

 <p>Department of Human Resources 311 W. Saratoga St. Baltimore, MD 21201-3521</p>	<p>FIA ACTION TRANSMITTAL</p>
<p>Issuance Date: January 21, 1997</p>	<p>Effective Date: FEBRUARY 1, 1997</p> <p>Control Number: FIA/OPA # 97-78</p>

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 P. LAYMAN, 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 vendoring 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.

\$373	New Benefit Amount
<u>-\$292</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant
\$292	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 (AIP) 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.

\$273	New Benefit Amount
<u>-\$192</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant

\$273	New Benefit Amount
<u>÷ 3</u>	New Household Size of 3
\$91	Prorata Share

\$273	New Benefit Amount
<u>- \$81</u>	CSB Benefit Amount
\$182	Regular TCA Benefit

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 (AIP) 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.

\$373	New Benefit Amount
<u>-\$292</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant
\$81	CSB Incremental Portion Of The Total Grant
<u>- \$50</u>	CSB Child Support
\$31	CSB Benefit Amount
\$292	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.

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.

\$273	New Benefit Amount
<u>-\$192</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant

\$273	New Benefit Amount
\div <u>3</u>	New Household Size of 3
\$91	Prorata Share

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

\$81	CSB Incremental Portion Of The Total Grant
<u>-\$50</u>	CSB Child Support
\$31	CSB Benefit Amount
\$192	Regular Benefit Amount

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
<u>-\$292</u>	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 vendored. The payment will 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).

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.

\$273	New Benefit Amount
<u>-\$192</u>	Previous benefit amount
\$81	CSB incremental portion of the total grant

\$273	New Benefit Amount
<u>÷ 3</u>	New Household Size of 3
\$91	Prorata share

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 vendored. The payment will 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.

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 vendored. 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 vendored. 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.

\$373	New Benefit Amount
<u>-\$292</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant
\$373	New Benefit Amount
<u>÷ 3</u>	New Household Size
\$124.50	Prorata Share

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

\$81	CSB Incremental Portion Of The Total Grant
<u>-\$50</u>	CSB Child Support
\$31	CSB Benefit Amount
\$292	Regular Benefit Amount

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 UINC screen of the CSB child.

Enter the amount of the **incremental increase** as "OA" (Cash Countable Income Only) on the UINC 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.

\$373	New Benefit Amount
<u>-\$292</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant

\$373	New Benefit Amount
<u>÷ 3</u>	New Household Size
\$124.50	Prorata Share

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

\$81	CSB Incremental Portion Of The Total Grant
<u>-\$90</u>	CSB Child Support
\$ 0	CSB Benefit Amount

\$373	New Benefit Amount
<u>-\$ 81</u>	CSB Incremental Portion
\$292	Regular TCA benefit

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.

\$273	New Benefit Amount
<u>- \$192</u>	Previous Benefit Amount
\$81	CSB Incremental Portion Of The Total Grant

\$273	New Benefit Amount
<u>÷ 3</u>	New Household Size of 3
\$91	Prorata Share

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

\$81	CSB Incremental Portion Of The Total Grant
<u>- \$50</u>	CSB Child Support
\$31	CSB Benefit Amount

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

1. CASE NUMBER

CASE HEAD - First Name										Last Name
Date of Birth	Race	Sex	Ethnicity	Allegiance Number	MIL	Social Security Number	Cur LA	Prior LA	DCR	En
Maiden Name/Alias										

[illegible][illegible][illegible]

IV.									
CURRENT ADDRESS									
Street Number		Street Name						Additional Address	

[illegible]

PROJECT CATEGORY DATA														
Dept/Status														
Proj. Categ.														
Worker I.D.														
App. Date														
Accept Date														
OTO Date														
ODO Date														
Close Date														
CI/ODO Code														
Wait Date														
Recon Due														
Redet Due														
Expunge Due														
Eligib. Code														
CASE NUMBER					_ _ S A M E _ _				_ _ S A M E _ _					

<input type="checkbox"/> PEND	
Preliminary Clearance: _____	
<input type="checkbox"/> UPDATE	
<input type="checkbox"/> Case Disposition	<input type="checkbox"/> Change
<input type="checkbox"/> Change Casehead	<input type="checkbox"/> Add In
<input type="checkbox"/> Redef. Completed	<input type="checkbox"/> Record
<input type="checkbox"/> Other (Specify) _____	

Date Com

DEPARTMENT OF HUMAN RESOURCES
AIMS and AMF
TRANSACTION TYPES: AAPB, ACHG, ARES

Page .

