

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes and clarifications to Service Chapter 448, Administrative Procedures for Economic Assistance and Health Care Coverage Programs. This also incorporates changes made with:

- IM 5146 – SFN 162, Request for Hearing
- IM 5147 – Releasing Information – Child Protective Service Alerts

Par. 2. **Effective Date** – Changes and clarifications included in this manual letter are effective December 1, 2012.

### **Responsibilities 448-01-15**

1. 448-01-15-10 – County Responsibilities. Added the responsibility of the county social service agencies to send in information for audit purposed.

#### **County Responsibilities 448-01-15-10**

The county social service agencies are responsible for the administration of Economic Assistance and Health Care Coverage programs within the guidelines established by the Department. The county social service agencies are responsible for submitting accurate and timely financial and program reports as required by the Department for its direction and supervision of the programs. Counties must also provide information to the public regarding specific programs.

County social service staff are responsible for effective case management consisting of:

1. Ensuring contact with applicants or recipients is pleasant and courteous;
2. ~~Provide~~ Providing assistance to applicants and recipients in completing necessary forms and obtaining required information to determine initial and ongoing eligibility.
3. Determining initial and continued eligibility for assistance programs timely, conducting interviews and verify appropriate information, applying program policy, and the prudent person

concept. Only factual information relevant to the determination of eligibility will be requested and entered into the case file;

4. Providing the applicant or recipient with program information, benefit information and program requirements using the Application for Assistance Guidebook, program brochures and other available information;
5. ~~Provide~~ Providing information and referral services necessary for applicants and recipients to become fully or partially self-sufficient or to resolve other issues;
6. Establishing easy access for applicants or recipient to provide information and report changes;
7. Ensuring that all reports of changes, complaints, and inquiries are responded to and acted upon promptly and accurately;
8. Maintaining and using computer systems for determining eligibility; and
9. Utilizing reports generated from eligibility systems to manage caseloads.
10. Providing casefile and all other pertinent information required for administrative reviews or audits conducted periodically by federal, state and county staff.

**NOTE: State office staff will be responsible for obtaining information from electronic case files if available.**

County social service staff who have access to Internal Revenue Service (IRS) and Social Security Administration (SSA) information received through a computer match are required to receive initial and annual safeguard training. The training includes IRS and SSA requirements, confidentiality requirements, and the Privacy Act. The training addresses statutes governing the release of such data and penalties for unauthorized access to, or unauthorized disclosure of such data.

The county social service office is responsible to ensure staff complete the training. Staff must take the training upon start of employment and annually thereafter. TECS access will be revoked for failure to complete the annual training in the allotted timeframe. The Department makes this training available through E-Learning. The training includes information regarding:

- Internal Revenue Service (IRS) requirements
- Social Security Administration (SSA) requirements
- Confidentiality and safeguarding requirements
- The Privacy Act
- Statutes governing the release of such data
- Penalties for unauthorized access to or unauthorized disclosure of such data

### **Confidentiality and Safeguarding of Information – 448-01-25**

2. 448-01-25-10-10-05 – General Statement – Added the policy from IM 5147 regarding releasing information when a Child Protective Service Alert is received.

#### **General Statement – 448-01-25-10-10-05**

North Dakota Century Code, Section 50-06-15, prohibits the disclosure of any information about persons applying for or receiving assistance under any program administered by the Department.

State and county staff are not mandatory reporters of suspected cases of child abuse unless they fall under one of the following categories:

- Social worker
- Physician
- Nurse
- Dentist
- Optometrist
- Dental hygienist
- Medical examiner or coroner
- Any other medical or mental health professional
- Religious practitioner of the healing arts
- Schoolteacher or administrator

- School counselor
- Addiction counselor
- Child care worker
- Foster parent
- Police or law enforcement officer
- Juvenile Court personnel
- Probation officer
- Division of Juvenile Services employee
- Member of the clergy having knowledge of or reasonable cause to suspect that a child is abused or neglected, or has died as a result of abuse or neglect.

Staff who are not mandatory reporters are strongly encouraged to report suspected child abuse and neglect to appropriate child protection staff. Only information, other than SNAP and Medicaid information, requested on the SFN 960, Report of Suspected Child Abuse or Neglect, ~~necessary to make the report~~ can be shared with child protection staff. Specific case information must not be shared.

**Note:** Regulations do not allow the disclosure of SNAP or Medicaid information to child protection staff.

### Protective Service Alerts

Periodically, eligibility staff receive 'Protective Service Alerts' from the North Dakota Department of Human Services, Children and Family Services (CFS) Division and other States. These alerts request information of a family's whereabouts.

When eligibility staff receive these e-mails, while it does not fall under 'administration of the programs', and since specific information regarding eligibility or benefits is not being disclosed, it is allowable to disclose to the requestor as well as to their own county child protective service unit, the county and state in which the individual is residing and the county social service office that may be contacted for child protective service information.

Any additional information, including 'How eligibility staff knows this information' or 'The family has applied or is receiving services' may NOT be disclosed.

3. 448-01-25-10-10-20 – Health Care Coverage (Medicaid and Healthy Steps) – Added additional policy to this section.

