# LIHEAP CASE REVIEW

ND DEPARTMENT OF HUMAN SERVICES

LIHEAP

SFN 655 (1-2008)

Clear Fields

| Case Name: | Case Number: | Review Date/Review Month |
|---|---|---|
| Reviewer | Eligibility Worker | County Name |

| Y = YES N = NO X = N/A NC = NOT CLEAR | LIHEAP |
|---|---|
| **APPLICATION:** | |
| 1. Is the application completed? | 1. |
| 2. Why was the application not completed? _____ | |
| 3. Was the appropriate time frame met in the application process? (45 days after it was received in office) | 3. |
| 4. Does documentation justify the delay? | 4. |
| 5. Reason for the delay: _____ | |
| 6. Is the information on the latest application consistent with information on last year's application? (Number of bedrooms etc.) | 6. |
| 7. Has there only been one application this season unless the application was denied or transferred from another county? | 7. |
| 8. Was the application denied on the 30th day if requested verifications were not received? | 8. |
| 9. Was application denied if they live in subsidized housing unless they are responsible for their own heating costs? | 9. |
| 10. Is the application signed and dated by a household member? | 10. |
| 11. If the application was received in September is it entered on the computer system as October 1? | 11. |
| **VERIFICATIONS:** | |
| 1. If income or deductions are more than $500 per year, are they verified? | 1. |
| 2. Was the household notified within 15 days after the application was received that further verifications were needed and they have 30 days from the receipt of the application to get verifications in? | 2. |
| 3. If there are children in the household under 19 is their school attendance verified if they are working? | 3. |
| 4. Is everyone in the household counted as household member except those who are renting, foreign higher education students, college students away from home, foster children or ineligible aliens etc.? | 4. |
| 5. If someone is paying board and room is it documented? | 5. |
| 6. Is all earned/unearned income verified or considered in the best estimate? | 6. |
| 7. Have other Economic Assistance program's verifications been used for LIHEAP documentation? | 7. |
| 8. Is there documentation on SFN 530 that the information is in other Economic Assistance files or what program the information is from? | 8. |
| 9. Was the case pended while waiting for verifications? | 9. |
| Responsibility for Heat: | |
| 1. Is there a verification of responsibility in the file for heating costs if there is a question about this? | 1. |
| **BENEFIT COMPUTATION:** | |
| 1. Was the correct matrix used? Are the following items correct: number of bedrooms, fuel type, and building type? | 1. |
| 2. Are the LIHEAP benefit computations correct? | 2. |
| 3. Was recomputation of a case only completed when other factors changed for a household, other than income, or the household applied for Emergency Assistance and the loss of income will be for an extended period of time? | 3. |
| 4. Is LIHEAP percentage at application used to back bills for months household is eligible? | 4. |
| **BENEFITS:** | |
| 1. Are those persons receiving furnace or chimney cleaning responsible for their own heating costs and receiving fuel directly from a vendor? | 1. |
| 2. Is there a preauthorization for furnace and chimney cleaning? | 2. |
| 3. Is there a copy of the preauthorization in the file? | 3. |
| 4. Is there only a charge up to the state allowable for furnace and chimney cleaning? | 4. |
| 5. If the charges were higher than the state allowable were the payments approved by the state office? | 5. |
| 6. Was the authorization form signed by a household member and the vendor <u>after cleaning?</u> | 6. |
| 7. Is there a copy in the file? | 7. |
| 8. Is there only one furnace and/or chimney cleaning done a fuel season per household? | 8. |
| 9. If a household has listed on their application that the cost of their heat includes non-residential heating costs is this reflected in the computer file? | 9. |

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| **BENEFITS: (CON'T.)** | |
| 10. Have all potential sources of benefits been explored? | 10 |
| 11. Has the client lived or will live in the residence most of the season? | 11. |
| 12. Are all the household members legal aliens or citizens of the United States? | 12. |
| **INCOME:** | |
| 1. Has adjusted gross income been used to determine eligibility? | 1. |
| 2. Have all recurring/non-recurring lump sums been treated properly? | 2. |
| 3. Has the income of persons required to be in the unit considered? | 3. |
| 4. Has self-employment been calculated properly? | 4. |
| 5. Is children's income reported and considered appropriately? | 5. |
| 6. Is averaging done when needed and done correctly? | 6. |
| **DEDUCTIONS:** | |
| 1. Were allowable income deductions used and verified? (see 415-25-05-05) | 1. |
| 2. Was the use of the 27% income deduction used on earned income only? | 2. |
| 3. If head of household or spouse is attending school elsewhere in the state are they allowed up to $300 a month deduction? | 3. |
| 4. Are there proper verifications for medical expenses? | 4. |
| 5. Is form SFN 1059 used for all requested medical information? | 5. |
| 6. Are out of pocket child care costs deducted appropriately? | 6. |
| **ASSETS:** | |
| 1. Have the assets of persons in the unit been considered? | 1. |
| 2. Has the availability of non-exempt assets been explored? | 2. |
| 3. Have the assets of joint accounts with persons outside the household been explored? | 3. |
| 4. Are all non-exempt and non-excluded assets within program limits? | 4. |
| 5. Has the equity of available property been properly treated and documented if questionable? | 5. |
| 6. Have the transfers of property been explored/resolved? | 6. |
| 7. Did the household have $10,000 or less in assets and for each person over 60 years of age was an extra $5000 in assets allowed? | 7. |
| 8. Is there further inquiry if there is a question regarding assets? | 8. |
| 9. Is the value of assets accepted on a self-declaration basis? | 9. |
| 10. Are two on-the-road vehicles exempt? | 10. |
| 11. Are children's savings handled appropriately? | 11. |
| **NOTICES:** | |
| 1. Are notices sent out the same day as the determination of eligibility? | 1. |
| 2. Are the notices of eligibility sent out to the vendor(s) as well as the households? | 2. |
| 3. Are notices being sent to the secondary vendors when necessary? | 3. |
| 4. Were notices sent when there was a change in the case to both vendor and household? | 4. |
| 5. Is there a notice when there is a miscellaneous payment made or a premium payment authorized and are they sent on the same day? | 5. |
| 6. Was there a notice sent to household and vendor when the case was closed early? | 6. |
| **EMERGENCY ASSISTANCE:** | |
| 1. Was form SFN 62 "Emergency Assistance Application" completed? | 1. |
| 2. Was the household eligible for regular LIHEAP at some point in the current season or eligible based on income in the month of the energy assisted application? | 2. |
| 3. Were other agencies contacted before an application was taken for Emergency Assistance? | 3. |
| 4. Does a documented crisis or potential crisis exist? | 4. |
| 5. Were the household's personal resources depleted at the time of the Emergency Assistance application? | 5. |
| 6. Is the net income of the household consumed by basic shelter, utility, employment, food, medical and other essential costs? | 6. |
| 7. The expenses and income used for the EA application are only for the month of application? | 7. |
| 8. Was the state called for approval of an emergency application when the county maximum was met? | 8. |
| 9. Was a recomputation of a case only completed after an Emergency Assistance case was completed and it was determined that a loss of income would be for an extended period of time? | 9. |

