IBM Cúram Social Program Management
8.0.2

Cúram Income Support Business Guide

IBM

Note

Before using this information and the product it supports, read the information in "Notices" on page 91

Contents

Tables

Chapter 1. Cúram Income Support overview

Cúram Income Support provides complete intake, eligibility determination and benefit calculation for social programs. Information is provided on an overview of Income Support, key business flows, program background information, and configuring Income Support.

Overview of IBM Cúram Income Support

Cúram Income Support solution helps caseworkers screen eligible program participants to identify optimal programs for their needs; determine benefit entitlement and eligibility; make payments; and manage ongoing changes in circumstances that can affect entitlement.

The IBM Cúram Income Support solution consists of:

- Cúram Income Support for Medical Assistance, which offers support for programs that provide traditional and Modified Adjusted Gross Income (MAGI)-based medical assistance.
- Cúram Income Support, which offers support for programs that provide traditional and MAGI-based medical assistance and also cash assistance and food assistance.

Cúram Income Support and Cúram Income Support for Medical Assistance:

- Integrate service delivery by allowing agencies to share data and business processes and determine eligibility across multiple human services programs. Contain prepackaged content, which includes eligibility rule sets that can be modified and appended. Determine eligibility cash assistance, food assistance, and medical assistance programs.
- Provide eligibility determination and benefits that are processed for households based on financial and non-financial factors. The information that is required to determine program eligibility is captured as evidence. This evidence is assessed against a set of business rules to determine whether the household is eligible for the program applied for.
- Enable social program organizations to improve the efficiency and effectiveness of managing eligibility services for medical assistance. Cúram Income Support for Medical Assistance consists of two determination methodologies that cover both modified adjusted gross income (MAGI) and traditional (non-MAGI) Medicaid and Children's Health Insurance Program (CHIP) programs within the one product.
- Include a preconfigured citizen portal. Clients can apply for and submit human services applications online.

Related concepts

Cúram Income Support for Medical Assistance (Health Care Reform) business overview

Programs overview

IBM Cúram Income Support and **Income Support for Medical Assistance** provide the complete process to manage income support programs for food, cash and medical assistance. This solution provides the evidence, rules, and processes necessary to determine eligibility and benefits calculations for the United States-based programs. These programs are Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and traditional Medicaid. These offerings also include eligibility programs mandated by the Affordable Care Act (ACA), including Medicaid and Children's Health Insurance Program (CHIP).

Food assistance

The Cúram Income Support Food Assistance program supports low-income people and families buy the food that they need for good health. This benefit can be issued in the form of vouchers or credit on an electronic benefits card (EBT) which can be used in place of cash to purchase food in participating stores.

Food Assistance eligibility is determined based on a number of factors:

- Non-financial rules, which include citizenship, SSN, and residency. The non-financial rules are used to determine whether a household member satisfies the non-financial requirements of the state before it proceeds with program eligibility.
- Assistance unit determination, which includes household composition, household determination, and head of household rules. The assistance unit determination rules are used to determine who needs to be included, excluded or not included in the assistance unit for Food Assistance coverage.
- The program rules determine whether a household member satisfies program requirements. If these rules are not satisfied the household member or their household might be determined to be ineligible for food assistance. These program rules include whether the member is involved in a strike, or is meeting any of the following rules: Able Bodied Working Adult Rules (ABAWD) rules, student rules, institutionalized rules, disability rules, or they voluntarily quit their job without good cause.
- Financial rules, which include income, resources, deductions, expenses, and benefit calculations. The financial rules determine the household's total resources and total income less expenses and deductions. The rules compare the household's resource and income total to the limits imposed by the state to see whether the household is eligible based on their financials. The rules also determine the benefit amount the household is entitled to.

Cash assistance

The Cúram Income Support Cash Assistance program supports temporary cash assistance and work opportunities to needy families. The program's goal is to help people get employment and become self-sufficient through job training, education, and work activities.

Under the cash assistance program adults are limited to a maximum of 60 months of benefits within their lifetime, and a component exists that requires clients to attempt to find employment. Unmarried minor parents must live with a responsible adult or guardian unless good cause is established. Paternity of children must be established to receive benefits. The program aims to get people off the temporary assistance, primarily by getting them into jobs. Typically benefits are paid to eligible households monthly.

Cash Assistance eligibility is determined based on a number of factors:

- Non-financial rules that include citizenship, Social Security Number (SSN), and residency. The non-financial rules are used to determine whether a household member satisfies the non-financial requirements of the state before program eligibility can be processed.
- Assistance unit determination that includes household composition, household determination, and head of household rules. The assistance unit determination rules are used to determine who needs to be included, excluded, or not included in the assistance unit for cash assistance coverage.
- The program rules determine whether a household member satisfies program requirements. If these rules are not satisfied, the household member or their household might be determined to be ineligible for cash assistance. These rules include whether the member is involved in a strike, federal time limits, and they voluntarily quit their job without good cause.
- Financial rules, which include income, resources, deductions, expenses, and benefit calculations. The financial rules determine the household's total resources and total income less expenses and deductions. The rules compare the household's resource and income total to the limits imposed by the state to see whether the household is eligible based on their financials. The rules also determine the benefit amount the household is entitled to.

Medical assistance

Cúram Income Support for Medical Assistance supports health care and health related services to certain low income individuals and families, including families with dependent children, pregnant women,

children to age 21, adults, individuals age 65 and older, individuals determined blind or disabled, or individuals needing long term care.

Cúram Income Support for Medical Assistance integrates service delivery by allowing agencies to share evidence and business processes and determine eligibility across multiple medical assistance programs. In support of the ACA, the Cúram Income Support for Medical Assistance helps enable agencies to improve the efficiency and effectiveness of managing eligibility and enrollment services for a wide range of medical assistance programs. It delivers the rules, evidence, and streamlined eligibility to support the requirements mandated by the ACA and also traditional Medicaid and CHIP.

Eligibility rules for specific programs and coverage types include non-financial rules, assistance unit determination, and income rules appropriate to the MAGI or traditional Medicaid household, and resource rules where appropriate.

Related concepts

Cúram Income Support for Medical Assistance (Health Care Reform) business overview
Cúram Income Support for Medical Assistance (Traditional) Program overview
Cúram Income Support Food Assistance Program Guide
Cúram Income Support Cash Assistance Program Guide

Children's Health Insurance Program (traditional)

The Children's Health Insurance Program (CHIP) is designed for families who earn too much money to qualify for Medical Assistance, yet cannot afford to buy private insurance for their children. CHIP coverage provides eligible children with coverage for a full range of health services including regular checkups, immunizations, prescription drugs, lab tests, X-rays, hospital visits, emergency room visits and more.

Since the introduction of the MAGI-based income determination methodology and the requirement that MAGI rules are used first in Medicaid and CHIP eligibility determinations, it is expected that CHIP determinations would primarily be made as part of the MAGI-based Medicaid functionality in IBM Cúram Income Support for Medical Assistance. However, CHIP eligibility remains an integral part of the eligibility determination cascade as part of the traditional methodology, as there are some client determination scenarios in which it would be required.

Like other traditional medical assistance coverage types, the information required to determine program eligibility is captured as evidence. This evidence is assessed against a set of business rules to determine whether or not an individual is eligible for CHIP. The Cúram Income Support for Medical Assistance solution provides eligibility determination for households based on financial and non-financial factors.

Related concepts

The Cúram Children's Health Insurance Program

Key business flows of Cúram Income Support and Cúram Income Support for Medical Assistance

Key business flow diagrams and detailed business flow descriptions help you to understand the solution functions and features in context for applications for food assistance, cash assistance, and traditional medical assistance. Summaries of the most important configuration and customization options can help you to focus your efforts during a fit gap analysis. These summaries do not cover all configuration and customization options. For full details, always refer to the other documentation. Click a business flow for a detailed business flow description.
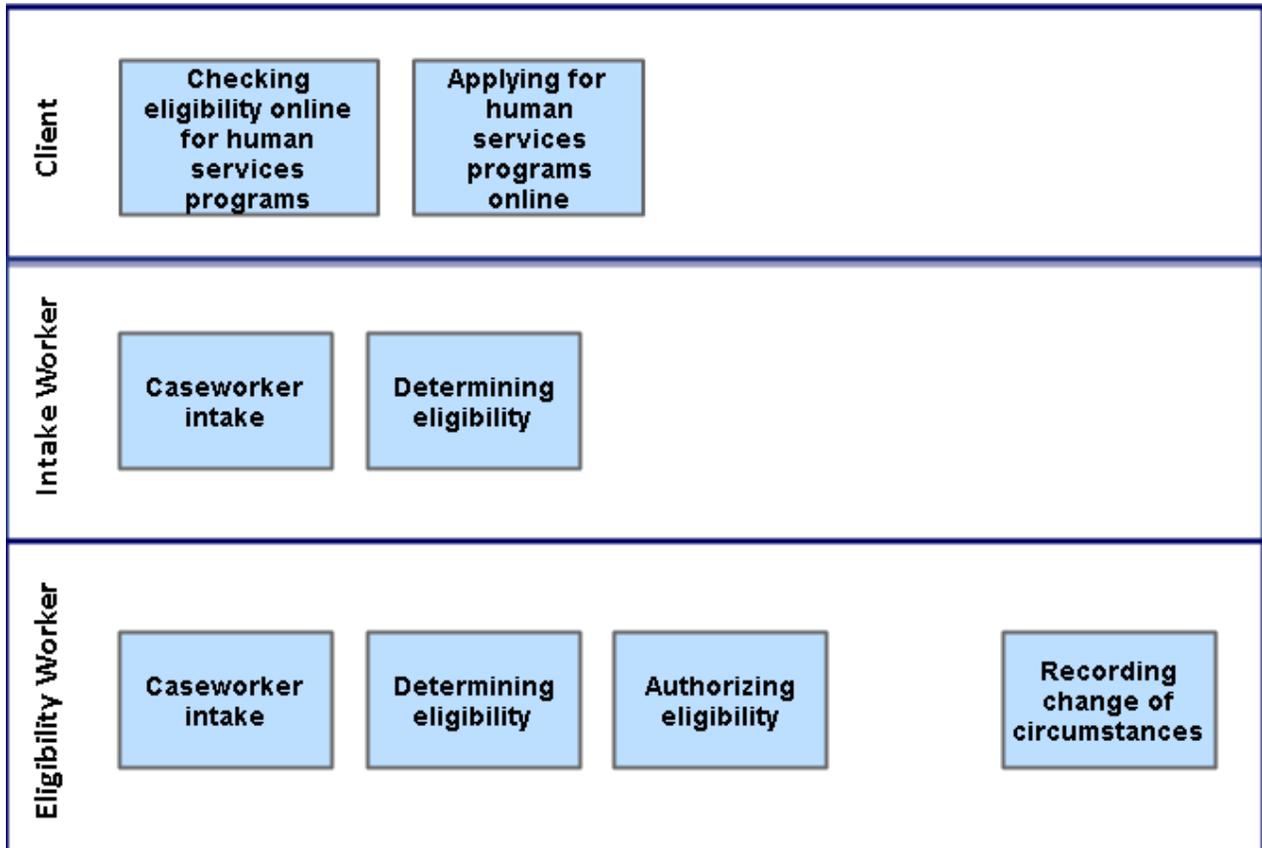
1. Checking eligibility online for human services programs
2. Applying for human services online
3. Caseworker intake
4. Determining eligibility
5. Caseworker intake
6. Determining eligibility
7. Authorizing eligibility
8. Record Evidence Changes

Checking eligibility online for human services programs

If your organization would like a quick method for clients to determine whether they might be eligible for various human services programs, pre-packed online content and pre-populated rule sets are included that can be appended and modified. Clients also can check eligibility for human service programs online by using the Cúram Income Support **Citizen Portal**.

The following diagram shows the business flow for checking eligibility for multiple human services programs. Click a title in the diagram to view more information about that stage of the business flow.
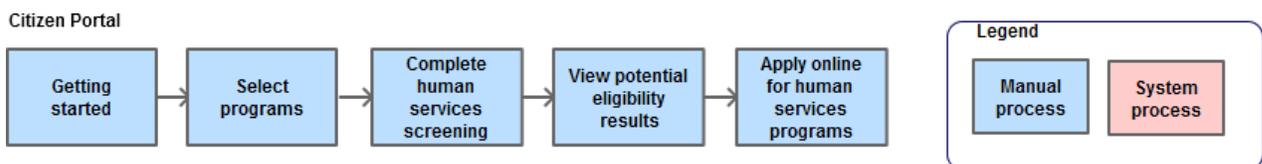
1. Getting Started
2. Select Programs

3. Complete Human Services Screening
4. View Potential Eligibility Results
5. Apply Online for Human Services Programs

Getting Started

When the client selects to check if they are eligible for other programs from the home page, the system displays the Getting Started page with three options: create an account, log into an existing account, or start screening without creating an account.

What can I configure or customize?

The Getting Started page is implemented in Universal Access. It is a Page Player page. The Page Player is a Universal Access framework that displays non-UIM pages on the Universal Access citizen portal.

Certain elements of the page can be configured by the organization. When the client creates their user account, their data is secured under this account. Multifactor authentication can also be configured to allow for additional authentication when a client attempts to log in to the system. From the Universal Access section of the Admin application, select the Authentication Factors link to configure the factors.

Select Programs

After the client either logs in to their account and authenticates or selects to start screening without creating an account, the client is taken to a page where they can select a screening type. From the Select Screening page, the client can select to complete a human services screening by providing only basic information about the household. The system uses the basic information to determine what benefits and services might be available to the client. Alternatively, the client can select to run a screening by providing more detailed information about the household to get a more accurate result.

Human services programs provide financial and medical assistance and supportive services to vulnerable clients of all ages to help them achieve and maintain independence and optimum health and improve their lives. Services and benefits include temporary and emergency cash assistance, work and training opportunities, health care, food and nutrition benefits, housing and home energy assistance, and child development programs.

Human Services Screening provides eligibility determination for the programs and services listed below.

Programs	Description
Cash Assistance	This program provides temporary cash assistance, supportive services, and work opportunities to needy families. The program's goal is to help people get employment and become self-sufficient through job training, education, and work activities.
Child Care Assistance	The Child Care Program provides assistance to low-income families who need child care so they can work or participate in a work-related training or education activity. The purpose of the program is to ensure that children are well cared for in a safe, healthy, and educational environment by trained, qualified child care providers while parents are working or attending training.
Early Head Start	The Early Head Start program (for pregnant women, infants and toddlers) provides educational, health, nutritional, and social services for low-income families.

Programs	Description
Emergency Assistance	This program provides short-term cash assistance to citizens in emergency situations. Examples of emergencies include homeless, need to make a rent payment to prevent eviction, need to make a mortgage payment to prevent foreclosure, need money for legal services to avoid eviction, or the need to make a utility payment to prevent shutoff.
Food Assistance	The Food Assistance Program helps low-income people and families buy the food they need for good health. This benefit may be issued in the form of vouchers or credit on an Electronic Benefits Card (EBTcard) which can be used in place of cash to purchase food in participating stores.
Head Start	The Head Start program (for children ages 3-5) promotes school readiness for children in low-income families by providing comprehensive educational, health, nutritional, and social services. The program focuses on helping preschoolers develop the early reading and math skills they need to be successful in school.
Low Income Home Energy Assistance Program (LIHEAP)	The Low Income Home Energy Assistance Program (LIHEAP) assists eligible low income households pay home heating costs. Households may also be eligible for cooling assistance and emergency heating assistance.
Medical Assistance	The Medical Assistance program provides health care and health related services to certain low income individuals and families, including families with dependent children, pregnant women, children to age 21, individuals age 65 and older, or individuals determined blind or permanently disabled.
School meals	School Meals (National School Lunch program and School Breakfast program) provides free, nutritious meals and snacks to children in low income areas.
Summer meals	The Summer Food Service Program provides free, nutritious meals and snacks to children in low-income areas. The program helps children get the nutrition they need to learn, play, and grow, throughout the summer months and during other long periods when they are out of school.
Women, Infants and Children (WIC)	The purpose of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is to promote and maintain the health and well-being of nutritionally at risk pregnant, breastfeeding and postpartum women, infants and children. The WIC program provides supplemental nutritious foods, nutrition and breastfeeding information, and referral to other health and nutrition services.

What can I configure or customize?

The types of programs and screenings that are available can be configured by an organization.

The help text in the IEG script can be customized.

Complete Human Services Screening

Human services screening enables the client to check their potential eligibility for a range of programs and services. It also provides the client with the necessary information to make an informed decision about whether to pursue benefit assistance. The human services screening script guides the client through a set of questions that relate to the client, the home, benefits, income, expenses, and resources.

Clients are not required to enter detailed information. However, the accuracy of the screening eligibility determination depends on the level and accuracy of information entered by the client. Clients can complete the screening anonymously.

The client can screen for multiple clients in a household. More clients can be added at any stage during the screening process.

Following completion of the screening process, the system determines potential eligibility for assistance. The screening eligibility determination rules are then run against the recorded data to determine the potential eligibility.

What can I configure or customize?

You can configure screening types and related programs in the Universal Access section of the administration application.

Human services screening is implemented through the IBM Cúram Universal Access and Intelligent Evidence Gathering components. From the Intelligent Evidence Gathering section of the IBM Cúram administration application, the customer can customize the scripts. Because the state screening script requirements vary by state, the customer might need to customize the scripts to meet project requirements. Intelligent Evidence Gathering scripts have a defined structure and a set of supported operations for IEG expressions. The entire script can be customized.

View Potential Eligibility Results

Cúram Universal Access is used to display the eligibility results page for the range of human service programs and services. A list of potentially eligible programs and a list of programs for which eligibility might not be determined are displayed to the client.

A client can select a link on any of the programs that are displayed in the results pages, and depending upon configuration this action results in the client to be taken to any of the following program-specific options:

- Online Application for the selected programs
- An external website to view further program information for example SNAP or TANF

Online help is available for terminology that is of significance to the individual to make the decisions that best address the needs of the household.

What can I configure or customize?

This page contains the screening results including the display rules written for the specific program. It also contains a **More Info** link that can go to an external website, for example a Food and Nutrition Service (FNS) website for Supplemental Nutrition Assistance Program (SNAP). The Cúram Express Rules (CERs) screening rule sets can be customized to support custom display rules on the **screening results** page.

Apply Online for Human Services Programs

After the client views the potential eligibility results, the client can select to apply for human services programs either online or by printing and mailing in the application form. From the 'Your Next Step' page of the screening script, the client can see a list of programs that can be applied for online. As a result of integration with Cúram Income Support, the **Apply Online** function is enabled for Food Assistance, Medical Assistance, and Cash Assistance.

Applying online begins the application process for the selected Income Support programs - a client is taken into the program selection screen, Human Services Application Form, as part of the Universal Access intake process.

The Income Support intelligent evidence gathering (IEG) application script is displayed. Mapping functions were added which transfers information from the data store that is used by the Income Support screening script to the one used by the Income Support application script when a user chooses to apply for one of the Income Support programs from the screening results page. A generic mapper transfers data items with the same name.

When the application intake process is finished, the user is returned to the client's home page with the status of the relevant applications updated.

Authenticated individuals can save and exit an in-progress application. Saved applications can be resumed for completion later.

What can I configure or customize?

Screening types and related programs can be configured in the Universal Access section of the administration application.

Since the state application script requirements vary by state, the organization might need to customize the scripts to meet the project requirements. From the IEG section of the IBM Cúram **Administration** application, it is possible to customize the default Income Support IEG scripts. Intelligent Evidence Gathering scripts have a defined structure and a set of supported operations for IEG expressions. The entire script can be customized. The organization can configure whether they require prepopulation of the screening script to occur.

Applying for human services programs online

If your organization delivers cash, food, and traditional medical assistance programs, your organization can benefit from integration with application processes or ongoing case management, depending on your system. You can append and modify prepacked online questions and pre-populated rule sets. From the online portal home page, a client can create a user account and apply online for select programs.

Clients can submit applications for human services programs online with the 'Apply for Other Programs' feature in the Income Support Citizen Portal. The information is routed to the online applications received work queue. The caseworker can access the received work queue, view the application, and assign the application to themselves to process further. The following diagram shows the business flow for applying online for human services programs:
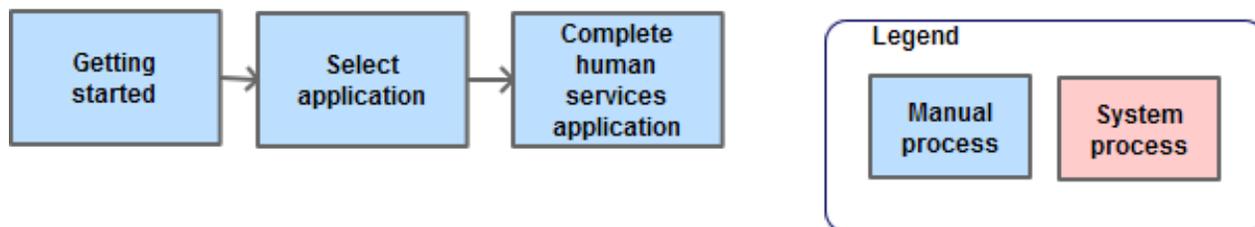
1. Getting Started
2. Select Programs

3. Complete Human Services Screening

Getting Started

When the client selects to check if they are eligible for other programs from the home page, the system displays the Getting Started page with three options: create an account, log into an existing account, or start screening without creating an account.

What can I configure or customize?

The Getting Started page is implemented in Universal Access. It is a Page Player page. The Page Player is a Universal Access framework that displays non-UIM pages on the Universal Access citizen portal.

Certain elements of the page can be configured by the organization. When the client creates their user account, their data is secured under this account. Multifactor authentication can also be configured to allow for additional authentication when a client attempts to log in to the system. From the Universal Access section of the Admin application, select the Authentication Factors link to configure the factors.

Select Application

After the client either logs into their account and authenticates or selects to start the application process without creating an account, the client is taken to the first page of the application script.

From the Select Application page, the client can select to complete the human services application form.

What can I configure or customize?

Applications and programs can be configured in the Universal Access section of the administration application.

Complete Human Services Application

The client can select to apply for other human services programs either online or by printing out and mailing in the application form. From the 'Human Services Application Form' page of the script, the client can see a list of programs that can be applied for online. This begins the application process for the selected Income Support programs, such as Food Assistance, Cash Assistance, or traditional Medical Assistance.

The Income Support IEG application script is displayed.

When the application intake process is finished, the user is returned to the client's home page with the status of the relevant applications updated.

Authenticated individuals can save and exit an in-progress application. Saved applications can be resumed for completion at a later date.

Submitted applications can be withdrawn by selecting a Reason and entering other details if the reason is other. The citizen electronically signs the application by checking the signature box and signing with the same name used on the application.

What can I configure or customize?
Applications and programs can be configured in the Universal Access section of the administration

Since the state application script requirements vary by state, the organization will likely need to customize the scripts to meet the project requirements. From the Intelligent Evidence Gathering section of the IBM Cúram Admin application, it is possible to customize the default Income Support IEG scripts. Intelligent Evidence Gathering scripts have a defined structure and a set of supported operations for IEG expressions. The entire script can be customized.

Caseworker intake

To file a claim for benefits for most food assistance, cash assistance, and traditional medical assistance programs, a client must submit an application and provide required information such as personal details, benefits, employment, income, resources, and expenses. Upon submission of the application, this information can map to evidence. Evidence is used to determine eligibility for programs.

When an application is submitted for food assistance, cash assistance, and traditional medical assistance, processing steps that are carried out either manually by the caseworker, or automatically by the system. The steps depend on the organization and the program applied for. The intake worker and the eligibility worker are both involved in this process. Depending on the organizational structure in the organization, intake worker typically is responsible for gathering and validating all of the data on the application. When the application is complete, it is passed on to the eligibility worker for determination and authorization of benefits.

In Cúram Income Support all the functions performed by an intake worker can also be performed by an eligibility worker. In this guide, the term caseworker is used generically to mean either role.

