadrant
Individual - Address - State
Individual - Address - Street Rural
Individual - Address - Suffix
Individual - Address - Unit
Individual - Address - Zip Code (4-digit)
Individual - Address - Zip Code (5-digit)
Individual Eligibility Status

DISASTER RULES

Rules for issuing disaster benefits. Rules are specific to each unique disaster.

Disaster Rule
Disaster Rules Effective Date

DISCREPANCY NOTICE

QC Notification to the county regarding the discrepancy due to a QC Error.

QC Review in Error
QC3 Notice discrepancy
Reasons for Error

V. I. P. Data Dictionary

DISREGARDS

In the b+C1053udgeting process, deductions from certain types of income (i.e., earnings, child support), of a defined amount, used to arrive at the net income amount.

Disregard Amount
Disregard Begin Date
Disregard End Date
Disregard Type

DISTRICT

A group of counties.

District Address
District I.D.

DOCTOR'S STATEMENT

A written statement from a medical professional regarding an individual's condition.

Date of Release from Doctor's Care
Doctor's Statement Date
Doctor's Statement Type

DOCUMENTATION

Documents in substantiation of a client's statements about factors of eligibility documentary evidence. Or, the act of recording such documentary evidence in the case.

Date and Time
Documentation
Documentation Codes
Documentation Type
Free-form Text
User ID

V. I. P. Data Dictionary

E & T COUNTY

Employment & Training county - a county that receives governmental funding to offer work components to Food Stamp recipients.

E & T Begin and End Dates
E & T County Indicator

EARLY RE-ENTRY

Return to the Families First program prior to the expiration of a period of ineligibility due to closure for time limits, either interim or lifetime, upon reapplication for Families First benefits by an individual. An individual may be eligible to return to the program before their period of ineligibility expires.

FF Participation Early Re-Entry Income Limit Indicator
FF Participation Early Re-Entry Standards Met Indicator
FF Participation Time Count Early Reentry Begin Date
FF Participation Time Count Early Reentry Determination Date
FF Participation Time Count Early Reentry End Date
FF Participation Time Count Early Reentry Reason
FF Participation Time Count Early Reentry Status

EAV

Enrollment Attendance Verification. The billing document sent to a provider at the end of the billing period with each enrolled child listed for encoding the child's daily attendance and number of hours.

Care Level per Child
Child Absent Date
Child Attend Date
Child Total Attendance Hours
Child's ID Number
Child's Name
Date Received by DHS
Date Received From Provider
Days in Pay Cycle
Hours of Attendance per Day per Child
Negotiated Rates per Child
Number of Children Which Payment is Approved
Number of Days for Which Provider is Being Paid Per Child

V. I. P. Data Dictionary

Pay Cycle
Provider Rate
PT or FT Care
SSN per Child
State Default Rate

EBT

Electronic Benefit Transfer - The electronic transfer of government benefit funds to individuals through the use of card technology and ATMs and POS Terminals. The use of this technology to encompass the tracking of individuals participating in state administrated program activities and services.

Child Absent Date
Child Attend Date
Child Care Enrollment End Date
Child Care Enrollment Start Date
Child Total Attendance Hours
Child's ID Number
Days Absent
Days of Attendance
EBT Eligible Child Begin Date
EBT Eligible Child End Date
EBT Eligible Child Indicator
Hours of Attendance
Provider's ID Number
Schedule Type

EBT AUTHORIZATION

Electronic Benefit Transfer Benefit Issuance Files

Authorization Amount
Authorization Number
Benefit Available Date
Benefit Available Time
Benefit Status
Benefit Type
EBT Cash Number
Local Office Code
Refresh Action

V. I. P. Data Dictionary

EBT CASE

Electronic Benefit Transfer Account Set-up files

Alternate Client FF Language Preference
Alternate Client FF New Card Indicator
Alternate Client FS Card Indicator
Alternate Client FS Name Change Indicator
County Number
EBT Case Number
FF/FS Case Number
Primary Client Date Of Birth
Primary Client Language Preference
Primary Client New Card Indicator
Primary Client Recipient Number
Primary Client Social Security Number

EDUCATION/TRAINING

An individual's current and completed educational and training information.

Children's School Attendance Record
Credit Hours Enrolled
Credit Hours Taken
Education Program End Date
Education Program Start Date
Education Program Type
Education Total Hours Per Week
Hours Per Week in Class
Individual ID
Name of Institution
Student Status
Student Status Indicator

EMPLOYMENT

Work at which an individual earns a wage.

Average Monthly Hours Worked Per Individual Due to Self-Employment
Case Voluntary Quit FS Action Code
Comments

V. I. P. Data Dictionary

Contact Times
County of Residence
Date Last Worked
Date of Employment
Date When Hours Decreased to Less than 100 Hours
Dollars Per Hour Earned
Earned Income Monthly Hours
Earned Income Monthly Hours Verification Type
Earnings Verification
Emancipated Minor Indicator
Employed 100 Hours or More Indicator
Employer
Employer Address
Employer Name
Employment Amount
Employment Begin Date
Employment End Date
Employment Hours
Employment Indicator
Employment Status
Employment Type
Food Stamp Countable Gross Amount
Good Cause Granted Indicator
Good Cause Reason Claimed Indicator
Good Cause Reason for Refusing a Bona-Fide Offer of Employment
Good Cause Reason Type
Good Cause Reason Type for Leaving Job
Good Cause Verification Type for Leaving Job
Gross Monthly Income
Hourly Rate
Hours Worked Per Pay Period
Income
Individual Narrative - Reason for Leaving Job
Individual's Earnings by Quarter
Individual's Spouse's Earnings
Job Begin Date
Job End Date
Job Termination Reason Code
Job Title
Medicaid Countable Gross Amount
Migrant Worker Information
Monthly Earnings Effective End Date
Monthly Earnings Effective Start Date
Monthly Hours

V. I. P. Data Dictionary

Monthly Hours Verification
Net Earned Income Amount
Number of Hours
Number of Hours Per Week Working
Number of Hours Worked Per Month
Number of Pay Periods Reported
Participation in E & T Training Indicator
Pay Frequency
Pay Frequency Type
Pay Rate
Paycheck Stub Amount
Phone Numbers
PIP Address
Place of Employment
Primary Wage Earner Status
Principle Wage Earner Indicator
Quarters Worked
Reason for Termination/Denial
Reduction In Work Good Cause Indicator
Reduction In Work Indicator
Self Employment Code
Self Employment End Date
Self Employment Income Status
Self Employment Monthly Income
Self Employment Start Date
Self Employed Individual's ID
Self Employed Individual's Name
Self Employment Allowable Expenses
Self Employment Monthly Hours Verification Type
Self Employment Monthly Hours Worked
State of Residence
Strike Date Verification Type
Strike End Date
Strike End Date Verification
Strike End Date Verification Type
Strike Start Date
Striker Status
Subsidized Employment
Subsidized Employment Source
TANF Countable Gross Amount
TennCare Countable Gross Amount
Total Earnings for Both Adults for Past 24 Months
Total Hours Per Week
Total Month Amount

V. I. P. Data Dictionary

Type Eligible For
Verification Method
Voluntary Quit Date
Voluntary Quit Good Cause Indicator
Voluntary Quit Reason
Voluntary Quit Verification
Work Study Indicator

EPSD&T

Early Periodic Screening Diagnosis and Treatment - a service of the Department of Health for the benefit of children under age 21. The name of this is changing to TENNderCARE.

EPSDT Table

EX PARTE

A case or individual review that does not require that the client be present or interviewed.

Ex parte Review Results

EXPENSES

Allowable costs that are deducted from gross income in the Budgeting process to arrive at net income or to meet a Spend down amount.

Actual Shelter Expense Amount
Actual Shelter Type
Child Support Deduction
Childcare Expense Amount
Childcare Expense Indicator
Expense Amount
Expense Begin Date
Expense End Date
Expense Type
Medical Expense
Medical Expense Type
Monthly Child Support Expense
Monthly Childcare Expense
Monthly Medical Expense
Monthly Shelter Expense

V. I. P. Data Dictionary

Patient Liability Overcharge Amount
Phone Standard Indicator
Shelter Expenses
Shelter Type
Total Actual Medical Expenses for Item D Quarter
Total Medical Insurance Premiums
Total Projected Medical Expenses for Item D Quarter
Utility Expenses
Utility Standard Indicator

EXTENDED SERVICES

Families First services or activities that continue, for a set period of time after eligibility for cash benefits ends.

Client ID
Date Approved
Date Requested
Eligibility Begin Date
Eligibility End Date
Extended Services Requested

FAMILIES FIRST ELIGIBILITY

The state of qualifying for Families First benefits.

Families First Eligible Indicator
Individual Eligibility Begin and End Dates

FAMILIES FIRST TIME COUNT

The number of countable months accumulated toward the Families First current or lifetime limit.

Current Counter Value
Current Cycle Based on the Number of Closures for Time Limits
Families First 18 Month Indicator
Families First 60 Month Indicator
Lifetime Counter Value
Month Countable Indicator
Month Countable Override Indicator
Time Count Determination Reason
Time Count Month / Year

V. I. P. Data Dictionary

Adjusted Counter Value - Interim
Adjusted Counter Value - Lifetime
FF Time Counter
Prior Counter Value - Interim
Prior Counter Value - Lifetime
Steps Indicator
Time Counter Adjustment
Time Counter Adjustment Date
Time Limit Extension Indicator

FAMILY CAP

A policy that may prohibit a grant increase for a Families First case when an individual has received benefits for more than 10 consecutive months and then gives birth to another child.

Family Cap Begin Date
Family Cap Child SSN
Family Cap Counter
Family Cap Indicator

FF BUDGET

The calculations performed on income to determine eligibility for Families First.

FF Benefit Reduction Indicator
FF Benefit Reduction Table
FF Recoupment Amount
FF Recoupment End Date

FF EMERGENCY PAYMENT

An auxiliary benefit issued after Families First closure to individuals determined to be in an at risk situation and in need of financial assistance in order to prevent the removal of a child from the custody of his/her parents or are at risk due to eviction or utility cut-off notices.

Appointment Kept
Benefits Status
Caller Name
Case Number
Cash Payment Counter
Cash Payment Indicator

V. I. P. Data Dictionary

Compliance Indicator
Contact Agency
Contact Person
Contact Reason
Contact Success Indicator
Corrective Action
Cut-Off Notice Indicator
Date of Emergency Payment To Be Made
Date Payment
Date Pended
Date Willingness to Comply
Emergency Eligibility Indicator
Emergency Eligibility/Ineligibility Reason
Emergency Payment Amount
Emergency Payment Approval Indicator
Emergency Payment Held Pending Compliance Indicator
Emergency Payment Ineligibility Flag
Emergency Payment Ineligibility Reason
Emergency Reason
Emergency Request Date
Emergency Type
Eviction Notice Indicator
Failure Code
FSC Appointment Attendance Indicator
FSC Referral Indicator
Head of Case
Name of Vendor
Payment Data for Vendor
Pending Payment Amount
Telephone Call(s) Date
Telephone Call(s) Time
Type of Payment Indicator
Vendor Payment Indicator

FF EMERGENCY PAYMENT NOTICE

Client notice of Families First Emergency payment.

Client Address
Client Name
Emergency Payment Amount Issued
Emergency Payment Reason

V. I. P. Data Dictionary

FF SUB-ACTIVITY

An activity that is offered to a Families First recipient through participation in a primary activity such as Employment Career Services Plus.

Career Advancement Program
Career Assessment
Fresh Start/Pace
Job Counseling
Job Development
Job Placement
Job Retention
Job Skills Training
Vocational Educational Training

FF WORK ACTIVITY ATTENDANCE

The Families First requirement for participation in a Personal Responsibility Plan activity expressed as a percentage of the length of the activity; the actual percentage of time an individual has participated in the activity.

Type

FF WORK ACTIVITY PARTICIPATION INFORMATION

Attendance, progress and other information such as behavioral problems necessary to determine an individual's compliance with a Families First work activity.

Alert Request Indicator
Attendance
Barriers
Compliance
Free Form Text
Status Code
Status Date

FF&MA ISSUANCE

A payment or entitlement given to an individual or case. It may be in the form of cash assistance, a support service, child care assistance, food stamps, TennCare Medicaid or TennCare Standard coverage.

V. I. P. Data Dictionary

Address Code
ADMIN Unit Code
Amount Reason Table
AUX CASH DATA
AUX Cash Number of Months
AUX Reason Code
Benefit Amount Cash
Benefit Amount System
Benefit Date
Benefit Mailed Date
Benefit Period Amount
Benefit Period Date
Benefit Reason Code
Benefit Switch System
Benefit Type
Case Name
Case Number
Cash Data
County Code
Deficit Amount
District Code
EBT Cash Availability Date
FF Count Switch Table
FF Countable Code
Issuance Method Code
Living Arrangement Code
Medicaid Data
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Number of Adults
Medicaid Number of Children
Number of Adults - Cash
Number of Child - Cash
Number of Individuals
Payee Address Line1
Payee Address Line2
Payee City
Payee Code
Payee ID Number
Payee Name
Payee State
Payee Zip
Penalty Amount
Processed Date

V. I. P. Data Dictionary

Program Code - Cash
Program Code - Medicaid
Record Type
Recoupment Amount
Sub-Program Medicaid
Sub-Program Code Cash
Supplement Amount
Unmet Needs Amount
Warrant Amount
Warrant Number
Worker Number

FINALIZATION

The Department of Human Services must determine the eligibility for applicants and recipients of the various family assistance programs provided by the State of Tennessee. This data store is the process that finalizes the eligibility determination.

Date ME Packet Received
Date ME Packet Sent
Date ME Replacement Packet Mailed
Date ME Replacement Packet Requested (must allow a minimum of 20 dates)
List of Rights and Responsibilities
ME Packet Due Date

FINANCIAL TRANSACTION

When a client is eligible to receive benefits and an account receivable has been established against the case, the system will benefit reduce the monthly benefit and create a transaction to post the amount to the appropriate claim account

Amount Applied to Acct Revb
Benefit Reduction Amount
Benefit Reduction Date
Case Number
Case Number Claim
Cash Payment Adjustment
Category Claim
Claim Number
Date Applied to Acct Revb
Deposit Amount
Payment Received Date
Record Creation Date

V. I. P. Data Dictionary

Record Type
Refund Amount
Refund Indicator
Refund Reason
Transaction Type

FIRST WHEELS VERIFICATION

Documentation necessary to complete an application and determine eligibility for the First Wheels program.

District Office Approval Decision
District Office Approval Decision Date
District Office Approval Decision User ID/Name
District Office Denial Date
District Office Denial Reason
First Wheels Appointment Completed Indicator
First Wheels Appointment Date
First Wheels Orientation Begin Date
First Wheels Orientation Completed Indicator
First Wheels Orientation End Date
First Wheels Part 1 Verification Indicator
First Wheels Part 2 Eligible Indicator
First Wheels Part 2 Verification Indicator
Loan Approved Date
Loan Approved Indicator
Loan Disapproved Date
Loan Disapproved Indicator
Reason for Disapproval

FISCAL REFERRAL

A referral that contains information needed by Fiscal Services in order to make a payment.

Case Number
Date of Emergency Payment To Be Made
Emergency Payment Approval Indicator
Head of Case
Individual ID
Individual Name
Payment Amount
Payment Data for Vendor
Vendor Address

V. I. P. Data Dictionary

Vendor Name
Vendor Payment Indicator
Vendor Payment Method

FOSTER CARE

A service provided by the Department of Children's Services through approved foster families to provide care for children who live in families that are unable or unwilling to care for them.

Can't Go Back to Home Indicator
Case Criteria
Case Number
Foster Care Child ID
Foster Care Child Payments
Foster Care Home Approval Indicator
Foster Home Approval Status
MCO Number
Pass / Fail Indicator
Reasonable Efforts to Place Without Adoption Been Made Indicator

FS CYCLE CONTROL

In the regular issuance cycle, FS benefits will be available to the clients during the first ten calendar days of the next calendar month.

Issued for Cycle Switch
Number of Issued Benefits for Cycle
Total Issued Amount for Cycle

FS EXPEDITED

Eligibility for certain households must be determined on an expedited basis in the Food Stamp Program based on program criteria. Federal law currently requires that eligibility be determined, and benefits provided to the household, within 7 days of application.

Eligibility Service Requirements Met
Eligibility Service Requirements Met Date
FS Expedited Determination Decision
FS Expedited Determination Decision Date
Migrant or Seasonal Farm Worker indicator

V. I. P. Data Dictionary

FS ISSUANCE

A payment or entitlement given to an individual or case. It may be in the form of cash assistance, a support service, child care assistance, food stamps, TennCare Medicaid or TennCare Standard coverage.

Administrative Satellite Number
Administrative Unit
Authorized Amount
Case Number
County Code
Cycle Indicator
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
District Code
EBT FS Availability Date
FS EBT Authorized Amount
FS EBT Benefit Amount
FS Penalty Amount
Method of Issuance
Number of Adults
Number of Children
Number of Months
Partition Code
Payee Code
Payee Name
Payee Received Code
Payee Received Name
Payee Social Security Number
Payee Unique Identifier Number
Processed Date
Program
Project Center Number
Reason Code
Record Type
Recoupment Amount
Redirect Type Code
Sub-Program
Table of Reason Amount
Unit Code
Vendor Administration Number

V. I. P. Data Dictionary

Vendor Code
Vendor County Number
Vendor Satellite Number
Vendor Unit Number
Worker Number

FS WORK COMPLIANCE

A requirement for each Food Stamp household member who is not otherwise exempt to register for employment and comply with the requirements of the Food Stamp Employment and Training Program.

Date of Contact
Good Cause Indicator
Non-Compliance Activity
Non-Compliance Date
Reason
Reason for Non-Compliance

FUNDING UTILIZATION

Amount spent and/or obligated from a specified child care funding source.

Service Type Fund Status
Service Type Fund Status Date

FUTURE APPOINTMENTS

Those appointments that are scheduled for a future date.

Appointment Dates
Appointment Slots by Dates
Appointment Slots by Dates by County
Appointment Slots by Type
Appointment Slots by Type by County
Appointment Types
Location of Appointment
Worker ID
Worker Phone

V. I. P. Data Dictionary

GOOD CAUSE

An approved reason that will exempt an individual from penalties resulting from non-compliance with a program requirement.

Absent Parent That Good Cause Applies To
Activity for Which Good Cause was Granted
Adequate Verification Indicator
Case Number
Client ID
Compliance Indicator
CSR Reviewer
Date Compliance Indicator Recorded
Date Good Cause Determined
Date Good Cause Granted
Date Verification Provided
Date(s) Good Cause Covers
DHS Worker Name
DHS Worker Phone Number
Good Cause Claim Effective Date
Good Cause Claimed Indicator
Good Cause Date
Good Cause Determined Indicator
Good Cause Granted Indicator
Good Cause Indicator
Good Cause Reason
Good Cause Reason Type
Good Cause Verified Indicator
Individual Comments
Individual Name
Individual Responded Indicator
Person Who Responded
Response Date
Verification Code
Verification Type Used to Verify Good Cause
Work Activity

HEALTH CHECK

Medical examinations that are required by the Families First program for children up to age 18 based on the schedule for Early Periodic Screening, Diagnosis and Treatment.

V. I. P. Data Dictionary

Health Check Due Indicator
Health Check Indicator
Health Check Required Indicator
Date of Last Health Checks
Health Check Good Cause Reason
Health Check Good Cause Reason Date

HEALTH INSURANCE

A plan that provides for payment of qualifying medical expenses.

Access to COBRA Through a Former Employer
Access to Group Health Insurance Information
Begin Date for Policy Coverage to Apply
Budget Begin and End Dates
COBRA 18 Month Begin and End Dates
Coverage Code
Coverage Verified Code
Current Employer
Date Policy Begins to Applies
Date Policy No Longer Applies
Does Someone Living Outside the Home have Access to Group Insurance for Any Family Member
Does the Employer Offer a Group Health Insurance Plan
Group Health Insurance Information
If Not, Uncooperative Person Name (TENNCARE Medicaid only)
If the Employer Offers Group Health Insurance and the Individual is not Enrolled, the Next Enrollment Period
If the Individual is Currently Serving in the U.S. Armed Forces, Does the Individual Have Access to Insurance Through the Military
If the Individual Lives in a Long Term Care Facility, Receives Home and Community Based Services or is in a State Veteran's Home, a Long-Term Care Rate (LTCR) Must be Collected for the Individual
Individual Access to Insurance Indicator
Insurance Policy Number
Insurance Provider's Address
Insurance Provider's Carrier ID
Insurance Provider's Name
Insured Individual's Name
Is a Member of the Household Eligible to Receive Medical Insurance as a Result of a Court Order? (TENNCARE Medicaid only)
Is Family Coverage Offered by the Employer
Is the Individual Cooperating with IVD for Medical or Child Support? (TENNCARE Medicaid only)
Medicare Type Coverage
Monthly Cost of Coverage Amount
Person Paying for Medical Insurance Coverage
Policy Begin and End Dates

V. I. P. Data Dictionary

Policy Begin Date
Policy Claim Number
Policy End Date
Policy Limitations
Policy Premium Amount
Policy Verification
Post Partum/New Born Extended Coverage Code
Services Covered
Type of Group Health Insurance
Verification of Access to Insurance

HOLIDAYS

Table of state holidays that is used for client and user appointment scheduling.

Holidays Scheduled

HOME VISIT

A visit to an individual's home or agreed upon meeting place outside of the DHS office.

At Risk Indicator
At Risk Reason
Case Number
Child's Care in Own Home Indicator
Date Attempted Home Visit
Date Cut-off Due
Date Eviction Due
DCS Referral Indicator
Due for Eviction Indicator
Due for Utility Cutoff Indicator
Food in Home Status
Free Form Text
Head of Case Name
Home Visit Approval/Denial Date
Home Visit Made Indicator
Home Visit Narrative
Home Visit Results
Income
Number of Adults in Home
Number of Attempts to Make Home Visit
Number of Minors in Home
Reason for Denial

V. I. P. Data Dictionary

Unregulated Provider Date of Birth
Unregulated Provider Home Visit Conducted Date
Unregulated Provider Relationship to Child
Worker Name Conducting Home Visit

IMMUNIZATION

Periodic shots/inoculations given to children by health care professionals for physical well being.

Immunization Due Indicator
Immunization Indicator
Immunization Required Indicator

IMMUNIZATION SCHEDULE AND OUTCOME

Data pertaining to the administering of immunizations.

Date of Last Immunizations
Immunization Good Cause Reason
Immunization Good Cause Reason Date

INBOX

A "home page" that will be used as an organizational tool to assist users in organizing their cases.

Activity
Case Number
County
FF Individual Name
Head of Case ID
Head of Case Name
Individual ID
Mailing Address of Head of Case
Phone Number of Head of Case
User ID of Provider

INCOME

A recurring gain or benefit measured in monetary amounts.

Average Gross Monthly Income by Case

V. I. P. Data Dictionary

Average Gross Monthly Income by Individual
Average Monthly Gross Self-Employment Gross Income by Individual
Average Monthly Gross Self-Employment Gross Income for the Case
BENDEX Income Amount
Budget Effective Begin Date
Budget Effective End Date
Case Total Countable Gross Earned Income Amount
Case Total Countable Gross Self-Employment Income Amount
Case Total Countable Gross Unearned Income Amount
Case Total Monthly Gross Income Amount
Child Support Passthrough
Claim Number
Date Received
Earned Income Amount
Earned Income Begin Date
Earned Income End Date
Earned Income Indicator
Earner's Name
Earnings Verification Type
Effective Begin Date
Effective End Date
Employment Income Amount
Farming Begin Date
Farming End Date
First or Second Individual Earned Income Amount
Food Stamp Amount
Gross Amount
Gross Amount FS/FF/MA
Gross Income per Pay Period Reported
Gross Monthly Case Income
Gross Monthly Income per Household
Gross Monthly Income per Individual
Gross Monthly Individual Income
Income Amount
Income Amount by Source for Community Spouse
Income Amount by Source for Depended Children
Income Amount by Source for Individual
Income Begin Dates
Income Effective Begin Date
Income Effective End Date
Income End Date
Income Pay Stub Amount
Income Pay Stub Date
Income Source for Community Spouse

V. I. P. Data Dictionary

Income Source for Dependent Children
Income Source for Individual
Income Start Date
Income Total
Income Type
Individual Monthly Income
Individual SSN
Individual's Self-Employment Income Amount
Mandatory Deductions
Medicaid Amount
Monthly Case Net Income
Monthly Expenses Amount
Monthly Expenses Verification
Monthly Income Amount
Monthly Income Verification
Net Amount
Net Monthly Case Income
Net Monthly Individual Income
Number of Case Members
Number of Months (In Which Self-Employment Income is Earned)
Number of Months Farming Income Earned
Number of Pay Periods Reported
Parent Pay Period End Date
Parent Pay Period Start Date
Pay Frequency
Self-Employment Begin Date
Self-Employment End Date
Self-Employment Farming Income
Self-Employment Farming Related Expenses
Self-Employment Income Indicator
SSI Income Amount
TANF Amount
TennCare Amount
Total Case Gross Income
Total Case Net Income
Total Earned Income
Total Unearned Income
Unearned Income Amount
Unearned Income Begin Date
Unearned Income End Date
Unearned Income Monthly Gross Amount
Unearned Income Type
Unreported Household Earned Income Amount
Unreported Household Self-employment Income Amount

V. I. P. Data Dictionary

Unreported Household Unearned Income Amount
VA Aid and Attendance End Date
VA Aid and Attendance Income Amount
VA Aid and Attendance Income Begin Date

INCOME RESULTS

The results of a determination of household income budget for an individual or a case.

Adjusted Net Income Amount
Benefit Amount
Benefit Reduction Amount
Budget Effective Date
Childcare Expense Allowance
Excess Medical Expense
Excess Shelter Cost
Means Test Program Penalty Indicator
Net Income Amount
Total Earned Income Amount
Total Gross Income
Total Unearned Income

INDIVIDUAL

A particular person in a case that is distinct from all others in the case or system.

