



Supplemental Security Income (SSI)

Procedural Operations Manual (POM)



**Child and Family Services Agency
Office of Revenue Operations
STANDARD OPERATING PROCEDURES FOR
Social Security Benefits**

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A. PURPOSE

These Standard Operating Procedures (SOPs) establish a uniform method of applying for, processing, monitoring, and documenting Social Security Administration benefits for abused and neglected children in the care and custody of the of DC Child and Family Services Agency. Management of Social Security Administration disability benefit program funds (particularly Supplemental Security Income) must comply with Title XVI of the Social Security Act, SSA Program Operations Manual System (POMS), and 20 CFR Section 416.

The standard operating procedures include descriptions of the CFSA Office of Revenue Operations and Business Services Administration as well as of other programs and offices that play a pivotal role in collecting Social Security Administration benefits for abused and neglected children.

B. APPLICABILITY

These procedures are applicable to all personnel involved in planning, coordinating, applying for, processing, managing, and documenting Social Security Administration benefits for children in the care and custody of CFSA.

C. PROGRAM DESCRIPTIONS

Child and Family Services Agency

The Child and Family Services Agency (CFSA) is the District agency authorized to protect child victims and those at risk of abuse and neglect and to assist their families. The agency provides direct services and also coordinates public and private partnerships to serve the city's most vulnerable children, youth, and families.

Office of Revenue Operations-Business Services Administration

The Office of Revenue Operations, Business Services Administration (ORO – BSA) is the revenue-processing division responsible for administering, processing, and managing all federal revenue claiming functions within CFSA, specifically Title IV-E and Medicaid claiming. In addition to processing, documenting, and managing the Agency's Social Security Administration benefit program, the ORO's Medicaid Claiming Unit (MCU) is responsible for claiming both Medicaid and Title IV-E.

Medicaid Claiming Unit

The Medicaid Claiming Unit (MCU) processes, documents, and manages all Social Security Administration benefits for children in the care and custody of CFSA. To facilitate the program, the MCU interfaces with the U. S. Social Security Administration, District Developmental Disabilities Administration (DDA), and the CFSA Fiscal Office and Agency Programs.

Social Security Administration (SSA)

The United States Social Security Administration (SSA) is an independent agency of the federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivors' benefits. To qualify for these benefits, most American workers pay Social Security taxes on their earnings; future benefits are based on the employees' contributions. The Social Security Administration was established by a law currently codified at 42 U.S.C. § 901.

DC Department on Disability Services (DDS)

The city's Department on Disability Services (DDS) is composed of two Administrations that oversee and coordinate services for residents with disabilities through a network of private and non-profit providers.

The Developmental Disabilities Administration (DDA) ensures that District residents with intellectual disabilities receive the services and supports they need to lead self-determined lives in the community. DDA achieves this through delivery of outreach and coordination services; development and management of a provider network delivering community residential, day, vocational, employment, and individual and family support services; and operation of a comprehensive quality management program. DDS also supports the District's Disability Determination Division, which processes Social Security Disability Insurance claims.

The Rehabilitation Services Administration (RSA) focuses on employment, ensuring that persons with disabilities achieve a greater quality of life by obtaining and sustaining employment that supports economic self-sufficiency and independence. RSA achieves this through employment marketing and placement services, vocational rehabilitation, inclusive business enterprises, and supports for the D.C. Center for Independent Living.

Supplemental Security Income (SSI) payments for children with disabilities

SSI makes monthly payments to people with low income and limited resources who are 65 or older, or blind or disabled. Children younger than age 18 can qualify if he or she meets Social Security's definition of disability for children, and if his or her income and resources fall within the eligibility limits. The amount of the SSI payment is different from one state to another because some states add to the SSI payment. Your local Social Security office can tell you more about your state's total SSI payment.

SSI rules about income and resources: When SSA decides a child's SSI eligibility, considers the child's income and resources. SSA also considers the income and resources of family members living in the child's household. These rules apply if the child lives at home. The rules also apply if he or she is away at school but returns home from time to time and is subject to your control.