**Health Care Coverage (Medicaid and Healthy Steps) and Basic Care Assistance Program 448-01-25-10-10-20**

~~All applications, information and records concerning any applicant or recipient shall be confidential and shall not be disclosed or used for any purpose not directly connected with the administration of the Medicaid, Healthy Steps or Basic Care programs, unless authorized by a signed Release of Information. Information may be released to agencies in other states administering Medicaid or Healthy Steps.~~

~~Federal law and regulations require that the Medicaid State Plan have protections in place to ensure that the use or disclosure of information concerning applicants and recipients be limited to purposes directly connected with the administration of the plan. Those purposes include establishing eligibility, determining the amount of medical assistance, providing services, and conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan. (42 U.S.C. § 1396a(a)(7); 42 C.F.R. § 431.300-306).~~

1. Sharing basic information regarding eligibility with Case Managers:
  - a. Case Manager going out for initial review can find out if client is eligible for Medicaid, type of coverage (full Medicaid or Medicare Savings Programs), and whether client has a recipient liability.
  - b. County or other waived service provider is a prospective provider so can find out if client is eligible in order to determine if can provide Medicaid waived services, or if need to pursue other program such as SPED. (This is like any other potential provider calling the Verify system.)
  - c. Determining eligibility for services under HCBS would not allow copies of eligibility income and asset screen prints and disclosing entitlement to SSI benefits. A release of information signed by the client, or a verbal release will also

- suffice, if documented, if specific information from the eligibility file must be obtained.
- d. Specific information that may be released to a provider of Medicaid Services is a yes/no if the client is eligible on a specific date, has any client share amount and the recipient's billing address, which is specific data.
2. Sharing asset, income, household composition, etc. information with social work staff:
- Eligibility workers cannot release this information unless the client has authorized with a release of information (form or verbally).
3. Sharing information with social workers for abuse/neglect/protective services for investigations:
- a. A signed release would be necessary to share specific information about the child/family.
- b. It does not have to do with administration of Medicaid, but is with regard to an abuse investigation.
- c. The family may not be receptive, but that is not a valid reason for us to release the information.
4. Sharing information with Child Support and other specific assistance programs:
- a. Can share information with Child Support (i.e. income and eligibility information.) as federal regulations specifically require.
- b. Can share information between Healthy Steps and Medicaid per federal requirements to coordinate benefits between the two programs.
- c. Can share information between Medicaid and SSA for Title II and Title XVI benefits as federal regulations specifically require income and eligibility information be shared.
- d. Can share information between TANF, SNAP, and the Aid to the Blind Remedial program per federal regulations to coordinate benefits between the programs.

5. Social Worker access to eligibility case file information, electronic or paper, narratives, income, and assets is not allowed. These items are included in the eligibility files, and a release of information from the client is required when it is NOT specifically related to administration of the MA program.
6. Release of information on application:
  - a. Allows county and state to obtain information from other sources, but does not give us permission to give information to others.
  - b. Potential option - When a client applies for waived services, that application could include a similar release that would allow Medicaid workers to share information.
7. Foster Care case when application is received and child is already on MA.
  - a. The county has care, custody, and control, so are acting on behalf of the child. Also, it is just going from one Medicaid case to another for the purpose of establishing eligibility.
  - b. The Department's recommendation is to make a copy for the FC file so that both files will have the proper documentation.
  - c. Legal Further Clarified: Because the county has care, custody and control of the child, that information may be shared with the social worker. This is because, at this point, the county is the caretaker—has the same access to the case file as a parent. The worker still should only give the social worker pertinent information.
  - d. There is really no reason why a social worker needs the parent's income information, other than to determine if the child is IV-E or not. If that has been established, the social worker should NOT be requesting the information, nor should the eligibility worker be releasing it, at least not without a signed release of information.
8. Law Enforcement:  
Medicaid and Healthy Steps cannot provide information about a specific client to law enforcement unless it has to do with administration of Medicaid or Healthy Steps. In these situations,

however, it seems the county would not need to provide any identifying information, such as name, whether they are on or applying for assistance etc. As such, they would not be releasing any protected health information (PHI).

Example: County staff could anonymously call law enforcement to report a drunk driver, they could say that someone (no name) is intoxicated and is driving (or is about to drive), and give a street location, and color and make of vehicle. It may not be necessary, because the county is not providing any PHI, but may be a good idea to consider using the personal cell phones as indicated in the legal response. This would prevent identifying the call as coming from the social service office (which could imply assistance), although it would seem that it should be OK either way as a county staff person could be calling about an intoxicated driver who has nothing to do with social services.

Application, information and records may not be released to elected officials or to any other person not directly connected with the administration of the Medicaid, Healthy Steps or Basic Care programs, with the exception of those individuals defined in Service Chapter 110-01-25-05, which is located on the County Intranet in the 'Legal' folder.

4. 400-01-25-15-30-05 – Release/Disclosure of Information – Changed 'Individual' to 'Worker' in the last paragraph for clarification purposes.

#### **Release/Disclosure of Information – 400-01-25-15-30-05**

In addition to purposes directly related to the administration of the Economic Assistance and Health Care Coverage programs, information concerning recipients may be released upon receipt of a signed Release of Information via SFN 970 - Multi-Agency Authorization to Disclose Information or SFN 1059 - Authorization to Release Information with the exception of Confidential Information that Must Not be Released at 448-01-25-10-05.

