0100 INTRODUCTION

0100.05 SCOPE AND PURPOSE OF THE AGENCY

REV:10/2006

The Department of Human Services (DHS), through federal/state programs established by the Social Security Act of 1935, as amended, the Vocational Rehabilitation Act of 1973, as amended, and through state programs established by Title 40, Chapter 5.1 and Chapter 6 of the Rhode Island General Laws, as amended, is the department in the Rhode Island state government authorized by law and designation to administer on a statewide basis the following financial, medical, social, and rehabilitation programs:

FIP Family Independence Program
MA Medical Assistance (including RIte Care and RIte Share)
SSI Supplemental Security Income
CCAP Child Care Assistance Program
SS Social Services
GPA General Public Assistance
FS Food Stamp Program
ORS Office of Rehabilitation Services (includes Vocational Rehabilitation and Services to the Blind and Visually Impaired)
VA Veterans Affairs
OCSS Office of Child Support Services

0100.05.05 Family Independence Program

REV:01/2002

The purpose of the Family Independence Program (FIP) is to assist working families with children who have insufficient income to meet their needs for food, shelter, clothing, child care, and medical care. The purpose of FIP is also to provide families with parents who are unemployed with financial assistance while they obtain the skills necessary for employment and provide the child care and medical care they require to be employed and ultimately become financially self-sufficient.

0100.05.10 Medical Assistance

REV:01/2002

Medical Assistance is a federal/state program authorized under Title XIX of the Social Security Act to meet the medical needs of persons receiving financial assistance under the federal/state programs and also to meet medical needs of individuals and families who have the same characteristics as persons receiving financial assistance but whose income and/or resources are greater than the limits established for the federal/state financial assistance programs but within the limits established for the medical assistance program.

0100.05.15 Supplemental Security Income

REV:01/2002

Supplemental Security Income is a federal program authorized under Title XVI of the Social Security Act to provide payments to aged, blind, and disabled persons, based

on uniform national minimum standards of assistance. Rhode Island, through the Department of Human Services, provides a state supplement to the federal SSI payment and has entered into an agreement with the Social Security Administration to have the supplement administered by SSA. Eligibility for the federal minimum payment and the additional state supplement is determined by SSA; the eligibility determination for medical care under the Rhode Island Medical Assistance Program for SSI applicants is concurrent with that determination.

0100.05.20 Social Services

REV:01/2002

Social Services is a federal/state program authorized under Title XX of the Social Security Act to meet the social service needs of individuals and families who are receiving FIP or SSI and other individuals and families whose income is less than the established standard. Information and Referral Services and Protective Services are provided to any person needing the service without regard to any income criteria.

In addition to the services provided by the Department, specific services are purchased from other departments or private agencies.

0100.05.25 General Public Assistance

REV:01/2002

General Public Assistance is a state program established under Title 40, Chapter 6 of the Rhode Island General Laws, as amended, to assist a person who does not qualify for a federal/state program, but who is in need of financial and medical assistance according to the eligibility standards of DHS.

0100.05.30 RIte Works, Employment and Retention Svcs.

REV:01/2002

One of the major purposes of the FIP Program is, for families with children who have insufficient income, to facilitate the entry or re-entry of the adult members of the family into the workplace with necessary supports. FIP caseworkers and the RIte Works, Employment and Retention Unit are responsible for assisting families to access the services they need to become independent.

0100.05.35 Child Support Services

REV:10/2006

0100.05.35 Child Support Services REV: 08/2006

The Office of Child Support Services (OCSS) is a federal/state program authorized under Title IV-D of the Social Security Act and is administered by the Department of Department of Human Services - Office of Child Support Services. OCSS provides Child Support services to clients of DHS and other applicants whose children's parent(s) is absent and not supporting. OCSS is authorized to initiate action to establish paternity and/or to collect support for said children.

0100.05.40 Food Stamp Program

REV:01/2002

Food Stamps is a federal/state program authorized under the Food Stamp Act, as amended. It is designed to raise the nutritional level among low-income households whose limited food purchasing power contributes to hunger and malnutrition among members of such households. The program is administered through the Services to Individuals and Families division of DHS.

0100.05.45 Office of Rehabilitation Services

REV:01/2002

The Office of Rehabilitation Services administers a federal/state program authorized under the Vocational Rehabilitation Act of 1973, as amended, to provide rehabilitation services to individuals with physical and/or mental disabilities to assist them to enter, engage in or retain gainful employment consistent with their abilities and capabilities.

0100.05.50 Services for the Blind and Visually Impaired

REV:01/2002

Services to the Blind and Visually Impaired is a federal/state program authorized under the Vocational Rehabilitation Act of 1973, as amended, to provide a comprehensive program of Social Services, Vocational Rehabilitation, Business Enterprises, and Rehabilitation Services designed to enable blind and severely visually impaired citizens of all ages to attain their maximum potential through counseling, casework, job placement, education and training.

0100.05.55 Veteran's Affairs

REV:01/2002

Veteran's Affairs is a state program within the Department of Human Services authorized to provide the following services to veterans and their dependents: counseling or social services, information and advice regarding federal or state veterans programs and benefits, and assistance in applying for those for which there may be eligibility. Veterans' Affairs is also responsible for the administration of:

* the Veterans' Home, including a social services program, and medical rehabilitation program;

* the Rhode Island Veterans Cemetery;

* a grave registration program; and

* the Historical Cemeteries Program.

0100.10 PURPOSE OF THE MANUAL

REV:10/2006

The purpose of this manual is to set forth the eligibility requirements, regulations, and procedures governing the determination of eligibility, and authorization of payments/services for the FIP, Medical Assistance, Social Services, GPA, Child Support, and WIN Programs.

Separate manuals are maintained for the Food Stamp Program, Vocational Rehabilitation, Services for the Blind and Visually Impaired, and Veterans Affairs.

0100.15 MOTOR VOTER REGISTRATION

REV:10/2006

0100.15 MOTOR VOTER REGISTRATION REV: 08/2006

The purpose of the National Voter Registration Act of 1993, also called the Motor Voter Act, is to ensure that more opportunities are available for all people to register to vote or update voter registration. The Act requires that applications to register to vote be provided at agencies that provide benefits under the Family Independence Program (FIP), Medical Assistance, and Food Stamp programs as well as agencies providing services to persons with disabilities. These agencies must distribute voter registration forms, provide assistance in completing forms, and ensure that the completed forms reach the proper state election office for processing. These services are to be provided by every office where such programs are administered.

Individuals to be registered are applicants/recipients meeting all of the following criteria at application for benefits, at recertification, or if reporting a change of address. The individual must:

* Be 18 years old or over; AND

* Be present in the office at the time of the interview or when a change of address is reported; AND

* Not be registered to vote or not registered to vote at her/his current address.

Workers must provide the same level of assistance to individuals applying to register to vote as are provided for other applications for assistance. This includes, but is not limited to, assistance in completing the application to register to vote, unless the applicant/recipient refuses such assistance.

Workers are prohibited from trying to influence an applicant/recipient's political preference or party registration; displaying political preference/party allegiance; and making any statement or take any action that may leave the impression that a decision to register or not to register to vote will have any bearing on the availability of program services or benefits. The penalties for failure to comply with these prohibitions could result in a fine, imprisonment (not to exceed 5 years), or both.

Completion of the Voter Registration form is only an application to register to vote. The State Board of Elections makes the determination of approval or denial of the application and sends its own confirmation or denial notice to the applicant.

0102 CONFIDENTIALITY OF INFORMATION

0102.05 CRITERIA FOR USE OF CONFIDENTIAL INFORMATION

REV:10/2006

0102.05 CRITERIA FOR USE OF CONFIDENTIAL INFORMATION REV: 08/2006

The use and disclosure of information concerning applicants and recipients will be limited to purposes directly connected with the following:

* The administration of the program. Such purpose includes establishing eligibility, determining the amount of assistance, and providing services for applicants and recipients.

* Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of the programs.

* The administration of any other federal or state assisted program which provides assistance, in cash or in kind, or services, directly to individuals on the basis of need. For DHS, this provision is limited to those divisions and, by agreement with the Department of Children, Youth and Families, (DCYF) for those clients which each department mutually serves. Any other release is with the client's written permission, provided by the other Agency. The disclosure to any committee or legislative body (Federal, State or Local) of any information that identifies, by name and address, any applicant or recipient is prohibited.

* Certification of receipt of FIP to an employer for purposes of claiming tax credit under the Tax Reduction Act is considered to be for a purpose connected with the administration of the plan.

0102.05.05 State Law Governing Assistance Records

REV:01/1981

In accordance with the General Laws of Rhode Island 40-6-l2 "Records as to assistance - all records pertaining to the administration of public assistance are hereby declared to constitute confidential matter. It shall be unlawful for any person to make use of, or cause to be used, any information contained in said records for purposes not directly connected with the administration thereof or the prosecution of the war, except with the consent of the individual concerned. The director of the DHS shall have the power to establish rules and regulations governing the custody, use and preservation of the records, papers, files and communications dealing with the administration of public assistance. Said rules and regulations shall have the same force and effect as law. Said records shall be produced in response to a duces tecum properly issued by any federal or state court; provided, however, that the purpose for which the subpoena is sought is directly connected with the administration of public assistance. No subpoena shall be issued by a court asking either for said records, or for persons having custody or access to said records, unless the litigation involved in such matters is directly connected with the

administration of public assistance. Any person who by law is entitled to a list of individuals receiving any of the assistance aforesaid, shall not publish or cause to be published said list except by the express consent of the Director of Human Services, or to make use thereof for purposes not directly connected with the administration thereof. Any person violating any of the provisions of this section, or the lawful rules and regulations made hereunder, shall be deemed guilty of a misdemeanor, and shall be fined not more than two hundred dollars ($200) or shall be imprisoned for not more than six (6) months, or both. Nothing in this section shall be deemed to prohibit the Director of the Department of Human Services, or his/her agents duly authorized for that purpose, from issuing any statistical material or data, or publishing or causing the same to be published whenever he/she shall deem it to be in the public interest. The Director of Human Services may inquire into the records of any state department or agency in the course of his administration of public assistance."

0102.05.10 Internal Revenue Code Requirements

REV:11/1998

Tax returns and tax information constitute confidential material that may not be disclosed in any manner. Sections 6103, 7213, and 7431 of the Internal Revenue Code (Title 26 United States Code) regulate (1) confidentiality and disclosure of returns and return information, (2) unauthorized disclosure of information, and (3) civil damages for unauthorized disclosure of returns and return information, respectively.

> Pursuant to Section 6103(b)(1) "the term 'return' means any tax or information return, declaration of estimated tax, or claim for refund required by, or provided for, or permitted under the provisions of this title which is filed with the Secretary by, on behalf of, or with respect to any person, and any amendment or supplement thereto, including supporting schedules, attachments, or lists which are supplemental to, or part of, the return so filed."

> Pursuant to Section 6103(b)(2) "the term 'return information' means (A) a taxpayer's identity, the nature, source, or amount of his income, payments, receipts, deductions, exemptions, credits, assets, liabilities, net worth, tax liability, tax withheld, deficiencies, overassessments, or tax payments, whether the taxpayer's return was, is being, or will be examined or subject to other investigation or processing, or any other data, received by, recorded by, prepared by, furnished to, or collected by the Secretary with respect to a return or with respect to the determination of the existence, or possible existence, of liability (or the amount thereof) of any person under this title for any tax, penalty, interest, fine, forfeiture, or other imposition, or offense, and (B) any part of any written determination or any background file document relating to such written determination (as such terms are defined in section 6110(b)) which is not open to public inspection under section 6110, but such term does not include data in a form which cannot be associated with, or otherwise identify, directly or indirectly, a particular taxpayer."

Pursuant to Section 6103(b)(3) "the term 'taxpayer return information' means return information as defined in paragraph (2) which is filed with, or furnished to, the Secretary by or on behalf of the taxpayer to whom such return information relates."

Section 7213(a) of the Internal Revenue Code prohibits disclosure of any return or return information (as defined in section 6103(b) above). Violations of this statute shall be a felony punishable by a fine in any amount not exceeding $5,000, or imprisonment of not more than five (5) years, or both, together with the costs of prosecution.

Section 7431 of the Internal Revenue Code provides that any person who knowingly, or by reason of negligence, discloses any return or return information with respect to a taxpayer, is subject to civil action for damages in a district court of the United States.

0102.10 TYPES OF INFORMATION TO BE SAFEGUARDED

REV:10/1979

The types of information to be safeguarded include the following as well as any information which, at the discretion of the Director, is deemed necessary for proper administration of the program:

* Name and address of applicant or recipient;

* Information related to the social and economic conditions or circumstances of a particular individual;

* Agency evaluation of information about a particular individual;

* Medical data, including diagnosis and past history of disease or disability concerning a particular individual;
* Any other material defined in law as confidential matter;

* Internal memos of the agency.

General information, not identified with any particular individual, such as total expenditures made, numbers of recipients, and other statistical information and social data contained in general studies, reports or surveys would not fall within the class of material to be safeguarded. In the use of case material for research or training, it is necessary to effectively disguise the identity of the client, his/her family and/or his/her situation.

0102.15 DEFINITION OF MAINTAINING CONFIDENTIALITY

REV:10/1979

It is the client's right and expectation that all information requested about him/her and his/her situation will be respected and safeguarded by the agency and all its personnel including field work students and volunteers. The client is made aware of his/her right to confidentiality in the application process and in other contacts with the agency.

The applicant's right to privacy shall be protected during the interview. There shall be no conversation on the information to be safeguarded within or without state or local offices except as is necessary for purposes of administering the program. All records and card files and computer files shall be properly stored and shall only be available to the staff responsible for the administration and supervision of the programs and shall not be removed from the file except when in actual use.

0102.15.05 Procedures to Maintain Confidentiality

REV:10/1979

The concept of confidentiality is inherent in the orientation for new staff members and in the ongoing in-service training of staff. It is agency practice to have all newly-appointed staff, who will have access to client records, sign a statement attesting to the fact that they have read the Rhode Island General Laws which deals with the confidentiality of records (Title 40, Chapter 6, Section l2) and that they will abide by this law. Personnel from state, city, town and private businesses from whom services are purchased, or having in their possession lists or any other information relating to clients, are required to adopt regulations safeguarding the confidential nature of the information. A letter indicating acceptance and adoption of this requirement will be considered to represent compliance.
Materials sent or distributed to applicants, recipients, or providers of services will be limited to that which are directly related to the administration of the program and will not have political implication. Excluded from mailing or distribution are materials such as "holiday" greetings, general public announcements, voting information, alien registration notices.

Materials in the immediate interest of the health and welfare of applicants and recipients, as announcements of free medical examinations and consumer protection information are not prohibited. Only the names of persons directly connected with the administration of the program are contained in material sent or distributed to applicants/recipients and vendors. Such persons are identified only in their official capacity with the department.

0102.20 DISCLOSURE OF INFORMATION

REV:10/1979

The release or use of information concerning an applicant or recipient applying for or receiving assistance or services is restricted to other social agencies whose representatives are subject to standards of confidentiality which are comparable to those of the department administering the assistance and service programs.

The individual or family is informed, whenever possible, of a request for information from a source, other than those identified in 0102.05, above, and permission is obtained to meet the request. In an emergency situation, when the individual cannot be reached to obtain consent, s/he will be notified immediately thereafter.

In the event of the issuance of a subpoena for the case record or for any agency representative to testify concerning an applicant or recipient, the request must be transmitted to the legal office through the appropriate administrator. The court will be advised by the agency's lawyer of the rules and regulations against disclosure of information. The same policy is applied to requests for information from a governmental authority, the courts, or a law enforcement official or the press or media or from any source.

0102.20.05 Disclosure of Tax Data

REV:11/1998

Section 6103(l)(7) of the Internal Revenue Code does not allow for disclosure of tax data by the states except when such disclosure is for the purposes of, and to the extent necessary in, determining eligibility for, or the correct amount of benefits under an appropriate public assistance program. The taxpayer does not have authority to authorize the Department of Human Service to disclose tax data in his/her file.

0104 CITIZENSHIP OR ALIENAGE

0104.05 ELIGIBILITY FACTORS OF CITIZENSHIP/ALIENAGE

REV:09/1988

To be eligible for any assistance program, an otherwise eligible applicant must be a member of one of the following categories:

- A United States Citizen
- A Repatriate
- An Amerasian
- A Resident Alien
- An American Indian Born in Canada
- An Alien Residing in U.S. Under Color of Law
- A Legal Temporary Resident (LTR)

0104.05.05 United States Citizen

REV:09/1988

Definition

A United States citizen is defined in the Immigration and Nationality Act as any person born in any of the 50 States, the District of Columbia, Puerto Rico, Guam, or the United States Virgin Islands. Nationals from American Samoa or Swain's Island are also regarded as United States Citizens, as are those persons who are naturalized U.S. citizens.

Verification

The following constitute documentation of United States citizenship:

* Birth Certificate;
* Religious document such as a baptismal record, recorded within three months of birth showing that the birth took place in the United States;

* United States passport;

* Report of Birth Abroad of a Citizen of the United States (Form FS-240);

* Certification of Birth (Form FS-545);

* United States Citizen I.D. Card (I-97);

* Naturalization Certification (N-550); or

* Certificate of Citizenship (N-560).

Various "documents" issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These "documents" include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

0104.05.10 Repatriate

REV:09/1988

Definition

A repatriate is a citizen or a dependent of a citizen, identified by the United States Department of State as having returned or been brought from a foreign country because of the destitution or illness of the citizen or any of his/her dependents or because of war, threat of war, invasion, or similar crisis and who is without available resources. Such a person would be referred by a Central Office contact.

Verification

Verification is made by documenting United States citizenship, as above.

0104.05.15 Amerasian

REV:09/1988

Definition

Certain Amerasians may have a claim to United States citizenship under Section 301 (g) of the Immigration and Nationality Act, as made applicable by Section 309 (a) (amended November 14, 1986), if such Amerasian was:

* A resident of Vietnam as of the date (December, 1987), of the Amerasian Homecoming Act, Section 584 of the Continuing Resolution for Fiscal Year 1987 (P.L. 100-200);

* Born in Vietnam after January 1, 1962 and before January 1, 1976, and;

* Fathered by an identified United States citizen.

Verification

In order to establish United States citizenship for such Amerasian, an identified American father must meet several requirements under the law, which may include:

* Establishment of both blood and legal relationship to the child;

* Acknowledgement of paternity in writing under oath; and

* Agreement to provide financial support until the child's eighteenth birthday.

Refugee Benefits

An Amerasian not entering the United States as an American citizen or as a beneficiary of an immediate relative or preference visa petition, filed on her/his behalf by relatives in the United States, may be eligible for refugee benefits. (See Section 901, III, A., B., C., and D.)

0104.05.20 Resident Alien

REV:10/2006

0104.05.20 Resident Alien REV: 08/2006

Definition

A resident alien is one who was lawfully admitted for permanent residence in accordance with the immigration laws, such status not having changed since admission.

A resident alien, sponsored by an individual or organization and applying for FIP within three years following entry into the United States, shall, as a condition of eligibility:

* Provide information and documentation from the sponsor in support of his/her immigration application.

* Obtain the cooperation of the sponsor for the purpose of determining the income and resources that can be deemed available to the resident alien.

Refer to Section 0214 for determination of alien sponsorship liability.

The eligibility requirements for GPA, for such resident alien, are defined in Section 0608. Refer to the DHS Manual Section 0612 for treatment of income from an alien sponsor in the GPA Program.

Verification

The following INS forms may be used as evidence to determine whether an alien is lawfully admitted for permanent residence:

* Form I-181, Memorandum of Creation of Record of Lawful Permanent Residence, is a temporary identification document issued by an INS field office pending issuance of an Alien Registration Receipt Card;

* Forms AR-3 and AR-3a, Alien Registration Receipt Card. This document was issued between 1941 and 1949 and pertains to a lawful permanent resident alien;

* Form I-151, Alien Registration Receipt Card. This document was issued prior to June 1978 and remains valid indefinitely.

