

Indiana Health Coverage Program Policy Manual

Chapter 1400  
ADMINISTRATIVE POLICY  
Sections 1400.00.00 – 1055.05.00

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## **1400.00.00 ADMINISTRATIVE POLICY**

This chapter presents administrative policy, including:

Family and Social Services Administration (Section 1405)

Personnel Standards (Section 1410)

Outreach (Section 1415)

Inquiries for Information (Section 1420)

Confidentiality (Section 1425)

Protected Cases (Section 1430)

ADA/Rehabilitation Act Policy (Section 1432)

Non-Discrimination (Section 1435)

Complaints (Section 1440)

Mandatory Reporting of Child Abuse or Neglect (Section 1445)

Case Record Management (Section 1450)

Destruction of Case Material (Section 1455)

## **1405.00.00 FAMILY AND SOCIAL SERVICES ADMINISTRATION**

The Family and Social Services Administration (FSSA) is the agency of the state responsible for social service and financial assistance programs. The administration includes the following six major service divisions:

The Division of Family Resources (DFR) – includes Medical Review Team (MRT)

The Division of Mental Health and Addiction (DMHA)

The Division of Aging

The Disability, Aging and Rehabilitative Services (DDARS)

The Office of Medicaid Policy and Planning (OMPP)

FSSA Operations – includes Medical Review Team (MRT)

The Office of Early Childhood and Out-of-School Learning (OECOSL)

FSSA is steadfast in our mission to break the cycle of poverty by providing Hoosiers with the healthcare, social services, and support necessary to achieve lasting economic independence. Through thoughtfully designed and fiscally sustainable programs, we equip individuals and families with the resources and opportunities they need to build stability, reclaim dignity, and secure long-term success.

FSSA strives to be a high-performing, integrated agency that efficiently utilizes its resources to provide consistent, reliable services while ensuring responsible stewardship of state and federal funding.

#### **1405.05.00 DIVISION OF FAMILY RESOURCES**

The Division of Family Resources (DFR) has the responsibility for administering the Medicaid Eligibility Process at the regional and county levels. The Division includes the Medical Review Team.

#### **1405.15.00 DIVISION OF MENTAL HEALTH AND ADDICTION**

The Division of Mental Health and Addiction (DMHA) is responsible for mental health needs, addiction services, and operation of the state psychiatric hospitals.

#### **1405.20.00 DIVISION OF AGING**

The Division of Aging was created as Indiana's State Unit on Aging in accordance with the Older Americans Act (OAA) and falls directly under the Family and Social Services Administration. By Indiana statute, the division is granted the legal authority to establish and monitor programs that serve the needs of Indiana seniors.

#### **1405.25.00 DIVISION OF DISABILITY, AGING AND REHABILITATIVE SERVICES (DDARS)**

The Division of Disability, Aging and Rehabilitative Services (DDARS) administers social service programs providing continuous lifelong support for citizens in need of disability and rehabilitative supports in the State of Indiana.

#### **1405.30.00 OFFICE OF MEDICAID POLICY AND PLANNING (OMPP)**

The Office of Medicaid Policy and Planning (OMPP) is responsible for administering Medicaid programs, supporting the local DFR offices and assisting in compliance with federal regulations and the state plan.

#### **1405.35.00 RESERVED**

#### **1405.40.00 THE OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING (OECOSL)**

The Office of Early Childhood and Out-of-School Learning oversees early childcare, education and out-of-school-time programs.

#### **1410.00.00 PERSONNEL STANDARDS**

Certain personnel standards must be followed in the administration of the Medicaid program. The following sections discuss these requirements.

##### **1410.10.00 MERIT PERSONNEL FOR ELIGIBILITY CASE PROCESSING**

DFR personnel employed by FSSA used in the determination of eligibility and calculation of benefits are to be stated with merit staff employed by the Division. Functions of the eligibility staff include but are not limited to interviewing, evaluating, information gathering, and establishing eligibility and benefit levels.

