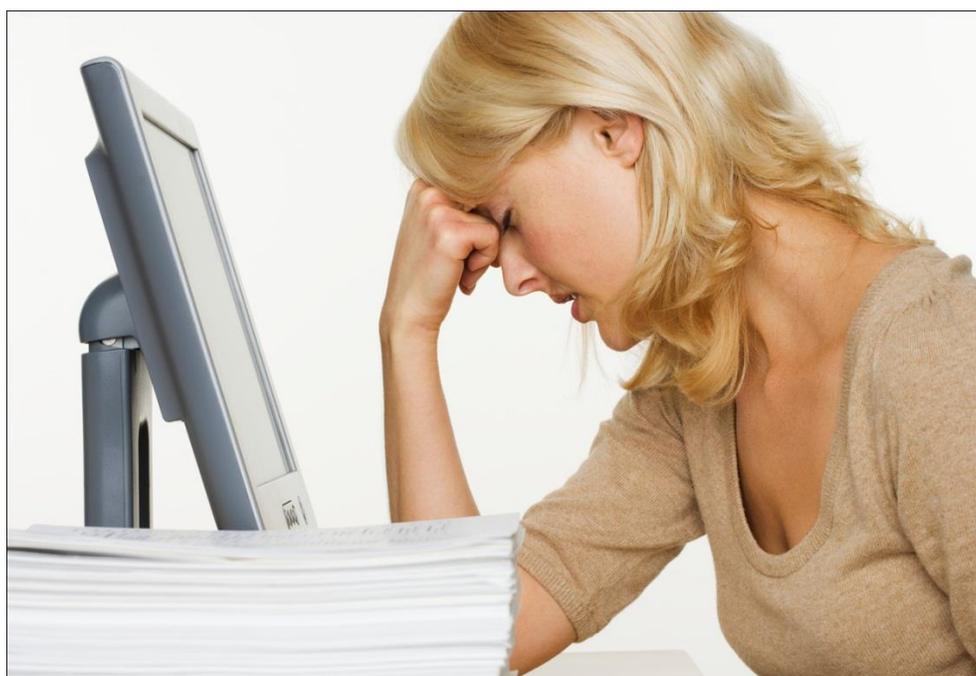


# eREP

## Resource Manual



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## eREP Login Screen

<https://ereplive.utah.gov/erep/logon.jsp>

### Welcome to eRep!

The screenshot shows the eREP login interface. At the top, a blue shaded box contains a "WARNING!" message: "This system contains government information. By accessing and using this computer system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of, or access to, this computer system may subject you to State and Federal criminal prosecution and penalties, as well as civil penalties. All systems are monitored by User ID." Below this is a checkbox labeled "I understand and agree to abide by these conditions", which is checked. A blue bar below the checkbox reads "To log in mark checkbox to agree to conditions and enter your username and password." The login form includes a "Username:" field, a "Password:" field, and a "Reset Password" link. A "Login" button is located below the password field.

- ◆ Adding a check to the box indicates that you have agreed to abide by the “WARNING” statement contained in the blue shade text box. The check is entered by default when you open the eREP login screen.
- ◆ The password must be changed in accordance with eREP timelines in order for access to continue. If you fail to change your password when prompted, you must follow the “Reset Password” process by clicking on that link.
- ◆ If you need to have your eREP password reset click the “Reset Password” link. This will take you to a new screen.
  - Enter your eREP username and click the “Reset Password” button. You will be moved to a confirmation page, and a temporary password will then be sent to your e-mail address.
  - Open your e-mail and click on the link, you will be taken to the eREP login page. You will need the new temporary password.
  - Enter your user name and temporary password into the “username” and “password” fields on the login page, and click on the “Login” button. Do not hit the reset password button again or you will receive another e-mail with another temporary password.
  - Once logged in to eREP, you will be required to create a new password on the change user password screen. The field “Current Password” should be filled in with the password you received in the e-mail.

## Worker Home Page

**My Shortcuts**

- [New Case](#)
- [New FC/SA Case](#)
- [Utah Cares](#)
- [YODA](#)
- [Change Password](#)

**Search**

- [Search Person](#)
- [EBT Search](#)
- [eFind](#)
- [Search for Medical Benefits](#)

**POWERED BY eREP**

**navigation**

- Home

**My Tasks**

Type	Total	Due Date	Start Date	Subject
------	-------	----------	------------	---------

**My Calendar**

Start Date	Subject
------------	---------

Dept. of Health|Human Services|Workforce Services|DWS Intranet|UWorks|Contact Us  
Utah.gov Home|Utah.gov Terms of Use|Utah.gov Privacy Policy|Utah.gov Accessibility Policy  
Copyright ©; 2003 State of Utah - All rights reserved.

- ◆ The worker home page contains links in a variety of places. The navigation bar, shortcuts and other links can all be used to access information and create a new case.
- ◆ Tasks can be accessed from the worker home.
- ◆ The links under “My Tasks” can be used to access home pages and policies of DOH and DWS.
- ◆ The “Change Password” on the worker home page should be used for password changes when eREP prompts you that a change is needed or anytime you feel the need for a password change.

## Password Change Screen

**Change User Password**

Your password must be a minimum of 8 characters and must include at least three of the following four attributes:

- At least one Upper Case Character
- At least one Lower Case Character
- At least one Numeric Character
- At least one Special Character

**New password selection must meet these requirements to be an acceptable password.**

\*Current Password:

\*New Password:

\*Confirm Password:

Click "SAVE" when complete.

## Case Home Page

[Home](#) | [My Tasks](#) | [My Calendar](#) | [My Cases](#) | [Search](#) | [Log Out](#)

---

**Case Home:**


is not eligible for a foster care medical program. This child may be eligible for other medical programs.  
is not eligible for a foster care medical program. This child may be eligible for other medical programs.  
is not eligible for a foster care medical program. This child may be eligible for other medical programs.

**Options**

<a href="#">New Program</a>	<a href="#">New Investigation Referral</a>	<a href="#">View Medical Assistance Decisions</a>
<a href="#">New Narrative</a>	<a href="#">New Calculation Referral</a>	<a href="#">Check Retroactive Eligibility</a>
<a href="#">Content Manager</a>	<a href="#">Check Medical Assistance Eligibility</a>	<a href="#">Spousal Asset Assessment</a>
<a href="#">eFind</a>	<a href="#">Approve All Programs</a>	<a href="#">Delete Case</a>
<a href="#">Process Benefits</a>	<a href="#">Reject All Programs</a>	
	<a href="#">Adjust Review Periods</a>	

**Details**

Case Number:	<a href="#">[Change Primary]</a>	Type: <a href="#">Foster Care/Subsidized Adoption/Kinship Guardianship</a>
Primary Individual:		Status: <a href="#">Open</a>
Worker:		Primary Language: <a href="#">English</a>
Date Case Registered:		Preferred Language For Correspondence: <a href="#">English</a>
eREP Issuance Cutover Date: <a href="#">1/1/2008</a>		Mailing Address: <a href="#">1385 S STATE ST SALT LAKE CITY UT 84115-5403</a>
		Residential Address: <a href="#">1385 S STATE ST SALT LAKE CITY UT 84115-5403</a>
		Telephone Number:

**Programs**

Program Type	Household Member	Program Start Date	Program End Date	Status	Closure Reason	Review End Date	Last Review
<a href="#">Foster Care</a>	<a href="#">[Redacted]</a>	12/1/2014		Open		11/30/2015	Mandatory
<a href="#">Foster Care</a>	<a href="#">[Redacted]</a>	12/1/2014		Open		11/30/2015	Mandatory
<a href="#">Foster Care</a>	<a href="#">[Redacted]</a>	12/1/2014		Open		11/30/2015	Mandatory

**Case Members**

Member	Alert	Date of Birth	Age	Gender	Relationship	PID	SSN	ABAWD Months	Sanction/ Disqual
<a href="#">[Redacted]</a>		<a href="#">[Redacted]</a>	3	Female	Self	<a href="#">[Redacted]</a>	none	0	
<a href="#">[Redacted]</a>		<a href="#">[Redacted]</a>	0	Male	Brother	<a href="#">[Redacted]</a>	none	0	
<a href="#">[Redacted]</a>		<a href="#">[Redacted]</a>	0	Male	Brother	<a href="#">[Redacted]</a>	none	0	

**Former Case Members**

Member	End Date	Alert	Date of Birth	Age	PID	SSN	Sanction/ Disqual
--------	----------	-------	---------------	-----	-----	-----	-------------------

- ◆ Every foster care case has an integrated case home page.
- ◆ Content Manager and eFIND can be accessed from this page.
- ◆ The side navigation bar has links for case evidence, medical benefit history, notes, tasks and notices as well as other case information sites.
- ◆ Every foster child on the integrated case will have their own foster care program.
- ◆ Case type and status can be found on this page.
- ◆ The mailing and residential addresses on the case home are from the person address information
- ◆ Case member and former case member home pages can be accessed by clicking on the PID.
- ◆ The top menu links will help you access the worker home, tasks, calendar, case list, search screen and log out.
- ◆ Always log out of eREP using the log out link rather than closing with the “X” in the top corner of the screen

### Person Home Page

**Person Home:** [Edit] [Close]

**Name**

First Name: [ ] Middle Name: [ ]  
Last Name: [ ] Suffix: [ ]

**Contact**

Address: [ ] Telephone Number: [ ]

**Details**

Social Security Number: [ ] Application Date for SSN: [ ]  
 Refused to Supply SSN: [ ] Application Date for SSN Verification: [ ]  
 Date of Birth: [ ] Marital Status: Never Married  
 Date of Death: [ ] Date of Birth Verification: Electronic Verification  
 Mother's Maiden Name: [ ] Date of Death Verification: [ ]  
 Ethnicity - Hispanic/Latino: No Gender: Female  
 Status: Active Race: White  
 Registration Date: 6/25/2009 PID: [ ]  
 Do Not Accept Checks: No PID Check Digit: 0

**Current Activities**

Open Cases: 5

**Cross Reference ID(s) numbers to this person's PID**

Cross Reference PID: [ ]

**Systems**

Participating System	System Indicator
EREP	Known
ORSIS	Known
SAFE	Known
CANS	Known

- ◆ The person home contains information related to the child such as the Social Security number, date of birth and addresses.
- ◆ Use the navigation menu to edit the name, ID types and the person residential and mailing addresses.
- ◆ The person home addresses for the foster child should be the office address for the case worker in most circumstances. For foster children who are receiving WIA payments, the residential and mailing addresses on the person home must be the address where the child is residing and received mail.
- ◆ The person home address for the subsidized adoption child is the address where the child is living.
- ◆ Removal home members do not need an address.

## Case Member Home Page

The screenshot shows the Case Member Home Page. At the top, there is a navigation bar with links for Home, My Tasks, My Calendar, My Cases, Search, and Log Out. Below this, the page title is "Foster Care/Subsidized Adoption". A "Case Member Home:" button is highlighted with a red box. On the left, a navigation menu is also highlighted with a red box, containing links for Home, Activities, Notes, and Programs. The main content area includes an "Options" section with a "Content Manager" link, a "Details" section with fields for Name, Date Of Birth, Social Security Number, PID, Gender, and Status, and an "Address" section. A "Program Details" table is highlighted with a red box, showing participation history for Foster Care, Family, and Food Stamps.

Program Type	Status	Primary	Participation	Participation Start Date	Participation End Date	Closure Reason	Participation History
Foster Care	Closed	No	Member is eligible	5/1/2012	5/31/2012	Administrative	<a href="#">Details</a>
Family	Closed	No	Member is non household	5/1/2012	5/31/2012	Not Eligible	<a href="#">Details</a>
Food Stamps	Closed	No	Member is eligible	7/1/2010	7/31/2010	Review not submitted	<a href="#">Details</a>

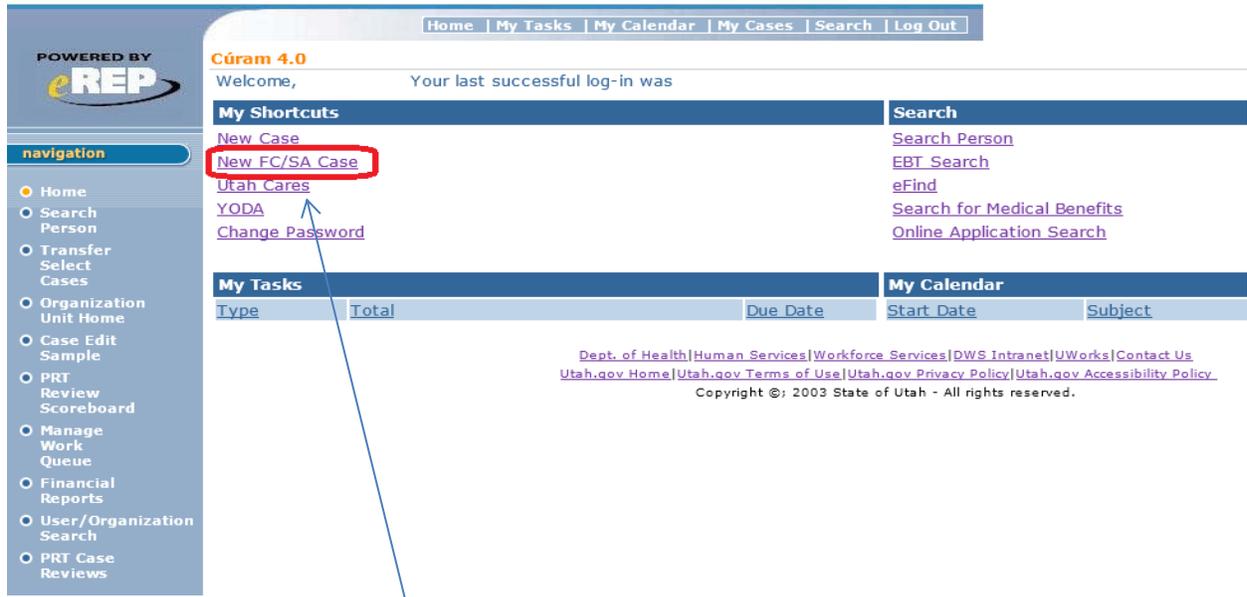
- ◆ The case member home page contains program details and status for services the child is or has been receiving.
- ◆ Click on “Details” for a month by month summary of the program on the “Case Member Participation History” screen.

## Case Member Participation History Page

The screenshot shows the Case Member Participation History page. At the top, there is a "Case Member Participation History:" button highlighted with a red box. Below this, the "Details" section shows the Name, Status (Closed), and Program Type (Foster Care), with the Status and Program Type fields highlighted with red boxes. The "Participation History" table is also highlighted with a red box, showing a list of participation records with columns for Participation, Participation Start Date, Participation End Date, and Closure Reason.

Participation	Participation Start Date	Participation End Date	Closure Reason
Member is eligible	5/1/2012	5/31/2012	Administrative
Member is eligible	4/1/2012	4/30/2012	Administrative
Member is eligible	3/1/2012	3/31/2012	Administrative
Member is eligible	2/1/2012	2/29/2012	Administrative
Member is eligible	1/1/2012	1/31/2012	Administrative
Member is eligible	12/1/2011	12/31/2011	Administrative
Member is eligible	11/1/2011	11/30/2011	Administrative
Member is eligible	10/1/2011	10/31/2011	Administrative
Member is eligible	9/1/2011	9/30/2011	Administrative
Member is eligible	8/1/2011	8/31/2011	Administrative
Member is eligible	7/1/2011	7/31/2011	Administrative
Member is eligible	6/1/2011	6/30/2011	Administrative
Member is eligible	5/1/2011	5/31/2011	Administrative

## Creating a New Foster Care Case



- ◆ Select the “New FC/SA Case” link on the worker home page.

## Confirm Person Not Already Registered Screen



- ◆ Select the “Search Type” from the drop down arrow when searching by name. Available search types are “Exact Name Search,” “Expanded Name Search,” and “Partial Name Search.”
- ◆ Remember to complete a thorough search of the customer directory to determine if the person is already registered. Doing multiple searches is necessary to ensure that a duplicate PID will not be registered.
- ◆ For the foster child the PID used in eREP must match the PID in SAFE for the interface to work correctly. If a duplicate is identified contact the SAFE help desk immediately and **DO NOT** proceed until the duplicate issue has been resolved.

- ◆ When you have confirmed that you have the correct person, select “Use this PID.”
- ◆ If you do not find the person for whom you are searching in the customer directory, please search SAFE for a PID under the name with another spelling. Check the SAFE cases for persons with relationships to the foster child and spelling of those names. Make sure you aren’t creating a duplicate for removal home members.
- ◆ If you determine that the person is not in the customer directory or SAFE and does not have a PID, select “Person Not found – Create New PID.”

Search PACMIS Case Number

Search Criteria

PID: [Redacted] PACMIS Case Number:

Search Register With New eREP Case Number Cancel

- ◆ You will create a new case for the foster child if this is the first custody episode. If the child has previously been in State custody and has an eREP case number that case number will be used for any custody episodes that follow.

### Confirm Selected Person Screen

Confirm Selected Person:  
If the person below is the correct person, click on the 'Next' button to continue to the next step. If the person below is not the correct person, please click on the 'Previous' button to return to the Search Person page.

Previous Next Exit

**Personal Details**

Social Security Number: PID:  
Last Name: First Name:  
Middle Name: Suffix:  
Date of Birth: Marital Status:  
Ethnicity - Latino/Hispanic: Yes Gender: Male  
Race: White

**Address**  
The residential address will be used if a mailing address is not specified.

Residential Residence: Mailing Address:  
[Change Residential Address] [Change Mailing Address]

**Phone Numbers**

Home: [New] Works: [New]

Previous Next Exit

- ◆ Confirm that this is the person you which to add as a household or removal home member.
- ◆ The residential and mailing address for a foster child/household member is always the DCFS or DJJS office address for the caseworker assigned to the case. Update by clicking the “change address” link.
- ◆ Use the DCFS or DJJS office phone number for the foster child/household member. Update by clicking the “change address” link.

**Create Address:**

Save Cancel

**Details**

Type: Residential Primary:

\*From:  To:

**Address**

Street 1:  Street 2:

Apt/Suite:  City:

State:  Zip Code:

County:

Save Cancel

- ◆ Update the foster child/household member residential and mailing address to the DCFS caseworker office address.
- ◆ If you are creating a new PID for a foster child/household member you will use the person home screen to create that PID. The addresses entered on the person home screen should be the DCFS case worker office addresses, mailing and residential.

### Updating the Phone Number Screen

**New Home Phone Number:**

Save Cancel

**Phone Number Details**

\*Area Code:

\*Phone xxxxxxx:

Save Cancel

- ◆ Update the foster child/household member phone number to the DCFS office phone number.
- ◆ If you are creating a new PID for the foster child/household member you will use the DCFS office phone number on the new person home page.

### Register New Person Screen

**Register Person**

When answering "Yes" to a question below, use your mouse to click the checkbox next to the question. Make selections from the drop-down boxes by clicking on the down arrow and then highlighting and clicking on the correct selection. Click on the "Register" button to register the person.

Name	
First Name:	Middle Name:
Last Name:	Suffix:
Mother's Maiden Name:	Gender:
Social Security Number xxxxxxxx:	SSN Verification Type:
Application Date for SSN:	Application Date for SSN Verification:
SSN Good Cause Expiration Date:	SSN Good Cause Verification:
Refused to Supply SSN:	

Details	
*Date of Birth MM/DD/YYYY:	Date of Birth Verified:
Date of Death:	Date of Death Verification:
*Primary Language:	*Preferred Language for Correspondence:
Ethnicity - Hispanic/Latino:	
Race:	<ul style="list-style-type: none"> <li>Alaska Native or American Indian - Pending</li> <li>Alaska Native or American Indian - Not Verified</li> <li>Alaska Native or American Indian - Verified</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> </ul>
Registration Date:	

- ◆ If you select the option "Person not found – Create New PID", the "Register New Person Screen" will need to be completed.
- ◆ A PID will be assigned to the new person in the customer directory.
- ◆ Complete the information; make sure that the verifications aren't left in pending status.
- ◆ Use the DCFS/DJJS caseworker office address for the residential and mailing addresses for the foster child.

Residential Address	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	

Mailing Address	
Please enter a mailing address if different from primary address.	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	

Email Address	
Email Address:	Type:

Phone Number - Residence	
Area Code:	Phone (xxxxxxxx):

Phone Number - Work	
Area Code:	Phone (xxxxxxxx):
Extension:	

Phone Number - Cell	
Area Code:	Phone (xxxxxxxx):

Phone Number - Message	
Area Code:	Phone (xxxxxxxx):
Extension:	

## Integrated Case Home Page Foster Care Case

The screenshot shows the eREP interface for a Foster Care/Adoption/Kinship Guardianship case. The navigation menu on the left includes links for Home, Evidence, Medical Benefit History, Notes, Notices, Replace Medical Card, Medical Card History, Tasks, Verifications, Automatic Asset Transfer, Calculation Referrals, PRT Reviews, Case Participants, and Contacts. The 'Evidence' link is highlighted with a red box and a blue arrow. The main content area is divided into 'Options' and 'Details' sections. The 'Options' section contains various actions like 'New Program', 'New Narrative', 'Content Manager', 'eFind', 'Process Benefits', 'New Investigation Referral', 'New Calculation Referral', 'Check Medical Assistance Eligibility', 'Approve All Programs', 'Reject All Programs', 'Adjust Review Periods', 'View Medical Assistance Decisions', 'Check Retroactive Eligibility', 'Spousal Asset Assessment', and 'Delete Case'. The 'Details' section shows case information such as Case Number, Primary Individual, Worker, Date Case Registered, eREP Issuance Cutover Date, Type, Status, Primary Language, Preferred Language For Correspondence, Mailing Address, Residential Address, and Telephone Number.

- ◆ From the Integrated Case Home Page, select the “Evidence” link on the navigation menu to navigate to the “Case Site Map” where the case evidence will be added.
- ◆ Case evidence is the information regarding the home the foster child(ren) were removed from.
- ◆ An Integrated Case may be deleted if no benefits have issued and no notices are pending to mail.

## Adding Case Evidence – Foster Care

The screenshot shows the 'Case Evidence Site Map' interface. The page is organized into several sections, each with a grid of evidence types. The sections are: Household, Income, Expenses, Assets, and Medical. The evidence types are as follows:

- Household:** Household Member, Household Relationship, Living Arrangement, Utah Residency, Pregnancy, Student, Assistance History, Absent Parent, Other Benefit, Disability/Incapacity, Alien Sponsor, Alien, Voluntary Quit, Authorized Representative.
- Income:** Earned Income, Self Employment Income, Educational Income, Unearned Income.
- Expenses:** Allowable Expenses, Educational Expenses, Shelter, Child Support, Medical, Utility, Dependent Care.
- Assets:** Annuity, Burial Plan/Contract, Burial Plot/Space, Life Insurance, Liquid Asset, Trust, Property, Vehicle.
- Medical:** IPL, Medical Bills, Dependent Family Member, Available Health Insurance, Medical Condition, Bus Pass, Medical Insurance, Medical Emergency, Spousal Cooperation/Allowance, Voluntary Terminated Health Insurance, NPCR Opt Out, In-Kind Food and Shelter, Medical Institution/Waiver, Income Reporting, CHIP/PCN/UPP Exception, Removal Home, Forced Evidence and Reassessment.

- ◆ Add all Household Members to the case evidence first. The household members are the foster children (children/youth in state custody).
- ◆ Add the removal home members to the case after the household members have been added.
- ◆ All removal home and household members must have a relationship in order for eREP to calculate the correct AFDC group.
- ◆ All removal home and household members must have a living arrangement and Utah residency.
- ◆ Add other case evidence as it applies to the specific case and removal home members.
- ◆ After adding evidence click “Save”. Do not apply the evidence until the case is complete and you have an accurate AFDC and Medicaid decision.

## Adding the Household Member Information

- ◆ Click on the household member link to add the foster children to the case as household members.