Authorization Date or Date of Action
Authorization Reason
Benefit Reduction Indicator
Birth Verification
Child(ren) Disability Status
Citizenship
Client SSN
County of Residence
Date LANGUAGE Recorded
Date Marriage Reported
Date of Birth
Date of Birth Verification Type
Date of Death
Date of Death Verification Type
Date Social Security Number
Department of Health and Employment Code

V. I. P. Data Dictionary

Deprivation Status
Disqualification Begin Date
Disqualification Decision Date
Disqualification End Date
Disqualification Length
Disqualification Number
Disqualification Type
Disqualified for Non-compliance with the Work Requirements and Voluntary Quit Indicator
Does the Minor Parent Live in the Home of a Parent Supervised by an Adult Indicator
DRS Category
Drug Treatment
Due Date
Effective Date of Action
Elderly and Disabled Indicator
Eligibility Begin Date
Eligibility End Date
Eligibility Status
Emancipated Minor Indicator
End Date
End Date for the Policy Cost Applying
Ethnicity
FA Case number
Felony Classification
Felony Convictions
Fleeing Felon Information
Free Form Comments
Good Cause Claimed Indicator
Good Cause Granted Indicator
Grand-fathered Adult Indicator
Grand-fathered Child Indicator
Head of Case ID
Head of Case Indicator
Individual Employment Status
Individual Exclusion Reason
Individual Id Number (Client ID) (RID)
Individual Identification Verification Code
Individual Participation Status
Ineligible Due to Failure to Cooperate
Ineligible End Date
Jobs Work Indicator
Language
Language Indicator
Language Type
Lifetime Counter

V. I. P. Data Dictionary

Lifetime FF Cycle Count
Marital Status
Migrant or Seasonal Farm Worker Indicator
Migrant Worker Information
Non-Parental Caretaker Indicator
Number of Newborns Expected
Other DHS Benefits Received
Pregnancy Begin Date
Pregnancy Due Date
Pregnancy End Date
Pregnancy Indicator
Pregnancy Trimester
Pregnancy Verification Code
Presumptive Eligibility Indicator
Primary Wage Earner Indicator
Protective Payee
Purchase and Prepare Indicator
Race
Receipt Number
Received/Enrolled
Resident of State Switch
Sending Method
Sex
Social Security Applied Verification
Social Security Number
Social Security Number Verification Indicator
Soundex Identifier
SS5 Application Date
SS5 Application Indicator
SS5 Date
SSI Indicator
SSI Recipient
SSN Exemption Reason Code
Status Code
TCS Application Switch
Veteran Status

INDIVIDUAL COUNTABLE RESOURCES

The total countable resources that are related and available to a particular individual in a case.

Resource Countable Amount by Type
Resource Owner

V. I. P. Data Dictionary

Resource Total Countable Amount Begin Date
Resource Total Countable Amount by Individual
Resource Total Countable Amount End Date
Resource Type

INDIVIDUAL PHONE NUMBER

Phone number(s) where a specified individual can be reached.

Phone Number Type
Phone Number - Area Code
Phone Number - Exchange
Phone Number - Prefix

INDIVIDUAL SUPPORT SERVICE DOLLAR AND TIME LIMITS

The specific dollar amount limits for a support service offered to individuals who participate in Families First activities. These limits per individual are time limited, with certain support services resetting the amount used to zero at the start of a new period.

Individual Name
Support Service Amount Used
Support Service Balance for Individual
Support Service Eligibility Period

INFORMATION NOTICE

A notice/communication to an individual or case regarding specific results or outcome.

Case Number
Caseworker
Date of Results
Failure to Cooperate Notice
G2 Notice No discrepancy
Not Subject to Review Wording
QC Results
QC Review Month
QC Review Number
QC Review Terminated
QC Reviewer
Refusal to Cooperate Notice

V. I. P. Data Dictionary

Refused to Cooperate Indicator

INSTITUTION

A place of care or confinement.

30-Day Continuous Confinement Met Indicator
Home and Community Based Admission Date
Home and Community Based Agency Name
Home and Community Based Discharge Date
Hospital Address
Hospital Admission Date
Hospital Discharge Date
Hospital Name
Hospital Phone Number

INTERNET APPLICATION DATA

Information submitted over the internet as a result of a request for benefits.

Mailing Address
Residence Address
Application File date
Application Sign Date
Authorized Representative
Citizenship
County of Residence
Date of Birth
Electronic Signature
Eligibility Screening Completed Indicator
Eligible Immigrant
E-mail Address
Felon
Home Phone Number
Household Individuals
Language Indicator
Legal Alien Status
Name
Name of Applicant
Programs Applicant is Applying For
Race
Rights and Responsibilities Indicator
Sex

V. I. P. Data Dictionary

Spoken Language
SSN
Work Phone Number

INVESTIGATION

The examinations or inquiries into a case, an individual, a vendor/provider and/or benefits, which may result in the establishment of a claim or other action.

Actual Monthly Income Amount Applied to the Client's Cost of Care
Correct Monthly Income Amount Applied to the Client's Cost of Care
Free-Form Comments
Investigation Action Reason
Investigation Date
Investigation Number
Investigation Number(s) Closed
Investigation Result Details
Investigation Status
Overpayment Determination Amount(s)
Overpayment Determination Month(s)
Review Date (prior to fraud period)
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Investigation Number
Overpayment Discovery Date
Verification Provided Date(s)
Verification Types

INVESTIGATIONS

The users that are responsible for conducting inquiries into cases, establishing claims, pursuing adjudication and collection of established claims.

Appointment Date Requested
Investigations Appointment Type

INVOICE

A method by which a provider/agency bills for payment of services provided.

Incentive Amount Required
Incentive Request Reason

V. I. P. Data Dictionary

Individual Incentive Type
Individual Name
Month(s) for which Incentive Requested

IS REFERRAL

Referral to Investigations.

Actual Monthly Income Amount Applied to the Client's Cost of Care
Claim Overpayment Determination Amount(s)
Claim Overpayment Determination Month(s)
Correct Monthly Income Amount Applied to the Client's Cost of Care
Current Date
Discovery Date
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Felony Indicator
Felony Type
Free-Form Comments
Last Review Date
Nursing Home/Facility Address
Nursing Home/LTC Facility Name
Overpayment Classification
Overpayment Period (MM/YY)
Overpayment Program
Overpayment Reason
Referral Action Reason
Referral Date
Referral Number
Referral Source
Referral Status
Re-route Reason
Routing Data
Trafficking Indicator

ISSUANCE

The giving or distribution of benefits or services.

Benefit Amount
Benefit Month (CCYYMM)
Case Issuance Method Code
Date Issued

V. I. P. Data Dictionary

Families First Benefit Countable Indicator
Families First Benefit Date
Families First Issuance Amount
Families First Issuance Type
Food Stamp Benefit Amount
Food Stamp Benefit Date(s)
Hold Issuance Begin Date
Hold Issuance Indicator
Issuance Amount(s)
Issuance Cancel Indicator
Issuance Month
Issuance Offset Amount
Issuance Type
Offset Amount
Pro-Rated Benefit Indicator
Recurring Benefit Amount
Reimbursement Amount Issued
Reimbursement Type
Re-Issuance Indicator
Re-Issuance Type
Remaining Issuance Amount
Remaining Offset Amount
Request Amount
Restoration Date
Restoration Indicator
Restoration Reason
TENNCARE Medicaid Benefit Countable Indicator
TENNCARE Medicaid Benefit Date
TENNCARE Medicaid Issuance Amount
TENNCARE Medicaid Issuance Type
Total Request Amount

ISSUANCE FOR EBT

Electronic Benefit Transfer - The electronic transfer of benefit funds to individuals through the use of card technology and ATMs and POS Terminals.

Benefit Date
Administrative Satellite Number
Administrative Unit
Authorized Amount
Benefit Amount
Benefit Number
Benefit Period

V. I. P. Data Dictionary

Benefit Reason Code
Benefit Type
Case Number
County Code
Cycle
Date Eligibility Begin
Date Eligibility End
Date Pickup Allowed Begin
Date Pickup Allowed End
District Code
EBT Cash Availability Date
EBT FS Availability Date
FS EBT Authorized Amount
FS EBT Benefit Amount
FS Penalty Amount
Issuance Method Code
Number of Adults
Number of Children
Number of Months
Partition Code
Payee Code
Payee ID Number
Payee Name
Payee Received Code
Payee Received Name
Payee Social Security Number
Payee Unique Identifier Number
Processed Date
Program
Program Code cash
Project Center Number
Reason Code
Record Type
Recoupment Amount
Redirect Type Code
Sub-Program
Sub-Program Code Cash
Table of Reason Amount
Unit Code
Vendor Administration Number
Vendor Code
Vendor County Number
Vendor Satellite Number
Vendor Unit Number

V. I. P. Data Dictionary

Warrant/Benefit Amount
Warrant/Benefit Number
Worker Number

ISSUANCE HISTORY

The text where medical and/or psychological health history information, names and addresses of the providers for treatment of the health problems and how the problems affect the daily living of an individual is gathered. This information provided becomes part of the MEU/DDS packet sent to Nashville in order to determine if a person is disabled or incapacitated.

Benefit Amount
Benefit Available Date
Benefit Date
Benefit Disposition Code
Benefit Issued Amount
Benefit Number
Benefit Period
Benefit Reason
Benefit Reason Code
Benefit Type
Benefit Type Code
Case Number
County Number
Deficit Amount
Detail Benefit Amount
Disposition Status
Disposition Status Date
FS Type Code
Individual Identification Number
Individual Unique Identifier
Issuance Method Code
Issuance Status
Issuance Status Date
Issued Amount
Number of Adults
Number of Children
Payee Name
Penalty Amount
Process Date
Program Code
Program Sub-Type
Program Type

V. I. P. Data Dictionary

Recoupment Amount
Sub-Program Code
Type of Payee
Unmet Needs Amount
VIP Case Number
Worker Number

IVR CASE LOG

Record of an Interactive Voice Response inquiry.

Case Approval Date
Case I.D.
Date of Birth (Century and Year)
Date of Birth (Century and Year) (Case head's if case number used)
Identity Confirmation Match Result Code
IVR Menu Option Code
Program Type
Secondary Identity Confirmation Match Result Code
SSN
Sub-Program Type

LIQUID RESOURCES

Resources that have the ability to be converted to cash.

Dates the Liquid Asset is Applicable
Liquid Asset Amount
Resource Amount
Resource Begin Date
Resource End Date
Type of Resource

LITERACY TESTING

The testing of one's knowledge of math or reading skills and obtaining a grade level in each for the individual.

Current Math Score
Current Reading Score
Current Test Date
Date Entered Level
Date Individual Entered Current AE Level

V. I. P. Data Dictionary

Date of Current TABE
Date of Previous TABE
Date TABE Test
Expected AE Level Completion Date
Previous Math Score
Previous Reading Score
Previous Test Date
Previous Test Result Score
Progress Since Last TABE Test
Provider's Name Giving the TABE
PRP Requirement(s)
Required Math Score to Advance to Next Level
Required Reading Score to Advance to Next Level
TABE Level Required to Advance To Next Level
TABE Results
Test Result Score

LIVING ARRANGEMENT

The living constellations of all individuals residing together.

Case Living Arrangement Code
Individual Living Arrangement
Individual Living Arrangement Type
Individual Long-term Care Indicator
Individual Resides in a Foster Child Care Group Home Indicator
Individual Resides in Family Home indicator
Individual Resides in Foster Child Care Indicator
Individual Resides in Group Home indicator
Living Arrangement
Living Arrangement / Placement Date
Living Arrangement / Placement Type
Living Arrangement and Date
Living Arrangement Begin Date
Living Arrangement Code
Living Arrangement Date
Living Arrangement End Date
Living Arrangement Start Date
Living Arrangement Type
Living Arrangement/Placement
Spousal Living Arrangement Indicator
Type

V. I. P. Data Dictionary

LONG TERM CARE

Institutionalized status for individuals, usually used in regards to nursing home residents.

30-Day Continuous Confinement Met Indicator
Admission Date
Been in LTC Less Than 1 Month Indicator
Community Spouse Address
Community Spouse Name
Community Spouse SSN
Contact Availability Time for HCBS Provider From
Contact Availability Time for LTC Provider From
Contact Availability Time for LTC Provider To
Contact Availability Time for Nursing Home From
Contact Availability Time for Nursing Home To
Cost of Long-Term Care
Cost of Nursing Home Care
Discharge Date
Facility Name
Family Address
Have Spouse or Dependents in Community Indicator
HCBS Provider Discharge Date
Home and Community Based Services (HCBS) Provider Admission Date
Hospital Admission Date
Hospital Discharge Date
Level of Nursing Home Care
Long Term Care Provider Admission Date
Long-Term Care Indicator
LTC Care Level
LTC Provider Discharge Date
LTC Provider Name
Name of Institutionalized
New Provider Name
Optional Spousal Income Allocation Amount
Patient Liability Overcharge Amount
Patient Liability Overcharge Begin Date
Patient Liability Overcharge End Date
Previously Hospitalized Indicator
Resource Allocation Amount
Resource Assessment Date

V. I. P. Data Dictionary

MAINTENANCE TABLES

Tables that can be updated by DHS users with proper security. Usually these are tables containing list values for a drop list and possible other related data fields.

Effective Date of Table
List Values for Data Elements
Related Data Fields

MARRIAGE

A legally recognized relationship established by a civil or religious ceremony between a man and a woman.

Date of Marriage
Date of Divorce
Divorce City
Divorce County
Divorce Record
Divorce State
Husband's Name
Marital Status
Marriage City
Marriage County
Marriage Record
Marriage State
Place of Marriage
Wife's Name

MARRIAGE DURING RECEIPT

A policy that allows a FF caretaker who marries while receiving assistance to continue receiving assistance even if the marriage results in deprivation no longer existing. The new spouse may be opted inor out of the case.

Marriage During Receipt Individual Indicator

MASS CHANGE ALERT

Notification to the user regarding a mass change result.

Case Number

V. I. P. Data Dictionary

Reason Case was not Mass Changed

MASS CHANGED CASES

Cases which were affected by a Mass Change.

Mass Change Notice Information

MATCH DOCUMENTATION

Documentation of resolved or unresolved messages received from an interface that is linked to a specified user or group of users. The documentation should reflect cost savings to the state and whether the match resulted in a claim.

Document Type
Match Document

MATCH IN-BOX MESSAGE

Notification to the user regarding a specific result or an action which needs to be taken for an individual or a case.

Alert (Corresponding alert)
Date Match Generated
Due Date
Match Identifier (Individual Identifier or SSN of the Individual matches)
Match Message
Match Name

MCO

Managed Care Organization - A TennCare network provider of client health benefits.

Area Served by MCO
Available MCO Providers
Closed MCO Override Date
Closed MCO Override Reason
Counties/Cities Covered by MCO's
Individual Name
MCO Assignment Begin Date
MCO County
MCO Name

V. I. P. Data Dictionary

MCO Selection
MCO Transmit Code
Type MCO Provider
Type of Coverage Provided by MCO's

ME PACKET

Packet given or mailed to an individual applying for TennCare Medically Eligible benefits, which is returned to the Bureau of TennCare and used in the determination of medically eligible (ME) benefits.

Case Address
Date ME Packet Received
Date ME Packet Sent
Date ME Replacement Packet Mailed
Date ME Replacement Packet Requested
Date of Issuance
Due Date for Return
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued
ME Application Switch
ME Decision Date
ME Packet Due Date
ME Replacement Packet Indicator
Type of Item/Document Issued
Worker ID of Person Issuing Item/Document

MEDICAL EXPENSES

An identifiable, and allowable medical cost incurred by a household member, and which is not paid by insurance or other third parties.

Amount of Medical Expense Remaining to Meet Future Spend-down
Amount of Medical Expense Used to Meet Spend-down
Budget Begin Date to Allow Medical Expense
Budget End Date to Allow Medical Expense
Consent for Dental Treatment Form Signature Date
Contact Availability Time for Medical Provider - From
Contact Availability Time for Medical Provider - To
Denture Medical Necessity Form Signature Date
Has Consent for Dental Treatment Form Been Signed? (Y/N)
Has Denture Medical Necessity Form Been Signed? (Y/N)
Has Request for Item-D Approval Form Been Received? (Y/N)
Has Verification of Services Form Been Signed? (Y/N)

V. I. P. Data Dictionary

Incurred Medical Expense Care Date
Incurred Medical Expense Indicator
Item-D Amount
Item-D Amount - Actual / Projected Indicator
Item-D Expense Type
Item-D Expense Verification Type
Medicaid Spend-down Indicator
Medical Bill Amount (Expense)
Medical Bills Indicator
Medical Expense - Creditor Name
Medical Expense Care Date
Medical Expense Payment Plan Amount
Medical Expense Payment Plan Indicator
Medical Expense Verification Type
Medical Insurance Indicator
Medical Provider Name
Medical Service Expense Type
Medicare Premium Amount (Updated)
Monthly Medical Expense Allowable Deduction
Number of Months to Spread Expense Over
Old Medical Bill Amount
Old Medical Bill Billing Date
Old Medical Bill Type
Old Medical Bills Amount Left Unpaid
One-Time Expense Amount
One-Time Expense Indicator
Recurring Medical Expense Amount
Recurring Medical Expense Indicator
Request for Item-D Approval Form Receipt Date
Responsible for Medical Expense Indicator
Services Form Signature Date Verification Type
Spend-down Amount
Total Incurred Medical Expense Amount
Total Medical Expense Amount Client Owes

MEDICAL PROVIDER

Provider of client health benefits.

Delete Code
History Code
Provider Name
Segment Date
Sequence Number

V. I. P. Data Dictionary

Status Code
Type of Medicaid Coverage Code

MEDICAL SOCIAL NARRATIVE

The text where medical and/or psychological health history information, names and addresses of the providers for treatment of the health problems and how the problems affect the daily living of an individual is gathered. This information provided becomes part of the MEU/DDS packet sent to Nashville in order to determine if a person is disabled or incapacitated.

Age
Age Entered School
Age Left School
Case in Appeal Status
Case Pending
Date Last Worked
Date SSA/SSI Applied For
Final Decision
Height
Hours per Day
Hours per Week
Individual Currently Employed
Individual Had Any College
Individual Had Special Education
Individual has a GED
Individual Has Applied for SSA/SSI Disability Benefits
Individual Has Received Vocational Rehabilitation Services Within Last 12 Months
Individual Lives Alone
Individual Lives With Immediate Family and Friends
Individual Reads English
Individual Speaks English
Individual Writes English
Job Title
Monthly Salary
Name of Spouse Living with Individual
Names of Children, Dependents Living with Individual
Place of Employment
Place of Interview
Reason for Leaving
School Grade Completed

V. I. P. Data Dictionary

MIGRANT

Individual whose residence is not permanent, but moves from place to place looking for work.

Destitute Migrant / Farm Worker - Income Termination Date
Destitute Migrant / Farm Worker - Monthly Income Amount
Migrant or Seasonal Farm Worker - Income Amount
Migrant or Seasonal Farm Worker - New Income Date
Migrant Status Indicator

MINOR PARENT

An individual who is under age 18 and the parent of a child who is living in the home.

Is Good Cause Claimed Indicator
Is Good Cause Granted Indicator
Is Minor Parent Under Supervision of Specified Relative Indicator
Minor Parent Indicator
Minor Parent Separate Household Indicator
Minor Parent Status

NAME

DA Title
DHS Employee
FA Caseworker Title
First Name
Investigator's Title
Last Name
Middle Initial
Name Type
Other Claim Members
Witness Relationship
Witness Title

V. I. P. Data Dictionary

NOTICE

A form of communication which tells an individual or agency of some action taken or about to be taken.

60 Day Notice
Adverse Action Notice
Application Require to Continue Coverage
Appointment Notice
Approved for 45 days Presumptive TENNCARE Eligibility
Benefit Amount
Benefits Authorized
Benefits Reinstated
CC Denial Notice
Child Care Slot Available to Caretaker
Child Care Denial to Caretaker
Child Care Info Notice
Child Care Termination to Client
Child Care Termination to Provider
Child Support Non-Cooperation Verification Notice
Conciliation Notice to Client
Correction Required to Continue Referral
DOL NOTICE
EBT Benefits Inactive for 60 Days
Expedited FS Ending Notice
Expiration of Benefits
Expunged Benefits
Extended Services
Extension Denied
FF Closure Notice to Provider
Final Closure Notice
Good Cause Determined
Ineligible for Extended Services
Long-Term Care Notice
Must Comply With FSC Appointment to Receive Payment
Not Eligible For Any Type Of Child Care
Not Eligible For Emergency Payment
Notice Language Indicator
Notice Mail Date
Notice of Reconsideration
Notice Type
Notify Client of Rescheduled Appointment
Other First Wheels

V. I. P. Data Dictionary

Outstanding Verification Type
PRP Change Needed
Receipt
Repayment Agreement
Repayment Notice
Repayment Notice
Resource Assessment
Resource Transfer Penalty Notice
Restoration
Sanction/Penalty/Disqualification Notice
Scheduled Appointment Notice
Staffing Results
Support Service Not Allowed
Recert / Review Appointment
To Client - Preliminary Results for Eligibility
To Client First Wheels Orientation
To Client First Wheels Potential
Total Account Receivable Balance
Type - Bankruptcy Applied
Verification Notice
Verification Notice Mail Date
Verification Notice Request Due Date
Verification Request
Activity Termination Date
Activity Termination Reason Type
Cash Payment Applied to Balance
Client Cooperation Was Not Within the Allowed Time Frame
Client to Contact the CSR
Effective Date of Indicator
No PRP/ Renegotiation Needed Indicator
QC Rebuttal Not Received Within the Allowed Time Frame
QC Review Results
Repayment Notice
Request Amount

NOTIFY

A form of communication which tells an individual or agency of some action taken or about to be taken, or of an action that needs to be taken.

Agreed to Comply
Referral Was Invalidated

V. I. P. Data Dictionary

NURSING HOME

Long-Term Care Institution.

Nursing Home Address
Nursing Home Address Apartment
Nursing Home Address City
Nursing Home Address Direction
Nursing Home Address Effective Date
Nursing Home Address Line 2
Nursing Home Address Number Street
Nursing Home Address Quadrant
Nursing Home Address State
Nursing Home Address Street Rural
Nursing Home Address Suffix
Nursing Home Address Type
Nursing Home Address Unit
Nursing Home Address Zip Code (4 digit)
Nursing Home Address Zip Code (5 digit)
Nursing Home Admission Date
Nursing Home Application Date
Nursing Home Discharge Date
Nursing Home Name
Nursing Home Phone Number
Nursing Home Phone Number Area Code
Nursing Home Phone Number Effective Date
Nursing Home Phone Number Exchange
Nursing Home Phone Number Extension
Nursing Home Phone Number Prefix
Nursing Home Type

OUT-OF-STATE

Actions taken or information from a state other than Tennessee for an individual.

Out-of-State Disqualification Begin Date
Out-of-State Disqualification Decision Date
Out-of-State Disqualification Indicator
Out-of-State Disqualification Length
Out-of-State Disqualification Number
Out-of-State Disqualification State Identifier
Out-of-State Disqualification Type
Out-of-State Program Type

V. I. P. Data Dictionary

OVERRIDE

A procedure that allows the user to make a change to the system-determined results. Overrides may be case or individual specific.

Override Approval Date
Override Approval User ID
Override Begin Date
Override Date
Override Effective Date
Override End Date
Override Indicator
Override Item
Override Reason
Override Type
Override User-Id
Add Individual Indicator
Case Number
Override Amount
Override Begin Date
Override Benefit Amount
Override Case Status
Override Comment
Override Cost-Sharing Amount
Override Date
Override End Date
Override Expenses
Override Indicator
Override Individual Status
Override Item
Override Reason
Override Type
Remove Individual Indicator
Supervisor Approval
Supervisor Approval Date
Supervisor Approval Indicator
Supervisor Approval Needed Indicator
Supervisor User ID
User ID

V. I. P. Data Dictionary

PARENT'S CHILD CARE ELIGIBILITY

The period of time in which a parent is authorized for child care benefits for a child(ren).

Child Care Enrollment Effective Date
Child Care Parent Co-Pay Fee Effective Date
Child Care Parent Co-Pay Fee Reason Type
Child Care Parent Co-Pay Fee Schedule
Child Care Parent Co-Pay Fee Termination Date
Child Care Parent Co-Pay Fee Total Amount
Child Care Parent Co-Pay Fee Total Amount
Daily Child Care Parent Co-Pay Fee Amount
Parent Child Care Participation End Date
Parent Child Care Participation Start Date
Parent Co-Pay Fee End Date
Parent Co-Pay Fee Start Date
Parent Co-Pay Fee Waiver End Date
Parent Co-Pay Fee Waiver Reason
Parent Co-Pay Fee Waiver Start Date
Parent Eligibility End Date
Parent Eligibility Start Date
Parent Program Type
Parent Service Type
Parent's Waiting List End Date
Parent's Waiting List Priority
Parent's Waiting List Start Date
Parent's Waiting List Termination Reason
Total Parent Co-Pay Fee Amount
Weekly Child Care Parent Co-Pay Fee Amount

PASSTHROUGH

The amount of child support a FF participant is eligible to receive, and continue receiving FF benefits up to the unmet need.

Child Support Passthrough Amount
Child Support Passthrough Begin Date
Child Support Passthrough End Date
Child Support Passthrough Indicator
Passthrough Amount
Passthrough Begin Date

V. I. P. Data Dictionary

Passthrough End Date
Passthrough Indicator

PENALTY

A reduction in program benefits due to the application of a sanction or disqualification. Penalties may be time-limited.

Penalty Begin Date
Penalty End Date
Penalty Good Cause Indicator
Penalty Indicator
Penalty Percentage Type
Penalty Program
Penalty Type
Penalty Verification
Penalty Amount

PENDING INVOICE FOR PROVIDER INCENTIVES

The Department of Human Services must evaluate whether the Service Provider has met the guidelines to receive the incentive money for the clients that they report meet criteria as set forth in the contracts between the Service Provider and the Department of Human Services.

Incentive Amount Required
Incentive Request Reason
Individual Incentive Type
Individual Name
Month(s) for Which Incentive Requested

PICKLE PASSALONG

A Medicaid category (MA K) in which the individual must be aged, blind, or disabled. The individual must currently be receiving SSA income but not currently receiving SSI income. The individual must have had SSI benefits terminated after April of 1977 and must have received SSI and SSA income for the same month in the past.

Date of SSI Termination
Individual Name
Reason for SSI Termination
Total Amount Deducted

V. I. P. Data Dictionary

PLACEMENT INCENTIVE LIST

Some of the activities on the Families First Personal Responsibility Plan require referrals to Providers who may receive incentive pay based on their success in serving our clients. Incentive payments are provided at different stages in the process - at placement and later if client meets retention requirements

Case Number
Head of Case
Individual ID
Individual Name

POTENTIAL TABLE CHANGE

Possible change that may occur to a table standard.

Effective Date of the Table Change
Maintenance Table Name
Table Change Approved
Table Change Denied

PRIOR APPOINTMENTS

Appointments which have preceded the current time and/or date.

Prior Appointment Date
Prior Appointment Program
Prior Appointment Type

PROGRAM STANDARDS

Guidelines which set forth policy and procedure for a particular program or subprogram.

