TO:    DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
       DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
       FAMILY INVESTMENT SUPERVISORS
       ADMINISTRATORS, CHILD SUPPORT ENFORCEMENT AGENCIES
       ADMINISTRATORS, BALTIMORE CITY AND QUEEN ANNE'S
       COUNTY OFFICES OF CHILD SUPPORT ENFORCEMENT
       CHILD SUPPORT PROSECUTORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA
       CLIFFORD E. BAXMAN, EXECUTIVE DIRECTOR, CSEA

RE:    CHILD SPECIFIC BENEFIT

PROGRAMS AFFECTED: TEMPORARY CASH ASSISTANCE, FOOD STAMPS,
                    CHILD SUPPORT ENFORCEMENT

ORIGINATING OFFICE: OFFICE OF POLICY ADMINISTRATION

BACKGROUND:

The Office of Policy Administration has revised the original procedure for issuing benefits under
the Child Specific Benefit (CSB) provision. The policy has been simplified and the process for
determining the CSB benefit streamlined. The primary purpose of the CSB initiative is to provide
a benefit which is paid separately from other TCA benefits for a household when a child is born
10 months or more after the head of household was informed of the CSB provision. The
following are exemptions to the CSB provision:

- The first born child to a TCA recipient
- The child was born as a result of rape
The child was born as a result of incest
The child was placed in the household by the Department of Social Services
The legal custody or guardianship of the child has changed

Until automated system support is available, as an interim procedure, the CSB benefit will be issued using a vending process.

A separate circular letter will be issued by the Child Support Enforcement Administration with specific instructions detailing procedures as a result of the CSB initiative.

**ACTION REQUIRED:**

Effective February 1, 1997 the following procedure will be used to implement the CSB provision. While no CSB benefits will be paid in February, changes must be made to cases which will determine March CSB payments.

**AIMS/AMF:**

A new field will be available in AMF on 2/1/97. This is a mandatory field used to identify the CSB status of children age 18 and under. (See attachments A1 & A2) The acceptable values for this field are 'Y' (Yes, a CSB child), 'N' (No, not a CSB child) and 'E' (CSB child, but exempt).

When a request to add a child is received, the CSB notification date must be reviewed on AMF and verified by information in the case record. If a CSB date is not on AMF, review the record and have the correct CSB notification date added. A decision must then be made to determine if this is a CSB child.

**CSB PROVISION NOT APPLICABLE OR CHILD IS EXEMPT**

If the CSB provision is not applicable to a child (a child who is born less than 10 months after CSB notification date) or an exemption reason is applicable, the TCA AU is to be processed as usual. A separate issuance will not be required for the child's portion of the benefit, the total benefit amount will be issued as usual.

Enter a 'N' (No) or an 'E' (CSB child but exempt) in the CSB status field on AMF.

**IMPLEMENTING THE CSB PROVISION**

When the child is a CSB child, inform the customer that the CSB child's incremental portion of the grant will be paid to and administered through a third party (as determined by local department procedure).
CSB TCA CASE WITH NO INCOME OR CSB CHILD SUPPORT

Calculation
The new benefit amount resulting from adding the CSB child to the TCA case must be determined.

Subtract the previous benefit amount from the new benefit amount to determine the CSB incremental portion of the total grant.

Example:
There is an existing TCA case for a household of 2. There is no income or CSB child support. The benefit amount is $292. A CSB child is added to the case. The new household size is three, the new benefit amount is $373.

\[
\begin{align*}
\text{$373$} & \quad \text{New Benefit Amount} \\
\text{-$292$} & \quad \text{Previous Benefit Amount} \\
\text{$81$} & \quad \text{CSB Incremental Portion Of The Total Grant} \\
\end{align*}
\]

\[
\text{$292$} \quad \text{Regular Benefit Amount}
\]

Procedure
The TCA case will be placed in special processing.

Enter the manually calculated grant amount, for the non-CSB portion of the total grant, in the grant amount field on the AIMS 2 form. (See attachment A2)

Enter a 'N' (No) in the financial screen required field.

Complete the AMF section on the AIMS 2 indicating the category of assistance (02 or 22 for the CSB child.

Review the CSB child's Recipient Eligibility Screen 1 on MMIS-II. If the child has not been added to MMIS II, complete an 8000 to add the child.

If the child has already been certified under P03, screen print the child's Recipient Eligibility Screen 1 and enter category 02 or 22 and scope 01 under the CAT and SCP field. Sign your name and indicate your local department/office, telephone number, and date. The document will be rejected by DHMH if this information is not present. Forward the corrected screen print to the MMIS-II control clerk. It is recommended that a copy of the corrected screens be retained and reviewed after 10 days, against the MMIS-II system, to ensure the requested changes have been completed. Cross reference Action Transmittal 97-10 regarding 1184 newborn procedures for non-CARES local departments if further clarification is needed. (See attachment H)

A manual issuance (AIPI) must be done for the CSB portion of the grant each month. (See attachment B)
Enter a 'Y' in the Alt Info FS field on the AIMS 3 form for associated Food Stamp cases. (See attachment B)

Enter the TCA case number and CSB benefit amount on the AIMS 2/3 C. (See attachment D)

Narrate all case actions.

