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Department of Health
Medicaid Program

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Document Revision History

Version Number	Date	Description
0.1	03/04/19	Initial Draft
0.5	03/05/19	QC Review
0.8	03/05/19	Initial Draft for Review
0.8	03/28/19	Initial Draft updated per the recommendations provided
0.9	05/08/2019	Final Draft for Review
1.0	05/12/2019	Final Submission
1.1	08/28/2019	CR 25 and CR 33 updates within section 5, 6, 9 and 14 – Initial Draft for Review
1.2	09/16/2019	Final Draft for Review – CR 25 and CR 33
1.3	09/20/2019	Final Submission – CR 25 and CR 33
1.4	12/19/2019	Initial Draft for CR 52 – Schedule Interview at the Person Level <ul style="list-style-type: none"> - Added new section 5.1.8 Interview Tab - Added new section 11.2 Use Case Schedule
1.5	01/17/2020	CR 52 – Updates made within section 1, 5.1.8, 9.3 Final Draft for Review
1.6	01/30/2020	Final Submission – CR 52
1.7	03/25/2020	CR 91 – Updates made to the application duration logic within section 5.3 Timer - Initial Draft for Review
1.8	04/01/2020	CR 91 – No CIM revisions Final Submission



I.4.2.a.ii Completed Intake Application Processing FDD

Version Number	Date	Description
1.9	12/22/2020	CR147 –Initial Draft for Review. Updates to the Race and Ethnicity made in the following sections: - - <PRMO-452> Claimant Details Page - <PR14507> <PRMO-452><PR-15397><PRMO-1518> Review the Claimant’s Answers Page – Claimant Information - <PR-14507> <PRMO-446> <PRMO-452><PR-15397><PRMO-1518> Home Member Information - Review the Claimant’s Answers – Finish Summary - Application PDF
2.0	01/26/2021	<CR 147> Final Submission
2.1	4/21/2021	Initial Draft for Review: Updates to the following sections were made due to CR102: <PRMO-445> Timer <CR102> Application Denial Batch (Modify) Updates to the following sections were made due to CR157: <PRMO-445><PRMO-1521> General Information Page
2.2	04/30/202	Final Submission for CR 102 and 157 – no comments received
2.3	6/4/2021	Initial Draft for Review CR53 - See for the updates made per CR53. CR103 - See <CR102> Application Denial Batch (Modify) for the updates made per CR103. Modifications will be deployed within PREE during the Stabilization Release.
2.4	07/15/2021	Final Submission for CR 53 and 103



I.4.2.a.ii Completed Intake Application Processing FDD

Version Number	Date	Description
2.5	12/29/2021	Initial Draft for Review: CR170 – Non-MAGI Income PRMO445 – Make Application More Dynamic PRMO446 – Reorder Questions & Eliminate unnecessary questions for non-applicants PRMO449 – Change ‘Due Date’ to ‘Estimated Delivery Date’ PRMO450 – Modify Disability Question PRMO452 – Immigration Assistance Message(s) Verification
2.6	01/20/2022	Final Submission for CR170, PRMO445, PRMO446, PRMO449, PRMO450 and PRMO452
2.7	03/02/2022	Final Submission for Approval for SPA
2.8	8/25/2022	Initial Draft for Review: PR-15453 – prepop application PR-15893 - Claimant Details Page (Opt Out of Coverage) PR-15386 – Supplemental Application PR-15892 – <PRMO-445><PRMO-1521> General Information Page PR-15915 – Health Insurance Page PR-15397 - Claimant Details PR-15397 - Review the Claimant’s Answers Page – Claimant Information PR-15397 - Home Member Information PR-15397 – <PRMO-445><PRMO-1521> General Information Page PR-15754 - Expenses Information PR-15754 - Review the Claimant’s Answers Page – Claimant Information



I.4.2.a.ii Completed Intake Application Processing FDD

Version Number	Date	Description
2.9	11/4/2022	<p>PR-16811 – Absent Parent Details</p> <p>PRMO-1518 – Person Registration, Prospect Person Registration, Register Prospect from the Application Case, Claimant Details Page, Review the Claimant’s Answers Page – Claimant Information, Home Member Information, Review the Claimant’s Answers – Finish Summary – MAGI Only Application</p> <p>PRMO-1530 General information page pregnancy questions update for retro apps</p> <p>PRMO-1521</p> <ul style="list-style-type: none">- General information page: Updated display logic for ‘Is anyone applying for benefits’ question.- Review the Claimant’s Answers - The Claimant’s Home- Review the Claimant’s Answers – Finish Summary – MAGI and Non-MAGI Application- Review the Claimant’s Answers – Finish Summary – MAGI Only <p>PRMO-1453 Language Update Race and Ethnicity & AI/AN Question</p> <p>PRMO-1455 Language Update ‘Your Rights and Responsibilities’</p> <p>PRMO-1526 EE-CR00191 Add Disclaimer for Section 508 Accessibility Compliance Requirement</p>

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Table of Contents

DOCUMENT REVISION HISTORY	II
TABLE OF CONTENTS	VI
1 ACRONYMS	17
2 INTRODUCTION	19
2.1 Purpose	19
2.2 Scope	19
2.3 Not in scope	19
2.4 Historical Team Members	19
3 KEY ASSUMPTIONS	20
4 BUSINESS PROCESSES	21
4.1 Application Processing	21
4.1.1 Detailed Steps	22
5 SCREEN MODIFICATIONS	23
5.1 Person Search and Registration	23
5.1.1 Person Search	23
5.1.1.1 Screenshot (Modify)	24
5.1.1.2 Description of Modifications and Additions	25
5.1.2 Person Registration	26
5.1.2.1 Registered Person Check	27
5.1.2.2 Registration	29
5.1.2.3 <PRMO-1518> Register Prospect from the Application Case	33
5.1.3 Prospect Person Registration	35
5.1.3.1 Registered Person Check	35
5.1.3.2 Registration	37
5.1.4 Person Home Page	41
5.1.4.1 Screenshot (Modify)	41
5.1.4.2 Description of Modifications and Additions	41
5.1.5 Prospect Person Home Page	41



5.1.5.1	Screenshot (Modify)	41
5.1.5.2	Description of Modifications and Additions	42
5.1.6	Employment	42
5.1.6.1	Screenshot (Modify)	42
5.1.6.2	Description of Modifications and Additions	42
5.1.7	New Employment	43
5.1.7.1	Screenshot (Modify)	43
5.1.7.2	Description of Modifications and Additions	43
5.1.8	Interview Tab	44
5.1.8.1	Screenshot (Modify)	44
5.1.8.2	Description of Modifications and Additions	44
5.1.9	Person Match Criteria	44
5.2	<PRMO-445> Application Page Flow	46
5.2.1	<PR-15453> Add Application via IC	47
5.2.1.1	Screenshot (Modify)	47
5.2.1.2	Description of Modifications and Additions	47
5.2.2	New Application (Application Type)	47
5.2.2.1	Screenshot (Modify)	48
5.2.2.2	Description of Modifications and Additions	48
5.2.3	<PR-15453> Remove Add Application	49
5.2.3.1	Screenshot (Remove)	49
5.2.3.2	Description of Modifications and Additions	49
5.2.4	<PR-15453> New Application (Assistance Type)	49
5.2.4.1	Screenshot (Modify)	50
5.2.4.2	Description of Modifications and Additions	50
5.3	Medical Assistance IEG Application Page Flow	51
5.3.1	Before We Start Page	52
5.3.1.1	Screenshot (Modify)	53
5.3.1.2	Description of Modifications and Additions	53
5.3.2	Information About the Claimant Page	54
5.3.2.1	Screenshot (Modify)	55
5.3.2.2	Description of Modifications and Additions	57
5.3.3	<PRMO-452> Claimant Details Page	63
5.3.3.1	Screenshot (Modify)	64
5.3.3.2	Description of Modifications and Additions	66
5.3.4	<PRMO-452> Supporting Document Details	73



I.4.2.a.ii Completed Intake Application Processing FDD

5.3.4.1	Screenshot (Modify)	73
5.3.4.2	Description of Modifications and Additions	73
5.3.5	<PR-15396><PRMO-452> Supporting Document Details	76
5.3.5.1	Screenshot (New)	76
5.3.5.2	Description of Modifications and Additions	77
5.3.6	<PR14507> <PRMO-452><PR-15397><PRMO-1518> Review the Claimant’s Answers Page – Claimant Information	78
5.3.6.1	Screenshot – (Modify)	79
5.3.6.2	Description of Modifications and Additions	83
5.3.7	Claimant Details Page (Opt Out of Coverage)	89
5.3.7.1	Screenshot (Modify)	89
5.3.7.2	Description of Modifications and Additions	90
5.3.8	Review the Claimant’s Answers Page – Opt Out of Coverage	92
5.3.8.1	Screenshot (Modify)	93
5.3.8.2	Description of Modifications and Additions	94
5.3.9	<PR-14507> <PRMO-446> <PRMO-452><PR-15397><PRMO-1518> Home Member Information	95
5.3.9.1	Screenshot (Modify)	96
5.3.9.2	Description of Modifications and Additions	100
5.3.10	Home Relationships	110
5.3.10.1	Screenshot (Modify)	111
5.3.10.2	Description of Modifications and Additions	112
5.3.11	<PRMO445> Absent Parent Information Page	112
5.3.11.1	Screenshot (OOTB)	113
5.3.11.2	Description of Modifications and Additions	113
5.3.12	<PRMO-445> Absent Parent Details Page	113
5.3.12.1	Screenshot (Remove) <PR16811>	114
5.3.12.2	Description of Modifications and Additions	116
5.3.13	<PRMO-445> Child Support Payments Page (Remove)	117
5.3.13.1	Screenshot (Remove)	117
5.3.13.2	Description of Modifications and Additions	117
5.3.14	<PRMO-445><PRMO-1521> General Information Page	117
5.3.14.1	Screenshot (Modify)	118
5.3.14.2	Description of Modifications and Additions	118
5.3.15	<PRMO-449> Pregnancy Details	122
5.3.15.1	Screenshot (Modify)	122
5.3.15.2	Description of Modifications and Additions	123



I.4.2.a.ii Completed Intake Application Processing FDD

5.3.16	Foster Care Page	123
5.3.16.1	Screenshot (New)	124
5.3.16.2	Description of Modifications and Additions	124
5.3.17	Former Foster Care Page	125
5.3.17.1	Screenshot (New)	126
5.3.17.2	Description of Modifications and Additions	126
5.3.18	Adoption Details	127
5.3.18.1	Screenshot (New)	128
5.3.18.2	Description of Modifications and Additions	128
5.3.19	<PRMO-445> Review the Claimant's Answers - The Claimant's Home 129	
5.3.19.1	Screenshot (Modify)	130
5.3.19.2	Description of Modifications and Additions	132
5.3.20	Current Benefit Page	139
5.3.20.1	Screenshot (Modify)	139
5.3.20.2	Description of Modifications and Additions	139
5.3.21	<CR-170> Paid Employment Page	140
5.3.21.1	Screenshot (Modify)	140
5.3.21.2	Description of Modifications and Additions	141
5.3.22	Income Information Page	141
5.3.22.1	Screenshot (Modify)	142
5.3.22.2	Descriptions of Modifications and Additions	142
5.3.23	<CR-170> Earned Income Details	143
5.3.23.1	Screenshot (Modify)	143
5.3.23.2	Descriptions of Modifications and Additions	143
5.3.24	<CR-170> Review the Claimants Answers – Income	144
5.3.24.1	Screenshot (Modify)	145
5.3.24.2	Descriptions of Modifications and Additions	146
5.3.25	<PRMO-445> Expenses Information - MAGI	146
5.3.25.1	Screenshot (New)	147
5.3.25.2	Descriptions of Modifications and Additions	147
5.3.26	<PRMO-445> Medical Expense Details (Modify)	149
5.3.26.1	Screenshot (Modify)	149
5.3.26.2	Descriptions of Modifications and Additions	150
5.3.27	<PRMO-445> Other Expense Details (Modify)	150
5.3.27.1	Screenshot (Modify)	150