When a Release of Information is completed, the following information must be included:

- The name of the agency releasing the information;

- Who the information will be released to (name of agency or person);
- What specific information the recipient wants to release;
- What the information being released will be used for; and
- The date the recipient wants the release to expire.

The recipient determines the length of time a Release of Information is in effect. Time restriction cannot be imposed on the release of information if the recipient wishes to leave it open-ended. (The length of time may be days, weeks, months, years, a specific event terminating the release, or until the case closes.) The Release of Information automatically ends when the case closes. Upon reapplication, a new Release of Information must be obtained.

Recipients must be provided with a signed copy of any Release of Information.

If an individual eligibility worker is not sure they should be releasing information, the rule to follow is to request a Release of Information before disclosing any kind of information the household has provided for the purpose of determining eligibility for Economic Assistance and Health Care Coverage Programs.

5. 448-01-25-15-30-25 – Client Request for Casefile Information. Added specific information that cannot be released from the casefile.

#### **Client Request for Casefile Information 448-01-25-15-30-25**

An applicant or recipient, their authorized representative or legal representative, can have access to the applicant or recipient's case records, subject to limitations defined in the Confidentiality Manual at 110-01-35 located on the County Intranet in the 'Legal' folder. In addition to the limitations defined in the Confidentiality Manual 110-01-35, the following items must be removed from the casefile prior to review by the applicant, recipient or authorized representative:

- Federal tax return information received through computer match on IEVS (UFO). This information received through the database

from the Internal Revenue Service is the property of the IRS and remains the property of the IRS.

- Social Security Administration information received through a computer match on IEVS (wage information, dividends, self-employment, and pensions).
- Information received from the Vital Statistic Interface owned by the Vital Statistics office at the State Health Department.

### **Procedures for Appeal and Fair Hearings 448-01-30**

6. 448-01-30-10- Right to Appeal and Fair Hearing. Incorporated policy from IM 5146.

### **Rights to Appeal and Fair Hearing 448-01-30-10**

An applicant, recipient or authorized representative has the right to request a fair hearing in writing when they disagree with any action that affects eligibility, ~~or~~ the benefit level, or both, even if they are no longer residing in North Dakota. SFN 162 – Request for Hearing should be used, however, it is not mandatory.

**Note:** An applicant or recipient is not entitled to a fair hearing when the sole issue is one of State or Federal law requiring automatic benefit adjustments for classes of recipients unless the reason for an individual appeal is incorrect benefit computation.

If the request is not submitted on the SFN 162, the applicant or recipient must identify the assistance program involved and the action that affected their eligibility, ~~or~~ the benefit level or both. Upon receipt of the request, the county must complete an SFN 162, Request for Hearing, based on the information available. (Refer to Section 448-01-30-20 for the instructions on how the eligibility worker completes the SFN 162 when the request for a fair hearing is not received using the SFN 162).

~~An applicant or recipient is not entitled to a fair hearing when the sole issue is one of State or Federal law requiring automatic benefit adjustments for classes of recipients unless the reason for an individual appeal is incorrect benefit computation.~~

In addition to a written request, SNAP allows an individual to appeal a decision verbally. If there is a verbal request for appeal, the eligibility worker must document the request and the date received, and complete the procedures necessary to start the hearing process without requiring the household to provide the request in writing. Verbal requests must be clear expressions made by the applicant or recipient or their authorized representative to an employee of a county social service office or the Department to the effect that they wish to appeal a decision.

If an applicant or recipient dies before a request for a fair hearing is filed, the appointed representative of the estate, or any successor of the applicant or recipient if no representative has been appointed, may file a request for appeal.

For specific program policies and timeframes for appeals, see program policies:

- SNAP 430-05-70, Fair Hearings
- Medicaid 510-05-25-30, Appeals
- Healthy Steps 510-07-15-40, Appeals
- TANF 400-19-125, Appeals and Fair Hearings
- CCAP 400-28-155, Appeals and Fair Hearings
- LIHEAP 415-05-20, Right to Appeal and Fair Hearing

If an applicant or recipient contacts the eligibility worker and disagrees with any action that affects eligibility or the benefit level or both, the eligibility worker must conduct a review to ensure the action taken was correct. This review and explanation to the applicant or recipient may avoid a request for hearing. However, the individual still has the right to appeal.

7. 448-01-30-20 – County Responsibilities – Appeals and Fair Hearings - Incorporated information from IM 5146 and other pertinent information from FYI 12-036.

### **County Responsibilities - Appeals and Fair Hearings 448-01-30-20**

The eligibility worker must:

- Inform the applicant of their right to appeal. All applicants and recipients are informed of their right to appeal and receive a fair hearing on the back of all notices.
  
- Assist an applicant or recipient in submitting their request for a fair hearing if the applicant or recipient requests their assistance. The SFN 162 – Request for Hearing may be used.
  - When the applicant, recipient or authorized representative submits a request for fair hearing and does not use the SFN 162 the eligibility worker must complete the SFN 162 as follows:
    - 'Program Name' Section – Enter the program name the client is appealing.
    - 'APPEAL OF' Section – Enter the Name, Telephone Number, Address, City, State and Zip Code of the individual who is appealing.
    - 'STEP 1:' Section – Attach a copy of the notice that includes the decision the applicant or recipient is appealing.
    - 'STEP 2:' Section – Indicate 'Copy of Request for Appeal is attached (or if a verbal request was received for SNAP, verbal request) in this box and include the date the applicant or recipient requested the appeal.
    - 'STEP 3:' Section – If the recipient has provided this information, mark the appropriate box. If the recipient has not provided this information, leave the boxes blank.
    - 'STEP 4:' Section – Complete the Name, Telephone Number, Address, City, State and Zip Code of the individual assisting the applicant or recipient in their appeal, if known. If not known, leave blank.
    - 'STEP 5:' Section – Do not complete.