## Household Member Evidence Details

View Household Member Evidence Details:

Household Member Details	
Household Member:	Foster Child
Marital Status:	Never married
Citizenship Status:	US Citizen or Not a US Citizen
Citizenship Authentication Level (for medical use):	May be blank for FC and SA
Identity Authentication Level (for medical use):	IV-E. May also be updated by batch interface
Citizenship & Identity Exemption Reason:	Foster care Subsidized Adoption may be used for IV-E SA
Military Service Status:	
Fleeing Felon:	
Migrant Farmworker:	No
Boarder:	No
Primary Wage Earner:	No
Citizenship Verification:	Hard Copy
Citizenship Authentication Verification (for medical use):	Imaged
Identity Verification (for medical use):	Electronic Verification
	Pending
	Client Statement
<p>"Batch" verification type for citizenship and identity verification means that information was received through the interface to verify these elements of eligibility. These may be pending for the foster care determination.</p>	
Other Benefits Details	
Has Member applied for all other Benefits for Financial Assistance:	No
Has Member applied for all other Benefits for Medical Assistance:	Yes Must be "yes"
Eligible for Medicare Part B but not enrolled:	No
Pharmacy/Gap Extension Reason:	
Application Date (Date of Report) For Adding This New Member To An Existing Ongoing Case	
Date This New Member Was Reported:	
Evidence Dates	
Date of Change:	Use the eligibility month date
Date Verified:	
Date Reported:	
End Date:	
Actual Evidence:	No

- ◆ The oldest child will be the "Primary" on the integrated case home and should be added as the first household member.
- ◆ All siblings removed from the same home will have a foster care program on the same integrated case. An integrated case may have several children with foster care programs attached.
- ◆ Household member evidence is added for each foster child.

## Removal Household Member Screen

**Removal Home Member Evidence Workspace:**

Household Income Assets Expenses Medical Home Site map

[New Removal Home Member](#) **Click the link to add removal home members** [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

## New Removal Home Member Screen

**New Removal Home Member Evidence Details:**

[Save](#) [Save & New](#) [Cancel](#) [Register Person](#)

**Removal Home Member Details**

Removal Home Member: \_\_\_\_\_

Date of Birth:

\* Gender:

Primary Wage Earner:

\* Start Date:  End Date:

[Add New Note](#)

[Save](#) [Save & New](#) [Cancel](#) [Register Person](#)

**Begin the process of adding removal home members by clicking "register person"**

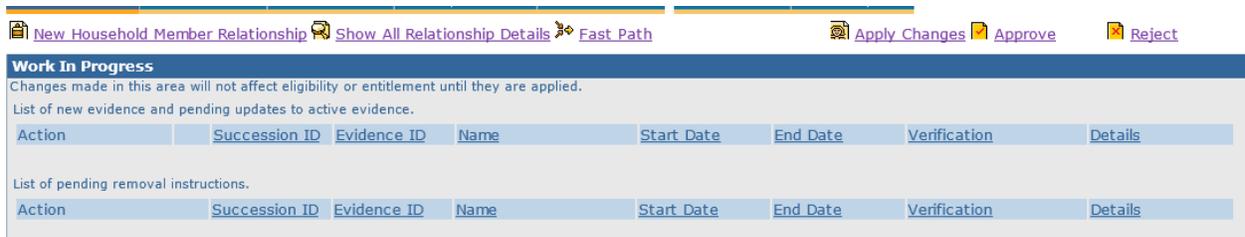
- ◆ Removal home evidence will be added for all members of the removal home (except the foster children). EREP will determine the AFDC group based on the removal home evidence, household member evidence and relationships.
- ◆ Follow the steps outlined on pages 9-12 to add removal home members. Make sure to do a thorough search before creating a new person/PID. Check the SAFE PID for all removal home members, but also check the customer directory for other PID's for the same person.

## Menu and Navigation Bar



- ◆ Household evidence includes relationships, living arrangements and Utah residency for all foster children and all removal home members.
- ◆ Every foster child and removal home member must have an accurate relationship, a current living arrangement and Utah residency evidence for eREP to calculate the AFDC group correctly.
- ◆ The navigation bar has links to the household evidence
- ◆ The menu bar has links to all the evidence workspaces. The navigation bar displays the links for the appropriate workspace when that workspace is selected.

## Household Relationships Workspace



- ◆ Begin adding relationships by clicking on the “New Household Member Relationship” link.
- ◆ All persons must have an accurate relationship. If you are adding a relationship for a newborn baby you must use the date of birth as the date of change.

## Select Household Member Screen

Select the household member for the relationship you want to enter

Action	Name	Completed Relationships	M
Select	[Redacted]	[Redacted]	M
Select	[Redacted]	[Redacted]	N

Click on the "Select" link to begin adding relationships. You may select any person to begin, but all relationships must be completed.

Close

New Household Relationship Evidence:

Save Save & New Cancel

Relationship Details

Household Member:

\*Is the: Aunt, Cousin- Female, Daughter, Ex-Step Daughter, Ex-Step Mother, Ex-Step Sister, Granddaughter, Grandmother

Of:

Select the relationship in the left hand box and then select the person that the relationship applies to. Multiple selections for that relationship type can be made by holding down the "CTRL" key.

Relationship Verification: Pending

If the household member is an adult but not the parent, then select one of the following options if it applies:

Evidence Dates

Date of Change: Date Reported: Date Verified: End Date:

Save Save & New Cancel

- ◆ Use the eligibility month date as the date of change.
- ◆ If you need to add several relationship types for one person, click "Save & New", until all relationships have been added for that person.
- ◆ If the removal home member /person losing custody is an adult other than the parent then select "Relative with parental control" from the drop down.
- ◆ Do not leave the relationship verification as pending.

Select Household Member:

Select the household member for the relationship you want to enter

Action	Name	Completed Relationships	Marital Status	Date Of Birth
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]
Select	[Redacted]	5 of 5 relationships completed	Never Married	[Redacted]

Close

- ◆ The “Select Household Member” screen will display the number of completed relationships.

## Fast Path Relationships

Relationships : Case

Save Save and New Cancel

**Default Relationship Information**

\*Date Of Change Eligibility month Date Verified Date Reported End Date Actual Evidence

\*Relationship Verification Not pending  
If the household member is an adult but not the parent, then select one of the following options if it applies Relative with parental control, if person losing custody is a relationship other than parent

**Member List & Relationship Types**

'IS THE'	'OF'	MEMBER	RELATIONSHIP TYPE
<input type="checkbox"/>	<input type="checkbox"/>	(M/32)	PARENT (PAR) <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	(F/32)	GRANDPARENT (GPA) <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	(M/7)	STEP-PARENT (SPA) <input type="radio"/>
<input type="checkbox"/>	<input type="checkbox"/>	(F/4)	EX-STEP-PARENT (XSP) <input type="radio"/>
			UNBORN [OTHER] (UBO) <input type="radio"/>
			SIBLING (SIB) <input type="radio"/>
			HALF-SIBLING (HSB) <input type="radio"/>
			STEP-SIBLING (SSB) <input type="radio"/>
			EX-STEP-SIBLING (XSS) <input type="radio"/>
			CHILD (CHD) <input type="radio"/>
			GRANDCHILD (GCH) <input type="radio"/>
			STEP-CHILD (SCH) <input type="radio"/>
			EX-STEP-CHILD (XSC) <input type="radio"/>
			SPOUSE (SPO) <input type="radio"/>
			AUNT/UNCLE(A/U) <input type="radio"/>
			NIECE/NEPHEW (N/N) <input type="radio"/>
			COUSIN (COU) <input type="radio"/>
			OTHER NO RELATION (ONR) <input type="radio"/>

Assign

- ◆ Select the person you would like to start with and mark the “Is the” box.
- ◆ Select the person you would like to associate the relationship and mark the “Of the” box.
- ◆ Select the appropriate relationship type by clicking in the circle next to the relationship type.
- ◆ All relationships listed in this screen are gender neutral. This enables the worker to multi-select household members.
- ◆ Once the entire process is complete, eREP will assign the correct gender specific relationships.
- ◆ Click the “Assign” button. This will populate the grid to help keep track of the completed and outstanding relationships.
- ◆ Click “SAVE”. This will create work in progress evidence.

**Member Relationship Grid**

MEMBER	'IS THE'	'OF'	RELATIONSHIP TYPE	EVIDENCE
(M/32)	<input type="checkbox"/>	<input type="checkbox"/>	SPO	ABC
(F/32)	<input type="checkbox"/>	<input type="checkbox"/>	SPA	ABC
(M/7)	<input type="checkbox"/>	<input type="checkbox"/>	PAR	ABC
(F/4)	<input type="checkbox"/>	<input type="checkbox"/>	PAR	ABC
(M/32)	<input type="checkbox"/>	<input type="checkbox"/>	SCH	ABC
(F/32)	<input type="checkbox"/>	<input type="checkbox"/>	CHD	ABC
(M/7)	<input type="checkbox"/>	<input type="checkbox"/>	HSB	ABC
(F/4)	<input type="checkbox"/>	<input type="checkbox"/>	CHD	ABC

▲ = Unsaved changes.  
 ABC = Work In Progress relationship evidence.  
 ABC = Applied relationship evidence.

## Living Arrangement Screen

Household Living Arrangement Evidence Workspace:

Household Income Assets Expenses Medical Home Site map

**New Living Arrangement** Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

## New Living Arrangement Details Screen

New Living Arrangement Evidence Details:

Save Save & New Cancel

**Living Arrangement Details**

\*Household Member(s): **Select multiple persons by holding the CTRL key.**

\*Arrangement Type: **At Home**

In the Home Part of the Month (for Food Stamps Only):

Absence Reason:

% in the Home (for Financial Only):

Type Of Institution:

Rent Subsidized (for Financial Only):

Jail/Prison/State Hospital Release Date:

Provides More Than 50% of Meals (for Food Stamps Only):

**Facility Details**

If the facility is a case participant, please select from below.

Facility Participants:

If the facility is not a case participant but is registered on the system, please select from below.

Facility Search:  Facilities

If the facility is not registered on the system, complete the facility details below.

Facility Name:

Street 1:  Street 2:

Apt/Suite:  City:

State:  Zip Code:

County:

Phone Area Code:  Phone Number:

**Tribal Details**

Living on Reservation:  Tribal Affiliation:

**Minor Parent and Emancipation Details**

Emancipated:  Emancipated Verification:

Minor Parent Living Arrangement:  Minor Parent Living Arrangement Verification:

Minor Parent Good Cause:

**Evidence Dates**

\*Date of Change: **Eligibility Month**

\*Date Reported:

Date Verified:  End Date:

Actual Evidence:

[Add New Note](#)

Save Save & New Cancel

## Utah Residency Screen

[New Utah Residency](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

- ◆ Click the “New Utah Residency” link to complete the residency requirements.
- ◆ All persons must meet Utah residency requirements for eREP to calculate the AFDC group correctly. This means that all household and all removal home members must have Utah residency evidence in eREP.

**New Utah Residency Evidence:**

**Utah Residency Dates**  
\*Start Date: **Eligibility Month** End Date:

**Household Member Details**  
Household Members

**Check the box to select all household members for Utah residency.**

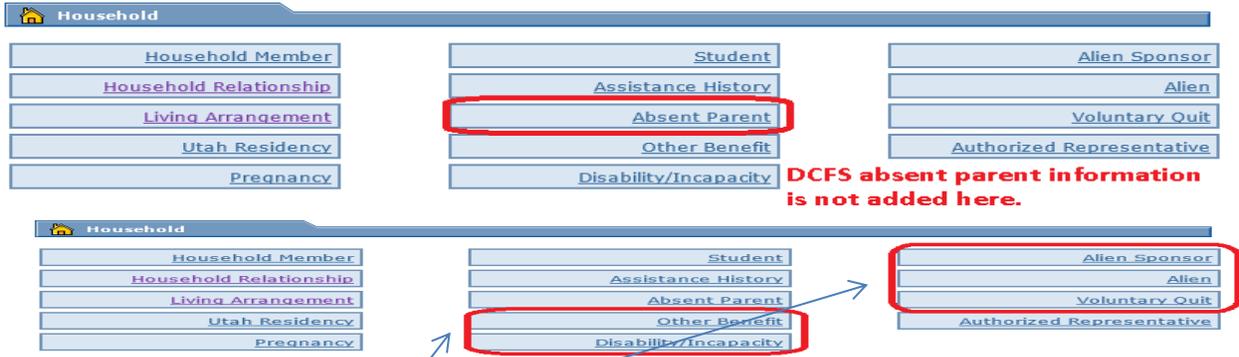
## Household Evidence Workspace

**Household**

Household Member ✓	Student	Alien Sponsor
Household Relationship ✓	Assistance History	Alien
Living Arrangement ✓	Absent Parent	Voluntary Quit
Utah Residency ✓	Other Benefit	Authorized Representative
Pregnancy	Disability/Incapacity	

- ◆ Household member, household relationship, living arrangement and Utah residency are required for all persons.

- ◆ Student evidence is added for the foster children. The evidence is required to for a IV-E foster child who is age 18.
- ◆ If an 18 sibling in the removal home is to be included in the AFDC group because they meet the dependent child rule, student evidence must be added for that removal home person.



- ◆ Evidence will be added on these links if it applies to a particular case. See the pages dedicated to these links for more information.

### Other Benefit Screen



- ◆ Add all “other benefits” that apply to the removal home members or foster child.
- ◆ Other benefit types include the following:
  - Civil Service Benefit
  - Food Distribution Program
  - Foster Care
  - Medicare Part A
  - Medicare Part B
  - Military Retirement
  - Railroad Retirement
  - Receiving Medicaid on another case or custody less than 50%
  - SSI

- Social Security
- Subsidized Adoption
- Unemployment Compensation
- Veteran's Benefits
- Veteran's Administration Health Care System

**New Other Benefit Evidence Details:**

[Save](#) [Save & New](#) [Cancel](#)

Benefit Details	
*Household Member:	Select person receiving benefit
*Benefit Type:	Select type of benefit from the drop-down
Application Date:	Eligibility Month
SSI Last Payment Date:	
SSI/SSDI Denial Reason:	
Benefit Verification:	Pending
Status:	Approved
State:	Required for SSI
End Reason:	

Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	
*Date Reported:	
End Date:	
Actual Evidence:	<input type="checkbox"/>

[Add New Note](#)

[Save](#) [Save & New](#) [Cancel](#)

## Disability/Incapacity Screen

**Disability/Incapacity Evidence Workspace:**

Household	Income	Assets	Expenses	Medical	Home	Site map	
<b>New Disability/Incapacity</b>					Apply Changes	Approve	Reject

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.

List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

- ◆ Add all disability/incapacity evidence that applies to removal home member or the foster child(ren).
- ◆ EREP uses the disability/incapacity evidence to determine if deprivation exists due to incapacitation. If a parent is incapacitated then deprivation exists for that reason and disability evidence must be added for that parent in eREP.
- ◆ Reasons for disability/incapacity:
  - Permanently Disabled/Incapacitated
  - Temporarily Disable/Incapacitated
  - Requires Aid/Attendance
  - 100% VA Disabled

- ◆ Disability/Incapacity Determined by:
  - SSA Disability Recipient
  - SSI Recipient
  - (VA) Veteran Affairs
  - Medical Statement
  - Railroad Retirement Board
  - Federal/State/Local Public Permanent Disability
  - State Medicaid Disability Office
  - Visually Evident

**New Disability/Incapacity Evidence:**

Save Save & New Cancel

**Disability / Incapacity**

\*Household Member: [dropdown] \*Disability/Incapacity Determined By: [dropdown]  
 \*Reason for Disability/Incapacity: [dropdown] Verification: Pending [dropdown]

**Disability Details**

1619(b) Recipient: [checkbox] Blind: [dropdown]  
 End Stage Renal Disease: [dropdown] ALS: [dropdown]  
 Protected SSI Child: [checkbox] SSDI/RR Disability Benefit Initial Entitlement Date: [text]  
 Disability Onset Date: [text] Disability Redetermination Date: [text]

**State Medical Disability Office Details**

Form 354: [dropdown] State Medical Disability Office Decision Rationale: Previously Denied Rationale 1 Rationale 2  
 Form 20: [dropdown] Free Form Text for State Medical Office Decision Rationale #7: [text]  
 Form 20M: [dropdown]  
 Additional Medical Verification: [dropdown]

**Incapacity - Ability to Work Details**

Start Date Incapacity - Unable to Work: [text] Incapacity - Unable to Work End Date: [text]

**Child Care Only - Ability to Care for Child Details**

Start Date Unable to Care for Child: [text] Unable to Care for Child End Date: [text]  
 Reason Unable to Care for Child Verification: Pending [dropdown]

**Evidence Dates**

\*Date of Change: Eligibility Month [text] \*Date Reported: [text]  
 Date Verified: [text] End Date: [text]

◆ Evidence circled in red is required.

## Student Evidence Workspace

**Student Evidence Workspace:**

Household Income Assets Expenses Medical Home Site map

**New Student** Click to add Apply Changes Approve Reject

**Work In Progress**  
 Changes made in this area will not affect eligibility or entitlement until they are applied.  
 List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**New Student Evidence Details:**

Save Save & New Cancel

**Student Details**

*Household Member:	Select from drop down	School District:	
*Student Status:	Select from drop down	*School Type:	Select from drop down
Graduation or Training End Date:	Required for 18 year olds	Student Status Verification:	Not pending
Board of Ed. Cert. Date:		Highest Grade Completed:	
Course Requirement:		Student has access to health insurance thru college or university :	
Exemption Type:		Dependent Child:	
Exemption Verification:			

**Evidence Dates**

*Date of Change:	Eligibility month	*Date Reported:	Eligibility month
Date Verified:	Eligibility month	End Date:	
		Actual Evidence:	

**If an 18 year old sibling of the foster child is a full time student and meets the dependent child rule, the graduation date field must be included in order for eREP to calculate the AFDC group correctly.**

Add New Note Save Save & New Cancel

### Qualified Alien and Alien Sponsor Evidence

**Household**

Household Member	Student	<b>Alien Sponsor</b>
Household Relationship	Assistance History	Alien
Living Arrangement	Absent Parent	Voluntary Quit
Utah Residency	Other Benefit	Authorized Representative
Pregnancy	Disability/Incapacity	

- ◆ Qualified alien status must be verified through the Homeland Security verification process. Once the information is entered into eREP, the verification will process in eFIND with the eFIND search and be available to the eligibility worker once completed.

### New Alien Evidence

**New Alien** Click to add Apply Changes Approve Reject

- ◆ The alien status must be added for all household members who have entered the US legally and have qualified alien status. EREP must have this evidence to calculate the AFDC result and Medicaid eligibility correctly.
- ◆ Once the alien status information is in eREP, a search result from SAVE is available through eFIND.

EREP Helptext

### New Alien Evidence Details

Alien Card Details	
*Household Member:	Select from drop down
Alien Status Code:	See below
Date LPR Status was Granted ("Residence Since" on Alien Card):	Residence since date on Alien card
Alien Number:	"A#"
*Alien Group:	See below
Conditional Resident Expiration Date:	
Alien Verification:	May be pending for eFIND search
SAVE Details	
Date of Lawful Entry (SAVE):	eFIND
Save Verification Completed:	<input checked="" type="checkbox"/>
Secondary Verification Instituted:	<input type="checkbox"/> Mark if this applies
Country of Origin:	eFIND
Save Verification #:	eFIND
Medical Verification Details	
Physical Entry Date (Medical Only):	Used for exemption to 5 year bar
Entry Verification:	Not pending
Refugee Details	
Initial Resettlement State:	Select from drop down if applicable
Resettlement Agency Name:	Select from drop down if applicable
Additional Alien Details	
Additional Alien Documentation:	Select from drop down if applicable
Sponsorship Exemption:	Select from drop down if applicable
Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	Eligibility Month
*Date Reported:	Eligibility Month
End Date:	

**Alien Status Code** = This is the "COA" from the SAVE screen. This field will populate after you fill out the Alien Group field.  
**Alien Group** = Click on the magnifying glass to bring up the Alien Search Status. On the screen, enter the Alien Status Code that you received from SAVE. Click "Select". If you do not have Alien Group, refer to the "Alien Quick Reference Status Chart" available in the DWS Intranet or from the program specialist.

- ◆ **Alien Card Details Section** (all the information in this section is found on the Alien Card)
  - You do not have to have an "A#" entered in eREP to do an eFIND search. You do have to have a person with some alien evidence in order to complete an eFIND search for Alien Status.
  - The "A#" should be provided by the caseworker.
  - LPR status is also referred to as the "Date of Admissions" and is typically the date the person was admitted for residence to the US. This date is not the same as the "Date of Entry" provided by SAVE. Workers must locate this date on the documentation provided by the alien. It is found on the alien card where it states "Residence Since".
- ◆ **SAVE Details Section** (all the information in this section comes from SAVE information on eFIND)
  - Date of Lawful Entry = "Date of Entry" from SAVE.
  - Country of Origin = Where the alien is from.
  - SAVE verification = Check the box if you completed a SAVE search. This checkbox is required for the alien to be found eligible in eREP.
  - SAVE verification number = This is the verification number that the SAVE system returns and is displayed on eFIND. This number must be entered for the alien to be found eligible in eREP.
  - Secondary verification initiated = Check this box if you requested a secondary verification but have not received the results yet.
- ◆ **Medical Verification Details Section** (all this information is used for Medical programs)
  - Physical entry date = This is the date they physically entered the country and is used for the exemption to the Medicaid 5 year bar. This is different from the date the alien was granted legal status. This field only needs to be filled out if a sponsored alien whose alien documentation shows they entered the country on 8/22/1996 or later and the

have provided proof that they physically entered the country **PRIOR** to 8/22/1996 in order to be exempt from the five year bar.

- ◆ **Refugee Details Section** (all the information in this section is required if the alien is a refugee)
- ◆ **Additional Alien Details Section**
  - Choose from the drop down if the alien is one for the following:
    - ✓ Alien whose deportation is being withheld
    - ✓ Battered alien
    - ✓ Crime victim under U-Visa status
    - ✓ Has worked 40 quarters
    - ✓ Order of asylum
    - ✓ Victim of trafficking
  - Sponsorship exemption = Field will exempt the sponsor from deeming if they are one of the following:
    - ✓ Alien sponsor deceased
    - ✓ Battered alien spouse, child or parent
    - ✓ Citizenship granted
    - ✓ Has worked 40 qualifying quarters
    - ✓ Indigent alien
    - ✓ Sponsor not require

New Alien Evidence Details:

Select "Save & Add Sponsorship" if you have a sponsored alien.  
Select "Save" if the alien is not sponsored.

## New Alien Sponsorship Evidence

[New Alien Sponsorship Evidence](#) [Apply Changes](#) [Approve](#) [Reject](#)

- ◆ This evidence links the sponsor on the case to the alien on the case. This is a child screen of the alien evidence.

New Alien Sponsorship Evidence Details:

<b>Alien Details</b>	
Alien: eRep will autofill	If the sponsor is not on the case, select to add a new sponsor
*Alien Sponsor: Select from drop down	Add New Sponsor
End Reason: Do not enter	Verification: Not Pending
<b>Evidence Dates</b>	
*Date of Change: Eligibility month	*Date Reported: Eligibility month
Date Verified: Eligibility month	End Date:
	Actual Evidence: <input type="checkbox"/>

[Add New Note](#)

- ◆ Sponsored alien on the case and the sponsor is in the AFDC group

- A sponsor is not required in this situation; you will select a “Sponsorship Exemption” on the Alien Evidence screen. This will tell eREP that Sponsor and sponsorship information is not required.
  - ✓ Select the reason “Sponsor not required”
- ◆ Sponsored alien on the case and the sponsor is NOT in the AFDC group
  - Is the sponsor exempt from sponsor deeming?
    - ✓ Select a “Sponsorship Exemption” reason. If the exemption reason is deceased, citizenship granted, worked 40 quarters you only need to complete the alien evidence screen.
    - ✓ If the “Sponsorship Exemption” reason is indigence or battered other evidence must be added. EREP needs to have the name of the sponsor and other household information to include them in the benefit household. This will not apply to a foster care AFDC determination.
  - Should the sponsor’s income be deemed to the alien for AFDC purposes?
    - ✓ The sponsor must be added to the removal home.
    - ✓ The income and assets of the sponsor will be added to the regular income and asset screens.
    - ✓ The sponsor must have a living arrangement, Utah residency and relationships added to eREP.
    - ✓ Complete the “Alien Sponsor” evidence

## New Alien Sponsor



## New Alien Sponsorship Evidence Details

Alien Sponsor Details	
Income & Asset Verified:	Select from drop down
Sponsored Indigent Alien Chooses to be included:	<input type="checkbox"/> Do not mark!
Sponsor's Name Not Provided:	<input type="checkbox"/>
* Sponsor's Household Size:	Must include for deeming to be accurate to alien
* Total Number of Other Aliens Sponsored:	

Alien Sponsor Information	
If the alien sponsor is a case participant, please select from below.	
Sponsor Participants:	Select from drop down

Alien Sponsor Spouse Information	
If the Spouse is a case participant, please select from below.	
Spouse Participants:	Select from drop down

Evidence Dates	
* Date of Change:	Eligibility month
Date Verified:	Eligibility month
* Date Reported:	Eligibility month
End Date:	
Actual Evidence:	<input type="checkbox"/>

## Income Evidence Workspace

Income		
Earned Income	Educational Income	Unearned Income
Self Employment Income		

- Income evidence that is applicable to the removal home members and the foster child(ren) is added here. EREP calculates the countable income for IV-E and Medicaid based on the evidence that is entered.