Adjusted Net Income Standard Amount for Household Size
Basic FS Utility Standard
Dependent Care Amount
Dependent Care Amount (less than 2)
Excess Shelter Deduction Maximum Amount
FNS Defined Date for Failure to Cooperate
Net Income Standard Amount
Net Income Standard Amount for Household Size

V. I. P. Data Dictionary

Standard FS Utility Standard
Standard Medical Expenses Amount
Standard Telephone Allowance
185% Need Standard
30% SMA
60 Day Compliance Rule Indicator
Adjusted Net Income Standard Amount for Household Size
AFDC MO Tables
Allowable Resource Transfer Time
Average Nursing Home Charge Chart
BOI
Calendar of Eligible Quarters That Can Be Used For Workforce Connection
Child Care Standards
Consolidated Need Standard
Dependent Care Amount (equal or greater than 2)
Dependent Care Amount (less than 2)
Dependent Care Deductions
Earned Income Deduction Amount
Effective Date of Table
Eight Month Refugee End Date
Excess Shelter Deduction Maximum Amount
Expedited FS Verifications Time Limit (number of days)
Families First Gross Income Standard Amount
Families First Net Income Standard Amount
Federal Poverty Level Tables
FF Eligibility Begin Date
FF Eligibility End Date
FF Eligibility Status
FF Payment Standards
First Wheels Eligible Indicator
Food Stamp Resource Limits Chart
Food Stamp Thrifty Food Plan
FPL Income Limits
FS Disqualification for Resource Transfer Table
FS Income Eligibility Standards
FS Standard Deduction
FS Utility Standard
Gross Income Standard Amount for Long-Term Care
Gross Monthly Income Standard Amount for Household Size
Income Eligibility Standards
Individual Type
Item D Quarterly Months
IV-E Tables
Length of Penalty for Resource Transfer

V. I. P. Data Dictionary

Maximum Payment Amount
Medicaid Income Cap Standard
Net Income Standard Amount for Household Size
Personal Need Allowance
PLIS Standards
Premium Tables for TennCare
Program
Resource Limit (Elderly or Disabled)
Resource Limit (Non-Elderly)
Review Month Date Range
Service Provider Rates
Shelter Deductions
Social Security COLA Amounts
Standard Deductions
Standard Maintenance Amount
Standard Medical Expenses Amount
Standard Payment Standard Amount for Household Size
Standard Telephone Allowance
TennCare Medicaid Program Resource Limits Chart
TENNCARE Standard Net Income Limit

PROVIDER

A person or organization which provides goods and/or services to an individual or a family.

Active PRP Work Component
Activity
Activity Codes of Provider's
Activity Time
Amount of Support Service
Class ID
Daily Attendance for Individual
Daily Compliance for Individual
Date of Non-Compliance
Date Support Service Requested
Effective Date of Notice
Expected Completion Date ABE
Location of Activity
Location of Provider
Non-Compliance Reason
Provided by Broker Indicator
Provider Contact Name
Provider Employee the Client is Assigned to if Appropriate

V. I. P. Data Dictionary

Provider Fax Number
Provider Hours of Operation
Provider ID
Provider ID Extension
Provider ID Extension Number
Provider Mailing Address
Provider Name
Provider Owner Address
Provider Owner Name
Provider Owner Phone Number
Provider Phone Number
Provider Phone Number Alternate
Provider Service Begin Date
Provider Service Expected End Date
Provider Service Type
Provider Type
Provider's Attendance Record
Referral Number
Service(s) Provider Name
Services Status
Support Service Type
Work Component Status
HCBS Provider Name

PROVIDER ADDRESS

Physical Location, and/or mailing address of the Provider.

Provider - Address - Apartment
Provider - Address - City
Provider - Address - Direction
Provider - Address - Effective Date
Provider - Address - Line 2
Provider - Address - Number Street
Provider - Address - Quadrant
Provider - Address - State
Provider - Address - Street Rural
Provider - Address - Suffix
Provider - Address - Type
Provider - Address - Unit
Provider - Address - Zip Code (4-digit)
Provider - Address - Zip Code (5-digit)
Provider - Phone Number - Area Code
Provider - Phone Number - Effective Date

V. I. P. Data Dictionary

Provider - Phone Number - Exchange
Provider - Phone Number - Extension
Provider - Phone Number - Prefix

PROVIDER ENROLLMENT

The process by which a licensed or unregulated child care provider becomes approved to be a part of the state subsidized child care program.

Application Approved Date
Application Rejection Date
Application Rejection Reason
Applied Date
Automated Clearing House (ACH) Form indicator
Days in Pay Cycle
Federal Tax Form W-9 Indicator
Names of Children for Pay Cycle
Parent Request
Parent Request Date
Pay Cycle
Provider Address (site)
Provider Compliance with Title Section 504 Status
Provider Contact Name
Provider Fax Number
Provider ID Extension Number
Provider ID Number
Provider License Date
Provider License Status
Provider Mailing Address
Provider Name (agency)
Provider Owner Address
Provider Owner Name
Provider Owner Phone Number
Provider Phone Number
Provider Phone Number Alternate
Provider Rate Agreement Date
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Name
Provider Regulatory Agency Status
Provider Regulatory Agency Type
Provider Type of Agency
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date

V. I. P. Data Dictionary

Provider Vendor ID Extension
Provider Vendor ID Number
SSN per Child
Termination Enrollment Date
Termination Enrollment Reason
Type of Agency
Vendor ID Extension Number
Vendor ID Number
Application Approval Date
Application Rejection Date
Application Rejection Reason
Applied Date
Automated Clearing House (ACH) Form Indicator
Begin Date
End Date
Federal Tax Form W-9 Indicator
Parent Request
Parent Request Date
Provider Address (site)
Provider Compliance with Title Section 504
Provider Contact Name
Provider Enrollment Amount
Provider Fax Number
Provider Home Visit Approved Date
Provider Home Visit Date
Provider Home Visit Denied Date
Provider Hours of Operation
Provider ID Extension Number
Provider ID Number
Provider Lesser Rate if Different from State Rate
Provider License Date
Provider License Status
Provider License Type
Provider Mailing Address
Provider Name (agency)
Provider Owner Address
Provider Owner Name
Provider Owner Phone Number
Provider Phone Number
Provider Phone Number Alternate
Provider Public Rate
Provider Public Rate End Date
Provider Public Rate Frequency
Provider Public Rate Start Date

V. I. P. Data Dictionary

Provider Rate Agreement Date
Provider Regulatory Agency Contact Name
Provider Regulatory Agency Contact Phone Number
Provider Regulatory Agency Name
Provider Regulatory Agency Status
Provider Regulatory Agency Type
Provider Type of Agency
Provider Unregulated Eligibility Status
Provider Unregulated Eligibility Status Date
Provider Vendor ID Extension
Provider Vendor ID Number
Termination Enrollment Date
Termination Enrollment Reason
Vendor ID Extension Number
Vendor ID Number

PROVIDER PAYMENT

Reimbursement of provider.

Amount of Payment
Billing Document Form Type
Child Gross Payment Total for Billing Cycle
Child Net Payment Total for Billing Cycle
Net Payment Total for Billing Cycle
Payment Cycle
Payment Date
Payment ID
Provider Name
Provider Payment Total for Billing Cycle
Provider Reimbursement Record Adjustment Amount
Provider Reimbursement Record Adjustment date
Provider Reimbursement Record Adjustment Indicator
Provider Reimbursement Record Adjustment Reason
STARS ID Number
Warrant Number

PROVIDER RATES

The system shall determine the provider's payment rate. This determination is based on business rules, provider enrollment, state rates, provider rates and child's child care eligibility information.

Child Care Level

V. I. P. Data Dictionary

Child's ID Number
Child's Program Type
Child's Rate Amount
Child's Rate Amount Begin Date
Child's Rate Amount End Date
Child's Service Type
Client's ID Number
Discount Percentage
Discount Percentage End Date
Discount Percentage Start Date
Discount Rate Amount
Discount Rate End Date
Discount Rate Start Date
Discount Rate Type
FT/PT Indicator
Provider ID Extension Number
Provider ID Number
Provider Lesser Rate if Different from State Rate
Provider Name
Provider Public Commercial Rate
Provider Public Commercial Rate End Date
Provider Public Commercial Rate Frequency
Provider Public Commercial Rate Start Date
Rate Sanction End Date
Rate Sanction Percentage
Rate Sanction Reason
Rate Sanction Start Date
Star Bonus Rating End Date
Star Bonus Rating End Reason
Star Bonus Rating Level
Star Bonus Rating Start Date

PROVIDER REFERRAL

Authorization from the user to a service provider that a FF participant is eligible for a particular service offered by the provider.

Activity
Activity Start Date
Caseworker Name
Caseworker Phone
Client Address
Client Name
Client SSN

V. I. P. Data Dictionary

County Office Phone Number
Date of Activity
Date of Referral
Expected Completion Date
Expected Start Date
Extended Services Activity
Extended Services Begin Date
Extended Services End Date
Free Form Text
Individual Address
Individual ID
Individual Name
Individual Phone Number
Location of Activity
Provider Name
Referral Activity
Service Center Phone Number
Start Time of Activity
Support Service
Support Service Provider Name
Time of Referral

PROVIDER REIMBURSEMENT RATE

A payment made by the agency directly to an individual or agency for goods/services rendered.

Provider Reimbursement Rate
Provider Reimbursement Rate End Date
Provider Reimbursement Rate Start Date

PROVIDER ROSTER

A listing of clients referred to a provider or vendor for a particular service.

Activity
Activity Status Change Date
Activity Status Code
Case Number
Caseworker's Name
Caseworker's User ID
Client Address
Client ID
Client Name

V. I. P. Data Dictionary

Client Phone Number
Client SSN
Effective Begin Date
Effective Begin Time
Effective End Date
Head of Case Name
Head of Case SSN
Number of Activity Hours
Number of Months on FF for Client
Provider Address
Provider Employee the Client is Assigned To, If Appropriate
Provider Name
Provider Phone Number
Referral Date
Special Accommodations Needed for Client Narrative
Two-Week Compliance Indicator

PRP

Personal Responsibility Plan. This is a plan that certain FF participants must sign that defines the client and state responsibilities when the client is approved for Families First. It may include work and support services as activities.

Numbers for Activity
2 Week Compliance Indicator
2-Week Compliance Start Date
Accept/Reject PRP Indicator
Active Work Component
Activity
Activity End Reason
Activity End Reason Type
Activity Ending
Activity Expected End Date
Activity Facility Address
Activity Facility Name
Activity For Which Good Cause Was Granted
Activity Hours
Activity Meet Time
Activity Name
Activity Option
Activity Referral Date
Activity Requested
Activity Start Date
Activity Status That Required Compliance

V. I. P. Data Dictionary

Activity Time of Class/Training
Activity Total Hours
Activity Type
Adequate Verification Indicator
AE Level Months in Current
Agreement to Assign Child Support to the State Indicator
Agreement to Sign PRP Indicator
Amount Invoiced for Service
Amount of Support Service
Amount Spent on Service
Applicable Work Exemption Reason for Eligible Food Stamp Individuals
Appointment Date of Missed Day
Appropriate Work/Educational Activity Not Available Indicator
Assigned Provider
Attendance Indicator
Attendance Requirement
Barriers to Completing the Work Requirement for Eligible Food Stamp Individuals
Basic Duties Narrative
Begin Date Support Service Not Available
Begin Date Work/Education Activity Not Available
Career Assessment Result Type
Career Assessment Result Type Date
Case ID/Number
Case Name
Case Number
Child Care Activity Code
Child Care Not Available Indicator
Child Support Cooperation
Child Support Cooperation Indicator
Children's School Attendance
Client ID
Client Name
Compliance
Compliance Begin Date
Compliance End Date
Compliance Expected Completion Date
Compliance Requirement
Compliance Status
Compliance Status Date
Contact Completed Indicator
Contact Name
Contact Re-established
Contact Results
County

V. I. P. Data Dictionary

Current AE Level
Current Hourly Work Requirement
Customer Response to the Past Job Narrative
Daily Attendance Date
Daily Attendance Good Cause Code
Daily Attendance Hours
Daily Attendance Status Code
Date Activity Requested
Date Agreement Obtained
Date Compliance Effective
Date Dr. Statement Signed
Date Entered Level
Date Exempt Begin
Date Exempt End
Date Exemption Applied
Date Good Cause Granted
Date Incapacity Claimed
Date Interrupt End
Date Interruption Applied
Date of Compliance/Non-compliance
Date of Contact
Date of Good Cause
Date of Non-Compliance
Date of Service
Date Paid
Date Support Service Ended
Date Support Service Requested
Date to Return to Activity
Date Verification Provided
Date Work Activity Ended
Date Work Requirement Effective
Date(s) Good Cause Covers
Dates Worked on Past Job
Day(s) of Week Activity Meets
Does PRP Match Sanction Reason
Educational Level Completed
Effective Date
Effective Date of Activity
Eligible to Participate as a Volunteer Indicator
Eligible to Receive Support Services Indicator
End Activity Code
End Activity Date
End Date Support Service Not Available
End Date Work/Education Activity Not Available

V. I. P. Data Dictionary

Exempt Status
Exempt Work Status for Food Stamp Elderly Individual (over 60) and Minors (16 or younger)
Exemption
Exemption Code
Exemption Date for Food Stamp Work Requirements
Exemption Indicator
Exemption Reason
Expected Completion Date for Activity
Expected End Date of Extension
Extension Denial Reason Code
Extension Reason Code
FF Activity
FF Activity Begin Date
FF Activity Expected Completion Date
FF New
FF Participation Time Count Exemption Begin Date
FF Participation Time Count Exemption End Date
FF Participation Time Count Exemption Reason
FF Participation Time Count Exemption Status
FF Participation Time Count Interruption Begin Date
FF Participation Time Count Interruption End Date
FF Participation Time Count Interruption Reason
FF Participation Time Count Interruption Status
FSC Activity
FSC Assessment Begin Date
FSC Assessment End Date
FSC Exempt
FSC Recommended Time Count Interruption End Date
FSC Recommended Time Count Interruption Indicator
FSC Referral Date
Good Cause Claimed Indicator
Good Cause Granted Indicator
Good Cause Reason
Good Cause Reason for Missed Appointment
Health Check Agreement Indicator
Health Check Reason Code
Health Check Verification
Health Checks
Hour Requirement
Hours Per Week Worked on Past Job
Immunization
Immunization Agreement Indicator
Immunization Completion Date
Immunization Completion Indicator

V. I. P. Data Dictionary

Immunization Reason Code
Immunization Verification
Inadequate Support Services Indicator
Incapacity Claimed Indicator
Individual Identification Number
Individual Work Status for Each Food Stamp Individual
Individual(s) Complying with PRP work component
Individual's Name
Individual's SS #
Interrupt or Exemption Indicator
Interrupt Status
Interruption Code
Interruption Indicator
Interruption or Exemption Indicator Begin Date
Interruption or Exemption Indicator End Date
Interruption Reason
Job Title at Past Work Experience
Licenses/Certificates/Education Narrative
Limited PRP Verified Date
Location of Activity
Milestone Date
Missed Appointment for Activity Indicator
Non-Compliance Date
Non-Compliance End Date
Non-Compliance Reason
Non-Compliant Activity
Non-Compliant Indicator
Other Reasons that an Eligible Food Stamp Individual Will Be Unable to Complete the Work Requirement
Parent Work Shift Type
Past Supervisor Name
Past Work Experience Business Address
Past Work Experience Business Name
Past work Experience Business Type
Person Contacted
Personal Responsibility Plan (PRP) - Signature Date
Phone Number Called
Planned Hours for Each Activity
Previous Activities
Previous AE Level
Previous Hourly Work Requirement
Program(s) Requested
Provider Contact
Provider ID
Provider Location

V. I. P. Data Dictionary

Provider Name
Provider of Support Service
Provider Phone Number
2 wk Compliance Begin Date
2 wk Compliance End Date
2 wk Compliance Indicator
Activity Ended Reason Type
Activity Name
Activity Referral Date
Activity Start Date
Activity Status
Activity Termination Date
Activity Termination Reason
Actual End Date of Activity
Actual Hours Attended
Agreement Indicator
Attendance Progress Type
Compliance Begin Date
Compliance Due Date
Compliance End Date
Compliance Indicator
Compliance Status Type
Current Time Count Date
Current Time Count Total
Decision
Decision Date
Effective Date
Effective Date
Exemption End Date
Exemption Indicator
Exemption Start Date
Exemption Type
Good Cause Adjustment Indicator
Good Cause End Date
Good Cause Reason
Good Cause Start Date
Hardship County Indicator
Hours Per Day Client Attended
Hours Per Day Client Missed
Hours Per Day Scheduled
Individual ID
Interruption Indicator
Level
Modification Indicator

V. I. P. Data Dictionary

Modified PRP with Allowed Hours or Circumstances Information Indicator
Name
Needs Renegotiated Indicator
Needs Work Activities Indicator
Non-Attendance Adjustment Indicator
Participation Status
Planned Hours For Each Activity
Print Plan Indicator
Proposed Activity
Proposed Activity Target Date
Provider Employment Name
Provider Employment Weekly Hours
Renegotiated Prior to Activity Expected Completion Date - Good Cause Type
Renegotiation Date
Send Referral Indicator
Sign Date
Start Date of Activity
Sum of Plan Hours
Support Services Requested
Time Count Warrant Month
Time of Class / Training
Total Hours
Total Modified Hours
Two Week Compliance Indicator
Type Code or Indicator
Vendor Name
Volunteer Indicator
Work Activity Good Cause Indicator
Work Plan Activity End Date
Work Plan Activity Start Date
Work Plan Activity Type
Work Plan End Date
Work Plan Hours
Work Plan Start Date
Work Plan Status
Work Status Type
Re-entry Code
Referral Date
Renegotiation Date
Request for First Available Activity Referral
Request for First Available Provider Referral
Required Work Component Hours
Review Appointment
School Attendance Indicator

V. I. P. Data Dictionary

School Attendance Reason Code
School Attendance Verification
School Attendance Verification Date
Services Status
Signature Date
Signed Personal Responsibility Plan Indicator
Start Date of Activity
Start Time of Activity
Supervisory Responsibilities Indicator
Support Service Authorization Type
Support Service Denied Indicator
Support Service End Date
Support Service End Reason
Support Service Options
Support Service Provided Date
Support Service Reimbursement Offered Amount
Support Service Requested
Support Service Type
Support Services
Support Services Activity
TABE Score
Time Extension Code
Time(s) Phone Calls Attempted
Total Individual PRP Hours
Total PRP Hours
Training Facility
Transportation Not Available Indicator
Transportation Provided Date
Transportation Reimbursement Offered Amount
Transportation Type
Two week Compliance Indicator
Type
Type or Exemption / Interruption
Use Technical skills/knowledge Indicator
Used Machine tools Equipment Indicator
Verification Code
Verification Provided
Volunteer
Weekly Pay on Past Job
Work Activity
Work Activity Begin Date
Work Activity End Date
Work Activity End Reason
Work Activity Number

V. I. P. Data Dictionary

Work Activity Requiring 2 week compliance
Work Activity Type
Work Component Interrupt Indicator
Work Component Status
Work Experience Indicator
Work Requirement
Work Requirement Exemption
Work Requirements Indicator
Work Status Type
Worker Comments
Writing/Complex Reports Etc. Indicator

PWE

A principal wage earner must be designated for those cases where deprivation is established through the unemployment or underemployment of one or both parents.

Individual Name
Individual SSN
Primary Wage Earner Status
Primary Wage Earner Status Date

QC ACTIVE REVIEW NOTICE

Notification to the county of a case selected for a QC Active Case Review.

Case Being Reviewed
Caseworker
Client Address
Client Name
County Office Address
QC Return Address
QC Review Date
QC Reviewer
QC Reviewer Phone Number

QC APPOINTMENT NOTICE

QC Review appointment Notice

Appointment Date and Time
Case being Reviewed
Caseworker

V. I. P. Data Dictionary

Client Address
Client Name
County Office Address
Program
QC Return Address
QC Review Status
QC Reviewer

QC APPROVAL ALERT

Alert to a Supervisor that approval is necessary.

Alert to the QC Director
Alert to the QC Supervisor 1

QC CRITERIA

Requirements for selecting cases that must be reviewed for QC.

Approval Date
Case Status
Date of Closure
Date of Denial
Federal Modifications
Program
Recertification Period
Sub-program
Type Sample (Active or Negative)

QC MODIFICATION ALERT

Alert to the user that the QC Review requires modification.

Alert to the QC Reviewer
Alert to the QC Supervisor 1

V. I. P. Data Dictionary

QC REVIEW

A random sample of active and negative Medicaid and Food Stamp cases is selected each month. The cases selected are reviewed for accuracy, with information reverified and the client interviewed. Food Stamp results are provided to the Feds. Results are used to track error trends, identify best practices, and to correct cases. Training needs are also identified as a result of the findings.

Agency Rebuttal Change Finding Indicator
Cases Selected for Re-review
Client Decision to Cooperate Indicator
Federal Decision Comments
Federal Requirements.
Missed Deadline for Client Cooperation
Missed Deadline for Rebuttal
Modifications
QC Director Approval Indicator (Yes or No)
QC Rebuttal Date
QC Rebuttal in Process
QC Re-review Results
QC Re-Review Results of Federal Response
QC Review Month
QC Review Number
QC Reviewer
Revised QC Findings.
Supervisor 1 Approval Indicator (Yes or No)
Address
Case
Case Discrepancy
Case Status
Case Status Date
Case, Individual, and Application Information Being Reviewed
Caseworker
Client Name
Comments
Contacts
County
Date Delegated
Discrepancy
Failure to Cooperate Indicator
Not subject to Review Indicator
Program
QC Active Review Notice History

V. I. P. Data Dictionary

QC Director Approval
QC Rebuttal Date
QC Rebuttal in Process
QC Review Form
QC Review Number
QC Reviewer Assigned for the Referral
QC Workbook
Reason not Subject to Review
Refusal to Cooperate Indicator
Results of the Rebuttal Process
Subject to Review Indicator
Subprogram
Verifications

QC REVIEW CASELOAD

A grouping of cases assigned to a QC user.

Case
QC REVIEW
QC Review Due Date
QC Review Number
QC Review Status
QC Reviewer

QC REVIEW CASELOAD LISTING

A listing of the cases assigned to a QC caseload.

Case
Case Name
QC Review Due Date
QC Review Number
QC Review Status
QC Reviewer

QC SAMPLE CASES

A random sample of active and negative Medicaid and Food Stamp cases are selected for review each month.

Address
Case

V. I. P. Data Dictionary

Case Status
Case Status Date
Caseworker
Client Name
County
Program
QC Review Number
Subprogram

QC SELECTED CASES

A random sample of active and negative Medicaid and Food Stamp cases are selected for review each month.

Address
Case
Case Status
Case Status Date
Caseworker
Client Name
County
Date Delegated
Program
QC Review Number
QC Reviewer Assigned for the Referral
Subprogram

QC UNIVERSE

All of the Food Stamp and Medicaid active and negative cases that are subject to QC Review, and from which the review sample is pulled.

Address
Case
Case Status
Case Status Date
Caseworker
Client Name
County
Program
Subprogram

V. I. P. Data Dictionary

QC WARNING NOTICE

Notice to the client when the client does not keep their first appointment for a QC Review. A warning notice is sent to the client along with the rescheduled appointment.

Appointment Date and Time
Case Being Reviewed
Caseworker
Certified Mail Receipt Requested Information
Client Address
Client Name
County Office Address
Program
QC Return Address
QC Review Status
QC Reviewer
Second Appointment Warning Message

QMB/SLMB/QI (remove premium)

The eligible individuals in these Medicaid categories are not allowed to count their Medicare premium as an expense once the individual becomes eligible for coverage in these subprograms since the state will by buying in and paying the Medicare premiums for these individuals.

Case Number
Case Status
Individual Eligibility Begin and End Dates
Individual SSN
Individual Unique ID
QI Indicator
QMB Indicator
SLMB Indicator

QUERY RESULTS

Cases that need to be transferred to another caseload within the same county.

Absent Caseworker(s)
Case Found Indicator
Caseload Program Type by Case Worker

V. I. P. Data Dictionary

Caseload Size by Worker
Individual Found Indicator

RECEIPT METHOD

The means by which a receipt is provided to an individual, such as faxed, printed, e-mailed or mailed.

E-mail Indicator
Fax Indicator
Mail Indicator
Print Indicator

RECERT DUE DATES

The date by which the client's re-evaluation for continuation of benefits must be completed.

Annual CC Home Visit Due Dates
Scheduled Recert Due Dates

RECURRING FF & MA ISSUANCE

A payment or entitlement given to an individual or case. It may be in the form of cash assistance, a support service, child care assistance, food stamps, TennCare Medicaid or TennCare Standard coverage.

Address Code
ADMIN Unit Code
Amount Reason Table (occurs 12 times)
AUX CASH DATA
AUX Cash Number of Months
AUX Reason Code
Benefit Amount Cash
Benefit Amount System
Benefit Date
Benefit Mailed Date
Benefit Period Amount
Benefit Period Date
Benefit Reason Code
Benefit Switch System
Benefit Type
Case Name

V. I. P. Data Dictionary

Case Number
Cash Data
County Code
Deficit Amount
District Code
EBT Cash Availability Date
FF Count Switch Table (occurs 12 times)
FF Countable Code
Issuance Method Code
Living Arrangement Code
Medicaid Data
Medicaid Eligibility Begin Date
Medicaid Eligibility End Date
Medicaid Number of Adults
Medicaid Number of Children
Number of Adults Cash
Number of Child Cash
Number of Individuals
Payee Address Line1
Payee Address Line2
Payee City
Payee Code
Payee ID Number
Payee Name
Payee State
Payee Zip
Penalty Amount
Processed Date
Program Code Cash
Program Code Medicaid
Provider Address City
Provider Address Line1
Provider Address Line2
Provider Address State
Provider Address Zip
Provider Name
Record Type
Recoupment Amount
Sub-Program Medicaid
Sub-Program Code Cash
Supplement Amount
Unmet Needs Amount
Warrant Amount
Warrant Number

V. I. P. Data Dictionary

Worker Number

RECURRING FS ISSUANCE

A payment or entitlement given to an individual or case in the form of Food Stamps.