1. TRANSACTION TYPE A	2. LDSS	3. AUTH. WORKER	4. CASE NUMBER	5.
PUBLIC ASSISTANCE				
7. SOCIAL SECURITY NUMBER	8. (FIRST NAME) CASE NAME		9. (LAST NAME) (Init.)	
9. STREET ADDRESS			10. (EXTRA LINE)	
11. CITY	12. ST.	13. ZIP CODE	14. Alt. Inform. PUBLIC ASSIST	15. APPLICATION I
16. Case Status Reason	17. Category	18. NEW Category	19. Caseload	20. Case Worker
21. CHILDREN	22. ADULT	23. Loc	24. GRANT AMOUNT	25. SUB CAT
26. BENEFIT BEGIN Date	27. BENEFIT END Date	28. Init. OTO	29. Divert C	30. PA EE
31. Supp. Not	32. Last REDET Completed	33. F-F Intrv.	34. Action Date	35. Special Pay Amt.
36. MA Decision	37. PI. Status	38. PA EE	39. Recoupment	40. Repay Status
41. Repay Amount	42. Overpayment Date	43. Overpayment Amount	44. Monthly Repay Amount	45. Recent Repayment Date
46. Repay Reason	47. Assets	48. Earned Income (Type, Amount, Freq, Frequency)	49. Unearned Income (Type, Amount)	50. AFDC 30 & 1/3 INDIC.
51. END DATE for 30 & 1/3	52. Initial Needs	53. DEDUCTIONS/EXPENSES (Type, Amount)	54. Associate: FIRST NAME	55. Associate: LAST NAME
56. Associate: D.O.B. (MM/DD/YY)	57. Associate: Relation	58. Associate: Marital Status	59. Associate: ALIEN NUMBER	60. Associate: SOCIAL SECURITY NUMBER
61. Associate: Race	62. Associate: D.O.B. (MM/DD/YY)	63. Associate: Relation	64. Associate: Marital Status	65. Associate: ALIEN NUMBER
66. Associate: SOCIAL SECURITY NUMBER	67. Associate: Race	ACTION NEEDED: () ADD Individual ; or () CLOSE Individual		
Dept. \ Status		Proj. \ Categ.		Worker I.D.
Application Date		Accept Date		Close Reason. Close Date

**** AIMS FINANCIAL TRANSACTION ****
ANS TYPE AIPI ACTION 1 LOCAL DEPT 32 CATEGORY 02 CASE ID 30345012
TRAN DATE 12 21 96

PA MANUAL ISSUANCE
AUTH WORKER 123 EBT CODE N
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

FIRST NAME CSB

PAYEE/VENDOR THIRD PARTY

VENDOR ADDRESS

EXTRA LINE

CITY

STATE

ZIP CODE

MAILED TO VENDOR

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

DEPARTMENT OF HUMAN RESOURCES
AIMS and AMF
TRANSACTION TYPES: AAPB, ACHG

Page _____

1. TRANSACTION TYPE A	2. LDSS	3. AUTH. WORKER	4. CASE NUMBER	6. FS
--------------------------	---------	-----------------	----------------	-------

FOOD STAMPS

7. SOCIAL SECURITY NUMBER	8. (FIRST NAME) (Init.) (LAST NAME)						
9. STREET ADDRESS	10. (EXTRA LINE)						
11. CITY	12. ST.	13. ZIP CODE	14. Alt. Inform. FOOD STAMPS	15. APPLICATION DATE			
16. Case Status Reason	17. Category	18. NEW Category	19. Caseload	20. Case Worker	21. Race	22. HH Type	23. Aged/Disabled
25. ALLOT. AMOUNT	26. CERTIF. BEGIN DATE	27. CERTIF. END DATE	28. New LDSS	29. EXPED. DISCOV. DATE	30. II		
31. ISSUE INT. OTO	32. ATP/ATI INDIC.	33. DIVERT BENEFITS	(*) F F INTRV.	(*) FS EBT	36. SUPPRESS NOTICE	37. LAST REDET for F	

SHELTER COSTS

SHELTER COSTS

38. RENT \ MORTGAGE \ TAXES	39. UTILITY STANDARD	40. PAID UTILITY
-----------------------------	----------------------	------------------

RECOUPMENT

48. FINANCIAL SCREEN REQUIRED	41. Repay Status	42. Overissuance Date	43. Overissuance Amount	44. Unrepaid A
49. Delete Worker Input FS Allotment	45. Monthly Repay Amount	46. Recent Repay Amount	47. Recovery Reason	

FOOD STAMP FINANCIAL INFORMATION

50. ASSETS	52. UNEARNED INCOME (TYPE, AMOUNT, FREQUENCY)	53. DEDUCTIONS / EXPENSES (TYPE, AMOUNT, FREQUENCY)
51. EARNED INCOME (TYPE, AMOUNT, FREQUENCY)		