## Earned Income Screen

New Earnings		Default view		Apply Changes		Approve		Reject	
<b>Work In Progress</b>									
Changes made in this area will not affect eligibility or entitlement until they are applied.									
List of new evidence and pending updates to active evidence.									
Action	Name	Employer	Type	Monthly Amount	CUP Monthly Amount	Verification			
<b>Active Evidence</b>									
Active evidence is used to determine eligibility and entitlement.									
Action	Effective Dates	Name	Employer	Type	Monthly Amount	CUP Monthly Amount	Verification		
<b>Superseded or End dated Evidence</b>									
Superseded or End dated Evidence is a history of past evidence.									
Action	Effective Dates	Name	Employer	Type	Monthly Amount	CUP Monthly Amount	Verification		

- The classic view that allows entry of the employment and then entry of the income evidence is accessed by clicking the "classic view" link in the bottom left of the default view screen.
- Always select "Actual Income Not Factored".

New Earnings Details:

Save Save & Apply Cancel

**Employer Details**

\*Household Member: **Select from drop down** FEIN:

\*Employer Name:  UT Tax ID:

\*Employment Start Date: **Eligibility month can be used** Employment Start Verification: **No Pending or client statement**

**Earning Details**

Frequency Paid: **Use Monthly** Verification: **No Pending or client statement**

Total # of checks to be received in Cert Period (MAGI only):  Use Actual Income Not Factored:

Date Paid: **Eligibility Month** Pay Period Hours: **During eligibility month** Pay Period Amount: **Eligibility Month** Hourly Wage Rate:

**Evidence Dates**

\*Date of Change: **Eligibility Month** \*Date Reported:

Date Verified:  End Date:

Actual Evidence:

[Add New Note](#)

Save Save & Apply Cancel

**New Employment** **Classic View** [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Active Evidence**

Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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**Superseded or End dated Evidence**

Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

**Household Members:**

This page displays a list of Household Members.

Action	Household Member	Date of Birth
Select	[Redacted]	5/11/1985

Cancel

- ◆ Select the household member to add employment evidence from the classic view.

**Member Employment:**

Action	Employer	Start Date	End Date	Verification
New				

Cancel

- ◆ Select "New" to add a new employer.

**New Employment Evidence Details:**

Save Save & New Cancel

**Employer Details**

If the employer is a case participant, please select from below.

Employer Participants:

If the Employer is not a case participant, complete the Employer details below.

Employer Name: **Add employer name and information**

Street 1:  Street 2:   
 Apt/Suite:  City:   
 State:  Zip Code:   
 County:   
 Phone Area Code:  Phone Number:

**Employment Start Details**

Household Member:   
 \*Date of Report: **Eligibility Month**  
 \*Employment Start Date: **Eligibility Month**  
 Employment Start Verification: Pending  
 FEIN:   
 UT Tax ID:

**Employment End Details**

Employment End Date:   
 Food Stamps Verification:   
 Financial / Child Care Verification:   
 Medical Verification:   
 Food Stamps Effective Date:   
 Financial/Child Care Effective Date:   
 Medical Effective Date:

Add New Note

Save Save & New Cancel

**Member Employment:**

Action	Employer	Start Date	End Date	Verification
View   <b>Add Earned</b>   Add Striker   Add Self Employment				

New Cancel

**New Earned Income Evidence Details:**

Save Cancel

**Earnings Details**

Household Member:  Employer:

**Earned Income Details**

\*Earnings Type: **Select type from drop down. Earnings will be used most often**

\*Frequency Paid: **Monthly**  
 Day of Week Paid:   
 Day of Month Paid:   
 First Pay Date: **Eligibility Month**  
 Use Actual Income Not Factored: **X**  
 Verification:

**Annualized Income (MAGI only)**

Total # of checks to be received in Cert Period (MAGI only): **1** Frequency: **Monthly**

**Employer Contact Information**

Supervisor:  Supervisor Phone Number:

**Evidence Dates**

\*Date of Change: **Eligibility Month**  
 Date Verified:   
 \*Date Reported:   
 End Date:   
 Actual Evidence:

**Earning Details**

Household Member:   
 Employer:   
 Pay Period Amount: **Eligibility Month**  
 Hourly Wage Rate:   
 Best Estimate:   
 Use Actual Income Not Factored: **Yes**  
 \*Pay Period Hours:   
 \*Date Paid: **Eligibility Month**  
 Frequency: **Monthly**

Add Record Close

**Earnings Calculation Summary**

Action	Frequency	Hourly Rate	Hours	Amount	Date Paid	Source
Calculation	Average Pay Period Hours: 0	Average Pay Period Amount: 0.00	Monthly Hours: 0	Monthly Amount: 0.00		

- ◆ Pay period hours should be the monthly number of hours worked. EREP uses this information to determine if deprivation exists for the reason of underemployment.

## Self-Employment Screens

[New Self Employment Income](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Name	Employer	Type	Monthly Amount	Verification
List of pending removal instructions.					
Action	Name	Employer	Type	Monthly Amount	Verification

**Active Evidence**  
Active evidence is used to determine eligibility and entitlement.

Action	Effective Dates	Name	Employer	Type	Monthly Amount	Verification
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**Superseded or End dated Evidence**  
Superseded or End dated Evidence is a history of past evidence.

Action	Effective Dates	Name	Employer	Type	Monthly Amount	Verification
--------	-----------------	------	----------	------	----------------	--------------

- ◆ Add Self-Employment Income by clicking on the link. There is a classic view available which allows entry on the earned income screens. You may use that view if you prefer.

**New Self Employment Income Details:**

Save Save & Apply Save & Add Expense Cancel

**Employment Details**

\*Household Member: **Select from drop down** FEIN:

\*Employer: **Can be "self"** UT Tax ID:

\*Employment Start Date: **Eligibility month** Employment Start Verification: Pending

**Self Employment Details**

Ownership Type:  % of Ownership:

Number of Months Income Intended to Cover: **1** **Hours Worked per Month:**

Expense Deduction:  Actively Engaged in the Business:

Verification:  Self Employment Farming Income:

For Employment Support Child Care Only - Does the member have Self-Employment records for the previous 3 months?:

**Self Employment Income**

Income Amount: **Total for Eligibility Month** Date Received: **Eligibility Month**

**Add Record**

**Self Employment Calculation Summary**

Action	Income	Date Received
<b>Delete All Records</b>		

**Calculation**

Total Gross Income Amount:	0.00	Monthly Gross Income Amount:	0.00
40% Expense Deduction:	0.00	Monthly Net Income Amount:	0.00

**Evidence Dates**

Date of Change: **Eligibility Month** Date Reported:

Date Verified:  End Date:

Actual Evidence:

**If you have limited information please call the DHS program specialist for help with this section.**

## Educational Income

[New Educational Income](#)
 [Apply Changes](#)
 [Approve](#)
 [Reject](#)

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Active Evidence**

Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Superseded or End dated Evidence**

Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

◆ Education Income Types Include:

- BEOG (Pell Grant)
- BIA Education Assistance
- Byrd Honor Scholarships
- CAMP-College Assistance Migrant Program
- Education Loan (Not Title IV)
- Fellowships (Not Title IV)
- Non-Title IV Earned Educational Income
- Other Non-Title IV Program
- Plus Program
- Perkin Loans
- Robert J McNair (TRIO Grants)
- SEOG-Supplemental Educational Opportunity Grant
- Scholarship (not Title IV)
- Stafford Loan
- Stipend
- Stipend-Living Expense
- Veterans Educational Assistance
- Veterans Educational Assistance/Dependent
- Work Study (not Title IV)
- Work Study (Title IV)
- GSL-Federal Family Educational Loan Grant
- HEP-High School Equivalency Program
- Leap Grant
- Montgomery GI Bill
- National Early Intervention Scholarship
- Student Support Services (TRIO)
- Sunshine Lady Foundation
- Super Pell Grant
- Supplemental Loan for Students
- Upward Bound (TRIO)

New Educational Income Evidence Details:

Save Cancel

**Educational Income Details:**

\*Household Member: **Select from drop down** Verification: **Not Pending**

\*Educational Income Type: **Select from drop down**

Number of Months Intended to Cover: **1** Use Actual Income Not Factored:

Frequency: **Monthly** Use Work Screen to Average:

Monthly Amount: **\$\$\$\$\$** Day of Week Paid: **-**

**Annualized Income (MAGI only)**

Total # of checks to be received in Cert Period (MAGI only): **1** Frequency: **Monthly**

**Evidence Dates**

\*Date of Change: **Eligibility Month** \*Date Reported:

Date Verified:  End Date:

Actual Evidence:

### Unearned Income Screen

Unearned Income Evidence Workspace:

Household Income Assets Expenses Medical Home Site map

[New Unearned Income](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

New Unearned Income Evidence Details:

Save Cancel

**Unearned Income Details**

\*Household Member: **Select from drop down**

\*Unearned Income Type: **Select from drop down**

Source of Income: **Where does the income come from**

\*Frequency: **Monthly** Use Actual Income Not Factored:

Verification: **Not pending** Use Work Screen to Average:

Monthly Amount:  Day of Week Paid:

**Deduction Details**

Monthly Deduction Amount:  Deduction Type:

**Annualized Income (MAGI only)**

Total # of checks to be received in Cert Period (MAGI only): **1** Frequency: **Monthly**

**Evidence Dates**

\*Date of Change: **eligibility month** \*Date Reported:

Date Verified:  End Date:

Actual Evidence:

- ◆ The most common unearned income types for DHS cases are child support, SSI, SSA , cash contributions and unemployment.
- ◆ Enter the total child support amount. EREP will calculate the \$50 deduction if applicable.
- ◆ Federally exempt income type is used for FEP, food stamps and transitional assistance through DWS.
- ◆ Some unearned income types will also require “other benefit” and/or “Disability” evidence information.

## Expenses Workspace

The Expenses Workspace navigation menu includes the following categories:

- Allowable Expenses
- Educational Expenses
- Shelter
- Child Support
- Medical
- Utility
- Dependent Care

- ◆ Child care expenses are entered on the dependent care evidence screen.
- ◆ Step-parent child support is entered on the child support evidence screen.
- ◆ Alimony payments made by the step parent are entered on the allowable expense screen.
- ◆ The other expense screens do not apply to foster care IV-E or Medicaid programs.

## Child Support Evidence

The Child Support Evidence screen features a navigation bar with the following options:

- New Child Support Expense** (highlighted with a red box)
- Apply Changes
- Approve
- Reject

Below the navigation bar, there are two sections:

- Work in Progress:** Changes made in this area will not affect eligibility or entitlement until they are applied. List of new evidence and pending updates to active evidence.
- List of pending removal instructions:** List of pending removal instructions.

Both sections contain tables with columns: Action, Succession ID, Evidence ID, Name, Start Date, End Date, Verification, and Details.

- ◆ Child support evidence being paid by a step parent to one of his or her children living outside the removal home is added on this screen.
- ◆ Click “New Child Support Evidence” to add.

The Child Support Expense Details form includes the following sections:

- Child Support Expense Details:** Household Member (Select from drop down, highlighted with a red box), Frequency (Monthly), Use Actual Amount (Not Factored) checkbox.
- Payment Details:** Monthly Amount (Total amount paid during eligibility month), Verification (Do not use pending or client statement), Is this amount court ordered (Y/N, highlighted with a red box), Day of week paid.
- Child Details:** Child Participants (Child will not be a case participant, Starred items are required), Child (Use the search link to find child on system, Search link, highlighted with a red box), First Name, Middle Name, Last Name, Suffix.
- Evidence Dates:** Date of Change (Eligibility Month, highlighted with a red box), Date Reported, End Date, Date Verified, Actual Evidence checkbox.

## Dependent Care Screen

- ◆ Day care expenses paid by a member of the AFDC group are entered on this screen.
- ◆ EREP will calculate the allowed day care deduction based on the evidence entered.
- ◆ Select “New Dependent Care Expense.”

**New Dependent Care Expense** Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**New Dependent Care Expense Evidence Details:** Save Cancel

**Dependent Care Expense Details**

\*Household Member: **Select the person paying the expense from the drop down** \*Child/Dependent: **Select from drop down**  
 \*Reason: **Select from drop down** \*Frequency: **Monthly**  
 Use Actual Amount (Not Factored):  Work Screen:

**Payment Details**

Monthly Amount: **Monthly amount for this child** Verification: **Select from drop down**  
 Day of Week Paid:  **No Pending**

**Dependent Care Provider Details**  
 If the Provider is a case participant, please select from below.  
 Dependent Care Provider Participant:   
 If the Provider is not a case Participant but is registered on the system, please select from below.  
 Dependent Care Provider:   
 If the Provider is not registered on the system, complete the Provider details below.

**Enter the day care provider information in this section. The day care provider must be a person who is not included in the AFDC group for the expense to be an eligible deduction.**

Provider First Name :  Provider Last Name :   
 Provider Company Name :   
 Street 1:  Street 2:   
 Apt/Suite:  City:   
 State:  Zip Code:   
 County:  **Starred fields must be completed.**  
 Phone Area Code:  Phone Number:

**Evidence Dates**

\*Date of Change: **Eligibility Month** \*Date Reported:   
 Date Verified:  End Date:   
 Actual Evidence:

### Allowable Expense Screen

- ◆ Alimony being paid by a step parent is entered on this screen for eREP to calculate the deduction.
- ◆ Only the step parent is allowed the alimony deduction. The natural parent to the child is not allowed a deduction for any alimony they may be paying.
- ◆ Select “New Allowable Expense.”

**New Allowable Expense** Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

New Allowable Expense Evidence Details:

Save Cancel

**Details**

\*Household Member: **Select step parent from drop down** Starred fields are required

\*Expense Type: **Alimony**

\*Frequency: **Monthly** Use Actual Amount (Not Factored):

Monthly Amount: **Amount paid during eligibility month** Verification: **Select from drop down**

Day of Week Paid:  Work Screen:  **No Pending**

**Evidence Dates**

\*Date of Change: **Eligibility Month** \*Date Reported:

Date Verified:  End Date:

Actual Evidence:

[Add New Note](#)

Save Cancel

## Asset Workspace

**Assets**

Annuity	Life Insurance	Property
Burial Plan/Contract	<b>Liquid Asset</b>	<b>Vehicle</b>
Burial Plot/Space	Trust	

- ◆ Asset information for the removal and household members will be entered on the “Asset Workspace.”
- ◆ The most common assets will be vehicles and the liquid assets which include savings and checking accounts.
- ◆ When entering a foster child’s balance from a rep payee account remember that this account is not considered to be a “Trust,” but is considered to be a savings account.

## Asset Navigation Bar



- ◆ The side navigation bar provides you with links to the asset workspaces.

## Vehicle Screen

- ◆ Click the “New Vehicle” link to add vehicle information.
- ◆ Total vehicle value and amount owed should be entered. EREP allows up to a \$1500 deduction for one vehicle.
- ◆ EREP calculates the vehicle values based on the value and the amount owed.
- ◆ Each vehicle will have “ownership” information attached to the vehicle. This information is sometimes referred to as the “Child Evidence.”
- ◆ When you are adding the vehicle the ownership evidence will populate based on the information entered on the new vehicle screen. If you need to change the ownership information you will need to navigate to the vehicle ownership evidence.
- ◆ If there is a joint owner of the vehicle click “Save & Add Ownership.”

## New Vehicle Evidence

## New Vehicle Ownership

- ◆ The navigation bar allows you to click the link back to the vehicle that the ownership information is associated with.
- ◆ Effective dates for “child” or ownership evidence must be correct as well as the effective dates for the asset for eREP to calculate the assets of the AFDC group correctly.

**New Vehicle Ownership Evidence Details:**

---

**Owner Details**

If the owner is a case participant, please select from below.

Owner Participant: **Select from the drop down**

**\*\* NOTE: Before you add an owner, please search to ensure they are not registered on another case.\*\***

If the owner is not a case participant but is registered on the system, please select from below.

Owner:

If the owner is not registered on the system, complete the owner details below.

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Street 1:	<input type="text"/>	Street 2:	<input type="text"/>
Apt/Suite:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>
County:	<input type="text"/>		
Phone Area Code:	<input type="text"/>	Phone Number:	<input type="text"/>

**If the owner is not a participant on the case then use the search to identify them in the system or add the information in the provided space.**

---

**Ownership Details**

Asset Type:	Vehicle	Item Type:	Vehicle
*Ownership Start Date:	<b>Eligibility Month</b>	Verification:	<b>Not Pending</b>
Usage:	<input type="text"/>		
Exemption Reason:	<input type="text"/>		
Asset Unavailable :	<input type="text"/>		

**Starred evidence is required.**

---

**Evidence Dates**

*Date of Change:	<b>Eligibility Month</b>	*Date Reported:	<input type="text"/>
Date Verified:	<input type="text"/>	End Date:	<input type="text"/>
		Actual Evidence:	<input type="checkbox"/>

## Property Evidence Workspace

**Property Evidence Workspace:**

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.

List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ Property includes land, houses, livestock, trailer homes , instruments, tools, etc.
- ◆ Select “New Property” to navigate to the “New Property Evidence Detail Screen.”
- ◆ The home, its contents and the surrounding property are exempt as an asset for IV-E purposes. Select the property usage as “Home” and any property associated with the home is exempt in eREP rules.
- ◆ Only one property should be marked as the primary residence.

## New Property Evidence Details

If joint owner select to add

Save & Add Ownership Details

Save And Add Asset Income

Property Details			
*Household Member:	Select from drop down	Verification:	Not pending
*Property Type:	Select from drop down	Purchase Price:	
*Purchase Date:	Eligibility Month	Amount Owed:	
*Fair Market Value:	Estimated value		
Property Address			
Street 1:		Street 2:	
Apt/Suite:		City:	
State:		Zip Code:	
County:			
Ownership Details			
*Percentage Owned:	For joint owners total percentage should be = 100%	Verification:	Not pending
Ownership Type:			
Usage:	If this is the primary residence use "home"		
Exemption Reason:			
Asset Unavailable:			
12 Month Consecutive Residency:	<input type="checkbox"/>		
Evidence Dates			
*Date of Change:	Eligibility Month	*Date Reported:	Eligibility Month
Date Verified:	Eligibility Month	End Date:	
		Actual Evidence:	<input type="checkbox"/>

◆ Property types include the following:

- Aircraft
- Appliances/Electronics
- Boat
- Camper
- Equipment/Tools
- Furniture
- Home
- Jewelry
- Land held in trust-tribal
- Livestock
- Machinery
- Mineral/Other rights
- Vacation home/Time share
- Mobile home
- Motor home
- Motorcycle
- Other
- Real property
- Recreational vehicles
- Rental home
- Rental property
- Snowmobile
- Travel trailer
- Utility/Stock trailer

- ◆ When the property is jointly owned the total percentage of ownership must equal 100%. In the case of a husband and wife owning a home 50% of ownership would be assigned to each person.

## Add Ownership Details

Owner Details	
Owner:	Select joint owner
Ownership Details	
Asset Type:	Will be auto filled
*Ownership Start Date:	Eligibility month
Item Type:	Will be auto filled
Verification:	Not pending
Percentage Owned:	Amount must = 100% when combined with other owner
Ownership Type:	
Usage:	If primary residence, use "home"
Exemption Reason:	
Asset Unavailable:	
12 Month Consecutive Residency:	<input type="checkbox"/>
Evidence Dates	
*Date of Change:	Eligibility month
*Date Reported:	Eligibility month
Date Verified:	Eligibility month
End Date:	
Actual Evidence:	<input type="checkbox"/>
Last Updated	
Updated By:	
Updated On:	

[Add New Note](#)

Save

Cancel

## New Rental Property Income Evidence



If a home is a source or rental income for the owner and the owner is participating in the management of the property, this earned income type is entered as rental property income on the property.

- ◆ Select "Asset Income" on the Navigation Menu

## New Rental Property Income Evidence Details

New Rental Property Income Evidence Details: .



Rental Income Details	
*Household Member:	Select from drop down
Income Type:	Rental Income <b>Auto fills with property informatin</b>
*Frequency:	Monthly
Monthly Amount:	\$\$\$\$\$\$
Day of Week Paid:	
Property Type:	Home <b>Auto Fills</b>
Verification:	not pending
Use Actual Income (Not Factored):	<input checked="" type="checkbox"/>
Use Work Screen to Average:	<input type="checkbox"/>

Annualized Income (MAGI only)	
Total # of checks to be received in Cert Period (MAGI only):	1
Frequency:	Monthly

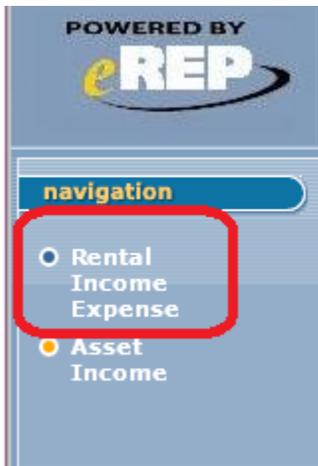
Other Details	
*Involvement in Managing Property:	Select from drop down
*Expense Deduction:	Select from drop down
Not Consistent with Community Standards:	<input type="checkbox"/>

Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	
*Date Reported:	
End Date:	
Actual Evidence:	<input type="checkbox"/>

**If expense deduction is actual, those expenses will need to be added.**

[Add New Note](#)

## Rental Income Expense Workspace



- ◆ Actual rental expenses are entered on this workspace. Use the expense type of Family Medical.

New Rental Income Expense Evidence: ?

Rental Income Expense Details	
Household Member:	<b>Auto Fills with property owner</b> <span style="float: right;">Property Type: Home <b>Auto fills</b></span>
*Expense Type:	<b>Use Family Medical</b>
*Frequency:	<b>Monthly</b> <span style="float: right;">Use Actual Amount (Not Factored): <input checked="" type="checkbox"/></span>
Monthly Amount:	<b>\$\$\$\$\$</b> <span style="float: right;">Verification: <b>Not pending</b></span>
Day of Week Paid:	<input type="text"/> <span style="float: right;">Use Work Screen to Average: <input type="checkbox"/></span>
Annualized Expense (MAGI only)	
Total # of Expense to Be Used in the Cert Period (MAGI only):	<input type="text"/> <span style="float: right;">Frequency: <input type="text"/></span>
Evidence Dates	
*Date of Change:	<b>Eligibility Month</b> <input type="text"/>
Date Verified:	<input type="text"/> <span style="float: right;">*Date Reported: <input type="text"/></span>
	<span style="float: right;">End Date: <input type="text"/></span>
	<span style="float: right;">Actual Evidence: <input type="checkbox"/></span>

[Add New Note](#)

## New Burial Plan/Contract

Burial Plan/Contract Evidence Workspace:

Household

Income

Assets

Expenses

Medical

Home

Site map

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.

List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ Select the Household Member.
  - ◆ Select the verification type.
  - ◆ Use eligibility month for the purchase date.
  - ◆ Select plan type as revocable or irrevocable.
  - ◆ Enter value using the client’s statement.
  - ◆ Enter amount owed.
  - ◆ Select Exemption reason, if one applies.
  - ◆ Click “Save” when complete.
- ◆ To exempt the value of an irrevocable burial trust fund. Select “Irrevocable” as the plan type.

## Burial Plan/Contract Evidence Details

New Burial Plan/Contract Evidence Details:

Save Save & New Cancel

Burial Plan/Contract Details	
*Household Member:	Select from drop down
*Purchase Date:	Eligibility month
*Fair Market Value:	Client's statement
Exemption Reason:	
Asset Unavailable:	May apply if client does not have access to asset
Verification:	Not pending
Plan Type:	Revocable or irrevocable
Amount Owed:	Client statement

Starred fields are required

Burial Plan/Contract Services	
Guaranteed Services:	
Non Guaranteed Cash Advance Items:	
Burial Spaces:	
Purchase Price:	

Burial Plan/Contract Recipient Details	
If the Recipient is a case participant, please select from below.	
Recipient Household Member:	
If the Recipient is not a case participant but is registered on the system, please select from below.	
Recipient:	Person
If the Recipient is not registered on the system, complete the details below.	
First Name:	Middle Name:
Last Name:	Suffix:
Relationship to Owner:	

Burial Plan/Contract Provider Details	
If the Provider is a case participant, please select from below.	
Provider Participant:	
If the Provider is not a case participant but is registered on the system, please select from below.	
Provider:	
If the Provider is not registered on the system, complete the details below.	
Provider Name:	
Phone Area code:	Phone Number:

Other Details	
Contract Number:	Funded by Life Insurance: <input type="checkbox"/>

Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	Eligibility Month
*Date Reported:	Eligibility Month
End Date:	
Actual Evidence:	<input type="checkbox"/>

## Burial Plot/Space Evidence Workspace

Burial Plot/Space Evidence Workspace:

Household	Income	Assets	Expenses	Medical	Home	Site map	
<a href="#">New Burial Plot/Space</a>				<a href="#">Apply Changes</a>		<a href="#">Approve</a>	<a href="#">Reject</a>

Work In Progress							
Changes made in this area will not affect eligibility or entitlement until they are applied.							
List of new evidence and pending updates to active evidence.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

New Burial Plot/Space Evidence Details: ?

