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MEMORANDUM

TO:	EES Program Administrators All Asst. Regional Directors HealthWave Clearinghouse Staff	DATE:	December 13, 2006
FROM:	Bobbi Mariani, Director Economic and Employment Support Andrew Allison, Acting Medicaid Director	RE:	Implementation Instructions - KEESM Revision 30 Effective January 01, 2007

This memo provides implementation instructions and information for the following January, 2007 policy changes in the Kansas Economic and Employment Support Manual (KEESM):

I. ALL PROGRAMS

Application Forms - See Summary of Changes, item I, A, 1.

As stated in the Summary of Changes, the ES-3100 and ES-3100.1 have been revised to become the Application for Families with Children and the Application for the Elderly and Persons with Disabilities, respectively. The new application forms are still being finalized and will not be available for use until supplies are received from the SRS Warehouse. Just prior to their availability, an Implementation Memo will be sent containing instructions and information about use of the new forms. That is anticipated to occur in February or March. Until that time, staff shall continue to use supplies of the current applications, including the Addendum to the Application.

II. CASH, CHILD CARE AND FOOD ASSISTANCE

Establishment of Claims - See Summary of Changes, item I, A, 3.

Two questions were posed on the Discussion board which will be addressed in the Implementation Memo since this change was added to the final material and was not included for initial comment.

Question: The first question asked how this policy change will work with the CARES review system. Would the overpayment amount be computed so that appropriate information can be entered into the CARES review system and then deleted if the total amount is \$125 or less?

Answer: We have discussed, and the answer to the above question is yes. The claim would be computed for purposes of the CARES system and then deleted if the total amount is \$125 or less.

Question: What action would be taken if an overpayment is noted for \$125 or less and is documented that it will not be collectable. Later, additional information is obtained that the client had additional unreported income for those same months making the overpayment exceed the threshold. Is the entire overpayment now collectable or only the portion resulting from the new discovery?

Answer: The entire overpayment would become collectable as the overpayment is being recomputed and the final dollar amount is over the \$125 threshold.

III. CHILD CARE

A. **Child Care Subtypes** - See Summary of Changes Section IV, item A, 2, and KEESM section 2830 and subsections.

Effective 1-1-07, only 3 subtypes of child care will be applicable as defined in the summary of changes - AE, JO and EM. AE will be used for cases in which child care is being funded by VR, JO for cases in which at least one member of the assistance plan is receiving TAF (unless child care is being funded by VR), and EM for all other cases. It will be important to note that the definitions of the JO and EM subtypes are changed as a result, from how they were defined prior to 1-1-07.

Examples: Cases that will use the JO subtype effective 1-1-07 (but prior to 1-1-07 have used other subtypes) are:

1. An employed grandparent receiving TAF for their grandchild only, requesting child care subsidy. In the past, this case would have used the EM subtype, but now will use the JO subtype, with no means test and no family share deduction assigned. The EM reason for child care code would be used in this case.
2. An employed parent receiving subsidy for her own child as well as her nephew, for whom she also receives TAF. In the past, this case would also have used the EM subtype, but will now use the JO subtype, with no means test and no family share deduction assigned. Again, the EM reason for child care code would be used for this case.
3. A case where child care is needed for an approved social service reason and at least one member of the assistance plan receives TAF. In the past, this case would have used the SS subtype, but will now use the JO subtype, with no means test and no family share deduction assigned. In this case, the SS reason for child care code would be used.

Examples: Cases that will use the EM subtype (but prior to 1-1-07 have used other subtypes) are:

1. A non-TAF teen parent who needs child care to complete high school or GED. In the past, this case would have used the ET subtype, but will now use the EM subtype and the ET reason for child care code.

2. A non-TAF teen parent who needs child care to complete high school or GED and for employment. In the past, this case would also have used the ET subtype, but will now use the EM subtype and the ET reason for child care code.
3. A case where child care is needed for an approved social service reason and no-one in the assistance plan receives TAF. In the past, this case would have used the SS subtype, but will now use the EM subtype and the SS reason for child care code. In this instance, there will be no means test and no family share deduction will be assigned.