##### **1410.15.00 USE OF OTHER STAFF**

The DFR is encouraged to use volunteers in activities such as prescreening, assisting applicants in completing the application, and securing needed verification.

## **1410.20.00 SUFFICIENT STAFF**

The DFR should employ sufficient staff to perform eligibility and benefit issuance functions accurately and process fair and timely in accordance with the standards set forth in this manual.

## **1415.00.00 OUTREACH**

Outreach is intended to promote education and public awareness of assistance programs as well as increases access to services. Outreach includes:

Providing program information

Providing referrals to other agencies

Training community organizations that provide program information to the public to promote assistance programs

Eliminating the social and geographic barriers to participation

Encouraging continued participation by AGs.

## **1420.00.00 INQUIRIES FOR INFORMATION**

An inquiry is a request for information regarding the eligibility requirements for assistance. Individuals inquiring about assistance are to be given information in written form and orally, as appropriate, regarding eligibility requirements, scope of the program, coverage, and the rights and responsibilities of applicants/recipients.<sup>1</sup>

Responses to inquiries regarding eligibility should be general. Information regarding agency procedures, income and resource standards, and program requirements may be provided. In no event should individually requesting information be told that they are eligible or ineligible unless that individual has filed an application and an official determination has been made.

A worker who makes an eligibility statement without receiving an application and/or completing a thorough investigation of an individual's or family's situation puts the agency at risk of providing benefits to ineligible people and denies the client the right to proper notice which is required by federal law. The notice establishes and supports the client's right to appeal. Verbal communication without written notification serves to interfere with the client's rights.

## **1420.05.00 PRINTED MATERIAL**

Written information such as brochures, pamphlets, or other material in paper and electronic form that describes basic financial and non-financial eligibility criteria, the application process, and participant rights and responsibilities, is to be made available. This written information should be distributed at local offices and shall be made available to other local agencies upon request.

The written information explaining the rules and procedures governing the appeal and hearing process is to be made available by the DFR to each applicant/recipient and to any other interested person.<sup>2</sup>

## **1420.10.00 DIRECTIVES**

The Indiana Health Coverage Program Policy Manual (IHCPPM) and supplemental instructions used in the determination of eligibility shall be accessible via the internet at DFR for examination by members of the public on regular workdays during regular office hours.<sup>3</sup>

## **1425.00.00 CONFIDENTIALITY**

All information obtained by the DFR and maintained in the case record about an applicant/recipient and their circumstances is confidential.

Information obtained by DFR from participants or individuals, whether or not they are currently participating, is also considered confidential.

Workers who access the agency's records pertaining to their family and friends are violating the client's right to confidentiality and the agency's security agreement. Violators will be subject to appropriate disciplinary action.

Once it is determined that a caseworker is related to or has a personal relationship with the client, that case must be assigned to a worker in another office, within the same Region, who has no familial or personal relationship to any of the individuals in the case. A relative, close friend or co-worker may not perform any of the interview or eligibility functions needed to support the case. These types of cases should be transferred to another local office within the same Region, to process and/or to complete the interview.

## **1425.05.00 ACCESS AND USE OF CONFIDENTIAL INFORMATION**

Access and use of confidential information are to be restricted to those DFR staff members with direct responsibility for establishing eligibility, authorizing benefit levels, and providing services for the individual or family for whom the information was obtained. Confidential information may also be shared with DFR staff who have responsibility for administration and oversight of the programs for which the confidential information was secured.

Under no circumstances may a list of names and addresses of applicants/recipients be released for commercial or political purposes.<sup>4</sup>

## **1425.10.00 RELEASE OF CONFIDENTIAL INFORMATION**

Sections 1425.10.05 through 1425.10.15 describe circumstances in which confidential information may be released.