If the child's income and resources, or the income and resources of family members living in the child's household, are more than the amount allowed, SSA will deny the child's application for SSI payments. SSA limits the monthly SSI payment to \$30 when a child is in a medical facility where Medicaid or health insurance pays for his or her care.

SSI rules about disability: A child must meet all of the following requirements to be considered disabled and therefore eligible for SSI:

- The child must not be working and earning more than \$1,000 a month in 2011. (This earnings amount usually changes every year.) If he or she is working and earning that much money, we will find that your child is not disabled.
- The child must have a physical or mental condition, or a combination of conditions, that results in “marked and severe functional limitations.” This means that the condition(s) must very seriously limit your child’s activities.
- The child’s condition(s) must have lasted, or be expected to last, at least 12 months; or must be expected to result in death.

If the child’s condition(s) results in “marked and severe functional limitations” for at least 12 continuous months, SSA will find that your child is disabled. But if it does not result in those limitations, or does not last for at least 12 months, SSA will find that the child is not disabled.

D. PROCEDURES

1: Screening Criteria

Step 1.a) Identification of potential applicants via Social Worker pre-screening

- The identification of potential SSI applicants will be led by the social worker. The social worker shall identify children and youth by reviewing their case notes, medical documentation, and their overall knowledge of the case using criteria 1 – 7 below.

Step 1.b) Office of Revenue Operations Pre-screening

- When potential SSI applicants are identified by the Office Revenue Operations, the Medicaid Claims Specialist reviews individual case files and/or case materials based primarily on information from management reports of children in placements. Listed below is the primary criteria used to identify children/youth for whom a disability application can be submitted:

- i. Non Title IV-E (Financial information is reviewed in FACES.net);
- ii. Aging Out of the System;
- iii. Multiple Placements (foster homes, groups homes, RTCs);
- iv. Multiple Inpatient Hospitalizations (RTC data from OCP);
- v. Severe and Persistent Mental Illness/Axis I Diagnosis (Evaluation and Assessment Summaries are reviewed – OCP/DMH); and
- vi. Severe Medical Problems and Handicaps (Medical; Records/OCP)Developmental and Educational Handicaps (IEP/504Plan);
- vii. Permanency Goal

2: Training

Step 2.a) Training (Optional)- While *Application Process Training* is valuable, informative, and strongly encouraged, it is not mandatory to complete the SSA application process. However, regular training will be conducted by the Medicaid Claims Specialist on a monthly and as-needed basis. . The date and time of this training is based on the availability of the space. The space is then reserved. Each session is scheduled for 2-2.5 hours. In the past training has been scheduled once a month, but going forward, training will be scheduled at least twice per month or as often required by the agency.

Step 2b): Once the child/youth and social worker have been identified, an invitation to attend the training session email is compiled by the Medicaid Claims Specialist for all and sent to social workers. Each social worker's supervisor, program manager, and administrator are copied on this email as well as senior management.

Step 2c): The Medicaid Claims Specialist copies all training materials and makes packets to distribute at each training that include all the forms required by Social Security to be completed and instructions on how to complete the online disability report. All equipment for training sessions is reserved by the technician in the Medicaid Claims Unit.

Step 2d): All social workers must print and sign their name on the attendance sheet.

Step 2e): The training sessions are facilitated by the MCS whereby social workers are instructed on how to complete the paper SSI application, the Child Function Report, and the Authorization to Disclose (Medical Release Form). Also social workers will be shown how to access the online disability report (see detail below).

Step 2f): The Medicaid Claims Specialist creates a report for one of the children/youth identified, thus providing the assigned social worker a re-entry number to access the same report after they leave the training session.

Step 2g): All social workers are given two weeks from the date of the session to return the application packet completed with all required signatures, a copy of the disability report printed prior to sending the report electronically to SSA, a copy of the child/youth birth certificate, most recent court order, copy of most recent court report to provide child welfare history, and/or a detailed medical/social summary showing a clear picture of why the child is eligible for disability benefits. The Medicaid Claims Specialist explains to social workers at the training that she is available to assist them with completing the application and/or answer questions during her tour of duty daily by phone and/or email.