- Provide the household with a list of the legal service organizations, DN 1087 – Legal Service Organizations, to assist them with the fair hearing.
- Complete the SFN 1784 – Appeal Background Report. Mail or fax (701-328-2173) the Appeal Background Report, the request for hearing and other pertinent documents ~~to the DHS Appeals Supervisor~~ as soon as possible but no later than five calendar days from the date of receipt of the request for hearing, to:  
Department of Human Services  
Appeals Supervisor  
600 E. Boulevard Ave., Dept. 325  
Bismarck ND 58505  
**Note:** The documents submitted to the Legal Advisory Unit along with the Request for Hearing and Appeal Background Report are utilized by State Policy staff for review only. They are not forwarded to the Office of Administrative Hearing (OAH). Only the Request for Appeal and a copy of the notice that resulted in the appeal are forwarded to OAH.
- If the request is received by mail, the request form must be date stamped upon receipt and both the envelope and the request for hearing form must be sent to the DHS Appeals Supervisor
- If the applicant or recipient hand delivers the request to the county, the request form must be date stamped upon receipt and a notation must be made on the request for hearing that the form was hand delivered.
- When the DHS Appeals Supervisor receives a request for hearing directly from the applicant or recipient, a copy will be sent to the eligibility worker. The eligibility worker must determine whether the household is entitled to continued benefits. See program policies for continuation of benefits at:
  - SNAP 430-05-70-25, Continuation of Benefits
  - Medicaid 510-05-25-30, Appeals
  - Healthy Steps 510-07-15-40, Appeals

- TANF 400-19-125-10 and 400-19-125-15, Requesting a Fair Hearings
- CCAP 400-28-155-20, Benefits Pending a Fair Hearings
- LIHEAP 415-05-20, Right to Appeal and Fair Hearing
- When the eligibility worker becomes aware that the individual requesting a hearing plans to move from the State before a fair hearing decision would normally be reached, the eligibility worker must expedite the hearing request to ensure the household receives a decision and restoration of lost benefits and the hearing must be processed faster than others, if necessary, to allow a decision before the household leaves the area.
- The eligibility worker will receive a letter from the Legal Advisory Unit indicating the Request for Appeal and a copy of the notice that resulted in the appeal was forwarded to OAH. This letter also indicates that OAH will be sending the eligibility worker a 'Notice of Hearing & Specification of Issue'.  
**Note:** Upon receipt of the 'Notice of Hearing & Specification of Issue', the eligibility worker must follow the instructions included in this notice, which includes sending all pertinent information to OAH and the appellant.

When preparing for the fair hearing, the eligibility worker must:

- Notify the DHS Appeals Supervisor if the appellant is represented by legal counsel to ensure that legal counsel is also provided for the county.
- Notify the DHS Appeals Supervisor of any problem the applicant or recipient may have accessing the hearing site.
- Review the applicable Administrative Rules and program policies. Any questions or clarifications needed in regards to the rules or policies must be addressed with appropriate program staff prior to the hearing.
- Organize all oral and written evidence and plan for its presentation at the hearing to avoid unnecessary delay or duplication.

- Present copies of policy directives or instructions at the hearing when they are involved in the matter.
- Arrange for the attendance of all necessary witnesses and the availability of all documents for presentation of the case by the county social service office.
- Prepare a complete final budget computation, month by month, for the period subject to review, and up to the date of hearing, if the issue is:
  - Amount of assistance
  - Adjustment(s)
  - Demand for repayment
- Remain in touch with the applicant or recipient and report to the DHS appeals supervisor any change in their address or any other circumstances which might affect the hearing, if possible. The responsibility to report changes in the applicant or recipient's circumstances continues until a hearing decision has been reached.
- After the hearing, the Administrative Law Judge (ALJ) will issue a recommended finding and recommended order for review by the county and DHS program staff. The appellant also receives a copy. This is not the final decision. Any concerns the county may have with these documents need to be sent to the appropriate DHS program staff upon receipt.  
**NOTE:** Never take action on the unsigned recommended finding and recommended order.
- Immediately upon receipt ~~of notice~~ of the decision signed by the Executive Director of the Department of Human Services, the eligibility worker must comply with the decision based on program policy.

### **Case File Maintenance 448-01-40**

8. 448-01-40-40-05 –Transfer of Case File Documents. Created a new section to address the transfer of documents from a case file.

**Transfer of Case File Documents 448-01-40-40-05**

When a request for case file documents is received from another county and the documents are not stored in FileNet, the documents cannot be sent by e-mail to the requesting county. To ensure information remains secure based on confidentiality policies, the documents must be transferred using the Secure File Transfer System, unless the county chooses to send them by certified mail.

