

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

EIS 3452 - AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS
REVISED 07/01/95 - CHANGE NO. 02-95

I. ACTIONS THAT REQUIRE A SEPARATE DSS-8125

Do not perform the following actions in conjunction with an aid program/category transfer. Submit a separate DSS-8125 to Data Entry to be keyed after the first action processes.

A. Approving An Add-An-Individual Application

1. Make every effort to approve the add-an-individual application before transferring the case to another aid program/category. Enter the approval on one DSS-8125 and the transfer on a second DSS-8125. Ensure the transfer is keyed after the approval processes.
2. If the case must be transferred before approving the add-an-individual, submit the DSS-8125 to transfer the case. Then, refer to EIS 2266 for add-an-individual approval instructions.

B. Entering CAP Coverage

C. Terminating The Case

Ensure the case termination is keyed after the transfer processes.

II. FIND THE AID PROGRAM/CATEGORY TRANSFER YOU WISH TO PERFORM IN THE FOLLOWING TABLE OF CONTENTS. THEN, TURN TO THE REFERENCED PAGE NUMBER FOR INSTRUCTIONS.

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AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

**TRANSFERRING FROM S-AA TO S-AD
REISSUED 07/01/95 - CHANGE NO. 02-95**

To perform a transfer from S-AA to S-AD, the individual in the case must be 18 to 64 years old as of the month of the transfer. This transfer is performed to move an individual to S-AD when they were erroneously placed in S-AA initially.

NOTE: EIS DOES NOT GENERATE AN AUTOMATED NOTICE FOR SA TRANSFERS.

I. COMPLETING THE DSS-8125

- A. Use the following instructions to complete the DSS-8125. Use the current Case Profile to determine what case and/or individual data must be changed to support the transfer from S-AA to S-AD. If a numeric field requires less digits than spaces available, precede with zeroes.
- B. Enter the following required information to perform the aid program/category transfer.
 1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the Case Profile.
 4. Enter your WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter "S" "AD" for AID PROGRAM/CATEGORY.
 8. Enter the PAYMENT REVIEW PERIOD FROM and THRU DATES.
 - a. The PAYMENT REVIEW PERIOD must be twelve months.
 - b. The PAYMENT REVIEW FROM DATE must be the ongoing month.
 9. Enter the MONTHLY PAYMENT AMOUNT.
 - a. The PAYMENT AMOUNT must be a whole dollar amount.
 - b. The PAYMENT AMOUNT must be the MAINTENANCE AMOUNT, minus the TOTAL COUNTABLE MONTHLY INCOME, minus the GRANT RECOUPMENT AMOUNT.

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I. B. (CONT'D)

10. Enter the ongoing month for the MONTHLY PAYMENT EFFECTIVE DATE.
 11. Enter the first day of the ongoing month for MEDICAID EFFECTIVE DATE.
 12. Enter "C" in MEDICAID CLASS for categorically needy individuals. Enter a "Q" in MEDICAID CLASS if the individual is determined dually eligible.
 13. Enter the MAINTENANCE AMOUNT. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
 14. Enter the RELATIONSHIP TO PAYEE code. See [Codes Appendix](#) to determine the appropriate code.
 15. Enter the DATE the form is completed.
 16. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
 17. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.
- C. DO NOT ENTER the following information on the DSS-8125 when completing a transfer from S-AA to S-AD.

1. Case Data
 - a. DISABILITY INDICATOR (DIS)
 - b. VERIFICATION INDICATOR
 - c. CHANGE CODE
 - d. NOTICE OVERRIDE
 - e. APPLICATION NUMBER
 - f. ONGOING DISPOSITION REASON and DATE
 - g. RETRO DISPOSITION REASON and DATE
 - h. CASE TERMINATION REASON and DATE
 - i. OLD CASE TERMINATION REASON and DATE
 - j. MONTHLY PAYMENT TYPE
 - k. PRIOR MONTH PAYMENT 1 and 2 AMOUNT and DATE
 - l. MEDICAID STATUS
 - m. MEDICAID CERTIFICATION PERIOD

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I. C. 1. (CONT'D)