Administrative Satellite Number
Administrative Unit
Authorized Amount
Benefit Amount
Benefit Date
Benefit Number
Benefit Period
Benefit Reason Code
Benefit Type
Case Number
County Code
Cycle Indicator
Date Available
Date Eligibility Begin
Date Eligibility End
District Code
EBT FS Availability Date
FS EBT Authorized Amount
FS EBT Benefit Amount
FS Penalty Amount
Method of Issuance
Number of Adults
Number of Children
Number of Months
Partition Code
Payee Address City
Payee Address Code
Payee Address Line 1
Payee Address Line 2
Payee Address State
Payee Address Zip
Payee Code
Payee Name
Payee Received Code
Payee Received Name
Payee Social Security Number
Payee Unique Identifier Number
Processed Date

V. I. P. Data Dictionary

Program
Project Center Number
Reason Code
Record Type
Recoupment Amount
Redirect Type Code
Sub-Program
Table of Reason Amount (Occurs 12)
Unit Code
Vendor Administration Number
Vendor Code
Vendor County Number
Vendor Satellite Number
Vendor Unit Number
Worker Number

REFERRAL

Referral Action Reason
Referral Activity
Referral Date
Referral Hold Reason
Referral ID Number
Referral Number
Referral Source
Referral Status
Referral Status Date
Referral Type
Re-route Reason
Routing Data
Service Center Phone Number
Sex Codes for Individuals from Removal Home
Special Accommodations Needed for Client Narrative
SSN of Individual's from Removal Home
Start Time of Activity
Support Service
Support Service Provider Name
Support Service Requested
Time of Referral
Trafficking Indicator
Type of Correction Made
User ID
User ID Assigned for the Referral

V. I. P. Data Dictionary

2 Week Compliance
5th Degree of Relationship Met Indicator
Activity
Actual Monthly Income Amount Applied to the Client's Cost of Care
Broker Address
Broker Name
Case Name
Case Number
Caseworker Name
Caseworker Phone
Caseworker Supervisor's Name
Caseworker's Name
Caseworker's User ID
Claim Date
Claim Overpayment Determination Amount(s)
Claim Overpayment Determination Month(s)
Claim Program Type
Claim Status
Claim Status Date
Claim Status Reason
Claim Type
Client Address
Client ID/Individual ID
Client Name/Individual Name
Client Phone Number
Client Social Security Number
Client SSN
Correct Monthly Income Amount Applied to the Client's Cost of Care
Correction Completed
County
County Code
County Name
County Office Phone Number
CSR Referral Date
CSR Referral Reason Type
CSR Review Request Date
Current Date
Date Correction Completed
Date Delegated
Date Determined Did Not Comply
Date Invalid
Date Mailed
Date of Activity
Date of Referral

V. I. P. Data Dictionary

Date Printed
Date Referral Delegated
Date Referral Held
Date Referral Originally Assigned
Date Requested
Date to Return to Activity
Dates of Birth for Individuals from Removal Home
Delegating Individual ID
Delegating Individual Name
Discovery Date
Effective Begin Date
Effective Begin Time
Effective End Date
Emergency Payment Referral Indicator
Estimated Overpayment Amount
Estimated Overpayment Begin Date
Estimated Overpayment End Date
Expected Completion Date
Expected Start Date
Felony Indicator
Felony Type
Final Closure Indicator
Final Closure Reason
Free-Form Comments
Head of Case ID
Head of Case Name
Head of Case Social Security Number
Individual ID
Individual Name
Individual's Date of Birth
Individual's Name
Individual's Sex Code
Individual's SSN
Invalidation Reason
Last Review Date
Location of Activity
Name(s) of Individuals from Removal Home
Number of Activity Hours
Number of Months on Families First for Client
Nursing Home/Facility Address
Nursing Home/LTC Facility Name
Overpayment Classification
Overpayment Period (MM/YY)
Overpayment Program

V. I. P. Data Dictionary

Overpayment Reason
Placement/Living Arrangement
Program
Provider Address
Provider ID
Provider Name
Provider Phone Number
Reason for Closure Request
Receiving User ID
Receiving User Name

REFERRAL IN-BOX MESSAGE

A notification to a user that a referral has been sent to the user's in-box.

Date Referral Generated
Due Date
Referral Identifier (Individual Identifier or SSN of the Individual matches)
Referral Message
Referral Name
Workflow Location (Case section to access when the user selects referral identifier)

RELATIONSHIP

A determination if individuals meet specific guidelines for eligibility criteria and who would be required to included in cases as mandatory members and/or who may be optional members of a case. This may include the determination of a spousal relationship or the relationship of any blood relative such as parents, siblings including those by marriage, including those of half-blood; first cousins, nephews and nieces. This also includes relationships to persons of preceding generations as denoted by prefixes of grand, great or great great. Legally adoptive parents of the child's parents, the natural and other legally adopted children of such persons, and the blood relatives of such persons, including first cousins, nephews and nieces are also considered when determining relationship.

5th Degree of Relationship Met Indicator
Caregiver Name
Cares for Child < 6
Cares for Child 6-11
Certificate Number
Child Relationship to Adult(s)
Eating and Purchasing Food Arrangements Indicators
Father's Name

V. I. P. Data Dictionary

Food Stamp Non-Parental Control Indicator
Foster Child Parent Caregiver
Foster Child Parent Indicator
ID of FF Dependents
Individual ID - Related From
Individual ID - Related To
Minor Parent Indicator
Mother's Maiden Name
Mother's Name
Other Relationship Documentation Narrative
Parents in Case Mother or Father
Recording Narrative
Relationship Name
Relationship Type
Relationship Verification Type
Relationships of Each Case Member to all Others
Specified Degree of Relationship
SS-5 Completion Date
SSN for Father
SSN for Mother
Student Dependent Indicator

REPORT

Detailed or Summary data presented in an electronic or printed format for reference.

Bankruptcy Reports

REPORT CHANGE

A notification of change in circumstances reported with any necessary verifications to be provided within ten days of the date requested.

Case Address
Case Name
Case Number(s)
Date Information is Recorded
Date Information Received by DHS
Date of Issuance
Due Date for Return
How Received
Individual Name for Whom Item/Document was Issued
Individual's SS# for Whom Item/Document was Issued

V. I. P. Data Dictionary

Information Detail Comments
List of Documents Received
Name of Person Providing Verification
Receipt Requested Indicator
Receipt Required Indicator
Receipting Worker ID
Type of Document Receipted
Type of Item/Document Issued
Worker ID of Person Issuing Item/Document
Worker ID of Person to Receive Verification

RESOURCE

Both liquid and non-liquid assets owned by an individual within a case and that may or may not be considered when determining eligibility.

Pass/Fail Resource Reason(s)
Resource Date
Resource Total
Amount Owed on the Real Property

RESOURCE ASSESSMENT

An evaluation of resources that may include allocation of resources to each spouse. A resource assessment may be performed prior to and following an application for assistance for TennCare Medicaid for long term care assistance.

Community Spouse Name and Address
Community Spouse Social Security Number (SSN)
Encumbrances and Resource Equity Value
Institutionalized Individual Admission Date
Institutionalized Individual Facility Name
Institutionalized Individual First Name, Last Name, Middle Initial
Institutionalized Individual Prior Facility Name and Address Discharge Dates
Institutionalized Individual Social Security Number (SSN)
Marriage Date and Location
Name and Relationship of Individual Requesting Resource Assessment to the Institutionalized Individual
Name of Resource Owner
Request Date of Resource Assessment
Resource Assessment Date
Resource Assessment Required Indicator
Resource Distribution Amount
Resource Distribution Individual

V. I. P. Data Dictionary

Resource Type
Resource Value
Total Resource Equity
Where Located
Assessment Agreed to Date
Individual Indicator
Override Amount
Override Begin Date
Override End Date
Override Reason
Override Type
Signature Date

RESOURCE RESULTS

The outcome in the determination of eligibility or non-eligibility due to resources.

Benefit Period
Individual /Case Total Countable Resources
Pass / Fail Indicator
Program Resource Limit Amount
Total Excess Resources for Case
Total Resource Amount(s) per Individual

RESOURCE STANDARDS

The amount of assets allowed, both liquid and non-liquid, for a case in determining eligibility.

Program Limit Effective Begin Date
Program Limit Effective End Date
Program Resource Limit
Program Type / Sub-type

RESOURCE TRANSFER

Assets that have been considered available to any household member and could affect eligibility, that are transferred within specified periods of time, and said transfer could have an impact on eligibility, depending upon the program for which the policy is being applied.

Amount Spent
Amount Still Owed On Property

V. I. P. Data Dictionary

Date the Resource was Transferred
Dollar Amount Individual Received for the Transferred Resource
Dollar Value of the Transferred Resource Prior to Transfer
Exemption Reason for Property if the Property is Exempt
Joint Ownership
Life Estate Indicator
Life Lease Indicator
Liquid Asset Type
Narrative
Non-Exempt Value
Original Owner of Resource That Caused Penalty
Other Resources Applied Toward Transfer
Percentage of Joint Ownership
Policy Cash Value
Policy Loan Amount
Proper Transfer for Food Stamp Indicator
Proper Transfer for TennCare Medicaid Indicator
Reconvey Date
Relationship to Original Owner
Resource Accessibility
Resource That Caused Penalty
Resource Transfer Indicator
Resource Transfer Penalty Begin Date
Resource Transfer Penalty End Date
Resource Transfer Penalty Indicator
Resource Transfer Penalty Reason
Type of Asset Transferred
Uncompensated Value of Resource that Penalty Applies To
Uncompensated Value of Transferred Resource
Usage of the Vehicle
Vehicle Amount Owed
Verification of Reconvey Date
Whether the Real Property is the Individual's Residence

RESULTS SUMMARY

The system shall generate and display the pre-authorization case and individual benefit including budget and eligibility summary.

Application Date
Authorization Date or Date of Action
Authorizing Supervisor ID
Case Effective Begin Date
Case Effective End Date

V. I. P. Data Dictionary

Case Pass/Fail Status for Financial/Non-Financial Technical/Resource
Effective Date of Action
Individual Effective Begin Date
Individual Effective End Date
Individual Pass/Fail Reason(s)
Individual Pass/Fail/Pending Status for Financial/Non-Financial Technical/Resource
Individual With Outstanding Verifications
List of Outstanding Verifications for Individual
Review Due Date
Worker

REVIEW

Case selected for review are accessed for accuracy and adequate documentation.

Any Supervisor Entry Field
Date of Review
Overall Supervisor Comment

REVIEWS FOR DIRECTOR

Completed reviews that require a Director to review and sign off to be final or based on a rebuttal being filed due to disagreement with the review findings.

Case Number
Case Number Being Rebutted
Case Review Rebuttal Date
Case Review Rebuttal Reason
Date Reviewed
Review By Director Needed Indicator
Review Number
Reviewer User ID
Supervisor User ID
User ID for Person Rebutting

ROSTER

A listing of client names and identifying criteria associated to a specific agency or provider, or an employee of said agency/provider.

Activity
Case Number
Date Referred

V. I. P. Data Dictionary

Individual Name
Referral Number

SAMPLE CRITERIA

Requirements for selecting a group of cases for review.

Date of Sample
Selection Interval
Starting Interval

SAMPLE FILE

Cases selected for review.

2nd Parent's Name
Case ID
Case Name
County
District
District ID
Head of Case Name
Individual ID
Individual ID (2nd parent)
Individual SSN
Individual SSN (2nd parent)
Review number
Worker ID

SANCTION

A penalty imposed upon an individual or case because of the failure to comply with a program requirement. A sanction may be imposed against an individual or an entire case , and may be full or partial sanctions, based on the program and the reason.

2-Week Compliance Met Indicator
2-Week Compliance Necessary Indicator
Begin Sanction Date - 1st Occurrence
Begin Sanction Date - 2nd Occurrence
Begin Sanction Date - Subsequent Occurrence
Begin Sanction Date (Multiple Occurrences)
Case at CSR Indicator

V. I. P. Data Dictionary

Conciliation Indicator
Conciliation Timely
CSR Review End Date
CSR Review Indicator
Date Last Sanction Ended
Date of Compliance/Non-compliance
End Sanction Date - 1st Occurrence
End Sanction Date - 2nd Occurrence
End Sanction Date - Subsequent Occurrence
End Sanction Date (Multiple Occurrences)
End Sanction Reason - 1st Occurrence
End Sanction Reason - 2nd Occurrence
End Sanction Reason - Subsequent Occurrence
FF First Sanction Status
FF Sanction
Good Cause Effective Date
Good Cause End Date
Good Cause Indicator
Good Cause Reason
Has Sanction Been Applied
Sanction Begin Date
Sanction End Date
Sanction Exemption Reason Type
Sanction Indicator
Sanction Occurrence
Sanction Reason
Sanction Status
Sanction Type
Work Activity That Needs 2-Week Compliance

SCHOOL ATTENDANCE

The recording of information regarding an individual's student status, the number of hours and the type of school that the individual is attending. This information may be used as part of work requirements, or may be for purposes of individual demographics, or may be used to determine student status for the individual when applying eligibility requirements.

ABE Date
ABE Result
Address of School
Adults Educational Activity
Adults Educational Attendance Record
Adults Educational Schedule

V. I. P. Data Dictionary

Attending
Caretaker is 18 Not Graduated from High School Indicator
Caretaker's Literacy Level
Caring for Child 6 - 11
Caring for Child Under 6
Children's School Attendance Record
Credit/Hours
Current GPA
Date of Birth (Age)
Date of Education Completion
Education Hours
Education Level
Education Status
Expected Graduation Date
Expected School Completion Date
For Minors: Meeting School Compliance Attendance Indicator
Good Cause for Not Being Enrolled in School Indicator
Good Cause for Not Being Enrolled in School Verification Type
Good Cause Indicator for Not Attending
Ineligible Student Indicator
Minor Parent's Literacy Level
Name of Child
Name of School
Number of Hours Attending
Participation Amount Code
Reason for Good Cause
Receiving or Applied for Work Study
Sanction Applied for Failure to Comply with School Attendance Requirement Indicator
School Attendance Due Indicator
School Attendance Exception Indicator
School Attendance Good Cause Reason
School Attendance Narrative - Comments On Reason For Good Cause
School Attendance Status
School Attendance Verification Type
School Completion Date
School District
School Enrollment Date
School Name
School Status
School Type
Second Parent's Literacy Level
Verification Indicators of School Enrollment / Compliance
Verification of Attendance

V. I. P. Data Dictionary

SCREENING DATA

The process of reviewing for eligibility. The reviewing of specific information provided for potential eligibility determination.

Income Total
Resource Total

SCREENING INFORMATION

Information gathered for the process of reviewing for potential eligibility.

Application Number
Child Care Payments
Child Support Payments
Citizenship
Client Plans to File Application Yes or No Indicator
Comments
County of Residence
Date of Birth /Age
Disability Status
Health Insurance
Household size
Incomes (Earned and unearned)
Language Indicator
Living Arrangement
Medical Expenses
Name of applicant
Potential Eligibility Child Care
Potential Eligibility Food Stamps
Potential Eligibility Medicaid
Potential Eligibility Families First
Potential Eligibility TennCare Standard
Pregnancy Indicator
Prescreen Date
Prescreener
Programs Applying For
Purchase and Prepare Question
Received Benefits In Another State This Month
Relationships
Resources
Seasonal Migrant Farmer
Self-screened Indicator

V. I. P. Data Dictionary

Shelter Cost
Shelter Type
SSN
Tennessee Resident
Type of Benefits
Utilities

SELECTED CASES

A sample, usually random, of cases selected to be reviewd.

Address
Case
Case Status
Case Status Date
Caseworker
Client Name
County
Date Delegated
Program
QC Review Number
QC Reviewer Assigned for the Referral
Subprogram

SELF-EMPLOYMENT

One who works for himself for pay.

Individual's Self Employment
Spouse's Self Employment
Blind Worker Expenses
Food Stamp Countable Gross Amount
Job Begin Date
Job End Date
Medicaid Countable Gross Amount
Self Employment Allowable Expense Amount
Self Employment Amount
TANF Countable Gross Amount
TennCare Countable Gross Amount

V. I. P. Data Dictionary

SERVICE CENTER CALL MATCH

Phone number match for Service Center Caller. Said match compares phone number of incoming call with phone numbers found in case files, and provides list of case(s) where the same phone number exists.

Phone Number Match Result Status (positive)
Phone Number Match Result Type Code

SERVICE CENTER CONTACT

Caller to the service center.

Call Begin Time
Call Date
Call Reason Code
Caller's Phone Number - Area Code
Caller's Phone Number - Exchange
Caller's Phone Number - Prefix
Case I.D.
IVR Menu Option Code
Phone Number Match Result Code (negative)
Phone Number Match Result Code (positive)
Phone System ID Data (if available)
Search Criterion Code
SSN

SERVICE CENTER WORK ORDER

The system shall assign a work order number to each call routed to the Service Center, unless the call is for follow-up on a currently outstanding work order. Work order numbers will only be provided for those calls answered by a Service Center Agent.

Service Center Work Order Number

SERVICE TYPE

The kind of child care service to be enacted.

At Risk Child Care
At Risk Child Only

V. I. P. Data Dictionary

DCS Foster Care or State Custody
DCS Protective Services (Non-Custody)
DCS Relative Care Giver (Kinship Care)
Family First Child Care Support Services
Low Income Child Care
Transitional Child Care

SERVICE TYPE FEE

Amount charged or attributed to or for a specified child care service.

At Risk Program Fee
DCS Non-State Custody
DCS State Custody
DSC Relative Caregiver
Family First Program Fee
Low Income Program Fee
TCC Program Fee

SERVICE TYPE WAITING LIST

List maintained for an activity or service that has met its limit in order to allow opportunity for the next available opening.

Caretaker's First Name
Caretaker's Last Name
Caretaker's Middle Initial
Child's Care Level
Child's First Name
Child's Last Name
Child's Middle Initial
Child's Program Type
Child's Service Type
Child's Waiting List End Date
Child's Waiting List Priority
Child's Waiting List Start Date
Child's Waiting List Termination Reason
Mailing Address
Parent's First Name
Parent's Last Name
Parent's Middle Initial

V. I. P. Data Dictionary

SHELTER / UTILITY EXPENSES

Amounts incurred for shelter, utility expenses for heating and cooling which will result in a deduction.

Case Allowed Expense Amount
Case Monthly Rent / Mortgage Amount
Case Total Monthly Shelter Expense Amount
Case Total Monthly Utility Cost Amount
Case Utility Standard Type
Expense Type - Shelter
Expense Type - Utility
Homeowners Insurance
Homeowners Insurance Monthly Amount
Individual Incurring Expense
Monthly Shelter Assistance Amount
Monthly Shelter Cost Amount
Monthly Utility Assistance Amount
Monthly Utility Cost Amount
Name of Shelter Assistance Provider
Name of Utility Assistance Provider
Property Taxes
Public Housing Indicator
Receiving Shelter Assistance Indicator
Receiving Utility Assistance Indicator
Shelter / Utility Expense Begin and End Dates
Shelter Assistance Begin Date
Shelter Assistance Budget Begin Date
Shelter Assistance Budget End Date
Shelter Assistance End Date
Shelter Assistance Exemption Indicator
Shelter Assistance Income Amount Exemption Indicator
Shelter Assistance Received
Shelter Assistance Type
Shelter Assistance Verification Type
Shelter Cost Budget Begin Date
Shelter Cost Budget End Date
Shelter Cost Type
Shelter Cost Verification Provided Date
Shelter Cost Verification Type
Shelter Deduction Amount
Shelter Deduction Type
Shelter Expense Amount

V. I. P. Data Dictionary

Shelter Expense Data Required Indicator
Shelter Expense Total
Shelter Expense Total End Date
Shelter Expense Total Start Date
Special Household Indicator
SUA/BUA Selector
Subsidized Housing Indicator
Telephone Allowance Amount
Trash Removal Cost
Utility Allowance Amount
Utility Allowance Type
Utility Assistance Amount Income Exemption Indicator
Utility Assistance Begin Date
Utility Assistance Budget Begin Date
Utility Assistance Budget End Date
Utility Assistance End Date
Utility Assistance Exemption Indicator
Utility Assistance Type
Utility Assistance Verification Provided Date
Utility Assistance Verification Type
Utility Cost
Utility Cost Budget Begin Date
Utility Cost Budget End Date
Utility Cost Type
Utility Cost Type Used For Cooking Indicator
Utility Cost Type Used For Cooling Indicator
Utility Cost Type Used For Heating Indicator
Utility Cost Type Used For Other Indicator
Utility Cost Verification Provided Date
Utility Cost Verification Type
Utility Expense Amount
Utility Expense Total
Utility Expense Total End Date
Utility Expense Total Start Date
Utility Heating / Cooling Expense Indicator
Verification

SLOTS

Assigned times or openings in a user's appointment schedule.

Number of Slots Needed by Date by County
Number of Slots Needed by Type by County
Program Types

V. I. P. Data Dictionary

Worker Slots Needed Per Program Type

SPENDDOWN BUDGET

The amount of incurred medical expenses required in order to become TennCare Medicaid eligible when countable income exceeds the Medically Needy Income Standard (MNIS) for the family size and the case is otherwise eligible. Eligibility begins the date medical expenses equal or exceed the spend down amount.

Countable Dependent Care Expenses by Case
Countable Dependent Care Expenses by Individual
Countable Earned Income by Case
Countable Earned Income by Individual
Countable Medical Expenses by Case
Countable Medical Expenses by Individual
Countable Medical Insurance Premiums by Case
Countable Self Employment Income by Case
Countable Self Employment Income by Individual
Countable Unearned Income by Case
Countable Unearned Income by Individual
Spend-down Amount by Case
Spend-down Amount by Individual
Spend-down Budget
Spend-down Indicator

SPENDDOWN ELIGIBILITY

Spenddown eligibility is determined by the following: must be age 65 or older, or blind or disabled, or under 21 or expecting a child or raising a child related to you; have enough unpaid countable medical bills to meet the spenddown amount; be within specified resource limits. Spenddown Eligibility begins on the date medical expenses equal or exceed the spend down amount, and continues for up to 12 months.

Spend-down Amount Not Met
Spend-down Eligibility End Date
Spend-down Eligibility Start Date

SPOUSAL ALLOCATION

The determination if income of a long termed care person may be deemed toward their community spouse and/or dependent children.

V. I. P. Data Dictionary

Spousal Allocation Indicator

SPOUSAL ARRANGEMENT

An agreement between community spouse to accept part of the income of the spouse in long term care income.

Community Spouse Spousal Allocation Agreement Date
LTC Patient (or authorized rep.)
Spousal Allocation Agreement Date
Spousal Allocation Need Indicator

STAFFING

Name and address of staff who are involved with the same client, and who will participate in a case staffing for and with the client.

Case Number
Case Status
Current PRP Activities
Individual ID
Individual Mailing Address
Individual Name
Names of Staffing Individuals Attending
New PRP Activities
Staffing Meeting Results

STANDARD DAY SLOTS

Standard appointment times for an entire day that the user can set up and save. Standard Day schedules may then be used to populate the appointment schedule for the user as designated. An individual may have multiple standard days set up.

Activity Type
Appointment Types
Begin Time
Date of the Week
Days Available
Days Not Available
Days of the Week
End Time
Holiday
Number of Appointments Allowed Per Time Slot

V. I. P. Data Dictionary

Worker ID
Worker Name

STANDARD REVIEW TIMES

The number and specifics of each standard day for scheduling that a user has set up.

Standard Number of Review Days

STATE RATES

Child Care rates set by the state.

Star Bonus Amount
Star Bonus Effective Date
State Default Rate
State Default Rate Date
State Rate End Date
State Rate Star Bonus Percentage End Date
State Rate Star Bonus Percentage Start Date
State Rate Start Date

STUDENT

An individual attending at least half-time, as defined by the institution, any kindergarten, pre-school, grade school, vocational or technical school, training program, college or university. Enrollment in a mail, self-study, or correspondence course does not qualify such person as a student. Participation in the Job Corps qualifies a person as a student for AFDC purposes only. A student remains a student during official school vacation periods if he has definite plans to enroll at the beginning of the next school term.

Student Status
Student Type

V. I. P. Data Dictionary

STUDENT ELIGIBILITY

An individual attending at least half-time, as defined by the institution, any kindergarten, pre-school, grade school, vocational or technical school, training program, college or university. Enrollment in a mail, self-study, or correspondence course does not qualify such person as a student. Participation in the Job Corps qualifies a person as a student for AFDC purposes only. A student remains a student during official school vacation periods if he has definite plans to enroll at the beginning of the next school term

Student Eligibility indicator
Student Ineligibility Indicator
Student Status

SUPERVISOR

Someone whose job is to oversee and guide the work or activities of a group of other people.

Supervisor County or Counties
Userid

SUPPORT SERVICE

These are specific services provided to FF participants if necessary for comliance with their Personal Responsibility Plan.

Service Type
Support Service Activity
Support Service Being Denied
Support Service Closure Date
Support Service Closure Reason

SUPPORT SERVICES PROVIDER

Provider that provides services to Families First participants.

Provider Type

V. I. P. Data Dictionary

TECHNICAL ELIGIBILITY

Eligibility requirements for a program that are not income or resource related.

Individual Name
Individual Pass/Fail Technical Eligibility Indicator
Individual Pass/Fail Technical Eligibility Reason
Individual Technical Eligibility Pass/Fail Begin Date
Individual Technical Eligibility Pass/Fail End Date

TIME COUNT

A review of each month a Families First participant has received cash assistance to define if the month is countable or non-countable, with the number of months in each category retained and linked to the individual. The time count must be maintained for a current time count period as well as lifetime limits.

Adjusted Time Count
Case Number
Closed for 18 Month Count Without Sanction Indicator
Countable Month Indicator
Countable Months
Cycle Count
Date of Approval Decision
Date of Time Count Adjustments
Date Time Count Adjusted
End Date Interrupt
Individual ID
Individual Name
Individual Time Counter
Last Time Count Updated
Lifetime Count
Previous Time Count
Start Date Interrupt
Time Count
Time Count Approval Decision
Time Count Current Counter Total

V. I. P. Data Dictionary

TIME COUNT SUMMARY

A periodic accounting of the total months a Families First case has received cash assistance including the reason why the month will be considered countable or non-countable in the determination of the total 60 month lifetime limit, or the current time limit period of eligibility.

Time Count Exemption Indicator
Time Count Exemption Reason
Time Count Interruption Indicator
Time Count Interruption Reason
Time Count Month

TRAINING

Instruction designed to impart specific skills.

LWIA Training Indicator

TRANSCRIPT

A written, printed, or typed copy of dictated or recorded material.

Communication to Worker
Date Status Changed
GPA
Grade Level
Limit Activities Indicator
Modify Sanctions Indicator
Post Secondary Schedule Changes
Status Change
TABE Scores
Work Plan Hours
Work Requirements

TRANSFERRED CASE

To pass ownership of a case to another county or user.

Date Transferred

V. I. P. Data Dictionary

TRANSFERRED RESOURCE

To pass ownership rights of a resource to something or to someone else.

Transferred Resource Penalty
Transferred Resource Penalty Begin Date

TRANSPORTATION

A support service provided to TANF clients, if qualified.

Date Approved for Transportation
Date Needed
Individual ID
Individual Name
Transportation Type

TRANSPORTATION ELIGIBILITY

The qualifications described by policy that are required by a Families First recipient that is participating in work or training activities to receive transportation.

Transportation Eligibility Decision

UNEARNED INCOME

Unearned income (as interest and dividends) that is not gained by labor, service, or skill. Any income which does not meet the definition of earned income.

Eligibility for Unemployment Benefits Begin Date
Eligibility for Unemployment Benefits End Date
FF Workforce Connection Indicator
Has PWE Applied for Unemployment Compensation
Has received SS and SSI in the Same Month for One or More Months Since April 1977 Indicator
Individual ID
Individual Name
Receipt of Unemployment
Refused Job with No Good Cause
Unearned Income Adjusted Amount
Unearned Income Begin and End Dates
Unearned Income End Date
Unearned Income Gross Amount

V. I. P. Data Dictionary

Unearned Income Start Date
Unearned Income Type
Unemployment Compensation Begin Date
Unemployment Compensation End Date
Voluntary Quit
Voluntary Quit Begin Date
Would PWE Have Been Eligible for Unemployment Compensation Indicator

UNEMPLOYED / UNDEREMPLOYED PARENT

A principal wage earner (PWE) parent who is employed less than 100 hours per month, or receiving Unemployment Benefits, and who has a workforce connection as defined in program rules. Such a designation meets the deprivation requirement.