The Secure File Transfer System allows agencies to perform encrypted file transfer functions. The web application allows agencies to upload files to the application which can then be downloaded by the recipient of the information. Instructions on the use of the Secure File Transfer System are located on the County Intranet in the 'Information Technology Services' folder.

9. 448-01-40-45-05 – Case File Retention. Clarified the retention of cases files containing IEVS UFO, BENDEX Wage and protected health information.

**Case File Retention 448-01-40-45-05**

Case files, including all supporting documents, must be retained for three years after a case is closed. For Medicaid, case files involving a community spouse must be retained for three years after both spouses are deceased.

If any litigation, claim, negotiation, audit or other action involving the case record has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues that arise from it, or until the end of the regular three-year period, whichever is later.

Case files containing IEVS UFO, BENDEX Wage, and Social Security Administration information received through the interfaces and protected health information must be retained for three years after the closing date of the case or five years if the information has been re-disclosed.

**Note: Providing a copy of the TPOY to the applicant, recipient or authorized representative is not considered a re-disclosure.**

**Interfaces 448-01-50**

10. 448-01-50-10-70 – Verifying IEVS Hits – The following changes were made to this section:
- Added clarification to #3
  - Changed the applicant/recipients response time in #4 to coincide with the IEVS Notices.
  - Added a new #7 to included that if it is determined an individual could not have received this income (SSN of baby shows earnings, individual in a nursing facility), the incorrect SSN should be reported to the Public Assistance Unit.

**Verifying IEVS Hits 448-01-50-10-70**

IEVS UIB hits are considered verified. All other IEVS hits serve as a lead to determine if income or assets were reported and are correctly considered in determining eligibility.

Based on SNAP policy at 430-05-80-30, all IEVS hits with the exception of IEVS UIB are only acted on if verification is obtained for Medicaid or TANF.

If the verification is in the case file, the eligibility worker must then determine if the verification was used correctly in determining eligibility. If the verification is not in the case file, for Medicaid or TANF, the following steps must be used to verify the hit.

1. The worker must send a notice **within 30 days from the date of the IEVS hit**, requesting the verification and informing the household they must clarify the potential assets or incomes. The IEVS Asset Verification or IEVS Income Verification notices should be used.
2. If the household contacts the eligibility worker and requests assistance in obtaining the information, the eligibility worker must assist the household. A release of information must be used when contacting the source.

3. If the household contacts the eligibility worker and indicates they do not have this income ~~or if it is determined that this individual could not have this income (SSN of baby shows earnings)~~, the worker MUST follow up with the employer to verify the SSN and report the incorrect SSN to the ~~Interface Administrator of the~~ Public Assistance Unit.
4. If the household fails to respond **within 30 ~~10~~ days**, an advance notice to close Medicaid or TANF must be sent to the household, however, the verification process must continue.  
**NOTE: If the household informs the eligibility worker that they have requested the information but have not received it, additional time may be granted. This must be documented in the case file.**
5. If the household does not provide the information, the eligibility worker MUST contact the source to verify the information. A release of information must be used when contacting the source.
6. If the household/~~or the~~ source provides the verification, ~~or~~ if the household/~~or~~ source fails to respond or provide the verification, ~~or if the source is unavailable to provide the verification~~, refer to
  - TANF Policy at 400-19-130-05,
  - SNAP Policy at 430-05-80-30 or
  - Medicaid Policy at 510-05-10-25.
7. If it is determined that the individual could not have received this income (SSN of baby shows earnings, individual in a nursing facility) report the incorrect SSN to the Public Assistance Unit.

The eligibility worker must document the verification of IEVS hits in the narrative with the exception of IEVS UFO hits. IEVS UFO hits are considered IRS tax return information.

**\*\*DO NOT print or include IEVS UFO information in case files.\*\***

**Information that specifically addresses where the hit came from or the source of the information cannot be included in the:**

- **request for information sent to the recipient**
- **request for information sent to the source**
- **documentation in narratives**

11. 448-01-50-15-05 – Structure and Memorandum of Understanding (MOU) – This section has been updated to include information for LIHEAP and CCAP as the MOU with Social Security has been updated to allow LIHEAP and CCAP workers access to information received from SSA. The agreement does not include Basic Care; however, since all individuals eligible for Basic Care are in receipt of Medicaid, workers are allowed to use the SSA information to process Basic Care.

**Structure and Memorandum of Understanding (MOU) 448-01-50-15-05**

The Social Security Administration (SSA) was established originally in 1936 to administer the federal retirement benefits provided by the Social Security Act. Subsequent amendments to federal law have added the administration of survivors insurance, disability insurance, health and prescription drug insurance (Medicare), black lung benefits, and the Supplemental Security Income (SSI) programs to its responsibilities.

SSA and the State of North Dakota have a signed MOU to allow SSA to provide information regarding SSA and SSI benefits for applicants and recipients of Temporary Assistance for Needy Families (TANF),

Medicaid (MA), Healthy Steps, Child Care Assistance Program (CCAP), Low Income Home Energy Assistance Program (LIHEAP) and Supplemental Nutrition Assistance Program (SNAP).

The Basic Care Program, ~~Child Care Assistance Program (CCAP) and Low Income Home Energy Assistance Program (LIHEAP)~~ are is not part of the MOU agreement; however, since all individuals eligible for Basic Care are in receipt of Medicaid, eligibility workers are allowed to use the SSA information to process Basic Care.

