

The Texas Works Documentation Guide

April 2014

Introduction

The Texas Integrated Eligibility Redesign System (TIERS) and the State Portal were designed to allow eligibility staff to comply with a vast percentage of the Texas Works policy documentation requirements by successfully completing all relevant Data Collection pages and by including supporting documents in the household's case record (whether managed through document imaging or maintained as a physical case record).

Documented information available in the case, either as a scanned or physical document or entered in a TIERS data entry field, does not need to be restated in case comments. For the remaining small percentage of documentation still required by policy, staff must include the information in TIERS Case Comments.

The *Texas Works Handbook* still contains the complete documentation policy for each eligibility point at the end of each handbook section. Eligibility staff must provide documentation in sufficient detail to support the eligibility determination, but it does not need to be redundant. Document in enough detail so others can understand all computations and advisor decisions on all case actions based on the information maintained in the case record or through other Texas Health and Human Services Commission (HHSC) automated systems, readily accessible to a reviewer.

This documentation guide outlines the requirements for documentation that must be entered in TIERS Case Comments. Staff cannot modify these requirements or add to these requirements except through a regional corrective action plan approved by HHSC state office. Additionally, staff may follow regional procedures to request a change to the documentation requirements that are described in this document or elsewhere in the *Texas Works Handbook*.

The documentation requirements for TIERS Case Comments described on the following pages are sorted by:

- general documentation requirements, and
- requirements specific to particular TIERS Functional Areas and Eligibility Points.

General Documentation Requirements for Case Comments

Document: Enough detail to explain the use of a contingency processing method (CPM) when one is needed, due to a defect or because the policy has not yet been programmed into TIERS.

The source used to verify the element when selecting “Other Acceptable” as a verification source, if there is not a place for the information on the TIERS page or an image of the verification in the case record.

Resolutions to any discrepancies, blanks on the application form, questionable information, or special situations for any eligibility element.

The individual’s response to clear discrepant Data Broker information or if the individual disagrees with the information, as required by policy in A-260, Documentation Requirements.

Fraud referrals entered in the Automated System for Office of Inspector General (ASOIG) (B-980).

For Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), document in TIERS Case Comments that an overpayment referral was made via ASOIG or through the TIERS interface and include a brief description of the overpayment along with how and when the overpayment was discovered (B-780).

Individual Information

Program Page Why a certain file date was used to determine eligibility, when the file date used differs from the received date on the application or the application has more than one “received” date, as required by policy in A-190, Documentation Requirements.

The reason the application is reopened with an explanation of the new file date as required by policy in Part B, Section 100, Processes and Processing Time Frames.

Medicaid Eligibility If providing prior coverage for more than the previous three months, document the following as required by policy in A-880, Documentation Requirements:

- There was an application on file to cover any of the prior months
- The file date on the application used to cover these months

Appointment

For applications completed by a Community Partner (CP), document the interview was conducted by CP staff, the original interview date and time of the interview, and the specific food bank entity that conducted the interview as required in A-116.4, SNAP Applications from a Contracted Community Partner (CP).

When interpreter services were provided and how they were provided when an application indicated the individual requested these services, as required by policy in A-190.

For programs requiring an interview, why a telephone interview was not done if the individual met telephone interview criteria, as required by policy in A-190.

For telephone interviews, staff must document with a brief statement in the page-level comments section of the **Appointment – Details** page, **Caller Authentication** tab, whether the caller was or was not verified by two authentication questions. Also, document whether or not the individual came into the office and provided verification of identity, as required by policy in A-2020.5, Actions When Verification Is Provided at the Local Office, and A-2040.1, Authentication of Caller Identity Verification Sources.

Living Arrangement

When a child is admitted into a general residential operations facility.

Residence

For TANF and Medicaid recipients who report temporary visits outside of Texas, document the following as required by policy in A-770, Documentation Requirements:

- The individual’s purpose for leaving
- The individual’s intent to return to Texas
- Which state the individual considers their state of residence

For SNAP recipients who received benefits from the Food Distribution Program on Indian Reservations (FDPIR) and are switching to SNAP, document “Alabama” as the other state as required by policy in B-421.1, Duplicate Participation.

TANF Personal Responsibility Agreement (PRA)

Document that the PRA requirements were verbally explained to the individual, as required by policy in A-2170, Documentation Requirements.

Conviction or Intentional Program Violation (IPV)

The state in which a household member(s) is disqualified for a felony drug conviction or IPV if the disqualification did not occur in Texas, if applicable.

**Absent
Parent/Child
Support**

As required by policy in A-1160, Documentation Requirements, document:

- the name and last known address of the legal and/or biological father of an unborn child if the mother receives TANF or Medicaid for pregnant women.
- the reason an individual cannot provide minimum information about an absent parent.
- the determination made at each re-evaluation of good cause. The re-evaluation must occur at each periodic review.
- any child support sanctions imposed in error.

Sanctions

Document the SNAP Employment and Training (E&T) or Choices penalty information from the automated Texas Workforce Commission interface; Form H1816, SNAP E&T Noncompliance Report; or Form H2581, Choices Noncooperation Report, including the noncooperation date, applicable penalty period and reason when staff are not able to enter the penalty in TIERS, as required by policy in A-1890, Documentation Requirements.

Income

Document:

Special calculations used that are not captured in TIERS pages, such as when using year-to-date information to determine pay amounts for a missing check stub.

Reason income is excluded, for types of exempt income not specifically listed in TIERS.

The reason income fluctuates.

Why a pay period was included or excluded in the projection. If a past pay period is not representative of future anticipated earnings, document the reason it is not representative.