CSB TCA CASE WITH INCOME OR CSB CHILD SUPPORT

The CSB benefit for TCA cases with income (earned or unearned) or CSB child support will be paid based on a prorata share of the total benefit. The prorata share must be compared to the incremental increase. The CSB benefit cannot exceed the amount of the incremental increase.

CSB TCA CASE WITH INCOME Calculation
The new benefit amount resulting from adding the CSB child to the TCA case must be determined. Subtract the previous benefit amount from the new benefit amount to determine the CSB incremental portion of the total grant. (See attachment G)

Divide the new benefit amount by the new household size (including the CSB child) to determine the prorata benefit per person. (Drop the cents).

Compare the prorata benefit to the CSB incremental increase. If the prorata share is less than or equal to the CSB incremental increase, the CSB benefit will be the prorata share. If the prorata share is greater than the CSB incremental increase, the CSB benefit will be based on the maximum allowable incremental increase.

Example: CSB TCA CASE WITH INCOME
There is an existing TCA case for a household of 2. There is $100 of countable income after disregards. The benefit amount is $192. A CSB child is added to the case. The new household size is three, the new benefit amount is $273.

\[
\begin{align*}
$273 & \text{ New Benefit Amount} \\
- $192 & \text{ Previous Benefit Amount} \\
$81 & \text{ CSB Incremental Portion Of The Total Grant}
\end{align*}
\]

\[
\begin{align*}
$273 & \text{ New Benefit Amount} \\
\div 3 & \text{ New Household Size of 3} \\
$91 & \text{ Prorata Share}
\end{align*}
\]

\[
\begin{align*}
$273 & \text{ New Benefit Amount} \\
- $81 & \text{ CSB Benefit Amount} \\
$182 & \text{ Regular TCA Benefit}
\end{align*}
\]
In this example, the prorata share exceeds the incremental portion of the total grant. The CSB benefit will be the incremental portion of the total grant.

Procedure
The TCA case will be placed in special processing.

Enter the manually calculated grant amount for the non-CSB portion of the total grant in the grant amount field on the AIMS 2 form. (See attachment A2)

Enter a 'N' (No) in the financial screen required field.

Complete the AMF section on the AIMS 2 indicating the category of assistance for the CSB child.

Review the CSB child's Recipient Eligibility Screen 1 on MMIS-II. If the child has not been added to MMIS II, complete an 8000 to add the child.

If the child has already been certified under P03, screen print the child's Recipient Eligibility Screen 1 and enter category 02 or 22 and scope 01 under the CAT and SCP field. Sign your name and indicate your local department/office, telephone number, and date. The document will be rejected by DHMH if this information is not present. Forward the corrected screen print to the MMIS-II control clerk. It is recommended that a copy of the corrected screens be retained and reviewed after 10 days, against the MMIS-II system, to ensure the requested changes have been completed. Cross reference Action Transmittal 97-10 regarding 1184 newborn procedures for non-CARES local departments if further clarification is needed.

A manual issuance (AIPI) must be done for the CSB portion of the grant each month. (See attachment B)

Enter a 'Y' in the Alt Info FS field on the AIMS 3 form for associated Food Stamp cases. (See attachment B)

Enter the TCA case number and CSB benefit amount on the AIMS 2/3 C. (See attachment D)

Narrate all case actions.

CSB TCA CASE WITH CSB CHILD SUPPORT
Child support paid specifically for the CSB child must be deducted from the CSB benefit to determine the CSB benefit to be paid. CSB child support is never counted when calculating the regular TCA benefit. CSB child support is counted in full when calculating Food Stamp benefits
Example: CSB TCA CASE WITH CSB CHILD SUPPORT INCOME ONLY
There is an existing TCA case for a household of 2. There is no income but $50 of CSB child support is received per month. The benefit amount is $292. A CSB child is added to the case. The new household size is three, the new benefit amount is $373.

\[
\begin{align*}
&\$373 \quad \text{New Benefit Amount} \\
&-\$292 \quad \text{Previous Benefit Amount} \\
&\quad \$81 \quad \text{CSB Incremental Portion Of The Total Grant} \\
&\quad \$81 \quad \text{CSB Incremental Portion Of The Total Grant} \\
&\quad - \$50 \quad \text{CSB Child Support} \\
&\quad \$31 \quad \text{CSB Benefit Amount} \\
&\quad \$292 \quad \text{Regular Benefit Amount}
\end{align*}
\]

Procedure
The TCA case will be placed in special processing.

Enter the manually calculated grant amount for the non-CSB portion of the total grant in the grant amount field on the AIMS 2 form. (See attachment A2)

Enter a "N" (No) in the financial screen required field.