Burial Plot/Space Details	
*Household Member:	Select from drop down
*Burial Plot/Space Type:	Select from drop down
*Purchase Date:	Eligibility month
*Fair Market Value:	Enter amount
Amount Owed:	Enter amount
Verification:	Not pending
Purchase Price:	not required, enter if known

Ownership Details	
Exemption Reason:	
Asset Unavailable:	Not required for \$1500 deduction

Burial Plot/Space Recipient Details	
If the Recipient is a case participant, please select from below.	
Recipient Participant:	
** Note: Before you add a Recipient, please search to ensure they are not registered on another case.**	
If the Recipient is not a case participant but is registered on the system, please select from below.	
Recipient:	
If the Recipient is not registered on the system, complete the details below.	
First Name:	Middle Name:
Last Name:	Suffix:
Relationship To Owner:	

Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	Eligibility Month
*Date Reported:	Eligibility month
End Date:	

- ◆ IV-E policy allows a \$1500.00 burial/funeral fund exemption for each member of the AFDC group.
- ◆ This is in an exemption in addition to the exemption for the irrevocable burial trust.
- ◆ EREP will calculate the deduction for the burial / funeral fund exemption based on the AFDC group size. No additional entry for the exemption is needed.

## Burial Plot Ownership Evidence Details

New Burial Plot Ownership Evidence Details:

Owner Details	
If the owner is a case participant, please select from below.	
Owner Participant:	Select from drop down
** NOTE: Before you add an owner, please search to ensure they are not registered on another case.**	
If the owner is not a case participant but is registered on the system, please select from below.	
Owner:	
If the owner is not registered on the system, complete the owner details below.	
First Name:	Middle Name:
Last Name:	Suffix:
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:

Ownership Details	
Asset Type:	Auto filled by eREP
*Ownership Start Date:	Eligibility Month
Exemption Reason:	
Asset Unavailable:	
Item Type:	Auto filled by eRep
Verification:	Not pending

Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	Eligibility Month
*Date Reported:	Eligibility Month
End Date:	

## Liquid Asset Evidence Workspace

Liquid Asset Evidence Workspace:

Household Income Assets Expenses Medical Home Site map

New Liquid Asset Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
--------	---------------	-------------	------	------------	----------	--------------	---------

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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◆ Liquid asset types are as follows. The most common ones seen by DHS staff are in **red**.

- **401K**
- 403 B Plan
- 408 Plan
- 408 Plan (a)
- 457
- 501 C (18) Plan
- 529 Plan
- BIA Educational Assistance
- Cash Balance Plan
- Cash Gift Life Threatening Disease Non Profit
- **Cash on Hand**
- Certificate of Deposit
- Checking Account
- Child Tax Credit
- Coverdell Plan
- Crime Victims Compensation
- **Dedicated SSI Account**
- Disaster Relief Funds
- Dividend on Life Insurance
- EITC Lump Sum
- Federal Employee Thrift Savings Plan
- Federal Exempt Settlement Payments
- Funds Set Aside for Burial
- Housing/Rental Assistance
- In-kind Gift Life Threatening Disease Non-Profit
- Income Transfer
- Individual Development Account
- Individual Indian Money (IIM)
- Interest on Burial Money
- **Keogh Account**
- Lump Sum Payment
- Lump Sum Railroad
- **Lump Sum SSA**
- **Lump Sum SSI**
- Money Market
- Multiple Asset Transfer
- National Flood Assistance
- Non-Title IV Educational
- Older American Act
- Personal Loans
- Profit Sharing
- Promissory Note
- Relocation Assistance
- Repair/Replacement Funds
- Retirement Plan/Pension
- **Roth IRA**
- Sales Contract Countable
- Sales Contract Excluded
- **Savings Account**
- Self-Employment Account
- **Simple IRA**
- Simplified Employer Pension
- Stock/Bond/Mutual Fund
- Tax Refund
- Title IV Educational Assistance

## New Liquid Asset Evidence

New Liquid Asset Evidence: ?

Select to add a joint owner

Liquid Asset Details	
*Household Member:	Select from drop down
*Type:	Select type from drop down
*Value/Balance:	Enter Amount
Amount Owed:	Verification: Not pending
Start Date:	Eligibility Month
	Account Number:

**Funds Set Aside for Burial - Designee**

If the Recipient is a case participant, please select from below.

Recipient Participant:

**\*\* NOTE: Before you add a Recipient, Please search to ensure they are not registered on another case.\*\*** Section only completed if the asset type is "Funds Set Aside for Burial."

If the Recipient is not a case participant but is registered on the system, please select from below.

Recipient:

If the Recipient is not registered on the system, complete the details below.

First Name:	<input type="text"/>	Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>	Suffix:	<input type="text"/>
Relationship to Owner:	<input type="text"/>		

**Ownership Details**

Exemption Reason:	<input type="text"/>
Asset Unavailable:	Is the asset legally unavailable to the family?

**Promissory Note Repayment Details**

Repayment Amount:	<input type="text"/>	Repayment Frequency:	Monthly
Repayment Start Date:	<input type="text"/>	Repayment End Date:	<input type="text"/>
Payable to Estate upon Death:	<input type="checkbox"/> <span style="color: red;">Section only applicable if asset type is "Promissory Note."</span>		

**Evidence Dates**

*Date of Change:	Eligibility Month	*Date Reported:	Eligibility Month
Date Verified:	Eligibility Month	End Date:	<input type="text"/>
		Actual Evidence:	<input type="checkbox"/>

- ◆ When the asset type is “Retirement/Pension Funds” such as a 401K and IRA.
  - Click on “New Liquid Asset.”
  - Enter the asset details.
    - ✓ Household Member
    - ✓ Enter type. There are many types of retirement /pension funds so make sure you select the correct type.
    - ✓ Enter value.
  - Enter ownership details.
    - ✓ If appropriate, enter an asset unavailable reason. Select “Legally Unavailable” to exempt an asset under the IV-E asset policy exemption.
- ◆ Select “Save and add joint ownership” if the asset has more than one owner. If the asset is owned by only one person click “Save.”

## Liquid Asset Ownership Evidence

Owner Details	
Owner:	Select from drop down
Ownership Details	
Asset Type:	Auto filled by eREP
*Ownership Start Date:	Eligibility Month
Exemption Reason:	
Asset Unavailable:	Is this asset legally unavailable?
Item Type:	Auto filled by eREP
Verification:	Not pending
Evidence Dates	
*Date of Change:	Eligibility Month
Date Verified:	Eligibility Month
*Date Reported:	Eligibility Month
End Date:	
Actual Evidence:	<input type="checkbox"/>

## Life Insurance Evidence Workspace

Life Insurance Evidence Workspace:

Household	Income	Assets	Expenses	Medical	Home	Site map	
<b>New Life Insurance</b>					Apply Changes	Approve	Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ A life insurance policy is a contract. Its purchaser pays premiums to the company that provides the insurance. In return the insurer agrees to pay a specific sum to a beneficiary when the insured person dies.
- ◆ Whole life insurance policies have a cash value that is countable for IV-E purposes.
- ◆ Term life insurance policies have no cash value and are not resources.

New Life Insurance Evidence:

Save Save & New **Save & Add Ownership Details** Cancel Select to add joint owner

Life Insurance Details	
*Policy Owner:	Select from drop down
*Insurance Type:	Select from drop down
*Policy Number:	
*Face Value:	Enter amount
Date Designated for Burial:	
Verification:	Not pending
Policy Paid in Full:	<input type="checkbox"/>
*Cash Value:	Enter amount
Designated for Burial Verified:	If asset is burial insurance
Ownership Details	
Exemption Reason:	
Asset Unavailable:	Is this asset legally unavailable?
Insured Person Details	
If the insured person is a case participant, please select from below.	
Insured Participant:	
If the insured person is not a case participant but is registered on the system, please select from below.	
Insured Person:	
If the insured person is not registered on the system, complete the insured person details below.	
First Name:	Middle Name:
Last Name:	Suffix:
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:

**Insurance Provider Details**

If the insurance provider is a case participant, please select from below.

Insurance Provider Participants:

If the insurance provider is not a case participant but is registered on the system, please select from below.

Insurance Provider:  

If the insurance provider is not registered on the system, complete the insurance provider details below.

Insurance Provider:

Street 1:

Street 2:

Apt/Suite:

City:

State:

Zip Code:

County:

Phone Area Code:

Phone Number:

**Evidence Dates**

\*Date of Change: **Eligibility Month** 

\*Date Reported: **Eligibility Month** 

Date Verified: **Eligibility Month** 

End Date:  

Actual Evidence:

## Life Insurance Ownership Details

**Owner Details**

If the owner is a case participant, please select from below.

Owner Participant: **Select from drop down** ▼

\*\* NOTE: Before you add an owner, please search to ensure they are not registered on another case.\*\*

If the owner is not a case participant but is registered on the system, please select from below.

Owner:  

If the owner is not registered on the system, complete the owner details below.

First Name:

Middle Name:

Last Name:

Suffix:

Burial/Funeral Provider Name:

Street 1:

Street 2:

Apt/Suite:

City:

State:

Zip Code:

County:

Phone Area Code:

Phone Number:

**Ownership Details**

Asset Type: **Auto filled by eREP**

Item Type: **Auto filled by eREP**

\*Ownership Start Date: **Eligibility Month** 

Verification: **Not pending** ▼

Exemption Reason:

Asset Unavailable: **Is the asset legally unavailable** ▼

**Assignment of Ownership Details**

Assignment Type:

Ownership Assigned to State:

Assignment Verification:

**Evidence Dates**

\*Date of Change: **Eligibility Month** 

\*Date Reported: **Eligibility Month** 

Date Verified: **Eligibility Month** 

End Date:  

Actual Evidence:

## Beneficiary Details

[New Beneficiary Evidence](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ Beneficiary details are not required for IV-E purposes.

## Trust Evidence Workspace

**Trust Evidence Workspace:**

Household Income Assets Expenses Medical Home Site map

[New Trust](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ The representative payee account established for the foster child is not a trust.

### New Trust Evidence Details:

[Save](#) [Save & New](#) [Cancel](#)

**Trust Details**

*Household Member:	Select from drop down	Date Established:	<input type="text"/>
Trust Type:	Select from drop down	Trust Document Verification:	Not pending
Trust Category:	Select from drop down	Total Trust Value:	Amount
Med Policy Specialist Review:	This review will be needed	Med Countable Trust Value:	<input type="text"/>
FS/Financial Policy Specialist Review:	<input type="text"/>	FS/Financial Countable Trust Value:	<input type="text"/>

**Evidence Dates**

*Date of Change:	Eligibility Month	*Date Reported:	Eligibility Month
Date Verified:	Eligibility Month	End Date:	<input type="text"/>
		Actual Evidence:	<input type="checkbox"/>

[Add New Note](#)

[Save](#) [Save & New](#) [Cancel](#)

- ◆ Enter the Household Member.
- ◆ Enter the date established from the trust document.
- ◆ Select the trust type. Refer to the trust document.
- ◆ Enter the verification type. Do not leave as pending.
- ◆ Select the trust category. Refer to the trust document.
- ◆ Enter the total trust value.
- ◆ Review of trusts for IV-E purposes can be completed by the IV-E policy specialist.
- ◆ Review of trusts owned by the foster child, for Medicaid purposes, must be review by the Department of Health policy specialist.

- Enter decision received if the specialist has completed the reviewed the trust.
- Enter decision pending if the program specialist has not yet received the trust.
- ◆ Enter the countable value as indicated by the program specialist.

### Lump Sum Posting in eREP

- ◆ Lump sum payments are NON-RECURRING windfalls or retroactive payments of earned or unearned income. Lump sums include inheritances, insurance settlements, awards, wings and gifts. The also include Social Security Lump sums, VA lump sums and retirement payouts.
- ◆ A lump sum is **NEVER** both income and an asset in the same month.
- ◆ If a lump sum is received in the eligibility month by a household or removal home member that income would be entered into eREP as earned or unearned income for the family during that month. A lump sum received by a removal home member is not applicable to the foster care case for ongoing purposes.
- ◆ When a lump sum is received by a foster child on an ongoing case the lump sum will be income during the month that it is received and an asset for future months.

## Initial Eligibility Month Entry-Unearned Income

[New Unearned Income](#) [Select link to add new unearned income](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Active Evidence**  
Active evidence measured to determine eligibility and entitlement.

**Unearned Income Details**

*Household Member:	Select from drop down	<b>Most Common Lump Sum Types</b>	
*Unearned Income Type:	Select from drop down	Lump Sum SSA	Lump Sum Exempt
Source of Income:		Lump Sum SSI	Retirement
*Frequency:	Monthly	Lump Sum Railroad	Settlements
Verification:	Not pending	Use Actual Income Not Factored:	<input checked="" type="checkbox"/>
Monthly Amount:	Amount of lump sum	Use Work Screen to Average:	<input type="checkbox"/>
		Day of Week Paid:	

**Deduction Details**

Monthly Deduction Amount:		Deduction Type:	
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**Annualized Income (CUP only)**

Total # of checks to be received in Cert Period (CUP only):		Frequency:	
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**Evidence Dates**

*Date of Change:	Eligibility Month	*Date Reported:	Eligibility Month
Date Verified:	Eligibility Month	End Date:	Last day of the eligibility month is lump sum belonged to the a foster child
		Actual Evidence:	

**If the lump sum belongs to a foster child it must be end dated the last day of the eligibility month. If the lump sum belongs to a removal household member there is no need to end date.**

## Effective Dates for Initial Month Entry-Unearned Income

Program Effective Date Details:

Save Close

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

**Make sure the effective dates, from and to, are accurate when adding a lump sum for a foster child in the initial eligibility month.**

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<input type="checkbox"/> Back Forward	Forward Back	Foster_Care	1st day of the eligibility month	last day of the eligibility month
<input type="checkbox"/> Back Forward	Forward Back	Foster_Care		

**Effective Dates**  
Effective From Date goes back to first of the month and Effective To Date goes to last of the month.

Effective From Date:  Effective To Date:

Save Close

## Initial Month Entry-Liquid Asset

- ◆ If the lump sum was received by a foster child during the eligibility month, you must also enter a liquid asset for the lump sum payment.

**New Liquid Asset** Select "New Liquid Asset" Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Evidence Dates**

\*Date of Change: Eligibility Month Date Reported: Eligibility Month  
Date Verified: Eligibility Month End Date:   
Actual Evidence:

**New Liquid Asset Evidence:** Save Save & New **Save & Add Joint Owner** Cancel Select to add joint owner

**Liquid Asset Details**

\*Household Member: Select from drop down  
\*Type: Select lump sum type, SSA, SSI, RR or payment  
\*Value/Balance: Amount of lump sum Verification: Not pending  
Amount Owed:  Account Number:   
Start Date: Eligibility month  
Effective From Date:  Effective To Date:

**NOTE: EREP will properly apply the 9 month exemption period on all SSI/SSA/RR, starting with the month after receipt.**

Save Close

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<input type="checkbox"/> Back Forward	Forward Back	Foster_Care	1st day of the month after the eligibility month	
<input type="checkbox"/> Back Forward	Forward Back	Foster_Care		

**Effective Dates**  
Effective From Date goes back to first of the month and Effective To Date goes to last of the month.

Effective From Date:  Effective To Date:

Save Close

- ◆ Push out the "Effective From Date" to the month after receipt, so that the lump sum will not be counted as an asset in the eligibility month as well as counted as income.
- ◆ Don't forget to adjust the effective date for the "child evidence" (ownership) as well.

### Ongoing Entry – Lump Sum

- ◆ Lump sums, generally do not count as income on an ongoing case in the month received because of reporting requirements. Once verifications are received, refer to policy to see if overpayments exists bases on reporting requirement per program, if so, crate an overpayment calculation referral. **Please do not post** the income to eREP retroactively or try to create the potential overpayment on your own.
- ◆ The lump sum payment for an ongoing foster care case is added as a liquid asset.

**New Liquid Asset** Apply Changes Approve Reject

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Evidence Dates**

\*Date of Change: **Date received** 🔗      \*Date Reported: **Use actual date** 🔗  
 Date Verified: **Use actual date** 🔗      End Date: 🔗  
 Actual Evidence:

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
 To adjust the 'Effective To Date' select 'Back' or 'Forward'.

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<input type="checkbox"/> Back Forward	Forward Back	Foster Care	<b>1st day of month the lump sum is received</b>	
<input type="checkbox"/> Back Forward	Forward Back	Foster Care		

**Effective Dates**  
Effective From Date goes back to first of the month and Effective To Date goes to last of the month.

Effective From Date: 🔗      Effective To Date: 🔗  
Save Close

**New Liquid Asset Evidence:** Save Save & New Save & Add Joint Owner Cancel

**Liquid Asset Details**

\*Household Member: **Select from drop down/only for a foster child**  
 \*Type: **Lump sum SSA, SSI, RR, payment**  
 \*Value/Balance: **Amount of lump sum**      Verification: **Not pending**  
 Amount Owed: 🔗      Account Number: 🔗  
 Start Date: **1st of the month when the lump sum was received**

### Medical Case Evidence

- ◆ Third party liability and medical insurance information for the foster child is entered in the “Medical Case Evidence Section”.

**Medical**

<b>TPL</b>	<b>Medical Insurance</b>	In-Kind Food and Shelter
Medical Bills	<b>Medical Emergency</b>	Medical Institution/Waiver
Dependent Family Member	Spousal Cooperation/Allowance	Income Reporting
Available Health Insurance	Voluntary Terminated Health Insurance	CHIP/PCN/UPP Exception
Medical Condition	NPCR Opt Out	<b>Removal Home</b>
Bus Pass	<b>Tax Information</b>	Forced Evidence and Reassessment

## TPL Enforcement Workspace

New TPL Enforcement
Click to add -TPL information is required

 Apply Changes
 Approve
 Reject

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

New Third Party Liability Evidence Details:

**Third Party Liability Details**

Cooperating with TPL requirements: <input checked="" type="checkbox"/>	Date Good Cause Claimed: <input type="text"/>
Good Cause Claim Reason: <input type="text"/>	
Good Cause Verification: <span style="color: red;">Pending</span>	Good Cause Claim Status: <input type="text"/>
Basis for Determination: <input type="text"/>	Date Determination Made: <input type="text"/>
*Date TPL Information Last Reviewed: <span style="color: red;">Eligibility Month</span>	

**Form 19 Information**

*Does anyone have health insurance: <span style="color: red;">Yes or No</span>	Does anyone have health insurance that has ended in the past 6 months: <input type="checkbox"/>
Does anyone have health insurance available but has not enrolled: <input type="checkbox"/>	Does anyone have a major medical need: <input type="checkbox"/>
Is a person outside the household required to pay medical expenses for anyone: <input type="checkbox"/>	Has anyone ever served in the military: <input type="checkbox"/>
Buyout Potential: <input type="checkbox"/>	Answer questions in this section based on the application and parent declaration responses

**Accident or Assault Information**

*Has anyone been injured in an accident or assault: <span style="color: red;">Yes or No</span>	Nature of incident: <input type="text"/>
Date of incident: <span style="color: red;">Answer based on responses</span>	If other, please explain: <input type="text"/>

**Evidence Dates**

Date of Change: <span style="color: red;">Eligibility month</span>	Date Reported: <span style="color: red;">Eligibility month</span>
Date Verified: <span style="color: red;">Leave blank</span>	End Date: <input type="text"/>
	Actual Evidence: <input type="text"/>

## Medical Insurance Workspace

New Medical Insurance

 Apply Changes
 Approve
 Reject

**Work In Progress**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

- ◆ When the foster child has medical insurance other than Medicaid that information is added to the eREP case and ORS will review and verify that information.

New Medical Insurance Evidence Details: Add as much detail as possible to the insurance information evidence

To add additional coverage details click

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**Policy Holder Details**

\*Policy Number: **From parent declaration, copy of card or eFIND**

If the policy holder is a case participant, please select from below.  
 Policy Holder Participant: **Select from drop down**

If the policy holder is not a case participant but is registered on the system, please select from below.  
 Policy Holder: **Person**

If the policy holder is not registered on the system, complete the policy holder details below.

First Name:	Middle Name:
Last Name:	Suffix:
Date Of Birth:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:

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**Insurance Company Details**

If the insurance company is a case participant, please select from below.  
 Insurance Company Participant:

If the insurance company is not a case participant but is registered on the system, please select from below.  
 Insurance Company: **Insurance Company**

If the insurance company is not registered on the system, complete the insurance company details below.

Insurance Company Name:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:

---

**Policy Details**

Medical Insurance Type: **Select from drop down** Comprehensive/Limited: \* **Select from drop down**

\*Policy Start Date: **Eligibility month** Policy End Date:

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**Group Policy Details**

Group Policy Number:

If the employer is a case participant, please select from below.  
 Employer Participant:

If the employer is not a case participant, complete the employer details below.

Employer Name:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:

---

**Evidence Dates**

*Date of Change: <b>Eligibility month</b>	*Date Reported: <b>Eligibility month</b>
Date Verified: <b>Eligibility month</b>	End Date:
	Actual Evidence: <input type="checkbox"/>

◆ You may use the eligibility month date as the policy start date if you don't have any information as to when the coverage began.

## Coverage Details Evidence

**Save** Save & New Cancel

**Coverage Details**

\*Start Date: **Eligibility month** End Date:

Coverage Exhausted:

Voluntary Termination Reason:

**Household Members Details**

Household Members	
	<input type="checkbox"/>

Select household members covered under the insurance policy

## Tax Information

**New Member Tax Info**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start D
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List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start D
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**Active Evidence**

**Member Tax Info Details**

\*Household Member: **Foster Child**

\*Are You a Tax Filer: **Yes or No**

\*Are You Filing Jointly: **No**

If Yes, Enter Spouse Name:

\*Will You be Claimed as a Dependent: **Yes or No**

If Yes, by Whom:

Relationship:

\*In the Past Year, Did Anyone in Your Household Change Jobs, Stop Working or Start Working Fewer Hours:

Verification:

**Evidence Dates**

\*Date of Change: **Eligibility month or review month** \*Date Reported:

Date Verified:  End Date:

Actual Evidence:

**Save** Save & New Save & Add Dependent Cancel

## Adding a Foster Care Program

- ◆ Every foster child must have a program added to the integrated case.
- ◆ Program evidence includes the following:
  - Custody start date
  - Custody agency
  - Non AFDC factors met
  - FC maintenance payment
  - Parent absence reason
  - Foster care placement address

## Integrated Case Home Page

**Options**

<a href="#">New Program</a>	<a href="#">New Investigation Referral</a>	<a href="#">View Medical Assistance Decisions</a>
<a href="#">New Narrative</a>	<a href="#">New Calculation Referral</a>	<a href="#">Check Retroactive Eligibility</a>
<a href="#">Content Manager</a>	<a href="#">Check Medical Assistance Eligibility</a>	<a href="#">Spousal Asset Assessment</a>
<a href="#">eFind</a>	<a href="#">Approve All Programs</a>	<a href="#">Delete Case</a>
<a href="#">Submit for Authorization All Programs</a>	<a href="#">Reject All Programs</a>	
<a href="#">Online Authorization All Programs</a>	<a href="#">Adjust Review Periods</a>	
<a href="#">Reassess All Programs</a>		

- ◆ Select "New Program".

Home My Tasks My Calendar My Cases Search Log Out

### Select Program Type

Exit

Action	Program
Select	Special Payments
Select	Subsidized Adoption
Select	Foster Care
Select	Kinship Guardianship

New Program: \_\_\_\_\_

Previous **Continue** Exit

### Program Details

*Application Date: Eligibility Month	Program Start Date: Eligibility Month
Review End Date: _____	*Household Member: Select from drop down
*Eligibility Month: Eligibility Month	AFDC Information Unavailable: <input type="checkbox"/>

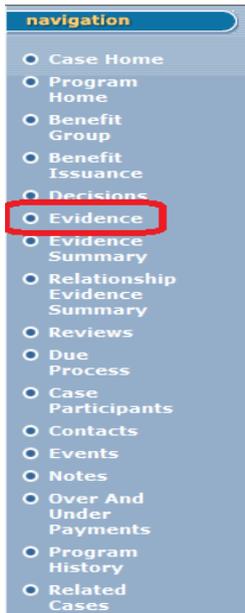
Add New Note

Use "AFDC Information Unavailable" if you are only creating a Medicaid decision. DO NOT use if you are doing the AFDC determination, but have insufficient information.