No later than December 27, 2006, current cases will need to be reviewed for possible changes in subtype. These changes need to be made by that date, as that is the day the monthly child care benefits for January will be processed. A series of printouts have been sent to the field to assist with identifying cases that need to be changed. Specific instructions were sent with those printouts.

The ET, SS, and TC child care subtype codes will be removed from the KsCares system tables on 1-26-07.

- B. Child Care Plans** - See Summary of Changes Section IV, Item A.1 and KEESM section 7600.

Effective with cases approved on 1-1-07, copies of individual child care plans will no longer be sent to child care providers. Instead, workers will need to send providers an eligibility notice (P202) which will list the names of the children for whom they have been named as provider. That notice will also give the dates of eligibility. If eligibility is terminated prior to the date on the provider's notice, the provider must be notified. Notice P502 will be used for this purpose. It will also be required that providers be notified of eligibility when a parent changes child care providers via the P202 notice, and when child care cases have been approved at review via the P304 notice. A work request has been submitted to change KsCares so that it will print only 2 (two) copies of child care plans instead of the 3 (three) that are currently printed. This change will be in place around 1-1-07. If not by 1-1-07, until the change is in place, please destroy the extra copies of the plans. The information contained in those plans is considered confidential information, and is not to be shared with providers by SRS staff.

- C. Assistance Planning** - See Summary of Changes Section IV, Item A, 3, and KEESM section 4410.

The definition of a child is being modified to reflect that an 18 year old who is still in high school or working on completion of a GED will continue to be included in the child care assistance plan through the month in which he or she turns age 19. This will align child care assistance planning policy with TAF policy. For existing cases with an 18 year old in the household, workers should add that child to the assistance plan at the next case action. When adding an 18 year old to the assistance plan at the next case action, no underpayment will exist for months prior to making that change.

D. Provider Responsibilities - See Summary of Changes Section V, Item A,1, and KEESM section 10034.

Provider enrollment staff will be ensuring that providers and parents are working together regarding payment policies by requiring that all regulated (licensed or registered) providers develop and utilize a parent / provider contract. Upon enrollment with SRS and at review, providers will be required to submit a copy of their basic contract to SRS provider enrollment staff, who will review them to ensure that they are fair and appropriate. Following approval of their agreement, if providers decide to make a change in any of their payment policies, they will be required to submit a copy of the new contract to provider enrollment staff for approval. Existing providers are asked to submit copies of their contracts by 3-31-07. EES staff will need to keep this requirement in mind when waiting to write plans for parents who are using a provider who is in the process of enrolling with SRS, as it could take a little longer than it has in the past to complete the process.

E. Corrective Action - See Summary of Changes Section V, Item A, 2, and KEESM section 10037.1.

Providers found to be violating SRS payment policies are subject to corrective action, which may include a written warning after the first violation, or termination of a provider's agreement with SRS following subsequent violations. Violations may include things such as collecting EBT cards and/or PIN numbers from parents, accessing a parent's child care benefit to pay themselves, requiring a parent to overpay for services provided, or requiring an SRS subsidized parent to pay for a full month's care on the first of the month when that is not their practice with private pay parents. Staff are to work closely with provider enrollment staff regarding violations that are identified.

IV. GRANDPARENTS AS CAREGIVERS

See Summary of Changes Section VIII.

The Grandparents as Caregivers program (GP as CG) begins January 1, 2007. For ease of reading, the Grandparents as Caregivers program will be referred to as either Grandparents program or GP as CG program throughout this memo. Much thought and attention was given in developing policy and system changes to keep this program easy to understand and administrate for both staff and the customers. The Grandparents program policy information is found in KEESM sections 2330 through 2342.2. Specific eligibility requirements must be met in order to qualify for benefits:

- The grandparents or relative within the 5th degree must have legal custody
- The grandparent or relative must be 50 years of age or older
- The child must live with the grandparent or relative
- The child must be less than 18 years of age, or less than 21 years of age if attending school

- Their household income must be less than 130% of the federal poverty level

In addition, the parent or parents of the child must not be in the home and the child must not be in state custody.