Review the CSB child's Recipient Eligibility Screen on MMIS-II. If the child had not been added to MMIS-II, complete an 8000 to add the child.

If the child has already been certified under P03, screen print the child's recipient eligibility screen and enter category 02 or 22 and scope 01 under the CAT and SCP field. Sign your name and indicate your local department/office, telephone number and date. The document will be rejected by DHMH if this information is not present. Forward the corrected screen print to the MMIS-II control clerk. It is recommended that a copy of the corrected screen prints be retained and reviewed after 10 days, against the MMIS-II system, to ensure the requested changes have been completed. Cross reference Action Transmittal 97-10 regarding 1184 newborn procedures for non-CARES local departments if further clarification is needed. (See attachment H)

A manual issuance (AIPI) must be done for the CSB portion of the grant each month. (See attachment B)

Enter a "Y" (Yes) in the ALT Info FS field on the AIMS 3 form for associated Food Stamp cases. (See attachment C)

Enter the amount of CSB child support as F07 (Other Unearned Income)

Enter the TCA case number and CSB benefit amount on the AIMS 2/3C. (See attachment D)
Example: CSB TCA CASE WITH INCOME AND CSB CHILD SUPPORT
There is an existing TCA case for a household of 2. There is $100 of countable income after disregards. The benefit amount is $192. A CSB child is added to the case. The new household size is three, the new benefit amount is $273. The CSB child support is $50 per month.

\[
\begin{align*}
$273 & \quad \text{New Benefit Amount} \\
- $192 & \quad \text{Previous Benefit Amount} \\
+ $81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
\text{New Benefit Amount} & \div 3 \quad \text{New Household Size of 3} \\
$91 & \quad \text{Prorata Share}
\end{align*}
\]

The prorata share exceeds the incremental portion. The CSB benefit will be the incremental portion of $81.

\[
\begin{align*}
$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
- $50 & \quad \text{CSB Child Support} \\
$31 & \quad \text{CSB Benefit Amount} \\
\text{Regular Benefit Amount} & = $192
\end{align*}
\]

Procedure
If the total child support payment is greater than or equal to the CSB benefit, no CSB benefit will be paid. The CSB child will be added to the TCA case as an active member (they are still eligible for F01 Medical Assistance coverage).

The TCA case will be processed as usual. Special processing is not required.

Enter the household size (including the CSB child) on the AIMS 2 form. Determine the incremental difference in the grant amounts by subtracting the grant amount of the household size including the CSB child from the grant amount for the household size excluding the CSB child. Enter the incremental difference amount as income type P07 (Other Unearned Income).

Complete the AMF section on the AIMS 2 indicating the category of assistance (02 or 22) for the CSB child.

Review the CSB child's Recipient Eligibility Screen 1 on MMIS-II. If the child has not been added to MMIS II, complete an 8000 to add the child.
If the child has already been certified under P03, screen print the child’s Recipient Eligibility Screen 1 and enter category 02 and scope 01 under the CAT and SCP field. Sign your name and indicate your local department/office, telephone number, and date. The document will be rejected by DHMH if this information is not present. Forward the corrected screen print to the MMIS-II control clerk. It is recommended that a copy of the corrected screens be retained and reviewed after 10 days, against the MMIS-II system, to ensure the requested changes have been completed. Cross reference Action Transmittal 97-10 regarding 1184 newborn procedures for non-CARES local departments if further clarification is needed. (See attachment H)

Enter the full amount of the CSB child support as F07 (Other Unearned Income) on the AIMS 3 form. (See attachment C)

Narrate all case actions.

A 903 form must be completed for each CSB child. Clearly indicate this is a CSB child by entering "CSB" in the upper left hand corner of the form. (See attachment I) Forward the 903 to the local Child Support Division. This will assure that child support collections are sent to the custodian and that CSB child support collections are not considered in Unreimbursed Public Assistance (URPA) or Excess Suspend processing.

A monthly query will run to identify the amount of child support payments disbursed for each CSB child. If the amount of child support payments disbursed differs from the previous month, the CSB portion of the TCA grant and the associated Food Stamp case must be recalculated prior to the adverse action period.

Notify the customer via DHR/FIA 730 (Applications) or DHR/FIA 733 (Interim Changes). Add the following text and COMAR citation for CSB TCA cases.

(Enter amount of CSB benefit) of your benefit will be issued as a separate benefit to (Enter the selected third party). This separate payment is to be used for items needed by (Enter the CSB child’s name).

COMAR: 07.03.03.09(E)

CARES:

When the request to add a child is received, the head of household’s CSB notification date on the DEM1 screen must be reviewed and a decision made to determine if this is a CSB child.

