# PACMIS Guide

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# Opening a Medicaid Case
# Electronic Entry in PACMIS

CLIR Screen
Complete a Client Inquiry.

## Eligibility Workers Menu

```
CLIR                    CLIENT INQUIRY/REGISTRATION MENU          06JUN05 13:34

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

                SELECT FUNCTION (BY NUMBER): 1
    ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY);

        1.  IDENTIFYING CLIENT INFORMATION:
                SURNAME: ________________ IF PARTIAL, ENTER  Y : _
                GIVEN NAME (OR INITIAL): ____________    MIDDLE INITIAL: _
                SSN: ___ ______
                BIRTHDATE (DDMMMYYYY): _________  OR AGE: ___   SEX: _
        2.  CLIENT IDENTIFIER: 000000000

    ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): ________
    ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): ___  _  __
```

Select Function # 1.

Enter the "Identifying Client Information". Searches can be performed by name, SSN, or HLCI. If searching by HLCI, no other information needs to be entered.
Search carefully to avoid creating duplicate HLCI's.
See "***Tips To Avoid Duplicating Clients When Registering Or Adding Clients To Cases***".

Hit **Enter.**

# Client Profile

CLPR Screen.

```
* INFO *     END OF PROGRAM INVOLVEMENTS
CLPR                          CLIENT PROFILE                    06JUN05 13:51

NAME/ALIASES                      CLIENT ID: ......... 3          --SYSTEMS--
                                  S.S.N.: 000 00 0000 VR:          P:O:U:U
                                  BIRTHDATE: 30OCT1988             A:R:S:U
                                  SEX: F                           Y Y Y
                                  ALERTS:
      PART    CASE     PART     PART            PRIMARY        DEN       GRP
   PGM CODE   NUMBER   START    END    STAT  DRO TEAM CSLD REL CLO ALERT CVR
01 FC   IN            01OCT04  01OCT04  DE   SMP   1   03  PI  NC

    TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: __
    TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _
    TO SAVE THIS CLIENT FOR REGISTRATION, ENTER Y : y
                                                          NEXT--> ____
```

Name, SSN, DOB, Sex, HLCI and previous case information will be displayed.

Is this the person you are searching for? If **"yes"**, enter a **"Y"**. If **"no"**, F9 out and begin your search again. **Enter.**

A **"Y"** in the column indicates this person is known to that agency's system.

- PACMIS (PA).
- ORS (OR).
- USSSDS (US)
- UWorks (UW)

****REMEMBER****

If a foster or adoptive child has previously been assigned a PACMIS case number, use that same case number for any succeeding FC or SA Medicaid eligibility. Write down this case number, you will need it on the CLIR screen to register the case. If there is not a previous FC or SA case, you will assign a new case number.

# Client Inquiry/Registration Menu

Message on the CLIR screen, **"Client Saved for Reg"**.

```
CLIENT SAVED FOR REG
CLIR                    CLIENT INQUIRY/REGISTRATION MENU          06JUN05 13:55

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

                SELECT FUNCTION (BY NUMBER): _
   ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY):

        1.  IDENTIFYING CLIENT INFORMATION:
                SURNAME: ________________ IF PARTIAL, ENTER  Y : _
                GIVEN NAME (OR INITIAL): ____________    MIDDLE INITIAL: _
                SSN: ___ __ ____
                BIRTHDATE (DDMMMYYYY): _________  OR AGE: ___   SEX: _
        2.  CLIENT IDENTIFIER: _________

   ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): ________
   ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): ___  _  __
```

**Select Function #3**, if there is a previous FC or SA case number. Now enter the case number. **Enter.**

**Select Function #4**, if there is no prior FC or SA Medicaid history and a new case number is needed. Enter your DRO.

Hit **Enter** after the information is complete.

**Stop! Write down the case number.**

# Register Application

REAP Screen

REAP REGISTER APPLICATION 06JUN05 14:05

CASE NAME: CASE NUMBER:
PRIMARY DEPT/REG/OFF: SMP TEAM: 1 CASELOAD: 03
DRUG/ALCOHOL REHAB: N
EXPEDITED F.S: 1 2 3 4 5 6
PROGRAMS APPLIED FOR:
APP RECEIVED DATE:
BEN EFFECTIVE DATE:
MEDICAID CATEGORY:
MEDICAID COVERAGE GRP:
CLIENT NAME DOB S.S.N SEX REL APP POS
30OCT1988 F PI 01

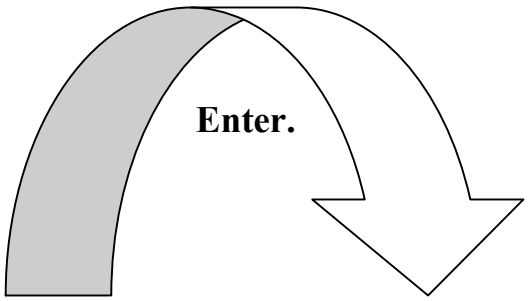
ADDRESS INFORMATION TO BE ENTERED? : Y

**Medicaid Category.**
**F** = IV-E.
**C** = Children, NB or NB+.
**D** = Disabled.
**B** = Blind.

**Programs Applied For.**
**FC** = Foster Care.
**SA** = Subsidized Adoption.

**Relationship (REL).**
Enter **PI.**
**Application Position (APP POS)**
Enter **01.**

**Application Received Date.**
Enter the date you received the information.
**Benefit Effective Date.**
Enter the date that Medicaid eligibility will begin.




**Did you remember to write down the case number?**

# Address Screen for Foster Care cases

ADDR Screen.

Enter **N** in Special Housing Type.

```
ADDR                          ADDRESS                          06JUN05 14:11

CASE NAME:                                   CASE NUMBER:
TELEPHONE: 801 ___ ____   MESSAGE PHONE: _   MINOR PARENT LIVING ARRANGE: _
                STREET OR R.R.               CITY            ST  ZIP  ZIP+4  CO
   RESIDENCE  : Foster home                  OREM            UT 84057 0000   UT
     ADDRESS  : 1106 N 1200 W.                   SPECIAL HOUSING TYPE: N

   MAILING    : foster care worker           OREM            UT 84057  2842
     ADDRESS  : 1106 N 1200 W

   MED BEN    : foster home                  OREM            UT 84057  2842
     ADDRESS  : 1106 N 1200 W
                MED PAYEE: ____________________ ____________ _
       MED REPRESENTATIVE: ____________________ ____________ _

   2ND PARTY  : ____________________________ ________________ __ _____
     ADDRESS  : ____________________________

              ------ NATIVE AMERICAN SPECIFIC INFORMATION ------
                TRIBAL CODE: _  LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> _______   ADDR HIST: _   ABAUD EFF. DATE:          NEXT--> ____
```

**Telephone.**
Enter the foster home phone number.

**Residence Address.**
Enter the address where the foster child is physically living.

**Mailing Address.**
Enter the office mailing address of the foster care caseworker. The review forms will mail here.

**Med Ben Address**
Enter the mailing address of the foster home placement. The Medicaid card will mail here.

**<u>Mailing Address for the Medicaid Card</u>**

**When a child is placed in a shelter, foster home, proctor home, group home or residential facility the Medicaid card must be mailed to the physical address where the child is living.**

**Don't forget to write down the case number!!**

**Enter**

# Address Screen for Subsidized Adoption Cases

ADDR Screen.

Enter **N** in Special Housing Type.

```
ADDR                          ADDRESS                          06JUN05 14:11

CASE NAME:                                   CASE NUMBER:
TELEPHONE: 801 ___ ____  MESSAGE PHONE: _    MINOR PARENT LIVING ARRANGE: _
                STREET OR R.R.               CITY            ST  ZIP  ZIP+4  CO
  RESIDENCE  : Parent name                   OREM            UT 84057 0000   UT
    ADDRESS  : 1106 N 1200 W.                    SPECIAL HOUSING TYPE: N

  MAILING    : Parent name                   OREM            UT 84057  2842
    ADDRESS  : 1106 N 1200 W

  MED BEN    : ____________________ ____________                  2842
    ADDRESS  :
                MED PAYEE: ____________ ____________ _
          MED REPRESENTATIVE: ____________ ____________ _

  2ND PARTY  : ____________________ ____________  __ ____
    ADDRESS  : ____________________

            ------ NATIVE AMERICAN SPECIFIC INFORMATION ------
              TRIBAL CODE: _  LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> _____  ADDR HIST: _  ABAUD EFF. DATE:          NEXT--> ____
```

**Telephone.**
Enter the phone number from the SA Medicaid Application.

**Residence Address.**
Enter the physical address where the child is living.

**Mailing Address.**
Enter the parents' mailing address. The Medicaid Card and reviews will mail here unless different information is entered in the "Med Ben Address" field.

**Med Ben Address.**
You will only need to enter an address here if the Medicaid card needs to be mailed to an address other than the one in the "Mailing Address" field. If an address is entered here, the Medicaid Card will mail to this address.

**Have you written down the case number?**

**Enter**

# Address Cleansing

ADCL Screen.

Case Name and Number will be displayed.

```
ADCL                          ADDRESS CLEANSING                    06JUN05 14:16
CASE NAME:                                          CASE NUM:
ACCEPT                   SELECTED                        CLEANSED
      RESIDENCE


  y   MAILING   FOSTER CARE WORKER          FOSTER CARE WORKER
                1106 N 1200 W               1106 N 1200 W
                OREM            UT 84057    OREM            UT 84057 2842

  y   FIN-MED   FOSTER HOME                 FOSTER HOME
                1106 N 1200 W               1106 N 1200 W
                OREM            UT 84057    OREM            UT 84057 2842

      FS BEN


      2ND PARTY

*** PRESS ENTER TO EXIT THIS SCREEN ***
```

Check the displayed addresses to ensure they are accurate.
Enter a **Y** in both fields.

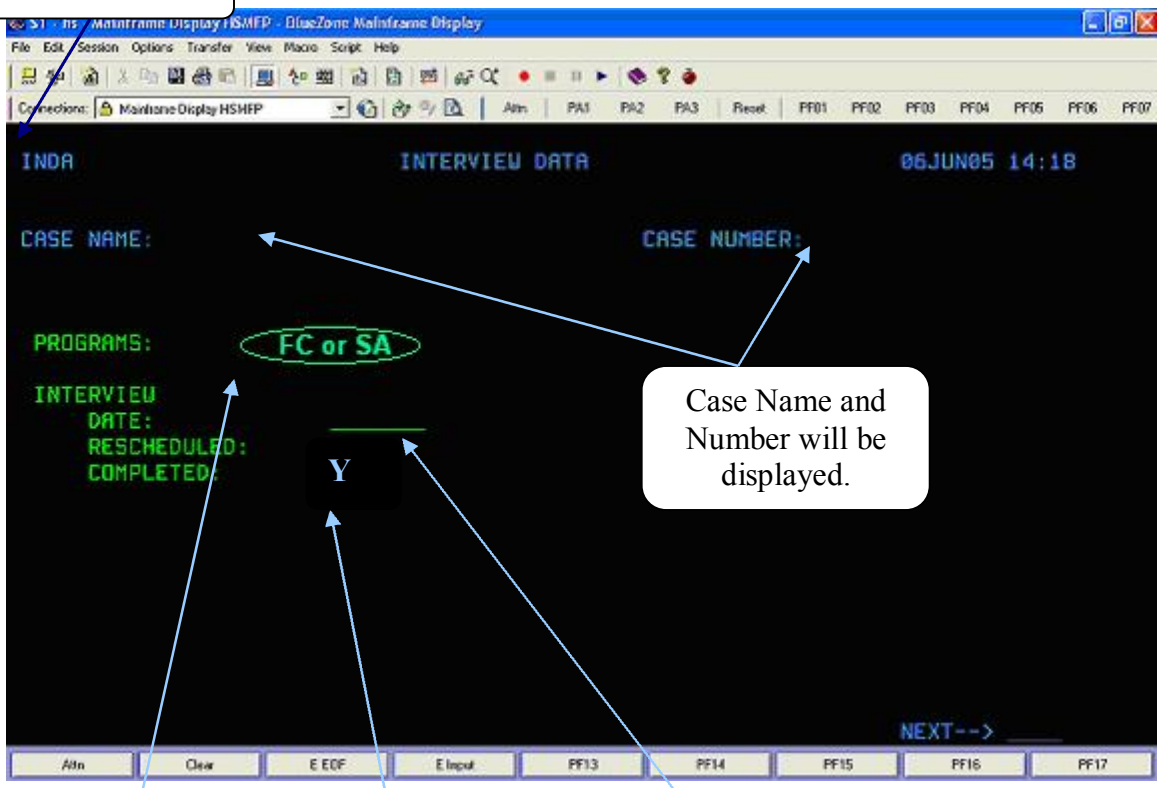
**Helpful Hint.**
If an address doesn't cleanse you will need to return to the ADDR screen and make corrections as needed.

**Enter to the INDA Screen.**

**Write down the case number!**

# Interview Data

INDA screen.




Case Name and Number will be displayed.

FC or SA Program Category displayed.

Enter the interview date. Must be within 30 days of the application received date

Enter **Y.**

**Last Chance! Write down the Case Number!**

**F9 to the INME Screen.**

The case will now show in "RE" (Received) Status on the CAP2 Screen.

# Inquiry Menu

INME Screen.

```
INME                          INQUIRY MENU                    01MAR05 10:57

  1. PRIOR CONTACT CHECK                  12. CHILD CARE BENEFIT HISTORY
  2. CASE PROFILE                         13. ACTION HISTORY
  3. HOUSEHOLD SUMMARY                    14. CHILD SUPPORT SUMMARY
  4. FINANCIAL ISSUANCE HISTORY           15. NOTICE HISTORY
  5. FOOD STAMP ISSUANCE HISTORY          16. WORKER NOTICE HISTORY
  6. CHILD CARE ISSUANCE HISTORY          17. INTERFACE INQUIRY
  7. SPECIAL PMTS ISSUANCE HISTORY        18. BUY-IN INQUIRY
  8. MED EXCESS PAYMENT HISTORY           19. NEW HIRES REGISTRY INQUIRY
  9. FINANCIAL BENEFIT HISTORY            20. REVIEW MENU
 10. FOOD STAMP BENEFIT HISTORY           21. STATE ONLINE QUERY SYSTEM
 11. MEDICAL BENEFIT HISTORY              22. TIME-LIMITED BENEFITS INQUIRY

                ENTER  FUNCTION    (BY NUMBER): __
                CASE NUMBER          (FOR 2-16): ________
                BUDGETING METHOD (FOR 3 ONLY): P
                CLIENT SSN   (FOR 17,18,19,21): ___ __ ____
                BENEFIT MONTH                 : ____

                                                NEXT--> SEPA
```

Enter the case number for the case you just registered.

Type **SEPA** at the NEXT prompt.

Benefit month will be the month of the benefit effective date. If you have just F9'd to this screen from the case INDA screen for the correct benefit month will be displayed.

**Enter to the SEPA screen.**

# Set Up Participation

SEPA Screen.

Categories are "F", "C", "D" or "B".

Type **IN** in the PART field.

**Enter to the ETRC screen.**

# Ethnicity/Residency/Citizenship/Identity/School

ETRC screen.

Case name and number will be displayed.

```
ETRC        ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   06JUN05 14:23

CASE NAME:                                  CASE NUMBER:          MONTH JUN05
ID: _ VR: __ HH LANGUAGE CODE: EN TPL: Y DATE: 01jun05
                                                 ECH SCH FS     OTH BUS  CAAL
    NAME    REL ETH --RACE GROUP-- CIT VR  RES VR CODE ST EX VR  INS ATT  DATE
01 J     K PI   N  WH __ __ __ __  us hc   __ AG  alp ft __ cs   _   _   _____

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

More than one entry for Race/Group is allowed.

Use the current school information.

**Citizenship/Residency and Verification Type.**
**AG** is not for worker use.
See the PACMIS Quick Reference, Section 5, page 10 for a list of verification codes.

Review the TPL information on the application. Enter **Y** and the **Date** the TPL information was obtained.

Does the foster child have other health insurance available? **Y or N.**
Enter that information on the CAAL screen.

**Helpful Hint.**
If a child has previously been open on another PACMIS case the information from that case will display on your case ETRC screen.
Review the information for accuracy and make any changes that are necessary.
If the child has never been open on a PACMIS case, you will need to enter this information.
The PACMIS Quick Reference has a list of codes for PACMIS screens

**Enter to SSDO Screen.**

# SSN/ DOB/ Sex

SSDO Screen.

```
SSDO                    SSN / DATE OF BIRTH / SEX                 06JUN05 14:29
                                                                  TAMERA W
CASE NAME:                                  CASE NUMBER:           BENMO: JUN05
                                                          DISBL  M
    NAME    REL     SSN     SS5 DATE VR    DOB     VR  S P A F BM C U CAAL
                MEDICARE NBR                           X G F S DM C I DATE
01 J     K  PI  111 11 1111 _______ hc  30OCT1988 hc  F _ _ _ _ _ _ _______
                 __  __  ____  ___     __

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

When using **B** or **D** categories a **Y** must be entered in the **BM/DM** field.

Make sure the correct SSN and DOB are entered correctly or displayed with correct verification codes.

**Pregnant**
Need to open PN for the baby a **"P"** must be entered in the **"PG"** field

For a **Foster Child** with no SSN, enter the date the SSN was applied for in the date field.
For an adoptive child move the SSN from the FC case to the SA case. If you are unable to move the SSN, contact Linda Moon or Linda O'Brien.

**Enter to the MASD screen.**

# Marital Status/ Deprivation/Cooperation

MASD Screen.

```
MASD                MARITAL STATUS \DEPRIVATION \COOPERATION      06JUN05 14:33
                                                                  TAMERA W
CASE NAME:                                  CASE NUMBER:           MONTH: JUN05
                  MAR  DEP        CO      REASON    BASIS FOR     CAAL
    NAME     REL  STA  RSN  VR   OP  VR  CLAIM   DETERMINATION    DATE
01 J     K   PI   NM   DS   CS   CO  CS  __        __            _______
                                                                
                                                                
                                                                
                                                                
                                                                
                                                                
                                                                
                                                                
                                                                
IMMUNIZATION: _                                 MORE CLIENTS: _  NEXT--> ____
```

**Cooperation.**
**CO** for Foster Child.
**CO** for Adoptive Child.

**Marital Status.**
**NM** for Foster Child.
**NM** for Adoptive Child.

**Deprivation Reason.**
**DS** for Foster Child
**ND** for Adoptive Child
*Refer to ***PACMIS Quick Reference*** for other applicable deprivation codes.

**Enter to PRAW Screen.**

# Previous Aid/ Work Incentives

```
PRAW                    PREVIOUS AID/WORK INCENTIVES          06JUN05 14:34
CASE NAME:
BENEFIT MONTH: JUN05                              CASE NUMBER:
                                  MED  MED  FEP-SINCE-1/97 H     H     H
              PREV AF  PREV FS   1/3  $30  O/S PAC UK EMP S  GA S UTE S  CAAL
    NAME  REL MMMYY ST MMMYY ST USD START MOS MOS MO EXT T MOS T MOS T  DATE

01 J     K PI _____ __ _____ __ _ _____ __0   0   0  0 _   0 _   0 _ _______

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

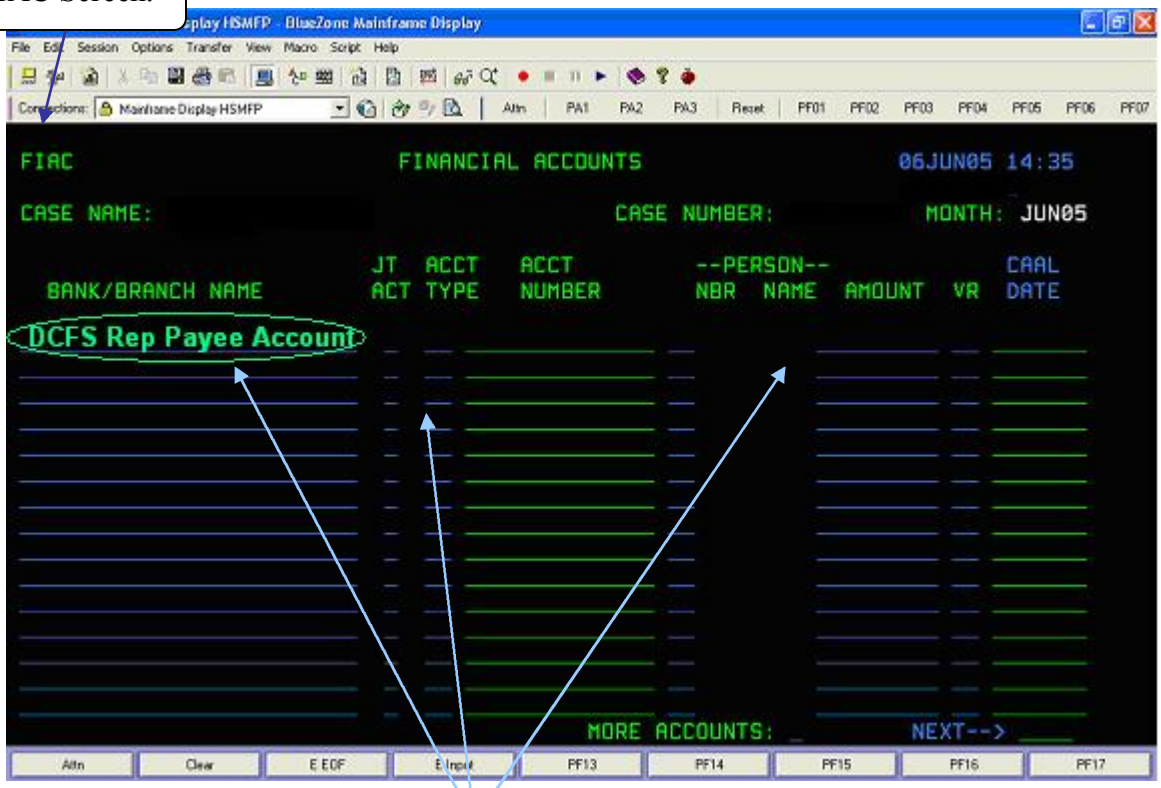
**No entry required.**
If a foster child has information posted here from a parents' case, leave the information on the screen.

This screen is not available for SA Cases.

**Enter to the FIAC Screen.**

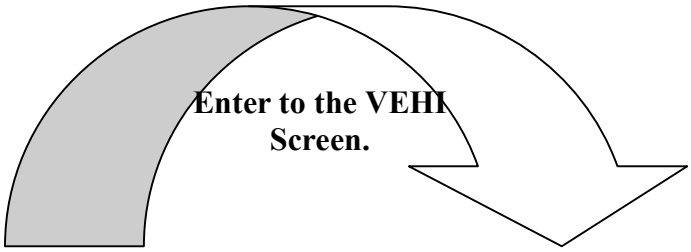
# Financial Accounts

FIAC Screen.



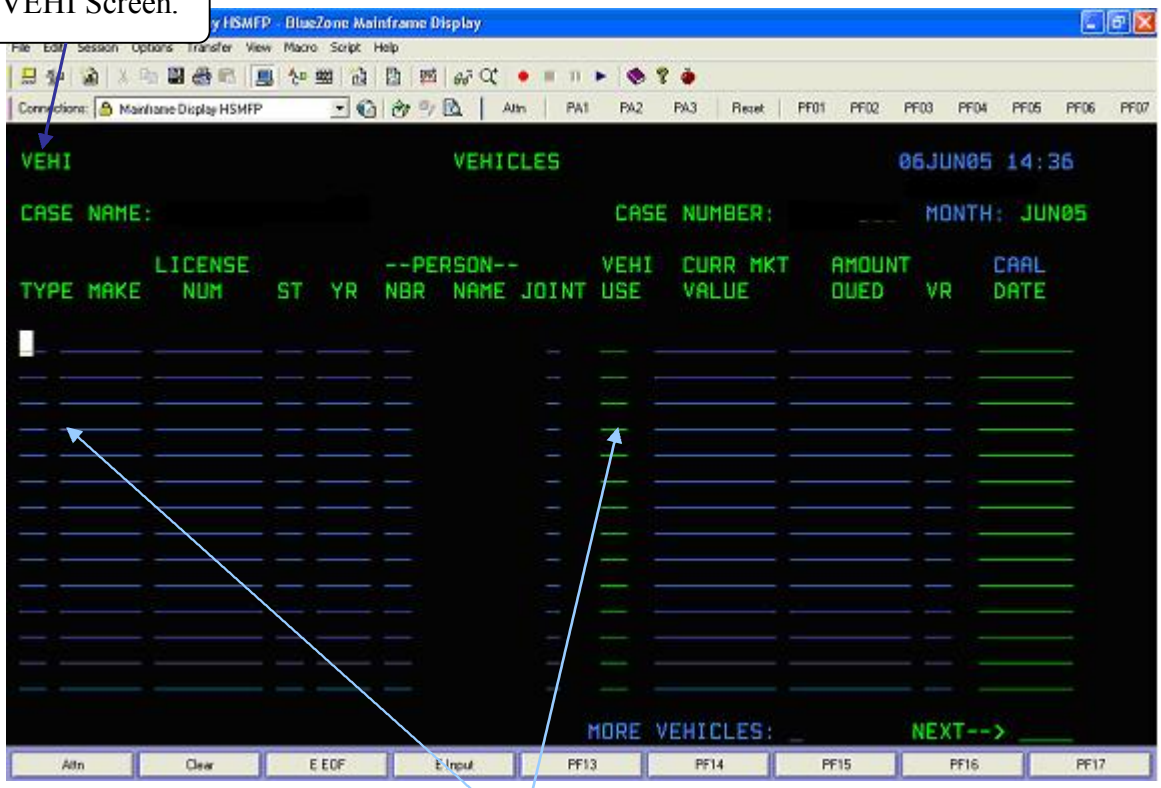

DCFS Representative Payee Account information should be entered here.
Savings or Checking Account information should also be entered.
An Account Number is not required.

This screen is not available for SA Cases. There is no asset test for SA Medicaid Program.



# Vehicle

VEHI Screen.



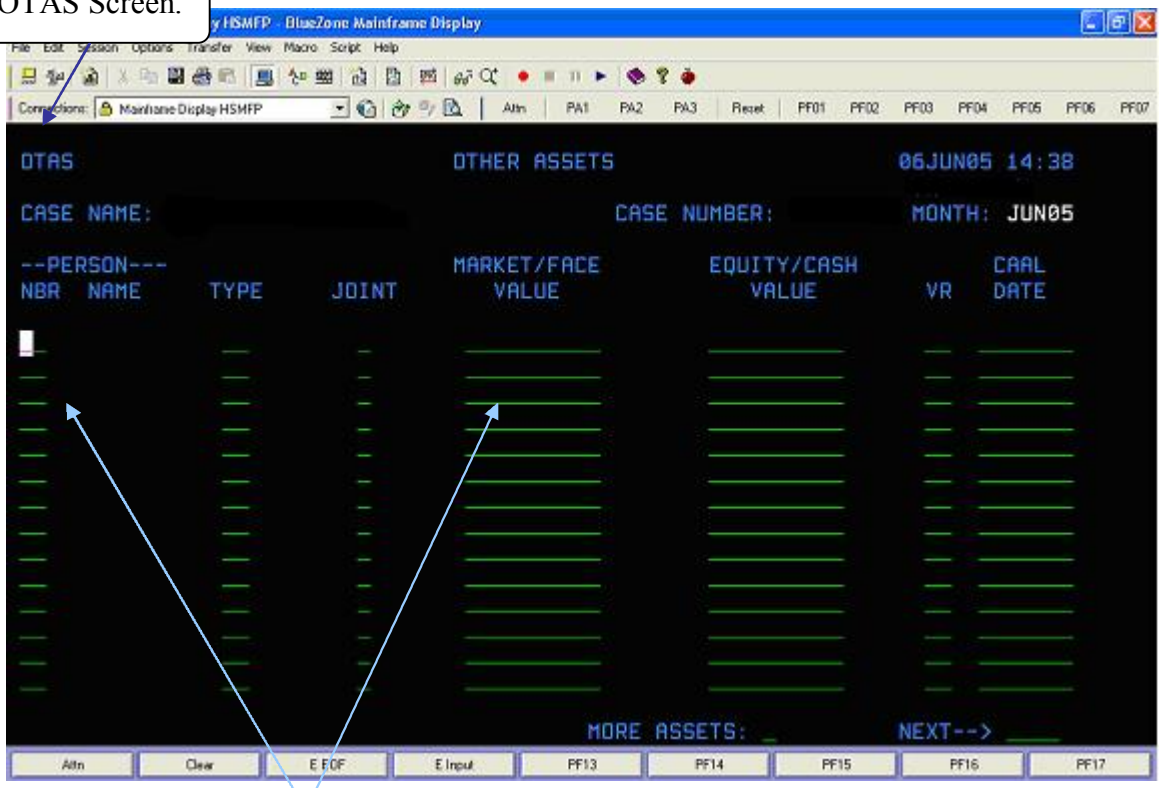

**Vehicle Information.**
Enter the vehicle information. PACMIS will calculate the $1500 deduction from the market value.

This screen is not available for SA Cases.

**Enter to the OTAS Screen.**

# Other Assets

OTAS Screen.




**Other Assets.**
This includes campers, life insurance, livestock, property, tools and other personal property.
Enter all applicable information.
The ***PACMIS Quick Reference*** has a list of asset codes.
Most foster children will not have this type of asset.

This screen is not available for SA Cases

**Enter to the FCRD.**

# Medicaid Resource Determination

Foster Care Resource Determination Screen

```
FCRD                    MEDICAID RESOURCE DETERMINATION        06JUN05 14:38

CASE NAME:                                CASE NUMBER:          MONTH: JUN05
BMS SIZE:  1
  VEHICLES          VALUE      OWED     EXEMPT   NON-EXEMPT  VEHICLE  SPONSOR
                                                               USE     OWNED

HOUSEHOLD ASSETS   EXEMPT  NON-EXEMPT     SPONSOR ASSETS   EXEMPT   NON-EXEMPT
_ FINANCIAL ACCTS      0.00      0.00   _ FINANCIAL ACCTS      0.00      0.00
_    OTHER ASSETS      0.00      0.00   _    OTHER ASSETS      0.00      0.00
                                          SPONSOR DEDUCT       0.00      0.00
CS RESOURCE ALLOWANCE              0.00
BURIAL/FUNERAL FUND EXEMPT         0.00
TOTAL NON-EXEMPT RESOURCES         0.00
CASE HAS PASSED THE RESOURCE DETERMINATION TEST                    NEXT-->
```

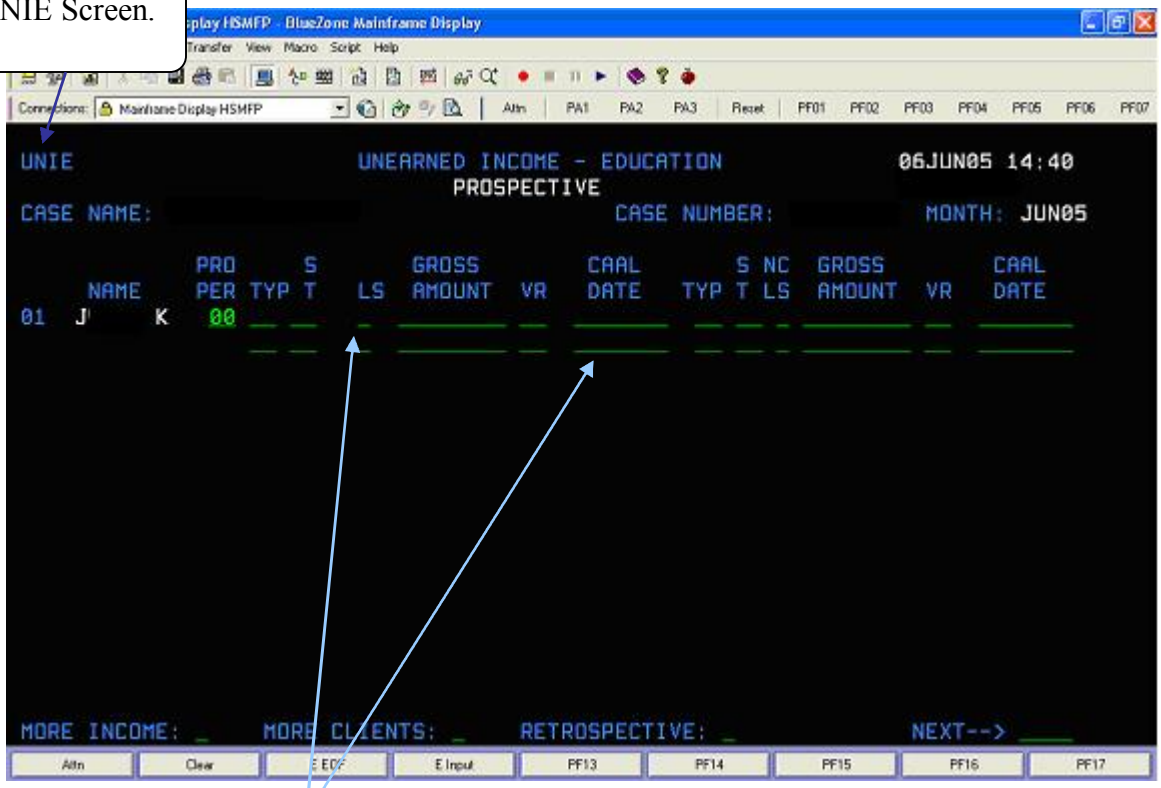
If the Foster Care Case has passed the asset test a message at the bottom of this screen will read:
**"Case Has Passed the Resource Determination Test"**

This screen is not applicable to SA Cases.

**Enter to the UNIE screen.**

# Unearned Income-Education

UNIE Screen.



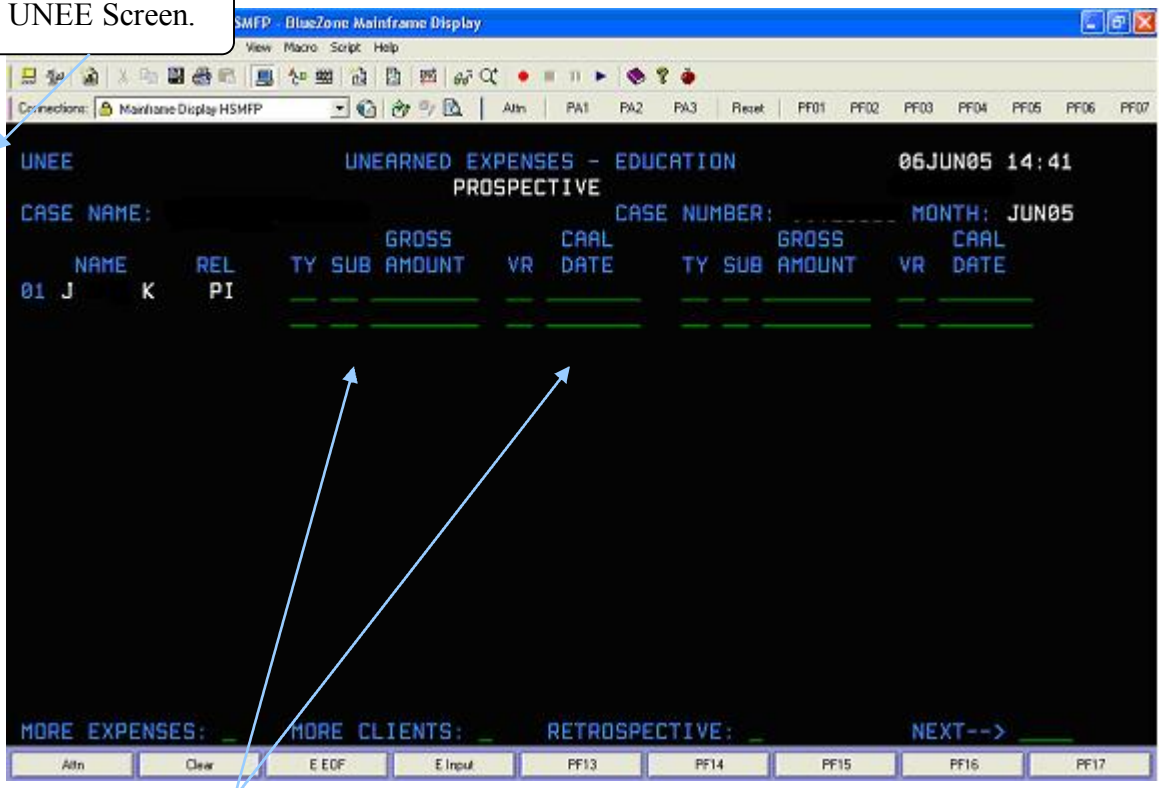

**Unearned Income-Education.**
Scholarship, grant and student loan information for the Foster Child will be posted here.
See PACMIS Quick Reference for list of the codes.
If none, then enter through the screen.

This Screen is not available for SA cases.

**Enter to UNEE Screen**

# Unearned Expenses-Education

UNEE Screen.




**Unearned Expenses-Education**
Books, childcare, transportation, tuition and educational fees for the Foster Child will be posted on this screen.
See the ***PACMIS Quick Reference*** for a list of necessary codes.
If none, enter through this screen.

This screen is not available for SA cases.

**Enter to UNIN Screen.**

# Unearned Income

UNIN Screen.

**ILP.**
Independent Living Payments made to the Foster Child are countable unearned income and should be posted on this screen.
Use the **"FC"** code as the income type.

**Enter to the EAIN Screen.**

# Earned Income

EAIN Screen.