* Form I-551, Resident Alien Card. This is the current document given to a lawful permanent resident alien and is valid indefinitely. This form is commonly referred to as a "green card";

  Lawful temporary resident aliens who become lawful permanent residents will be issued Form I-551 with a registration number in the 90-million series. In addition, the date such aliens are granted LTR status is indicated as the fourth line on the reverse of the form. The fourth line will read:
  "TEMP RES ADJ DATE - MM/DD/YY." Eligibility for FIP, full Medical Assistance and Food Stamp benefits will exist five (5) years from the date that appears on the reverse of the I-551.

* Form I-551, Resident Alien Card (Conditional Resident Alien). This form is issued to a conditional permanent resident, such as an alien spouse of a U.S. citizen. It is the same form as issued to a permanent resident alien but is valid for a limited period of time and has an expiration date stamped on the back; or

* Form I-327, Re-entry Permit, is issued to a lawful permanent resident alien before s/he leaves the U.S. for a one-to-two-year period. This document contains an expiration date.

0104.05.25 American Indian Born in Canada

REV:09/1988

Definition

An American Indian born in Canada who has maintained residence in the United States since entry is considered lawfully admitted for permanent residence if s/he is at least one-half American Indian blood. This does not include the non-citizen spouse or child of such Indian or a non-citizen whose membership in an Indian tribe or family is created by adoption unless such person is at least 50% or more American Indian blood.

Verification

Types of documentation include:
* Birth or baptismal certificate issued on a reservation;
* Tribal records;
* Letter from the Canadian Department of Indian Affairs; or,
* School records.

0104.05.30 Alien Residing in U.S. Under Color of Law

REV:09/1988

Definitions:

An alien who entered the United States prior to January 1, 1972 is considered "permanently residing under color of law" and may be eligible for lawful permanent resident (LPR) status in accordance with Section 249 of the Immigration and Nationality Act.

* A conditional entrant lawfully present in the United States under the provisions of Section 203 (a)(7) (prior to 4/1/80);

* A refugee under Section 207(c) (after 3/31/81) (Refer to the Refugee Assistance Program, Section 900, for specific eligibility and verification procedures.);
* An asylee under Section 208 or a parolee under Section 212 (d)(5). Asylum or parole into the United States may be provided at the discretion of the U.S. Attorney General, for an indefinite temporary period for emergency reasons or for reasons in the public interest.

* An alien granted "voluntary departure." A Cuban refugee or any other alien who was not legally paroled into the United States may be granted "voluntary departure" for an indefinite period or may be granted an indefinite stay of deportation because of: humanitarian considerations or technical difficulties which cannot be overcome and which prevent the Immigration and Naturalization Service (INS) from deporting them.

* A Western Hemisphere alien. An alien from a Western Hemisphere country who applied for a residency visa between July l, l968 and December 3l, l976, but entered the United States before their visa was granted and whose last entry was before March ll, l977, is allowed to remain in the United States until further notice without threat of expulsion or deportation under a temporary restraining order granted in the United States District Court, Northern District, Illinois (Silva v. Levi).

Verification

For an alien in the United States prior to l972, a record showing the alien to have been in the United States prior to l972, such as school, marriage, medical, insurance applications, or driver's license, are used as verification of residence. In lieu of such documents, a statement from two persons attesting to the fact that the claimant was in the United States prior to l972 and the basis of their knowledge may be used.

A Western Hemisphere Alien should have the following court ordered notice: "Due to a Court Order in Silva v. Levi, 76- C4268, entered by District Judge John F. Grady in the District Court for the Northern District of Illinois, we are taking no action on your case. This means that you are permitted to remain in the United States without threat of deportation or expulsion until further notice. Your employment in the United States is authorized."

All persons admitted "under the color of the law" should have one of the following documents:

* Form I-l5l, Alien Registration Receipt card--with photograph (for permanent resident aliens). This card was in use prior to 1979;
* Form I-55l, Resident Alien card--for permanent resident aliens;

* Form AR-3a, Alien Registration Receipt Card--issued during 1941-1949 for permanent resident aliens;

* Form I-94, Arrival-Departure Record--annotated either "Section 207" or "Refugee," or "Section 208" or "Asylum";

* Form I-94, Arrival-Departure Record-Parole Edition--annotated either "Section 212 (d)(5)", or "Conditional Entry" or "Section 203 (a)(7)";

* Form I-94, Arrival-Departure Record--annotated "Section 243(h)";

* Form I-94, Arrival-Departure Record--annotated "Cuban-Haitian Entrant".

0104.05.35 Legal Temporary Resident

REV:09/1988

Definition

An alien admitted for legal temporary residence (LTRs) under Section 245 A(a)(1) of the Immigration Reform and Control Act of 1986.

Verification

An individual in this status must have one of the following documents:

* INS Form I-689, Fee Receipt. This document is issued to an applicant for status under the legalization (amnesty) or SAW programs. Expires on the date of the legalization interview.
* INS Form I-688A, Employment Authorization card is issued to an applicant for temporary resident alien status after the initial interview for legalization (amnesty) or SAW status. It expires six months from the date of the issuance. The expiration date is on the card.

* INS Form I-688, Temporary Resident card. This form is issued to an alien granted LTR status under the legalization or SAW programs. It remains valid until the expiration date stamped on the card.

0104.05.40 General Verification of Documentation

REV:09/1988

All immigration documentation presented that does not contain a photograph should be accompanied by another identity document bearing a photograph of the applicant whenever possible.

0104.10 INELIGIBLE ALIENS

REV:10/2006

0104.10 INELIGIBLE ALIENS REV: 08/2006

Aliens who do not fall under one of the foregoing categories but who are lawfully admitted for a temporary or specific length of time are not eligible for FIP, GPA, SSI, or Food Stamps.

However, such aliens may be eligible for emergency medical services under the Medical Assistance (MA) program providing they meet all other eligibility requirements for the MA program.

See 0104.25.

The following categories of individuals are ineligible aliens:

* Foreign government representatives on official business and their families and employees.

* Visitors for business or pleasure, including exchange visitors.

* Aliens in travel status while traveling directly through the United States.

* Crewmen on shore leave.

* Treaty traders and investors and their families.

* Foreign students.

* International organization personnel and their families and servants.

* Temporary workers, including agricultural contract workers.

* Members of foreign press, radio, film or other information media and their families.

These aliens should have one of the following types of documents:

_ I-94, Arrival-Departure Record;
_ I-l85, Canadian Border Crossing Card;
_ I-l86, Mexican Border Crossing Card;
_ SW-434, Mexican Border Visitor's Permit;
_ I-95A, Crewman's Landing Permit; or
_ I-l84, Crewman's Landing Permit and Identification Card.

0104.15 ILLEGAL ALIENS

REV:06/1988

Illegal aliens are those individuals who have entered the country unlawfully. In general, such aliens are not eligible for assistance programs. Exceptions are limited to specific services provide by:

* Medical Assistance; see Section 0104.25

* Social Services; see Section 500.2, I.,B., and C.

0104.20 ALIEN LEGALIZATION PROGRAM UNDER IRCA

REV:02/1989

In order to participate in the legalization program under the Immigration Reform and Control Act of 1986 (IRCA), an alien must have entered the United States before January 1, 1982 either unlawfully or on a nonimmigrant visa which expired before January 1, 1982, and must have lived in the United States in an unlawful status continuously since January 1, 1982. An alien living in the United States in an unlawful status who wishes to be legalized must apply for legalization during the 12-month period beginning May 5, 1987. (For special exemptions from the entry date and date of application for certain alien groups, see 0104.20.05.) The alien must establish to the satisfaction of the Immigration and Naturalization Service (INS) that s/he meets the conditions for legalization set forth in the law. Those conditions are:

* Continuous unlawful residence in the United States since January 1, 1982.

* Continuous physical presence in the United States since enactment of IRCA.

* The alien is admissible as an immigrant.

The preceding rules apply to every alien eligible for legalization including the children, spouse or parents of legalized aliens. If an individual granted legalization does not apply for legalization for his/her minor non-citizen children, those children are not legalized under the program.

In general, the Immigration and Naturalization Service (INS) is exercising the U.S. Attorney General's discretion by granting indefinite voluntary departure status to unmarried children under the age of eighteen (18) years who can establish that they were in an unlawful status prior to November 6, 1986. Such children should be residing with their parent(s) who have achieved lawful temporary resident status.

0104.20.05 Aliens Eligible to Apply for Legalization

REV:02/1989

Specific categories of aliens who are eligible to apply for legalization include:

Special Agricultural Workers (SAWs)

These aliens must apply for legalization during the 18-month period beginning June 1, 1987. SAWs are divided into two groups based on the length of time the alien has worked in agriculture prior to May 1, 1987, and subject to numerical limitation.

Once an application for legalization is approved by the INS, the SAW is granted lawful temporary resident (LTR) status.

Subsequently, SAWs will be adjusted from LTR to lawful permanent resident (LPR) status without any action by the alien. The adjustment to LPR will occur on December 1, 1989 for SAWs granted LTR prior to November 30, 1988. For SAWs granted LTR status after November 30, 1988, adjustment will occur 12 months after being granted LTR status.

Replenishment Agriculture Workers (RAWs)

Beginning in October, 1989, IRCA provides for the admission of additional aliens to meet a shortage of agricultural workers.

RAWs granted Legal Temporary Resident (LTR) status prior to November 30, 1988 will be adjusted to Legal Permanent Resident (LPR) status December 1, 1990. Those granted LTR status after November 30, 1988 will be adjusted to LPR status 24 months after being granted LTR status.

Aliens from Poland, Afghanistan, Ethiopia and Uganda

The Continuing Resolution for fiscal year 1988 (Public Law 100- 202) allows aliens from Poland, Afghanistan, Ethiopia and Uganda who have been in the U.S. since before July 21, 1984 to apply for Lawful Temporary Resident (LTR) status. The application period for this group began March 21, 1988 and will continue through December 22, 1989.

Aliens Other than SAWs/RAWs

Such aliens must complete the requirements for Legal Temporary Resident (LTR) status outlined in 0104.05.35. To adjust their status from Legal Temporary Resident (LTR) to Legal Permanent Resident (LPR), such aliens must apply for Legal Permanent Resident (LPR) status during the 12-month period beginning with the 19th month of Legal Temporary Resident (LTR) status, and must establish to the satisfaction of the INS that such aliens:

* Have resided continuously in the United States since being granted LTR status;

* Are admissible as immigrants;

* And have, as defined by the INS, basic citizenship skills.

0104.20.10 Termination of Legal Resident Status

REV:06/1988

Termination of Legal Resident Status (LTR or LPR) will occur if:

* An alien fails to apply for adjustment to LPR status during the 12 months when permitted to do so.

* The Attorney General determines that the alien was not eligible for LTR status.

* The alien commits an act which makes the alien inadmissible as an immigrant.

* An application for LPR status is denied.

* The Attorney General determines that a SAW is deportable.

0104.25 ACCESSIBILITY TO ASSISTANCE PROGRAMS

REV:10/2006

0104.25 ACCESSIBILITY TO ASSISTANCE PROGRAMS REV: 08/2006

To be determined eligible, an individual, regardless of citizenship or immigration status, must satisfy all relevant eligibility criteria for each program for which an application is submitted. Accessibility to certain assistance programs is limited by an individual's immigration status as follows:

FIP

Applications for FIP may be submitted by citizens and individuals permanently residing in the United States under color of law.

The following three categories are barred from FIP participation for five years, beginning on the date they are issued lawful temporary residence (LTR) status, in accordance with IRCA (P.L.

99-603):

* Aliens lawfully admitted for temporary residence (LTRs) under Section 245A.

* Special Agricultural Workers (SAWs) under Section 201.

* Replenishment Agricultural Workers (RAWs) under Section 210A.

Medical Assistance

Accessibility for Medical Assistance is restricted to citizens, lawful permanent residents and individuals permanently residing in the United States under color of law. In addition, certain illegal aliens, ineligible aliens and aliens legalized by IRCA, may access specific services provided by the Medical Assistance Program.

* Full Benefits are available to:

  Citizens, lawful permanent residents and individuals permanently residing in the United States under color of law, provided they meet the categorical and financial criteria for the program; and

  Aliens who are adjusted to lawful temporary resident status (LTR) after May 5, 1987, including but not

limited to, LTRs who are Cuban/Haitian entrants, SAWs and RAWs, if the following conditions are met:

- applicants must meet the categorical and financial criteria for Medical Assistance, and

- must be either, aged, blind, disabled, child(ren) under 18 years of age or a pregnant woman.

* Emergency Services

Effective January 1, 1987, Medical Assistance coverage for Emergency Services is accessible to all persons regardless of citizenship status, provided such persons are residents of Rhode Island and meet the categorical and financial criteria for the Medical Assistance Program. In addition, each applicant must have a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that in-patient hospital or hospital emergency room treatment is required.

* Services for Pregnant Women
Pregnant ineligible aliens (as described in 0104.10) and pregnant illegal aliens who meet the Medical Assistance criteria for Emergency Services, are only eligible for emergency labor and delivery services.

Food Stamp Program

Otherwise eligible citizens and individuals granted permanent resident status are eligible to participate in the Food Stamp Program. In addition, the following aliens admitted for temporary residence pursuant to IRCA of 1986 may participate in the program, if they meet the categorical and financial criteria of the program.

_ Special Agricultural Workers (SAWs) as of the date of lawful admittance (June 1, 1987 or thereafter);

_ Replenishment Agricultural Workers (RAWs) as of the date of lawful admittance, beginning October 1, 1989 through September 30, 1993; and,

_ Aliens who are granted lawful temporary resident status under IRCA regulations are eligible to participate after a five-year period from the date temporary resident status is granted which is no earlier than November 7, 1988.

Supplemental Security Income

Supplemental Security Income (SSI) may be accessed by citizens, lawful permanent residents, individuals permanently residing in the United States under color of law and aliens legalized by IRCA, if they meet the specific categorical and financial criteria for the program.

0104.25.05 Programs Accessible to Legalized Aliens

REV:06/1988

The following is a list of programs which legalized aliens may access, provided they otherwise qualify:

_ The National School Lunch Act;
_ The Child Nutrition Act of 1966;
_ The Vocational Education Act of 1963;
_ Chapter 1 of the Education Consolidation and Improvement Act of 1981;
_ The Headstart-Follow Through Act;
_ The Job Training Partnership Act;
_ Title IV of the Higher Education Act of 1965;
_ The Public Services Act; and
_ The following programs derived from the Social Security Act: Parts B, D, and E of Title IV as they relate to child support, child welfare services, and foster care and adoption assistance; Title V - The Housing Act of 1949; Title XVI - Supplementary Security Income; and, Title XX - The Maternal and Child Health and Social Services Block Grant.

0104.30 VERIFICATION OF DOCUMENTATION

REV:06/1988

The Immigration Reform and Control Act of 1986 (IRCA) mandates:

* The exchange of immigration status information among state and federal assistance programs; and

* The use of that data in determining eligibility for benefits; and,

* The establishment of the Systematic Alien Verification for Entitlements (SAVE) program to accomplish the above goals beginning in FY 1989.

0104.30.05 Disclosure of Information

REV:02/1989

The law provides that the use of information concerning an applicant/recipient can be used only for the administration of the Department's programs. If it is determined that an appli- cant/recipient is an illegal alien, this information is not to be disclosed to the INS. For SAVE participation and procedural requirements, see 0104.40 through 0104.75

0104.40 DEFINITION OF THE SAVE PROGRAM

REV:02/1989

The Systematic Alien Verification for Entitlements Program is the Immigration and Naturalization Service operated system for the verification of immigration status of aliens applying for benefits from certain federally-funded entitlement programs.

0104.40.05 Legal Basis for the SAVE Program

REV:02/1989

Section 121 of the Immigration Reform and Control Act of 1986 (IRCA) mandates:

* The verification of immigration status of aliens applying for benefits under certain programs; and

* The exchange of income-related information among state and federal assistance programs and the use of that data in determining eligibility for benefits and payment amounts.

* The establishment of the Systematic Alien Verification for Entitlements (SAVE) program to accomplish the above goals beginning in FY 1989.

0104.45 SAVE PROGRAM REQUIREMENTS

REV:02/1989

Beginning on December 1, 1988, applicants for most major assistance programs must declare in writing that they are United States citizens or nationals, or that they are in "satisfactory immigration status." Use the DHS/SAV-1 for the declaration of citizenship or alienage.

Verification of U.S. citizenship or naturalized citizen status is accomplished by the applicant providing a valid birth certificate, U.S. passport or other acceptable documentation.

(See Sections 104.05.05 - 104.05.15.)

To be considered in "satisfactory immigration status," an applicant must provide either:

* Alien registration documentation of proof of immigration registration from the INS containing the alien's admission or file number, or

* Such other documents as constitute reasonable evidence of satisfactory immigration status. (See Sections 104.05.20 - 104.05.35.)

0104.45.05 Presumptive Eligibility/Immigration Status

REV:02/1989

An otherwise eligible documented alien applicant is eligible for benefits unless proven otherwise. No eligible documented alien is denied benefits based solely on an automated computer check.

Eligibility is revoked only following a secondary verification procedure.

0104.45.10 Not In Satisfactory Immigration Status

REV:02/1989

When an applicant or a recipient is an illegal alien or an alien not in "satisfactory immigration status," information regarding such applicant/recipient is used only for the administration of the Department's programs.

* Illegal aliens and others not in "satisfactory immigration status" may be eligible for certain restricted Medical Assistance benefits. (See Section 102.25.)

* Such aliens are not required to sign the DHS/SAV-1, Certification of Citizenship/Alienage.

0104.50 THE PURPOSE OF THE SAVE PROGRAM

REV:02/1989

The Immigration Reform and Control Act of 1986 (IRCA) reflects the resolve of the Congress and the INS to control illegal immigration by using employer sanctions and alien verification for certain assistance programs (as shown in 0104.50.05), to reduce incentives for aliens to come and remain in the United States illegally, and in addition, to provide a significant cost avoidance potential for federally funded programs.

0104.50.05 Benefit Program Participation

REV:10/2006

0104.50.05 Benefit Program Participation REV:08/2006

IRCA mandates that the following programs and overseeing agencies participate in the verification process:

* The Food Stamp Program (U.S. Department of Agriculture);

* Certain Housing Assistance Programs (U.S. Department of Housing and Urban Development);

* Unemployment Compensation (U.S. Department of Labor);

* Title IV Education Assistance (U.S. Department of Education);

* Family Independence Program,

* Medical Assistance, and

* Certain Territorial Assistance Programs, such as, Supplemental Security Income (U.S. Department of Health and Human Services).

0104.55 LEGAL REQUIREMENTS FOR DOCUMENTATION

REV:02/1989

* U.S.C. 1304, title B, Section 264, states that aliens in the U.S. must always have immigration documentation in their possession.

* All alien applicants for entitlement benefits must present original documentation of alien registration or another form of documentation that the agency determines is reasonable evidence of the alien's immigration status.

* Most alien applicants will present documentation that contains an Alien Registration Number. This number is commonly referred to as the A-Number. It references the individual's Alien File at INS.

* The A-Number contains seven or eight numerical digits preceded by the letter "A," such as, A24 786 899. Each A-Number is unique in that it pertains to one person only. Even minors and infants in the U.S. as immigrants are assigned individual A-Numbers.

* Some INS documents do not contain a photograph of the bearer. When an alien presents such documentation, the applicant or recipient must present an additional identifying document that includes a photograph, such as a driver's license or an employer badge, whenever possible.

* Any alien applicant or recipient claiming that his/her documents were lost or stolen must be referred to the INS office to request replacement documentation prior to primary or secondary verification procedures.

0104.55.05 Types of Documentation

REV:10/2006

0104.55.05 Types of Documentation REV: 08/2006

Immigration documentation includes, but is not limited to, the following forms. Unless specifically indicated, each shows the Alien Registration Number (A-Number) of the bearer. Some forms, as indicated, have expiration dates. These dates must be checked during the application process to insure that the forms are still valid.