CSB PROVISION NOT APPLICABLE OR CHILD EXEMPT

If the child is exempt from the CSB provision the TCA AU is to be processed as usual. During processing, the letters CSBE must be entered in the Place of Birth, Hospital field on the CSB exempt child’s DEM1 screen. Without this entry CSB exemptions will not be identified.
IMPLEMENTING THE CSB PROVISION

Inform the customer that the CSB child's incremental portion of the grant will be paid to and administered through a third party (as determined by local department procedure).

Inquire on vendor information to ensure the vendor is known to CARES. From the CARES MAIN MENU select Option P (Vendor Files). From the PMEN, select Option A (Vendor Name List) and press enter.

Enter the first letter of the vendor's first name and press enter. (Inquire on the first letter of the vendor's last name if a match is not found using the first name) This will provide a complete listing of all vendors whose name begins with that letter. The Vendor ID will be listed for each vendor. If further information on the vendor is needed for verification purposes, enter a 'Y' in the Sel (Select) field next to the vendors name and press enter.

If the vendor is not known to CARES, submit an "add a vendor" form to the local fiscal office. (See attachment E) The vendor's name, address, tax ID or Social Security number will be needed. The vendor is to be added as Vendor Type 033 - Limited Individual Provider/CSB Administrator.

Add the CSB child to the TCA assistance unit (AU) using the "add a person" procedures. Do not complete multiple changes to a TCA AU when adding a CSB child to the AU. Complete the add a person process for the CSB child first.

Enter the letters CSB in the Place of Birth Hospital field on the CSB child's DEM1 screen. **Without this entry CSB children will not be easily identified.** Identification of CSB children is of utmost importance as automated system support (when available) cannot be implemented correctly without it.

CSB TCA CASE WITH NO INCOME OR CSB CHILD SUPPORT

**Calculation**
The new benefit amount resulting from adding the CSB child to the TCA case must be determined.

Subtract the previous benefit amount from the new benefit amount to determine the CSB incremental portion of the total grant. (See attachment G)

Example:
There is an existing TCA case for a household of 2. There is no income or CSB child support. The benefit amount is $292. A CSB child is added to the case. The new household size is three, the new benefit amount is $373.
$373 New Benefit Amount
-$292 Previous benefit amount
$81 CSB Incremental Portion of the total grant

Procedure
Current Month
Code the underpayment resulting from adding the child as 'NA' (Non-Fraud Add A Person) on the CAFI screen. The underpayment must first be created. From the CARES Main Menu select Option R (Benefit Error Submenu). Select Option B (Add a Historical Case Change Benefit Error Group). After reviewing the BEG information press enter. PF3 to return to the RMEN. This BEG must be removed by a lead worker or supervisor using Option I (Update a Benefit Error Group). Individuals added to cases are not eligible for benefits until the first of the month following the notification month.

On-Going Month
In the on-going month, review the new benefit amount (resulting from adding the child to the TCA case) and the previous benefit amount (prior to adding the child to the TCA case). These amounts will be displayed on CAFI.

Confirm the benefit.

To ensure separate payment of the CSB benefits, the CSB payment will be vendedored. The payment will be not be issued as an EBT benefit, but as a batch check to the selected vendor.

Enter a 'Y' (Yes) in the Vendor Field on the CAFI screen. This entry will result in the VEND screen appearing.

Enter 'S' (Split/Direct) in the Payment Type.

Enter the assigned Vendor's ID in the Vendor Number field (PF16 to obtain vendor information if not previously done).

Enter the amount of the CSB payment in the Vendor Amt. field.
Note: The CSB payment will be issued to the vendor. The total benefit amount less the amount vendedored will be issued to the customer's EBT account as usual.

Add the following text to the notice using the PF13 key on CAFI:
(Enter amount of CSB benefit) of your benefit will be issued as a separate benefit to (Enter the selected third party). This separate payment is to be used for items needed by (Enter the CSB child's name).

If the CSB benefit is not paid correctly, access the RMEN (Benefit Error Submenu) from the CARES Main Menu. Select Option B (Add a Historical Case Change Benefit Error Group) and create the over/under payments needed to correct the payment amount.
CSB TCA CASE WITH INCOME OR CSB CHILD SUPPORT
The CSB benefit for TCA cases with income (earned or unearned) or CSB child support will be calculated based on a prorata share of the total benefit and the incremental increase. The CSB benefit cannot exceed the amount of the incremental increase. CSB benefit payments will be based on prorata share if this amount is less than or equal to the incremental increase.

Income Calculation
The new benefit amount resulting from adding the CSB child to the TCA case must be determined. Subtract the previous benefit from the new benefit amount to determine the CSB incremental portion of the total grant. (See attachment G)

Divide the new benefit amount by the new household size (including the CSB child) to determine the prorata benefit per person. (Drop the cents).

Compare the prorata benefit to the CSB incremental increase. If the prorata share is less than or equal to the CSB incremental increase, the CSB benefit will be the prorata share. If the prorata share is greater than the CSB incremental increase, the CSB benefit will be based on the maximum allowable incremental increase.

