



3. You will be brought to the *Basic Client Data Screen*. This is the main screen.
  - a. Type “ineligible parent” in the ref flag 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. See codes on the next page under the screen shot and the attached 6030 SSPS sheet.

**SSPS Submit Screen**

Authorization Num: [ ] Case Number: **2324335** Agency: **370** Worker: [ ] RU Num: **370** [ Save ] [ Cancel ]

Provider Num: [ ] [ ] [ ] [ ]

Primary Recipient: **Beeblebrox, Zaphod** DOB: **07/08/1985** SSA: **524-45-3710** Goal: [ ] Act: [ ] End Elig: **/ /** Elig: [ ]

	Spec Prog	Sor	Begin Date	Term	Service	Reas	Obj	Rate
1:	[ ]	[ ]	/ /	[ ]	[ ]	[ ]	[ ]	[ ]
2:	[ ]	[ ]	/ /	[ ]	[ ]	[ ]	[ ]	[ ]
3:	[ ]	[ ]	/ /	[ ]	[ ]	[ ]	[ ]	[ ]
4:	[ ]	[ ]	/ /	[ ]	[ ]	[ ]	[ ]	[ ]

OASI: **2** Date Serv Requested: [ ] / [ ] / [ ] Date Auth/Change: **09/08/2011** [ Submit to SSPS ]

[ info ]  Create an auto case note.

- 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 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
  - 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:**

**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

**CODE TITLE**

H Psychological Evaluation  
I Psychological Testing  
J Psychiatric Evaluation  
K Diagnostic Procedures  
L Missed Appointment

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

**ADDITIONAL DATA:**

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.

DRAFT