```
EAIN                          EARNED   INCOME                    06JUN05 14:43
                               PROSPECTIVE
CASE NAME:                                   CASE NUMBER:          MONTH: JUN05
              S  U T SUB          MONTHLY MONTHLY  ABD    U  CHP\PC        CAAL
    NAME    RELN S Y TYP LS       AMOUNT  HOURS   AMOUNT  S    AMT    VR    DATE
              C    P
01 J      K PI __ _ __ __ _ TOTAL: _______ ____ _______ _ _______ __ ______
                _ __ __ _ TOTAL: _______ ____ _______ _ _______ __ ______
                _ __ __ _ TOTAL: _______ ____ _______ _ _______ __ ______

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

Post all **Earned Income** that is received by the Foster Child. If a Foster Child is a full time student use the earned income type **DC** with the subtype **FI.** PACMIS will exclude the income.
If the foster child is no longer a full time student, their earned income is countable and must be included on the PACMIS screens. In most cases the earned income type will be **WA.** PACMIS will calculate the available deductions for earned income.
Most often the foster child has no earned income and you will enter through the screen.

This screen is not available for SA cases.

The PACMIS Quick Reference has a complete list of earned income codes.

If earned income is posted for the child the EMIN screen requesting the employer information will follow the EAIN screen. See the NB+ PACMIS procedure for a guide to this screen.

**Enter to the SEEI Screen.**

# Self-Employment Income

SEEI Screen.

```
SEEI                    SELF EMPLOYMENT INCOME                  06JUN05 14:44
                            PROSPECTIVE
CASE NAME:                                  CASE NUMBER:         MONTH: JUN05
            SANCTION U      SUB      MONTHLY MONTHLY U  CHP\PC      CAAL
    NAME    REL CODE   S TYPE TYPE LS AMOUNT  HOURS   S    AMT     VR  DATE

01 J     K PI  __     _ _   __  _ _______ ____    _ _______  __ _______
                _ __   __  _ _______ ____    _ _______  __ _______
                _ __   __  _ _______ ____    _ _______  __ _______

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

If the Foster Child has **Self-Employment Income** that information will be posted here. Most often the foster child does not have this type of income and you will enter through the screen.

This screen not available for SA cases.

**Enter to the DEID Screen.**

# Deemed Income Deductions

DEID Screen.

```
DEID                    DEEMED INCOME DEDUCTIONS              06JUN05 14:56
                              PROSPECTIVE
CASE NAME:                                   CASE NUMBER:        MONTH: JUN05
                     SF  CO W                     MONTHLY  ABD        CAAL
   NAME    RL PT DEP SZ  SP S                     AMOUNT   AMOUNT  VR  DATE

01 J     K PI     _  _  _ _ MNTHLY PMT DU OF HM _______ _______ __ _______
                          _ CH SUPP/ALIMONY     _______ _______ __ _______

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

If the foster child has **Deemed Income Deductions** that information will be posted here.
Most often the Foster Child does not have this type of deduction and you will enter through the screen.

This screen is not available for SA cases.

**Enter to the MEEL Screen.**

# Medical Expense Log

MEEL Screen.

```
MEEL                    MEDICAL EXPENSE LOG                 06JUN05 14:56
                     LISTS ALL EXPENSES ENTERED
CASE NAME:                                          CASE NUMBER:
                                                     BENEFIT MONTH: JUN05

  POS CLIENT  BEG DAT END DAT OU MD ST PAID     TOTAL     CLIENT       TYP
  APP NAME    SERVICE SERVICE HM CV CV DATE     EXPENSE   OBLIGAT      SRV

SELECT FOR EDIT : __   (ENTER 99 FOR NEW EXPENSE)

POS: __    BEG DAT: _____                                   NEXT--> ____
```

This screen is used to post **Medical Expenses** that are being used to meet or reduce a Spenddown. Most often a foster Child will not be using medical expenses. If you have a case where you think they may apply contact the State Specialist. When medical expenses do not apply enter through this screen. Other screens applicable to medical expenses are the MEEI and MEES screens

For Subsidized Adoption cases **Medical Expenses** do not apply. There is no income test for SA Cases.

**Enter to the EXPE Screen.**

# Household Summary-Foster Care Case

HOSU Screen 1 of 1.

Benefit Month.

```
HOSU                    HOUSEHOLD SUMMARY - PAGE  1  OF  1        06JUN05 14:57
                              PROSPECTIVE
CASE NAME:                !                 CASE NUMBER:          MONTH: JUN05
TELEPHONE: 801-    -        MESSAGE PHONE:     RESTAURANT MEALS:

RESIDENCE:        FOSTER HOME              OREM            UT 84057
                  1106 N 1200 W.
MAILING ADDRESS:  FOSTER CARE WORKER       OREM            UT 84057 2842
                  1106 N 1200 W

                                                              TOT
                                                     SCHL     PT FEP WK EM GA WTE
HOUSEHOLD MEMBERS          SSN      REL    DOB  AGE COD DEP RQ MOS MO EX MO MOS

K    J                   000 00 0000 PI 30OCT1988 16 ALP DS       0  0  0  0  0

                  PF3 TO GO TO PAGE 1    PF7 TO PAGE BACKWARD     NEXT-->
```

The Foster Child's name, SSN and DOB. The Foster Child is usually the only member of the household for FC cases. If the Foster Child has a child or children living with them the HOSU screen will display those members of the household also.

For SA Cases the name of the child, SSN and DOB. The Adoptive Child is the only member of the household for an SA case.

Address where the child is residing.

The address that the Medicaid card will mail to.

**Enter to the FCMA, FCEX or SAMA Screens**

The **Household Summary** can be multiple screens and will contain any income and asset information for that case during that month.

# Foster Care Medicaid Authorization
# FCMA for IV-E Cases, F Category

FCMA Screen.

```
FCMA                FOSTER CARE MEDICAID AUTHORIZATION        06JUN05 14:58

CASE NAME:                                CASE NUMBER:          MONTH: JUN05

BENEFIT AUTHORIZATION: Eligibility Worker PIN entered here
ISSUANCE INDICATOR:     DA
ISSUANCE REASON:        IN
REVIEW DUE DATE:        jun06
HOLD REMINDER DATE:
HOLD REASON:
PAYEE SETUP REQ?:       N

BUS PASS:               N

IS ELIGIBLE - NO MEDICAL EXCESS                                  NEXT-->
```

Issuance Indicator.

Benefit Month.

You must enter the review month in the first month's authorization screen. IV-E and Medicaid eligibility must be reviewed at least every 12 months.

If you need a bus pass for the foster child, enter **Y** here.

Enter your assigned PIN to authorize the Medicaid Benefit.

**Enter to the MEES Screen.**

# Medicaid Excess Determination
# FCEX for C, D & B Categories

FCEX Screen.

```
FCEX (FCR)              MEDICAID EXCESS DETERMINATION          29JUL05 13:26

CASE NAME:                                CASE NUMBER:          MONTH JUN05
BMS SIZE:   01

                                          _ EDUCATION INCOM :       0.00
_ EMPLOYMENT INCOME       :      0.00     _ DEEMED INCOME   :       0.00
_ SELF-EMPLOYMENT INCOME  :      0.00     _ OTHER UNEARNED INCOME :  0.00
      TOTAL EARNED        :      0.00          TOTAL UNEARNED :     0.00
                                          NET INCOME        :       0.00
  WORK ALLOWANCE          :      0.00     _ OTHER INCOME DEDUCTION : 0.00
  30 + 1/3 DISREGARD      :      0.00     COUNTABLE INCOME  :       0.00
  $30 DISREGARD           :      0.00     POVERTY LEVEL     :     798.00
_ DEP.  CARE DEDUCTION    :      0.00     MEDICAL EXCESS    :       0.00
      TOTAL DEDUCTIONS    :      0.00     AVAILABLE EXPENSES :      0.00
                                          SELECTED EXPENSES :       0.00
                                          CASH/USED EXPENSES :      0.00
BENEFIT AUTHORIZATION  :                  AMOUNT OWED (MEES) :      0.00
ISSUANCE REASON: RE ISSUANCE INDICATOR:
REVIEW DUE DATE: AUG06
HOLD REMINDER DATE:                          BUS PASS: N
HOLD REASON:                                      PAYEE SETUP REQ: N
CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.          NEXT-->
```

Benefit Month.

Eligibility Workers PIN Number entered here.

Issuance Indicator

You must enter the review month in the first month's authorization screen.
IV-E and Medicaid Eligibility must be reviewed at least every 12 months.

If you need a bus pass for the Foster Child, enter **Y** here.

Enter your assigned PIN to authorize the Medicaid Benefit.

**Enter to the MEES Screen.**

# Subsidized Adoption Medicaid Authorization

SAMA Screen.

```
SAMA          SUBSIDIZED ADOPTION MEDICAID AUTHORIZATION        29JUL05 13:39

CASE NAME:                                CASE NUMBER:          MONTH: JUN05

BENEFIT AUTHORIZATION:  Eligibility Worker PIN number entered here.
ISSUANCE INDICATOR:     BA
ISSUANCE REASON:        RE
REVIEW DUE DATE:        JAN06
HOLD REMINDER DATE:
HOLD REASON:
PAYEE SETUP REQ?:       N

BUS PASS:               N

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.            NEXT-->
```

Issuance Indicator.

Benefit Month.

You must enter the review month in the first month's authorization screen. IV-E and Medicaid Eligibility must be reviewed at least every 12 months.

If you need a bus pass for the child, enter **Y** here.

Enter your assigned PIN to authorize the Medicaid Benefit.

**Enter to the MEES Screen.**

# Medical Expense Selection

MEES Screen.

```
 INFO +     NO MEDICAL EXCESS OWED FOR THIS CASE
MEES                    MEDICAL EXPENSE SELECTION                06JUN05 15:04
                  EXPENSES SELECTED/USED TOWARD SPENDDOWN
CASE NAME:                                                CASE NUMBER:
                                                           BENEFIT MONTH: JUN05
PG MEDICAL       DEDUCTIONS          INCURRED        AMOUNT      CASH
TP EXCESS    SELECTED/  USED    SELECTED/  USED    REMAINING  PAYMENT  DATE MET



PS CLNT BEG DAT END DAT O M S P  TOTAL     CLIENT     AVAIL   I USE  USE    USE
AP NAME SERVICE SERVICE H C C D  EXPENSE   OBLIGAT    AMOUNT  D ORD AMOUNT  TYP



                          >>> END OF EXPENSE LIST <<<
PAGE CODE:   (TOP OF LIST=T, NEXT PAGE=N, PREV PAGE=P) USE ONLY EXP SEL:
AUTH PCN:        MORE PRG:                                        NEXT-->
```

A display of Medical Expenses used to calculate the Spenddown.
No entry allowed.

**Enter to the NORE Screen.**

# Notice Request

NORE Screen.

```
NORE                          NOTICE REQUEST                    06JUN05 15:04

CASE NAME:                                          CASE NUMBER:

CHNG(C) NOTICE  BENEFIT
DEL(D)  TYPE    MONTH   PGM   URKR    SITUATION

        MMFE    JUN05   FC  HSTJU    CASE IS ELIGIBLE FOR MEDICAL ASSISTANCE

          MMFE: IV-E FC                                          ded.
          MMFC: Non IV-E FC.          ALSN: Request for SSN.
          MMSA: IV-E SA.              GERE: Review completed.
          MMSS: Non IV-E SA.          MERE: Medical review completed.
          MCEC: Closure/No eligible child.
          MCXS: Closure/ eligible for another program.
          MCZZ: Closure miscellaneous reason.
     OTHERS:

                                   MORE SITUATIONS: N        NEXT-->
```

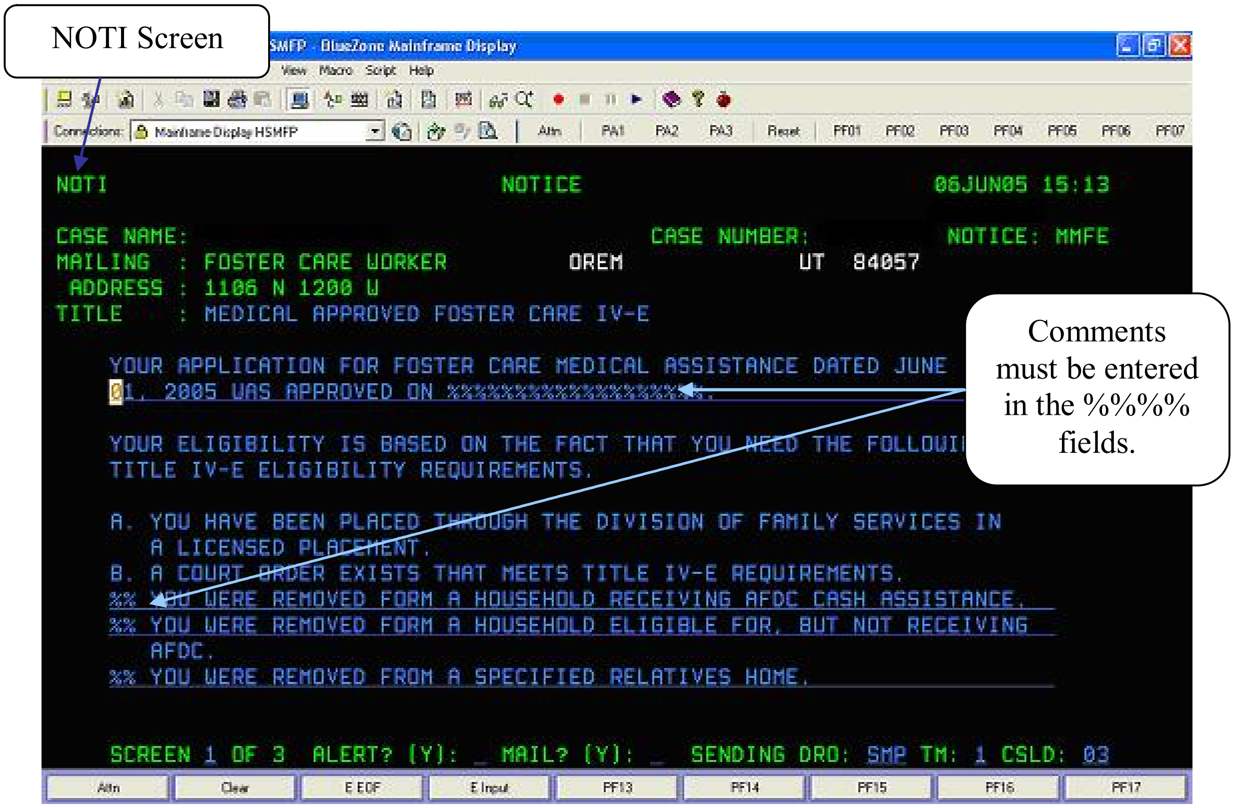
Enter **Notice** type.

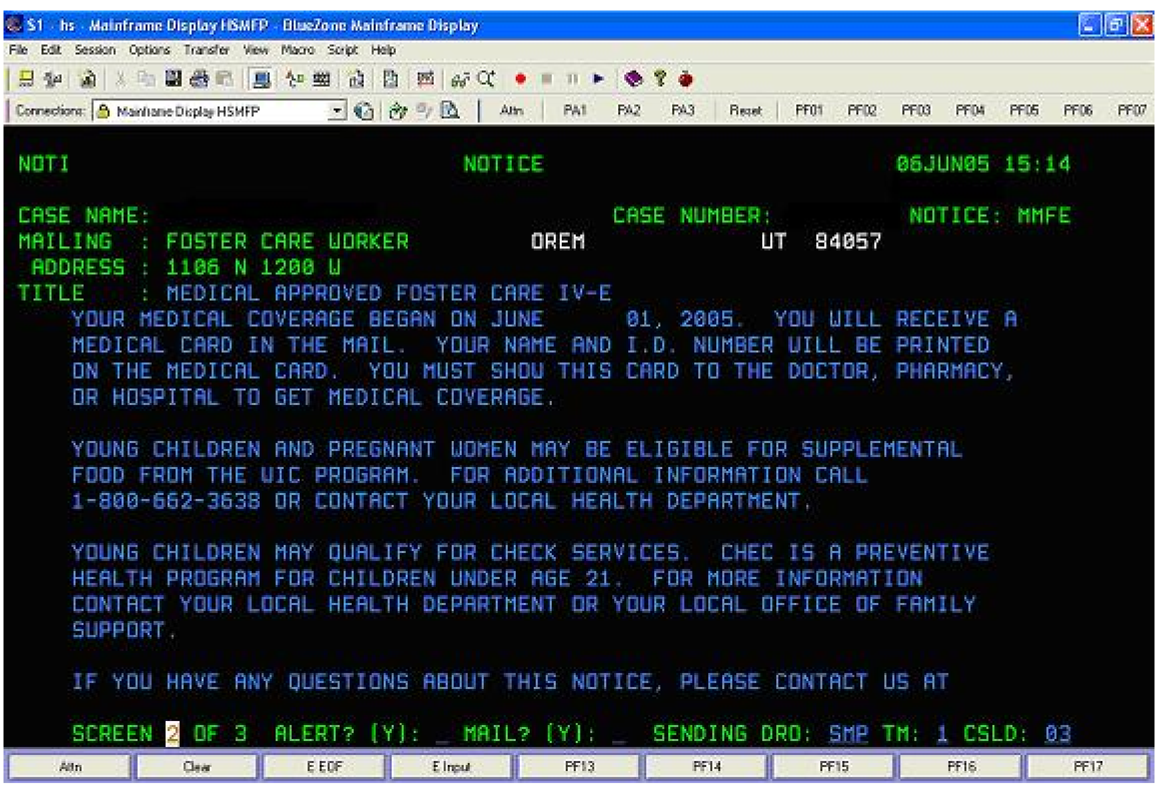
After notice has been completed and sent, **do not** delete the notice. It will mail and then move to the NOHS screen.

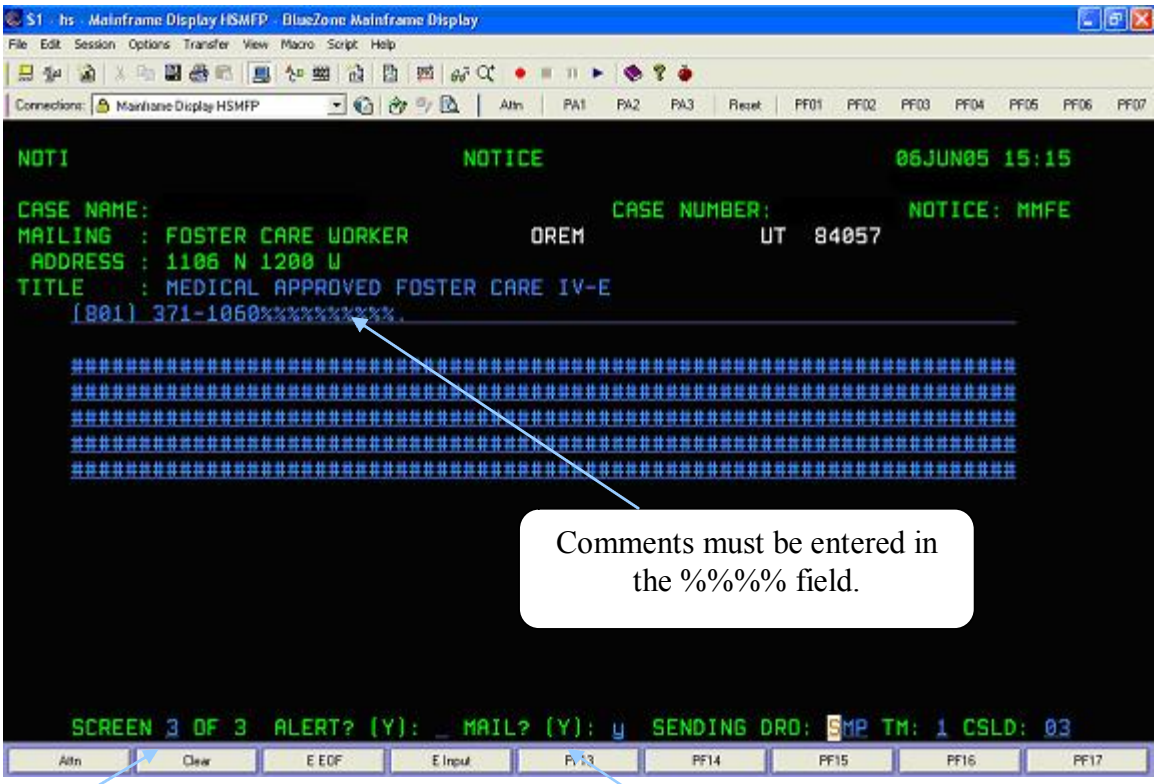
**Enter to NOTI Screen.**

**After notice has been deleted enter CAP2 at the NEXT prompt and print that screen.**

# Notice


NOTI Screen
SMFP - BlueZone Mainframe Display
NOTI
NOTICE
06JUN05 15:13
CASE NAME:
CASE NUMBER:
NOTICE: MMFE
MAILING : FOSTER CARE WORKER
OREM
UT 84057
ADDRESS : 1106 N 1200 W
TITLE : MEDICAL APPROVED FOSTER CARE IV-E
YOUR APPLICATION FOR FOSTER CARE MEDICAL ASSISTANCE DATED JUNE
01, 2005 WAS APPROVED ON %%%%%%%%%%%%%%%%%%.
YOUR ELIGIBILITY IS BASED ON THE FACT THAT YOU NEED THE FOLLOWI
TITLE IV-E ELIGIBILITY REQUIREMENTS.
A. YOU HAVE BEEN PLACED THROUGH THE DIVISION OF FAMILY SERVICES IN
A LICENSED PLACEMENT.
B. A COURT ORDER EXISTS THAT MEETS TITLE IV-E REQUIREMENTS.
%% YOU WERE REMOVED FORM A HOUSEHOLD RECEIVING AFDC CASH ASSISTANCE.
%% YOU WERE REMOVED FORM A HOUSEHOLD ELIGIBLE FOR, BUT NOT RECEIVING
AFDC.
%% YOU WERE REMOVED FROM A SPECIFIED RELATIVES HOME.
SCREEN 1 OF 3 ALERT? (Y): _ MAIL? (Y): _ SENDING DRO: SMP TM: 1 CSLD: 03
Comments must be entered in the %%%%% fields.


S1 - hs - Mainframe Display HSMFP - BlueZone Mainframe Display
NOTI
NOTICE
06JUN05 15:14
CASE NAME:
CASE NUMBER:
NOTICE: MMFE
MAILING : FOSTER CARE WORKER
OREM
UT 84057
ADDRESS : 1106 N 1200 W
TITLE : MEDICAL APPROVED FOSTER CARE IV-E
YOUR MEDICAL COVERAGE BEGAN ON JUNE 01, 2005. YOU WILL RECEIVE A
MEDICAL CARD IN THE MAIL. YOUR NAME AND I.D. NUMBER WILL BE PRINTED
ON THE MEDICAL CARD. YOU MUST SHOW THIS CARD TO THE DOCTOR, PHARMACY,
OR HOSPITAL TO GET MEDICAL COVERAGE.
YOUNG CHILDREN AND PREGNANT WOMEN MAY BE ELIGIBLE FOR SUPPLEMENTAL
FOOD FROM THE WIC PROGRAM. FOR ADDITIONAL INFORMATION CALL
1-800-662-3638 OR CONTACT YOUR LOCAL HEALTH DEPARTMENT.
YOUNG CHILDREN MAY QUALIFY FOR CHECK SERVICES. CHEC IS A PREVENTIVE
HEALTH PROGRAM FOR CHILDREN UNDER AGE 21. FOR MORE INFORMATION
CONTACT YOUR LOCAL HEALTH DEPARTMENT OR YOUR LOCAL OFFICE OF FAMILY
SUPPORT.
IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT US AT
SCREEN 2 OF 3 ALERT? (Y): _ MAIL? (Y): _ SENDING DRO: SMP TM: 1 CSLD: 03




Comments must be entered in the %%%% field.

**Notice**s are multiple screens. To move to the next page enter the screen number.

To mail the notice enter **Y** and hit enter.

**After sending and deleting the notice, enter CAP2 at the NEXT prompt on the NORE screen.**

# Case Profile-Page 2

CAP2 Screen.

```
CAP2                    CASE PROFILE - PAGE  2                  06JUN05 15:17

CASE NAME:                                   CASE NUMBER:        MONTH: JUN05

PROGRAM      CVG  PRG  HH  BENEFIT    APP     PROG   STATUS   CL  REV    CUR
TYP/SUB  CAT GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS   DATE    DE  DUE    MON
 FC       F               01JUN05  01JUN05  OPEN    06JUN05      JUN06  JUN05

       CLIENT        CLIENT ID  C    DOB              PER     PROGRAM TYPE
        NAME            SSN     K    AGE     REL SEX  ALT    FC
K'     J              999999999  3 30OCT1988  PI   F         IN
                       000-00-0000    016

        VIEW PRIOR MONTH CLIENT INFO (MMMYY): _____            NEXT--> ___
```

**Print the CAP2 Screen and include it in the Eligibility File.**

**The case is now open and the Medicaid Benefit has been authorized for the first month. Now let's authorize the following month. Type APEM at the NEXT prompt. ENTER**

# Application Entry Menu

APEM Screen.

APEM APPLICATION ENTRY MENU 06JUN05 15:03

1. APPLICATION ENTRY SEQUENCE
2. RESOURCES/INCOME ENTRY
3. INCOME ENTRY
4. COPY DETAILS FOR NEW MONTH
5. DELETE MONTH
6. ORS CASE REFERRAL

ENTER FUNCTION (BY NUMBER): 4

CASE NUMBER (FOR 1 - 8): 1111111
BENEFIT MONTH (FOR 1 - 5): jul05
BUDGETING METHOD (FOR 1 - 3): P

NEXT-->

Correct benefit month must be displayed.

To **"Roll"** the Medicaid benefit into the next month:

1. Enter Function # 4.
2. Enter Case Number.
3. Hit **ENTER.**

A message stating, **"Month for Program Initialized",** will appear at the top of the APEM screen.
If you attempt to "roll" benefits into a month when it is not necessary an error message stating, **"Benefit Month too Far in Past",** will appear at the top of the APEM screen.

# Application Entry Menu

APEM Screen.

```
APEM                Month for Program Initialized
                    APPLICATION ENTRY MENU                06JUN05 15:03

                 1. APPLICATION ENTRY SEQUENCE
                 2. RESOURCES/INCOME ENTRY
                 3. INCOME ENTRY
                 4. COPY DETAILS FOR NEW MONTH
                 5. DELETE MONTH
                 6. ORS CASE REFERRAL

              ENTER FUNCTION      (BY NUMBER): _

                 CASE NUMBER      (FOR 1 - 6): 1111111
                 BENEFIT MONTH    (FOR 1 - 6): jul05
                 BUDGETING METHOD (FOR 1 - 3): P

                                                NEXT--> ____
```

After the benefit has been initialized, type SEPA at the NEXT prompt and enter through the case screens for the month. Make any changes that are needed.
Follow the above procedures and authorize all the months by entering your **PIN** until the **"Issuance Indicator"** on the FCMA, FCEX, or SAMA screen shows as **MO.**
(See previous pages for specific screen information)

If you are certain that all the information in the month is accurate and no changes are needed, you may proceed to initialize each month and then authorize is month as follows:
1. For IV-E FC, type FCMA at the NEXT prompt and authorize the case by entering your **PIN.**
2. For C, B or D FC cases, type FCEX at the NEXT prompt and authorize the case by entering your **PIN.**
3. For SA cases, type SAMA at the NEXT prompt and authorize the case by entering your **PIN.**

Follow the above procedure for all months until the **"Issuance Indicator"** shows as **MO.**

**Time for casework notes. Type CAAL at the NEXT prompt and ENTER to the CAAL screen**

# Case Action Log

CAAL Screen.

```
* INFO *      END OF RECORDS TO DISPLAY
CAAL                          CASE ACTION LOG                    06JUN05 15:20
                                                            WORKER:
CASE NUMBER:                CASE NAME:

ACTION   DATE              WORKER NAME                      DEPT/REG/OFF

 a    10NOV04
    ***VOLUNTARY CUSTODY***
    DCFS RECEIVED CUSTODY OF JENNIFER KRUM BY A VOLUNTARY AGREEMENT ON

          Type "A" to add a log.
          Type "R" to read a log.

SEARCH DATE _______                                            NEXT ____
```

# Case Action Update/ Display

CAAU Screen.

```
CAAU                    CASE ACTION UPDATE/DISPLAY              29JUL05 15:43
                                 (ADD)
CASE NAME:
CASE NUMBER:            REGION:      WORKER:
                              PAGE 1 OF 3                 CREATION DATE: 29JUL05

      Eligibility information for the case is
      typed on this screen. See
      "Documentation Section" for
      examples of case logs.

ACTION CODE: _    PAGE=P,   ADD RECORD=A                          NEXT--> ____
```

Type **A** to add a record. A log can be altered on the same day. Type **U** to update a log. **Enter.**

Now to the alert screen, type EWAL at the NEXT prompt.

# EW Alerts

EWAL Screen.

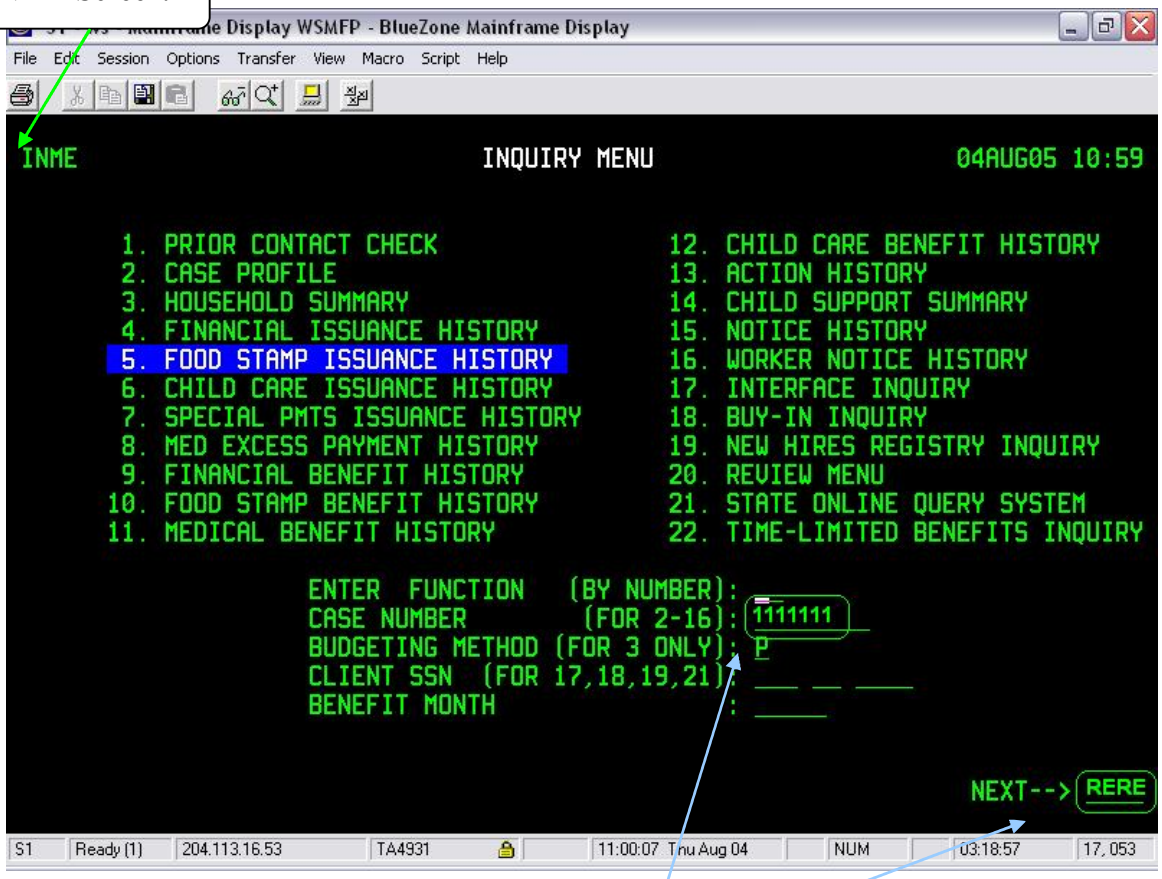
```
* INFO *     ENTER NEW ALERTS OR PRESS {PF9} TO RETURN TO MENU
EWAL                              EW ALERTS                          06JUN05 15:17

CASE NAME:                                        CASE NUMBER:
  PRI DRO: SMP TEAM: 1 CASELOAD:     -
  CC  DRO:     TEAM:   CASELOAD:     -
  MED DRO:     TEAM:   CASELOAD:     -
  EMP DRO:     TEAM:   CASELOAD:     -
  E&T DRO:     TEAM:   CASELOAD:     -

NOTICE                                  DUE   SENDER     - ACTIVE WORKERS -
NUMBER MESSAGE                          DATE  PCN       PRI CC  MED EMP E&T
       REVIEW DUE                      01Jun06           Y
                                                         -
                                                         -
                                                         -
                                                         -
                                                         -
                                                         -
                                                         -
                                                         -

CONTINUE (Y OR N)--> Y                                          NEXT-->
```

You may set yourself **Alerts** on this screen as desired. Type a message that identifies the alert, a due date and a **"Y"** in the **PRI** field. To clear an alert, type a **"D"** in the **PRI** field.

**You're finished with the electronic PACMIS entry for a new FC or SA Medicaid case!**

# Completing the Electronic Review Entry in PACMIS

INME Screen.




Enter the Case Number
Enter **RERE** at the NEXT prompt.

**Enter to the RERE Screen.**

# Register Review

RERE Screen.

Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
RERE                        REGISTER REVIEW                    04AUG05 11:01

CASE NAME:                                        CASE NUMBER:
PRIMARY DEP/RG/OFF:     TEAM: 1 CASELOAD: 03 -

 PROGRAM INVOLVEMENT : FC or SA
 APP RECEIVED DATE   : 13SEP01
 BEN EFFECTIVE DATE  : 01AUG01
 PROGRAM STATUS      :   OP

 PREVIOUS REV     : Aug04    ADDRESS INFO?(Y/N): Y
 REVIEW DUE DATE  : Aug05    INTERVIEW DATE: 04Aug05 INTERVIEW TYPE: T or F

REVIEW  MOD    PRINT     TYPE OF      CI REVIEW  FORM  PC REVIEW    DM/W   REV
 DATE   TYPE   DATE    REVIEW FORM    PRINT DATE REQD  PRINT DATE  PR DATE DUE
------- ----  ------- -------------  ---------- ----  ----------  ------- ---
27JUL05  F    15JUL05 FC-WORKSHEET   Review form mailed on this day
02AUG04  D    20JUL04 FC-WORKSHEET
02AUG04  F    15JUL03 FC-WORKSHEET
23JUL03  F    15JUL02 FC-WORKSHEET
02AUG02  F
13SEP01  F
                                                          NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA4931 | 11:06:59 Thu Aug 04 | NUM | 03:25:49 | 13, 045

Program Type.