12. 448-01-50-15-10 – Confidentiality and Safeguarding of Social Security (SSA) Information – The second to the last paragraph was updated to include the name of the specific training.

### **Confidentiality and Safeguarding of Social Security (SSA) Information 448-01-50-15-10**

Federal and state laws and regulations strictly limit the use and disclosure of confidential information received from the Social Security Administration to purposes directly related to the administration of Economic Assistance and Health Care Coverage Programs. The Social Security information received through a computer match is the BEER, BENDEX, IEVS, SVES, TPQY, and SDX. Information provided by SSA remains the property of SSA.

Workers and State office staff will be trained initially when hired and annually thereafter on the requirements of the Privacy Act and Social Security Administration requirements. This The Safeguarding Federal Tax Information training is available through E-Learning.

Policies on confidentiality and safeguarding of information can be found in 448-01-25 – Confidentiality and Safeguarding of Information and 110-01 – Confidentiality located on the County Intranet in the 'Legal' folder.

13. 448-01-50-15-25 – Penalty for Improper Access and/or Disclosure of Social Security Administration (SSA) Information – Reworded the first sentence in the first sub-bullet under the third bullet.

**Penalty for Improper Access and/or Disclosure of Social Security Administration (SSA) Information 448-01-50-15-25**

It is unlawful to disclose any information received from the SSA interface to any individual.

- Any individual who violates this provision shall be deemed guilty of a felony and, upon conviction, shall be punishable by a fine not to exceed \$10,000 for each disclosure, or by imprisonment not exceeding five years, or both.
  - Penalty for fraud. Whoever, with the intent to defraud an individual shall be deemed guilty of a misdemeanor, and, upon conviction, shall be punished by a fine not exceeding \$1,000, or by imprisonment not exceeding one year, or both.
  - Whoever, with the intent to elicit information as to the social security account number, date of birth, employment, wages, or benefits of any individual shall be, upon conviction, punished by a fine not exceeding \$1,000, or by imprisonment for exceeding one year, or both. This includes:
    - Falsely representing to the Secretary or Commissioner of the Social Security Administration ~~Commission of Social Security or Secretary~~ that he is such individual, or wife, husband, widow, widower, divorced wife, husband, surviving divorced mother, surviving divorced father, child or parent of such individual, or the duly authorized agency of such individual, or of the wife, husband, widow, widower, divorced wife, divorced husband, surviving divorced wife, surviving divorced husband, surviving divorced mother, surviving divorced father, child, or parent of such individual; or
    - Falsely representing to any person that he is an employee or agent.
14. 448-01-50-15-35 – Supplemental Security Income (SSI) and State Data Exchange (SDX) System – This section has been updated to include information for LIHEAP and CCAP as the MOU with Social Security has been updated to allow LIHEAP and CCAP workers access

to information received from SSA. The agreement does not include Basic Care; however, since all individuals eligible for Basic Care are in receipt of Medicaid, workers are allowed to use the SSA information to process Basic Care. The SDX alert table was not changed and remains in this section.

### **Supplemental Security Income (SSI) and State Data Exchange (SDX) System - 448-01-50-15-35**

#### **SSI**

In addition to administering the Retirement, Survivors, and Disability Insurance (RSDI) Program, the Social Security Administration also administers the Supplemental Security Income (SSI) Program which is funded under Title XVI of the Social Security Act. SSI is funded by general tax revenues (not social security taxes). This program replaced state programs of Aid to the Aged, Blind, and Disabled and is designed to help aged, blind and disabled individuals who have little or no income by providing cash payments to meet basic living needs.

#### **SDX**

The Social Security Administration has developed a comprehensive system, known as the SSI/State Data Exchange (SDX), for providing states with information about aged, blind, and disabled persons who apply for or receive Supplemental Security Income (SSI). The SDX record consists of SSI eligibility and payment data collected by the Social Security Administration. The information available on the SDX can be used to determine eligibility for CCAP, LIHEAP, Medicaid, SNAP, and TANF.

**~~NOTE: SDX cannot be accessed to verify SSI benefits for individuals that are only in receipt of Basic Care Assistance Program (BCAP), Child Care Assistance Program (CCAP) and/or LIHEAP.~~**

**~~If verification is obtained for TANF, Medicaid, Healthy Steps or SNAP it may also be used for BCAP, CCAP or LIHEAP.~~**

The SDX is an on-line inquiry of almost all individuals in North Dakota who have formally applied for SSI. This information is displayed on the SDX1/SDX2 Inquiry Screen (Function 17 on INME in TECS) or on the

second page of the TPQY Inquiry Screen (Function 28 on INME in TECS).

Individuals are not deleted from the SDX. The state agency always receives the last known information on almost any North Dakota resident who ever applied for SSI and were either denied, received benefits at one time or are currently receiving an SSI benefit. The state agency receives daily files that are processed on the 1st and the 10th of every month which generate the following alerts.

15. 448-01-50-15-50 – Annual Social Security Income (SSA) Cost of Living Allowance (COLA) increases – This section has been updated to include information for LIHEAP and CCAP as the MOU with Social Security has been updated to allow LIHEAP and CCAP workers access to information received from SSA. The agreement does not include Basic Care; however, since all individuals eligible for Basic Care are in receipt of Medicaid, workers are allowed to use the SSA information to process Basic Care.