The following diagram shows the flow of functions that an intake caseworker performs. Click a title in the diagram to view more information about that function.
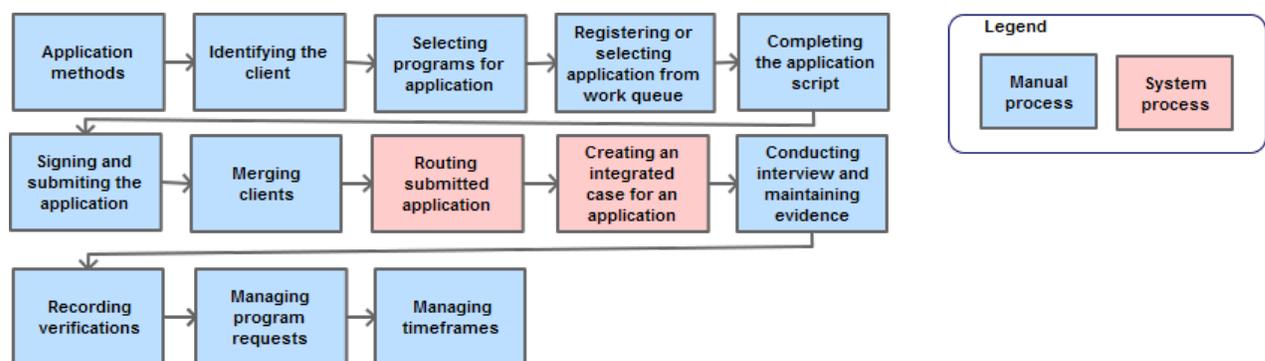
1. Application methods
2. Identifying the client
3. "Selecting programs for application" on page 12
4. "Registering application or selecting application from work queue" on page 12
5. "Completing application script" on page 13
6. "Signing and submitting application" on page 13
7. "Merging clients" on page 14
8. "Routing submitted application" on page 14
9. "Creating an integrated case for an application" on page 15
10. "Conducting interview and maintaining evidence" on page 16
11. "Recording verifications" on page 17
12. "Managing program requests" on page 18
13. "Managing timeframes" on page 18

Application methods

Cúram Income Support allows multiple channels for clients to submit applications for food assistance, cash assistance, and traditional medical assistance programs. Clients can apply online using a Citizen Portal, by telephone, paper application, or in person. To register the application with the agency, the application must be submitted. The submitted application is an official record that the client applied for one or more requested programs. When a paper application is submitted or when a client contacts the

agency by phone or in person, the caseworker can record the details in the systems manually on behalf of the client.

What can I configure or customize?

Applications for food assistance, cash assistance, and traditional medical assistance can be received either by the caseworker in IBM Cúram Common Intake (CCI), or through IBM Cúram Universal Access (UA). Cúram Common Intake can be configured so that when an application is received from UA, the application becomes a CCI application and can be processed by the caseworker in the same way as if it was captured by using CCI. The pre-configured human services application is received from UA and is processed by the intake worker or eligibility worker in Cúram Income Support that is built by using CCI.

Organizations that want to use the Citizen Portal can configure the default script name through UA.

For applications for food assistance, cash assistance, and traditional medical assistance, Income Support uses one application type, Income Support. Organizations can configure to use multiple application types.

Income Support applications contain the following types of information: client details, programs, application timers, interview details, household evidence, related case information, eligibility check results, appeals, ineligibility periods, contacts, work eligibility details, administration, and grace period.

Income Support roles

Cúram Income Support provides a number of application views / caseworker roles. For caseworkers that take and maintain applications for food assistance, cash assistance, and traditional medical assistance, the two primary roles are Intake Worker and Eligibility Worker.

Intake Worker

> The intake worker's primary responsibility is to interview clients, collect and record personal and financial data necessary to process an application for public assistance, and manage verifications. Another responsibility is that the intake worker might conduct a search to see whether the client is already known to the agency and match the client to existing records.

> This role has the following default elements on the home page to help with managing clients: Find Client, My Appointment, Quick Links, My Items of Interest, Assigned Applications, Online applications, My Tasks, and Recent Notifications. Through the Online Applications pod, this worker can view online applications received based on the task Online Application Received.

Eligibility Worker

> The eligibility worker's primary responsibility is to determine initial or continuing eligibility for income support programs. The eligibility worker processes applications after an intake worker deems them ready for determination. The caseworker authorizes initial eligibility. If the client reports a change of circumstance, the caseworker determines continuing eligibility. The eligibility worker can undertake all the same functions of an intake worker.

> This role has the following default elements on the home page to help with managing clients: Find Client, My Appointment, Quick Links, My Items of Interest, Assigned Applications, Applications Awaiting Determination, My Tasks, Recent Notifications, and My Case Queries.

> Through the Applications Awaiting Determination pod, this worker can view a count of applications that the intake worker set to Ready for Determination based on processing deadlines. Plus the eligibility worker can link to a list of applications based on the task Application Ready for Determination.

Identifying the client

At the time of initial client contact, the caseworker can determine whether the client is already registered in the system or is new to the organization.

The caseworker starts the intake process for food assistance, cash assistance, and traditional medical assistance by searching for the client in the system, which uses minimal search criteria. A person search function is provided which allows the caseworker to search across all the persons and prospect persons

registered on the system. The caseworker can review the search results and decide whether the persons who meet the searched criteria match the client. The caseworker has the option of registering the client as a prospect or a fully registered client. When caseworkers do not have all the necessary information that is required for full person registration, they can register the client as a prospect person with minimal data. A full registration can occur later when all of the required information is available.

Client registration allows the agency to provide services and enroll clients in programs. The client registration process places a client in a specific role and defines the participant type of the client. The registration process results in the creation of either a person or prospect person participant role.

Participant registration validates that all necessary information is collected. It also checks to determine whether a participant is already registered. This check prevents the same participant from being added to the system more than once.

What can I configure or customize?

Organizations can configure a number of participant search settings in the administration application. A property is provided for each participant type to define whether that participant type ought to be included in search results. The participant search can be configured in the administration application.

Related concepts
Participant Search

Selecting programs for application

Cúram Income Support for food assistance, cash assistance, and traditional medical assistance is built by using Cúram Common Intake that is configured with multiple program types for the application type Income Support so the caseworker can select which program or programs to proceed with. The configured programs are: Food Assistance, Cash Assistance, and Medical Assistance, CHIP and retroactive medical (traditional).

What can I configure or customize?

Organizations can configure the default Intake xml to contain the project's programs.

The organization can configure the application type and the programs associated with it.

Related concepts
Configuring the programs covered by an application type

Registering application or selecting application from work queue

Applications received online from the Cúram Income Support Citizen Portal for food assistance, cash assistance, or traditional medical assistance, generate a task to the Online Application Received Work Queue in Income Support. The caseworker automatically receives information about a new online application through the Online Applications pod and work queue. From the Online Applications pod, the intake worker can see the number of applications that are overdue, due today, due within 1-5 days, 6-14 days, and 15-plus days.

When the applications are received by phone, by paper application form, or in person, the caseworker creates a new application through the application script and gathers the information required in the script.

What can I configure or customize?

An organization can configure the work queues and can configure the types of applications received.

Cúram Common Intake (CCI) allows an organization to route an application to a work queue based on the channel it was received. For example, online applications always are routed to an online application work queue. An application also can be routed to a work queue based on the application and program type. For example, medical assistance only applications always are routed to a medical assistance work queue. Medical assistance, food assistance, and cash assistance combined applications are routed to a combined

application work queue. The organization also can configure the work queues by using Cúram work queue functions. For example, the organization can set up different work queues and assign the caseworker to one or more work queues.

Related concepts

Cúram Workflow overview

Completing application script

To complete the application for food assistance, cash assistance, or traditional medical assistance, the client provides required information on personal details, benefits, employment, income, resources, and expenses. The caseworker has the option of submitting the application at any point without the need to complete the entire script. The caseworker might choose to save the application and come back to work on it later, quit without saving the application, or submit the application. The application can be submitted after only the first page is entered. The first page of the script includes questions for Expedited Food Assistance.

The script includes validations such as the same Social Security Number (SSN) entered is the same as an already registered person, and the SSN must not start with the numeral 9.

In progress applications can be resumed, submitted, or deleted.

What can I configure or customize?

When Income Support is implemented, the organization must download the Income Support application script from DeveloperWorks as this script is not included in the Income Support product. The application script allows clients to apply for Income Support programs. These add-on installers provide more demonstration product configuration and can be installed on top of an existing Cúram Social Program Management Platform and Cúram Income Support Installers. The demonstration script does not contain all Income Support evidence.

The purpose of the sample configuration is to provide content in the application to allow caseworkers access to the functions within the context of an end-to-end process.

The organization can customize the case preview page.

Related concepts

Configuring client applications

Expedited food assistance
Expedited food assistance service is a procedure where households, which are eligible for food assistance and meet certain criteria, are given special processing standards for the month of application. For households that meet these special rules, the first month's benefit must be issued within seven calendar days from the date the application is received in the agency office.

Configuring Smart Navigator for Health Care Reform

Signing and submitting application

When satisfied that the application script is complete food assistance, cash assistance, or traditional medical assistance, the caseworker selects to submit the application.

Upon submission, the client's rights and responsibilities are displayed and the caseworker is required to communicate this information to the individual applying for the program before continuing with the application process. The following sections are available: Client's Rights and Responsibilities, Management and Protection of Personal Health Information Policy, and Authorization to Release Information.

After the application is submitted, modifications cannot be made through the application script. Information from the application script is mapped to case and person evidences and an Integrated Case (IC) of type Income Support is created. Person evidence (from Participant Data Case) is automatically activated while case evidence is not.

An application product delivery PDF is generated when the application is submitted. The caseworker can view this application PDF, or present a copy of the information to the client. As part of the submit process, all participants on the application including prospect persons are automatically registered if possible. The first person who is entered on the application is deemed the claimant. This person is set as the primary client of the IC.

What can I configure or customize?

Organizations can configure the application submission process. It is possible to configure the cases that the application can be transferred to.

Each application that is run by using Cúram Common Intake must have a rights and responsibilities section and other text specified. Organizations can configure three types of text that display upon submit of an application: Rights and Responsibilities, Authorization Information, and Department Policy.

The data that is entered during the online application is copied to a PDF form based on the program that is applied for that has associated mapping configurations. If a mapping configuration was not, associated with a program, the information that is entered during the online application for that program is not copied to the PDF form.

Data is mapped based on the CGISS Intake xml strategy listed in the variable MappingXMLConfiguration.

Related concepts
Configuring the texts associated with an application
Configuring cases to which the application can be transferred
Application Statuses
Person/Prospect Person Data as Evidence

Merging clients

When the application is for food assistance, cash assistance, or traditional medical assistance, applicants can be matched against people who already are registered in the system. This manual process is facilitated by Client Match processing.

When the Cúram **Income Support** application is submitted, the intake worker searches for and identifies possible matches for the prospect. If the participant is not registered automatically by the system, the intake worker must resolve prospects by determining whether the prospect is a match with any existing registered persons on the system, or whether they need to be registered as a new person. On the **food assistance**, **cash assistance**, and **traditional medical assistance** applications, an action on the **Client** tab that is named **Match Client** is used for this process. To resolve the prospects, the intake worker searches for people who already are registered in the system with similar details. After the caseworker reviews the possible matches, the intake worker decides whether a registered person is a match for the client. If a match is found, the prospect details can be merged with the registered person details, which ensures that any evidence entered as part of this application is associated with that person. A message is displayed to the intake worker to give information about any new records.

Related concepts
Searching for and Matching a Client

Routing submitted application

Applications for food assistance, cash assistance, or traditional medical assistance can be routed to a work queue or to a specific user or group of users, based on how the organization configures its routing policy. The default setting is to route applications submitted online to the online applications received work queue. Intake workers can access information about a new online application from either their home page through the Online Applications pod, or by the work queues list from the caseworker's inbox. The intake worker can access this work queue, view the application, and assign it themselves. From the Assigned Applications pod, the caseworker can see the number of applications that are overdue, due today, due in 1 - 5 days, 6 - 14 days, and 15+ days.

When the application is submitted, a notification is generated to the case owner and a task is generated when the application. By default, applications that are submitted in the organization are assigned to the caseworker who submitted the application.

What can I configure or customize?

Organizations can modify which work flows the caseworkers are subscribed to, and configure the workflows.

Related concepts
Cúram Workflow overview

Creating an integrated case for an application

When an application is created for food assistance, cash assistance or traditional medical assistance, Children's Health Insurance Program (CHIP), or retroactive medical assistance, the intake worker has a number of options for establishing a case and processing the application. The organization can configure how each application situation is handled.

The intake worker has three main options to establish a case for this type of application:

- Create a new integrated case
- Add an application to an existing integrated case
- Transfer an application to an existing integrated case where clients that are associated with the application exist as a registered person on the system

Whichever option the caseworker takes, all the application processing is completed by using the application, rather than by using the underlying case.

When a new application is submitted, the system creates a new case and associates it with the application. The new case is an integrated case of type Income Support. The integrated case of type Income Support is not made visible to the caseworker from the application until after the programs are authorized. The application is just a façade on the integrated case. All of the evidence and clients that are captured in the application are added to the integrated case when the integrated case is created. Before the application is submitted, the case is a selectable from the **Person** home page, but it is not be updated.

In Cúram Income Support for applications for food assistance, cash assistance or medical assistance (traditional), no application case exists, such as with Modified Adjusted Gross Income (MAGI)-based programs.

For cases with food assistance, cash assistance or medical assistance (traditional) programs, Cúram Income Support supports multiple products within a single integrated case. The Income Support integrated case allows a user to manage ongoing products that are associated with the case and manage the household's information within a single case. If a separate application is submitted from the person, a new IC is created.

What can I configure or customize?

For Income Support, one integrated case is created for an application. Organizations can configure to create more than one.

The organization can configure whether the action to add an application or transfer an application to an existing case is available for intake and eligibility workers.

Depending on the organization configuration, the integrated case can be made visible to the caseworker at different points in the application process. For example, after at least one program is approved on the application.

Related concepts
Configuring cases to which the application can be transferred
Configuring the cases to which the application can be added

Conducting interview and maintaining evidence

Caseworkers can schedule client interviews, conduct interviews, and maintain evidence for food assistance, cash assistance, and traditional medical assistance applications.

Caseworker can schedule client interviews to complete an application. For some programs, an interview is always required with the client before eligibility determination.

When a client is in the office with the agency worker or on the phone, the application creation and interview step can happen at the same time. When the client is not present in the office, the caseworker might need to schedule an interview with the client. Examples include when an application is received from an external channel or when a client sends in a paper application.

For applications for food assistance, cash assistance and traditional medical assistance, Cúram Income Support is configured with Cúram Evidence Management, which allows the caseworker to capture the household's information. After the application is submitted, caseworkers can use the evidence workspace to manage evidence.

Evidence is the set of data items that are captured to determine a household's eligibility for Cúram Income Support programs for food assistance, cash assistance, and traditional medical assistance. The evidence is divided into four distinct categories:

- Household - Includes household members and their relationships to each other, what sort of housing they live in (home, nursing home), whether they go to school, medical disabilities, and citizenship.
- Expenses - Includes information about monthly living expenses, medical expenses, and insurance expenses.
- Resources - Includes information about checking accounts, cars, houses, boats, and jewelry owned.
- Income - Information about source of income and how often paid, government benefits, and interest payments.

The caseworker can view, insert, and modify evidence, remove active evidence, or discard in edit evidence. After caseworkers complete the evidence for an application, they can select to apply the changes. Activating any in-edit evidence removes any active evidence marked as pending removal.

Cúram Income Support for food assistance, cash assistance, and traditional medical assistance is configured with common evidence entities. Most entities are implemented as static entities, although a few are dynamic.

Income Support program rules also require non-case evidence to determine a household's eligibility. This evidence or data is recorded on the **Person** tab, such as Address and alternate ID.

What can I configure or customize?

Organizations can configure the evidence to display on the Income Support integrated case and product delivery dashboards by using the Admin application and also create custom evidence.

Related concepts
Understanding evidence

Using evidence tips and reminders
The advisor is a dynamic caseworker tool that provides context-sensitive tips and reminders to the caseworker throughout the intake process. It is built on the Cúram Express Rules (CER) Engine. The advisor analyzes data that is entered (or known when the client is already registered on the system) and guides caseworkers towards areas that might require their attention. Caseworkers can action a piece of advice by selecting the link displayed within the advice text. This action brings the caseworker to the area that requires attention.

Income Support provides a sample of configured issues and reminders for a subset of evidence.

The advisor provides assistance in the following areas:

- During the intake process, the advisor prompts the caseworker as to what the next step for a particular client might be, and provides options based on the client's information.

- The advisor displays issues and reminders to the caseworker during evidence capture to highlight missing information that is required before eligibility can be determined. It also prompts the caseworker to ask more related questions, based on evidence captured.

The caseworker can review details of issues from the lists displayed, along with the evidence type list and within the Evidence Workspace. Reminders can be reviewed in the Smart Panel.

What can I configure or customize?

Advisor rule sets contain rule classes rule items and rule attributes. Organizations can configure the advice context (which defines the context in which advice is shown). The rule object converter converts evidence data into rule objects. Issues and reminders can be configured by using rules within the administration application.

For example, organizations can configure shelter expense evidence by using advisor rules. In that scenario, the advisor prompts the caseworker that they must provide contributor evidence to complete the shelter expense evidence. Organizations can configure other evidence requirements, for example living expense and utility expense, in a similar way.

Related concepts
Configuring Advisor

Recording verifications

Verification is the process of checking the accuracy of the information given by clients in need of services from a Social Enterprise organization. The verification of client information (or "evidence") can take a number of forms: documents, for example birth certificates or bank statements, or by verbal means, for example telephone calls.

Cúram Income Support leverages the Cúram Verification Engine. Income Support food assistance, cash assistance, and traditional medical assistance programs require that certain evidence is verified before a client can receive assistance. Income Support has verifications configured for evidence that are common across all Income Support programs on the Income Support integrated case. These verifications include program-specific verifications for product deliveries. For example, verify that the client is a US citizen or that the amount of their income is as reported. The caseworker can review details of outstanding verifications due, received verifications, and the documents that are provided to verify from the lists displayed, along with the evidence type list. This information can be viewed within the Evidence Workspace. Configured verifications can be viewed, updated, or extended, if required, within the administration application.

Verification discrepancies are represented to a caseworker as 'outstanding verifications' against a piece of evidence that the applicant attests to or when such evidences are missing as 'Advisor Issues'. Relaying the details to the client as part of the online application makes them aware of the items that are delaying a complete determination. Any result that is presented is provisional, dependent upon the client's provision of supporting documentation to a caseworker. As a follow-up action on receiving the supporting documentation a caseworker can mark the outstanding verifications as 'Verified'. The provisional determination might allow issuance of benefits based on the program.

What can I configure or customize?

Support is provided to configure many aspects of verifications. The Cúram Verification Engine streamlines the process of verifying evidence that is used in determining eligibility and entitlement as part of program delivery. It provides the functions that are needed for efficient management of verifications where policy or legislation mandates that evidence is verified as a prerequisite for eligibility. Income Support evidence for food assistance, cash assistance, or traditional medical assistance is configured with sample verifications for some evidence. This configuration can be modified.

The default Income Support configuration is that a food assistance, cash assistance, or traditional medical assistance program can be authorized without the recording of verifications but the product delivery cannot be activated. This configuration can be modified.

When postponed verifications are required such as for expedited food assistance, support is provided for verification waivers.

Related concepts

Expedited verifications

Support is included for expedited food assistance-specific verification requirements. Mandatory verification can be bypassed for a set period, depending on rules that govern the product and verification. Evidence for which a verification waiver exists can be activated even without entering the verification details when the verification is mandatory. The entry of a verification on the case is required when the configured verification requirement mandatory indicator is set.

Related information

Verification Engine

Managing program requests

After an application for food assistance, cash assistance, or traditional medical assistance is submitted, the caseworker can add a program request for another program by selecting the program type and date requested. When a program is added to an application, the application timers are set for that program based on the date it was added to the application. The caseworker can add a program request for programs that are not currently associated with the application, or that were previously withdrawn.

After an application is submitted, a client might want to withdraw the application. From the application Programs tab, the caseworker can withdraw the application. After selecting withdraw, the disposition status of the program changes to Withdrawn and the Disposed Date is set.

Applications can also be withdrawn by using the Citizen Portal. On the Human Services Application Form, there is a withdraw option by program. When the client selects to withdraw the application for the food assistance, cash assistance, or traditional medical assistance program, the task is added to the Withdraw Request Created Work Queue. Then, the program status changes to withdraw request pending. After the caseworker accepts the task from the work queue, the caseworker confirms the primary action Confirm Withdrawal Request. The disposition status changes to Withdrawn and the Disposed Date is set.

What can I configure or customize?

The organization can customize the work queue.

Related concepts

Cúram Workflow overview

Managing timeframes

Many organizations impose time limits within which an application for a program must be processed. For example, a government organization might have a requirement that an application must be authorized within 30 business days of the date of application. Cúram Common Intake allows the organization to configure a timer for a business action to be completed within a certain time period, and it leverages Cúram Milestones to implement timers for an application. To track these time limits in Income Support when an application is submitted for food assistance, cash assistance, or traditional medical assistance, a timer is added automatically. The timers are configured by program as follows: Food Assistance 30 days, traditional Medical Assistance 45 days, and Cash Assistance 30 days. There are also timers configured for non-MAGI CHIP and Expedited Food Assistance.

If a client does not provide required necessary verification within the time period, the program application can be automatically denied. To prevent the denial, states have an optional feature where the caseworker can extend the time limit to allow the client to furnish the correct verifications. When a program is completed, that is, authorized, denied, or withdrawn, the timer is stopped and is no longer displayed on the IC.

What can I configure or customize?

Support is provided to manage timeframes. The default timers can be configured and custom timers can be added. The length of time can be configured for each program. Also, the organization can configure whether a caseworker can extend a timer, and configure whether approval of timer extension is required. For the Income Support integrated case type, extension is configured off by default. If approval is configured on for the timer extension, the case supervisor must review and either approve or reject the extension.

For the Income Support integrated case type, the organization can also configure the expected start date of the timers. The expected start date is set to the current date on which the milestone is created plus the defined number of days. By default the value is 0.

Organizations can configure milestone batch processing. The Income Support integrated case type does not have any solution-specific batch jobs for timers; there are default milestone batch processes that can be used when verifications are not returned by the deadline.

Related concepts

Managing Timeframes

Configuring investigation milestones

Expedited timers and indicators
Expedited food assistance has specific preconfigured content so that caseworkers can monitor the timely processing of the application.

Related information

ScanMilestoneDeliveryStartDateBatch

Determining eligibility

Determining eligibility for applications for food assistance, cash assistance, and traditional medical assistance includes initiating check eligibility, which runs the eligibility rules, and setting the status to ready for determination.

The following diagram shows the flow of functions that are required to determine eligibility for applications.
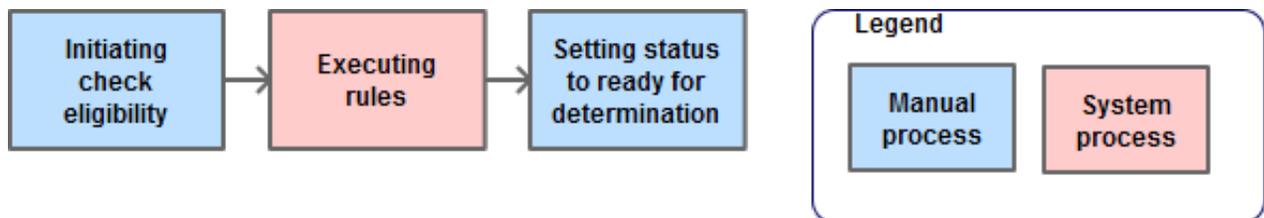
Initiating check eligibility

The caseworker can run eligibility checks on the application or on the integrated case.

Initiating check eligibility on the application

When all prospect clients on the application are registered, the caseworker can run eligibility checks on the submitted application. For the selected program, results of the eligibility checks indicate the benefits for which the client is eligible. When the caseworker runs the eligibility checks:

1. The system applies rules that are based on the evidence that is present on the application. The caseworker selects the evidence to use. The evidence can be `active only` or `active and in-edit`.
2. **Eligibility Checks** displays a list of all the configured programs, the eligibility date, and whether the program was requested by the household.

Depending on the programs the caseworker selects to check, the results are displayed in separate categories. When the caseworker selects Retroactive Medical Assistance, the results display in **Retroactive**. When the caseworker selects any other program, the results display in **Ongoing**.

Programs other than Retroactive Medical Assistance

After the results are determined, the caseworker can expand the **Ongoing** option. Depending on the programs the caseworker selects to check, the results are displayed in separate categories. Three categories of eligibility results are displayed. The three categories are **Eligible**, **Ineligible**, and **Future Eligibility**. An eligibility result can belong to only one of the three categories.

Retroactive Medical Assistance

After the results are determined, the caseworker can expand the **Retroactive** option. Two categories of eligibility results are displayed. The two categories are **Eligible** and **Ineligible**. An eligibility result can belong to only one of the two categories.

Initiating check eligibility on the integrated case

The caseworker can also run eligibility checks on the integrated case. The caseworker enters the date from which the eligibility check starts and the number of months for which the eligibility check runs. **Check Eligibility** displays that the household is receiving a program after the product delivery is activated for the case.

Depending on the programs the caseworker selects to check, the results are displayed in separate categories. When the caseworker selects Retroactive Medical Assistance, the results display in **Retroactive**. When the caseworker selects any other program, the results display in **Ongoing**.

Programs other than Retroactive Medical Assistance

After the results are determined, the caseworker can expand the **Ongoing** option. Depending on the programs the caseworker selects to check, the results are displayed in separate categories. Three categories of eligibility results are displayed. The three categories are **Eligible**, **Ineligible**, and **Future Eligibility**. An eligibility result can belong to only one of the three categories.