- n. DB/PML CODE
- o. DB/PML AMOUNT
- p. RETRO MA 1 and RETRO MA 2 fields
- q. CHILD/ADULT CARE
- r. STEPPARENT INDICATOR
- s. GRANDFATHER STATUS CODE and DATE
- t. JOBS/WORK REQUIREMENT SAVINGS DATA
- u. SPECIAL USE DATA
- v. SPECIAL NEEDS DATA

2. Individual Data

- a. INDIVIDUAL TERMINATION DATE
- b. CASE STATUS
- c. FAMILY STATUS
- d. DISABILITY INDICATOR (DIS)
- e. WORK REGISTRATION
- f. DATE OF DEATH
- g. JOBS/WORK REQUIREMENT SAVINGS DATA
- h. WORK EXPERIENCE
- i. GROSS EARNED INCOME
- j. CHILD/ADULT CARE
- k. WORK EXPENSES
- l. NET EARNED INCOME
- m. EDUCATIONAL LEVEL
- n. ISSUE CRD (See EIS 3105 for how to request replacement cards.)

- D. Update other information on the DSS-8125 if necessary. Refer to Making Changes To Active Cases, EIS 3102, for instructions.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

REVISED 10/01/09 - CHANGE NO. 01-10

II. SUBMIT THE DSS-8125 TO DATA ENTRY FOR KEYING.

III. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

- A. A Case Profile is produced the night the transfer processes and is mailed to the county the following workday.
- B. Benefits are produced in the following manner.

When the DSS-8125 processes by the 4th workday from the end of the month, an S-AD check is produced for the ongoing month in the SA regular run and is mailed to the recipient the last workday of the month.

- C. The aid program/category transfer is reported on the Caseworker Supervisor Report. The number of aid program/category transfers completed is determined from the WORKER NUMBER.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

**TRANSFERRING FROM S-AD TO S-AA
REISSUED 10/01/12 - CHANGE NO. 01-13**

I. AUTOMATED TRANSFER

When an individual receiving S-AD turns 65, EIS automatically transfers the individual to S-AA if the case has an RSDI claim number and is not grandfathered.

II. MANUAL TRANSFER

If the S-AD case is in grandfathered status and does not contain an essential spouse, EIS does not perform the transfer. In this situation, a message is printed on the Case Management Report. Review the case following current Special Assistance eligibility policy. If the individual remains eligible for regular SAA, terminate the grandfathered S-AD case, and key an administrative new application.

If the S-AD case does not have an RSDI claim number, EIS does not automatically transfer the case. A message is printed on the Case Management Report telling you there was no transfer as there is no claim number. You must obtain the claim number or assure the recipient applies for one. If there is no claim number, manually transfer the case.

No other actions may be taken on the S-AD case if the recipient is 65 or older and remains an S-AD case. The system does not allow any changes if the case remains open.

To perform a transfer from S-AD to S-AA, the individual in the case must be at least 65 years old as of the month of the transfer.

NOTE: EIS DOES NOT GENERATE AN AUTOMATED NOTICE FOR SA TRANSFERS.

III. COMPLETING THE DSS-8125

- A. Use the following instructions to complete the DSS-8125. Use the current Case Profile to determine what case and/or individual data must be changed to support the transfer from S-AD to S-AA. If a numeric field requires less digits than spaces available, precede with zeroes.
- B. Enter the following required information to perform the aid program/category transfer.
 1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the Case Profile.
 4. Enter your WORKER NUMBER.

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III. B. (CONT'D)