Enter the interview date.

Enter **T** for interview type.

**Enter to the ADDR Screen.**

# Address

ADDR Screen.

```
ADDR                          ADDRESS                          04AUG05 11:27

CASE NAME:                                  CASE NUMBER:
TELEPHONE: 801 __ ____  MESSAGE PHONE: _  MINOR PARENT LIVING ARRANGE: _
                STREET OR R.R.            CITY            ST  ZIP  ZIP+4  CO
    RESIDENCE  :                                                   0000
      ADDRESS  :                              SPECIAL HOUSING TYPE:

    MAILING    :                                          __ _____  3106
      ADDRESS  :

    MED BEN    :                                          __ _____  0000
      ADDRESS  :
                MED PAYEE:
        MED REPRESENTATIVE:

    2ND PARTY  :                                          __ _____
      ADDRESS  :

            ------ NATIVE AMERICAN SPECIFIC INFORMATION ------
              TRIBAL CODE: _  LIVING ON RESERVATION (Y/N): N

SEARCH DATE--> _______  ADDR HIST: _  ABAWD EFF. DATE:          NEXT--> ____
```

Make any necessary changes to the address screen.

Authorizing the month on the APEM screen and scrolling through the screens to make any necessary changes will complete the review. Enter your PIN to authorize the Medicaid Benefit.
See the ***PACMIS Guide Opening a Medicaid Case*** for a complete description of the process and screens for case authorization.

**OR**

**Use the Review Menu to complete the Medicaid Review.**

# Review Menu

REME Screen.

```
REME                          REVIEW MENU                    04AUG05 11:22
                                                             LINDA M
                 1. INQUIRY MENU (INME)
                 2. CASE PROFILE (CAP1)
                 3. ALERT MAINTENANCE (EWAL)
                 4. REVERT PROGRAM TO OPEN (REPT)
                 5. REGISTER REVIEW (RERE)
                 6. MAINTAIN ADDRESS (ADDR)
                 7. SETUP PARTICIPATIONS (SEPA)
                 8. RESOURCE / INCOME REVIEW
                 9. INCOME REVIEW
                10. COPY DETAILS FOR NEW MONTH
                11. DELETE MONTH

                ENTER FUNCTION (BY NUMBER): _

                CASE NUMBER      (FOR 2 - 11): 00577374
                BENEFIT MONTH    (FOR 7 - 11): SEP05
                BUDGETING METHOD  (FOR 8 - 9): P

                                                             NEXT--> ____
```

Review may be completed using this Review Menu. Enter the selection number in the "Enter Function" field and proceed with the review as described above.
A complete description of screens and the authorization process is contained in the ***PACMIS Guide Opening a Medicaid Case***.

## NOTES

**Make sure that when completing a review enough months are authorized for the case to show "MO" on the benefit authorization screen.**
**If a case has auto closed, you will need to revert the case to open before completing the review. See the PACMIS Guide Section for reverting cases to open for complete instructions.**

# Closing a Medicaid case in PACMIS
## FC or SA Medicaid cases

FCED or SAED Screen.

S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
FCED or SAED        FC or SA  - ELIGIBILITY DETERMINATION          22SEP05 15:06

CASE NAME:                                  CASE NUMBER:          MONTH:
ELIGIBILITY        HOUSE-
  FACTOR            HOLD  ___________________ INDIVIDUALS ___________________
                            IN

RESIDENCY           PASS  PASS
CITIZENSHIP         PASS  PASS
SOCIAL SECURITY     PASS  PASS
CLIENT AGE          PASS  PASS
TPL CO-OPER         PASS  PASS
RESOURCES           PASS   N/A

INELIGIBILITY DATE :
DENIAL CLOSURE REASON:      AUTHORIZE:      MORE FACTORS: _    MORE CLIENTS: _
                                                              NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA1173 | 15:07:15 Thu Sep 22 | NUM | 04:06:32 | 23, 060

Enter the appropriate denial/closure reason.
See the **PACMIS Quick Reference** for a list of closure reasons.

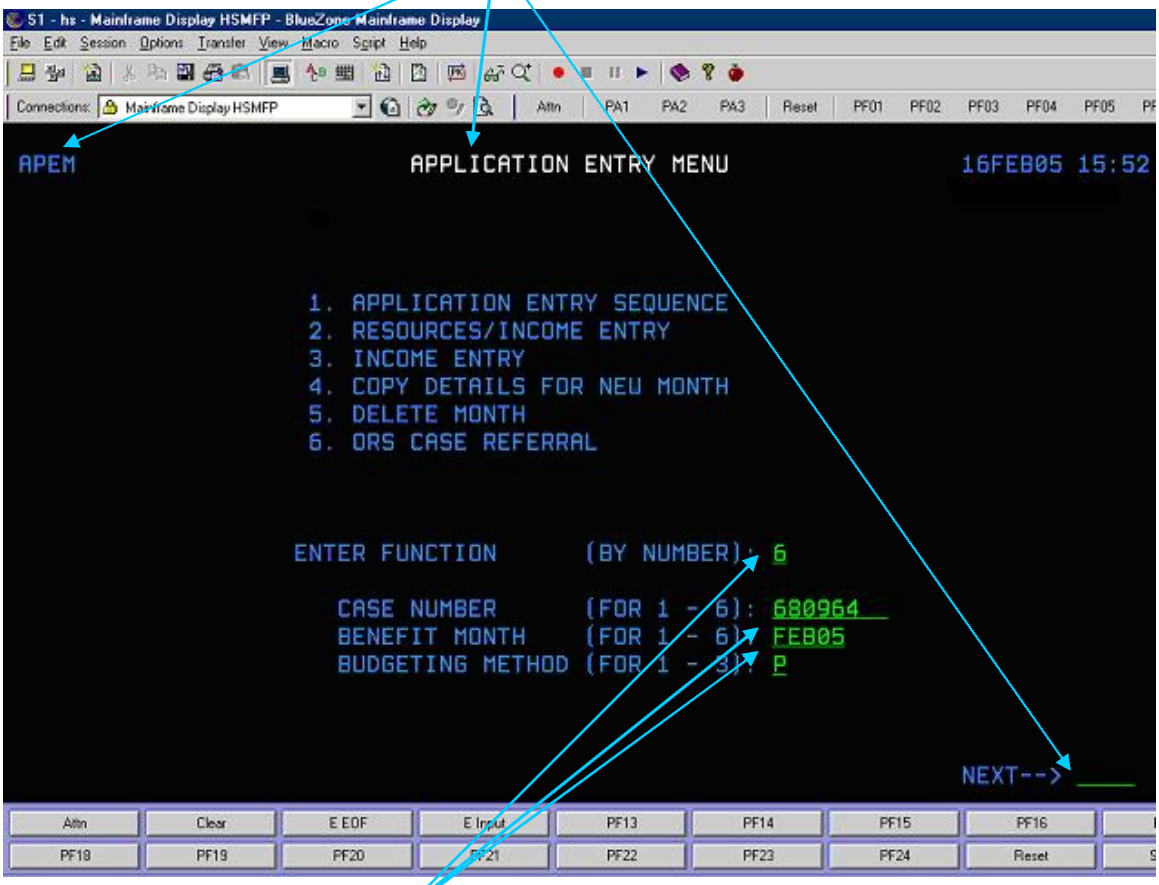
Enter **"Y"** to authorize.

A Medicaid case must be closed with 10 day notice, so it might be necessary to "roll" the case forward to the next month before closing.

Make sure to send the appropriate notices and document the closure on the CAAL screen.

# TPL Referrals

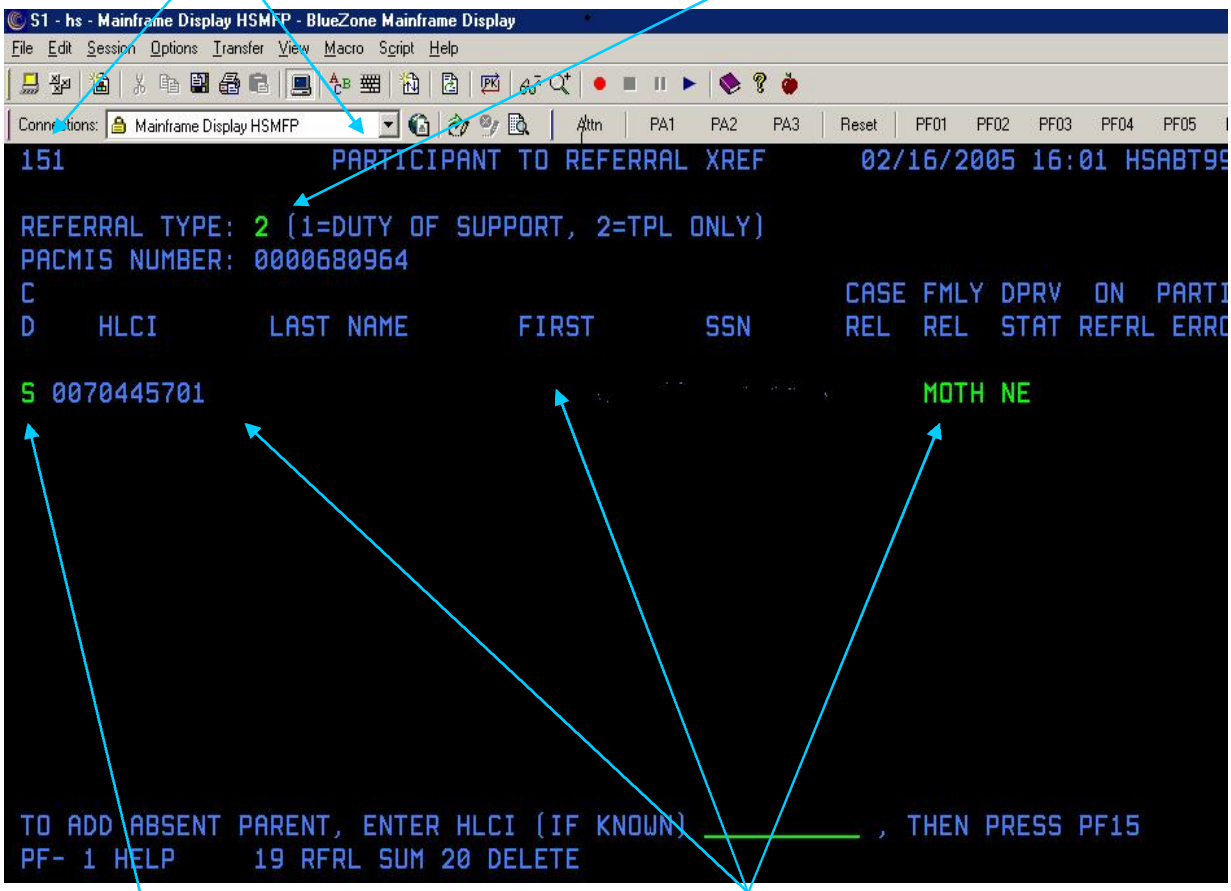
ORS TPL referrals are made from the Application Entry Menu in PACMIS. Access the **APEM screen** by entering **APEM** in the "NEXT" field.




On **APEM** Enter #6 in the **ENTER FUNCTION** field, enter the case number and the benefit month. Hit **Enter.**

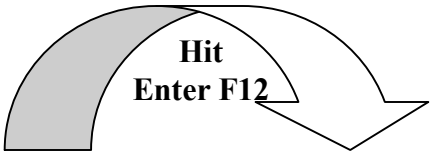
ORSIS 151 Screen.
Participant to Referral XREF.

**Referral Type.**
**Enter** #2 (TPL only).




Enter **S** in the CD field.

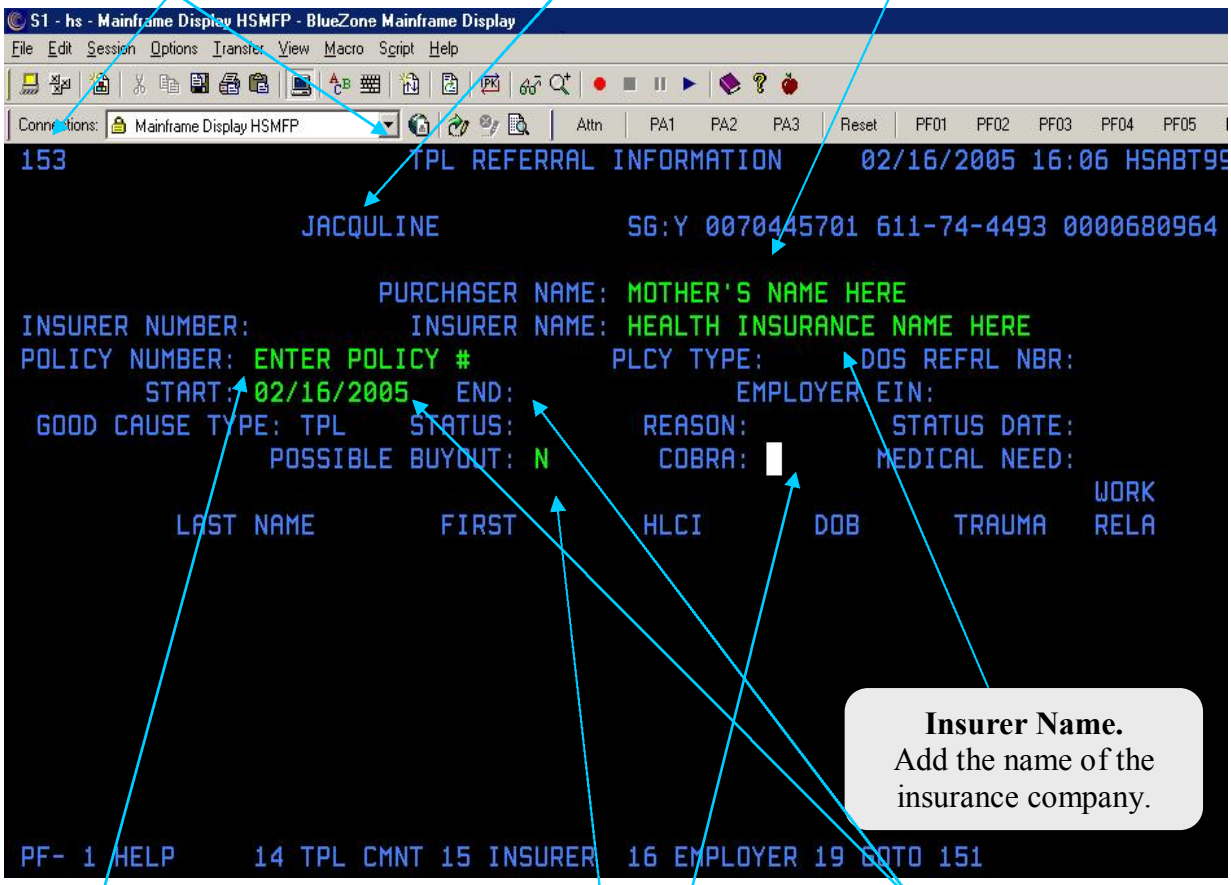
Client's identifying information will be displayed. The system will identify the primary on a case as an adult client (mother or father).



ORSIS 153 Screen.
TPL Referral Information.

Client Identifying Information.

**Purchaser Name.**
Enter the name of the policyholder. Usually the mother or father.




**Insurer Name.**
Add the name of the insurance company.

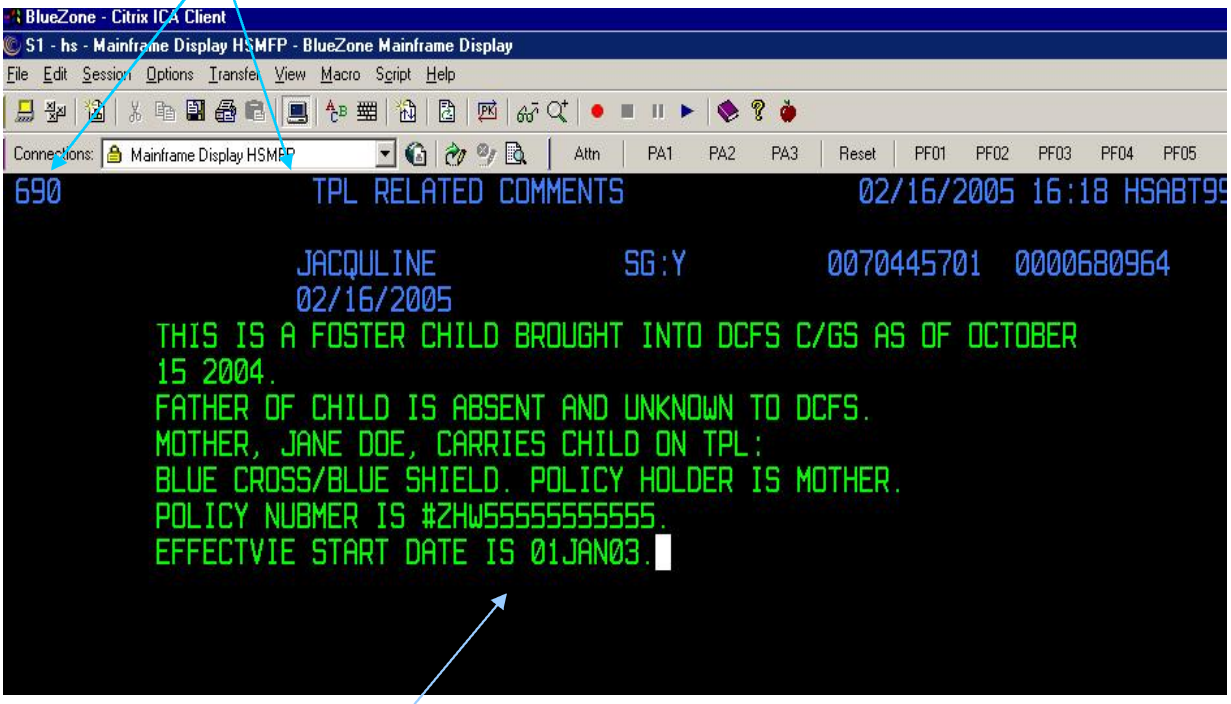
**Policy Number**
Enter the policy number. If a policy number is not added ORSIS will assign a number. If this happens add the correct number in the comments.

**Start and End Dates.**
Type the effective date of the policy and also enter the termination date if applicable,
These dates are not required

**Possible Buyout**
Enter **N** in most cases. If the client has had insurance available enter **Y.**
**Cobra**
Enter **N** in most cases. If insurance is available for Buyout through Cobra enter **Y.**
**Medical Need**
Enter **N** in most cases. If there is an existing medical need that another party is responsible for enter **Y.**

**Hit Enter F12**

ORSIS 690 Screen-TPL
Related Comments




Enter comments.
**Enter.**
**F4** back to the APEM screen.

****For complete ORSIS and TPL information refer to the ORSIS guide.**

# Issuing a Bus Pass
# Medicaid Excess Determination
# Foster Care Medicaid C, B & D Cases

FCEX Screen.

```
FCEX (FCR)                MEDICAID EXCESS DETERMINATION          10AUG05 08:51

CASE NAME: Duck, Donald                          CASE NUMBER: 11111111  MONTH AUG05
BMS SIZE:   01

                                        _ EDUCATION INCOME          :      0.00
_ EMPLOYMENT INCOME       :      0.00   _ DEEMED INCOME             :      0.00
_ SELF-EMPLOYMENT INCOME  :      0.00   _ OTHER UNEARNED INCOME     :      0.00
      TOTAL EARNED        :      0.00         TOTAL UNEARNED        :      0.00
                                        NET INCOME                  :      0.00
  WORK ALLOWANCE          :      0.00   _ OTHER INCOME DEDUCTION    :      0.00
  30 + 1/3 DISREGARD      :      0.00     COUNTABLE INCOME          :      0.00
  $30 DISREGARD           :      0.00     POVERTY LEVEL             :    798.00
_ DEP.  CARE DEDUCTION    :      0.00     MEDICAL EXCESS            :      0.00
      TOTAL DEDUCTIONS    :      0.00     AVAILABLE EXPENSES        :      0.00
                                          SELECTED EXPENSES         :      0.00
                                          CASH/USED EXPENSES        :      0.00
BENEFIT AUTHORIZATION   : Workers PIN     AMOUNT OWED (MEES)        :      0.00
ISSUANCE REASON: RE ISSUANCE INDICATOR: PI
REVIEW DUE DATE: AUG06
HOLD REMINDER DATE:                          BUS PASS: Y or N
HOLD REASON:                                          PAYEE SETUP REQ: N
CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.            NEXT--> ____
```

Case name and number displayed.

Enter **PIN.**

A **Y** must be entered to authorize a bus pass for the Foster Child.
The bus pass will mail with the Medicaid card.

**Enter to complete bus pass authorization process.**

# Foster Care Medicaid Authorization
# Foster Care Medicaid F Cases

FCMA Screen.

```
FCMA                    FOSTER CARE MEDICAID AUTHORIZATION        10AUG05 09:09

CASE NAME: Duck, Donald                    CASE NUMBER: 11111111  MONTH: AUG05

BENEFIT AUTHORIZATION:  Worker's PIN
ISSUANCE INDICATOR:      DA
ISSUANCE REASON:         RE
REVIEW DUE DATE:         JUL06
HOLD REMINDER DATE:
HOLD REASON:
PAYEE SETUP REQ?:        N

BUS PASS:                Y or N

CORRECTION - IS ELIGIBLE. NO CHANGE IN MEDICAL EXCESS.            NEXT-->
```

A **Y** must be entered to authorize a bus pass for the Foster Child.
The bus pass will mail with the Medicaid Card.

Case name and number displayed.

Enter **PIN.**

**Enter to complete bus pass authorization process.**

# Subsidized Adoption Medicaid Authorization
# Subsidized Adoption F, B, D and C Medicaid Cases

SAMA Screen.

ame Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
SAMA          SUBSIDIZED ADOPTION MEDICAID AUTHORIZATION        10AUG05 08:58

CASE NAME: Duck, Donald                  CASE NUMBER:11111111  MONTH: AUG05

BENEFIT AUTHORIZATION:  Worker's PIN
ISSUANCE INDICATOR:      DA
ISSUANCE REASON:         RE
REVIEW DUE DATE:         JAN06
HOLD REMINDER DATE:
HOLD REASON:
PAYEE SETUP REQ?:        N

BUS PASS:                Y or N

CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.            NEXT--> _
```

S1 | Ready (1) | 204.113.16.53 | TA2496 | 09:06:14 Wed Aug 10 | NUM | 00:15:02 | 24, 076

Case Number and Name displayed.

A **Y** must be entered to authorize a bus pass for the child.
The bus pass will mail with the Medicaid Card.

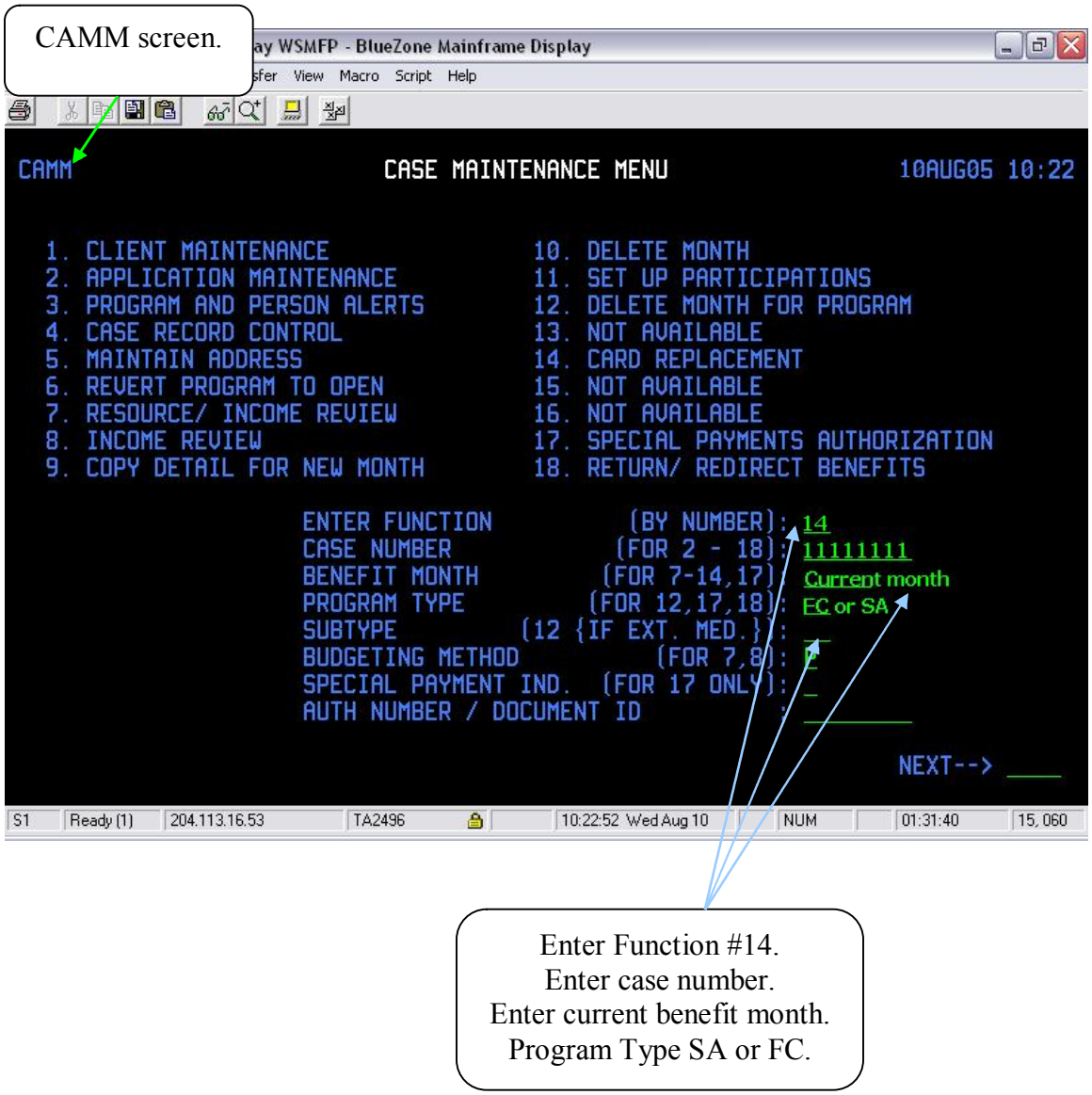
Enter **PIN**.

**Enter to complete bus pass authorization process.**

# Issuing a Bus Pass for a Month when the Medicaid Benefit Has been Authorized and Mailed

- In the benefit month field, enter the next month.
- Roll through the screens for that month and on the applicable screen enter a **Y** in the **Bus Pass** field. See the previous screen examples.
- Complete the case authorization process for that month.
- Now go to the **CAMM** screen for the previous month. This is the month that you were unable to issue a bus pass on the FCMA, FCEX or SAMA screen. It must be the current month. You cannot issue a bus pass for a month that is in the past.

## Case Maintenance Menu



# Card Replacement Distribution
# Ordering a Bus Pass

CARD Screen.

e Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

```
CARD                    CARD REPLACEMENT DISTRIBUTION          10AUG05 13:29

CASE NAME: Duck, Donald                          CASE NUMBER: 11111111

BENEFIT MONTH:  AUG05     Benefit month and the month of today's date should match when
                          ordering a card using this method.

                                  PROGRAM TYPE     TO ORDER
ADDITIONAL MEDICAL ID CARD          FC or SA          _
ADDITIONAL BUS PASS                                   Y
ADDITIONAL FOOD STAMP ID CARD                         _