Step 2h): Once training is completed, MCS documents attendance by entering information on a spreadsheet created to track all applications sent to SSA as a result of this initiative. An email is sent to management to show who attended the training session and who did not. As applications are completed, the spreadsheet is updated to include date received, rep payee, dated to SSA, and a slot for disposition. Again management will be sent an email updating them on the number of

returned applications to be submitted to SSA. The Medicaid Claims Specialist sends social workers reminders about the due date of the application packet and the help that is available to them as often as necessary to get back the application packets in a timely manner.

3: Application Process

Step 1: Social worker contacts Medicaid Claiming Specialist to check the child's IV-E eligibility status. If non-IV-E eligible/reimbursable, the social worker requests and receives an application packet from the MCS.

Step 2: Social worker completes application packet, including the documents and steps below:

- a) Application for Supplemental Security Income; and
- b) Authorization to Disclose Information Form;
- c) Function Report for children /youth under 18. Forms can be picked up from the Medicaid Claims Specialist at cubicle 4091.

****In addition, social workers will complete the online Child/Adult Disability Report by clicking on <https://secure.ssa.gov/apps6z/i3820/main.html>.**

- i.. Click on the *Applying for Disability Benefits* link to access the online disability application.
- ii.. Select the appropriate application based on the child's age:
 - o Child Disability Report for children under age 18 years old
 - o Adult Disability Report for children age 18 years old and older
- iii.. Follow the instructions thereafter for completing the online disability application (medical record).
- iv. The social worker shall print a copy of the completed application and place it in the child's hard-copy record prior to submitting the application to the MCS for submission to Social Security Administration for processing.

*****It is important that the online disability report contain complete information, particularly data relative to medical sources (i.e. physician's name & contact information, date & purpose of physician visit, etc.)***

Step 3: The SSI Application must be signed by the parent/guardian/social worker. If the child is a ward of the District, then a **copy of the court order must be attached**. Please note: the SSI application CANNOT be completed online.

Step 4: The completed application must be signed by a child if over 18 years of age and by the social worker for a child under 18 years of age. For children residing in their homes, the parent is encouraged to take part in this process and sign all forms.

Step 5: Social worker submits application to MCS for review and technical assistance

Step 6: MCS enters application information into daily SSI Disposition Log including the date of application, assigned social worker, date delivered to SSA and to whom, date of disposition, and appeal requests. A report will be sent to the BSA Administrator on a weekly basis.

Step 7: MCS reviews application packet and either makes any necessary corrections or returns packet to the social worker who makes the corrections.

Step 8: Once complete and error-free, MCS files application with SSA

Step 9: Social Security determines non-medical eligibility

Step 10: Social Security sends medical information and release of information forms to Disability Determination Services (DDS), where a disability examiner is assigned

Step 11: Disability Determination Services (DDS) processes claim and makes disability determination.

Step 12: Applicant's folder is returned to initiating Social Security Office

Step 13: Social Security notifies applicant/representative of decision by letter

4: Application Tracking and Follow-up

Step 1: MCS will review electronic database on 5th day at the beginning of each month.

Step 2: MCS will identify those children which require additional attention and address any outstanding issues

Step 3: MCS will field SSA requests for additional information and work with the SW to fulfill information requests.

Tracking

Once the training is over, the Medicaid Claims Specialist document attendance by entering information on a spreadsheet created to track all applications sent to SSA as a result of this initiative. An email is sent to management to show who attended the training session and who did not. As applications are completed, the spreadsheet is updated to include date received, rep payee, dated to SSA, and a slot for disposition. Again management will be sent an email updating them on the number of returned applications to be submitted to SSA. The Medicaid Claims Specialist sends social workers reminders about the due date of the application packet and the help that is available to them as often as necessary to get back the application packets in a timely manner.

Disposition

As applications are disposition, social workers and managers are notified by email asking them to pick up approval letters and Social Security cards from the Medicaid Claims Specialist. The application tracking sheets are updated and BSA Program Administrator is notified as well of approvals. With each approval the file is placed at the back of the file cabinet to be held for a non-specified amount of time. Copies of the approval letters and any other correspondence from SSA or DDD are made for the file before distributing to social workers.