I.4.2.a.ii Completed Intake Application Processing FDD

5.3.27.2	Descriptions of Modifications and Additions	150
5.3.28	<PRMO-445> Health Insurance (Modify)	151
5.3.28.1	Screenshot (Modify)	151
5.3.28.2	Descriptions of Modifications and Additions	151
5.3.29	<PRMO-445> Health Insurance Details	152
5.3.29.1	Screenshot (Modify)	153
5.3.29.2	Descriptions of Modifications and Additions	154
5.3.30	<PRMO-445> Additional Information	154
5.3.30.1	Screenshot (New)	155
5.3.30.2	Descriptions of Modifications and Additions	155
5.3.31	<PRMO-445> Blind Details – Non-MAGI	157
5.3.31.1	Screenshot (New)	157
5.3.31.2	Descriptions of Modifications and Additions	157
5.3.32	<PRMO-445> Disability Details – Non-MAGI	158
5.3.32.1	Screenshot (Modify)	158
5.3.32.2	Descriptions of Modifications and Additions	158
5.3.33	<PRMO-445> Resource General Information	159
5.3.33.1	Screenshot (Modify)	160
5.3.33.2	Description of Modifications and Additions	160
5.3.34	<PRMO-445> Review the Claimant’s Answers – Resources	161
5.3.34.1	Screenshot (Modify)	162
5.3.34.2	Description of Modifications and Additions	162
5.3.35	<PRMO-445> Expenses Information Non-MAGI	163
5.3.35.1	Screenshot (Modify)	163
5.3.35.2	Description of Modifications and Additions	163
5.3.36	<PRMO-445> Review the Claimant’s Answers – Expenses	164
5.3.36.1	Screenshot (Modify)	165
5.3.36.2	Description of Modifications and Additions	165
5.3.37	<PR-14507> <PRMO-445><PRMO-449> Review the Claimant’s Answers – Finish Summary – MAGI and Non-MAGI Application	166
5.3.37.1	Screenshot (Modify)	167
5.3.37.2	Description of Modifications and Additions	181
5.3.38	<PRMO-445><PRMO-449><PRMO-1518> Review the Claimant’s Answers – Finish Summary – MAGI Only Application	194
5.3.38.1	Screenshot (Modify)	195
5.3.38.2	Description of Modifications and Additions	207



5.3.39	Client’s Rights and Responsibilities	210
5.3.39.1	Screenshot (Modify)	211
5.3.39.2	Description of Modifications and Additions	211
5.3.40	Application PDF	213
5.3.40.1	Screenshot (Modify)	214
5.3.40.2	Description of Modifications and Additions	219
5.4	<PRMO-445> Timer	228
5.4.1	Screenshot (Modify)	229
5.4.2	Description of Modifications and Additions	229
5.4.3	Screenshot (Modify)	230
5.4.4	Description of Modifications and Additions	230
5.5	Eligibility Check	231
5.5.1	Screenshot (Modify)	231
5.5.2	Description of Modifications and Additions	231
6	BATCH MODIFICATIONS	231
6.1	Request for Information Notice Batch (New)	231
6.1.1	High Level Steps	232
6.1.2	Predecessor	232
6.1.3	Successor	232
6.1.4	Execution Frequency	232
6.1.5	Inputs	232
6.1.6	Outputs	232
6.1.7	Detailed Steps	232
6.1.8	Control Report	233
6.2	<CR102> Application Denial Batch (Modify)	233
6.2.1	High Level Steps	234
6.2.2	Predecessor	234
6.2.3	Successor	234
6.2.4	Execution Frequency	234
6.2.5	Inputs	234
6.2.6	Outputs	234
6.2.7	Detailed Steps	234
6.2.8	Control Report	235
7	TASKS, ALERTS, WORK QUEUES	235
7.1	Intake Application via Worker Portal Workflow	235
7.1.1	Queues	236
7.1.2	Tasks	237
7.1.2.1	Process Phone Application Task (New)	237
7.1.2.2	Resolve Prospect Person Task (Remove)	238



8	DEVELOPMENT CONSIDERATIONS	239
8.1	Date Format	239
8.2	Person Search Page	239
8.3	Addresses	239
8.4	Translations	239
8.5	Alternative Identification Evidence Preferred Indicator Logic	240
9	TRAINING CONSIDERATIONS	240
9.1	Auto Eligibility	240
9.2	Person Registration	240
9.3	Scheduling Interviews	240
9.4	Intake Workers	241
9.5	Nickname Recording	242
9.6	Date Format	242
9.7	Collecting Financial Information	242
9.8	Gender and Gender Identity	242
9.9	Zip code and Zip Extension	242
9.10	Police Officers and Relationships	243
9.11	City, Zip Code and Neighborhood Combination	243
10	REPORTING CONSIDERATIONS	243
11	USE CASES AND SCENARIOS	243
11.1	Use Case 1: Log into the System	243
11.1.1	Description	243
11.1.2	Actors	243
11.1.3	Pre-Conditions	243
11.1.4	Post-Conditions	244
11.1.5	Main Scenario	244
11.1.6	Extensions	244
11.1.6.1	Extension 1 (After Main Scenario, Step 1)	244
11.1.6.2	Extension 2 (After Main Scenario, Step 4)	244
11.1.7	Frequency	244
11.1.8	Special Requirements	244
11.1.8.1	Performance	244
11.1.8.2	Security	244
11.1.8.3	Usability / Accessibility	244
11.1.8.4	Other	244
11.2	Use Case 2: Schedule an Interview	245
11.2.1	Description	245
11.2.2	Actors	245
11.2.3	Pre-Conditions	245
11.2.4	Post-Conditions	245
11.2.5	Main Scenario	245



11.2.6	Extensions	245
11.2.6.1	Extension 1 (After Main Scenario, Step 2)	245
11.2.7	Frequency	245
11.2.8	Special Requirements	245
11.2.8.1	Performance	245
11.2.8.2	Security	246
11.2.8.3	Usability / Accessibility	246
11.2.8.4	Other	246
11.3	Use Case 3: Register a new Person	246
11.3.1	Description	246
11.3.2	Actors	246
11.3.3	Pre-Conditions	246
11.3.4	Post-Conditions	246
11.3.5	Main Scenario	246
11.3.6	Extensions	246
11.3.6.1	Extension 1 (After Main Scenario, Step 1)	246
11.3.6.2	Extension 2 (After Main Scenario, Step 3)	247
11.3.6.3	Extension 3 (After Main Scenario, Step 4)	247
11.3.6.4	Extension 4 (After Main Scenario, Step 4)	247
11.3.7	Frequency	247
11.3.8	Special Requirements	247
11.3.8.1	Performance	247
11.3.8.2	Security	247
11.3.8.3	Usability / Accessibility	247
11.3.8.4	Other	247
11.4	Use Case 4: An applicant wants to apply for Medical Assistance in person or over the phone	247
11.4.1	Description	247
11.4.2	Actors	247
11.4.3	Pre-Conditions	248
11.4.4	Post-Conditions	248
11.4.5	Main Scenario	248
11.4.6	Extensions	248
11.4.6.1	Extension 1 (Before Main Scenario, Step 1)	248
11.4.6.2	Extension 2 (After Main Scenario, Step 2)	248
11.4.7	Frequency	248
11.4.8	Special Requirements	248
11.4.8.1	Performance	248
11.4.8.2	Security	248
11.4.8.3	Usability / Accessibility	248
11.4.8.4	Other	249



11.5	Use Case 5: An applicant submits a paper Medical Assistance application	249
11.5.1	Description	249
11.5.2	Actors	249
11.5.3	Pre-Conditions	249
11.5.4	Post-Conditions	249
11.5.5	Main Scenario	249
11.5.6	Extensions	249
11.5.6.1	Extension 1 (After Main Scenario, Step 3)	249
11.5.6.2	Extension 2 (Before Main Scenario, Step 1)	249
11.5.7	Frequency	250
11.5.8	Special Requirements	250
11.5.8.1	Performance	250
11.5.8.2	Security	250
11.5.8.3	Usability / Accessibility	250
11.5.8.4	Other	250
11.6	Use Case 6: Process an application with applicant in person	250
11.6.1	Description	250
11.6.2	Actors	250
11.6.3	Pre-Conditions	250
11.6.4	Post-Conditions	250
11.6.5	Main Scenario	250
11.6.6	Extensions	251
11.6.6.1	Extension 1 (After Main Scenario, Step 1)	251
11.6.6.2	Extension 2 (After Main Scenario, Step 5)	251
11.6.6.3	Extension 3 (After Main Scenario, Step 6)	251
11.6.6.4	Extension 4 (After Main Scenario, Step 8)	251
11.6.7	Frequency	251
11.6.8	Special Requirements	251
11.6.8.1	Performance	251
11.6.8.2	Security	252
11.6.8.3	Usability / Accessibility	252
11.6.8.4	Other	252
11.7	Use Case 7: Process an application with applicant NOT in person	252
11.7.1	Description	252
11.7.2	Actors	252
11.7.3	Pre-Conditions	252
11.7.4	Post-Conditions	252
11.7.5	Main Scenario	252
11.7.6	Extensions	253
11.7.6.1	Extension 1 (After Main Scenario, Step 3)	253



I.4.2.a.ii Completed Intake Application Processing FDD

11.7.6.2	Extension 2 (After Main Scenario, Step 1)	253
11.7.6.3	Extension 3 (After Main Scenario, Step 4)	253
11.7.6.4	Extension 4 (After Main Scenario, Step 6)	253
11.7.6.5	Extension 5 (After Main Scenario, Step 9)	253
11.7.7	Frequency	253
11.7.8	Special Requirements	253
11.7.8.1	Performance	253
11.7.8.2	Security	254
11.7.8.3	Usability / Accessibility	254
11.7.8.4	Other	254
11.8	Use Case 8: Unregistered Person on application	254
11.8.1	Description	254
11.8.2	Actors	254
11.8.3	Pre-Conditions	254
11.8.4	Post-Conditions	254
11.8.5	Main Scenario	254
11.8.6	Extensions	254
11.8.6.1	Extension 1 (After Main Scenario, Step 2)	254
11.8.7	Frequency	254
11.8.8	Special Requirements	255
11.8.8.1	Performance	255
11.8.8.2	Security	255
11.8.8.3	Usability / Accessibility	255
11.8.8.4	Other	255
11.9	Scenario 1: Person Registration	255
11.10	Scenario 2: Intake Application	257
11.11	Scenario 3: Application Processing	259
12	RELATED DOCUMENTS	262
13	REQUIREMENTS MATRIX	262
14	ISSUE REGISTER	274
15	DELIVERABLE SCHEDULE	275

