


11/27

 Department of Human Resources 311 West Saratoga Street Baltimore MD 21201	FIA ACTION TRANSMITTAL
Control Number: #01-18	Effective Date: Immediately Issuance Date: November 17, 2000

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
DEPUTY/ASSISTANT DIRECTORS FOR SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR ADMINISTRATION
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
PURCHASE OF CHILD CARE ADMINSTRATORS**

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FAMILY INVESTMENT ADMINISTRATION**

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LINDA HELSNER, EXECUTIVE DIRECTOR
CHILD CARE ADMINISTRATION**

RE: CIS SERVICES-1

PROGRAM AFFECTED: PURCHASE OF CHILD CARE

**ORIGINATING OFFICE: OFFICE OF PROGRAM DEVELOPMENT
CHILD CARE ADMINISTRATION**

CIS data entry for the POC program requires the completion of a Services-1 form. The purpose of this Action transmittal is to convey procedures for completing the Services-1 form for POC.

ACTION REQUIRED: All local departments are to use Services-1 (Attachment 1) to enter POC customers and informal providers in the CIS. The Services-1 form is to be used for new applicants and informal child care providers. The Services-2 is used at redetermination or to make changes for the customer or informal child care provider.

I. THE DHR/SSA SERVICES-1 FORM OVERVIEW

A single DHR/SSA Services-1 Data Input form can be used to report initial registration of a head of household (HOH) and one to two associates.

A. HEADING

1. Name of authorizing worker
2. Date the form is completed
3. Telephone number of authorizing worker

B. SECTION I: HEAD OF HOUSEHOLD

This section contains demographic information on the head of household (HOH) and associates for the POC case. Enter all demographic information about the HOH and associates.

The HOH is the applicant for POC. When an informal child care provider is being registered, the provider is considered the head of household.

Associates are the children who will receive POC. If an informal child care provider is being registered, associates are the adults who are regularly present in the home when a child is in care.

Specific items reported in this section are HOH and associates. Complete each as follows:

- | | |
|-----------------------|--|
| Client ID: | The nine-digit identification number generated by the system. |
| Last Name: | The last name of the HOH or associate. |
| First Name: | The first name of the HOH or associate. |
| Middle Name: | The middle name of the HOH or associate. |
| Suffix: | The suffix of the HOH or associate, ex: jr. III etc. |
| Date of Birth: | The date of birth of the HOH or associate in the following format: mmddyyyy. |
| Sex: | The sex of the HOH or associate. The codes for this element are listed on the back of the Services-1 form. |
| Race: | The primary race code of the HOH or associate. The codes for this element are listed on the back of the Services-1 form. |

Social Security Number:

The social security number of the HOH or associate.

Relationship:

The code identifies the associates relationship to the HOH. The HOH is automatically identified as SE, self. The codes for this element are listed on the back of the Services-1 form.

Alien Number:

The alien identification number for the case head or HOH or associate.

MS:

Marital status of the HOH or associate.

Race/Ethnicity:

Race and ethnicity codes for services involving out of home placement. The codes for these elements are listed on the back of the Services-1 form. Enter the appropriate code for the HOH or associate.

C. SECTION II: CURRENT ADDRESS

This section provides address information about the residence of the HOH. Complete this section as follows:

Telephone Number:

This is the three-digit area code and the seven-digit telephone number of the HOH.

Street Number:

The number of the HOH's residence.

Street Direction:

Ex: n = north, ne = northeast, etc.

Street Name:

The name of the street on which the HOH lives.

Street Type:

Ex: Rd = road, Blvd. – boulevard, etc.

Apartment Number:

Enter the HOH apartment number, if any.

Additional Address:

Information continued from the address such as an apartment house or development name, a Post Office Box or a route name or number is entered into these buckets.

City: The name of the city or town in which the HOH resides.

State: The abbreviation for the state in which the HOH lives.

Zip Code: The zip code for the household's address.

D. SECTION III: MAILING ADDRESS

This section indicates the address, if it is different from the Current Address, at which the HOH receives mail.

E. SECTION IV: PROJECT CATEGORY DATA

This section identifies specific information about each type of service or benefit. Complete each bucket as indicated:

DO/RGN/Status: Enter the District Office in the first three buckets. Use the Services Operations manual for District code. Skip the second set of buckets used for RGN. Enter the case status code in the last bucket.

DO: This stands for "District Office". Enter the code which identifies the local department, district or office unit in which the application is made or the case is carried.
Ex: 352.

RGN: This section is not used for POC purposes.

Status: Enter the code, which defines the status of the case.
Ex: A = Active, C = Closed.

Proj. Cat./St Use/Loc Use:

Proj. Categ: This "project category" code identifies the service program for which an application is being made. POC project categories are entered in this section. See listing of project codes below.