### **1425.10.05 RELEASE OF CONFIDENTIAL INFORMATION TO THE INDIVIDUAL**

Upon request of an applicant/recipient and/or their authorized representative for the examination of their case record, all case information pertaining to that individual is to be made available.<sup>5</sup> Individuals who request copies of case material may be charged a fee per page (not to exceed the actual cost of copying) by the local DFR office.

When a hearing has been requested, federal regulations<sup>6</sup> mandate that the claimant, or their representative, will have adequate opportunity to examine the contents of their case file and all documents and records to be used by the agency at the hearing at a reasonable time before the date of the hearing as well as during the hearing.

### **1425.10.10 RELEASE OF INFORMATION TO THIRD PARTIES**

Unless permitted in one of the following sections, the release of agency information requires a statement signed by the applicant/recipient, authorizing the local office to release the information to the requesting agency or individual.<sup>7</sup> This written authorization must specify the scope of information the Local Office is authorized to release, the specific agency or individual to whom the information is to be released, and the period of time for which information is to be released. The AUTHORIZATION FOR DISCLOSURE OF PERSONAL AND HEALTH INFORMATION form (State Form 54621) should be used to ensure all the needed information is provided and that the parties are aware of their rights and responsibilities under the agreement. Authorizations should be preserved in the case file.

### **1425.10.10.05 RELEASE OF CONFIDENTIAL INFORMATION WITHOUT CONSENT**

Confidential information may be released without the applicant's/recipient's permission for purposes directly connected with the following scenarios.

The administration of SNAP, TANF, Children and Family Services, IMPACT, Child Support, Medicaid, Title XX, and federal Supplemental Security Income (SSI) programs (such purposes include establishing eligibility, determining the amount of assistance, and providing services)

Any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any of the above programs

Any audit or similar activity (such as a review of expenditure reports or a financial review) conducted in connection with any of the above programs by any governmental entity which is authorized by law to conduct such audit or activity.

#### **1425.10.10.20 ISSUANCE OF SUBPOENA**

In the event of the issuance of a subpoena for the case record or for a local office representative to testify concerning an applicant/recipient, the attorney for the FSSA is to be immediately informed of this fact. The attorney should make a determination of the appropriateness of releasing the information and, where appropriate, bring to the court's attention the statute and regulation regarding confidentiality. When information is to be made available to any person under compulsory legal process, the DFR should make reasonable efforts to furnish prior notice to the client regarding the release.

#### **1425.10.15 RELEASE OF MEDICAID NUMBERS TO PROVIDERS (MED)**

Medicaid providers are encouraged to ask all recipients who request medical services to show a valid Hoosier Health Card (Medicaid Card) at the time the service is rendered. The provision of the Hoosier Health Card facilitates the payment authorization process.

#### **1425.10.15.05 RETROACTIVE OR EMERGENCY SERVICES**

Providers who render services during periods immediately prior to the determination of Medicaid eligibility or to persons in emergency situations may experience difficulty in billing the Medicaid program as they may never have the opportunity to see a valid Hoosier Health Card. When verification is needed from the DFR, the provider must submit a written request to obtain a valid Medicaid Recipient I.D. number. Medicaid Recipient I.D. numbers are not to be given over the telephone.

The written request from the provider must include the following information:

Recipient's name

Recipient's Social Security number

Recipient's address

Recipient's date of birth

The service was given.

Once the DFR has verified that the patient is (or was on the date of service) an eligible Medicaid recipient, a written response is to be given to the provider identifying the recipient's name, Medicaid recipient I.D. number, and third-party liability information, where applicable. The DFR must include the recipient's name exactly as it appears on the Medicaid enrollment/eligibility file. Since the Medicaid contractor must have the above elements for processing provider claims, the DFR must take care in providing accurate information.

The DFR should also provide written information to the provider when the individual for whom a Medicaid Recipient I.D. number is requested is found to be ineligible for Medicaid currently or at the time the service was rendered.