Follow-up and Attention will need to be paid to the following areas:

- Encourage consistent collaboration, participation, sense of urgency with social workers
- Solidify inter-unit protocols between EU and MCU
- Resources (i.e. staff, space, equipment, technology, etc.)
- Timely access to data in the monthly
- Support from Agency senior staff
- Regular training.
- Encourage participation of youth 18 and older when they have serious medical, mental, educational, and developmental issues
- Agency-wide communication highlighting program, its benefits, and how everyone can contribute

5. Organizational Representative Payee Program

A representative payee is an individual or organization appointed by SSA to receive Social Security and/or SSI benefits for someone who cannot manage or direct someone else to manage his or her money. The main responsibilities of a payee are to use the benefits to pay for the current and foreseeable needs of the beneficiary and properly save any benefits not needed to meet current needs. A payee must also keep records of expenses. When SSA requests a report, a payee must provide an accounting to SSA of how benefits were used or saved.

CFSA acts as an organizational representative payee on behalf of all children in its custody receiving SSI/Social Security Benefits after an application for benefits have been filed and approved. A payee is responsible for everything related to benefits that a capable beneficiary would do for himself or herself. SSA encourages payees to go beyond just managing finances and to be actively involved in the beneficiary's life. The following lists the required duties of a payee.

Required Duties:

- Determine the beneficiary's needs and use his or her payments to meet those needs;
- Save any money left after meeting the beneficiary's current needs in an interest bearing account or savings bonds for the beneficiary's future needs;
- Report any changes or events which could affect the beneficiary's eligibility for benefits or payment amount such as the following:
 - The beneficiary dies;
 - The beneficiary moves;
 - The beneficiary marries;
 - The beneficiary starts or stops working, even if the earnings are small;
 - A disabled beneficiary's condition improves;
 - The beneficiary starts receiving another government benefit, or the amount of that benefit changes;
 - The beneficiary plans to leave the U.S. for 30 days or more;
 - The beneficiary is imprisoned for a crime that carries a sentence of over one month;

- The beneficiary is committed to an institution by court order for a crime committed because of mental impairment;
- Custody of a child beneficiary changes or a child is adopted;
- The beneficiary is a child (including a stepchild), and the parents divorce;
- You can no longer be payee; or
- The beneficiary no longer needs a payee.

Additional events that must be reported for SSI beneficiaries include:

- The beneficiary moves to or from a hospital, nursing home, or other institution;
 - A married beneficiary separates from his or her spouse, or they begin living together after a separation;
 - Somebody moves into or out of the beneficiary's household;
 - The beneficiary has any change in income or resources (i.e., a child's SSI benefit check may change if there are any changes in the family income or resources); or
 - Countable resources that exceed \$2000 (\$3000 for a couple).
- Keep written records for 2 years of all payments received from SSA, bank statements and cancelled checks, receipts or cancelled checks for rent, utilities and major purchases made for the beneficiary.
 - Provide benefit information to social service agencies or medical facilities that serve the beneficiary as to ensure that all countable income is applied when beneficiary applies for other possible benefits;
 - Help the beneficiary get medical treatment when necessary;
 - Notify SSA of any changes in agency's (the payee's) circumstances that would affect its performance or continuing as payee;
 - Complete yearly Representative Payee Reports accounting for the use of funds; and
 - Must return any payments to which the beneficiary is not entitled to SSA.

The MCS reports to Fiscal when a beneficiary leaves care and notifies SSA of the change in custody.

Representative Payee Accounting Forms

SSA sends the agency a "Representative Payee Report" once a year. When the report is received, it must be filled out promptly and mailed back or follow the directions received with the report and submit the report online within 30 days of receipt. Whether the agency chooses to complete the paper report or the online version, the report is simple to complete if the agency keeps clear records of how the money is spent and /or saved throughout the year.

The Medicaid Claims Specialist and the Eligibility Technician researches FACES.net data to answer questions on the report, sign the report, make copies, and mail back to SSA.

6 .Continuing Disability Reviews

The Medicaid Claims Specialist collaborate with staff and SSA to complete periodic reviews to determine continued eligibility based on medical and non-medical information. The reviews are received by the agency and distributed to staff to complete and return to the MCS with all pertinent data. Review packets are reviewed and then mailed or faxed back to SSA. In a timely manner.