WORKER AUTHORIZATION: Worker's PIN                              NEXT--> ____
```

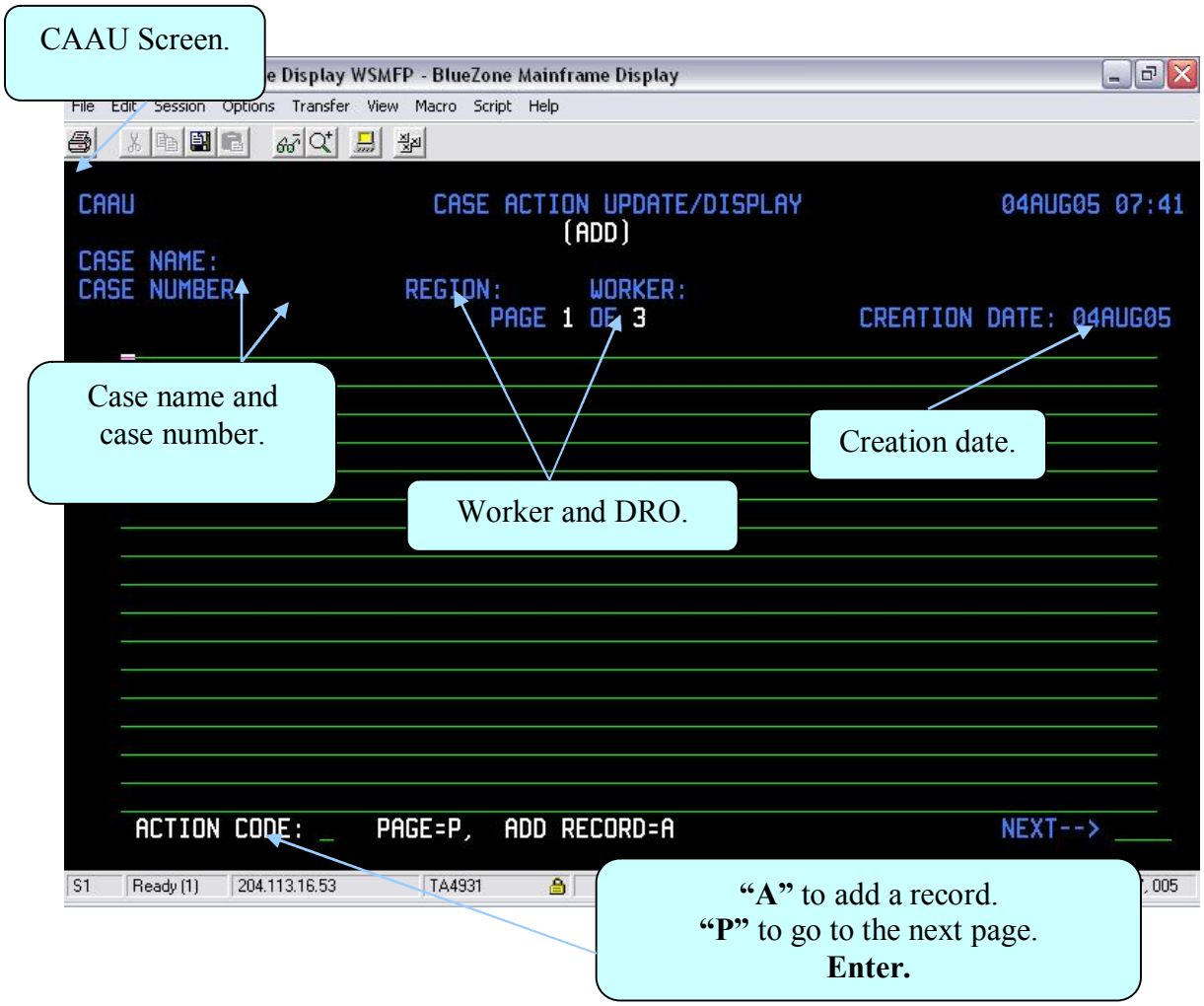
S1 | Ready (1) | 204.113.16.53 | TA2057 | 13:30:21 Wed Aug 10 | NUM | 00:01:03 | 12, 033

Enter a **Y** in the additional bus pass field.

**Enter.**
**F9 out of the CARD screen.**

Medicaid Policy regarding bus passes can be found at
http://utahcares.utah.gov/infosourcemedicaid/ Section 651

# PACMIS CAAL Narrations




- Organize your thoughts before you begin your narrative.
- Use appropriate headlines. DOH requires their eligibility workers to use headlines.
  - Headlines enable anyone to see at a glance the **subject** of the narrative.
  - Use *** before and after the headline.
  - If you have multiple actions use a headline for each action.
  - The headline should not be the entire narration.
  - Headline specific events, the strange and unusual or special events.
- Be brief but concise.
  - Consider a sequential narrative as you name the steps and actions taken on the case.
  - Consider information that is pertinent to the case and the transaction.
  - Document names, numbers, specifics that aren't on the PACMIS screens.
  - Take the time to re-read your narratives. Too much may be better than too little.
  - Use appropriate abbreviations. Ask, "Does this make sense to me?" and "Will someone else be able to understand this narrative?" Or, "Will someone else be able to pick up where I've left off on this case?"
- **Remember, others can and DO read your CAAL narratives.**

- Don't assume too much in terms of what you think a reader knows.
- Be non-judgmental: don't allow personal feelings, biases, values, etc., to enter into your narrative.
- Observations may be necessary and appropriate, but they will require careful language.

❖ Be professional; consider correct spelling, grammar, and avoid incomplete or unfinished sentences and/or thoughts, etc.

❖ Be sure that your narrative includes the basics such as who, what, where, when, why, and how. **TELL THE STORY!**

# CAAL Narrative Examples

*****IV-E/Medicaid Application*****
Received from caseworker. Petunia was removed from the custody of her mother and placed in DCFS custody by court order on July 29, 2005. This is a warrant removal. Warrant dated July 29, 2005. Eligibility month is July 2005.

*****IV-E Determination*****
The warrant contains the necessary BI and RE language. Deprivation exists by the absence of the father from the home. The income and assets of the AFDC group meet the IV-E need standards. Case meets the initial IV-E requirements. Petunia is currently placed is a DCFS shelter placement. Placement meets the IV-E placement requirements. Case is IV-E eligible beginning July 1, 2005. The placement is fully licensed. Case is IV-E reimbursable beginning July 1, 2005.
*****Medicaid Determination*****
Case is IV-E eligible and IV-E reimbursable and categorically eligible for Foster Care Medicaid beginning July 1, 2005.
Sent Notice
Reviewed TPL information and entered ORSIS referral. There is no other medical insurance.
Set review for July 2006.

## OR

*****Custody*****
Include information about custody date, type of custody (voluntary, court ordered, warrant) and eligibility month. Also include information about who lost custody.
*****IV-E Determination*****
Include information on the following:

Court order requirements met? Yes or No.
Deprivation exists? Yes or no and type of deprivation.
Income and assets meet the IV-E need standards? Yes or no.
Initial IV-E requirements met? Yes or No.
Type of placement? Are the IV-E Placement requirements met? Yes or no.
Is case IV-E eligible? Beginning eligibility date?
IV-E reimbursability information. Placement fully licensed? SSI? Beginning reimbursability date?

*****Medicaid Determination*****
Include information on the following:

Child's income and assets.
Foster Care Maintenance payment.
Medicaid category and date Medicaid eligibility begins.
TPL information.
Notices.
Review date.

## CAAL Narrations for Placement Changes

The Department of Health has asked that the following information be included in a CAAL narration for a placement change.

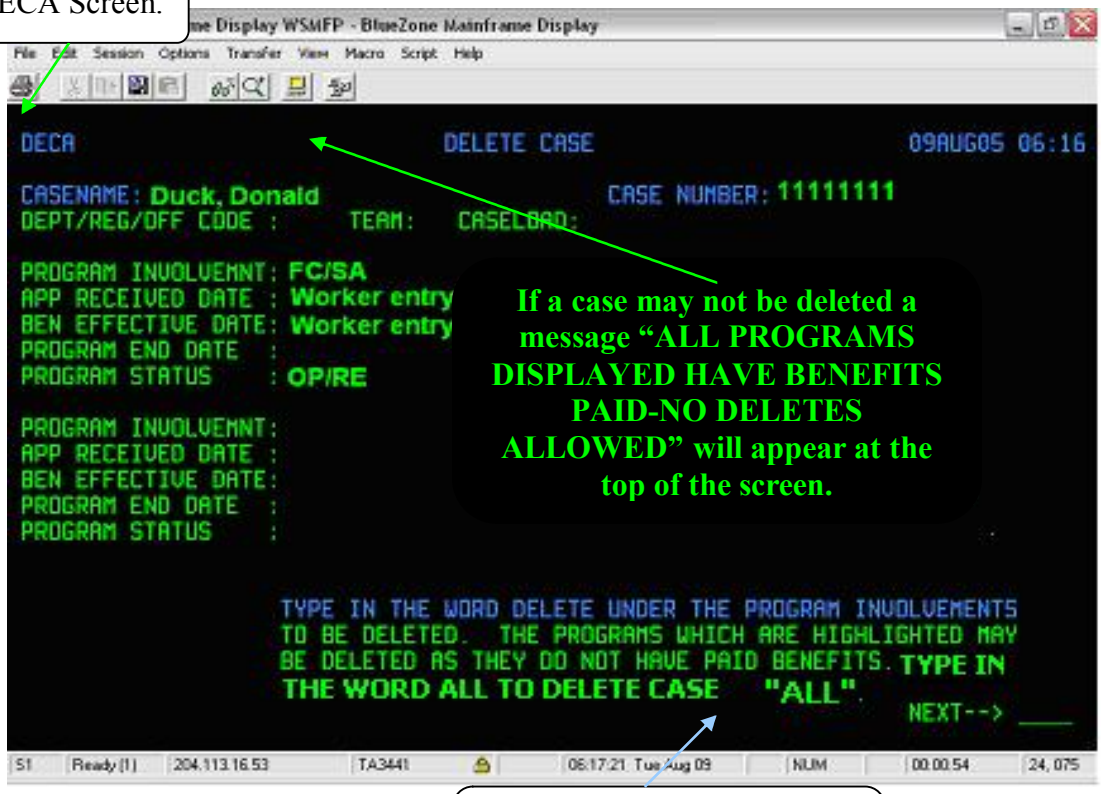
- ✓ **Old Placement name/address and date that the child left the placement**
- ✓ **New Placement name/address and date that the child was placed in that placement.**

**A good CAAL narrative saves everyone lots of time and energy!**

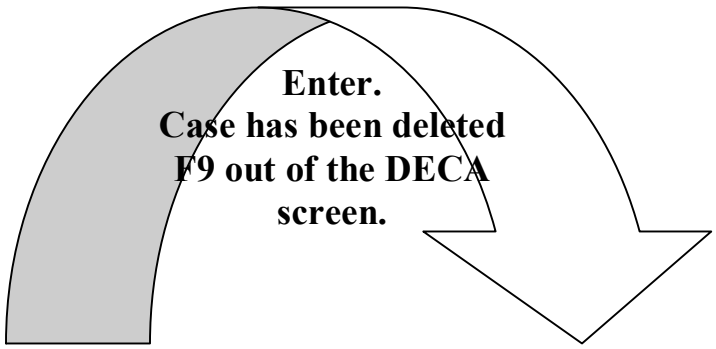
# Deleting a Case from PACMIS
# Delete Case Screen

**A case may be deleted from PACMIS if no benefits have been paid. This is usually within the same day the case has been created or if the case has remained in "RE" status.**

DECA Screen.

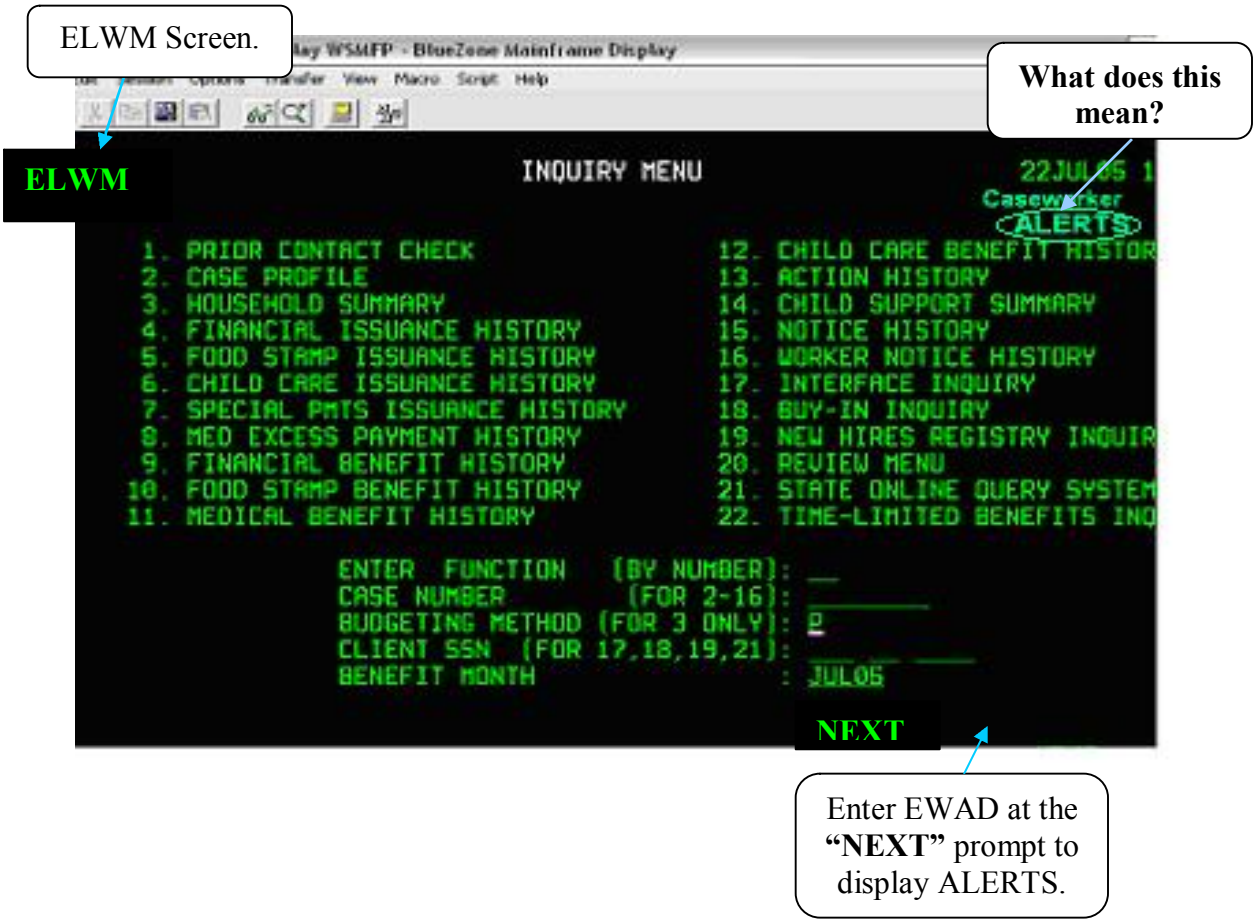



Type **"ALL"** here to delete a PACMIS Case.



# PACMIS ALERTS!

## Eligibility Workers Menu "ELWM"




An **"ALERT"** is a PACMIS notification that action needs to be taken on a case. Some alerts are set automatically by PACMIS and workers can set other alerts. You can set alerts for your cases and you can also set alerts on other PACMIS cases. Other eligibility workers can set ALERTS on your PACMIS cases.

If you have alerts due, a message stating ****ALERTS**** will appear on the upper right corner of the ELWM (Eligibility Worker Menu) screen.

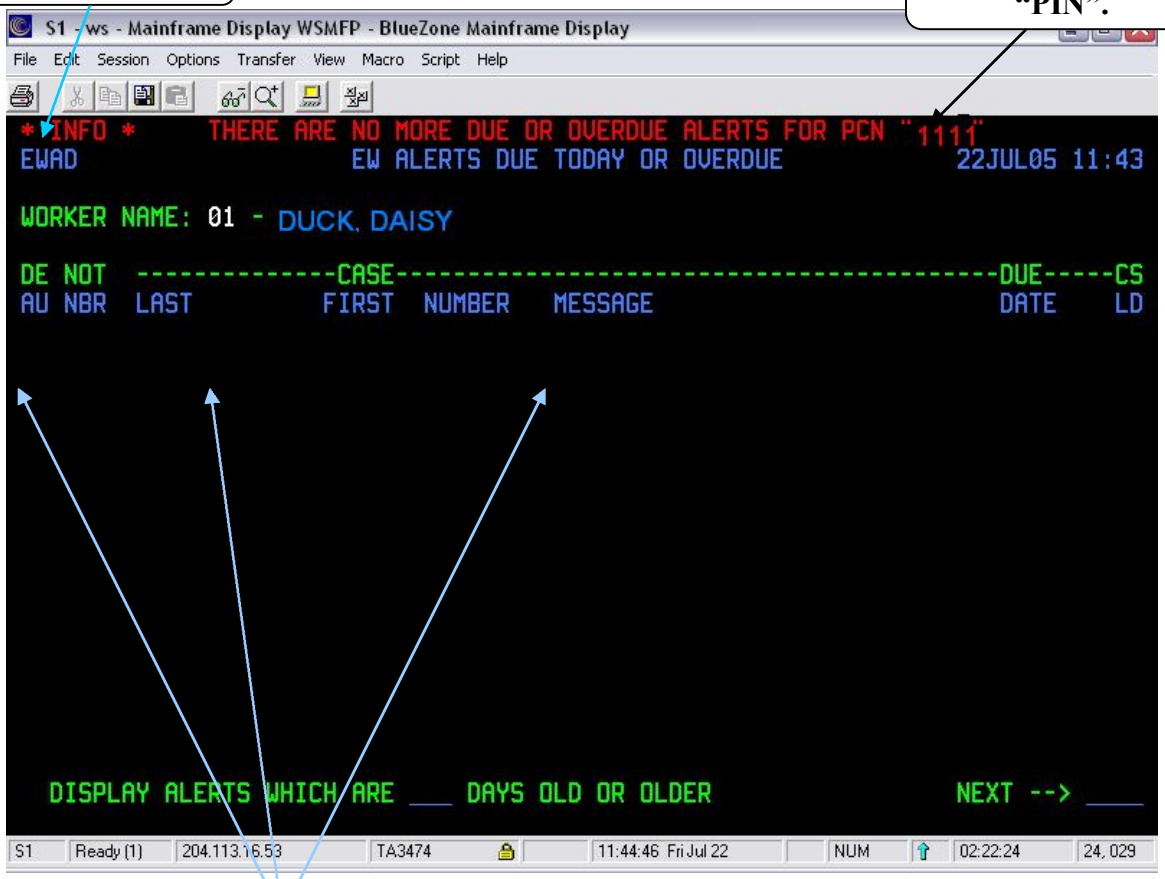
PACMIS **ALERTS** should be worked on a regular basis. An eligibility worker must regularly check and clear their **ALERTS**.

An **"Alerts Handbook"** can be found in the **PACMIS Quick Reference**, Section 7.

# Eligibility Worker Alert Due Menu

EWAD Screen.

Eligibility Worker's **"PIN".**

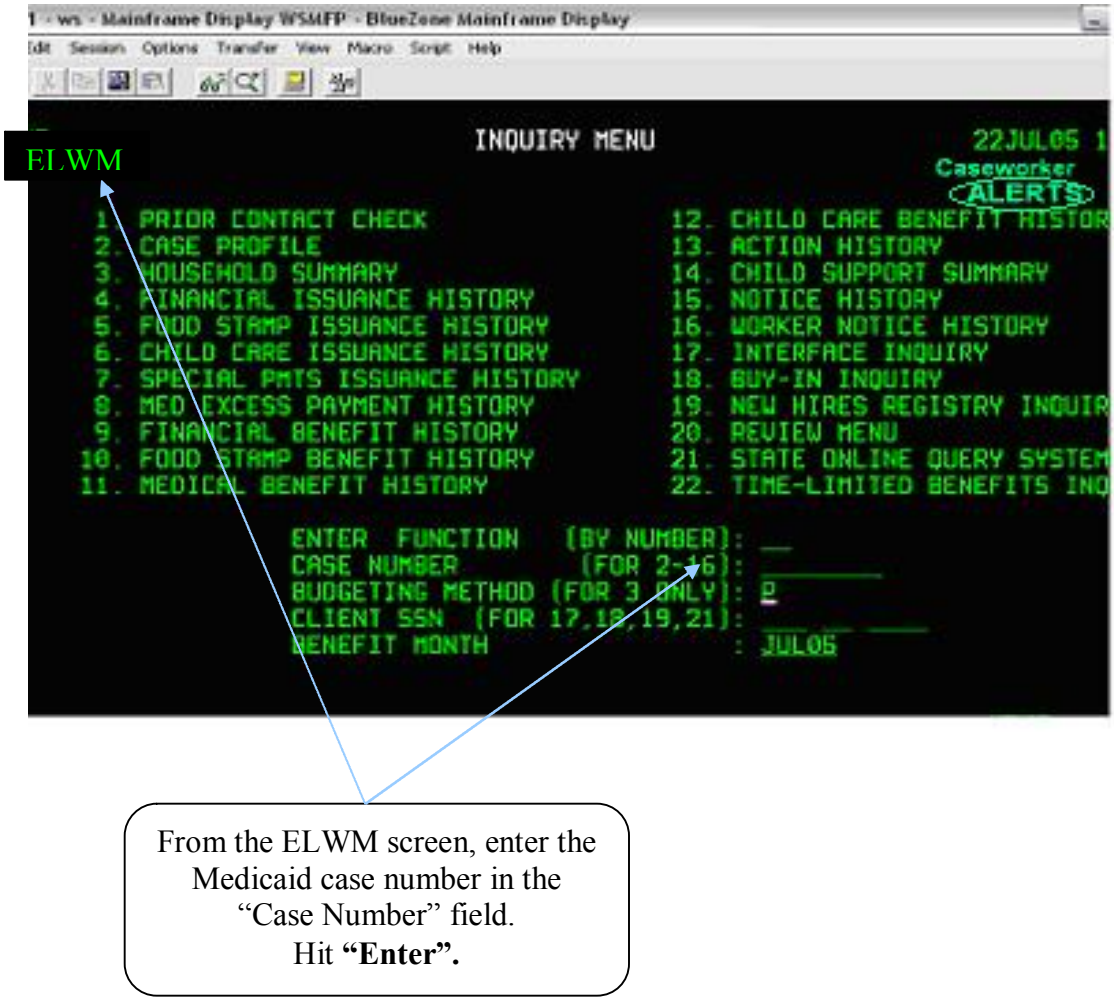



The EWAD screen will list all the ALERTS that are due and the information for that alert. The case number, name and alert type will be displayed. Print the EWAD screens to refer to as you work your ALERTS.

A list of ALERTS, their meanings and the action that should be taken is contained in the **PACMIS Quick Reference**, Alert Handbook, Section 7.

# How to Clear PACMIS Alerts

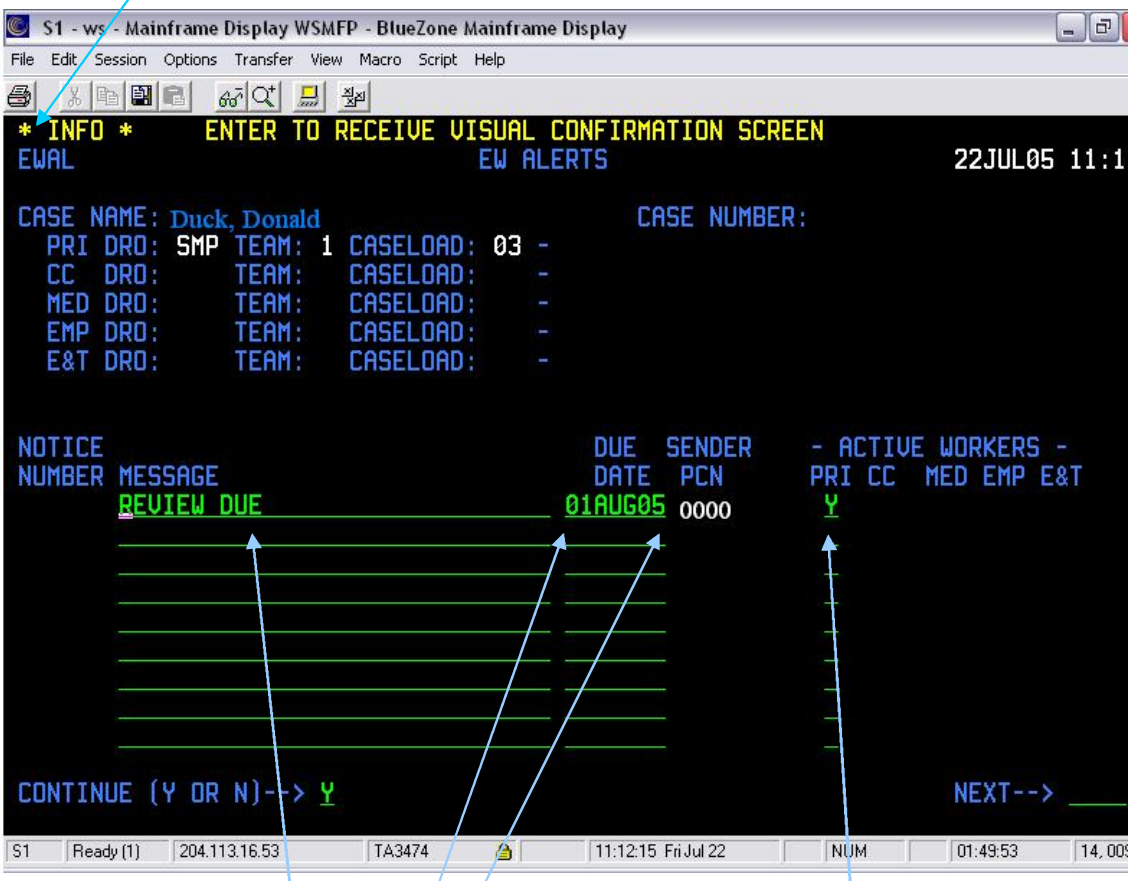
ALERTS should not be cleared until the eligibility worker has taken the necessary steps to resolve the reason for the alert. After the required actions have been completed, go to the ELWM screen and follow the steps below to clear the ALERT.




From the ELWM screen, enter the Medicaid case number in the "Case Number" field.
Hit **"Enter".**

# Eligibility Worker Alerts

EWAL Screen.



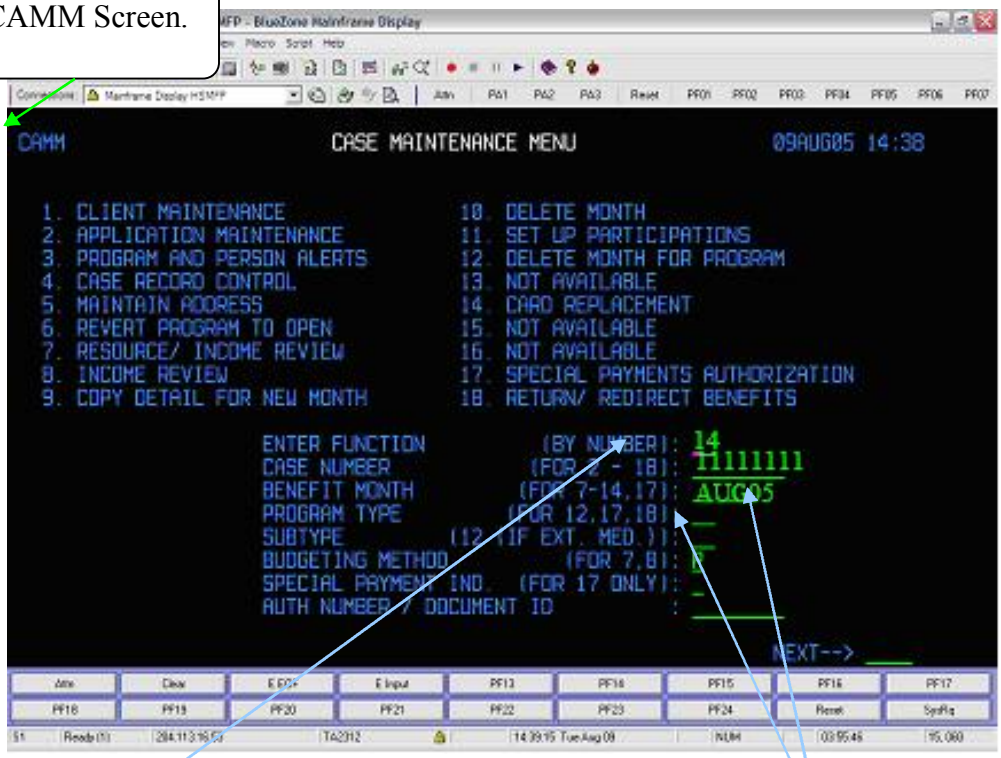

To clear the ALERT, tab to the "Cleared" field. Next to the corresponding ALERT, type an **"X"** next to the ALERT you are clearing and hit **"Enter".**

You may also set ALERTS for yourself or other workers on this screen.
Enter the requested action in the Message field, type a due date, and type in your PIN.
Press "**Enter".**

# Replacing A Medicaid Card
# Case Maintenance Menu

****Before reordering a Medicaid Card, make sure the Mailing and/or Residence address on the ADDR screen is correct.**

CAMM Screen.




Enter **"14"** at **"Enter Function"**.

Enter the case number, then enter the benefit month for the card that needs to be replaced.

**Enter to the CARD Screen.**

# Card Replacement Distribution

CARD Screen.

```
CARD                    CARD REPLACEMENT DISTRIBUTION          09AUG05 14:53

CASE NAME:  Duck, Donald                        CASE NUMBER: 11111111

BENEFIT MONTH:  Benefit Month of Card
                that needs to be
                replaced

                                PROGRAM TYPE     TO ORDER
ADDITIONAL MEDICAL ID CARD        FC or SA          Y
ADDITIONAL BUS PASS                                 Y
ADDITIONAL FOOD STAMP ID CARD                       _

WORKER AUTHORIZATION:  Worker's PIN                          NEXT--> ____
```

**A replacement bus pass may be ordered here also if the pass has been previously authorized.**

Enter **"Y"** to order the card.
Enter your PIN number.

***Note: Card replacement should be documented on the CAAL Screen**

**Enter**

**Card has been reordered and will mail out at the end of the next business day.**

# Reverting a Medicaid Case to Open Inquiry Menu

INME Screen.

```
INME                          INQUIRY MENU                    05AUG05 12:51

     1. PRIOR CONTACT CHECK                  12. CHILD CARE BENEFIT HISTORY
     2. CASE PROFILE                         13. ACTION HISTORY
     3. HOUSEHOLD SUMMARY                    14. CHILD SUPPORT SUMMARY
     4. FINANCIAL ISSUANCE HISTORY           15. NOTICE HISTORY
     5. FOOD STAMP ISSUANCE HISTORY          16. WORKER NOTICE HISTORY
     6. CHILD CARE ISSUANCE HISTORY          17. INTERFACE INQUIRY
     7. SPECIAL PMTS ISSUANCE HISTORY        18. BUY-IN INQUIRY
     8. MED EXCESS PAYMENT HISTORY           19. NEW HIRES REGISTRY INQUIRY
     9. FINANCIAL BENEFIT HISTORY            20. REVIEW MENU
    10. FOOD STAMP BENEFIT HISTORY           21. STATE ONLINE QUERY SYSTEM
    11. MEDICAL BENEFIT HISTORY              22. TIME-LIMITED BENEFITS INQUIRY

                 ENTER  FUNCTION   (BY NUMBER): _
                 CASE NUMBER        (FOR 2-16): 00000000
                 BUDGETING METHOD (FOR 3 ONLY): P
                 CLIENT SSN  (FOR 17,18,19,21): ___ __ ____
                 BENEFIT MONTH                : _____

                                                        NEXT--> CAMM
```

On the INME Screen, enter the case number. Enter **CAMM** at the **"NEXT"** prompt.

**Enter to the CAMM Screen.**

# Case Maintenance Menu

CAMM Screen.

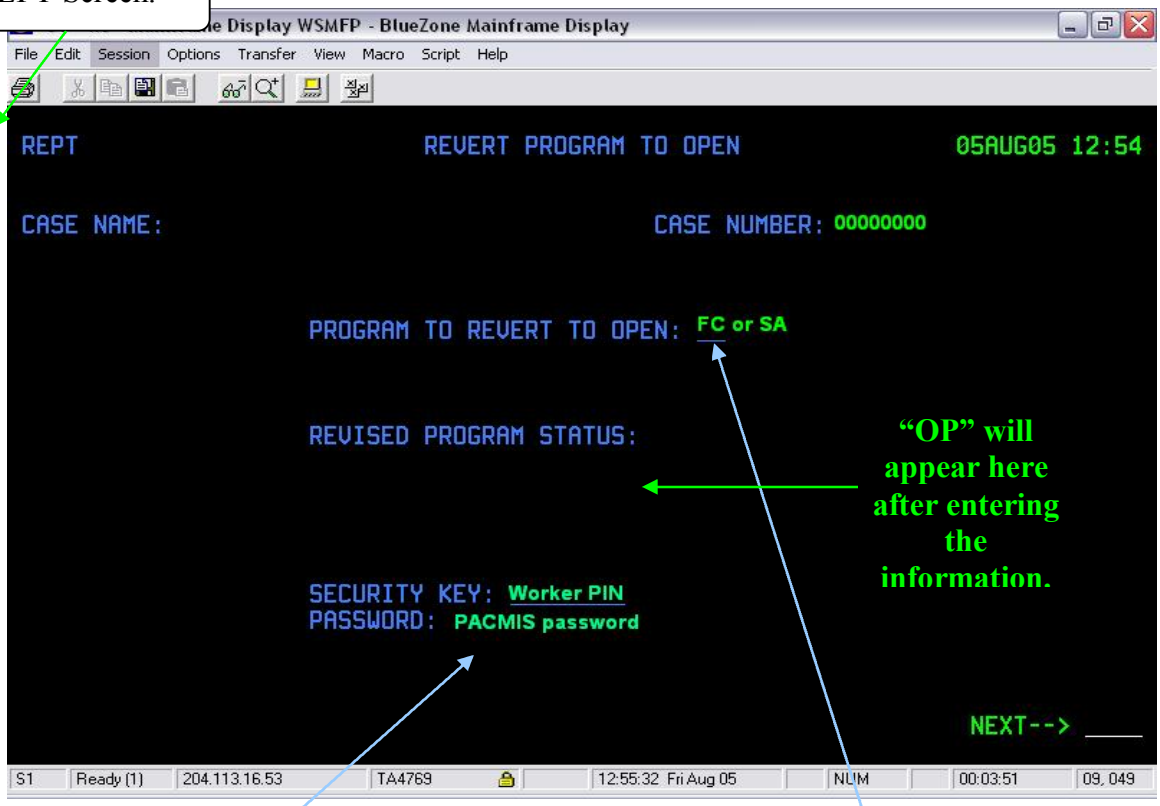
```
CAMM                    CASE MAINTENANCE MENU                    05AUG05 12:53

  1. CLIENT MAINTENANCE                  10. DELETE MONTH
  2. APPLICATION MAINTENANCE             11. SET UP PARTICIPATIONS
  3. PROGRAM AND PERSON ALERTS           12. DELETE MONTH FOR PROGRAM
  4. CASE RECORD CONTROL                 13. NOT AVAILABLE
  5. MAINTAIN ADDRESS                    14. CARD REPLACEMENT
  6. REVERT PROGRAM TO OPEN              15. NOT AVAILABLE
  7. RESOURCE/ INCOME REVIEW             16. NOT AVAILABLE
  8. INCOME REVIEW                       17. SPECIAL PAYMENTS AUTHORIZATION
  9. COPY DETAIL FOR NEW MONTH           18. RETURN/ REDIRECT BENEFITS

                    ENTER FUNCTION          (BY NUMBER): _
                    CASE NUMBER            (FOR 2 - 18): _______
                    BENEFIT MONTH         (FOR 7-14,17): _____
                    PROGRAM TYPE         (FOR 12,17,18): __
                    SUBTYPE         (12 {IF EXT. MED.}): __
                    BUDGETING METHOD          (FOR 7,8): P
                    SPECIAL PAYMENT IND.  (FOR 17 ONLY): _
                    AUTH NUMBER / DOCUMENT ID          : _______

                                                    NEXT--> ____
```

Enter **"6"**, **"Revert Program to Open"**,
in the **"Enter Function"** field.
Enter the Case Number.

**Enter to the REPT Screen.**

# Revert Program to Open

REPT Screen.




**"OP" will appear here after entering the information.**

Enter worker PIN and PACMIS password to authorize.

Enter FC or SA depending on case program type.

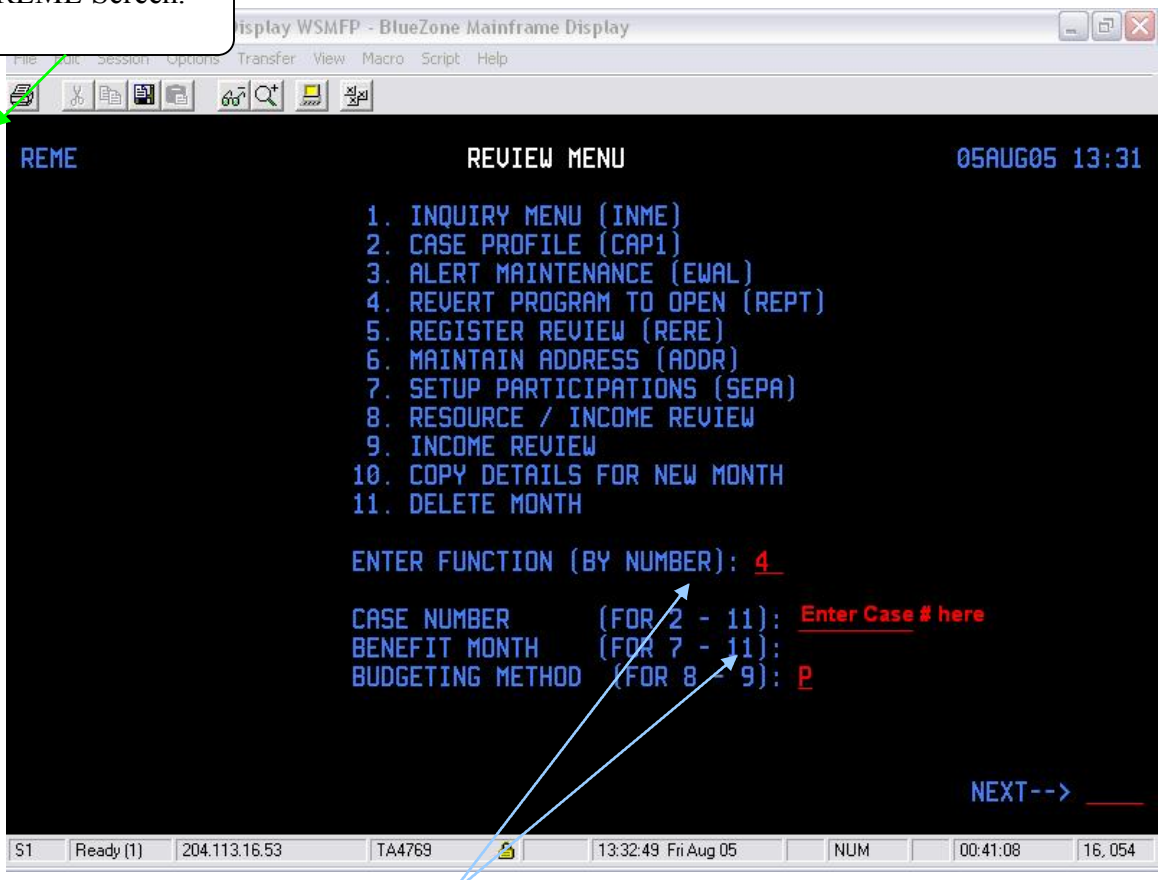
**Enter**

**"REVISED PROGRAM STATUS" message and the date of revision will appear.**
**Press "Enter" to continue.**
**After you have reverted a case to open you will need to determine the eligibility for any months following the original closure or denial.**
****NOTE:** ***Do not revert a PACMIS Case to open if there has been a lapse in Medicaid Eligibility.***

# OR

# Review Menu

REME Screen.




Enter **"4"**in the **"Enter Function"** field.
Enter the case number.

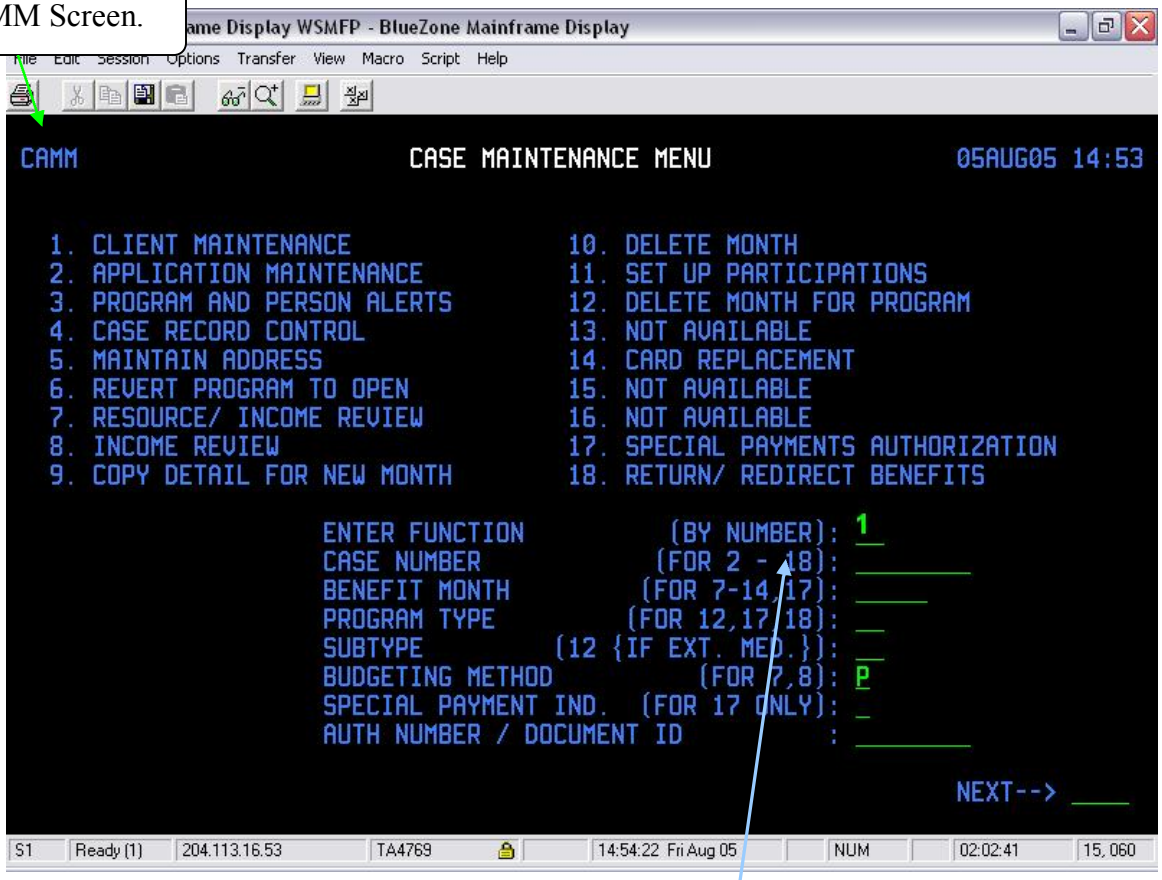
***Note: All case actions should be documented on the CAAL Screen.**

**Enter to the REPT Screen.**

(See instructions for continuing Review completion on page 65 of this PACMIS Guide.)

# Changing Client's Identifying Information

CAMM Screen.




Enter **"1"** at the **"Enter Function"** field.

**Enter to CLIM Screen.**

# Client Inquiry/Maintenance Menu

CLIM Screen.

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          05AUG05 14:56
                                                                  LINDA M

1.  INQUIRE ON PERSON                      5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                 6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                 7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE            8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBER): _


ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
            SURNAME: _______________ IF PARTIAL, ENTER  Y : _
            GIVEN NAME (OR INITIAL): ____________  MIDDLE INITIAL: _
            SSN: ___ __ ____
            BIRTHDATE (DDMMMYYYY): _________  OR AGE: ___  SEX:  _
      2)  CLIENT IDENTIFIER: ________

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): ________
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)    = TYPE: __
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): _______
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

Enter **"1"** in **"Select Function"**
Enter Client's Identifying Information:

| | |
|---|---|
| **Name** | **SSN** |
| **DOB** | **HLCI** |

**Enter to CLPR Screen.**

# Client Profile

CLPR Screen.

WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
CLPR                          CLIENT PROFILE                        05AUG05 15:02
                                                                     LINDA M
NAME/ALIASES                     CLIENT ID:          6              --SYSTEMS--
  Duck, Donald                   S.S.N.: 111-11-1111  VR: V          P:O:U:U
                                 BIRTHDATE: 30JAN1998                A:R:S:W
                                 SEX: F                              Y Y Y
                                 ALERTS:
       PART     CASE     PART     PART            PRIMARY        DEN       GRP
   PGM CODE   NUMBER    START    END     STAT  DRO TEAM CSLD REL CLO ALERT CVR
01 FC   IN            01AUG01            OP    SMP   1    03  PI
02 AF   IN            04MAY01  31AUG01   CL    WMP   1    08  GC  EC
03 FM   IN            01MAY01  31AUG01   CL    WMP   1    08  GC  EC
04 FS   IN            05JAN01  31JAN01   CL    WMO   A    05  CH  IV
05 CC   IN            05JAN01  05JAN01   DE    WMO   A    05  CH  IV    MA
06 AF   IN            05JAN01  05JAN01   DE    WMO   A    05  CH  IV
07 FM   IN            01JAN01  01JAN01   DE    WMO   A    05  CH  IV
08 FM   IN            01DEC00  31DEC00   CL    WMO   A    05  CH  SL
09 FS   IN            25AUG00  30NOV00   CL    WMO   A    05  CH  RV
10 CC   IN            25AUG00  30NOV00   CL    WMO   A    05  CH  RV    MA
    TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: __
    TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _
    TO SELECT THIS CLIENT FOR MAINTENANCE, ENTER Y: Y
                                                              NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA4769 | 15:03:05 Fri Aug 05 | NUM | 02:11:24 | 23, 055

Review the display and determine if this is the correct client. If this is the client that you want to change the information for, enter **"Y"**.

**Enter to the CLIM Screen.**

# Client Inquiry/Maintenance Menu

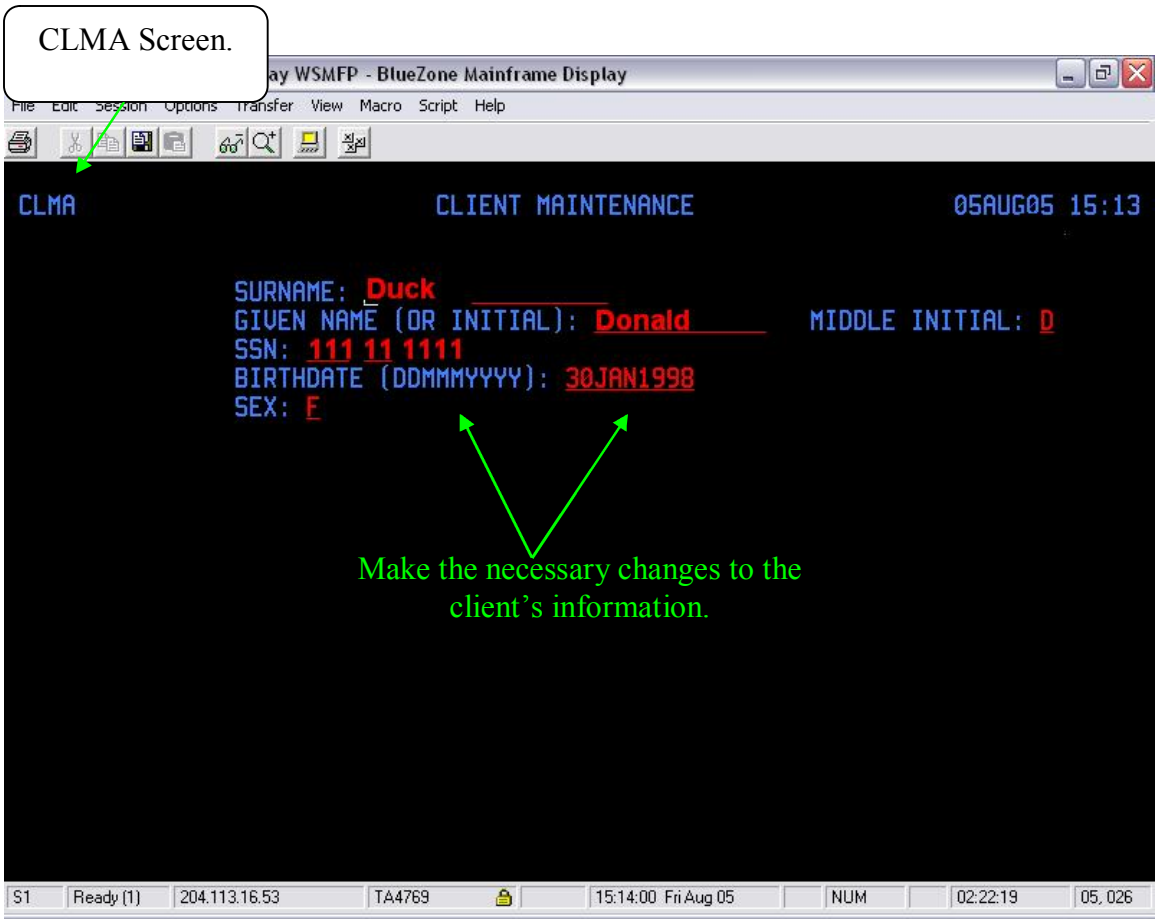
CLIM Screen.

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          05AUG05 15:09

1.  INQUIRE ON PERSON                    5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY               6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE               7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE          8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBER): 6

ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
              SURNAME: Duck                IF PARTIAL, ENTER  Y :
              GIVEN NAME (OR INITIAL): Donald        MIDDLE INITIAL:
              SSN: 111-11-1111
              BIRTHDATE (DDMMMYYYY): 30JAN1988  OR AGE:      SEX:  F
      2)  CLIENT IDENTIFIER:

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): ________
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)    = TYPE: __
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): _______
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

Enter **"6"** at **"Select Function"**.

**Enter to the CLMA Screen.**

# Client Maintenance




**The PACMIS Identifying Information should match the information contained on the birth record. It should also match the identifying information in SAFE. Document the change on the CAAL screen.**

**Enter.**

Client's information has been changed. Clear the alert that PACMIS creates on the EWAL screen for the client's case. See PACMIS Alerts for specific instructions on clearing alerts.

# How to find out if a child has a current Medicaid Eligibility

## Inquiry Menus

INME Screen.