Use the following INS forms as evidence to determine whether an alien is a lawful permanent resident or is an individual permanently residing under color of the law:

* Form I-181, Memorandum of Creation of Record of Lawful Permanent Residence, is a temporary identification document issued by an INS field office pending issuance of an Alien Registration Receipt Card;
* Form AR-3 and AR-3a, Alien Registration Receipt Card. This document was issued between 1941 and 1949 and pertains to a lawful permanent resident alien;

* Form I-151, Alien Registration Receipt Card. This document was issued prior to June, 1978 and remains valid indefinitely;

* Form I-551, Resident Alien Card. This is the current document given to a lawful permanent resident alien and remains valid indefinitely. This form is commonly referred to as a "green card;"

  Lawful temporary resident aliens who become lawful permanent residents will be issued Form I-551 with a registration number in the 90-million series. In addition, the date such aliens are granted LTR status is indicated as the fourth line on the reverse of the form. The fourth line will read: "TEMP RES ADJ DATE - MM/DD/YY." Eligibility for FIP, full Medical Assistance and Food Stamp benefits will exist five (5) years from the date that appears on the reverse of the I-551.

* Form I-551, Resident Alien Card (Conditional Resident Alien). This form is issued to a conditional permanent resident, such as an alien spouse of a U.S. citizen. It is the same form as issued to a permanent resident alien but is valid for a limited period of time and has an expiration date stamped on the back;

* Form I-327, Re-entry Permit, issued to a lawful permanent alien before s/he leaves the U.S. for a one-to-two- year period. This document contains an expiration date.

* Form I-94, Arrival-Departure Record is issued by INS to non-immigrant aliens. It should be attached to an unexpired foreign passport. However, most refugees will not have passports. The Form I-94 may not include an A-Number nor contain a photograph. The document may bear one of the following annotations: Section 207 - Refugee; Section 208 Asylum; Section 243(h); Cuban-Haitian Entrant; or Employment Authorized.

* Form I-94, Arrival-Departure Record-Parole Edition is issued as above. It may contain one of the following annotations: Section 203(a)(7) - Conditional Entry or Section 212(d)(5) Parolee.

* Form I-571, Refugee Travel Document is issued by INS to aliens who are granted refugee status. This document contains an expiration date.

0104.55.10 Documentation of Legal Temporary Residence

REV:02/1989

An alien admitted for Legal Temporary Residence (LTRs) under Section 245 A(a)(1) of the Immigration Reform and Control Act of 1986 should present one of the following forms:

* INS Form I-689, Fee Receipt. This document is issued to an applicant for status under the legalization (amnesty) or Special Agricultural Workers (SAWs) programs. It expires on the date of the legalization interview.

* INS Form I-688A, Employment Authorization Card This form is issued to an applicant for temporary resident alien status after the initial interview for legalization (amnesty) or SAW status. It expires six months from the date of the issuance. The expiration date is on the card.

* INS Form I-688, Temporary Resident Card. This form is issued to an alien granted LTR status under the legalization or SAW programs. It remains valid until the expiration date stated on the card.

0104.60 VERIFICATION OF DOCUMENTATION

REV:09/1989

Applicants

At the time of application, the agency representative makes a photocopy of both sides of all pertinent original immigration documentation presented for each individual family member.

Recipients

Use the same procedure as above, if the recipient's documents were not verified during the application process.

The photocopies are necessary for the determination of eligibility, since:

* Accessibility to certain assistance programs is limited by an individual's immigration status. (See Section 0104.25); and

* IRCA mandates that each applicant verify that s/he is a U.S. citizen, national or is in "satisfactory immigration status."

The Systematic Alien Verification for Entitlements (SAVE) program provides two ways to verify an alien applicant's immigration documentation through either Primary Verification or Secondary Verification.

0104.60.05 Definition of Primary Verification

REV:03/1989

The Immigration and Naturalization Services maintains the Alien Status Verification Index (ASVI) data base for participants in the SAVE program. It contains information regarding over 22 million aliens and is used for the initial automated document verification. This automated process is known as primary verification.

The Department of Human Services has opted to use a standard telephone line to access the ASVI system. The Office of Refugee Resettlement has been authorized to be the central alien data information and referral office for DHS.

In general, primary verification is initiated for all applicants or recipients, except for those aliens having certain immigration status or who are in those situations specifically identified in Section 0104.65.

0104.60.10 Primary Verification Procedures

REV:09/1989

The agency representative uses the following procedures for primary verification:

Makes a photocopy of both sides of all original verifying documentation, which is kept in the individual's/family's case record;

Returns the originals to the applicant/recipient;

Enters the following information on the Primary Document Verification Request, Form DHS/SAV-2;

* The A-Number for each individual in the applicant's or recipient's filing unit;

* The last, first, and middle name, for each individual in the applicant's or recipient's filing unit;

* The agency representative's name, E.I.N. number, district office and district office telephone number on the back of the form.

* Forwards the DHS/SAV-2, attached to an AP-60 transmittal, to the ORR Data Management Officer at the following address:
  Office of Refugee Assistance
  275 Westminster Mall
  Providence, R.I. 02903

Upon receipt of the DHS/SAV-2 Form, the ORR Data Management Officer will:

* Access ASVI by entering the A-Number(s) into the data bank;
* Interpret the resulting Alien Status Verification Display;

* Note on the DHS/SAV-2, the unique Verification Number issued to each alien by the ASVI system when an inquiry is instituted;

* Return the Primary Document Verification Request, Form DHS/SAV-2, to the correct agency supervisor after checking the appropriate response, either "valid" or "institute secondary verification." The supervisor then forwards the DHS/SAV-2 to the agency representative.

* On a weekly basis, distribute a list of the names of those aliens whose documents must be processed for secondary verification to the Regional Managers.

The agency representative retains the completed DHS/SAV-2, containing the alien Verification Number, in the applicant's/recipient's case record for further reference. No further check is required, unless the ORR Management Officer records on the DHS/SAV-2 that the ASVI system displayed "Institute Secondary Verification."

SUMMARY OF VERIFICATION REQUIREMENTS

	Initiate Primary	Immediate Secondary
Valid-appearing I-551, I-151, AR-3A, I-688, I-327, or I-571 with an A-Number between A0 000 001 and A59 999 999	X	
Counterfeit-appearing or altered document		X
No A-Number on document		X
A-Number in A60 000 000, A70 000 000, or A80 000 000 series		X
I-688, I-688A or I-689	X	
I-181, or I-94 in a foreign passport that bears the endorsement "Temporary Evidence of Lawful Admission for Permanent Residence," processed over one year ago		X
Any INS receipt, except the I-689		X
Other I-181, or endorsed I-94 on a foreign passport	X	

0104.60.15 Definition of Secondary Verification

REV:03/1989

Secondary Verification provides a more extensive validation procedure, including a thorough search of all applicable automated and paper INS files, when problems arise during the visual verification of documentation or during the primary check.

A response during the primary verification to institute a secondary verification means that the present classification in the computer data base (ASVI) indicates something other than permanent resident alien status. In some instances, it simply means that the alien's record is very new.

Secondary verification must be completed:

* Whenever there is a discrepancy between information on ASVI and information presented by the applicant; and
* Prior to the delay, denial, reduction, or termination of a benefit to any alien applicant for reasons of immigration

status.

0104.60.20 Immediate Secondary Verification

REV:09/1990

In most circumstances, the agency representative will execute primary verification prior to initiating secondary verification procedures. However, the following circumstances require that secondary verification be initiated immediately:

* When any one of the items presented as documentation appears to be counterfeit or altered;

* When an alien presents unfamiliar INS documentation, or a document that indicates immigration status, but does not contain an Alien Registration Number (A-Number);

* When the document contains an A-Number in the A60 000 000 or A70 000 000 series. These ranges have not yet been issued;

* When the document contains an A-Number in the A80 000 000 series. This range is used for illegal border crossings;

* When the document presented is any form of INS receipt, except the I-689;

* When the document presented is a Memorandum of Creation of Record of Lawful Permanent Residence (Form I- 181) or an Arrival-Departure Record (Form I-94) attached to a foreign passport that bears the endorsement "Processed for I-551, Temporary Evidence of Lawful Permanent Residence," and that I-181 or I-94 is over one year old.

* Additionally, secondary verification should occur after an automated check when ASVI returns a response of "Institute Secondary Verification," or when there is a material discrepancy between an alien's documentation and the record contained in ASVI. The Data Management Officer will inform the agency representative if such a discrepancy exists.

0104.60.25 Secondary Verification Procedures

REV:09/1990

When the Data Management Officer returns the DHS/SAV-2, indicating the necessity for Secondary Verification, the agency representative initiates the Secondary Verification procedures.

The worker completes a Document Verification Request (Form G-845) for each applicant or recipient. If a family unit is applying or being recertified, each member will require a separate Form G- 845. It is essential that the form contain enough information to identify the alien, including:

* Alien Registration or I-94 Number: Enter the A-Number as the letter "A" followed by the correct seven or eight

digits, or include the Admission Number, if found on the I-94.

* Applicant's Name: Enter the last, first, and middle name of the applicant/recipient. If the documentation indicates more than one variation of the name, enter all versions. In the case of a recent marriage, the alien may not yet have furnished the new name to INS. In such cases, record both the maiden and married names.

* Nationality: Enter the foreign nation or country to which the applicant/recipient owes legal allegiance. This is normally, but not always, the country of birth.

* Date of Birth: Enter the birth date using the MM/DD/YY format. If the complete date of birth is not known, enter the available information.

  NOTE: Some cultures record dates as day, month and year using format DD/MM/YY, for example, 010457 is April 1, 1957. Some aliens continue to provide dates in this fashion. For INS purposes, be sure to transpose the numbers and use the MM/DD/YY format.

* Social Security Number: Enter the alien's nine-digit Social Security Number, if known. Copy the number directly from the alien's Social Security card whenever possible.

* Verification Number: Enter the Verification Number assigned by the ASVI query, if available.

* Photocopy of Document Attached/Other Information Attached: Indicate that INS documentation is attached by checking the top box. Use the bottom box if other information is included in support or in lieu of INS documents.

* Benefit/Case Number: Mark the blocks showing the program(s) for which the alien is applying or being recertified.
* The agency representative includes her/his name, title, telephone number, and the current date. The name and address of the agency must be typed or stamped in the block labeled "From."

Upon completion of the Form(s) G-845, make one copy of the form(s) and retain in the case record.

A photocopy of all applicable printed pages of each piece of original immigration documentation must be attached to the original G-845 form(s). In addition, the attachments should include copies of:

* Identification bearing a photograph of the applicant/recipient, whenever possible; and

* Any other pertinent documents submitted by the alien, such as a marriage record or court order.

0104.60.30 INS G-845 Documentation Verification Request

REV:09/1989

Copies of all necessary documentation are stapled to the Form(s) G-845 with a single staple in the upper left-hand corner.

Enter in the "To" address area:

INS
U.S. Post Office and Federal Building, Room 203
Exchange Terrace
Providence, RI 02901

The form and documents should then be folded and placed in a window envelope so that the block labelled "To" appears in the address area.

More than one Form G-845 may be mailed in a single envelope.

However, the INS discourages bulk mailing of the forms.

The Documentation Verification Request, Form G-845, is a self- reply form. Upon receipt of the G-845, the INS Immigration Status Verifier will:

* Research the alien's records in the INS files;

* Complete the response portion of the form(s) by checking all appropriate statements on the lower half and the back of the form(s) to indicate the applicant's/recipient's immigration status and work eligibility; and

* Return both the form(s), the attached photocopies and the INS form entitled, U.S. department of Justice Immigration and Naturalization Service, to the agency representative within fifteen working days of receipt.

The agency representative should take special action when one of the following INS responses are checked:

* Response # 4. This document appears valid and relates to an alien who has an application pending for: This response will be checked when an alien is pending a new immigration status or change of immigration status. Note that legalization (amnesty) and SAW applicants do not acquire a legally defined immigration status until they are granted temporary lawful resident status. For special considerations regarding benefit eligibility, see Section 0104.25 and 0104.25.05.

* Response # 9. This document appears valid and relates to an alien who is a non-immigrant: This response will be checked to indicate an alien who is temporarily in the U.S. for a specific purpose. This category includes students, visitors, and foreign government officials. For information regarding benefit eligibility for such an alien, see Section 0104.10.

* Response # 10. This document appears valid and relates to an alien not authorized employment in the U.S.: If found eligible for assistance, special consideration must be provided to those individuals who would be mandatory participants in job training or placement programs.

* Response # 11. Continue to process as legal alien. INS is searching indices for further information: This item will be checked if INS is withholding documentation pending further investigation. This statement does not imply that the applicant/recipient is an illegal alien or the holder of fraudulent documentation. Benefits should not be denied based on this statement. If the alien is otherwise eligible, s/he should continue to receive benefits until INS sends a final notification regarding the alien's immigration status.

* Response # 12. This document is not valid because it appears to be: This response is checked when a document has expired or when an item appears to be counterfeit or altered. The ISV will use the back of the form to elaborate on this entry. When the entries for counterfeit or altered documents are checked, the agency representative follows the DHS regulations outlined in Section 0112, Failure to Report Resources - Fraud.

* Responses # 13, 14, 15 and 16 require that the agency representative resubmit the G-845 for specific reasons.

If after secondary verification, INS form entitled, U.S.

Department of Justice Immigration and Naturalization Service is received in a District Office, the appropriate agency representative should complete the bottom portion of the form which requests specific information about benefit eligibility and payment amounts for a particular applicant or recipient.

However, it should not be mailed to INS. Instead, the form is sent to the Office of Refugee Resettlement, where the benefit information will be tabulated. Only the data collected, without any identifying information about the applicant or recipient, will be transmitted to INS. This will insure confidentiality of information for the applicant or recipient and will provide INS with the information needed for the SAVE program.

If there is a delay beyond fifteen working days in the return of the G-845, the agency representative:

* Apprises his/her supervisor of the delay by sending an AP-48 with the record copy of the unreturned G- 845 attached. The AP-48 should note the date the original G-845 was sent to the INS.

* Contacts INS to determine the cause of the delay:

* Cooperates with the INS to correct the problem causing the delay.

0104.65 COMPLAINTS AND HEARINGS

REV:02/1989

The Department of Human Services (DHS) provides a method for receiving complaints, appeals and/or requests for a hearing from an alien applicant/recipient whose benefits have been delayed, denied, reduced or terminated in the same manner as is available to any other applicant/recipient. (See Section 0110.)

If the fair hearing request is a result of a denial due to immigration status, the INS provides the appropriate immigration technical consultation and witness support necessary to DHS during the fair hearing process on a pre-arranged and approved basis. INS should be consulted well in advance of the scheduled hearing to resolve any problems, such as data discrepancies or misunderstandings, that might have led to the denial. Such arrangements must be made through the ORR Data Management Officer.

0104.70 DISCLOSURE OF INFORMATION

REV:02/1989

Department of Human Services The law provides that the use of information concerning an applicant/recipient can be used only for the administration of the Department's programs. If it is determined that an applicant/recipient is an illegal alien, this information shall not be disclosed to the INS.

Immigration and Naturalization Service

Information obtained from both primary and secondary verification of alien applicants/recipients shall not be used by INS for administrative, noncriminal immigration enforcement purposes.

The INS will use the information provided by the user agencies only to the extent necessary to verify the immigration status of the individual.

The SAVE program has been implemented in a manner that provides for verification of immigration status without regard to the sex, color, race, religion, or national origin of the individual involved.

0104.75 NAMES - HISPANIC AND ASIAN

REV:02/1989

Hispanic Names

The following instructions should be used when interpreting and recording Spanish language names. They are the guidelines used by INS to file and record most Hispanic names. Note that the instructions do not apply to names from other Latin-based languages, such as, Portuguese, French, Italian, or Rumanian.

First Names

Many Spanish first names consist of more than one word, for example, Maria de los Angeles, Maria de la Luz and Marie del Carmen. When written with a prepositional phrase, as in the examples above, the name should be treated as one first name. If the name is not recorded with a prepositional phrase, for example, Maria Luz and Marie Carmen, it should be considered first and middle names.

In recording Spanish names, nicknames should not be used. Many Spanish first names have equivalent nicknames, which are commonly used as first names, for example, Pancho for Francisco or Pepe for Jose. Make sure that the name given and recorded for an applicant or recipient is the name which actually appears on the verifying documentation.

Surnames

Spanish and Latin American persons customarily use the surnames of both parents. This double surname is derived from the first surname of the father and the first surname of the mother.

Neither name is considered a middle name. The surname of the father precedes that of the mother.

The two surnames may be connected by the word "y" which means "and." For example, Juan Gomez y Conde has Juan as a first name, Gomez as the surname of the father, and Conde as the surname of the mother. Some persons may hyphenate the two surnames, such as, Juan Gomez y Conde. For INS and DHS recording purposes, all double last names are listed, with the father's surname followed by the mother's surname. Juan y Conde is recorded as Juan Gomez Conde. In the LAST NAME sections of the INS Form G-845 and the DHS/SAV-2, enter the above name as Gomez Conde.

The preposition "de" with the articles "el," "la," "los," or "las," appear in many surnames, for example, the signature of an applicant/recipient may be written as Jose de la Torre Munoz.

However, the INS ASVI indexing system ignores prepositions that precede the first surname. Therefore, in the LAST NAME sections of the INS Form G-845 and the DHS/SAV-2, enter the above name as Torre Munoz, and record the FIRST NAME as Jose de la.

The possibility of error when verifying a particular case will diminish if consistency in the INS and the DHS filing systems is maintained. A problematic discrepancy could occur should it become necessary to retrieve case information. For example, if the above rule is not followed, the case name may be filed with the "D"s as, de la Torre Munoz, rather than with the "T"s for Torre Munoz.

Married Name For Women

When a Hispanic woman marries, she commonly drops the surname of her mother and adds the first surname of her husband, preceded by the preposition "de." This indicates she is the "wife of" that man. Maria Gomez Garcia, when married to Juan Martinez Ramirez, would become Maria Gomez de Martinez. Her name will be recorded in the INS ASVI indexing system as Gomez de Martinez, Maria.

Asian Names

In Asian cultures, the surname usually is written before the given name. Hence, many new immigrants provide first and last name in reverse order, and the names are transposed in INS files.

0106 RESIDENCE

0106.05 STATE RESIDENCY REQUIREMENT

REV:03/1981

The financial and Social Services Programs of the Department of Human Services exist primarily to meet the needs of residents of the state. Therefore, as a factor of eligibility, an individual who is applying or reapplying for benefits or services from Rhode Island must be a resident of the state. Any person living in the state voluntarily with the intent of making the state his/her home, for whatever reason, is a resident of the state.

0106.05.05 State of Residence Defined

REV:10/2006

0106.05.05 State of Residence Defined REV: 08/2006

The federal regulations further define State of Residence for certain federal/state programs:

SSI For an individual eligible for SSI and receiving a State Supplementary Payment (SSP), the State of Residence is the state paying the SSP. (In some instances, a person may have sufficient income to receive only the State supplement.)

FIP or MA Families For families applying for FIP or MA on the basis of FIP characteristics, a resident of the state is a person:

* who is living in the state voluntarily with the intention of making his/her home there, and not for a temporary purpose. A child is a resident of the state in which s/he is living other than on a temporary basis. (Residence may not depend on the reason for which the individual entered the state except insofar as it may bear upon whether the individual is there voluntarily or for a temporary purpose.); or

* who, at the time of application, is living in the state, is not receiving assistance from another state, and entered the state with a job commitment or seeking employment in the state (whether or not currently employed). Under this definition, the child is a resident of the state in which the caretaker relative is a resident.

MA Individual over Age 21 For an individual over age 2l applying for MA, not living in an institution, the State of Residence is the state where the individual is:

* Living voluntarily with the intention to remain permanently or for an indefinite period (or if incapable of stating intent, where s/he is living); or

* living voluntarily, is not receiving assistance from another state, and which s/he entered with a job commitment or seeking employment (whether or not currently employed).

MA Individual Under Age 21 For an individual under 2l applying for MA, not living in an institution, the State of Residence is the state in which the caretaker relative is a resident unless Medicaid eligibility is based on blindness or disability, then the State of Residence is the state in which s/he is living.

MA Individual Living in an Institution For MA individuals, living in institutions applying for MA (Public, Medical or Group Care Facilities), the State of Residence is as follows:

* If a state places an individual in an institution in another state, the state making the placement is the State of Residence, irrespective of the individual's indicated intent or ability to indicate intent; otherwise

* If over 21, the State of Residence is the state where the individual is living with the intention to remain there permanently or for an indefinite period; however

* If the individual is under 21 (or is age 21 or older and became incapable of indicating intent before age 21), the State of Residence is:

  - that in which his/her parent(s) or legal guardian, if one had been appointed, resides; or

  - that of the parent applying on the individual's behalf if the parents reside in separate states and no legal guardian has been appointed.