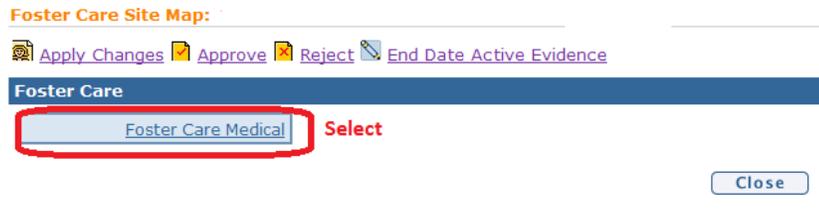
Previous Continue Exit

## Program Home

- ◆ Select the “Evidence” link from the Navigation side bar to add the foster care program evidence.



- ◆ Select “Foster Care Medical” link to continue.



Foster Care Medical Evidence Workspace:



**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
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Selected Foster Care Member:

DCFS select this link



Selected Member

Household Member:



DJJS select continue

Household Member Details	
Household Member:	Autofilled by eREP
*Custody Start Date:	Use exact custody start date
*Custody Agency:	Select from drop down
Foster Care Maintenance Payment Being Made?:	Check if payment is being made
Incoming ICPC Criteria Met?:	Check if this is an ICPC case
Voluntary?:	Check if the child is in custody through a voluntary placement agreement
Custody End Date:	Use exact date
*Non-AFDC IV-E Factors Met:	Yes or No
Parent Absence Reason:	Select from drop down
# of Stepparent Dependents Not Receiving Support:	Add number when applicable

Foster Care Placement Address	
C/O:	Foster parent's name
Street 1:	Address when child is physically living
Apt/Suite:	Medicaid card will mail to this address
State:	
County:	
County of Actual Residence:	Must be correct for accurate inpatient mental health county

Evidence Dates	
*Date of Change:	Eligibility month

DCFS - SAFE will send the information for the above fields and autofill the information. You make may changes if necessary.  
DJJS - Manual entry.

[Add New Note](#)

- ◆ Custody Agency drop down selections include:
  - DCFS
  - DJJS
  - DHS/DCFS
  - DHS/DJJS
  - ICPC
- ◆ Parent Absence Reason drop down selections include:
  - Death
  - Divorce
  - Legally Separated
  - Abandonment (of child by parent)
  - Incarceration > 30 days
  - Institutionalization > 30 days
  - Single Parent
  - Single Parent Adoption

**Very Important**  
Please remember to add the absent parent reason to the program evidence!!!!

Manage	
Process Benefits	Approve
<b>Check Eligibility</b>	Reject
	Reassess
Close/Deny Program	Delete Program
Change Closure/Denial Details	Re-open

Details	
Program Name:	Primary Person:
Program Start Date:	Review End Date:
Status: <b>Received</b>	Last Review:
Worker:	Location:
Application Date:	Last Interview Complete:

- ◆ Click the “Check Eligibility” link to create a decision for the initial eligibility month.

Check Eligibility:

**Check Eligibility**  
Please enter a date for which you want to check eligibility or alternatively select the case start date. To check eligibility for Active Evidence Only select the Active Evidence Only checkbox.

Eligibility Date:

Program Start Date:

Initial Eligibility Month:

Use Active Evidence Only:

Ignore Pending Verification:

[Check Eligibility](#) [Close](#)

**navigation**

- Case Home
- Program Home
- Benefit Group
- Benefit Insurance
- Decisions
- Evidence
- Evidence Summary

POWERED BY  
**eREP**

**navigation**

- Case Home
- Program Home
- Gross/Net Tests
- Benefit Calculation
- Cost Of Care
- Asset Summary

Decisions:

Action	Creation Date	Status	Effective From	Effective To	Decision	Issued?	Reason
<a href="#">View</a>	7/30/2012	Current	7/1/2012	7/1/2012	Eligible		Check Eligibility

- ◆ Click “View” to open the decision and look at the result.
- ◆ Select “Benefit Calculation” from the Navigation Menu
- ◆ Review the “Benefit Calculation” Screen for accuracy.  
The information on this screen should be accurate as to your AFDC calculation.

### Applying the Case and Program Evidence

**Case Evidence Site Map**

This page displays a list of all evidence types

Household    Income    Assets    Expenses    Medical    Home    Site map

[Apply Changes](#)   [Approve](#)   [Reject](#)   [End Date Active Evidence](#)

Household

- ◆ Apply the case evidence from the “Case Evidence Site Map.”
- ◆ There are also links on each evidence workspace to apply the case evidence individually if you prefer.

**Household Member Evidence Workspace:**

Household Income Assets Expenses Medical Home Site map

[New Household Member](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Foster Care Site Map:**

[Apply Changes](#) [Approve](#) [Reject](#) [End Date Active Evidence](#)

**Foster Care**

[Foster Care Medical](#)

[Close](#)

- The foster care program evidence may be applied from the “Foster Care Site Map” or from the “Foster Care Medicaid Evidence Workspace.”

**Foster Care Medical Evidence Workspace:**

[New Foster Care Medical Evidence](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**

## Process Benefits Foster Care Program Home

- After all the case and program evidence has been applied, “Submit for Authorization.”

**Programs**

[Process Benefits](#) [Check Eligibility](#) [Approve](#) [Reject](#) [Reassess](#) [Close/Deny Program](#) [Change Closure/Denial Details](#) [Re-open](#) [Delete Program](#)

**Details**

Program Name:	Primary Person:
Program Start Date:	Review End Date:
Status:	Last Review:
Worker:	Location:
Application Date:	Last Interview Complete:

[Edit](#)

- Benefits will issue and the program status will change to “Open” overnight. EREP will send an AFDC result to SAFE in the overnight interface.

## Decisions for Initial Eligibility Month

View	Date	Status	Start Date	End Date	Eligible	Authorized and Open
<a href="#">View</a>	7/25/2012	Current	5/1/2009	5/1/2009	Eligible	Check Eligibility
<a href="#">View</a>	7/25/2012	Current	5/1/2009	5/31/2009	Eligible	Initial Eligibility Month
<a href="#">View</a>	7/25/2012	Current	5/1/2009	5/31/2009	Eligible	Yes Authorized and Open

- There should be 3 current decisions for the initial eligibility month. A “Check Eligibility”, “Initial Eligibility Month,” and an “Authorized and Open.”
- Click the “View” link to view the decision results.

## View Decisions

**navigation**

- Case Home
- Program Home
- Gross/Net Tests
- Benefit Calculation
- Cost Of Care
- Asset Summary

Details	
Decision:	Yes
Effective From:	3/1/2015
Reason:	Initial Eligibility Month
Issued?:	
Status:	Current
Effective To:	3/31/2015
Creation Date:	4/2/2015
Program:	Foster Care - Non IV-E

[INFOSOURC](#)

Objectives			
Name	Type	Reason	Amount
	Foster Care - Non IV-E - Child 6-18		
	Eligible Member		

**Ineligible Program Reasons**

[View Rules Summary](#)   [View All Rules](#)

[Close](#)

## View Rules Summary

Home | My Tasks | My Calendar | My Cases | Search | Log Out

**Expand or collapse the rules using these arrows**

▼ object (7)

eligibleDecision : true

eligibleProgramName : Foster Care - Non IV-E

caseDecisionStartDate : Mar 1, 2015 12:00:00 AM

caseDecisionEndDate : Mar 31, 2015 12:00:00 AM

headOfHouseholdMemberName :

**Foster Child is eligible for Foster Care-Non-IV-E, 3/1/2015 to 3/31/2015**

▼ eligibleBenefits (1)

▼ [1]

○ : Foster Care - Non IV-E - Child 6-18

▼ memberBenefitDetails (1)

▼ 12655740968 (5)

memberStatus : Member is eligible

▼ memberDetails (19)

householdMemberStatusDescription : Member is eligible

age : 14

dateOfBirth : Jun 15, 2000 12:00:00 AM

citizenshipStatus : U.S. Citizen

gender : Female

**Child's identifying information**

headOfHousehold : true

aged : false

blind : false

disabled : false

primaryWageEarner : false

alien : false

```
memberNonFinancialDetails (11) Foster Child is the member  
  citizenshipRequirementMet : true  
  alienRequirementMet : false Citizenship requirement is met  
  citizenshipAlienRequirementMet : true  
  utahResidencyRequirementMet : true Utah Residency OK  
  socialSecurityRequirementMet : true SSN OK  
  livingArrangementRequirementMet : true Living Arrangement OK  
  otherBenefitRequirementMet : true Has applied for all other benefits  
  tplRequirementMet : true TPL OK  
  medicalSupportEnforcementMet : true  
memberPassedBasicVerification : true  
memberPassedFinancialVerification : true
```

```
▼ householdCompositionDetails (2)  
  taxFilerDeterminationType : Non Tax Filer Rule  
  ▼ memberIncludedInHousehold [1]  
    □ - 12655740968
```

```
▼ houseHoldBenefitDetails (2)  
  houseHoldSize : 1  
  ▼ incomeSummaryDetails (6)  
    ▼ incomeCountedMembers [1]  
      □ : - 12655740968
```

**Non IV-E rules will only include the child in the household size**

### View All Rules

```
▼ - 12655740968 (12)  
  ▼ memberRuleResultDetailsList [7]  
    ▼ 0 (7) Social Security rules  
      memberName : - 12655740968  
      ruleCategory : Social Security  
      ruleResultStatus : true OK  
      ruleName : Row 2 Basic_Common_SocialSecurity  
      ruleDescription : Member has applied for SSN  
      isForcedIssuance : false  
      ruleHitCount : 1
```

```
▼ 1 (7) Has applied for all other benefits  
  memberName : - 12655740968  
  ruleCategory : Other Benefit Requirement  
  ruleResultStatus : true OK  
  ruleName : Row 4 Basic_Medical_ApplicationOfOtherBenefit  
  ruleDescription : Member Meets Other Benefit Requirement and not required to be in Medicare PartB  
  isForcedIssuance : false
```

```
ruleHitCount : 1
▼ 2 (7)
Utah Residency
memberName : - 12655740968
ruleCategory : Utah Residency
ruleResultStatus : true OK
ruleName : Row 1 Basic_Common_UtahResident
ruleDescription : Member is a Utah Resident
isForcedIssuance : false
```

```
memberName : Citizenship Rule
ruleCategory : Citizenship
ruleResultStatus : true OK
ruleName : Row 1 Basic_Common_Citizenship
ruleDescription : Member is US Citizen, Exemption Reason Entered
isForcedIssuance : false
```

```
ruleHitCount : 1
▼ 4 (7)
memberName :
ruleCategory : Medical Support Enforcement
ruleResultStatus : true
ruleName : Row 2 Basic_Medical_DutyOfSupportException
ruleDescription : Member is a child and not parent not applicable for duty of support
isForcedIssuance : false
ruleHitCount : 1
```

```
▼ 5 (7)
TPL rules
memberName :
ruleCategory : TPL
ruleResultStatus : true OK
ruleName : Row 2 Basic_Medical_TPLRequirement
ruleDescription : Parent does not meet TPL requirements and child has been exempted from TPL requirement
isForcedIssuance : false
ruleHitCount : 1
```

```
alienRequirementMet : false
citizenshipAlienRequirementMet : true
utahResidencyRequirementMet : true
socialSecurityRequirementMet : true
livingArrangementRequirementMet : true
otherBenefitRequirementMet : true
tplRequirementMet : true
medicalSupportEnforcementMet : true
memberPassedBasicVerification : true
memberPassedFinancialVerification : true
```

### **Non Financial Rules**

```
▼ - 12655740968 (22)
concernRoleName : . - 12655740968
totalCountableEarnedIncomeAmount : 0
totalCountableUnearnedIncomeAmount : 0
totalCountableIncomeAmount : 0
totalDeemedIncomeAmount : 0
totalCountableAssetAmount : 0
totalExcludedAssetAmount : 0
totalExemptedAssetAmount : 0 Financial Rules
costOfCare : 0
costOfCareDeduction : 0
incomeDeductionForLTC : 0
focusPersonShelterUtilityDeduction : 0
personalNeedsAllowance : 0
spousalNeedsAllowance : 0
dependentFamilyAllowance : 0
healthInsurancePremiumsDeduction : 0
costOfCoverage : 0
costOfCoverage5PercentCalculation : 0
costOfCoverage15PercentCalculation : 0
ltcInsurancePartnershipDisregard : 0
totalDeemedAssetAmount : 0
▼ deductionCalculationResult [1]
```

▼ basicProgramDetails {51}

benefitSubType : BST125  
benefitSubTypeDesc : Non IV-E  
isInitialMonth : true  
initialMonthEligible : true  
validCustodyAgency : true  
custodyAgency : CD100  
custodyStartDate : Mar 1, 2015 12:00:00 AM  
custodyEndDate : Dec 31, 2999 12:00:00 AM  
voluntary : false  
afdcInfoUnavailable : false  
nonAFDCIVEFactorsMet : true  
incomingICPCCriteriaMet : false  
parentAbsenceReason : VALUE  
fosterCarePaymentMade : true  
initialEligibilityDate : Mar 1, 2015 12:00:00 AM  
fosterCareStartDate : Mar 1, 2015 12:00:00 AM  
stepParentDeemedIncome : 0  
stepParentDeemedAsset : 0  
numStepParentDependentsNotSupported : 0  
stepParentAFDCGroupSize : 0  
removalHomeHouseholdSize : 5  
passGrossIncomeTest : false  
grossIncomeAmount : 5200

**Program Details - AFDC rules are included in this section**

grossIncomeLimit : 1400  
passNetIncomeTest : false  
netIncomeAmount : 5110  
netIncomeLimit : 757  
passAssetTest : true  
assetAmount : 100  
assetLimit : 10000  
grossEarnedIncomeAmount : 5200  
grossSelfEmploymentIncomeAmount : 0  
grossSelfEmploymentExpenseAmount : 0  
grossUnearnedIncomeAmount : 0  
dedWorkAllowanceAmount : 90  
dedDependentCareAmount : 0  
earnedIncomeDeductions : 0  
netEarnedIncomeAmount : 5110  
netUnearnedIncomeAmount : 0  
iveCalculated : true  
stepParentWorkAllowance : 0  
stepParentGrossEarnedIncomeAmount : 0  
stepParentGrossUnearnedIncomeAmount : 0  
stepParent100PercentNeedStandard : 0  
stepParentChildSupport : 0  
totalLiquidAssetValue : 100  
totalVehicleValue : 0  
totalOtherAssetValue : 0

## Benefit Calculation Screen

EXAT

Income Asset Calculation Details:
Foster Care ?

Close

**Benefit Summary**

Child's Name: ...	Eligibility Month: Mar 2015
AFDC Group Size: 5	Deprivation Reason:
Case Number:	eREP AFDC Met: Yes

**Income Calculation**

**Earned Income**

Name of Person Employed	Employer	Countable	Gross Amount	Total Countable
[Redacted]	Summer Job	Yes	200.00	0.00
[Redacted]	Wood Shop	Yes	5,200.00	5,200.00
<b>Total Countable Income:</b>				5,200.00

**Unearned Income**

Name	Type of Income	Countable	Gross Amount	Total Countable
<b>Total Countable Income:</b>				0.00

**Deeming Stepparent's Income**

Stepparent's AFDC Group Size:	0
Gross Monthly Countable Earned Income:	0.00
Subtract \$90 Work Allowance (if applicable):	0.00
Subtotal:	0.00
Add Countable Unearned Income:	0.00
Subtotal:	0.00
Subtract 100% Need Standard (for Stepparent's AFDC group):	0.00
Subtract any child support/alimony being paid:	0.00
<b>Total Deemed Income:</b>	0.00

**185% Income Test**

Total Countable Earned Income:	5,200.00
Total Countable Unearned Income:	0.00
Deemed Stepparent Income:	0.00
Total Gross Income:	5,200.00
185% Income Limit:	1,400.00

**100% Income Test**

Gross Monthly Countable Earned Income:	5,200.00
Subtract \$90 Work Allowance (for each working person):	90.00
Subtotal:	5,110.00
Subtract Dependent Care Cost:	0.00
Subtotal:	5,110.00
Add Total Countable Unearned Income:	0.00
Subtotal:	5,110.00
Add Deemed Stepparent Income:	0.00
Total Adjusted Income:	5,110.00
100% Income Limit:	757.00

**Asset Calculation**

**AFDC Group Asset Determination**

Accounts (savings, checking, stocks, etc.):	100.00
Countable Vehicles (from table below):	0.00
Personal Property (life insurance, funeral plans, etc.):	0.00
<b>Total:</b>	100.00

**Vehicles**

Vehicle #	Trade-In Value	Minus Amount Owed	Value	Exclude
<b>Total Countable Vehicle Values:</b>				0.00



**Notes:** Integrated Case # - Name Foster Care

**Add New Note** Click to add a new program note

Details

Sensitivity: 1 Usually 1 Subject: Select from drop down

Case Notes

\*Text:

Details, details, details!

Save Save & New Cancel

### Add Foster Care Contact – Program Home

- ◆ The DCFS or DJJS caseworker must be added as a contact on the program home for every foster child. This contact determines where the correspondence is mailed to. The correspondence includes all notices regarding changes to the eligibility of the foster child.



**Contacts:** Medical Assistance Integrated case name and number

**New**

Contact

\*From: 8/6/2012

\*Contact Type: Attorney or Individual with Power of Attorney  
Representative Payee  
A representative from an organization  
Medical provider  
**State Agency**

\*Contact Role: MyCase - Verifications  
MyCase - e-Notices  
**Correspondence**  
Medical Card  
Share All Program Information

- ◆ Add the caseworker name and address in the contact details fields.

### Program Home

The screenshot shows a software interface with two main sections: 'Manage' and 'Details'. The 'Manage' section is a blue header with a list of actions: 'Process Benefits', 'Check Eligibility', 'Approve', 'Reject', 'Reassess', 'Close/Deny Program', 'Change Closure/Denial Details', 'Re-open', and 'Delete Program'. The 'Details' section is a table with the following information:

Program Name:	Foster Care	Primary Person:	
Program Start Date:	3/1/2015	Review End Date:	2/29/2016
Status:	Open	Last Review:	Mandatory
Worker:	<a href="#">[Change]</a>	Location:	DWS North Administration Office
Application Date:	3/1/2015	Last Interview Complete:	

Below the details table is an 'Edit' button.

- ◆ A program can only be deleted if no benefits have issued.
- ◆ If a program closes prior to the custody end date being entered, check the rules to determine why the program closed or denied, work to resolve the issue and then re-open the program. The program for a non-citizen, non-qualified alien will deny and close after the initial determination. The program for children on a medically needy (spenddown) category of aid will also close if the spenddown is not paid.

## Edit Program Home

The screenshot shows the 'Edit Program Home' screen for a program named 'Foster Care'. It includes a 'Save' and 'Cancel' button at the top. Below is a 'Program Details' section with the following fields:

*Application Date:	Eligibility month	Program Start Date:	Eligibility month
*Eligibility Month:	Eligibility month	Household Member:	Foster child
Delay Closure Date:	Can be moved forward	Verifications requested from applicant:	<input type="checkbox"/>
AFDC Information Unavailable:	<input type="checkbox"/>	Remove this check when you are ready to make the AFDC determination, if you used it initially to do a Medicaid eligibility for the foster child.	

Below the details is an 'Add New Note' link and another 'Save' and 'Cancel' button.

- ◆ The program home information can be edited if necessary. The application date, eligibility month and the program start date should all be the same date.
- ◆ AFDC Information Unavailable check can be removed on this screen. This check box should only be used if you are making a Medicaid only determination for the child. **DO NOT** use this for case where you have insufficient information to make an AFDC determination. Call the program specialist for help with these cases if needed.

## Benefit Issuance Screen – Program Home

**navigation**

- Case Home
- Program Home
- Benefit Group
- Benefit Issuance**
- Decisions
- Evidence
- Evidence Summary
- Relationship Evidence Summary
- Reviews
- Due Process
- Case Participants
- Contacts
- Events

Medical Benefit List: [ Immediate Issuance ] [ Cancel Overpayment ] [ Close ]

Pending Issuance		Benefit Month	Status			
<input type="checkbox"/>	Type					
On Hold Overpayments		Benefit Month	Status			
<input type="checkbox"/>	Type					
Medical Benefits						
Action	Name	Benefit Month	Date Issued	Status	Type	Medical Payment Details
<a href="#">View</a>		Aug 2012	7/27/2012	Issued	Monthly	
<a href="#">View</a>		Jul 2012	7/27/2012	Issued	Monthly	
<a href="#">View</a>		Jun 2012	7/27/2012	Issued	Monthly	
<a href="#">View</a>		May 2012	7/27/2012	Issued	Monthly	
<a href="#">View</a>		Apr 2012	7/27/2012	Issued	Monthly	
<a href="#">View</a>		Apr 2011	4/19/2011	Issued	Monthly	
<a href="#">View</a>		Mar 2011	4/19/2011	Issued	Monthly	

- ◆ The Medical Payment Details column will have information for programs where a spenddown is required.
- ◆ Medicaid cards with pending issuance can be issued using the “Immediate Issuance” button if necessary.
- ◆ System generated overpayments awaiting caseworker actions are listed here.

### View Details – Benefit Issuance Screen

[ Cancel Card ] [ Close ]

Header Information			
Primary Client:		Status:	Authorized
Benefit Month:	3/1/2015	Issued Date:	4/2/2015
Type:	Monthly	Mailed Date:	4/4/2015
Mailing Address:			
County:	Wasatch		

Detail					
PID	Name	Date of Birth	Gender	Age	Details
<a href="#">077120953</a>	<a href="#">JUNE DAY</a>	6/15/2000	Female	14	<a href="#">View</a>

[ Cancel Card ] [ Close ]

[ Close ]

Name: \_\_\_\_\_

Details					
Start Date	End Date	Program	CoPay	Provider	Benefit Package
3/1/2015	3/31/2015	Foster Care			Traditional

[ Close ]

### Replacing a Medicaid Card – Case Home

Case Home: ?

**navigation**

- [Home](#)
- [Evidence](#)
- [Medical Benefit History](#)
- [Notes](#)
- [Replace Medical Card](#)
- [Medical](#)

**Options**

- [New Program](#)
- [New Narrative](#)
- [Content Manager](#)
- [eFind](#)
- [Process Benefits](#)

- [New Investigation Referral](#)
- [New Calculation Referral](#)
- [Check Medical Assistance Eligibility](#)
- [Approve All Programs](#)
- [Reject All Programs](#)
- [Adjust Review Periods](#)

- [View Medical Assistance Decisions](#)
- [Check Retroactive Eligibility](#)
- [Spousal Asset Assessment](#)
- [Delete Case](#)

**Replace Medical Card:**

**History link show when cards have mailed**

**Case Members**

<input type="checkbox"/>	Member	Date of Birth	Age	Gender	Last Mailed	Status	
<input type="checkbox"/>	<b>Select and Save</b>		14	Female		<b>Issued</b>	<a href="#">History</a>
<input type="checkbox"/>			8	Female		<b>Issued</b>	<a href="#">History</a>

**Former Case Members**

<input type="checkbox"/>	Member	Date of Birth	Age	Gender	Last Mailed	Status
<input type="checkbox"/>						

## Evidence Summary – Program Home

**navigation**

- [Case Home](#)
- [Program Home](#)
- [Benefit Group](#)
- [Benefit Issuance](#)
- [Decisions](#)
- [Evidence](#)
- [Evidence Summary](#)
- [Relationship Evidence Summary](#)

**Enter Evidence Summary Date:**

**Evidence Summary Date**

Please enter the date of the period which you want to view.

\*Evidence Summary Date: **Enter date for which you want to view the active evidence**

Click

**Evidence Summary List:**

<input type="checkbox"/>	Evidence ID	Type	Name	Effective from Date	Effective To Date	Verification	Details
<input type="checkbox"/>	<a href="#">125149541</a>	<a href="#">Household Member</a>		3/1/2012		Hard Copy	Citizenship Status: U.S. Citizen
<input type="checkbox"/>	<a href="#">125149549</a>	<a href="#">Household Living Arrangement</a>		3/1/2012			Arrangement Type: At Home Absence Reason: Type of Institution:
<input type="checkbox"/>	<a href="#">125149550</a>	<a href="#">Household Living Arrangement</a>		3/1/2012			Arrangement Type: At Home Absence Reason: Type of Institution:
<input type="checkbox"/>	<a href="#">125149563</a>	<a href="#">Ownership</a>		3/1/2012		Electronic Verification	Ownership Record Type: Ownership Usage:
<input type="checkbox"/>	<a href="#">125149562</a>	<a href="#">Vehicle</a>		3/1/2012		Electronic Verification	Make: Oldsmobile Model: Cutlass Supreme SL Year: 1997 Fair Market Value: \$975.00
<input type="checkbox"/>	<a href="#">125149570</a>	<a href="#">Foster Care</a>		3/1/2012			Custody Agency: DCFS Custody Start Date: 04/03/2012

Columns can be sorted by clicking the heading of the column you wish to sort by

Effective dates can be moved from this screen one month at a time by selecting the evidence and clicking the appropriate button



- ◆ Clicking on the “Evidence ID” link will take you to the effective date screen for that evidence type. You can move the effective dates from this screen by selecting and clicking the link or you can go directly to the effective date screen.