Use the following project categories for POC:

1. **02N2 Child Care Intake:** At application this code is used to open the case in CIS while eligibility is pending and child care needs are being assessed. **The completion of this field is important because the staff time spent**

determining eligibility is a factor in the formula used to determine staff allocations.

This code remains in effect until a decision is made on the customer's application.

2. **02C1 Wait list:** This category is used only when the local department lacks funds to provide the service or the list of available providers has been exhausted and a provider that is acceptable to the parent or appropriate for the child is not available. See COMAR 07.04.06.05D.
3. **02C2 Group Day Care:** These are child care centers licensed by DHR, operating under a letter of compliance issued by DHR, licensed by a branch of the military or operated by a public school. SEE COMAR 07.04.06.02B(7).
4. **02C3 Family Day Care:** These are family child care providers registered by DHR. See COMAR 07.04.06.02B(14).
5. **02C4 Relative Care:** This type of informal child care is provided by a person related to the child either in the relative's home or in the child's home. See COMAR 07.04.06.06C.
6. **02C5 In-home:** This type of informal child care is provided by a non-relative in the child's home. See COMAR 07.04.06.06C.
7. **02C6 Short-Term Care:** This type of informal care is also called "babysitting" and is provided by a non-relative in the provider's home. See COMAR 07.04.06.06C.
8. **02C7 Awaiting Placement:** This is used in those rare occasions when eligibility has been determined but the parent is having difficulty locating acceptable and appropriate child care. See COMAR 07.04.06.06C.
9. **02R2 Informal Child Care:** This is used for informal child care providers.

St Use: This stands for "state use". A one digit code used for statistical purposes for specific service programs.

Loc. Use: This stands for "local use". A two-digit code defined by local departments is entered into this area.

Worker I.D.: This is a six-character identification number given to case managers. The POC case manager's worker number should be entered in this field.

Application Date: If the application is submitted with all required verifications, enter that date. If the verifications are not submitted with the application, enter the date they are received. The case manager has 30 days from the date all verifications are received to make a decision on the customer's eligibility. Leave these buckets unchanged when completing a Redetermination.

Acceptance Date: The date the decision is made to accept or to deny the applicant's application is entered here. This date may differ from the application date. This date should be no more than 30 days from the date entered in **Application Date** bucket to be in compliance with timely action on an application. Leave these buckets unchanged when completing a Redetermination.

Close Date: The date a benefit or service is terminated according to program policy or the date the application is denied.

Close Code: For POC Services closure 000 is the code used for regular closings and 099 for all other closings than regular closings, including fraud.

Recon Due: Enter the date that the redetermination of the case is due. This date should not be more than twelve months from the **Acceptance Date** entered for the initial application or the **Recon done** date entered for the last redetermination. This requirement is based on COMAR 07.04.06.09A(2) and is used as an anchor date for POC purposes.

Recon Done: Enter the date the redetermination was completed. This date is the anchor used during POC Baseline

**Expunge
Date:**

For POC purposes these buckets are not used.

**Eligibility
Code:**

This code identifies the category of eligibility. Use the following eligibility codes for POC:

- a. 001 AFDC/TCA-is used for Priority 1 cases. Remember the case head must be receiving TCA for the case to be a Priority 1.
- b. 002 SSI-is used for cases in which the applicant or POC child receives SSI.
- c. 009 Without regard to income-is used for all other cases.

**Service
Unit ID:**

This is the nine-digit number generated by the system under which a specific benefit or service is provided. This number is called the Services ID number. Enter the Service ID number in these buckets.

Comments:

Case managers should use this area to explain the action requested.

II. REGISTERING INFORMAL PROVIDERS

Once an individual has applied to become an informal provider he or she should be registered in the CCAMIS Informal Provider Registry (In these cases, the Services-1 form is completed with information about the provider (case head/HOH, address, SS#, race, sex etc.). The potential provider is entered on CIS using information from a Services-1 form.

The project category to be used to register the provider is 02R2. The **Application Date** is the date the informal provider agreement and the consent form are received. The **Acceptance Date** is the same date if the informal child care provider is recommended for payment following a review of child abuse and neglect records. When payment is disapproved, the date of the decision is entered as the close date. The close code is entered as 099. The **Redetermination Date** must be within two years from the **Acceptance Date**.

ACTION DUE: Immediately.

INQUIRIES: Direct Services-1 and CIS questions to Reynaldo Graham at 410-767-8387 or Rey Arriazola on 410-767-7820. POC policy and procedural questions are directed to Linda Zang on 410-767-7813.

cc: DHR Executive Staff
FIA Management Staff
Constituent Services
OIM Help Desk

Client Information System
Service Programs
DATA INPUT FORM

1. WORKER

2. DATE

3. TELEPHONE NUMBER

I. HEAD OF HOUSEHOLD

CLIENT I.D.