Example: CSB TCA CASE WITH INCOME
There is an existing TCA case for a household of 2. There is $100 of countable income after disregards. The benefit amount is $192. A CSB child is added to the case.
The new household size is three, the new benefit amount is $273.

\[
\begin{array}{c}
$273 & \text{New Benefit Amount} \\
- $192 & \text{Previous benefit amount} \\
$ & $81 & \text{CSB incremental portion of the total grant}
\end{array}
\]

\[
\begin{array}{c}
$273 & \text{New Benefit Amount} \\
\div & 3 & \text{New Household Size of 3} \\
$91 & \text{Prorata share}
\end{array}
\]

The prorata share exceeds the incremental portion. The CSB benefit will be the incremental portion of $81.

Procedure
Current Month
Code the underpayment resulting from adding the child as 'NA' (Non-Fraud Add A Person) on the CAFI screen. The underpayment must first be created. From the CARES Main Menu select
Option R (Benefit Error Submenu). Select Option B (Add a Historical Case Change Benefit Error Group). After reviewing the BEG information press enter. PF3 to return to the RMEN. This BEG must be removed by a lead worker or supervisor using Option I (Update a Benefit Error Group). Individuals added to cases are not eligible for benefits until the first of the month following the notification month.

On-Going Month
In the on-going month, review the new benefit amount (resulting from adding the child to the TCA case) and the previous benefit amount (prior to adding the child to the TCA case). These amounts will be displayed on CAFI.

Confirm the benefit.

To ensure separate payment of the CSB benefits, the CSB payment will be vended. The payment will be not be issued as an EBT benefit, but as a batch check to the selected vendor.

Enter a 'Y' (Yes) in the Vendor Field on the CAFI screen. This entry will result in the VEND screen appearing.

Enter 'S' (Split/Direct) in the Payment Type.

Enter the assigned Vendor's ID in the Vendor Number field (PF16 to obtain vendor information if not previously done).

Enter the amount of the CSB payment in the Vendor Amt. field.
Note: The CSB payment will be issued to the vendor. The total benefit amount less the amount vended will be issued to the customer's EBT account as usual.

Add the following text to the notice using the PF13 key on CAFI: (Enter amount of CSB benefit) of your benefit will be issued as a separate benefit to (Enter the selected third party). This separate payment is to be used for items needed by (Enter the CSB child's name).

NOTE: If the CSB benefit is not paid correctly, access the RMEN (Benefit Error Submenu) from the CARES Main Menu. Select Option B (Add a Historical Case Change Benefit Error Group) and create the over/under payments needed to correct the payment amount.

Child Support
Child support paid specifically for the CSB child must be deducted from the CSB benefit, to determine the CSB benefit to be paid. CSB child support is never counted when calculating the regular TCA benefit. CSB child support is counted in full when calculating Food Stamp benefits.
Calculation
The new benefit amount resulting from adding the CSB child to the TCA case must be
determined. Subtract the previous benefit from the new benefit amount to determine the CSB
incremental portion of the total grant. (See attachment G)

Divide the new benefit amount by the new household size (including the CSB child) to determine
the prorata benefit per person. (Drop the cents).

Compare the prorata benefit to the CSB incremental increase. If the prorata share is less than or
equal to the CSB incremental increase, the CSB benefit will be the prorata share. If the prorata
share is greater than the CSB incremental increase, the CSB benefit will be based on the maximum
allowable incremental increase.

Subtract CSB child support from the CSB benefit amount to determine the CSB payment amount

Procedure
If the child support is less than the CSB benefit enter the amount of CSB child support as "OA" (Cash
Countable Income Only) and "OF " (Other Unearned Income Food Stamp Countable Only) on the
UINC screen of the CSB child. Enter the net CSB benefit as the amount to be vendedored.
If there is an associated Medical Assistance AU, this CSB child support must be entered in order
to calculate the eligibility correctly.

Current Month
Code the underpayment resulting from adding the child as 'NA' (Non-Fraud Add A Person) on the
CAFI screen. The underpayment must first be created. From the CARES Main Menu select
Option R (Benefit Error Submenu). Select Option B (Add a Historical Case Change Benefit
Error Group). After reviewing the BEG information press enter. PF3 to return to the RMEN.
This BEG must be removed by a lead worker or supervisor using Option I (Update a Benefit
Error Group). Individuals added to cases are not eligible for benefits until the first of the month
following the notification month.

On-Going Month
In the on-going month, review the new benefit amount (resulting from adding the child to the
TCA case) and the previous benefit amount (prior to adding the child to the TCA case). These
amounts will be displayed on CAFI.

Confirm the benefit.

To ensure separate payment of the CSB benefits, the CSB payment will be vendedored. The
payment will be not be issued as an EBT benefit, but as a batch check to the selected vendor.