### Case Home – Navigation Bar



- ◆ The navigation bar on the case home page contains links to case evidence and information.
- ◆ Evidence link accesses the case “Site Map.”
- ◆ “Medical Benefit History” link shows the Medicaid card issuance dates and status as well as the category of aid.
- ◆ All notes created on the program home will also show on the case home “Notes.”
- ◆ The “Notice” link accesses all notices that have been generated and the status and creation date of that notice. You can also create and view notices from this screen.
- ◆ Replace Medical Card is the link for requesting a new Medicaid card to the placement.
- ◆ Medical Card History will show when Medicaid Cards were mailed out.
- ◆ The “Tasks” link will access tasks for the case.
- ◆ The “Verification” link access a page designed to show all pending verifications.
- ◆ Calculation Referrals is the link to create an overpayment.
- ◆ The “Case Participants” link shows the persons associated with that case and their status.
- ◆ Contacts will be added on the Case Home for the Subsidized Adoption Cases.
- ◆ EBT is the link for a Horizon card for a Subsidized Adoption Case with Medical Mileage payments
- ◆ The status of spenddown payment is shown on the “Medical Payments” link.
- ◆ The “User Role” link will show the persons associated with the case and their role.

Medical Benefits							
Action	Name	Benefit Month	Date Issued	Program	Status	Type	Medical Payment Details
<a href="#">View</a>		Mar 2015	4/2/2015	Foster Care - Non IV-E	Authorized	Monthly	

[Close](#)

◆ When deciding whether or not to issue a 695 check the “Status” column. This is true for a family case as well as the foster care case.

- “Authorized” = issue 695
- “Pending DOH” = issue 695
- “In Process” = issue 695
- “Issued” = issue 695

### Notes – Case Home

◆ Notes are created on the program home for each child. All notes created on the program home can be viewed from the case home “Notes” link.

**Notes:**

Action	Created By	Created On	Subject	Text
<a href="#">View</a> <a href="#">Edit</a>		8/6/2012 11:00	Medical	<p>== Medicaid Eligibility Determination == Rec'd applic. 61-FC 7/26/2012 ==</p> <p>was removed from his mother &amp; father. AFDC group consisted of (5) &amp; his 2 siblings, mother &amp; father. His father is employed FT for . His income exceeded the 185% income test level. Deprivation did not exist, so therefore Kyle could not be IV-E Eligible.</p> <p>== Court Order ==</p> <p>Court Order dated 4/24/2012 has the "B.I." &amp; "R.E." language.</p> <p>== Placement ==</p> <p>&amp; siblings were placed in a kin placement where kin is in the process of becoming licensed. They are not Medicaid eligible either. They are not in a placement where a fc maintenance payment is being made. When kin becomes licensed then they will be elig. to receive FC Medicaid.</p> <p>== TPL == none</p> <p>Documented in SAFE module. Notified involved staff of determination.</p>
<a href="#">View</a> <a href="#">Edit</a>		8/6/2012 10:58	Medical	<p>== Medicaid Eligibility Determination == Rec'd applic. 61-FC 7/26/2012 ==</p> <p>was removed from her mother &amp; father. AFDC group consisted of (5) &amp; her 2 siblings, her mother &amp; father. Her father is employed FT for . His income exceeded the 185% income test level. Deprivation did not exist, so therefore Kyle could not be IV-E Eligible.</p> <p>== Court Order ==</p> <p>Court Order dated 4/24/2012 has the "B.I." &amp; "R.E." language.</p> <p>== Placement ==</p> <p>&amp; siblings were placed in a kin placement where kin is in the process of becoming licensed. They are not Medicaid eligible either. They are not in a placement where a fc maintenance payment is being made. When kin becomes licensed then they will be elig. to receive FC Medicaid.</p> <p>== TPL == none</p> <p>Documented in SAFE module. Notified involved staff of determination.</p>

**View Note:**

[Previous](#) [Next](#)  
[Edit](#) [Delete](#) [Close](#)

**Details**

Created By:	Subject: Medical
Sensitivity: 1	Creation Date: 8/6/2012 11:00

**Case Notes**

== Medicaid Eligibility Determination == Rec'd applic. 61-FC 7/26/2012 ==

was removed from his mother & father. AFDC group consisted of (5) & his 2 siblings, mother & father. His father is employed FT for . His income exceeded the 185% income test level. Deprivation did not exist, so therefore Kyle could not be IV-E Eligible.

== Court Order ==

Court Order dated 4/24/2012 has the "B.I." & "R.E." language.

== Placement ==

& siblings were placed in a kin placement where kin is in the process of becoming licensed. They are not Medicaid eligible either. They are not in a placement where a fc maintenance payment is being made. When kin becomes licensed then they will be elig. to receive FC Medicaid.

== TPL == none

Documented in SAFE module. Notified involved staff of determination.

[Edit](#) [Delete](#) [Close](#)  
[Previous](#) [Next](#)

## Notices – Case Home

[New Notice](#) Click this link to create a new notice if needed. Most notices are generated by system requirements.

**Search Criteria**

Start Date:  End Date:

Type:

**Delivery Method**

Current Option: Postal Start Date: 12/20/2010

**All Notices**

Action	Type	Subject	Method	Create Date	Status	Delivery Method
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Foster Care - IV-E <b>Medicaid card</b>	Batch	8/7/2012 04:03	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Foster Care - IV-E	Batch	8/7/2012 04:03	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Foster Care - IV-E	Batch	8/7/2012 04:03	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Foster Care - IV-E [Aug12]	Batch	8/7/2012 04:03	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Notice of Privacy Practices	OnLine	8/6/2012 10:16	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Approval Decision	Medical	OnLine	8/6/2012 10:16	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Equal Opportunity is the Law	OnLine	8/6/2012 10:16	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Change Reporting	OnLine	8/6/2012 10:16	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Change Reporting	OnLine	8/6/2012 10:15	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Notice of Privacy Practices	OnLine	8/6/2012 10:15	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Approval Decision	Medical	OnLine	8/6/2012 10:15	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Equal Opportunity is the Law	OnLine	8/6/2012 10:15	Sent	Postal

- ◆ The Medicaid card is viewable in eREP by clicking on the “View” link.
- ◆ Notices can be edited when they are in “pending” status.

## Create a New Notice

**New Notice:**

If the correspondent is a case participant, please select from below.

Case Participant:

---

**Template Search: Case -**

**Notice Type**

Type:

**Select the template type**

Action	Template Type
<a href="#">Select</a>	Free Form Notice
<a href="#">Select</a>	Additional Persons Application (Form 61-C)
<a href="#">Select</a>	Adjusted Gross Income Tax Authorization
<a href="#">Select</a>	Adjusted Gross Income Used, Moved to a Higher Cost Plan
<a href="#">Select</a>	Adjusted gross Income Used, Medicaid Eligible
<a href="#">Select</a>	Administrative Billing Form 22

## Verifications

**Verifications:** [Check here for any verifications that may be pending if an eligibility is failing](#) ?

This page displays a list of evidence with pending verifications

Please select the checkbox on the right when a verification document is received (imaged), but not yet processed. You must click 'Save' after selecting the checkbox(es).

Household					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Income					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Expenses					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Assets					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Financial Assistance					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Child Care					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Special Payments					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Food Stamps Assistance					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Medical					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details
Miscellaneous					
Verification Field	Member Name	Status	<input type="checkbox"/>	Imaged Doc(s)	Details

## Case Participants

**Case Participants:** :

Details					
Action	Name	Type	Start Date	End Date	Status
<a href="#">View</a>	State of Utah	Product Provider	8/6/2012		Active
<a href="#">View</a>	-----	Medical Insurance Policy Holder	8/6/2012		Active
<a href="#">View</a>	-----	Removal Home Member	8/6/2012		Active
<a href="#">View</a>	SELECTHEALTH	Medical Insurance Provider	8/6/2012		Active
<a href="#">View</a>	SELECTHEALTH	Medical Insurance Provider	8/6/2012		Active
<a href="#">View</a>	-----	Member	7/1/2012		Active
<a href="#">View</a>	-----	Primary Client	7/1/2012		Active

**View Participant Role:**

Details	
Name: _____	Type: Member
Start Date: 7/1/2012	End Date: _____
Status: Active	

## Contacts – Case Home

### Contacts:

**New** Contacts for SA cases are added on the case home "Contacts" link

Action	Name	Contact Role	From	To	Status
--------	------	--------------	------	----	--------

### Create Contact:

Save Save & New Cancel

**Contact**

\*From:  To:

\*Contact Type: **Authorized Representative**  
Relative  
Guardian or Conservator  
Attorney or Individual with Power of Attorney  
Representative Payee

\*Contact Role: **Correspondence**  
Medical Card  
Share All Program Information  
Share Child Care Program Information  
Share Financial Program Information

Complete the address information for the contact in the fields below

- ◆ A contact for an SA case must be added if the child is not living with the person who should receive the notices. The Medicaid card must always be mailed to the address where the child is living, however in some SA instances the child is not living with the parent or guardian who is the responsible party. ICAMA cases where the child is placed in a residential facility in Utah and the parent lives in another state are an example of this. In these instances the parent or responsible party should receive the notices regarding eligibility so a contact is added.

## EBT Card for Medical Mileage Reimbursement

### Add EBT Payee:

Save Save & Add Alternate Cancel

**Name**

First Name:	eRep autofills	Last Name:	eRep autofills
Date of Birth:	eRep autofills		
*Does a new Card Need to be mailed?:	Yes	*Authorized EBT Accounts:	financial
Card Last Requested:			

Save Save & Add Alternate Cancel

- ◆ A new EBT card must be set up if the case number you are attempting to pay from is different from the case number of an EBT card that the family already has in their possession. Medical mileage reimbursement from an SA case cannot be added to an EBT card for a DWS program.

## Programs on the Integrated Case

**New**

Program Type	Household Member	Program Start Date	Review End Date	Status
Foster Care		7/1/2012	6/30/2013	Active
Foster Care		7/1/2012	6/30/2013	Active

**This integrated case has two foster care programs attached**  
**A new program can be created by clicking the "New" link**

### Select Program Type

Action	Program
<a href="#">Select</a>	Special Payments
<a href="#">Select</a>	Subsidized Adoption
<a href="#">Select</a>	Foster Care
<a href="#">Select</a>	Kinship Guardianship

## User Roles – Case Home

**User Roles:**

[Transfer to Me](#)      [Search to select New Owner](#)

Action	Name	Role	Start Date	End Date
<a href="#">View</a>	.....	Case Owner	8/6/2012	
<a href="#">View</a>	.....	Case Owner	8/6/2012	8/6/2012
<a href="#">View</a>	.....	Case Supervisor	8/6/2012	

**Case can be transferred to yourself or another person using the above links**

## Medical Payments/Spenddown

**Medical Payments/Spenddown/Cost of Care List:**

**Status will be "Applied" when the spenddown has been cleared**

Action	Eligibility Start Date	Program	Payment Type	Due Date	Total Amount	Outstanding Amount	Late Fee	Outstanding Late Fee	Status
<a href="#">View Details</a>	9/1/2012	Foster Care - Non IV-E	Spenddown	10/10/2012	588.00	588.00	0.00	0.00	Not Applied
<a href="#">View Details</a>	8/1/2012	Foster Care - Non IV-E	Spenddown	9/10/2012	588.00	588.00	0.00	0.00	Not Applied
<a href="#">View Details</a>	7/1/2012	Foster Care - Non IV-E	Spenddown	8/10/2012	588.00	0.00	0.00	0.00	Applied
<a href="#">View Details</a>	6/1/2012	Foster Care - Non IV-E	Spenddown	7/10/2012	588.00	0.00	0.00	0.00	Applied

**Medical Payment/Spenddown/Cost of Care Details:**

[Apply Payment](#)   [History](#)   [Close](#)

**Options**

[Use Available Bill\(s\)](#)      [Apply Towards Spenddown/Cost Of Care](#)  
[Undo Bill\(s\)](#)                      [Medical Bill\(s\) Adjustments](#)  
[New Medical Bill](#)

**Program Details**

Eligibility Start Date:	7/1/2012	Eligibility End Date:	7/31/2012
Status:	Applied	Program:	Foster Care - Non IV-E
Benefit Issued:	6/22/2012	Total Amount:	588.00
Bills Used:	0.00	Cash Payments:	588.00
Outstanding Amount:	0.00	Date Met:	7/3/2012

**Used Payments**

Action	Payor	Date Paid	Payment Method	Amount Paid	Transaction Type	Check/Money Order/Voucher Number	Adjustment Reason	Source
<a href="#">Undo</a>		7/3/2012	Check	588.00	Payment	08702		

## Transferring Cases – Worker Home Page

**navigation**

- Home
- Search Person
- **Transfer Select Cases**
- Organization Unit Home
- Case Edit Sample
- PRT Review Scoreboard
- Manage Work Queue
- Financial Reports
- User/Organization Search
- PRT Case Reviews

**Select Workers**

Please select the current worker you wish to transfer cases from. Then select a new worker to transfer the cases to. Once the workers are selected, please select Next to identify the cases you wish to transfer.

Next
Cancel

---

**Select Workers**

Current Worker: Select current worker 🔍

New Worker: Select new worker 🔍

Program Hierarchy Type: ▼

Next
Cancel

---

**Transfer Select Cases**

Please select the cases to transfer from the current worker to the new worker by checking the boxes below.

Transfer Select Cases
Cancel

---

**Select cases to transfer**

	Case Reference	Case Type	Primary Person	Status
<input type="checkbox"/>	209683	Integrated Case Subsidized Adoption	.....	Open Closed
<input type="checkbox"/>	337323	Integrated Case Subsidized Adoption	.....	Open Closed
<input type="checkbox"/>	372933	Integrated Case Subsidized Adoption	.....	Open Active

## Transferring Programs- Program Home Page Details Section

**Details**

Program Name: Foster Care - IV-E	Primary Person: .
Program Start Date: 7/1/2012	Review End Date: 6/30/2013
Status: Open	Last Review: Mandatory
Worker: <span style="border: 1px solid red; padding: 2px;">[Change]</span>	Location: DWS North Administration Office
Application Date: 7/1/2012	Last Interview Complete:

---

**Set Case Owner:**

**Details**

New Worker: Select new worker 🔍

Reason: Select from drop down

Program Hierarchy Type: ▼

[Add New Note](#)

Save
Cancel

## Changing the Primary Case Person – Case Home

Details	
Case Number:	Type: Foster Care/Subsidized Adoption
Primary Individual:	Status: Open
Worker:	Primary Language: English
Date Case Registered: 7/13/2012	Preferred Language For Correspondence: English
eREP Issuance Cutover Date: 1/1/2008	Mailing Address:

### Change Primary Individual

Please select a different Primary Individual for this Case.

Select new primary from available persons

Cancel

Details		
Action	Name	SSN
Select		

## Subsidized Adoption Case Home Page

**navigation**

- Home
- Evidence
- Medical Benefit History
- Notes
- Notices
- Replace Medical Card
- Medical Card History
- Tasks
- Verifications
- Automatic Asset Transfer
- Calculation Referrals
- PRT Reviews
- Case Participants
- Contacts
- EOI
- Investigation Referrals / Investigations
- Medical Payments / Spenddown / Cost of Care

**Options**

- [New Program](#)
- [New Investigation Referral](#)
- [View Medical Assistance Decisions](#)
- [New Narrative](#)
- [New Calculation Referral](#)
- [Check Retroactive Eligibility](#)
- [Content Manager](#)
- [Check Medical Assistance Eligibility](#)
- [Annual Asset Assessment](#)
- [eFind](#)
- [Approve All Programs](#)
- [Delete Case](#)
- [Process Benefits](#)
- [Reject All Programs](#)
- [Adjust Review Periods](#)

**Details**

Case Number:	Type: Foster Care/Subsidized Adoption/Kinship Guardianship
Primary Individual:	Status: Open
Worker:	Primary Language: English
Date Case Registered: 9/1/2002	Preferred Language For Correspondence: English
eREP Issuance Cutover Date: 10/1/2009	Mailing Address:
	Residential Address:
	Telephone Number:

**Programs**

Program Type	Household Member	Program Start Date	Program End Date	Status	Closure Reason	Review End Date	Last Review
Subsidized Adoption		9/1/2002		Open		10/31/2019	

**Case Members**

Member	Alert	Date of Birth	Age	Gender	Relationship	PID	SSN	ABAWD Months	Sanction Disqual
					Self			0	

- ◆ Every adoptive child who is eligible for Subsidized Adoption Medicaid will have their own integrated case.
- ◆ An integrated case may be deleted if no benefits have issued.
- ◆ Contacts for the Subsidized Adoption Cases are entered from the case home page.
- ◆ Access the Subsidized Adoption Site Map by clicking on the “Evidence” link.

## Subsidized Adoption Case Site Map

**Case Evidence Site Map**  
This page displays a list of all evidence types

Household   Income   Assets   Expenses   Medical   Home   Site map

Apply Changes   Approve   Reject   End Date Active Evidence

**Household**

Household Member	Student	Alien Sponsor
Household Relationship	Assistance History	Alien
Living Arrangement	Absent Parent	Voluntary Quit
Utah Residency	Other Benefit	Authorized Representative
Pregnancy	Disability/Incapacity	

**Income**

Earned Income	Educational Income	Unearned Income
Self Employment Income		

**Expenses**

Allowable Expenses	Child Support	Dependent Care
Educational Expenses	Medical	
Shelter	Utility	

**Assets**

Annuity	Life Insurance	Property
Burial Plan/Contract	Liquid Asset	Vehicle
Burial Plot/Space	Trust	

**Medical**

TPL	Medical Insurance	In-Kind Food and Shelter
Medical Bills	Medical Emergency	Medical Institution/Waiver
Dependent Family Member	Spousal Cooperation/Allowance	Income Reporting
Available Health Insurance	Voluntary Terminated Health Insurance	CHIP/PCN/UPP Exception
Medical Condition	NPCR Opt Out	Removal Home
Bus Pass		Forced Evidence and Reassessment

- ◆ Household member, living arrangement and Utah residency are required. Student, other benefit and unearned income are not required.
  - “Other Benefit” could include subsidized adoption, SSI or SSA benefits.
  - “Unearned Income” could include subsidized adoption, SSI or SSA benefits.
  - TPL entry is required, however Medicaid is not denied for a child if the parent does not cooperate with the TPL requirement.

## Site Map – Navigation Bar



- ◆ The Site Map Navigation Bar provides links to case related evidence and information.

## New Household Member – Subsidized Adoption

[New Household Member](#) [Apply Changes](#) [Approve](#) [Reject](#)

### Confirm Person Not Already Registered

Enter search criteria to help you determine if the person has been registered before. Make selections from the drop-down boxes by clicking on the down arrow and then highlighting and clicking on the correct selection.

[Search](#) [Reset](#) [Cancel](#)

Search Criteria	
Search Type:	<input type="text"/>
Social Security Number:	<input type="text"/>
First Name:	<input type="text" value="Adoptive name"/>
Middle Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Age:	<input type="text"/>
Name Type:	<input type="text" value="Primary"/>
PID Number:	<input type="text" value="Make sure you are using the adoptive PID"/>
Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
Use Exact DOB In Search:	<input type="checkbox"/>
Gender:	<input type="text"/>

Search Results											
Action	Last Name	First Name	MI	Suffix	Date of Birth	Gender	SSN Identifier	PID Number	Case Details	System Indicators	
<a href="#">Use This PID</a>					2/4/2005	Female			<a href="#">View</a>	<a href="#">View</a>	

[Search](#) [Reset](#) [Cancel](#)  
Person Not Found – [Create New PID](#)

- ◆ A child who is eligible for Utah Adoption Assistance will have a PID that was created in SAFE for the AAM case. It could be the same PID as the foster child.
- ◆ ICAMA cases may not be known to the customer directory, make certain to do a thorough search before assigning a new PID.

### Search PACMIS Case Number

Search Criteria	
PID:	<input type="text"/>
PACMIS Case Number:	<input type="text"/>

[Search](#) [Register With New eREP Case Number](#) [Cancel](#)

- ◆ Register with a new eREP case number if this is a new SA case for a new adoption. If you are opening an adoption case for a child whose case never converted from PACMIS, you will also register a new case number.
- ◆ For adoptive children with an existing SA case in eREP you will use that case number and reopen it with the reason of “new application.”

View Household Member Evidence Details:

Close

Household Member Details	
Household Member:	
Marital Status:	Never Married
Citizenship Status:	U.S. Citizen
Citizenship Authentication Level (for medical use):	Blank
Identity Authentication Level (for medical use):	Blank
Citizenship & Identity Exemption Reason:	Subsidized Adoption
Military Service Status:	
Fleeing Felon:	No
Migrant Farmworker:	No
Boarder:	No
Primary Wage Earner:	No
Citizenship Verification:	Not pending
Citizenship Authentication Verification (for medical use):	Pending
Identity Verification (for medical use):	Pending
Other Benefits Details	
Has Member applied for all other Benefits for Financial Assistance:	No
Has Member applied for all other Benefits for Medical Assistance:	Yes <b>Must be "yes"</b>
Eligible for Medicare Part B but not enrolled:	No
Pharmacy/Gap Extension Reason:	
Application Date (Date of Report) For Adding This New Member To An Existing Ongoing Case	
Date This New Member Was Reported:	
Evidence Dates	
Date of Change:	1st day of the month when adoption agreement is in effect
Date Verified:	
Date Reported:	1st day of the month of adoption agreement
End Date:	
Actual Evidence:	No

## New Living Arrangement – Subsidized Adoption

[New Living Arrangement](#)

Click

[Apply Changes](#)

[Approve](#)

[Reject](#)

Living Arrangement Details	
Household Member:	Select from drop down
In the Home Part of the Month (for Food Stamps Only):	No
% in the Home (for Financial Only):	
Rent Subsidized (for Financial Only):	
Arrangement Type:	At Home
Absence Reason:	
Type Of Institution:	
Jail/Prison/State Hospital Release Date:	
Provides More Than 50% of Meals (for Food Stamps Only):	No
Facility Details	
Facility:	Address:
Phone Area Code:	Phone Number:
Tribal Details	
Living on Reservation:	Tribal Affiliation:
Minor Parent and Emancipation Details	
Emancipated:	Emancipated Verification:
Minor Parent Living Arrangement:	Minor Parent Living Arrangement Verification:
Minor Parent Good Cause:	
Evidence Dates	
Date of Change:	1st day of month of the agreement
Date Verified:	
Date Reported:	1st day of month of the agreement
End Date:	
Actual Evidence:	No

## Utah Residency – Subsidized Adoption

[New Utah Residency](#)

[Apply Changes](#)

[Approve](#)

[Reject](#)

New Utah Residency Evidence:

[Save](#)

[Save & New](#)

[Cancel](#)

### Utah Residency Dates

\*Start Date: **Adoption Month**

End Date:

### Household Member Details

[Household Members](#)

Select the adoptive child

## Other Benefit – Subsidized Adoption

[New Benefit](#)

[Click to add SA or Social Security information](#)

[Apply Changes](#)

[Approve](#)

[Reject](#)

New Other Benefit Evidence Details:

[Save](#)

[Save & New](#)

[Cancel](#)

### Benefit Details

\*Household Member: **Adoptive child - select from drop down**

\*Benefit Type: **Select from drop down**

Application Date: **1st day of the month of the adoption**

SSI Last Payment Date:

SSI/SSDI Denial Reason:

Benefit Verification: **Not pending**

Status: **Approved**

State: **Required for SSI**

End Reason:

### Evidence Dates

\*Date of Change: **1st day of the month of the adoption**

Date Verified: **1st day of the month of the adoption**

\*Date Reported: **1st day of the month of the adoption**

End Date:

Actual Evidence:

Benefit types that will most often apply =

SSI

Social Security

Subsidized Adoption

## Disability/Incapacity – Subsidized Adoption

[New Disability/Incapacity](#)

[Click to add](#)

[Apply Changes](#)

[Approve](#)

[Reject](#)

### Disability/Incapacity

\*Household Member: **Adoptive child - select from drop down** \*Disability/Incapacity Determined By: **SSI Recipient**

\*Reason for Disability/Incapacity: **Select from drop down**

Verification: **Electronic or hard copy**

### Disability Details

1619(b) Recipient:

End Stage Renal Disease:

Protected SSI Child:

Disability Onset Date: **1st day of the month of the adoption**

Blind:

ALS:

SSDI/RR Disability Benefit Initial Entitlement Date :

Disability Redetermination Date:

A child may be eligible for a disabled Medicaid program based on being an SSI recipient for 1 year after the SSI is ended.

