V-CAN User Guide

December 2008

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1. Getting Started

1.1. Introduction

The Indiana Family and Social Services Administration (FSSA) Division of Family Resources (DFR) is improving the way Hoosiers apply for Cash Assistance (TANF), Food Stamps and Health Coverage (Medicaid and Hoosier Healthwise).   Eligibility Modernization is being implemented on a regional basis throughout Indiana to provide more choices for Hoosiers to apply for and manage their public assistance.

In conjunction with Eligibility Modernization, the Voluntary Community Assistance Network (V-CAN) is a formal network of service providers and community organizations that provide information about and access to the new tools available to apply for Cash Assistance (TANF), Food Stamps and Health Coverage. V-CAN members can choose to provide any kind of help to their clients – whether it is just to get up-to-date information about system changes or to offer access to a computer or phone to apply for or manage benefits.

The V-CAN User Guide serves as a desk-top reference for V-CAN Access Points when assisting applicants and clients in their office. This guide provides tips on the ways to apply for and manage benefits in the new system. Depending on an Access Point's level of involvement (i.e., the tools they offer in their office) and client needs, the information contained in this guide may not apply to all V-CAN Access Points.

The V-CAN User Guide is intended to supplement, not replace, V-CAN Training. If you have not attended a V-CAN Training session, please review the V-CAN Training presentations posted on the FSSA website (www.in.gov/fssa, click "Eligibility Modernization" and "Communications"). An electronic copy of the V-CAN User Guide is also available on the FSSA website. If you have questions about the information contained in this guide, please contact us at vcan@us.ibm.com.

1.1.1 V-CAN User Guide

The V-CAN User Guide is organized into five primary sections to assist V-CAN members with the new system: Applying for Benefits in the New System, Managing Benefits in the New System, Client Support Materials, V-CAN Resources, and an Appendix with Quick Reference Cards.

Throughout the guide, there are tips for using the new tools to apply for and manage benefits in the new system. These tips may be especially helpful for V-CAN Access Points, Authorized Representatives or clients. These tips are identified throughout the User Guide with an arrow and text box as shown below:

> *Throughout the document, helpful tips for using the new tools to apply for or manage benefits in the new system are identified in this text box.*

1.1.2   Options for Access Points

The first step to becoming a V-CAN Access Point is to determine your level of participation. V-CAN membership is completely **voluntary** and you can choose the level of access that fits your available resources and client needs. There is no one-size-fits-all approach to V-CAN membership. If you are a V-CAN Access Point or are considering becoming one, below are some options for consideration:

- An Access Point will provide **at least one** of the following:
  - Computer
    - Internet (Internet Explorer 6.0 or Netscape 7.0 - Free download)
    - Adobe Acrobat Reader version 4.0 or newer (Free download)
    - Printer (Optional, if computer is provided)
  - Phone
  - FAX
  - Mail

- Access Points can choose to provide the method(s) of access (computer, phone, etc.) that make sense for their clients and available resources.

- Access Points can choose to be publicized or non-publicized.

  - ✓ *Publicized Access Points* serve the public and are listed on the FSSA website as locations where applicants and clients can visit to apply for or manage benefits. To find a list of Publicized Access Points in your county, go to www.in.gov/fssa, click "Family Resources" and "Where do I apply?", then select your county.

  - ✓ *Non-publicized Access Points* provide access to any or all of the new tools for their existing clients only. Non-publicized Access Points will not be listed on the FSSA website.

- *You can upgrade your V-CAN member status at any time. If you would like to upgrade to an Access Point or update your status as publicized or non-publicized, email us at vcan@us.ibm.com.*

- *Non-publicized Access Points will not be listed on the FSSA website.*

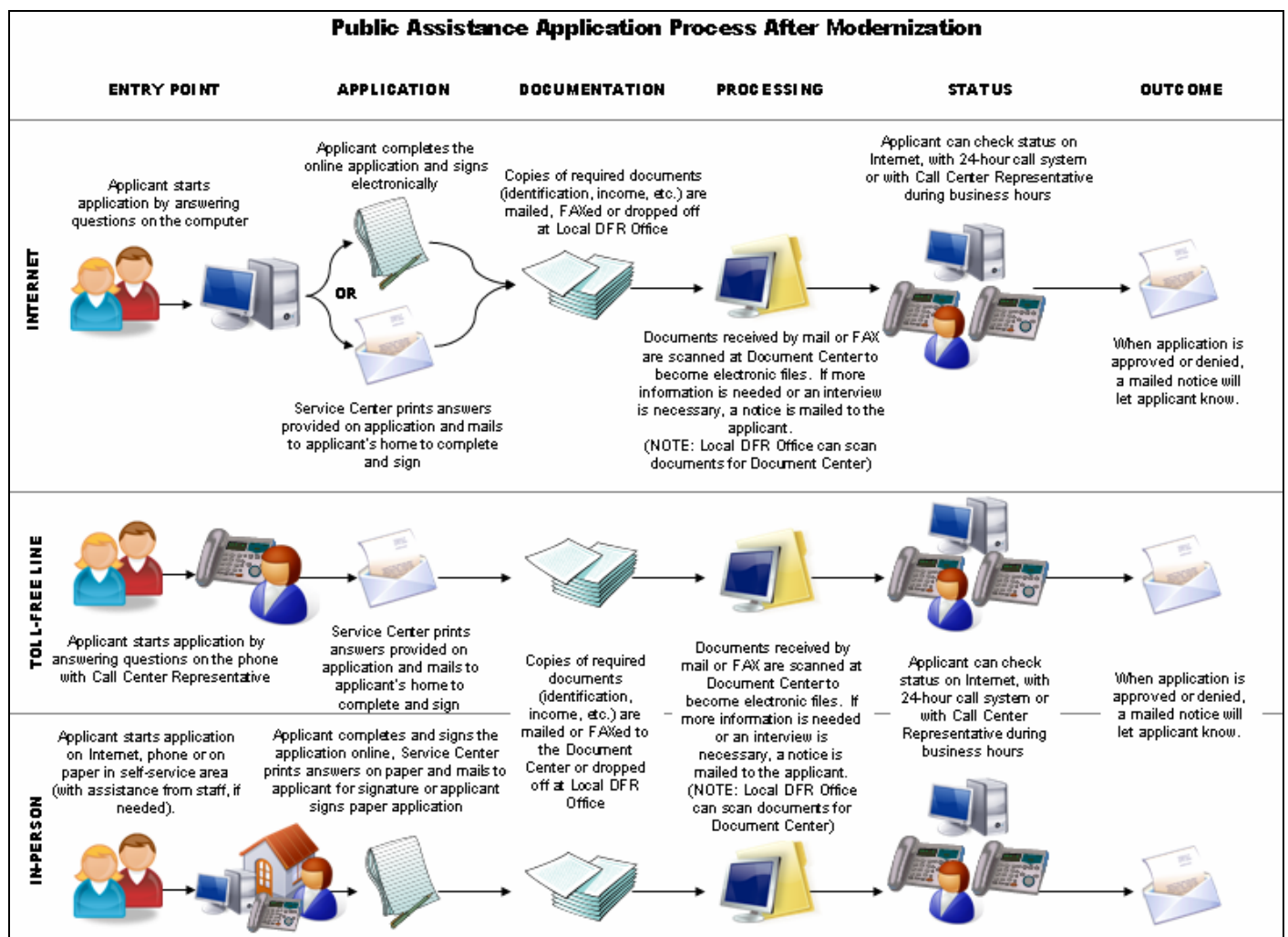## 2. Applying for Benefits in the New System

2.1 Applying for Benefits Overview

There are several ways applicants can apply for benefits in the new system. Applicants can complete an Internet screening and online application, start an application over the phone with a Call Center Representative, or apply at a local DFR office using a computer, phone, paper application or through an in-person interview. This section highlights each method of applying for benefits.