Enter a 'Y' (Yes) in the Vendor Field on the CAFI screen. This entry will result in the VEND
screen appearing.
Enter 'S' (Split/Direct) in the Payment Type.

Enter the assigned Vendor's ID in the Vendor Number field (PF16 to obtain vendor information if not previously done).

Enter the amount of the CSB payment in the Vendor Amt. field.
Note: The CSB payment will be issued to the vendor. The total benefit amount less the amount vendored will be issued to the customer's EBT account as usual.

Add the following text to the notice using the PF13 key on CAFI:
(Enter amount of CSB benefit) of your benefit will be issued as a separate benefit to (Enter the selected third party). This separate payment is to be used for items needed by (Enter the CSB child's name).

NOTE: If the CSB benefit is not paid correctly, access the RMEN (Benefit Error Submenu) from the CARES Main Menu. Select Option B (Add a Historical Case Change Benefit Error Group) and create the over/under payments needed to correct the payment amount.

Example: CSB TCA CASE WITH CSB CHILD SUPPORT INCOME ONLY
(CSB CHILD SUPPORT LESS THAN CSB PAYMENT AMOUNT)
There is an existing TCA case for a household of 2. The benefit amount is $292. A CSB child is added to the case. $50 per month child support is received for the CSB child. The new household size is three, the new benefit amount is $373.

\[
\begin{align*}
$373 & \quad \text{New Benefit Amount} \\
- $292 & \quad \text{Previous Benefit Amount} \\
$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
\hline
\end{align*}
\]

\[
\begin{align*}
$373 & \quad \text{New Benefit Amount} \\
\div 3 & \quad \text{New Household Size} \\
$124.50 & \quad \text{Prorata Share} \\
\hline
\end{align*}
\]

Prorata share exceeds incremental portion, $81 (Incremental portion) is the CSB payment

\[
\begin{align*}
$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
- $50 & \quad \text{CSB Child Support} \\
$31 & \quad \text{CSB Benefit Amount} \\
\hline
$292 & \quad \text{Regular Benefit Amount} \\
\hline
\end{align*}
\]

Procedure
If the CSB child support is greater than or equal to the CSB benefit, no CSB benefit will be paid. The CSB child will remain an active member on the AU to ensure correct Medical Assistance coverage.
Enter the amount of CSB child support as "OF " (Other Unearned Income Food Stamp Countable Only) on the UIINC screen of the CSB child.

Enter the amount of the incremental increase as "OA" (Cash Countable Income Only) on the UIINC screen of the CSB child.

Current Month
The CAFI screen should reflect the new household size with no increase in benefits and no underpayment. The amount of CSB child support will appear as Unearned Income.

On-Going Month
The CAFI screen should reflect the new household size with no increase in benefits and no underpayment. The amount of CSB child support will appear as Unearned Income.

Confirm the benefit.

Add the following text to the notice using the PF13 key on CAFI:
There will be no increase in your TCA benefit because you receive child support for (Enter CSB child's name). TCA benefits will not be issued for this child, but the child is eligible for Medical Assistance.

Example: CSB TCA CASE WITH CSB CHILD SUPPORT INCOME ONLY
(CSB CHILD SUPPORT MORE THAN CSB PAYMENT AMOUNT)
There is an existing TCA case for a household of 2. There is no income. The benefit amount is $292. A CSB child is added to the case. $90 per month child support is paid for the child. The new household size is three, the new benefit amount is $373.

\[
\begin{align*}
\$373 & \quad \text{New Benefit Amount} \\
-\$292 & \quad \text{Previous Benefit Amount} \\
\$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
\$373 & \quad \text{New Benefit Amount} \\
\div \quad 3 & \quad \text{New Household Size} \\
\$124.50 & \quad \text{Prorata Share}
\end{align*}
\]

Prorata share exceeds incremental portion, $81(Incremental portion) is the CSB payment

\[
\begin{align*}
\$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
-\$90 & \quad \text{CSB Child Support} \\
\$ 0 & \quad \text{CSB Benefit Amount} \\
\$373 & \quad \text{New Benefit Amount} \\
-\$ 81 & \quad \text{CSB Incremental Portion} \\
\$292 & \quad \text{Regular TCA benefit}
\end{align*}
\]
Example: CSB TCA CASE WITH INCOME AND CSB CHILD SUPPORT
There is an existing TCA case for a household of 2. There is $100 of countable income after disregards. The benefit amount is $192. A CSB child is added to the case. The new household size is three, the new benefit amount is $273. The CSB child support is $50 per month.

\[
\begin{align*}
\$273 & \quad \text{New Benefit Amount} \\
-\$192 & \quad \text{Previous Benefit Amount} \\
\$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
\end{align*}
\]

\[
\begin{align*}
\$273 & \quad \text{New Benefit Amount} \\
+ 3 & \quad \text{New Household Size of 3} \\
\$91 & \quad \text{Prorata Share} \\
\end{align*}
\]

The prorata share exceeds the incremental portion. The CSB benefit will be the incremental portion of $81.

\[
\begin{align*}
\$81 & \quad \text{CSB Incremental Portion Of The Total Grant} \\
-\$50 & \quad \text{CSB Child Support} \\
\$31 & \quad \text{CSB Benefit Amount} \\
\end{align*}
\]

A 957 form must be completed for each CSB child. (See attachment F) Clearly indicate that this information is for a CSB child. Include the name and client ID number of the custodian, CSB child and absent parent on the 957 and forward it to the local Child Support Division. This will assure that child support collections for the CSB child are disbursed to the custodian and that CSB is not considered in Unreimbursed Public Assistance (URPA) or Excess Suspend processing.