#### **1425.10.15.10 VALIDATION OF CORRECT MEDICAID NUMBER (MED)**

Occasionally a Medicaid provider may view the card but miscopy the Medicaid recipient I.D. number. In these instances, the provider should make every effort to obtain the correct number from the recipient. If such efforts are unsuccessful, the provider may write to DFR requesting the correct number. The DFR should ask the provider to include in the written request the name of the recipient and the erroneous Medicaid recipient I.D. number.

The procedures outlined here and in the preceding subsection must be applied consistently to all Medicaid providers.

#### **1430.00.00 PROTECTED CASES**

No longer applicable.

#### **1432.00.00 ADA/REHABILITATION ACT POLICY**

The purpose of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act (ADA) is to protect disabled individuals and individuals who have a relationship or association with a disabled person from discrimination based upon the disability in participation of or obtaining benefits and services which they are otherwise qualified to receive. Section 508 of the Rehabilitation Act of 1973 (Section 508) requires agencies to provide employees and members of the public access to information comparable to the access available to others. DFR does not discriminate against individuals with disabilities, as defined by Section 504, Section 508, the ADA, and other relevant laws.

#### **1432.05.00 LEGAL BASIS OF THE ADA/REHABILITATION POLICY**

The legal basis for prohibition against discrimination of disabled individuals is Section 504 and the ADA. As a recipient of federal funds under the Medicaid program, DFR is subject to Section 504 and its implementing regulation promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Part 84. As a state agency providing social services, DFR is subject to the ADA and implementing regulations promulgated by the U.S. Department of Justice, 28 CFR Part 35.

#### **1432.05.05 ACCOMMODATIONS FOR THE ADA/REHABILITATION ACT**

It is DFR's policy to provide reasonable accommodation by furnishing individuals with disabilities appropriate auxiliary aid and services where necessary to afford those individuals an equal opportunity to participate in and enjoy the benefits of DFR's programs and services for which they are otherwise qualified to receive. This includes providing information in accessible formats like braille, large print, and digital navigable formats. DFR provides primary consideration to the accommodation requests of individuals with disabilities; however, requests which fundamentally alter the nature of a service, the programs, or create undue financial or administrative burden upon DFR are addressed by the ADA Coordinator to ensure to the maximum extent possible individuals with disabilities who meet the essential eligibility requirements for the receipt of such DFR services have access to participate in and enjoy the benefit of DFR's programs and services.

## **1432.10.00 ADA COORDINATOR**

FSSA has an ADA Coordinator who helps ensure compliance with Section 504, Section 508, the ADA, and other relevant laws. The ADA Coordinator oversees training, advice, and guidance regarding Section 504, Section 508, the ADA, and other relevant laws along with other members of FSSA. DFR staff and contractors, supporting field operations, who have questions or inquiries regarding compliance with Section 504, Section 508, the ADA, or other relevant laws should contact their DFR Regional Manager. DFR staff and contractors working in Central Office who have questions or inquiries regarding compliance with Section 504, Section 508, the ADA, or other relevant laws should contact their supervisor. Both the DFR Regional Managers and Central Office supervisors will then work with the ADA Coordinator to address and resolve any questions and/or inquiries. The ADA Coordinator can be contacted at [ADA@fssa.in.gov](mailto:ADA@fssa.in.gov).

## **1435.00.00 NON-DISCRIMINATION**

Individuals will not be discriminated against for reasons of age, race, ethnicity, sex, disability, religious creed, national origin, marital status, veteran status, primary language, or political beliefs in any aspect of program administration including, but not limited to:

The acceptance of and responsiveness to a request for assistance

The eligibility determination

The issuance of Medicaid cards or benefits

Fair hearing procedure

Any other service offered by DFR.

## **1435.05.00 NON-DISCRIMINATION INFORMATION**

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of age, race, ethnicity, veteran status, primary language, national origin, sex, age, or disability. If you believe that you have been discriminated against and wish to file a complaint, you may do so by following the instructions below.