LIST OF TABLES

Table 1: Acronyms	17
Table 2: Team Members <PRMO-445>	19
Table 3: Person Match Criteria	45
Table 4: Phone Application Task	237
Table 5: Person Registration Scenarios	255



Table 6: Intake Application Scenarios	257
Table 7: Application Processing Scenarios	259
Table 8: Requirement Matrix	262

LIST OF FIGURES

Figure 1: Application Processing	22
Figure 2 - Person Search	24
Figure 3 - Registered Person Check	27
Figure 4: Registration	30
Figure 5: Registered Person Check	35
Figure 6: Prospect Details	38
Figure 7: Person Home Page	41
Figure 8: Prospect Person Home Page	41
Figure 9: Employment	42
Figure 10: New Employment	43
Figure 11: Interview	44
Figure 2: Add Application	47
Figure 65: New Application – Application Type	48
Figure 3: Add Application	49
<PR-15453> Figure 14: New Application – Assistance Type	50
Figure 12: <PRMO-445> <PRMO-446> IEG Page Flow	52
Figure 15: Before We Start	53
Figure 16: Information about the Client - Name and Address	55
Figure 17: Information about the Client – Contact Details and Special Needs	56
Figure 18: Information about the Client – Authorized Representative	57
Figure 19: Information about the Client – Health Benefits (Yes)	57
<PR-14507>	57
Figure 20: Claimant Details <PR-15396> <PRMO-452> <PRMO-445><PR-15397><CR147><PRMO-1518>	64
Figure 23: Review the Claimant’s Answers	79
<PR-14507>	82
Figure 24: Claimant Details (Opt out of Coverage) <PR-15893>	89
Figure 25: Review Claimant’s Answers Opt out of Coverage	93
Figure 26: Home Member Information – Person Details PR-14507	96
Figure 28: Home Relationships	111
Figure 29: Absent Parent Information	113
Figure 30: Absent Parent Details	114
Figure 31: Child Support Payments	117
Figure 32: General Information <PR-15892><PRMO-445>	118
Figure 34: Foster Care	124



I.4.2.a.ii Completed Intake Application Processing FDD

Figure 35: Former Foster Care	126
Figure 36: Adoption	128
Figure 37: Review the Claimant’s Answers – Claimant’s Home	130
Figure 38: Current Benefit	139
Figure 40: Income Information	142
Figure 42: Review the Claimant’s Answers – Income <CR-170>	145
Figure 43: Expenses Information – MAGI <PR-15754> <PRMO-445>	147
Figure 44: Medical Expense Details	149
Figure 45: Other Expense Details	150
Figure 46: Health Insurance	151
Figure 47: Health Insurance Details	153
Figure 48: Additional Information <PRMO-445>	155
Figure 49: Blind Details – Non MAGI <PRMO-445>	157
Figure 50: Disability Details – Non MAGI <PRMO-445>	158
Figure 51: Resource General Information <PRMO-445>	160
Figure 52: Review the Claimant’s Answers – Resources <PRMO-445>	162
Figure 53: Expenses Information <PRMO-445>	163
Figure 54: Review the Claimant’s Answers - Expenses <PRMO-445>	165
Figure 55: Review the Claimant’s Answers – Finish Summary – MAGI and Non-MAGI Application	167
Figure 56: Review the Claimant’s Answers – Finish Summary – MAGI Only Application	195
Figure 57: Client’s Right and Responsibilities	211
Figure 58: Application PDF (Person)	214
Figure 59: Application PDF (Person and Address) <PR-14507>	215
Figure 60: Application PDF (Employment and Income)	216
Figure 61: Application PDF (Foster Care, Adoption and Additional Household Person)	217
Figure 62: Application PDF (Additional Household Person and Absent Parent) <PR- 14507>	218
Figure 63: Application PDF (Expenses & Pregnancy) <PRMO-449>	219
Figure 66: Timer <PRMO-445>	229
Figure 67: Interview	230
Figure 68: Eligibility Check	231
Figure 69: Request for Information Notice Diagram	232
Figure 70: Application Denial Batch Process <CR103>	234
Figure 71: Intake Application via Worker Portal Workflow	236



I.4.2.a.ii Completed Intake Application Processing FDD



1 Acronyms

Table 1: Acronyms

Acronym	Definition
ABD	Age, Blind, Disable
ADAP	AIDS Drug Assistance Program
AIJ	Juvenile Institution Administration
FDD	Functional Design Document
FDSH	Federal Data Services Hub
HoH	Head of Household
IC	Integrated Case
IEG	Intelligence Evidence Gathering
IVR	Interactive Voice Response
IV&V	Independent Verification and Validation
JAD	Joint Application Design
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization
MPI	Master Patient Index
NOD	Notice of Decision
OIAT	Office of Information Technology
OOTB	Out of the Box
OPM	Oficina de la Procuradora de las Mujeres
PCP	Primary Care Physician
PDC	Product Delivery Case
PMO	Project Management Office
PRDoH	Puerto Rico Department of Health
PREE	Puerto Rico Eligibility and Enrollment
PRMP	Puerto Rico Medicaid Program
RFI	Request for Information
SI	System Integrator
SSA	Single Streamlined Application
SSN	Social Security Number
TANF	Temporary Assistance for Needy Family



I.4.2.a.ii Completed Intake Application Processing FDD

Acronym	Definition
VIM	View Interface MetaData



2 Introduction

2.1 Purpose

The purpose of the Intake/Application Processing Functional Design Document (FDD) is to present the design components and considerations ancillary to the Person Registration Process and the Medical Assistance Intelligent Evidence Gathering (IEG) Application script.

2.2 Scope

To describe the business processes and modifications/additions made to the Out of The Box (OOTB) functionality related to the person registration and the systematic process of collecting the appropriate information needed to determine eligibility for MAGI and Non-MAGI categories. This design also includes the generation of the Master Patient Index (MPI), being referred to as Person Reference Number.

2.3 Not in scope

Details related to any reports, interfaces, and notices will be covered in separate FDD's. This design does not include database schemas, SQL queries, Decision Summary Table implications, and other technical details required to fully implement Application Processing. This design does not include the No Touch Application Processing and the Intake Application via Client Portal, which will be part of a later phase.

2.4 Historical Team Members

Table 2: Team Members <PRMO-445>

Attendees	Organization
Helen B Quiñones Cordero	PRMP
Jasmine Casado Zayas	PRMP
Jesús Ayala De León	PRMP
Joanelly Olmo Encarnación	PRMP
Lourdes Arroyo	PRMP
Marleen Pérez	PRMP
Melissa Mejías Pérez	PRMP
Raquel Ortega	PRMP
Juan Manzano	PRMP
John Gough	IV&V



I.4.2.a.ii Completed Intake Application Processing FDD

Attendees	Organization
Kelvin Jarrett	IV&V
Mary Ann Brake	IV&V
Monica Morales	IV&V
Elena Lockwood	PMO
Eric Kanigan	PMO
James Kenfield	PMO
Mark Leonard	PMO
Stefanie Gonzalez	PMO
Ivan Galloza	PMO
Jean Beaty	PMO
Blake Hansard	PMO
Alimari Ortega	SI
Charlene Worley	SI
Chris Staten	SI
Jose Rodriguez	SI
Kelli Robinson	SI
Sachin Shah	SI
Stephanie Nieves	SI
Travon Lockett	SI
Ryon Johnson	SI
Christy Shilling	BerryDunn
Sarah Abbott	BerryDunn

3 Key Assumptions

Below are the Key Assumptions made during the Fit/Gap and Design processes related to this FDD:

- The Caseworker Portal functionality represented within this document is based on Cúram Version 7.0.5 and customizations from other Cúram implementations.
- The artifacts documented in this FDD serve as a direct input for the development effort. All documented designs have been technically assessed



for feasibility; however, there may be instances during the build process where new or conflicting information may force the design to be updated. In these instances, the updated proposed design will be presented to PRMP for review and approval before any build activity commences.

- The acronym “OOTB” refers to the base system functionality that is being transferred from a prior implementation. This will be the base system that will be modified to meet PREE requirements.
- PRMP recognizes the practicality of accepting this assumption but conditions it on the features not documented within design documents being in compliance with regulations, the Puerto Rico Medicaid State Plan and Puerto Rico public policy.
- OOTB functionality, which meets the state’s needs, will not always be documented in detail unless there is a business or development-related reason to do so.
- The OOTB Software documentation for Cúram can be obtained at the IBM website.
- The VIBES FDDs can be obtained at the PREE SharePoint site.
- The image of the ‘Application PDF’ is for representation purposes only. The Application PDF is a dynamic document driven by the questions answered in the IEG. It will not depict all field names and questions. The mockup will include the modified, new, and removed fields documents within the ‘Description of Modifications and Additions’ under for each sub-section in Section 5.2 of this document.
- The PREE Glossary document is available on the PREE SharePoint.
- The additional steps for generating notices in the Application Process and Interview Process diagrams are for representation purposes only. Details for notices will be covered in the ‘Notices and Form FDD’.

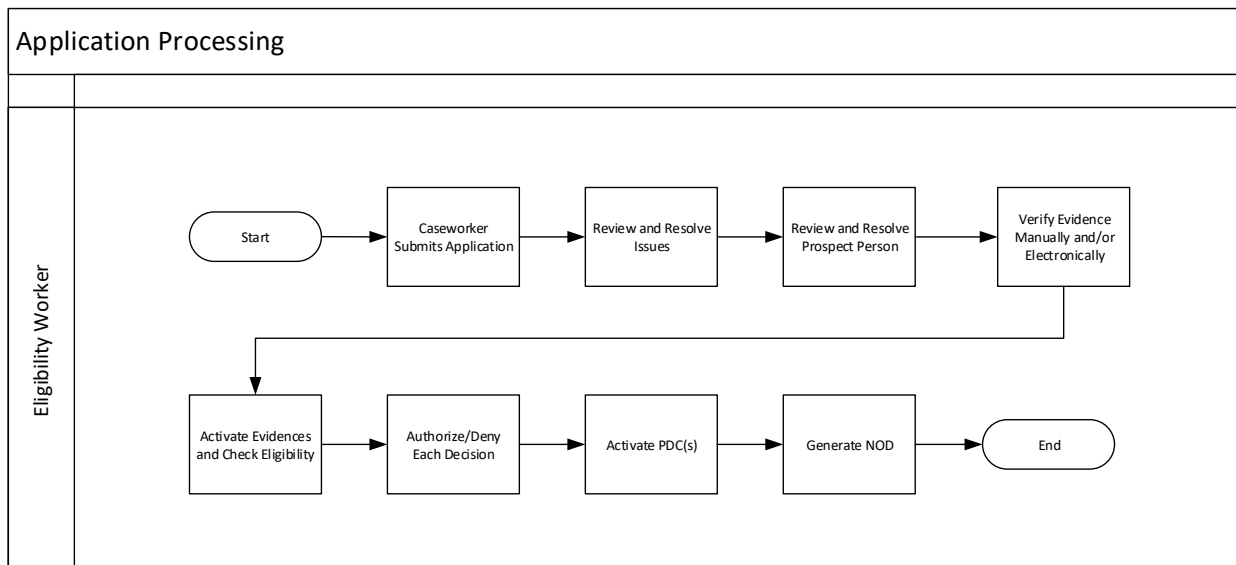
4 Business Processes

4.1 Application Processing

This process illustrates a high-level overview of the actions taken by an eligibility worker when processing an application for an applicant who is applying for benefits. For additional extension path to this process, please see the Use Cases in this document.