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

DATE OF BIRTH (MONTH-DAY-FULL YEAR)

SEX

RACE

SOCIAL SECURITY NUMBER

RELATIONSHIP

ALIEN NUMBER

MS

MAIDEN/ALIAS NAME: LAST

MAIDEN/ALIAS NAME: FIRST

RACE (EXPANDED) AND ETHNICITY CODES ARE REQUIRED FOR 01P1-01P4, 05P1-05P2, 06P1-06P3, 01N1, 01R0, 01R1, 05C3, 06N1 AND 06R1 ONLY.
FOR RACE, ENTER ALL CODES THAT APPLY; FOR ETHNICITY, ENTER "H" OR "X".

RACE (EXPANDED)

ETHNICITY

ASSOCIATE 1

CLIENT I.D.

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

DATE OF BIRTH (MONTH-DAY-FULL YEAR)

SEX

RACE

SOCIAL SECURITY NUMBER

RELATIONSHIP

ALIEN NUMBER

MS

RACE (EXPANDED) AND ETHNICITY CODES ARE REQUIRED FOR 01P1-01P4, 05P1-05P2, 06P1-06P3, 01N1, 01R0, 01R1, 05C3, 06N1 AND 06R1 ONLY.
FOR RACE, ENTER ALL CODES THAT APPLY; FOR ETHNICITY, ENTER "H" OR "X".

RACE (EXPANDED)

ETHNICITY

ASSOCIATE 2

CLIENT I.D.

LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

DATE OF BIRTH (MONTH-DAY-FULL YEAR)

SEX

RACE

SOCIAL SECURITY NUMBER

RELATIONSHIP

ALIEN NUMBER

MS

RACE (EXPANDED) AND ETHNICITY CODES ARE REQUIRED FOR 01P1-01P4, 05P1-05P2, 06P1-06P3, 01N1, 01R0, 01R1, 05C3, 06N1 AND 06R1 ONLY.
FOR RACE, ENTER ALL CODES THAT APPLY; FOR ETHNICITY, ENTER "H" OR "X".

RACE (EXPANDED)

ETHNICITY

II. CURRENT ADDRESS

TELEPHONE (INCLUDE AREA CODE)

STREET NUMBER

ST. DIR.

STREET NAME

STREET TYPE

APARTMENT NUMBER

ADDITIONAL ADDRESS

III. MAILING ADDRESS

LAST NAME

FIRST NAME

STREET NUMBER

ST. DIR.

STREET NAME

STREET TYPE

APARTMENT NUMBER

ADDITIONAL ADDRESS

CITY

STATE

ZIP CODE

IV. PROJECT CATEGORY DATA

DO/RGN/Status

Proj. Cat./St Use/Loc Use

Worker I.D.

Application Date

Acceptance Date

Close Date

Close Code

Recon Due

Recon Done

Expunge Date

Eligibility Code

Service Unit I.D.

REMARKS:

CODES

SEX

F Female
M Male
U Unknown

RACE

A Asian
B Black, Non-Hispanic
C White, Non-Hispanic
H Hispanic
N Native American/Alaskan Native
P Pacific Islander
U Other/Unknown

RELATIONSHIP

SE Self (Head of Household)

PB Parent (Biological)
PA Parent (Adoptive)
PF Parent (Foster)
PS Parent (Step)

CB Child (Biological)
CA Child (Adoptive)
CF Child (Foster)
SC Step Child
GC Grandchild or Great-grandchild
UC Unrelated Child

SI Sibling (Biological)
SA Sibling (Adoptive)
SF Sibling (Foster)
SS Step Sibling

SP Spouse
PM Paramour

GP Grandparent (Biological)
GA Grandparent (Adoptive)

AU Aunt or Uncle
NN Niece or Nephew
LG Legal Guardian
CU Cousin
OT Other
OU Non-Related Adult
DA Daycare Assistant
DS Daycare Substitute

MS (MARITAL STATUS)

N Single
M Married
D Divorced
S Separated
U Unknown
W Widowed

RACE (EXPANDED)

A Asian
B Black or African American
C White
N American Indian/Alaskan Native
P Native Hawaiian/Other Pacific Islander
U Unable to Determine

ETHNICITY

H Hispanic or Latino
X Not Hispanic or Latino

STATE ABBREVIATIONS

(See Services Operator's Manual)

DO (DISTRICT OFFICE)

(See Services Operator's Manual)

RGN (REGION)

FOR CCA USE ONLY:
Enter code for county in which day care home is located.