2.1.1 Application Process After Modernization

The diagram below shows the application process after modernization starting with each entry point (i.e., toll-free line, local DFR office and Internet) and how an application and supporting documents are submitted and processed. This diagram can be used as a reference for V-CAN members who assist clients with the application process.

Figure 1: Public Assistance Application Process After Modernization

Depending on the different entry point (i.e., Internet, Online Application, Call Center or Paper Application), there are multiple ways to apply for benefits;

↗ Online Application ⇨ Electronic Signature
Internet Screening ⇨ Print ⇨ Paper Application
↘ Mail ⇨ Paper Application

Online Application ⇨ Electronic Signature

Call Center ⇨ Mail ⇨ Paper Application

Paper Application ⇨ Signature Page

2.1.2 Internet Screening

Applicants have the following options when completing the Internet screening:

↗ Online Application ⇨ Electronic Signature
Internet Screening **⇨ Print ⇨ Paper Application**
↘ Mail ⇨ Paper Application

Step 1: Internet Screening

Applicants will complete the screening (similar to the FSSA QualCheck system used prior to modernization) available in English or Spanish. The screening contains general questions related to household members, relationships, resources, income and expenses.

Applicants should complete the screening prior to completing an application. The screening indicates whether the applicant may be eligible for Expedited Food Stamps. If an applicant's screening results indicate potential eligibility for Expedited Food Stamps, s/he should visit a local DFR office or call the FSSA Call Center. Applicants potentially eligible for Expedited Food Stamps may receive Food Stamps within seven days of the application date.

When an applicant completes all sections of the screening, s/he will view a results page (see Figure 2: Screening Results). The results page tells the applicant whether s/he may or may not be potentially eligible for Food Stamps, Cash Assistance (TANF) or Health Coverage (including the Healthy Indiana Plan (HIP). Upon completion of the screening, applicants can choose how they want to apply for benefits. Regardless of the screening results, an applicant may apply for any or all of the public assistance programs. **NOTE: The screening results are not an official eligibility determination. Eligibility is determined by a State Worker after a signed application is submitted to the FSSA Service Center**.

Figure 2: Screening Results

Step 2: Apply for Benefits

After screening, applicants can apply for Cash Assistance (TANF), Food Stamps and/or Medicaid. The general household, resources, income and expenses information entered into the Internet Screening will be auto-filled into a partially-completed application. Applicants may continue answering questions on a computer by completing the online application, print a partially-completed paper application, or request a mailed, partially-completed application. Each process is outlined below:

↗ Online Application ⇨ Electronic Signature
Internet Screening ⇨ *Print ⇨ Paper Application*
↘ Mail ⇨ Paper Application

Option 1: Internet Screening ⇨ *Online Application* ⇨ Electronic Signature

If an applicant chooses to complete the online application, s/he will continue answering questions related to household, resources, income and expenses online. Before starting the online application, a 10-digit confirmation number will be provided to the applicant. The applicant should write down the confirmation number before starting the online application. If an applicant cannot finish the online application in one sitting, s/he can use the confirmation number to finish the application when time permits. The applicant will enter the confirmation number into the "Returning User? Enter Confirmation Number" box contained at the beginning of the online application.

Figure 3: Online Application Returning User

Applicants will have 30 days to complete an online application once it is started and saved. Once an applicant completes the online application, s/he will sign the application using an electronic signature (see Section 2.1.3, Figure 7: Electronic Signature). Once the applicant completes the online application, s/he will print or request a mailed copy of the application packet. This packet contains a summary of the online application responses, a Document Coversheet and a Summary of Rights and Responsibilities. The applicant will gather copies of supporting documents and submit the documents to the FSSA Service Center or to a local DFR office.

Option 2: Internet Screening ⇨ *Print* ⇨ *Paper Application*
After the screening, an applicant can print a partially-completed paper application containing the information entered into the screening. On the paper application, the applicant will answer more questions about household, resources, income and expenses. When complete, the applicant will sign the Indiana Application for Assistance signature page and submit it with copies of supporting documents (see Section 6.1.3) to the FSSA Service Center or local DFR office.

Figure 4: Partially-completed Paper Application

The application is partially-completed with household member information provided during the Internet Screening.

Option 3: Internet Screening ⇨ *Mail* ⇨ *Paper Application*

If a printer is not available at the computer where the applicant finishes the screening, s/he can request the partially-completed application be mailed to his/her home or another location. Once the paper application is received by mail, the applicant will complete the application, sign the Indiana Application for Assistance signature page and submit the application with copies of supporting documents (see Section 6.1.3) to the FSSA Service Center or local DFR office.

- *It is recommended, not required, that applicants complete the screening prior to completing the online application. The screening helps identify applicants potentially eligible for Expedited Food Stamps, so all applicants are encouraged to complete the screening prior to applying for public assistance.*

- *An application, regardless of the method used to apply (i.e., toll-free line, local DFR office or Internet), is considered submitted when the Indiana Application for Assistance signature page is received at the Service Center or local DFR office.*

2.1.3 Online Application

If an applicant is not applying for Food Stamps, or does not wish to screen for potential eligibility of Expedited Food Stamps, s/he can bypass the Internet Screening and complete the online application. There are two steps to completing the online application:

Online Application ⇨ *Electronic Signature*

Step 1: Complete Online Application

An applicant will complete the online application by answering questions about household members, relationships, resources, income and expenses. The figures below provide examples of the household member screens of the online application. Applicants will enter general information about each household member as shown below:

Figure 5: Household Member Information

At the end of each online application section, applicants will review a summary page which allows the applicant to review what is entered into the application and make changes if necessary. Applicants will have 30 days to complete an online application once it is started and saved. Figure 6 shows the Household Member Information Summary.