```
S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display
File Edit Session Options Transfer View Macro Script Help

INME                          INQUIRY MENU                    01MAR05 10:57
                                                              LINDA M

     1. PRIOR CONTACT CHECK                  12. CHILD CARE BENEFIT HISTORY
     2. CASE PROFILE                         13. ACTION HISTORY
     3. HOUSEHOLD SUMMARY                    14. CHILD SUPPORT SUMMARY
     4. FINANCIAL ISSUANCE HISTORY           15. NOTICE HISTORY
     5. FOOD STAMP ISSUANCE HISTORY          16. WORKER NOTICE HISTORY
     6. CHILD CARE ISSUANCE HISTORY          17. INTERFACE INQUIRY
     7. SPECIAL PMTS ISSUANCE HISTORY        18. BUY-IN INQUIRY
     8. MED EXCESS PAYMENT HISTORY           19. NEW HIRES REGISTRY INQUIRY
     9. FINANCIAL BENEFIT HISTORY            20. REVIEW MENU
    10. FOOD STAMP BENEFIT HISTORY           21. STATE ONLINE QUERY SYSTEM
    11. MEDICAL BENEFIT HISTORY              22. TIME-LIMITED BENEFITS INQUIRY

                 ENTER  FUNCTION   (BY NUMBER): __
                 CASE NUMBER         (FOR 2-16): _________
                 BUDGETING METHOD (FOR 3 ONLY): B
                 CLIENT SSN  (FOR 17,18,19,21): _____ ____
                 BENEFIT MONTH                : _____

                                                          NEXT--> ____
S1 | Ready (1) | 204.113.16.53 | TA2318 | 11:52:12 Tue Mar 01 | NUM
```

**Enter Function**
Enter **"1"**.

Use the search criteria outlined in ***"Tips to Avoid Duplicating Clients When Registering or Adding Clients to Cases"*** to insure a complete search.

CLIN Screen.

```
S1 - HSMFP - BlueZone Mainframe Display
File Edit Session Options Transfer View Macro Script Help
Connections: HSMFP | Attn | PA1 | PA2 | PA3 | Reset | PF01 | PF02 | PF03 | PF04 | PF05 | PF0

CLIN                        CLIENT INQUIRY                  28JAN05 08:50

     ENTER ONE OF THE FOLLOWING:

       1.  CLIENT IDENTIFYING INFORMATION:
             SURNAME: ________________ IF PARTIAL, ENTER  Y : _
             GIVEN NAME (OR INITIAL): ___________   MIDDLE INITIAL: _
             SSN: ___ __ ____
             BIRTHDATE (DDMMMYYYY): ________  OR  AGE: ___   SEX: _

       2.  CLIENT IDENTIFIER:  ________
```

**Enter child's identifying information:**

| | |
|---|---|
| **Name** | **SSN** |
| **DOB** | **HLCI** |

**Enter.**

# Client Profile

CLPR Screen.

Client name and any aliases.

Sequence number.

```
CLPR                          CLIENT PROFILE                        04AUG05 09:39

NAME/ALIASES                        CLIENT ID:          8          --SYSTEMS--
                                    S.S.N.:            VR:          P:O:U:U
                                    BIRTHDATE:                      A:R:S:W
                                    SEX:                            Y Y Y Y
                                    ALERTS:
     PART    CASE     PART     PART            PRIMARY        DEN      GRP
  PGM CODE   NUMBER   START    END    STAT  DRO TEAM CSLD REL CLO ALERT CVR
01 FS   IN   00       09APR01          OP    WMH   1   03  PI
02 FM   IN   00       01JUN04  31MAY05  CL    WMH   1   03  PI  ET
03 FM   IN   00       01SEP03  31MAY04  CL    WMH   1   03  PI  XS        O
04 FM   IN   00       01MAY03  31AUG03  CL    WMH   1   03  PI  FO        O
05 AF   IN   00       01SEP02  30APR03  CL    WMH   1   03  PI  AL
06 FM   IN   00       01SEP02  30APR03  CL    WMH   1   03  PI  AL        O
07 FM   IN   00       01AUG02  31AUG02  CL    WMH   1   03  PI  ZZ        O
08 AF   IN   00       14AUG02  31AUG02  CL    WMH   1   03  PI  ZZ
09 AF   IN   00       01FEB02  31JUL02  CL    WMH   1   03  PI  IV
10 FM   IN   00       01FEB02  31JUL02  CL    WMH   1   03  PI  IV        O
   TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER:
   TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _

                                                              NEXT-->
```

**To inquire on a case number enter the sequence number here.**

Participation start and end dates.

**Status**
OP = Open.
CL = Closed.

**Program Type and Participation Code**
**IN** means a client is participating in the program.
**OU** means a client is not participating.

A **"Y"** indicates this client is known to that system.
PA = PACMIS.
OR = ORSIS.
US = USSDS.
UW = UWORKS.

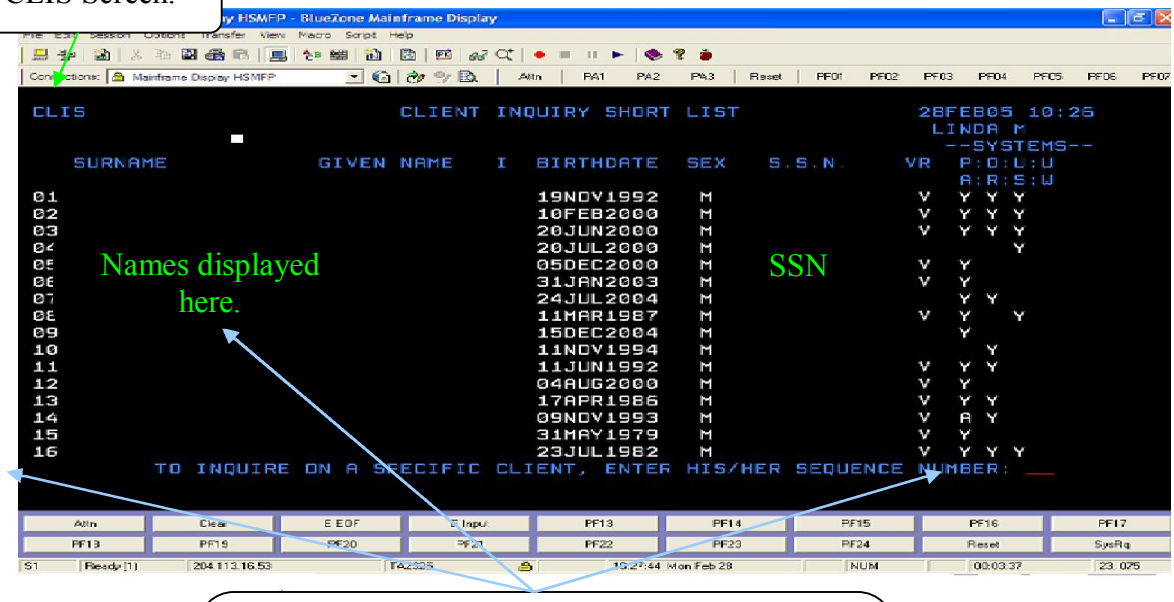
**PACMIS CODE CHEAT SHEET**

PACMIS Program Codes (Medical programs in bold.)

**FM = Family Medicaid**
FS = Food Stamps
AF = Financial Assistance/FEP
**PN = Prenatal Medicaid Program**
GF = General financial Assistance
**NB = Newborn Medicaid Program**
CC = Childcare
**FC = Foster Care Medicaid**
**SA = Subsidized Adoption Medicaid**
**PC = Primary Care Network**
**CI = CHIP**
**PG = Pregnant Medicaid Program**
**DD = Community Home Based Waiver Medicaid**
**DM = Disabled Medicaid**

# Client Inquiry Short List

CLIS Screen.




Display if multiple clients match the search criteria. To scroll through the list hit "**Enter**". To select a client enter the sequence number then hit **"Enter"**. A display of the CLPR screen for that client will be shown.

**When the correct client has been identified, use the case number on the CLPR screen to inquire on the open programs and benefits for the month**

# Inquiry Menu

INME Screen.

```
INME                          INQUIRY MENU                    01MAR05 10:57
                                                              LINDA M

  1. PRIOR CONTACT CHECK                  12. CHILD CARE BENEFIT HISTORY
  2. CASE PROFILE                         13. ACTION HISTORY
  3. HOUSEHOLD SUMMARY                    14. CHILD SUPPORT SUMMARY
  4. FINANCIAL ISSUANCE HISTORY           15. NOTICE HISTORY
  5. FOOD STAMP ISSUANCE HISTORY          16. WORKER NOTICE HISTORY
  6. CHILD CARE ISSUANCE HISTORY          17. INTERFACE INQUIRY
  7. SPECIAL PMTS ISSUANCE HISTORY        18. BUY-IN INQUIRY
  8. MED EXCESS PAYMENT HISTORY           19. NEW HIRES REGISTRY INQUIRY
  9. FINANCIAL BENEFIT HISTORY            20. REVIEW MENU
 10. FOOD STAMP BENEFIT HISTORY           21. STATE ONLINE QUERY SYSTEM
 11. MEDICAL BENEFIT HISTORY              22. TIME-LIMITED BENEFITS INQUIRY

            ENTER  FUNCTION   (BY NUMBER): __
            CASE NUMBER        (FOR 2-16): _________
            BUDGETING METHOD (FOR 3 ONLY): P
            CLIENT SSN  (FOR 17,18,19,21): ___ __ ____
            BENEFIT MONTH                : _____

                                                     NEXT--> ____
```

Enter Case Number.

Enter Function **"2"** to display the CAP 2 screen.
Enter Function "**11**" to display the Medical Benefit History screen.

**Enter to the CAP 2 or MEBH Screen.**

# Case Profile-Page 2

CAP2 Screen.

```
CAP2                    CASE PROFILE - PAGE  2                  04AUG05 10:19

CASE NAME:                                CASE NUMBER:          MONTH: SEP05

PROGRAM      CVG  PRG  HH  BENEFIT    APP      PROG   STATUS   CL  REV    CUR
TYP/SUB  CAT GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS   DATE    DE  DUE    MON
 FM  12   F            06  01JUN04  08JUN04  OPEN    31JUL05         NOV05  MAY05
 FS                    06  09APR01  09APR01  OPEN    23DEC04         NOV05  SEP05

        CLIENT         CLIENT ID  C   DOB              PER     PROGRAM TYPE
         NAME             SSN     K   AGE     REL SEX  ALT   FS  FM
B       L                          8           PI   F   NC    IN  IN
                                       031
B       D                          3           CH   M         IN  IN
                                       014
S         A                        8           CH   F         IN  IN
                                       010
B       S                          8           CH   F         IN  IN
                                       007

        VIEW PRIOR MONTH CLIENT INFO (MMMYY):  ____                NEXT--> ____
```

Client Name, SSN and HLCI.

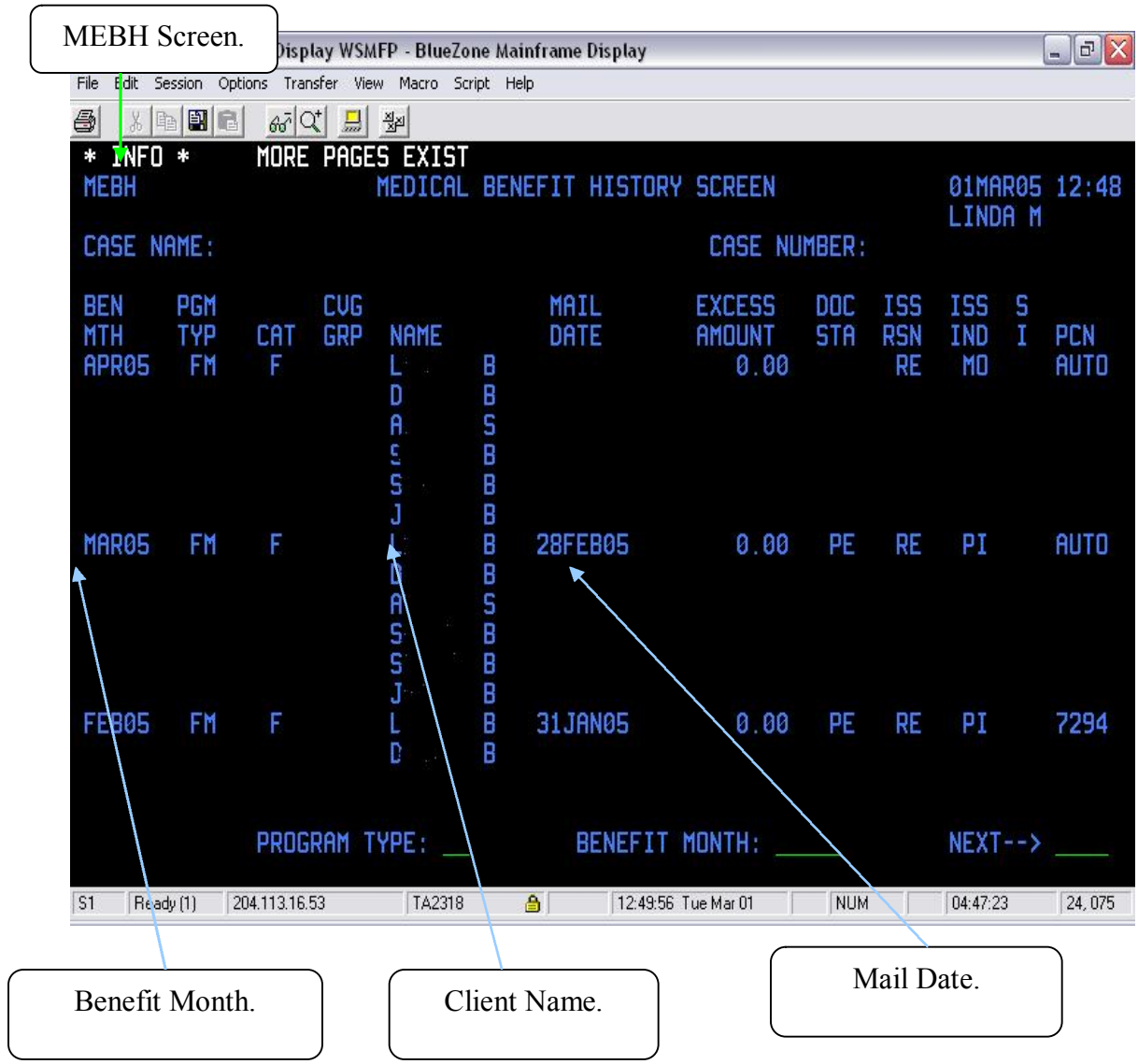
Review Date
& Program Status..

The 10th Medicaid check digit is now available on the CAP2 screen.

All Clients on this CAP2 are coded **"IN"** for the FM program type.

**Or the MEBH Screen.**

# Medicaid Benefits History Screen




**A current Medicaid eligibility is indicated on the Medicaid card when that month has a mail date displayed. If the mail date is not showing or is showing as highlighted, then a Medicaid benefit has not been issued for that month. Check MMIS for the current month's Medicaid benefit display. Instructions for accessing MMIS are contained in the MMIS Guide.**

# PACMIS NOTICE SCREEN

PACMIS Notices are used to alert the client of Medicaid eligibility and any changes made to that eligibility. A notice should be sent when a Medicaid case is opened, when a review is completed and when eligibility ends. Closure notices are a Medicaid requirement.

NORE Screen.

S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
NORE                          NOTICE REQUEST                    22JUL05 09:22

CASE NAME:                                        CASE NUMBER:

CHNG(C) NOTICE  BENEFIT
DEL(D)  TYPE    MONTH   PGM   WRKR    SITUATION
_____           JUN05                 CASE IS ELIGIBLE FOR MEDICAL
                                      ASSISTANCE

OTHERS: ____
        ____
        ____   _____   __
        ____   _____   __
                                MORE SITUATIONS: N        NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA3474 | 09:26:10 Fri Jul 22 | NUM | 00:03:48 | 20, 015

Notice Description

Enter **"C"** to **change** or **"D"** to **delete** the requested notice. **DO NO** delete the notice after mailing. The notice will mail overnight and move to the NOHS screen. Delete any notices that you don't want to mail.

**Notice Types Used Most Often**

Enter the 4 letter code

**MMFE** - Eligible for IV-E FC
**MMFC** - Eligible for Non IV-E FC
**GERE**- Review completed
**MERE** - Medical review completed
**MMSA** - Eligible for IV-E SA
**MMSS** - Eligible for Non IV-E SA
**MCEC** - Closure, no eligible child
**MCRC** - Closure, client request
**MMXS** - Closure, eligible for another program
**XM18** - Child turning 18, verify school attendance
**XM16** - Child turns 16, verify school
**ALSN** - Request SSN

***For a complete list of Notice Types, see the PACMIS Quick Reference, Section 6.***

# Adding a Baby to a PACMIS Foster Care Case
## Application Maintenance

**When you are notified that the baby has been born, determine how to proceed by consulting the Prenatal Medicaid Procedures. For scenario 2 and scenario 3 the baby will be added to the mother's foster care case.**

APMA Screen.

ay WSMFP - BlueZone Mainframe Display

sfer View Macro Script Help

```
APMA                    APPLICATION MAINTENANCE                 10AUG05 15:10

CASE NAME:                                      CASE NUMBER:  11111111
PRIMARY DEPT/REG/UPT:     TEAM:     CASELOAD:

EXPEDITED FS  :  _   DISCOVERY DATE    : _______  DRUG/ALCOHOL REHAB  : _

PROGRAM            MED    APPLICATION   BEN EFFECTIVE       PROGRAM
TYPE  SUB   CAT    COV    RECEIVED DATE      DATE           STATUS

FC          B,C,D or F      13SEP01        01AUG01            OP
PN   __     _      _       Enter Date     Enter Date
__   __     _      _       _______        _______
__   __     _      _       _______        _______
__   __     _      _       _______        _______
__   __     _      _       _______        _______

                                                   NEXT-->  ____
```

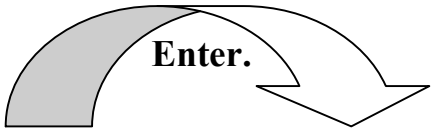
Duck, Daisy

The benefit effective date is the first day of the month of the baby's birth.

S1 | Ready (1) | 204.113.16.53 | TA2057 | 15:11:14 Wed Aug 10 | NUM | 01:41:56 | 13, 002

The "**PN**" program type must be added to the case before the child can be added to the case.

On the APMA screen type **"PN"**, the **Application Received Date** and the **Benefit Effective Date.**



# Case Profile-Page 2

CAP2 Screen.

```
CAP2                    CASE PROFILE - PAGE  2                  12AUG05 11:32

CASE NAME: Duck, Daisy                        CASE NUMBER: 11111111  MONTH:

PROGRAM      CVG  PRG  HH  BENEFIT    APP     PROG   STATUS   CL  REV    CUR
TYP/SUB  CAT GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS   DATE    DE  DUE    MON
 FC       C                 01JUN05  13JUL05  OPEN    15JUL05      JUL06  SEP05
 PN                     01  01JUN05  13JUL05  RE      15JUL05      JUL06  SEP05

        CLIENT          CLIENT ID  C    DOB              PER     PROGRAM TYPE
         NAME              SSN     K    AGE     REL SEX  ALT   FC PN
 Duck, Daisy           000000000   0 19FEB1990  PI   F         IN CO
                       111-11-1111       015

        VIEW PRIOR MONTH CLIENT INFO (MMMYY): _____            NEXT--> ____
```

The **"PN"** Program Type will now show on the CAP2 screen in **"RE"** status.

The baby can now be added to the case.

Using the case number proceed, to the **CLIM** screen.

# Client Inquiry/Maintenance Menu

CLIM Screen.

WSMFP - BlueZone Mainframe Display

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          02FEB06 07:50
                                                                  LINDA M

1.  INQUIRE ON PERSON                      5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                 6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                 7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE            8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBER): 1


ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
              SURNAME: Duck_____________ IF PARTIAL, ENTER  Y : _
              GIVEN NAME (OR INITIAL): Huey_______  MIDDLE INITIAL: _
              SSN: ___ __ ____
              BIRTHDATE (DDMMMYYYY): 01FEB2006 OR AGE: ___   SEX: M
      2)  CLIENT IDENTIFIER: ________

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): ________
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)     = TYPE: __
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): _______
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

S1 | Ready (1) | 204.113.16.53 | TA1131 | 07:50:56 Thu Feb 02 | NUM | 00:02:42 | 10, 053

The following Client Information must be entered for the search:

| | |
|---|---|
| **Surname** | Family Surname |
| **Given Name** | First Name |
| **Birth date** | Day baby was born |
| **Sex** | M or F |

Enter **"1"** in the **"Select Function"** field.

If the baby has not yet been registered, you will receive an error message, **"No Client Found Using Surname"**, Proceed to page 84 of this PACMIS Guide to register client.

If client is found, **Save** the client and proceed to page 85 of this PACMIS Guide.

# Client Inquiry/Maintenance Menu

**Procedure for "No Client Found Using Surname"**

CLIM Screen.

WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

**No Client found Using Surname**

```
CLIM                                   ENANCE MENU          02FEB06 09:58

1.  INQUIRE ON PERSON                  5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY             6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE             7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE        8.  DELETE CLIENT FROM PACMIS

                    SELECT FUNCTION (BY NUMBER): 3

ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
            SURNAME: Duck_____________ IF PARTIAL, ENTER  Y : _
            GIVEN NAME (OR INITIAL): Huey_______  MIDDLE INITIAL: _
            SSN: ___ __ ____
            BIRTHDATE (DDMMMYYYY): 01FEB2006 OR AGE: ___  SEX:  M
      2)  CLIENT IDENTIFIER: _________

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00111111
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)     = TYPE: PN
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): 01FEB06
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

S1 | Ready (1) | 204.113.16.53 | TA1131 | 09:58:19 Thu Feb 02 | NUM | 02:10:05 | 10, 053

Enter **"3"** in "**Select Function".**

**Function "3 "is used to add a new client to a case.**

Foster Care Case Number.
Program Type **PN.**
Benefit Start Period is the first day of the month of the baby's birth.

**Enter.**
Message **"Client Created and Registered".**
Return to **INME** Screen
**Unborn** will now appear on the CAP2 screen.
Proceed to Page 87 of this PACMIS Guide.

# Client Profile

**Procedure when "Baby" has previously been registered.**

CLPR Screen.

```
* INFO *   CLIENT IS NOT ON PACMIS
CLPR                          CLIENT PROFILE                    02FEB06 10:47

NAME/ALIASES                      CLIENT ID:1111111116          --SYSTEMS--
 Duck, Huey                       S.S.N.: 000 00 0000 VR:        P:O:U:U
                                  BIRTHDATE:01FEB2006            A:R:S:W
                                  SEX: M                           Y
                                  ALERTS:
      PART    CASE     PART     PART            PRIMARY        DEN       GRP
  PGM CODE   NUMBER    START    END    STAT  DRO TEAM CSLD REL CLO ALERT CVR

   TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: __
   TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _
   TO SAVE THIS CLIENT FOR REGISTRATION, ENTER  Y
                                                                NEXT--> ____
```

If this is the correct client enter a **"Y"**.

**Enter**
**back to CLIM Screen.**

# Client Inquiry/Maintenance Menu

**Procedure when "Baby" has been previously registered.**
**"Baby" is now "Saved" for Maintenance.**

CLIM Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          12AUG05 12:57

1.  INQUIRE ON PERSON                      5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                 6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                 7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE            8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBER): 4

ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
              SURNAME: ________________ IF PARTIAL, ENTER  Y : _
              GIVEN NAME (OR INITIAL): ____________  MIDDLE INITIAL: _
              SSN: ___ __ ____
              BIRTHDATE (DDMMMYYYY): _________  OR AGE: ___  SEX:  _
      2)  CLIENT IDENTIFIER: _________

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00111111
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)    = TYPE: PN
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)  (DDMMMYY):  01FEB06
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

S1 | Ready (1) | 204.113.16.53 | TA3602 | 12:57:55 Fri Aug 12 | NUM | 01:40:19 | 10, 053

Enter **"4"** at **"Select Function".**

**Function "4" is used to add an existing client to a case.**

Foster Care Case Number.
Program Type is **PN**.
Benefit Start Period is the first day of the month of the baby's birth.

**Enter.**
**"Client Registered"** message.
Return to **INME** Screen.
**"Baby"** will now appear on the CAP2 Screen for the case.

# Case Profile-Page 2

**Display after "Baby" has been registered.**

CAP 2 Screen.

FC and PN program types are listed.

WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
CAP2                    CASE PROFILE - PAGE  2                  12AUG05 13:15

CASE NAME: Duck, Daisy                      CASE NUMBER: 0011111   MONTH:

PROGRAM      CVG  PRG  HH  BENEFIT    APP     PROG   STATUS   CL  REV    CUR
TYP/SUB  CAT GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS   DATE    DE  DUE    MON
 FC       C               01JUN05  13JUL05  OPEN    15JUL05      JUL06  SEP05
 PN                   01  01JUN05  13JUL05  OPEN    15JUL05      JUL06  SEP05

        CLIENT        CLIENT ID  C    DOB              PER     PROGRAM TYPE
         NAME            SSN     K    AGE     REL SEX  ALT   FC PN
Duck, Daisy          000000000  0  19FEB1990  PT   F         IN CO
                     111-11-1111
                                      15
Duck, Huey           111111111  1   01FEB2006  UB   M        CO CO
                      000-00-0000        000

        VIEW PRIOR MONTH CLIENT INFO (MMMYY):                 NEXT-->
```

S1 | Ready (1) | 204.113.16.53 | TA3602 | 13:16:10 Fri Aug 12 | NUM | 01:58:34 | 24, 075

Foster Youth and the "Baby" will both appear on the CAP2 screen.

**Now to the Case Setup for the PN Program.**

# Inquiry Menu

INME Screen.

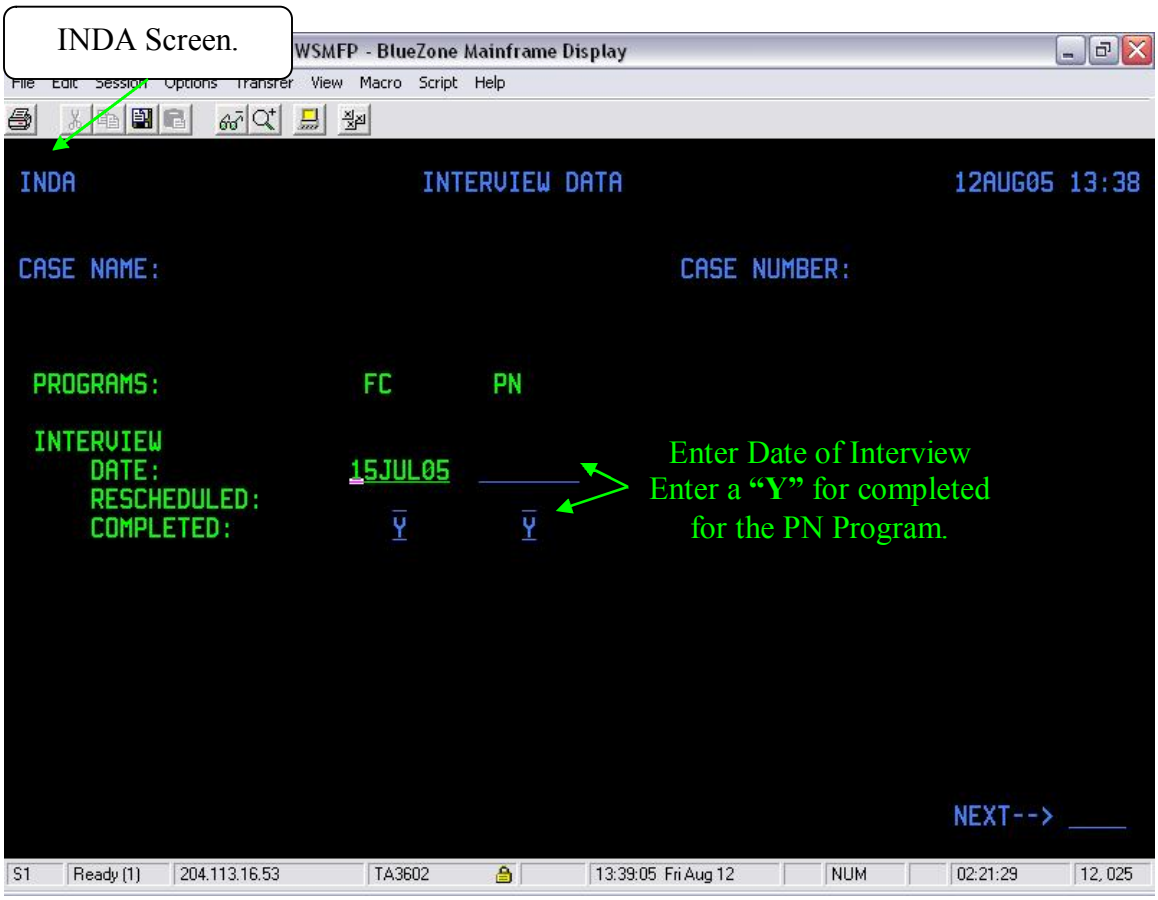
```
INME                          INQUIRY MENU                    02FEB06 10:52

      1. PRIOR CONTACT CHECK                 12. CHILD CARE BENEFIT HISTORY
      2. CASE PROFILE                        13. ACTION HISTORY
      3. HOUSEHOLD SUMMARY                   14. CHILD SUPPORT SUMMARY
      4. FINANCIAL ISSUANCE HISTORY          15. NOTICE HISTORY
      5. FOOD STAMP ISSUANCE HISTORY         16. WORKER NOTICE HISTORY
      6. CHILD CARE ISSUANCE HISTORY         17. INTERFACE INQUIRY
      7. SPECIAL PMTS ISSUANCE HISTORY       18. BUY-IN INQUIRY
      8. MED EXCESS PAYMENT HISTORY          19. NEW HIRES REGISTRY INQUIRY
      9. FINANCIAL BENEFIT HISTORY           20. REVIEW MENU
     10. FOOD STAMP BENEFIT HISTORY          21. STATE ONLINE QUERY SYSTEM
     11. MEDICAL BENEFIT HISTORY             22. TIME-LIMITED BENEFITS INQUIRY

                 ENTER  FUNCTION   (BY NUMBER): __
                 CASE NUMBER        (FOR 2-16): 00111111
                 BUDGETING METHOD (FOR 3 ONLY): P
                 CLIENT SSN  (FOR 17,18,19,21): ___ __ ____
                 BENEFIT MONTH                :

                                                          NEXT--> INDA
```

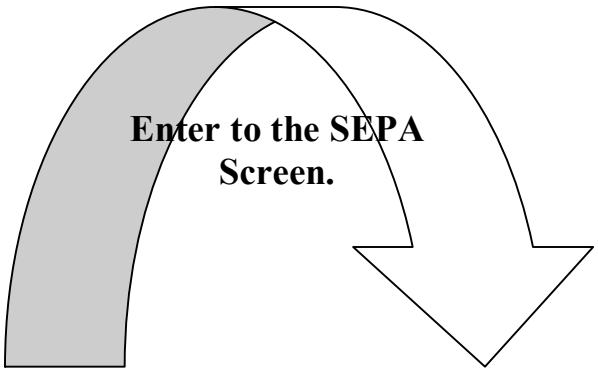
Benefit Start Month.

Enter the Case Number.
Enter Benefit Month. Use the month that the PN benefit begins.
Enter **INDA** at the "**NEXT**" Prompt.

**Enter to the INDA Screen.**

# Interview Data



# Setup Participations

SEPA Screen.