In order to inform all individuals of their protection against discrimination and to ensure agency compliance with civil rights laws and policies, DFR publicizes the procedures for filing state and federal complaints in order to inform individuals of nondiscrimination compliance. Information regarding the complaint system and an explanation of the procedure must be provided to all individuals immediately upon request.

## **1440.00.00 COMPLAINTS**

An applicant/recipient, or a person acting in their behalf, may register any dissatisfaction they may have regarding DFR action or inaction relative to their entitlement to benefits as well as any mistreatment by agency staff. Complaints may be made to the DFR in person, by telephone or by letter. Some complaints may be directed to the FSSA or other officials of federal or state government. Complaints directed to other governmental offices are normally referred to the DFR for investigation and reply.

All complaints are to be given prompt, courteous, and thorough attention by DFR staff.

#### **1440.10.00 APPLICANT/RECIPIENT COMPLAINTS RECEIVED BY DFR**

Upon receipt of a complaint from an applicant/recipient, the DFR is to take immediate steps to address the problem, including any or all the following:

Review the situation to determine whether the action taken was in accord with federal and state law and regulation. (If an error occurs, adjusting action is to be taken immediately.)

Promptly interview, telephone, or write the complainant to interpret appropriate aspects of the program.

Provide the complainant with appropriate program leaflets.

Advise the complainant of other programs and community resources that may be able to meet their needs; and advise complainants of their appeal rights and help them to understand the appeal and hearing process. See IHCPPM 4205.00.00 – 4205.10.00 regarding appeal rights.

#### **1440.15.00 COMPLAINTS RECEIVED FROM THIRD PARTIES BY DFR**

When the DFR receives a complaint or inquiry on behalf of the applicant/recipient from an individual other than the applicant/recipient, specific information about the applicant/recipient cannot be released without their signed consent. See IHCPPM 1425.00.00 – 1425.10.10.20 regarding confidentiality.

If such inquiry is received without an authorization for release of information, the DFR is to provide general information relative to the nature of the complaint. The complainant should be advised of the confidentiality of case records and of the necessity of obtaining the applicant's or the recipient's signed consent should the general information not be sufficient.

#### **1440.20.00 COMPLAINTS OF DISCRIMINATION**

Federal civil rights laws make it illegal to discriminate against someone who has filed a complaint or has engaged in other Equal Employment Opportunity (EEO) or civil rights activity.

Examples of Discrimination: Discrimination can occur in many ways. The actions below are examples of discrimination and non-compliance with civil rights requirements when the action is

motivated by or results from a policy that has a disproportionately adverse impact on a person or group of people who belong to one of the protected classes, including:

Denial of an individual or household of any service or benefits provided under the program for which the individual or household is otherwise eligible. An example is not providing a translator or other foreign language assistance to a household with limited English proficiency.

Failure of DFR staff to provide the same quality, quantity or manner of service or benefits to all.

Segregation or separate treatment of individuals in any manner related to the application for or receipt of program benefits (An example is having separate facilities or separate procedures based on race or another protected status and having noticeably better office space in one part of town versus another where populations include a greater percentage of those with protected status).

Use of criteria or methods of administration that have the effect of defeating or impairing the objectives of any program (An example is imposing additional eligibility criteria on certain individuals).

Selection of sites for offices that exclude or discourage individuals from accessing the benefits of the program, such as offices that are not ADA compliant, are not located on fixed transportation routes, or may be inaccessible to populations that are served.

Adverse treatment such as rude, unprofessional, and unresponsive behavior directed at any individual with a protected status.

#### Evidence of Discrimination

Evidence of discrimination is established when all the following conditions are met:

A complainant shows that they have been adversely affected by a program decision.

The adverse action is related to a protected condition; and

The person against whom the action was taken is a member of the protected class.

Timeframes for Client to File a Formal Complaint: The complaint must be filed no later than 180 days from the date of the alleged discrimination or when the complainant became aware of the action. If circumstances warrant, the Division of Family Resources may extend the filing time.

