

REMEMBER: 1. The amount of recommended grant is always the higher of the two computations. In some instances, there will be no change in grants (i.e., example #2)

2. The figures in Fields 33, 34, 35 and 36 are not IM-30 figures, but either EIL computations or SAB maximum minus present SSI computations (from the SAB Determination box at the bottom of the IM-30).

XI. Initial Payments on BP Approvals:

Claimants eligible for BP will receive payment from the date of application.

EXAMPLE

Mr. Brown applies for BP on October 5, 1984. On November 8, 1984, the worker prepares the approval IM-5. Mr. Brown is eligible for a partial BP payment for October 5, through October 31, 1984, as well as the full BP payment for November, 1984.

In order to give the claimant the correct payment, the worker will complete the IM-5 like any other approval with the following exceptions:

Field 44: The amount of retroactive payment will include the partial payment for the month of the application. the amount of retroactive payment will be based on the number of days from the date of application (including the date of application) through the end of the month. After the worker has determined the number of days for which a retroactive payment will be made, the worker will use the amount next to the number of days in the following table as the amount of retroactive payment. The head count will be the number of months eligible for retroactive payment. If date of application is the first day of the month, the client would be eligible for a full month's grant.

Days	Amt.	Days	Amt.	Days	Amt.
1	21.00	11	166.00	21	314.00
2	37.00	12	181.00	22	326.00
3	50.00	13	198.00	23	340.00
4	65.00	14	216.00	24	352.00
5	80.00	15	236.00	25	364.00
6	92.00	16	250.00	26	375.00
7	106.00	17	264.00	27	386.00
8	120.00	18	278.00	28	397.00
9	135.00	19	290.00	29	406.00
10	150.00	20	302.00	30	413.00
				31	423.00

EXAMPLE

Ms. Jones applies for BP on 07-08-01. The worker completes the approval IMU5 on 07-29-01. Ms. Jones is eligible for a BP payment for 24 days of July (count includes date of application). The worker enters 352.00 (from table) as the amount of retroactive payment in Field 44 (352.00).

EXAMPLE

Mr. Smith applies for BP on 07-28-01. The worker enters the approval IMU5 on September 3, 2001. Mr. Smith is eligible for a BP payment for four days of July and for the full month of August. The worker enters 488.00 [(65.00 from the table) + 423.00] as the amount of retroactive payment in Field 44 (488.00).

Field 37: Will be the month the IMU5 transaction is entered unless it is the same as the month of application. If the IMU5 transaction is entered in the month of application, enter the following month in Field 37.

EXAMPLE

In the preceding example on Ms. Jones, 0801 will be the date entered in Field 37 since the IM-5 was completed in the month of application.

EXAMPLE

In the preceding example on Mr. Smith, the date entered in Field 37 will be the month IM-5 was completed (08/01).

XXI. Correction of Payments or Title XIX Dates/Level of Care on Closed Cases:

These procedures will be used to make a correction in payment or Title XIX dates/level of care on cases which were active but are now closed.

A. Correction of Payment:

In some instances, a worker may discover that a payment is owed to a recipient whose case was active but is now closed. This procedure cannot be used on rejected cases; the case must have been open at some time. Remember, also, the time limitations on retroactive and deficiency payments. After obtaining supervisory approval to make the payment, the worker will:

1. Complete the closed turnaround IM-5 with the following entries:

Field 0: Reenter X on conversion cases if it does not appear in the turnaround area.

2:

3: Review and correct if needed

4: to insure that the recipient receives the check.

5: Enter code 30 (cancel closing).

6: Enter a reason for opening code.

13E: For each person in Field 13, enter the first day of the first month for which the retro active or deficiency payment is being requested.

13G: For each person in Field 13, enter a "T" level of care.

19: On AFDC cases.

23: On SNC cases.