Figure 6: Household Member Information Summary

Step 2: Sign and Submit Application

When an applicant completes the online application, s/he will sign the application using the electronic signature. If the applicant does not want to use an electronic signature, s/he may print a copy of the application, filled in with the information provided during the online application, sign the Indiana Application for Assistance and submit the signature page to the FSSA Service Center. Figure 7 shows the electronic signature page of the online application:

Figure 7: Electronic Signature Page

Once the applicant signs the application, s/he may print or request a mailed copy of the application packet. This packet will contain a summary of the online application responses, a case-specific, bar-coded Document Coversheet and a Summary of Rights and Responsibilities. The applicant will submit copies of supporting documents to the FSSA Service Center or local DFR office.

2.1.4 Call Center

Another way to apply for Cash Assistance (TANF), Food Stamps and Health Coverage is to start an application over the phone with a Call Center Representative. The process for starting an application through the Call Center is outlined below:

Call Center ⇨ Mail ⇨ Paper Application

Step 1: Applicant answers screening questions with a Call Center Representative

An applicant begins an application by answering screening questions about household members, relationships, resources, income and expenses over the phone with a Call Center Representative. The Call Center Representative will complete the screening with the applicant over the phone and will discuss the screening results with the applicant. Upon completion of the screening, the FSSA Service Center mails a partially-completed application and application packet to the applicant.

Step 2: Applicant completes, signs and submits application

An applicant receives the application packet in the mail. The application packet will contain the partially-completed Indiana Application for Assistance, Indiana Application for Assistance signature page, Document Coversheet and Summary of Rights and Responsibilities. The applicant will sign the Indiana Application for Assistance signature page and submit it with copies of supporting documents to the FSSA Service Center or local DFR office.

2.1.5 Paper Application

If preferred, applicants can print a blank paper application at a local DFR office or at a V-CAN Access Point location. The steps for printing a blank paper application are below:

Paper Application ⇨ Signature Page

Step 1: Print and Complete Paper Application

- Go to www.in.gov/fssa
- Click the "Apply For Benefits/Manage Your Benefits" button
- Select your county
- Click "Start Here" (or "Versión en Español" for Spanish)
- Click "Apply for Benefits"
- Select program(s) – TANF, Food Stamps, Health Coverage
- Enter name and address of applicant
- Click "Print Application"

Step 2: Sign and Submit Paper Application

When an applicant completes the application, s/he will need to sign the Indiana Application for Assistance signature page and submit it with copies of supporting documents to the FSSA Service Center or local DFR office.

> *The application contains a case-specific barcode, so a <u>blank paper application</u>* *<u>should not be photocopied and used for multiple applicants.</u>*

2.1.6   Application Packet

An applicant may print or have an application packet mailed to them, regardless of method used to start an application (i.e., toll-free number, local DFR office or Internet). If an applicant completes the screening and prints a partially-completed application or requests one to be mailed, s/he will receive an application packet containing the entire Indiana Application for Assistance and signature page, Summary of Rights and Responsibilities, Document Coversheet and a list of supporting documents required for each program. The application contains space for the applicant to complete the partially-completed application.

If an applicant completes the online application, the applicant's responses are entered into the online application. At the end of the online application, the applicant can print or request a mailed application summary (not the entire application) that contains the responses. In addition to the application summary, the Indiana Application for Assistance signature page, the Summary of Rights and Responsibilities, Document Coversheet and a list of supporting documents required for each program are provided in the application packet.

2.1.7   Submitting an Application

Completed applications and copies of supporting documents can be submitted to the FSSA Service Center through the mail or FAX (same as the toll-free number), or dropped off at a local DFR office. Local DFR offices will date stamp the application to establish the application date and will send applications and supporting documents to the FSSA Service Center for processing.

A case-specific, bar-coded Document Coversheet should be used when submitting copies of supporting documents after the application has already been submitted, whether sending by mail or FAX to the FSSA Service Center. The Document Coversheet may be used more than once **for the same case** if you are sending different documents in separate FAXes or envelopes (e.g., the applicant has some documents one day and brings in additional documents the next day).

Applicants will place an "X" next to the type of supporting document submitted (i.e., copy of vehicle registration, rent receipt, etc). If sending a completed application and copies of supporting documentation, be sure to include the application and the supporting documents in the same FAX transaction to the FSSA Service Center (no Document Coversheet needed, since the application contains a case-specific, bar-code). See Figure 8: Document Coversheet.

Figure 8: Document Coversheet

Select the document(s) mailed or FAXed to the FSSA Service Center.

For the most efficient processing, each piece of required documentation should be submitted on an individual page. For example, if you are providing a photocopy of a driver's license and Social Security Card, you should copy each document on a separate page rather than copying both items on the same page.

- *Once an application and/or supporting documents are submitted by mail or FAX to the Service Center, the information should not be resubmitted. A document that is not yet available for processing is not lost; resubmission will slow the system down, creating multiple copies of the same document.*

- *Remember: Each Document Coversheet includes a case-specific barcode that is used to attach the documents to the electronic case file. Do not copy or use a Document Coversheet for client(s) who are not associated with that case.*

- *If submitting an application and supporting documents by mail, be sure to remove all paper clips and staples.*

2.1.8   Application Processing

An application is considered submitted when the Indiana Application for Assistance signature page is signed and received by the FSSA Service Center. Once the signed application is received, the FSSA Service Center will follow the application processing standards defined for each program:

- 7 days for Expedited Food Stamps
- 30 days for Food Stamps and Cash Assistance (TANF);
- 45 days for Medicaid (including the Healthy Indiana Plan and Hoosier Healthwise); and
- 90 days for Disability Medicaid

Applicants and/or Authorized Representatives should not check on the status of an application until the application processing time has passed or a 2032 Pending Verifications notice is received in the mail. The 2032 Pending Verifications notice will be mailed to an applicant when supporting documents need to be submitted in order to process the application. In order to improve the application processing time, make sure to include copies of supporting documents with the application in a FAX or mailed packet to the FSSA Service Center.

> *If a case closure or denial decision is found to be in error or missing a document, the case closure may be rescinded. If a client submits all required documents by the due date and the documents are not processed in a timely manner, the original application date will be restored.*

2.1.9   Interviews

Interviews are required for most Cash Assistance (TANF), Food Stamp and Health Coverage applications. Interviews are typically conducted over the phone; however, in-person application interviews may be conducted at the applicant's request or due to individual circumstances such as personal needs or program complexity. Food Stamp applications generally require a face-to-face interview; however, the Food Stamp policy allowing phone interviews for those who face hardship traveling to an office remains in effect in the new system. Food Stamp interviews will be conducted in two phases. An Eligibility Specialist (Coalition Worker) will conduct the first part of the interview and a State Worker will complete the second part of the phone interview and determine eligibility.

Once a signed application is received and reviewed at the FSSA Service Center, an appointment notice will be mailed to the applicant with the interview date and time. Phone interviews are scheduled during a two-hour window to maximize the number of interviews completed in a work day. If an applicant does not have a phone number on file, a phone interview will be scheduled in the local DFR office. If needed, the applicant may call the FSSA Service Center between 7am and 7pm, Monday – Friday, to reschedule the interview appointment. An applicant has 30 days after the application is filed to reschedule an interview appointment.