5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter "S" "AA" for AID PROGRAM/CATEGORY.
 8. Do not enter the PAYMENT REVIEW PERIOD FROM and THRU DATES.
 9. Enter the MONTHLY PAYMENT AMOUNT.
 - a. The PAYMENT AMOUNT must be a whole dollar amount.
 - b. The PAYMENT AMOUNT must be the MAINTENANCE AMOUNT, minus the TOTAL COUNTABLE MONTHLY INCOME, minus the GRANT RECOUPMENT AMOUNT.
 10. Enter the ongoing month for the MONTHLY PAYMENT EFFECTIVE DATE.
 11. Enter the first day of the ongoing month for MEDICAID EFFECTIVE DATE.
 12. Enter "C" in MEDICAID CLASS for categorically needy individuals. Enter a "Q" in MEDICAID CLASS if the individual is determined dually eligible.
 13. Enter the MAINTENANCE AMOUNT. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
 14. Enter the DATE the form is completed.
 15. Enter the RELATIONSHIP TO PAYEE code. See [Codes Appendix](#) to determine the appropriate code.
 16. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
 17. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.
- C. DO NOT ENTER the following information on the DSS-8125 when completing a transfer from S-AD to S-AA.
1. Case Data
 - a. **DISABILITY INDICATOR (DIS)**
 - b. VERIFICATION INDICATOR
 - c. CHANGE CODE
 - d. NOTICE OVERRIDE
 - e. APPLICATION NUMBER
 - f. ONGOING DISPOSITION REASON and DATE

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III. C. 1. (CONT'D)

- g. RETRO DISPOSITION REASON and DATE
- h. CASE TERMINATION REASON and DATE
- i. OLD CASE TERMINATION REASON and DATE
- j. MONTHLY PAYMENT TYPE
- k. PRIOR MONTH PAYMENT 1 and 2 AMOUNT and DATE
- l. MEDICAID STATUS
- m. MEDICAID CERTIFICATION PERIOD
- n. DB/PML CODE
- o. DB/PML AMOUNT
- p. RETRO MA 1 and RETRO MA 2 fields
- q. CHILD/ADULT CARE
- r. STEPPARENT INDICATOR
- s. GRANDFATHER STATUS CODE and DATE
- t. JOBS/WORK REQUIREMENT SAVINGS DATA
- u. SPECIAL USE DATA
- v. SPECIAL NEEDS DATA

2. Individual Data

- a. INDIVIDUAL TERMINATION DATE
- b. CASE STATUS
- c. FAMILY STATUS
- d. **DISABILITY INDICATOR (DIS)**
- e. WORK REGISTRATION
- f. DATE OF DEATH

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

REVISED 10/01/12 - CHANGE NO. 01-13

III. C. 2. (CONT'D)

- g. HCTP fields
- h. FAMILY PLANNING fields
- i. JOBS/WORK REQUIREMENT SAVINGS REASON and AMOUNT
- j. WORK EXPERIENCE
- k. GROSS EARNED INCOME
- l. CHILD/ADULT CARE
- m. WORK EXPENSES
- n. NET EARNED INCOME
- o. EDUCATIONAL LEVEL
- p. ISSUE CRD (See EIS 3105 for how to request replacement cards.)

D. Update other information on the DSS-8125 if necessary. Refer to Making Changes to Active Cases, EIS 3102, for instructions.

IV. **SUBMIT THE DSS-8125 TO DATA ENTRY FOR KEYING.**

V. **OUTPUTS**

When the DSS-8125 processes successfully, the following are received:

- A. A Case Profile is produced the night the transfer processes and is mailed to the county the following workday.
- B. Benefits are produced in the following manner.

When the DSS-8125 processes by the 4th working day from the end of the month, an S-AA check is produced for the ongoing month and is mailed to the recipient the last workday of the month.

- C. The aid program/category transfer is reported on the Caseworker Supervisor Report. The number of aid program/category transfers completed is determined from the WORKER NUMBER.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

**TRANSFERRING FROM S-AA OR S-AD TO S-CD
REISSUED 10/01/07 - CHANGE NO. 02-08**

To perform a transfer from S-AA or S-AD to S-CD, the individual in the case must be 18 to 64 years old as of the month of the transfer.

NOTE: EIS DOES NOT GENERATE AN AUTOMATED NOTICE FOR SA TRANSFERS.

I. COMPLETING THE DSS-8125

- A. Use the following instructions to complete the DSS-8125. Use the current Case Profile to determine what case and/or individual data must be changed to support the transfer from S-AA or S-AD to S-CD. If a numeric field requires less digits than spaces available, precede with zeroes.
- B. Enter the following required information to perform the aid program/category transfer.
 1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the Case Profile.
 4. Enter your WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter "S" "CD" for AID PROGRAM/CATEGORY.
 8. Enter the recipient's home address in ADDRESS LINE 1. Refer to the Mailing Address Appendix to determine the appropriate address abbreviations.
 9. Enter "*" in the first position of ADDRESS LINE 2 to delete the domiciliary care facility's name and code; or

If the recipient's home address requires two lines, enter the additional information on ADDRESS LINE 2.
 10. Enter the CITY, STATE, and ZIP if different than indicated on the Case Profile. Refer to the Mailing Address Appendix for appropriate abbreviations.
 11. Enter the PAYMENT REVIEW PERIOD FROM and THRU DATES.
 - a. The PAYMENT REVIEW PERIOD must be twelve months.