#### HOW TO FILE A DISCRIMINATION COMPLAINT

Program applicants or program recipients who feel that they have been discriminated against can file a complaint to the following:

In-person: Your local DFR office can receive the complaint

Mail: Complaints may be mailed to:

Division of Family Resources

402 W. Washington Street, Room W392

Indianapolis, IN 46204

To the attention of: Medicaid Civil Rights

Phone: Call (317) 233-0826

Email: MedicaidCivilRights@fssa.IN.gov

You may also choose to send your complaint to the Health and Human Services Office of Civil Rights (HHS OCR) by the methods listed below. This may be done along with sending your concern to the state by the methods listed above, or you may choose to send to only the state or only the HHS OCR office. The investigations will be separate.

Mail: Complaints may be mailed to:

Centralized Case Management Operations

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

Use the OCR Complaint Portal: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Phone: You may also call the regional HHS OCR office at (800) 368-1019.

TDD: (800) 537-7697

### Complaint Format:

People who feel they have been discriminated against may file a written or verbal complaint. Anyone contacted about a complaint should make every effort to obtain the following information from the complainant:

Name, address, telephone number or other means of contacting the complainant

Name and location of office where the alleged discrimination took place

Nature of the incident that led to the complaint

Protected status (i.e., age, race, ethnicity, sex, disability, religious creed, national origin, marital status, veteran status, primary language, or political beliefs) that the complainant believes was violated

Names and contact information of the individuals who have knowledge of the discriminatory action

Date of the alleged discriminatory action.

### **1440.20.05 THE DFR AND DISCRIMINATION COMPLAINTS**

The DFR's and OMPP's responsibilities related to handling complaints of discrimination are listed below.

Civil Rights complaints are to be forwarded to the appropriate Regional Manager (RM) who will initiate the investigation. Complaints may be forwarded to the RM via telephone or the regional mailbox (email).

The RM will notify the Medicaid Civil Rights inbox (MedicaidCivilRights@fssa.IN.gov) so that tracking of the complaint may begin. Tracking will include, at a minimum, date complaint was received by the RM; nature of complaint; disposition of complaint; date final response provided to the client.

The tracking of civil rights complaints will be managed by the Medicaid Policy section.

Any conflicts of interest will be reported and resolved before the investigation moves forward.

The RM will designate a manager in their region to address the complaint. This will include at a minimum: contacting client; reviewing case information or other documentation; rectifying any errors in case processing, etc.; completing a report for DFR records; completing a letter that summarizes the findings and responds to the client's complaint. The RM will maintain oversight of this process.

If the complaint alleges discrimination by a specific worker or refers to one incident (and there is no allegation of or reason to believe that there is a policy or practice in the office that may be discriminatory), refer the complaint to the appropriate DFR State Eligibility Manager and Regional Manager.

All complaints must be resolved within ninety (90) calendar days of when the complaint is filed, but an investigation will be initiated upon receipt of the complaint.

A letter to the complainant will be drafted with a summary of the findings and actions taken by DFR and/or Medicaid. The letter will include information regarding the right to appeal to the Civil Rights Review Board, which is also stated below.

DFR will review the draft of the decision letter prepared by the local DFR office after the investigation is completed and determine if the investigation was thorough and whether appropriate action was taken.

If an investigation was not conducted, review the DFR's written report to determine if the reason(s) for not conducting an investigation are acceptable.

DFR will mail a copy of the final decision letter to the complainant and forward a copy of the letter to the Medicaid Civil Rights inbox (MedicaidCivilRights@fssa.IN.gov).

DFR will follow up on all findings where corrective actions were needed to ensure that the corrective actions have been taken and that problems are not recurring.

DFR and OMPP will review discrimination complaint logs to determine if there are any patterns of complaints that may require training or other corrective actions either statewide or in particular project areas.

DFR will analyze participation data to determine if there are areas where any protected classes appear to be underrepresented and take corrective action (such as outreach) as needed.