### Evidence Dates

\*Date of Change: **1st day of the month of the adoption**

Date Verified: **1st day of the month of the adoption**

\*Date Reported: **1st day of the month of the adoption**

End Date:

Actual Evidence:

## Income Section – Subsidized Adoption

**Income**

[Earned Income](#)
[Educational Income](#)
[Unearned Income](#)

[Self Employment Income](#)

The adoption maintenance payment may be entered as unearned income for the adoptive child. SA Medicaid has no income or asset test.

## Unearned Income – Subsidized Adoption

[New Unearned Income](#)
[Click to add](#)
[Apply Changes](#)
[Approve](#)
[Reject](#)

New Unearned Income Evidence Details:

[Save](#)
[Cancel](#)

**Unearned Income Details**

\*Household Member: **Adoptive child - select from drop down**

\*Unearned Income Type: **SSI, Social Security, Subsidized Adoption**

Source of Income: **Manual entry if desired**

\*Frequency: **Select from drop down, usually monthly** Use Actual Income Not Factored:

Verification: **Not pending** Use Work Screen to Average:

Monthly Amount: **\$\$\$\$** Day of Week Paid:

**Deduction Details**

Monthly Deduction Amount:  Deduction Type:

**Annualized Income (CUP only)**

Total # of checks to be received in Cert Period (CUP only):  Frequency:

**Evidence Dates**

\*Date of Change: **1st day of month of the adoption** \*Date Reported: **1st day of month of the adoption**

Date Verified: **1st day of month of the adoption** End Date:

Actual Evidence:

## Medical Section – Subsidized Adoption

**Medical**

[TPL](#)
[Medical Insurance](#)
[In-Kind Food and Shelter](#)

[Medical Bills](#)
[Medical Emergency](#)
[Medical Institution/Waiver](#)

[Dependent Family Member](#)
[Spousal Cooperation/Allowance](#)
[Income Reporting](#)

[Available Health Insurance](#)
[Voluntary Terminated Health Insurance](#)
[CHIP/PCN/UPP Exception](#)

[Medical Condition](#)
[NPCR Opt Out](#)
[Removal Home](#)

[Bus Pass](#)
[Tax Information](#)
[Forced Evidence and Reassessment](#)

## TPL-Subsidized Adoption

 **New TPL Enforcement**

[Click to add](#)

 [Apply Changes](#)

 [Approve](#)

 [Reject](#)

◆ TPL evidence is recorded for household members.

Third Party Liability Details	
Cooperating with TPL requirements:	<input checked="" type="checkbox"/>
Good Cause Claim Reason:	Leave blank
Good Cause Verification:	
Basis for Determination:	
*Date TPL Information Last Reviewed:	Application date
Date Good Cause Claimed:	
Good Cause Claim Status:	
Date Determination Made:	
Form 19 Information	
*Does anyone have health insurance:	Yes or No
Does anyone have health insurance available but has not enrolled:	<input type="checkbox"/>
Is a person outside the household required to pay medical expenses for anyone:	<input type="checkbox"/>
Buyout Potential:	<input type="checkbox"/>
Answer based on responses on the application	
Does anyone have health insurance that has ended in the past 6 months:	<input type="checkbox"/>
Does anyone have a major medical need:	<input type="checkbox"/>
Has anyone ever served in the military:	<input type="checkbox"/>
Accident or Assault Information	
*Has anyone been injured in an accident or assault:	
Date of incident:	Answer based on responses on the application
Nature of incident:	
If other, please explain:	
Evidence Dates	
*Date of Change:	1st day of the month of the adoption
Date Verified:	1st day of the month of the adoption
*Date Reported:	1st day of the month of the adoption
End Date:	
Actual Evidence:	

## New Medical Evidence – Subsidized Adoption

 **New Medical Insurance**

[Click to add](#)

 [Apply Changes](#)

 [Approve](#)

 [Reject](#)

Policy Holder Details	
*Policy Number:	Required
If the policy holder is a case participant, please select from below.	
Policy Holder Participant:	Policy holder will not be a participant on the SA case.
If the policy holder is not a case participant but is registered on the system, please select from below.	
Policy Holder:	Enter the policy holder using the appropriate steps
If the policy holder is not registered on the system, complete the policy holder details below.	
First Name:	Middle Name:
Last Name:	Suffix:
Date Of Birth:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:
Insurance Company Details	
If the insurance company is a case participant, please select from below.	
Insurance Company Participant:	Enter the insurance company information in the appropriate manner
If the insurance company is not a case participant but is registered on the system, please select from below.	
Insurance Company:	
If the insurance company is not registered on the system, complete the insurance company details below.	
Insurance Company Name:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
Phone Area Code:	Phone Number:
Policy Details	
Medical Insurance Type:	Select from drop down
Comprehensive/Limited:	Select from drop down
*Policy Start Date:	Use date given on application
Policy End Date:	

**Group Policy Details**

Group Policy Number: **Enter the details that are available on the application. ORS verifies coverage.**

If the employer is a case participant, please select from below.  
Employer Participant:

If the employer is not a case participant, complete the employer details below.

Employer Name:

Street 1:  Street 2:

Apt/Suite:  City:

State:  Zip Code:

County:

Phone Area Code:  Phone Number:

**Evidence Dates**

\*Date of Change: **1st day of the adoption month** \*Date Reported: **1st day of the adoption month**

Date Verified: **1st day of the adoption month** End Date:

Actual Evidence:

**Click "Save & Add Coverage Details" to add the child evidence for the policy.**

## Medicaid Coverage Evidence – Subsidized Adoption

**navigation**

- Medical Insurance
- Coverage**

[New Coverage Evidence](#) [Click to add](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Coverage Details**

Start Date:  End Date:

Coverage Exhausted:

Voluntary Termination Reason:

**Household Members Details**

Household Members	
	<input type="checkbox"/>
	<input type="checkbox"/>

## Add Program – Subsidized Adoption Case Home Page

**Case Home:**

**Options**

- [New Program](#)
- [New Narrative](#)
- [Content Manager](#)
- [eFind](#)
- [Process Benefits](#)
- [New Investigation Referral](#)
- [New Calculation Referral](#)
- [Check Medical Assistance Eligibility](#)
- [Approve All Programs](#)
- [Reject All Programs](#)
- [Adjust Review Periods](#)
- [View Medical Assistance Decisions](#)
- [Check Retroactive Eligibility](#)
- [Spousal Asset Assessment](#)
- [Delete Case](#)

Home | My Tasks | My Calendar | My Cases | Search | Log Out

**Select Program Type**

Action	Program
Select	Special Payments
<b>Select</b>	<b>Subsidized Adoption</b>
Select	Foster Care
Select	Kinship Guardianship

## Program Home –Subsidized Adoption

**Program Home:** [Edit](#)

---

**Manage**

<a href="#">Process Benefits</a>	<a href="#">Approve</a>	<a href="#">Close/Deny Program</a>	<a href="#">Delete Program</a>
<a href="#">Check Eligibility</a>	<a href="#">Reject</a>	<a href="#">Change Closure/Denial Details</a>	
	<a href="#">Reassess</a>	<a href="#">Re-open</a>	

---

**Details**

Program Name: <b>Subsidized Adoption - IV-E</b>	Primary Person:
Program Start Date: 6/1/2009	Review End Date: <b>7/31/2026</b>
Status: <b>Received, authorized or open</b>	Last Review:
Worker:	Location:
Application Date: 6/1/2009	Last Interview Complete:

[Edit](#) **No reviews for SA. Review end date is the agreement end date**

**navigation**

- [Case Home](#)
- [Program Home](#)
- [Benefit Group](#)
- [Benefit Issuance](#)
- [Decisions](#)
- [Evidence](#)**
- [Evidence Summary](#)
- [Relationship Evidence Summary](#)
- [Reviews](#)
- [Due Process](#)
- [Case Participants](#)
- [Contacts](#)
- [Events](#)
- [Notes](#)
- [Over And Under Payments](#)
- [Program History](#)

- ◆ Click the “Evidence” link to add the subsidized adoption program evidence.
- ◆ Subsidized adoption program evidence contains the information regarding the type of agreement, start and end date and the adoption assistance state.

**New Subsidized Adoption Evidence Details:** [Save](#) [Cancel](#)

---

**Subsidized Adoption Details**

*Household Member:	<input type="text" value="Select from drop down"/>		
*Adoption Agreement Type:	<input type="text" value="IV-E or Non IV-E"/>		
Adoption Assistance Agreement State:	<input type="text" value="Select from drop down"/>	Adoption Verification:	<input type="text" value="Not pending"/>
*Agreement Start Date:	<input type="text" value="1st day of month of the adoption agreement"/>	*Agreement End Date:	<input type="text" value="End of month turning 18"/>

---

**Adoption Home Address**

C/O:	<input type="text" value="Parent's name"/>		
Street 1:	<input type="text" value="Medicaid card will mail to this address. The address for the child on the person home should be a DCFS office."/>	Street 2:	<input type="text"/>
Apt/Suite:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>
County:	<input type="text"/>		
*County of Actual Residence:	<input type="text" value="Correct county is critical"/>		
Phone Area Code:	<input type="text"/>	Phone Number:	<input type="text"/>

## Check Eligibility – Subsidized Adoption

**Manage**

<a href="#">Process Benefits</a>	<a href="#">Approve</a>	<a href="#">Close/Deny Program</a>	<a href="#">Delete Program</a>
<b><a href="#">Check Eligibility</a></b>	<a href="#">Reject</a>	<a href="#">Change Closure/Denial Details</a>	
	<a href="#">Reassess</a>	<a href="#">Re-open</a>	

- ◆ Complete check eligibility before applying the evidence.

**Check Eligibility**  
Please enter a date for which you want to check eligibility or alternatively select the case start date. To check eligibility for Active Evidence Only select the Active Evidence Only box also.

Eligibility Date:

Program Start Date:

Use Active Evidence Only:

Ignore Pending Verification:

[Check Eligibility](#) [Close](#)

## Decisions – Subsidized Adoption

**navigation**

- Case Home
- Program Home
- Benefit Group
- Benefit Issuance
- Decisions**
- Evidence
- Evidence Summary
- Relationship Evidence Summary
- Reviews
- Due Process
- Case Participants
- Contacts
- Events
- Notes
- Over And Under Payments
- Program History
- Related Cases

Decisions: Subsidized Adoption

Action	Creation Date	Status	Effective From	Effective To	Decision	Issued?	Reason
<a href="#">View</a>	8/2/2012	Current	9/1/2012	9/30/2012	Eligible		Authorized and Open
<a href="#">View</a>	8/2/2012	Current	8/1/2012	8/31/2012	Eligible	Yes	Authorized and Open
<a href="#">View</a>	8/2/2012	Current	7/1/2012	7/31/2012	Eligible	Yes	Authorized and Open
<a href="#">View</a>	8/2/2012	Current	6/1/2012	6/1/2012	Eligible		Check Eligibility
<a href="#">View</a>	8/2/2012	Current	6/1/2012	6/30/2012	Eligible	Yes	Authorized and Open

- ◆ Select the “View” link for the decision details and to access the rules.
- ◆ This screen tells you the status of the case for each month and if a benefit has been issued.

## Decision Details – Subsidized Adoption

**Decision Details:** ?

[Close](#)

**Details**

Decision: Yes	Status: Current
Effective From: 3/1/2015	Effective To: 7/31/2026
Reason: Authorized and Open	Creation Date: 4/12/2015
Issued?: <b>Yes</b>	Program: Subsidized Adoption - IV-E

[INFOSOURCE LINK](#)

**Objectives**

Name	Type	Reason	Amount
	Eligible Member		
	Subsidized Adoption - IV-E		

**Ineligible Program Reasons**

[View Rules Summary](#) [View All Rules](#) [Close](#)

## Apply the Evidence – Subsidized Adoption



## Process Benefits – Subsidized Adoption



**navigation**

- [Home](#)
- [Evidence](#)
- [Medical Benefit History](#)
- [Notes](#)
- [Notices](#)**
- [Tasks](#)
- [Verifications](#)

## Notices – Subsidized Adoption

### Case Home Page

Notices:

[New Notice](#)

**Search Criteria**

Start Date:   End Date:

Type:

[Search](#) [Reset](#)

**Delivery Method**

Current Option:  Start Date:

**All Notices**

Action	Type	Subject	Method	Create Date	Status	Delivery Method
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Subsidized Adoption - Unknown [Jun14]	Batch	5/23/2014 18:23	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Subsidized Adoption - Unknown [Apr14]	Batch	5/16/2014 00:38	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	MedCard-sgl	Subsidized Adoption - Unknown [May14]	Batch	5/16/2014 00:38	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Approval Decision	Medical	OnLine	5/15/2014 14:34	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Notice of Privacy Practices	OnLine	5/15/2014 14:34	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	Equal Opportunity is the Law	OnLine	5/15/2014 14:34	Sent	Postal
<a href="#">View</a>   <a href="#">Edit</a>	Standalone	When to Report Changes	OnLine	5/15/2014 14:34	Sent	Postal

Beginning in June 2014, the Medicaid card is a one time mailing. The card no longer mails out each month and we not appear as a notice on the notice screen

## Medicaid Benefit History – Subsidized Adoption

**navigation**

- [Home](#)
- [Evidence](#)
- [Medical Benefit History](#)**
- [Notes](#)
- [Notices](#)
- [Tasks](#)
- [Verifications](#)

Medical Benefit List:

[Close](#)

Action	Name	Benefit Month	Date Issued	Program	Status	Type
<a href="#">View</a>		Aug 2012	8/2/2012	Subsidized Adoption - IV-E	Issued	Monthly
<a href="#">View</a>		Jul 2012	8/2/2012	Subsidized Adoption - IV-E	Issued	Monthly
<a href="#">View</a>		Jun 2012	8/2/2012	Subsidized Adoption - IV-E	Issued	Monthly

[Close](#)

Click the "View" link to see details of the benefit including the address the Medicaid card was mailed to

## Replace Medicaid Card – Subsidized Adoption

**Case Home:**

**Options**

- New Program
- New Narrative
- Content Manager
- eFind
- Process Benefits
- New Investigation Referral
- New Calculation Referral
- Check Medical Assistance Eligibility
- Approve All Programs
- Reject All Programs
- Adjust Review Periods
- View Medical Assistance Decisions
- Check Retroactive Eligibility
- Spousal Asset Assessment
- Delete Case

**Replace Medical Card:**  **History link show when cards have mailed**

**Case Members**

Member	Date of Birth	Age	Gender	Last Mailed	Status	History
<input type="checkbox"/> <b>Select and Save</b>		14	Female		<b>Issued</b>	<input type="button" value="History"/>
<input type="checkbox"/>		8	Female		<b>Issued</b>	<input type="button" value="History"/>

**Former Case Members**

Member	Date of Birth	Age	Gender	Last Mailed	Status
<input type="checkbox"/>					

## Special Payments – Medical Mileage Subsidized Adoption Case Home

**Case Home:**

**Options**

- New Program
- New Narrative
- Content Manager
- eFind
- Process Benefits
- New Investigation Referral
- New Calculation Referral
- Check Medical Assistance Eligibility
- Approve All Programs
- Reject All Programs
- Adjust Review Periods
- View Medical Assistance Decisions
- Check Retroactive Eligibility
- Spousal Asset Assessment
- Delete Case

**Details**

Case Number:		Type:	Foster Care/Subsidized Adoption/Kinship Guardianship
Primary Individual:		Status:	Open
Worker:		Primary Language:	English
Date Case Registered:	5/15/2014	Preferred Language For Correspondence:	English
eREP Issuance Cutover Date:	1/1/2008	Mailing Address:	<b>Mailing and home address of the adoptive child</b>
		Residential Address:	
		Telephone Number:	

**Programs**

Program Type	Household Member	Program Start Date	Program End Date	Status	Closure Reason	Review End Date	Last Review
Subsidized Adoption		4/1/2014		Open		12/31/2026	Mandatory

**Medical mileage is only paid as a special payments type for a child eligible for subsidized adoption Medicaid**

### Select Program Type

Action	Program
<input type="button" value="Select"/>	Special Payments
<input type="button" value="Select"/>	Subsidized Adoption
<input type="button" value="Select"/>	Foster Care
<input type="button" value="Select"/>	Kinship Guardianship

**New Program:** Special Payments

<b>Program Details</b>	
*Application Date: <b>Date received</b>	Program Start Date: <b>Cannot be prior to application date</b>
Review End Date:	Interview Complete Date:
Interview Type:	

## Special Payments – Program Home

**Special Payments**

**Manage**

Process Benefits	Approve	Close/Deny Program	Delete Program
Check Eligibility	Reject	Change Closure/Denial Details	
	Reassess	Re-open	

**Details**

Program Name:	Primary Person: <b>Adoptive child</b>
Program Start Date: 4/1/2014	Review End Date: 12/31/2026
Status: <b>Received, authorized or open</b>	Last Review: Mandatory
Worker:	Location:
Application Date: 4/1/2014	Last Interview Complete:

## Add Program Evidence

**navigation**

- Case Home
- Program Home
- Benefit History
- Benefit Issuance**
- Decisions
- Evidence**

Special Payments Site Map Special Payments

<b>Special Payments</b>		
Emergency Assistance Questions	Y Funds	Transient Funds
Emergency Assistance Amounts	Z Funds	Burial Funds
<b>Food Stamps Special Payments</b>		
Food Stamps Work Reimbursement	Child Care E & T Funds	
<b>Disaster Stamps Special Payments</b>		
Disaster Stamps Questions and Info	Disaster Stamps Eating Arrangements	Disaster Stamps Expenses
<b>Medical Assistance Special Payments</b>		
<b>Medical Travel Reimbursement</b>	<b>Select</b>	Baby Your Baby
<input type="button" value="Close"/>		

## Medical Travel Reimbursement Workspace

**Medical Travel Reimbursement Workspace:** - Special Payments

**New Medical Travel Reimbursement Evidence Details:** Special Payments

*Household Member: <b>Adoptive child</b>	*Reimbursement Type: <b>Select from drop down</b>
Verification: <b>not pending</b>	*Amount: <b>\$\$\$\$</b>
*Date of Travel:	Supervisor Approval: <input type="checkbox"/>
*Date Requested: <b>Application date</b>	Date Effective: <b>autofilled by eREP</b>

- ◆ Select “Medical Travel Reimbursement” under the Medical Assistance Special Payments on the Site Map.
- ◆ Select “New Medical Travel Reimbursement”.
- ◆ Select household member.
- ◆ Select reimbursement. (Only one issuance of each reimbursement type can be made in one day. If additional benefits need to be issued, edit the benefit amount if changes have not been applied, or use another Reimbursement type to avoid duplicate issuance.)

- ◆ Select verification type.
- ◆ Enter amount.
- ◆ Enter date of travel.
- ◆ Enter date requested.
- ◆ Click “Save”.
- ◆ Check eligibility using program start date.
- ◆ Verify eligibility and payment amount.
- ◆ Apply changes.
- ◆ Submit program for authorization.
- ◆ Verify that program status is authorized.
- ◆ Narrate all actions in the program notes.

**Manage**

<a href="#">Process Benefits</a>	<a href="#">Approve</a>	<a href="#">Close/Deny Program</a>	<a href="#">Delete Program</a>
<a href="#">Check Eligibility</a>	<a href="#">Reject</a>	<a href="#">Change Closure/Denial Details</a>	
	<a href="#">Reassess</a>	<a href="#">Re-open</a>	

**Details**

Program Name:	<b>Special Payments</b>	Primary Person:	
Program Start Date:	4/1/2014	Review End Date:	12/31/2026
Status:		Last Review:	Mandatory
Worker:		Location:	DWS North Administration Office
Application Date:	4/1/2014	Last Interview Complete:	

### Setting up a Monthly Bus Pass

POWERED BY **eREP**

Home | My Tasks | My Calendar | My Cases | Search | Help/Out

Foster Care/Subsidized Adoption/Kinship Guardianship - **XXXXXXXXXX**

Case Home: \_\_\_\_\_

**Options**

<a href="#">New Program</a>	<a href="#">New Investigation Referral</a>	<a href="#">View Medical Assistance Decisions</a>
<a href="#">New Narrative</a>	<a href="#">New Calculation Referral</a>	<a href="#">Check Retroactive Eligibility</a>
<a href="#">Content Manager</a>	<a href="#">Check Medical Assistance Eligibility</a>	<a href="#">Spousal Asset Assessment</a>
<a href="#">eFind</a>	<a href="#">Approve All Programs</a>	<a href="#">Delete Case</a>
<a href="#">Process Benefits</a>	<a href="#">Reject All Programs</a>	
	<a href="#">Adjust Review Periods</a>	

**navigation**

- Home
- **Evidence**
- Medical Benefit History
- Notes
- Notices
- Replace Medical Card

- ◆ Click on “Evidence” from the Case Home.

**Medical**

<a href="#">TPL</a>	<a href="#">Medical Insurance</a>	<a href="#">In-Kind Food and Shelter</a>
<a href="#">Medical Bills</a>	<a href="#">Medical Emergency</a>	<a href="#">Medical Institution/Waiver</a>
<a href="#">Dependent Family Member</a>	<a href="#">Spousal Cooperation/Allowance</a>	<a href="#">Income Reporting</a>
<a href="#">Available Health Insurance</a>	<a href="#">Voluntary Terminated Health Insurance</a>	<a href="#">CHIP/PCN/UPP Exception</a>
<a href="#">Medical Condition</a>	<a href="#">NPCR Opt Out</a>	<a href="#">Removal Home</a>
<a href="#">Bus Pass</a>	<a href="#">Tax Information</a>	<a href="#">Forced Evidence and Reassessment</a>

- ◆ Select “Bus Pass” in the Medical section of the Case Site Map.

[New Bus Pass](#) **Select** [Apply Changes](#) [Approve](#) [Reject](#)

New Bus Pass Evidence Details :

**Medical Emergency Details**

\*Household Member: **Select from drop down**      Authorize Attendant:  **Mark if this pass is for a child**

\*Bus Pass Start Date: **Enter date**      Bus Pass End Date: \_\_\_\_\_

[Add New Note](#)

**Click "Save", apply changes and check the effective dates.**

## Interface Request – Person Home Page

**navigation**

- Home
- Alerts
- Alternative ID's
- Alternative Names
- Race
- Addresses
- Benefits Limits
- ABAWD Participation
- E&T Participation
- Buy-In
- Email Addresses
- Phone Numbers
- Cases
- Notes
- Roles
- Tasks
- Sanction / Disqualification
- eDRS Search
- Request Interface**
- Change System Indicator

**Name**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Contact**

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Details**

Social Security Number: _____	Application Date for SSN: _____
Refused to Supply SSN: _____	Application Date for SSN Verification: _____
Date of Birth: _____	Marital Status: <b>Never Married</b>
Date of Death: _____	Date of Birth Verification: <b>Electronic Verification</b>
Mother's Maiden Name: _____	Date of Death Verification: _____
Ethnicity: <b>No</b>	Gender: <b>Female</b>
Status: <b>Active</b>	Race: _____
Registration Date: <b>10/6/2007</b>	PID: _____
Do Not Accept Checks: <b>No</b>	PID Check Digit: _____

**Current Activities**

Open Cases: **5**

**Cross Reference ID(s) numbers to this person's PID**

Cross Reference PID  
\_\_\_\_\_

**Systems**

Participating System	System Indicator
EREP	Known
ORSIS	Known

- ◆ Complete the interface request selection.
  - SSN verification
  - Social Security Benefits (STPY)
  - Establish SSA Change Reporting (BENDEX)
  - Prisoner Information
  - Covered Quarters
  - Citizenship and Identity
- ◆ Click "Submit." You will receive a task when the requested information is received.

**Interface Request Selection:**  
Select the alternate ID and interface type you would like to request. Note: Claim Numbers may only be used for BENDEX and WTPY requests.