Retroactive Medical Assistance

After the results are determined, the caseworker can expand the **Retroactive** option. Two categories of eligibility results are displayed. The two categories are **Eligible** and **Ineligible**. An eligibility result can belong to only one of the two categories.

Eligible, Ineligible, and Future Eligibility

When the results display that the household is determined eligible for the selected program, details are indicated in the **Eligible** category. The caseworker can select to display the appropriate program. For example, the caseworker can select **Food Assistance** to see more decision information.

Note: If a checked program is displayed in the **Eligible** category, the system determined that the household's eligibility does not fall into the future eligibility criteria.

If the household applied for a program on 7 September but was not eligible until today's date, for example, 7 October, confirmation of the household's eligibility is displayed in the **Eligible** category.

If the household is deemed ineligible for the checked program, details are indicated in the **Ineligible** category. The caseworker can select to display the appropriate program. For example, the caseworker can select **Cash Assistance** to see more decision information.

If the household is deemed eligible for the checked program and the decision meets the criteria to be eligible starting at a future date, the decision is indicated in the **Future Eligibility** category. The caseworker can select to display the appropriate program. For example, the caseworker can select **Medical Assistance** to see more decision information.

For more information about future eligibility, see the *Future authorization months* related link.

Related concepts

Future authorization months
Caseworkers can authorize eligible decisions with a start date in the future. Organizations can configure the number of months from the application date that the result can be authorized in the future.

Executing rules

After the caseworker initiates check eligibility for food assistance, cash assistance, medical assistance, Children's Health Insurance Program (CHIP), or retroactive Medicaid, the program recommendation process runs. Program recommendation allows the caseworker to check eligibility for selected programs and can determine eligibility for multiple programs and assistance unit combinations. The eligibility results display to the caseworker.

Cúram Common Intake supports one authorization strategy called program recommendation. Program recommendation allows the caseworker to check eligibility for selected programs and can determine eligibility for multiple programs and assistance unit combinations. Check eligibility when initiated runs the program rules for the selected programs. The eligibility determination results are displayed with decisions, which can be expanded to view the determination in detail. The caseworker can review the existing eligibility checks on the application. Also, the caseworker can select to run a new eligibility check to ensure that any changes in the evidence or information on the application are used in the determination.

Each cash assistance or food assistance program or medical assistance coverage type is configured as a separate product with its own configuration, rules, and display rules.

A program is considered eligible when at least one member of the household meets the eligible rules. A program is considered ineligible when no eligible decision is determined for the program.

For Cúram Income Support, the high-level decision displays the following information: Coverage Type, Assistance Unit, Eligibility Period, Cumulative, and Status. The high-level decision can be expanded to show the individual decision periods. The information shows a decision period date range, whether the decision period is eligible or not, and the monthly amount of benefit, if any.

What can I configure or customize?

Cúram Income Support includes preconfigured rules for food assistance, cash assistance, and traditional medical assistance. The business analyst must define business rules for each program to determine program eligibility. Eligibility and entitlement rules are run against evidence to determine a claimant's eligibility and entitlement. The structure of the rules is based on analysis of legislation or other source material as a guide in determining high-level business rule groups. A business rule group is a logical grouping of one or more rules. The use of rule groups makes reading through rules easier to follow. For example, the food assistance legislation is outlined under several headings that include: Citizenship, residency, social security number. These headings often become rule groups. When the high-level rule groups are identified, the business analyst can start identifying rules within the rule group. The analysis process refines the rules until they are broken down to a level that is understandable from a business perspective. Subrule groups are rule groups within rule groups.

Following completion of the application process, the caseworker can process eligibility for assistance. These results are shown to the caseworker by using display rules. The food assistance, cash assistance, and traditional medical assistance programs that include pre-packaged display rules that can be configured. Many rules use rates that can be configured through the administration application.

Related concepts

Assigning Cúram Express Rules to products

Cúram Express Rules Reference

Program Rules overview
On check eligibility, the system runs the defined cash assistance, food assistance, and traditional medical assistance, Children's Health Insurance Program (CHIP), and retroactive rules based on caseworker selection. Income Support program rules are implemented by using Cúram Express Rules (CER). States can offer other programs within their Income Support suite. These programs can be implemented by the state and configured into the Cúram IS product.

Income Support rules structure
Cúram Income Support programs for cash assistance, food assistance, and traditional medical assistance programs use an integrated rules structure for determining eligibility. Use this information to learn about that structure and the details of how each category or rules relate to each other.

Display rules
Following completion of the application process, the caseworker can process eligibility for assistance. These results are shown to the caseworker by using display rules. In order for eligibility decisions to be created within product delivery cases based on the products, rules that are designed for determining eligibility and entitlement must be assigned to products. Income Support (IS) uses Cúram Express Rules (CERs).

Rate tables and decision tables
Income Support (IS) integrated cases use both Cúram Express Rules (CER) rate tables and CER decision tables to implement rules. IS programs implemented rates for values that are determined to be rates. A rate is defined as a value that changes periodically, often annually. All other values are implemented within the CER rule sets as either coded values or decision tables.

Eligibility start date
The start date of a household's eligibility is an important part of an eligibility determination. The default eligibility start date is the application submitted date. The other options are eligibility determination date and first of the month. The start date configuration can vary by program.

Setting status to Ready for Determination

When the caseworker completes the application and the caseworker and client are satisfied with it, the application can be marked as ready for determination. Cúram Common Intake provides a default routing for the application when it is set to a status of ready for determination. The application is sent to the ready for determination work queue where the eligibility worker can see that the application is ready for final processing.

When the caseworkers complete their work, they need to notify the eligibility worker that the application is ready for final approval. The final step for the caseworker is to set the status of the application to Ready for Determination. Selecting this option from the Action menu creates the task Application Ready for Determination so the eligibility worker knows that the application is ready to be processed. The task is automatically assigned to Application Ready for Determination work queue. In Income Support, the eligibility worker receives a notification that the application is now assigned to them.

The default processing through Cúram Common Intake when the eligibility worker sets an application to ready for determination is to leave the application assigned to the current assignee.

What can I configure or customize?

The organization can configure that the application stays in the same state (that is, leave the application assigned to the current caseworker) or route the application to a specific caseworker.

If the organization decides to not have separate intake and eligibility workers, the Application Ready for Determination Work Queue might not be necessary for the organization's process.

Related concepts
Cúram Workflow overview

Authorizing eligibility

The eligibility worker completes the processing of the application and conducts ongoing maintenance on the case. This worker reviews the application details, authorizes the application's programs, activates the product delivery, and generates financials for programs where monetary benefits are to be paid.

The following diagram shows the flow of functions that the eligibility worker performs to authorize eligibility.
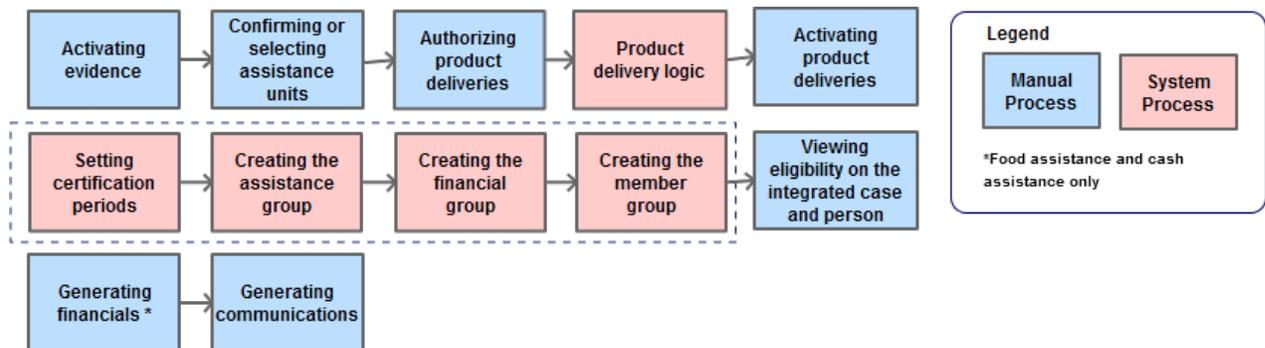
1. "Activating evidence" on page 23
2. "Confirming or selecting assistance units" on page 23
3. "Authorizing product deliveries" on page 24
4. "Product delivery logic" on page 26
5. "Activating product deliveries" on page 27
6. "Setting certification period" on page 27
7. "Creating the assistance group" on page 28
8. "Creating the financial group" on page 28
9. "Creating the member group" on page 29
10. "Viewing eligibility on the Integrated Case and Person tabs" on page 29
11. "Generating financials" on page 30
12. "Generating communications" on page 31

Activating evidence

Before authorizing the application for food assistance, cash assistance, or traditional medical assistance, in-edit evidence must be activated.

If the eligibility worker is satisfied with the evidence, the next step is to activate the in-edit evidence. Before authorizing the application, in-edit evidence must be activated. Evidence can be activated from the evidence dashboard.

The intake worker might also activate the evidence before setting the application to 'Ready for Determination'.

Confirming or selecting assistance units

When the food assistance, cash assistance, or traditional medical decision is ready for review, the eligibility worker reviews details of the application and selects the most appropriate assistance units for authorization.

Upon receiving notification from the intake worker that the application is ready for review (through the Application Ready for Determination Work Queue), the eligibility worker reviews the application details and makes any needed updates. The eligibility worker can choose to run a new eligibility check if updates were made to ensure that any changes in the evidence or information on the case are used in the

determination, the eligibility worker reviews the eligibility results to validate that the evidence and the results agree. When more than one household assistance unit is calculated by the rules for a cash assistance or food assistance program or traditional medical assistance coverage type, the eligibility worker determines which assistance unit is most appropriate for the household and selects the unit or units to fit the needs of the household. One example of when multiple assistance units is calculated is for cash assistance when a niece or nephew is in a household.

Authorizing product deliveries

Cúram Common Intake supports one authorization strategy, namely program recommendation.

Program recommendation allows the caseworker to check eligibility for selected programs and can determine eligibility for multiple programs and assistance unit combinations. The eligibility worker can action an eligibility result, authorize eligible results, deny ineligible results, and decline results the client does not choose to proceed with. Programs can be authorized from the application and the integrated case.

To view the authorization page, the eligibility worker selects to review eligibility results. The results display the most recent eligibility check initiated for each program or coverage type. Here the eligibility worker can authorize, decline, or deny results.

Program authorization creates a product delivery for an eligible assistance unit. The caseworker selects to authorize an assistance unit if the client is eligible and wants to receive the program. This authorization is completed for each program/coverage type separately. Upon authorization, an application status changes from pending to approved.

Program authorization at integrated case level supports movement between Medical Assistance coverage types without the requirement for an application for each medical coverage type.

A program can be declined where the client is eligible but chooses not to receive the program. A program is considered ineligible when there is no eligible decision that is determined for the program. The eligibility worker can select to deny such program. Upon deny, the application status changes from pending to denied.

What can I configure or customize?

Administrators can configure the programs that are included in applications, the order in which the programs are displayed, and the eligibility date that is used to determine eligibility for a program.

Cúram Common Intake (CCI) allows the caseworker to view the results of application eligibility checks. Administrators can configure the ordering of the programs that are displayed for eligibility results. The administrator can also configure the dates to be used in the decision period.

The eligibility and entitlement rules are determined by using the CER rules editor. These rules are configurable by the organization.

Related concepts
Application Statuses

Concurrent eligibility and authorizing product delivery cases for Food and Cash Assistance
A concurrent eligibility-related validation is associated with the authorization of product delivery cases for Food Assistance and Cash Assistance.

During the authorization process for Food Assistance and Cash Assistance, the following applies if one or more applicants are currently case members of an active product delivery of the same type and case membership of the applicants is not end-dated within those product deliveries:

• An authorization validation prevents authorization.
• The caseworker is notified by the system to either close the existing product delivery case or to end-date the applicants within the product delivery.

During the authorization process for Food and Cash Assistance, authorization is permitted where an applicant is end-dated within the product delivery case.

During the authorization process for Food Assistance only, authorization is permitted where an applicant meets both of the following criteria:

- The applicant is a victim of domestic violence.
- The applicant is eligible for benefits within another Food Assistance case.

In these circumstances, authorization is permitted even if the battered case member is not end-dated on the original case. The system displays an informational message to inform the caseworker that the case member is an active member of another case that requires review.

For more information about concurrent eligibility, see the *Detecting concurrent eligibility for Food Assistance* and *Detecting concurrent eligibility for Cash Assistance* related links.

Related concepts
Detecting concurrent eligibility for Food Assistance
Overlapping eligibility is not permitted in multiple Food Assistance product delivery cases in the same calendar month. A household member can be determined eligible for a Food Assistance product when the member is already receiving Food Assistance and is a victim of domestic violence.

Detecting concurrent eligibility for Cash Assistance
Overlapping eligibility is not permitted in multiple Cash Assistance product delivery cases in the same calendar month. Administrators can configure the eligibility determination start date so that organizations can potentially prevent creating overpayments during the reassessment of older closed cases if required.

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Primary client and authorizing product delivery cases
Any case participants of the integrated case can be set as the primary client of a product delivery case.

Primary client

The product delivery case creation process allows a case participant to be set as the primary client who is not the primary client of the integrated case for the following product delivery types:

- Cash Assistance.
- Food Assistance.
- Medical Assistance coverage types.

When the primary client of the product delivery case is set, it cannot be changed. The primary client of the integrated case cannot be changed by using this method.

When the product delivery is authorized for Cash Assistance, the current Head of Household evidence for Cash Assistance determines which case participant is set as the primary client for the Cash Assistance product delivery.

When the product delivery is authorized for Food Assistance, the current Head of Household evidence for Food Assistance determines which case participant is set as the primary client for the Food Assistance product delivery.

When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select from a list of household members the participant to set as the primary client for the product delivery.

What can I configure or customize?

Cúram standard configuration sets the primary client based on Head of Household evidence for programs that use this evidence. The following applies when the product delivery is authorized:

- For Food Assistance, the current Head of Household evidence for Food Assistance can, if configured, determine the case participant role of primary client for the Food Assistance product delivery.
- For Cash Assistance, the current Head of Household evidence for Cash Assistance can, if configured, determine the case participant role of primary client for the Cash Assistance product delivery.

For any Medical Assistance coverage type, including retroactive coverage, the caseworker can, if configured, select from a list of household members the participant to assign the case participant role of primary client for the product delivery.

For more information about the product delivery configurations, see the *Configuring the primary client on product delivery authorization* related link.

Related concepts
Configuring the primary client on product delivery authorization
When the product delivery is authorized for Food Assistance and Cash Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select the primary client from a list of household members for the product delivery case.

Related tasks
Managing a PD case where the primary client leaves the household (Cash or Food Assistance)
When a change of circumstance occurs and a client that is serving as the primary client of a Cash Assistance or Food Assistance product delivery (PD) case leaves the household and is no longer a household member of the integrated case, caseworkers must update case information to indicate that the client that has left the household is no longer the primary client of the product delivery case.

Managing a PD case where the primary client leaves the household (Medical Assistance)
When a change of circumstance occurs and a client that is serving as the primary client of a Medical Assistance product delivery (PD) case leaves the household and is no longer a household member of the integrated case, caseworkers must update case information to indicate that the client that has left the household is no longer the primary client of the product delivery case.

Product delivery logic

Income Support supports multiple products within a single Income Support integrated case. The Income Support integrated case allows a caseworker to manage ongoing products that are associated with the case and manage the household's information within a single case for food assistance, cash assistance, and traditional medical assistance.

The authorization strategy program recommendation is configured to determine eligibility for multiple programs, identify eligible assistance units (AU) within the household, and create products based on eligibility results through authorization. If a household is not eligible, the eligibility worker can deny that program, based on ineligible results.

On authorization of an eligibility result, the system creates a product delivery. The product delivery is associated with the Income Support integrated case. Validations are provided to ensure that clients cannot be authorized as an assistance unit member on multiple products of the same type for most product types.

When all eligible assistance units are authorized or declined, the application is disposed automatically. When no eligible results exist for a program, the application for that program is automatically disposed.

On authorization, the Income Support integrated case reuses existing product deliveries for specific Medical Assistance and Retroactive Medical only. It checks for whether the product delivery exists or not and if found, then authorizes the old product delivery. It not the system creates a new product delivery. For Food Assistance and Cash Assistance, a new product delivery is always created.

A client cannot be authorized for the same program in multiple assistance units during the same time period except for specific Medical Assistance coverage types. A client can have Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) along with another traditional Medical Assistance coverage type.

What can I configure or customize?

The organization can configure the authorization strategy program recommendation within Cúram Common Intake.

Activating product deliveries

When the food assistance, cash assistance, or traditional medical assistance AU is authorized and the product delivery is created and is in an 'approved' status, the product delivery must be activated to be finalized. Product deliveries that are approved can be activated by using batch processing or manually by an eligibility worker.

For the client to receive assistance, the caseworker must activate the product delivery. From within a product delivery on the Actions menu, use the Activate Online feature. On activation of the product delivery the system:

- Determines eligibility over the certification of the product delivery (12 months, by default)
- Populates the following groups: Assistance Group, Member Group, and Financial Group.

For an Income Support integrated case, an assistance unit can be authorized if outstanding verifications exist; however, all outstanding verifications must be verified before a product delivery can be activated.

Activation determines eligibility for an approved product delivery and activates the product delivery if eligible.

Related concepts

Cúram Integrated Case Management

Setting certification period

Certification is the process of certifying that a participant is eligible to receive a benefit. The start date and end date of the certification period can be configured. When certification periods are defined, case groups also are created, including assistance group, financial group, and member group.

Case groups are used to record details of the assistance, financial, and member groups. When a product delivery is created during authorization/activation, each group type is automatically created. Subsequent execution of the eligibility rules for the specific program may result in a new assistance, financial, or member group being created when the existing group composition changes. When group members are no longer included in the group, they are displayed in the group with an end date. Previous members who are no longer part of the group are also displayed.

When case groups are created, specifically the assistance group, the eligibility details for non-MAGI Medicaid programs, that is Traditional Medical Assistance, are stored so that they can be used by Cúram Express Rules (CER) when determining MAGI Medicaid eligibility.

Setting the Start Date

> The default certification period of food assistance, cash assistance, or traditional medical assistance product delivery is based on the application date only. For certain programs such as food assistance and cash assistance, this may create an issue. When the eligibility start date was determined by eligibility rules to be after the application date (a date in the future) which means there could be two issues. The issues could be there may be too few eligible months in the certification period, and that the certification start date did not match the actual eligibility begin date.

> Medical Assistance start date options supported are first of month, application date, and eligibility determination date. The default is application date.

Setting the End Date
> For End Date, there are configurations based on program. The configurations hold the certification period in months, which is added to the case start date. For Food Assistance, Cash Assistance, and Medical Assistance, the default is 11 months. So if the case start date is April 20th, the end date is March 31st.

What can I configure or customize?

Start Date

For Cash Assistance and Food Assistance,organizations can configure the certification period to match the future eligibility date. It is possible to match the eligibility start date with the certification start date when the eligibility begins later than the application date, based on a configuration. There is configuration is by program type. There is also a hook point to customize the certification period.

End Date

Certification end dates can be configured by using an environmental variable by program:

• For Food Assistance: *Curam.isproduct.foodassistance.certificationperiod.months*

• For Cash Assistance: *Curam.isproduct.cashassistance.certificationperiod.months*

• For Medical Assistance: *Curam.isproduct.medicalassistance.certificationperiod.months*

Related concepts

Setting certification periods

The start date and end date of certification periods can be configured. Use this information to understand how to configure the **Start Date** for Food and Cash Assistance and how to customize the certification period for future eligibility date for Food and Cash Assistance.

Creating the assistance group

The assistance group, or benefit group, refers to the individuals who are receiving assistance.

The assistance group is determined during execution of the eligibility rules for the program for which the product delivery was created. The assistance group can change over the lifetime of the product delivery as household members are added or removed, or become eligible or ineligible. The composition of the assistance group is always determined by the rules. Subsequent execution of the eligibility rules for the program might result in a new assistance group to be created when the existing assistance group composition changes. Individuals might be listed multiple times as they move in and out of the assistance group if they become ineligible for a period and then become eligible again.

The traditional Children's Health Insurance Program (CHIP) assistance group is the only assistance group where a caseworker is allowed to add a member to the assistance group. The only members who can be added to the assistance group for CHIP are those determined eligible for CHIP on the most recent decision for the product delivery. This addition is any child who decided not to be covered by CHIP even though they were eligible originally, any child who was previously ineligible but who is now eligible as a result of a change in circumstance, or a child who is a recent addition to the household such as a newborn.

Creating the financial group

The financial group refers to the individuals whose income and resources are counted or deemed when determining the assistance group's eligibility for the product delivery.

Financial group members can be household members or individuals who are not household members but who have a one of the following case participant roles.

• Alien Sponsor where the sponsor type is "individual"

• Alien Sponsor Spouse

• Unborn Child

The financial group is determined during the execution of the program eligibility rules. The financial group may change over the lifetime of the case as case participants are added or removed, or become eligible or ineligible. Subsequent execution of the eligibility rules for the specific program may result in a new financial group being created where the existing financial group composition changes.

Creating the member group

The member group refers to all household members added to a product delivery. The member group is determined during the execution of the eligibility rules for the product delivery.

The member group is determined during the execution of the eligibility rules for the product delivery. The member groups contain all household members who are within the assistance group, the financial group, and any individuals who would be in the assistance group but were either excluded or deemed non-household members. Only the following programs allow a caseworker to add or remove a member to and from the member group.

- Cash Assistance
- Food Assistance
- Low-Income Families and Children (LIFC) Medical Assistance - no new applications after start of Healthcare Reform
- Refugee Medical Assistance

When a new member is added, an automatic reassessment of the product delivery is triggered. This reassessment determines whether the new household member added is part of the assistance group or the financial group or both. Only household members who currently exist on the integrated case can be added to the member group.

Only optional members can be removed from a member group. When a member is removed, an automatic reassessment of the product delivery is triggered.

Viewing eligibility on the Integrated Case and Person tabs

Over time, individuals might be eligible for different programs. The Eligibility Viewer (EV) provides a holistic view of eligibility at the Integrated Case and Person level. At the Integrated Case level, the EV provides the caseworker with a single consolidated timeline view of program eligibility for all members on the Income Support integrated case. At the Person level, the EV provides the caseworker with a single timeline view of a person's eligibility across integrated cases. For the Income Support integrated case, this view can be found on the **Eligibility** tab for both the Person and the Integrated Case.

Eligibility is displayed for the current calendar year with the current month highlighted. The caseworker can use **Back** and **Forward** buttons to view eligibility for either an earlier or later year. For each member, eligibility for a program is represented by an eligibility bar on the timeline, where members are ordered first by Integrated Case primary client, and then by age. The caseworker can also view the eligibility information in a list format. The caseworker can click an eligibility bar and see the start and end dates of eligibility. A split is displayed on the eligibility bar where there is a change in either eligibility or entitlement for the program.

For each program type that a client is eligible for, the caseworker can click the eligibility bar and view extra information in addition to the coverage start and end dates. The extra information provides the caseworker with details that contribute to the eligibility calculation to help answer customer queries about eligibility.

For example, the following extra information is displayed:

Food and Cash Assistance

- Entitlement start and end dates
- Product delivery case reference
- Assistance unit
- Benefit amount
- Financial unit
- Household net income
- Domestic violence: For Food Assistance, when rules determine that an individual who is eligible within two cases within the same month because of a domestic violence exception, the label

Domestic Violence is conditionally displayed for the list of members who meet the exception based on:

– The member is a victim of domestic violence based on the living arrangement **Shelter for Battered Women and Children**.

When no household member meets the exception, the system does not display the label or the name.

Also, when the Food Assistance program is displayed on an eligibility bar, the icon is highlighted in a different color in cases where the provision of the program is expedited.

Medical Assistance

• Entitlement start and end dates
• Product delivery case reference
• Cost of care contribution
• Outstanding amount (for applicable programs)
• Program or coverage category name, if applicable
• Period of retroactive coverage is highlighted in the bar, if applicable

Programs are displayed in the view after the product delivery is activated.

Key events

If one or more key events occur in a month, where a key event is either an evidence change or a rule change, an icon is displayed next to the month. The caseworker can click the icon to view a list of changes. For each change, the list indicates the date of the change, a brief description of the change, and the person that the change applies to, as shown in the following example:

```
mm/dd/yyyy - Income increase - Case participant name (age)
```

Examples of evidence changes include a change in income or age, or the addition of a new member to a case.

Sample rules that can be used to determine changes in a case are provided with the default installation, as shown in the following example:

• Single individual in receipt of Cash Assistance whose 19th birthday occurs during the month, where the individual is a student in full-time education.

What can I configure or customize?