The MCS also completes telephone reviews (non-medical) with SSA providing data from FACES.net.

7. CFSA Procedure for Managing Social Security Administration Beneficiaries Dedicated Accounts Funds

The Federal law requires that the representative payees establish and maintain a separate account at a financial institution for certain large SSI past due benefits (any payment that exceeds six times the Federal Benefit Rate (FBR) plus any Optional State Supplement (OSS)) for beneficiaries under the age of 18. SSA refers to such an account as a “dedicated account” because it must be separate from any other savings or checking account the representative payee may have set up for the beneficiary. The dedicated account can only be a checking, savings, or money market account. The account cannot be in the form of certificates of deposit, mutual funds, stocks, bonds, or trusts. The dedicated account must show the child owns the funds, including interest.

SSA determines when a beneficiary requires a dedicated account and notifies CFSA as the representative payee. The Business Services Administration’s Medicaid Claim Specialist (MCS) serves as the CFSA’s point of contact for facilitating the establishment of a dedicated account.

A) Establishing Dedicated Accounts

The following procedures are used to establish a dedicated account:

1. The MCS receives a notice from SSA that identifies the child and amount of the award, and states that a dedicated account is required.
2. Upon receipt of the notice from SSA regarding a child’s past-due benefits, the MCS informs the AFO of the past-due benefits and the need to establish a dedicated account for the child via email with a pdf of the SSA notification attached.
3. The AFO, in conjunction with the DC Treasurer, establishes the dedicated bank account and informs the MCS that the dedicated bank account has been established via email with a pdf of the bank account information.
4. The MCS forwards to SSA the dedicated bank account information.
5. SSA informs the MCS that it will begin depositing the child’s funds into the dedicated bank account in installments at 6-month intervals for a maximum of three payments.

6. The MCS notifies the AFO that SSA has indicated its intention to start depositing the child's funds into the dedicated bank account.
7. The AFO will establish the necessary accounting procedures to track and maintain the funds in the dedicated account.

B) Using Dedicated Account Funds

The items and services that may be purchased for the beneficiary using dedicated account funds are restricted to the following categories of expenses:

- Medical treatment;
- Education or job skills training;
- Expenses related to the child's impairment(s), personal needs assistance (for example, in-home nursing care), special equipment, housing modification, and therapy or rehabilitation; or
- Other items or services related to the child's impairment(s) that SSA determines to be appropriate (SSA approval must be obtained prior to making purchases that could be categorized as "other").
- Dedicated accounts may **not** be used to meet the beneficiary's current maintenance needs for food, housing, clothing, and personal items if they are not related to the child's impairment.

The following examples are meant as a guide, not as an all-inclusive list of "other" items or services that could be related to a child's impairment:

- Personal aids to facilitate living and learning, such as assistive technology for communication and mobility, or modified instructional materials.
- Special foods for children with special dietary needs.
- Special clothes, such as orthopedic shoes or adult size pants with snap-crotch for older, incontinent children.
- Increased electrical bills resulting from needed mechanical devices that must frequently run.
- Specialized day care and therapeutic recreation such as special summer camps or Special Olympics.
- Food and veterinary care for a guide dog or other assistive animal.
- Repair of walls, carpets or furnishing that have been damaged or worn by a disabled child.
- Counseling, crisis intervention services, respite care, and therapeutic foster care, if not covered by health insurance or public service program.
- Repayment of past debt, including self-reimbursement by a creditor payee, for those items or services that were related to the child's impairment and benefited the child (See POMS GN 00602.030 about paying debts and obtaining prior approval).
- Attorney fees incurred in pursuit of the child's disability claim.

- Household furnishings, appliances, and changes in utility services related to the child's disability such as air conditioning for an asthmatic child, a washing machine for an incontinent child, or installation and maintenance of a phone line to ensure ready access for a needed service.
 - Household renovations where the current conditions adversely affect the child's health such as insulating a home for a child with a respiratory or cardiovascular condition that is aggravated by extremes of cold or heat, or a separate bedroom for a child with emotional disabilities that require a structured setting.
 - Special play and recreation equipment related to the impairment.
 - Computers and related accessories and software to promote learning, cognitive, and other skills.
 - Transportation expenses incurred in getting the child to training classes, therapy sessions, doctor's appointments, etc. This could include bus, cab fare, or in some cases, the purchase of a vehicle.
- Dedicated accounts may **not** be used to meet the beneficiary's current maintenance needs for food, housing, clothing, and personal items if they are not related to the child's impairment. The ongoing monthly SSI benefits should be used for these types of expenditures.