DFR will ensure that state agency staff understand and receive annual training on civil rights requirements.

## **APPEAL OF CIVIL RIGHTS COMPLAINT FINDINGS**

If a complainant disagrees with the findings and actions they can appeal to the Civil Rights Review Board through the following methods, which will be outlined in the letter they receive from DFR.

Mail Appeal Request To:

Division of Family Resources

402 W. Washington Street, Room W392

Indianapolis, IN 46204

To the attention of: Medicaid Civil Rights Appeal

Email Appeal Request To: [MedicaidCivilRights@fssa.IN.gov](mailto:MedicaidCivilRights@fssa.IN.gov)

The Civil Rights Review Board will be made up of at least one designee from DFR, Medicaid, the Office of Healthy Opportunities, and the Office of General Counsel. Any conflicts of interest will be reported and resolved before the appeal moves forward.

The Civil Rights Review Board will obtain and review the investigation record from DFR to make a determination. Once they have obtained and reviewed all of the necessary information, the Civil Rights Review Board will draft a letter that summarizes the findings and responds to the appeal. The letter will be mailed to the complainant, and forwarded to the Medicaid Civil Rights inbox ([MedicaidCivilRights@fssa.IN.gov](mailto:MedicaidCivilRights@fssa.IN.gov)), within sixty (60) days of receiving the appeal, summarizing the Board's decision and any actions that may be taken as a result.

#### **1440.20.10 THE FAMILY INDEPENDENCE SECTION AND DISCRIMINATION COMPLAINTS**

The Family Independence Section's responsibilities in resolving complaints of discrimination are described below.

Complaint has been received. Attempt to get as much information as possible as described in Section 1440.20.00 under 'Complaint Format'.

If the complaint alleges discrimination by a specific worker or refers to one incident (and there is no allegation of or reason to believe that there is a policy or practice in the office that may be discriminatory), refer the complainant to the appropriate DFR State Eligibility Manager and Regional Manager within one day after receiving receipt.

If the complaint alleges widespread discrimination or discriminatory practices in the local office, arrange to have someone from Family Independence Section go to the local office to investigate the allegation. The investigation would be conducted in a manner similar to the procedures described in Section 1440.20.05, but more emphasis would be put on contacting other applicants and recipients of the same protected class as the complainant to see if they had experienced similar treatment. These cases would also be handled in the same timeframes described under local office procedures.

Acknowledge receipt of the complaint to the complainant in writing within five days after receipt.

Review the draft of the decision letter prepared by the local DFR office or Family Independence Section staff after the investigation is completed. Determine if the investigation was thorough and whether appropriate action was taken.

If all of the information is complete and the decision is in keeping with stated findings, forward the report to the appropriate federal regional office.

Instruct the DFR to forward a copy of the final decision letter to the complainant.

If an investigation was not conducted, review the DFR's written report to determine if the reason(s) for not conducting an investigation are acceptable.

Follow up on all findings of 'probable non-compliance' to ensure that corrective actions have been taken and that problems are not recurring.

Review discrimination complaint logs to determine if there are any patterns of complaints that may require training or other corrective actions either statewide or in particular project areas.

Analyze participation data to determine if there are areas where any protected classes appear to be underrepresented and take corrective action (such as outreach) as needed.

Ensure that state agency staff and the DFR understand and receive annual training on civil rights requirements.

#### **1445.00.00 MANDATORY REPORTING OF CHILD ABUSE OR NEGLECT**

Indiana law requires any individual who has reason to believe that a child is a victim of child abuse or neglect to make a report. A person who knowingly fails to make such a report commits a Class B misdemeanor. Reports are to be made by contacting the local Department of Child Services or law enforcement agency.

Each local DFR office should have an established policy which addresses how staff are to report suspected child abuse and neglect. Each worker should be aware of this policy and be encouraged to make appropriate reports.