The display of the eligibility viewer can be customized. New product types can be configured to display in the eligibility viewer. Also, an administrator can customize the rules that determine evidence changes.

Generating financials

After a product delivery is authorized and activated, financials can be generated by the program. The financials initiate the payment of the cash benefit to the eligible household.

After a product delivery is authorized and activated, financials can be generated for the program. Financials are processed from the food assistance or cash assistance product delivery. From the product delivery's **Financials** tab, select the **Issue Payment** function. When the payment is issues the status is Processed with the following payment items: Case-Food Assistance or Cash Assistance, Component-Benefit Amount, Covers Period (as determined by eligibility processing), Credit (as determined by eligibility process for the time period of the issuance), and Debit (if any claims exist against the payment).

Simulated payments can also be generated. A caseworker can simulate a payment from a specific date to view all deductions due on a payment prior to issuing the payment.

Related concepts

Issuing payments and bills
Simulating payments
Cúram Financials guide
Financial customization points

Generating communications

The Income Support integrated case does not include any default communications. **Cúram Common Intake** provides the ability for an organization to configure a notification of eligibility determination to inform the client of the approved programs, benefit amounts, conditions, or an ineligibility decision.

What can I configure or customize?

Communications can be customized by the organization. Support is provided for two types of templates: Extensible Stylesheet Language (XSL) templates and Microsoft Word templates. XSL templates are stylesheets that are used for generating pro forma communications. Microsoft Word templates are used to create Microsoft Word communications. These templates are managed differently on the system.

Related concepts

Cúram communications overview

Recording Change of Circumstance

Change of circumstance processing supports the application of changes that impact household composition for existing product deliveries. Change of circumstance processing is implemented for Cash Assistance, Food Assistance, and traditional Medical Assistance and Children's Health Insurance Program (CHIP).

The following diagram shows the functions and components that relate to processing a change of circumstance.
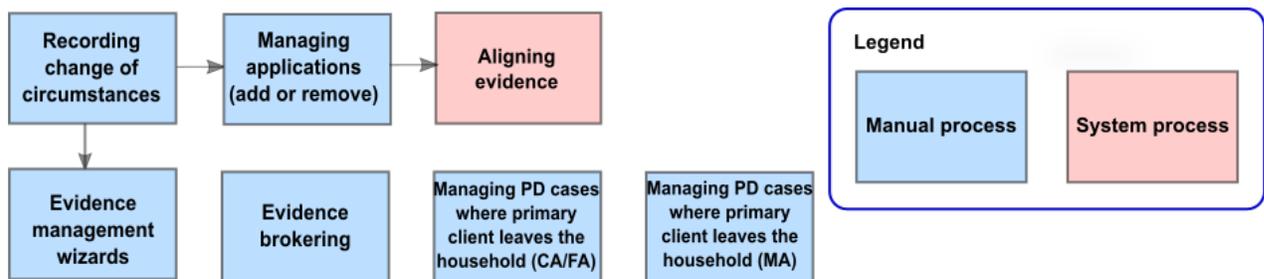
1. "Recording Change of Circumstance" on page 31
2. "Managing applicants" on page 33
3. "Alignment of evidence" on page 36
4. "Evidence management wizards" on page 33
5. "Evidence Brokering" on page 37
6. "Managing a PD case where the primary client leaves the household (Cash or Food Assistance)" on page 37
7. "Managing a PD case where the primary client leaves the household (Medical Assistance)" on page 39

Change of circumstance processing supports the following common changes of circumstance that can occur within these programs.

- The addition of a new household member
- A household member who is leaving the integrated case, their household member record end dated

- Changes to the head of household
- The death of a household member

Change of circumstance processing is initiated on **Apply Changes** when specific evidence that causes the household composition to change is modified and there are existing product deliveries on the integrated case. This processing determines the impact of the evidence change for programs that are not closed that currently exist on the integrated case. Change of circumstance processing runs an eligibility check at the integrated case except for application-specific rules and period of ineligibility processing.

The following processing occurs:

1. The caseworker records evidence updates that are defined as affecting household composition. This update occurs when the caseworker updates the evidences individually or through a guided process referred to as the **Evidence Management** wizards.
2. The caseworker selects to **Apply Changes** to activate the evidence.
3. The system triggers the change of circumstance processing.
4. System-determined eligibility results display on the integrated case under the eligibility checks tab.
5. The caseworker is able to act manually on results from the eligibility checks tab, apply updates to existing product deliveries, or authorize a new product delivery.
6. Specified changes, such as the addition of mandatory members to a product delivery, change of head of household, or end-dated household members, are applied automatically by the system.
7. When the caseworker or the system applies updates to existing product deliveries, the decisions are then updated on the product delivery. The display rules show any changes to unit composition or other areas, if impacted.
8. The group members are updated to reflect any changes within the member group, assistance group, and financial group.

Change of Circumstance evidence

Evidence that affects the household composition is defined per program. If this evidence is entered or updated and applied, it triggers the change in circumstance processing.

The following factors comprise the defined list of evidence by program.

Cash Assistance

- Household Member
- Countable Assistance Period
- Domestic Relationship
- Head of Household
- Absence
- Deprivation
- Extension
- Exemption
- Death

Food Assistance

- Household Member
- Domestic Relationship
- Meal Group Member
- Head of Household
- Living Arrangement
- Death

Medical Assistance (traditional)

- Household Member
- Domestic Relationship
- Absence
- Deprivation
- Death

CHIP (traditional Medical Assistance)

- Household Member
- Domestic Relationship
- Death

Note: When a date of death for a household member is entered for any of these programs, the member must be end dated before the change of circumstance can be triggered.

What can I configure or customize?

Change of circumstance evidence can be configured by program.

Managing applicants

Changes of circumstances are reported frequently directly to the caseworker. To process the change of circumstance information on an application and an ongoing case, the caseworker can either create or update evidences individually manually or use a wizard. If the evidence is processed individually, the caseworker must review the remaining evidences to ensure the information captured was accurate to avoid incorrect eligibility determinations.

The caseworker can manage the changes of circumstances through a feature that is called an **Evidence Management** wizard. Using this wizard reduces the time that is needed to identify which evidence to enter and in what order. The **Evidence Management** wizard feature involves a **User Interface Metadata** (UIM) wizard and more implementation to highlight missing evidences, if any. The **Add a Member** wizard is provided as an illustration of this solution approach. The **Evidence** tab contains a **Guided Changes** page that lists the changes that are submitted and completed by using the wizards.

What can I configure or customize?

One default wizard, named **Add Member**, exists to allow the caseworker to add new members to the case. The wizard can be customized. The set of rules that are run for Guided Changes for this wizard also can be customized (a combination of coding and Cúram Express Rules (CER) rather than CER only).

Evidence management wizards

Organizations can simplify the process of caseworkers recording changes by configuring a wizard that guides them through the required updates. In addition to being able to record a change manually on the various evidence screens, the caseworker can manage changes of circumstances through a guided process. This process reduces the time that is needed to identify which evidence to enter and in what order.

The **Evidence Management** wizard feature involves a **User Interface Metadata (UIM)** wizard plus extra implementation to highlight any missing evidences. The **Add a Member** wizard is provided as an example of this solution approach.

Note: The **Add a Member** guided wizard is not intended for use in a scenario where either of the following apply:

- The participant to be added is an active household member.
- The participant to be added is returning to the household and is to be re-added to an ongoing case.

In either scenario, a validation prevents participants from being selected in the **Add a Member** guided change wizard on the case participant page. To re-add a member to an ongoing case, caseworkers can use **Re-add a Member**. For more information about how to re-add a member to a case, see the *Re-add a member to a case* related link.

1. The **Add a Member** wizard supports scenarios in which a new member is added to the application case or to the ongoing case after the initial application is submitted. Access the **Add a Member** wizard from either the application or ongoing case from the following locations.

   a. The **Guided Change** link in the **Action** menu.

   b. The **Guided Change** page group navigation bar within the **Evidence** tab.

2. Select the **Add a Member** change type, and start the wizard. The wizard guides the caseworker through steps that ensure that the minimum information is captured. After the caseworker completes the wizard, the caseworker might have to enter more evidences. The wizard consists of the following steps:

   a. Participant Details - Allows the caseworker to enter information that relates to the person that is being added to the household, including whether the person is registered on the system or not, the Address information, and Living Arrangement details.

   b. Personal Information - Allows the caseworker to enter information that relates to Social Security Number (SSN), citizen status, member start date, and race.

   c. Relationship Details - Allows the caseworker to select the most appropriate description of the relationship between the person that is being added and each individual in the household.

   d. Program Details - Allows the caseworker to add work registration and household meal group details.

   e. Employment Details - Allows the caseworker to record employment details, including adding new Employment details.

   f. Income Details - Allows the caseworker to record the income of the person who is being added to the household. Both earned and unearned income can be added. If the person receives income from more than one source, the caseworker can select **Add New Income** to enter extra income records.

   g. Summary - Displays a summary of all the information that is captured through the wizard that the caseworker must review before the information is submitted.

3. On submission of the wizard, a set of rules are run and the **Guided Changes** page is presented to the caseworker. The **Add a Member** change type is created with a status of submitted. The added item can be expanded to display the Action Required list. This list displays evidence that informs the caseworker what information is required to complete the change of circumstance process successfully. The list of evidence includes eligibility and program-specific evidence that is used to determine the person's eligibility. The previously completed list displays a list of evidence that the caseworker added after they submitted the wizard.

4. To add the required evidence, the caseworker can select the **Add** link. When this evidence is saved, it is removed from the Action Required list, and added to the Previously Completed list.

5. The caseworker marks the change of circumstance as complete to ensure that they provided all the information that is related to the change of circumstance and the change status is Completed; it now is shown in the **Complete** tab.

What can I configure or customize?

One sample default wizard, named **Add Member**, exists to allow the caseworker to add new members to the case. The wizard can be customized. The set of rules that are run for Guided Changes for this wizard can also be customized (a combination of coding and Cúram Express Rules (CER) rather than CER only).

Related concepts
Re-adding a member to a case

By using the evidence screens, caseworkers can manually re-add a household member to a case. However, to reduce the time that is required to identify the evidence, caseworkers can also re-add a household member to a case by using a guided process.

Re-adding a member to a case

By using the evidence screens, caseworkers can manually re-add a household member to a case. However, to reduce the time that is required to identify the evidence, caseworkers can also re-add a household member to a case by using a guided process.

The **Re-add a Member** function uses a User Interface Metadata (UIM) wizard. The function automatically creates the Household Member evidence type that determines whether a member is active on the case. The **Re-add a Member** function is provided as an example of this solution approach. The **Re-add a Member** function can be customized.

1. The **Re-add a Member** function supports scenarios in which a member returns to the household and the member is re-added to an ongoing case. Users can access the **Re-add a Member** function from the ongoing case from either of the following locations:

   • The **Guided Changes** link in the **Tab Action** menu.
   • The **Guided Changes** page group navigation bar within the **Evidence** tab.

2. Users select the **Re-add a Member** function. The function prompts the user to select the case participant who is re-entering the household and the date the case participant is to be re-added.

3. Users are prompted to confirm the selection that the user made. After the user completes the process, the user is prompted to review the existing evidence for the re-added participant. The function consists of the following two steps:

   • a. Select **Participant**. Users select the participants to re-add to the household. Users must enter the date that the user re-entered the household.

   b. Confirmation. When users select **Finish**, a confirmation message is displayed to the user that indicates to the user to review the participant's evidence. Users can also select to save and re-add another participant. When users select to save and re-add another participant, the re-add process, after the selected participant is re-added, is restarted.

4. When the submission is complete, the system automatically creates the Household Member evidence. The status of the Household Member evidence moves to **In-Edit**. The user is directed to the **Active Evidence** list page to review the participant's evidence.

5. When the system automatically creates the Household Member evidence, the evidence details are populated as shown in the proceeding table.

Property	Value
Received Date	Defaults to today's date
Household Member Participant	Set to the case participant that is selected in the first step of the wizard
Citizen Status	Set to the value stored in the most recent end-dated Household Member evidence record
Veteran Status	Set to the value stored in the most recent end-dated Household Member evidence record
Applied for S.S.N.	Set to the value stored in the most recent end-dated Household Member evidence record
Start Date	Set to the date of re-entry into the household that was entered in the first step of the wizard
Migrant Farm Worker	Set to the value stored in the most recent end-dated Household Member evidence record

Property	Value
End Date	Defaults to blank
Residency Status	Set to the value stored in the most recent end-dated Household Member evidence record
Race Details	Set to the value stored in the most recent end-dated Household Member evidence record

What can I configure or customize?

The **Re-add a Member** function can be customized in the following two ways:

- Additional processing can be implemented to occur after the member is re-added to the case.
- Different default values can be provided for the Household Member attributes.

Alignment of evidence

Changes that are reported by a household might impact the household's allotment and eligibility that is determined monthly. For this reason, changes that do affect the allotment and eligibility probably cause the decisions to split at monthly intervals only. If alignment is not in place when a change of circumstance is entered, the change impacts the allotment and eligibility from the date the change was reported (the start date or effective date of the change). The decisions split on these dates. For example, if the date (start date/effective date) of change occurred on January 13, eligibility, benefit amounts, and decisions would reflect this change from January 13.

An alignment algorithm allows alignment of evidence through a system configuration. Evidence entities can be configured per program for programs on the Income Support integrated case. Decisions reflect the dates to which evidence is configured to align. The decisions show the caseworker when the reported change impacts the household's allotment and not the date from which the change occurred. Decisions reflect the dates to which evidence aligns. In the example in the previous paragraph, if evidence is configured to align, then eligibility, benefit amounts, and the decisions reflect this change from February 1. Alignment occurs only on reassessment of an on-going case for evidence that is configured to align.

An alignment algorithm allows alignment of evidence through a system configuration. Evidence entities can be configured per program. Decisions reflect the dates to which evidence is configured to align. The decisions show the caseworker when the reported change impacts the household's allotment and not the date from which the change occurred. Decisions reflect the dates to which evidence aligns. In the example in the previous paragraph, if evidence is configured to align, then eligibility, benefit amounts, and the decisions reflect this change from February 1. Alignment occurs only on reassessment of an on-going case for evidence that is configured to align.

Alignment algorithm
An alignment algorithm is implemented for income and resource evidence for Cash Assistance, Food Assistance, Medical Assistance, and Children's Health Insurance Program (CHIP).

The following criteria are used to implement the algorithm Start Dates and End Dates:

Start Date

- If the start date of the evidence is before or equal to the start date of the household member, the evidence is aligned to the household member start date.
- If the start date of the evidence is before the product delivery activation date, the start of the evidence is not aligned.
- If the start date of the evidence is after the household member start date and is after the product delivery activation date, the evidence is aligned to the start of the next month unless the evidence is head of household and the previous head of household's date of death is in the same month.
- If a new household member is added, the member is effective immediately.

End Date

- If the end date of the evidence is in the middle of a month, the evidence is aligned to the end of the current month.
- If the household member date of death is specified, then process the end of all evidence records from the person's date of death.

Evidence Brokering

Using **Evidence Brokering**, evidence can be shared between cases, which saves the caseworker entry time. Income Support uses the Cúram **Evidence Broker**.

Over time a household might have multiple cases. By using the Cúram **Evidence Broker** and **Evidence Brokering**, evidence can be shared between cases, or for systems that are configured to use person or prospect person evidence. Evidence also can be shared between a case and a person or prospect person record. Income Support is configured to share a small subset of evidence between the Income Support integrated case and the person or prospect person record. The Income Support integrated case does not have brokering between cases enabled by default except as outlined here.

A household might have cases for both Modified Adjusted Gross Income (MAGI)-based Medicaid and cash, food, or traditional medical assistance. Participant Data Case (PDC) entities Addresses, Absence, and State Residency evidences are used in the Insurance Affordability case as evidence. The Income Support integrated case also uses PDC Addresses. This use of evidence items common across both cases allows information to be shared between the cases, and hence the caseworker records the information only once. Evidence Brokering configurations are enabled between the Income Support integrated case and person or prospect person PDC for PDC Address evidence and between Income Support integrated case and the Insurance Affordability case types. Absence evidence also is configured to broker between the two cases.

What can I configure or customize?

Brokering can be configured through the administration application if required by the project.

Managing a PD case where the primary client leaves the household (Cash or Food Assistance)

When a change of circumstance occurs and a client that is serving as the primary client of a Cash Assistance or Food Assistance product delivery (PD) case leaves the household and is no longer a household member of the integrated case, caseworkers must update case information to indicate that the client that has left the household is no longer the primary client of the product delivery case.

Before you begin

Caseworkers can close an existing product delivery case and create a new one with the correct primary client. On an Income Support integrated case, caseworkers can perform the following actions:

1. Close the existing Cash Assistance or Food Assistance product delivery case with the former primary client.
2. Reauthorize a new product delivery case of the same type with the updated primary client.

For more information about authorizing the product delivery for Cash Assistance and Food Assistance, see the *Authorizing product deliveries* related link.

For more information about selecting a specific primary client for Food Assistance or Cash Assistance, see the *Configuring the primary client on product delivery authorization* related link.

Note: Before the caseworker performs the proceeding steps, the caseworker must ensure that Income Support is configured to use the Food or Cash Assistance Head of Household evidence to determine which client to set as the primary client of the product delivery case.

About this task

The following scenario applies to Food Assistance, but a similar scenario applies for Cash Assistance. When the head of household changes, for example due to a death, the caseworker can perform the following actions:

1. Close the existing product delivery case.
2. End date the Food Assistance head of household evidence for the existing primary client.
3. Add a new Food Assistance head of household evidence for the new primary client.
4. Create a new product delivery case that starts the day after the closed product delivery case.

In this scenario, a husband and wife are eligible for Food Assistance. The husband is the primary client of the Income Support integrated case and of the Food Assistance product delivery case. The caseworker closes the existing product delivery case and authorizes a new product delivery case with the wife as primary client. In this way, the caseworker designates the correct individual as the primary client for the Food Assistance product delivery case.

Procedure

1. Log on to IBM Cúram Social Program Management as an eligibility worker user.
2. Search for the applicable person, for example the husband in this scenario.
3. Open the person's Income Support integrated case. On the head of household evidence for Food Assistance, add an end date that is the same as the husband's date of death.
4. Add a new head of household evidence for the wife. Use a start date that is the day after the end date on the husband's head of household evidence.
5. On the household member evidence for the husband, add an end date that is the same as the date of death.
6. From the product delivery case, close the product delivery case by using the same date of death.
7. Select **Apply Changes** to activate the evidence.

Note: As the product delivery case is now closed, applying evidence changes does not trigger reassessment within the product delivery case. Instead, the caseworker must perform an eligibility check within the integrated case and re-authorize the Food Assistance program.

The caseworker now checks eligibility, authorizes, and activates a new product delivery case.

8. Run the eligibility check from the date the wife is added as the head of household.
9. From within the actions menu of the Food Assistance results, select **Authorize...**.
10. From within the actions menu on the product delivery case, select **Activate Online...**.

    In the preceding scenario, within the integrated case the **Home** page now displays two product delivery cases where the following statuses are listed:

    - The status of the original product delivery case with the husband as primary client is closed.
    - The status of the current product delivery case with the wife as primary client is active.

Related concepts
Authorizing product deliveries
Cúram Common Intake supports one authorization strategy, namely program recommendation.

Configuring the primary client on product delivery authorization
When the product delivery is authorized for Food Assistance and Cash Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select the primary client from a list of household members for the product delivery case.

Managing a PD case where the primary client leaves the household (Medical Assistance)

When a change of circumstance occurs and a client that is serving as the primary client of a Medical Assistance product delivery (PD) case leaves the household and is no longer a household member of the integrated case, caseworkers must update case information to indicate that the client that has left the household is no longer the primary client of the product delivery case.

Before you begin

Caseworkers can close an existing product delivery case and create a new one with the correct primary client. On an Income Support integrated case, caseworkers can perform the following actions:

1. Close the existing Medical Assistance coverage type product delivery case with the former primary client.
2. Reauthorize a new product delivery case of the same type with the updated primary client.

For more information about authorizing the product delivery for Medical Assistance coverage types, see the *Authorizing product deliveries* related link.

For more information about selecting a specific primary client for Medical Assistance, see the *Configuring the primary client on product delivery authorization* related link.

About this task

The following scenario applies to Medical Assistance coverage types. When the head of household changes, for example due to a death, the caseworker can perform the following the actions:

1. Close the existing product delivery case.
2. Create a new product delivery case that starts the day after the closed product delivery case.

In this scenario, a child is eligible for Medically Needy Children. The husband is the primary client of the Income Support integrated case and of the Medically Needy product delivery case. The husband has left the household. The caseworker closes the existing product delivery case and authorizes a new product delivery case with the mother as primary client. In this way, the caseworker designates the correct individual as the primary client for the Medical Assistance product delivery case.

Procedure

1. Log on to IBM Cúram Social Program Management as an eligibility worker user.
2. Search for the applicable person, for example the husband in this scenario.
3. On the Person evidence, add the husband's date of death.
4. Open the person's Income Support integrated case. On the household member evidence for the husband, add an end date based on when the husband left the household.
5. From the product delivery case, close the product delivery case by using the same end date as on the household member evidence.
6. Select **Apply Changes** to activate the evidence.

Note: As the product delivery case is now closed, applying evidence changes does not trigger reassessment within the product delivery case. Instead, the caseworker must perform an eligibility check within the integrated case and re-authorize the Medial Assistance program.

The caseworker now checks eligibility, authorizes, and activates the product delivery.

7. Run the eligibility check from the date after the husband left the household.
8. From within the actions menu of the Medical Assistance results, select **Authorize...**.
9. From the list of current household members, that is, the mother and the child, select the mother.
10. From within the actions menu on the product delivery case, select **Activate Online...**.

In the preceding scenario, within the integrated case the **Home** tab now displays two product delivery cases where the following statuses are listed:

- The status of the original product delivery case with the husband as primary client is closed.
- The status of the current product delivery case with the mother as primary client is active.

Related concepts

Authorizing product deliveries
Cúram Common Intake supports one authorization strategy, namely program recommendation.

Configuring the primary client on product delivery authorization
When the product delivery is authorized for Food Assistance and Cash Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select the primary client from a list of household members for the product delivery case.

Program Information

The Income Support (IS) integrated case contains preconfigured content for food assistance, cash assistance, and traditional medical assistance. The food assistance content is described in the topics that follow.

Food assistance details

The Cúram Income Support Food Assistance program has tools that support the program. These tools include expedited food assistance rules, timers, and indicators, eligibility decision display rules, and Able-Bodied Adults Without Dependents (ABAWD) rules, processing, and display rules.

Expedited food assistance

Expedited food assistance service is a procedure where households, which are eligible for food assistance and meet certain criteria, are given special processing standards for the month of application. For households that meet these special rules, the first month's benefit must be issued within seven calendar days from the date the application is received in the agency office.

Households might be eligible for expedited service when they have little or no income or liquid resources, shelter expenses that exceed their income, or are destitute seasonal farm workers. Verifications can be configured so that they can be postponed and evidence can be activated.

The application for both expedited and regular food assistance starts with the same application for the program food assistance. The intake script includes five questions that are used to determine expedited on the initial application before the integrated case exists. These questions are in the **Expedited Food Assistance** section and a **Migrant or Seasonal Farm Work** section. The questions in the following sections do not map to evidence but they display on the application PDF in the **Person** section for the claimant. The questions are:

Expedited Food Assistance section

- `What is the total amount of money that the claimant's home will receive this month?`
- `What is the claimant's total home cash and savings?`
- `What are the total monthly housing costs (rent or mortgage) that the claimant pays?`
- `What are the total monthly utility costs that the claimant pays (heat, electricity, gas, phone, water, sewer, and trash removal)?`

Migrant or Seasonal Farm Worker section

- Is there anyone in the claimant's home a migrant or seasonal farm worker? If yes, four more questions are asked.

Expedited rules and evidence
Separate Cúram Express Rules (CER) rule sets are used for expedited online and expedited integrated case eligibility determinations.

A food assistance expedited rule set is used that contains the online application rules that use expedited data from the application script's five questions. This rule set is used before evidence is created on the application. The main food assistance rule set uses integrated case evidence, such as household member, shelter expense, utility expense, earned income, and resources. (It does not use data from the five online application questions.)

This rule set is used after the evidence is created. The reason for creating two different rule sets is that the data captured on an internal application and on an online application are stored in a different manner. Both rule sets work in the same way, that is, produce the same result if the same input is provided.

The same product delivery is used for the expedited food assistance and regular food assistance.

What can I configure or customize?

The application script can be modified to meet the organization's needs.

Either of the CER rule sets can be customized for expedited. The application context pane displays if the product delivery is expedited or not. This condition is determined by using the online-only rules and, if a result does not exist, simulated determinations are used. The product delivery context pane displays if the product delivery is expedited or not and Program Recommendations are used when Determinations do not exist. Organizations can customize any of this process.