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REVISED 10/01/12 - CHANGE NO. 1-08

I. B. 11. (CONT'D)

- b. The PAYMENT REVIEW FROM DATE must be the ongoing month.
12. Enter the MONTHLY PAYMENT AMOUNT.
- a. The PAYMENT AMOUNT must be a whole dollar amount.
 - b. The PAYMENT AMOUNT must be the MAINTENANCE Amount, minus the TOTAL COUNTABLE MONTHLY INCOME, minus the GRANT RECOUPMENT AMOUNT.
13. Enter the ongoing month for PAYMENT EFFECTIVE DATE.
14. Enter the new MAINTENANCE AMOUNT. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
15. Enter "*" to delete AMBULATION CAPACITY.
16. Enter zeroes to delete DOMICILIARY RATE.
17. Do not enter SSI STATUS. (System Generated).
18. Enter the following in INDIVIDUAL DATA:
- a. INDIVIDUAL ID; and
 - b. LIVING ARRANGEMENT. Refer to the Codes Appendix to determine the appropriate living arrangement code.
 - c. An "*" to delete HCTP CODES and DATES if appropriate.
 - d. An "*" to delete FAMILY PLANNING CODE and DATE.
 - e. Enter the RELATIONSHIP TO PAYEE code. Refer to the [Codes Appendix](#) to determine the appropriate code.
19. Enter the DATE the form is completed.
20. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
21. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

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C. DO NOT ENTER the following information on the DSS-8125 when completing a transfer from S-AA or S-AD to S-CD.

1. Case Data

- a. DISABILITY INDICATOR (DIS)
- b. VERIFICATION INDICATOR
- c. CHANGE CODE
- d. NOTICE OVERRIDE
- e. APPLICATION NUMBER
- f. ONGOING DISPOSITION REASON and DATE
- g. RETRO DISPOSITION REASON and DATE
- h. CASE TERMINATION REASON and DATE
- i. OLD CASE TERMINATION REASON and DATE
- j. MONTHLY PAYMENT TYPE
- k. PRIOR MONTH PAYMENT 1 and 2 AMOUNT and DATE
- l. MEDICAID STATUS
- m. MEDICAID EFFECTIVE DATE
- n. MEDICAID CERTIFICATION PERIOD
- o. MEDICAID CLASS
- p. DB/PML CODE
- q. DB/PML AMOUNT
- r. RETRO MA 1 and RETRO MA 2 fields
- s. CHILD/ADULT CARE
- t. SSI AMOUNT
- u. STEPPARENT INDICATOR
- v. SPECIAL USE DATA
- w. SPECIAL COVERAGE DATA

NOTE: IF THE S-AA OR S-AD CASE CONTAINS CAP COVERAGE, THE SYSTEM AUTOMATICALLY ENTERS AN END DATE WHEN TRANSFERRING TO S-CD.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

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I. C. (CONT'D)

x. SPECIAL NEEDS DATA

2. Individual Data

a. CASE STATUS

b. FAMILY STATUS

c. DISABILITY INDICATOR (DIS)

d. WORK REGISTRATION

e. REFUGEE STATUS fields

f. JOBS/WORK REQUIREMENT SAVINGS DATA

g. WORK EXPERIENCE

h. GROSS EARNED INCOME

i. CHILD/ADULT CARE

j. WORK EXPENSES

k. NET EARNED INCOME

l. EDUCATIONAL LEVEL

m. ISSUE CRD (See EIS 3105 for how to request replacement cards.)

D. Update other information on the DSS-8125 if necessary. Refer to Making Changes To Active Cases, EIS 3102, for instructions.