2.1.10 Authorized Representatives

Authorized Representatives may be designated by applicants and clients who have barriers to completing the application process. Authorized Representatives are designated to perform one or more of the following functions:

- Apply on behalf of the applicant/client;
- Be interviewed on behalf of the applicant/client;
- Receive copies of notices; and/or
- Report changes and receive information about Cash Assistance (TANF) benefits.

Authorized Representative status is required only if a staff member will be acting on behalf of the client in one of the ways listed above (PLEASE NOTE: Authorized Representatives are responsible for the information they provide to the FSSA Service Center. See Indiana Program Policy Manual section 2005.05.10). Agency Registration is recommended for an agency that would like any designated staff to be able to check case status and speak with the FSSA Service Center about the information provided there (once the client signs an appropriate release). See Section 3.1.1 for more information.

An Authorized Representative must be a person, not an agency or organization. Applicants and clients may designate up to three Authorized Representatives per program (i.e., Cash Assistance/TANF, Food Stamps and Medicaid). Authorized Representatives can be designated in the following ways: 1) Authorized Representative section of the Indiana Application for Assistance (either online or paper application); or 2) Authorized Representative Form (found at www.in.gov/fssa, click "Eligibility Modernization" and "Communications."

Figure 9: Authorized Representative section of the online application

Figure 10: Authorized Representative Form (available on the FSSA website)

Applicants may designate up to three Authorized Representatives per program (i.e., Cash Assistance/TANF, Food Stamps and Medicaid).

2.1.11 Other Application Processes

In addition to using the Indiana Application for Assistance to apply for Food Stamps, Cash Assistance (TANF) and Health Coverage, there are several other program-specific application processes relevant to V-CAN members. The following section highlights the application methods for the following programs:

- Hoosier Healthwise;
- Healthy Indiana Plan;
- Medicaid Disability; and
- Medicare Savings Program.

Hoosier Healthwise

To apply for Hoosier Healthwise, applicants can complete the Hoosier Healthwise application (State Form 43202), or complete the Indiana Application for Assistance. When completing the Hoosier Healthwise application at a Hoosier Healthwise Enrollment Center, make sure to include the Enrollment Center code and name of the Enrollment Center staff member completing the interview on the paper application. NOTE: When completing the Hoosier Healthwise paper application, Question 14 **labeled "Assignment of Rights" should be signed when a pregnant adult woman applies for the program. A non-applicant parent who is applying only for children does not have to sign Question 14.**

Healthy Indiana Plan (HIP)

HIP is a state-sponsored health insurance plan for low-income Hoosiers. Hoosiers who may qualify for HIP include:

- Uninsured, non-disabled adults between the ages of 19-64;
- Parents or caretaker relatives of dependent children from 22% to 200% of federal poverty level (FPL);
- Childless adults (maximum of 34,000 adults may be covered);
- Hoosiers who are ineligible for employer-sponsored health care coverage;
- U.S. citizens, legal immigrants (for at least 5 years), or a qualified non-citizen (refugee or asylee); and
- Hoosiers who are uninsured for at least 6 months.

To apply for HIP, an applicant may complete a paper HIP application, which may be found online at www.HIP.in.gov. Local DFR offices, Hoosier Healthwise Enrollment Centers and participating V-CAN sites also have copies of paper HIP applications. Once completed, a HIP application may be submitted to a local DFR office or to the FSSA Service Center by mail or FAX.

Medicaid Disability (MA-D)

To apply for MA-D, an applicant or Authorized Representative may complete the Indiana Application for Assistance. On the Indiana Application for Assistance, the applicant must answer "yes" to Question 12 "Is this person blind, disabled or incapacitated?" The MA-D application process is listed below:

- Indiana Application for Assistance is completed, signed and submitted;
- FSSA Service Center mails an Interview Appointment notice to the applicant;
- Applicant gathers medical provider information;
- FSSA Service Center conducts interview (by phone, unless in-person is requested);
    - o Worker completes 251B (Social Summary) during interview
    - o Applicant gives medical provider contact information during interview
- FSSA Service Center mails: 2032 Pending Verifications Notice to applicant (if documents are needed) and 251A to medical provider;
- FSSA Service Center sends records to Medical Review Team (MRT);
- MRT makes disability determination;
- State worker makes Medicaid eligibility determination; and
- FSSA Service Center mails approval/denial notice to applicant.

Medicare Savings Program

The Medicare Savings Program application is used for specific Medicaid categories: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) and Qualified Individual (QI).

To apply, applicants may complete the Indiana Application for Assistance online, over the phone, or on paper, *or* complete the Medicare Savings Program paper application (State Form 49228). MSP applications are processed within 45 days of application date.

2.1.12 Application Tips

Highlighted below are a few tips and procedures, most of which are especially relevant to agencies involved as Authorized Representatives:

o   When using the Internet Screening or Online Application, do not use the Internet browser' "Back" button; instead, use the "back" button located at the bottom of the screening or application.

o   The 10-digit Confirmation Number, starting with a "5," should only be used when completing an online application that is already in progress. The Case Number (10-digit number, starting with a "1") is assigned once an application is submitted and will be listed on the Interview and 2032 Pending Verification notices.

o   Do not use the "2400" application (State Form 30465) once the new system is implemented in your county.

o   You may continue to use Hoosier Healthwise and Medicare Savings Program (QMB / SLMB / QI) paper applications in the new system.

3. Managing Benefits in the New System

3.1 Managing Benefits Overview

There are new ways to manage benefits in the new system, such as checking case status, reporting changes and completing the redetermination process. The Call Center Main Menu options are also provided for a quick reference when contacting the Call Center to speak with a Call Center Representative or to use the automated system.

3.1.1 Agency Registration *(New!)*

Agencies working with public assistance clients may need to know whether a client has been approved for benefits. Or, an agency may wish to check a client's case status to assist a client, or remind him/her of a step in the application process. For agencies working with clients in this capacity, a new enhancement has been developed to provide case status for all clients working with a particular agency. Agency Registration offers agencies registered with the IBM-led Coalition a single point of entry to access case status for clients receiving Food Stamps, Cash Assistance (TANF) and Health Coverage benefits.

Agency Registration does **NOT** require an Authorized Representative Form to be on file for each agency staff member working with a client; rather, an agency will register with the IBM-led Coalition and receive access to client case status, either online or by contacting the FSSA Call Center. A client must sign an Agency Registration release for their case information to be available to the agency. Agency staff can access an agency-specific web portal to access case status for all clients associated with the agency. Each agency is assigned a PIN number to use when accessing the online agency web portal. By using the Agency Registration enhancement, agency staff will have access to a client's case status, benefit amount(s), redetermination date, and a list of pending verifications and due dates, either online or over the phone with a Call Center Representative.

Case specific client information, beyond information about the status of the case and next steps, will be provided only to Authorized Representatives or agencies and/or individuals that have special, legal authority to access case specific information (i.e., Township Trustees and Section 8 Administrators).