If the family is determined to be eligible, then the flat benefit amount is \$200 for one child, \$400 for two children and \$600 for three or more children. Benefits are not prorated. There are also support services funds available to assist eligible families. This will be discussed later within this memo.

- A. **Applications** - Assistance can be requested using either the combined application, ES-3100 or the new simplified application, ES-3100.9. A three piece packet has been developed and is comprised of the tri-fold brochure (ES-6001) which gives an overview of community services available to grandparents; the single-page application (ES-3100.9); and the 1/3 page insert (ES-6001.a) explaining the general eligibility criteria of the Grandparents program. The ES-3100.9 application can be used only to apply for the Grandparents program. If the customer requests other services, then the appropriate application shall be used. For instance, if during the interview, the customer requests medical assistance, child care assistance, or food assistance, then a HealthWave or the ES-3100 application will need to be completed. Provisions outlined in KEESM 1411.1 describe when a new application is needed and how to determine the filing date.
- B. **Application Processing** - Grandparents and other qualifying relatives may apply for this program beginning December 15, 2006, using the ES-3100 combined application or the simplified ES-3100.9. Applications should be registered at that time. However, benefits can not be determined, authorized or paid until January 1, 2007. Furthermore, no benefits will be paid for any period prior to January 1, 2007. Application processing for the Grandparents program is considered timely for any application received prior to January 1, 2007 if it is processed by February 14th. All other program applications are to be processed by their regular deadlines. Processing of other programs shall not be delayed to process with the Grandparents application. Applications requesting Grandparents as Caregivers assistance must be processed within 45 days of any application received on or after January 1, 2007, with best practice being within 30 days.

Examples:

1. Mary has legal custody of her granddaughter Ashley. She completes the ES-3100.9 on December 15, 2006 and completes the interview the same day. It is revealed that Ashley is already receiving HW-19 through the Clearinghouse. No other services are requested. The worker requests the needed verification items and informs Mary that the program will officially begin January 1, 2007 and that Mary will receive written notification sometime after that date. The office support staff register the application with a benefit proration date of January 1st. Mary returns the needed verification on December 21st. The worker processes the application on January 5th and determines that the family is eligible. January and February benefits are

authorized for \$200 each month. There are no December benefits.

2. Paul has legal custody of his two nephews, Tom and Jerry. He files the application and completes the interview on December 15th using the ES-3100. He is also requesting children's medical assistance. (If he had completed the ES-3100.9, then he would also need to complete the ES-3100 to request medical assistance.) The medical assistance determination is completed on January 2nd. However, Paul also needs to provide his own income verification for the GP as CG program. The worker receives that verification on January 12nd and due to influx of work, the Grandparents application is processed on February 13th. This application is considered timely.

NOTE: The system determination of a timely application was not changed. For those rare situations when the GP as CG application is in December and the processing date is 45 days greater than the application date, the system will require a timeliness code. To track those cases, the NI (No Issuance for the First Month) timeliness code should be used.

- C. **Interview Requirements** - An interview is required for the GP as CG program. For persons eligible for both the GP as CG program and the TAF program, the interview discussion is to include a comparison between the benefits of the TAF program and the GP as CG program for that customer. The customer can then make an informed choice on which program best meets the needs of their family. A desk aid has been created that compares the TAF and GP as CG programs. See attachment A.

The discussion is to also include asking the customer if other services are requested and then making the appropriate referrals or providing the correct applications. These services include Food Assistance, Medical Assistance, Child Care Assistance, Rehabilitation Services, Child Support, and information about community resources.

- D. **Grandparent Resource Guide** - The Grandparents Resource guide is available to grandparents requesting information about community resources. This 58 page comprehensive book, ES-6000, will be available on December 27th and can be ordered from the warehouse. It can also be found in KEESM, under the forms section. While the guide will be translated into Spanish and placed on KEESM website in the forms section, a Spanish version will not be mass produced.