Expedited timers and indicators
Expedited food assistance has specific preconfigured content so that caseworkers can monitor the timely processing of the application.

A short time frame exists on expedited applications; therefore, caseworkers need a way to monitor when applications are due. Cúram Income Support provides two timers for Food Assistance. When Food Assistance is applied for on the application and a household passes the expedited rules, the following actions occur:

- A green icon displays on the context pane of the application. This icon also is displayed in the eligibility checks decision next to the coverage type name on the application and on the integrated case.
- For expedited, the timer for Milestone Food Assistance is displayed with a duration of 30 days and a deadline of seven days. If the household does not pass expedited rules, the duration and deadline is 30 days.

If the evidence no longer supports expedited food assistance, when the application is submitted and the evidence is updated, the timer reverts from a deadline of seven days to 30 days. Also, the expedited icon disappears. If the data changes to support it again, then it changes back to seven days.

What can I configure or customize?

Two Food Assistance milestones are configured (Food Assistance and Expedited Food Assistance) that can be modified.

Related concepts
Managing Timeframes
Configuring investigation milestones
Related information
ScanMilestoneDeliveryStartDateBatch

Expedited verifications

Support is included for expedited food assistance-specific verification requirements. Mandatory verification can be bypassed for a set period, depending on rules that govern the product and verification. Evidence for which a verification waiver exists can be activated even without entering the verification details when the verification is mandatory. The entry of a verification on the case is required when the configured verification requirement mandatory indicator is set.

What can I configure or customize?

Verifications can be configured so that they can be postponed and the household is eligible for Expedited Food Assistance for the month of application. Support is provided for verification waiver.

Related concepts

Expedited Food Assistance households

Configuring expedited food assistance verifications

Organizations might want to bypass mandatory verifications so that product deliveries can be authorized, for example for expedited food assistance.

Able-Bodied Adults Without Dependents

Able-Bodied Adults Without Dependents (ABAWDs) must meet special work requirements, in addition to the general work requirements, to maintain their eligibility. ABAWDs are participants of the Food Assistance program who satisfy a set list of criteria.

Applicants need to satisfy all the following conditions or categories:

- Are age 18-49
- Reside in the household with no children under age 18
- Are considered physically or mentally fit for employment
- Are not pregnant
- Are not receiving Supplemental Security Income (SSI) benefits
- Are not exempt from Food Assistance Work Requirements

Anyone not meeting these ABAWD determination requirements is considered non-ABAWD.

Legislation requires that unless an exemption applies, the adult household members who are categorized as ABAWD individuals must meet work requirements. Otherwise, they can receive Food Assistance benefits only for a maximum of three countable months in a 36-month period. When the system calculates the total months of food assistance that is received by a household member, it is necessary to total the months that are received in other state or states with the months that are received in the current state for the 36-month period. Partial months do not count as a countable month and the individual is considered non-ABAWD during a partial month.

ABAWD functions are configurable and ABAWD processing is turned off by default.

ABAWD rules determine when a month of assistance that is received in the current state is to be counted toward the ABAWD time limit. A countable month is one in which the ABAWD individual receives Food Assistance for the full benefit month while not fulfilling an exemption.

What can I configure or customize?

Organizations can configure the ABAWD process to be turned on by using the variable *Curam.isproduct.cgiss.abawd.applicable*. ABAWD rules are started only if the property is set to true. After the property is set to true, the dynamic evidence that is called Working Hours is used in rules instead of the static Employment Working hours evidence. Organizations need to configure Working Hours evidence to display on the **caseworker's evidence** dashboard.

Organizations can configure ABAWD time period waivers from within the main food assistance Cúram Express Rules (CER) rule set. Waivers that do not have an end date are considered to be ongoing.

The clock configuration is done in the rules. Only one clock needs to be configured for a time period. The organization can define a different clock for a different period, but only statewide fixed is configured. Other clocks are custom.

Organizations can customize ABAWD CER rules.

ABAWD clocks

Only statewide fixed clocks are implemented and by default the statewide fixed clock is configured. This configuration mean that all Able-Bodied Adults Without Dependents (ABAWD) members' clocks stop and start on the same date. By default the individualized fixed clock is not enabled.

The statewide fixed clock period is configured as:

- 01/01/2011 to 12/31/2013
- 01/01/2014 to 12/31/2016
- 01/01/2017 to 12/31/2019

If the individualized fixed clock is configured (although it is not available by default), then no need exists to configure a clock period because it is determined by rules based on when the household member starts receiving the benefits.

For statewide fixed clock, only one clock needs to be configured for a specific time period. The organization can define a different clock for a different period.

ABAWD work requirements

An Able-Bodied Adults Without Dependents (ABAWD) individual meets the work requirements if the individual works for 80 hours in a calendar month. ABAWD work requirements are calculated by using the Employment Working Hours evidence. Two employment evidences are available: the Employment Working Hours (which contains a Monday validation and has no end date attribute) and the **Working Hours** dynamic evidence page (which does not contain a Monday validation and has an end date attribute).

ABAWD work requirements are calculated as follows:

- Hours per week/seven days in week = daily hours
- Number of days worked in the calendar month/daily hours = hours worked in the month

For example, evidence is entered as 20 hours/week. This calculation is 2.86 hours per day (20/7 days). Employment working hours start on the seventh of the month. A calendar month contains 31 days. For 25 days employment in the month, the calculation is: 2.857 * 25 = 71.5 hours in the month.

- On the **Working Hours** dynamic evidence page, hours are calculated from the start date to the end date of the employment.

Regain eligibility and three additional months

After a member uses the three countable months, the member can regain eligibility if the member meets the 80 hours in 30 days requirement or becomes ABAWD exempt. The eligibility start date is the date the regain requirement is met even if the 30-day requirement is met before the application date.

After a member meets the requirement to regain eligibility, individuals can receive up to three more months of food assistance benefits if the individual stops meeting the work requirement. The three-month extension is granted only once in a 36-month period. After the extension is started, it continues until the three-month period is finished.

ABAWD exemption

An Able-Bodied Adults Without Dependents (ABAWD) individual is exempted from ABAWD Time Limit rules if the individual has an exemption with a reason of Inadequate Transportation, Homeless, or Health Issues. The individual receives food assistance benefits during the exemption period if the individual satisfies food assistance eligibility rules.

ABAWD time limit

An Able-Bodied Adults Without Dependents (ABAWD) individual is meeting the ABAWD time limit if the individual is receiving three countable months, or if the individual is meeting the ABAWD work requirement, if the individual has an ABAWD exemption, or if the individual is receiving three additional months.

Time Limits summary page

After the Food Assistance product delivery is authorized and the product delivery is activated, results display on the **Time Limits** summary page. The caseworker can view the **Time Limits** summary page from the person and the integrated case. The **Time Limits** page displays by 36-month period at a summary level: Member Name, 36-Month Period, Total Countable Months, Exemption, and Three Additional Months.

At a detailed level, it shows the following information:

- Months Received In State - Number of Months, Start Period, End Period, Case Reference
- Months Received in Other States – Number of Months, Start Period, End Period, State
- Exemption - Reason, Start Period, End Period, Case Reference
- Regain Eligibility – Reason, Start Period, End Period, Case Reference
- Additional Three Months Extension – Granted, Start Period, End Period, Case Reference

On reassessment of an eligible program, the **Time Limits** page is updated at activation.

ABAWD waivers

A waiver from supporting Able-Bodied Adults Without Dependents (ABAWD) eligibility is granted to a state when unemployment is high and is on the US federal approved waiver list. A state can have more than one waiver period over time that depends on the performance of the economy. States can have waivers from ABAWD processing for any time period. The typical duration for a waiver is one year. Waivers are configured at a statewide level.

During waiver period, only ABAWD determination rules are run to determine whether the individuals in the state are ABAWD or not. The ABAWD individuals do not have to meet ABAWD time limit rules (such as countable months or additional months) to be eligible for food assistance. All individuals who satisfy food assistance eligibility receive food assistance benefits during the waiver period.

ABAWD rules and display rules

Able-Bodied Adults Without Dependents (ABAWD) rules use specific evidence to calculate whether an individual is meeting ABAWD rules. Results display rules display which individuals are determined ABAWD.

Eligibility rules use the following evidence for ABAWD:

- Countable Assistance History – if the client had out-of-state food assistance months during the clock period in the current state, these months decrease the number of available countable months.
- Working Hours – clients that meet working hour requirements of 80 hours in a calendar month do not earn countable months. Working Hours requires Employment (off Person) and either Paid Employment or Unpaid Employment.
- Exemption – if a valid exemption exists for all or part of the 36-month clock period, the member is not subject ABAWD work requirements.

When ABAWD rules are configured on, Cash Assistance and Medical Assistance rule sets also use Working Hours dynamic evidence to calculate the total working hours that are related to the paid employment. The calculation of the total working hours for self-employment uses the employment working hour static evidence when ABAWD is configured on.

When the organization is using Working Hours, Paid Employment or Unpaid Employment evidence must be recorded to activate evidence.

When ABAWD is configured on, an ABAWD cluster displays in the eligibility decisions on the **Household** tab. The ABAWD cluster displays for all household members if the member is an ABAWD or not and the reason. Children also are listed but the children are not considered ABAWD. The following values display - household member name, whether the member is determined ABAWD, whether the member satisfies the time limit or is not applicable, and the ineligibility reason for ABAWD. For members that are determined ABAWD, the clock period and the period of the individual's countable months displays.

What can I configure or customize?

Organizations can configure the ABAWD process to be turned on by using the variable *Cúram.isproduct.cgiss.abawd.applicable*. ABAWD rules are started only if the property is set to true. After the property is set to true, the dynamic evidence that is called Working Hours is used in rules instead of the static Employment Working hours evidence. Organizations need to configure Working Hours evidence to display on the dashboard.

Organizations can configure ABAWD time period waivers from within the main food assistance Cúram Express Rules (CER) rule set. Waivers that do not have an end date are considered to be ongoing.

The clock configuration is done in the rules. Only one clock needs to be configured for a time period. The organization can define a different clock for a different period, but only statewide fixed is configured. Other clocks are custom.

Organizations can customize ABAWD CER rules.

Related concepts
Developing with Eligibility and Entitlement by using Cúram Express Rules
Related tasks
Configuring evidence types for cases

Work requirements

Eligibility rules for Cash Assistance and Food Assistance automatically determine whether the household member needs to meet work requirements (Work Eligible). If the member is work eligible, then either a Work Registration or a Non-Participation Reason is required to meet program Work Eligible requirements.

What can I configure or customize?

Work eligible rules can be customized in Cúram Express Rules (CER). The `Non-Participation Reason` code table values can be customized.

Related concepts
Developing with Eligibility and Entitlement by using Cúram Express Rules

Food Assistance display rules

The Food Assistance decisions display results information is organized into several tabs and sections. Use this information to learn about the components of food assistance page.

The food assistance decisions display results information is broken down in the following sections and tabs.

Context Panel

The **Context** panel displays the following categories: Head of Household, Decision, Assistance Unit, and Coverage Period.

Summary

Values that display on the **Summary** tab depend upon if the household is eligible or not. If an eligible decision is determined, the following information is displayed: Assistance Unit, Eligibility, and Benefit. The Assistance Unit members display with the current Head of Household listed at the top of the section (if

eligible). The Benefit section displays the full month benefit and the prorated amount for the initial month of application. The tab also displays a summary of the high-level eligible results from the other pages in the decision.

If an ineligible unit is formed, the following information is displayed: Assistance unit and Eligibility.

Household

The **Household** tab lists all members that the household determination rules are run for and the outcome. The unit composition displays along with the type (mandatory or optional). The financial unit section displays the household members and whether their income and resources are counted, partially counted or deemed. If the household member is determined not eligible, the member is listed in one of the following categories: Disqualified Household Members, Non-Household Members, or Ineligible Household Members. These categories are determined based on program rules.

When program rules determine that a household member with concurrent eligibility also meets a battered person exception, the **Concurrent Benefit Exception due to Domestic Violence** section is displayed. When program rules determine that no household member with concurrent eligibility meets a battered person exception, the **Concurrent Benefit Exception due to Domestic Violence** section is not displayed.

If Able-Bodied Adults Without Dependents (ABAWD) is configured on for the organization, the **Household Members – ABAWD** section appears on this tab. ABAWD display rules display for all household members if the member is an ABAWD or not and the reason. Children also are listed in the Household section, but the children are not considered ABAWD. The following information displays: household member name, whether the member is determined ABAWD, whether the member satisfies the time limit or is not applicable, and the ineligibility reason for ABAWD. For members that are determined ABAWD, the clock period, and the period of the individual's countable months is displayed.

Non-Financial

The **Non-Financial** tab lists all members that the Non-Financial rules are run for and the outcome. For the eligible members, the list displays the household members name and whether each member passes or fails the rules for residency, citizenship and Social Security Number (SSN), and whether the member is determined as passing or failing the Non-Financial rules overall. To view further details on the reasons the household member passed or failed the rules, the following items can be expanded:

- Residency
- Citizenship
- SSN
- Concurrent out-of-state benefits

Resources

- **Household Resources** display a countable resources summary (total resources, the applicable resource limit, and whether the household passes the resource test or not), a total of non-countable resources, and a total of deemed and countable resources. Non-countable resources can be expanded to display the details of these resources that rules determined were not countable. Both deemed resources and countable resources can be expanded to display the details of these resources that rules determined were countable.
- **Member Resources** displays a list of the household members whose resources are counted as determined by the household composition rules. The caseworker can view each member's total countable resources and total non-countable resources. The caseworker can view further detail by expanding any of the totals to view how each total was determined.

Income

- **Household Income** displays

- A countable income summary (total gross income, the applicable gross income limit, and whether the household passes the gross income test or not)
- A net income summary (total net income, the applicable net income limit, and whether the household passes the net income test or not)
- A total of non-countable income categories by earned and unearned, a total of countable income that is categorized by deemed, unearned, earned, and self-employment, and expenses.

Income listings can be expanded to display the details of the incomes that rules determined were not countable or not. The **Expense** section displays the details of whether the rules determined the expense as allowable or not.

- **Member Income** displays a list of the household members whose income is counted as determined by the household composition rules. Income is organized by total countable income and total non-countable income. The caseworker can view further detail by expanding any of the totals to view how each total was determined.

Work Eligibility

Work Eligibility refers to whether the person must meet the work registration requirement. Work eligibility information displays for all members of the Food Assistance household. The determinations are based on the Food Assistance work eligible rules. For example, children under age 16 do not need to work register.

Compliance

Compliance refers to whether the member has an ineligibility period, sanction, or invalid resource transfer, which makes the member ineligible. It might be a previously added penalty or one that is added in this current decision period.

Decision Comparison

The **Decision Comparison** display items that are different between the current decision that is open and the previous decision. The following sections are displayed in the decision comparison if at least one item in that section changed between the current and previous decision:

- Assistance Unit
- Benefit
- Eligibility
- Non-Financial
- Household Resources
- Member Resources
- Household Income
- Member Income

Related concepts

Work requirements

Eligibility rules for Cash Assistance and Food Assistance automatically determine whether the household member needs to meet work requirements (Work Eligible). If the member is work eligible, then either a Work Registration or a Non-Participation Reason is required to meet program Work Eligible requirements.

Detecting concurrent eligibility for Food Assistance

Overlapping eligibility is not permitted in multiple Food Assistance product delivery cases in the same calendar month. A household member can be determined eligible for a Food Assistance product when the member is already receiving Food Assistance and is a victim of domestic violence.

Concurrent eligibility

For Food Assistance, overlapping eligibility is not permitted in multiple product delivery cases of the same type in the same calendar month. Overlapping eligibility in multiple product delivery cases of the same type in the same calendar month is considered "in-state" concurrent eligibility. Household units can still be formed and the authorization of additional programs is still permitted. Likewise, case members who do not have concurrent eligibility are found eligible even when the household includes one or more members who are ineligible due to concurrent eligibility in the same month.

For more information about program authorization, see the *Authorizing product deliveries* related link.

Determining eligibility

When eligibility is being determined, the following applies to any case member who is found to be already receiving Food Assistance in an assistance unit in another product delivery case:

- The case member is found ineligible for the entire month within which the overlapping eligibility occurs.
- The case member is treated as a non-household member.

Treatment as a non-household member is defined as follows:

- The household member is still part of the household composition.
- The household member's income is not included in financial calculations.
- The household member is not included in household size.

If a case member's participation in an assistance unit is open-ended, the case member's eligibility end date, for the purposes of determining concurrent eligibility, is deemed the end date of the certification period.

When concurrent eligibility is checked within other product delivery cases, all cases, regardless of case status, are considered. During eligibility determination, the system also considers whether the case member is marked as a duplicate of an individual that is found receiving Food Assistance in another case. If a duplicate case member is identified, the system finds the case member concurrently eligible as well.

When the following conditions apply, a household member can be determined eligible for a Food Assistance product:

- The member is already receiving Food Assistance.
- The member is a victim of domestic violence based on the living arrangement of **Shelter for Battered Women and Children**.

For more information about the criteria for household members for Food Assistance, see the *Non-household members* related link.

Viewing information about concurrent eligibility detection

Caseworkers can view information about the detection of concurrent eligibility within a case in the household section in eligibility determination display rules and the Eligibility Viewer.

Eligibility decision display rules indicate when a person is:

- Determined ineligible for Food Assistance as the person is already receiving the program on another product delivery case of the same type. Caseworkers can view this information in the household section.
- Determined eligible for Food Assistance even when the person is already eligible within another case as the person meets a concurrent benefit exception due to domestic violence. Caseworkers can view this information in the household section.

Where an individual is determined eligible on more than one Food Assistance case due to a domestic violence situation, both cases are displayed in the Eligibility Viewer. The Eligibility Viewer displays the information to indicate the person's concurrent eligibility. The caseworker can then select the eligibility bar and view extra information about each case. Concurrent eligibility is permitted while the battered case member is receiving Food Assistance benefits in two different cases within the same month where:

- Eligibility within one of the cases is related to a domestic violence situation.

Where the battered individual remains a case member on both cases because the individual is not yet end-dated within the original case, the caseworker recognizes that a review of the two cases is required.

For more information about the Eligibility Viewer, see the *Viewing eligibility on the Integrated Case and Person tabs* related link.

The difference between Check Eligibility and Reassessment when concurrent eligibility is being determined

Concurrent eligibility rules are run during both the Check Eligibility process and the Reassessment process. Depending on whether the concurrent eligibility check is run from Check Eligibility or Reassessment, the concurrent eligibility check is performed in slightly different ways.

Check Eligibility

Caseworkers can run the Check Eligibility process from the Income Support application or from the integrated case.

Within the integrated case, the Check Eligibility process does not include any product delivery cases of the same type that belong to the integrated case in which eligibility is being checked. By not including the existing product delivery cases, the process supports 'what-if' scenarios. The results of the integrated case 'what if' scenarios can indicate to the caseworker the likely scenario for the existing case where evidence changes were made and applied.

An application for a new program can be added to an existing integrated case and eligibility can then be checked within the application. When this situation occurs, the Check Eligibility process also does not include any product delivery cases that belong to the integrated case because the eligibility check occurs on the integrated case. So, the process can find the client eligible again for the same program. However, the process continues to support 'what-if' scenarios and the client is not found concurrently eligible when the program is authorized.

Within a new application case, the Check Eligibility process also does not consider any product delivery cases because no product delivery cases are yet created.

Reassessment

When caseworkers run Reassessment, the process includes all existing eligible periods on other product delivery cases of the same type that are being reassessed as dual periods. Reassessment does not include existing eligible periods that meet all the following criteria:

- Existing eligible periods for the product delivery case that is being reassessed.
- Existing eligible periods that are outside the product period that is being reassessed.

What can I configure or customize?

Administrators can configure the start date from which eligibility determination must detect and find household members ineligible due to concurrent eligibility. Configuring the start date in this way means that organizations can potentially prevent creating overpayments during the reassessment of older closed cases if required. Administrators can configure the start date for the past or for the future.

For more information about configuring concurrent eligibility detection, see the *Configuring concurrent eligibility detection for Food Assistance and Cash Assistance* related link.

For more information about concurrent eligibility batch processes and reporting, see the *Monitoring concurrent eligibility* related link.

Related concepts

Authorizing product deliveries
Cúram Common Intake supports one authorization strategy, namely program recommendation.

Non-household members

Viewing eligibility on the Integrated Case and Person tabs
Over time, individuals might be eligible for different programs. The Eligibility Viewer (EV) provides a holistic view of eligibility at the Integrated Case and Person level. At the Integrated Case level, the EV provides the caseworker with a single consolidated timeline view of program eligibility for all members on the Income Support integrated case. At the Person level, the EV provides the caseworker with a single timeline view of a person's eligibility across integrated cases. For the Income Support integrated case, this view can be found on the **Eligibility** tab for both the Person and the Integrated Case.

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Monitoring concurrent eligibility
Administrators can use report functions to monitor that no instances of concurrent eligibility periods occurred and to identify instances of concurrent eligibility in Food Assistance and Cash Assistance and for custom products.

Cash assistance details

The Cúram Income Support Cash Assistance program has tools that support the program. These tools include a federal time limit and work eligibility rules.

Federal Time Limit

Federal legislation imposes a lifetime limit of 60 months on the receipt of federally funded Cash Assistance for an adult or a minor parent (who is the head of household). Children are exempt from the Federal Time Limit.

For each household member for whom the Federal Time Limit applies, the system determines whether or not the limit is reached for the household member. If the limit is reached for a household member and no exemption or extension applies, then the entire assistance unit is ineligible for Cash Assistance. The system determines whether or not the month that is being paid for a specific household member for Cash Assistance is counted towards the time limit. When you are counting the limit, include out of state months.

If a household member has a valid exemption, they might receive Cash Assistance during this period and the months of assistance that is received are not counted towards the Federal Time Limit. If a household member has a valid extension, then the household might receive Cash Assistance and exceed the 60-month limit for the time the extension applies.

Note: A household in which any adult member, including a minor parent who is the head of household, received federally funded Cash Assistance for 60 countable months is ineligible for benefits unless an exemption or extension was granted.

Work requirements

Eligibility rules for Cash Assistance and Food Assistance automatically determine whether the household member needs to meet work requirements (Work Eligible). If the member is work eligible, then either a Work Registration or a Non-Participation Reason is required to meet program Work Eligible requirements.

What can I configure or customize?

Work eligible rules can be customized in Cúram Express Rules (CER). The Non-Participation Reason code table values can be customized.

Related concepts
Developing with Eligibility and Entitlement by using Cúram Express Rules

Cash Assistance display rules

The Cash Assistance decisions display results information is organized into several tabs and sections. Use this information to learn about the components of the Cash Assistance page.

The Cash Assistance decisions display results information is broken down in the following sections and tabs.

Context Panel

The **Context** panel displays the following categories: Head of Household, Decision, Assistance Unit, and Coverage Period.

Summary

Values that display on the **Summary** tab depend upon if the household is eligible or not. If an eligible decision is determined, the following information is displayed: Assistance Unit, Eligibility, and Benefit. The Assistance Unit members display with the current Head of Household listed at the top of the section (if eligible). The Benefit section displays the full month benefit and the prorated amount for the initial month of application. The tab also displays a summary of the high-level eligible results from the other pages in the decision.

If an ineligible unit is formed, the following information is displayed: Assistance unit and Eligibility.

Household

The **Household** tab lists all members that the household determination rules are run for and the outcome. The unit composition displays along with the type (mandatory or optional). The financial unit section displays the household members and whether their income and resources are counted, partially counted or deemed. The Federal Time Limit displays the household members and indicates whether the federal time limit applies and, if so, whether the federal time limit is countable. If the household member is determined not eligible, the member is listed in one of the following categories: Excluded Household Members, Non Household Members, Temporarily Absent Household Members, or Striking Household Members. These categories are determined based on program rules.

Dependent Child

The **Dependent Child** tab lists all members that the Dependent Child rules are run for and the outcome. For the eligible members, which includes parents and children, the list displays the household member and whether each member passes or fails the rules for relative, age limit, deprivation, and whether the member is determined as passing or failing the Dependent Child rules overall. The list can be expanded to view further details on why each household member passed or failed the relative, age limit, and deprivation.

Non Financials

The **Non Financials** tab lists all members that the Non Financial rules are run for and the outcome. For the eligible members, the list displays the household members name and whether each member passes or fails the rules for residency, citizenship and Social Security Number (SSN), and whether the member is determined as passing or failing the Non Financial rules overall. To view further details on the reasons the household member passed or failed the rules, the following items can be expanded:

- Residency
- Citizenship
- SSN
- Concurrent out-of-state benefits

Resources

- **Household Resources** display a countable resources summary (total resources, the applicable resource limit, and whether the household passes the resource test or not), a total of non-countable resources, and a total of deemed and countable resources. Non-countable resources can be expanded to display the details of these resources that rules determined were not countable. Both deemed resources and countable resources can be expanded to display the details of these resources that rules determined were countable.
- **Member Resources** displays a list of the household members whose resources are counted as determined by the household composition rules. The caseworker can view each member's total countable resources and total non-countable resources. The caseworker can view further detail by expanding any of the totals to view how each total was determined.

