



State of Florida
Department of Children and Families

Rick Scott
Governor

Esther Jacobo
Interim Secretary

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TO: Economic Self-Sufficiency Operations Managers
Economic Self-Sufficiency Program Offices

FROM: Dianna Laffey, Chief, Program Policy (**Signature on File**)

SUBJECT: Document Imaging and CLRC Usage

EFFECTIVE: Upon Receipt

This memorandum provides clarification about information staff must notate in CLRC or scan into Document Imaging.

Staff must utilize CLRC to provide details about case information and verification received when the information is questionable or when clarification is required to support the eligibility determination. Detailed notations on CLRC are sufficient documentation of electronic verification sources.

The attached chart shows verification that requires notation on CLRC compared to those that must be scanned or sent to Document Imaging via print to PDF. In general, the only items that should be entered into Document Imaging are signed forms and verifications provided by the customer. Exceptions such as the SAVE screen that staff must print to PDF for audit purposes should be sent to Document Imaging only once unless there is a change in the citizenship status.

If there are policy questions, Region offices may contact Jacinta Murphy at (850) 717-4120 or Gary Scott at (850) 717-4137

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Documents to Print into Document Imaging vs. Notation on CLRC

The list includes, but is not limited to, verifications that staff must either scan or print into Document Imaging or notate on CLRC.

Print into Document Imaging
All Division of Disability Determinations(DDD) related documents
SAVE/USCIS documents.
Itemized bills for bill tracking and corresponding fax
Written communication from a customer or representative, provider or partners.
Pay stubs or self-employment records
Immunization record DH 680
Relative Caregiver communication forms unless communication via CLRC
Proof of application for SSN (CF-ES 2275 or SSA 5029, SSA 2289). Copy of Social Security card if number provided does not Numident
Completed work registration form only if online work registration is not completed and registration completion is not communicated via CLRC. CF-ES 2095 for FA if paper application is used.
Physician statement of work restriction for pregnant women in third trimester with no other children for TCA eligibility.
Verification of Need for Care CF-ES 2094 for TCA time limit and work exemption
Documents provided by customer to verify asset eligibility for TCA, if within \$100 of asset limit.
Notice of Work Penalty CF-ES 4192
CF-ES 2082 TCA time limit extension referral and communication form
Up-front/Relocation/Severance Diversion approval documents from RWB.
Child support court orders
Child custody documents, when appropriate
Residency verification document (for FA)
Financial/Medical Release documents (i.e., CF-ES 2613, CF-ES 2514)
Child care expenses (over \$200/child for FA)
Medical expenses
Identity verification (if verification cannot be obtained through Verbal Authentication process)
Documents submitted by the applicant/recipient, their representative or legal representative; provider (nursing facility, case management agency, managed care provider); partner agency; for Medicaid, Optional State Supplementation (OSS) , and Home Care for Disabled Adults (HCDA)
Manual budget worksheets for SSI-Related Medicaid, Optional State Supplementation (OSS), Home Care for Disabled Adults (HCDA) and Family-Related Medicaid
Copy of completed manual notices sent to the applicant/recipient, including but not limited to, CF-ES 2264 (Notice of Determination of Asset Transfer); CF-ES (2358 Medicaid Transfer Disposition Notice); CF-ES 2236A (Notice to Community Spouse in ICP Case).

CLRC Notation
Verifications from data systems (Connect, One Stop Service Tracking (OSST), Department of Corrections Prisoner data, Florida Safe Families Network (FSFN), Comprehensive Case Information System (CCIS), etc.)
Absent parent information from MNOV–Vital Statistics
Verbal statements of medical expenses from medical providers
Verbal communication from customers or authorized/designated representative
Verbal statement from employer about earnings or employment termination
Verbal statement from physician or medical provider of current immunization status
Verbal statement from customer for verification, when acceptable
Fair hearing decisions including the hearing number
Benefit Recovery referrals and Intentional Program Violation (IPV) Disqualification notifications
Customer's statement of need for care is acceptable but disability must be verified for person needing the care
Verbal statement from Social Security Administration, Division of Disability Determination, or other agency about an inquiry for an applicant's/recipient's status
Verbal statement from an assisted living facility about the individual's room and board rate in the facility