

Ineligible Parent Medical Evidence Desk Aid

Assigning Users

The Barcode administrator for your CSO must assign access rights to everyone who will be purchasing medical evidence for ineligible parents or their undocumented/fraud-disqualified relatives. From the menu bar select [Maintenance] -> [Users] -> [Z#]

Obtaining SSPS Security Clearance

Payments using ICMS/SSPS can only be made by CSD staff who have an SSPS worker ID and who have been granted payment access via a 17-130 Security Clearance Request.

Paying for Medical Evidence

1. Sign in to Barcode and select the [ICMS] subsystem.
2. Under the ICMS Screen, select [Search for Client].
 - a. You can search by various parameters. Once a client has been found, the [Select] button will be available.
 - b. Click [Select].

The screenshot shows a window titled "ICMS search client data". It contains several input fields for search criteria: Client # (2324335), AU#, SU#, Last Name, First, MI, Sex, SSN, DOB, Age (+/- 10 years), and a Shortcut to client (2324335). Below the fields are buttons for Clear, Search, Cancel, and Select. A table below the buttons displays search results with columns for Client #, Client Name, SS #, DOB, Ofc, and Screens. The first row shows Client # 2324335, Client Name Beeblebrox, Zaphod R, SS # 524-45-3710, DOB 07/08/1985, Ofc 37, and Screens *ISAdHXPFE5NC. The bottom right corner of the window indicates "1 match."

Client #	Client Name	SS #	DOB	Ofc	Screens
2324335	Beeblebrox, Zaphod R	524-45-3710	07/08/1985	37	*ISAdHXPFE5NC

3. You will be brought to the *Basic Client Data Screen*. This is the main screen.
 - a. Type “ineligible parent” in the Ref Flags field.
 - b. Select [TANF] in the program field.

Basic client data - Bellingham CSO (37)

Client Name: Client Number: Client SSN:

Months on GA within last 60 months:

IS: SSIF: Ref Flags: Program: IA Signed:

SSIF Project ACES Program code: SSA-3288 signed:

Residence Address:
 ACES
 Service Unit

Financial Appl. Date: Sex:

DOB: Age: Child:

Mailing Address:
 ACES
 Service Unit

LEP: Language: Dialect: EA:

Phone: () -

Type:

Aces Phone:

Print Address Labels:

Citizenship Status: [\[C\] US citizen](#)
 Citizenship Verification: [\[CS\] Client statement](#)
 04/13/2007

TANF Time Limit Termination: [01/31/2011](#) AU#: [14608008](#)

4. Follow the normal process to pay for medical evidence via SSPS using the 6030 Ineligible Parent Service Code on the *SSPS Submit Screen*.

- Please note, many of the codes will be the same as used for the 6020 code, but there are a few differences.

a. Goal:	Goal 2 - self-sufficient
b. Elig:	11 - State funds only
c. Spec Prog (Col 1):	i. AP (Adult/child) if purchasing evaluation for an adult ii. BP (child/parents) if purchasing evaluation for a child
d. Spec Prog (Col 2):	Can use the following codes: 03 - Blind, 04 - physically disabled, 07 - mental retardation, 09 - mental health problems or

	11- Developmentally disabled.
e. Term:	1A, or 1B
f. Reason Codes:	Same as 6020 Incapacity Med Services
g. Objective Codes:	iii. A - Initial Decision for IP, or iv. B - Review Decision for IP
h. Max Rates:	Same as 6020 Incapacity Med Services

154/159

Item No.

PROGRAM: Financial Support Services EFF. DATE: 09/01/11

SERVICE NAME: Ineligible Parent Medical Evidence

SERVICE CODE: 6030

SERVICE DESCRIPTION:

Payment to an authorized Medical Services Provider for medical evidence to establish time limit extension eligibility for TANF/SFA ineligible parents.

17/26 RECIPIENT STATUS:

	Child	Adult
Primary		X
Service	X	X

32/33 MAXIMUM LENGTH OF SERVICE:

- 1 month

37 REASON: See chart below for reason codes:

Reason Code	Title
A	Medical Records
B	Report from Records
C	General Physical Evaluation
D	Comprehensive Physical Evaluation
E	Comprehensive Eye Exam
F	Goldman Perimeter Testing
G	Mental Health Professional (MHP) Evaluation
H	Psychological Evaluation
I	Psychological Testing
J	Psychiatric Evaluation
K	Diagnostic Procedures
L	Missed Appointment

CODE TITLE CODE TITLE

**38 OBJECTIVE:
CODE TITLE**

- A Initial Decision for IP
- B Review Decision for IP

PAYMENT DATA:

- **Payment Type:** One-Time Payment **SOURCE OF FUNDS (Item 31):** State
- **39-41 Unit of Service:** Each (Ea)
- **41 Rate:** \$0.01 to \$450.00
- **42 Maximum No. of Units:** 1

Note:

1. A warrant is issued after the service has been terminated with a termination code of 1A, 1B, 2A, OR 2B, and the end date (Item 33) has passed. Any other termination code prevents payment. The warrant is for the exact amount authorized in Item 43. The system does not generate an invoice.

2. This service may be opened and closed on the same day.

3. Refer to the Medical Evidence Reimbursements chapter in the on-line Social Service Manual for the current medical payment policies and fees.

4. Payment of this service will generate a 1099 document if the provider's accumulated 1099 earnings are \$600.00 or more for the tax year.