A M F I N P U T

A M F I N P U T

A M F I N P U T

ACTION NEEDED: () ADD Individual ; or, () CLOSE Individual	
Dept. \ Status	Application Date
Proj. \ Categ.	Accept Date
Worker I.D.	Close Reason, Close Date
ASSOCIATE: FIRST NAME (Init.) LAST NAME	D.O.B. (MM \ DD \ YY) Relation
Marital Status ALIEN NUMBER	SOCIAL SECURITY NUMBER Race
ASSOCIATE: FIRST NAME (Init.) LAST NAME	D.O.B. (MM \ DD \ YY) Relation
Marital Status ALIEN NUMBER	SOCIAL SECURITY NUMBER Race

MARYLAND DEPARTMENT OF HUMAN RESOURCES
INCOME MAINTENANCE ADMINISTRATION
AUTOMATED INCOME MAINTENANCE SYSTEM

ALTERNATE CASE INFORMATION

Case Number

PUBLIC ASSISTANCE MAILING ADDRESS

① DELETE PA MAILING

② STREET ADDRESS

③ EXTRA LINE

④ CITY ⑤ STATE ⑥ ZIP

⑦ DELETE PA PAYEE

⑧ PAYEE NAME First: M.I. Last:

FOOD STAMPS MAILING ADDRESS

⑨ DELETE FS MAILING

⑩ STREET ADDRESS

⑪ EXTRA LINE

⑫ CITY ⑬ STATE ⑭ ZIP

⑮ DELETE FS REPRESENTATIVE

⑯ PAYEE NAME First: M.I. Last:

PA ASSOCIATED CASE INFORMATION FOR FOOD STAMPS

		CASE NUMBER	GRANT
* ⑰ DELETE	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
⑱ DELETE	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
⑲ DELETE	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

⑳ AUTHORIZED SIGNATURE

ADD A VENDOR

TO BE COMPLETED BY WORKER											
Date		Worker's Name						District Office			
Worker Number						EIN/SSN				Vendor Type	
VENDOR NAME (Full Company Name)											
VENDOR NAME (First and Last Name)											
First Name						Middle Name					
Last Name											
VENDOR ADDRESS											
Number											
Street											
City											
Zip Code						Telephone Number					
TO BE COMPLETED BY SUPERVISOR											
Supervisory Approval?						Signature				Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No											

TO BE COMPLETED BY SUPERVISOR											
Authorize Payment?						Vendor ID					
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Local Officer's Name						Signature				Date	

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 _____

DATE: _____

TO: Income Maintenance

District/Worker _____

FROM: Child Support Enforcement Administration

Phone Number _____

Worker _____

Case No: _____

Reply Requested: ☐ Yes ☐ No

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 733 attached.

- ☐ Grant changed to \$ _____ effective _____

- ☐ Grant suspended for month of _____

- ☐ Grant resumed for month of _____

- ☐ Change address to: _____

- ☐ Case transferred to _____

_____ ; DHR/SSA 929 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: _____

- ☐ Other: _____

THE FOLLOWING INFORMATION IS FORWARDED TO L.M.:

RE: ABSENT PARENT

- ☐ Located; living with recipient. Absent Parent Name: _____

- ☐ Will begin to pay support - (How often) _____ (amount) \$ _____ on (date) _____

- ☐ Other: _____

- ☐ Other: _____

RE: CARETAKER RELATIVE

- ☐ Corrected non-cooperative status (date) _____

- ☐ Other: _____

- ☐ Other: _____

THE FOLLOWING ACTION HAS BEEN TAKEN:

DISTRIBUTION

When reply is requested, complete in triplicate. Send original and first carbon; keep second carbon as a control. Respondent is to cross through old address and redir 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 _____

New Household Size _____

1. New TCA Benefit Amount (After adding CSB Child) \$ _____
2. TCA Benefit Amount (Prior to adding CSB Child) subtract line 2 from 1 - \$ _____
3. Incremental Portion (This is the maximum CSB benefit) = \$ _____
4. Divide line 1 by the New Household Size \$ _____
(This will determine the prorata share)
5. Compare line 3 to line 4. \$ _____
If line 4 is less than line 3, CSB issuance = line 4, enter the amount
If line 4 is greater than or = line 3, CSB issuance = line 3, enter the amount
If CSB child support is received go to line 6
6. Enter the amount of CSB child support received subtract line 6 from line 5 \$ _____
enter sum on line 7
7. CSB Benefit Amount \$ _____
8. Subtract line 6 from line 2 - enter the result on line 9 \$ _____
9. Regular TCA Benefit Amount \$ _____