* If the individual became incapable of indicating intent at, or after age 21, the State of Residence is the state in which the individual was living when s/he became incapable of indicating intent. If this cannot be determined, the State of Residence is the state in which the individual was living when s/he was first determined to be incapable of declaring intent.

In any case, the state in which the institution is located is the State of Residence unless that state determines that the individual is a resident of another state according to the above rules.

If, on the effective date of this policy, the state is providing Medicaid to an institutionalized recipient who, as a result of this section, would be considered a resident of a different state, the state must continue to provide Medicaid to that recipient for two (2) years unless it makes arrangements with the other State of Residence to provide Medicaid at an earlier date.

Those arrangements must not include provisions prohibited in 0103.15 below.

0106.05.10 Indicating Intent to Reside

REV:06/1980

For the purpose of determination of residence, the individual is determined incapable of indicating intent if:

* his/her I.Q. is 49 or less, or he has a mental age of seven (7) or less based on tests acceptable to the mental retardation agency in the state; or,

* s/he is judged legally incompetent; or,

* medical documentation, or other documentation acceptable to the state, supports a finding that s/he is incapable of indicating intent.

0106.10 DENIAL OF ELIGIBILITY ON BASIS OF RESIDENCE

REV:06/1980

Eligibility on the Basis of Residence may not be denied because:

* a person has not lived in the state for a specified period of time;

* an individual in an institution, who satisfies the rules set forth in 0106.05 through 0106.05.10, did not establish residence in the state before entering the institution;

* a person is temporarily absent from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there.

Residence is retained until abandoned. Temporary absence from the state, with subsequent returns to the state, or intent to return when the purposes of the absence have been accomplished, does not interrupt the continuity of residence.

0106.15 ABSENCE OF A MONEY PAYMENT RECIPIENT

REV:06/1980

A money payment recipient who leaves Rhode Island with the intent to reside in another state is considered to have abandoned residence and is not eligible to continue to receive assistance from Rhode Island. She/He is advised of his/her right to apply for assistance in the state to which s/he is moving. Assistance is not continued beyond the final check of the month in which s/he leaves.

A recipient receiving a money payment who leaves Rhode Island and who has intent to return and maintains his/her residence here, is notified by direct contact and by use of the AP-6 that assistance will be discontinued for the next effective payroll change, unless s/he has notified us that s/he has returned to the state prior to that discontinuance. Any interim checks (pending the next effective payroll change) may be forwarded unless the person notifies the agency that s/he has been accepted in another state. However, any check beyond the next effective payroll change cannot be forwarded.

In the determination of need of the recipient leaving the state, exploration is made of the possible existence of a potential resource by an accounting of the way in which travel expenses are to be or have been paid.

0106.20 INTERSTATE AGREEMENTS ON RESIDENCY

REV:06/1980

There may be written agreements between states setting rules and procedures for resolving cases of disputed residence. However, there can be no criteria which would result in the loss of residence in both states and a procedure to provide Medicaid pending resolution of the dispute must be included.

0106.25 NON-RESIDENT APPLICANTS

REV:06/1980

Any person found ineligible on the basis of residence, according to the above policy, should be helped to file an application in his/her State of Residence.

0108 EQUAL ACCESS TO JUSTICE

0108.05 PURPOSE SCOPE AND AUTHORITY

REV:09/1994

The purpose of 42-92-1 of the General Laws of Rhode Island, 1993, is to provide equal access to justice for small businesses and individuals.

The rules and regulations of this law govern the application and award of reasonable litigation expenses to qualified parties in adjudicatory proceedings conducted by the Department of Human Services (DHS).

The rules and regulations herein contained are promulgated pursuant to Chapters 35 and 92 of Title 42 of the Rhode Island General Laws. They are applicable to all agencies currently administered under the auspices of the DHS.

It is hereby declared to be the official policy of the DHS that individuals and small businesses should be encouraged to contest unjust administrative actions in order to further the public interest, and toward that end, such parties should be entitled to state reimbursement of reasonable litigation expenses when they prevail in contesting an agency action which is, in fact, without substantial justification.

0108.10 DEFINITIONS

REV:03/1988

Adjudicative Officer means the presiding officer or deciding official of any adversary adjudicatory proceeding of the DHS, without regard to whether the official is designated as an administrative law judge, hearing officer, examiner, or otherwise.

Adversary Adjudicatory Proceeding means any proceeding conducted by or on behalf of the DHS, whether administratively or quasi- judicially, which may result in the loss of benefits, the imposition of a fine, the suspension or revocation of a license or permit, or which may result in the compulsion or restrictions of the activities of a party.

Agency means the DHS, including any board, commission, or officer of the department.

Party means any individual whose net worth is less than two hundred and fifty thousand dollars ($250,000) at the time the adversary adjudicatory proceeding was first initiated; and any individual, partnership, corporation, association, or

private organization doing business and located in the state, which is independently owned and operated, not dominant in its field, and which employs one hundred (100) or fewer persons at the time the adversary adjudicatory proceeding was initiated.

Reasonable Litigation Expenses means those expenses which were reasonably incurred by a party in adversary adjudicatory proceedings, including but not limited to, attorney's fees, witness fees of all necessary witnesses, and other such costs and expenses as were reasonably incurred. Exceptions:

- The award of attorney's fees may not exceed seventy five dollars ($75) per hour.

- No expert witness may be compensated at a rate in excess of the highest rate or compensation for experts paid by this state.

Substantial Justification means that the initial position of the agency, as well as the agency's position in the proceeding, has a reasonable basis in law and fact.

0108.15 APPLICATION/AWARDS OF LITIGATION EXPENSES

REV:09/1994

All claims for an award of reasonable litigation expenses shall be made on an application form to be supplied by the agency and shall be filed with the hearing office within thirty (30) days of the date of the conclusion of the adjudicatory proceeding which gives rise to the right to recover such an award. The proceeding shall be deemed to be concluded when the agency or adjudicative officer renders a ruling or decision.

The adjudicative officer may, at his or her discretion, permit a party to file a claim out of time upon a showing of proof and finding by such administrative officer that good and sufficient cause exists for allowing a claim to be so filed.

All claims are filed on Form 121-D which is obtained from the hearing office. All claims must be postmarked or delivered to the hearing office no later than thirty (30) days from the date of the conclusion of the adjudicatory proceeding. These claims must contain:

- A summary of the legal and factual basis for filing the claim;

- A list of witnesses, if any, that the claimant expects to be called to substantiate the claim if a separate hearing on said claim is conducted by the agency;

- A detailed breakdown of the reasonable litigation expenses incurred by the party in the adjudicatory proceedings, including copies of invoices, bills, affidavits, or other documents, all of which may be supplemented or modified at any time prior to the issuance of a final decision on the claim by the adjudicative officer;

- A notarized statement swearing to the accuracy and truthfulness of the statements and information

contained in the claim, and/or filed in support thereof. In this statement the claimant must also certify that legal fee time amounts were contemporaneously kept and that attempts were made to minimize the time spent.

0108.15.05 Allowance of Awards

REV:03/1988

Whenever a party which has provided the agency with timely notice of the intention to seek an award of litigation expenses as provided in these rules, prevails in contesting an agency action, and the adjudicative officer finds that the agency was not substantially justified in: (1) the actions leading to the proceeding; and (2) in the proceeding itself, an award shall be made of reasonable litigation expenses actually incurred.

The decision of the adjudicative officer to make an award shall be made a part of the record, shall include written findings and conclusions with respect to the award, and shall be sent to the claimant, unless the same is represented by an attorney, in which case the decision shall be sent to the attorney of record.

0108.15.10 Disallowance of Awards

REV:09/1994

No award of fees or expenses may be made if the adjudicative officer finds that the agency was substantially justified in the actions leading to the proceeding and in the proceeding itself.

There should be disallowance of fees or expenses if the party is not actually the prevailing party, i.e., the party may be successful on one or two points but not the major issue.

The adjudicative officer may, at his/her discretion, deny fees or expenses if special circumstances make an award unjust.

The adjudicative officer may deny, in whole or in part, any application for award of fees and expenses where justice so requires or which is considered to be excessive.

Whenever substantially justified, the adjudicative officer may recalculate the amount to be awarded to the prevailing party, without regard to the amount claimed to be due on the application, for an award.

Notice of the decision disallowing an application for an award of fees and expenses shall be sent to the party by the agency via regular mail provided however, that if the party is represented by an attorney, said notice shall be sent by regular mail to the attorney of record.

0108.20 APPEALS AND SEVERABILITY

REV:03/1988

Any party aggrieved by the decision to award reasonable litigation expenses may bring an appeal to the Superior Court in the manner provided by the Administrative Procedures Act, Rhode Island General Laws, Section 42-35-1, et. seq.

If any provision of these rules and regulations, or the application thereof, to any person or circumstances are held invalid, such invalidity shall not affect the provisions of application of the rules and regulations which can be given effect, and to this end the provisions of these rules and regulations are declared to be severable.

0110 COMPLAINTS AND HEARINGS

0110.05 DHS ADMINISTRATIVE AUTHORIZATION

REV:10/2006

The Department of Human Services (DHS), through federal/state programs established by the Social Security Act of 1935, as amended, the Rehabilitation Act of 1973, as amended, and through state/local programs established by Title 40, of the General Laws of Rhode Island, as amended, is the Department in the Rhode Island State Government authorized by law and designation to administer on a statewide basis, the following public financial, medical, vocational and social services programs:

Family Independence Program (FIP); Food Stamp Program; Supplemental Security Income (SSI) Program; Medical Assistance (MA); RIte Care; Office of Child Support Services; Pathways to Independence Program; General Public Assistance (GPA) Program; Social Services Program; Office of Rehabilitation Services' Vocational Rehabilitation (VR)Program and Services for the Blind and Visually Impaired (SBVI) Program; and Veterans' Affairs (VA) Program.

Specific policies and procedures are set forth under the law to provide equitable treatment for all applicants and recipients.

0110.10 EXPRESSIONS OF DISSATISFACTION

REV:08/1987

Expressions of dissatisfaction may arise in the administration of DHS programs for a variety of reasons. The agency provides a method for receiving:

* Complaints from certain applicants/recipients or their designated representatives questioning the application of policy with respect to such applicants/recipients; (See 0110.20)

* Appeals by an applicant/recipient or his/her designated representatives concerning:

  - A particular decision or delay in a decision rendered by an agency representative;

  - The manner in which agency services have been delivered; and/or,

  - Some aspect of the financial, medical, social services, or food stamp programs. (See 0110.25)

* Requests for a hearing by an individual claimant or a group, relating to more general issues of agency policy and/or the adequacy of agency standards. (See 0110.65)

The agency has interpreters available for individuals needing such services. (See Section 0124)

0110.15 DEFINITION OF A COMPLAINT

REV:03/2007

A complaint is any oral or written expression of dissatisfaction made to staff workers either in the field or office; to Central Office personnel; or Department officials by an applicant/recipient or his/her authorized representative questioning the administration of agency policies and programs with respect to the treatment and/or eligibility of said claimant to receive an assistance payment, medical assistance, social services, Child Support Services or food stamps.

0110.15.05 The Complaint Process

REV:03/2007

Complaints received from an applicant/recipient or his/her designated representative, either in the field or at Central Office, are referred to the appropriate supervisor for follow-up.

If the complaint involves a question of eligibility or need:

* The complaint is referred to the appropriate agency representative;

* The agency representative has the responsibility to contact the individual to discuss with him/her the details of the complaint.

If the complaint relates to social services:

* The complaint is referred by the service supervisor to the appropriate social worker;

* The social worker then contacts the individual in order to discuss the complaint.

When the issue cannot be resolved by the agency representative, the claimant is informed of his/her right to:

* Discuss the issue with the assigned supervisor;
* Have an adjustment conference;
* Request a hearing.

If the complaint relates to Child Support:

* The complain is referred by the supervisor to the appropriate child support agent.

* The child support agent then contacts the individual to discuss the complaint.

If further information/documentation is required concerning the situation from alternate sources, the claimant may obtain the necessary information or may request the agency representative to obtain this information.

0110.20 DEFINITION OF AN APPEAL

REV:03/2007

A written request by a claimant (or his/her authorized representative) stating that s/he wants an opportunity to present his/her case to higher authority may be considered an appeal. The appeal must be filed within:

- Ten (10) days from the date of the notice of action if it pertains to General Public Assistance;
- Ninety (90) days when it concerns Food Stamps;
- Forty-five (45) days when it involves issues pertaining to the Office of Rehabilitation Services; and
- Thirty (30) days from the date of any child support service.
- Thirty (30) days from the date of the notice when it involves any other DHS program.

0110.20.05 The Appeal Process

REV:03/2007

The intent of the appeal process is to protect a needy individual's right to assistance, social services, child support services and food stamps.

An appeal generally can be resolved through a discussion with the staff member who made the decision. If a claimant determines it is necessary to go beyond that staff member to be assured that s/he is receiving equitable treatment, s/he must be informed of the following alternative agency provisions for hearing his/her complaint:

* A discussion of the disputed issue(s) can be arranged for the individual with the appropriate agency representative and his/her supervisor in the district or regional office; or,

* If the individual prefers, instead of the supervisory conference, or following it, an 'Adjustment Conference' can be arranged with the regional manager. This is an informal hearing in which an individual has an opportunity to state his/her dissatisfaction with agency action. The agency representative presents the facts upon which action was based. The regional manager determines whether or not the staff decision was made in accordance with agency policy; or,

* Since the individual has a right to request and receive a hearing unconditionally, s/he can proceed directly to a full hearing review of his/her complaint.

0110.25 LEGAL BASIS FOR APPEALS AND/OR HEARINGS

REV:03/2007

Procedures are available for applicants and/or recipients who are aggrieved because of an agency decision or delay in making such a decision. Entitlements to appeals, reasonable notice and opportunity for a fair hearing, are provided by:

* Title 40 of the General Laws of Rhode Island, as amended;

* Family Independenc Program (FIP, as authorized under Title IV-A of the Social Security Act;

* Medical Assistance (MA) Program, as authorized under Title XIX of the Social Security Act;

* Supplemental Security Income (SSI) Program, as authorized under Title XVI of the Social Security Act;

* Social Services Program, as authorized under Title XX of the Social Security Act;

* The Vocational Rehabilitation Act of 1972, as amended; and

* The Food Stamp Act of 1977, as amended.

* Title 15 of the R.I. General Laws

0110.30 DEFINITION OF A HEARING

REV:08/1987

A hearing is an opportunity provided by the agency for responding to an appeal. It is an instrument by which a dissatisfied individual may assert his/her right to financial assistance, medical assistance, social services, and/or food stamps; and, to secure in an administrative proceeding before an impartial appeals officer, equity of treatment under state law and policy and the agency's standards and procedures.

An opportunity for a hearing is granted to an applicant/recipient or his/her designated representative, when:

* His/Her claim for assistance or social services is denied,

* Is not acted upon with reasonable promptness, or

* S/He is aggrieved by any other agency action resulting in suspension, reduction, discontinuance, or termination of assistance or social services.

A hearing need not be granted:

* If a change in benefits is due to an automatic payment adjustment required by either state or federal law for classes of recipients;

* Unless the reason for an individual appeal is a challenge of

the correctness of the computation of his/her assistance payment.

0110.30.05 The Right to Request a Hearing

REV:03/2007

Assistance, social services, child support services and food stamp application forms include a statement regarding the right to request a hearing.

The opportunity for a hearing is not an actuality unless the individual is fully aware of its availability. At the time of application, and at the time of any action affecting his/her claim for assistance or social services, the individual is informed, in writing, of:

* His/Her right to request and receive a hearing;

* The method of obtaining it; and

* His/Her right to be represented by others or to represent himself/herself.

A hearing request remains valid until:

* The claimant voluntarily withdraws it and such withdrawal is confirmed by the appeals officer in writing;

  (For Food Stamp Program benefit hearing requests, upon receipt of an oral request to withdraw a hearing, the appeals officer must send written notice within ten (10) days confirming such withdrawal and providing the household with an opportunity to request or reinstate the hearing within ten (10) days of the confirmation notice.) or
* The claimant or his/her representative fails to appear at a scheduled hearing, without good cause (abandonment); or
* A hearing has been held and a decision made.

0110.30.10 Method of Processing Hearing Requests

REV:03/2007

The hearing process begins when a written request is received in the regional or district office, child support office or the hearing office at Central Office. When a request is received, it is referred to the appropriate agency representative. The following requirements must be met:

* The decision at issue must be reviewed with the individual to help him/her understand the provisions in state law and/or agency policy on which the decision was based.

* The individual must be informed of the total complaint procedure including adjustment opportunities available with the appropriate supervisor.

* If the individual decides to continue the appeal, the

hearing process must be reviewed with him/her to help the individual understand what s/he might expect and what is to be expected of him/her.

0110.30.15 The DHS-121 Request for Hearing

REV:03/2007

The individual is requested to submit his/her appeal to the appropriate office on a DHS-l2l (Request for Hearing) or DHS-121F (Request for hearing-Child Support) and is provided such assistance as is needed in completing this form.

When the individual sends the DHS-l2l or DHS-121F directly to Central Office, a copy of the form is sent to the appropriate office for completion of Sec. III. The DHS-12l or DHS-121F must be returned to the hearing office at Central Office within seven (7) days. If the district office determines during the period that the individual does not wish to proceed with the hearing, the hearing office must be notified. The individual is requested to put his/her decision in writing to the hearing office.

When an individual who has submitted a written request for a hearing does not submit a DHS-l2l or DHS-121F within a seven (7) day period, the agency representative must complete the DHS-l2l or DHS-121F with the exception of Sec. II, staple the written request to the form and submit it to the appeals officer.

Section III of the DHS-121 of DHS-121F is prepared by the agency representative and transmitted to the hearing office at Central Office, setting forth clearly and concisely the policy on which the decision at issue was based.

0110.30.20 The Hearing Request/Advance Notice Period

REV:03/2007

If a written request for a fair hearing is made within the 10 day advance notice period, the agency assists the individual in deciding whether to continue to receive the current amount of FIP, Medical Assistance, and/or food stamps until a hearing decision is made. Only at the client's specific request will the agency representative discontinue such assistance and/or food stamps.

Unless the recipient requests the discontinuance of his/her assistance, such assistance will be continued until a hearing decision is rendered, unless:

* a determination is made at the hearing that the sole issue is one of state or federal law or policy or change in state or federal law and not one of incorrect computation of the assistance payment; or,

* another change affecting the individual's assistance or services occurs while the hearing decision is pending and the individual fails to request a hearing on the second issue after notice of that change; or,

* the assistance affected by the aggrieved action is Pathways Supportive Services and/or Child Care Services.

For fair hearing requests pertaining to General Public Assistance, a written request for hearing must be made within the 10 day advance notice period and must be accompanied by or include a written request for continuation of GPA to stay the reduction, suspension, or discontinuance until the fair hearing decision is issued. Only at the client's specific written request will the agency representative continue GPA benefits.

If the recipient requests the continuance of his/her GPA, such assistance may be continued, except in the following instances:

* a determination is made at the hearing that the sole issue is one of state law or policy or change in state law and not one of incorrect computation of the assistance payment; or,

* another change affecting the individual's assistance occurs while the hearing decision is pending and the individual fails to request a hearing on the second issue after notice of that change.

The client indicates the request for discontinuance of FIP, MA, and/or FS or continuance of GPA, as appropriate, in either Section II of the DHS-121 or Section I of the INRHODES Request for Hearing together with the recipient's statement of complaint. This section must be signed by the recipient.

When an individual requests a hearing via the DHS-121F to contest an administrative lien, the lien on the bank account, insurance settlement or real property shall remain in full force and effect until the hearing decision is rendered.

When a hearing is requested after the advance notice period, the action is completed and remains in force until the decision is altered or reversed at the hearing, or is changed by another change in circumstances relating to the individual's assistance or services.