- E. **Verification Requirements** - There are four mandatory verification items for the Grandparents program:

1. Gross Nonexempt Income must be verified for the caregiver(s) and child (ren) named in the court documents.
2. Verification of relationship to the child is required. Failure to provide verification will result in ineligibility for the child for whom the relationship can not be verified. A court document which specifically identifies the

relationship is acceptable for purposes of this requirement.

3. Legal Custody must be verified by an original or facsimile of the court document giving legal custody to the caregiver. Failure to provide verification will result in ineligibility for the child for whom the legal custody can not be verified.
 4. Verification of the age of the legal custodian(s) or guardian(s) is required. Failure to provide proof of age will result in ineligibility for the entire household.
- F. **Review Period** - The certification period is 12 months. If the customer is receiving other assistance (such as food assistance) the Grandparents program certification period may be shortened to align with the other program's review date.
- G. **Assistance Planning** - No family can receive both GP as CG and TAF during the same month. The mandatory filing unit (MFU) is comprised of the legal custodian or guardian and the relative children placed in their care by the court and named in the court documents.

Examples:

1. Grandma Mary has legal custody of Susan. Jack, Grandma Mary's 17-year-old son, also resides in the home. Jack is not Susan's father. The MFU is Grandma Mary and Susan. Jack's needs and income are not included.
2. Patrick is the legal guardian of his nephews, Joseph and Billy. Joseph and Billy are cousins. Billy receives a death benefit of \$1100 per month. Patrick is requesting assistance for Joseph. However, since Patrick also has legal custody of Billy, then Billy's needs and income must be included. The MFU is Patrick, Joseph and Billy.
3. Marion and Howard have joint custody of Ralph. They also care for Ralph's cousin, Richie. They have not obtained legal custody for Richie. The MFU is Marion, Howard and Ralph. They could choose TAF and receive assistance for both Ralph and Richie. However, they can not have TAF for one child and GP as CG for the other.
4. Paula and Mike are married. Paula has temporary legal custody of her granddaughter, Lisa. Mike has permanent guardianship of his nephew, Jerry. These are two mandatory filing units that will require two separate case numbers. Paula and Lisa are one MFU and Mike and Jerry are a separate MFU.

H. Treatment of Income -

1. **The GP as CG program:** The Grandparents program mirrors the TAF program in determining countable and exempt income and the budget

methodology to be used, with the exception of SSI income. SSI income of the caregiver and children is countable for the Grandparents program. Sections 2336-2339 and sections 6200 - 6400 provide guidance in this area.

2. **Child Care and Medical Assistance programs:** The GP as CG monthly benefit amount is exempt income for both the child care assistance and medical assistance programs.
3. **All programs:** The GP as CG support services funds are considered a lump sum and as such are exempt as income in the month received.

I. **System Changes** - System changes have been made to support the GA-GP program and offer as much automation as possible for staff.

1. The GP as CG program is identified on the KAECSES system as the GA/GP program.
2. One new denial code has been added to KAECSES. Use the new “LG” denial code for cases denied for not having Legal Custody. Use the current “DC” code for denials where the parent is in the home with the child or the child is not a relative of the caregiver. Use the current “AG” code when the case is denied because the caregiver or child fails the age requirement. “IE” or “IU” should be entered when excess income is the denial reason. Use the denial code of “SR” when the child is not living with the caregiver.
3. System notices for the GP as CG program will begin with the letter ‘L’. See attachment B for full listing.
4. Cases registered under a different GA program sub-type must be denied before a different GA program sub-type can be registered and processed. For example, a case was registered on January 5th, in error, as a GA-UA case. The GA-UA case must be denied and then the GA-GP case can be registered and worked. Simply changing the UA sub-type to the GP sub-type will not work. The system will internally continue to view the program as a GA-UA case and will authorize the wrong benefit amount using the GA-UA funds, instead of issuing a GP as CG amount using GP as CG funds.
5. A desk aid has been created to show the sequence of KAECSES screens used in the GP as CG program application process. See attachment C. Another desk aid has been developed which shows the actual KAECSES screen changes made for the GP as CG program. See attachment D. The KAECSES user manual is also being updated to reflect these changes.
6. There will be certain situations that will require benefits to be paid under both the GA-UA or PM program and the GA-GP program during the same month. A customer can apply for GA-GP benefits while being a recipient of a GA-UA or PM case. This situation would most likely occur when the customer who is receiving benefits under the GA-UA or PM program gains