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| **EMERGENCY ASSISTANCE: (CON'T.)** | |
| 10. Were services, such as furnace replacement and repair and water heater repair or replacement preauthorized or referral made to a Community Action Agency? | 10. |
| 11. Was household referred to Energy Share if they needed assistance with non-heat utilities unless the primary heat is electric? | 11. |
| 12. Are any payments for ineligible energy costs (415-50-05-30)? | 12. |
| 13. Was SFN 98 used to refer household to Community Action Agencies for the Self Reliance program? | 13. |
| 14. Was the application assessment completed by the worker or the information documented on the computer system? Payments only go back 90 days from the date of the application? | 14. |
| **PAYMENTS:** | |
| 1. Are the miscellaneous payments paid at the LIHEAP share percentage unless there are special circumstances? | 1. |
| 2. Are the payments for Emergency Assistance paid at the discretion of the eligibility worker? | 2. |
| 3. Is there a backup in the file for payments and reimbursements? | 3. |
| 4. Is household only reimbursed for a bill if they have paid the bill? | 4. |
| 5. Did household request both furnace cleaning and chimney cleaning? | 5. |
| 6. Was the payment made on furnace and or chimney cleaning only if the service was requested by the household? | 6. |
| 7. Was the authorization date set in the system so vendors could not bill for fuel already paid for by the client? | 7. |
| 8. Are payments on electric heating costs paid at <u>no more than 70%</u> LIHEAP share? | 8. |
| 9. Are the secondary source heat payments made correctly? | 9. |
| **CHANGES:** | |
| 1. Are changes only made for mandatory reasons the following changes are mandatory: a) household members b) household moves c) type of heat change d) rent subsidy change e) change in assets | 1. |
| 2. When mandatory changes were reported were assets and income reviewed? | 2. |
| 3. When the change was reported was the new information entered on the system within ten days? | 3. |
| 4. Was the change in the case corrected timely? | 4. |
| 5. Was the change in the case correctly computed? | 5. |
| 6. At the time of the change was the effective date of the change five days from the day the change was entered in the system? | 6. |
| 7. Were there overpayments or underpayments due to the change and household failure to report changes timely? | 7. |
| 8. Were overpayments or underpayments handled correctly? | 8. |
| 9. Were overpayment letters sent to the household in regards to the overpayment? | 9. |
| 10. Is a new application taken if the household was previously determined ineligible and now could be eligible due to a change in the household? | 10 |
| **COOLING PROGRAM:** | |
| 1. Are the households referred to the Cooling Program in need of air conditioning due to health reasons? | 1. |
| 2. Is the person referred for an air conditioner income and asset eligible? | 2. |
| 3. Has Cooling assistance provided to those in subsidized housing and who are income eligible and need an air conditioner due to health reasons? | 3. |
| 4. Are the correct codes used for Cooling cases? | 4. |

**SECTION I** is to be completed by Reviewer with a copy of page 3 to CSS office. If a deficiency is noted in Section I, the eligibility worker should complete Section II explaining action taken to correct case records. This section should be signed off on by supervisor/lead worker and a copy of this page (page 3) returned to the Reviewer.

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| Case Name: | | | Case Number: |
| Eligibility Worker: | County Name: | Review Date/Review Month<br>1/1/1970 | |
| **SECTION I. ACTION REQUIRED:** (Describe any deficiencies and action required) | | | |
| Respond By: | | | |
| Reviewer's Signature: | | | Date: |

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| **SECTION II. ACTION TAKEN BY ELIGIBILITY WORKER:** (Describe how actions required above have been corrected) | |
| Eligibility Worker: | Date: |
| Lead Worker/Supervisor's Signature: | |

**SECTION 3** is to be completed by reviewer. The purpose of this section is to allow the reviewer to comment on the areas where the eligibility worker has excelled in determining eligibility for a case.

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| Case Name: | Case Number: |
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| Comments: | |
| Reviewer's Signature: | Date: |