Income

- **Household Income** displays
  - A countable income summary (total gross income, the applicable gross income limit, and whether the household passes the gross income test or not)
  - A net income summary (total net income, the applicable net income limit, and whether the household passes the net income test or not)
  - A total of non-countable income categories by earned and unearned, a total of countable income that is categorized by deemed, unearned, earned, and self-employment, and expenses.

  Income listings can be expanded to display the details of the incomes that rules determined were not countable or not.
- **Member Income** displays a list of the household members whose income is counted as determined by the household composition rules. Income is organized by total countable income and total non-countable income. The caseworker can view further detail by expanding any of the totals to view how each total was determined.

Compliance

Compliance refers to whether the member has an ineligibility period, sanction, or invalid resource transfer, which makes the member ineligible. It might be a previously added penalty or one that is added in this current decision period.

Work Eligibility

Work Eligibility refers to whether the person must meet the work registration requirement. Work eligibility information displays for all members of the Cash Assistance household. The determinations are based on the Cash Assistance work eligible rules. For example, children under age 16 do not need to work register.

Decision Comparison

The **Decision Comparison** display items that are different between the current decision that is open and the previous decision. The following sections are displayed in the decision comparison if at least one item in that section changed between the current and previous decision:

- Assistance Unit
- Benefit
- Eligibility
- Non-Financial
- Household Resources
- Member Resources
- Household Income
- Member Income

Related concepts
Federal Time Limit
Federal legislation imposes a lifetime limit of 60 months on the receipt of federally funded Cash Assistance for an adult or a minor parent (who is the head of household). Children are exempt from the Federal Time Limit.

Detecting concurrent eligibility for Cash Assistance

Overlapping eligibility is not permitted in multiple Cash Assistance product delivery cases in the same calendar month. Administrators can configure the eligibility determination start date so that organizations can potentially prevent creating overpayments during the reassessment of older closed cases if required.

Concurrent eligibility

For Cash Assistance, overlapping eligibility is not permitted in multiple product delivery cases in the same calendar month. Overlapping eligibility in multiple product delivery cases of the same type in the same calendar month is considered "in-state" concurrent eligibility. Household units can still be formed and the authorization of additional programs is still permitted. Likewise, case members who do not have concurrent eligibility are found eligible even when the household includes one or more members who are ineligible due to concurrent eligibility in the same month.

For more information about program authorization, see the *Authorizing product deliveries* related link.

Determining eligibility

When eligibility is being determined, the following applies to any case member who is found to be already receiving Cash Assistance in an assistance unit in another product delivery case:

- The case member is found ineligible for the entire month within which the overlapping eligibility occurs.
- The case member is treated as a non-household member.

Treatment as a non-household member is defined as follows:

- The household member is still part of the household composition.
- The household member's income is not included in financial calculations.
- The household member is not included in household size.

If a case member's participation in an assistance unit is open-ended, the case member's eligibility end date, for the purposes of determining concurrent eligibility, is deemed the end date of the certification period.

When concurrent eligibility is checked within other product delivery cases, all cases, regardless of case status, are considered. During eligibility determination, the system also considers whether the case

member is marked as a duplicate of an individual that is found receiving Cash Assistance in another case. If a duplicate case member is identified, the system finds the case member concurrently eligible as well.

For more information about the criteria for household members for Cash Assistance, see the *Non-household members* related link.

Viewing information about concurrent eligibility detection

Caseworkers can view information about the detection of concurrent eligibility within a case in the household section in eligibility determination display rules and the Eligibility Viewer.

Eligibility decision display rules indicate when a person is determined ineligible for Cash Assistance as the person is already receiving the program on another product delivery case of the same type. Caseworkers can view this information in the household section.

Difference between Check Eligibility and Reassessment when concurrent eligibility is being determined

Concurrent eligibility rules are run during both the Check Eligibility process and the Reassessment process. Depending on whether the concurrent eligibility check is run from Check Eligibility or Reassessment, the concurrent eligibility check is performed in slightly different ways.

Check Eligibility

Caseworkers can run the Check Eligibility process from the Income Support application or from the integrated case.

Within the integrated case, the Check Eligibility process does not include any product delivery cases of the same type that belong to the integrated case in which eligibility is being checked. By not including the existing product delivery cases, the process supports 'what-if' scenarios. The results of the integrated case 'what if' scenarios can indicate to the caseworker the likely scenario for the existing case where evidence changes were made and applied.

An application for a new program can be added to an existing integrated case and eligibility can then be checked within the application. When this situation occurs, the Check Eligibility process also does not include any product delivery cases that belong to the integrated case because the eligibility check occurs on the integrated case. So, the process can find the client eligible again for the same program. However, the process continues to support 'what-if' scenarios and the client is not found concurrently eligible when the program is authorized.

Within a new application case, the Check Eligibility process also does not consider any product delivery cases because no product delivery cases are yet created.

Reassessment

When caseworkers run Reassessment, the process includes all existing eligible periods on other product delivery cases of the same type that are being reassessed as dual periods. Reassessment does not include existing eligible periods that meet all the following criteria:

• Existing eligible periods for the product delivery case that is being reassessed.
• Existing eligible periods that are outside the product period that is being reassessed.

What can I configure or customize?

Administrators can configure the start date from which eligibility determination must detect and find household members ineligible due to concurrent eligibility. Configuring the start date in this way means that organizations can potentially prevent creating overpayments during the reassessment of older closed cases if required. Administrators can configure the start date for the past or for the future.

For more information about configuring concurrent eligibility detection, see the *Configuring concurrent eligibility detection for Food Assistance and Cash Assistance* related link.

For more information about concurrent eligibility batch processes and reporting, see the *Monitoring concurrent eligibility* related link.

Related concepts

Authorizing product deliveries
Cúram Common Intake supports one authorization strategy, namely program recommendation.

Non-household members

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Monitoring concurrent eligibility
Administrators can use report functions to monitor that no instances of concurrent eligibility periods occurred and to identify instances of concurrent eligibility in Food Assistance and Cash Assistance and for custom products.

Income Support rules and rates

Cúram Income Support rules for food assistance, cash assistance, and traditional medical assistance are defined in Cúram Express Rules (CER) as are the results display rules. The rule sets for the programs and coverage types have a similar structure. The rates are configured in the **Administration** application.

Program Rules overview

On check eligibility, the system runs the defined cash assistance, food assistance, and traditional medical assistance, Children's Health Insurance Program (CHIP), and retroactive rules based on caseworker selection. Income Support program rules are implemented by using Cúram Express Rules (CER). States can offer other programs within their Income Support suite. These programs can be implemented by the state and configured into the Cúram IS product.

The business rules operate against the evidence that is recorded in the system. Some rule sets contain common rules that are used by all food assistance, cash assistance, and traditional CHIP programs and medical assistance coverage types. Each program and coverage type has its own rule sets defined, but all have a similar structure. Program rule sets can be viewed within the rules editor. So that the business analyst easily can see the important rules within the rule sets. Rule sets within IS include a business view that is defined which are organized into folders. Rules are run during check eligibility from the application or the integrated case and reassessment of a product delivery.

In order for eligibility decisions to be created within product delivery cases based on the products, rules that are designed for determining eligibility and entitlement need to be assigned to products.

Income Support rules structure

Cúram Income Support programs for cash assistance, food assistance, and traditional medical assistance programs use an integrated rules structure for determining eligibility. Use this information to learn about that structure and the details of how each category or rules relate to each other.

The following list outlines the rules structure for most Cúram Income Support programs for cash assistance, food assistance, and traditional medical assistance programs:

- Household Determination
- Non-Financial Eligibility
  - Citizenship and Alien Status
    - US citizen or
    - Eligible qualified alien
  - Social Security Number (SSN)
    - Must have an SSN or

- Must have applied for an SSN
  - State Residency
    - Must be current resident of the state
- Financial Eligibility
  - Income
    - Earned, for example, wages and salary
    - Unearned, for example, dividends, interest, royalties, and all other direct money payments
    - Deductions, for example, health and hospitalization insurance policy premiums
    - Expenses, for example, shelter expense, medical expenses, and utility expenses
  - Resources
    - Liquid resources, for example, cash on hand
    - Non-liquid resources, for example, personal property
    - Jointly owned
    - Exclusions, for example, the home and surrounding property

Display rules

Following completion of the application process, the caseworker can process eligibility for assistance. These results are shown to the caseworker by using display rules. In order for eligibility decisions to be created within product delivery cases based on the products, rules that are designed for determining eligibility and entitlement must be assigned to products. Income Support (IS) uses Cúram Express Rules (CERs).

Display rules determine how the results of the executed rule sets are displayed. Display rules are the output of the CER system rules. They are organized in a logical manner, and the caseworker can view them.

The business analyst must define display rules to determine which information is displayed to the caseworker and the client. Like the program rules, the display rules are based on the business rules, which were defined from analysis of legislation.

The display rules give the caseworker and client the ability to view how the program rules determined a client eligible or ineligible. The display rules are in a format that is easy to read and understandable to that specific audience.

The display rules follow a common structure across all food assistance, cash assistance, and traditional medical assistance products. The display rules for the caseworker are categorized into groups that a caseworker can understand. A summary tab highlights the most important information up front – household, non-financials, resources, income, compliance (sanctions-where applicable), work eligibility (where applicable), and a decision comparison (on some programs).

Each program has at least one display rule set defined. The display rules are accessed from decisions. Decisions are determined by check eligibility at application and by the integrated case, and also are displayed on determination of a product delivery. All display rule sets can be viewed by using the rules editor within the administration application.

What can I configure or customize?

Organizations can customize display rules to ensure that they meet the needs of the project.

Related concepts
Defining display rule requirements
Food Assistance display rules

The Food Assistance decisions display results information is organized into several tabs and sections. Use this information to learn about the components of food assistance page.

ABAWD rules and display rules
Able-Bodied Adults Without Dependents (ABAWD) rules use specific evidence to calculate whether an individual is meeting ABAWD rules. Results display rules display which individuals are determined ABAWD.

Cash Assistance display rules
The Cash Assistance decisions display results information is organized into several tabs and sections. Use this information to learn about the components of the Cash Assistance page.

Federal Time Limit
Federal legislation imposes a lifetime limit of 60 months on the receipt of federally funded Cash Assistance for an adult or a minor parent (who is the head of household). Children are exempt from the Federal Time Limit.

Rate tables and decision tables

Income Support (IS) integrated cases use both Cúram Express Rules (CER) rate tables and CER decision tables to implement rules. IS programs implemented rates for values that are determined to be rates. A rate is defined as a value that changes periodically, often annually. All other values are implemented within the CER rule sets as either coded values or decision tables.

For example, the federal poverty limit is implemented as a rate, while countable income and resources are implemented within the CER rules within decision tables. All rates are stored in rate tables within the administration application. To differentiate the current rates that are used by CER-implemented programs, such as IS, CER is included in the beginning of the rate table name, such as CER Federal Poverty Level.

Income and resource rules need to know whether the income type or resource type is countable toward a gross or net total or if the expense type is allowable. Countable and not countable income and resource rules are used to determine the unearned, earned, and self-employment income. These rules are implemented by using CER decision tables that provide a graphical representation of a list of code table values and how that code table value is treated.

What can I configure or customize?

Organizations need to confirm their rates and their countable and not countable income and resource types.

Organizations can configure rates tables for the next period and add custom rate tables. Projects need to customize decision tables for income and resource types according to the needs of the project.

Table 1 contains the Income Support (IS) rate tables.

Table 1. Income Support (IS) rate tables					
Rate table name	Description	Rate table applies to Food Assistance	Rate table applies to Cash Assistance	Rate table applies to Long Term Care coverage types	Rate table applies to other medical programs
CER ABD Resource Limit	Configures the lower resource limit for an individual and the higher resource limit for a couple for the Aged, Blind, and Disabled coverage type.				Yes

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	Description	Rate table applies to Food Assistance	Rate table applies to Cash Assistance	Rate table applies to Long Term Care coverage types	Rate table applies to other medical programs
CER Annuity Life Expectancy	Configures individual rates for the annuity life expectancy across different categories of age for men and women.			Yes	
CER CA Dependent Care Deduction	Configures deduction amounts across different categories of age and employment status.		Yes		
CER CA Irregular Delivery Pattern	Configures the list of delivery patterns that are considered irregular income.		Yes		
CER CA Maximum Amount	Configures the maximum monthly allotment amount based on household size.		Yes		
CER CA Percentage Constants	Configures the individual percentage limits for gross and net income.		Yes		
CER CA Resources	Configures the household resource limit.		Yes		
CER CA Roomer Boarder Deduction	Configures the per person deductions for roomers and boarders.		Yes		
CER CA Work Allowance Deduction Amount	Configures the amount of the Cash Assistance work allowance deduction.		Yes		
CER Children Resource Limit	Configures the lower and higher resource limit. This rate is applied by the Medically Needy Children and Children coverage types.				Yes

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	Description	Rate table applies to Food Assistance	Rate table applies to Cash Assistance	Rate table applies to Long Term Care coverage types	Rate table applies to other medical programs
CER Earned Income Student Child Disregard	Configures the monthly limit for Earned Income Student Child Disregard and the calendar year limit for Earned Income Student Child.				Yes
CER Expedited FA Limits	Configures the limits for the Expedited Gross Monthly Income, the Expedited Liquid Resource, and the Expedited New Source Amount.	Yes			
CER FA Dependent Care Deduction	Configures deduction amounts across age categories.	Yes			
CER FA Excess Shelter Deduction	Configures the amount of the maximum excess shelter deduction.	Yes			
CER FA Federal Min Wage	Configures the amount of the federal minimum wage.	Yes			
CER FA Homeless Shelter Deduction	Configures the amount of the standard homeless shelter deduction.	Yes			
CER FA Invalid Resource Transfer Limits	Configures the upper and lower invalid resource transfer limits for Food Assistance.	Yes			
CER FA Irregular Delivery Pattern	Configures the list of delivery patterns that are considered irregular income.	Yes			

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	Description	Rate table applies to Food Assistance	Rate table applies to Cash Assistance	Rate table applies to Long Term Care coverage types	Rate table applies to other medical programs
CER FA Max Disregard	Configures the amount of the Food Assistance maximum irregular income disregard.	Yes			
CER FA Maximum Net Monthly Allotment	Configures the maximum monthly allotment amount based on household size plus an amount for each individual person.	Yes			
CER FA Medical Deduction	Configures the maximum excess medical deduction amount for Food Assistance.	Yes			
CER FA Minimum Allotment Amount	Configures the minimum allotment amount for Food Assistance.	Yes			
CER FA Percentage Constants	Configures the following individual percentage deductions across different categories: • The federal or state minimum wage. • The federal poverty limit for gross and net income. • The benefit amount. • The excess shelter deduction. • The earned income deduction for Food Assistance.	Yes			
CER FA Resource Limits	Configures the resource limits for sponsor deeming deductions, burial plan cash value, normal, and disabled or elderly.	Yes			

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	Description	Rate table applies to Food Assistance	Rate table applies to Cash Assistance	Rate table applies to Long Term Care coverage types	Rate table applies to other medical programs
CER FA Standard Deduction	Configures standard deductions based on household size plus an amount for each additional person.	Yes			
CER FA Utilities	Configures allowances across categories of telephone allowance and standard and limited utilities for Food Assistance.	Yes			
CER FA Vehicle	Configures allowance amounts across categories of vehicle exclusion and vehicle fair market value for Food Assistance.	Yes			
CER Federal Poverty Level	Configures income limits based on household size plus an amount for each individual person.				Yes
CER Home Equity Resource Limit	Configures home property equity value limit for the Long Term Care coverage types.			Yes	
CER LIFC Resource Limit	Configures the lower, higher, and additional resource limits for Low Income Families with Children (LIFC).				Yes
CER Life Estate	Configures the remainder and life estate across age categories.			Yes	
CER Living Allowance	Configures the living allowances across categories of parent, spouse, and child.				Yes

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	**Description**	**Rate table applies to Food Assistance**	**Rate table applies to Cash Assistance**	**Rate table applies to Long Term Care coverage types**	**Rate table applies to other medical programs**
CER LTC Reimbursement Rate	Configures the reimbursement rate for the LTC medically needy income calculation.			Yes	
CER LTC Family Deeming Allowance	Configures the allowance for the Long Term Care shelter limit for the family allowance.			Yes	
CER LTC Income Eligibility Standard	Configures the standard income eligibility based on household size plus an amount for each individual person for Long Term Care.			Yes	
CER LTC Maximum Income Allocation	Configures the maximum monthly maintenance needs allowance for spousal impoverishment.			Yes	
CER LTC Minimum Income Allocation	Configures the minimum monthly maintenance needs allowance for spousal impoverishment.			Yes	
CER LTC Nursing Home Private Pay Rate	Configures the nursing home private pay rate for the uncompensated value calculation that is used to determine the penalty period for a resource transfer.			Yes	
CER LTC Resource Limit	Configures the individual resource limit for Long Term Care.			Yes	
CER LTC Shelter Limit	Configures the shelter limit that is used in the calculation of the community spouse's shelter costs.			Yes	

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	**Description**	**Rate table applies to Food Assistance**	**Rate table applies to Cash Assistance**	**Rate table applies to Long Term Care coverage types**	**Rate table applies to other medical programs**
CER LTC Spousal Resource Standard	Configures the minimum and maximum spousal resource limit that is used to calculate the community spouse's resource share.			Yes	
CER MA Dependent Care Maximum Deduction	Configures the upper and lower age limit deductions for dependent care across full-time and part-time categories.				Yes
CER MA Irregular Delivery Pattern	Configures the list of delivery patterns that are considered irregular income.				Yes
CER Medicare Cost Sharing Resource Limit	Configures the resource limit for individuals and couples for the coverage types Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), Qualified Individual (QI-1), and Qualified Disabled Working Individual (QDWI).				Yes
CER Pickle Reduction Factor	Configures the pickle reduction factor across categories of time periods. This rate is applied for the Aged, Blind, and Disabled Pickle coverage type.				Yes
CER Pregnant Woman Resource Limit	Configures the lower and higher resource limit. This rate is applied by the Medically Needy Pregnant Woman and Pregnant Women coverage types.				Yes

Table 1. Income Support (IS) rate tables (continued)					
Rate table name	**Description**	**Rate table applies to Food Assistance**	**Rate table applies to Cash Assistance**	**Rate table applies to Long Term Care coverage types**	**Rate table applies to other medical programs**
CER Presumed Maximum value	Configures the presumed maximum individual and couple limit. This rate is used to calculate in-kind support and maintenance.				Yes
CER Refugee Resource Limit	Configures the lower, higher, and additional resource limit for refugees. This rate is applied by the Refugee coverage type.				Yes
CER SSI Federal Payment Standard	Configures the SSI federal payment standard for individuals and couples. This rate is applied by various programs and Medical Assistance coverage types.			Yes	Yes
CER Standard of Need	Configures the standard of need amount based on household size and an amount for each individual person.		Yes		
CER Work Allowance Deduction Amount	Configures the work expense deduction amount. This rate is applied by various programs and by Medical Assistance coverage types.				Yes
FS Federal Poverty Limit	Configures income limits based on household size plus an amount for each individual person.	Yes			

Related reference

Implementing rate tables

Related information

Decision Table Template

Eligibility start date

The start date of a household's eligibility is an important part of an eligibility determination. The default eligibility start date is the application submitted date. The other options are eligibility determination date and first of the month. The start date configuration can vary by program.

What can I configure or customize?

The eligibility start date can be specified in the **eligibility start date type** when users configure the **creole** program recommendation product.

Related concepts

Configuring the eligibility start date
For food assistance, cash assistance and traditional medical assistance, the default start date of eligibility is the application date. For all three programs, the default date can be configured to be the program request date or the first of the month of application.

Future authorization months

Caseworkers can authorize eligible decisions with a start date in the future. Organizations can configure the number of months from the application date that the result can be authorized in the future.

When caseworkers apply the eligibility check, the system creates decisions for the certification period. By default, the certification period is 12 months. If the client is deemed eligible for a program during the certification period, the client's eligibility date can be several months in the future. For example, if the client reaches an important birthday, such as 65, in six months, that changes the eligibility decision from currently ineligible to eligible.

The organization might not want caseworkers to authorize eligibility decisions that start many months into the future because other eligibility evidence might change within that period. By default, caseworkers can authorize eligibility up to two months in the future for Food Assistance, Cash Assistance, and traditional Medical Assistance.

Note: Caseworkers can authorize eligibility for Food Assistance, Cash Assistance, and traditional Medical Assistance decisions that display in the **Eligible** category in either **Ongoing** or **Retroactive**. Caseworkers cannot authorize decisions that display in the **Future** category in either **Ongoing** or **Retroactive**.

What can I configure or customize?

Organizations can configure the number of months for the implemented Food Assistance, Cash Assistance, and traditional Medical Assistance programs as a group.

Use the environment variable `curam.isproduct.checkeligibility.futureauthorizationmonths` to control the number of months from the application date that the result can be authorized in the future. By default the value is **2**. So, caseworkers can select **Authorize** for a new product delivery case when there is a decision that is eligible starting in the current month and the next month.

For example, if the application date is 10 December, caseworkers can authorize a start date in December or January. To enable caseworkers to authorize a start date in February, organizations must change the value to **3**.

Configuring Income Support

The Configuring Income Support section contains details of how to configure various aspects of Income Support for food assistance, cash assistance, and traditional medical assistance.

Configuring the eligibility start date

For food assistance, cash assistance and traditional medical assistance, the default start date of eligibility is the application date. For all three programs, the default date can be configured to be the program request date or the first of the month of application.

The program rule sets use the start date based on the creole program recommendation product configuration. The start date can be configured by using the `CREOLEPROGRECPRODUCT` table `ELIGIBILITYSTARTDATETYPE` field. The values are in the code table `CT_ProgramRecommendationEligibilityDate.ctx`. The configuration values are as follows:

- Application Date, set PRESD19500
- Program Request Date, set PRESD19501
- First of the month of application, set PRESD19502
- Retroactive period start date, set PRESD19503

For traditional medical assistance, by default the configuration is at the program level and cannot be different for each coverage type. For retroactive medical assistance processing, the default value is the first of month.

For example, if an organization wants to add any new eligibility start date configuration, it first need to choose the right strategy class, then configure the strategy `CREOLEPROGRECPRODUCT` table. If application date value PRESD19500 is passed to code, then code starts `ApplicationRecommendationPeriodStrategy` class to find the period from application date. If Retroactive period start date PRESD19503 is passed, then code starts `RetroActiveSubmissionDateStrategy` class to find the three-month period. Similarly, different strategy classes exist for the other two eligibility start date configurations.

Setting certification periods

The start date and end date of certification periods can be configured. Use this information to understand how to configure the **Start Date** for Food and Cash Assistance and how to customize the certification period for future eligibility date for Food and Cash Assistance.

Configuring the start date for Food Assistance and Cash Assistance

Organizations can configure the certification period to match the future eligibility date. To configure, use the environment variable *curam.isproduct.certification.futureeligibility*. The default value for this environment variable is empty. The default flow uses the application date while it creates the certification period. To use the future eligibility start date instead of the application date to create a certification period, enter the related program type in the environment variable *curam.isproduct.certification.futureeligibility*.

Organizations can use the future eligibility start date for more than one program type. To configure, enter the related program types and use a comma to separate the related program types.

The following configuration is for the Food Assistance program only: *curam.isproduct.certification.futureeligibility=PT19001*.

By contrast, the following configuration is for Food Assistance and Cash Assistance: *curam.isproduct.certification.futureeligibility=PT19001,PT19002*.

Customizing the certification period for Food Assistance and Cash Assistance

You can customize the certification period for a program or customize different certification periods for different programs by using the hook point *CreateCertificationPeriodHook*.

Use the following steps to customize the certification period so that there are different certification periods for different programs:

1. Set the environment variable *curam.isproduct.certification.futureeligibility* for the applicable customized certification period. For more information, see the preceding section.
2. Create the custom hook class for the certification period that is required to implement the class *CreateCertificationPeriodHook*. If two programs have different certification periods, create custom hook classes for the certification periods that are required to implement the class *CreateCertificationPeriodHook*. For example, to define different dates for Food Assistance and Cash Assistance, create two files. For example:

   - `FACertificationDates.java` and
   - `CACertificationDates.java`.

   The two files must implement the class *CreateCertificationPeriodHook*.
3. Perform the multi-binding by using the Google Guice inject framework in the custom module class:

```
final MapBinder<PROGRAMTYPEEntry, CreateCertificationPeriodHook>
 createCertificationImplementations = MapBinder.newMapBinder(binder(),
 PROGRAMTYPEEntry.class,
CreateCertificationPeriodHook.class);

deliveryCreatorImplementations.addBinding(

PROGRAMTYPEEntry.CASHASSISTANCE).to(

FACertificationDates.class);
 deliveryCreatorImplementations.addBinding(

PROGRAMTYPEEntry.FOODASSISTANCE).to(

 CACertificationDates.class);
```

Configuring expedited food assistance verifications

Organizations might want to bypass mandatory verifications so that product deliveries can be authorized, for example for expedited food assistance.