0110.30.25 Rights of the Individual

REV:01/1990

The individual is informed of his/her right to be represented by legal counsel and/or such witnesses as s/he may deem necessary to support the appeal. The agency representative assists the individual to obtain legal services, if desired, by helping him/her to arrange an appointment with available community resources such as Rhode Island Legal Services.

If needed, transportation is arranged for the individual.

* The individual is informed that s/he is given opportunity and time to examine documents and records used at the hearing, at a reasonable time before the hearing, and during the hearing.

* The individual is informed of his/her right to: present his/her own case or enlist the aid of an authorized representative; to bring witnesses; to establish pertinent facts and circumstances; to advance arguments without undue interference; and, during the hearing, to question or refute

any testimony or evidence including opportunity to confront and cross-examine adverse witnesses.

* The individual is informed of his/her right to judicial review if dissatisfied with the hearing decision.

0110.35 HEARING OFFICE ACTION

REV:12/1995

When a completed hearing form is received at Central Office, the Appeals Office schedules the date, time, and place of the hearing. A hearing is generally held at the regional or district office, or in an individual's home when circumstances require.

Official notice of the hearing is sent to all parties involved at least five days (ten (10) days for food stamp hearings/issues.

See Section 1032.25.20.) before the scheduled hearing date.

* The individual is notified by use of a DHS-l2lB Hearing Appointment form with an attached copy of the completed DHS-l2l. Also enclosed is a form entitled Information about Hearings for Applicants and Recipients of Financial Assistance, Food Stamps, Medical Assistance and Social Services (DHS-l2lA), which explains the purpose of the hearing and the basic procedures followed in conducting it.

  If an individual chooses to have legal representation at the hearing, e.g., be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Appeals Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. (See DHS Manual Section 0102 regarding confidentiality of information.) The Entry of Appearance is also needed for the Appeals Office to confirm the representation for purposes of follow-up, review, requests for continuances, etc.

* The agency representative whose decision is being appealed receives a copy of the DHS-l2lB and the completed DHS-l2l.

* All participants must be promptly notified if the demands of the agency and/or the convenience of the individual make a postponement or other adjustment in the date, time, and/or place of a hearing necessary.

0110.40 ABANDONMENT OF THE HEARING REQUEST

REV:11/2003

If an individual wishes to continue the request for a hearing and reschedule, s/he must call the appeals office before the time of the hearing. A food stamp household may request and receive a postponement in accordance with Section 1032.10.05.

A hearing request may be denied or dismissed when it is determined that it has been abandoned. Abandonment may occur when, without good cause, an individual or her/his authorized representative fails to appear at a hearing.

If the individual or authorized representative does not appear and has not notified the appeals office up to the time of the hearing to request a continuance or report that s/he is unable to appear, the appeals officer notifies the individual, in writing, that the hearing request is considered abandoned.

The appeals officer advises the claimant/legal representative to contact the appeals office within ten (10) days if s/he wishes to reschedule the hearing and can demonstrate good cause (as described in Section 0110.40.05) for failing to keep the appointment.

0110.40.05 Good Cause for Failure to Appear at Hearing

REV:11/2003

A hearing is not considered abandoned as long as the individual has either 1) requested a postponement or continuance before the time of the hearing, or 2) notified the appeals office up to the time of the hearing that s/he is unable to keep the appointment and still wishes a hearing.

If the individual or authorized representative does not appear and has not notified the appeals office up to the time of the hearing to request a continuance or report that s/he is unable to appear, the appeals officer notifies the individual, in writing, that the hearing request is considered abandoned.

Staff should assist the claimant in the establishment of good cause, and when necessary, forward determining information to the hearing officer.

Good cause for failure to attend a hearing includes, but is not limited to:

* Sudden and unexpected event (such as loss or breakdown of transportation, illness or injury, or other events beyond the individual's control) which prevents the individual's appearance at the hearing at the designated time and place; or appearance at the wrong office.

* Injury or illness of claimant or household member which reasonably prohibits the individual from attending the hearing.

* Death in family.

If the hearing officer determines that good cause exists, the hearing is rescheduled. The benefit shall be reinstated if it was terminated because of the abandonment.

0110.45 TIME LIMITS IN THE HEARING PROCESS

REV:08/1987

It is the intention of the agency to meet requests for hearings promptly. The hearing process, therefore, is subject to the following time schedule:

* The claimant and all interested parties must be given at least five days notice, in writing, of the date, time, and place of the hearing (DHS-l2lB).

* The entire hearing process, including the reporting of an action required to make the decision effective, must be completed whenever possible within thirty (30) days of the receipt of a request, but in no case is to exceed a maximum of ninety (90) days, unless the individual requests in writing a delay to prepare his/her case.

* In food stamp hearings, final administrative action cannot be any later than sixty (60) days from the date of the hearing request.

0110.50 THE APPEALS OFFICER

REV:08/1987

The hearing is held by an impartial designee of the Director of DHS. No person who has participated in the issue under review is eligible to serve as an appeals officer.

The appeals officer endeavors to bring out all relevant facts bearing on the individual's situation at the time of the questioned agency action or inaction and on agency policies pertinent to the issue. The hearing must not be closed until the appeals officer is satisfied that all facts needed for a decision have been assembled.

0110.55 THE HEARING PROCEDURE

REV:08/1987

The hearing is recorded on tape. Any person who testifies at the hearing will be sworn in by the appeals officer. An orderly procedure will be followed that includes the following:

* A statement by the appeals officer reviewing the agency's purpose relative to the hearing; the reason for the hearing; the hearing procedures; the basis upon which the decision will be made, and the manner in which the individual is informed of the decision.

* A statement by the claimant, or his/her authorized representative outlining his/her understanding of the problem at issue.

* A statement by the agency representative setting forth the agency policies under which action was taken or denied.

* A full and open discussion of all facts and policies at issue by participants under the active leadership of the appeals officer.

The hearing may be adjourned from day to day or to a designated day when either the appeals officer and/or the individual needs time to obtain further information.

0110.55.05 Admissible Information

REV:08/1987

Only information bearing directly on the issue under review and the supporting policy may be introduced from agency records. The appeals officer will not review any information that is not made available to the individual or his/her authorized representative(s).

0110.55.10 Hearing Attendance

REV:08/1987

Attendance at hearings is restricted to individuals directly concerned with the issue(s) and the appeals officer. If, at any time, the appeals officer finds that the number or the conduct of persons in attendance limits or prevents an orderly process to the hearing of the complaint, s/he may adjourn the hearing and reschedule it at a later date and time.

The Director of Human Services may, at his/her discretion, appoint three official auditors to attend all hearings as observers. The auditors should include a recipient, a member of the DHS Advisory Group and a representative of the public at large.

The agency representative who made the decision being appealed must attend the hearing prepared to answer questions pertinent to his/her decision. The appropriate supervisory person who reviewed the decision must support his/her findings. The agency representative has the obligation to secure, if possible, the attendance of all persons believed by the individual to be necessary to support his/her claim.

0110.55.15 Right to Legal Counsel

REV:12/1995

The individual must be informed at all times of his/her right to legal counsel in the preparation and/or presentation of his/her complaint, and the availability of such counsel through Rhode Island Legal Services and other community resources.

If the individual chooses to have legal representation, e.g., be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. (See DHS Manual Section 0102 regarding confidentiality of information.) The Entry of Appearance is also needed for the Appeals Office for purposes of follow-up, review, requests for continuances, etc.

0110.55.20 Medical Assessment

REV:08/1987

When the hearing involves medical issues such as those concerning a diagnosis, an examining physician's report, or a medical review team's decision, a medical assessment from someone other than the person or persons involved in the original decision is obtained, at agency expense, and made part of the hearing record, if the appeals officer considers it necessary.

0110.55.25 The Hearing Record

REV:08/1987

The tape recording, together with all papers and documents introduced, constitute the complete and exclusive record for decision. This record will be available to the individual or his/her representative(s), within a reasonable time.

0110.60 THE HEARING DECISION

REV:08/1987

The full responsibility of the agency in the hearing process is discharged only when a definite decision has been made, in writing, by the appeals officer and the required action, if any, is carried out in the district. No adjournment for further information limits the appeals officer's responsibility to make such a decision.

Any decision in favor of the individual applies retroactively to the date of the incorrect action. All decisions made in the hearing process are binding upon all agency personnel who have responsibility for carrying them out. This in no way, however, limits any new action in a situation which is based upon changed conditions.

0110.60.05 Discharge of the Hearing Responsibility

REV:08/1987

The hearing responsibility cannot be considered discharged until the following steps have been taken:

* A decision based exclusively on evidence and other material introduced at the hearing has been rendered, in writing, in the name of the agency by the person who conducted the hearing.

* Copies of the decision, setting forth the issue, the relevant facts brought out at the hearing, the pertinent provisions in the law and agency policy, and the reasoning which led to the decision, have been sent to the individual, the staff member involved, and the appropriate supervisor; and

* Action required by the decision, if any, has been completed by the agency representative and confirmed in writing to the appeals officer.

* The individual must be notified of the right to judicial review.

0110.65 MEETING COMMUNITY DISSATISFACTION

REV:08/1987

Beyond the complaint and appeal process which pertains to the application of agency policy with respect to a particular individual, or, to a specific decision or delay in a decision in an individual case, the agency provides a method by which individuals and/or groups in the community may express concern and/or dissatisfaction.

When individuals have the same complaint against an agency policy and they file a request for a group hearing, they may be given one. If there is a disagreement between the agency and the individual as to whether the appeal concerns policy or the facts of an individual's situation and thus whether it is to be included in the group hearing, the agency makes the decision.

The appeals officer may limit the discussion to the sole issue under appeal. When an individual's request for a hearing involves issues in addition to the one serving as the basis for the group hearing, his/her appeal must be severed from the group's appeal and handled separately. A person scheduled for a group hearing may withdraw and request an individual hearing.

0110.70 PUBLIC ACCESS TO HEARING DECISIONS

REV:07/2000

The Department's hearing decisions rendered on and after April 1, 1987, are available for examination at the Hearing Office, Louis Pasteur Building, 600 New London Avenue, Cranston, Rhode Island, between the hours of 9:00 A.M. to 11:00 A.M. and l:00 P.M. to 3:00 P.M., Monday through Friday. An index of decisions is available to facilitate this examination.

0110.75 OCSS QUARTERLY NOTICE AND HEARING PROCEDURES

REV:03/2007

The Office of Child Support Services (OCSS) shall provide a quarterly notice (computer generated) to FIP recipients and non- recipients for whom a child support obligation has been established and for whom a child support collection has been made. The quarterly notice shall specify at a minimum the amount of support paid, the date such payment was made, the date such payment was received by DHS or R.I. Family Court, the date and amount of pass-through and/or child support paid to the client, and an explanation of the recipient's rights to a hearing which must be requested within 30 days of the date of the notice. When a pass-through payment is not sent to a recipient in a particular month, the quarterly notice will include an explanation as to why it was not made. A hearing request form is enclosed with the quarterly notice. The following constitute the OCSS hearing procedures:

- The recipient of the quarterly notice will mail the request form to the OCSS Accounting office, 110 Eddy Street, Providence, RI 02903. The form will be date stamped and logged in a central location by the Business office. The Business Agent shall research the records to determine all pass-through payments made for the months the recipient was on FIP (if applicable). In most cases it will not be

necessary to refer the matter to obtain the FIP payroll card because the recent FIP on/off dates are on the IV-A system to which the agents have access. The agent shall refer the hearing request form packet to the legal unit for scheduling of a hearing indicating in their log the date the matter was so referred.

- Clerical staff will date stamp the packet, log the case in a central log and schedule the matter for hearing. A notice shall be mailed to the client advising him/her of the hearing date. Notice of scheduled hearings shall be given to the business office on a weekly schedule.

- The hearing will be conducted in the same manner as the income tax intercept hearings. The business officer or other OCSS representative will be present and will be available to answer the client's relevant questions relating to the information provided to the client in the quarterly notice. The client will then have an opportunity to present why s/he believes s/he should have received a child support payment and/or pass-through in a given month. The business officer or other OCSS representative will then be given an opportunity to respond by presenting testimony and/or evidence with respect to the child support and/or pass-through payments and periods contested by the client.

- The hearing officer may, in his or her discretion, grant a continuance to any party for good cause, including, but not limited to, a party's reasonable request to obtain, review, and present additional relevant evidence. The client will be advised s/he will receive a written decision by mail within 30 days next following the close of the hearing.

- A decision letter will be prepared by the hearing officer. The original will be sent to the client, with copies to his/her representative, masterfile, hearing file, and business office.

- Any person who has exhausted all available administrative remedies and who is aggrieved by a final order of the agency is entitled to judicial review pursuant to Section 42-35-15 of the R.I. General Laws. If a client appeals the decision of the hearing officer to the Superior Court, the hearing officer will be responsible to obtain a transcript of the hearing, assemble the evidence (Exhibits) and forward the material to the Deputy Chief Legal Counsel, OCSS.

0112 FAILURE TO REPORT INCOME / RESOURCES

0112.05 PROVISION AND INTERPRETATION OF LAW

REV:10/2006

This section lists the General Laws of Rhode Island that relate to Welfare Fraud and which provide the legal basis for the following policy. It should be noted that the laws change from year to year and the interpretation and enforcement of such laws are the obligation of the prosecution.

Such laws include but are not limited to:

(40-6-20) of the General Laws of Rhode Island, as amended;

(40-6-15) of the General Laws of Rhode Island, as amended;

(40-6-16) of the General Laws of Rhode Island, as amended;

(40-6-11) of the General Laws of Rhode Island, as amended;
and/or,

(40-8-10) of the General Laws of Rhode Island, as amended.

(40-8-11 of the General Laws of Rhode Island, as amended'

(40-8.2 et al) of the General Laws of Rhode Island, as amended;
and/or,

(40-8-9) of the General Laws of Rhode Island, as amended.

0112.10 RECEIPT OF FRAUD COMPLAINTS FROM THE PUBLIC

REV:10/2006

0112.10 RECEIPT OF FRAUD COMPLAINTS FROM THE PUBLIC REV:08/2006

When a complaint of possible fraud is received which concerns a recipient of Family Independence Program (FIP) cash assistance, General Public Assistance, Child Care Assistance, Medical Assistance, or an allegation of fraud by a medical provider from anyone in the public sector, the agency representative taking the call or complaint tries to elicit both case-identifying information and the specific details of the case from the informant.

Complaints concerning possible fraud by a medical provider are referred to the Center for Finance and Administration within the Division of Health Care Quality, Financing and Purchasing. The agency representative from the Division of Health Care Quality, Financing and Purchasing sends a memo containing the correct identifying information to:

Medicaid Fraud Control Unit
Office of the Attorney General
150 South Main Street
Providence, RI 02903

The complainant is assured that s/he is not required to identify herself/himself but may remain anonymous. If the person chooses to identify herself/himself, the person is informed that DHS may not be able to keep such information in confidence. The agency representative receiving the information should express the agency's appreciation for the information.

At no time during the telephone or face-to-face conversation does the agency representative make any acknowledgement that s/he recognizes the case name or makes indication that the person is a recipient of any form of assistance.

Confidentiality must be maintained throughout the interview.

0112.10.05 DEPT'S ACTION ON APPL FOR FIP, MA, GPA, CCAP

REV:10/2006

0112.10.05 Department's Action on Applications for FIP, GPA, Medical Assistance and Child Care Assistance Programs (Front-End Detection) REV:08/2006

An agency representative who notes an application that exhibits an indication of questionable eligibility under the any of the indicators listed below must refer the case to the Front-End Detection (FRED) Unit.

The agency representative must inform the applicant that the information in the application is being referred to the FRED Unit for review and verification and that the eligibility will be determined within thirty (30) days. A referral to the FRED Unit must not delay an eligibility determination beyond the thirty (30) day application period. Applicants should also be informed that a referral to the FRED Unit requires a home visit.

Upon visiting the applicant's home, the FRED investigators must identify themselves as DHS representatives and must possess a DHS photo I.D. card that is offered for identification purposes.

When the FRED investigator contacts the applicant, he or she asks permission to be admitted to the home. The FRED investigator is not permitted to enter the home without consent.

FRED investigators are required to treat applicants with respect and courtesy and may be used as a resource by the applicant to obtain additional program information.

In general, agency representatives should be aware of and note discrepancies, inconsistencies, and contradictions in written and verbal statements made by the applicant. For a FIP, Child Care and/or MA case, a referral to the FRED Unit MUST be made when one or more of the specific indicators below are present.

Cases should be referred to the FRED Unit if circumstances not specified in the list of indicators substantiate such referral.

Prior to making a referral to the FRED Unit, an attempt to resolve the conflicting information should be made by the agency representative in consultation with his/her immediate supervisor.

FRED referral indicators for FIP,GPA, MA and Child Care are:

o Fixed expenses (rent, utilities, etc.) exceed income and no reasonable explanation is given;

o Previously unreported changes in the household and/or false statements given;

- o Previously unreported employment/earnings;
- o Applicant unable to show any means of support for the last three (3) months prior to application for assistance;
- o Moved to Rhode Island in the past three (3) months (except for refugees), or applicant's residency in the state is questionable;
- o Assets appear greater than those reported; or
- o Indication that child(ren) is not living with the applicant parent.
- O Employment needs to be verified.
- O Applicant has submitted a letter verifying employment on a future date (as opposed to current wage stubs)
- O Child care information is inconsistent and/or contradictory, and needs to be verified.

EXAMPLE 1:

Miss Brown is a single parent with sole custody of her two children, ages three and four. She indicates on her application that she works from 9 AM to 5 PM, Monday through Friday and is requesting subsidized child care for her three-year old child. Both children are eligible for child care assistance. When asked, Miss Brown is unable to provide the agency with a reasonable explanation regarding the four-year old child's whereabouts during her work hours. The case is referred to the FRED Unit for further investigation.

EXAMPLE 2:

Mr. Smith is a single parent that resides with his two-year old son, and works thirty (30) hours per week. He applies for subsidized child-care assistance for his son during his working hours. He reports on his application that his weekly gross income is $150.00. He also reports that his rental expense is $750.00 per month. He reports no other source of income. Mr. Smith is unable to provide the agency with a reasonable explanation as to how he is able to meet his rental expense, as it exceeds his monthly income. The case is referred to the FRED Unit for further investigation.

The FRED Unit must return its findings to the field office supervisor no later than ten (10) business days from the date the referral was forwarded. In order for the eligibility worker to determine eligibility properly and/or the correct assistance

payment, the FRED Unit must include an explanation of its findings and attach appropriate supporting documentation to the response.

FRED investigators will present their findings at any administrative hearing or court appearance resulting from a denial or termination of assistance which occurred pursuant to a pre-eligibility investigation.

If the FRED Unit does not respond within the ten (10) business days time frame, the eligibility worker determines the applicant's eligibility based on the information contained in the case record, in consultation with his/her supervisor as appropriate.

0112.10.10 Response by District Office Staff

REV:06/1990

If a complaint of alleged fraud is sent to a Regional Manager by the Information and Referral Unit and is then relayed to the correct district office, or the complaint is received directly by district office staff, the following procedural action is initiated.

Verification of Identifying Information

Any identifying information received must be verified through either INRHODES, Master File or the GPA Card File, to ensure that the case is either presently active or was active during the period of the alleged fraudulent occurrence.

Verification of the Allegation

For all programs, unless the information is already known and is being taken into account, the agency representative must contact the recipient within ten (10) days of receipt of the allegation to determine the accuracy of the information.

If the allegation is one of alleged fraud by a provider, the agency representative sends a memo containing the correct identifying information to:

Medicaid Fraud Control Unit
Office of the Attorney General
72 Pine Street
Providence, RI.

If the Recipient DOES NOT DISPUTE the Accuracy of the Information The following CASE ACTION is taken, according to the type of assistance being expended:

For All Programs, if the change in circumstance caused an overpayment, the procedures outlined in Section 0112.20, Failure to Report Resources, are followed.

For AFDC cases

The eligibility technician must first determine continuing case eligibility. If no characteristic exists due to an unreported change in the filing unit, the case

is closed following the procedure outlined in Section 0226.25, Changes in Circumstances. If it is determined that an overpayment has been made due to the change in case status or income, the case is electronically referred to the Collection, Claims and Recoveries Unit (CCRU) by use of the INRHODES System. (See the INRHODES procedures.)