C) Processing Dedicated Account Funds Requests

1. The MCS identifies the child's social worker and supervisor whose dedicated account has just been established by the CFSA's AFO and notifies them via email that the child's dedicated account has been established and the amount.
1. The Social Worker identifies SSI beneficiary's need(s) with associated costs, and reviews the expenditure categories allowable by SSA.
2. The Social Worker forwards the request via email to their immediate supervisor for review and approval.
3. Upon approval the Supervisory Social Worker forwards the request to their Program Administrator for review and final approval.
4. If the Program Administrator approves the request, the Social Worker contacts the MCS via email with the approved request, highlighting the child's name, FACES client ID number, SSN, address, and item(s) or service(s) on which dedicated account funds are to be expensed. (If the approved request is for an "other" items or services related to the child's impairment(s), the MCS will forward it to SSA for review and approval.)
5. Within one (1) business day, the MCS reviews the dedicated account funds request by first ensuring child has a dedicated account, and researching the beneficiary's needs to

ensure items or services meets SSA dedicated account expenditures regulations. If necessary (particularly if items or services are categorized as “other”, the MCS will contact SSA seeking approval.

6. Within two (2) business days of receiving the dedicated account funds request, the MCS will provide a first level approval or denial.
7. Within three (3) business days of receiving the dedicated account funds request, the MCS will forward his/her findings to their immediate supervisor, the Medicaid Claims Supervisor, for review and second level approval or denial.
8. The Medicaid Claims Supervisor will forward his/her approval or denial to the MCS with a reason or summary explanation of he/her findings.
9. If the dedicated account funds request is approved, the MCS will notify the Program Administrator via email of the approval.
10. Once the approved item(s) or service(s) has been rendered to the child, the Social Worker will provide the MCS with a copy of the invoice from the to be paid provider/vendor.
11. Within four (4) business days of receiving the invoice from the Social Worker, the MCS will forward the invoice to the Agency Fiscal Officer for review and processing and payment.
12. Within four (4) business days of the AFO receiving the invoice , AFO notifies the MCS via email that the invoice has been processed and the date the check will be issued.
13. Upon receipt of the check, the AFO will forward to MCS who in turn will forward it to the Program Administrator.

D) Monthly Reporting

On the fifth day of every month, the ORO and AFO will produce and distribute the CFSA SSA Dedicated Accounts Expenditure Report which will detail the children, items, services, and costs associated with the previous month’s SSA dedicated account funds expenses.

Representative Payee Record Keeping Responsibilities

The representative payee is required to keep bank statements, receipts and maintain an expense record of all expenditures. The representative payee should be able to provide SSA with an explanation of any expenditure and how the expenditures relates to the child’s disability. Each year, SSA will require the representative payee to complete a report on the use of the dedicated account funds.

Dedicated Account and Change of Representative Payee

When a child aged out or leave care and he/she has a dedicated account, CFSA must complete a final accounting of the funds and return the balance of the account to SSA.

8. Payments and Expenses – Agency Fiscal Officer Function

Once CFSA is deemed the representative payee, the Agency is required to establish some form of payee accounting system that tracks payments for each beneficiary:

- How much money was received?
- How much was spent?
- How it was spent?
- The balance saved for each beneficiary

Individual ledgers are maintained for each that details beneficiaries benefit amount and receipts, expenditure transactions, and running balances. CFSA is required to keep written records for at least 2 years of all payments received from SSA, bank statements and cancelled checks, receipt or cancelled checks for rent, utilities and major purchases made for beneficiaries in care.

FACES.net currently houses all expense information separate and apart from the payment ledger maintained by the Agency Fiscal Office, which logs monthly benefit payments on to a monthly benefit report, when reconciling bank statements and/or in receipt of a paper check. The Social Security Administration requires that that reimbursements for expenses incurred on behalf of the beneficiary be supported by adequate documentation that details the reimbursement, by category of expense, by month, and by beneficiary, prior to making disbursements from the collective account. This action should be made timely, after the expense has been incurred and paid.

Reconciliation and SSA Check/Funds Return Process

- A. When a youth exits care and it is brought to the attention of the Medicaid Claiming Specialist (MCS), the MCS will send notification to the Social Security Administration (SSA) via formal letter (and email with a pdf of letter attached) reporting youth's name, SS#, date in custody and date youth left care, and a request to remove CFSA as the payee
- B. MCS will calculate payments received by CFSA, beginning the month after the youth leaves care based on information logged on the AFO SSI/SSA benefit ledger (benefits ledger needs to be updated weekly by AFO)
- C. MCS will complete a memorandum to the Agency Fiscal Officer (AFO) with subject line of CONSERVED FUNDS, reporting the amount to be returned to SSA, the date SSA was notified, and whether or not new payee application was completed by new guardian
- D. AFO will reconcile payments reported by MCS to information from its database and if payment calculations are correct, then
- E. AFO will complete its paperwork to issue a check and return funds to SSA
- F. AFO will provide a status to MCS of payment back to SSA within 3-5 business days of the request to return the funds

- G. AFO will issue the check(s) to MCS
- H. MCS will log the check(s) in current database – check number, check amount, and date issued
- I. MCS will arrange for check(s) to be taken by the agency courier to an identified point person at SSA
- J. Agency Courier will deliver check(s) to SSA identified person and receive a receipt verifying delivery and acceptance of checks
- K. Agency Courier will return with a valid receipt of the transaction from SSA and deliver to BSA
- L. BSA will provide receipt to AFO and file a copy in the youth's SSA file housed with the MCS

*In case of a discrepancy, MCS will request that SSA review the Agency's calculation and confirm the amount. If SSA disagrees with the Agency's calculation, MCS and AFO will work with SSA to reach an agreed upon amount based on the child/youth's time in care, payments received, etc.

Bank Account

The Agency Fiscal Office manages the established collective account, presently at Bank of America, set up to deposit checks and wire transfers of all beneficiary's payments on a monthly basis. The collective account is titled in a manner that identifies CFSA as the fiduciary and the beneficiaries as the owner.

1. If benefit received via check, date and time relative to check delivery is recorded in Facilities Management Administration
2. FMA delivers check to AFO
3. AFO logs the check information in the SSA payment log.
4. If direct deposit, AFO logs check information from bank statement on to SSA payment log.

Bank Statement Reconciliation

The Agency Fiscal Office makes monthly bank reconciliations between the beneficiaries' bank account balances and the corresponding monthly benefit report balances titled SSA Payments for Wards Benefits Accounts Deposits. Both must agree.

All interest earned on the beneficiaries collective account is allocated and posted to the beneficiaries' monthly benefit report in a timely manner.

Fiscal sends MCS a copy of monthly benefit report once updated and all checks logged. MCS reconciles the report to FACES.net. For beneficiaries that have not received monthly checks, the MCS follows up with SSA.

Adopted Children

For SSI beneficiaries who have been adopted, but CFSA remains the rep payee, the MCS will notify SSA that the children are no longer in the care and custody of CFSA. The MCS will also inform (via email and memorandum) the Out of Home and Permanency Administration of the situation.

When CFSA is contacted by SSA regarding SSI beneficiaries who have been adopted, the MCS will notify SSA that the children are no longer in the care and custody of CFSA. The MCS will

also inform (via email and memorandum) the Out of Home and Permanency Administration of SSA's desire to communicate with the adoptive parent(s). The Out of Home and Permanency Administration will determine how communication between the adoptive parent and SSA is facilitated (if at all).

9. SSI and Title IV-E Decision Points

Category 1

SSI Beneficiary, IV-E Eligible Reimbursable, and CFSA is Not the Rep Payee

Solution: Management letter to SSA stating child is in the care and custody of CFSA, however, some other entity or party is the representative payee.