Figure 1: Application Processing



4.1.1 Detailed Steps

Caseworker submits an application

The caseworker will enter the data into the Medical Assistance Intelligent Evidence Gathering (IEG) Application using the information provided by an in-person applicant. Once all the information is entered, the worker will submit the application.

Review and Resolve Issues

The caseworker will review and resolve issues listed in the Issue Page.

Review and Resolve Prospect Persons

Caseworker will review and resolve all clients with Registration Status set to “No” on the Client Page.

Verify evidences electronically and/or manually

Each evidence which require mandatory verification will be validated by a partnered agency using the Electronic Verification button or by supporting document(s) submitted to the caseworker.

Activate Evidence and Check Eligibility

After all mandatory evidences are verified, the caseworker will activate all In-Edit Evidences and then Check Eligibility.

Authorize or Deny

When reviewing the eligibility result(s), the caseworker will authorize all eligible decisions and deny all ineligible decisions.



Activate PDC

A Product Delivery Case (PDC) will be generated for each eligible decision that was authorized by the caseworker, which will display the person's category. The caseworker must click on the Activate Online for each PDC in order for the NOD to be generated.

Generate NOD

The caseworker has the option to generate the NOD from the Notice Queue to print out and provide to the applicant. Alternatively, there is a batch process that will generate, print, and mail out the NOD as part of the Nightly Batch Process. The NOD will include both eligible and ineligible snippet(s), as applicable.

5 Screen Modifications

This section contains screenshots that are modified based on PREE requirements and/or JAD discussions. There are two types of screenshots. The first is Modify: these are Cúram "Out of the Box" screens with modifications. Modifications are identified by a numbered red square that references the description in text below the screen. The second is "New" – these are new screens created based on specific requirements which have been requested. The new screens include numbers which reference the description in the text below the screen.

5.1 Person Search and Registration

The primary applicant must be registered prior to beginning the application process. The worker will start with a Person Search to ensure that the applicant is not known to PREE.

If the applicant is not known in PREE, then the Person Registration Process is performed to register the person.

If the applicant is known in PREE, then the user selects the person in the results and can then begin the application process.

5.1.1 Person Search

The Person Search functionality allows users to search for a person known in PREE as a Person or Prospect Person.



5.1.1.1 Screenshot (Modify)

Figure 2 - Person Search

The screenshot shows a web application titled "Person Search". At the top right, there are icons for refresh, print, and help, along with a note "* required field".

Search Criteria

1 Reference Number

Additional Search Criteria

2 First Name Show Nicknames
3 Middle Name Show Sounds Like Names
4 Last Name Gender
5 Second Last Name 4 Region
Date of Birth
6 Address Line 1
7 Address Line 2
City

7

Search Results

Person	Address	Date of Birth
8 First Middle Last SecLast - 587612		



5.1.1.2 Description of Modifications and Additions

1. Reference Number

Textbox, Modify, Optional

Rename "SSN" to "Reference Number".

This field will allow a user to search by any identification number, including Social Security Number and Person Reference Number.

Technotes: Reference Number needs to map to the person level evidence called Identifications. Revert to Cúram OOTB functionality.

2. Middle Name

Textbox, New, Optional

Add new search criteria Middle Name. This field will allow a user to search by a person's Middle Name.

Technotes: Middle Name needs to map to the person level evidence called Names to field Middle Name.

3. Second Last Name

Textbox, New, Optional

Add new search criteria for Second Last Name. This field will allow a user to search by a person's Second Last Name.

Technotes: Second Last Name needs to map to the person level evidence called Names to field Second Last Name.

4. Region

Dropdown, New, Optional

Add new search criteria for Region to allow users to search for a person with an address in the selected region.

Technotes: See PRRegion Code table for list of valid values.

5. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1"

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1



6. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2"

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

7. Search

Button, Modify

When clicked, the search result will not be accent or case sensitive. If Sounds Like Name is checked, include the First Name, Middle Name, and Second Last Name fields in the Sounds Like search algorithm.

Technotes: The algorithm for Show Sounds Like Name used for Last Name needs to be replicated for to First Name, Middle Name, and Second Last Name.

8. <Person Name> - <Number>

Hyperlink, Modify

Search results will display the Person Name as <First Name Middle Name Last Name Second Last Name> - <Person Reference Number>. Do not display the person's SSN.

Technotes: The Person full name will include: First Name + Middle Name + Last Name + Second Last Name. No longer display the full SSN on the result panel. Only the Person Reference Number should be displayed.

Birth Last Name

Textbox, Remove

Remove search criteria field Birth Last Name.

5.1.2 Person Registration

This two-step Person Registration process allows a user to search for a person before completing the person registration process. On the second step, if an exact match is found, the worker will be notified and prevented from registering the person, thus eliminating duplicates. If a partial match is found, the worker is given a warning with the option to continue with the registration process, unless the partial match is due to an SSN match.



5.1.2.1 Registered Person Check

The Registered Person Check allows a user to search for a person known in PREE as a Person or Prospect Person before being able to register the person as a new Person.

5.1.2.1.1 Screenshot (Modify)

Figure 3 - Registered Person Check

The screenshot shows a web form titled "Register Person" with two tabs: "1 Registered Person Check" and "2 Prospect Details". The current step is "Step 1: Registered Person Check - Perform this search to check if the client is already recorded." The form includes a "Search Criteria" dropdown menu and a "Reference Number" input field (marked with a red 1). Below this is an "Additional Search Criteria" section with fields for "First Name" (marked with a red 2), "Middle Name" (marked with a red 2), "Last Name" (marked with a red 3), "Second Last Name" (marked with a red 3), "Date of Birth" (marked with a red 5), "Address Line 1" (marked with a red 5), "City" (marked with a red 7), "Address Line 2" (marked with a red 6), "Gender" (marked with a red 4), and "Region" (marked with a red 4). There are checkboxes for "Show Nicknames?" and "Show Sounds Like Names?". "Search" and "Reset" buttons are at the bottom of the form fields. Below the form is a "Search Results" section with columns for "Person" (marked with a red 8), "Address", and "Date of Birth". The "Person" column has a sub-column for "First Middle Last SecLast". "Cancel" and "Next" buttons are at the bottom of the results section.

5.1.2.1.2 Description of Modifications and Additions

1. Reference Number

Textbox, Modify, Optional

Rename "SSN" to "Reference Number"

This field will allow a user to search by any Identification number, including Social Security Number and Person Reference Number.

Technotes: Reference Number needs to map to the person level evidence called Identifications. Revert to Cúram OOTB functionality.



2. Middle Name

Textbox, New, Optional

Add new search criteria Middle Name. This field will allow a user to search by a person's Middle Name.

Technotes: Middle Name needs to map to the person level evidence called Names to field Middle Name.

3. Second Last Name

Textbox, New, Optional

Add new search criteria Second Last Name. This field will allow a user to search by a person's Second Last Name.

Technotes: Second Last Name needs to map to the person level evidence called Names to field Second Last Name.

4. Region

Dropdown, New, Optional

Add new search criteria Region to allow a user to search for a person with an address in the selected region.

Technotes: See PRRegion Code table for list of valid values.

5. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1"

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

6. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2"

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

7. Search

Button, Modify



When clicked, the search result will not be accent or case sensitive. If Sounds Like Name is checked, include a search of First Name, Middle Name, and Second Last Name that sounds alike.

Technotes: The algorithm for Show Sounds Like Name used for Last Name needs to be replicated for to First Name, Middle Name, and Second Last Name.

8. <Person Name>

Static Text, Modify

Display the complete name of the Person, including the person's Middle Name and Second Last Name, if one exists for the person.

Technotes: The Person full name will include: First Name + Middle Name + Last Name + Second Last Name

Birth Last Name

Textbox, Remove

Remove search criteria field Birth Last Name.

5.1.2.2 Registration

This page allows user to collect information about the person to be registered as a Person in PREE.



5.1.2.2.1 Screenshot (Modify)

Figure 4: Registration

Register Person (?)

1 Registered Person Check **2 Registration**

Step 2: Registration

SSN	<input type="text"/>	Title	<input type="text" value="v"/>
First Name *	<input type="text"/>	Middle Name	<input type="text"/>
Last Name *	<input type="text"/>	1 Second Last Name	<input type="text"/>
Suffix	<input type="text" value="v"/>	Birth Last Name	<input type="text"/>
Initials	<input type="text"/>	Gender *	<input type="text" value="Male"/>
Mother's Birth Last Name	<input type="text"/>	2 Gender Identity	<input type="text" value="Male"/>
Date of Birth *	<input type="text"/> <input type="text" value="7/2/2019"/> <input type="text"/>	Date of Death	<input type="text"/> <input type="text" value="v"/>
Registration Date *	<input type="text" value="7/2/2019"/> <input type="text"/>	3 Marital Status *	<input type="text" value="v"/>
Special Interest	<input type="text" value="v"/>	4 Nationality *	<input type="text" value="v"/>
Place of Birth	<input type="text"/>		



The screenshot shows a web form titled "Register Person" with two steps: "Registered Person Check" and "Registration". The current step is "Step 2: Registration". The form is divided into "Primary Address" and "Mailing Address" sections. The "Primary Address" section includes fields for "Address Line 1" (containing "123 Main St"), "Address Line 2", "City" (containing "San Juan"), "State", "Zip", and "Neighborhood". The "Mailing Address" section includes a note "Please enter a mailing address if different from primary address." and fields for "Address Line 1", "Address Line 2", "City", "State", and "Zip". At the bottom, there are "Cancel", "Back", and "Save" buttons. Red circles with numbers 6 through 11 highlight specific fields and buttons: 6 (Address Line 1), 7 (Address Line 2), 8 (Neighborhood), 9 (Mailing Address Line 1), 10 (Mailing Address Line 2), and 11 (Save button).

5.1.2.2.2 Description of Modifications and Additions

1. Second Last Name

Textbox, New, Optional

Add a new textbox, Second Last Name, to allow users to collect a person's Second Last Name.

Technotes: Second Last Name needs to map to the person level evidence called Names to field Second Last Name.

2. Gender Identity

Dropdown, New, Optional

This dropdown will capture the gender the person identifies as. Set default value to blank.

Technotes: See PRGenderIdentity code table for the values.

3. Marital Status

Dropdown, Modify, Mandatory

Set default value to blank.

4. Nationality

Dropdown, Modify, Mandatory



Set default value to blank.

<PRMO-1518>

~~5. Country/Region of Birth~~

Dropdown, Modify, Mandatory

~~Set default value to blank.~~ This field should be removed from the screen.

Primary Address Cluster

6. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1".

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

7. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2".

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

8. Neighborhood

Dropdown, New, Conditional

When the State is Puerto Rico, Neighborhood will be mandatory for the Primary address. If the state is not Puerto Rico, then Neighborhood is not mandatory.

Technotes: Neighborhood needs to map to the person level evidence called Private Addresses to field Neighborhood.