Mandatory verifications can be bypassed for a set time period that depends on rules that govern the product or verification. To use this function, the *Curam.verification.sl.infrastructure.impl.EvidenceVerificationWaiver* interface must be implemented. It is necessary to bind the implementation by using Google Guice MapBinder with a key.

On activation of evidence, if a verification waiver exists (irrespective of duration), the evidence is activated, even if a verification requirement is mandatory and no verification items exists. Product rules need to be updated to take care of these waivers for Eligibility and Entitlement. If the verification is using Cúram Express Rules (CER) rules, propagator mechanisms can be used to update the rules object. A sample implementation of the interface is provided for Sporting Grant in the sample component.

Related concepts
Implementing verification waivers

Configuring the Eligibility Viewer

The Eligibility Viewer is an enhancement to caseworker functionality that gives caseworkers a holistic view of eligibility for either a person or an integrated case. System administrators can customize the products that are displayed and the appearance of the eligibility viewer. System administrators can also configure the key events messages that are displayed by the eligibility viewer.

The product implementations are based on Java and might read the display rules for additional information to display to the user. If you update the display rules, you might also need to update the product implementations.

Configuring key events

Key events are changes to an integrated case that might affect eligibility. Key changes can be based on either evidence-based changes or non-evidence-based changes. An icon is displayed on the Eligibility Viewer below the month in which the key event occurs. Caseworkers can review key events to quickly determine what has changed on the case and the reason for a change in eligibility.

For information about configuring key events, see the related link.

Related tasks
Implementing key events for the Eligibility Viewer

Configuring a product for the Eligibility Viewer

The Eligibility Viewer has been configured to display eligibility information for all products that are in the `CREOLEINCOMESUPPORT` integrated case. You can either configure a new product to be displayed on the Eligibility Viewer, or replace an existing product. You can also change the color that is displayed for a product on the Eligibility Viewer.

About this task

A data retrieval class has been implemented for each product in the `CREOLEINCOMESUPPORT` integrated case. The implementation is configured based on a `PRODUCTNAME` code table value, for example, `PN4100=Cash Assistance`. Colors in the Eligibility Viewer are configured based on `PRODUCTTYPE`.

To add or replace a product implementation, or change the color that is displayed for a product in the Eligibility Viewer, use the following procedure. For more information, see the related link.

Note: System administrators must maintain the performance and scalability of any custom bindings that they add.

Procedure

- To either add or replace a product implementation, use the following substeps:

  a) Create a class that implements the following:

  ```
  curam.isproduct.membereligibilityview.productdataretriever.impl.
  EligibilityProductDataRetriever
  ```

  b) Configure Guice to use your implementation for the needed product, as shown in the following examples:

  – To set up a product data retrieval map, which is keyed by product name, use the following sample code:

  ```
  final MapBinder<String, EligibilityProductDataRetriever>
  eligibilityProductDataRetrieverMap =
      MapBinder.newMapBinder(binder(), String.class,
          EligibilityProductDataRetriever.class);
  ```

  – To replace cash assistance, use the following sample code:

  ```
  final MapBinder<String, EligibilityProductDataRetriever>
  eligibilityProductDataRetrieverMap =
      MapBinder.newMapBinder(binder(), String.class,
          EligibilityProductDataRetriever.class);
  ```

- To change the color that is displayed for a product in the Eligibility Viewer, update the application resource `TimelineCalendar.properties` and specify the hex color code for the product that you want to change.

Related tasks
Configuring the Eligibility Viewer

Configuring look back and look forward periods

In a default installation, all Income Support data retrieval implementations are configured to look back and look forward a maximum period of one year from the year that is displayed in the viewer. Limiting the look back and look forward periods improves the performance when eligibility information is retrieved for cases that extend over a long period time.

About this task

System administrators can configure the look back and look forward periods that determine the periods for which data is returned and displayed in the Eligibility Viewer. For more information about configuring the look back and look forward periods, see the related link.

Note: The look back and forward periods that you configure also affect Health Care Reform products.

Procedure

To configure the look back and forward periods, update the following properties in the `TimelineCalendar.properties` application resource.

```
num.years.to.look.forward
num.years.to.look.back
```

Related tasks
Configuring the Eligibility Viewer

Configuring the primary client on product delivery authorization

When the product delivery is authorized for Food Assistance and Cash Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select the primary client from a list of household members for the product delivery case.

Food Assistance

When the product delivery is authorized for Food Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. If this feature is disabled, the primary client for the integrated case is set as the primary client for the product delivery case.

Administrators can configure this product delivery authorization feature by using the *primaryclient.usehoh.fa.productdelivery* application property. By default, the *primaryclient.usehoh.fa.productdelivery* application property is enabled.

Food Assistance Use Head of Household

Table 2. Default value and description of the property `primaryclient.usehoh.fa.productdelivery.`	
Application property	**Description**
Property	`primaryclient.usehoh.fa.productdelivery`
Default value	**True**

Table 2. Default value and description of the property `primaryclient.usehoh.fa.productdelivery.` (continued)	
Application property	**Description**
Description	Determines whether the primary client of a newly created Food Assistance product delivery case is set to either: • The primary client of the parent integrated case OR • The current Food Assistance head of household. If the value is set to **True**, the primary client is set to the current head of household for the program Food Assistance. **Note:** Once the primary client of the product delivery case is set, it cannot be changed.

Enabling hook points for Food Assistance

Use the Food Assistance hook point to set a role other than the primary client or the head of household as the primary client on the product delivery case. Once the primary client of the product delivery case is set, it cannot be changed. Before you use the Food Assistance hook point, the following is recommended:

• Give careful consideration to determining the primary client.
• Analyze any dependencies on primary client, for example, household composition or household determination, to ensure that there are no unintended consequences.
• Recognize that any implementation of the hook point to select the primary client ensures that only case participants of the parent integrated case can become the primary client of the product delivery case.

You can enable the hook points through the standard Guice dependency injection mechanism.

You can use the following hook point to set the primary client to someone other than the case participant:
```
curam.isproduct.creoleprogramrecommendation.sl.impl.ProductDeliveryPrimaryClien
tHookImpl.getFoodAssistancePrimaryClientConcernRoleID(final Long
integratedCaseId, final SearchCaseParticipantDetailsList participantsList)
```

Cash Assistance

When the product delivery is authorized for Cash Assistance, the current head of household evidence determines which case participant is set as the primary client for the product delivery case. If this feature is disabled, the primary client for the integrated case is set as the primary client for the product delivery case.

Administrators can configure this product delivery authorization feature by using the *primaryclient.usehoh.ca.productdelivery* application property. By default, the *primaryclient.usehoh.ca.productdelivery* application property is enabled.

Cash Assistance Use Head of Household

Table 3. Default value and description of the property `primaryclient.usehoh.ca.productdelivery.`	
Application property	**Description**
Property	`primaryclient.usehoh.ca.productdelivery`
Default value	**True**

Table 3. Default value and description of the property *primaryclient.usehoh.ca.productdelivery.* (continued)	
Application property	**Description**
Description	Determines whether the primary client of a newly created Cash Assistance product delivery case is set to either: • The primary client of the parent integrated case OR • The current Cash Assistance head of household. If the value is set to **True**, the primary client is set to the current head of household for the program Cash Assistance. **Note:** Once the primary client of the product delivery case is set, it cannot be changed.

Enabling hook points for Cash Assistance

Use the Cash Assistance hook point to set a role other than the primary client or the head of household as the primary client on the product delivery case. Once the primary client of the product delivery case is set, it cannot be changed. Before you use the Cash Assistance hook point, the following is recommended:

• Give careful consideration to determining the primary client.

• Analyze any dependencies on primary client, for example, household composition or household determination, to ensure that there are no unintended consequences.

• Recognize that any implementation of the hook point to select the primary client ensures that only case participants of the parent integrated case can become the primary client of the product delivery case.

You can enable the hook points through the standard Guice dependency injection mechanism.

Customers can use the following hook point to set the primary client to someone other than the case participant:
`curam.isproduct.creoleprogramrecommendation.sl.impl.ProductDeliveryPrimaryClientHookImpl.getCashAssistancePrimaryClientConcernRoleID(final Long integratedCaseId, final SearchCaseParticipantDetailsList participantsList)`

Medical Assistance

When the product delivery is authorized for any Medical Assistance coverage type, including retroactive coverage, the caseworker can select the primary client from a list of household members for the product delivery case. If this feature is disabled, the primary client for the integrated case is set as the primary client for the product delivery case.

Administrators can configure this product delivery authorization feature by using the *primaryclient.select.pc.ma.productdelivery* application property. By default, the *primaryclient.select.pc.ma.productdelivery* application property is enabled.

Manually Select Primary Client for Medical Assistance

Table 4. Default value and description of the property *primaryclient.select.pc.ma.productdelivery.*	
Application property	**Description**
Property	`primaryclient.select.pc.ma.productdelivery`
Default value	**True**

Table 4. Default value and description of the property *primaryclient.select.pc.ma.productdelivery.* (continued)	
Application property	**Description**
Description	Determines whether the primary client of a newly created Medical Assistance product delivery case is either: • Set as the primary client of the parent integrated case OR • Permits the caseworker to manually select a primary client from a list of case members during the program authorization process. If the value is set to **True**, the caseworker can manually select the primary client during the authorization process. **Note:** Once the primary client of the product delivery case is set, it cannot be changed.

Enabling hook points for Medical Assistance

Use the Medical Assistance hook point to filter the clients that are displayed for selection when you are authorizing a Medical Assistance program.

You can enable the hook points through the standard Guice dependency injection mechanism.

Customers can use the following hook point to filter the list of clients that are displayed for selection during the program authorization process:
```
curam.isproduct.creoleprogramrecommendation.sl.impl.ProductDeliveryPrimaryClien
tHookImpl.filterMedicalAssistanceDropDownList( final
SearchCaseParticipantDetailsList searchCaseParticipantDetailsList)
```

Configuring primary client display settings for Income Support

Organizations can configure application properties to hide references to primary client on various pages.

Use the following application properties to configure whether references to primary client are removed from display on various pages.

Customizing the default implementation

Display Case Clients on Case List Pages

Table 5. Default value and description of the property *primaryclient.display.caselistpages.caseclients.*	
Application property	**Description**
Property	`primaryclient.display.caselistpages.caseclients`
Default value	**False**

Table 5. Default value and description of the property *primaryclient.display.caselistpages.caseclients.* (continued)	
Application property	**Description**
Description	Use the property to hide the Primary Client column and display a Clients column in the following clusters: • My Recently Assigned Cases. • My Recently Approved Cases. • Recently Viewed Cases. • My Cases. • New Case Query results. • Case Search results. • Saved Case Query results. When the Clients column is configured to be displayed, the following case members are listed: • All active case members with a case participant role of 'Member' or 'Primary Client', including those with an end date, for Income Support integrated cases and applications for Cash Assistance, Food Assistance, and traditional Medical Assistance. • All case members that are active members of the Case Group of type 'Member, including those with an end date, for Cash Assistance, Food Assistance, and traditional Medical Assistance product delivery cases. **Note:** Case member names are sorted in alphabetical order and the case type determines the case members displayed. Case member names do not include a hyperlink. If the value is set to **True**, multiple case members are displayed.

Display PD Case Clients on IC Home Pages

Table 6. Default value and description of the property *primaryclient.display.integratedcasehomepage.caseclients.*	
Application property	**Description**
Property	`primaryclient.display.integratedcasehomepage.caseclients`
Default value	**False**
Description	Determines whether: • Multiple product delivery case members are displayed in lists of product delivery cases that are displayed on the Income Support integrated case home pages OR • Only the primary client of the child product delivery cases is displayed. Use the property to perform the following action: • Remove the Primary Client column and replace it with a Clients column in the Programs cluster. If the value is set to **True**, all case members of the product delivery case are displayed.

Display Participant Role on Context Panel

Table 7. Default value and description of the property `primaryclient.display.contextpanel.displayroles`*.*	
Application property	**Description**
Property	`primaryclient.display.contextpanel.displayroles`
Default value	**True**
Description	Determines whether a participant's role, for example, a role of primary client, spouse, or head of household is displayed in the following situations: • Integrated Case Context panel OR • Income Support application Context panel. Use the property to hide the following fields within the Context panels, including within the Context panels that are displayed in expanded views of lists of cases: • The role in the Context panel on an Income Support integrated case. • The role in the Context panel on an Income Support application. • The Relationship column in the Income Support integrated case Context panel when the List view is selected. • The Relationship column in the Income Support application Context panel when the List view is selected. If the value is set to **True**, the Context panels display the participant's role.

Display Primary Client Role Type in Case Search Case Participants Modal

Table 8. Default value and description of the property `primaryclient.display.casesearch.caseparticipantmodal.roletype`*.*	
Application property	**Description**
Property	`primaryclient.display.casesearch.caseparticipantmodal.roletype`
Default value	**True**
Description	Determines whether: • A role of primary client is displayed for the primary client of a case when the caseworker is viewing a list of case participants from the Participants column within the Case Search results cluster OR • A role of member is displayed instead of a role of primary client. If the value is set to **True**, a role of primary client is displayed. This property is associated with all of the pages that are listed in `primaryclient.display.caselistpages.caseclients`.

Display Primary Client on various Application pages

Table 9. Default value and description of the property `primaryclient.display.application`*.*	
Application property	**Description**
Property	`primaryclient.display.application`
Default value	**True**

Table 9. Default value and description of the property `primaryclient.display.application`. (continued)	
Application property	**Description**
Description	Determines whether references to the role of primary client are displayed on various application pages. Use the property to perform the following actions: • Hide the Primary Client label on the **Eligibility Checks** tab on an Income Support application for Food Assistance, Cash Assistance, and traditional Medical Assistance. • Change the display of the role from primary client to member for ineligible decisions that are displayed for Cash Assistance when the caseworker is checking eligibility. If the value is set to **True**, the primary client references are displayed on various application pages.

Display Primary Client on various Integrated Case pages

Table 10. Default value and description of the property `primaryclient.display.integratedcase`.	
Application property	**Description**
Property	`primaryclient.display.integratedcase`
Default value	**True**
Description	Determines whether references to the role of primary client are displayed on various Integrated Case pages. Use the property to perform the following actions: • Change the display of the role of primary Client to member on the **Case Participants** list page within the integrated case. If the value is set to **True**, the role of primary client is displayed on the various Integrated Case pages.

Display Primary Client on various Person pages

Table 11. Default value and description of the property `primaryclient.display.person`	
Application property	**Description**
Property	`primaryclient.display.person`
Default value	**True**
Description	Determines whether references to the role of primary client are displayed on various **Person** pages. Use the property to perform the following actions: • The display of the role from primary client to member on the **Cases** page under the **Care and Protection** tab on the Person record. If the value is set to **True**, the role of primary client is displayed on various **Person** pages.

Enabling hook points

If the application property `primaryclient.display.caselistpages.caseclients` is set to **True**, you can use the hook point `curam.core.hook.impl.CaseClientsPopulationHook` to customize the list of clients to display in the following case list pages:

- My Recently Assigned Cases
- My Recently Approved Cases
- My Recently Viewed Cases
- My Cases
- New Case Query results
- Case Searches results
- Saved Cases results

You can enable the hook point through the standard Guice dependency injection mechanism.

When you implement `CaseClientsPopulationHook`, you can customize per case type to return:

- The `CaseParticipantRoles` of type 'Member' or 'Primary Client' OR
- The members of the `CaseGroups` of type 'Member' that are associated with the case.

For Income Support, the following defaults apply:

- `CaseParticipantRoles` of type 'Member' or 'Primary Client' are returned for integrated case types.
- `Members of CaseGroups` of type 'Member' are returned for the product delivery case types.

Note: You can override the default CaseClientsPopulationHook implementation by creating a custom class that extends the ISCaseClientsPopulationHookImpl class. Bind the custom class to the custom class in a Guice module.

Configuring concurrent eligibility detection

For Food Assistance and Cash Assistance, processing prevents concurrent eligibility across the case lifecycle without requiring caseworkers to complete complex manual actions. Organizations can use application properties to configure the date from when concurrent eligibility detection starts. Organizations can also use report functions to monitor instances of concurrent eligibility in Food Assistance and Cash Assistance.

- Dual detection start date for Cash Assistance.
- Dual detection start date for Food Assistance.

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance

Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

For Food Assistance and Cash Assistance, overlapping eligibility is not permitted in multiple product delivery cases of the same type in the same calendar month. Overlapping eligibility in multiple product delivery cases of the same type in the same calendar month is considered "in-state" concurrent eligibility.

When organizations reassess product delivery cases or check eligibility, organizations might not want to detect past concurrent eligibility. By detecting past concurrent eligibility, organizations' case reassessment might potentially result in creating overpayments or underpayments in older cases. For this reason, organizations can control the date from when concurrent eligibility detection starts.

Eligibility determination rules check for concurrent eligibility only on or after the configured start date. Eligibility determination rules ignore concurrent eligibility before the concurrent eligibility detection start date.

Administrators can use the following application properties to configure the date from when concurrent eligibility is checked.

Configuring concurrent eligibility detection start date for Food Assistance

To configure the start date from when concurrent eligibility is detected for Food Assistance, administrators use the `curam.isproduct.foodassistance.dualdetection.start` application property.

Table 12. Default value and description of the property `curam.isproduct.foodassistance.dualdetection.start`.	
Application property	**Description**
Property	`curam.isproduct.foodassistance.dualdetection.start`
Default value	**20170101**
Description	Determines the start date for concurrent eligibility detection in Food Assistance. Eligibility determination rules check for concurrent eligibility only on or after the start date. **Note:** The date format is YYYYMMDD. For example, 20180124.

For more information about concurrent eligibility for Food Assistance, see the *Detecting concurrent eligibility for Food Assistance* related link.

Configuring concurrent eligibility detection start date for Cash Assistance

To configure the start date from when concurrent eligibility is detected for Cash Assistance, administrators use the `curam.isproduct.cashassistance.dualdetection.start` application property.

Table 13. Default value and description of the property `curam.isproduct.cashassistance.dualdetection.start`.	
Application property	**Description**
Property	`curam.isproduct.cashassistance.dualdetection.start`
Default value	**20170101**
Description	Determines the start date for concurrent eligibility detection in Cash Assistance. Eligibility determination rules check for concurrent eligibility only on or after the start date. **Note:** The date format is YYYYMMDD. For example, 20180124.

For more information about concurrent eligibility for Cash Assistance, see the *Detecting concurrent eligibility for Cash Assistance* related link.

Related concepts

Detecting concurrent eligibility for Food Assistance

Overlapping eligibility is not permitted in multiple Food Assistance product delivery cases in the same calendar month. A household member can be determined eligible for a Food Assistance product when the member is already receiving Food Assistance and is a victim of domestic violence.

Detecting concurrent eligibility for Cash Assistance

Overlapping eligibility is not permitted in multiple Cash Assistance product delivery cases in the same calendar month. Administrators can configure the eligibility determination start date so that organizations can potentially prevent creating overpayments during the reassessment of older closed cases if required.

Authorizing product deliveries
Cúram Common Intake supports one authorization strategy, namely program recommendation.

Enabling the concurrent eligibility hook point

Organizations can use a hook point to customize concurrent eligibility.

Concurrent eligibility is determined based on the following assistance unit information that is stored in the `CaseGroups` table for records:

- With a `groupcode` of `CaseGroupType.Benefit` (CG1).
- Within product delivery cases, regardless of case status.

Organizations can use the hook point `curam.isproduct.creole.dualdetection.instatebenefit.impl. InStateBenefitDataDAO` to customize the eligibility data to consider for a particular person and a particular program when eligibility is being determined.

Organizations can enable the hook point through the standard Guice dependency injection mechanism.

Organizations must implement the hook point's following two methods:

- `getByConcernAndProductType`
- `getDualEligibilityGroupName`

Using the method `getByConcernAndProductType`

When organizations do not want to use `CaseGroups` for the eligibility data, organizations can use the `getByConcernAndProductType` method to retrieve the eligibility data and product type.

The signature for method `getByConcernAndProductType` is as follows:

```
List<InStateBenefitData> getByConcernAndProductType(
    final Long concernRoleID, final String productTypeCode)
    throws AppException, InformationalException;
```

Custom implementations must return a list of records based on the passed `concernRoleID` and `productTypeCode`. The list of records represents existing eligibility to be considered as dual periods.

Non-contiguous periods of eligibility on the same product must be returned as multiple `InStateBenefitData` records, with one record for each contiguous period. For members that are marked as duplicate, no action is required because members that are marked as duplicate are handled automatically.

Eligibility is read from `CaseGroups` irrespective of the underlying case status that the eligibility periods represent. Implementations of `InStateBenefitDataDAO` can implement appropriate logic to handle case status, where it applies.

For each `InStateBenefitData` record that is returned to the rules, precedents are recorded. By using the `InStateBenefitData.PrecedentID`, precedents are recorded as `ENTITY_ROW`.

For more information about how records are read by rules, see the *Key rule classes for concurrent eligibility* related link.

`InStateBenefitData`

Field	Type	Mandatory	Description
precedentID	String	Yes	Use to store precedents. The default value is: `CaseGroups.caseClientGroupID=123` where 123 is the `caseclientgroupid` of the record that is retrieved from `casegroups`.
productDeliveryCaseID	Long	Yes	Identifies the Product by ID where the eligibility was found.
productID	Long	Yes	Identifies the ID of the Product Type where the eligibility was found.
productDeliveryCaseRef	String	Yes	Identifies the Product by Case Reference where the eligibility was found.
productTypeCode	String	Yes	Identifies the Code of the Product Type where the eligibility was found.
concernRoleID	Long	Yes	Identifies the Concern to which the eligibility belongs.
caseParticipantRoleID	Long	Yes	Identifies the Case Participant to which the eligibility belongs. Identifying the Case Participant is required to obtain the household and living arrangement evidence when the system determines the domestic violence exception.
startDate	Date	Yes	Indicates the start date of the eligibility.
endDate	Date	No	Indicates the end date of the eligibility. Where the end date of the eligibility is ongoing, null or zero is used. **Note:** Where the `endDate` is null or zero, the `endDate` is set to the expected end date of the product delivery case.
integratedCaseID	Long	Yes	Identifies the integrated case to which eligibility belongs. Identifying the integrated case is required to obtain the household and living arrangement evidence when the system determines the domestic violence exception.

Using InStateBenefitData

The following outlines how the system handles data in `InStateBenefitData`.

1. The concurrent eligibility logic filters records

Not all of the data in the `InStateBenefitData` is passed to the rules. By using the `getByConcernAndProductType` method, the logic filters concurrent eligibility records. After the concurrent eligibility records are filtered, the system passes the records to the appropriate rules based on from where eligibility is being determined.

Where eligibility is being determined in Check Eligibility on the integrated case, records are removed that are for product delivery cases that belong to the integrated case in which eligibility is being checked.

Where eligibility is being determined in Reassessment, records that meet all the following criteria are removed:

- Records that are for the product delivery case that is being reassessed.
- Records that are outside the product period that is being reassessed.

2. The system creates precedents only for the `InStateBenefitData` that is returned to the rules

For each record that the system passes to the rules, precedents of type ENTITY_ROW are created by using the `InStateBenefitData.precedentID` attribute.

The dual eligibility process avoids circular dependencies for the following reasons:

- The process does not create dependencies for the product that is being reassessed, so the circular dependencies do not create a dependency on themselves.
- `CaseGroups` are updated only when the decision is changed.

When dual eligibility is disabled, no precedents are created.

3. The `InStateBenefitDataDAO` uses the certification end for ongoing eligibility

When the `InStateBenefitDataDAO` implementation returns data for each record that has an `endDate` of either null or zero, the `endDate` is set with the certification period end date.

4. Use the `InStateBenefitDataDAO` method for other products with no concurrent eligibility requirement

Where organizations require that eligibility on one product type cannot overlap another product type, organizations can implement the `InStateBenefitDataDAO` hook. For the passed product type, organizations must specify the appropriate eligible periods for which the concern must not overlap.

The `InStateBenefitData` record contains the information that is required to identify the product type when display requirements explain the cross-product exclusion.

For more information about precedents, see *The Dependency Manager* related link.

Using the `getDualEligibilityGroupName` method

During household determination, the concurrent eligibility hook point getDualEligibilityGroupName is called for each household member. The purpose of the getDualEligibilityGroupName method is to control the parallel reassessment of products that rely on the eligible decision of each other.