For Food Stamp cases

The eligibility technician must update the Food Stamp file by use of the INRHODES System. If there has been an unreported change in the household composition, the coupon allotment is recalculated after factoring in the additional household member and his/her income. The case is closed if eligibility no longer exists due to excess income or resources. The closing is completed according to the procedure listed in Section 1018.10, Notice of Adverse Action. If it is determined that an overpayment was issued, the case is electronically referred to the Collection, Claims and Recoveries Unit by use of the INRHODES System.

For GPA cases

The GPA caseworker must determine continuing eligibility. If the case is no longer eligible, the case is closed with proper notice, according to Section 0626, Determination of Continuing Eligibility. If the unreported change in circumstance causes an overpayment, an AP-154 is completed by the GPA caseworker or the GPA casework supervisor, and sent to the Fraud Investigation and Prosecution Unit, according to the procedure outlined in Section 0112.20, Failure to Report Resources.

For MA cases

The agency representative must determine if, the lack of characteristic or excess income or resource information, renders the case ineligible. If the case is no longer eligible, proper notice of closing must be given, according to Section 301.5, Determination of Continuing Eligibility. An AP-154 is completed and sent to the Fraud Investigation and Prosecution Unit. That Unit determines if there were any expenditures in the case by the Division of Medical Services while the case was actually ineligible, and if there were, whether the case is suitable for prosecution.

If the Recipient DISPUTES the Validity of the Information

S/He is asked to sign a DHS-25, Authorization to Obtain or to Release Confidential Information. The correct inquiry form, such as, an AP-50B for employment or wage verification, is attached to and mailed with the DHS-25.

If the recipient refuses to sign the DHS-25 or a statement negating the allegations, the case must be referred to the

casework supervisor for review of continuing eligibility. The supervisor may, pursuant to RIGL 40-6-22 and RIGL 40-6-23, request wage information from an employer and/or a financial institution without the consent of the individual.

If the case is subsequently found ineligible due to failure to comply with agency requirements regarding the assignment of rights or cooperation in providing information concerning eligibility, the proper closing notices are sent and the case is referred either to the Fraud Investigation and Prosecution Unit or the Collection Claims and Recovery Unit. The case is closed, according to the correct program procedure.

0112.15 FAILURE TO REPORT INCOME OR RESOURCES

REV:10/2006

0112.15 FAILURE TO REPORT INCOME OR RESOURCES REV:08/2006

The time limits for reporting changes in household composition, income, resources, or other factors is dependent upon the program from which the individual receives assistance. When a recipient fails to report, within the program-specific time limit, that s/he:

Began receiving or had received income;

Received income in an increased amount; and/or

Acquired resources, including any property, stocks, bonds, or other assets;

the case is referred to the Collections, Claims and Recoveries (CCR)/Fraud Unit or to the Office of Child Support Services, depending upon the complaint.

For a GPA or an MA Case Not Receiving Food Stamps

The case is referred to the CCR/Fraud Unit for legal review and determination of alleged fraud.

The GPA or MA referral is made by completing an AP-l54 in duplicate and transmitting it within 10 days, with copies of relevant DHS-2s, and/or any other pertinent documents, including the DHS-25s, (Authorization to Obtain or to Release Confidential Information.) The record(s) is retained in the district office.

For a FIP and/or a Food Stamp Case

The case is referred to the CCR/Fraud Unit. For FIP referral procedures, see Section 0830.10, Recovery of Overpayments. For Food Stamp cases, see Section 1022, which pertains to establishing claims and procedures for referral to the CCR/Fraud Unit.

Referral to the Office of Child Support Services

When an allegation is received that a non-custodial parent is living in the home or paying child support directly to the custodial parent, a referral to the Office of Child Support Services must be made in order for this information to be available for

presentation to the court, as appropriate. See Section 0700 for information regarding Child Support policy.

0112.15.05 Receipt of Duplicate Benefits

REV:10/2006

Issuance of Duplicate AFDC Checks

When an AFDC recipient reports that a check is lost, stolen or missing, and such check is replaced and later returned to the RI General Treasurer's Office as a cashed check, the Treasurers Office notifies the E&SS Business Office who in turns notifies the eligibility technician. If the client maintains that s/he did not cash or receive money from the check, s/he signs the General Treasurer's Forged Check Affidavit in duplicate. Both copies are sent to the E&SS Business Office who forwards them to the General Treasurer's Office for further action.

If the recipient acknowledges having cashed the check or received money from it, the Forged Check Affidavit is not completed. Instead, the eligibility technician must apply the policy set forth in Section 0224 to recover the overpayment. In addition, the case must be referred to the Investigation Unit, regardless of the amount of the overpayment, to determine if criminal prosecution is warranted. If the eligibility technician has initiated recovery, the Investigation Unit must be so informed in the referral.

Issuance of Duplicate GPA Checks

Whenever a check is known or presumed to be destroyed, lost or stolen, it is replaced provided the recipient has reported the loss as detailed in Section 0622.25 and cooperates with the following procedure.

The recipient is required to sign an affidavit (AP-55) which is completed in triplicate and witnessed by the caseworker, certifying that the recipient did not sign and/or cash the check or receive any of the proceeds from it. The recipient further agrees to return the check if found. The caseworker assists the recipient by obtaining from the fiscal clerk the check number and date of issuance, both of which are required on the AP-55. The original and two copies are transmitted to the fiscal clerk, who later forward a copy to the postal or police authorities, as appropriate, in the event the check is returned cashed. The fiscal clerk then issues a replacement check to the recipient.

If the missing check is later found to have been cashed, in other words, returned to the city or town hall as a cashed check, the city/town hall furnishes the caseworker with a photostatic copy of the canceled check. (Generally, two or three months will elapse between the issuance of the check reported lost and receipt of a copy of it by the caseworker.)

If the recipient maintains that s/he did not cash or receive money from the check, s/he signs the affidavit in duplicate so stating, and it is witnessed by the caseworker. The Rhode Island General Treasurer's Forged Check Affidavit may be adapted for this purpose by substituting "city (or town) of _____" for "General Treasurer." Both copies are returned to the fiscal clerk for further action.

If the recipient acknowledges having cashed the check or received money from it, then the Forged Check Affidavit is not completed. Instead, the case must be referred to the Investigation Unit for a determination of the means of recovering the duplicate payment.

Request for Replacement of Food Stamp ATP Cards

Upon receiving a request for replacement of an ATP reported as stolen or destroyed, the agency representative determines, to the maximum extent practical, the legitimacy of the request for replacement of the stolen or destroyed ATP (through such means as determining whether the original ATP has been transacted, and, if so, whether the signature on the original ATP matches that on the request for a replacement).

In cases in which an ATP replacement is requested, but documentation exists to substantiate that the request for replacement is fraudulent, replacement of the ATP is denied or delayed. However, in that event, the household must be informed of its right to a fair hearing to contest the denial or delay of the replacement of the ATP. The denial or delay of the replacement ATP remains in effect pending the hearing decision. The fair hearing may be combined with a fraud hearing. To deny or delay a replacement, the agency must have documentation substantiating fraud, such as a match between the signature on the original ATP that had been transacted and the signature on the replacement request (RIFS-55). Fraud could also be indicated where the issuing agent has noted the participant's correct food stamp identification number (unless the household reports that its ID was stolen) on an original ATP that has been transacted.

See Section 1036.40, When Request for Replacement is Fraudulent.

0112.20 RESPONSIBILITIES OF THE CCR/FRAUD UNIT

REV:10/2006

0112.20 RESPONSIBILITIES OF THE CCR/Fraud Unit REV:08/2006

Upon receipt of an electronic referral of overpayment of benefits, the CCR/Fraud Unit representative determines whether the referral is due to agency error, household error, or alleged fraud. As appropriate, prior to any investigation, the Unit verifies that the benefit was used. The amount of the claim is calculated based on the referral.

If the claim warrants further review and investigation, the case is routed to the Fraud Manager. Upon receipt of the referral and obtaining other evidence, the Fraud Manager assigns the case for investigation.

Upon completion of the investigation, from the facts presented and/or obtained, a decision is made based on the particular program rules whether to reclassify the claim, begin recovery, recommend the case for disqualification, or refer the case for prosecution through the Attorney General's Office.

The CCR/Fraud Unit must initiate recovery regardless of the overpayment amount on active cases. Every effort must be made to recover any overpayment amount in cases of court-determined fraud. The agency must take all reasonable steps necessary to promptly correct any overpayment.

Prompt recovery of overpayment means the agency representative must initiate action by the end of the quarter following the quarter in which the overpayment is first identified to recover the overpayment form an active recipient.

In closed cases, the CCR/Fraud Unit must initiate action to locate a former recipient and/or recover the overpayment from him/her.

Collection action may be postponed on any claims where referral for possible prosecution is being made because collection action will prejudice the case.

0112.25 RESPONSIBILITIES OF THE FRAUD UNIT

REV:06/1990

Receipt of a Complaint or Referral

Upon receipt of a complaint of alleged fraud from someone in the public sector, the Fraud Unit investigator follows the procedure outlined in Section 0112.15, Receipt of Fraud Complaints from the Public. The investigator then contacts the agency representative who manages the case, to determine, if the information received is already known to the agency and the present disposition of the case. For example, an allegation is received that a recipient is working. Upon contacting the agency representative, the investigator finds that this information is already known and the wages are included in the computation of the payment. If the agency representative is unaware of such information, s/he follows the procedure in Section 0112.15.10, Response by District Office Staff.

When the CCRU determines that a net AFDC overpayment of $500 or more was made, the case is referred to the Fraud, Investigation and Prosecution Unit (FIPU). The CCRU is responsible to forward all pertinent information, including the AP-154, from the INRHODES system, to the Fraud, Investigation and Prosecution Unit.

Upon receipt of any referral, whether from the CCRU, or a GPA, MA or AFDC agency representative, the Chief Field Investigator will review all data received and make a determination of the suitability for referral to the Attorney General's Welfare Fraud Unit.

It is the responsibility of the Attorney General's Welfare Fraud Unit to determine if sufficient evidence exists for court referral.

If court referral is not recommended by the Attorney General's Fraud Unit, the case is returned to the Chief Field Investigator who then returns it to either the GPA or

MA agency representative or the CCRU for the institution of recovery proceedings. The AP-l54 is returned to the referring agency representative with the reason for the decision. For AFDC, see Section 0224.20.05, Overpayments Over $500.

When an AFDC case is referred to the CCRU, which is subsequently unable to determine the amount of the overpayment, the case material and all pertinent documents, including the AP-154, are sent to the Fraud, Investigation and Prosecution Unit in order to obtain the information needed to determine the amount of the overpayment.

The Chief Field Investigator is responsible to:

1. Review the material received and determine whether the referral is relevant and accurate;
   If the referral is relevant, the total amount of assistance received, including medical, is determined.
2. Determine whether or not the facts presented warrant one of the following,

   * Plan for prosecution through Superior or District Court, or

     This decision will be made in those cases where the facts indicate that the person may be guilty of fraud. (see 0112.30.05)

   * Accept repayment.

     This decision will be made when criminal action is not indicated.
3. Follow the Food Stamp disqualification policy for all cases where repayment is made.

See Section 0112.20.05 for AFDC and FS repayment procedures through the CCRU and the INRHODES System and Section 0112.25.10, Repayment.

0112.25.05 Prosecution

REV:06/1990

It is the responsibility of the Chief Field Investigator to investigate cases of alleged fraud and where appropriate to present them to the Attorney General's Office for criminal prosecution.

The Special Assistant Attorney General shall determine whether or not sufficient evidence exists for court presentation. If not, s/he shall advise the Chief Field Investigator, in writing, of why prosecution is not appropriate, and what additional evidence is needed.

If it is determined that criminal charges are not appropriate, a decision is made as to whether or not a civil action should be initiated.

When a case is not referred for criminal charges of felony, the Chief Field Investigator advises the recipient of the evidence against him/her and arrives at a solution which may result in:

* A civil action being taken to Court;

* A settlement being reached through a repayment agreement;

* A warning and reprimand being issued, when the age or mental competency of the recipient renders this the only practical solution; or

* A decision that no action be taken and the reasons why.

0112.25.10 Repayment

REV:06/1990

If a decision to repay is made, the Chief Field Investigator and the recipient complete and sign five copies of the AP-68, Repayment Agreement. The copies are distributed as follows:

The original AP-68 is retained in the FIPU case record;

The pink copy is sent to the Collections, Claims and Recoveries Unit;

The green copy is retained by the person;

The blue copy is sent to the correct District Office and retained in the eligibility case record; and,

The yellow copy is retained in the AP-68 book.

When monies are received, the Collection, Claims and Recoveries Unit sends a receipt (AP-68.l) to the person specifying the balance remaining or indicating that the payment is "Paid in Full" when repayment is completed. Copies of the AP-68.l are also sent to the appropriate field office for filing in the case record.

0112.25.15 Reporting Requirements

REV:10/2006

0112.25.15 Reporting Requirements REV:08/2006

The CCR/Fraud Unit keeps a record of all claims for the purpose of review to ensure that the methods used and the decisions made are in conformity with the criteria for such action.

All claim activity is processed through INRHODES. Reports are distributed either monthly or quarterly to the Financial Office and the CCR/Fraud Unit. These reports are used to identify claims paid (paid in full), claims billed (claim that is delinquent and is being billed monthly for payment) and claims denied.

A "denied claim" is a FIP or FS claim has not been established because there is nothing to substantiate the debt, or is an established claim that was later denied as a result of a bankruptcy discharge, a claim established in error, or other claim denial action that would result in the termination of the debt(s).

Claim reconciliation is the process of randomly selecting several claims from the monthly or quarterly claim activity report and verifying the payments in the HIST panel through INRHODES. The Financial Office currently conducts this for accounting and audit purposes for FS and FIP claim accuracy.

0114 QUALITY CONTROL

0114.05 QUALITY CONTROL

REV:10/2006

0114.05 QUALITY CONTROL REV: 08/2006

Through the Social Audit Unit, the Agency uses Quality Control, which is a system for (l) determining the extent to which those receiving assistance are eligible and receive assistance payments in the amount of payment to which they are entitled; and (2) for assuring that rates of ineligibility and improper payment are held at minimum levels. It is carried out in accordance with federally established methods and processes.

The Quality Control system encompasses the Family Independence Program (FIP). In addition, there is a test of practice under Title VI of the Civil Rights Act. A separate Quality Control review is done by the Social Audit Unit for the Food Stamp Program, under methods and processes prescribed by the Department of Agriculture, similar to those for the assistance programs.

The size of the sample is determined from the Quality Control manual furnished by the federal government, and includes separate samples for FIP. One listing is for those receiving assistance and one listing is for those in which assistance was denied or discontinued. Steps for identifying the size of the samples, preparing the lists from which the samples are drawn, and the methods for selection of cases are all defined in the instructions. Clients are made aware of the validation process through a statement on the application forms: the DHS-2, C-l, AP-lA and the RIFS-l.

0114.10 RESPONSIBILITIES OF THE SOCIAL AUDIT UNIT

REV:02/1977

Cases that fall into the sample are requested from the field each month. The Social Audit Unit conducts reviews through analysis of the case records, followed by field investigations. The complete field review includes a home visit and the collateral contacts necessary to verify eligibility and correctness of payments. Field visits are not required for the MA categorically needy, for cases closed because of death or because of leaving the state, or those cases determined to have been rejected correctly based upon the case record analysis.

When errors are found in eligibility or in the amount of payment corrective action by field staff is needed. The Social Audit Unit sends two copies of the Quality Control Corrective Action Form (AP-41) to the district. The district has the responsibility to establish a process to ensure appropriate immediate action on all identified errors. When confirmation of corrective action is required, the district completes and returns one copy of the AP-41 to Social Audit Unit, with the other copy retained in the case record.

In a field review, the social auditor may have to respond to questions from clients on Agency policy or procedures, or may become aware of an apparent need for service of an impending change that will affect the client's circumstances. If the social auditor feels that information on any of the preceding would be helpful to the district, s/he uses the 'Information From Social Audit Unit Form' (AP-42) to convey this to staff.

For the Agency, the Quality Control System has the purpose of holding the incidence of errors below preestablished tolerance limits of errors. This purpose is accomplished by means of three processes: (l) continuous review of statistically reliable, State-wide samples of cases; (2) periodic assembly and analysis of case findings to determine incidence and amounts of errors; and (3) corrective action to bring the level or erroneous cases within the tolerances established, when tolerance levels are found to be exceeded.

0116 AVAILABILITY OF DHS MANUALS

0116.05 PUBLIC ACCESS TO DHS MANUAL

REV:02/1977

The DHS Manual is a public document. In an effort to help clients better understand the DHS Programs, there is a requirement to make available copies of these manuals to interested recipients for reading if they desire.

The Chief Supervisors have the responsibility to make available in each of their offices a manual to any person to review. Each Chief Supervisor should devise a sign informing clients of the availability of the Manual, and place the sign in a conspicuous place.

Staff should allow clients to read the Manual and provide any needed interpretation to assist them in understanding any part of it. It is the responsibility of the Chief Supervisor in each locality to see that the Manual is always up to date.

0116.10 REPRODUCTION OF DHS MANUAL

REV:02/1977

Staff should, upon request, reproduce without charge the specific policy materials necessary for an applicant or recipient or his/her representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. When the request is for reproduction of materials for other purposes, the individual is advised to put his request in writing indicating the purpose to which the material is to be used. The request is forwarded to the Chief Area Supervisor of AP or Senior Supervisor for Services for a decision.

The Agency does make available at a charge related to the cost of reproduction, a current copy of the DHS Manual for access by the public through custodians who (a) request the material for this purpose, (b) are centrally located and publicly accessible to a substantial number of the recipient population they serve and, (3) agree to accept responsibility for filing all amendments and changes forwarded by the agency. The material is also available at the cost of reproduction to other groups and individuals.

When a request is received by a person or a group, the request is referred to the Office of Policy Development at Central Office.

0118 PROTECTIVE SERVICES FOR CHILDREN

0118.05 PROTECTIVE SERVICES

REV:10/2006

0118.05 PROTECTIVE SERVICES REV: 08/2006

The procedures described herein were developed in accordance with applicable Rhode Island State Law and official Department of Human Services (DHS) policy for the provision of protective services to children. Procedures for the following situations are provided:

* Community neglect or abuse complaints received by DHS personnel.

* Potential neglect or abuse situations discovered by DHS personnel.

* Requests from the Department of Children, Youth and Families (DCYF) to DHS for social services to DCYF clients.

0118.05.05 R.I. General Laws on Child Abuse/Neglect

REV:10/2006

0118.05.05 R.I. General Laws on Child Abuse/Neglect REV:08/2006

In accordance with the following provisions of Rhode Island State Law, in the event of actual or suspected cases of child neglect or abuse, DHS personnel are required to determine the following:

RIGL 40-11-3. Duty to Report - Deprivation of Nutrition or Medical Treatment

* Any person who has reasonable cause to know or suspect that any child has been neglected or abused as defined herein, shall, within twenty-four (24) hours, transfer such information to the DCYF, or its agency, who shall cause the report to be investigated immediately. As a result of such reports and referrals, protective social services shall be made available to such children in an effort to safeguard and enhance the welfare of such children and to provide a means to prevent further neglect or abuse. The said Department (DCYF) shall establish and implement a single, statewide, toll-free telephone known to operate twenty-four (24) hours per day, seven (7) days per week, for the receipt of reports concerning child neglect or abuse, which reports shall be electronically recorded and placed in the central registry established to Section 42-72-7. Such electronically recorded records, properly indexed by date and other essential identifying data, shall be maintained for a minimum of three (3) years. The Department (DCYF) shall establish rules and regulations requiring hospitals,

health-care centers, emergency rooms and other appropriate health facilities to report, on a quarterly basis, information concerning the number of children treated for specific injuries and the number of cases reported by these institutions as suspected child abuse.

Such reporting shall include immediate notification to the Department (DCYF) of any instance where parents of an infant have requested deprivation of nutrition that is necessary to sustain life and/or who have requested deprivation of medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similar nutritional, medical or surgical-conditioned infants, handicapped or non-handicapped.