Mailing Address Cluster

9. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1"

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

10. Address Line 2



Textbox, New, Optional

Replace "Street 1" with "Address Line 2"

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

11. Save

Button, Modify

When clicking on the Save button:

If Puerto Rico is the selected State, then validate the entered City and Zip is a valid combination. If the City and Zip combination is invalid, then display error message "Invalid City and Zip Code combination."

If Puerto Rico is the selected State for the Primary Address, then validate the entered City and Neighborhood is a valid combination. If the entered City and Neighborhood combination is invalid OR Neighborhood is blank, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".

If Gender Identity is left blank, set the Gender Identity to the selected Gender.

Mother's Birth Name

Textbox, Remove

5.1.2.3 <PRMO-1518> Register Prospect from the Application Case

This modal screen allows a user to register a prospect person from the 'Clients' tab on the application case.

5.1.2.3.1 Screenshot (Modify)

Figure 5: Registration



Register Person

* required field

Reference	<input type="text" value="548765153"/>	Middle Name	<input type="text"/>
First Name *	<input type="text" value="Betty"/>	Second Last Name	<input type="text"/>
Last Name *	<input type="text" value="Johnson"/>	Suffix	<input type="text" value=""/>
Initials	<input type="text" value="BJ"/>	Birth Last Name	<input type="text"/>
Mother's Birth Last Name	<input type="text"/>	Gender *	<input type="text" value="Female"/>
Title	<input type="text" value=""/>		

Details

Date of Birth *	<input type="text" value="1/1/1980"/>	Date of Death	<input type="text"/>
Registration Date *	<input type="text" value="4/11/2022"/>	Marital Status *	<input type="text" value="Single"/>
Special Interest	<input type="text" value=""/>	Nationality *	<input type="text" value="American"/>
Ethnic Origin	<input type="text" value=""/>	Place of Birth	<input type="text"/>
Indigenous Person	<input type="checkbox"/>	Race	<input type="text" value="American Indian/Alaska Native"/>
		Indigenous Group	<input type="text"/>

5.1.2.3.2 Description of Modifications and Additions

<PRMO-1518>

1. Country/Region of Birth
Dropdown, Modify, Mandatory

This field should be removed from the screen.



5.1.3 Prospect Person Registration

The Prospect Person registration allows the user to register a person with limited information. The person being register does not have enough information to complete a Person Registration.

The system will allow the user to complete the application process and verify evidence, however, eligibility cannot be de determined until the Prospect Person is registered as a Person.

5.1.3.1 Registered Person Check

The Registered Person Check allows a user to search for a person known in the system as a Person or Prospect Person before being able to register the person as a Prospect Person.

5.1.3.1.1 Screenshot (Modify)

Figure 6: Registered Person Check

The screenshot displays the 'Register Person' application interface. At the top, there are two tabs: '1 Registered Person Check' (active) and '2 Prospect Details'. Below the tabs, a blue banner reads 'Step 1: Registered Person Check - Perform this search to check if the client is already recorded.' A red asterisk indicates a required field. The form is divided into sections: 'Search Criteria' with a 'Reference Number' field (marked 1); 'Additional Search Criteria' with fields for 'First Name' (2), 'Middle Name' (2), 'Last Name' (3), 'Second Last Name' (3), 'Date of Birth' (5), and 'Address Line 1' (5). To the right are checkboxes for 'Show Nicknames?' and 'Show Sounds Like Names?'. Below these are dropdown menus for 'Gender' and 'Region' (4), and a text field for 'Address Line 2' (6). At the bottom of the form are 'Search' (7) and 'Reset' buttons. The 'Search Results' section shows a table with columns for 'Person', 'Address', and 'Date of Birth'. The 'Person' column has a sub-column 'First Middle Last SecLast' (8). A 'Cancel' button is at the bottom left, and a 'Next' button is at the bottom right.



5.1.3.1.2 Description of Modifications and Additions

1. Reference Number

Textbox, Modify, Optional

Rename "SSN" to "Reference Number"

This field will allow a user to search by any Identification number, including Social Security Number and Person Reference Number.

Technotes: Reference Number needs to map to the person level evidence called Identifications. Revert to Cúram OOTB functionality.

2. Middle Name

Textbox, New, Optional

Add new search criteria Middle Name. This field will allow a user to search by a person's Middle Name.

Technotes: Middle Name needs to map to the person level evidence called Names to field Middle Name.

3. Second Last Name

Textbox, New, Optional

Add new search criteria Second Last Name. This field will allow a user to search by a person's Second Last Name.

Technotes: Second Last Name needs to map to the person level evidence called Names to field Second Last Name.

4. Region

Dropdown, New, Optional

Add new search criteria Region to allow users to search for a person with an address in the selected region.

Technotes: See PRRegion Code table for list of valid values.

5. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1".

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1



6. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2".

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

7. Search

Button, Modify

When clicked, the search result will not be accent or case sensitive. If Sounds Like Name is checked, include a search of First Name, Middle Name, and Second Last Name that sounds alike.

Technotes: The algorithm for Show Sounds Like Name used for Last Name needs to be replicated for to First Name, Middle Name, and Second Last Name.

8 <Person Name>

Static Text, Modify

Display the complete name of the Person, including the person's Middle Name and Second Last Name, if one exists for the person.

Technotes: The Person full name will include: First Name + Middle Name + Last Name + Second Last Name

Birth Last Name

Textbox, Remove

Remove search criteria field Birth Last Name.

5.1.3.2 Registration

This page allows a user to collect information about the person to be registered as a Prospect Person in PREE.



5.1.3.2.1 Screenshot (Modify)

Figure 7: Prospect Details

Register Person ? ×

1 Registered Person Check **2** Prospect Details

Step 2: Registration

* required field

Reference Number	<input type="text"/>	Title	<input type="text"/>
First Name *	<input type="text" value="First"/>	Middle Name	<input type="text"/>
Last Name *	<input type="text" value="Name"/>	1 Second Last Name	<input type="text"/>
Initials	<input type="text"/>	Suffix	<input type="text"/>
Mother's Birth Last Name	<input type="text"/>	2 Birth Last Name	<input type="text"/>
Gender *	<input type="text"/>	Gender Identity	<input type="text"/>
Date of Birth *	<input type="text"/> <input type="calendar"/>	Date of Death	<input type="text"/> <input type="calendar"/>
Registration Date *	<input type="text" value="4/29/2019"/> <input type="calendar"/>	Marital Status *	<input type="text"/>
Special Interest	<input type="text"/>	Nationality *	<input type="text"/>
Place of Birth	<input type="text"/>	9	<input type="text"/>

Add Prospect Person ? ×

1 Registered Person Check **2** Prospect Details

Step 2: Prospect Details

Primary Address

3 Address Line 1 **4** Address Line 2

City State

Zip **5** Neighborhood

Mailing Address

Please enter a mailing address if different from primary address.

6 Address Line 1 **7** Address Line 2

City State

Zip

8



5.1.3.2.2 Description of Modifications and Additions

1. Second Last Name

Textbox, New, Optional

Add new textbox Second Last Name to allow users to collect a person's Second Last Name.

Technotes: Second Last Name needs to map to the person level evidence called Names to field Second Last Name.

2. Gender Identity

Dropdown, New, Optional

This dropdown will capture the gender the person identifies as. Set default value to blank.

Technotes: See PRGenderIdentity code table for the values.

Primary Address Cluster

3. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1".

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

4. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2".

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

5. Neighborhood

Dropdown, New, Conditional

When the State is Puerto Rico, Neighborhood will be mandatory for the Primary address. If the state is not Puerto Rico, then Neighborhood is not mandatory.

Technotes: Neighborhood needs to map to the person level evidence called Private Addresses to field Neighborhood.

Mailing Address Cluster



6. Address Line 1

Textbox, Modify, Optional

Replace "Apt/Suite" with "Address Line 1".

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

7. Address Line 2

Textbox, New, Optional

Replace "Street 1" with "Address Line 2".

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

8. Save

Button, Modify

When clicking on the Save button:

If Puerto Rico is the selected State, then validate the entered City and Zip is a valid combination. If the City and Zip combination is invalid, then display error message "Invalid City and Zip Code combination."

If Puerto Rico is the selected State for the Primary Address, then validate the entered City and Neighborhood is a valid combination. If the entered City and Neighborhood combination is invalid OR Neighborhood is blank, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".

If Gender Identity is left blank, set the Gender Identity to the selected Gender.

Mother's Birth Name

Textbox, Remove

<PRMO-1518>

9. Country/Region of Birth

Dropdown, Remove, Mandatory

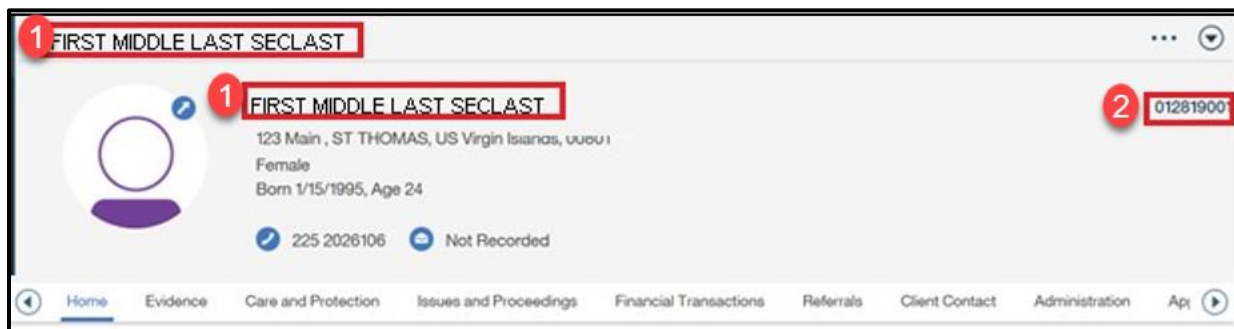
This field should be removed from the screen.



5.1.4 Person Home Page

5.1.4.1 Screenshot (Modify)

Figure 8: Person Home Page



5.1.4.2 Description of Modifications and Additions

1. <Person Name>

Static Text, Modify

Display the complete name of the Person, including the person’s Middle Name and Second Last Name, if one exists for the person.

Technotes: The Person full name will include: First Name + Middle Name + Last Name + Second Last Name

2. <Reference Number>

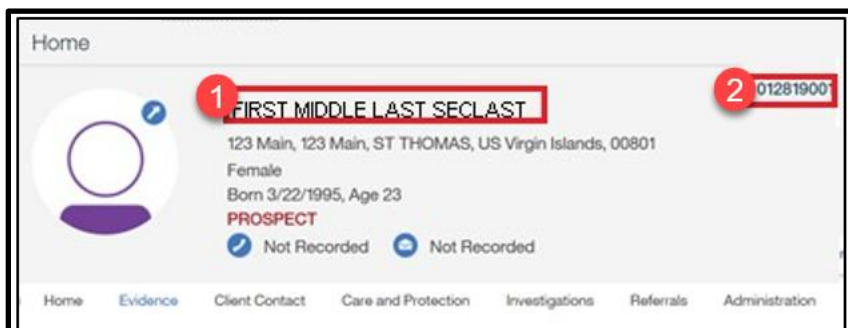
Static Text, Modify

Replace the SSN with the Person Reference Number

5.1.5 Prospect Person Home Page

5.1.5.1 Screenshot (Modify)

Figure 9: Prospect Person Home Page





5.1.5.2 Description of Modifications and Additions

1. <Person Name>

Static Text, Modify

Display the complete name of the Person, including the person’s Middle Name and Second Last Name, if one exists for the person.