Date Underemployed Parent Requirement Ended
Date Underemployed Parent Requirement Met
Date Unemployed Parent Requirement Began
PWE Indicator
UEC Income Amount
UEC Income Begin and End Dates
Underemployed Parent Indicator
Unemployed Parent Indicator
Unemployment Compensation Indicator
Work Quarter Met Indicator
Workforce Connection Requirement Met Indicator

USER

Individuals who are granted access to the system for data entry and/or inquiry purposes.

Date Referral Delegated
Investigator County Number
Investigator's Work Address
Investigator's Title
User District
User ID
User Name
User Phone Number

USER IN-BOX REFERRAL IN-BOX MESSAGE

V. I. P. Data Dictionary

Date Referral Generated
Due Date
Referral Identifier (QC Review number Case Number)
Referral Message (QC Referral)
Referral Name
Workflow Location (QC Review)

USER PROFILE

A set of data portraying the significant features of a user.

Slot Types
User Id
Type of Case that Worker Handles
User Name
User Phone Number
User Profile
Worker Percentage

USER ROLE

A function or part performed in a particular operation or process by the user.

Case Number
Review Number
Role Date Assigned
Role Description
User Profile (percentage)
User Role
User Case Type(s)
User ID
User Profile
User Workload Percentage

VACATIONS

A calendar entry for appointment scheduling that will prohibit appointments being scheduled for a user designated as being on leave and unavailable.

Vacation Slots Scheduled per Worker

V. I. P. Data Dictionary

VERIFICATION

The evidence or documentation that proves something to be true and correct.

Claim Information Changes Case Benefits / Eligibility Indicator
Date Verifications Provided
ID verification status indicator
Offered Client Assistance in Obtaining Verification? (Y/N)
Outstanding Verification Determination Date
Outstanding Verification Due Date
Outstanding Verification Indicator
Outstanding Verification Type
Verification Code
Verification Date
Verification Date Received
Verification No Response Date
Verification of Current Income
Verification of Current Resources
Verification of Household Comp
Verification Provided Date
Verification Provided Indicator
Verification Receipt Date
Verification Receipt Indicator
Verification Type
Verification Date Received
Self Employment Verification Status Indicator

VERIFICATION CHECKLIST

A list of item(s) or details needed for verification.

Case Name
Case Number(s)
Date Information Received by DHS
Receipt Number
Receipting Worker ID
Verification Items
Verification Items Received Indicator(s)
Worker ID of Person to Receive Verification

V. I. P. Data Dictionary

WAGE RETENTION

Client retention of employment for a salary equal or greater than the original salary for a given period of time.

Wage Retention Amount

WAIVER

A system created and generated package of documents provided to a client to review, and sign if desired, in lieu of a formal Administrative Disqualification Hearing or Court referral when there is a SIPV (Suspected Intentional Program Violation) claim to be adjudicated.

ADH Referral Indicator
Exhibit Number
Waiver Hearing Waived Indicator
Waiver Investigation Results
Waiver Packet Mail Date
Waiver Packet Received Date
Waiver Referral to ADH
Waiver Referral to ADH Date
Waiver Referral to ADH Reason
Waiver Signature Date
Waiver Summary
Witness Testimony

WILLINGNESS TO COOPERATE WITH WORK REQUIREMENTS

The voluntary agreement to cooperate with work requirement policies and rules according to program.

Willingness to Cooperate with Work Requirements Indicator and Date

WORK ACTIVITY

A training, employment or educational program provided for a Families First participant designed to enhance their chances for success and self-sufficiency.

Work Activity Participant's ID
Work Activity Participant's Name
Worker Identification

V. I. P. Data Dictionary

WORK REGISTRATION

Each household member who is not otherwise exempt as described by policy must register for employment prior to certification and once a year thereafter. Persons losing their exemption due to a change that is required to be reported by the household (i.e., loss of income, parent's dependent child leaves home, loss of unemployment compensation) must register for work as a condition of continued eligibility.

Applicable Work Exemption Reason for Eligible FS Individuals
Barriers to Completing the Work Requirement for Eligible FS Individuals
Client Work Registered
Exempt Work Status for FS Elderly Individuals (over 60) and Minors (16 or younger)
Exemption Date for FS Work Requirements
Food Stamp Work Barrier Type
Food Stamp Work Requirements De-Registration Date
Food Stamp Work Requirements De-Registration Reason
Food Stamp Work Requirements Exemption Date
Food Stamp Work Requirements Referral Date
Food Stamp Work Requirements Registration Date
Individual Work Status for each FS Individual
Other Reasons that an Eligible FS Individual will be Unable to Complete the Work Requirement
Referral and Registration Dates for FS Work Requirements
Referral Date for FS Work Requirements
Referral De- Registration Reason
Referral De-Registration Date
Referral De-Registration Dates for FS Work Requirements
Work Registration Requirement Indicator

WORKER CALENDAR

A calendar designed for a worker to schedule on a monthly basis. This calendar must permit the user to enter standard days, standard standing appointments, or specific appointment when creating the calendar. A calendar schedule may be set for current to future dates, and may be changed once entered except for slots where appointments have been scheduled. Those scheduled slots must have the appointments rescheduled and cleared before the appointment slot may be changed.

Appointment Date
Appointment Time
Appointment Type
Case Number

V. I. P. Data Dictionary

Caseworker ID
Number of Appointments Per Time Slot
Slots Available by Caseworker
Time Leave Scheduled
Worker Assigned to Slot
Worker Slots by Date
Worker Slots by Type (program)

WORKER SCHEDULE

An outline description of appointments, vacations, sick leave, meetings or events a worker is to do and the times at which they are to be done.

Absent/Present Indicator
Appointment Slots/Times by Type/Date
Appointment-Initiated Indicator
Date
Log In Time
Time Driver Initiated

RFP ATTACHMENT 6.2 PROPOSAL TRANSMITTAL AND STATEMENT OF CERTIFICATIONS AND ASSURANCES

PROPOSAL TRANSMITTAL AND STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Proposer shall complete and sign this Technical Proposal Transmittal. It shall be signed, in the space below, by an individual empowered to bind the proposing entity to the provisions of this RFP and any Contract awarded pursuant to it. If said individual is not the Proposer's chief executive, this document shall attach evidence showing the individual's authority to bind the proposing entity.

PROPOSER LEGAL ENTITY NAME: _____

PROPOSER FEDERAL EMPLOYER IDENTIFICATION NUMBER:
(or Social Security Number) _____

The Proposer does hereby affirm and expressly declare confirmation, certification, and assurance of the following:

1) This proposal constitutes a commitment to provide all services as defined in the RFP Attachment 6.1, *Contract* Scope of Services for the total Contract period and confirmation that the Proposer shall comply with all of the provisions in this RFP and shall accept all terms and conditions set out in the RFP Attachment 6.1, *Contract*.
2) The information detailed in the proposal submitted herewith in response to the subject RFP is accurate.
3) The proposal submitted herewith in response to the subject RFP shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any Contract pursuant to the RFP.
4) The Proposers shall comply with:
   a) the laws of the State of Tennessee;
   b) Title VI of the federal Civil Rights Act of 1964;
   c) Title IX of the federal Education Amendments Act of 1972;
   d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
   e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government
   f) accessibility requirements, as defined in Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 (P.L. 105-220), August 7, 1998, and as interpreted by guidelines defined in the Governor's Web Publishing Policy and documented in RFP Attachment 6.7.
   g) the condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,
   h) the condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, sub-contractor, or consultant to the Proposer in connection with the Procurement under this RFP.
   i) the Health Insurance Portability and Accountability Act (HIPAA) and program confidentiality requirements.
   j) the most current version of Tax Information Security Guidelines for Federal, State, and Local Agencies, Safeguards for Protecting Federal Tax Returns and Return Information. OMB No. 1545-0962, Publication 1075. (ftp://ftp.fedworld.gov/pub/irs-pdf/p1075.pdf)
5) The Proposer shall comply with all of the provisions in the subject RFP and shall accept all terms and conditions set out in the RFP Attachment 6.1, *Contract*.

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SIGNATURE & DATE: _____

RFP ATTACHMENT - 6.3 TECHNICAL PROPOSAL & EVALUATION GUIDE

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION A

PROPOSER NAME:	

SECTION A — MANDATORY REQUIREMENTS

The Proposer must address ALL Mandatory Requirements section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). The RFP Coordinator will review all general mandatory requirements, including but not limited to the following:

- **Proposal received on or before the Proposal Deadline.**
- **Technical Proposal copies and Cost Proposal packaged separately.**
- **Technical Proposal contains NO cost data.**
- **Proposer did NOT submit alternate proposals.**
- **Proposer did NOT submit multiple proposals in a different form.**
- **Technical Proposal does NOT contain any restrictions of the rights of the State or other qualification of the proposal.**

The RFP Coordinator will also review the proposal to determine if the Mandatory Requirement Items (below) are met and mark each with pass or fail. For each requirement that is not met, the Proposal Evaluation Team must review the proposal and attach a written determination.

NOTICE: In addition to these requirements, the State will also evaluate compliance with ALL RFP requirements.

Proposal Page # (to be completed by Proposer)	**Mandatory Requirement Items**	**State Use ONLY**
		Pass/Fail
	A.1 Provide the Proposal Transmittal and Statement of Certifications and Assurances (detailed in RFP Attachment 6.2) completed and signed, in the space provided, by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. ***Each Proposer must sign the Proposal Transmittal and Statement of Certifications and Assurances without exception or qualification.***	
	A.2 Provide the following as documentation of financial responsibility and stability. ▪ a current written bank reference, in the form of a standard business letter, indicating that the Proposer's business relationship with the financial institution is in positive standing ▪ two current written, positive credit references, in the form of standard business letters, from vendors with which the Proposer has done business or, documentation of a positive credit rating determined by a accredited credit bureau within the last 6 months ▪ a copy of a valid certificate of insurance indicating liability insurance in the amount of at least One Million Dollars ($1,000,000) ▪ a letter of commitment from a financial institution (signed by an authorized agent of the financial institution and detailing the Proposer's name) for a general line of credit in the amount of Five Hundred Thousand Dollars ($500,000.00)	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION A		
Proposal Page # (to be completed by Proposer)	**Mandatory Requirement Items**	**State Use ONLY**
	A.3 Provide a statement of whether the Proposer or any individual who shall perform work under the contract has a possible conflict of interest (*e.g.,* employment by the State of Tennessee) and, if so, the nature of that conflict. ***Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.***	
	A.4 Provide the most recent independent audited financial statements available, for a fiscal year ended within the last thirty-six (36) months. If the Proposer is a wholly or partially owned subsidiary, branch, division, *etc*., of a parent company or other controlling entity, then the Proposer must provide audited financial statements for the parent company or other controlling entity. If the Proposer is a wholly or partially owned subsidiary, branch, division, *etc*., of a parent company or other controlling entity, and if independent audited financial statements do exist, for the subsidiary, branch, division, *etc*., those must be provided. If, however, independent audited financial statements are not available due solely to the Proposer's status as a subsidiary, branch, division, *etc*., of a parent company or other controlling entity, then the Proposer shall provide financial records or other documentation for the subsidiary, branch, division, *etc*., for a fiscal year within the last thirty-six (36) months that will document the subsidiary's, branch's, division's, *etc*., financial strength and resources to provide the scope of services required. In addition, whether at the time the Proposal is submitted, or at anytime prior to the execution of the contract, a sale, divestiture, merger or acquisition plan, stock or bond offering, or loan request is contemplated, in progress or is being considered for the wholly or partially owned subsidiary, branch, division, parent company or other controlling entity, then financial or other relevant information regarding such activities must be submitted in such manner as the State may direct. Proposers incorporated in Tennessee must utilize a certified public accountant licensed in the State of Tennessee.	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION A		
Proposal Page # (to be completed by Proposer)	**Mandatory Requirement Items**	**State Use ONLY**
	A.4.a. The audited financial statements must be: 1) prepared with all monetary amounts detailed in United States currency; 2) prepared under United States generally accepted accounting principles; and 3) audited under United States generally accepted auditing standards.	
	A.4.b. The audited financial statements must include: 1) the auditor's opinion letter; 2) financial statements; and 3) the notes to the financial statements.	
	A.5 Provide documentation disclosing the amount of cash flows from operating activities for the Proposer's most current operating period. Said documentation must indicate whether the cash flows are positive or negative, and if the cash flows are negative for the most recent operating period, the documentation must include a detailed explanation of the factors contributing to the negative cash flows.	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION B	
PROPOSER NAME:	
SECTION B — QUALIFICATIONS & EXPERIENCE	
The Proposer must address ALL Qualifications and Experience section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). **A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's "qualifications and experience" responses.**	

Proposal Page # (to be completed by Proposer)	Qualifications & Experience Items	
	B.1	Describe the Proposer's form of business (*i.e.*, individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the name, mailing address, and telephone number of the person the State should contact regarding the proposal.
	B.2	Provide a statement of whether there have been any mergers, acquisitions, or sales of the Proposer company within the last ten years, and if so, an explanation providing relevant details.
	B.3	Provide a statement of whether the Proposer or any of the Proposer's employees, agents, independent Contractors, or Subcontractors have been convicted of, pled guilty to, or pled *nolo contendere* to any felony, and if so, an explanation providing relevant details.
	B.4	Provide a statement of whether there is any pending litigation against the Proposer; and if such litigation exists, an attached opinion of counsel as to whether the pending litigation will impair the Proposer's performance in a contract under this RFP.
	B.5	Provide a statement of whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors, and if so, an explanation providing relevant details.
	B.6	Provide a statement of whether there are any pending Securities Exchange Commission investigations involving the Proposer, and if such are pending or in progress, an explanation providing relevant details and an attached opinion of counsel as to whether the pending investigation(s) will impair the Proposer's performance in a contract under this RFP.
	B.7	Provide a brief, descriptive statement indicating the Proposer's credentials to deliver the services sought under this RFP.
	B.8	Describe how long the Proposer has been performing the services required by this RFP and include the number of years in business.
	B.9	Describe the Proposer organization's number of employees, client base, and location of offices.

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION B	
Proposal Page # (to be completed by Proposer)	**Qualifications & Experience Items**
	B.10 Provide a narrative description of the proposed project team, its members, and organizational structure.
	B.11 Provide a personnel roster and resumes of key people who shall be assigned by the Proposer to perform duties or services under the contract (include estimated number of hours to be worked on the contract for each person, and the resumes shall detail each individual's title, education, current position with the Proposer, and employment history) as well as an organizational chart highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrating the lines of authority and designate the individual responsible for the completion of each service component and deliverable of the RFP. For each individual listed, the Proposer shall submit a resume describing the individual's title, education, current position with the Proposer, and employment history. The standard resume format in RFP Attachment 6.6 shall be used. Once core team members and resumes are submitted to and accepted by the State, any substitution of core team members will require written approval of the State.
	B.12 Provide a statement of whether the Proposer intends to use Subcontractors, and if so, the names and mailing addresses of the committed Subcontractors and a description of the scope and portions of the work the Subcontractors will perform.
	B.13 Provide documentation of Proposer commitment to diversity as represented by its business strategy, business relationships, and workforce — this documentation should detail: ▪ a description of the Proposer's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, persons with a disability and small business enterprises ▪ a listing of the Proposer's current contracts with business enterprises owned by minorities, women, persons with a disability and small business enterprises, including the following information o contract description and total value o Contractor name and ownership characteristics (*i.e.*, ethnicity, sex, disability) o Contractor contact and telephone number ▪ an estimate of the level of participation by business enterprises owned by minorities, women, persons with a disability and small business enterprises in a contract awarded to the Proposer pursuant to this RFP, including the following information: o participation estimate (expressed as a percent of the total contract value that will be dedicated to business with Subcontractors and supply Contractors having such ownership characteristics) o descriptions of anticipated contracts o names and ownership characteristics (*i.e.*, ethnicity, sex, disability) of anticipated Subcontractors and supply Contractors anticipated ▪ the percent of the Proposer's total current employees by ethnicity, sex, and disability

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION B	
Proposal Page # (to be completed by Proposer)	**Qualifications & Experience Items**
	Proposers that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as Contractors and Subcontractors. Proposal evaluations will recognize the positive qualifications and experience of a Proposer that does business with enterprises owned by minorities, women, persons with a disability and small business enterprises and that offers a diverse workforce to meet service needs.
	B.14 Provide customer references for projects the Proposer has completed that are similar in size and scope, representing both three of the larger accounts currently serviced by the vendor and three completed projects as well as a list, if any, of all current contracts with the State of Tennessee and all those completed within the previous five year period. If the Proposer has not completed a project that is similar in size and scope, the Proposer should provide references for the largest and most comparable project that the Proposer has implemented. Each reference must include: ▪ the company name and business address; ▪ the name, title, and telephone number of the company contact knowledgeable about the project work; and ▪ a brief description of the service provided and the period of service. ▪ a description of structure of teams, listing of specific project roles assigned to team members, and number of individuals in each project role ▪ actual timeline for development and implementation strategy The list of contracts with the State of Tennessee must include: ▪ the contract number; ▪ the contract term; and ▪ the procuring state agency for each reference. ***Each evaluator will generally consider the results of reference inquiries by the State regarding <u>all</u> references provided (both state and non-state). Current or prior contracts with the State are not a prerequisite and are not required for the maximum evaluation score possible, and the existence of such contracts with the State will not automatically result in the addition or deduction of evaluation points.***
(Maximum Section B Score = 600)	
SCORE *(for <u>all</u> Section B items above, B.1 through B.14)*:	

RFP Evaluation Guide

Section C - Technical Approach (800 Points)

Section	Technical Approach - General Section	Maximum Section Score	Points Scored (State's Use Only)
C.1	Introduction and General Scope	10	
C.2	Implementation Schedule	50	
C.3	Project Management/Work Plan/Risk/Assumptions	20	
C.4	Quality Management	2	
C.5	Change Management	2	
C.6	Configuration Management	2	
C.7	Communications	2	
C.8	Change Readiness	2	
C.9	Capacity Analysis & Evaluation	20	
C.10	Security	20	
C.11	Backup/Recovery	5	
C.12	Problem Resolution	10	
C.13	General & Detail Design	100	
C.14	Reports Approach	25	
C.15	Correspondence & Notices Approach	40	
C.16	General & Technical Approach	5	
C.17	Test Management	20	
C.18	Construction	20	
C.19	Training & Documentation	25	
C.20	User Acceptance Testing	25	
C.21	Interface Approach	50	
C.22	Conversion Approach	50	
C.23	Implementation/Deployment Approach	40	
C.24	Turnover/Warranty/Post-Implementation/Operations	40	
C.25	Interface Matrix	10	
C.26	Reports Matrix	10	
C.27	Notices & Correspondence Matrix	10	
C.28	General & Technical Requirements Matrix	35	
C.29	Business User's Vision of Business Processes and Workflow and Business Rules	45	
	TOTAL TECHNICAL APPROACH - GENERAL POINTS	695	

Section	Technical Approach - Architecture Section	Maximum Section Score	Points Scored (State's Use Only)
C.30	V.I.P. Technical Architecture	80	
	TOTAL TECHNICAL APPROACH - ARCHITECTURE POINTS	80	

Section	Technical V.I.P. Baseline Conceptual Data Model or Entity Relationship Diagram (ERD) Section	Maximum Section Score	Points Scored (State's Use Only)
C.31	V.I.P. Technical Baseline Conceptual Data Model or Entity Relationship Diagram (ERD)	25	
	TOTAL TECHNICAL APPROACH - BASELINE CONCEPTUAL DATA MODEL OR ERD POINTS	25	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH – INTRODUCTION & GENERAL SCOPE

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
		Score	**Item Weight**	**Raw Weighted Score**
	C.1 Introduction & General Scope The Proposer shall provide a narrative for each of the following items that confirms their understanding of the content of each section:			
	RFP 1.1 Statement of Purpose		**1**	
	RFP 1.1.1. Background		**1**	
	RFP 1.1.2. Expectations		**1**	
	RFP 1.1.3. Objectives		**1**	
	RFP 1.1.4. Program Descriptions		**1**	
	RFP 1.1.5. Project Management & Approach		**1**	
	Contract A.5. Comprehensive Project Plan. As a part of the Project Proposal, the Proposer shall propose a Comprehensive Project Plan and shall include one (1) electronic copy and sixteen (16) hard copies.		**1**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	Contract A.1. General Scope.		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 40** *(i.e., 5 x the sum of item weights above)*	**X 10** *(maximum section score)*		**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Schedule

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.2. Implementation Schedule. RFP 1.1.5.2 The State's desired implementation date is provided in the implementation schedule in *pro forma* contract Attachment A. The Proposer may propose an implementation date that is three to nine months greater than or three months less than the State's desired implementation date, in quarter increments. The Proposer shall propose a schedule in which the number of months that is allocated for the Acceptance Test and Implementation Phases is equal to or greater than the time frame that is allocated for these phases in the State's desired implementation schedule. The proposed implementation dates will be scored as follows: 3 months less than the State's desired implementation date = 5 points. Meet the State's desired implementation date = 4 points. 3 months greater than the State's desired implementation date = 3 points. 6 months greater than the State's desired implementation date = 2 points. 9 months greater than the State's desired implementation date = 1 point.		**5**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	If the Proposer proposes an implementation date that is more than 9 months greater than the State's desired implementation date or greater than 3 months less than the State's desired implementation date, this shall make the proposal non-responsive and the State shall reject it. The Proposer shall choose one of the following implementation dates: _____ February 8, 2008 (5 points) _____ May 8, 2008 (4 points) _____ August 8, 2008 (3 points) _____ November 10, 2008 (2 points) _____ February 9, 2009 (1 point)			
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score **maximum possible raw weighted score = 25** *(i.e., 5 x the sum of item weights above)*		**X 50** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Project Management/Work Plan/Risk/Assumptions

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.3. Project Management/Work Plan/ Risk/ Assumptions The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.2. Information Technology Methodology (ITM).		**2**	
	A.3. Detailed Product Development Methodology.		**2**	
	A.4. Tennessee Information Resources Architecture. A.4.a. Development Standards A.4.b. Framework Application Integrated into State Environment in Accordance with State Standards A.4.c. Mandatory Requirements for Non-Standard Application Development and Support Software Products A.4.d. Software Compliance		**2**	
	A.5 Comprehensive Project Plan		**1**	
	A.6. Implementation Schedule		**1**	
	A.7. Master Project Work Plan – The Proposer shall submit a Master Project Work Plan in the Project Proposal that outlines the Proposer's plan for developing and implementing V.I.P. in accordance with the Implementation Schedule in A.6.		**1**	
	A.7.a. Software Requirements for Master Project Work Plan		**1**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
		Score	**Item Weight**	**Raw Weighted Score**
	A.7.b. Content of Master Project Work Plan		**2**	
	A.8. Assumptions and Constraints		**1**	
	A.9. Project Risks		**1**	
	A.10. Project Steering Committee Oversight		**1**	
	A.10.a. Narrative Project Status Report and PSC Presentation		**1**	
	A.11. Project Team and Organization The Proposer shall describe their approach to organize, deploy, and administer the project team. The State shall give no extra preference to a Proposer who proposes additional core team members.		**1**	
	A.12. State Project Team		**1**	
	A.12.a. State Project Manager		**1**	
	A.12.b. Contract Manager		**1**	
	A.12.c. OIR Database Administrator (DBA)		**1**	
	A.12.d. Quality Assurance Consultant		**1**	
	A.12.e. Other State Project Staff Assignments		**1**	
	A.13. Contractor's Project Team		**3**	
	A.13.a. Contractor Core Team		**5**	
	A.13.b. Staff Management and Administrative Support		**1**	
	A.13.c. Plan for Working with State Staff within Work-Day Constraints		**1**	
	A.13.d. Contractor Work Space, Connectivity, Supplies, and Equipment		**1**	
	A.17. Status Meetings and Status Reports		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 175** *(i.e., 5 x the sum of item weights above)*	**X 20** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Quality Management

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items		State Use ONLY		
			Score	Item Weight	Raw Weighted Score
	C.4. Quality Management The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:				
	A.14.	Quality Management Plan		**1**	
	A.14.a.	Purpose and Scope of the Plan		**1**	
	A.14.b.	Project Quality Objectives and Metrics		**1**	
	A.15.	Quality Management Record Keeping		**1**	
	A.16.	State Quality Review		**1**	
	A.113.	Initiate Quality Assessment/Management Activities for Pilot Deployment		**1**	
				Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 30** *(i.e., 5 x the sum of item weights above)*	**X 2** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - **Change Management**

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value	*1 = poor*	*2 = fair*	*3 = satisfactory*	*4 = good*	*5 = excellent*

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.5. Change Management The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.19. Change Management Plan		**1**	
	A.19.a. Requirement Change Management Plan		**1**	
	A.19.b. Written Change Orders		**2**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 20** *(i.e., 5 x the sum of item weights above)*	**X 2** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Configuration Management

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.6. Configuration Management The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.20. Configuration Management Plan		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*	**X 2** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Communications

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.7. Communications The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.21. Communication Plan		**1**	
	A.21.a. Information for Communication Planning		**1**	
	A.21.b. Content of the Communication Plan		**2**	
	A.23. Project Web Site		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 25** *(i.e., 5 x the sum of item weights above)*	**X 2** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Change Readiness

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.8. Change Readiness The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.22. Change Readiness Plan		**3**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 15** *(i.e., 5 x the sum of item weights above)*	**X 2** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Capacity Analysis and Evaluation

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.9. Capacity Analysis and Evaluation The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.24. Capacity Analysis and Evaluation Plan		**1**	
	A.24.a. Planning		**5**	
	A.24.b. Evaluation		**5**	
	A.24.c. State Requests to Conduct Independent Capacity Simulation Models		**1**	
	A.24.d. Benchmark Tests		**2**	
	A.24.e. Capacity Evaluation Reporting		**1**	
	A.66. Conduct Capacity Analysis and Develop Capacity Requirements – Detailed Design Phase		**1**	
	A.83. Evaluate System Performance – Construction Phase		**2**	
	A.110. Benchmark Tests and Results Reporting – Implementation Phase		**1**	
	A.127. Capacity Analysis, Evaluation, and Benchmark Tests – Implementation Phase		**1**	
	A.128. Modify Software to Enhance System Performance – Implementation Phase		**1**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	A.132. Evaluate Capacity and Update Documentation – Post Implementation Support Phase		**1**	
	A.138. Performance Standards and Penalties		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 115** *(i.e., 5 x the sum of item weights above)*		**X 20** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Security

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.10. Security The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.25. Security Plan		**1**	
	A.61.g. Define Security Requirements and Security Design Specifications		**3**	
	A.77. Initiate Security Plan		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 25** *(i.e., 5 x the sum of item weights above)*	**X 20** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Backup/Recovery

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.11. Backup/Recovery The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.27. Backup and Recovery Plan		**1**	
	A.129. Participate in State's Backup and Recovery Test – Implementation Phase		**1**	
	A.135. Participate in State's Backup and Recovery Test – Post-Implementation Support Phase		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 15** *(i.e., 5 x the sum of item weights above)*	**X 5** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Problem Resolution