**Annual Social Security Income (SSA) Cost of Living Allowance (COLA) Increases 448-01-50-15-50**

North Dakota does not receive an annual COLA file from SSA for social security benefits. On November 30th rollover, all cases for TANF, Medicaid and SNAP that have SSA or Railroad Retirement Benefits income are unauthorized and the authorized through dates removed. No alerts are generated on these cases. The new SSA benefit and Medicare premium amounts must be verified through the TPQY for TANF, Medicaid, CCAP, LIHEAP, and SNAP.

The Basic Care Assistance Program is not part of the MOU agreement; however, since all individuals eligible for Basic Care are in receipt of Medicaid, eligibility workers are allowed to use the SSA information to process Basic Care.

16. 448-01-50-15-55 – Third Party Query Procedures (TPQY) – Removed the note which prohibited CCAP and LIHEAP from accessing TPQY to verify SSA information. Agreements have been updated to allow workers who process these cases only to utilize TPQY. Since all

individuals eligible for Basic Care are in receipt of Medicaid, workers are allowed to use the SSA information to process Basic Care.

### **Third Party Query Procedures (TPQY) 448-01-50-15-55**

TPQY (Function 28 on INME in TECS) is an on-line method of verifying Social Security Administration (SSA)/Supplement Security Income (SSI) benefit information, Medicare/Buy-in information and quarters of coverage. It will serve as the data source for information that is not available through the SDX inquiry (Function 17 on INME in TECS).

The inquiry can be completed by using the individual's social security number (SSN) or claim number. When inquiring using the SSN, if the record comes back with a cross-reference claim number, do another inquiry using that claim number. When inquiring by the claim number, only SSA/Medicare (TPQ1) information will be received as SSI information has to be queried by SSN.

**~~NOTE: TPQY cannot be accessed to verify SSA/SSI benefits for individuals that are only in receipt of Basic Care Assistance Program (BCAP), Child Care Assistance Program (CCAP) and/or LIHEAP. If verification is obtained for TANF, Medicaid, Healthy Steps or SNAP it may also be used for BCAP, CCAP or LIHEAP.~~**

TPQY information is received from an interface with SSA and may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs. This information:

- Is only for workers who determine eligibility for the Economic Assistance and Health Care Coverage Programs in North Dakota.
- MUST NOT be released (given, mailed or e-mailed) to any agency or other individual.

This information can be released to the applicant, recipient or authorized representative with a signed release.

17. 448-01-50-35 – Child Support Enforcement (FACSES). Limited information received from FACSES that may be provided to the applicant, recipient or authorized representative.

### **Child Support Enforcement (FACSES) 448-01-50-35**

Child support information may be verified by accessing the FACSES Interface. This interface has a Session ID of FACSES on the Supersession main menu. The County Director or the County Director's designee must request access to the FACSES Interface for staff in their office by using the County System Request/Authorization Form. This form along with instruction for completion can be found on the County Intranet in the Information Technology folder.

There is a FACSES Eligibility Worker Ledger VIEW user guide available on the County Intranet in the Child Support Enforcement folder.

Information received through the FACSES Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs. This information:

- Is only for workers who determine eligibility for the Economic Assistance and Health Care Coverage Programs in North Dakota.
- MUST NOT be released (given, mailed or e-mailed) to any agency, applicant, recipient, authorized representative, or other individual. Requests from these individuals must be referred to the Child Support Enforcement Unit.

**Exception: The date and amount of a child support payment may be provided to the applicant, recipient or authorized representative.**

~~This information can be released to the applicant, recipient or authorized representative without a signed release as the applicant or recipient has on-line access to this information.~~

If the interface has information that is inconsistent with what the household has provided, the household needs to be referred to the Child Support Enforcement Unit to obtain verification.

**New Hire**

Information regarding individuals hired for employment in North Dakota may be accessed through the New Hire option using function M on the FACSES Interface master menu.

Information received from New Hire through the FACSES Interface may only be used to determine eligibility, ongoing benefits or payments for Economic Assistance or Health Care Coverage Programs in North Dakota. This information **MUST NOT** be released to any agency or individual (including the applicant or recipient), even with the individual's signed release.

18. 448-01-55-05 – Case File Review – Added a new paragraph to this section that addresses the SNAP mandate of casefile reviews.

**Case File Review 448-01-55-05**

Reviewing case files is a way for county and state staff to determine the accuracy of eligibility determinations. In addition, case file reviews can:

1. Improve the quality of services to applicants and recipients.
2. Result in early detection of potential errors.
3. Improve payment accuracy and program integrity.
4. Provide consistency in interpreting and applying policies.
5. Provide opportunities for program improvements.
6. Recognize good work.

SNAP mandates case file reviews as a tool for ensuring payment accuracy. Each county is required to review one active case and one negative action for each SNAP worker each month. Reviews are to be submitted via email or regular mail to the State Office. Reviews are recorded based on the CASE REVIEW DATE.