Technotes: The Person full name will include: First Name + Middle Name + Last Name + Second Last Name

2. <Reference Number>

Static Text, Modify

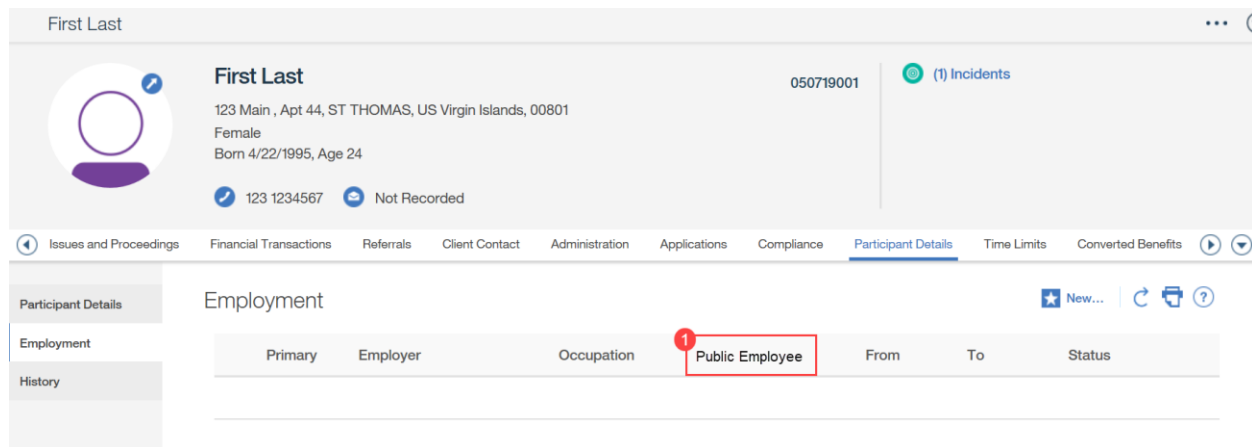
Replace the SSN with the Prospect Person Reference Number

5.1.6 Employment

The Employment page collects a person’s employer information. This page is being updated in PREE to display if the individual is a Public Employee.

5.1.6.1 Screenshot (Modify)

Figure 10: Employment



5.1.6.2 Description of Modifications and Additions

1. Public Employee

Column, New

Indicates if the person is a Public Employee.



5.1.7 New Employment

The New Employment page collects a person's employer information. This page is being updated in PREE to allow the person to indicate if the individual a Public Employee.

Technotes: All Modifications to the New mode of this page applies to the Edit mode of this page as well.

5.1.7.1 Screenshot (Modify)

Figure 11: New Employment

The screenshot shows a web form titled "New Employment". At the top right, there are help and close icons. The form contains the following fields:

- Employer * (text input with search and clear icons)
- Occupation (dropdown menu)
- From Date (text input with calendar icon)
- To Date (text input with calendar icon)
- Primary (checkbox)
- Public Employee** (checkbox, highlighted with a red box and a red circle with the number 1)
- Comments (text area)

At the bottom of the form, there are "Save" and "Cancel" buttons.

5.1.7.2 Description of Modifications and Additions

1. Public Employee

Checkbox, New, Optional

If checked, this indicates the person is a Public Employee.



5.1.8 Interview Tab

To support the PRMP’s need to schedule appointments for individuals not associated an Integrated Case (IC), the Schedule Interview functionality is being added to both the Person and Prospect Person module. This will provide the workers with the ability to schedule interviews at the Person and Prospect Person level.

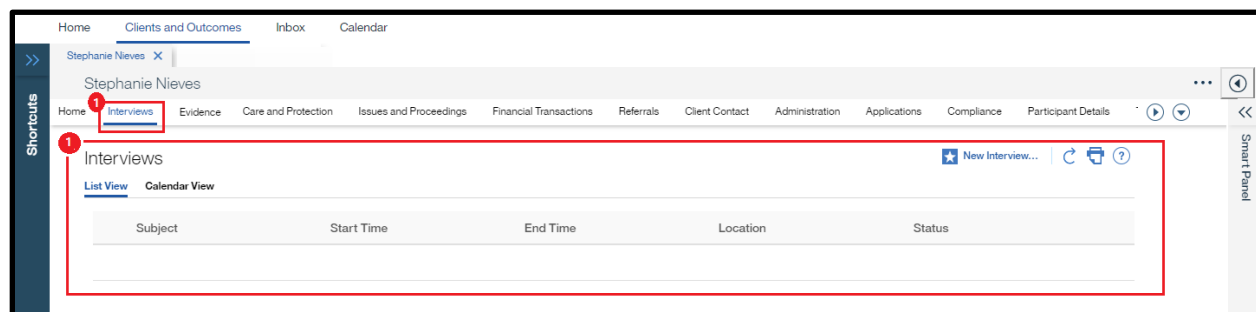
Workers should schedule interviews on the Person level if someone is registered in PREE, but they do not have IC. For example, someone calls to schedule an appointment, is found in PREE, and there is no IC, the worker would go to the Person level, click the Interviews tab and schedule the interview.

In contrast, Workers should schedule interviews on the Prospect Person level if the applicant is not found in PREE. For example, someone calls to schedule an interview to apply for benefits, and they cannot be found in PREE. The worker would enter them in PREE as a Prospect Person and proceed to the Interviews tab to schedule the interview.

Tech note: The modification documented in this section also applies to both the Person and Prospect Person module.

5.1.8.1 Screenshot (Modify)

Figure 12: Interview



5.1.8.2 Description of Modifications and Additions

1. Interview

Tab, New

Add a new tab called Interview. When clicked, display the same Interview functionality found on the Integrated Case. This Interview List page will only display the interviews that were scheduled from this page.

5.1.9 Person Match Criteria

The following decision table is used to determine whether a person is an exact or partial match. These criteria will be used during Person Registration and when creating the participant records for Household Members and Absent Parents from the IEG.



I.4.2.a.ii Completed Intake Application Processing FDD

The search will not be accent or case sensitive.

Table 3: Person Match Criteria

Attributes	Exact Match	Partial Match 1	Partial Match 2	Partial Match 3	Partial Match 4	Partial Match 5
First Name	X		X	X	X	
Middle Name	X					
Last Name	X		X		Last Name = 2nd Last Name	X
2nd Last Name	X			X		
DOB	X		X	X	X	X
SSN	X	X				
Gender	X					X
Address						X
Phone Number						

Attributes	Partial Match 6	Partial Match 7	Partial Match 8	Partial Match 9	Partial Match 10	Partial Match 11
First Name				X	X	X
Middle Name						
Last Name	Last Name = 2nd Last Name	X	Last Name = 2nd Last Name	X		Last Name = 2nd Last Name
2nd Last Name					X	
DOB	X	X	X			
SSN						
Gender	X	X	X			
Address	X			X	X	X
Phone Number		X	X			



5.2 <PRMO-445> Application Page Flow

The Application Page flow allows a work to submit applications on the behalf of an applicant. The programs applicants can apply for are:

Medical Assistance

Retroactive Medical Assistance

Supplemental Medical Assistance

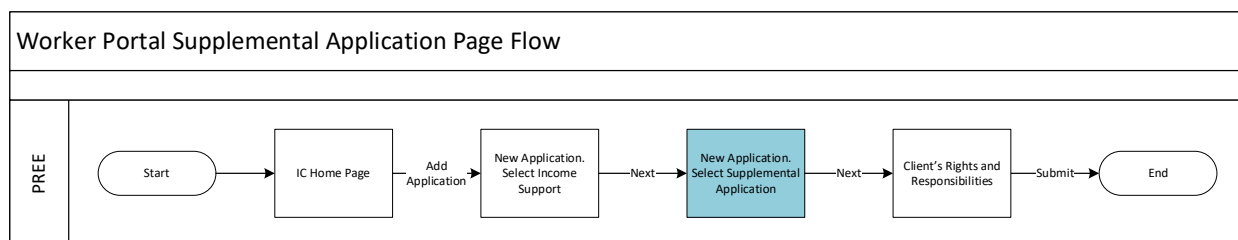
Supplemental Retroactive Medical Assistance

ADAP (see Ryan White ADAP FDD for more information)

The Supplemental Applications are new programs that allows applicants to submit non-MAGI related information and be assessed for non-MAGI benefits if they were initially determined ineligible for MAGI benefits.

The box shaded in blue represents the pages that have been modified due to PRMO-445.

Figure 13: Supplemental Application Page Flow <PR-15386>



The process to create a Supplemental application can only be initiated from the IC. The caseworker can click on the Action button, then selecting "Add Application".

~~Once the "Add Application" is selected, the existing 'Add Application' page will be displayed which will allow the case worker to select the primary applicant for the new application.~~

~~After the primary applicant is selected,~~ When the "Add Application" is selected, the 'New Application' page has been modified to include the option to submit a supplemental application for Medical Assistance and/or Retroactive Medical Assistance. This option will be conditionally displayed based on the technical notes in section 5.2.2.2.

The ability to select the program type will be displayed on a new page when the supplemental application option is selected. The caseworker can select the Medical Assistance and/or Retroactive Medical Assistance programs.



After selecting the program type, the Client Rights and Responsibilities page, then the application will be able to be submitted.

The caseworker should then go to the newly created Application Case and update the applicable evidence based on the information provided within the Supplemental Application.

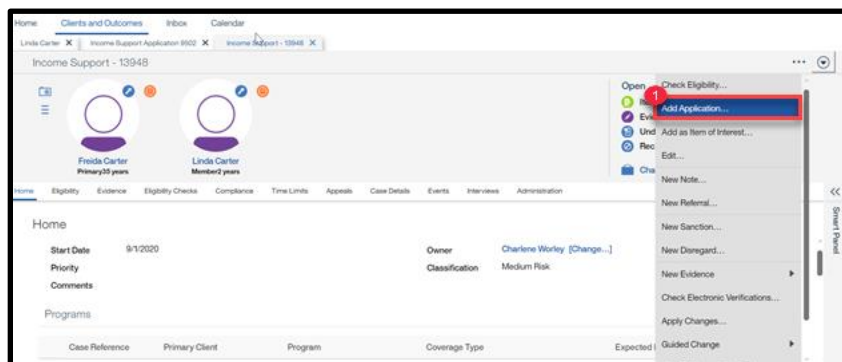
Once the evidence is updated, the supplemental application can be processed as normal.

5.2.1 <PR-15453> Add Application via IC

From the Action Menu on the IC, the caseworker clicks Add Application to start the new prepopulated application.

5.2.1.1 Screenshot (Modify)

Figure 14: Add Application



5.2.1.2 Description of Modifications and Additions

1. Add Application

Action Menu, Modify

When the caseworker clicks on Add Application, display the New Application page of the IEG. Skip the Add Application and default the answer to be the Primary Member on the IC. The New Application page should display.

5.2.2 New Application (Application Type)

The 'New Application' page is displayed after the caseworker adds a new application from the IC and then selects the Primary Applicant. This page will allow caseworker to select the type of application that is being submitted by the client. A new option will be added for a caseworker to select the new Supplemental Application type.