Note: A monthly query will be run to identify the amount of child support disbursed for each CSB child. If the amount of child support disbursed differs from the previous month, the CSB portion of the TCA grant and the associated Food Stamp case must be recalculated prior to the adverse action period.

Add the following text to the notice using the PF13 key on CAFI:
(Enter amount of CSB benefit) of your benefit will be issued as a separate benefit to (Enter the selected third party). This separate payment is to be used for items needed by (Enter the CSB child's name).

COMAR: 07.03.03.09(E)

INQUIRIES:

Direct policy questions to Sue Woolford at (410) 767-7190, or Yolanda Parker at (410) 767-7259. Direct system questions to David Harmon at (410) 767-7318, or the DHR Help Desk at (410) 767-7002 or 1-800-347-1350.

cc: DHR Executive Staff
Constituent Services
CSEA Management Staff

FIA Management Staff
DHMH Executive Staff
Child Support Program Supervisors

attachments
**** AIMS FINANCIAL TRANSACTION ****

ANS TYPE AIPI  ACTION 1  LOCAL DEPT 32  CATEGORY 02  CASE ID 30345:12
TRAN DATE 12 21 96

PA MANUAL ISSUANCE
AUTH WORKER  123
ISSUANCE CATEGORY  02
ISSUANCE SUBCATEGORY  00
CHECK ISSUANCE REASON  C
NUMBER OF ADULTS INCLUDED  0
NUMBER OF CHILDREN INCLUDED  01
CHECK AMOUNT  008100
AMOUNT OF LOCAL SUPPLEMENT
EA/EAFC EMERGENCY NO
MONTH ISSUANCE EFFECTIVE  12 96
NUMBER OF REPLACED CHECK

CASE NAME: LAST NAME TEST
PAYEE/VENDOR THIRD PARTY
VENDOR ADDRESS
EXTRA LINE
CITY

MESSAGE MAIL CHECK TO: 311 W. SARATOGA STREET, BALTIMORE MD., 21201

EBT CODE N
ADD A VENDOR

<table>
<thead>
<tr>
<th>Date</th>
<th>Worker's Name</th>
<th>District Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Worker Number</th>
<th>EIN/SSN</th>
<th>Vendor Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vendor Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vendor Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Approval?</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorize Payment?</th>
<th>Vendor ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Official's Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV-A/IV-D INFORMATION MEMO / ACTION REQUEST

DATE: ____________________________

TO: Child Support Enforcement Administration

FROM: Income Maintenance

District/Worker: ____________________
Phone Number: ____________________

Case Name: ________________________
(Last) (First) (M.I.)

Absent Parent Name: ________________

The following information is forwarded to CSE:

☐ Birth of child previously "unborn" on DHR/SSA 903.
   Name: ______________________ D.O.B. ______________________

☐ added to assistance unit; DHR/SSA 903 attached.

☐ removed from assistance unit. Reason: ______________________
   DHR/SSA 903 attached.

☐ Grant changed: __________________ effective ____________________

☐ Grant suspended for month of __________________

☐ Grant resumed for month of __________________

☐ Change address: __________________

☐ Case transferred to __________________
   DHR/SSA 923 requested.

☐ Caretaker relative deemed cooperative.

☐ Caretaker relative deemed non-cooperative.

☐ Protective payee assigned effective ____________________

☐ Case closed effective date: __________________
   Last check month: ______________; Closing code: ____________

☐ Other: ______________________
   CSB __________________

☐ Other: ______________________

RE: CARETAKER RELATIVE

☐ Corrected non-cooperative status (date) ______________________

☐ Other: ______________________

☐ Other: ______________________

THE FOLLOWING ACTION HAS BEEN TAKEN:

☐ Other: ______________________
   ____________________________

☐ Other: ______________________
   ____________________________

☐ Other: ______________________
   ____________________________

☐ Other: ______________________
   ____________________________

DISTRIBUTION

When reply is requested, complete in triplicate. Send a copy and first carbon; keep second carbon as a control. Respondent is to cross through old address and redact inquirer; return original to inquirer and retain carbon. When no reply is requested, send original and keep carbon.