II. SUBMIT THE DSS-8125 TO DATA ENTRY FOR KEYING.

III. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

A. A Case Profile is produced the night the transfer processes and is mailed to the county the following workday.

B. Benefits are produced in the following manner.

When the DSS-8125 processes by the 4th workday from the end of the month, an S-CD check is produced for the ongoing month and is mailed to the recipient the last workday of the month.

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III. (CONT'D)

- C. The aid program/category transfer is reported on the Caseworker Supervisor Report. The number of aid program/category transfers completed is determined from the WORKER NUMBER.

TRANSFERRING FROM S-CD TO S-AA
REISSUED 10/01/07 - CHANGE NO. 02-08

To perform a transfer from S-CD to S-AA, the individual in the case must be at least 65 years old as of the month of the transfer.

NOTE: EIS DOES NOT GENERATE AN AUTOMATED NOTICE FOR SA TRANSFERS.

I. COMPLETING THE DSS-8125

- A. Use the following instructions to complete the DSS-8125. Use the current Case Profile to determine what case and/or individual data must be changed to support the transfer from S-CD to S-AA. If a numeric field requires less digits than spaces available, precede with zeroes.
- B. Enter the following required information to perform the aid program/category transfer.
1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the Case Profile.
 4. Enter your WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter "S" "AA" for AID PROGRAM/CATEGORY.
 8. Enter the street address of the domiciliary care facility in ADDRESS LINE 1. Refer to the Mailing Address Appendix to determine the correct abbreviations.
 9. Enter the name of the domiciliary care facility in ADDRESS LINE 2. You must also enter the facility's unique identification code in the last three spaces of ADDRESS LINE 2. Refer to the Special Assistance Manual to determine the appropriate code.
 10. Enter the CITY, STATE, and ZIP if different than indicated on the Case Profile. Refer to the Mailing Address Appendix to determine the correct abbreviations.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

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I. B. 11. (CONT'D)

11. Enter the PAYMENT REVIEW PERIOD FROM and THRU DATES.
 - a. The PAYMENT REVIEW PERIOD must be twelve months.
 - b. The PAYMENT REVIEW FROM DATE must be the ongoing month.
12. Enter the MONTHLY PAYMENT AMOUNT.
 - a. The PAYMENT AMOUNT must be a whole dollar amount.
 - b. The PAYMENT AMOUNT must be the MAINTENANCE AMOUNT, minus the TOTAL COUNTABLE MONTHLY INCOME, minus the GRANT RECOUPMENT AMOUNT.
13. Enter the ongoing month for PAYMENT EFFECTIVE DATE.
14. Enter the first day of the ongoing month for MEDICAID EFFECTIVE DATE.
15. Enter a "C" in MEDICAID CLASS for categorically needy individuals. Enter a "Q" in MEDICAID CLASS if the individual is determined dually eligible.
16. Enter the new MAINTENANCE AMOUNT. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
17. Enter the AMBULATION CAPACITY. See the Codes Appendix to determine the appropriate ambulation capacity code.
18. Enter the DOMICILIARY RATE. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
19. Enter the following in INDIVIDUAL DATA:
 - a. INDIVIDUAL ID; and
 - b. LIVING ARRANGEMENT. See the Codes Appendix to determine the appropriate living arrangement code.
 - c. FAMILY PLANNING. See the Codes Appendix to determine the appropriate family planning code.
 - d. Enter the RELATIONSHIP TO PAYEE code. See the [Codes Appendix](#) to determine the appropriate code.
20. Enter the DATE the form is completed.
21. Sign the DSS-8125 in the WORKER'S SIGNATURE.
22. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

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I. C. (CONT'D)