5.2.2.1 Screenshot (Modify)

Figure 15: New Application – Application Type

The screenshot shows a 'New Application' window with a table of application types. The table has two columns: 'Type' and 'Description'. There are two rows of data. The first row has a radio button, 'Income Support', and 'Application for Medical Assistance and Retroactive Medical Assistance.' The second row has a radio button, 'Income Support', and 'Supplemental Application for Medicaid Assistance and Retroactive Medical Assistance'. The second row is highlighted with a red box, and a red circle with the number '1' is next to its radio button. At the bottom of the window are 'Cancel' and 'Next' buttons.

Type	Description
<input type="radio"/> Income Support	Application for Medical Assistance and Retroactive Medical Assistance.
<input type="radio"/> Income Support	Supplemental Application for Medicaid Assistance and Retroactive Medical Assistance

5.2.2.2 Description of Modifications and Additions

1. Income Support

Text, New

A new Income Support application is being added for the Supplemental Application and the description will be as follows: "Application for Medical Assistance, Retroactive Medical Assistance, Supplemental Medical Assistance, and Supplemental Retroactive Medical Assistance."

Technotes: The option to select the Supplemental Application should only be available from the IC and should begin to be displayed on the day an application with Evaluation Type of "MAGI only" is disposed and the applicant has been denied MAGI benefits. The option to select the Supplemental Application should only be available for 30 days from the day the option was displayed.

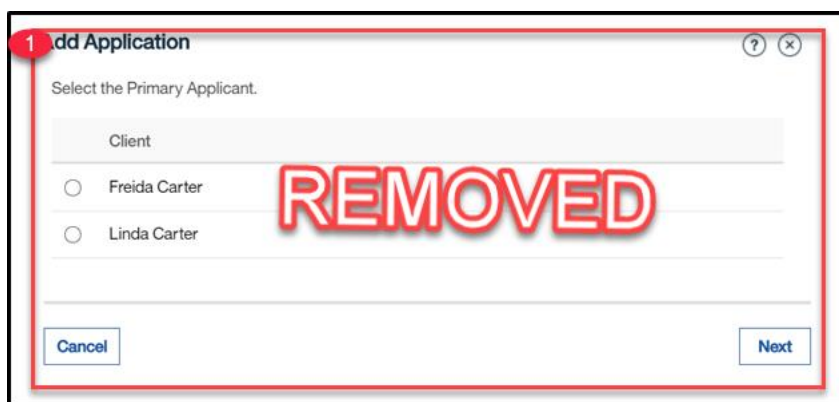


5.2.3 <PR-15453> Remove Add Application

The Add Application page allows the user to select the Primary Applicant. For the prepopulated application process, the primary member must remain the same as in the existing IC. As a result, this page is being removed and the Primary Applicant will default to the Primary Member.

5.2.3.1 Screenshot (Remove)

Figure 16: Add Application



5.2.3.2 Description of Modifications and Additions

2. Add Application

Page, Remove

Remove the Add Application page and set the Primary Applicant to the Primary Member on the IC for the prepopulated application.

5.2.4 <PR-15453> New Application (Assistance Type)

This page allows the caseworker to select the type of Medical assistance the client wishes to apply for.



5.2.4.1 Screenshot (Modify)

<PR-15453> Figure 17: New Application – Assistance Type

New Application ? ×

<input type="checkbox"/> Name	Description
<input type="checkbox"/> Medical Assistance	The Medical Assistance program provides health care coverage to certain low income individuals and families, including families with dependent children, pregnant women, children to age 21, individuals age 65 and older, or individuals determined blind or permanently disabled.
<input type="checkbox"/> Medical Assistance - Prepopulated	The Medical Assistance program provides health care coverage to certain low income individuals and families, including families with dependent children, pregnant women, children to age 21, individuals age 65 and older, or individuals determined blind or permanently disabled. This application is prepopulated with data from this case.
<input type="checkbox"/> Retroactive Medical Assistance	Retroactive Medical Assistance will pay for unpaid medical claims for covered Medicaid services during retroactive period providing the individual meets the eligibility criteria for the Medicaid category, both financial and non-financial. Medicaid will not reimburse a recipient for medical services received during the retroactive period that have already been paid.

5.2.4.2 Description of Modifications and Additions

1. <PR-15453> Medical Assistance – Prepopulated

Checkbox, New

This new application option will provide the caseworker with the prepopulated version of the Medical Assistance Application.

Description: The Medical Assistance program provides health care coverage to certain low income individuals and families, including families with dependent children, pregnant women, children to age 21, individuals age 65 and older, or individuals determined blind or permanently disabled. This application is prepopulated with data from this case.

2. <PRMO-1561> Retroactive Medical Assistance

Checkbox, Modify

Reword the description to: The Retroactive Government Health Plan will pay for medical claims for covered Medicaid services during the retroactive period providing the individual meets the eligibility criteria for the Medicaid category, both financial and non-financial.



3. <PR-15453> Next

Button, Modify

When the caseworker selects 'Medical Assistance – Prepopulated' and clicks on the 'Next' button, the system will display the first page of the IEG application, which is "Before we start". This will allow the caseworker to complete the full IEG application via the IC with prepopulated data.

Cash Assistance

Checkbox, Remove

Cash Assistance will not be listed as an assistance application type.

Supplemental Nutrition Assistance Program

Checkbox, Remove

Supplemental Nutrition Assistance Program will not be listed as an assistance application type.

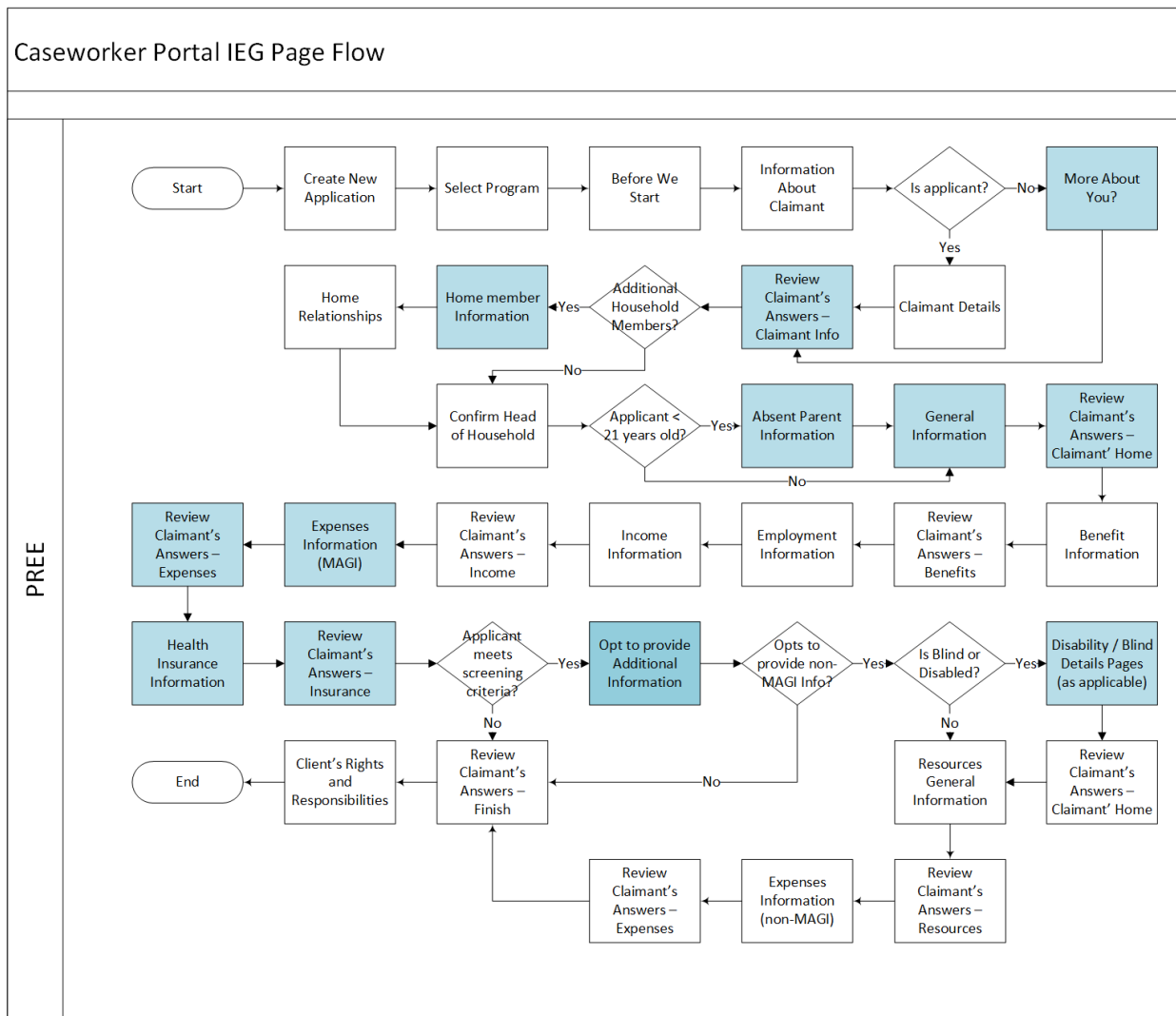
5.3 Medical Assistance IEG Application Page Flow

This flow depicts the pages that will appear for the Medical Assistance and Retroactive Medical Assistance Application in the Worker Portal, <PR-15453> both as a blank application and a prepopulated application. For prepopulated application, not every field will be prepopulated. Within the subsequential sections, details are provided for each field that should be prepopulated with the Medical Assistance – Prepopulated Application is selected. The box shaded in blue represents the page to be added to the Retroactive Medical Assistance IEG.

Technotes: The Absent Parent page and subsequent Child Support page must be added to the Retroactive Medical Assistance IEG. The Medical Assistance Application and the Retroactive Medical Assistance Application is the same. All modification identified applies to both applications.



Figure 18: <PRMO-445> <PRMO-446> IEG Page Flow



5.3.1 Before We Start Page

The "Before We Start" page informs the client that we will keep their information private and that the information will be used to determine eligibility. It also informs the client that trusted external sources may be used to verify the information entered within the application.



5.3.1.1 Screenshot (Modify)

Figure 19: Before We Start

Before We Start Print

Please read the information below and check the box to show your agreement before proceeding.

1 Information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health insurance or help paying for health insurance. We'll check your answers using information in our electronic databases and the databases of our partner agencies. If the information doesn't match, we may ask you to send us proof.

This application doesn't ask any questions about your medical history. Household members who don't want insurance won't be asked questions about citizenship or immigration.

Important: As part of the application process, we may need to retrieve your information from other government agencies like IRS, Social Security Administration and the Department of Homeland Security. We need this information to check your eligibility for health insurance or help paying for health insurance, if you choose to apply, and give you the best service possible.

[Learn more about your data](#)

[View Privacy Act Statement](#)

This person agrees to allow their information to be used for this application to determine their eligibility for benefits.

5.3.1.2 Description of Modifications and Additions

1. Your Information

Text, Modify

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health insurance. We'll check your answers using information in our electronic databases and the databases of our partners agencies. If the information doesn't match, we may ask you to send us proof.

