

General Information Memorandum

ISD-GI 14-40 AMENDED

TO: ISD Employees
FROM:  Marilyn Martinez, Acting Director, Income Support Division
RE: Case Narratives/Documentation in ASPEN
DATE: May 26, 2015

This GI amends GI 14-40 regarding Case Narratives/Documentation in ASPEN and serves to reinstate the previous case narratives used in the CTS system with some additional mandatory documentation. Included in this GI is the guide for documenting narratives in ASPEN. Since ASPEN is a statewide system and cases can be worked from any offices no matter where the case is from, the more details provided within the narrative ensures all staff will be able determine the actions taken at each contact.

The following information has been added to address areas of concern

1. **Special Accommodations:** All new applications must begin with a statement regarding any barriers which includes disabilities, hearing impaired, translator necessity, transportation, age, and any other barriers as warranted as well if there are none. Renewal cases should document any newly identified barriers and address any previously identified barriers.
2. **Voter Registration:** Indicate if the application is marked Yes, No, or blank, and indicate the action taken, i.e., forms mailed.
3. **Office Indication:** Enter the name of the office, in which the worker completing the narrative is housed, the date, and time the action was taken and the narrative was completed.

The following information has been added as part of the amendment:

4. **Rights and Responsibilities (FAP 013/FSP 013):** Indicate in the case narrative that Rights and Responsibilities were discussed/explained during the interview, whether at the initial application or recertification. Utilize FAP 013 or FSP013 as a guideline per GI 14-34.
5. Templates or fill in the blank narratives are unacceptable formats for completing narratives. The attached guide is the acceptable format for all case narratives.

As a reminder, case comments must be entered for all contacts and anytime any case action is taken, i.e., change, renewal, application, disposing of a duplicate application, etc...

If you have any questions regarding this GI, please contact the Carolyn Craven, Quality Assessment Bureau at Carolyn.Craven@state.nm.us.

ASPEN Sample Narratives

INTAKE:

All Intakes must contain the following:

1. Barriers – All new applications must begin with a statement regarding any barriers which includes disabilities, hearing impaired, translator necessity, transportation, age, and any other barriers as warranted as well if there are none.
2. Interview Mode – notate telephone, face to face, postponed
3. Programs applied for (COEs)
4. Household Comp (indicate relationship & student status)
5. Address – notate mailing and physical, if they are different. Also notate if the individual is homeless.
6. Income (see below for income information that needs to be noted & some common types of income)
 - Type of previous income
 - End of previous income
 - New employer information
 - Frequency and amount of income
 - Indication of future earnings
 - Dates of paystubs used
 - Reasons why income is not indicative or why it wasn't used

Common Types of Income:

- Earned Income:
 - ❖ Income for an employer
 - ❖ Self-Employment
 - Unearned Income:
 - ❖ Child Support
 - ❖ Contributions
 - ❖ Pensions
 - ❖ Social Security (SSA)
 - ❖ SSI
 - ❖ Unemployment
 - ❖ VA
7. Deductions/Expenses (address mileage for daycare if applicable)
 8. Scans reviewed / discrepancies (mandatory list of scans below)
 - ▲ SOLQ
 - ▲ SAVE (if applicable)
 - ▲ Work Number
 - ▲ Dept. of Workforce Solutions (Quarterly Wage earnings and Unemployment Insurance)
 9. Indicate status and reason (include what's requested is case is pending)
 10. Vendor contact information (LIHEAP)
 11. EBT card status
 12. Voter registration: Yes, No, or blank, and indicate what if any action taken, i.e., forms mailed
 13. Rights and Responsibilities (FAP013/FSP 013) were discussed/explained.
 14. Indicate the office of the worker that entered the comment along with the date and time of entry.

Additional information that needs to be noted if applicable.

1. Resources
2. Name of Absent Parent
3. Work Program Requirement & Status (indicate sanctions that were placed back on case @ application)
4. Work Program Status (TANF and E&T)
5. Indicate the office of the worker that entered the comment along with the date and time of entry.

EXAMPLE:

C/S no barriers, FTF – SNAP/Medicaid/LIHEAP –. Household includes Donald, wife Daisy, and 3 sons, Huey, Dewey, and Louie, all 3 sons are full-time elementary school students. Residence & Mailing address is 123 Main Street, Disneyland, CA, phone 555-5555. Donald was terminated by Mickey Mouse Distributor on 8-20-12, statement provided, and started working for Goofy Delivery on 8-25-12. Daisy is working for Minnie's Cupcakes, paid bi-weekly, stubs dated 8-1-12 and 8-15-12 provided. Daycare expense \$250 weekly - provider Olive Oil. Mortgage \$1,000, taxes \$500 per year, insurance \$400 per year, and utilities. Scans consistent with application & client statements – no discrepancies. SNAP/Medicaid/LIHEAP pending new employment verification from Goofy Delivery and also need utility bill for LIHEAP. New client - EBT card to be system generated. Donald and Daisy E & T exempt as children under 18 in household. Explained Rights and Responsibilities (FSP013) with Donald, no questions. Santa Fe ISD – 7-7-14 @ 12:56 pm.