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.12. Problem Resolution The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.18. Action Items and Open Issues Tracking		**1**	
	A.28. Problem Resolution Plan		**2**	
	A.28.a. Problem Reporting		**2**	
	A.28.a.1) Critical Problems		**1**	
	A.28.a.2) Non-Critical Problems		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 35** *(i.e., 5 x the sum of item weights above)*	**X 10** **(***maximum section score)*	**= SCORE:**

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - General and Detail Design

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.13. General and Detail Design The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.37. Contractor's Project Team		**1**	
	A.38. Establish Project Workgroups		**1**	
	A.39. Perform Project Documentation Review		**1**	
	A.41. Project Documentation Repository		**1**	
	A.42. Change Management Repository		**1**	
	A.43. Attend Walk-Through Orientation Sessions		**1**	
	A.45. Perform Quality Assurance Activities		**1**	
	A.46. Other Contractor Tasks and Deliverables		**1**	
	A.47. Contractor's Responsibility for Design Kick-Off Deliverables		**1**	
	A.48. Conduct Project Kick-Off Meeting		**1**	
	A.49. Participate in Detailed Walk-through of Legacy Systems		**1**	
	A.50. Provide Guidance in the Installation of Framework Software		**1**	
	A.51. Provide Infrastructure Specifications		**2**	
	A.52. Conduct Technical Review with State of Tennessee		**2**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	A.53. Initiate Product Development Methodology and Assist in Installation of Related Software Tools		**2**	
	A.56. General System Design Specifications.		**3**	
	A.56.b. Validate Existing System Architecture		**2**	
	A.56.c. Perform Fit-Gap Analysis		**5**	
	A.56.d. Perform Business Process Re-engineering and Develop High-Level Conceptual Requirement Models		**5**	
	A.58. Conduct General System Design Overview		**4**	
	A.59. Contractor's Responsibility for General Design Phase Deliverables		**1**	
	A.60. Define Detailed Requirements		**1**	
	A.61. Develop Detailed Framework Design Specifications		**1**	
	A.61.a. Design Physical Data Model		**1**	
	A.61.b. Construct Case Workflow and Procedural Specification Document		**1**	
	A.61.c. Conduct Walk-through of Workflow and Procedural Specifications		**1**	
	A.61.f. Develop Design Specifications and Layouts for Reports, Notices, and Correspondence		**1**	
	A.62. Develop Use Case Scenario Template		**2**	
	A.63. Lead State in Documenting Use Case Scenarios		**2**	
	A.64. Conduct Design Walk-through		**1**	
	A.65. Conduct Detailed System Overview		**1**	
	A.67. Update Detailed System Design Documentation		**1**	
	A.71. Contractor's Responsibility for Detailed Design Phase Deliverables		**1**	

	Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*		
Total Raw Weighted Score **maximum possible raw weighted score = 260** *(i.e., 5 x the sum of item weights above)*	**X 100** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Reports Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.14. Reports Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.55 Analyze the State's Standard Reporting and Adhoc Query Requirements		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*	**X 25** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Correspondence and Notices Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.15. Correspondence and Notices Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.54. Analyze the State's Correspondence and Notice Requirements		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*	**X 40** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - General and Technical Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.16. General and Technical Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.40. Review General and Technical Requirements		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*	**X 5** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Test Management

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.17. Test Management The Proposer shall provide a narrative for each of the following items that confirm its understanding of and approach to meeting the requirements in each Contract section.			
	A.26. Test Management Plan		**2**	
	A.26.a. Unit Test Plan		**1**	
	A.26.b. System and Integration Test Plan		**1**	
	A.26.c. Automated Software Testing Tool		**2**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 30** *(i.e., 5 x the sum of item weights above)*	**X 20** *(maximum section score)*	**= SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Construction

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.18. Construction The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section: A.72. Generate Database		**1**	
	A.73. Lead State in Completing Documentation of Use Case Scenarios		**2**	
	A.74. Construct Software		**4**	
	A.78. Perform Unit, System and Integration Testing of Software		**2**	
	A.78.a. Unit Testing		**1**	
	A.78.b. System and Integration Testing		**1**	
	A.78.d. Walk-through and State Review/Approval of Testing Process		**1**	
	A.82. Correct Problems Reported		**1**	
	A.90. Automated Tool for Job Scheduling		**2**	
	A.93. Contractor's Responsibility for Construction Phase Deliverables		**1**	

	Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*		
Total Raw Weighted Score **maximum possible raw weighted score = 80** *(i.e., 5 x the sum of item weights above)*	**X 20** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Training and Documentation

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.19. Training and Documentation The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section: A.30. Training Plan		**1**	
	A.30.a. Overall State Training		**1**	
	A.30.a.1) Modular and Scaleable Classes		**1**	
	A.30.a.2) Training Methods		**1**	
	A.30.a.3) Training Content		**1**	
	A.30.a.4) Training Curricula and Materials		**1**	
	A.30.a.5) Training Schedule		**2**	
	A.30.a.6) Training Preparation		**1**	
	A.30.a.7) Training Assessment		**1**	
	A.30.b. Business User Training		**2**	
	A.30.c. Technical Staff Training		**2**	
	A.30.c.1) Training Assessment by Technical User Role		**2**	
	A.30.c.2) Technical Training Content		**3**	
	A.30.c.3) Technical Training Curricula and Materials		**2**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	A.84. Create System Documentation		**2**	
	A.85. Create Operations Manual		**1**	
	A.86. Create User Documentation		**1**	
	A.86.a. User Manual		**1**	
	A.86.b. Procedure Manual		**1**	
	A.86.c. Business User Staff Training Curricula and Materials		**1**	
	A.86.d. Technical Staff Training Curricula and Materials		**1**	
	A.87. Complete Training Plan		**1**	
	A.87.a. Complete Template for Training Assessment		**1**	
	A.88. Create and Maintain Training Environment		**1**	
	A.89. Production Job Flow and Dependencies		**2**	
	A.92. Train the State's User Acceptance Testing Team		**1**	
	A.98. Conduct Train-the-Trainer Training		**1**	
	A.98.a. Validate Train-the-Trainer Training		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 185** *(i.e., 5 x the sum of item weights above)*		**X 25** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - User Acceptance Testing

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.20. User Acceptance Testing The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section: A.29. User Acceptance Test Plan		**3**	
	A.78.c. Provide Date Override Capability		**1**	
	A.91. Create and Maintain the User Acceptance Testing Environment		**1**	
	A.94. Initiate User Acceptance Test Plan		**1**	
	A.95. Utilize the State's Automated Test Tracking Tool		**2**	
	A.96. Provide Dedicated Support for User Acceptance Testing		**1**	
	A.97. Correct Problems		**1**	
	A.100. Certification of Completion of User Acceptance Testing of the V.I.P.		**1**	
	A.101. Update Data Models and Database		**1**	
	A.102. Update Documentation		**1**	
	A.103. Evaluate System Performance		**1**	
	A.104. Contractor's Responsibility for User Acceptance Test Phase Deliverables		**1**	

		Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score **maximum possible raw weighted score = 75** *(i.e., 5 x the sum of item weights above)*	**X 25** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Interface Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.21. Interface Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.33 State Service Portal Contract A.33.a State Service Portal, State Responsibilities A.33.b State Service Portal, V.I.P. Contractor Responsibilities		**1**	
	A.34 State Service Center and Interactive Voice Response (IVR) Capabilities State Service Center, V.I.P. Contractor Responsibilities		**1**	
	A.35 Electronic Benefit Transfer (EBT) A.35.a EBT V.I.P. Contractor Responsibilities A.35.b EBT, State Responsibilities A.35.c EBT, EBT Contractor Responsibilities		**1**	
	A.61.d. Develop Interface Design Specifications		**5**	
	A.61.e. Conduct Walk-through of Interface Design Specifications		**1**	
	A.75. Construct Interfaces		**1**	
	A.76. Perform Testing of Interfaces		**3**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score **maximum possible raw weighted score = 65** *(i.e., 5 x the sum of item weights above)*	**X 50** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Conversion Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items		State Use ONLY		
			Score	Item Weight	Raw Weighted Score
	C.22. Conversion Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:				
	A.31.	Data Conversion Plan		**2**	
	A.31.a.	Process for Converting Data from Legacy Systems		**4**	
	A.31.b.	Integration Testing Requirement		**1**	
	A.31.c.	Data Conversion Plan Content		**1**	
	A.31.c.1)	Data cleansing		**3**	
	A.31.c.2)	Identification of all conversion tasks		**1**	
	A.31.c.3)	Schedule of conversion tasks		**1**	
	A.31.c.4)	Identification of all data sources		**1**	
	A.31.c.5)	Identification of data elements and/or systems to be converted		**1**	
	A.31.c.6)	Identification of data needed to populate the system so that the V.I.P. is a fully functioning system		**3**	
	A.31.c.7)	Data conversion and load process		**1**	
	A.31.c.8)	Conversion environments		**1**	
	A.31.c.9)	Conversion testing		**3**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C					
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**		**State Use ONLY**		
	A.31.c.10)	Identification and tracking of defects		**1**	
	A.31.c.11)	Roles, responsibilities, and staffing to support conversion		**1**	
	A.31.c.12)	Conversion overview noting objectives, approach, roles, techniques, testing process, date validation, impact and resources		**1**	
	A.31.c.13)	Conversion strategy for handling “black out” period when switching from the old system to the new and the interfaces associated with each		**3**	
	A.31.c.14)	Conversion process (automated, manual, verification procedures, and acceptance responsibilities)		**1**	
	A.31.c.15)	Conversion of data into a common format prior to the loading into the V.I.P.		**1**	
	A.31.c.16)	Conversion support (system resource requirements, policy and hardware)		**3**	
	A.31.c.17)	Manual conversion system/data cleanup activities		**3**	
	A.31.c.18)	Manual data entry activities		**1**	
	A.31.c.19)	Procedure for continually updating V.I.P. data when there are changes to the source systems until all the V.I.P. sites have been implemented		**2**	
	A.31.c.20)	Identification of necessary computer processing workloads		**2**	
	A.31.c.21)	Identification of and planning for manual support requirements		**2**	
	A.31.c.22)	Identification of control procedures and evaluation criteria		**1**	
	A.31.c.23)	Special training for conversion activities		**1**	
	A.31.c.24)	Any interim file maintenance requirements		**1**	
	A.31.c.25)	Development of conversion programs		**1**	
	A.31.c.26)	Backup and recovery of converted data		**1**	
	A.44.	Perform Data Analysis of Legacy Systems Data		**3**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C					
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**		**State Use ONLY**		
	A.57.	Cleanse Legacy System Data for Conversion – General System Design Phase		**3**	
	A.68.	Cleanse Legacy System Data for Conversion – Detailed System Design Phase		**1**	
	A.69.	Perform Legacy System Data Mapping to the V.I.P. Database and Document Data Migration Requirements		**3**	
	A.79.	Complete Legacy System Data Mapping to the V.I.P. Database		**1**	
	A.80.	Develop Scripts and Convert Cleansed Legacy System Data to the V.I.P. Test Database		**2**	
	A.81.	Perform Testing of Data Conversion		**2**	
	A.107.	Automated and Manual Data Conversion for Pilot Deployment of the V.I.P.		**1**	
	A.109.	Data Conversion Progress Report for Pilot		**2**	
	A.118.	Perform Automated and Manual Data Conversion for Statewide Implementation		**1**	
	A.119.	Data Audit for Statewide Implementation		**1**	
	A.120.	Data Conversion Progress Report for Statewide Implementation		**1**	
				Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 350** *(i.e., 5 x the sum of item weights above)*			**X 50** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Implementation/Deployment Approach

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value 1 = poor 2 = fair 3 = satisfactory 4 = good 5 = excellent

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.23. Implementation/Deployment Approach The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:			
	A.32. Implementation Plan		**1**	
	A.32.a. Approach to Implementation		**1**	
	A.32.b. Required Content of Implementation Plan		**3**	
	A.70. Develop Contingency Approach		**2**	
	A.99. Preparation for Pilot Deployment of the V.I.P.		**1**	
	A.105. Pilot Deployment		**1**	
	A.106. Scope and Expected Outcomes		**1**	
	A.108. Data Audit for Pilot		**1**	
	A.111. Support for Pilot Deployment		**1**	
	A.112. Invoke Contingency Approach		**1**	
	A.114. On-Site Support for Pilot Deployment		**1**	
	A.115. Correction of Problems Reported During Pilot Deployment		**1**	
	A.116. Pilot Deployment Operations Report (Certificate of Completion)		**1**	
	A.117. Statewide Deployment		**1**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
	A.121. Perform Software Maintenance		**1**	
	A.122. Provide Operational Support		**1**	
	A.123. Perform Problem Resolution		**1**	
	A.124. Create/Update Documentation		**1**	
	A.125. Provide Training Support		**1**	
	A.126. Provide Second-Tier Support for the State's Help Desk		**1**	
	A.130. Contractor's Responsibility for Implementation Phase Deliverables		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 120** *(i.e., 5 x the sum of item weights above)*		**X 40** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Turnover/Warranty/Post-Implementation/Operations

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items		State Use ONLY		
			Score	Item Weight	Raw Weighted Score
	C.24. Turnover/Warranty/Post-Implementation/Operations The Proposer shall provide a narrative for each of the following items that confirms its understanding of and approach to meeting the requirements in each Contract section:				
	A.36.	Turnover Plan		**1**	
	A.36.a.	Content of Turnover Plan		**3**	
	A.36.b.	Measurements for Successful System Turnover		**2**	
	A.131.	Operate the V.I.P.		**5**	
	A.131.a.	Work with State Staff to Coordinate and Monitor Production Processing		**1**	
	A.131.b.	Monitor Nightly Batch Processing		**1**	
	A.131.c.	Monitor and Manage On-line System Response Time		**1**	
	A.131.d.	Inform State Daily of the Status of the System, On-line Availability, and Batch Processing		**1**	
	A.131.e.	Maintain and Monitor Scheduling of Production Jobs		**1**	
	A.131.f.	Interfacing with State IS Operations Personnel to Coordinate Batch Job Scheduling		**3**	
	A.131.g.	Interface with the State Mail Room for Understanding of Postal Requirements and Standards		**2**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C					
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**		**State Use ONLY**		
	A.131.h.	Participate in State's Disaster Recovery Exercises		**2**	
	A.131.i.	Provide Operations Support 24 Hours Per Day, 7 Days Per Week		**1**	
	A.133.	Mandatory On-Site Contractor Support		**2**	
	A.134.	Initiate Turnover Plan		**1**	
	A.134.a.	Finalized System Documentation		**1**	
	A.134.b.	Turnover Results Report		**1**	
	A.134.c.	Training Skills Assessment Tool		**1**	
	A.134.d	Transfer Software Licenses to the State		**1**	
	A.136.	Prepare Documentation for Federal Government		**1**	
	A.137.	Contractor's Responsibility for Post-Implementation Support Phase Deliverables		**1**	
	A.139.	Warranty of System Products/Services		**1**	
	A.139.a.1)	General Terms		**1**	
	A.139.a.2)	Contract Warranty Language Supersedes UCITA Warranty Language		**1**	
	A.139.b.	Warranty Periods		**1**	
	A.139.b.1)	Time Frame, Scope, and Begin Dates of Warranty Period		**1**	
	A.139.b.2)(i)	Begin Date of Warranty Period for Entire V.I.P.		**1**	
	A.139.b.2)(ii)	Begin Date of Warranty Period for Change Orders or Enhancements		**1**	
	A.139.b.3)	Applicability of Warranty When State Staff Perform Functions Under Direct Supervision of the Contractor		**1**	
	A.139.c.	Warranty Coverage		**1**	
	A.139.c.1)	Warranty Coverage for Errors, Defects, Deficiencies, or Deviations in Products or Services		**1**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C					
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**		**State Use ONLY**		
	A.139.c.2)	Warranty Coverage for Necessary Modifications or Revisions to Products or Services in Original Contract, Change Order or Enhancement Requests		**1**	
	A.139.d.	Time Frames for Warranty Services		**1**	
	A.139.d.1)	Prompt Response for Warranty Services, as Specified By the State for Correction of Code, Performance, or Operational Problems and 24 X 7 Availability		**1**	
	A.139.d.2)	Emergency Maintenance Services		**1**	
	A.139.d.3)	Warranty for Replacement, Revision, Repair, or Correction within 21 Calendar Days of Notification by the State of Tennessee		**1**	
	A.139.d.4)	State Acknowledgment of Resolution of Errors, Defects, Deficiencies, or Deviations		**1**	
	A.139.e.	Resources Required for Warranty Service		**1**	
	A.139.f.	Failure to Provide Effective Warranty Services		**1**	
	A.139.g.	Contact for Warranty Services		**1**	
	A.139.g.1)	Initial Contact Point for All Warranty Notifications and Support Requests		**1**	
	A.139.g.2)	Request for Telephone or On-Site Warranty Repair or Support Services		**1**	
	A.139.g.3)	Requirement for Written Approval to Subcontract Warranty Services		**1**	
	A.139.h.	Maintenance of Operations and Services During Warranty Work		**1**	
	A.139.i.	Problems Not Caused by Contractor Fault		**1**	
	A.139.i.1)	Notification of State Support Personnel		**1**	
	A.139.i.2)	State Resolution of Problems Due to Software or Hardware Provided by the State		**1**	

	Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*		
Total Raw Weighted Score **maximum possible raw weighted score = 295** *(i.e., 5 x the sum of item weights above)*	**X 40** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Interface Matrix

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

4 = Can Meet Requirement, Customization Required (M)	***5 = Can Meet Requirement, No Customization Required (C)***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
		Score	**Item Weight**	**Raw Weighted Score**
	C.25. Interface Matrix The Proposer shall respond to each interface requirement exactly as represented and in the order provided in Contract Attachment D. The Proposer shall use the format in RFP Attachment 7.1 to respond to each of these requirements. A template with all the requirements in Contract Attachment D is provided. The Proposer shall download this template and select the most appropriate value for each requirement from the list of valid values, which include: C – Can Meet Requirement, No Customization Required; M – Can Meet Requirement, Customization Required. Each individual requirement must contain a response or your proposal may be considered non-responsive.		**1 each**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score / **maximum possible raw weighted score = 515** *(i.e., 5 x the sum of item weights above)*	**X 10** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Reports Matrix

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

4 = Can Meet Requirement, Customization Required (M)	***5 = Can Meet Requirement, No Customization Required (C)***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.26. Reports Matrix The Proposer shall respond to each report requirement exactly as represented and in the order provided in Contract Attachment E. The Proposer shall use the format in RFP Attachment 7.1 to respond to each of these requirements. A template with all the requirements in Contract Attachment E is provided. The Proposer shall download this template and select the most appropriate value for each requirement from the list of valid values, which include: C – Can Meet Requirement, No Customization Required; M – Can Meet Requirement, Customization Required. Each individual requirement must contain a response or your proposal may be considered non-responsive.		**1 each**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score / maximum possible raw weighted score = 220 *(i.e., 5 x the sum of item weights above)*	**X 10** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Notices and Correspondence Matrix

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

4 = Can Meet Requirement, Customization Required (M)	***5 = Can Meet Requirement, No Customization Required (C)***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	**Item Weight**	**Raw Weighted Score**
	C.27. Notices and Correspondence Matrix The Proposer shall respond to each notice and correspondence requirement exactly as represented and in the order provided in Contract Attachment F. The Proposer shall use the format in RFP Attachment 7.1 to respond to each of these requirements. A template with all the requirements in Contract Attachment F is provided. The Proposer shall download this template and select the most appropriate value for each requirement from the list of valid values, which include: C – Can Meet Requirement, No Customization Required; M – Can Meet Requirement, Customization Required. Each individual requirement must contain a response or your proposal may be considered non-responsive.		**1 each**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score / **maximum possible raw weighted score = 540** *(i.e., 5 x the sum of item weights above)*	**X 10** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - General and Technical Requirements Matrix

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

4 = Can Meet Requirement, Customization Required (M)	***5 = Can Meet Requirement, No Customization Required (C)***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	**Item Weight**	**Raw Weighted Score**
	C.28. General and Technical Requirements Matrix The Proposer shall respond to each general and technical requirement exactly as represented and in the order provided in Contract Attachment G. The Proposer shall use the format in RFP Attachment 7.1 to respond to each of these requirements. A template with all the requirements in Contract Attachment G is provided. The Proposer shall download this template and select the most appropriate value for each requirement from the list of valid values, which include: C – Can Meet Requirement, No Customization Required; M – Can Meet Requirement, Customization Required. Each individual requirement must contain a response or your proposal may be considered non-responsive.		**1 each**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score / **maximum possible raw weighted score = 1,980** *(i.e., 5 x the sum of item weights above)*	**X 35** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C

PROPOSER NAME:	

SECTION C — TECHNICAL APPROACH - Business User's Vision of Business Requirements, Workflow, and Business Rules.

The Proposer must address ALL Technical Approach section items and provide, in sequence, the information and documentation as required (referenced with the associated item references). A Proposal Evaluation Team, made up of three or more State employees, will independently evaluate and score the proposal's response to each item. Each evaluator will use the following whole number, raw point scale for scoring each item:

0 = little value ***1 = poor*** ***2 = fair*** ***3 = satisfactory*** ***4 = good*** ***5 = excellent***

The RFP Coordinator will multiply each item score by the assigned weight with the product being the item's raw weighted score for purposes of calculating the section score as detailed at the end of this table.

Proposal Page # (to be completed by Proposer)	Technical Approach Items	State Use ONLY		
		Score	Item Weight	Raw Weighted Score
	C.29. Business User's Vision of Business Requirements, Workflow, and Business Rules. The Proposer shall provide a narrative that confirms their understanding of and approach to meeting the requirements in the following Contract section.			
	A.56.a. Validate Business User's Vision of Business Requirements, Workflow and Business Rules.		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	

Total Raw Weighted Score / **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*	**X 45** *(maximum section score)*	**= SCORE:**	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	C.30. V.I.P. Technical Architecture Contract Section A.4. State Standards, Guidelines, and Technical Architecture. a. For the proposed solution, the Proposer shall provide the following information regarding product history and development plans: the name and version of the package; by whom and for what purpose the application was originally developed; the age of the application and a history of significant upgrades, summarizing the enhancements made or defects fixed for each release and the development impact of each upgrade; the number of installations that currently use the application, and the version number of the package currently installed for each installation; and references for at least one customer currently using the application, including customer name, current address, and telephone number of at least two contacts for this customer. These contacts shall have been verified within thirty (30) days prior to the proposal due date. The Proposer shall describe technical requirements and considerations, including but not limited to the: 1) identification of the application's programming language(s) and version(s), including volume limitations that are designed into the application. 2) confirmation that, if any of the above software deviates from State standards, this software shall conform to the requirements in Section A.4.c. a. The Proposer shall provide a description and samples of documentation that shall be supplied with the application. This documentation shall include a Users' Manual, Quick Reference Users' Document, Operations Manual, and a Procedure Manual or their nearest equivalent. b. For the software application packages that are proposed, the Proposer shall describe its current plans for the application. Any plans, no matter how tentative, for replacing the software, for selling it to another company, or for terminating it as an active product of the company, shall be described. Plans for enhancements to the application also shall be described. For each enhancement the Proposer shall: 1) Describe the enhancement. 2) Describe the impact the enhancement shall have on	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	clients. 3) Provide the scheduled date for the release. 4) Describe the current status of the release. c. The Proposer shall describe their approach to minimize the introduction, acquisition, support, and maintenance of non-standard products within the State's Architecture information technology environment. d. The Proposer shall provide a description of their intent to develop the system from "scratch" or to propose an existing software package. e. If an existing software package is proposed, rate the Proposer's description of how the package will have to be modified to meet the State's requirements. The Proposer shall provide the following information about each existing software package that is proposed: 1) Product History Information 2) Installation Procedure 3) Technical Requirements/Considerations 4) Proposed Software Documentation Samples 5) Software Development Plans The Proposer shall make a clear statement of whether or not its proposed solution will contain any non-standard software products. Proposers should note that the State is under no obligation to accept any deviations from any standards. If deviations are proposed that are rejected by the State, the Proposer shall be willing to use products that adhere to State standards or have their Proposal ruled non-responsive. f. The Proposer shall clearly state whether or not its proposed solution shall contain any non-standard software product(s), by selecting one of the four possible responses: • "No non-standard products are being proposed." • "An existing proposed system currently contains non-standard product(s). The Proposer shall convert all of the non-standard product(s) to State standards, at no cost to the State." • "An existing proposed system currently contains non-standard product(s). The Proposer shall not convert any of these products to State standards. • "An existing proposed system currently contains non-standard product(s). The Proposer shall convert some but not all of the non-standard product(s) to State	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	standards, at no cost to the State." Choose the appropriate response and list the product(s) to which that response applies. It is understood that all costs for the required conversion(s) shall be included in the fixed-price cost proposed. However, the State shall assess potential impact of the conversions on the project. Proposers who propose to convert non-standard products to State standards shall describe any impact that the conversion process shall have on this project. The response should address, but not be limited to, the project schedule, vendor staffing, and State technical and personnel resources involvement. Caution: do not include costs of any kind in this response. Proposers who propose the use of application development and support software product(s) in addition to or in lieu of State standards shall meet the following requirements. Proposers shall confirm that the following requirements are met: 1) The product(s) proposed shall be currently marketed, and the most recent version/release of the product shall have been generally available for twelve (12) months. 2) The product(s) shall be operational in a production environment similar to that specified to meet the requirements of this RFP. 3) The product(s) shall be fully supported by the product manufacturer. At a minimum this support shall include the availability of maintenance contracts that provide for product upgrades, onsite support, and telephone support 24 hours per day, 7 days per week, and 365 days per year. 4) The product(s) shall be compatible with the State's hardware, operating system software, network hardware and software, and database management systems technical environment identified for this project. 5) The product(s) manufacturer shall have no stated intent to discontinue upgrades and maintenance of the product. 6) Any Proposal that uses product(s) not in compliance with the above requirements shall be rejected as non-responsive. Compliant Proposals shall be evaluated as described below.	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	h. For each software product proposed which deviates from State Standards, the Proposer shall provide the following information (caution: do not include costs of any kind in the following information): 1) Product Name. 2) Manufacturer name, address, and phone number. 3) Length of time in business. 4) Age of product, latest version/release, and date of most recent version/release. 5) Product lineage since its introduction (include product name, company name, dates, etc.). 6) Number of current product users (public and private entities – not individuals). 7) Describe Proposer support including training, documentation, technical support line, and problem tracking/escalation. 8) Names, addresses, and phone numbers of two current product users in an application similar to the size, complexity, and technical environment as described in this RFP, for reference contacts. 9) Proposed version of product, operating system version compatibility, other software compatibility. 10) Requirements for installing and running product such as compilers, drivers, etc. 11) Description of product functionality. 12) Explanation of how the product is integrated into the proposed solution including the number of user licenses required in the State's environment, if applicable. 13) How the State or its agents would use the product for customization, maintenance, adding additional functionality. 14) How the State would use the product to satisfy business requirements, e.g. adhoc query, reporting, etc. 15) Provide a statement regarding the financial strength and long-term viability of the manufacturer. 16) Describe the training necessary for use of the product. 17) Any other information which would assist the State in evaluating the possible use of the product. i. For this section the only response required from the Proposer is a statement to confirm the Proposer's understanding of the evaluation process associated with non-standard products.	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	1) For Proposers who propose non-standard products, the State shall base its evaluation scores on the content of the responses to the deviation sections, as well as additional State evaluation of the products proposed. The Proposal responses shall be evaluated by a separate Software Deviations evaluation group. Based on the results of this evaluation, Proposals that propose non-standard products may be determined non-responsive. The State's evaluation shall focus on the impact of introducing the new product(s) into the State's technical environment. The information provided by the Proposer shall be the basis for the State's research, which shall include, but not be limited to: consultation with independent group(s) specializing in information system trends reporting, reference checks with current users, and other such data gathering activities. 2) The State shall also consider the long-term impact of introducing non-standard products into its technical architecture. Factors considered shall include, but not be limited to: skill acquisition and retention for support of the product(s), the product(s)' potential future compatibility with the State's changing technical architecture, and the general position of the product(s) in the current information technology environment. 3) When the Software Deviations evaluation group has completed its work, it shall produce a report that shall be sent to the Technical Architecture Evaluation Team. <u>Contract Section A.4.e. and A.4.f.</u> The Proposer shall list all software that will be used in the development of the V.I.P., including application development software, database management systems (DBMS), reporting tools, COTS software, and utilities. These software products shall be categorized as State Standard Software and Non-State Standard Software. The template for documenting State Standard software is provided in RFP Attachment 6.12. The template for documenting Non-State Standard software is provided in RFP Attachment 6.13. Software that is categorized as State Standard is identified in the State's Technical Architecture in Contract Attachment J. Software	

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C		
PROPOSER NAME:		
SECTION C — TECHNICAL APPROACH – V.I.P. Technical Architecture		
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY** **Score**
	that is categorized as Non-State Standard is defined as software that is not listed in the State's Technical Architecture. The Proposer shall provide a narrative that confirms their understanding of and approach to meeting the requirements in the following Contract section. The Proposer shall provide a narrative and supporting diagram that describes the proposed technical architecture, including all physical and logical servers, operating systems, database reporting tools, application development software, COTS software, and utilities.	
80 *(maximum section score)*		**SCORE:**

TECHNICAL PROPOSAL & EVALUATION GUIDE — SECTION C				
PROPOSER NAME:				
SECTION C —V.I.P. Baseline Conceptual Data Model or Entity Relationship Diagram (ERD)				
Proposal Page # (to be completed by Proposer)	**Technical Approach Items**	**State Use ONLY**		
		Score	**Item Weight**	**Raw Weighted Score**
	C.31. V.I.P. Baseline Conceptual Data Model or Entity Relationship Diagram (ERD) The Proposer shall propose a conceptual data model or entity relationship diagram for the proposed baseline framework application. This model or diagram should include the base entities that are common to most Human Service programs and should reflect the base model that the Proposer shall use as a starting point in the design of a conceptual model or entity relationship diagram to meet the State's requirements. A State database evaluation team shall review and score the baseline conceptual data model or entity relationship diagram with regard to design modularity, flexibility and integrity.		**1**	
			Total Raw Weighted Score: *(sum of Raw Weighted Scores above)*	
Total Raw Weighted Score / **maximum possible raw weighted score = 5** *(i.e., 5 x the sum of item weights above)*			**X 25** *(maximum section score)*	**= SCORE:**

RFP ATTACHMENT 6.4 PART A COST PROPOSAL & SCORING GUIDE

COST PROPOSAL & SCORING GUIDE

NOTICE TO PROPOSER: This Cost Proposal MUST be completed EXACTLY as required.