All **Other** programs recommend periodic case file reviews. Cases for review should be **randomly** selected. When completing the review, the following forms are available:

- SFN 701 - Case Review
- SFN 488 - SNAP Case Review
- SFN 293 - SNAP Negative Case Review

- SFN 337 - SNAP Claim Review
- SFN 500 - SNAP Targeted Case Review
- SFN 1494 - CCAP Program Review Worksheet
- SFN 655 - LIHEAP Case Review

## **Review of Eligibility Determinations and Issued Benefit Amounts 448-01-55**

19. 448-01-55-10 – Quality Assurance - Control (QA - QC) and 448-01-55-10-05 – Purpose of Quality Assurance – Control (QA - QC) – The following changes were made to this section:
- Updated this section to include the restructuring of the Quality Control Unit into two areas: Quality Assurance and Quality Control.
  - Added the CCAP and LIHEAP Programs as the Quality Assurance Unit is responsible for program measurement of these programs.

### **Quality ~~Control (QC)~~ Assurance - Control (QA - QC) 448-01-55-10**

#### **Purpose of Quality ~~Control (QC)~~ Assurance - Control (QA - QC) 448-01-55-10-05**

The North Dakota Department of Human Services, Economic Assistance Policy Division includes a ~~QC QA - QC~~ unit in accordance with state and federal regulations to provide data on the accuracy for SNAP and Medicaid eligibility and issued benefits amounts. The ~~QC QA - QC~~ unit also reviews CCAP, LIHEAP, and TANF eligibility and issued benefit amounts in accordance with state CCAP, LIHEAP, and TANF policy. The data is used to determine program accuracy rates, as a management tool by state and federal administrators and a fiscal audit to validate expenditures.

~~QC QA - QC~~ is a continuous review of a statistically valid, reliable, statewide random sample of active and negative (closed or denied) SNAP and Medicaid cases and active CCAP, LIHEAP, and TANF only cases. SNAP cases are also reviewed for timeliness of application processing. The review process includes:

- Review of case files
- Recipient interviews
- Collateral contacts to verify elements of eligibility defined by federal regulations, taking into account all approved waivers and State options that have been implemented at the time of sampled review month.

The U.S. Department of Agriculture (USDA) subsequently completes a re-review of a portion of sampled cases and annually completes a SNAP QC management review. The Centers for Medicare and Medicaid Services (CMS), periodically completes Medicaid QC management reviews.

20. 448-01-55-10-10 – Quality Assurance - Control (QA - QC) – Updated this section to include the restructuring of the Quality Control Unit into two areas: Quality Assurance and Quality Control.

**Quality ~~Control (QC)~~ Assurance - Control (QA - QC) Review  
448-01-55-10-10**

The ~~QC~~ QA – QC review will be conducted independently of the county staff. The reviewer will obtain information from the applicant or recipient's case file and other records in the county social service office. The records obtained will be the reviewer's primary source of information regarding the worker's action and documentation in determining eligibility. The reviewer will also make collateral contact to establish all elements of eligibility.

Reviews will be conducted based on state policies and federal regulations in effect at the time of the sampled review month.

21. 448-01-55-10-15 – Quality Assurance - Control (QA - QC) - Updated this section to include the restructuring of the Quality Control Unit into two areas: Quality Assurance and Quality Control.

**Quality ~~Control (QC)~~ Assurance - Control (QA - QC) Review Findings 448-01-55-10-15**

QC QA - QC will send review findings of each review via e-mail to the designated county staff, regional representative and program administrators.

- Correct cases - Review findings are informational only and do not require a response.
- Error cases – County staff must respond within 20 days of the error notice to the appropriate program administrator, with a copy to the regional representative, QA Administrator, and QC ~~director~~ Administrator acknowledging agreement or disagreement of the finding. If the county disagrees with the finding, the response must include sufficient information to challenge the review finding.

The program administrator, QA Administrator, and the QC ~~director~~ Administrator will review all challenges and either agree or disagree. The program administrator will respond electronically to county staff with a copy to the regional representative QA Administrator, and the QC ~~director~~ Administrator. If the challenge results in a change of the original review finding, a revised finding will be issued.

Upon request, QA - QC will provide county staff with a copy of the complete review or verifications obtained during the review to correct the case or challenge a finding. Requests for verifications must be directed to the QA Administrator and QC Administrator ~~director of Quality Control~~.

22. 448-01-55-20 – Child Care and Development Fund (CCDF) Error Rate Review – Add a new section to incorporate the Federal Requirement for reviewing Child Care Assistance Program cases.

**Child Care and Development Fund (CCDF) Error Rate Review 448-01-55-20**

The Improper Payments Information Act of 2002, enacted on November 26, 2002, requires Federal agencies to review the Child

Care Assistance Program (CCAP) to estimate the amount of improper payments, to report those estimates to the Congress, and to submit a report on actions the agency is taking to reduce erroneous expenditures. These reviews are conducted to determine whether the sampled cases meet applicable CCDF eligibility requirements and improper payments. Generally, CCDF error rate reviews are conducted in 17 states annually; therefore a single state typically participates in the program once every three years.

The state is required to:

- Perform active and negative case reviews on statewide random samples of CCAP active cases.
- Submit reports to the Administration of Children and Families (ACF)
- Calculate error rate measurements and submit to ACF
- Assess underlying causes for errors and develop a Corrective Action Plan

CCDF reviews for CCAP must be conducted by an agency independent (i.e., such as the Quality Assurance - Control Unit or an independent contractor) of the State agency responsible for CCAP policies, operations, and program eligibility determinations.