```
SEPA                          SETUP PARTICIPATIONS                16AUG05 10:40

CASE NAME: Duck, Daisy                          CASE NUMBER: 11111111  MONTH:
                PGM  CAT/    START INELG INELG   PGM  CAT/    START INELG INELG
    NAME   REL  SUB  COV PART DAY  RSN   DATE    SUB  COV PART DAY  RSN   DATE
01 Daisy D  PI  FC   C _  IN   1   __   _______ PN      _  OU   1   __  _______

02  Huey D  UB  FC   C    OU   1   __   _______ PN      IN   1   __  _______

SPECIAL PROJECT INDICATOR-->
HH TAX DEP: __        MORE PROGRAMS: _    MORE CLIENTS: _          NEXT--> ____
```

Enter **"UB"** for the baby in the REL field.
Relationship must be "**UB**" for **"PN" for 60 days after birth**

Foster Child coded **"IN"** for **"FC"** program.
Baby is coded **"OU"** for the **"FC"** program.

Foster Child is coded **"OU"** for PN program.
Baby is coded **"IN"** for PN program.

**Enter to ETRC Screen.**

# Ethnic/Residency/Citizenship/Identity/School

ETRC Screen.

```
ETRC        ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   16AUG05 11:15

CASE NAME:Duck, Daisy                        CASE NUMBER:11111111   MONTH
ID: Y VR: CS HH LANGUAGE CODE: EN TPL: Y DATE: 15JUL05
                                                SCH SCH FS     OTH BUS  CAAL
    NAME    REL ETH --RACE GROUP-- CIT VR  RES VR CODE ST EX VR  INS ATT  DATE
01 Daisy D  PI   N  WH __ __ __ __  US HC   RE HC  OTH FT __ CS   _   _   ______

02 Huey D   UB   N  WH __ __ __ __  US PP   RE PP  NOT NA __ CS   _   _   ______

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

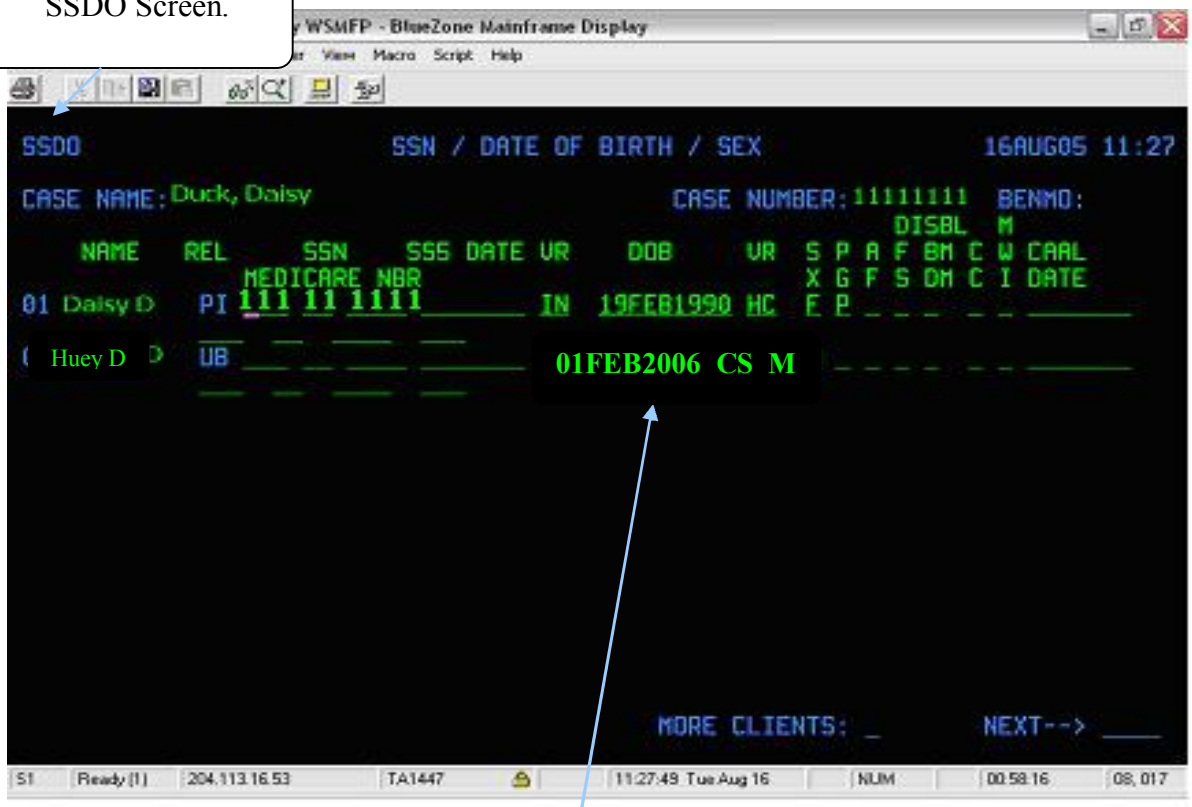
**Mandatory Entries for the unborn**

Residency - **RE**
School Code - **NOT**
School Status - **NA**
Verification code for how each item was verified.
*See ***PACMIS Quick Reference*** for list of verification codes.

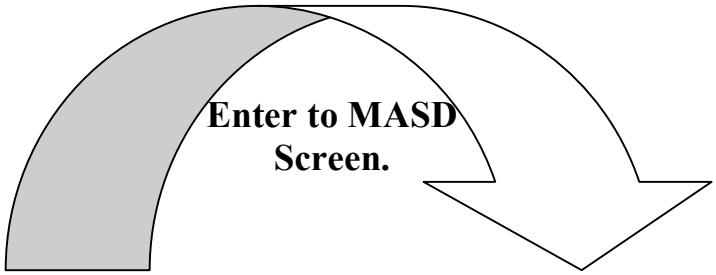
**Enter to the SSDO Screen.**

# SSN/Date of Birth/Sex

SSDO Screen.




Enter Verification Code for DOB for the baby. Use CS until you can verify the birth with Vital Statistics.



# Marital Status/Deprivation/Cooperation

MASD Screen.

```
MASD              MARITAL STATUS \DEPRIVATION \COOPERATION      16AUG05 11:49

CASE NAME:                                   CASE NUMBER:          MONTH:
                 MAR  DEP       CO      REASON    BASIS FOR     CAAL
    NAME    REL  STA  RSN  VR   OP  VR  CLAIM   DETERMINATION   DATE
01 Daisy D   PI   NM   DS   CS   CO  HC   __        __          _______

Huey D  JR D  UB   NM   ND   CS   __  __  __        __          _______

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

Enter **"NM"** for Marital Status.
Enter **"ND"** for deprivation reason.
Enter the appropriate Verification Code.
*See ***PACMIS Quick Reference*** for a list of verification codes.

**Enter to the PRAW Screen.**

# Previous Aid/Work Incentives

PRAW Screen.

```
PRAW                    PREVIOUS AID/WORK INCENTIVES          16AUG05 12:15
CASE NAME:
BENEFIT MONTH:                                   CASE NUMBER:
                                  MED  MED  FEP-SINCE-1/97 H     H     H
                PREV AF  PREV FS  1/3  $30  O/S PAC WK EMP S  GA S WTE S  CAAL
     NAME  REL MMMYY ST MMMYY ST USD START MOS MOS MO EXT T MOS T MOS T  DATE

01   Daisy  PI _____ __ _____ __  _  _____ __0   0   0  0 _   0 _   0 _ _______

02   Huey   UB _____ __ _____ __  _  _____ __0   0   0  0 _   0 _   0 _ _______

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

No Entry required.
Leave previously posted
information on the screen.

**Enter to the FIAC Screen.**

# Financial Accounts Screen

FIAC Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

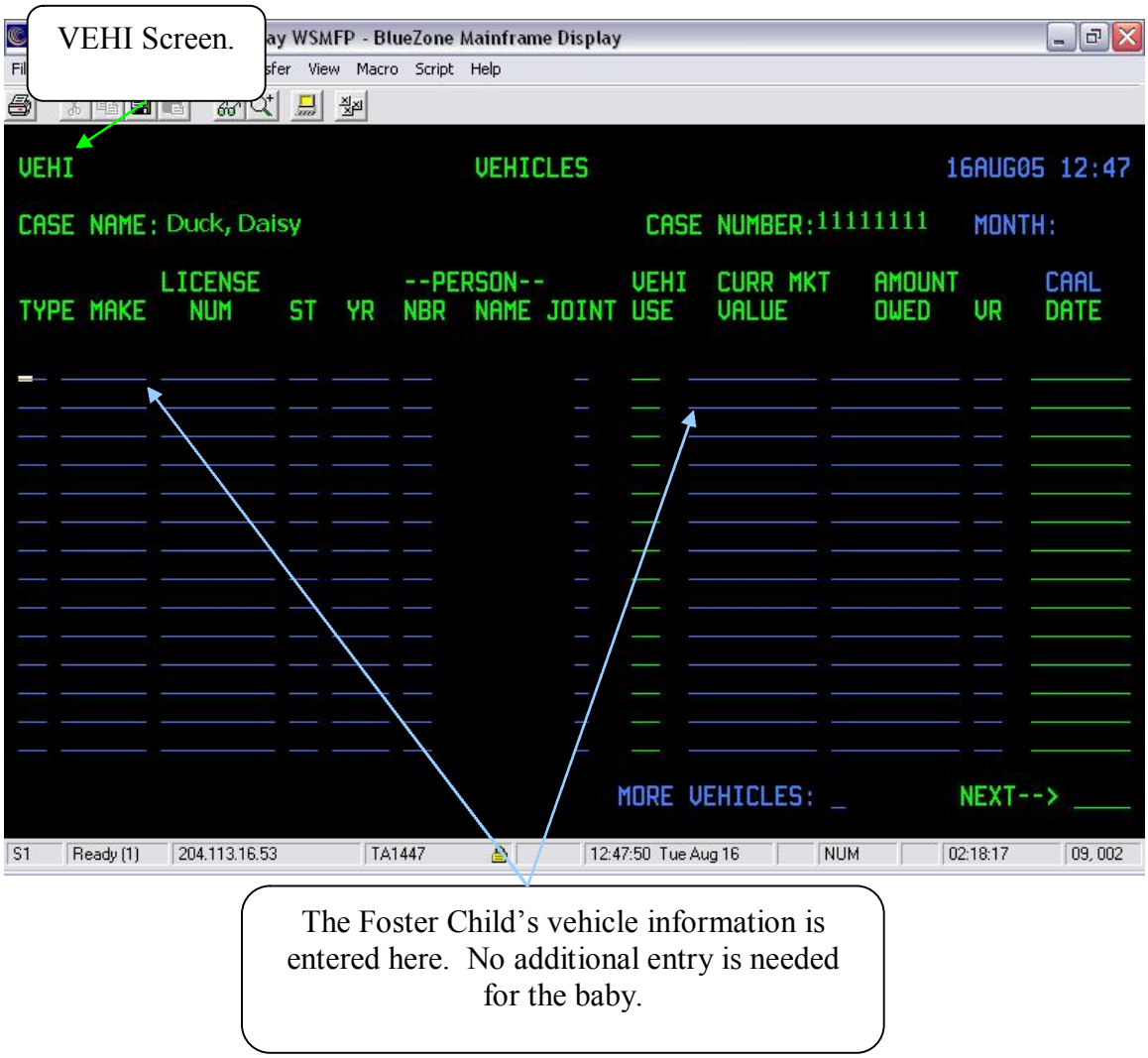
```
FIAC                    FINANCIAL ACCOUNTS                  16AUG05 12:37

CASE NAME: Duck, Daisy                  CASE NUMBER: 11111111   MONTH:

                        JT  ACCT   ACCT        --PERSON--            CAAL
  BANK/BRANCH NAME      ACT TYPE   NUMBER      NBR  NAME  AMOUNT  VR  DATE

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

S1 | Ready (1) | 204.113.16.53 | TA1447 | 12:38:09 Tue Aug 16 | NUM | 02:08:36 | 09, 002

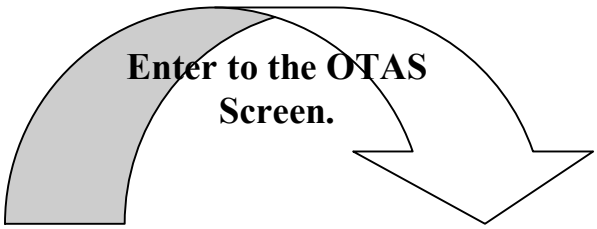
The Foster Child's financial account information is posted here. If the baby has an account enter that information also.

**Enter to the VEHI Screen.**

# Vehicles




The Foster Child's vehicle information is entered here. No additional entry is needed for the baby.



# Other Assets

OTAS Screen.

The Foster Child's asset information is entered here. Additional entry for the baby is not usually needed.

**Enter to the PNRD Screen.**

# PN Resource Determination

PRND Screen.

```
PNRD                        PN RESOURCE DETERMINATION            16AUG05 12:58

CASE NAME: Duck, Daisy                        CASE NUMBER: 11111111  MONTH:
BMS SIZE:                                          MONTH DETERMINED ELIG:
  VEHICLES          VALUE      OWED     EXEMPT   NON-EXEMPT  VEHICLE  SPONSOR
                                                                USE     OWNED

HOUSEHOLD ASSETS   EXEMPT  NON-EXEMPT     SPONSOR ASSETS   EXEMPT   NON-EXEMPT
_ FINANCIAL ACCTS       0.00      0.00  _ FINANCIAL ACCTS       0.00      0.00
_    OTHER ASSETS       0.00      0.00  _    OTHER ASSETS       0.00      0.00
                                         SPONSOR DEDUCT        0.00      0.00
CS RESOURCE ALLOWANCE             0.00   CO-PAYMENT CODE  N
BURIAL/FUNERAL FUND EXEMPT        0.00   CO-PAYMENT AMT   00000
TOTAL NON-EXEMPT RESOURCES        0.00
CASE HAS PASSED THE RESOURCE DETERMINATION TEST                    NEXT--> _
```

**Enter to FCRD Screen.**

# Medicaid Resource Determination

FCRD Screen.

```
FCRD                    MEDICAID RESOURCE DETERMINATION      16AUG05 13:05

CASE NAME: Duck, Daisy                    CASE NUMBER:11111111  MONTH:
BMS SIZE:
  VEHICLES          VALUE      OWED     EXEMPT   NON-EXEMPT  VEHICLE  SPONSOR
                                                               USE     OWNED

HOUSEHOLD ASSETS   EXEMPT  NON-EXEMPT     SPONSOR ASSETS   EXEMPT   NON-EXEMPT
_ FINANCIAL ACCTS      0.00      0.00  _ FINANCIAL ACCTS       0.00      0.00
_    OTHER ASSETS      0.00      0.00  _    OTHER ASSETS       0.00      0.00
                                       SPONSOR DEDUCT         0.00      0.00
CS RESOURCE ALLOWANCE            0.00
BURIAL/FUNERAL FUND EXEMPT       0.00
TOTAL NON-EXEMPT RESOURCES       0.00
CASE HAS PASSED THE RESOURCE DETERMINATION TEST                  NEXT--> ____
```

**Enter to UNIE Screen.**

# Unearned Income-Education

UNIE Screen.

SMFP - BlueZone Mainframe Display

File View Macro Script Help

```
UNIE                    UNEARNED INCOME - EDUCATION              16AUG05 13:08
                              PROSPECTIVE
CASE NAME: Duck, Daisy                     CASE NUMBER: 11111111   MONTH:

                PRO     S       GROSS        CAAL       S NC  GROSS        CAAL
     NAME       PER TYP T   LS  AMOUNT   VR   DATE   TYP T LS  AMOUNT   VR   DATE
01  Daisy D     00  __ __   _  ________ __  _______  __ __ _ ________ __  _______
                    __ __   _  ________ __  _______  __ __ _ ________ __  _______
02  Huey D      00  __ __   _  ________ __  _______  __ __ _ ________ __  _______
                    __ __   _  ________ __  _______  __ __ _ ________ __  _______

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

S1 | Ready (1) | 204.113.16.53 | TA1447 | 13:09:23 Tue Aug 16 | NUM | 02:39:50 | 08, 016

The Foster Child's information is entered here. No additional entry is usually needed for the baby.

**Enter to the UNEE Screen.**

# Unearned Expenses- Education

UNEE Screen

SMFP - BlueZone Mainframe Display

View Macro Script Help

```
UNEE                    UNEARNED EXPENSES - EDUCATION            11APR06 12:52
                                PROSPECTIVE
CASE NAME:                                   CASE NUMBER:          MONTH:
                          GROSS        CAAL            GROSS        CAAL
    NAME      REL    TY SUB AMOUNT   VR  DATE     TY SUB AMOUNT   VR  DATE
01  Daisy D    PI    __ __ ________  __ _______   __ __ ________  __ _______
                     __ __ ________  __ _______   __ __ ________  __ _______
    Huey D     UB

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

S1 | Ready (1) | 204.113.16.53 | TA2383 | 12:53:10 Tue Apr 11 | NUM | 00:07:54 | 07, 022

The Foster Child's information is entered here.
Additional entry for the baby will not apply.

**Enter to the UNIN Screen.**

# Unearned Income

UNIN Screen.

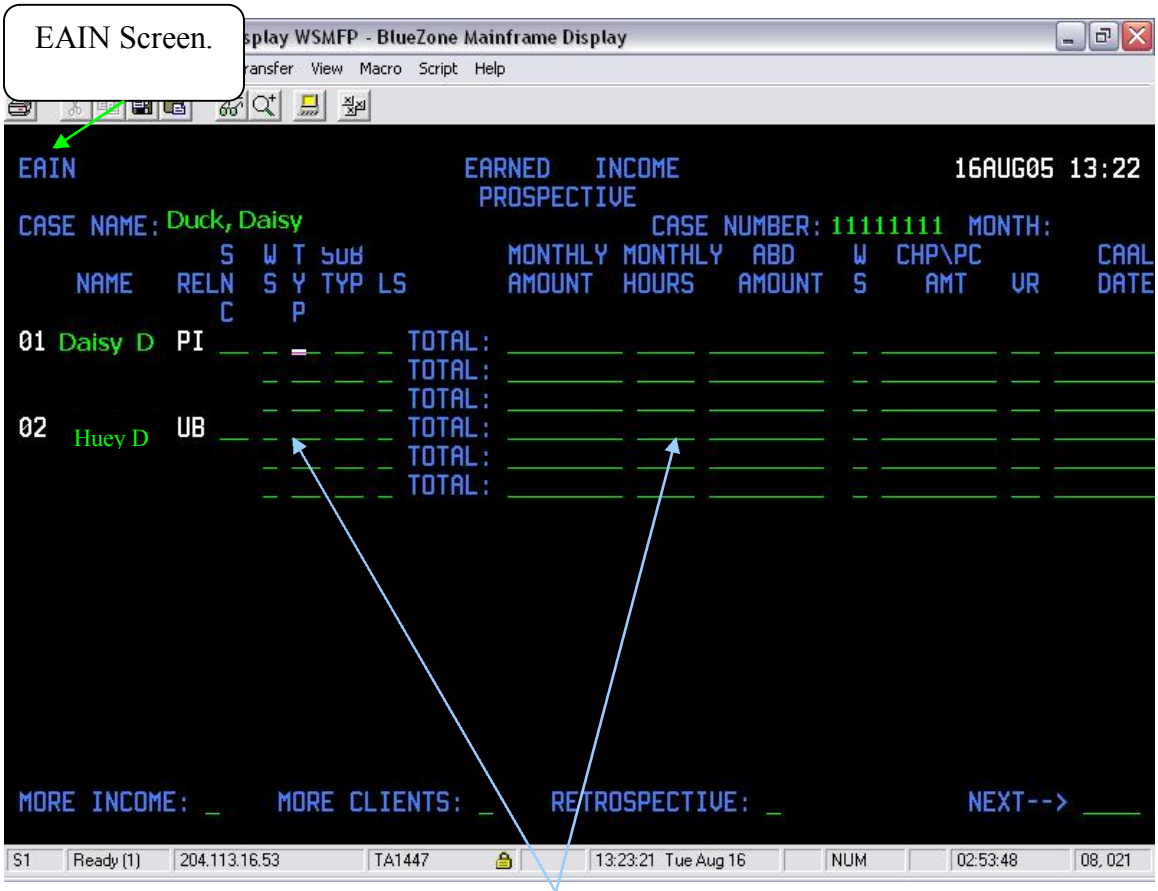
```
UNIN                          UNEARNED INCOME                    16AUG05 13:18
                               PROSPECTIVE
CASE NAME: Duck, Daisy                        CASE NUMBER: 11111111  MONTH:
                   W      SUB L    MONTHLY      ABD    W   CHP\PC        CAAL
     NAME      REL S  TYP TYP S    AMOUNT     AMOUNT   S     AMT   VR    DATE

01   Daisy D   PI  _  __   __  _  ________   ________ _ ________ __   ______
                   _  __   __  _  ________   ________ _ ________ __   ______
                   _  __   __  _  ________   ________ _ ________ __   ______
02    Huey D   UB  _  __   __  _  ________   ________ _ ________ __   ______
                   _  __   __  _  ________   ________ _ ________ __   ______
                   _  __   __  _  ________   ________ _ ________ __   ______

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

The Foster Child's information is entered here. Additional entry for the baby does not usually apply.

**Enter to the EAIN Screen.**

# Earned Income

EAIN Screen.




The Foster Child's information is entered here.
Additional entry for the baby is not usually necessary.

**Enter to the SEEI Screen.**

***Note: If the foster child is employed and the earned income is posted on the EAIN screen, the next screen displayed will be the EMIN screen for the employer information. See NB+ Section for a guide to the EMIN screen.**

# Self-Employment Income

SEEI Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

```
SEEI                    SELF EMPLOYMENT INCOME                  16AUG05 13:27
                             PROSPECTIVE
CASE NAME: Duck, Daisy                      CASE NUMBER: 11111111  MONTH:
            SANCTION W      SUB      MONTHLY MONTHLY W  CHP\PC       CAAL
   NAME     REL CODE  S TYPE TYPE LS  AMOUNT  HOURS   S    AMT     VR  DATE

01 Daisy D  PI  __    _ __   __ _ _______ ____    _ _______  __ _______
                      _ __   __ _ _______ ____    _ _______  __ _______
                      _ __   __ _ _______ ____    _ _______  __ _______
02  Huey D  UB  __    _ __   __ _ _______ ____    _ _______  __ _______
                      _ __   __ _ _______ ____    _ _______  __ _______
                      _ __   __ _ _______ ____    _ _______  __ _______

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

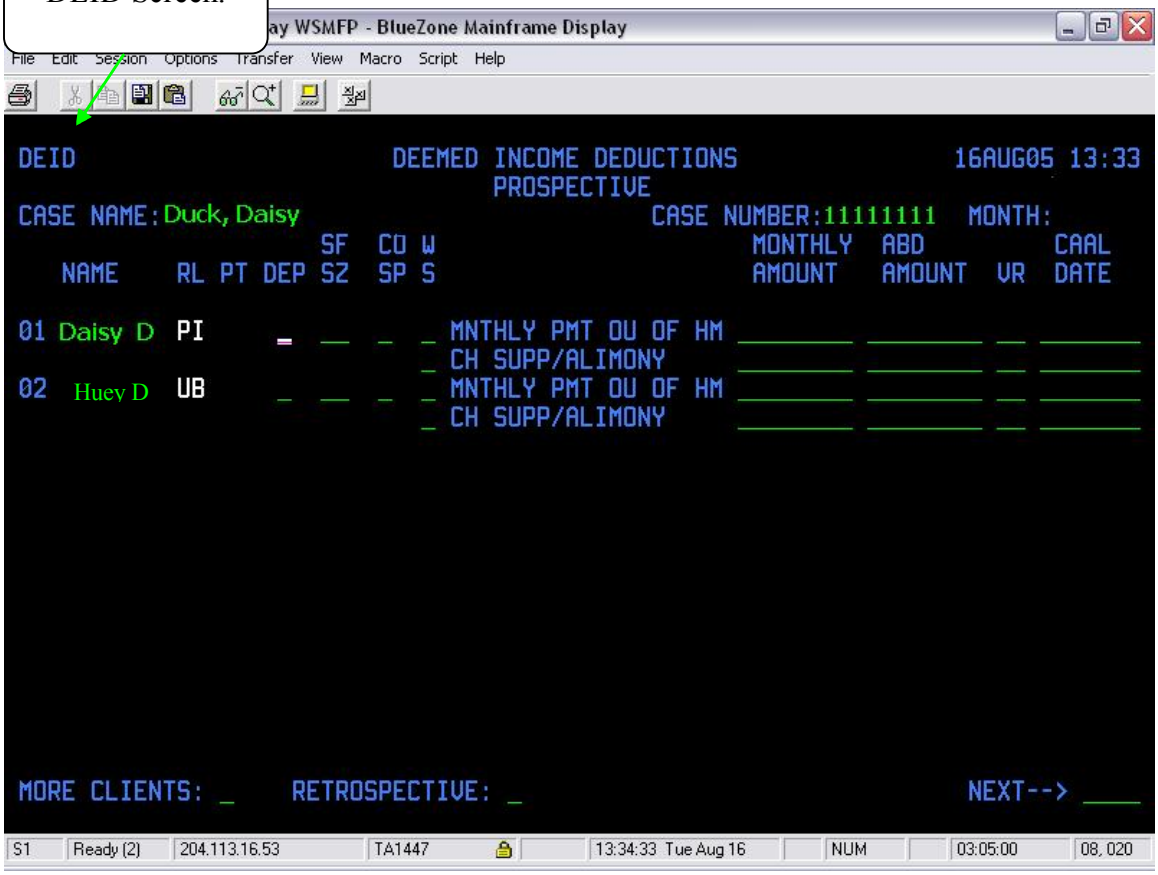
S1 | Ready (2) | 204.113.16.53 | TA1447 | 13:30:04 Tue Aug 16 | NUM | 03:00:31 | 08, 027

The Foster Child's information is entered here. No additional entry is usually needed for the baby.

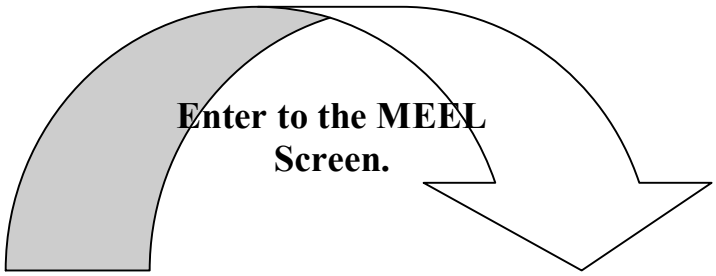
**Enter to the DEID Screen.**

# Deemed Income Deductions

DEID Screen.




The Foster Child's information is entered here. No additional entry is usually needed for the baby.



# Medical Expense Log

MEEL Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

```
MEEL                        MEDICAL EXPENSE LOG                 16AUG05 13:40
                          LISTS ALL EXPENSES ENTERED
CASE NAME: Duck, Daisy                                CASE NUMBER: 11111111
                                                       BENEFIT MONTH:

  POS CLIENT  BEG DAT END DAT OU MD ST PAID     TOTAL     CLIENT        TYP
  APP NAME    SERVICE SERVICE HM CV CV DATE     EXPENSE   OBLIGAT       SRV

SELECT FOR EDIT : __  (ENTER 99 FOR NEW EXPENSE)

POS: __   BEG DAT: _______                                   NEXT--> ____
```

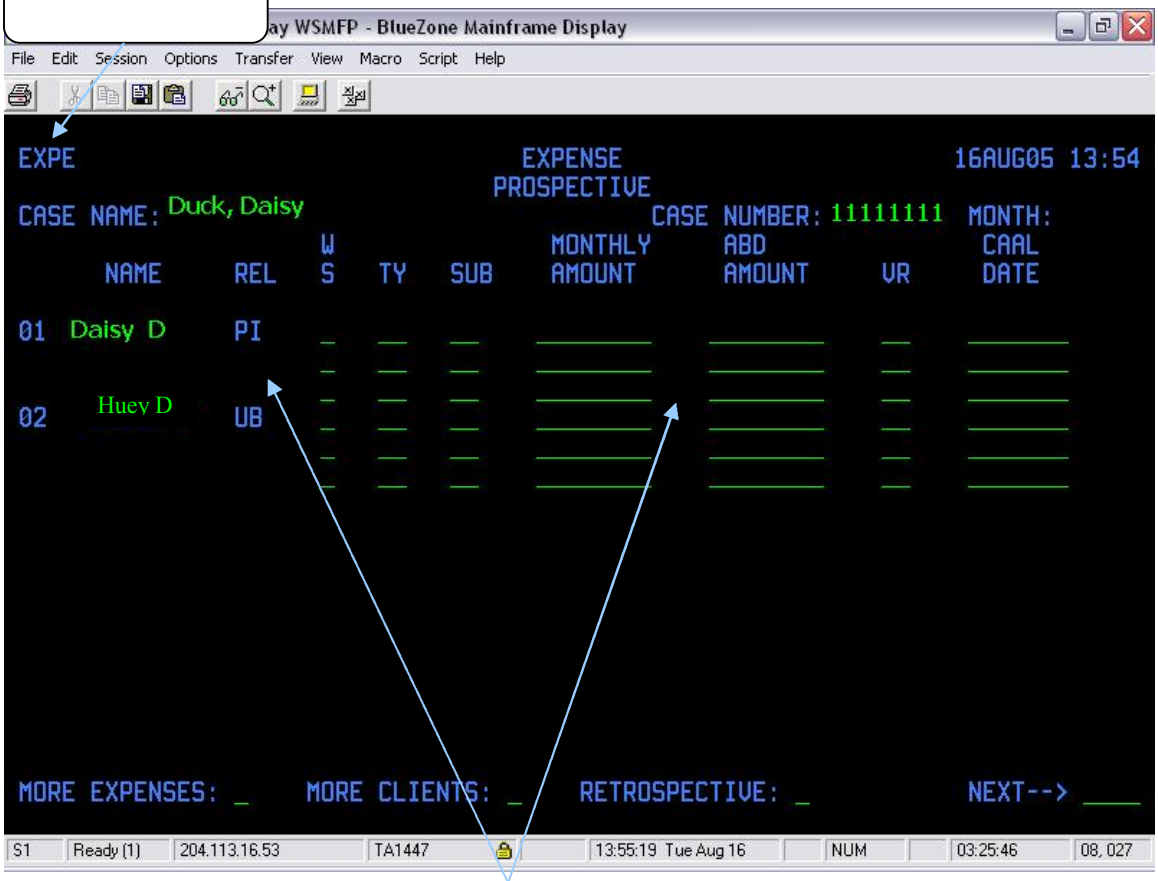
S1 | Ready (1) | 204.113.16.53 | TA1447 | 13:47:29 Tue Aug 16 | NUM | 03:17:56 | 22, 019

The Foster Child's information is entered here. No additional entry is usually needed for the baby.

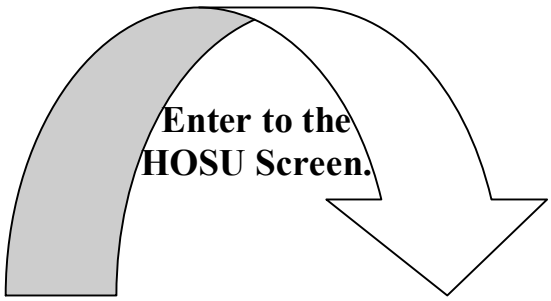
**Enter to the EXPE Screen.**

# Expense Prospective

EXPE Screen.




The Foster Child's information is entered here. No additional entry is usually needed for the baby.



# Household Summary

HOSU Screen.

Screen may be more than 1 page.

```
HOSU                    HOUSEHOLD SUMMARY - PAGE  1  OF  1        16AUG05 14:01
                              PROSPECTIVE
CASE NAME: Duck, Daisy                          CASE NUMBER: 11111111  MONTH:
TELEPHONE: 000-000-0000     MESSAGE PHONE:       RESTAURANT MEALS:

RESIDENCE:  Address of the foster home or
            placement
MAILING ADDRESS: Address of the DCFS or DJJS
                 caseworker

                                                          TOT
                                                SCHL     PT FEP WK EM GA WTE
HOUSEHOLD MEMBERS          SSN     REL    DOB  AGE COD DEP RQ MOS MO EX MO MOS
Duck, Daisy              111-11-1111 PI 19FEB1990 15 OTH DV      0  0  0  0  0
Duck, Huey               000 00 0000 UB   01FEB2006 00   NOT     0  0  0  0  0

                 PF3 TO GO TO PAGE 1    PF7 TO PAGE BACKWARD     NEXT--> _
```

Display of PACMIS case information.

**Enter through the HOSU screens to FCEX screen.**

# Medicaid Excess Determination

FCEX Screen.

```
FCEX (FCR)                MEDICAID EXCESS DETERMINATION          16AUG05 14:13

CASE NAME: Duck, Daisy                        CASE NUMBER: 11111111  MONTH
BMS SIZE:

                                          _ EDUCATION INCOME          :      0.00
_ EMPLOYMENT INCOME       :      0.00     _ DEEMED INCOME             :      0.00
_ SELF-EMPLOYMENT INCOME  :      0.00     _ OTHER UNEARNED INCOME     :      0.00
      TOTAL EARNED        :      0.00          TOTAL UNEARNED         :      0.00
                                            NET INCOME                :      0.00
  WORK ALLOWANCE          :      0.00     _ OTHER INCOME DEDUCTION    :      0.00
  30 + 1/3 DISREGARD      :      0.00       COUNTABLE INCOME          :      0.00
  $30 DISREGARD           :      0.00       POVERTY LEVEL             :   1061.00
_ DEP.  CARE DEDUCTION    :      0.00       MEDICAL EXCESS            :      0.00
      TOTAL DEDUCTIONS    :      0.00       AVAILABLE EXPENSES        :      0.00
                                            SELECTED EXPENSES         :      0.00
                                            CASH/USED EXPENSES        :      0.00
BENEFIT AUTHORIZATION  : Worker's PIN       AMOUNT OWED (MEES)        :      0.00
ISSUANCE REASON: RE ISSUANCE INDICATOR: PI
REVIEW DUE DATE: Review Date
HOLD REMINDER DATE:                            BUS PASS: N
HOLD REASON:                                          PAYEE SETUP REQ: N
CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS.            NEXT--> _
```

Worker's PIN entered for benefit authorization.
Review date is entered for FC case at the time of the initial determination.
The Medicaid benefit must be authorized with the worker's PIN on the FCEX and the PNIE Screen.
**Make sure you enter your PIN in both places.**

**Enter to the PNIE Screen.**

# Prenatal Income Eligibility

PNIE Screen.