For method getDualEligibilityGroupName, the signature is: `String getDualEligibilityGroupName(final String productTypeCode;`

Custom implementations must return a logical name for the `productTypeCode`. By returning a logical name for the `productTypeCode`, the method supports implementations that assess concurrent eligibility in different product types. Where no such implementation is required, return the `productTypeCode`.

Example of using the `getDualEligibilityGroupName` method

A custom implementation treats the program type code **PT001** eligibility as dual periods for the following program type codes:

- **PT002**
- **PT003**

So, when any of the program type codes **PT001**, **PT002**, or **PT003** are passed, the getDualEligibilityGroupName method returns the same string that logically identifies the group. Where the implementation does not treat one product type as dual to another, the getDualEligibilityGroupName method returns the passed `productTypeCode`.

The effect on reassessment aggregation

In some circumstances, when dual eligibility is checked and reassessment aggregation is enabled, reassessment aggregation might be treated as disabled. Where the same precedent change set results in more than one case of the same product type that is being reassessed, then precedents of the same product type do not use reassessment aggregation.

Instead, the selected cases are reassessed individually in the same way as if reassessment aggregation was disabled. Reassessment aggregation is treated as disabled because it is not appropriate to reassess two cases in parallel where the two cases might depend on the eligibility of the other. A dynamic decision on the path to take is based on the precedent change set. The `InStateBenefitDataDAO` method uses `getDualEligibilityGroupName` to determine the products that are considered the same when the logic is being applied.

For more information about reassessment aggregation, see the *Reassessment Aggregation* related link.

Related concepts
Key rule classes for concurrent eligibility
Concurrent eligibility uses two key rule classes: `DualDetectionCalculator` and `FADualDetectionCalculator`.

Recalculating CER Results with the Dependency Manager
Reassessment Aggregation

Monitoring concurrent eligibility

Administrators can use report functions to monitor that no instances of concurrent eligibility periods occurred and to identify instances of concurrent eligibility in Food Assistance and Cash Assistance and for custom products.

Batch processes and reporting for concurrent eligibility
Administrators can use the batch reporting function to monitor that no instances of concurrent eligibility periods occurred.

For Food and Cash Assistance, administrators can monitor for instances of concurrent eligibility that are found after a specific date.

For Food Assistance, administrators can also monitor for instances where a case member is determined eligible on more than one Food Assistance product delivery case because of a domestic violence situation. The start date on the report is different from the dual detection start date. Administrators can run the report in batch mode, as needed.

The report details the total number of:

- Integrated cases that are selected and processed.
- Integrated cases where concurrent eligibility is detected.
- Products affected.
- Individuals affected.
- Case owners that are affected.

For individuals for whom concurrent eligibility is detected, the following is specified by user in the report:

- The case member name and reference ID.
- The impacted product reference numbers.
- The product status.
- The eligibility periods.

For information about configuring concurrent eligibility detection, see the *Configuring concurrent eligibility detection for Food Assistance and Cash Assistance* related link.

Dual Eligibility Report and Dual Eligibility Report Stream

Two concurrent eligibility batch processes are included within the system administration application: Dual Eligibility Report and Dual Eligibility Report Stream.

Dual Eligibility Report

Administrators can use the Dual Eligibility Report to generate a report that identifies instances of dual, that is concurrent, eligibility in Food Assistance and Cash Assistance programs. The report includes several parameters. For more information about the Dual Eligibility Report, see the *Dual Eligibility Report parameters* related link.

Dual Eligibility Report Stream

Administrators can use the Dual Eligibility Report Stream process batch to generate a report that runs in batch streams. The report identifies instances of dual, that is concurrent, eligibility in Food Assistance and Cash Assistance programs. In a streamed batch program, the processing load is divided into streams of independent processing. The streams of independent processing can be processed on separate machines, as needed.

The processes use the following five concurrent eligibility-related batch properties:

- Do Not Run Dual Eligibility Report Stream
- Dual Eligibility Report Chunk Size
- Dual Eligibility Report Unprocessed Chunk Wait Interval
- Dual Eligibility Report Process Unprocessed Chunk
- Dual Eligibility Report Chunk Key Wait Interval

Do Not Run Dual Eligibility Report Stream
Setting the value to **Yes** specifies that the Dual Eligibility Report batch program sleeps while it waits for the processing to complete. Otherwise, the Dual Eligibility Report batch program runs a report stream in its context: `curam.batch.dualeligibilityreport.dontrunstream`.

Dual Eligibility Report Chunk Size
Indicates the number of cases in each chunk that are processed by the Dual Eligibility Report batch program `curam.batch.dualeligibilityreport.chunksize`.

Dual Eligibility Report Unprocessed Chunk Wait Interval
Specifies the interval, in milliseconds, for which the Dual Eligibility Report batch program waits before it retries when it is reading the chunk table `curam.batch.dualeligibilityreport.unprocessedchunkwaitinterval`.

Dual Eligibility Report Process Unprocessed Chunk
Setting the value to **Yes** specifies that the Dual Eligibility Report batch program process any unprocessed chunks that are found when all streams are complete: `curam.batch.dualeligibilityreport.processunprocessedchunk`.

Dual Eligibility Report Chunk Key Wait Interval
Specifies the interval, in milliseconds, for which the Dual Eligibility Report batch program waits before it retries when it is reading the chunk key table `curam.batch.dualeligibilityreport.chunkkeywaitinterval`.

For more information about the Dual Eligibility Report Stream, see the *Dual Eligibility Report Stream parameters* related link.

Related concepts

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Dual Eligibility Report parameters
Administrators can generate a batch report, the Dual Eligibility Report, to identify instances of concurrent eligibility in Food Assistance and Cash Assistance.

Dual Eligibility Report Stream parameters

Administrators can generate a batch report, the Dual Eligibility Report Stream, to identify instances of concurrent eligibility in Food Assistance and Cash Assistance where the organization wants to run the report in parallel.

Dual Eligibility Report parameters

Administrators can generate a batch report, the Dual Eligibility Report, to identify instances of concurrent eligibility in Food Assistance and Cash Assistance.

The following six parameters are included in the Dual Eligibility Report:

- **csvFormat**
- **DualDetectionStartDate**
- **includeAllOverlapEligibility**
- **instanceID**
- **processingDate**
- **productTypeCode**

To identify instances of concurrent eligibility and domestic violence exceptions, administrators must run the report twice by using different parameters that change the value in the parameter **includeAllOverlapEligibility**.

Parameters

csvFormat
    The **csvFormat** parameter is an optional parameter. By default, **csvFormat** is set to **False**. By including the parameter **csvFormat** in a spreadsheet, the parameter can help administrators to check for existing dual eligibility overlaps before administrators implement concurrent eligibility checks. Administrators can also use the parameter to see the difference between reports in **includeAllOverlapEligibility** when administrators are running the batch process twice.

DualDetectionStartDate
    The **DualDetectionStartDate** parameter is an optional parameter. By default, **DualDetectionStartDate** is set to start of time and uses the date format YYYYMMDD. For example, 20180124. Administrators can use the **DualDetectionStartDate** parameter to control the period of detection. Administrators can set the parameter to any of the following four options:

- The same date as the environmental property.
- curam.isproduct.cashassistance.dualdetection.start.
- curam.isproduct.foodassistance.dualdetection.start .
- Another date.

includeAllOverlapEligibility
    The **includeAllOverlapEligibility** parameter is an optional parameter. By default, **includeAllOverlapEligibility** is set to **False**. When the parameter is set to **False**, the process reports on dual eligibility. When the parameter is set to **True**, the process reports any overlaps that are found, including overlaps that satisfy the domestic violence exemption.

instanceID
    The **instanceID** parameter is an optional parameter. When administrators use the batch streaming architecture, administrators must specify the **instanceID** parameter.

processingDate
    The **processingDate** parameter is an optional parameter. By default, **processingDate** is set to the system date and uses the date format YYYYMMDD. For example, 20180124. For the batch process, administrators use the business date.

productTypeCode
    The **productTypeCode** parameter is a mandatory parameter. For Food Assistance, administrators must use **PT4200**. For Cash Assistance, administrators must use **PT4100**. Only Food Assistance and

Cash Assistance are included in the default implementation. So, while any other parameter can be passed the parameter does not identify dual detection.

Running the Dual Eligibility Report by using batch infrastructure

To detect existing cases of dual eligibility, administrators can use the batch infrastructure to run the Dual Eligibility Report.

The Dual Eligibility Report is run for integrated cases of a specific product type. For each integrated case, each concern on each product that matches the specified type is reviewed by using the dual detection logic. The Dual Eligibility Report uses the logic and dual code that is used for the online approach, that is, the `DualDetectionCalculator` implementation and the `InStateBenefitDataDAO` implementation.

For more information about the `DualDetectionCalculator` rule class, see the *Key rule classes for concurrent eligibility* related link.

The Dual Eligibility Report runs for all open integrated cases with an integrated case type of `PRODUCTCATEGORY.CREOLEINCOMESUPPORT (PC4000)`. To customize the batch report, implement the interface
`curam.isproduct.creole.dualdetection.batch.report.dualeligibility.impl.DualElig ibilityReportIntegratedCaseSelector` .

For more information about customizing the batch report, see the *Running the batch report for a custom product* related link.

The name of the Dual Eligibility Report is
`curam.isproduct.creole.dualdetection.batch.report.dualeligibility.intf.DualElig ibilityReport.process`.

For more information about the dual eligibility hook point, see the *Configuring concurrent eligibility detection for Food Assistance and Cash Assistance* related link.

Related concepts

Key rule classes for concurrent eligibility
Concurrent eligibility uses two key rule classes: `DualDetectionCalculator` and `FADualDetectionCalculator`.

Running the batch report for a custom product
Administrators can run the Dual Eligibility batch report to detect dual eligibility for any product type that is supported by the `InStateBenefitDataDAO` implementation.

Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Dual Eligibility Report Stream parameters

Administrators can generate a batch report, the Dual Eligibility Report Stream, to identify instances of concurrent eligibility in Food Assistance and Cash Assistance where the organization wants to run the report in parallel.

In a streamed batch program, the processing load is divided into streams of independent processing. The streams of independent processing can be processed on separate machines, as needed.

The following two parameters are included in the Dual Eligibility Report Stream:

- **instanceID**
- **processingDate**

Parameters

instanceID
   The **instanceID** parameter is an optional parameter. When administrators use the batch streaming architecture, administrators must specify the **instanceID** parameter.

processingDate

The **processingDate** parameter is an optional parameter. By default, **processingDate** is set to the system date and uses the date format YYYYMMDD. For example, 20180124. For the batch process, administrators use the business date.

Running the batch report for a custom product

Administrators can run the Dual Eligibility batch report to detect dual eligibility for any product type that is supported by the `InStateBenefitDataDAO` implementation.

To provide the concrete `DualDetectionCalculator`, organizations must implement the following abstract base class.

```
curam.isProduct.creole.dualdetection.batch.report.dualeligibility.impl.DualDetectionCalculator

  public abstract Timeline<Boolean> getDualTimeline(final Session session,
    final DualParams p) throws AppException, InformationalException;
```

The following example illustrates how the abstract base class is implemented in Cash Assistance.

Note: In the following example, the methods that are not shown are provided by the base class.

```
  private static final String kCARuleSet = "CashAssistanceRuleSet";

  private static final String kCADualDetectionRuleClass =
    "CADualDetectionCalculator";

  private static final String kisDualDetectedTimeline =
    "isDualDetectedTimeline";

@Override
  public Timeline<Boolean> getDualTimeline(final Session session,
    final DualParams p) throws AppException, InformationalException {

    final RuleObject caDualDetectionRuleObject =
      createCADualDetectionCalculator(session, p);

    specifyBatchSpecificParameters(caDualDetectionRuleObject, p);

    @SuppressWarnings("unchecked")
    final Timeline<Boolean> dualTimeline =
      (Timeline<Boolean>) caDualDetectionRuleObject
        .getAttributeValue(kisDualDetectedTimeline).getValue();

    return dualTimeline;
  }

  /**
   * Create the RuleObject for ISCashAssistanceRuleSet.CADualDetectionCalculator
   * initializing with the required attributes.
   *
   * @param session Session.
   * @param p DualParams
   * @return RuleObject.
   */
  private RuleObject createCADualDetectionCalculator(final Session session,
    final DualParams p) {

    final RuleClass caDualDetectionRuleClass =
      readRuleClass(kCARuleSet, kCADualDetectionRuleClass);

    final RuleObject caseParticipantRole =
      createCaseParticipantRole(session, p);

    final RuleObject memberCPRCalculator =
      createMemberCPRCalculator(session, caseParticipantRole);

    final RuleObject caDualDetectionRuleObject =
      session.createRuleObject(caDualDetectionRuleClass, memberCPRCalculator);

    return caDualDetectionRuleObject;
  }

  /**
   * Species attributes specific to the batch run on to the
   * CADualDetectionCalculator RuleObject.
   *
```

```
   * @param caDualDetectionRuleObject RuleObject CADualDetectionCalculator
   * @param p DualParams p
   */
  private void specifyBatchSpecificParameters(
    final RuleObject caDualDetectionRuleObject, final DualParams p) {

    setDualDetectionStartDate(caDualDetectionRuleObject,
      p.dualDetectionStartDate);
  }
```

To ensure that the implementation is available when the batch report is run, the implementation must be bound to the product type code. The following code shows an example for Cash Assistance:

```
final MapBinder<String, DualDetectionCalculator> calculatorMapBinder =
    MapBinder.newMapBinder(binder(), String.class,
      DualDetectionCalculator.class);

  calculatorMapBinder.addBinding(PRODUCTTYPE.CASHASSISTANCECREOLE)
    .to(CADualDetectionCalculator.class);
```

Key rule classes for concurrent eligibility

Concurrent eligibility uses two key rule classes: `DualDetectionCalculator` and `FADualDetectionCalculator`.

Note: The proceeding `DualDetectionCalculator` and `FADualDetectionCalculator` sections refer to the rules used by Cúram Express Rules (CER) and not to the specific implementations of the rule classes.

DualDetectionCalculator

For the Food Assistance and Cash Assistance programs, overlapping eligibility is not permitted in multiple product delivery cases of the same type in the same calendar month. Overlapping eligibility in multiple product delivery cases of the same type in the same calendar month is referred to as concurrent eligibility or dual eligibility.

The `DualDetectionCalculator` rule class provides dual detection logic in `SProductRuleSet.xml`. The calculator is abstract. For Cash Assistance and Food Assistance, the system creates concrete classes that extend the base and implement the abstract attributes `productTypeCode` and `isDualExemptionTimeline` in the respective core rule sets:

- `CashAssistanceRuleSet.xml`
- `FoodAssistanceRuleSet.xml`

FADualDetectionCalculator

An exception to the core rule sets is the Food Assistance program. The Food Assistance program does not have an overlapping eligibility requirement where living arrangement evidence is used to determine the exception from the main `DualDetectionCalculator` rule class. The overlap period is permitted by the `FADualDetectionCalculator` rule class.

The domestic violence exception is a complicated rule that might involve customer-specific requirements. The logic that handles the domestic violence exception is clearly demarcated from the rest of the dual logic and can be modified to suit specific state requirements. The `FADualDetectionCalculator` in the `FoodAssistanceRuleSet.xml` is as follows:

```
<Attribute name="isDualExemptionTimeline">
<type>
<javaclass name="curam.creole.value.Timeline">
<javaclass name="Boolean"/>
</javaclass>
</type>
<derivation>
<reference attribute="domesticViolenceExemptionTimeline"/>
</derivation>
</Attribute>
```

Using the `FADualDetectionCalculator` to read the records of other integrated cases

All Income Support CER rules read data on the current integrated case except for the extension to the rule `DualDetectionCalculator`. The rule was developed for Food Assistance concurrent eligibility. The rule is used to determine whether a case member meets the domestic violence exception. To be considered eligible for a domestic violence exception, a participant must move from a non-shelter case to a shelter living arrangement case. A shelter living arrangement is type **Shelter for Battered Women and Children** (LA18).

The rule `ISProductRuleSet.DualDetectionCalculator` is extended by the `FADualDetectionCalculator` so that the `FADualDetectionCalculator` includes the dual detection logic. However, the `FADualDetectionCalculator` also includes the product-specific exception logic. For each period that is identified, the `FADualDetectionCalculator` determines whether the period is a permitted overlap because of the domestic violence exception. To identify whether the overlap is permitted, the rule requires the following living arrangement records:

- The case that is being reassessed. As evidence is propagated to rules, accessing the case that is being reassessed is straightforward.
- The case where the existing eligibility was located.

The concurrent eligibility hook point uses `InStateBenefitData`. Each `InStateBenefitData` record includes an `IntegratedCaseID` and a `CaseParticipantRoleID`. For the calculator to make another static call that selects the living arrangement evidence from the integrated case where the dual period was detected, the `IntegratedCaseID` and `CaseParticipantRoleID` are sufficient.

The calculator also requires the household timeline. The calculator requires the household timeline because a case member can leave and then rejoin a household without the case member ending the living arrangement. By using the household timeline, the calculator can determine the permitted overlap period for the shelter case and the original case.

For more information about the dual eligibility hook point, see the *Configuring concurrent eligibility detection for Food Assistance and Cash Assistance* related link.

Related concepts
Configuring concurrent eligibility detection for Food Assistance and Cash Assistance
Organizations can configure concurrent eligibility detection for the Food Assistance and Cash Assistance programs.

Customizing evidence management wizards

Organizations can simplify the process of caseworkers recording changes by configuring a wizard that guides them through the required updates. To customize an evidence management wizard, you must be familiar with the specific wizard's customization strategies.

Customizing the Re-add a Member function

You can customize the **Re-add a Member** implementation for your custom environment.

For information about the **Re-add a Member** function, see the *Re-adding a member to a case* related link.

Related concepts
Re-adding a member to a case

By using the evidence screens, caseworkers can manually re-add a household member to a case. However, to reduce the time that is required to identify the evidence, caseworkers can also re-add a household member to a case by using a guided process.

Customizing default evidence attributes and post-function processing

You can customize the default values that are stored for each of the evidence attributes as the evidence is being created. You can also customize the processing that applies when the **Re-add a Member** function is complete.

The proceeding table lists the functions and the associated descriptions for the interface `curam.isproduct.guidedchanges.sl.impl.ISReAddHouseholdMember`.

Table 14. The functions and the associated descriptions for the interface
`curam.isproduct.guidedchanges.sl.impl.ISReAddHouseholdMember.`

Function	Description
`getHouseholdMember Dtls`	Determines the values to store for each evidence attribute as the evidence is being created.
`postReAddHousehold Member`	Activates after the member is successfully re-added to the household.

To customize the existing implementation, customers can extend the default implementation and use a Guice-linked binding to bind the custom implementation to the interface `curam.isproduct.guidedchanges.sl.impl.ISReAddHouseholdMember`. As a result, the custom implementation is injected instead of the default implementation. The following code is a sample customization.

```
public class CustomISReAddHouseholdMember extends DefaultISReAddHouseholdMember {

  @Override
  public HouseholdMemberDtls
    getHouseholdMemberDtls(final HouseholdMemberDtls wizardValues)
      throws AppException, InformationalException {

    // re-use the OOTB default attributes
    final HouseholdMemberDtls householdMember =
      super.getHouseholdMemberDtls(wizardValues);

    // perform additional, custom assignments
    householdMember.citizenStatus =
      getCitizenStatus(wizardValues.caseParticipantRoleID);

    return householdMember;
  }

  @Override
  public void postReAddHouseholdMember(final WizardKey wizardKey,
    final EvidenceKey householdMemberEvidence)
    throws AppException, InformationalException {

    // call OOTB functionality
    super.postReAddHouseholdMember(wizardKey, householdMemberEvidence);

    // preform additional post processing
    unEndDateRelevantEvidence(householdMemberEvidence);
  }
}
```

The module binding change to accompany the customization is `bind(ISReAddHouseholdMember.class).to(CustomISReAddHouseholdMember.class);`.

Customizing cascading eligibility between non-MAGI Medicaid and MAGI Medicaid programs

Cascading eligibility between Income Support non-MAGI Medicaid and Insurance Affordability MAGI Medicaid uses a case groups-based approach to share eligibility decisions.

A database table, NonMagiMedicaid, shares eligibility data for non-MAGI Medicaid programs. MAGI Medicaid rules use the data in the initial and ongoing determination of eligibility. MAGI Medicaid eligibility automatically adjusts to reflect changes in non-MAGI Medicaid eligibility.

By default, Income Support non-MAGI Medicaid is considered more beneficial than Insurance Affordability MAGI Medicaid. With some exceptions, when an individual is eligible for non-MAGI Medicaid the individual is not eligible for MAGI Medicaid.

The following examples illustrate how MAGI Medicaid adjusts based on non-MAGI eligibility:

1. Where an Insurance Affordability application is processed and the individual is already receiving Aged, Blind, and Disabled (ABD), the individual is automatically determined ineligible for Streamlined Medicaid.

2. An individual who is receiving Streamlined Medicaid becomes eligible for ABD for an overlapping period. The Streamlined Medicaid decision automatically adjusts becoming ineligible for periods of ABD eligibility. Where ABD eligibility ends during the period of overlap, the Streamlined Medicaid decision automatically adjusts and becomes eligible for periods where the individual no longer has ABD eligibility.

Enabling the cascading eligibility hook point

Organizations can use a hook point to customize cascading eligibility.

Cascading eligibility data is stored in the NonMagiMedicaid table. Cascading eligibility data is based on maintaining a snapshot of the most recent eligibility decision for a person who is receiving any of the non-MAGI Medicaid products that are outlined in the following list:

- PN4307 Aged, Blind, and Disabled.
- PN4318 Breast and Cervical Cancer.
- PN4327 Emergency Aged, Blind, and Disabled.
- PN4323 Emergency Medically Needy Children.
- PN4319 Emergency Title IV-E Adoption.
- PN4322 Emergency Title IV-E Foster Care.
- PN4320 Long Term Care.
- PN4304 Medically Needy Children.
- PN4316 Medically Needy Children With SpendDown.
- PN4312 Medically Needy Long Term Care.
- PN4321 Medically Needy Long Term Care With SpendDown.
- PN4306 Medically Needy Pregnant Woman.
- PN4317 Medically Needy Pregnant Woman With SpendDown.
- PN4315 Refugee.
- PN4314 Title IV E Adoption.
- PN4313 Title IV E Foster Care.

To write eligible decisions to custom database tables or to alter the products that are written to the NonMagiMedicaid database table, organizations can use the hook point

```
curam.isproduct.creole.casemanagement.impl.CREOLECustomCaseGroupsMaintainer
```

```
void maintainCustomCaseGroups(final long productDeliveryCaseID,
  final Set<CaseGroupDetails> eligibleMembers)
  throws AppException, InformationalException;
```

Extending the default implementation

Organizations can extend the default implementation by binding a custom implementation to
`curam.isproduct.creole.casemanagement.impl.CREOLECustomCaseGroupsMaintainerImpl`
that extends that class.

The following outlines the methods that organizations can then override:

```
/**
   * Defaults to true. This can be overridden. Where true, and eligibility for a
   * case is open ended, the expected end date will be used for
   * NonMagiMedicaid.enddate. Override Where false if the expected end date
   * should not be used and null date should instead be inserted.
   *
   * @return true.
   */
  protected boolean useExpectedEndDateForOpenEndedCases()

/**
   * Return true if the eligibility for the case identified by
   * <code>productDeliveryCaseID</code> should be persisted, false otherwise.
   *
   * This method returns true if the product name of the case identified by
   * <code>productDeliveryCaseID</code> is one of the following:
   * <ul>
   * <li>PN4307  Aged, Blind and Disabled </li>
   * <li>PN4318 Breast and Cervical Cancer </li>
   * <li>PN4327 Emergency ABD </li>
   * <li>PN4323 Emergency Medically Needy Children </li>
   * <li>PN4319 Emergency Title IV-E Adoption </li>
   * <li>PN4322 Emergency Title IV-E Foster Care </li>
   * <li>PN4320 Long Term Care </li>
   * <li>PN4304 Medically Needy Children </li>
   * <li>PN4316 Medically Needy Children With SpendDown </li>
   * <li>PN4312 Medically Needy Long Term Care </li>
   * <li>PN4321 Medically Needy Long Term Care With SpendDown </li>
   * <li>PN4306 Medically Needy Pregnant Woman </li>
   * <li>PN4317 Medically Needy Pregnant Woman With SpendDown </li>
   * <li>PN4315 Refugee </li>
   * <li>PN4314 Title IV E Adoption </li>
   * <li>PN4313 Title IV E Foster Care </li>
   * </ul>
   *
   * <p/>
   * Override this method to control which product delivery cases are persisted.
   *
   * @param productDeliveryCaseID Long.
   * @return boolean true to persist, false otherwise.
   */
  protected boolean shouldPersist(final long productDeliveryCaseID)
```

Replacing the default implementation

Organizations can replace the default implementation by binding an implementation of
`curam.isproduct.creole.casemanagement.impl.CREOLECustomCaseGroupsMaintainer` to
that class.

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