PROPOSER NAME:	
SIGNATURE & DATE:	

NOTE: The signatory must be an individual or a company officer empowered to contractually bind the Proposer. If the Signatory is not the Proposer company president, this Statement of Certifications and Assurances SHALL attach evidence showing the Signatory's authority to bind the Proposer.

COST PROPOSAL SCHEDULE

The proposed cost, detailed below, shall indicate the proposed price for providing the entire scope of service including all services as defined in the RFP Attachment 6.1, *Pro Forma* Contract Scope of Services for the total contract period. Costs in this section shall include the total application development cost, including the initial cost for Pre-Existing Application Software, Custom-Developed Application Software, Non-State Standard Third-Party Software, and annual license and product upgrade fees for the duration of the contract. The proposed cost and the submitted technical proposal associated with this cost shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any resulting contract between the Proposer and the State. All monetary amounts are United States currency.

For purposes of establishing the annual license and product upgrade fees that will be included for the duration of the contract, the vendor should assume a duration as described above in RFP Attachment 6.3, Section C, Item C.2., Implementaton Schedule.

The Proposer may enter zero (0) in a required Proposed Cost cell; however, the Proposer must not leave any required Proposed Cost cell blank. For evaluation and contractual purposes, the State shall interpret a blank Proposed Cost cell as zero (0).

Cost Item Description	Proposed Cost	State Use Cost
TOTAL APPLICATION DEVELOPMENT COST		

The RFP Coordinator shall use the evaluation cost amount derived from the proposed cost amounts above and the following formula to calculate the COST PROPOSAL SCORE. Calculations shall result in numbers rounded to two decimal places.

Evaluation Cost Amount:

$$\frac{\text{lowest Evaluation Cost Amount from all Proposals}}{\text{Evaluation Cost Amount being evaluated}} \times 510 \text{ (maximum section score)} = \text{SCORE:}$$

RFP ATTACHMENT 6.4 PART B COST PROPOSAL & SCORING GUIDE

COST PROPOSAL & SCORING GUIDE

NOTICE TO PROPOSER: This Cost Proposal MUST be completed EXACTLY as required.

PROPOSER NAME:	
SIGNATURE & DATE:	

NOTE: The signatory must be an individual or a company officer empowered to contractually bind the Proposer. If the Signatory is not the Proposer company president, this Statement of Certifications and Assurances SHALL attach evidence showing the Signatory's authority to bind the Proposer.

CHANGE ORDER RATES SCHEDULE

The change order rates, detailed below, shall indicate the proposed change order rates for processing all State approved change orders. All monetary amounts are United States currency.

Note: The costs proposed must be fully loaded to cover travel, meal, and lodging expenses associated with providing the services; the State will not pay travel-related expenses separately.

The Proposer may enter zero (0) in a required Proposed Cost cell; however, the Proposer must not leave any required Proposed Cost cell blank. For evaluation and contractual purposes, the State shall interpret a blank Proposed Cost cell as zero (0).

Cost Item Description	Proposed Hourly Rate					State Use
	Year 1	Year 2	Year 3	Year 4	Year 5	**Sum of Hourly Rate**
Senior Project Manager						
Backup Senior Project Manager						
Senior Analyst						
Analyst						
Senior Programmer						
Programmer						
Database Coordinator						
Mainframe Operations Manager						
Mainframe Operations Specialist						
Documentation Specialist						

The RFP Coordinator shall use the evaluation cost amount derived from the proposed cost amounts above and the following formula to calculate the COST PROPOSAL SCORE. Calculations shall result in numbers rounded to two decimal places.

Evaluation Cost Amount:

$$\frac{\textbf{Lowest Evaluation Cost Amount from all Proposals}}{\textbf{Evaluation Cost Amount being evaluated}} \times \textbf{90 } \textit{(maximum section score)} = \textbf{SCORE:}$$

RFP ATTACHMENT 6.5 PROPOSAL SCORE SUMMARY MATRIX

RFP Coordinator **Date**

QUALIFICATIONS & EXPERIENCE **Maximum Points: 600**	**PROPOSER NAME**		**PROPOSER NAME**		**PROPOSER NAME**	
EVALUATOR 1						
EVALUATOR 2						
EVALUATOR 3						
EVALUATOR 4						
EVALUATOR 5						
EVALUATOR 6						
EVALUATOR 7						
	AVERAGE SCORE:		**AVERAGE SCORE:**		**AVERAGE SCORE:**	
TECHNICAL -GENERAL **Maximum Points: 695**						
EVALUATOR 1						
EVALUATOR 2						
EVALUATOR 3						
EVALUATOR 4						
EVALUATOR 5						
EVALUATOR 6						
EVALUATOR 7						
	AVERAGE SCORE:		**AVERAGE SCORE:**		**AVERAGE SCORE:**	

QUALIFICATIONS & EXPERIENCE **Maximum Points: 600**	**PROPOSER NAME**		**PROPOSER NAME**		**PROPOSER NAME**	
TECHNICAL ARCHITECTURE **Maximum Points: 80**						
EVALUATOR 1						
EVALUATOR 2						
EVALUATOR 3						
EVALUATOR 4						
EVALUATOR 5						
	AVERAGE SCORE:		**AVERAGE SCORE:**		**AVERAGE SCORE:**	
TECHNICAL - BASELINE CONCEPTUAL DATA MODEL OR ERD **Maximum Points: 25**						
EVALUATOR 1						
EVALUATOR 2						
EVALUATOR 3						
EVALUATOR 4						
	AVERAGE SCORE:		**AVERAGE SCORE:**		**AVERAGE SCORE:**	

COST PROPOSAL **Maximum Points: 600**	**PROPOSER NAME**		**PROPOSER NAME**		**PROPOSER NAME**	
TOTAL APPLICATION DEVELOPMENT COST **Maximum Points: 510**						
CHANGE ORDER RATES **Maximum Points: 90**						
	TOTAL COST SCORE:		**TOTAL COST SCORE:**		**TOTAL COST SCORE:**	
PROPOSAL SCORE **Maximum Points: 2,000**	**TOTAL SCORE:**		**TOTAL SCORE:**		**TOTAL SCORE:**	

RFP ATTACHMENT 6.6 PERSONNEL RESUME FORMAT

Individual's Name
Years with Firm
Proposed Position
Education Background

WORK EXPERIENCE

For each project, provide the following information; indicate the most recent experience first.

A. Employed from _____ to _____
Employer's Name
Project 1:
Client's Name (if different from employer's)
Project Name
Project Start and End Date (include percent of time allotted to the project)
Description of Project
Individual's Job Title (include length of time position held)
Individual's Project Duties and Responsibilities
Individual's Experience With The Following (If Applicable):
analysis and planning of systems
project management
system implementation
structured techniques
information engineering methodology
design and development or customization of systems
capacity planning and evaluation
developing training curricula
training users, operators, and/or technical personnel

Project 2:
Client's Name (if different from employer's)
Project Name
Project Start and End Date (include percent of time allotted to the project)
Description of Project
Individual's Job Title (include length of time position held)
Individual's Project Duties and Responsibilities
Individual's Experience With The Following (If Applicable):
analysis and planning of systems
project management
system implementation
structured techniques
information engineering methodology
design and development of customizing of systems
capacity planning and evaluation
developing training curricula
training users, operators, and/or technical personnel

Project n:
Reference 1:
Name
Address
Position
Current Telephone Number

Reference 2:
Name
Address
Position
Current Telephone Number

B. Employed from _____ to _____
Employer's Name
Project 1:

Project 2:

Project n:

Reference 1:

Reference 2:

C. etc.

RFP ATTACHMENT 6.7 GOVERNOR'S WEB PUBLISHING POLICY

The U.S. Department of Justice issued an opinion in September 1996 stating that the American with Disabilities Act (ADA) Titles II and III require entities under the ADA to provide effective communication, regardless of whether they generally communicate through print media, audio media, or computerized media such as the Internet. Covered entities that use the Internet for communications regarding their programs, goods, or services shall be prepared to offer those communications via an accessible medium.

Accessible Web design also provides benefits to those beyond the community using assistive technology. It provides benefit to users with text-based browsers, low-end processors, slow modem connections, or users who do not have state-of-the-art computer equipment. It also allows for easier access to the Internet via technologies such as internet-enabled phones or personal digital assistants.

Consequently, executive branch agency Web sites shall take reasonable steps to develop Web sites that serve the largest possible audience. Agency Web page developers, designers, programmers, and content providers shall become familiar with the guidelines for achieving Web accessibility and apply them to their official state of Tennessee Web sites.

The guidelines for Tennessee's accessibility initiative are the same as those for federal agencies. Section 508 of the Federal Register establishes requirements for electronic and information technology and the federal Access Board has issued the standards to meet those requirements. They are as follows:

A. A text equivalent for every non-text element shall be provided.
B. Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.
C. Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.
D. Documents shall be organized so they are readable without requiring an associated style sheet.
E. Redundant text links shall be provided for each active region of a server-side image map.
F. Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.
G. Row and column headers shall be identified for data tables.
H. Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.
I. Frames shall be titled with text that facilitates frame identification and navigation.
J. Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.
K. A text-only page, with equivalent information or functionality, shall be provided to make a web site comply with the provisions of these standards, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.
L. When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by assistive technology.
M. When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page shall provide a link to a plug-in or applet that complies with Section 1194.21 (a) through (l).
N. When electronic forms are designed to be completed on-line, the form shall allow people using assistive technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.
O. A method shall be provided that permits users to skip repetitive navigation links.
P. When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.

RFP ATTACHMENT 6.8 STATE YEAR 2000 (Y2K) STANDARDS

STATE OF TENNESSEE

Department of Finance and Administration

STANDARDS AND GUIDELINES

DATE: January 9, 1998

ISSUER: Office For Information Resources
Systems Development and Support

SUBJECT: Year 2000 Compliance Standard For Dates and Applications

Problem Definition

The year 2000 shall cause many problems in the computer industry. Computer application systems, operating software, and hardware components have been designed over the years without the proper consideration of a century change. The affected software and hardware shall either be corrected or replaced prior to the new century so that the State's service delivery can continue uninterrupted and without error. It is our intention that no interruptions in critical state agency services occur as a result of the millennium date change and that systems and related technology function properly at the turn of the century.

The State of Tennessee shall approach the problem of dates by using a combination of Windowing (logic or interpretation), Date Fields Expansion, and building Bridge Programs. Either of these approaches or combination there of, shall enable the State to quickly solve this problem and keep funding at the lowest level. In any event, compromise of accuracy shall not be allowed.

This standard is meant to define the term "**YEAR 2000 COMPLIANT**" for the State of Tennessee, state agency responsibility, vendor and Contract requirements, and certification requirements.

Standard

The following standards shall define the term "**YEAR 2000 COMPLIANT**" for the State of Tennessee:

- Information systems designed to be used prior to, during, and after the calendar year 2000 shall operate without error relating to date data
- Software and applications shall not abnormally end or provide invalid or incorrect results as a result of date data, especially between centuries
- No value for current date shall cause interruptions in desired operations
- All manipulations of time-related data (dates, duration, days of week, etc.) shall produce the desired results for all valid date values with the applications.

- Date elements in interfaces and data storage shall permit specifying century to eliminate date ambiguity
- For any date element represented without century, the correct century is unambiguous for all manipulations involving that element.

Additional Guidelines are contained in Attachment 9.12–A below (Application Compliance Requirements).

Date Representation

The suggested standard format for dates shall follow the international standard date notation, which includes a four digit year. Applications that use or require month and date representation shall conform to the following format: YYYYMMDD where YYYY = full representation of the year, MM = month (from 01, January, to 12, December), and DD = day of month (between 01 and 31). For example, October 9, 1996 would be represented as 19961009. For applications representing the date in ordinal format, the standard shall be YYYYDDD where YYYY = full representation of the year, and DDD is day of year (from 01 to 365 or 366 in a leap year). For example, October 9, 1996 would be 1996283. Date can be reordered from year-month-day if using parties agree.

Databases that are date aware and "YEAR 2000 COMPLIANT" as discussed above, but do not store dates in the suggested format, are acceptable.

DB2 applications should have dates defined as DATE data types and never define date fields as CHARACTER.

New Systems

All new systems, whether acquired or developed "in-house", shall conform to this standard.

Existing Systems

For applications that are currently "**YEAR 2000 COMPLIANT**" as stated above, no changes need be made. However, if the date does not comply to the date standard, consideration should be given to change to the standard when major modifications or revisions are made, or there is a new release of the software.

Contract Language

All new Contracts for software and/or hardware shall include Year 2000 protection and warranty language.

The Contract language should include a statement that the Contractor shall warrant to the State that any software products delivered under the Contract shall correctly process date or date-related data, and store and transmit date data in a format which explicitly and unambiguously specifies the correct century; that the software shall function correctly without error when processing multiple century date data.

Interfaces

Four digit year elements shall be used for purposes of electronic data interchange among State Agencies, the Federal Government, and other entities. Internal agency systems that do not exchange data with other systems have the flexibility to use other solutions if the situation warrants.

If existing systems cannot comply with the standard and interfaces with another system, both entities shall agree, in writing, to the date format represented in the application. A copy of this agreement should be kept by both parties.

For purposes of electronic data interchange in any recorded form between **State and U.S. Government Agencies**, it is required that four-digit year elements be used with the year encompassing a two-digit century that precedes, and is contiguous with, a two-digit year-of-century (e.g., 1999, 2000, etc.).

Third Party Software

Third party vendor application systems that use an existing date format that does not comply with the State of Tennessee date standard, shall be allowed if agreed on by the State. In any case, the Vendor supplied software shall process date data correctly as set forth in this Standard.

State Agency Responsibility

State agencies shall:

- Analyze their critical computer systems to determine the impact of the Year 2000 date problem
- Prepare a detail Work Plan for all non-compliant applications and hardware documenting the resources and schedule for correcting each affected application
- Prioritize all application efforts to ensure that all mission critical systems with the greatest business impact receive the highest preference
- Document all external system interfaces
- Work with The Office For Information Resources (OIR) to determine the appropriate conversion option
- Test all converted systems
- Certify to OIR that all mission critical applications are “YEAR 2000 COMPLIANT”.

Agency Reporting

State agencies are required to report monthly on the status of their Year 2000 Projects. Reports should be sent to the State Y2K Project Manager by the 4th of each month.

Status should include:

- Computer applications on all platforms
- Telecommunication Systems
- Interfaces
- Hardware and operating systems.

Agency work plans may be requested and reviewed by the Year 2000 Project Manager.

Agency Certification Requirements

For an application to be certified as “**YEAR 2000 COMPLIANT**”:

- Test shall have been conducted such that the application can operate within the required business rules to produce expected results using a mixed century date scenario of before, during, and after 01/01/2000
- The application shall meet the criteria as presented in State of Tennessee Date Standard
- Any hardware or software that is used in conjunction with this application, shall also be certified as “YEAR 2000 COMPLIANT”.

RFP ATTACHMENT 6.9 DOCUMENTATION LIBRARY

A Proposer may receive a copy of the documentation library electronically on CD in PDF format. Upon the State's receipt of an Intent to Propose, the Proposer may contact Ms. Camille Wilder, phone number (615) 313-6633, and request to purchase a CD of this Documentation Library at a cost of $10. Acceptable forms of payment include a money order or cashier's check made payable to the Treasurer, State of Tennessee, and delivered to Ms. Camille Wilder. After payment is received, a copy of the CD will be mailed to the Proposer, at the address provided by the Proposer, or arrangements may be made for the Proposer to pick up a copy of the CD from Ms. Wilder at the following address:

State of Tennessee
Department of Human Services
400 Deaderick Street, 7th floor
Nashville, TN 37248

RFP ATTACHMENT 6.10 GLOSSARY

(A/I) Authorization/Invoice – A process of authorizing services and then receiving the invoice.

(ABAWD) Able Bodied Adult Without Dependents – A Food Stamp policy that permits individuals who are able-bodied, without dependents and not otherwise exempt from this requirement to receive Food Stamps without meeting a work requirement for a set period.

Abends- Abnormal end of process.

Absent Parent – The parent that is not physically in the home of a child. Also referred to as NCP-non-custodial parent.

(ACC) At-Risk Child Care - Child care assistance sub-program for those individuals whose 18 months of TCC child care assistance has been reached and the individual is at-risk of returning to welfare assistance without an extension of child care.

(ACF) Administration for Children and Families

(ACR) Active Case Review - Process in which a statistically significant sample of Families First cases are reviewed each month to identify whether policies and procedures are being applied correctly.

Adjudication- A judicial decision, sentence, or decree.

Adverse Action Period - A 10 or 20 day period that must be provided to clients prior to any negative action taking place.

(AFDC) Aid to Families with Dependent Children - The program in which families with dependent children in Tennessee received financial assistance prior to September 1996. This program was replaced with the Temporary Assistance for Needy Families (TANF) program.

AFDC-MO/1931 –*Mandatory Medicaid only category for families meeting Families First criteria for income, resources, deprivation, etc., but failing for a Families First specific requirement or not requesting cash assistance.*

Alert- System generated message linked to a case, to a specified user or group of users that requires action to be taken on the case. The request can be assigned a priority and due date.

Alias - an assumed name

Alien- An individual residing in the U.S. that is not a U.S. citizen.

Application Registration - The functional area in which a client's application for assistance is recorded.

(AR) Authorized Representative - A person chosen by the household to apply for or use benefits on the household's behalf.

(ARTS) Appeals Resolution Tracking System

(ASCII) American Standard Code for Information Interchange

Audit – A review of project deliverables or other project documentation of the Contractor by the State's Project Team, the State's Fiscal Divisions in either the Departments of Finance and Administration or Human Services, or the Comptroller of the State or U.S. Treasury to determine whether performance of the Contractor is in compliance with contract performance standards and/or payment criteria.

Audit Trail- A record showing who has accessed a computer system and what operations he or she has performed during a given period of time.

Batch Processing – A processing period postponed until a later time. In many instances, batch processing occurs overnight, when DHS offices are closed and the system is not being heavily used throughout the state. Examples of batch processing: Scheduling system-generated correspondence to be printed and mailed from a central site, mailing out review packets at scheduled intervals from the central mail facility, or gathering information and sharing it through interfaces with other agencies.

BENDEX – Beneficiary Data Exchange

BUA (Basic Utility Allowance) - A standard, regardless of the household size, which may be used in place of actual expenses. This standard is for the households that do not have a major heating/cooling expense but do have a utility expense other than just the telephone.

Business User- A State employee or an employee of an agency granted access to the system.

Caretaker - For Families First and some TennCare Medicaid categories, the term caretaker refers to an individual designated as the head of case.

Case- A case consists of an individual or a group of individuals for whom eligibility is determined for programs and subprograms.

Case Action Request- A supervisory generated message linked to a case sent to user or group of users for specific action on a case. The request can be assigned a priority and due date.

Categorical Eligibility for FS - Certain households are considered categorically eligible for Food Stamps, without regard to the Food Stamp financial eligibility criteria, when all individuals included in the case are: SSI recipients or authorized to receive SSI benefits, and/or Cash Assistance recipients or those authorized to receive these benefits, and/or Eligible for Family Services Counseling following closure of the Families First cash case, and/or Eligible for and approved for a First Wheels loan.

Categorical Eligibility for TennCare Medicaid - An individual that meets these criteria is receiving benefits from a companion needs based program such as SSI or Families First, or TennCare Medicaid only categories or institutionalized PLIS pregnant women or PLIS children.

(CBT) Computer Based Training

(CC) Child Care

Child Care Certificate: The document issued to an eligible parent authorizing child care for a specific period of time as defined by a start date and end date. The document is provider specific as selected by the parent and shows the children being assigned to that provider and the parent co-pay fee for each child to be collected by the provider.

Child Support Pass Through - An amount of collected child support that is “passed through” to the FF caretaker. The pass through payment is limited to the unmet need amount for the case or the total amount of current child support collected for the month, whichever is less.

Claim Processing Case- The ability to copy an existing case for a specific period of time, and modify the information to correctly reflect actual case circumstances based on information obtained at a later date, and compare the outcome of the two.

Claim - An amount owed by a client for an overpayment of benefits.

(CNS) Consolidated Need Standard – This is a standard set by the state against which a group’s income after certain deductions is compared to determine if eligible for certain program benefits.

(COLA) Cost of living adjustment

Community Spouse – An individual who meets the criteria as a legal spouse and who shared the same community living arrangement with the spouse who is now institutionalized.

Conciliation - An attempt to determine client compliance with program requirements prior to the application of a sanction or specified negative actions.

Correspondence- For DHS purposes, correspondence includes referrals, mass mailers, forms, handouts, and electronic mail.

(COTS) Commercial Off-The-Shelf Software - Software with pre-built components that is designed to be sold on the open market and is available for purchase from a commercial vendor.

Countable Month - A countable month is one that counts towards an individual's time limits within a specific program.

(CRIS-E) -Client Registry Information System –Enhanced – System transferred from Ohio used as the basis for ACCENT.

(CSLA) Child in Special Living Arrangement- State funded foster care.

(CSR) Customer Service Review – CSR is a service that reviews certain potential FF case closures for appropriate policy and procedure before the closure can be authorized.

Custodial Parent – The parent having care and control of a child.

Custom-Developed Application Software – Any application software developed for the State of Tennessee, using State's moneys, during the V.I.P. project.

Customize - Custom program code is required in order to make the software meet the State's requirements.

(CWBW) Child Welfare Benefit Worker- An employee of the Department of Children's Services who determines program eligibility for foster care and adoption assistance programs.

Data Mart/Data Warehouse - A system that provides staff with analytical management reports.

Database - A collection of data that is organized so that its contents can easily be accessed, managed, and updated. The most prevalent type of database is the relational database, a tabular database in which data is defined so that it can be reorganized and accessed in a number of different ways.

(DBMS) Database Management System - A program that lets one or more computer users create and access data in a database.

(DCS) Department of Children's Services

(DDS) Disability Determination Services- The State agency which determines disability for SSI, SSA and DHS TennCare Medicaid disability applicants.

Declination - This refers to the form 65-0979, prescribed by the state, which is used to gather information regarding the voter registration status of an individual and to document an individual's decision, confirmed by signature and date, not to register to vote.

Dependent – A minor child that lives in the home of a caretaker.

Deprivation - For program eligibility purposes, deprivation exists when the minor child in the home is deprived of parental support due to the absence, incapacity/disability, unemployment/underemployment or death of one or more parents. Deprivation is required to meet technical eligibility for Families First and some subprograms within TennCare Medicaid.

(DHS) Department of Human Services

Differential Payment Amount - A pre-defined supplemental benefit to the standard FF benefit amount, which varies, based on group size. This supplemental benefit is given to those cases meeting certain exemption criteria.

Disqualification- A period of individual ineligibility for a program due to various program policies. Disqualified individuals are considered excluded and the entire amount of their income and resources are considered available to the remaining group members.

DOH Auxiliary Payments- These are benefits provided to former FF participants when the FF case has been closed for specific reasons and the clients are now facing an emergency situation such as eviction, removal of children, or cutoff of utilities. The Department of Health is required to attempt a home visit within 30 days from the effective date of closure for these specified closures and notifies the caseworker when situations such as the above exist, but the worker may also be notified by the client. DOH auxiliary payments are provided on a month-by-month basis, as requested by the client, and based on case circumstances at the time.

(DOH) Department of Health

Dunning – Closure notice sent by the Bureau of TennCare for failing to pay TennCare Standard premium.

