

IBM Cúram Social Program Management



# Cúram Income Support Business Guide

*Version 6.0.5.1*



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**Note**

Before using this information and the product it supports, read the information in "Notices" on page 11

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# Contents

<b>Figures</b> . . . . .	<b>v</b>	3.2 Financial Group . . . . .	5
<b>Tables</b> . . . . .	<b>vii</b>	3.3 Member Group . . . . .	5
<b>Chapter 1. Introduction</b> . . . . .	<b>1</b>	<b>Chapter 4. Change of Circumstance</b>	
1.1 Purpose . . . . .	1	<b>Processing</b> . . . . .	<b>7</b>
1.2 Audience . . . . .	1	4.1 Change of Circumstance Evidence . . . . .	7
1.3 Related Documentation . . . . .	1	<b>Chapter 5. Alignment of Evidence</b> . . . . .	<b>9</b>
<b>Chapter 2. Product Delivery</b>		5.1 Alignment Algorithm . . . . .	9
<b>Authorization and Activation</b> . . . . .	<b>3</b>	<b>Notices</b> . . . . .	<b>11</b>
2.1 Program Authorization . . . . .	3	Trademarks . . . . .	13
2.2 Activation . . . . .	3		
<b>Chapter 3. Case Groups</b> . . . . .	<b>5</b>		
3.1 Assistance Group . . . . .	5		



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## Figures





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## Tables

1. Helpful Documentation . . . . .	1
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## Chapter 1. Introduction

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### 1.1 Purpose

This guide contains descriptions of processing that is common to Cúram Income Support. This guide contains information on program authorization and activation, the three types of case groups, and change of circumstance processing.

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### 1.2 Audience

This document is intended for anyone interested in learning about Income Support processing. It is expected that it will be read mainly by business analysts working within a social enterprise organization. It is assumed, therefore, that you are familiar with the concepts of Social Enterprise Management (SEM), and understand the organization's business requirements.

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### 1.3 Related Documentation

It is assumed that the reader is familiar with the basic concepts of Cúram Income Support. To better understand the topics covered in this guide, the reader may wish to reference the documents in the following table.

*Table 1. Helpful Documentation*

Document Name	Description
Cúram Income Support Cash Assistance Program Guide	This guide provides a business overview of the Cash Assistance eligibility rules.
Cúram Income Support Food Assistance Program Guide	This guide provides a business overview of the Food Assistance eligibility rules.
Cúram Income Support for Medical Assistance Program Guide	This guide provides a business overview of the Cúram Income Support for Medical Assistance eligibility rules for the traditional medical assistance programs.
Cúram Income Support for Medical Assistance Children's Health Insurance Program Guide	This guide provides a business overview of the CHIP eligibility rules.
Cúram Integrated Case Management Guide	This guide provides information on Cúram case management.



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## Chapter 2. Product Delivery Authorization and Activation

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. Program authorization is supported both through the application and the integrated case.

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

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### 2.1 Program Authorization

Programs can be authorized from the application and the integrated case.

The caseworker initiates check eligibility once all the information for the household has been entered. Check eligibility can be executed multiple times. The caseworker can view the eligibility check results. The caseworker sets the application as ready for determination where the agency has a separate eligibility worker role. The eligibility worker selects to review eligibility results. This displays the most recent eligibility check initiated for each program/coverage type. Here the eligibility worker can authorize, decline or deny results.

The caseworker authorizes eligible assistance units for each program separately. A client cannot be authorized for the same program in multiple assistance units with the exception of specific Medical Assistance coverage types; a client may have Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) along with another Medical Assistance coverage type.

A program may 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 determined for the program. The caseworker can select to deny such program.

Once all eligible assistance units are authorized or declined the application will automatically be disposed. If there are no eligible results for a program, the application for that program is automatically disposed.

Caseworkers are comprised of either an intake worker and eligibility worker or a combined worker. The combined worker carries out the whole intake process. Smaller agencies sometimes only have a combined worker rather than two separate workers i.e. intake and eligibility worker.