**Alternate ID Selection**  
\*Alternate ID: **Select if necessary**

**Interface Type Selection**

<input type="checkbox"/>	Interface Type
<input type="checkbox"/>	SSN Verification
<input type="checkbox"/>	Social Security Benefits (WTPY) <b>Select and click "Submit"</b>
<input type="checkbox"/>	Establish SSA Change Reporting (BENDEX)
<input type="checkbox"/>	Prisoner Information
<input type="checkbox"/>	Covered Quarters
<input type="checkbox"/>	Citizenship and Identity

### Person Home – PID Check Digit

Details	
Social Security Number:	Application Date for SSN:
Refused to Supply SSN:	Application Date for SSN Verification:
Date of Birth:	Marital Status:
Date of Death:	Date of Birth Verification: Hard Copy
Mother's Maiden Name:	Date of Death Verification:
Ethnicity - Hispanic/Latino: No	Gender:
Status: Active	Race: White
Registration Date:	PID:
Do Not Accept Checks: No	<b>PID Check Digit: 5</b>

### Emergency Medicaid – Illegal Aliens Case Site Map

- ◆ When setting up “Emergency Medicaid” the information on the household member screen must indicate that the child is a “non-citizen.”
- ◆ Use the Foster Care Integrated Case that was previously set up when the AFDC determination was completed.

**Medical**

<a href="#">TPL</a>	<a href="#">Medical Insurance</a>	<a href="#">In-Kind Food and Shelter</a>
<a href="#">Medical Bills</a>	<b><a href="#">Medical Emergency</a></b>	<a href="#">Medical Institution/Waiver</a>
<a href="#">Dependent Family Member</a>	<a href="#">Spousal Cooperation/Allowance</a>	<a href="#">Income Reporting</a>
<a href="#">Available Health Insurance</a>	<a href="#">Voluntary Terminated Health Insurance</a>	<a href="#">CHIP/PCN/UPP Exception</a>
<a href="#">Medical Condition</a>	<a href="#">NPCR Opt Out</a>	<a href="#">Removal Home</a>
<a href="#">Bus Pass</a>	<a href="#">Tax Information</a>	<a href="#">Forced Evidence and Reassessment</a>

**Select**

**Medical Emergency Details**

\*Household Member: **Select from drop down**

\*Emergency Start Date: **Required**

\*Emergency End Date: **Required**

**"Save" and "Apply Changes" then check effective dates**

- ◆ Reopen the foster care program with reason of “closed in error”.
- ◆ Check eligibility.
- ◆ Submit for Authorization.

### **Effective Dates – Case and Program Evidence**

- ◆ EREP sets the effective dates the same for all programs when they are in received status. Once the program is in “open” status the program is considered ongoing and the effective dates must be addressed when evidence is added or updated.
- ◆ The purpose of the effective dates is to determine the date the case and program evidence will be used by eREP to determine eligibility for a program.
- ◆ Effective dates can be moved forward and back to “tell” eREP when the evidence should be used.
- ◆ EREP uses the following factors to determine the evidence effective dates for each program:
  - Program rules = Medicaid 10-10-10 rule is applicable for Foster Care Medicaid. EREP uses the program rules to determine when the change should be effective. Evidence is attributed forward to the date the program rules determine to be accurate. When new evidence is added to eREP, eREP will attribute that evidence effective date forward to the month that eREP is currently working in. This means that if eREP has determined the eligibility for December, effective date from dates for any evidence added would be 1/1/2012. The effective end date for any evidence end dated would be 12/31/2011.
  - Evidence dates = Date of Change, Date Reported, Date Verified, End Date. EREP uses the “Date Reported” to determine when the evidence should be looked at in regards to the program.
  - Status of program = Received status vs. Active or Open. Evidence added to a program that is in received status will be attributed to the eligibility month once the program is submitted. Evidence added to an ongoing case will be attributed to the month that eREP is currently working in.

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<input type="checkbox"/> Back   Forward	<input type="checkbox"/> Forward   Back	Foster Care		

**Is this the correct date**

---

**Effective Dates**  
Effective From Date goes back to first of the month and Effective To Date goes to last of the month.

Effective From Date: **1st day the evidence will be used for the program**      Effective To Date: **Last day the evidence will be used for the program**

- ◆ You can move the dates by clicking the back and forward links or by entering the desired date in the appropriate field and selecting the lines you want moved. This option allows you to move multiple months at a time.

### Ex-Parte Reviews-Program Home

navigation

- Case Home
- Program Home
- Benefit Group
- Benefit Issuance
- Decisions
- Evidence
- Evidence Summary
- Relationship Evidence Summary
- Reviews**
- Due Process
- Case Participants
- Contacts
- Events

**Review Summary:**

Action	Review Type	Review Start Date	Review End Date	Interview Type
<a href="#">View</a>   <a href="#">Edit</a>	Mandatory	3/1/2015	2/29/2016	Face-To-face
<a href="#">View</a>   <a href="#">Edit</a>	Mandatory	3/1/2014	2/28/2015	

Details	
Review Start Date:	eREP will autofill date
Review End Date:	12 months in the future
Interview Type:	Not required
Interview Complete Date:	<input type="text"/>

- ◆ An ex parte review is an attempt to complete a medical review prior to involving the customer.
- ◆ Ex parte reviews are quicker, less phone calls and benefits aren't interrupted
- ◆ Foster Care Medicaid recipients are stable customers, income does not usually fluctuate.
- ◆ EREP will generate an ex parte task one month prior to the review month.

- ◆ A full eFIND search must be completed.
- ◆ Ex parte reviews must be completed prior to the review print date on the eREP calendar.

## Foster Child receiving Adoption Assistance ERep Entry Eligibility Month – September 2011

**Case Evidence Site Map**  
This page displays a list of all evidence types

Household	Income	Assets	Expenses	Medical	Home	Site map
-----------	--------	--------	----------	---------	------	----------

Apply Changes   Approve   Reject   End Date Active Evidence

**Household**

Household Member ✓	Student ✓	Alien Sponsor
Household Relationship ✓	Assistance History	Alien
Living Arrangement ✓	Absent Parent	Voluntary Quit
Utah Residency ✓	<b>Other Benefit</b>	Authorized Representative
Pregnancy	Disability/Incapacity	

**Income**

Employment /Fast Path Earnings ✓	Educational Income	<b>Unearned Income</b> ✓
----------------------------------	--------------------	--------------------------

- ◆ When a foster child or sibling of the foster child is receiving subsidized adoption assistance the evidence is entered as an “other benefit” and also as “unearned income”.
- ◆ The subsidized adoption assistance is **NEVER** entered as a benefit for the parent.
- ◆ EREP excludes persons receiving adoption assistance from the AFDC group, unless it is the foster child.
- ◆ If a sibling is receiving adoption assistance and you want to include them in the AFDC group, you must not enter the adoption assistance information in eREP for that sibling.

Save   Save & New   Cancel

**Benefit Details**

\*Household Member:

\*Benefit Type:

Application Date:

SSI Last Payment Date:

SSI/SSDI Denial Reason:

**Evidence Data**

Subsidized Adoption Benefits

Unemployment Compensation

Veteran's Benefits

Veterans Administration Health Care System

Benefit Verification: Pending

Status:

State:

End Reason:

\*Date Reported:

End Date:

Actual Evidence:

Add New Note

Save   Save & New   Cancel

- ◆ Select the household member from dropdown.
- ◆ Benefit type = Subsidized Adoption Benefits
- ◆ Benefit Verification = Should not be pending
- ◆ Status = Approved
- ◆ Date of Change = 1<sup>st</sup> day that adoption assistance was approved by the state agency.
- ◆ Date Reported = 1<sup>st</sup> day of eligibility month
- ◆ Date Verified – 1<sup>st</sup> day of eligibility month

## Active Other Benefit for Subsidized Adoption Assistance

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				3/1/2000		Electronic Verification	Benefit Type: Subsidized Adoption Benefits

## Unearned Income Evidence Screen

New Unearned Income Evidence Details:

**Unearned Income Details**

\*Household Member: [Dropdown]

\*Unearned Income Type: [Dropdown]

Source of Income: [Dropdown]

\*Frequency: [Dropdown]

Verification: [Dropdown]

Monthly Amount: [Text]

**Deduction Details**

Monthly Deduction Amount: [Text]

**Annualized Income (required if**

Number of Pay Periods to Consider: [Text]

**Evidence Dates**

\*Date of Change: [Text]

Date Verified: [Text]

[Add New Note](#)

Reimbursements

Relocation Assistance

Rental Subsidies

Repair/Replacement Funds for Exempt Assets

Retirement

Royalties

SSI

Sales Contract - Countable

Sales Contract - Excluded

Settlements

Social Security

Social Security - DAC

Social Security - DWW

Spousal Needs Allowance from LTC Spouse

**Subsidized Adoption**

Tax Refund

Tribal GA

Tribal TANF

Trust Fund Withdrawal

Unemployment

Unemployment (Disaster)

Unemployment (Stimulus)

Union Benefits

Utility Subsidy

VA Aid and Attendance

VA Benefits

VA Disability

VA Needs Based Income

VA Unusual Medical Expenses

Income Not Factored:

Average:

Week Paid: [Dropdown]

Income Type: [Dropdown]

Frequency: [Dropdown]

Reported: [Text]

End Date: [Text]

Evidence:

- ◆ Select the household member from the drop down
- ◆ Unearned Income Type = Subsidized Adoption
- ◆ Frequency = Monthly
- ◆ Monthly Amount = Amount of financial subsidy. Can be \$0
- ◆ Date of Change = 1<sup>st</sup> day of eligibility month

Unearned Income Evidence Workspace:

**New Unearned Income**

Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				9/1/2011		Electronic Verification	Unearned Income Type: Subsidized Adoption Monthly Amount: \$375.00 Source of Income:

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>							

**Active Evidence**

Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				9/1/2011		Electronic Verification	Unearned Income Type: Subsidized Adoption Monthly Amount: \$375.00 Source of Income:

## Other Benefit-Adoption Assistance Recipient is the Foster Child

Benefit Evidence Workspace:

Household Income Assets Expenses Medical Home **Site map**

[New Benefit](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Active Evidence**  
Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Superseded or End dated Evidence**  
Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>	112460862	117271058		3/1/2000	8/31/2011	Electronic Verification	Benefit Type: Subsidized Adoption Benefits

- ◆ When the adoption assistance recipient is the foster child, the other benefit must be end dated.
- ◆ Prior to end dating this benefit you must apply the other benefit and unearned income evidence.
- ◆ End date the other benefit on the last day of the month prior to the eligibility month.

### Program Effective Date Details:

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

[Close](#)

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<a href="#">B</a>				

- ◆ The “effective to” date for the other benefit information must be the last day of the eligibility month.

## The Keys to a Successful ERep Re-Entry into Foster Care



- ❖ Use the existing foster care case number. **DO NOT** create a new foster care case.

### Case Evidence

- ❖ End date only the evidence that no longer applies to the new removal. **DO NOT** end date all the case evidence.
  - ✓ Change in removal home?
  - ✓ Change in income?
  - ✓ Change in employer?
  - ✓ Remember to edit the eREP child evidence if necessary.
- ❖ Add new case evidence as needed.
  - ✓ Add new removal home members.
  - ✓ Add new employer, income etc.
- ❖ Check effective dates for any case evidence where a **change was** made. EREP will attribute the effective date out to the current eREP month so effective dates will have to be manually adjusted.

### Program Evidence

- ❖ Select “re-open” on the program home screen.
- ❖ Use re-open reason of “new application”.
- ❖ Enter the new application date, program start date and **new eligibility month. SAVE.**
- ❖ Go to the program evidence screen. Click “edit” on the most recent foster care evidence. This evidence will have a custody end date from the prior custody episode.
  - ✓ DCFS – Click “retrieve SAFE data”, remove the custody end date, verify accuracy and update the date of change to the first day of the new eligibility month. **SAVE.**
  - ✓ DJJS – Click “continue”. Update the foster care evidence. Update the date of change to the first day of the new eligibility month. **SAVE.**
- ❖ Check effective date of the new active foster care evidence. The effective date must be the first day of the new eligibility month.
- ❖ When the eligibility overlaps months in eREP, contact Jeri Boyle for a data fix.

### View Case Details Screen

Cases:

Case Reference	Type	Owner	Start Date	Status
<a href="#">000000</a>	Income Support	<a href="#">[Owner Name]</a>	4/27/2009	Open
<a href="#">000000</a>	Income Support	<a href="#">[Owner Name]</a>		
<a href="#">0115000</a>	Child	<a href="#">[Owner Name]</a>		
<a href="#">0511000</a>	Income Support	<a href="#">[Owner Name]</a>	5/24/2010	Open
<a href="#">0100000</a>	Family	<a href="#">[Owner Name]</a>	3/1/2011	Closed
<a href="#">0000400</a>	Family	<a href="#">[Owner Name]</a>	3/1/2011	Closed
<a href="#">0000000</a>	Income Support	<a href="#">[Owner Name]</a>	9/8/2011	Open
<a href="#">0000000</a>	Medical	<a href="#">[Owner Name]</a>	9/8/2011	Denied
<a href="#">1000000</a>	Foster Care/Subsidized Adoption	<a href="#">[Owner Name]</a>	10/24/2011	Open
<a href="#">1000000</a>	Foster Care	<a href="#">[Owner Name]</a>	10/1/2011	Active
<a href="#">1000000</a>	Income Support	<a href="#">[Owner Name]</a>	10/26/2011	Open
<a href="#">1000000</a>	Medical	<a href="#">[Owner Name]</a>	10/25/2011	Denied
<a href="#">1000000</a>	Family	<a href="#">[Owner Name]</a>	10/1/2011	Active

Select the existing "Foster Care" case.

### Case Evidence Site Map

Household

Income

Assets

Expenses

Medical

Home

Site map

[Apply Changes](#) [Approve](#) [Reject](#) [End Date Active Evidence](#)

**Household**

<a href="#">Household Member</a> ✓	<a href="#">Student</a> ✓	<a href="#">Alien Sponsor</a>
<a href="#">Household Relationship</a> ✓	<a href="#">Assistance History</a>	<a href="#">Alien</a>
<a href="#">Living Arrangement</a> ✓	<a href="#">Absent Parent</a>	<a href="#">Voluntary Quit</a>
<a href="#">Utah Residency</a> ✓	<a href="#">Other Benefit</a>	<a href="#">Authorized Representative</a>
<a href="#">Pregnancy</a>	<a href="#">Disability/Incapacity</a>	

**Income**

<a href="#">Earned Income</a>	<a href="#">Educational Income</a>	<a href="#">Unearned Income</a> ✓
<a href="#">Self Employment Income</a>		

**Expenses**

<a href="#">Allowable Expenses</a>	<a href="#">Child Support</a>	<a href="#">Dependent Care</a>
<a href="#">Educational Expenses</a>	<a href="#">Medical</a>	
<a href="#">Shelter</a>	<a href="#">Utility</a>	

**Assets**

Annuity	Life Insurance	Property
Burial Plan/Contract	Liquid Asset	Vehicle
Burial Plot/Space	Trust	

**Medical**

TPL ✓	Medical Insurance	In-Kind Food and Shelter
Medical Bills	Medical Emergency	Medical Institution/Waiver
Dependent Family Member	Spousal Cooperation/Allowance	Income Reporting
Available Health Insurance	Voluntary Terminated Health Insurance	CHIP/PCN/UPP Exception
Medical Condition	NPCR Opt Out	<b>Removal Home ✓</b>
Bus Pass		Forced Evidence and Reassessment

◆ End date and add new case evidence from the “Site Map” as needed.

### Example of Updated Removal Home

[New Removal Home Member](#) [Apply Changes](#) [Approve](#) [Rej](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Detail

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Detail

**Active Evidence**  
Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>	112240271	110000700	<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>	10/1/2011		

**Superseded or End dated Evidence**  
Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>	112240100	110000000	<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>	8/1/2011	8/31/2011	

### Active Evidence Effective Dates

**Program Effective Date Details:** Removal Home Member

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

[Close](#)

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<a href="#">Back</a>   <a href="#">Forward</a>	<a href="#">Forward</a>   <a href="#">Back</a>	Foster Care	10/1/2011	
<a href="#">Back</a>   <a href="#">Forward</a>	<a href="#">Forward</a>   <a href="#">Back</a>	Foster Care	10/1/2011	

[Close](#)

## Superseded Evidence Effective Dates

### Program Effective Date Details: Removal Home Member

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
Back Forward	Forward Back	Foster Care	8/1/2011	8/31/2011
Back Forward	Forward Back	Foster Care	8/1/2011	8/31/2011

## Program Home

Select "Re-Open"

**Manage**

[Process Benefits](#)

[Check Eligibility](#)

[Approve](#)

[Reject](#)

[Reassess](#)

[Close/Deny Program](#)

[Change Closure/Denial Details](#)

[Re-open](#)

[Delete Program](#)

**Details**

Program Name: Foster Care	Primary Person:
Program Start Date: <b>Closed</b>	Review End Date:
Status:	Last Review:
Worker:	Location:
Application Date:	Last Interview Complete:

## Re-Open Program Screen

Reopen Program:

- Foster Care

**Program Details**

Application Date: <input type="text"/>	Program Start Date: <input type="text"/>
Review End Date: <input type="text"/>	*Reason: <input type="text"/>
Interview Type: <input type="text"/>	Interview Complete Date: <input type="text"/>

**Foster Care Details**

Eligibility Month: <input type="text"/>
---

[Add New Note](#)

- ◆ Enter the new application date, program start date and the new eligibility month.
- ◆ Select "new application" as the re-open reason.
- ◆ Click "SAVE".

## Foster Care Medical Evidence Workspace

**Superseded or End dated Evidence**  
Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				8/1/2011	8/31/2011		Custody Agency: DCFS Custody Start Date: 08/11/2011 Custody End Date: 08/31/2011

- ◆ Select “Edit” on the most recent piece of superseded or end dated evidence.
- ◆ That evidence will have the custody end date from the prior custody episode.

### Effective dates of Superseded or End Dated Evidence

**Program Effective Date Details:** Foster Care - Foster Care

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

[Close](#)

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<a href="#">Back</a>   <a href="#">Forward</a>	<a href="#">Forward</a>   <a href="#">Back</a>	Foster Care	8/1/2011	9/30/2011

[Close](#)

### DCFS – Select “SAFE Retrieval”

**Select Foster Care Member:** - Foster Care

[Retrieve SAFE Data](#) [Continue](#) [Cancel](#)

**Select Member**

Household Member: \_\_\_\_\_

[Retrieve SAFE Data](#) [Continue](#) [Cancel](#)

### DJJS – Select “Continue”

**Select Foster Care Member:** - Foster Care

[Retrieve SAFE Data](#) [Continue](#) [Cancel](#)

**Select Member**

Household Member: \_\_\_\_\_

[Retrieve SAFE Data](#) [Continue](#) [Cancel](#)

### Edit Foster Care Medicaid Evidence Screen

**Edit Foster Care Medical Evidence:** - Foster Care

[Save](#) [Cancel](#)

**Household Member Details**

Household Member: \_\_\_\_\_

\*Custody Start Date: \_\_\_\_\_

\*Custody Agency: \_\_\_\_\_

Foster Care Maintenance Payment Being Made?:

Incoming ICPC Criteria Met?:

Voluntary?:

Custody End Date: \_\_\_\_\_

\*Non-AFDC IV-E Factors Met: \_\_\_\_\_

Parent Absence Reason: \_\_\_\_\_

# of Stepparent Dependents Not Receiving Support: 0

**Evidence Dates**

\*Date of Change: \_\_\_\_\_

**Last Updated**

Updated By: \_\_\_\_\_ Updated On: \_\_\_\_\_

[Add New Note](#)

[Save](#) [Cancel](#)

- ◆ **DCFS** – SAFE retrieval will update the foster care placement address and populate all fields except the custody end date and parent absence reason with the new custody episode evidence. Remove the custody end date and add a parent absence reason if applicable.
- ◆ **DJJS** – Manual update of all fields and foster care placement address is required.

**Date of Change is the first day of the new eligibility month.  
“SAVE”.**

## New Active Foster Care Evidence

Foster Care Medical Evidence Workspace: - Foster Care

[New Foster Care Medical Evidence](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<b>Active Evidence</b> Active evidence is used to determine eligibility and entitlement.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				10/1/2011			Custody Agency: DCFS Custody Start Date: 10/05/2011

- ◆ Start date and effective dates of active evidence are the first day of the new eligibility month.

### Effective Dates for New Foster Care Evidence

Program Effective Date Details: Foster Care - Foster Care

To adjust the 'Effective From Date' select 'Back' or 'Forward'.  
To adjust the 'Effective To Date' select 'Back' or 'Forward'.

[Close](#)

Effective From Date Action	Effective To Date Action	Program	Effective From Date	Effective To Date
<a href="#">Back</a>   <a href="#">Forward</a>	<a href="#">Forward</a>   <a href="#">Back</a>	Foster Care	10/1/2011	

[Close](#)

### Update Foster Care Placement Address

Foster Care Medical Evidence Workspace: - Foster Care

[New Foster Care Medical Evidence](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
List of pending removal instructions.							
Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a>   <a href="#">Edit</a>   <a href="#">Remove</a>   <a href="#">Effective Dates</a>				10/1/2011			Custody Agency: DCFS Custody Start Date: 10/05/2011

- ◆ Select "View" on the "Foster Care Medical Evidence Workspace".

### Click "View Placement Address"

**View Foster Care Medical Evidence:** - Foster Care ?

[Close](#)

Household Member Details	
Household Member:	<a href="#">View Placement Address</a>
Custody Start Date:	10/5/2011
Custody Agency:	DCFS
Foster Care Maintenance Payment Being Made?:	No
Incoming ICPC Criteria Met?:	No
Voluntary?:	No
Custody End Date:	
Non-AFDC Iv-E Factors Met:	No
Parent Absence Reason:	Divorce
# of Stepparent Dependents Not Receiving Support:	0

**Evidence Dates**

Date of Change: 10/1/2011

**Last Updated**

Updated By: [View History](#) Updated On:

[Close](#)

◆ Click "Edit".

**View Foster Care Placement Address Details:** - Foster Care

[Edit](#) [Close](#)

Foster Care Placement Address	
C/O:	
Street 1:	Street 2:
Apt/Suite:	City: LEHI
State: Utah	Zip Code: 84043
County: Utah	
County of Actual Residence: Utah	

**Last Updated**

Updated By: Updated On:

[Edit](#) [Close](#)

### Edit foster Care Placement Address Details

**Edit Foster Care Placement Address Details:** - Foster Care

[Save](#) [Close](#)

Foster Care Placement Address	
C/O:	
Street 1:	Street 2:
Apt/Suite:	City: LEHI
State: Utah	Zip Code: 84043
County: Utah	
County of Actual Residence: Utah	

**Last Updated**

Updated By: Updated On:

[Add New Note](#)

[Save](#) [Close](#)

◆ Make the necessary changes. "SAVE".

## Update Subsidized Adoption Home Address

**Subsidized Adoption Evidence Workspace:** **Subsidized Adoption**

[New Subsidized Adoption](#) [Apply Changes](#) [Approve](#) [Reject](#)

**Work In Progress**  
Changes made in this area will not affect eligibility or entitlement until they are applied.  
List of new evidence and pending updates to active evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

List of pending removal instructions.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Active Evidence**  
Active evidence is used to determine eligibility and entitlement.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details

**Superseded or End dated Evidence**  
Superseded or End dated Evidence is a history of past evidence.

Action	Succession ID	Evidence ID	Name	Start Date	End Date	Verification	Details
<a href="#">View</a> <a href="#">Edit</a> <a href="#">Remove</a> <a href="#">Effective Dates</a>							Adoption Agreement Type: Title IV-E Adoption Assistance

◆ Click "View" on the Subsidized Adoption Evidence Workspace.

**View Subsidized Adoption Evidence Details:** **Subsidized Adoption**

[Close](#)

**Subsidized Adoption Details**

Household Member:	<a href="#">View Adoption Home Address</a> <a href="#">Click</a>
Adoption Agreement Type:	Title IV-E Adoption Assistance Agreement
Adoption Assistance Agreement State:	Utah
Adoption Verification:	Hard Copy
Agreement Start Date:	6/1/2012
Agreement End Date:	2/28/2018

**Last Updated**

Updated By:	Updated On:
-------------	-------------

[Close](#)

**View Adoption Home Address Details:** **Subsidized Adoption**

[Edit](#) [Cancel](#)

**Adoption Home Address**

C/O:	
Street 1:	Street 2:
Apt/Suite:	City:
State:	Zip Code:
County:	
County of Actual Residence:	
Phone Area code:	Phone Number:

**Select** [Edit](#) [Cancel](#)

**Edit Adoption Home Address Details:** **Subsidized Adoption**

**"SAVE" when complete** [Save](#) [Cancel](#)

**Adoption Home Address**

C/O:	<b>Usually the parent</b>
*Street 1:	<b>Add new address information</b>
Apt/Suite:	Street 2:
State:	City:
County:	*Zip Code:
*County of Actual Residence:	<b>Select from drop down. Must be accurate for mental health agency assignment</b>
Phone Area Code:	Phone Number: