IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION I – 100 APPLICATION/RE-DERTERMINATION FORM



**100 APPLICATION/RE-DETERMINATION FORMS**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine presence, date, and completeness of required eligibility forms. Examples include (1) signed and dated CCDF application form, (2) child care agreement, and (3) voucher or certificate. | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  | Si Signed and Dated Child Care Application and Fee Agreement | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Si Signed and Dated Financial Assistance Statement | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Si Signed and Dated Child Care Voucher (applies to subsidy type voucher only)  (check box) Attendance Notification  (MA requirement)  Comment box remains as before | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

This form applies to –

1. Voucher – IE, DTA, DCF, ARRA (no different business rules – same as IE) If DTA or DCF , sign all three signed items. If IE with voucher, then sign all three. If no voucher then sign 2 (exclude voucher)
2. Contract – IE (includes Teen Parent contracts? – no different business rules), DCF, DHCD, ARRA (no different business rules – same as IE). All signed except the signed voucher section
3. Assessment Type – initial and reassessment.
4. Attendance notification is not to be considered in error count

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION II Priority Group Placement (instead of Section I) – ~~200 PRIORITY GROUP PLACEMENT~~ 

**200 PRIORITY GROUP PLACEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine if client meets criteria of any State-designated priority groups, e.g., special needs and/or low income. | * DTA Authorization   \_ TAFDC family  \_ Transitional family  - DCF Authorization  \_ Supportive Authorization   * General priority * Parent with special needs   \_ Verification form   * Child with special needs   \_ Verification form   * Homeless   \_ DHCD/DCF referral   * Child of teen parent   \_ Copy of birth certificate  \_ Driver license  \_ Other government issue ID (state ID card, military dependent's card, or passport) that lists DOB  Comment box remains as before |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION III General Program Requirements instead of Section I… – ~~300 QUALIFYING HEAD OF HOUSEHOLD~~



**300 QUALIFYING HEAD OF HOUSEHOLD**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine if client meets parent definition (parent means a parent by blood, marriage or adoption and also means a legal guardian, or other person standing in loco parentis), e.g., (1) parent, (2) step-parent, (3) legal guardian, (4) needy caretaker relative, or (5) spouse of same.  In Massachusetts, a qualifying head of household may also include: (1) foster parents; or (2) caretakers, which is defined at 606 CMR 10.02 as a “person who lives with, supervises and cares for a child or children whose parents do not live in the home.”  Head of Household Applicants are required to verify his/her relationship to the child and submit a current photo identification document. | |  |  | | --- | --- | |  | Parent, step-parent, adoptive | |  | Legal guardian | |  | Foster Parent | |  |  | |  | Caretaker | |  | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  | NOTE (no check box needed):  If the child care authorization is based on a referral from either DTA or DCF, the only documentation needed to verify that the child is residing with a qualifying head of household is the “Identity” documentation below.  Another person who lives with, supervises, and cares for a child(ren) whose parents do not live in the home, e.g. a grandparent, and teen parent (must be under 20 years old) | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Relationship between parent and child** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Birth certificate indicating name(s) of parents and child | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Or document contains both the name of the child and applicant** (only required if birth certificate is not submitted) | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | baptismal certificate | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | hospital birth record | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | copy of previous EEC child care voucher | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | social security benefits record  school records showing the address of the child and name and relationship of relative responsible for child | | | |  |  |  | | --- | --- | --- | |  |  | If child resides with a Legal guardian file must contain: | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | court guardianship records (for both permanent and temtemporary guardians) | | | |  | | --- | | **Application ID with photograph** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Passport | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Certificate of US Citizenship | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Certificate of Naturalization | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | US Military Retiree Card or Uniform Service  Identification Privilege Card | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Driver's license, permit or state ID | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Military ID card | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | School identification card  Comment box remains as before | | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then analysis of case record column enables one check box only – application ID with photo

If DCF authorized in section 200, then analysis of case record column enables one check box only – application ID with photo

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION I – ~~310 RESIDENCY~~ change to Section III. General Program Requirements



**310 RESIDENCY**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine if client is a resident of the State and for what duration, if client is a resident of the county and for what duration, and whether there is an agreement regarding eligibility among counties. | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  | MA Utility bills | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA property tax bill or receipt | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA mortgage documents or MA home owners insurance | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA W-2 form for most recent state and/or federal tax return but no older than 18 months | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA weapons permit | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA motor vehicles registration card | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA voters registration card | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA school enrollment form if applicant is under 18 | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA proof of undergraduate/graduate student of in-state tuition payment verification | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | MA homestead tax exemption | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Residential rental and/or lease agreement | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Letter from MA Shelter program confirming that parent and children reside at the shelter | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Other documentation linking an individual to a specific address in MA  DTA referral  DCF referral | | | |  | | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif | | | Comment box remains as before | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – ~~SECTION I – 320 PARENTRAL WORK/TRAINING STATUS~~ Section III: General Program Requirements

(PARENT 1 )



**320 PARENTAL WORK/TRAINING STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) | |
| To receive services, a child's parent or parents must be working or attending a job training or educational program, or have a child receiving or needing to receive protective services. | Parent 1   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | | **Seeking Employment**    Add:  Initial 8 weeks  ..Additional 4 weeks: letter from former employer  required or other written approval from EEC. | | | |  |  | | | **Employment** | |  |  | | | Copies of pay stubs or  EVF for cash/self-employment | |  | | |  | | | |  | | --- | | **Education and Training:** Parent enrolled in full-time  high school or GED; vocation training program; ESL; or  college/university, not including graduate, medical, or  law school [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl04_frmTemplate_lstRequirements_lstRequirements_ctl03_pnlHelp');)  ? Text - Note: work study, practicum, clinical experience or internship is  considered employment | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | If if enrolled in higher education program; written  statement from college/university to verify enrollment and  number of credits | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | If if participating in training program, high school, or  high school equivalency program (i.e., GED), written  statement by the school or program to verify enrollment and  duration/schedule of program | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Military Service** | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Cocopy of military orders | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Maternity Leave**  ? text - parent on parental leave from previously approved  EEC activity | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Le letter from employer indicating allowance of  maternity leave, with verification of salary received  during the leave, and the duration | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Child or parent with documented special need** | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Ve verification of Special Needs form | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Parent/Guardian age 65 or older and retired** | | | | | | | | |  | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Ve verification of age (birth certificate, driver's  license, passport, government ID, or social security card) | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  |  | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Homeless Child Care Referral (DHCD or DCF)** | | | | | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **DCF Referral**  **DTA Referral** | | | | | | | | |  | | | Comment box remains as before | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

If Homeless (DHCD/DCF referred) in section 200, then enable check box with a check mark on Homeless

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – ~~SECTION I – 320 PARENTRAL WORK/TRAINING STATUS~~ Section III: General Program Section III: General Program Requirements

Parent 2

(PARENT 2 )



**320 PARENTAL WORK/TRAINING STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| To receive services, a child's parent or parents must be working or attending a job training or educational program, or have a child receiving or needing to receive protective services. | Parent 2  Same as parent 1  Comment box remains as before |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

If Homeless (DHCD/DCF referred) in section 200, then enable check box with a check mark on Homeless

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – ~~SECTION I – 330 QUALIFYING CHILD~~ Section III: General Program Requirements



**330 QUALIFYING CHILD**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine if child is eligible for services, including (1) younger than 13 years, (2) younger than 19 years and physically or mentally incapable of caring for himself or herself, or under court supervision, or (3) meets other eligibility requirements defined in the State Plan, and (4) if child meets citizenship requirements as set forth in Federal policy. | |  | | --- | |  | |  | |  | | **Child is under 13 years** | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Birth certificate | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Other (explain comments) | | | **Child is between 13 and 16 years** | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Verification of special needs form | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Birth certificate  Add Other as in above | | | **Proof of Citizenship** | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Birth certificate | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | U.S. passport | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Report of birth abroad of a U.S. citizen | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Other evidence of US. citizenship, U.S. National status or Alien status | | | **[Add pop up –?Text – see Appendix R of Policy Guide and EMB FY2010-03 Desk Guide to Non-citizen Eligibility**  **DCF Referral**  **DTA Referral** | | Comment box remains as before | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCFIMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – ~~SECTION I – 340 QUALIFYING CARE~~ Section III: General Program Requirements



**340 QUALIFYING CARE**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine number of hours needing authorization during review period, based on parental work/training status or child's protective services status. Determine hours and type of care authorized.  In Massachusetts, except when requesting a subsidy for a child with special needs, both parents living in the household must document either a part-time or full-time service need. Children with documented special needs are eligible for full-time care. | |  |  | | --- | --- | | |  | | --- | | **Case record hours authorized** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Fu Full time [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl06_frmTemplate_lstRequirements_lstRequirements_ctl01_pnlHelp');)  ? text - must participate in EEC approved activities at least 30 hours/week to be eligible for full time care (50 hours max) in accordance with the schedule of activities [Note: a parent/guardian participating in 12 credit hours or more of college courses will be eligible for full-time service need, regardless of schedule] | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Pa Part time [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl06_frmTemplate_lstRequirements_lstRequirements_ctl02_pnlHelp');)  ? text - must participate in EEC approved activities at least 20 hours/week, but less than 30 in accordance with the schedule of activities | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Reviewer hours authorized** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | FuFull time [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl06_frmTemplate_lstRequirements_lstRequirements_ctl04_pnlHelp');)  ? text - must participate in EEC approved activities at least 30 hours/week to be eligible for full time care (50 hours max) in accordance with the schedule of activities [Note: a parent/guardian participating in 12 credit hours or more of college courses will be eligible for full-time service need, regardless of schedule] | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | PaPart time [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl06_frmTemplate_lstRequirements_lstRequirements_ctl05_pnlHelp');)  ? text - must participate in EEC approved activities at least 20 hours/week, but less than 30 in accordance with the schedule of activities  **DCF Referral**  **DTA Referral**  Comment box remains as before | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – ~~SECTION I – 350 QUALIFYING PROVIDER ARRANGEMENT~~ Section III: General Program Requirements



**350 QUALIFYING CARE and PROVIDER ARRANGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Determine if services are provided by a center-based child care provider, a group home child care provider, a family child care provider, or an in-home child care provider, and that the provider met all regulatory requirements. | |  | | --- | |  | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Center-based Child Care** | | | Licensed  License-exempt  Unlicensed  [instead of arrow use check box on app] | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **School-Age Child Care**  Licensed  License-exempt  Unlicensed | | | [instead of arrow use check box on app] | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Family Child Care** | | | Licensed  License-exempt  Unlicensed  [instead of arrow use check box on app] | | |  | | --- | | **In-Home/Relative** (add box and indent boxes below) | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | provider registration form complete | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | childcare provider agreement | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | health & safety checklist | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | verification of attendance at CCR&R orientation | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | verification of provider's age | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | verification of provider's identity with photo | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | location of care matches parents' address | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Non relative only** (add box and indent boxes below) | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | proof of CORI  Comment box remains as before | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION IV – 400 INCOME and Authorization

(PARENT 1)



**400 INCOME/INCOME STANDARDS/PARENTAL FEE CALCULATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Describe income verification and calculations for household members. Specify time period (e.g., based on 4- weeks prior to application) and all income to be considered based on State policies and definitions (e.g., head of household employment).  Determine if household income meets state requirements (e.g., family gross income must be within x percent of the State’s median income).  Determine the amount of subsidy payment authorized for payment for a sample review month.  Determine if the amount authorized was based on income and family size, the State’s payment rate schedule, and any sliding fee schedule, if applicable. | |  |  | | --- | --- | | [[Parent 1]](javascript:changeTab('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_tab1','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_tab2','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_blkTab1','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_blkTab2','1')) | [[Parent 2]](javascript:changeTab('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_tab1','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_tab2','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_blkTab1','ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_blkTab2','2')) |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Verify Income Sources**  **Employment**  ? Text - [Note: income for parents/guardians in military excludes compensation for service in combat/hazardous duty area] | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | copies of paystubs for one month (four weeks within the most recent six week period) | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Newly employed; less than four weeks** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Employment Verification Form | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Existing self-employment**  ? Text - Reflected in most recent federal tax returns | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Employment Verification Form | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Report of Self-Employment Earnings Form | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | copies of business registration with MA DOR, certificate, licenses, certification of incorporation, or other documentation | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | copies of most recent federal tax returns and schedules | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | tax return transcript for most recent federal tax returns | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  | **Newly self-employed** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Employment Verification Form  Report of Self-Employment Earnings Form, if newly self-employed less than three months the monthly worksheets are not required | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Copies of business registration with MA DOR, certificate, licenses, certification of incorporation, or other documentation | | | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Other Sources of Income**  Note: earned income includes tips and commissions |   Add check box for Tips and Commissions | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Alimony [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl14_pnlHelp');)  Self declaration of in kind contribution or formal agreements, documented by one of the following: copy of court order or most recent amendment; copies of check from payer or child support verification from DOR. | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Child support | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Lottery Earnings [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl16_pnlHelp');)  Statement from State Lottery Commission indicating amount of awards, and number and amount of installment payments, if applicable | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Pension/Retirement Income [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl17_pnlHelp');)  copy of award letter or check stub | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Social Security Income and Retirement Benefits [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl18_pnlHelp');)  copy of award letter or check stub | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Workers Compensation [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl19_pnlHelp');)  copy of award letter or check stub | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Unemployment Compensation [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl20_pnlHelp');)  copy of award letter or check stub | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Cash benefits received from TAFDC for a child in the applicant’s care  Add check box – Net Rental Income [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl21_pnlHelp');)  Total rental income less the cost of utilities, mortgage, and tax paid, verified through appropriate documentation, including copies of utility, mortgage, and property | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Dividends/Income from Estates or Trusts [http://eec-tst-web-v01/improperpayment/images/help.gif](javascript:displayHelp('ctl00_ContentPlaceHolder1_lstForms_ctl09_frmTemplate_lstRequirements_lstRequirements_ctl22_pnlHelp');)  Copy of check or interest statement | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | **Exempt from Income** | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Legal Guardian/Caretaker UNDER 65 | | | |  |  |  | | --- | --- | --- | | http://eec-tst-web-v01/improperpayment/images/spacer.gif |  | Foster care  Income Threshold  50% SMI  85% SMI  100% SMI  Head of Household Income exempt (e.g., family of one, guardian, or caretaker)  DCF Referral (verified as receiving protective services)  DTA Referral – TAFDC Family (verified by DTA) | | | |  | | --- | |  | |  | | |  | | --- | | Calculate Income and Verify SMI    Case Record Family Income: | | Case Record Family Size: | | Case Record Household meets SMI requirement:  Case Record Fee Level: | | Case Record Parent Daily Fee: | | Case Record Authorized Days: | | Case Record Provider Rate: | | Case Record Trans Amount: | | Case Record Authorized Amount: | |  | | Reviewer Family Income: | | Reviewer Family Size: | | Reviewer Household meets SMI requirement:  Reviewer Fee Level: | | Reviewer Parent Daily Fee: | | Reviewer Authorized Days: | | Reviewer Provider Rate: | | Reviewer Trans Amount: | | Reviewer Authorized Amount: | | | Comment box remains as before | | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