If your agency is interested in the Agency Registration process, please contact the IBM-led Coalition at agencyaccesshelp@ifcem.com.

3.1.2 Checking Case Status

Once the Indiana Application for Assistance signature page has been processed, applicants, clients and Authorized Representatives may check the application status by using the automated system, Internet or by speaking with a Call Center Representative.

Applicants may check case status two weeks after the application is submitted or when the 2032 Pending Verifications notice has been received in the mail by the applicant or Authorized Representative. The 2032 Pending Verifications notice will provide a 10-digit Indiana Client Eligibility System (ICES) case number that is used to check case status on the automated system and the Internet.

- **Checking case status on the Internet**
  Go to www.in.gov/fssa, click the "Apply for Benefits / Manage Your Benefits" button. Select your county, then select "Start Here" and the "Check Case Status" link. Applicants must provide last name, ICES case number, date of birth and last four digits of Social Security Number. The Internet will indicate if the case is approved, pending or denied. The online case status tool provides the following case information:

o Scheduled interview appointments;
o A list of supporting documents that need to be submitted (due dates are also provided);
o Approved, pending or denied status;
o Assistance Groups associated with the client;
o A Proof of Eligibility form (to be printed or mailed to the client); and
o The option to view documents submitted to support an application.

▪ **Checking case status on the automated phone system**
Applicants, clients and Authorized Representatives must provide last four digits of Social Security Number and ICES case number or date of birth to check case status on the automated system. The automated system will provide:

o Approved, pending or denied status;
o A list of supporting documents that need to be submitted by the applicant (due dates are also provided);
o Authorized and redetermination months; and
o Current and next month benefit amounts.

▪ **Checking case status with a Call Center Representative**
Some residential facilities or special needs providers may assist multiple clients with applications. Agencies Registered with the IBM-led Coalition or individuals serving as Authorized Representatives can check the status of up to three clients during one call with a Call Center Representative. Information on additional clients can be requested and a Call Center Representative will provide the information within the same business day.

NOTE: If you need case specific information and a client is present in your office or on the phone, the client may provide verbal authorization directly to the Call Center Representative for you to receive case specific or other client specific information.

If a client is **NOT** present in your office or on the phone and you need to check case status, you must be listed as an Authorized Representative or a Registered Agency with the IBM-led Coalition to access a client's case status.

- *Case Status will not be available for applications until the the application processing time (i.e., 30 days for Food Stamps and Cash Assistance (TANF), 45 days for Medicaid, and 90 days for Disability Medicaid) has passed or the 2032 Pending Verifications notice has been received in the mail by the applicant or Authorized Representative.*

- *Hoosier Healthwise Enrollment Centers will receive disposition forms with case status for the applications submitted through the Enrollment Center.*

3.1.3 Reporting Changes
Clients can report changes of household members, address and income by using the Internet, automated phone system or by speaking with a Call Center Representative.

▪ **Reporting Changes on the Internet**
Go to www.in.gov/fssa, click the "Apply for Benefits / Manage Your Benefits" button. Select your county, then select "Start Here" and the "Report a Change" link. In order to report change

online, clients must provide their last name, ICES case number, date of birth and last four digits of Social Security Number to report a change.

- **Reporting Changes on the automated phone system**
  Clients must provide the last four digits of Social Security Number and ICES case number or date of birth to report a change.

Liability Deviations / Corrections and Spend-down
To report changes related to liability deviations and corrections or spend-down, clients may use:
- ✓ Internet ("Report a Change" tool);
- ✓ FAX;
- ✓ Mail; or
- ✓ Local DFR Office.

When submitting documents to the FSSA Service Center, use a case-specific, bar-coded Document Coversheet (recommended), or a coversheet with client's full name and case number or SSN. Include instructions about the liability correction/deviation or spend-down. NOTE: Provide specific supporting documentation for all liability deviations/corrections or spend-down expenses with written instructions on the case-specific, bar-coded Document Coversheet.

Babygrams
When adding newborns to existing Medicaid cases, a Babygram Form should be completed and submitted to the FSSA Service Center by mail or FAX. The Babygram Form may be obtained by emailing the V-CAN Team at vcan@us.ibm.com. Make sure to choose one method of submitting the Babygram (either FAX *OR* mail, do not FAX **and** mail the form). Make sure to FAX each form individually, and DO NOT include a group of Babygram Forms in one FAX. This will allow the FSSA Service Center to process the forms more quickly, since the form (once scanned) will be attached to the mother's Medicaid case. No attachments need to be submitted with the Babygram Forms.

> - *To obtain a copy of the Babygram Form, email vcan@us.ibm.com.*
>
> - *The Babygram Form is to be used for newborns in New System or "modernized" counties ONLY, until statewide implementation of the new system.*

3.1.4   Redetermination

The redetermination process is outlined below:
1. A Redetermination Notice is mailed to the client.
   - o   If the case includes Food Stamps, an appointment letter (for an interview) is included.
2. Eligibility Specialist conducts Redetermination Interview on the phone (Food Stamps only).
   - o   After the interview, a Redetermination packet (summary information, signature page and list of documents needed) is mailed to the client.
3. Client signs and mails or FAXes the Redetermination signature page and supporting documents to the FSSA Service Center.
   - o   FSSA Service Center scans the Redetermination documents into the system.
   - o   Eligibility Specialist is notified that Redetermination documents are ready for review.
4. Eligibility Specialist reviews for completeness and forwards to a State Worker.
5. State Worker determines client eligibility.

Upcoming changes to the redetermination process:

- **Cases including Food Stamps** *(non-elderly and non-disabled)*
  - o 6 month review questionnaire
  - o 12 month redetermination form and interview

- **Cases including Food Stamps** *(elderly and disabled)*
  - o 12 month redetermination form and interview

- **Medicaid and/or TANF Cases only** *(no Food Stamps)*
  - o 12 month redetermination form (no interview)

Application processing standards (i.e., 30 for Food Stamps and Cash Assistance/TANF, 45 days for Medicaid and or 90 days for Disability Medicaid) do not apply for redeterminations.