The caseworker also has the ability to authorize results from the integrated case without the need for an application. The caseworker can initiate eligibility checks from the integrated case, authorize the result, and create a new product delivery if the unit is not already in receipt of the program being authorized. Program authorization at integrated case level supports movement between Medical Assistance coverage types without the requirement for an application.

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### 2.2 Activation

Once the assistance unit is authorized and the product delivery has been created and in is an 'approved' status the product delivery can be activated. Product deliveries that are approved can be activated using batch processing or manually by a case worker. For detailed information on case management see the Cúram Integrated Case Management Guide.

An assistance unit may be authorized if outstanding verifications exist however all outstanding verifications must be verified before a product delivery can be activated.



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## Chapter 3. Case Groups

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 a group member is no longer included in the group, they are displayed with an end date. Previous members who are no longer part of the group are also displayed.

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### 3.1 Assistance Group

The assistance group, or benefit group, is determined during execution of the eligibility rules for the program for which the product delivery has been created. The assistance group may 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 may result in a new assistance group being created when the existing assistance group composition changes. Individuals may be listed multiple times as they move in and out of the assistance group if they become ineligible for a period of time and then become eligible again.

The CHIP assistance group is the only assistance group where a user is allowed to add a member to the assistance group. The only members who can be added to the assistance group for the Children's Health Insurance Program are those determined eligible for CHIP on the most recent decision for the product delivery. This will be 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.

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### 3.2 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 case participant role of one of:

- 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.

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### 3.3 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 groups contains all household members that exist within the assistance group, the financial group and any individuals that would have been included in the assistance group but were either excluded or deemed non-household members. Only certain programs allow a user to add or remove a member to and from the member group. These are:

- Cash Assistance

- Food Assistance
- LIFC Medical Assistance
- Refugee Medical Assistance

When a new member is added, an automatic reassessment of the product delivery is triggered. This will determine 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.



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## Chapter 4. Change of Circumstance Processing

Change of circumstance processing supports the application of changes which impact household composition for existing product deliveries. Change of circumstance processing is implemented for Cash Assistance, Food Assistance, Medical Assistance, and CHIP. This processing supports the following common changes of circumstance which can occur within these programs, for example:

- The addition of a new household member.
- A household member 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 executes an eligibility check at the integrated case with the exception of application-specific rules and period of ineligibility processing.

The following processing occurs:

1. The caseworker records evidence updates which are defined as impacting household composition.
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 has the ability to manually action 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 a mandatory member(s) only, change of head of household, or end dated household members are applied automatically by the system.
7. Once 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.

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### 4.1 Change of Circumstance Evidence

Evidence which impacts the household composition has been defined per program. If this evidence is entered/updated and applied, it triggers the change in circumstance processing. The following is the defined list of evidence by program:

#### Cash Assistance

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

**Food Assistance**

- Household Member
- Household Relationship
- Death
- Household Group Member
- Head of Household
- Working Hours

**Medical Assistance**

- Household Member
- Household Relationship
- Absence
- Deprivation
- Income
- Death

**CHIP**

- Household Member
- Household Relationship
- Death

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## Chapter 5. Alignment of Evidence

Changes reported by a household may impact the household's allotment and eligibility which is determined monthly. For this reason, changes that do impact the allotment and eligibility should 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 13th, eligibility, benefit amounts, and decisions would reflect this change from January 13th.

An alignment algorithm allows alignment of evidence through a system configuration. Evidence entities may 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 paragraph above, if evidence is configured to align, then eligibility, benefit amounts, and the decisions reflect this change from February 1st. Alignment occurs only on reassessment of an on-going case for evidence which has been configured to align.

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### 5.1 Alignment Algorithm

An alignment algorithm is implemented for income and resource evidence for Cash Assistance, Food Assistance, Medical Assistance, and CHIP as follows:

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 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 generally 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.



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