legal custody of a minor relative who then moves in with him/her. A GA-GP case would need to be opened under a different case number until the GA-UA/PM case can be closed, given timely and adequate notice. Once the GA-UA/PM case is closed, the GA-GP case must also be closed, and the GA-GP program added to the existing GA (UA/PM) case number. Add the GA-GP program to GA (UA/PM) case number effective the month after GA (UA/PM) closure. Specific instructions for this process will be added to the KAECSES user manual. Until the user manual is updated, see attachment E.

J. **Support Services** - Funds are available on a case by case basis for support services. Each SRS region will receive an annual allocation and will be responsible for monitoring their allocation. Payments will be made through the SRS Imprest Fund payment system. Use Program Code 27192; Sub-Program “GP Support Services”. Staff should follow the local imprest fund procedure established for their region.

1. **Services Available:** Support services which can be paid through these funds are limited to:
 - a. Counseling
 - b. Respite care
 - c. Child care
 - d. Clothing assistance
 - e. Parenting skill training
 - f. Utility assistance
 - g. Vehicle repair
 - h. School supplies
 - i. School fees not waived by the school district (such as field trip fees, school pictures, instrumental rentals or sport fees).
2. **Support Services Parameters:** The following parameters, regarding payment, have been developed to provide assistance using fair and consistent practices:
 - a. The family must be a recipient of the GP as CG program
 - b. A minimum payment of \$25 assistance given per request
 - c. A maximum payment of \$300 assistance given per request

- d. Families may access this fund up to two times per fiscal year
- e. It is expected that Customer Service, Community Collaboration, and ISD staff will work together to identify and use local community resources before utilizing this fund
- f. The financial assistance given, in conjunction with any other community resources, must resolve the problem

- 3. **Support Services Process:** Support services can be requested by the customer, staff member or community partner. A discussion must be held with the customer before utilizing the support services funds. Once it has been determined that payment for support services is appropriate, payment will be made to the customer or vendor using the Imprest Fund Payment system, following local regional processes. There is no overpayment if the customer uses the funds for a reason other than the intended purpose.

K. Funding - Funding for the GP as CG monthly cash assistance and for the GP as CG support services is limited.

- 1. Expenditures of the monthly cash benefits will be monitored at Central Office. Funding for this program is limited and new applications will not be approved if funding is exhausted. Specific instructions will be sent to the regions if funding is depleted.
- 2. Each SRS region will receive an annual allocation. The regions will be responsible for monitoring the expenditures of their allocations. Central Office will provide monthly reports to the regional program administrators to assist the regions in monitoring expenditures. Payment will be made through the SRS Imprest Fund payment system. Support services will not be approved or paid during any time in which funding is exhausted or unavailable.

L. Appeal Process - Requests for a fair hearing will follow policies established for cash programs outlined in section 1600. The incorrect benefits and fraud determinations outlined in section 11000 for the cash programs also apply to the Grandparents as Caregivers program.

V. CITIZENSHIP AND IDENTITY VERIFICATION: Reasonable Opportunity Period at Review - See Summary Of Changes Item X , A, 1, b.

In order to prevent a lapse in medical coverage for current recipients, a defined initial reasonable opportunity period for actions required at review is being implemented. The policy is applicable to all reviews processed on or after January 1, 2007.