#### **1450.00.00 CASE RECORD MAINTENANCE**

The worker is responsible for the maintenance of a complete and accurate case record. Case records serve the following purposes:

Provides historical information to substantiate DFR action

Provides essential information about the individual's current situation to reflect their need for assistance

Helps to ensure continuity of service by the DFR and/or proper referral to other needed resources

Prevents needless repetition of fact gathering

Provides material for research and statistical purpose

Provides material by which agency policies, practices, and standards of performance can be substantiated and evaluated

Serves as the basis for the state's payment to or on behalf of an AG

#### **1450.10.00 CONTENT OF CASE FILE**

The electronic copy eligibility case file must contain all signed application forms necessary to support the eligibility determination, collateral sources of verification, and correspondence.

There is no mandatory requirement as to how material is to be arranged in the eligibility case files. However, it is important that the method adopted by the DFR, or worker, be understood and consistently used.

Information in the file(s) should be consistent with information entered into the Eligibility System.

At a minimum, case records must contain the following information:

Current and previous Self-Sufficiency plans

Copies of referral forms to service providers and/or other organizations.

Copies of appointment notices or documentation of appointments if scheduling was done manually; and

Contracted service providers are also to maintain case files in accordance with their contracts.

Case notes should be kept on comment screens to document the specific barriers participants face and their resolution; contacts between participant, DFR, and contracted service provider; and any other pertinent information.

#### **1450.15.00 RETENTION OF CASE RECORDS**

Hard or electronic copy case records are not to be taken from the DFR except for official use by employees or for use by proper authority upon court order. Receipts should be made and

acknowledged in such cases and proper follow-up should be made to ensure the return of the case records to the file.

#### **1450.20.00 RETENTION OF DOCUMENTS WITHIN THE CASE FILE**

Most case records are to be maintained for three years. The three-year period starts at different times for different documents. The following is the list of documents that must be retained for the entire life of the case and three years following the date on which the eligibility or claims collection case was discontinued.

Application

Interview guide

Combined application form used for application actions

Medical information

Absent parent information

Assignment of rights forms

Court records

Legal agreements

Records establishing overpaid benefits and/or fraud

Social Security Numbers

Birth and death records

Citizenship records.

Other case file records must be retained for a three-year period beginning with the effective date of the action it supports. Those records include but are not limited to:

Budget forms

Income and expense records used to support the eligibility determination and benefit calculation

Notices

Hearing decisions

Benefit issuance records not related to overpaid or underpaid benefits.

Inactive case records may also be preserved during the life of the individual so long as they may be needed for repayments on existing claims.

#### **1450.20.05 RETENTION OF DOCUMENTS WITHIN THE CASE FILE**

Records of a deceased recipient may be retained as long as necessary for filing claims for recovery against the estate.

#### **1455.00.00 DESTRUCTION OF CASE MATERIAL**

All case file materials must be maintained for review and audit purposes in accordance with the retention guidelines presented previously.

Before destroying case file records, it is important to ensure that the record has lost relevance for all the programs in which the case members participated.

When case records have been inactive for three years, a request for record destruction must be submitted to the Archives Division, Commission on Public Records, with a representative sample of three cases for the year. Upon approval, the other inactive case records may be destroyed.

#### **1455.05.00 REMOVAL OF EXTRANEous MATERIAL FROM CASE RECORDS**

The periodic removal of extraneous material from the case record assists in case management. All material which supports the current eligibility determination must be retained. Examples of material to be retained are:

Applications

Medical information

Medical expense information

Child support information

Assignments

Agreements

Overpayment information.

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<sup>1</sup> 42 CFR 435.905

<sup>2</sup> 42 CFR 435.905

<sup>3</sup> 42 CFR 435.905

<sup>4</sup> IC 12-14-22-8

<sup>5</sup> 470 IAC 2.1-3-1

<sup>6</sup> 42 CFR 431.242

<sup>7</sup> 42 CFR 431.306