```
PNIE                    PRENATAL INCOME ELIGIBILITY              16AUG05 14:19

CASE NAME: Duck, Daisy                      CASE NUMBER: 11111111  MONTH:
HH SIZE:                                      MONTH DETERMINED ELIGIBLE:

  EMPLOYMENT INCOME          :      0.00    EDUCATION INCOME        :      0.00
  SELF-EMPLOYMENT INCOME     :      0.00    DEEMED INCOME           :      0.00
    TOTAL EARNED INCOME      :      0.00    OTHER UNEARNED INCOME   :      0.00
  WORK ALLOWANCE             :      0.00      TOTAL UNEARNED INCOME :      0.00
  30 AND 1/3 DISREGARD       :      0.00
  DEPENDENT CARE DEDUCTION   :      0.00    NET INCOME              :      0.00
    TOTAL DEDUCTIONS         :      0.00    MAXIMUM INCOME LIMIT    :   1061.00

BENEFIT AUTHORIZATION: Worker's PIN

ISS REASON: RE     ISS INDICATOR: PI    BUS PASS: N    PAYEE SETUP REQ: N
REVIEW DUE DATE: Review date entered
HOLD REASON:
HOLD REMINDER DATE:

CORRECTION - IS ELIGIBLE                                          NEXT-->
```

Worker's PIN is entered here to authorize the Prenatal Benefit for the baby. Review month is also entered. PACMIS will mail a review for the PN prior to the 60-day expiration.

**Enter to the MEES Screen.**

# Medical Expense Selection

MEES Screen.

```
* INFO *     NO MEDICAL EXCESS OWED FOR THIS CASE
MEES                    MEDICAL EXPENSE SELECTION                16AUG05 14:31
                  EXPENSES SELECTED/USED TOWARD SPENDDOWN
CASE NAME: Duck, Daisy                                  CASE NUMBER: 11111111
                                                         BENEFIT MONTH:
PG MEDICAL      DEDUCTIONS          INCURRED        AMOUNT      CASH
TP EXCESS    SELECTED/  USED    SELECTED/  USED    REMAINING  PAYMENT  DATE MET



PS CLNT BEG DAT END DAT O M S P  TOTAL     CLIENT     AVAIL   I USE  USE    USE
AP NAME SERVICE SERVICE H C C D  EXPENSE   OBLIGAT    AMOUNT  D ORD AMOUNT  TYP



                         >>> END OF EXPENSE LIST <<<
PAGE CODE:   (TOP OF LIST=T, NEXT PAGE=N, PREV PAGE=P) USE ONLY EXP SEL:
AUTH PCN:        MORE PRG:                                        NEXT-->
```

Medical expenses used in the Foster Care case to reduce or eliminate a spenddown.

**Enter to the PNED Screen.**

# PN Eligibility Determination

PNED Screen.

WSMFP - BlueZone Mainframe Display

View Macro Script Help

```
PNED                    PN - ELIGIBILITY DETERMINATION          16AUG05 14:36

CASE NAME:                                  CASE NUMBER:        MONTH:
ELIGIBILITY       HOUSE-
  FACTOR           HOLD                   INDIVIDUALS
                          OU        TN
                         Daisy     Huev

CITIZENSHIP        PASS   PASS      PASS
RESIDENCY          PASS   FAIL      PASS
SOCIAL SECURITY    PASS   PASS      PASS
TPL CO-OPER        PASS   PASS      ????
DOS-COOP           PASS   PASS      ????
INCOME             PASS    N/A       N/A
PREGNANCY          PASS   FAIL      PASS
RESOURCES          PASS    N/A       N/A

INELIGIBILITY DATE :
DENIAL CLOSURE REASON:      AUTHORIZE:      MORE FACTORS: _    MORE CLIENTS: _
PASSED - ELIGIBLE FOR BENEFITS                                    NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA1447 | 14:38:02 Tue Aug 16 | NUM | 04:08:29 | 23, 060

Baby is coded "IN" and is eligible for PN Medicaid benefits.

To close or deny the PN benefits enter the denial reason and then a **"Y"** to authorize. **See the ***PACMIS Quick Reference*** for a list of Denial/Closure reasons.

**Enter to FCED or FCMA Screen.**

# FC Eligibility Determination

FCED Screen

```
FCED                    FC - ELIGIBILITY DETERMINATION          16AUG05 14:44

CASE NAME: Duck, Daisy                    CASE NUMBER: 11111111  MONTH:
ELIGIBILITY        HOUSE-
  FACTOR            HOLD                  INDIVIDUALS
                                IN
                               Daisy        Huey

RESIDENCY           PASS      PASS         PASS
CITIZENSHIP         PASS      PASS         PASS
SOCIAL SECURITY     PASS      PASS         PASS
CLIENT AGE          PASS      PASS         PASS
TPL CO-OPER         PASS      PASS         ????
RESOURCES           PASS       N/A          N/A

INELIGIBILITY DATE :
DENIAL CLOSURE REASON:      AUTHORIZE:      MORE FACTORS: _    MORE CLIENTS: _
PASSED - ELIGIBLE FOR BENEFITS                                    NEXT--> ____
```

Daisy is coded "IN" and is eligible for FC Medicaid benefits.

To close or deny the FC Medicaid benefit enter the Denial/Closure reason and a **"Y"** to authorize.
**See the ***PACMIS Quick Reference*** for a list of Denial/Closure reasons.

**Enter to the NORE Screen.**

# Notice Request

NORE Screen.

SMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

```
NORE                          NOTICE REQUEST                    16AUG05 14:57

CASE NAME: Duck, Daisy                        CASE NUMBER: 11111111

CHNG(C) NOTICE  BENEFIT
DEL(D)  TYPE    MONTH   PGM   WRKR    SITUATION
```

**Send the appropriate notice**
**MMAA -** Medical Assistance Approved.

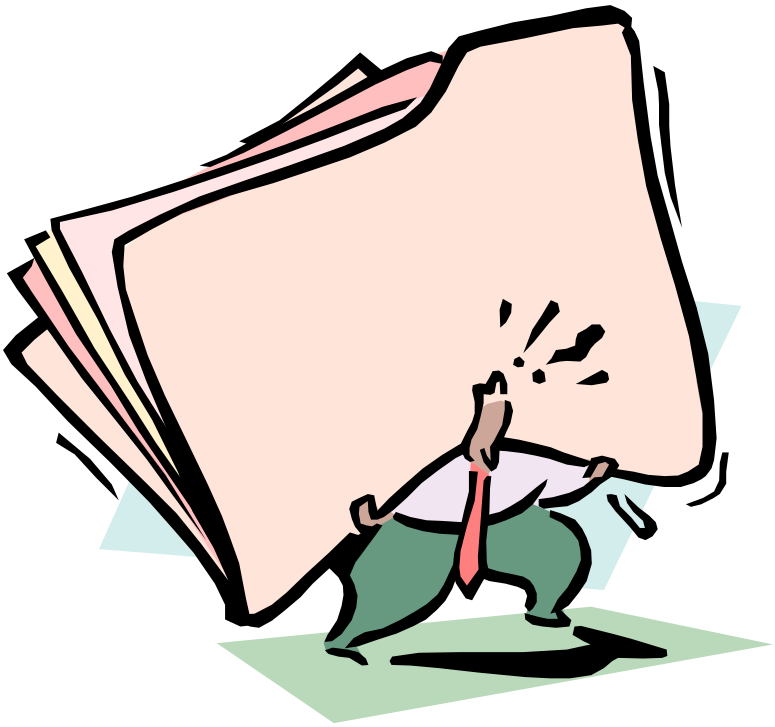
```
OTHERS: ___   _____   __
        ___   _____   __
        ___   _____   __
        ___   _____   __

                                MORE SITUATIONS: N        NEXT--> ____
```

S1 | Ready (1) | 204.113.16.53 | TA1447 | 14:57:59 Tue Aug 16 | NUM | 04:28:26 | 20, 015

**Enter back to INME Screen.**

Under normal circumstances, during the month the pregnancy is verified, PACMIS rollover has already created a month in the future. The process to add the unborn to the existing case affects only the current month and the information does not exist in the month that has already rolled over. In order to transfer this information to the following month, the worker must delete that month and recopy details to the new month. This process can only be done if benefit select for the new month has not yet occurred.
If the pregnancy verification is received after the "Monthly Benefit Select", the unborn must be added to the case for that month. Since benefits for the following month have been generated. PACMIS will not allow the "Deleted Month" function to be used. You must repeat the procedure for adding the unborn to the case for the following month and authorize benefits for that month.

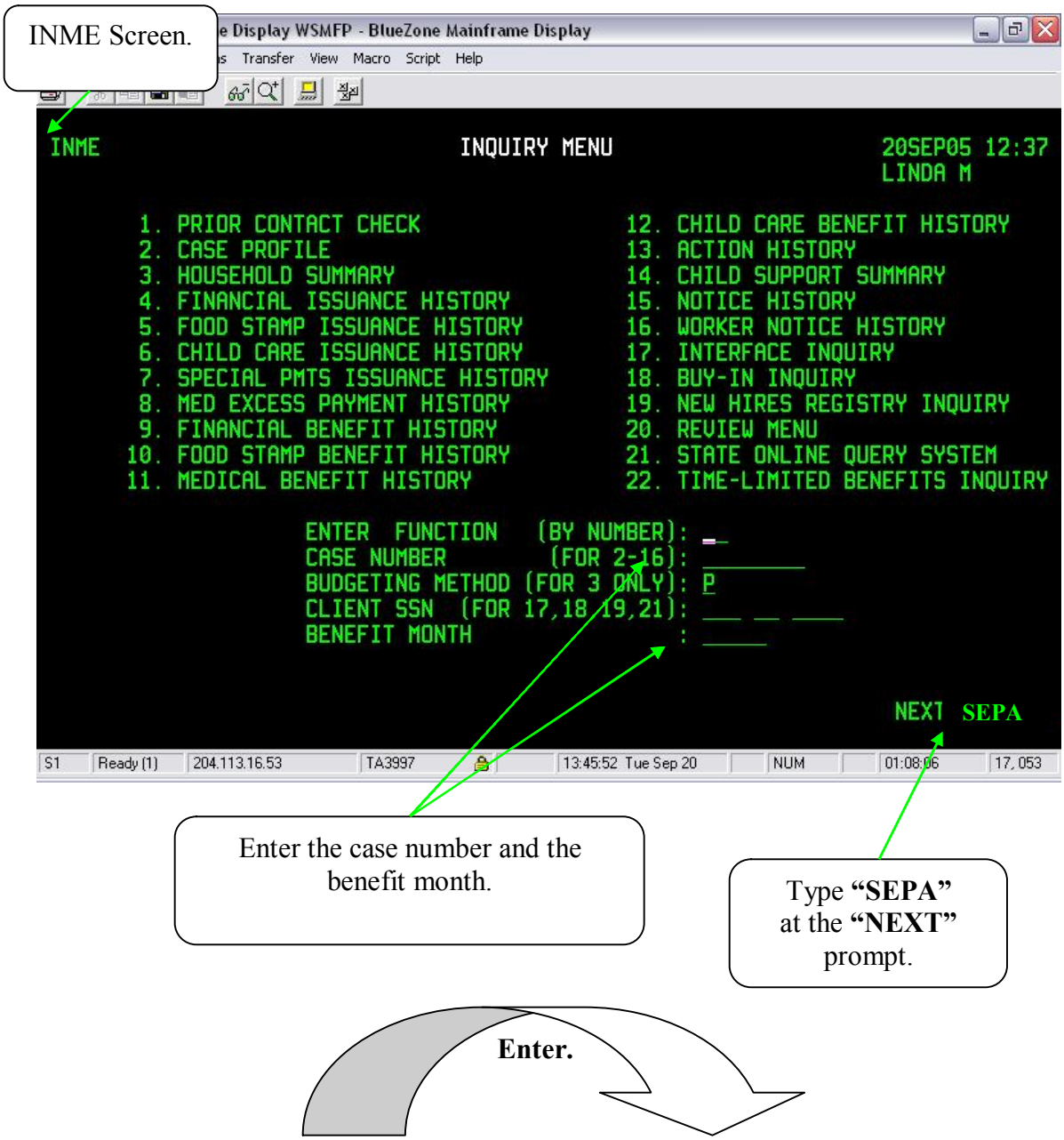
- All case actions must be documented on the CAAL screen. See "Opening a Medicaid Case" section for details on the CAAL screen.
- A copy of the CAP2 listing the Unborn should be printed and added to the case file.
- The worker may set alerts for the PN case on the EWAL screen. PACMIS will automatically send an alert for the birth of the baby at the time of the expected DOB.



# Removing Household Members from a PACMIS Case

**The actions to remove a household member should be completed the month following receipt of their last benefits, and only if they are being removed from all program types.**

## Inquiry Menu



# Setup Participation

SEPA Screen.

```
SEPA                          SETUP PARTICIPATIONS              20SEP05 13:53

CASE NAME:                                  CASE NUMBER:          MONTH:  SEP05
                   PGM  CAT/    START INELG INELG   PGM  CAT/    START INELG INELG
    NAME    REL    SUB  COV PART DAY  RSN   DATE    SUB  COV PART DAY  RSN   DATE
01 S      R  PI FC     C _  IN   1    __   _______ PN      _  OU   1    __  _______

02 H      R  UB FC     C    OU   1    __   _______ PN         OU   1    __  _______
```

**Change the "IN" to "OU" for the client that is no longer a member of the household.**

```
SPECIAL PROJECT INDICATOR-->
HH TAX DEP: __        MORE PROGRAMS: _    MORE CLIENTS: _          NEXT--> ____
```

**You must "roll through" all the screens for the case in this benefit month to record the change in the household composition. Authorize the appropriate benefits and send the appropriate notices.**

Go to the CAP2 screen and write down the Client HLCI number.

**NEXT to CLIM.**

# Client Inquiry/Maintenance Menu

CLIM Screen.

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          20SEP05 14:30
                                                                  LINDA M

1.  INQUIRE ON PERSON                      5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                 6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                 7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE            8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBI 1

ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
              SURNAME: ________________ IF PARTIAL, ENTER  Y : _
              GIVEN NAME (OR INITIAL): ____________  MIDDLE INITIAL: _
              SSN: ___ __ ____
              BIRTHDATE (DDMMMYYYY):  ________  OR AGE: ___  SEX:  _
      2)  CLIENT IDENTIFI 000000000

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): ________
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)    = TYPE: __
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): ________
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): _____
```

Select the **"Inquire on Client" Function "1"** and enter the **Client HLCI** for the household member being removed.

**Enter to CLPR Screen.**

# Client Profile

CLPR Screen.

```
* INFO *     END OF PROGRAM INVOLVEMENTS
CLPR                          CLIENT PROFILE                    20SEP05 14:38

NAME/ALIASES                        CLIENT ID:000000000   8        --SYSTEMS--
R      , H      J                   S.S.N.: 000 00 0000 VR:        P:O:U:U
                                    BIRTHDATE: 11AUG2005           A:R:S:W
R      , U                          SEX: M                         Y Y
                                    ALERTS:
       PART    CASE     PART     PART            PRIMARY        DEN       GRP
   PGM CODE   NUMBER    START    END    STAT  DRO TEAM CSLD REL CLO ALERT CVR
01 PN   IN            01JUN05  30SEP05  CL         1   02  UB
02 PN   IN            01MAY05  01MAY05  DE         2   07  UB  NI

    TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER: __
    TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y: _
    TO SELECT THIS CLIENT FOR MAINTENANCE, ENTER Y:  Y
                                                          NEXT--> ____
```

Enter a **"Y"** to select this client for maintenance.

**Enter back to the CLIM screen.**

# Client Inquiry/Maintenance

CLIM Screen.

```
CLIM                    CLIENT INQUIRY/MAINTENANCE MENU          20SEP05 15:07
                                                                  LINDA M

1.  INQUIRE ON PERSON                      5.  DELETE CLIENT FROM PROGRAM
2.  RESTART CLIENT INQUIRY                 6.  CHANGE CLIENT IDENTIFYING DATA
3.  ADD NEW CLIENT TO CASE                 7.  NOT AVAILABLE
4.  ADD EXISTING CLIENT TO CASE            8.  DELETE CLIENT FROM PACMIS

                        SELECT FUNCTION (BY NUMBE

ENTER ONE OF THE FOLLOWING:
      1)  IDENTIFYING CLIENT INFORMATION:
            SURNAME: FOSTER CHILD'S      IF PARTIAL, ENTER  Y : _
            GIVEN NAME (OR INITIAL): BABY        MIDDLE INITIAL: _
            SSN: ___ __ ____
            BIRTHDATE (DDMMMYYYY): _________   OR AGE: ___   SEX:  _
      2)  CLIENT IDENTIFIER: 000000000

ENTER CASE NUMBER (FUNCTION 3, 4 AND 5 ONLY): 00000000
      PROGRAM (FUNCTION 3, 4 AND 5 ONLY)     =TYPE: PN
      BENEFIT PERIOD START (FUNCTION 3 AND 4 ONLY)   (DDMMMYY): _______
      BENEFIT MONTH OR PERIOD END  (FUNCTION 3, 4, AND 5) (MMMYY): 30SEP05
```

Enter **Function " 5", "Delete Client From Program".**

Enter case number, program type and benefit month end date. A client cannot be deleted from PACMIS during a month in which they have received benefits.

**Household member has now been removed from the PACMIS case. Print a new CAP2 screen for your eligibility file.**

# Newborn + (NB+) PACMIS Procedures
# Client Inquiry/Registration Menu Entry

CLIR Screen

```
CLIR                    CLIENT INQUIRY/REGISTRATION MENU          06JUN05 13:34

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

                  SELECT FUNCTION (BY NUMBER): 1
    ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY);

          1.  IDENTIFYING CLIENT INFORMATION:
                  SURNAME: ________________ IF PARTIAL, ENTER  Y : _
                  GIVEN NAME (OR INITIAL): ____________    MIDDLE INITIAL: _
                  SSN: ___ __ ____
                  BIRTHDATE (DDMMMYYYY): _________ OR AGE: ___    SEX: _
          2.  CLIENT IDENTIFIER: 000000000

    ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND 5): ________
    ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): ___   _   __
```

Select **Function "1", "Inquire on Person".**

Enter Client's Identifying Information
**Surname**
**Given Name**
**SSN**
**Birth date**
**Client Identifier**

**Enter to**
**CLPR Screen.**

# Client Profile

CLPR Screen.

```
* INFO *     END OF PROGRAM INVOLVEMENTS
CLPR                          CLIENT PROFILE                    06JUN05 13:51

NAME/ALIASES                        CLIEN 000000000 0    3        --SYSTEMS--
Duck, Daisy                         S.S.N.: 000 00 0000 VR:        P:O:U:U
                                    BIRTHDATE: 30OCT1988           A:R:S:U
                                    SEX: F                         Y Y Y
                                    ALERTS:
      PART    CASE     PART     PART            PRIMARY        DEN       GRP
   PGM CODE   NUMBER   START    END    STAT  DRO TEAM CSLD REL CLO ALERT CVR
01 FC   IN            01OCT04  01OCT04  DE   SMP   1   03  PI  NC

   TO INQUIRE ON A SPECIFIC PGM INVOLVEMENT, ENTER ITS SEQUENCE NUMBER:
   TO INQUIRE ON TIME-LIMITED BENEFITS, ENTER Y
   TO SAVE THIS CLIENT FOR REGISTRATION, ENTER  Y  y
                                                              NEXT-->
```

Is this the person you are searching for?
If **"yes"**, enter a **"Y"**,
If **"no"**, F9 out. Reenter the identifying information and search again.

*****REMEMBER*****

**Use the Foster Care or Subsidized Adoption PACMIS case number when opening a NB+ case for the 18 year old youth.**

**Enter to the CLIR Screen.**

# Client Inquiry/Registration Menu

CLIR Screen.

**Message on CLIR screen when client is successfully saved.**

```
CLIENT SAVED FOR REG
CLIR                    CLIENT INQUIRY/REGISTRATION MENU          06JUN05 13:55

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

                SELECT FUNCTION (BY NU
    ENTER ONE OF THE FOLLOWING (FUNCTION 1 AND 2 ONLY);

        1.  IDENTIFYING CLIENT INFORMATION:
                SURNAME: _____ IF PARTIAL, ENTER  Y : _
                GIVEN NAME (OR INITIAL): _____    MIDDLE INITIAL: _
                SSN: ___ __ ____
                BIRTHDATE (DDMMMYYYY): _____  OR AGE: ___   SEX: _
        2.  CLIENT IDENTIFIER: _____

    ENTER EXISTING CASE NUMBER (FOR FUNCTIONS 3 AND
    ENTER PRIMARY DEPT/REG/OFF,TEAM, CASELOAD (FOR FUNCTION 4): ___  _  __
```

3

00000000

Select **Function "3", "Register Application With Existing Case Number".**

Enter case number for previous FC or SA Medicaid case.

**Enter to**

**REAP Screen.**

**"OR"**

**NB case may also be registered on the APMA Screen.**

# Register Application

REAP Screen.

```
REAP                        REGISTER APPLICATION                06JUN05 14:05

CASE NAME:                                          CASE NUMBER:
PRIMARY DEPT/REG/OFF: SMP  TEAM: 1  CASELOAD:  03
DRUG/ALCOHOL REHAB:   N
EXPEDITED F.S: _          1       2       3       4       5       6
PROGRAMS APPLIED FOR:  __ __   __ __   __ __   __ __   __ __   __ __
APP RECEIVED DATE:     ______  ______  ______  ______  ______  ______
BEN EFFECTIVE DATE:    ______  ______  ______  ______  ______  ______
MEDICAID CATEGORY:        _       _       _       _       _       _
MEDICAID COVERAGE GRP:    _       _       _       _       _       _
  CLIENT NAME                 DOB        S.S.N      SEX   REL   APP POS
                            30OCT1988                 F    PI     01

ADDRESS INFORMATION TO BE ENTERED? : Y
```

Program Applied for = **NB**

Application Received Date.
&
Benefit Effective Date.

No Medicaid category required for NB program.

**Next to the ADDR Screen.**

# Application Maintenance

APMA Screen.

```
APMA                    APPLICATION MAINTENANCE                 21SEP05 11:47

CASE NAME: Duck, Daisy                          CASE NUMBER: 00000000
PRIMARY DEPT/REG/OFF:     TEAM:     CASELOAD:

EXPEDITED FS  : _   DISCOVERY DATE    : _______  DRUG/ALCOHOL REHAB  : _

PROGRAM              MED    APPLICATION   BEN EFFECTIVE       PROGRAM
TYPE  SUB   CAT      COV    RECEIVED DATE      DATE           STATUS

FC    __    F        _      02Feb02        01Jan02            CL
NB    __    _        _      22Sep05        01Oct05
__    __    _        _      _______        _______
__    __    _        _      _______        _______
__    __    _        _      _______        _______
__    __    _        _      _______        _______

                                                   NEXT--> ____
```

Program Type - **NB**
Application Received Date
Benefit Effective Date - **First Day of the Month following closure of the FC Medicaid case.**

**Next to the ADDR Screen.**

# Address

ADDR Screen.

VSMFP - BlueZone Mainframe Display

View Macro Script Help

```
ADDR                          ADDRESS                          22SEP05 11:00

CASE NAME:                                   CASE NUMBER:
TELEPHONE: 801 000  0000   MESSAGE PHONE: _  MINOR PARENT LIVING ARRANGE: _
                STREET OR R.R.               CITY            ST  ZIP  ZIP+4  CO
   RESIDENCE  : Address where the foster child will                     0000
     ADDRESS  : be living after custody termination   SPECIAL HOUSING TYPE: _

   MAILING    : Mailing address for the foster chil
     ADDRESS  : after custody is terminated

   MED BEN    :
     ADDRESS  :
              MED PAYEE:
       MED REPRESENTATIVE: DCFS or DJJS Eligibility Worker's Name

   2ND PARTY  :
     ADDRESS  :

            ------ NATIVE AMERICAN SPECIFIC INFORMATION ------
              TRIBAL CODE: _  LIVING ON RESERVATION (Y/N): _

SEARCH DATE-->        ADDR HIST: _  ABAWD EFF. DATE:          NEXT-->
```

S1 | Ready (1) | 204.113.16.53 | TA1173 | 11:01:31 Thu Sep 22 | NUM | 00:00:48 | 05, 017

**Update the phone number.**

Update the **residence** and **mailing** addresses. The Medicaid card and reviews will need to be mailed to the youth.

Adding your name in the Med Representative field allows the BES or DWS worker to contact you and talk about the case.

Special Housing Codes

| | |
|---|---|
| **B** - Provo | **C** - SL Co |
| **E** - Elderly | **H** - Homeless |
| **O** - Ogden | **S** - SLC |
| **W** - WVC | **R** - Rent Subsidy |
| **U** - Utah Co | **T** - Tooele Co |
| **N** - None | |

**Tribal Codes**

| | | |
|---|---|---|
| **A** - Aleut | **G** - Goshute | **N** - Navajo |
| **O** - Other | **P** - Piute | **U** - Ute |
| **S** - South Mountain Ute | | |

**Enter to "Cleanse" the address, then proceed to the INDA Screen.**

# Interview Data

INDA Screen.

Display WSMFP - BlueZone Mainframe Display

Transfer View Macro Script Help

```
NO PROGRAM INVOLVEMENTS FOUND FOR THIS CASE
INDA                    INTERVIEW DATA                    22SEP05 11:24

CASE NAME: Duck, Daisy                    CASE NUMBER: 00000000

 PROGRAMS: NB

 INTERVIEW
     DATE:          Current date
     RESCHEDULED:
     COMPLETED: Y

                                                          NEXT-->
```

S1 | Ready (1) | 204.113.16.53 | TA1173 | 11:25:21 Thu Sep 22 | NUM | 00:24:38 | 24, 075

Format- 01Aug05.

Enter **"Y".**

**Enter. Then "NEXT" to SEPA Screen.**

See **"Opening a Medicaid Case"** in this PACMIS Guide or the ***PACMIS Quick Reference*** for details for the **SEPA, ETRC, SSDO, MASD, PRAW, FIAC,VEHI AND THE OTAS** Screens.

# Medicaid Resource Determination

NBRD Screen for NB cases.

```
NBRD                    MEDICAID RESOURCE DETERMINATION        22SEP05 11:38

CASE NAME: Duck, Daisy                    CASE NUMBER: 00000000    MONTH:
BMS SIZE: Will reflect the HH size
  VEHICLES          VALUE      OWED     EXEMPT   NON-EXEMPT  VEHICLE  SPONSOR
                                                               USE     OWNED

HOUSEHOLD ASSETS   EXEMPT  NON-EXEMPT     SPONSOR ASSETS   EXEMPT   NON-EXEMPT
_ FINANCIAL ACCTS  Total of assets values will _ FINANCIAL ACCTS      0.00      0.00
_    OTHER ASSETS  be listed here              _    OTHER ASSETS      0.00      0.00
                                               SPONSOR DEDUCT        0.00      0.00

CS RESOURCE ALLOWANCE              0.00
BURIAL/FUNERAL FUND EXEMPT         0.00
TOTAL NON-EXEMPT RESOURCES         0.00
CASE HAS PASSED THE RESOURCE DETERMINATION TEST                  NEXT--> ____
```

If case has passed the asset requirements this message will appear at the bottom of the NBRD Screen.

See **"Opening a Medicaid Case"** in this PACMIS Guide or the ***PACMIS Quick Reference*** for details for the **UNIE, UNEE, UNIN, EAIN, SEEI, DEID,** and **EXPE** screens. If earned income is entered the **EMIN** screen will follow the **EAIN** screen. The **HOSU** Screens will display after the **EXPE** Screen.

# Employment Information

EMIN Screen.

```
EMIN                    EMPLOYMENT INFORMATION                    22SEP05 11:51
  CASE NUMBER: 00000000      BENEFIT MONTH:
  CLIENT NUMBER: 000000000     CLIENT NAME: Duck, Daisy

1) INCOME TYPE:      INC. SUBTYPE:      INCOME AMOUNT:
     EMPLOYER: _____________________________________ EIN:
     ADDRESS :
     CITY:                    STATE:          ZIP:       -
     HOURLY WAGE:          JOB TYPE:      STATUS:      HIRE MONTH:
     EMPLOYMENT BENEFITS:                 TERMINATION REASON:
2) INCOME TYPE:      INC. SUBTYPE:      INCOME AMOUNT:
     EMPLOYER:                                     EIN:
     ADDRESS :
     CITY:                    STATE:          ZIP:       -
     HOURLY WAGE:          JOB TYPE:      STATUS:      HIRE MONTH:
     EMPLOYMENT BENEFITS:                 TERMINATION REASON:
3) INCOME TYPE:      INC. SUBTYPE:      INCOME AMOUNT:
     EMPLOYER:                                     EIN:
     ADDRESS :
     CITY:                    STATE:          ZIP:       -
     HOURLY WAGE:          JOB TYPE:      STATUS:      HIRE MONTH:
     EMPLOYMENT BENEFITS:                 TERMINATION REASON:
                              PAGE  1  OF  1                    NEXT-->
```

Enter Employer Information.
PACMIS will calculate hourly wage with information from the EAIN screen.

Job Status
**AP** - Applied
**FT** - Full time
**PT** - Part time
**TE** - Temporary

Employment Benefits
**ME** - Medical Benefits
**NO** - No Benefits
**TO** - Total Benefits

Job Type
**AG** - Agricultural
**MA** - Manual labor
**CL** - Office Clerk
**SV** - Service Occupations
**MS** - Miscellaneous

After the employer information is entered, PACMIS will search for matching employers. If a match is found, select the appropriate employer from the displayed list.

# Newborn Income Eligibility

S1 - ws - Mainframe Display WSMFP - BlueZone Mainframe Display

File Edit Session Options Transfer View Macro Script Help

NBIE NEWBORN INCOME ELIGIBILITY 22SEP05 13:48

Duck, Daisy
Will reflect HH size

CASE NUMBER: MONTH

| | | | |
|---|---|---|---|
| _ EMPLOYMENT INCOME | | _ EDUCATION INCOME | 0.00 |
| _ SELF-EMPLOYMENT IN | Earned Income information listed here. | _ DEEMED INCOME | 0.00 |
| TOTAL EARNED | | _ OTHER UNEARNED INCOME | 0 00 |
| | | TOTAL UNEARNED | 0 00 |
| WORK ALLOWANCE | | NET INCOME | 0 00 |
| 30 + 1/3 DISREGARD | | _ OTHER INCOME DEDUCTION | 0.00 |
| $30 DISREGARD | | COUNTABLE INCOME | 0 00 |
| _ DEP. CARE DEDUCTI | | POVERTY LEVEL | 798.00 |
| TOTAL DEDUCTI | | MEDICAL EXCESS | 0.00 |
| | | AVAILABLE EXPENSES | 0.00 |
| | | SELECTED EXPENSES | 0.00 |
| | | CASH/USED EXPENSES | 0.00 |
| BENEFIT AUTHORIZAT | PIN | AMOUNT OWED (MEES) | 0.00 |

ISSUANCE REASON: DE ISSUANCE INDICATOR:
REVIEW DUE [ DV05
HOLD REMINDER DATE: BUS PASS:
HOLD REASON: PAYEE SETUP REQ: N
CORRECTION - IS ELIGIBLE, NO CHANGE IN MEDICAL EXCESS. NEXT-->

S1 | Ready (1) | 204.113.16.53 | TA1173 | 13:48:46 Thu Sep 22 | NUM | 02:48:03 | 24, 076

This message will display if case meets the NB + Medicaid eligibility requirements.

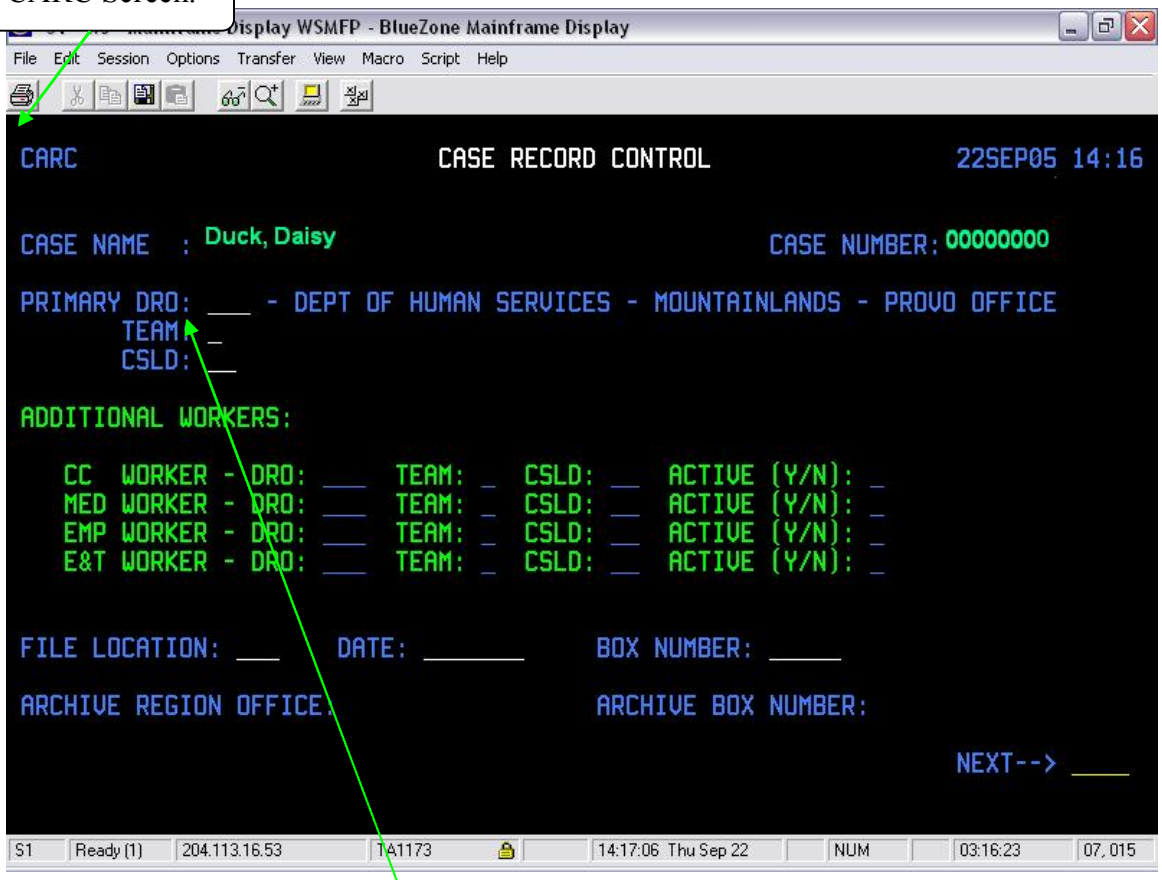
For NB+ Medicaid, school attendance is not a factor. Once the child turns 18, their income is countable.

Worker's PIN number must be entered to authorize the Medicaid benefit. Review should be set for 12 months or set for the month of the youth's 19th birthday.

See **"Opening a Medicaid Case"** in this PACMIS Guide or the ***PACMIS Quick Reference*** for information about the **NORE** screen.
For **CAAL** narration details, see **"PACMIS CAAL Narrations"** section in this PACMIS Guide. To transfer the case to BES or DWS, follow the **"Practice Guidelines for Child Exiting Foster Care".**
After the appropriate notice has been sent and CAAL narration completed, the case should be **"CARC'd"** to the ongoing Medicaid worker.

# Case Record Control

CARC Screen.




Enter the **DRO** of the agency office where the electronic case is to be sent. **Enter.**

To close or deny an NB case use the NBED Screen.

# NB-Eligibility Determination

NBED Screen.