This policy is only applicable to reviews and not new applications. Unless the individual is exempt, neither medical assistance nor General Assistance may be approved without satisfactory verification. For cases where satisfactory verification is available at review, complete the ES-3850, Record of Identity and Citizenship Documentation, with

appropriate information. No additional action is required and the initial reasonable opportunity period does not need to be utilized.

A. Standard and Extended Periods of Eligibility

1. A standard, initial reasonable opportunity is provided to all review cases where individual(s) are otherwise eligible except for citizenship and identity verification requirements. The application must be complete and the case must meet all general and financial requirements. In other words, submitting a completed review application, along with all other required verification, demonstrates an attempt on the part of the beneficiary to provide satisfactory documentation. The standard period is adopted to ensure all individuals consistently received adequate opportunity to provide the documentation.
2. The initial reasonable opportunity period is automatic and runs through the end of the second month following the month in which the review is processed. For example, the initial reasonable opportunity period for a review processed on January 20 expires March 31.
3. The period may be extended beyond the second month following the month of review to the case or to individual members of the plan. Additional time is granted only if there has been contact with the agency and an identified need for additional time beyond the two months has been established. For example, the consumer calls Arizona for their birth certificate and is informed that due to a backlog and increased number of requests they will not be able to receive the document for 12 to 14 weeks. Additional time, beyond the two month time frame, must be provided to the consumer to obtain the needed verification form Arizona.

Communication between the agency and the beneficiary is the key to determining if additional time is allowed. Both parties should understand the situation and be aware of the steps that are being taken to obtain the verification. A summary of the events, required actions and other pertinent information related to the period must be noted. Staff must document in the case file the facts related to the decision to provide more time to comply with the verification requirements.

As no automated tracking is built into the system, the eligibility worker must set an alert or task to track required action. If no attempt to provide verification has been demonstrated and negative action is taken, timely and adequate notice is required.

B. Documentation and PRAP Coding

If documentation is obtained prior to the end of the initial period, eligibility continues with no further required action, except for adjusting the PRAP code as noted below. If documentation is not obtained by the agency (e.g., through a system interface or existing information) and the individual has not demonstrated any attempt to obtain the information prior to the end of

the initial period, coverage shall terminate effective the last day of the period.

PRAP Codes:

For individual plan members who have not provided verification and continue to receive benefits based on the initial reasonable opportunity period use the follow PRAP code: IP - Identity/citizenship verification pending

For individual plan members who later provide verification, change to the following PRAP Code: IM - Identity/citizenship verification requirement Met

For individual plan members who fail to provide verification and coverage is terminated use the following PRAP code: ID - Identity/citizenship verification requirement failed.

- C. **Notification** - For all cases where the initial reasonable opportunity period is utilized, a special notice informing the client of the ongoing need for verification shall be sent. The V073-Med Cont At Review Citiz Info Needed, has been developed for this purpose. The eligibility worker is responsible for entering specific information regarding the status of documentation for individual household members.

Examples:

1. The Jones family submits their annual review application for their children's health coverage on October 7th. The three children, Peggy (8), Patty (5), and Pam (2), are currently HW 21 eligible.

The review application is screened and the family did not send adequate income verification.

The case file contains citizenship and identity documents for Pam only. Peggy and Patty do not have citizenship and identity documents and could not be located in the data match file.

A request for information is sent to the family asking for current income verification and citizenship and identity documents for both Peggy and Patty giving the consumer 10 days to respond due to income verification being needed.

The income verification is received timely for the household.

The consumer has also called stating he has to send off for the citizenship documents.

Because the children are current recipients, an additional two months of coverage will be provided to allow the family a reasonable opportunity to comply with the new provisions.

The case is processed, Pam and Patty are Title XIX Medicaid eligible. The oldest child, Peggy, is Title XXI HW 21 eligible.

Pam's coverage is approved for the full 12 months since her citizenship and identity documents are in the case file.

Peggy's coverage is also approved for 12 months since she is HW 21 and verification of citizenship and identity is no longer required for that program.