Nothing in this section shall be interpreted to prevent a child's parents and physician from discontinuing the use of life-support systems or nonpalliative treatment for a child who is terminally ill where, in the opinion of the child's physician exercising competent medical judgment, the child has no reasonable chance of recovery from said terminal illness despite every appropriate medical treatment to correct such condition.

RIGL 40-11-3.1. Duty to Report Death of Child due to Child Neglect or Abuse

* Any person required to report under the provisions of this title, who has reasonable cause to know or suspect that child has died as a result of child neglect or abuse, shall immediately transfer such information to the Department (DCYF) or its agent who shall cause such report to be investigated immediately. Upon receipt of such a report, the Department (DCYF) or its agent shall immediately transfer such information to the local law enforcement agency or the state police as well as to the office of the medical examiner. The office of the medical examiner shall investigate the report and communicate its preliminary findings, orally, within seventy-two (72) hours, and in writing within seven (7) working days to the appropriate law enforcement agency, to the Department (DCYF) and if the person who made such a report is an employee or a member of the staff of a hospital, to the hospital. The office of the medical examiner shall also communicate its final findings and conclusions, with the basis therefor, to the same parties within sixty (60) days.

RIGL 40-11-4. Immunity from Liability

* Any person participating in good faith in making a report pursuant to this chapter shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant shall have the same immunity with respect to participation in any judicial proceeding resulting from such report.

RIGL 40-11-6.1 Penalty for Failure to Report

* Any person, official, physician or institution required by this chapter to report known or suspected child neglect or abuse, or to perform any other act who knowingly fails to do so or who knowingly prevents any person acting reasonably from doing so, shall be guilty of a misdemeanor and upon conviction thereof shall be subject to a fine or not more than five hundred dollars ($500) or imprisonment for not more than one (1) year, or both. In addition, any person, official, physician or institution who knowingly fails to perform any act required by this chapter, or who knowingly prevents another person from performing a required act shall be civilly liable for the damages proximately caused by such failure.

0118.10 POTENTIAL INDICATORS OF CHILD ABUSE/NEGLECT

REV:02/1985

There are many indications that a family may be in trouble. Any one of them may not mean anything or may have other explanations.

However, if there are a number of them, or if they occur frequently, child neglect or abuse may be suspected. The material presented under this topic is organized into four broad areas: physical abuse, emotional abuse, sexual abuse and neglect.

0118.10.05 Physical Abuse

REV:02/1985

The potential indicators of physical abuse discussed in this section are organized into categories relating to the child's appearance, the child's behavior, and the parent's or caretaker's behavior.

Child's Appearance

- Unusual and/or unexplained bruises, welts, burns, fractures, or bite marks.

- Frequent injuries, always explained as "accidental."

- Injuries which do not coincide with the explanation given.

Child's Behavior

- Reports injury by parents.

- Unpleasant, hard to get along with, demanding, often does not obey.

- Frequently breaks or damages things.

- Alternatively is unusually shy, avoids other people including children; seems too anxious to please; seems too ready to let other people say and do things to him/her

without protest.

- Frequently late or absent, or often comes to school much too early; hangs around after school is dismissed.

- Avoids physical contact with others.
- Wears long sleeves or other concealing clothing to hide injuries.

- Child's story of how a physical injury occurred is not believable; it does not seem to fit the type or seriousness of the injury observed.

- Child seems frightened of parents, or shows little or no distress at being separated from parents.
- Child is apt to seek affection from any adult.

Parent's or Caretaker's Behavior

- Uses harsh or inappropriate discipline which doesn't seem right for the age, condition, or "offense" of the child.

- Offers an explanation of child's injury that does not make sense, does not fit the injury, or offers no explanation at all.

- Seems unconcerned about the child.

- Views the child in a negative way - as always bad or evil.

- Misuses alcohol or other drugs.

- Attempts to conceal child's injury or to protect identity of person responsible.

0118.10.10 Emotional Abuse

REV:02/1985

The potential indicators of emotional abuse discussed in this section are organized into categories relating to the child's appearance, the child's behavior, and the parent's or caretaker's behavior.

Child's Appearance

- Signs may be less obvious than in other forms of mistreatment. Behavior is the best indication.

Child's Behavior

- Self-destructive, apathetic, depressed, withdrawn, passive. Shows lack of positive self-image.

- Problems in school - either experiencing academic failure, developmental delays or appears hyperactive, "driven."

- Seems overly anxious when faced with new situations or people, or displays a pseudo-maturity inconsistent with age.

- Disorganized, distrustful, or rigidly compulsive.

- Takes on adult roles and responsibilities, including those of a parent.

- Appears autistic, delusional, paranoid, engages in excessive fanticizing.

- Throws tantrums; seems impulsive, defiant, antisocial, aggressive; constantly tests limits.

- Fearful, hyperalert, lack of creativity and exploration.

- Difficulty in making friends and dealing with others, or lack of familiar attachment and excessive peer dependence.

- Is excessively fearful, anxious, prone to nightmares, or is oblivious to hazards and risks.

Parent's or Caretaker's Behavior

- Blames or belittles child.

- Is cold and rejecting; withholds love.

- Treats children in the family unequally.

- Does not seem to care much about child's problems.

0118.10.15 Sexual Abuse

REV:02/1985

The potential indicators of sexual abuse discussed in this section are organized into categories relating to the child's appearance, the child's behavior, and the parent's or caretaker's behavior.

Child's Appearance

- Has torn, stained, or bloody underclothing.

- Experiences pain or itching in genital areas.

- Has venereal disease.

Child's Behavior

- Appears withdrawn or engages in fantasy or baby-like behavior.

- Has unusual or excessive interest or knowledge of sexuality.

- Has poor relationships with other children.

- Is unwilling to participate in physical activities.

- Is engaging in delinquent acts or runs away.

- States that s/he has been sexually assaulted by parent or guardian.

- Acts like an adult, not a child.

Parent's or Caretaker's Behavior

- Very protective or jealous of child (especially regarding child's relationship with opposite sex).

- Encourages child to engage in prostitution or sexual acts.

- Excessive interest in the child's sexual development.

- Misuses alcohol or drugs.

- Is frequently absent from home.

0118.10.20 Neglect

REV:02/1985

The potential indicators of neglect discussed in this section are organized into categories relating to the child's appearance, the child's behavior, and the parent's and caretaker's behavior.

Child's Appearance

- Often not clean.

- Comes to school without breakfast, often does not have lunch or lunch money.

- Clothes are dirty, do not fit, or unsuitable for the weather.

- Seems to be alone for long periods of time.
- Needs glasses, dental care, or other medical attention.

Child's Behavior

- Often tired, has no energy, lethargic.

- Frequently absent from school.

- Begs or steals food.

- Causes trouble in school; often has not done homework; uses alcohol or drugs; engages in vandalism or sexual misconduct.

Parent's or Caretaker's Behavior

- Misuses alcohol or other drugs.

- Has disorganized, unstable home life.

- Seems not to care about what happens; gives impression of feeling that nothing is going to make much difference anyway.

- Lives very much isolated from friends, relatives, neighbors; does not seem to know how to get along with others.

- Has long-term chronic illnesses.

- Has history of neglect as a child.

0118.15 COORDINATING PROTECTIVE SERVICES WITH DCYF

REV:10/2006

0118.15 COORDINATING PROTECTIVE SERVICES WITH DCYF REV: 08/2006

It is the express purpose of this policy that all suspected cases of neglect or abuse shall be referred promptly to DCYF, and as much pertinent information as possible provided to the Child Abuse and Neglect Tracking System (CANTS) at DCYF to assist in their investigation. Those cases common to DCYF and DHS will be serviced in a coordinated fashion. This will be accomplished by:

* Delineating the roles and responsibilities of DHS personnel with regard to neglect or abuse.

* Establishing a simplified process for the handling of neglect or abuse cases; and

* Ensuring a standardized reporting process for all DHS offices.

Responsibility for Ensuring Compliance

For FIP, GPA, MA, and Social Services, the responsibilities of the Regional Manager are:

* To ensure that each DHS office follows the established procedures for the prompt disposal of all neglect or abuse complaints.

* To ensure that appropriate action is taken in all suspected or actual neglect or abuse situations; and

* To ensure that all levels of staff are aware of this policy.

For all other DHS Programs, it is the responsibility of the Program Supervisor to ensure that these conditions are met.

0118.15.05 Processing Complaints of Abuse/Neglect

REV:10/2006

0118.15.05 Processing Complaints of Abuse/Neglect REV: 08/2006

All complaints, however received (mail, telephone, or in person), must be immediately telephoned to CANTS at DCYF. The telephone number of the DCYF Division of Protective Services, CANTS, is: 1- 800-RI-CHILD. The DHS staff person (all levels of staff) who receives the complaint will inform the complainant of his/her legal responsibilities, record all of the appropriate information, telephone CANTS at DCYF about the complaint, and complete the referral form (DHS-10) to CANTS at DCYF.

Referral Form DHS-10

The DHS-10 form must be used for referring all neglect or abuse cases to CANTS at DCYF, and is a three (3) copy NCR type document.

The pertinent client data, substance of the complaint, and any appropriate additional information must be completed on the form.

Copies of the DHS-10 must be distributed as follows:

* The FIP eligibility or service record, or the GPA service record (if the case is not on assistance, route to the Regional Manager or Program Supervisor); and

* The Regional Manager or Program Supervisor; and

* The Call Floor Supervisor, CANTS, 101 Friendship Street, Providence, RI 02903.

0118.15.10 Initiating Complaints of Abuse/Neglect

REV:10/2006

0118.15.10 Initiating Complaints of Abuse/Neglect REV:08/2006

DHS service workers, eligibility technicians, and/or other personnel, may on occasion have reason to suspect or know neglect or abuse among public assistance recipients and non- public assistance recipients as well. (Example: persons applying for assistance who are denied.)

If client is not on assistance:

* The DHS staff person telephones the complaint to CANTS (1-800-RI-CHILD) and follows up by completing a DHS-10 referral form; provides one (1) copy for the Regional Manager or Program Supervisor, and mails the remaining two (2) copies to CANTS at DCYF.

If client is receiving assistance:

* The DHS staff person telephones the complaint to CANTS (1-800-RI-CHILD), completes a DHS-10 referral form, and forwards copies to the appropriate persons. (See 0118.20.05)

* Any additional pertinent information must be forwarded to CANTS at DCYF.

0119 AUTOMATED INTERFACES

0119.05 USE OF INTERFACES

REV:12/2004

The Department of Human Services through the INRHODES system matches various databases, including those provided through the federally mandated Income and Eligibility Verification System (IEVS), to verify eligibility for, and the amount of, benefits due to a household or individual for Medical Assistance (MA), the Family Independence Program (FIP), General Public Assistance (GPA), and the Food Stamp Program (FSP). The Income and Eligibility Verification System (IEVS) is a match system that compares benefit information and other data with the DHS client population by social security number (SSN) for the purpose of identifying unreported information. The process of matching databases is considered an interface; an interface match(es) occurs when an individual's SSN exists in both databases.

Below is a list of some of the interfaces utilized by DHS.

HIRE NEW HIRES INTERFACE SWCA STATE WAGE DATA HISTORY IRS IRS DISCREPANCY SUMMARY WAGE SSA WAGE DISCREPANCY SUMMARY UI UI INTERFACE TDI TDI INTERFACE SVES SVES RESPONSE HISTORY SSND SSN DISCREPANCIES PRIS PRISONER QUERY

An interface discrepancy occurs when certain information/data exists in one database but not the other, or the information exists in both databases but is not an exact match or variance within a certain tolerance as allowed by DHS program rule. When a discrepancy exists between income/resources reported by an interface and information entered in INRHODES, however, Federal regulations under IEVS require that the discrepancy be resolved and any savings in benefits issued be reported.

DHS uses the information obtained through an interface match discrepancy(ies) for the purpose of:

* Verification of households' or individuals' eligibility;
* Verification of the proper amount of benefits;
* Investigation to determine if households or individuals received benefits to which they were not entitled; and
* Obtaining information that may be used in conducting criminal or civil prosecutions based on receipt of benefits to which households or individuals were not entitled.

Workers resolve discrepancies and report savings in either the Interface (INFC) function (HIRE, SWCA, IRS, WAGE) or in the Statement of Need (STAT) function on the UNEA (UI) panel in INRHODES.

0119.10 INTERFACE PROCESSING

REV:12/2004

The INFC function allows staff to access HIRE, SWCA, IRS, and WAGE interface discrepancies. Interface discrepancy information is available in both C and D modes. However, interface discrepancies can only be resolved in C mode. When an interface message appears on the Worker's Daily Report (DAIL), the worker takes the following actions:

1. Review the edit in the month indicated on the DAIL message on the STAT Summary panel (SSUM) to identify the case member with the interface discrepancy, noting the SSN if it is not that of the applicant.

2. Access INFC C using the case ID.

3. Change the SSN corresponding to the SSN of the case member with the discrepancy if is not the applicant.

4. Specify the type of interface by entering the type on the panel command (PNL) line.

0119.10.05 New Hires (HIRE) Interface

REV:12/2004

The NEW HIRES Interface provides information from the State Directory of New Hires about individuals who have been newly hired and their place of employment. SSNs on the NEW HIRES file are matched against the INRHODES database. If an SSN on the file matches an SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination, the following process occurs.

If a Job Income panel (JINC) is not found for that individual, a JINC panel is created. The JINC panel displays the employer name and address and ?' in all other required fields. Edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the information reported by the New Hire interface on the JINC panel. The worker takes the following actions:

1. Obtains actual earnings information by contacting the applicant/recipient (or by sending a wage report form (AP-50B) to the employer).

2. Updates the JINC panel(s) when the wage information is documented.

3. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

4. Determines the savings by comparing what amount was issued to what amount should have been issued.

If it is verified that the individual is not employed by the reported employer, the worker deletes the panel.

The resolution of the discrepancy and savings are reported on SAVE as directed below. NOTE: There are never any savings reported on MA cases.

Savings are reported in Interface INFC C HIRE. The worker enters "SAVE" on the command line to access the Discrepancy Update panel. The worker must complete the WORKER ACTION section of this panel.

The worker indicates the action taken by entering one of the following codes:

C - Closure D - Benefit Decrease I - Benefit Increase N - No discrepancy
Z - Other

If the action taken is "C" closure for FIP and FS cases, INRHODES automatically calculates the savings. Otherwise, the SAVINGS are entered as whole dollar amounts only. The time to resolve is the amount of time, in hours and minutes, that the worker spent resolving the discrepancy for each program. The employee identification number (EIN) of the worker taking the action is automatically entered for each program.

Households/individuals who are found ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit. As appropriate, the worker enters "Y" to access the Collections referral screen. The worker then refers overpayments of benefits in the usual manner. For instances of MA ineligibility, referral to Collections, Claims and Recoveries/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.10 STATE WAGE DATA EXCHANGE INTERFACE (SWICA)

REV:12/2004

Each month DHS sends a file of SSNs of participants in DHS assistance programs to the Rhode Island Department of Labor and Training (DLT). DLT matches the file by SSN to its SWICA records and returns a file to DHS of all matches for individuals employed in the previous quarter. (Individuals new to INRHODES are matched monthly thereafter.) The file is processed against the INRHODES database to determine whether the correct amount of earned income is reflected in the case with a matched SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination.
The match process searches the Interface function (INFC) for a SWICA panel from a previous match for the employer(s) listed. If a SWICA panel does not exist for the individual with the employer(s) reported by the interface, a SWICA panel is created with wage information for up to five (5) prior quarters. If a SWICA panel already exists for the individual with the employer reported by the interface, the latest quarter's wages are added to the existing SWICA panel. The previous quarter's earnings for each individual are listed by employer name. The interface retains up to thirteen (13) quarters of wages for each employer.

The income amount reported from the SWICA interface amount is compared to the sum of all the Job Income panel (JINC) amounts for the past quarter. If a discrepancy exists, i.e., if the new quarterly interface amount varies from the amount of income reported on the JINC panel by more than a certain tolerance as allowed by DHS program rule, or a JINC does not exist, edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review both the SWICA1 and SWICA2 panels in the INFC function. SWICA1 displays the wage data of the individual for the year and quarter of the most recent interface. SWICA1 contains all employers reported in the current quarter. SWICA2 provides the name and address of the employer as well as the individual's quarterly wages. There is a SWICA2 panel for every employer listed on the SWICA1 panel. The worker must compare the information contained in SWICA1 and SWICA2 with the information in the STAT.

If the income is recorded on a JINC panel prior to the interface, the worker takes the following actions:

1. Determines if the source of the income is the same in INRHODES as the employer(s) identified through the interface.

2. Reviews the INRHODES case month by month for the quarter to determine whether the income information is accurate or needs to be updated, and whether it still exists.

3. Obtains actual wage information by contacting the applicant/recipient (or by sending a wage report form (AP-50B) to the employer).

4. Creates or updates the JINC panel(s) as necessary when the income verification is received.

5. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

6. Determines the savings by comparing what amount was issued to what amount should have been issued.

If no JINC panel exists prior to the interface, Steps 3. through 6. above are followed.

The resolution of the discrepancy and savings are reported on SAVE as directed below. NOTE: There are never any savings reported on MA cases.

Savings are reported through the INFC C SWICA2 panel. The worker enters "SAVE" on the command line to access the Discrepancy Update SWICA2 panel. The worker must complete the WORKER ACTION section of this panel by following the same procedures outlined in Section 0119.10.05.

Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit. As appropriate, the worker enters "Y" to access the Collections referral screen. The worker then refers overpayments of benefits in the usual manner. For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.15 IRS Interface (IRS)

REV:12/2004

The Internal Revenue Service Interface (IRS) is a monthly interface which provides information about unearned income, specifically, interest and dividend income. Information provided by the IRS interface includes the amount of interest and/or dividends received for each account for a specific tax year.

SSNs on the IRS interface are matched against the INRHODES database of all active recipients as tax information for a specific tax year becomes available. Individuals new to INRHODES are matched monthly thereafter. If an SSN on the file matches an SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination, the following process occurs.

When a match is found, INRHODES calculates an estimated asset amount based on the dividend or interest income received and searches for appropriate panel(s) for comparison. If no resource exists or a resource exists for the individual, and a discrepancy of more than an allowable amount exists, an IRS1 panel is created. When a discrepancy exists between the asset amount reported between the IRS interface and amounts entered on INRHODES STAT panels, edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the IRS Interface Discrepancy information in the INFC function. The worker takes the following actions:

1. Reviews the INRHODES record, specifically any BANK, RESO, or TRAN panels, as well as any UNEA panels with interest or dividend income.

2. Contacts the recipient if no financial resource panels or unearned income panels with interest or dividend income are found. It may be necessary to send bank report form(s) (AP-91) to the banks listed on the IRS interface; this form requires the recipient's signature. For other financial instruments (e.g., stocks, bonds, mutual funds, annuities, IRAs, etc.), the worker requests that the recipient sign a release form (DHS-25) which allows the Department to explore the matter.

   If the INRHODES case file contains panel(s) corresponding to the information contained in the IRS interface, the worker compares the amount of the estimated asset found on the IRS1 panel to the amount on the BANK or RESO panel and the interest or dividend income in UNEA panel(s).

3. Creates or updates STAT resource and/or UNEA panel(s), as appropriate, when resource and/or income documentation is received.

4. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

5. Determines the savings by comparing what amount was issued to what amount should have been issued.

The resolution of the discrepancy and savings are reported on SAVE as directed below. NOTE: There are never any savings reported on MA cases.

The worker enters "SAVE" on the command line of the IRS1. S/he then completes the SAVE panel to indicate any savings, as appropriate, by following the same procedures outlined in Section 0119.10.05.

Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit. As appropriate, the worker enters "Y" to access the Collections referral screen. The worker then refers overpayments of benefits in the usual manner. For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.20 SSA WAGE DATA EXCHANGE INTERFACE (WAGE)

REV:12/2004

Each month DHS sends a file of SSNs of participants in DHS assistance programs to the Social Security Administration (SSA). The SSA Wage Data Interface (WAGE) provides information on yearly earnings. SSNs on the WAGE file are matched against the INRHODES file; SSA then returns a file to DHS of all matches for individuals employed in the previous year. Individuals new to INRHODES are matched monthly thereafter. If an SSN on the file matches an SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination, the following process occurs.