Attachment 1

5/17/96
 REISSUE:
 RECIP-ID: 3000000000 HON/CASE-NUM: 3000000000 LAST TRANS: 042496 INQU
 ORIG-ID: 3000000000 CARES-IRN: 0000000000 BATCH-UP:
 CURR-ID: 3000000000 SSN: PREVIOUS-UP: 042496
 NAME: [REDACTED] MEDICARE-NUM:
 HON: [REDACTED] ELIG: 001 (P)
 ADDR: [REDACTED] HMO: C (F)
 ADDR: [REDACTED] INSR: T6 TPL: MEDICARE: (F)
 CITY: BALTO DEC-DT: 041496 LTC: (F)
 STATE: MD ZIP: 21213 BIRTH: 0414 1996 WAIVER: (F)
 PHONE: RACE: B SEX: M MANAG-CARE: (F)
 RES-CNTY: 30 BALT CITY HOSP-NUM: NEW-IDS: 001 (F)
 REV-CNTY: DIST-OFF: 337 DT-OF-ENTRY: SPECIAL PROGRAM (F)
 INCOME: 00000 ASSETS: 00000 UNIT: GGG DEATH: PROD-T:
 EEN-DT: EPSDT: RETURN-CD: VCN: 0 CARES-DT:
 ELIGIBILITY SPANS
 BEGIN END COV TYP CAT SCP SPLT-AMT CIT SRC CN-RSN EVS-DT LST-
 040196 043097 P03 P 0.00 A' Z 042

02 1
 22 1

I M. Case Worker, 30, 361-1234, 4/2/96

Attachment H

CASE	CASE NAME				R	S	SSN#		DOB	LOCAL DEPARTMENT		DISTRICT
	CATEGORY CASE NUMBER			AFDC <input type="checkbox"/> NPA/MA <input type="checkbox"/>		WORKER			NEW/REOPEN/EFF		CARETAKER CH	
ABSENT PARENT DATA	NAME OF ABSENT PARENT								SOCIAL SECURITY NO.		TELEPHONE	
	DATE OF BIRTH		AGE	SEX	RACE	BIRTH PLACE - CITY - STATE				DATE OF DE		
	LAST KNOWN ADDRESS STREET - CITY - STATE										DATE	
	LAST KNOWN EMPLOYER'S NAME AND ADDRESS										DATE	
	MARITAL STATUS OF CHILD(REN)'S PARENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> MARRIED						DATE MARRIED		DATE AND PLACE DIVORCED OR SEPARATED			
	<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED						DOES ABSENT PARENT CARRY MEDICAL INSURANCE FOR CHILD(REN)					
	<input type="checkbox"/> NEVER MARRIED TO EACH OTHER						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
	PARENT'S CURRENT OR PRIOR MILITARY SERVICE DATES _____ TO _____				WHAT BRANCH? <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> COAST GUARD				<input type="checkbox"/> MARINES <input type="checkbox"/> AIR FORCE <input type="checkbox"/> NATIONAL GUARD		IS PARENT CURRENTLY PAYING MILITARY ALLOTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN DATA	NAME OF CHILD			SSN #		DOB	R	S	PATERNITY ESTABLISHED		COURT ORDER S	
									N/Y	WHAT COURT	N/Y	WHAT C
SUPPORT	DOES PARENT PAY SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SOMETIMES				TO WHOM DOES PARENT PAY SUPPORT? <input type="checkbox"/> TO ME <input type="checkbox"/> TO CHILD SUPPORT AGENCY				DATE SUPPORT LAST PAID		AMC	
	ADDRESS _____											
ASSIGNMENT	<p>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.</p> <p>I agree to have the child support agency collect any support owed to me and to keep up to the amount of AFDC paid.</p> <p>I agree to send to the State of Maryland any support I receive. If I do not turn over this support, I will have to repay this amount to the State of Maryland.</p> <p>I may also be prosecuted for fraud.</p> <p>WHEN I AM ELIGIBLE FOR MEDICAL ASSISTANCE: I assign all rights, title, and interest in medical support and health insurance payments that I may have for myself or any person receiving medical assistance. This includes overdue medical support and health insurance payments that have not been collected.</p> <p>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 been made for me.</p> <p>I agree to turn over to the State of Maryland any medical support or health insurance payments I receive.</p> <p>IN ORDER TO CONTINUE TO RECEIVE AFDC OR MEDICAL ASSISTANCE: I will cooperate with the child support agency. If I fail to cooperate with the child support agency, I may lose some of my benefits and my case may be closed.</p> <p>I HAVE READ THESE STATEMENTS OR SOMEONE HAS READ THEM TO ME. I UNDERSTAND WHAT THEY MEAN BY SIGNING MY NAME. I AGREE TO FOLLOW WHAT THEY SAY.</p>											
SIGNATURE	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					
ACTION	SIGNATURE OF NATURAL PARENT IN THE HOME OTHER THAN APPLICANT / PAYEE						WITNESS (IF SIGNATURE IS BY "X")					
ACTION	PRIORITY CASE <input type="checkbox"/>						CHILD SUPPORT AGENCY USE ONLY					
	<input type="checkbox"/> CHILD SUPPORT RECEIVED <input type="checkbox"/> ICM <input type="checkbox"/> PATERNAL CARETAKER RELATIVE											