For TANF and Medicaid (except Children's Medicaid), document the household's plan to pursue income to which it is entitled, including time allowed to pursue the income.

For TANF and Medicaid (except Children's Medicaid), document that an individual no longer claims to have a disability or to be caring for a child with a disability when the individual reapplies after being denied for failure to follow the agreed plan to apply for Supplemental Security Income (SSI)/Retirement, Survivors and Disability Insurance (RSDI).

The individual confirmed that the Texas Workforce Commission (TWC) quarterly wages used to budget projected income are representative of current and anticipated future gross wages.

Self-Employment	<p>The method for averaging income.</p> <p>Deductions for the costs of doing business.</p> <p>The number of hours engaged in the enterprise.</p> <p>Other factors used to determine the amount of income.</p> <p>If Form H1049, Client's Statement of Self-Employment Income, was the only source of verification provided, document the reason.</p> <p>Provided the income is entered as self-employment income in TIERS, a statement informing the self-employed individual to keep self-employment records and receipts for verification purposes for future recertifications will appear on the TF0001, Notice of Case Action. Otherwise, add the statement to the client's notice and document that the self-employed person was given this information in writing.</p>
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Expenses

Document:	The source/provider to which a deduction expense is paid (name, address and/or telephone number), if there is not a place for the information on the TIERS page as required by policy in A-1450, Documentation Requirements.
Dependent Care Expense	For TANF, document the relationship status of the child care provider to the child. For example, if the provider is a day care, state day care. If the provider listed is an individual, state whether the provider and the child are related.
Management	<p>For SNAP, TANF and TANF Level Families, document the following as required by policy in A-1740, Verification Requirements:</p> <ul style="list-style-type: none">• Explain when past, current and future management is negative or questionable, and document the individual's explanation of how management was met.• The steps taken to resolve or clear management that has been negative for more than three months.

Wrap Up

Eligibility Summary

The reason for using the override function.

The amount, reason and month for all supplements and/or restored benefits.

When the second party reviewer does not approve an issuance, then the reviewer would need to document why it is not approved.

Issuance

Application Processing for Drug & Alcohol (D&A)/Group Living Arrangement (GLA) Facilities

If the resident is currently certified as a single person household on a previous case (but has a remaining benefit balance), certify the resident for SNAP with a certification period for the remaining months using a different case number. Cross reference the other case in the Case Comments section of each case. See policy in B-446.3, All Other Situations.

If a resident moves out of the facility, the facility reports the move, and the resident does not contact the office, document in Case Comments the name of the facility and facility authorized representative (AR) that are being removed and when. See policy in B-447, Resident Moves Out of a D&A/GLA Facility.

If the former resident moves to another D&A/GLA facility, do not deny the existing active case. Remove the former facility AR, and document in Case Comments the name of the facility and facility AR that are being removed and the name of the facility and facility AR that are being added and when. See policy in B-447.

If the former resident moves in with another active SNAP household and the former resident will participate with that household, document in Case Comments the name of the facility and facility AR that are being removed and when. Cross reference the other case in the Case Comments section of each case. See policy in B-447.

If the former resident moves and no longer lives in a D&A/GLA facility or does not participate with another active SNAP household, document in Case Comments the name of the facility and facility AR that are being removed and when. Cross reference the other case in the Case Comments section of each case. See policy in B-447.

If a D&A/GLA facility replaces the AR and staff wish to avoid replacing cards for all the residents' accounts, follow policy in B-448, D&A/GLA Facility Replaces the AR, part of which states that staff must document in Case Comments for each TIERS case the facility AR change and when the change occurred.

Disposition	<p>Why a late determination date was used on a SNAP expedited services application, as required by policy in A-190, Documentation Requirements.</p> <p>Any open tickets, the ticket number and the reason.</p> <p>The reason for using the manual issuance function.</p> <p>Document the reason for shortening or extending a SNAP certification period, as required by policy in A-2360, Documentation Requirements.</p> <p>The reason(s) for setting a special review and an explanation of the information needed to clear the special review. When completing the special review, document the acceptable verification used for clearing the review as required by policy in A-2330, Setting Special Reviews.</p>
Medicaid Eligibility	<p>Document the following as required by A-880, Documentation Requirements:</p> <ul style="list-style-type: none"> • Reason for assigning less than the maximum post or transitional Medicaid coverage • Denial of MA-Child Support Transitional (TP 20) because child support payments stopped

Additional Documentation Requirements

Changes Reported During Children's Medicaid Continuous Eligibility Periods	Document the change and handle at renewal, unless it is a change of address, a certified child leaving the household or a new child joining the household, as required by policy in B-660, Documentation Requirements.
SNAP/Children's Medicaid Assistance (CMA) Alignment	Advisors must document when a household has chosen not to align their SNAP and CMA certification periods.
Customized Redetermination Driver Flow (CRDF)	User comment on the comment page should not repeat auto documentation as a result of using the CRDF.

**Actions on Office
of Inspector
General (OIG)
Match Action
Alert Changes**

Document the action taken on OIG Match Action Alert Changes using the language found in Section IV of Form H1186, OIG Match Action Alert, as required in B-631.2, Actions on Office of Inspector General (OIG) Match Action Alert Changes:

Benefits denied effective _____.

Benefits lowered from \$_____ to \$_____ effective _____.

Benefits raised from \$_____ to \$_____ effective _____.

Benefits sustained. Reason:

_____.

Benefits already denied effective _____.

Food benefit certification period was shortened effective _____ through _____.