Category 2

SSI Beneficiary, IV-E ENR, and CFSA is Not the Rep Payee

Solution: Management letter to SSA stating child is in the care and custody of CFSA, however, some other entity or party is the representative payee. Submit SSA-11-F6 (Application To Be Selected As Payee).

Category 3

SSI Beneficiary, IV-E INELIGIBLE, and CFSA is not the Rep Payee

Solution: Management letter to SSA stating child is in the care and custody of CFSA, however, some other entity or party is the representative payee. Submit SSA-11-F6 (Application To Be Selected As Payee).

Category 4

SSI Beneficiary, IV-E Eligible Reimbursable, CFSA IS the Rep Payee AND RECEIVING PAYMENT FOR BOTH

Solution: Review and verify receipt of both IV-E and SSI dollars. IF verified that CFSA is receiving both IV-E and SSI dollars, submit management letter to SSA identifying the child, summarizing dual federal reimbursement and corresponding timeframe recommending continuation or suspension of SSI after review and determination by management team.

Category 5

SSI Beneficiary, New Entry Determined to be IV-E Eligible Reimbursable at later date and CFSA is not Rep Payee

Solution: Upon eligible determination by EU, EU will communicate to MCU child's status. MCU will alert ORO management which will complete review, analysis and determination process. IF determined that suspension or waiver (see below) of SSI will not negatively impact child/youth because the anticipated exit is greater than 12 months, ORO management sends email or memorandum to MCS directing them to submit SSA-11-F6 form to SSA, as well as a request to suspend or waive benefits.

E. Quality Control

Once application packets are returned, the Medicaid Claims Specialist reviews each for completion and required signatures (child 18 and older must sign applications and releases). A representative payee form is completed for each child. A letter from BSA Program Administrator is attached to each application packet verifying that the child/youth is not eligible for Title IV-E. If all the information is present and all required signatures on documents (child 18 and older must sign applications and releases), a copy of the entire packet is made for the agency. The packets are either taken to the Social Security Office or mailed.

Once the application has been submitted to SSA, the Medicaid Claims Specialist monitors its progression through the system by having constant contact with disability examiners at SSA and/or the Disability Determination Division of RSA via phone and/or mail. If there is needed information, the Medicaid Claims Specialist reviews copy of materials submitted. If the information is in the packet, a copy will be made and faxed/mailed to SSA or DDD per their request. If the information cannot be found, the social worker will be contacted by the Medicaid Claims Specialist via phone and/or email making them aware and seeking their assistance to obtain the information. Their managers will be copied on all emails. Once the information is obtained, it will be forwarded to SSA or DDD by the Medicaid Claims Specialist.

Additional key quality control elements can be found in D.4 and D.8.

F. Recordkeeping for SSI/Social Security Beneficiaries

The Medicaid Claims Unit securely maintains hard file for all beneficiaries for whom CFSA is the payee, as well as all correspondence from SSA, reviews, and/or initial applications to be readily available to Agency management, Social Workers, AFO/CFO, and SSA.

All correspondence is processed on a daily basis and responded to in a timely manner, particularly if adverse actions will effect monthly payments. Social Workers are notified immediately of any follow up is required by CFSA on behalf of the beneficiaries, via emails, phone calls, and/or face to face contact. Any documents received from SSA that requires immediate attention will be sent electronically or hand delivered to staff. All correspondence is filed in established records for each beneficiary.

G. Social Security Card Applications

The Medicaid Claims Unit receives social security card applications from staff for children/youth that are in need of a card because they have never had a number or there is a need for a replacement card. The SS-5 (SSA Application for a Social Security Card) is completed and signed by staff. Upon returning the application to MCU, staff must attach the following:

1. **Child/youth never had a SS#** - submit the original birth certificate, copy of court order showing legal status, copy of immunization record or school attendance record, and copy of staff I.D. to validate the signature on the application.
2. **Has a SS#, but need a replacement card** – submit copy of court order showing legal status, copy of immunization record or school attendance record, and a copy of staff I.D. to validate the signature on the application.

Once all information is returned and appropriate signatures are present, the packet will be logged by the Eligibility Technician and taken to SSA biweekly as CFSA has a standing bi-weekly meeting with the agency to address any concerns/issues, follow up on outstanding requests, and deliver any documents.