(E&T) Employment and Training

(EAI) Enterprise Application Integration – The plans, methods, and tools aimed at modernizing, consolidating, and coordinating the computer applications in an enterprise. Some existing legacy systems may be replaced with a new set of applications that exploit the Internet, e-commerce, extranet, and other new technologies while other existing legacy applications and databases shall be integrated with the new system. EAI may involve developing a new total view of an enterprise's business and its applications, with the ability to efficiently reuse what already exists while adding new applications and data.

(EAV) Enrollment Attendance Verification- The billing document sent to a provider at the end of the billing period with each enrolled child listed for encoding the child's daily attendance and number of hours.

(EBT) Electronic Benefit Transfer - The electronic transfer of government benefit funds to individuals through the use of card technology and ATMs and POS Terminals. The use of this technology may be expanded to encompass the tracking of individuals participating in state administered childcare, education, and work programs.

(EITC) Earned Income Tax Credit - Available through the internal Revenue Service for low income individuals for tax preparation purposes.

Enumeration- The procedure by which the Social Security Administration assigns and/or verifies SSN's for applicants/recipients.

(EPSD&T) Early Periodic Screening Diagnosis and Testing

Error Prone Profile - A combination of elements in a case that might cause the case to be incorrect. Cases with this profile are collected for case review.

Expedited Service – Eligibility for certain households must be determined on an expedited basis in the Food Stamp Program. Federal law currently requires that eligibility be determined, and benefits provided to the household, within 7 days of application.

Expungement - A process whereby returned Food Stamp benefits are designated as no longer available for re-issuance. This action occurs nine months after unused Food Stamp benefits are returned by the EBT vendor. Once expungement has occurred, the benefits can only be used to repay a claim.

(F&A) Department of Finance and Administration

Family Cap - A policy that may prohibit a grant increase for FF case when an individual has received benefits for more than 10 consecutive months and then give birth to another child.

Families First Child Care – A child care assistance sub-program for those individuals receiving cash assistance and who have a personal responsibility plan which requires them to work or perform a pre-work activity and need child care to meet that requirement.

(FF) Families First -The name of Tennessee's TANF program, which was implemented in September 1996 and operates under a federal waiver through June 2007.

Families First Categories:

Families First Incapacity- Families First grant is based on deprivation due to an incapacitated parent.

Families First Unemployed Parent- Families First grant is based on deprivation due to the primary wage earner being unemployed or underemployed.

Families First Regular- Families First grant is based on deprivation due to an absent parent.

Fiat - An agreement or action to change a case result. (this is not an acronym)

Final Closure- A second closure after a FF case has been reopened due to client's willingness to comply within the 10-day adverse action period, but due to failure to comply is closed again for the same reason. A final closure has no additional adverse action period.

First Wheels- A Families First Support Service that provides zero interest auto loans on used vehicles to eligible participants.

(FNS) Food and Nutrition Services

Framework - A reusable, semi-complete application customized to meet system requirements.

(FS) Food Stamps

(FSC) Family Service Counseling- A program that provides for licensed social counselors under contract with DHS who identify and provide assessments, services and referrals to FF recipients who have barriers that are preventing their successful participation in the program.

GED (General Equivalency Diploma)

Good Cause - An acceptable reason for a client to not participate in a program requirement or provide information requested by the department. This can apply in all programs.

Gross Income Limit - This is the maximum amount of income, before deductions, that a group can have.

Grouping- The joining of household members into individual cases based on the programs and technical requirements.

(GUI) Graphical User Interface - Defines the "look" and "feel" of the system.

(HCBS) Home Community Based Services - A waiver program that allows an individual to receive nursing care at home and that would otherwise require level I care in a nursing facility.

(HH) Household- Individuals who live together and receive benefits based on program rules.

(HTML) Hypertext Markup Language -The set of markup symbols or codes inserted in a file intended for display on a Web browser page. The markup tells the Web browser how to display a Web page's words and images for the user.

(HTTP) Hypertext Transfer Protocol -The set of rules for exchanging files (text, graphic images, sound, video, and other multimedia files) on the Web.

(ICE) Inadvertent Client Error – An established FF overpayment that has been determined to be the result of a misunderstanding on the part of the client.

(IHE) Inadvertent Household Error – An established FS overpayment that has been determined to be the result of a misunderstanding on the part of the client.

Illegal Alien - Aliens who have entered the US illegally or who are undocumented.

In-Box- A user specific section of the system that will include, but is not limited to, all alerts, matches, reminders, case action requests, specified reports and referrals.

Inclusion/Exclusion- These terms are used for Families First and TennCare Medicaid, when an individual has the option to be included or excluded in the case.

Ineligible Alien- Aliens that are in the US legally but who do not meet the technical program requirements for citizenship.

INS (Immigration and Naturalization Service)

Intake Application - An application submitted by the client for any new program benefit.

Integrated - When two systems are integrated, they share information with each other on-line and in real time; thus, when data changes in one system, the change to that data is made known immediately to other integrated systems.

Interface - The State defines an interface to exist between two systems when data is typically extracted from the one system and loaded into the other, often in batch off-line.

(IPE) Improper Payment Error- An instance of overpayment due to sufficient group income during the month of receipt, recipient or legally responsible relative was on strike the last day of the month, or a lump sum was received that resulted in a period of ineligibility.

(IPV) Intentional Program Violation – A willful act committed by an individual in order to receive more benefits than they are entitled. Also called fraud.

Item D - The deduction of expenses incurred by the institutionalized eligible individual for medical or remedial care that are recognized by state law as medical and/or remedial care item but are not included in the State's TennCare Medicaid plan. These expenses can help to lower patient liability or they can be deducted as a spenddown expense, which could help an individual become eligible for nursing home care.

(ITM) Information Technology Methodology

(IV-D) Child Support

(IV-E) Federally Funded Foster Care

(IVR) Interactive Voice Response - A telephone inquiry system that provides access to automated case information.

(JAD) Joint Application Development - Consisting of meetings among business and technical staff to define system requirements.

(LSA) Labor Surplus Area - The labor surplus designation is used by federal procurement offices in targeting contracts into areas of high unemployment. To be considered labor surplus, the county must have at least a 20% unemployment rate. Also refers to certain counties approved by USDA as exempt from the ABAWD requirements.

(LTC) Long Term Care - Nursing home living arrangements for institutionalized individuals.

Low-Income Child Care - Child care assistance sub-program for those working individuals who are not receiving cash assistance and who meet certain income standards and work requirements.

Major Parent –The adult parent of a minor parent when they reside together in the home.

Marriage During Receipt of Assistance - A policy that allows a FF caretaker who marries while receiving assistance to continuing receiving assistance even if the marriage results in deprivation no longer existing. The new spouse may opt to be included or excluded in the case.

Mass Change - This is an automated change that occurs at a scheduled time or on demand, usually for a large number of cases that have common characteristics, such as annual Social Security COLA increase.

Matches- Message generated from an interface linked to a specific case to a specified user or group of users that requires user to evaluate for possible case action. The request can be assigned a priority and due date.

May - A desired, advisory or permissible action or requirement.

(MCO) Managed Care Organizations- A TennCare network provider of client health benefits.

(ME) Medically Eligible- Uninsurability based on insurance underwriting standards.

Mentor - The process of a Contractor, who is highly skilled in a specified technical area, working closely with a State employee to tutor or guide the State employee in the required technical skills necessary to assume future responsibility for the maintenance or enhancement of the new system.

Metrics- A standard of measurement.

(MEU) Medical Evaluation Unit- A unit of DHS which determines TennCare Medicaid eligibility and Families First deprivation for intact families where the caretaker or other parent is claiming a disability or incapacity.

Middleware- The term middleware is used to describe separate products that serve as the glue between two applications. It is, therefore, distinct from import and export features that may be built into one of the applications. Middleware is sometimes called plumbing because it connects two sides of an application and passes data between them.

Minor Parent – An individual who is under age 18 and the parent of a child who is living in the home.

(MNIS) Medically Needy Income Standard- This is based on the standard payment amount for FF and is the income standard used in calculating the TennCare Medicaid spenddown budget.

Modularity – ”The process of encapsulating volatile implementation details behind stable interfaces.” “Framework modularity helps improve software quality by localizing the impact of design and implementation changes.” (Fayad, Mohamed. and Schmidt, Douglas C.,Object Oriented Application Frameworks; Vol. 40, No. 10, October 1997)

Motor Voter Act - The term commonly used to refer to the National Voter Registration Act of 1993. This act requires that the application to register to vote must be an “integral part” of the application for program benefits. Each office must ensure that all applicants and recipients as well as others entering their office receive the appropriate information, forms, and services at all appropriate times.

(NCOA) National Change of Address – NCOA is used to provide new addresses for residents that have moved. The service is offered by licensees of the US Postal Service and contains moves for 48 months. It also provides a CASS certified output, Address Standardization and ZIP+4 appending, ZIP Correction and Carrier Route Coding. The NCOA process is a US Postal Service approved method to meet Move Update requirements, making it possible to receive postage discounts.

Non-COLA - An increase in a Social Security benefit that is outside the cost of living adjustment.

Non-Intentional Program Violation

Non-State Standard Third Party Software, Add-Ons, Plug-Ins, Components to Plug-Ins – Software that is not included as a State standard in the Tennessee Information Resources Architecture in Contract Attachment J. Note that these products may be subject to restrictions imposed by the State to prevent the introduction of Non-State Standard Software. (Examples: specialized software, such as Word or Excel; software development tools; database management systems)

Notice- A written document containing case or Department information that is sent to client(s) or provider(s) informing them of

N-Tier Architecture - Any number of distinct tiers or layers in the technical architecture. A typical N-Tier architecture model includes a presentation graphical user interface (GUI) layer, a presentation logic tier, a business tier, a date access tier, and a data tier.

(OATS) On-line Appointment Tracking System- This system currently interfaces with ACCENT and is used for TCS client scheduling and tracking of flags, renewals, notices, approvals, denials, etc. It is expected that the ACCENT replacement system will eliminate the need for OATS.

(OIG) Office of Inspector General – A division within the Bureau of TennCare that includes the Program Integrity unit.

(ORR) Office of Refugee Resettlement

Override - A procedure that allows the user to make a change to the system-determined results. Overrides may be case or individual specific.

(PAE) Pre-Admission Evaluation – Process completed by the Bureau of TennCare that determines the medical need for long term care services.

(PARIS) Public Assistance Reporting and Information System

Patient Liability Amount for Institutionalized Medicaid - The individual financial responsibility for the amount of his/her cost of care after all allowable deductions based on the patient's financial ability to pay.

(PDF) Portable Document Format - A file format created with Adobe System's Acrobat software. It presents documents in a format that is independent of the original software, operating system, etc., in which they were originally created. PDF preserves the original fonts, images, graphics, and layout of the source document. PDF documents cannot be reformatted, only viewed and printed.

Penalties- A reduction in program benefits due to the application of a sanction or disqualification.

Pending Case Status – A case awaiting authorization.

(PLIS) Poverty Level Income Standard – A level of income that the federal government defines as an income above which it is possible to achieve an adequate standard of living, also known as Federal Poverty Level or FPL.

Pre-Existing Application Software – Any State Standard or Non-State Standard pre-existing application software, including, but not limited to complete packages, subroutines, builds, and/or individual lines of software code, that is proposed as a part of the overall V.I.P. solution. For example, the vendor may propose a previously developed package or some portion of a pre-existing package with the intent of modifying this software to meet Tennessee's needs. Note that this definition does not include specialized third-party software, add-ons, plug-ins, or components/objects to plug-ins.

(PRP) Personal Responsibility Plan- This is a plan that certain FF participants must sign that defines the client and state responsibilities when the client is approved for Families First.

(PWE) Principal Wage Earner – A principal wage earner must be designated when both parents of a dependent child are living in the home with the child, and neither parent is determined to be incapacitated.

(QA) Quality Assurance-The actions taken to ensure that procedures and standards are adhered to and that delivered products or services meet performance requirements and the activities planned to ensure that each component of the system conforms to the State's requirements.

(QC) Quality Control- A section of DHS that reviews a statistically valid sample of active and negative cases to determine the extent to which households are receiving benefits to which they are entitled, and to determine the extent to which decisions to deny, suspend, or close cases are correct.

QII - TennCare Medicaid Special Low-Income Medicare Beneficiary and Qualified Individuals

(QM) Quality Management

(QMB) - TennCare Medicaid Qualified Medicare Beneficiary

(RACF) Resource Access Control Facility – IBM product that controls access to and protects resources.

(RDBMS) Relational Database Management System - A program that lets you create, update, and administer a relational database. An RDBMS takes Structured Query Language (SQL) statements entered by a user or contained in an application program and creates, updates, or provides access to the database.

Recertification or Recert- The end of an eligibility period that calls for a review of information in order to continue program/subprogram assistance.

Recoupment - Withholding a portion of a client's current benefit because of a previous overpayment.

Referral - To direct individuals or their cases to services either electronically, by way of interface or by system generated referral notice.

Refugee Cash Assistance and Medical Assistance – The Refugee Resettlement Program is funded by the U.S. Department of Health and Human Services' Office of Refugee Resettlement (ORR). Cash and/or medical assistance is provided for refugees for a fixed period of time, set by the federal government. Assistance is provided on the basis of need and without regard to the usual cash or Medicaid categorical requirements. Other immigrant populations are not eligible for the Refugee Resettlement program.

Reminders - User created message that can be sent to self or other users with the ability to assign a priority and due date.

Representative Income- Income that is considered a valid indicator of future earnings and therefore counted in the individual's budget.

Resolved- Alert, match, reminder, or case action requests are considered resolved when appropriate action is taken as defined by program policy/rules.

Resource Allocation –A process used to determine resource allocation to the community spouse from the institutionalized individual.

Resources - Both liquid and non-liquid assets owned by individuals within a case and that may or may not be considered when determining eligibility.

Restitution- To give back to the rightful owner.

Restoration- A replacement of program benefits.

Reusability - "The concept of defining generic components that can be reapplied to create new applications. Framework reusability leverages the domain knowledge and prior effort of experienced developers in order to avoid re-creating and re-validating common solutions to recurring application requirements and software design

challenges. Reuse of framework components can yield substantial improvements in programmer productivity; as well as enhance the quality, performance, reliability and interoperability of software. " (Fayad, Mohamed. and Schmidt, Douglas C.,Object Oriented Application Frameworks; Vol. 40, No. 10, October 1997)

Review Application- An application that is required following predetermined period of time in order to determine on-going eligibility for current program recipients. Also known as a recertification or renewal application.

(RFP) Request for Proposal - Document issued by a private or public entity inviting potential Contractors to submit proposals to deliver goods or services according to delineated specifications.

(RI) Referential Integrity

Rule- A statement that defines or constrains some aspect of a business.

Sanction - A sanction is a penalty imposed upon an individual or group because of the failure to comply with a program requirement. A sanction may be imposed against an individual or group of individuals, based on the program and the reason.

(SAVE) Systematic Alien Verification for Entitlements

Scalability - The ability of an application or product (hardware or software) to continue to function well when it is changed in volume or size to meet a user need. This also applies to the movement of a scalable object when the context is changed. (i.e., a new operating system) When changes are made, a scaleable product or object shall function well with the change and shall take full advantage of the change.

(SCHIP) State Children's Health Insurance Program

Scratchpad- This term is used by DHS to describe system functionality that can be used to perform "what if" scenarios in a test environment.

(SDX) State Data Exchange - Computer file from the Social Security Administration giving SSI and Medicaid information on DHS clients. Social Security information is also available on clients who receive SSI and/or Medicaid. SDX information can be used as a source of verification.

Service Center – The State's Family Assistance call center that shall be integrated with system.

(SIPV) Suspected Intentional Program Violation- A pending overpayment that has not yet been established, but where it is suspected that intentional fraud was involved.

(SLMB) Special Low Income Medicare Beneficiary

(SNAP) Simplified Nutrition Application Program - A waiver from the United States Department of Agriculture-FNS Division to allow the agency to offer a modified Food Stamps Program to certain SSI recipients.

(SNC) Department of Children's Services DCS Child Care - Child care assistance sub-program for those children who are not under the protective supervision of the court.

(SOAP) Simple Object Access Protocol - A way for a program running in one kind of operating system (such as Windows 2000) to communicate with a program in the same or another kind of an operating system (such as Linux) by using the World Wide Web's Hypertext Transfer Protocol (HTTP) and its Extensible Markup Language (XML) as the mechanisms for information exchange.

Software Types

> Custom-Developed Application Software – Any application software developed for the State of Tennessee, using State's moneys, during the V.I.P. project.

Non-State Standard Third Party Software, Add-Ons, Plug-Ins, Components to Plug-Ins – Software that is not included as a State standard in the Tennessee Information Resources Architecture in Contract Attachment J. Note that these products may be subject to restrictions imposed by the State to prevent the introduction of Non-State Standard Software. (Examples: specialized software, software development tools; database management systems)

Pre-Existing Application Software – Any State Standard or Non-State Standard pre-existing application software, including, but not limited to complete packages, subroutines, builds, and/or individual lines of software code, that is proposed as a part of the overall V.I.P. solution. For example, the vendor may propose a previously developed package or some portion of a pre-existing package with the intent of modifying this software to meet Tennessee's needs. Note that this definition does not include specialized third-party software, add-ons, plug-ins, or components/objects to plug-ins.

State Standard Third Party Software, Add-Ons, Plug-Ins, Components to Plug-Ins – Software that is included as a State standard in the Tennessee Information Resources Architecture in Contract Attachment J. (Examples: specialized software, such as Word or Excel; software development tools; database management systems)

(SOLQ) State On Line Query- An on-line, real time system, which interfaces, with DHS system to provide direct access to the Social Security Administration Master Beneficiary records.

Spenddown Liability Amount- The amount of incurred medical bills required in order to become TennCare Medicaid eligible when countable income exceeds the Medically Needy Income Standard for the family size. Spenddown amount is determined by deducting the Medically Needy Income Standard for the family size from the countable income. Eligibility begins on the date medical expenses equal or exceed the spenddown liability amount.

(SQL) Structured Query Language - A standard interactive and programming language for getting information from and updating a database.

(SR) Simplified Reporting - All Food Stamp cases other than those with ABAWD, self-employed, or elderly or disabled persons without earnings should be considered simplified reporting cases and will be assigned an appropriate certification period. These cases are only required to have a face-to-face interview once a year; the other interview may take place by phone.

(SSA) Social Security Administration

(SSB) Child Care for Children with Diagnosed Disability or Developmental Delay - Child care assistance sub-program for those children who are diagnosed with a disability and who will benefit from a child care setting. The family must also meet certain income standards, but has no work requirements.

(SSBG) Social Services Block Grant

(SSC) State Custody Foster Care – This acronym is used in the TennCare Management Information System (TCMIS) to identify children who are in State custody and have been placed in foster care.

(SSI) Supplemental Security Income

(SSP-MOE) Separate State Program Maintenance of Effort

Stakeholders - Individuals and organizations that are actively involved in the project, or whose interests may be positively or negatively affected as a result of project execution or project completion. They also exert influence over the project and its results.

Standard Days- This is a term used in client scheduling and refers to a template made by the user consisting of the number and type of appointments, breaks, leave, etc. for a work day. A user may have multiple standard days that can be used when setting up a future schedule.

(STARS) State of Tennessee Accounting and Reporting System – Statewide accounting system that shall interface with system.

State Standard Third Party Software, Add-Ons, Plug-Ins, Components to Plug-Ins – Software that is included as a State standard in the Tennessee Information Resources Architecture in Contract Attachment J. (Examples: specialized software, such as software development tools; Word or Excel;database management systems)

SUA (Standard Utility Allowance) - A standard (based upon household size) which may be used in place of actual expenses when calculating program eligibility allowance. This standard has to include a major heating and/or cooling expense. The household has a choice of using this or actual expenses. The standard is developed based upon the utility expenses of electricity, gas, water, sewer, telephone, and garbage across multiple utility companies.

Subprogram - A specific category of a major program.

Supplements - Supplements are additional program benefits issued to a group outside of their normal benefits. Supplements can be issued for various reasons, such as positive changes being made for previous budget periods.

Support Services - These are specific services provided to FF participants if necessary so the client can participate in their work requirement. Some support services have annual limits.

(TABE) Tests of Adult Basic Education - The assessment instrument currently used to determine grade level for Families First program eligibility purposes is TABE Level D, Survey Form 7/8

(TANF) Temporary Assistance to Needy Families - Commonly known as welfare, is the monthly cash assistance program for poor families with children under age 18.

(TCC) Transitional Child Care - A group that receives Families First and their case closes for any reason other than removal of children, living in another state, or child support non cooperation is eligible for 18 months of additional child care services.

(TCCMS) Tennessee Child Care Management System

(TCM) TennCare Medicaid - Those individuals eligible for TennCare Medicaid who are able to meet the pre-defined federal poverty limit income standard or meet a spenddown based on TN MNIS. Criteria vary depending on age, disability, deprivation, income, and resources.

TennCare Medicaid Categories:

TennCare Medicaid ADC – TANF related AFDCMO 1931.

TennCare Medicaid ADC Failed Due to Sibling Income – Medicaid for those failing Families First but whom would qualify if income of a sibling is disregarded.

TennCare Medicaid ADC Pregnant – Medicaid for pregnant woman who has income within the FF guidelines in first 2 trimesters.

TennCare Medicaid for Pregnant women- Medicaid for pregnant women which covers pregnancy and 2 months postpartum.

TennCare Medicaid for Non-Qualified Alien Emergencies- Medicaid for illegal or undocumented aliens with a medical emergency.

TennCare Medicaid Aged - Medicaid for individuals age 65 and over, spenddown and institutionalized/HCBS.

TennCare Medicaid Blind – Medicaid for individuals age 65 and under, spenddown and institutionalized/HCBS.

TennCare Medicaid CSLA Child in Special Living Arrangement – Medicaid for children in foster care or adoption assistance.

TennCare Medicaid Disabled – Medicaid for individuals under age 65 disabled. It can include spenddown and institutionalized/HCBS Medicaid.

TennCare Medicaid for Women with Breast or Cervical Cancer- Presumptive Medicaid for women with breast or cervical cancer.

TennCare Medicaid Medical Assistance for Children – Medicaid for families and children who are either exceptionally needy or spenddown eligible.

TennCare Medicaid Newborn Automatic 12 month coverage – Medicaid coverage for newborn for a newborn born to a Medicaid eligible mother.

TennCare Medicaid Pickle/Passalongs (DAC-WWI & WWII) – A special category of individuals who lost SSI due to receipt of SSA or increase in SSA.

TennCare Medicaid PLIS Poverty Level Income Standard – Medicaid for children under age 19 at varying levels of poverty.

TennCare Medicaid Qualified Medicare Beneficiary – Medicare assistance for low income individuals to assist with premium and copay.

TennCare Medicaid Special Low-Income Medicare Beneficiary and Qualified Individuals – Medicare assistance for low income individuals to assist with Medicare premium.

TennCare Medicaid for Families First- Medicaid assistance for those individuals receiving Families First.

(TM) Transitional TennCare Medicaid – Continued Medicaid benefits for individuals who have received Families First or AFDC-MO/1931 and have been closed for specific reasons. Eligibility for this type of TennCare Medicaid is for a specified period of time and is without income or resource limitations.

(TCS) TennCare Standard – 1115 Waiver program for the uninsured and those meeting medical eligibility requirements. Requirements vary based on current eligibility or new applicant status. Resources are not considered in the eligibility process.

(TCSES) Tennessee Child Support Enforcement System

(TDLWD) Tennessee Department of Labor and Workforce Development

Technical Proposal - Refers to the technical section of the proposal that includes all factors other than the cost.

(TELC) Tennessee Education Lottery Commission

(TFS) Transitional Food Stamps – When a Families First case closes for earnings, the companion Food Stamp case may be eligible for Transitional Food Stamp benefits for five months. The Transitional Food Stamp benefit freezes the earned income and unearned income budgeted prior to FF closure, and removes the FF benefit from the food stamp budget.

Time Limit – Federal or state standards that define the length of time a person may be eligible for specified program's benefits.

(TNCAP) Tennessee Combined Application Project- A Food Stamp subprogram comprised of single SSI recipients without earnings. This subprogram utilizes SDX data to establish cases and authorize benefits. TNCAP is not currently operational, but is planned for implementation with the replacement system.

To-Do List- An area of the In-Box that includes specific case information for the user.

(TOMIS) Tennessee Offender Management Information System

(TPL) Third Party Liability

(TWISS) Tennessee Welfare Integrated Services System

Unmet Need Amount – The unmet need in a Families First case determines the maximum amount a FF group can receive in child support passthrough. This amount can vary with other income budgeted. The formula used to calculate the unmet need is: Consolidated Need Standard less Net Countable Income plus Families First Grant equals Unmet Need.

(USDA) United States Department of Agriculture

(USDHHS) United States Department of Health and Human Services - The Federal agency with administrative authority for fiscal and programmatic policy for health and human services.

Users - Individuals who are granted access to the system for data entry and/or inquiry privileges.

Vendor Payment - Payment made directly to a third party on the behalf of a client.

Voluntary Quit - An individual may incur Food Stamp or Families First penalties for voluntarily quitting or reducing hours of employment without good cause, if not otherwise exempt from the work registration requirements.

(VR) Vocational Rehabilitation

(VRTS) Voter Registration and Tracking System

(WAN) Wide Area Network - A geographically dispersed telecommunications network.

(WIA) Workforce Investment Act

(WIC) Women, Infants and Children

Work Order- A number assigned by the system for each call received by Service Center for tracking purposes.

Workforce Connection - To meet the workforce connection the PWE must be unemployed or underemployed (working less than 100 hrs/month) for at least 30 days and must have earned $50.00/quarter in 6 out of the last 13 quarters. Work quarters in other countries can be used. Two parent households where neither parent is incapacitated or disabled must meet the workforce connection to be eligible for FF.

RFP ATTACHMENT 6.11 REQUIREMENT EVALUATION

Each individual requirement must contain a response or your proposal may be considered non-responsive.
The following requirements have been reviewed and are understood as indicated by responses below.
Proposer Response Codes:
C = Can Meet with Customization
M = Can Meet without Customization

Reference Number	Requirement	Proposer Response	Score (for State's Use Only)

RFP ATTACHMENT 6.12 PROPOSED STATE STANDARD SOFTWARE FOR V.I.P. TECHNICAL ARCHITECTURE

PROPOSED STATE STANDARD SOFTWARE				
Ref. #	**Software Title**	**Software Category**	**Diagram Reference**	**For State Use Only**
S1				
S2				
S3				
S4				
S5				
S6				
S7				
S8				
S9				
S10				
S11				
S12				
S13				
S14				
S15				
S16				

RFP ATTACHMENT 6.13 PROPOSED NON-STATE STANDARD SOFTWARE FOR V.I.P. TECHNICAL ARCHITECTURE

PROPOSED NON-STATE STANDARD SOFTWARE							
				Software License			
Ref. #	Software Title	Software Category	Diagram Reference	License Type	License Requirements	Expected Product Upgrade Dates, if known	For State Use Only
NS1							
NS2							
NS3							
NS4							
NS5							
NS6							
NS7							
NS8							
NS9							
NS10							
NS11							
NS12							
NS13							
NS14							
NS15							