STATUS

A Active
C Closed

CLOSE CODE

(See Services Operator's Manual)

PROJECT CATEGORY

ADOPTIVE SERVICES

01N1 Adoptive Home Study
01R0 Adoptive Home - No Children
01R1 Adoptive Home - Children
01P1 Pre-Adoptive Services to Child
01P2 Child - Pre-Final Non-Subsid. Adpt. Plcmt.
01P3 Child - Pre-Final Subsidized Adpt. Plcmt.
01P4 Child - Post-Final Subs. Adpt. Plcmt. (Payment Only)
01P5 Supportive Services - Post Finalization
01N9 ROA (Request of Another Agency)

DAY CARE PURCHASE

02N2 Intake
02C1 Waiting List
02C2 Group Day Care
02C3 Family Day Care
02C4 Relative Care
02C5 In-home Care
02C6 Short Term Care
02C7 Awaiting Placement

HOME

02N1 Home Study
02N3 Complaints - Registered Family
02N4 Complaints - Unregistered Family
02R1 Registered Home
02R2 Informal Child Care Provider

CHILD PROTECTIVE SERVICES

03N1 Physical Abuse Investigation
03N2 Neglect Investigation
03N3 Sexual Abuse Investigation
03N5 Mental Injury Abuse Investigation
03N6 Mental Injury Neglect Investigation
03C1 Physical Abuse - Continuing
03C2 Neglect - Continuing
03C3 CPS - Intensive Family Services
03C4 Sexual Abuse - Continuing
03C5 Mental Injury Abuse - Continuing
03C6 Mental Injury Neglect - Continuing
03N9 ROA (Request of Another Agency)

IN-HOME AIDE SERVICES

04C1 Families
04C2 Aged Adults
04C3 Non-Aged Adults
04C4 Waiting List
04C6 Waiting List - Families
04C7 Waiting List - Non-Aged

SERVICES TO FAMILIES

05N1 Intake
05C1 Services to Families
05C2 Intensive Family Services
05C3 Kinship Care Caregiver
05C4 Parent of Child in Kinship Care
05C6 Services to Proj. Indep. Families
05P1 Kinship Care Child
05P2 Kinship Care Aftercare
05P4 Guardianship Assistance Project
05N9 ROA (Request of Another Agency)

FOSTER CARE FOR CHILDREN

06N1 Foster Home Study
06R1 Approved Foster Home
06C1 Parent of Child in Foster Care
06C2 Reunific. Svcs. to Parent of Child in Foster Care
06P1 Child in Foster Home
06P2 Child in Purchase of Care
06P3 Foster Care Aftercare
06N9 ROA (Request of Another Agency)

Use State use code "F" with these project categories to designate Families Now (Levels I - IV)

PROJECT CATEGORY (Cont.)

ADULT PROTECTIVE SERVICES

07N1 Investigation - Non-Aged
07N2 Investigation - Aged
07C1 Continuing - Non-Aged
07C2 Continuing - Aged
07C3 Continuing - Non-Aged Guardianship
07C4 Continuing - Aged Guardianship
07N9 ROA (Request of Another Agency)

LOCAL SERVICES

09 Defined by LDSS

SOCIAL SERVICES TO ADULTS NON-AGED

10N3 Crisis Intervention
10C3 Crisis Intervention - Own Home
10P3 Crisis Intervention - Placement
10M1 Case Mgmt. - Intake
10C1 Case Mgmt. - Own Home
10P1 Case Mgmt. - Placement

AGED

10N4 Crisis Intervention
10C4 Crisis Intervention - Own Home
10P4 Crisis Intervention - Placement
10N2 Case Mgmt. - Intake
10C2 Case Mgmt. - Own Home
10P2 Case Mgmt. - Placement

TEMHA

10C5 TEMHA - Case Mgmt.

JUDICARE

11C0 Judicare

REFUGEE SERVICES

12C0 Refugee

PROJECT HOME/C.A.R.E.

13N1 C.A.R.E. Home Study
13N2 Adult Foster Home Study
13R0 Provisional Certification - C.A.R.E.
13R1 Approved C.A.R.E. Home
13R2 Approved Adult Foster Home
13P1 Assessment of Client
13P2 Case Management of Client

INFORMATION AND REFERRAL

14N1 Non-Aged
14N2 Aged
14N3 Family

ENVIRONMENTAL EMERGENCIES

15N1 Non-Aged
15N2 Aged
15N3 Families

TEMHA (Transitional Emergency, Medical and Housing Assistance)

16N1 Flex Dollars - Intake
16N2 Rental Allowance Program (RAP) - Intake
16C1 Flex Dollars - Continuing Receipt
16C2 Rental Allowance Program (RAP) - Services

ELIGIBILITY

001 AFDC/TCA
002 SSI
003 Less than 40% State Median Income (SMI)
004 40% to less than 50% SMI
005 50% to less than 80% SMI
006 80% to less than 105% SMI
007 105% to less than 115% SMI
008 115% SMI and over
009 Without regard to income

For CPS investigations only
(03N1, 03N2, 03N3, 03N5, 03N6):

ML3 Maltreater
VC9 Victim