REVIEWED BY: IV-D FISCAL: Date ________

Signed: ______________________
Child Specific Benefit Worksheet

Old Household Size _____

<table>
<thead>
<tr>
<th>Step</th>
<th>Calculation</th>
<th>New Household Size _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New TCA Benefit Amount (After adding CSB Child)</td>
<td>$_________</td>
<td></td>
</tr>
<tr>
<td>2. TCA Benefit Amount (Prior to adding CSB Child) \ subtract line 2 from 1</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>3. Incremental Portion (This is the maximum CSB benefit)</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>4. Divide line 1 by the New Household Size</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>(This will determine the prorata share)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Compare line 3 to line 4.</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>If line 4 is less than line 3, CSB issuance = line 4, enter the amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If line 4 is greater than or = line 3, CSB issuance = line 3, enter the amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If CSB child support is received go to line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Enter the amount of CSB child support received \ subtract line 6 from line 5</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>\ enter sum on line 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. CSB Benefit Amount</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>8. Subtract line 6 from line 2 - enter the result on line 9</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>9. Regular TCA Benefit Amount</td>
<td>_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Recipient Eligibility Display Screen 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reissue: 30/CASE-Num: 30/CARES-IRN: 000000000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Origin: 30/SSN: MEDICARE-Num:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current: 30/NAME: ELIG: 001 (§)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOH: APPL-DT: 041496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addr: INSR: T6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addr: TPL: MEDICARE: (§)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: BALTO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State: MD ZIP: 21213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: DEC-DT: 041496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Res-Cnty: 30 BALT CITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rev-Cnty: DIST-OFF: 337</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income: 00000 Assets: 00000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility spans Begin: 040196 End: 043097 Cov Typ Cat SCP Split-Amt CIT SRC CN-RSN EVS-DT LST-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02 042</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q M. Caseworker, 30; 361-1234, 4/2/96
### Child Support Application Form

**Case Name:**

**R S SSN DOB LOCAL DEPARTMENT DISTRICT**

**Category Case Number:**

**AFDC NPA/MA WORKER NEW/REOPEN/EFF CARETAKER CH**

**Name of Absent Parent:**

**Social Security No:**

**Telephone:**

**Date of Birth**

**Age Sex Race Birth Place - City - State Date of Death**

**Last Known Address Street - City - State**

**Date**

**Last Known Employer's Name and Address**

**Date**

**Marital Status of Child(ren):**

- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Never Married to Each Other
- [ ] Unknown

**Date Married**

**Date and Place Divorced or Separated**

**Does Absent Parent Carry Medical Insurance for Child(ren):**

- [ ] Yes
- [ ] No
- [ ] Unknown

**Parent's Current or Prior Military Service:***

- [ ] Army
- [ ] Navy
- [ ] Air Force
- [ ] Coast Guard
- [ ] National Guard
- [ ] Military Allotment

**What Branch?**

**Is Parent Currently Paying Military Allotment?**

- [ ] Yes
- [ ] No

**Name of Child:**

<table>
<thead>
<tr>
<th>SSN</th>
<th>DOB</th>
<th>R</th>
<th>S</th>
<th>Paternity Established</th>
<th>Court Order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Children Data:**

**Date Support Last Paid**

**Support**

- [ ] Yes
- [ ] No
- [ ] Sometimes

**TO WHOM DOES PARENT PAY SUPPORT:**

- [ ] To Me
- [ ] To Child Support Agency

**Date Support Last Paid**

**Submit:**

**To Receive AFDC:** I assign to the State of Maryland all rights, title, and interest in support that I may have for myself or for any person AFDC. This includes any overdue support that has not been collected.

I agree to have the child support agency collect any support owed to me and to keep up to the amount of AFDC paid.

I agree to send the State of Maryland any support I receive. If I do not turn over this support, I will have to repay the amount.

I may also be prosecuted for fraud.

**When I Am Eligible for Medical Assistance:** I assign all rights, title, and interest in medical support and health insurance payments that have not been collected.

I agree to have the child support agency collect medical support payments owed to me and to keep up to the amount of medical assistance payments that have not been collected.

I agree to turn over to the State of Maryland any medical support or health insurance payments I receive.

**IN ORDER TO CONTINUE TO RECEIVE AFDC OR MEDICAL ASSISTANCE:** I will cooperate with the child support agency. If I fail to cooperate, the child support agency may lose some of my benefits and my case may be closed.

I have read these statements or someone has read them to me. I understand what they mean by signing them.

I agree to follow what they say.

**Date Signature of Applicant / Recipient / Payee Complete only in cases with representative payee.**

**SSN # DOB RACE**

**Relationship to Child(ren):**

**Telephone No.**

**Applicant / Recipient's Address**

**Signature of Natural Parent in the Home Other Than Applicant / Payee**

**Witness (If Signature is By "X")**

**Priority Case:**

- [ ] Child Support Received
- [ ] NCM
- [ ] Paternal Caretaker Relative

**Child Support Agency Use Only**