Reviewer authorized days is calculated based on autho start date and autho end date independent of billing (reviewer enters this info)

Reviewer authorized amount is calculated by the system –( (autho days \* provider rate)+transportation)-(autho days\*parent fee)

If General Priority, Homeless, or Child of Teen Parent selected in section 200, then enable check box with a check mark on 50% for initial assessment (or 85% if reassessment) UNLESS Legal Guardian/Caretaker UNDER 65 or Foster care is selected in section 400. In such cases, Head of Household Income exempt (e.g., family of one, guardian, or caretaker) should be checked.

If Parent with Special Needs or Child with Special Needs selected in section 200, then enable check box with a check mark on 85% for initial assessment (or 100% if reassessment) UNLESS Legal Guardian/Caretaker UNDER 65 or Foster care is selected in section 400. In such cases, Head of Household Income exempt (e.g., family of one, guardian, or caretaker) should be checked.

If DTA Authorization – Transitional Family selected in section 200, then enable check box with a check mark on 85% for all assessments.

If DTA Authorized - TAFDC Family in section 200, then enable check box with a check mark on verify by DTADTA Referral – TAFDC Family

If DCF authorized in section 200, then enable check box with a check mark on DCF Referral

If Transitional, must maintain evidence of income as IE.

New and re-assessment have different SMI

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION IV – 400 INCOME and Authorization

(PARENT 2)



**400 INCOME/INCOME STANDARDS/PARENTAL FEE CALCULATION**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
|  | Same as parent 1 |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation |

**Business Rule:**

Same as Parent 1.

IMPROPER PAYMENT FORM REQUIREMENTS

ACF 400 – SECTION IV – 410 INCOME and Authorization 

**410 AUTHORIZATIONS/COMPUTATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| ELEMENTS OF ELIGIBILITY & PAYMENT AUTHORIZATION (1) | ANALYSIS OF CASE RECORD (2) | FINDINGS (3) | RESULTS (4) |
| Compute the difference between the amount authorized to be paid in the sample review month and the amount that should have been authorized. This difference is the error amount. Indicate if the error amount is an Overauthorization or Underauthorization. | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | Case Record Subsidy Amount Authorized: | | Reviewer Subsidy Amount Authorized:  Variance: | |  | | | Comments: | |  | 1. [Y/N] No Error (0)   Error (1)   1. [Y/N] Insufficient/Missing Documentation  |  |  | | --- | --- | | 3. | Underauthorization Overauthorization | | 4. | Total Amount of Improper Authorization for Payment | |

**Business Rule:**

If DTA authorized in section 200, then enable check box with a check mark on verify by DTA

If DCF authorized in section 200, then enable check box with a check mark on verify by DCF

Authorized amount is populated by eCCIMS but it should be based on autho period not billed period

Reviewer authorized amount = comes from calculation on 400 income

Variance box= Case Record minus Reviewer Amount

If negative amount, then Under-Authorization, if positive amount, then Over-Authorization. If zero, no error in the rate paid.