CUSTOMER SERVICE:

1. Reason for visit (specific questions)
2. Outcome of visit (specific responses)
3. Verifications received (details)
4. Voter registration: Inquiry and indicate response and if appropriate, what was done
5. Indicate the office of the worker that entered the comment along with the date and time of entry.

EXAMPLE 1:

Donald in to drop-off Employer Verification from Goofy Delivery and PNM bill. Re-indexed documents to the processing queue. Santa Fe ISD 7-7-14 @ 12:57 pm.

EXAMPLE 2:

Donald in to inquire on status - dropped off requested documents a couple of days ago and it will be another week before he gets his first pay from Goofy Delivery. Informed him that we did receive the documents however, the case is still pending. Client stated he understood. Santa Fe ISD 7-7-14 @ 12:58 pm.

PROCESSING:

1. Programs (COEs) processed
2. Indicate status and reason. If still pending verification, indicate what.
3. Allotment if approved
4. Indicate the office of the worker that entered the comment along with the date and time of entry.

EXAMPLE:

SNAP/Medicaid Magi Parent and Magi Child/LIHEAP Processed. Per employer verification, Donald will be working 30 hr per week @ \$7.50 hr = \$900 month. Daisy's checks indicative @ \$450 bi-weekly = \$900 per month. Approved SNAP application month @ \$200, ongoing = \$500. Approved Magi Child for children and Magi Parent for Donald and Daisy. LIHEAP approved @ 6 points = \$96. Santa Fe ISD 7-7-14 @ 1:07 pm.

SEMI-ANNUAL REPORTS / INTERIM REPORTS:

1. Month of SR
2. Programs Reviewed
3. Significant changes

NOTE
Does the primary language match the language of the Interim Report form?

- a. Household comp
- b. Address
- c. Income
- d. Deductions/Expenses
4. Other eligibility criteria/Non-financial
5. Scans reviewed / discrepancies
6. Voter registration: Yes, No, or blank, and indicate what if any action taken, i.e., forms mailed
7. Processing status and reason (including what's requested)
8. Indicate the office of the worker that entered the comment along with the date and time of entry.

Example:

August SNAP Interim Report – No changes to Household members or address. John continues to work @ Wal-Mart – stubs dated 6-1-14 = \$540 and 6-15-14 = \$575 provided average = \$1,115 monthly. No indication of rent change. Scans completed - no discrepancies. Household continues eligible for SNAP @ \$200 monthly. Santa Fe ISD 7-7-14 @ 1:11 pm.

RECERTIFICATION / REDETERMINATION

1. Interview mode: FTF, PI, None – E/D
2. Programs renewed
3. Significant changes
 - a. Household comp
 - b. Address
 - c. Income
 - d. Deductions/Expenses
4. Other eligibility criteria/Non-financial
5. Scans reviewed / discrepancies
6. Voter registration: Yes, No, or blank, and indicate what if any action taken, i.e., forms mailed
7. Work Program Status (TANF or E&T)
8. Rights and Responsibilities (FAP013/FSP013) discussed/explained.
9. Processing status and reason
10. Indicate the office of the worker that entered the comment along with the date and time of entry.

NOTE

Does the primary language match the language of the Recertification form?

Example:

FTF interview with Mickey - July Recert - Processed SNAP and Medicaid. Household consists of Mickey, spouse Minnie, and son Pluto who all reside @ 555 Memory Lane, contact #505-555-5555. Mickey reports his business closed down and provided newspaper notification to verify. Household's only income is from Minnie's self-employment. Client provided 2013 tax returns which c/s is indicative and averages out to countable income of \$1,200 per month. Mortgage is \$600 with taxes and insurance included and utilities separate. No longer paying day care since Mickey is not working. Scans completed and no discrepancies. Explained Rights and Responsibilities (FSP013), no questions. Client left voter registration blank so mailed ISDB710. Household continues eligible @ \$300 per month. Magi Child and Magi Adult continues eligible. Santa Fe ISD 7-7-14 @ 1:11 pm.

ABBREVIATIONS

The **"only"** permissible abbreviations are the following:

- ★ FTF = Face-to-Face
- ★ PI = Phone Interview
- ★ C/S = Client States