If the SSA wage amount(s) varies from the individual's annual income as recorded in INRHODES by more than a certain tolerance as allowed by DHS program rule, a discrepancy match is found.

When there is a discrepancy, edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the SSA Wage Interface Discrepancy panel (WAGE) in the INFC function. If income is recorded on a JINC, BUSI, or DCIN panel prior to the interface, the worker takes the following actions:

1. Determines if the source of the income is the same in

INRHODES as in the WAGE discrepancy.

2. Reviews the INRHODES case month by month for the year to determine whether the income information is accurate or needs to be updated, and whether it still exists.

3. Obtains actual income information by contacting the applicant/recipient (or by sending a wage report form (AP-50B) to the employer).

4. Updates appropriate INRHODES panels as necessary when the income verification is received.

5. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

6. Determines the savings by comparing what amount was issued to what amount should have been issued.

If no income is recorded in INRHODES or the income recorded is not the same income as found on the WAGE interface, Steps 3.

through 6. above are followed.

The resolution of the discrepancy and savings are reported on SAVE as directed below. NOTE: There are never any savings reported on MA cases.

The worker enters "SAVE" on the command line of the WAGE panel.

S/he then completes the SAVE panel to indicate any savings, as appropriate, by following the same procedures outlined in Section 0119.10.05.

Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit. As appropriate, the worker enters "Y" to access the Collections referral screen. The worker then refers overpayments of benefits in the usual manner. For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.25 Unemployment Insurance (UI) Interface

REV:12/2004

Each month DHS sends a file of SSNs of participants in DHS assistance programs to the Rhode Island Department of Labor and Training (DLT). DLT matches the file by SSN to the Unemployment Insurance (UI) active claimants file and returns a file to DHS of all matches. That file is processed against the INRHODES database to determine whether the correct UI amount is reflected in the case with a matched SSN of an MA,

FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination.

The interface searches for a UNEA panel with UI income (income type 03) for the individual identified through the match.

If no panel exists, a UNEA panel with UI information is created for the individual. If a UNEA panel already exists, UI payment information is added to the bottom half of the panel. If no UNEA panel or a UNEA panel with an incorrect UI amount already exists for the individual, and a discrepancy of more than an allowable amount exists between the information reported by the UI interface and the information contained in the STAT panels, edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the information reported by the UI interface on the STAT UNEA panel. If UI income is recorded on a UNEA panel prior to the interface, the worker takes the following actions:

1. Determines the actual amount of UI by contacting the applicant/recipient for documentation or corresponding with DLT.

2. Updates appropriate UNEA panel(s) when the UI income documentation is received.

3. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

4. Determines the savings by comparing what amount was issued to what amount should have been issued.

If no UI income is recorded in INRHODES, Steps 1. through 4.

above are followed on the new UNEA panel.

The resolution of the discrepancy and savings are reported on SAVE as directed below. NOTE: There are never any savings reported on MA cases.

The worker enters "SAVE" on the command line of the UNEA panel(s). S/he then completes the SAVE panel to indicate any savings, as appropriate, by following the same procedures outlined in Section 0119.10.05.

Households/individuals who are found ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit. As appropriate, the worker enters "Y" to access the Collections referral screen. The worker then refers overpayments of benefits in the usual manner. For instances of MA ineligibility, referral to Collections, Claims and Recoveries/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.30 Temporary Disability Insurance (TDI)

REV:12/2004

Each month DHS sends a file of SSNs of participants in DHS assistance programs to the Rhode Island Department of Labor and Training (DLT). DLT matches the file by SSN to the Temporary Disability Insurance (TDI) benefits file and returns a file to DHS of all matches. That file is processed against the INRHODES database to determine whether the correct TDI amount is reflected in the case with a matched SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination.

The interface searches for a UNEA panel with TDI (income type 18) for the individual identified through the match.

If no UNEA panel exists, a UNEA panel with TDI information is created for the individual. If a UNEA panel already exists, TDI information is added to the bottom half of the panel. If no UNEA panel or a UNEA panel with an incorrect TDI amount already exists for the individual, and a discrepancy of more than an allowable amount exists between the information reported by the TDI interface and the information contained in the STAT panels, edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the information reported by the TDI interface on the UNEA panel in STAT. If TDI income is recorded on a UNEA panel prior to the interface, the worker takes the following actions:

1. Obtains actual TDI income information by contacting the applicant/recipient for documentation or corresponding with DLT.

2. Updates appropriate UNEA panel(s) when the TDI income documentation is received.

3. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

4. Determines the savings by comparing what amount of benefits was issued to what amount should have been issued.

If no TDI income is recorded in INRHODES, Steps 1. through 4.

above are followed on the new UNEA panel.

There are no savings reports for TDI interface discrepancies.

Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit through SPEC/COLL function.

For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

After the correct amount of TDI has been added to the UNEA panel(s) and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.35 State Verification and Eligibility System

REV:12/2004

The State Verification and Eligibility System (SVES) validates Social Security Numbers (SSNs) in INRHODES. The SSN and other identifying information for every new individual added to INRHODES who is pending or active on a DHS program, or whose income is used in the determination of eligibility are sent to the Social Security Administration (SSA) daily for authentication. SSA responds with a validation or reason for discrepancy code.

When an SSN is validated, the SSN verification code is updated with an "*" on the individual's MEMB(er) panel. If the number cannot be validated, the Social Security Number verification code is updated with a "D", and edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the information reported by the SVES interface. The worker then takes the following actions:

1. Finds more detailed reason(s) for the discrepancy in INFC D SVES SSND. In addition, the SVES response may indicate what information is incorrect and whether it is caused by a typographical error(s), such as transposition or other data entry errors, such as incorrect birth date, and may furnish other potentially correct numbers.

2. Reviews the documentation in the case file to determine if the member's SSN, birth date, or name were entered incorrectly and make the necessary correction(s) on the MEMB panel.

3. Updates the SSN verification code to an "N" to send the new information to the SSA that evening.

4. For those cases in which the information entered in INRHODES matches the verification contained in the case file, further investigation is required. If this is unsuccessful, the worker may request that the recipient contact the Social Security Administration to resolve the discrepancy.

There are no savings reports for SVES interface discrepancies.

Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit through SPEC/COLL function.

For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.10.40 Prisoner Interface

REV:12/2004

The Prisoner Interface provides information from the Rhode Island Department of Corrections (DOC) and the Social Security Administration (SSA) concerning prison inmates. The DOC sends DHS a file of the SSNs of inmates at the Rhode Island Adult Correctional Institution (ACI); the SSA sends a file of the SSNs of individuals whose incarceration has been reported to SSA nationally. The SSNs on both files are compared to the SSNs of all DHS assistance program recipients in INRHODES. When an SSN matches an SSN of an MA, FIP, GPA, or FSP recipient or case member whose income and/or resources is used in eligibility determination, the following process occurs.

Edit messages are created and displayed on both the STAT Summary panel (SSUM) and the worker's daily report (DAIL). If the case is a shared case, the message appears on each worker's daily report.

RESOLVING THE DISCREPANCY

The worker must review the Prisoner Interface discrepancy information in INFC D, PRIS. If there is only one match for an individual, INRHODES navigates directly to the Prisoner Query (PRIS) information screen. When there is more than one match for an individual, INRHODES navigates to the Prisoner Query Response Selection (PRSS) screen. The worker then takes the following actions:

1. Selects the match to be viewed. The most recent match is listed first. The PRIS screen displays ACI and/or SSA data pertaining to the inmate. The top third of the screen displays personal information from INRHODES, the ACI and/or SSA (name, SSN, and date of birth). The middle section of the screen displays ACI inmate information (inmate's status at ACI, security code, class, expected release date, and ACI inmate number). The lower portion of the screen displays SSA information (name of facility reporting information to SSA, name of facility where the individual is incarcerated, address of facility, telephone and fax number of facility, facility type, confinement date, expected release date, SSA inmate ID). The ACI and SSA fields may not always be complete.

   The information received from the ACI and SSA includes individuals who are currently incarcerated as well as those

who were previously incarcerated.

2. Reviews the Minimum Release Date (ACI data, PRIS panel) and/or the Release Date (SSA data, PRIS panel), to ensure that any action taken is based on current information.

3. Obtains household composition information by contacting the applicant/recipient.

4. Updates INRHODES panel(s) as necessary when the household composition is determined.

5. Approves any changes in eligibility for, and amount of, benefits, as appropriate, in ELIG of each program.

There are no savings reports for Prisoner interface discrepancies. Households/individuals who are found to be ineligible for benefits or for an incorrect amount of FIP and/or FSP benefits because erroneous information was provided to the Department should be referred to the Collections, Claims and Recoveries/Fraud (CCR/Fraud) Unit through SPEC/COLL function.

For instances of MA ineligibility, referral to the CCR/Fraud Unit is made by completing an AP-154 form and attaching any evidence that has been obtained.

Summaries of the action(s) taken to resolve a discrepancy, including referrals to the CCR/Fraud Unit, must be entered in the case log (CLOG).

Once the discrepancy resolution is completed and the case is processed through background, the STAT edit message and the DAIL message are removed from the worker's report.

0119.15 DISCREPANCY TRACKING

REV:12/2004

The REPORTS function (REPT) has been expanded to include interface discrepancy tracking. Discrepancy Tracking (DISC) tracks discrepancies from posting to resolution including all FIP and FSP referrals to the CCR/Fraud Unit, the dollar amount of the referrals, the number of referrals converted into claims, and the amount(s) collected on the claims.

Information is available in REPT D DISC by type of interface, program, at the statewide level, record location, or caseload level.

0122 CIVIL RIGHTS COMPLIANCE

0122.05 STATEMENT OF PRINCIPLE

REV:03/1988

The Rhode Island Department of Human Services (DHS) is committed to the impartial and equitable treatment of all individuals in the administration of its programs and in the provision of its services.

0122.05.05 Nondiscrimination Notice

REV:02/2000

The following notice, which is posted in all DHS offices, reflects the Department's recognition of its responsibility to ensure that services are rendered to residents of the State in compliance with all applicable federal and state laws. This notice is also available in tape-recorded format in English, Spanish, Portuguese, Cambodian, Laotian, and Russian.

NONDISCRIMINATION NOTICE

In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Food Stamp Act, and the Age Discrimination Act of 1975, the U.S. Department of Health and Human Services implementing regulations (45 C.F.R.

Parts 80 and 84), the U.S. Department of Education implementing regulations (34 C.F.R. Parts 104 and 106), and the U.S.

Department of Agriculture, Food and Nutrition Services (7 C.F.R.

272.6), the Rhode Island Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, political beliefs, or sex in acceptance for or provision of services, employment or treatment, in its educational and other programs and activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation.

For further information about these laws, regulations and DHS' discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 600 New London Avenue, Cranston, RI 02920, telephone number 462-2130 (TDD 462-6239).

The Community Relations Liaison Officer is the coordinator for implementation of Title VI; the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS' civil rights compliance.

Inquiries concerning the application of Title IX and 34 C.F.R.

Part 106 to DHS may also be made directly to the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202 or the Office for Civil Rights, U.S.

Department of Education, Region I, Boston, Massachusetts 02109.

0122.10 PROCESSING DISCRIMINATION COMPLAINTS

REV:02/2000

The Rhode Island Department of Human Services (DHS) has adopted an internal discrimination complaint procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by (1) the U. S. Department of Health and Human Services regulations (45 CFR Part 80) implementing Title VI, or (2)the U.S. Department of Education regulations (34 CFR Part 106) implementing Title IX, or (3)

the Department of Health and Human Services regulations (45 CFR Part 84) and the Department of Education regulations (34 CFR Part 104) implementing Section 504.

Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) states, in part, that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program to which this part applies."

Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.) states, in part, "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance ..."

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) states, in part, that "no otherwise qualified handicapped individual ... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of or be subjected to discrimination under any program or activity receiving Federal financial assistance ..."

The Americans with Disabilities Act of 1990 prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, transportation, and communication.

0122.10.05 Role of Staff in Discrimination Complaints

REV:02/2000

The Department of Human Services (DHS) displays in all its offices the Nondiscrimination Notice in English, Spanish, Portuguese, Cambodian, Lao, and Russian. Staff members are to use these documents to inform beneficiaries, potential beneficiaries and the general public of the availability of the discrimination complaint procedure. A copy of the discrimination complaint procedure is provided to each person who files, or inquires about filing, a complaint alleging any action prohibited by these regulations.

0122.10.10 Discrimination Complaint Procedure

REV:02/2000

The discrimination complaint procedure, delineated below, must be utilized to receive and process complaints with DHS of alleged discriminatory activity. Form No. DHS-60 may be used for this purpose. An individual may also file a complaint with the U.S.

Department of Health and Human Services, Office of Civil Rights, Region I, 1875 J.F. Kennedy Building, Government Center, Boston, Massachusetts 02203.

DISCRIMINATION COMPLAINT PROCEDURE

- A Discrimination Complaint Form (DHS-60) should be given to anyone alleging discrimination to complete and forwarded by the complainant to the Community Relations Liaison Officer, DHS, 600 New London Avenue, Building #57, Cranston, Rhode Island 02920.

- If the completed Form DHS-60 is left with a staff member, it must be date-stamped and forwarded to the Community Relations Liaison Officer at the above address.

- A written complaint can also be submitted and it must contain the name and address of the person filing it, and briefly describe the action alleged to be prohibited by the laws and regulations.

- A complaint alleging a violation of Title VI, Title IX, ADA, and/or Section 504 should be filed with the Office of the Community Relations Liaison Officer, 600 New London Avenue, Cranston, Rhode Island 02920 within ninety (90) days of the date the complainant becomes aware of the alleged act of discrimination.

- The Title VI coordinator, Title IX coordinator, the Section 504 coordinator, or ADA coordinator shall conduct such an investigation of the complaint as may be appropriate to determine its validity. Such investigation shall include, but is not limited to, a hearing affording all interested persons and their representatives, if any, an opportunity to submit evidence or give testimony relevant to the complaint.

- The DHS Director or his/her designee shall review the results of the investigation and issue a written decision determining the validity of the complaint no later than thirty (30) days after its filing. A copy of the decision shall be mailed to all interested parties.

- A complainant aggrieved by the decision of the DHS Director may obtain judicial review of the decision by the Rhode Island Superior Court in accordance with Chapter 42-35 of the General Laws of Rhode Island entitled "Administrative Procedures Act."

- The Community Relations Liaison Office shall maintain the files and records relating to complaints filed hereunder.

- The rights of a person to prompt and equitable resolution of a complaint filed hereunder is not impaired by the person's pursuit of other remedies such as the filing of a Title VI, Title IX or Section 504 complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services, the U.S. Department of Education or the U.S. Department of Justice. ADA complaints are to be filed with the Equal Employment Opportunity Commission (EEOC), the Governor's Commission on Disabilities (employment-related issues), the R.I. Commission for Human Rights, the U.S. Department of Agriculture, or the U.S. Department of Justice (all other issues). Utilization of this procedure is not a prerequisite to the pursuit of other remedies.

- These rules shall be liberally construed to protect the substantial rights of interested persons, to meet appropriate due process standards and to assure DHS' compliance with Title VI, Title IX, Section 504, and ADA and their implementing regulations.

The aforementioned laws and implementing regulations may be examined in the Office of the Community Relations Liaison Officer, 600 New London Avenue, Cranston, Rhode Island 02920.

The Community Relations Liaison Officer is the coordinator for implementation of Title VI; and the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of Title IX, Section 504, and ADA.

The Director of DHS or his/her designee has the overall responsibility for DHS civil rights compliance.

Any person requiring assistance in understanding or following this procedure should contact the Community Relations Officer at 462-2130, TDD 462-6239.

0122.15 PERSONS WITH LIMITED ENGLISH PROFICIENCY

REV:02/2000

Inability to speak English may impede communication and create a barrier to prompt determination of eligibility and the provision of agency services. The Department of Human Services (DHS) displays in all its offices the following notice in English, spanish, Portuguese, Cambodian, Lao, and Russian:

> If you are applying for or receiving benefits and are not fluent in English, you do not have to bring your own interpreter to a Department of Human Services office. DHS will schedule interpreters or bilingual staff when necessary to communicate with you, unless, after being informed of your right to interpreter services, you express a clear preference to bring your own interpreter. DHS will schedule an interpreter or bilingual staff member to help you read English language notices, letters, or other written information from DHS.
>
> If you have problems obtaining interpreter or bilingual staff services at a DHS office, please contact Mary Santos Lima, Limited English Proficiency (LEP) Coordinator at the R.I. Department of Human Services, 600 New London Avenue, Cranston, RI 02920, (401)462-2130.

Whenever it is determined by the agency representative that an individual cannot make his/her needs known in English, the individual shall be afforded the assistance of an interpreter who can fluently and accurately communicate in the needed language.

0122.15.05 Provision of Interpreter Services

REV:02/2000

When it is necessary to communicate with a beneficiary in a language other than English, agency staff are to adhere to the following procedures:

- Utilize departmental resources first. Each office has various levels of bi-lingual staff on site. The agency representative should follow the local office procedure in effect for scheduling these individuals.

- When agency staff are not available, use the services of

family and friends but ONLY at the expressed wishes of the beneficiary. NO ONE UNDER THE AGE OF EIGHTEEN (18) MAY BE USED TO INTERPRET. The agency cannot require the person to bring their own interpreter to the office.

- When responding to a telephone inquiry or a non-scheduled office visit and no one is immediately available to provide interpreter services, contact AT&T Language Line Services at 1-800-874-9426. This service is limited to determining the situation and scheduling an appointment at a time when the agency interpreter is available, in accordance with local office procedure. Instructions for using AT&T Language Line Services are contained in brochures available in each office.

- When there is a planned need for interpreter services, such as for scheduled appointments, and departmental resources are unavailable, utilize an appropriate vendor through the State Master Price Agreement (MPA). All supervisors have a copy of the current MPA entitled "Commodity: Interpreting Services."

  - The supervisor contacts the appropriate agency listed in the MPA and arranges for an interpreter at the scheduled time.

  - The supervisor calls the DHS Business Office at 462-6848 and obtains a Purchase Order number (DPO number) which is provided to the interpreter at the scheduled interview.

  - The vendor sends the bill to the DHS supervisor, who checks for accuracy, adds the client's Social Security number, initials it, and sends it to the DHS Business Office. Please note: clients providing their own interpreters will not be remunerated.

0122.15.10 Individuals Who are Hearing Impaired

REV:02/2000

Inability to hear and/or communicate through the spoken word may, like the inability to speak English, impede communication and create a barrier to prompt determination of eligibility and the provision of agency services. Whenever it is determined by the agency representative that someone cannot make his or her needs known, the individual shall be afforded the assistance of a sign-language interpreter.

The procedure for obtaining a sign-language interpreter is as follows:

- The supervisor calls the Interpreter Referral Service at 1-800-525-0770. This is an answering machine, and information should be left as to the caller's name, agency and telephone number, and the date, time and location that the sign-language interpreter will be needed. The supervisor will receive a call back from the referral service seeking additional information. When the Interpreter Referral Service has assigned an interpreter,

the agency will call again to confirm. There should be a period of five business days between the call and the scheduled appointment.

- The vendor sends the bill to the DHS supervisor, who checks for accuracy, adds the client's Social Security number, initials it, and sends it to the DHS Business Office. Please note: clients providing their own interpreters will not be remunerated.

Relay Rhode Island service relays conversations between people who use text telephones (TTY's) and people who use standard voice telephones. This service is available in English at: voice 1-800-745-6575, or TTY 1-800-745-5555, and in Spanish at: voice 1-800-855-2885, or TTY 1-800-855-2884.

Any unusual circumstances not addressed above should be referred to the casework supervisor or regional manager for alternate arrangements.

(If the situation is a medical emergency, call 1-800-504-6837 and the hospital or police will make appropriate referrals.)

0122.20 Printed Materials

REV:02/2000

The Non-Discrimination Notice and Limited English Proficiency Statement are to be included on all DHS written materials, i.e., posters, applications, brochures, etc. Shortened versions which are maintained by the Community Relations Liaison Officer may be used when there is limited space and only with the approval of the Community Relations Liaison Officer.