> *Typically, redeterminations take up to 30 days for any of the three programs.*

3.1.5 Call Center Main Menu (7am – 7pm, Monday – Friday, local time)

The following options are available to callers contacting the Call Center between the hours of 7am – 7pm, Monday – Friday, local time:

- Press (1) for English or (2) for Spanish
- Press (1) for Healthy Indiana Plan (HIP); (2) Benefit Programs *(such as Food Stamps, Cash Assistance   or Health Coverage);* or (3) for IMPACT Employment Services
- (2) Benefit Programs Main Menu Options:
  1. Apply for Assistance (by speaking with a Representative)
  2. Check Case Status
  3. Ask about a Letter or Notice
  4. Report a Change
  5. Review or Reschedule an Appointment
  6. Find a Local Office
  7. Request a Proof of Eligibility Letter
  8. More Options
     - (1) Trouble Getting Required Information
     - (2) Report Suspected Fraud
     - (3) Questions about Electronic Benefit Transfer (EBT) Cards
     - (4) Frequently Asked Questions (FAQs)
     - (5) Third Party Inquiry (general or case specific)
     - (6) Other Questions

When applicants/clients contact the Call Center, calls are answered and routed by using the following structure:

o **Tier 1 Call Center Representatives** answer general questions and process changes (i.e., household, employment, address and phone number changes).

o **Tier 2 Call Center Representatives** answer more technical questions (i.e., questions about letters or notices).

o **Problem Resolution Team (PRT) Representatives** answer case-specific questions. If a case-specific question needs more clarification, the PRT Representatives may transfer calls to the Specialist group.

o **Specialists** focusing on Medicaid Waiver, Nursing Home, Disability, Aging and Refugee cases are available for case-specific inquiries. To contact one of the Specialist groups, clients and Authorized Representatives may leave a message with a PRT Representative (and a Specialist will return the call).

Figure 11: Call Center Structure
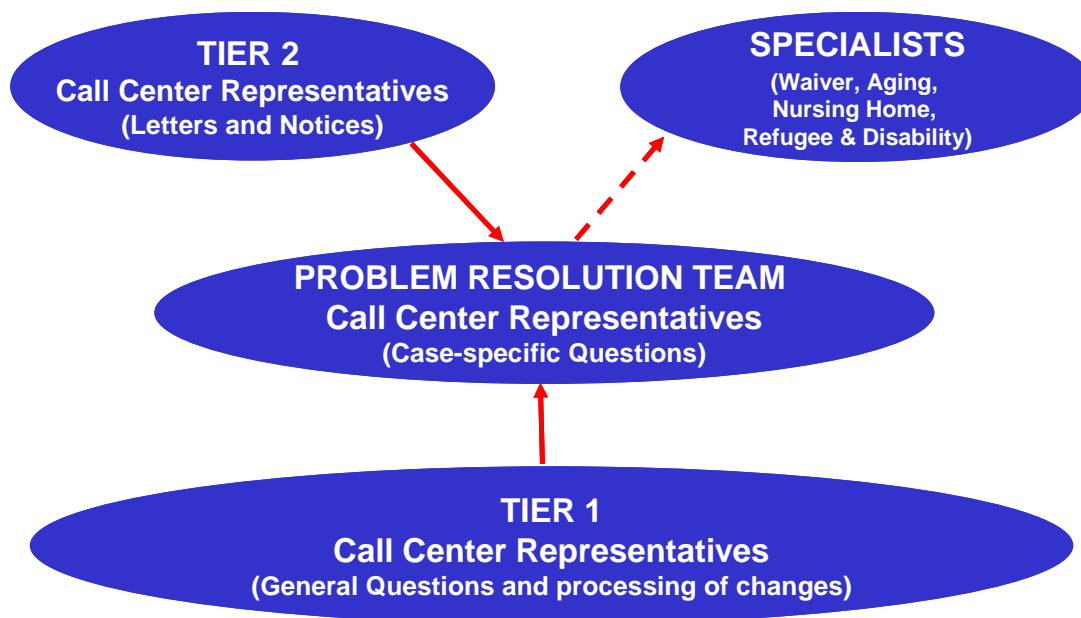
3.1.6 Call Center Main Menu (After-Hours Automated System)

The following main menu options are available when using the after-hours Call Center Automated System:

1. Find a Local DFR Office
2. Check Case Status
3. Report a Change (leave a message with address, income or household changes)
4. Listen to Frequently Asked Questions regarding:
    1. Programs (Food Stamps, Cash Assistance (TANF), Medicaid, Hoosier Healthwise, Medicaid for nursing home care, IMPACT)
    2. Reporting Changes
    3. Electronic Benefit Transfer (EBT) Questions
    4. Fraud
    5. FSSA Service Center mailing address/FAX number

6. Disagreements with a Case Decision

5. EBT Questions (to obtain more detailed EBT account information from JP Morgan.

- *Peak usage of the Call Center system usually occurs on Mondays, the day after a holiday and weekday mornings. Please keep these times in mind when your question for a Call Center Representative is not time-sensitive.*

- *The automated system is not impacted by these peak usage times and can be accessed at any time to check case status, report changes, find a local DFR office or listen to Frequently Asked Questions.*

- *If you are a V-CAN member or calling from an outside agency, make sure to use the Third Party Inquiry option. On the Call Center main menu, select "8" for More Options, and then "5" to access the Third Party Inquiry.*

4. Client Support Materials

4.1 Client Support Materials Overview

V-CAN Access Points and Referral members will receive client support materials to post in their offices and distribute to clients. The client support materials are free to all V-CAN members and contain helpful tips when applying for and managing public assistance in the new system.

4.1.1 Access Point Materials

V-CAN Access Points provide access to new application tools, like a computer for using the online application, a phone for contacting the Call Center, or a FAX machine. Access Points can serve the public (Publicized Access Points) or serve current clients only (Non-Publicized Access Points). Access Points can provide access to one or more of the tools available. The level of Access Point membership depends on an organization's clients and available resources. Access Points will receive client support materials, including:

- *Internet Roll Menu* to place by computers with online application instructions;
- *Call Center Tip Stands* to place next to phones with instructions for using the toll-free number; and
- *Posters, postcards, business cards, pens and magnets* to post and distribute (see Referral Member materials).

Figure 12: Access Point Materials

Internet Roll Menu   **Call Center Tip Stand**
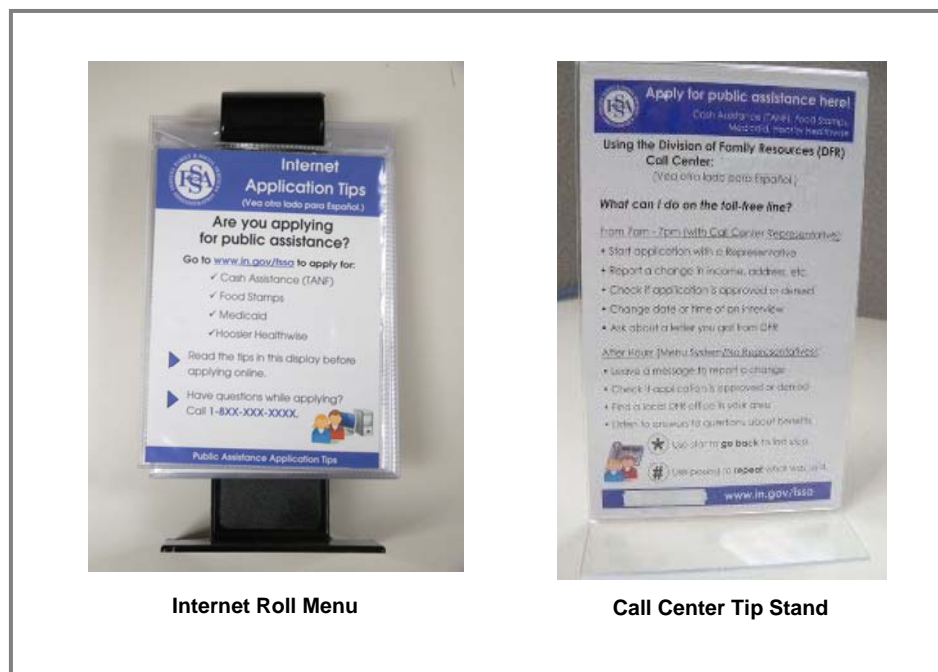
NOTE: The Internet Roll Menu and Call Center Tip Stand are double-sided in English and Spanish.