C. DO NOT ENTER the following information on the DSS-8125 when completing a transfer from S-CD to S-AA.

1. Case Data

- a. DISABILITY INDICATOR (DIS)
- b. VERIFICATION INDICATOR
- c. CHANGE CODE
- d. NOTICE OVERRIDE
- e. APPLICATION NUMBER
- f. ONGOING DISPOSITION REASON and DATE
- g. RETRO DISPOSITION REASON and DATE
- h. CASE TERMINATION REASON and DATE
- i. OLD CASE TERMINATION REASON and DATE
- j. MONTHLY PAYMENT TYPE
- k. PRIOR MONTH PAYMENT 1 and 2 AMOUNT and DATE
- l. MEDICAID STATUS
- m. MEDICAID CERTIFICATION PERIOD
- n. DB/PML CODE
- o. DB/PML AMOUNT
- p. RETRO MA 1 and RETRO MA 2 fields
- q. CHILD/ADULT CARE
- r. STEPPARENT INDICATOR
- s. GRANDFATHER STATUS CODE and DATE
- t. JOBS/WORK REQUIREMENT SAVINGS DATA
- u. SPECIAL USE DATA
- v. SPECIAL NEEDS DATA

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

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I. C. (CONT'D)

2. Individual Data

- a. FAMILY STATUS
- b. DISABILITY INDICATOR (DIS)
- c. WORK REGISTRATION
- d. HCTP fields
- e. FAMILY PLANNING fields
- f. JOBS/WORK REQUIREMENT SAVINGS DATA
- g. WORK EXPERIENCE
- h. GROSS EARNED INCOME
- i. CHILD/ADULT CARE
- j. WORK EXPENSES
- k. NET EARNED INCOME
- l. EDUCATIONAL LEVEL
- m. ISSUE CRD (See EIS 3105 for how to request replacement cards.)

D. Update other information on the DSS-8125 if necessary. Refer to Making Changes To Active Cases, EIS 3102, for instructions.

II. SUBMIT THE DSS-8125 TO DATA ENTRY FOR KEYING.

III. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

- A. A Case Profile is produced the night the transfer processes and is mailed to the county the following workday.
- B. Benefits are produced in the following manner.

When the DSS-8125 processes by the 4th workday from the end of the month, an S-AA check is produced for the ongoing month and is mailed to the recipient the last workday of the month.

- C. The aid program/category transfer is reported on the Caseworker Supervisor Report. The number of aid program/category transfers completed is determined from the WORKER NUMBER.

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

**TRANSFERRING FROM S-CD TO S-AD
REISSUED 10/01/12 - CHANGE NO. 01-13**

I. COMPLETING THE DSS-8125

NOTE: EIS DOES NOT GENERATE AN AUTOMATED NOTICE FOR SA TRANSFERS.

- A. Use the following instructions to complete the DSS-8125. Use the current Case Profile to determine what case and/or individual data must be changed to support the transfer from S-CD to S-AD. If a numeric field requires less digits than spaces available, precede with zeroes.
- B. Enter the following required information to perform the aid program/category transfer.
1. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
 2. Enter the COUNTY NAME.
 3. Enter the CASE ID from the Case Profile.
 4. Enter your WORKER NUMBER.
 5. Enter the COUNTY NUMBER from the Case Profile.
 6. Ensure the DISTRICT NUMBER on the Case Profile is correct. If incorrect, enter the appropriate DISTRICT NUMBER.
 7. Enter "S" "AD" for AID PROGRAM/CATEGORY.
 8. Enter the street address of the domiciliary care facility in ADDRESS LINE 1. Refer to the Mailing Address Appendix to determine the correct address abbreviations.
 9. Enter the name of the domiciliary care facility in ADDRESS LINE 2. You must also enter the facility's unique identification code in the last three spaces of ADDRESS LINE 2. Refer to the Special Assistance Manual to determine the appropriate code.
 10. Enter the CITY, STATE, and ZIP if different than indicated on the Case Profile. Refer to the Mailing Address Appendix to determine the correct abbreviations.
 11. Enter the PAYMENT REVIEW PERIOD FROM and THRU DATES.
 - a. The PAYMENT REVIEW PERIOD must be twelve months.
 - b. The PAYMENT REVIEW FROM DATE must be the ongoing month.
 12. Enter the MONTHLY PAYMENT AMOUNT.
 - a. The PAYMENT AMOUNT must be a whole dollar amount.