```
NBED                    NB - Eligibility Determination                 22SEP05 14:26

CASE NAME: Duck, Daisy                      CASE NUMBER: 00000000   MONTH:
ELIGIBILITY        HOUSE-
  FACTOR            HOLD   ____________________ INDIVIDUALS ____________________
                            IN
                           Daisy, D

RESIDENCY           PASS   PASS
CITIZENSHIP         PASS   PASS
SOCIAL SECURITY     PASS   PASS
CLIENT AGE          PASS   PASS
TPL CO-OPER         PASS   PASS
RESOURCES           PASS    N/A

INELIGIBILITY DATE :
DENIAL CLOSURE REASON:      AUTHORIZE:    MORE FACTORS: _    MORE CLIENTS: _
                                                              NEXT--> ____
```

Enter Denial Closure Reason.
**EC -** No eligible child **ZZ -** Miscellaneous
**AL -** Assets exceed limit **GI** - Gross income failed
See ***PACMIS Quick Reference*** for a complete list of denial/closure reasons.

Enter **"Y"** to authorize.

## Removing the Social Security Number from a Foster Care Case

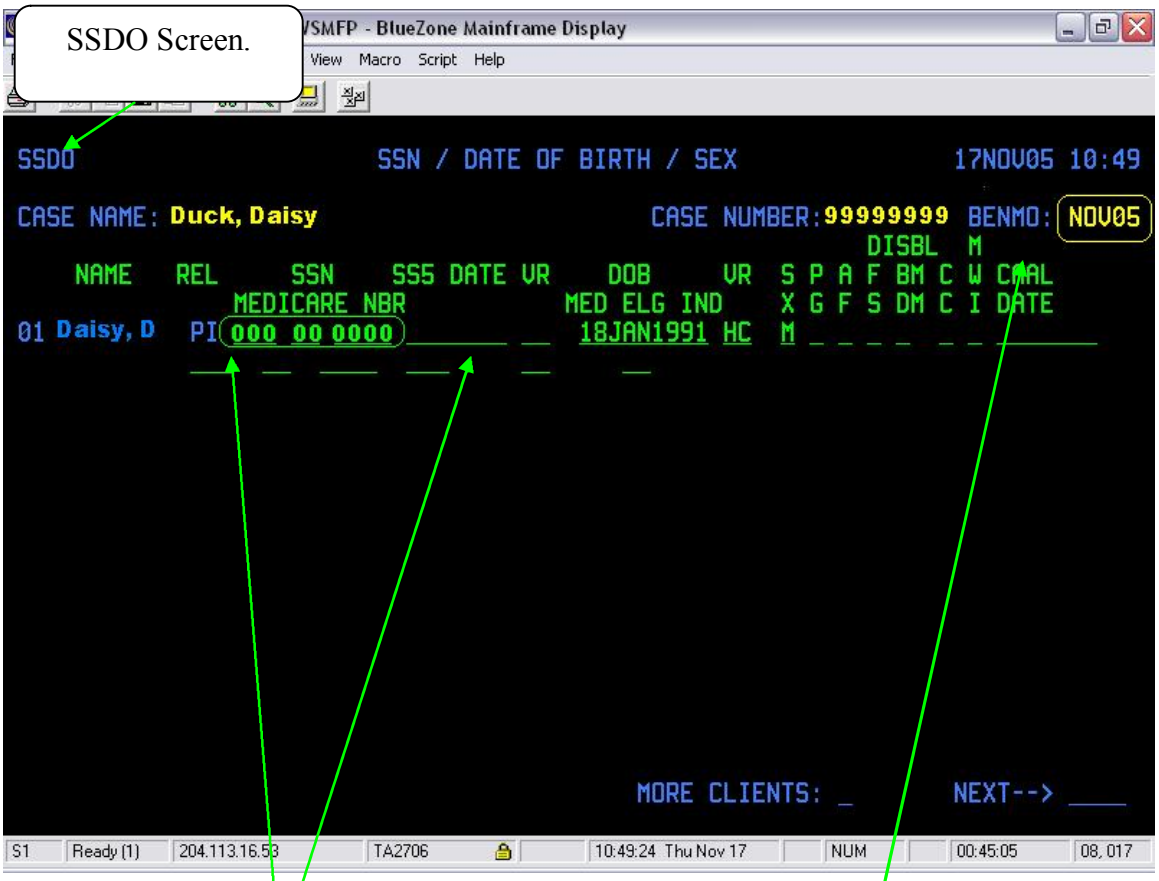
SSDO Screen.

```
SSDO                    SSN / DATE OF BIRTH / SEX                17NOV05 10:49

CASE NAME: Duck, Daisy                    CASE NUMBER:99999999 BENMO: NOV05
                                                       DISBL  M
   NAME   REL     SSN    SS5 DATE VR    DOB     VR  S P A F BM C W CAAL
             MEDICARE NBR           MED ELG IND    X G F S DM C I DATE
01 Daisy, D  PI ___ __ ____ 17NOV05 CS  18JAN1991 HC  M _ _ _ _  _ _ _______
                ___ __ ____ ___     __     __

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

Add a date prior to the Foster Care case closure in **the Date Field**. Enter "**CS**" in the verification field.

Remove the SSN by placing the cursor under the SSN on the SSDO screen. Hit the spacebar to remove the number.

## Adding the Social Security Number to a SA Medicaid case




Add SSN on the SSDO screen. Use the appropriate verification code. See ***PACMIS Quick Reference*** for codes if needed.

Enter the SSN in the current benefit month.

*****Print a new CAP2 screen for the SA case file.**

# PRAP Alerts for Subsidized Adoption Cases
# Inquiry Menu

INME Screen.

```
INME                          INQUIRY MENU                    10AUG05 13:49

      1. PRIOR CONTACT CHECK                  12. CHILD CARE BENEFIT HISTORY
      2. CASE PROFILE                         13. ACTION HISTORY
      3. HOUSEHOLD SUMMARY                    14. CHILD SUPPORT SUMMARY
      4. FINANCIAL ISSUANCE HISTORY           15. NOTICE HISTORY
      5. FOOD STAMP ISSUANCE HISTORY          16. WORKER NOTICE HISTORY
      6. CHILD CARE ISSUANCE HISTORY          17. INTERFACE INQUIRY
      7. SPECIAL PMTS ISSUANCE HISTORY        18. BUY-IN INQUIRY
      8. MED EXCESS PAYMENT HISTORY           19. NEW HIRES REGISTRY INQUIRY
      9. FINANCIAL BENEFIT HISTORY            20. REVIEW MENU
     10. FOOD STAMP BENEFIT HISTORY           21. STATE ONLINE QUERY SYSTEM
     11. MEDICAL BENEFIT HISTORY              22. TIME-LIMITED BENEFITS INQUIRY

                 ENTER  FUNCTION   (BY NUMBER): __
                 CASE NUMBER        (FOR 2-16): 11111111
                 BUDGETING METHOD (FOR 3 ONLY): P
                 CLIENT SSN  (FOR 17,18,19,21): ___ __ ____
                 BENEFIT MONTH                : AUG05

                                                          NEXT--> PRAP
```

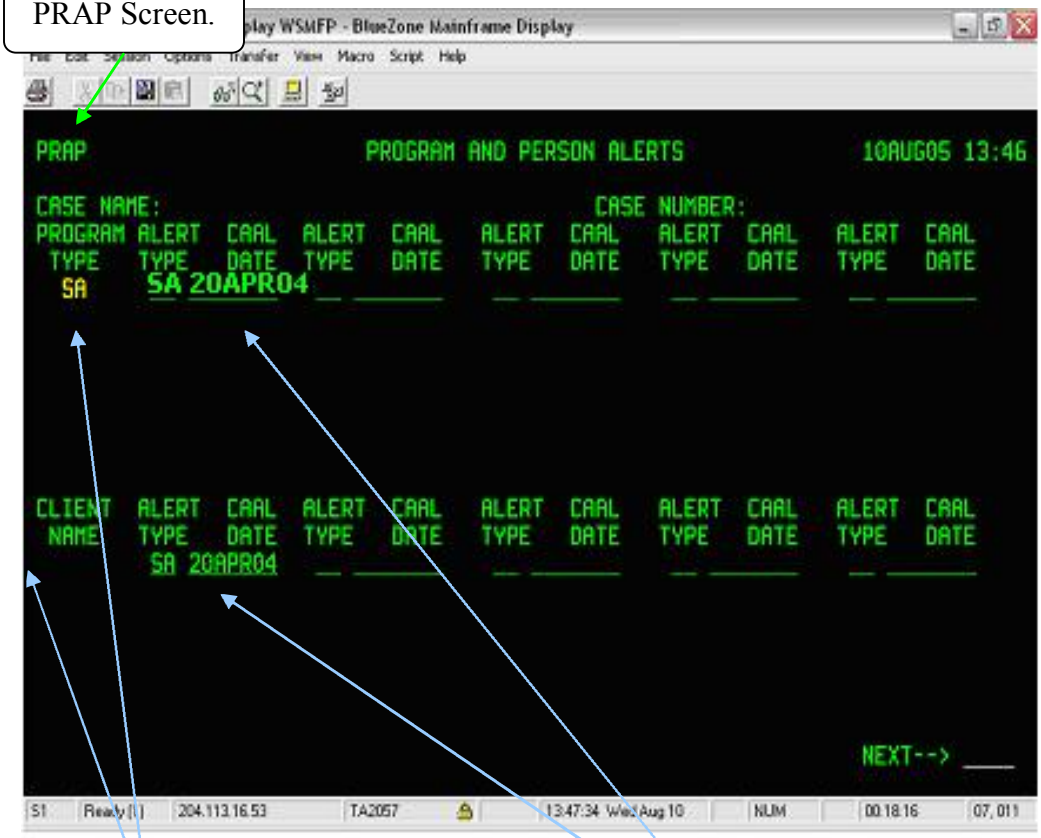
Enter the SA case number.

Enter **"PRAP"** at the **"NEXT"** prompt.

**Enter to the PRAP Screen.**

# Program and Person Alerts

PRAP Screen.




The **"SA"** PRAP Alert may be used as a Program Type or Client Name Type.

Enter **"SA"** as the Alert. Type **"SA"** and the CAAL date.

**Enter back to INME screen.**

- From the INME screen enter **CAAL** at the **"NEXT"** Prompt.

**Enter to the CAAL screen.**

# Case Action Log

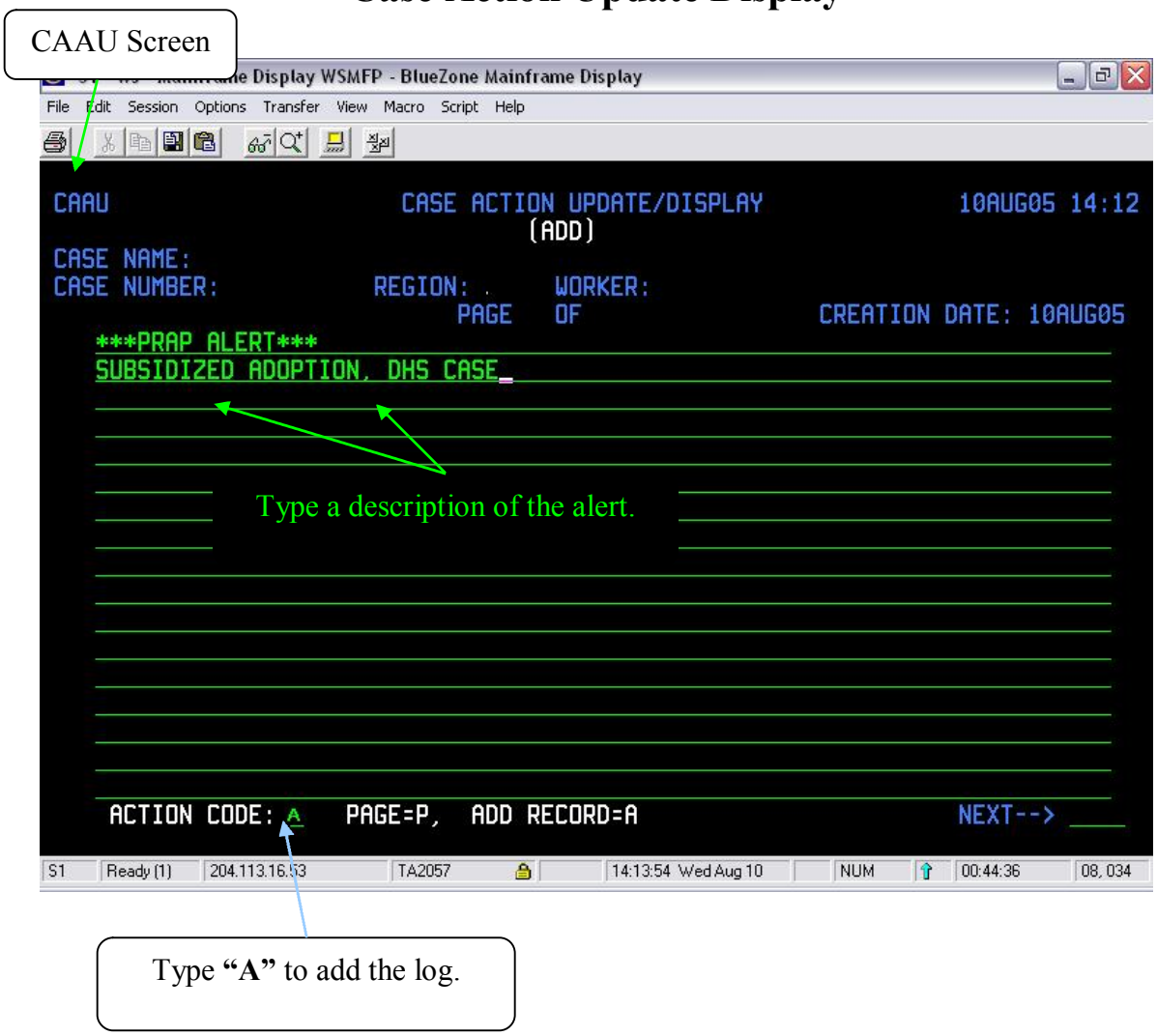
CAAL Screen.

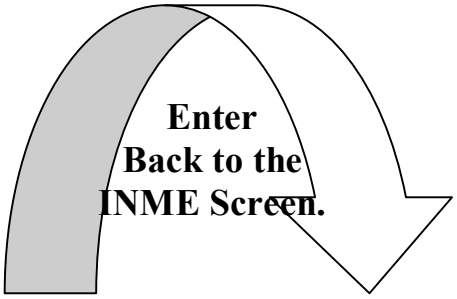
```
* INFO *     PRESS ENTER TO DISPLAY MORE REC OR PF7 TO DISPLAY PREV REC
CAAL                          CASE ACTION LOG                  10AUG05 14:17
                                                             WORKER:
CASE NUMBER:                CASE NAME:

ACTION   DATE             WORKER NAME                      DEPT/REG/OFF

 "A"   13JAN05
 _    ***SA MEDICAID REVIEW***
      SPECIAL NEEDS CHILD ELIGIBLE FOR SA MEDICAID AS PART OF HIS ADOPTION
 _     20APR04
      ***SA MEDICAID APPLICATION***
      SPECIAL NEEDS CHILD ELIGIBLE FOR SA MEDICAID AS PART OF HIS ADOPTION
 _     01FEB02
      RECEIVED REVIEW PAPERS FROM PARENTS.  REVIEW WAS LATE AND CASE AUTO
      CLOSED.  KAMEN IS SPECIAL NEEDS CHILD WHO IS ELIGIBLE FOR SA MEDICAID
 _     13DEC00
      RECEIVED REVIEW PAPERS FROM PARENTS.  KAMEN IS A SPECIAL NEEDS CHILD
      BECAUSE  HE WAS ADOPTED AS PART OF A SIBLING GROUP.  CASE IS IV-E
 _     12JAN00
      RECEIVED NEW TPL FROM PARENTS.  ENTERED ORSIS REFERRAL.


SEARCH DATE  _______                                              NEXT  ____
```

Type **"A"** at the prompt to add a log.

**Case Action Update Display.**
New case logs are added on this screen.

# Case Action Update Display



# PACMIS CODES

1/05

**Program Codes (CAP 2)**

**Program Status Codes (CAP 2)**

**Document Status Codes (Issuance Screens)**

**Denial and Closure Codes (CAP 2)**

*PRAP Alerts*

**PROGRAM TYPE CODES (CAP2 )**

System Table: Program Type

| PROGRAM | DESCRIPTION |
|---|---|
| AF | Family Employment Program (FEP) |
| AFWP | Family Employment Program-Two Parent Program |
| AM | Aged Medicaid |
| AW | Aging Waiver Medicaid |
| BM | Blind Medicaid |
| CC | Child Care |
| CI | Children Health Insurance Program (CHIP) |
| CM | Medically Needy Child |
| DD | Disabled Waiver Medicaid |
| DM | Disabled Medicaid |
| ER | Emergency Reimbursement |
| FC | Foster Care |
| FM | Family Medicaid And 1931 Medicaid |
| FMTP | Family - Two Parent Medicaid |
| FM4M | 4 Month Medical (Increase in Child Support) |
| FM12 | 12 Month And 1931 Transitional FM |
| FS | Food Stamp |
| GF | General Assistance |
| GFWP | Working Towards Employment Program |
| NB | Newborn |
| NH | Nursing Home |
| PC | Primary Care Network |
| PG | Pregnant-Needy Medical |
| PG2M | 2 Month Extension for PG |
| PN | Pre-Natal Medical |
| QM | QMB/SLMB-Qualified Medicare Beneficiary |
| RF | Refugee-Financial |
| RM | Refugee-Medical |
| RM4M | Refugee 4 Month Medical (CS) |
| SA | Subsidized Adoption |

## PROGRAM STATUS CODES

| | | |
|---|---|---|
| CL | Closed | Program is no longer active. |
| DE | Denied | The program did not pass the eligibility test at the time of application. |
| OP | Open | The program passed the eligibility tests at the time of application. |
| PE | Pended | Some items are missing from the case. You can not authorize benefits. |
| RD | Review Denied | The program did not pass the eligibility determination during the month of review. |
| RE | Received | An application has been filed for the program |
| RV | Review Received | The review has been received; no decision has been made. |
| SU | Suspended | The program will remain open, but not receive benefits. |

## DOCUMENT STATUS CODES

| | | |
|---|---|---|
| EB | Electronic Benefit | Benefit issued daily or monthly. |
| EE | Emergency Electronic Benefit | **USED ONLY IN EMERGENCIES.** |
| EX | Expired (AF) | Out-dated warrant; can no longer be redeemed. |
| FR | Fully Replace | Replaced by another issuance of the same value. The REASON will be LO (lost), ST (stolen) or DE (destroyed) for a financial benefit. |
| IS | Issued | Benefit has been issued to the customer. |
| OF | Office Of Finance | Payment has been authorized in PACMIS and sent to FINET. Check has not been issued yet. |
| OS | Outstanding | The check or warrant has been issued but not yet redeemed. |
| PE | Medical Spenddown Paid | The MAO spenddown has been paid. (MAO) |
| RT | Returned | The check was returned in the mail. Reason will be UD (undeliverable). |
| RD | Redeemed | The check or warrant has been redeemed. |
| RM | Remail | For financial benefits, this indicates that the worker has remailed the returned check. The previous STATUS must have been RETURNED. |
| RR | Replaced/Redeemed Or Redeemed/Replaced | Original benefit has been redeemed and then replaced or it has been replaced and then redeemed. |
| SP | Stop Payment | For checks, which have been issued, and have been reported missing. The REASON will be LO (lost), ST (stolen) or DE (destroyed). |
| VO | Voided | A check has been returned and has been canceled. The REASON will be OP (overpayment), CL (closed case or OT (other). |

# DENIAL / CLOSURE CODES

**EXPLANATION** **F=FINANCIAL**
**M=MEDICAL**
**S=FOOD STAMPS**
**C=CHILD CARE**

System Table: Denial/Closure Reason Code

| | | |
|---|---|---|
| AB | Able Bodied Adult's - Months Met | S |
| AD | Did Not Complete Application Process | FMSC |
| AG | Did Not Meet Age Requirements | MC |
| AL | Assets Exceed Limits | FMSC |
| A3 | Able Bodied Food Stamp Extension Exhausted | S |
| BD | Incapacity - Not Blind Or Disabled | FM |
| CA | CHIP/PCN - Has Access To Insurance | M |
| CH | Child Not Deprived Of Parental Support | FM |
| CI | CHIP/PCN - Has Other Insurance | M |
| CL | Change In Law Or Policy | FMSC |
| CN | CHIP/PCN - Insurance Sanction | M |
| CP | CHIP/PCN - Failed to pay premium/enrollment | M |
| CS | Increased Child Support | F |
| CS | 1931 FM Close – Increased Child Support | M |
| CT | Failed Citizen Requirements | FMSC |
| DC | Diversion Denial - Child Support | F |
| DF | Disqualified For Fraud | FSC |
| DH | Death (Enter Effective Date) | FMSC |
| DO | Diversion Denial - Other | F |
| DS | Diversion Denial, Self Supporting In 2 Months | F |
| DW | District Diversion – Withdrew Application | F |
| DX | Discontinue Extension – Not Eligible | F |
| EC | No Eligible Child | FMC |
| ED | Education Time Limits Expired | C |
| EH | Employed Less Than Minimum Hours | C |
| EL | Employment Extension Lifetime Limit | F |
| EM | Medicaid Emergency Service - Alien | M |
| ES | WTE & FEP/TP - Used up 7 Months in Year | F |
| ET | Transitional Benefits Expired | MC |

## DENIAL/CLOSURE CODES

| | | |
|---|---|---|
| FA | EWP Financial Assistance Closure - Other Reason | FM |
| FC | FC/SA Household Moved Out Of State | M |
| FE | Failed Earnings (Transitional Only) | M |
| FF | Fleeing Felon | FMS |
| FN | 4 Month Medical Eligibility Expired | M |
| FO | Closure – Open FMOO Program | FM |
| FS | Support Received 4 Month Medical | FM |
| GI | Gross Income Exceeds Limits | FMS |
| IA | Ineligible Alien Household | C |
| IF | Increased Earnings (4 Month) | F |
| IN | Income Adjustment More Than Payment Amount | C |
| IS | Ineligible Student | SC |
| IV | Information Not Given/Verified | FMSC |
| LA | Living Arrangements | SC |
| LP | Change In Law Or Policy For GA | F |
| LP | No Legal Provider | C |
| LR | Child Not Legal Relative | FC |
| LS | Lump Sum | FMSC |
| MA | Marriage | FM |
| MH | Man In Home Is Father | FM |
| MI | More Income Than Issuance Level | FS |
| MR | Monthly Report Not Made | FS |
| MV | Moved Out Of State | FMSC |
| NA | No Medicare Part A (QMB) | M |
| NC | Non US Citizen | FMS |
| ND | Not Disabled Or Blind | M |
| NE | Not Legally Emancipated | FM |
| NH | Medical Changed To NH/Institution | M |
| NI | Net Income Exceeds Limits | FMSC |
| NP | Not Participating In Employment Planning | FSC |
| NR | Not A Utah Resident | FMSC |
| NS | No CC Services Needed | C |
| OR | CC - Non Cooperation With ORS | C |
| OS | On Strike | FMS |
| OV | More Overpayments Than Allowed | C |

## DENIAL/CLOSURE CODES

| | | |
|---|---|---|
| PA | Prenatal Asset Requirement Not Met | M |
| PE | WEAT Performance | F |
| PG | Not Third (3rd) Trimester | F |
| PI | Public Institution | FMSC |
| PR | Provider Not Certified | C |
| PX | Non-Participation – Extension End | F |
| QC | Non Cooperation With QC | S |
| QR | No Quarterly Report (Transitional Only) | M |
| RC | Requested By Customer | FMSC |
| RH | Rehab/Employment Requirements (GF) | F |
| RN | Re-Establishment Not Completed | C |
| RP | Refugee In U.S. 8 Months | FM |
| RS | Receiving In Another State | FMSC |
| RV | Review Not Completed | FMSC |
| RX | Transitional Closure Of Extension | F |
| SC | ORS Child Support Case Closed | C |
| SL | Did Not Spenddown To Income Limit | M |
| SN | Income - No Deductions | F |
| SP | Reconciliation With Spouse | FM |
| SR | Sponsor Resources | FMS |
| SV | Sponsor Verification | FMS |
| TA | Transfer Of Assets | M |
| TE | Teen Parent Living Arrangement | F |
| TI | Teen - Deemed Parent's Income Too High | F |
| TL | Financial Assistance Time Limit Expired | FC |
| TM | Closure Of PG Medical (2 Month Medical) | M |
| TN | 2 Months Extended Medical Expired | M |
| TO | NB Medical - Child Is Too Old | M |
| TR | Transitional Medical | FM |
| TW | WTE Lifetime Limit | F |
| TX | Training/Education Completed – Extension End | F |
| UE | Not Unemployable | F |
| UF | TANF Needy Family Unemployed | FM |
| UL | Unable To Locate | FMSC |
| UM | UMAP Discontinued | M |
| VG | Income Verification Not Given, Med Auto Closure | M |
| VQ | Voluntary Quit | S |

# DENIAL/CLOSURE CODES

| | | |
|---|---|---|
| WA | Withdrew Application | FMSC |
| WJ | Work/Job Search Requirements | FS |
| WM | Failed To Verify Wage Match Information | FMS |
| WP | Work Program Closure | FM |
| WR | Did Not Meet Work Requirements | S |
| WW | Willful Withholding | FMSC |
| XF | Excess Payments From SSI, UC, Etc. | FM |
| XS | Approved on other case/program | MSC |
| ZZ | Miscellaneous Closure | FMSC |

# PRAP ALERTS

## PERSON/PROGRAM ALERTS (PRAP)

PRAP alert codes will appear on CAP2 and CLPR screens and will highlight the Person or Program line that applies to the alert.
System Table: Alert Codes

Explanation:

| | |
|---|---|
| **Program** | **Program Alert Only** |
| **Person** | **Person Alert Only** |
| **Both** | **Can Be Used As A Program Or Person Alert** |

| | | |
|---|---|---|
| $$ | Outstanding Claim/Overpayment | Both |
| ?? | See Case Notes | Both |
| AB | Used 3 ABAWD Months | Person |
| AL | Assets Close to Limit | Both |
| AO | Agency Overpayment | Both |
| AP | Adverse Physical Reaction To Stress | Person |
| AU | AUCH Outreach | Program |
| A2 | ABAWD 2 Month Extension Used | Person |
| A3 | ABAWD Extensions Used | Program |
| CA | Caution | Person |
| CC | Child Care Management Associates | Program |
| CI | CHIP Sanction | Both |
| CN | National Tongan American society | Program |
| CW | Indian Walk-In Center | Program |
| DT | Disqualified-Transfer Of Resources | Both |
| FA | FACT Customer | Person |
| FF | Fleeing Felon | Both |
| FH | Fair Hearing – Continued Benefits | Program |
| GC | Good Cause – Child Support Cooperation | Both |
| HB | Home Bound – Needs Home Visit | Both |
| IA | Illegal Alien | Person |
| K1 | Child Lost SSI – Disability Change | Person |

| | | |
|---|---|---|
| LD | Lifetime Disqualification | Both |
| LE | Limited English | Both |
| MA | Multiple Alerts - See PRAP CAAL | Both |
| ML | Medical Lock-In | Person |
| NA | Non Eligible Alien | Person |
| NB | Bear River Head Start | Program |
| NC | Non Cooperation With ORS | Both |
| NF | Family Connection Center | Program |
| NL | Lincoln Center Boys & Girls Club | Program |
| NN | NN TANF Case | Both |
| NO | Ogden Area Community Action Agency | Program |
| NP | Non Participation (FEP) | Person |
| NS | Child Not In School | Person |
| NY | Your Community Connection | Program |
| OR | ORS Sanction | Both |
| PS | Permanent Fraud Sanction | Person |
| QC | Failed To Cooperate with QC FS Review | Program |
| RN | Re-Establishment Not Completed | Both |
| RW | Robert Wood Johnson Fund Outreach | Program |
| SH | Special Hearing Need - TTY Phone/Sign | Person |
| SM | Mountainlands Head Start | Program |
| SO | Mountainlands Community Health Center | Program |
| ST | Student - Higher Education | Person |
| SW | Wayne County Health Centers | Program |
| TL | TPL Sanction | Person |
| UN | Under Investigation | Both |
| VQ | Voluntary Quit | Both |
| XM | Check Loss - Office Issue | Both |
| 1D | First Disqualification – 12 Months | Both |
| 2D | Second Disqualification – 24 Months | Both |
| 1P | GF Non Participation - 1st Occurrence | Both |
| 2P | GF Non Participation - 2nd Occurrence | Both |
| 3P | GF Non Participation - 3rd Occurrence | Both |
| 1R | First FS Sanction – Reduced Work Hours | Person |
| 2R | Second FS Sanction – Reduced Work Hours | Person |
| 3R | Third FS Sanction – Reduced Work Hours | Person |
| 1S | 1st Fraud Sanction - 12 Months | Person |
| 2S | 2nd Fraud Sanction - 24 Months | Person |
| 1V | First FS Sanction – Voluntary Quit | Person |
| 2V | Second FS Sanction – Voluntary Quit | Person |

| | | |
|---|---|---|
| 3V | Third FS Sanction – Voluntary Quit | Person |
| 1W | 1st FS Sanction – Non Compliance W/ Work Requirements | Person |
| 2W | 2nd FS Sanction – Non Compliance W/ Work Requirements | Person |
| 4M | 4 Month Extended Medical | Program |
| 10 | Ten Year Food Stamp Disqualification | Both |
| 19 | 1931 FM | Program |
| 24 | Child Care Training/Education Limit | Both |
| 36 | Has Received 36 Months of TANF | Person |

# INSTRUCTIONS FOR IDENTIFICATION/CITIZENSHIP CODING

On October 16, 2006, there will be a new field on the **ETRC** screen. The field is between the citizenship & residency fields. It is the **I/C field.** The field will allow workers to document on PACMIS that individuals receiving Medicaid benefits have met the Identification and Citizenship requirements put into law on 7/1/06. Listed below are the codes that will be used in this field and a description of what they mean and when to use them.

REMINDER: This law only applies to individuals receiving Medicaid benefits on or after 7/1/06. Household members not receiving Medicaid benefits should not be asked to provide this verification.

**Identification/Citizenship Codes:**

**EX** - Exempt. This code indicates the cline receives SSI, is in a SSI protected group or has Medicare. They are not required to provide ID or Citizenship documentation.

**L1** – indicates requirement met with a Level 1 document. **This code is only used when** the individual provided a U.S. Passport, Certificate of Naturalization, or Certificate of Citizenship. See Policy Table IV, Chart One.

**L2** – indicates requirement met with Level 2-5 documents. This code is used when client has provided both ID documentation and Citizenship documentation as described in Policy Table IV, Charts 2-5.

NOTE: This code is also used for Qualifying Aliens. Their INS documentation meets the Citizenship documentation requirement. They must provide ID documentation as described in Policy Table IV, Chart 5.

**GF** – Good Faith. This code may only be used for clients who had their first review since 7/1/06 and met all other verification and eligibility requirements to have their Medicaid benefits continued, but need additional time to provide ID and or Citizenship documentation. This will cause the client to receive a continuation of benefits while ID and Citizenship documentation is being obtained. (The worker must manually control for when the actual documents will be required.)

NOTE: Medicaid applicants are not allowed this status. ID and Citizenship documentation must be obtained BEFORE benefits are issued.

**NR** – Next Review. This code allows the worker to pass through ETRC and not fail eligibility for the client until the next review. **PACMIS will populate the I/C field with this code for Medicaid recipients when it is put into production.**

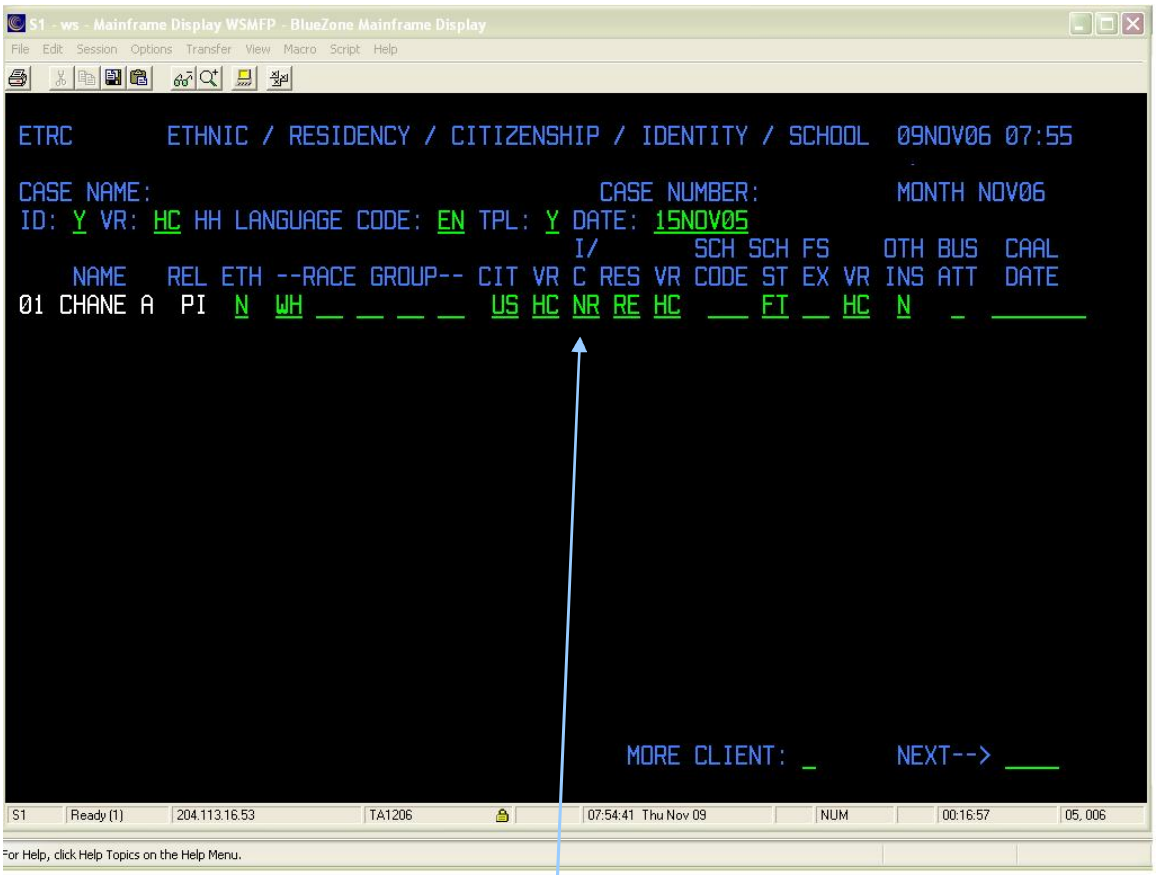
**1Y** – One Year. Newborns whose mothers are covered under full Medicaid benefits do not have to meet the Identity/Citizenship requirement until their first birthday. Workers should enter this code **ONLY** if verifications have not been provided for these newborns.

**NOTE: Newborns whose mothers were only eligible for emergency Medicaid or newborns whose mothers were not eligible for any type of Medicaid MUST meet the Identity/Citizenship requirement to be eligible for assistance.**

**NP** – Not Provided. When Identity/Citizenship has not been verified. (NOTE: This is the only code which fails the eligibility requirement.) Individuals for whom this code is posted will be denied or closed on Medicaid.

**AO** – Agency Override. This code is actually not available yet. It was created with the anticipation that eventually CMS will establish criteria under which individuals can still receive Medicaid when there is no possible way for them to provide required ID and citizenship documentation. **Use of this code will be restricted to specific policy specialist.** We will let you know if or when policy is put into place that would allow us this option.

# Identity/Citizenship Field




Add the appropriate PACMIS code to the I/C field according to the instructions on page 150. For cases open prior to the I/C field creation, PACMIS will auto fill the field with NR.