4.1.2 Referral Member Materials

Referral Members provide applicants and clients with information on the ways to apply for and manage their public assistance. Referral Members will receive the following materials to post in their offices and distribute to clients:

- *Posters* to hang in offices;
- *Pens* to complete the application and distribute to clients;
- *Business Cards* with the toll-free number and website address;
- *Postcards* with tips on applying for benefits; and
- *Magnets* to distribute to clients.

Figure 13: Referral Member Materials

Poster (18x24)

Postcard (8x5)

Magnets or Business Cards (2x3½)

Are you applying for public assistance?
Visit www.in.gov/fssa or call 1-8XX-XXX-XXXX

Pen & Pen Content
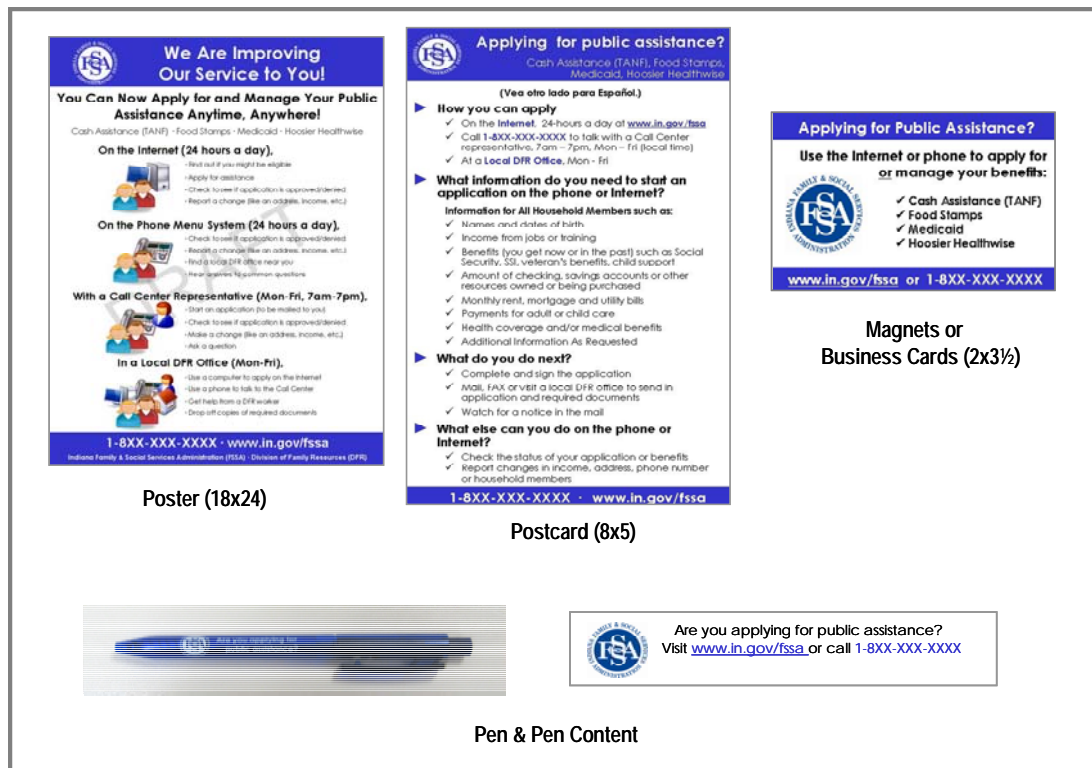
NOTE: All materials, with the exception of the pen, are available in both English and Spanish.

4.1.3 How to Order Client Support Materials

V-CAN members can request client support materials by completing and submitting the Material Request Form (MRF). The MRF can be found at www.in.gov/fssa, click "Eligibility Modernization" and "Communications" and can be returned by mail, FAX or e-mail (vcan@us.ibm.com) to the IBM-led Coalition.

5. V-CAN Resources

5.1   General

V-CAN members are an important part of the new system. There are several ways V-CAN members can get more information about Eligibility Modernization to help clients apply for and manage benefits in the new system.

5.1.1   V-CAN Publications and Documents

There are several publications and documents on the FSSA website related to Eligibility Modernization and the Healthy Indiana Plan (HIP) for V-CAN members. Visit www.in.gov/fssa, and click "Eligibility Modernization" and "Communications" to access the documents listed below.

V-CAN Connector

The V-CAN Connector is a bi-monthly newsletter for V-CAN members. Each issue of the V-CAN Connector includes a Director's Update from Zach Main, Director of the FSSA Division of Family Resources, a V-CAN member profile, a regional update and information on the Healthy Indiana Plan (HIP). In addition to these standard features, the V-CAN Connector contains helpful tips and information for V-CAN members.

V-CAN Q&A

The V-CAN Q&A document contains common questions and answers gathered during the Informational Meetings and Regional V-CAN Training Sessions. The V-CAN Q&A is updated periodically, so be sure to visit the FSSA website to review updated V-CAN questions and answers.

V-CAN and HIP Information Sheet

The Healthy Indiana Plan (HIP) is a new state sponsored affordable health insurance program for uninsured adult Hoosiers. This information sheet contains some common questions and answers about HIP as it relates to V-CAN members.

V-CAN Resource Directory

The V-CAN Resource Directory contains a list of organizations that provide free or low-cost computer technology to non-profit organizations. V-CAN members who are interested in offering access to a computer or other technology in their offices may contact the organizations listed in the Resource Directory.

V-CAN Training Presentations

If you were unable to attend a regional V-CAN Training Session or would like to share the presentation with other members in your organization, the most recent version of the training presentation is posted on the FSSA website for reference.

Helpful Tips for V-CAN Access Points

This document contains helpful tips for V-CAN Access Points or Authorized Representatives who are high volume users or helping special needs populations with the application process. The tips provided in the document should be used by V-CAN Access Points as a supplement to the V-CAN User Guide.

Fact Sheet: FSSA Health Coverage Applications

This Fact Sheet is a quick reference for FSSA health coverage programs: Online Application and/or Phone to apply for Cash Assistance (TANF), Food Stamps and Medicaid; Hoosier Healthwise paper application and the Healthy Indiana Plan (HIP) paper application. The Fact Sheet also provides an income eligibility matrix for FSSA health coverage programs.