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REVISED 10/01/12- CHANGE NO. 01-13

I. B. 12. (CONT'D)

- b. The PAYMENT AMOUNT must be the MAINTENANCE AMOUNT, minus the TOTAL COUNTABLE MONTHLY INCOME, minus the GRANT RECOUPMENT AMOUNT.
- 13. Enter the ongoing month for PAYMENT EFFECTIVE DATE.
- 14. Enter the first day of the ongoing month for MEDICAID EFFECTIVE DATE.
- 15. Enter a "C" in MEDICAID CLASS for categorically needy individuals. Enter a "Q" in MEDICAID CLASS if the individual is determined dually eligible.
- 16. Enter the new MAINTENANCE AMOUNT. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
- 17. Enter the AMBULATION CAPACITY. See the Codes Appendix to determine the appropriate ambulation capacity code.
- 18. Enter the DOMICILIARY RATE. The amount must be a whole dollar amount and have zeroes indicated in the cents column.
- 19. Enter the following in INDIVIDUAL DATA:
 - a. INDIVIDUAL ID; and
 - b. LIVING ARRANGEMENT. See the Codes Appendix to determine the appropriate living arrangement code.
 - c. FAMILY PLANNING. See the Codes Appendix to determine the appropriate family planning code.
 - d. Enter the RELATIONSHIP TO PAYEE code. See the [Codes Appendix](#) to determine the appropriate code.
- 20. Enter the DATE the form is completed.
- 21. Sign the DSS-8125 in the WORKER'S SIGNATURE field.
- 22. The county director or his designee must sign the form in the DIRECTOR'S SIGNATURE field.
- C. DO NOT ENTER the following information on the DSS-8125 when completing a transfer from S-CD to S-AD.
 - 1. Case Data
 - a. **DISABILITY INDICATOR (DIS)**
 - b. VERIFICATION INDICATOR
 - c. CHANGE CODE

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

REVISED 10/01/12 - CHANGE NO. 01-13

I. C. 1. (CONT'D)

- d. NOTICE OVERRIDE
- e. APPLICATION NUMBER
- f. ONGOING DISPOSITION REASON and DATE
- g. RETRO DISPOSITION REASON and DATE
- h. CASE TERMINATION REASON and DATE
- i. OLD CASE TERMINATION REASON and DATE
- j. MONTHLY PAYMENT TYPE
- k. PRIOR MONTH PAYMENT 1 and 2 AMOUNT and DATE
- l. MEDICAID STATUS
- m. MEDICAID CERTIFICATION PERIOD
- n. DB/PML CODE
- o. DB/PML AMOUNT
- p. RETRO MA 1 and RETRO MA 2 fields
- q. CHILD/ADULT CARE
- r. STEPPARENT INDICATOR
- s. GRANDFATHER STATUS CODE and DATE
- t. JOBS/WORK REQUIREMENT SAVINGS DATA
- u. SPECIAL USE DATA
- v. SPECIAL NEEDS DATA

2. Individual Data

- a. CASE STATUS
- b. FAMILY STATUS
- c. DISABILITY INDICATOR (DIS)
- d. WORK REGISTRATION
- e. JOBS/WORK REQUIREMENT SAVINGS DATA
- f. WORK EXPERIENCE

AID PROGRAM/CATEGORY TRANSFERS TO SPECIAL ASSISTANCE PROGRAMS

REVISED 10/01/12 - CHANGE NO. 01-13

I. C. 2. (CONT'D)

- g. GROSS EARNED INCOME
- h. CHILD/ADULT CARE
- i. WORK EXPENSES
- j. NET EARNED INCOME
- k. EDUCATIONAL LEVEL
- l. ISSUE CRD (See EIS 3105 for how to request replacement cards.)

D. Update other information on the DSS-8125 if necessary. Refer to Making Changes To Active Cases, EIS 3102, for instructions.

II. SUBMIT THE DSS-8125 TO DATA ENTRY FOR KEYING.

III. OUTPUTS

When the DSS-8125 processes successfully, the following are received:

- A. A Case Profile is produced the night the transfer processes and is mailed to the county the following workday.
- B. Benefits are produced in the following manner.

When the DSS-8125 processes by the 4th workday from the end of the month, an S-AD check is produced for the ongoing month and is mailed to the recipient the last workday of the month.

- C. The aid program/category transfer is reported on the Caseworker Supervisor Report. The number of aid program/category transfers completed is determined from the WORKER NUMBER.