A notice is sent to the family telling them two additional months of coverage have been given to allow them the time to get the documents needed from the other state for Patty. Documents for Peggy are also requested at this time but if not provided negative action regarding her eligibility can not be taken.

On the 15th of the second month of additional coverage, the worker checks the case. The family still has not provided the citizenship and identity documentation for the two older children.

Negative action is taken and Patty's coverage is ended. HW 21 doesn't require this verification any longer and Peggy continues to be covered.

A notice of action is sent to the family informing them Patty's coverage is ending at the end of the month. The family must provide verification of Patty's citizenship and identity, in order for her to be added back to the case and subsequently approved for Medicaid coverage.

Two weeks later Mrs. Jones called regarding Patty's coverage. The worker explains the new federal verification requirements, and tells Mrs. Jones the information has not been received. Mrs. Jones has Patty and Peggy's birth certificates and elementary school identification cards faxed to the Clearinghouse.

Once the verifications are received Patty is added to the case. Patty is covered and provided a CE period that coincides with her sibling's already established CE periods.

2. The Baker family submits their annual review on October 17. The two children, Teddy (7) and Freddy (4), are receiving HW 21 coverage. Current income is provided and citizenship is verified through the data match. Identity documents are needed.

The review is processed and the children are Title XIX eligible.

The worker approves the case, allowing for an additional two months of coverage for the children.

Notices of action are sent including one with an explanation that the coverage is time-limited and pending the identity verifications.

On the 15th of the second month of additional coverage, the worker checks the case. The family still has not provided the identity documentation for the two older.

The worker takes action and closes the case at the end of the month providing timely and adequate notice to the family.

3. Joe is a current GA/MediKan recipient whose review period expires February 28, 2007. He returns the review and completes the interview on 02-02-07. The PMDT forms are obtained from Joe and the Telephone Consultation is scheduled. Joe has no income (except GA) and his resources are within limits. Because Joe has been receiving food stamps, the agency has a copy of his driver's license. On Feb. 10, when processing Joe's case, the worker realizes she does not have citizenship verification. A special reasonable opportunity period, to run through 04-30-07, is applicable. A PRAP code of IP is entered for Joe. A V073 is sent requesting a birth certificate or other verification. A worker alert, due on 04-15-07, is set to check the status of the verification.

The GA UA case is then authorized and the forms are faxed to the PMDT. On March 20, the birth certificate is received, meeting the citizenship and identity requirements. The PRAP code is changed to IM and the worker alert removed. The case continues open as a GA UA with a pending MS until the PMDT notification is received.

PEN AND INK INSTRUCTIONS: Please make the following code card changes:

KAECSES Code Card

Page 19: Denial/Closure codes, add the following code:
LG Legal Custody

Page 29: Cash and Food Stamps Programs Types and Program Subtypes, add the following code:
GP Grandparents and Caregivers as a program subtype for GA.

KSCARES Code Cards

Page 7: under CC Subtype (CARE), delete the following codes:
CC ET Education-training for teen parents
CC SS Social Services

Page 15: under CC Subtype (CHCP), delete the following codes:
CC ET Education-training for teen parents
CC SS Social Services

Page 16: under CC Subtype (CHCI), delete the following codes:
CC ET Education-training for teen parents
CC SS Social Services

Page 18: under CC Subtype (MACR), delete the following codes:
CC ET Education-training for teen parents
CC SS Social Services

Page 26: under CC and WP Subtype (OVCA), delete the following codes:
CC ET Education-training for teen parents
CC SS Social Services

BM:AA:DP:PJ:PG:AM:jmm

Attachments:

Attachment A: [Grandparents as Caregivers Program Comparison](#)

Attachment B: [Notices Listing](#)

Attachment C: [Grand Parents as Caregivers Application Entry Flow Chart](#)

Attachment D: [Grandparents as Caregivers Application Entry Sequence](#)

Attachment E: [GA \(UA/PM\) to GA GP System Process](#)

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