HIP Application and Brochures order form

To order HIP applications and brochures for your office, complete and submit the HIP Applications and Brochures order form.

5.1.2 V-CAN Member Questions

Questions and comments about eligibility modernization and the V-CAN should be emailed to the IBM-led Coalition at vcan@us.ibm.com. If you are working with or on behalf of a client and experience a problem, please let us know. When reporting an issue, please provide the following information in your email:

- Client name and case number or date of birth and last four digits of Social Security Number;
- Name of Call Center Representative, if applicable;
- Time of day the call was made, if applicable; and
- Phone number where the call was placed, if applicable.

5.1.3 Instructions for Locating the Online Functions

Use the following instructions to locate the screening and online application and to check case and report changes on the Internet:

- Go to www.in.gov/fssa;
- Click the "Apply for Benefits/Manage your Benefits" button;
- Select the county where the applicant resides (**NOTE:** only applicants in counties where Eligibility Modernization has been implemented can use this function);
- Click "Start Here" ; and
- On the Welcome page, select the appropriate link to Screen for Services, Apply for Benefits, Check Case Status or Report a Change.

Figure 14: Online Tools Welcome Page

6. Appendix

6. 1   Quick Reference Cards

The appendix contains several quick reference cards that V-CAN members can use when assisting applicants and clients. V-CAN members can cut out these reference cards for a quick, easy reference to helpful contacts and information.

6.1.1   Public Assistance Contacts

The Public Assistance Contacts list contains helpful phone numbers and website addresses for Indiana public assistance programs. The Public Assistance Contacts sheet can be cut out and placed by a phone for quick reference to commonly used phone numbers and website addresses. Alternatively, V-CAN Access Points providing access to a phone can use this card as an insert in the Call Center Tip Stand if the information suits your clients' needs. The Public Assistance Contacts card is located on page 23 of the V-CAN User Guide.

NOTE: This list is not inclusive of all organizations that V-CAN members may contact.

6.1.2   Call Center Main Menu

The Call Center Main Menu card can be used when working with or on behalf of your clients. These cards provide the main menu options when contacting the Call Center from 7am – 7pm local time or when using the after-hours automated system. This card can be cut out and posted next to a phone for quick reference or in the Call Center Tip Stand provided to V-CAN Access Points. The Call Center Main Menu card is located on page 24 of the V-CAN User Guide.

> *The Call Center Main Menu is subject to change. Please check the FSSA website at www.in.gov/fssa, click "Eligibility Modernization" and "Communications" for updates to this menu.*

Public Assistance Contacts

Cash Assistance (TANF), Food Stamp and Health Coverage

To apply for and manage Cash Assistance (TANF), Food Stamps and Health Coverage:

- Toll-free Call Center: 1-800-403-0864
- Service Center FAX: 1-800-403-0864 (same as toll-free number)
- TTY calls to Call Center: 1-800-743-3333
- Online Application: www.in.gov/fssa, click "Apply for Benefits/Manage your Benefits"
- V-CAN website: www.in.gov/fssa, click "Eligibility Modernization" and "Communications"
- V-CAN Questions and Comments: email vcan@us.ibm.com

Healthy Indiana Plan (HIP)

To request an application or receive information about benefit plan choices:

- HIP Call Center: 1-877-GET-HIP-9
- HIP website: www.HIP.IN.gov

Hoosier Works Electronic Benefit Transfer (EBT) Cards

To request EBT card balance or other detailed EBT information:

- EBT Help Desk: 1-877-768-5098

Hoosier Healthwise

To receive Hoosier Healthwise and benefit plan/medical provider choices:

- Hoosier Healthwise toll-free number: 1-800-889-9949

Indiana Office of Medicaid Policy and Planning (OMPP)

To find out Medicaid enrollment status or receive other provider information:

- Indiana Medicaid website: www.indianamedicaid.com

Indiana Public Health and Assistance Helpline

To report a concern or compliment about the local DFR office or Service Center (for clients in regions where eligibility modernization is implemented):

- Indiana Public Health and Assistance Helpline: 1-877-246-3243

Call Center Main Menu
1-800-403-0864

Main Menu (7am – 7pm local time)

- *Press (1) for English or (2) for Spanish*
- *Press (1) for Healthy Indiana Plan (HIP); (2) Benefit Programs (i.e., Food Stamps, Cash Assistance or Health Coverage); or (3) for IMPACT Employment Services*
- *Main Menu Options:*

  1. Apply for Assistance (by speaking with a Representative)
  2. Check Case Status
  3. Ask about a Letter or Notice
  4. Report a Change
  5. Review or Reschedule an Appointment
  6. Find a Local Office
  7. Request a Proof of Eligibility Letter
  8. More Options
     - (1) Trouble Getting Required Information
     - (2) Report Suspected Fraud
     - (3) Questions about Electronic Benefit Transfer (EBT) Cards
     - (4) Frequently Asked Questions (FAQs)
     - (5) Third Party Inquiry (general or case specific)
     - (6) Other Questions

Main Menu (After-Hours Automated System)

1) **Find a Local DFR Office**
2) **Check Case Status**
3) **Report a Change** (leave a message with change of address, income, etc)
4) **Listen to Frequently Asked Questions regarding:**

   1) *Programs (Food Stamps, Cash Assistance (TANF), Medicaid, Hoosier Healthwise, Medicaid for nursing home care, IMPACT)*
   2) *Reporting Changes*
   3) *Electronic Benefit Transfer (EBT) Questions*
   4) *Fraud*
   5) *Service Center mailing address/FAX number*
   6) *Disagreements with a Case Decision*

5) **EBT Questions** (to obtain more detailed EBT account information from JP Morgan)

6.1.3 Indiana Benefits: Information to Get You Started

The list below shows the type of supporting documents that should be submitted with Cash Assistance (TANF), Food Stamps and Health Coverage applications. This list is included on the Indiana Application for Assistance:

For each person, proof of...	Examples of what you can fax or mail copies of ...
Identity	Valid driver's license or student ID
Social Security Number	SSN for each applicant or proof of application for a Social Security Number
US citizenship	Birth certificate, hospital or baptism certificate, other accepted proof of birth
Immigration status	For non-US citizen, alien registration card, permanent resident card, etc
Income/money received	Current pay stub, employer statement of employment termination, self-employment records, social security, VA, etc.
Resources	Current statements for bank accounts, stocks, bonds, trusts; vehicle registration, property tax statements, etc.
Life or burial insurance	Policy, insurance card, statement of value from company
Medical expense and health insurance	If disabled or over 60 (65 if requesting health coverage) - statement from medical provider, insurance company, or bills/receipts for premiums. Proof of past medical expenses are not required for Medicaid eligibility, but may be used to meet Medicaid spend down.
Proof of pregnancy	If requesting health coverage for pregnancy: medical records or statement from licensed professional; expected due date and number of babies
Guardianship or Power of Attorney	Power of Attorney, Guardianship Order

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