This application doesn't ask any questions about your medical history. Household members who don't want insurance won't be asked questions about citizenship or immigration.



I.4.2.a.ii Completed Intake Application Processing FDD

Important: As part of the application process, we may need to retrieve your information from other government agencies such as Puerto Rico Department of Treasury, Social Security Administration, and the Department of Homeland Security. We need this information to check your eligibility for health insurance, if you choose to apply, and give you the best service possible.

Per PRMO-1526, a hyperlink "View Accessibility Compliance Statement" will be added to the Before We Start Page as shown below to inform users of 508 compliance.

Important: As part of the application process, we may need to retrieve your information from other government agencies such as Puerto Rico Department of Treasury, Social Security Administration, and the Department of Homeland Security. We need this information to check your eligibility for health insurance, if you choose to apply, and give you the best service possible.

[View Accessibility Compliance Statement](#)

[Learn more about your data](#)

[View Privacy Act Statement](#)

I understand that caseworker has collected and properly stored my documented consent.

5.3.2 Information About the Claimant Page

Modifications will be made to the "Information About the Claimant" page by adding a question regarding being a resident of Puerto Rico. The answer to the question will provide the user with different versions of the address fields. Modifications are being made to the Name fields; changing Middle initial to Middle name and adding a new field Second Last name.



5.3.2.1 Screenshot (Modify)

Figure 20: Information about the Client - Name and Address

Application Details [Help](#)

Application Date: *

Method of Receipt: *

Name [Help](#)

First name: *

Middle Name

Last name: *

Second Last Name

Addresses [Help](#)

Address Line 1

Address Line 2

City:

State: *

Zip: *

Neighborhood

Is the claimant's mailing address the same as the claimant's residential address?

Please enter the claimant's mailing address below: [Help](#)

Address Line 1

Address Line 2

City:

State: *

Zip: *



Figure 21: Information about the Client – Contact Details and Special Needs

Contact Details Help

11 Please provide at least one phone number or an email address.

Home phone number:

Work phone number:

Cell phone number:

Other phone number:

Email address:

Special Needs Help

12 What is the claimant's preferred communication Language?



Figure 22: Information about the Client – Authorized Representative

13 Authorized Representative Help

14 Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

15 First name: * 16 Middle Name:

17 Last name: * 18 Second Last Name:

19 Address Line 1: * 20 Address Line 2: 21 City:

22 State: * 23 Zip: *

24 Reason for authorization:

Figure 23: Information about the Client – Health Benefits (Yes)

<PR-14507>

25 Health Benefits Edit ▼

26 Does this person want to apply for health benefits? *

28 Select the applicant's preferred Managed Care Organization (MCO).

29

5.3.2.2 Description of Modifications and Additions

Name and Address Cluster

<PR-15453> Name Cluster:



Prepopulating Application Instructions: Prepopulate Name Cluster fields with the name of the active primary member. When this field is updated by the caseworker, the system will update the corresponding evidence.

1. Middle Name

Textbox, Modify, Optional

Rename field from "Middle Initial" to "Middle Name" to allow the user to enter the claimant's full Middle Name.

2. Second Last Name

Textbox, New, Optional

Add new field "Second Last name" to allow the user to enter the claimant's Second Last Name.

<PR-15453> Addresses Cluster:

Prepopulating Application Instructions: Prepopulate the Addresses Cluster fields with the active Addresses evidence of type Private and Mailing for the primary member. If a change is recorded, then end date existing evidence as last day of the month prior to the application month and set new address as of the 1st of the application month.

3. Address Line 1

Textbox, Modify, Optional

Replace "Street 1" with "Address 1".

Technotes: Address 1 needs to map to the person level evidence called Addresses to field Address 1

4. Address Line 2

Textbox, New, Optional

Replace "Street 2" with "Address 2".

Technotes: Address 2 needs to map to the person level evidence called Addresses to field Address 2

8. Neighborhood

Dropdown, New, Conditional



When the State is Puerto Rico, Neighborhood will be mandatory for the Primary address. If the state is not Puerto Rico, then Neighborhood is not mandatory.

Technotes: Neighborhood needs to map to the person level evidence called Private Addresses to field Neighborhood.

9. Address Line 1

Textbox, Modify, Optional

Replace "Street 1" with "Address Line 1".

Technotes: Address Line 1 needs to map to the person level evidence called Addresses to field Address Line 1

10. Address Line 2

Textbox, Modify, Optional

Replace "Street 2" with "Address Line 2".

Technotes: Address Line 2 needs to map to the person level evidence called Addresses to field Address Line 2

Contact Details and Special Needs Cluster

4. <PR-15453> Contact Details Cluster:

Prepopulating Application Instructions: Prepopulate the Contact Details Cluster fields with the active preferred phone numbers and email address of the primary member on the IC.

If a phone number/email exists and a new one is added, then end date the appropriate evidence as last day of the month prior to the application month. Then create the appropriate evidence with the new phone number/email as usual and set the Preferred indicator in the evidence to True.

If a phone number/email does not exist and a new one is added, then create the appropriate evidence as normal and set the Preferred indicator to True.

11. Contact Details

Cluster, Modify, Optional

This section is no longer mandatory.

12. What is the claimant's preferred communication Language?

Dropdown, Modify, Optional



<PR-15453> Prepopulating Application Instructions: Prepopulate this field. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of the change.

Technotes: See Language Code table for list of valid values. Default to Spanish.

Authorized Representative Cluster

13. Authorized Representative

Cluster, New

Add new Authorized Representative cluster to capture information about authorized representative.

14. Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

Dropdown, New, Conditional, Optional

If the answer is Yes, then the additional fields will display to collect information about the Authorized Representative.

Technotes: See YesNo Code table for list of valid values.

15. First name

Text Box, New, Conditional, Mandatory

This field will collect the first name of the authorized representative.

16. Middle name

Text Box, New, Conditional, Optional

This field will collect the middle name of the authorized representative.

17. Last name

Text Box, New, Conditional, Mandatory

This field will collect the last name of the authorized representative

18. Second Last name

Text Box, New, Conditional, Optional



This field will collect the second last name of the authorized representative

19. Address Line 1

Text Box, New, Conditional, Mandatory

This field will collect address line 1 of the authorized representative

20. Address Line 2

Text Box, New, Conditional, Optional

This field will collect address line 2 of the authorized representative

21. City

Text Box, New, Conditional, Mandatory

This field will collect the city of the authorized representative

22. State

Text Box, New, Conditional, Mandatory

This field will collect the state of the authorized representative

23. Zip

Text Box, New, Conditional, Mandatory

This field will collect the zip of the authorized representative

24. Reason for Authorization

Dropdown, New, Conditional, Mandatory

This field will collect the reason for authorization of the authorized representative

Technotes: See AuthorizedRepReason Code table for list of valid values.

Health Benefits Cluster

25. Health Benefits

Cluster, Modify

Change from "Help paying for health benefits" to "Health Benefits".

26. Does this person want to apply for health benefits?



Dropdown, Modify, Mandatory

Change from "Does this person want to find out if they can get help paying for their own health benefits?" to "Does this person want to apply for health benefits?". This question will collect claimant's interest in being evaluated for health benefits.

<PR-15453> Prepopulating Application Instructions: Prepopulate this field. If the caseworker selects No, then the system will set the applicant status to non-applicant. If the caseworker selects Yes, then the system will set the applicant status to applicant. Change effective date is the 1st of the application month.

If the answer is Yes, then display the <PR-14507> ~~"Evaluation Type" and "Select the preferred Managed Care Organization (MCO)".~~

<PR-14507>

27. Evaluation Type

Dropdown, ~~Remove New~~, Conditional, Mandatory

~~This question will provide the claimant the option to select the preferred evaluation type. The default value is "MAGI and Non-MAGI", indicating an evaluation of both MAGI and Non-MAGI.~~

~~**Technotes: See PREvaluationType Code table for list of valid values.**~~

28. Select the claimant's preferred Managed Care Organization (MCO).

Dropdown, New, Conditional, Optional

This field allows the applicant to indicate their preferred MCO provider.

Technotes: See PRManagedCareOrganization Code table for list of valid values. The answer to this question will be recorded to the Preferred MCO field on the MCO Evidence.

5. <PR-15453> Are there any other people living in the home?

Prepopulating Application Instructions: Set this check box to true if there is another active household member. Ignore changes from the caseworker when there is another active household member.

29. Next

Button, Modify

When clicking on the Next button:

If Puerto Rico is the selected State, then validate the entered City and Zip is a valid combination. If the City and Zip combination is invalid, then display error message "Invalid City and Zip Code combination."



I.4.2.a.ii Completed Intake Application Processing FDD

If Puerto Rico is the selected State for the Primary Address, then validate the entered City and Neighborhood is a valid combination. If the entered City and Neighborhood combination is invalid OR Neighborhood is blank, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".

~~<PR-14507> If Apply for Benefit is Yes, then set the Evaluation Type on the Household Member to "MAGI and Non-MAGI"~~

5.3.3 <PRMO-452> Claimant Details Page


The full version of the Claimant Detail Page will display if the claimant answered "Yes" to "Does this person want to apply for health benefits?" on the pervious page. This page will collect all the details needed from the claimant to be evaluated for Medical Assistance.



5.3.3.1 Screenshot (Modify)

Figure 24: Claimant Details <PR-15396> <PRMO-452> <PRMO-445><PR-15397><CR147><PRMO-1518>





Claimant Details

Please enter the claimant's details.

[Print](#)

* Indicates a required field

Personal Details


[Help](#)

Does the claimant have an SSN? * Yes

[Help](#)

Social Security Number (SSN): 590287163

[Help](#)

Date of birth: * 1/1/1990 

Gender: * Female

Gender Identity: Female

Marital status: * Single

Does the claimant have a nickname, alias or other name? --Please Select--

Are you a police officer of the Commonwealth? * No

Are you a relative of a police officer of the Commonwealth who is not living in the home or deceased? --Please Select--

Have you been emancipated by a court order? * No

[Help](#)

What is the claimant's citizen status? * Other


Please enter the claimant's alien details:

Alien Category * <input type="text" value="--Please Select--"/>	Current Alien Status * <input type="text" value="--Please Select--"/>
Date of Entry * <input type="text"/>	Supporting Documents * <input type="text" value="--Please Select--"/>
<div style="border: 1px solid red; height: 20px; width: 100%;"></div>	Does the claimant have a sponsor? * <input type="text" value="--Please Select--"/>

Is the claimant the sponsor of an immigrant? --Please Select--

Is the claimant blind?

Is the claimant disabled?

When did the claimant become a member of the household? * 



Where The Person Lives Help

Is the claimant a resident of Puerto Rico? * --Please Select--

What is the claimant's living arrangement? * --Please Select--

What is the status of this living arrangement? * --Please Select--

When did this living arrangement begin? * [Calendar Icon]

Race and Ethnicity Help

12 Are you an American Indian/Alaska Native? American Indian/Alaska Native individuals may qualify for special enrollments and reduced health care costs. Please select 'Yes' if you are a member of such a tribe. * No

Please check the boxes to tell us about your race and/or ethnic origin. If you do not wish to answer the question, select 'Decline to Answer'.

7

Black or African American	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Hawaiian or Pacific Islander	<input type="checkbox"/>	White or Caucasian	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Filipino	<input type="checkbox"/>	Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Asian Unknown	<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>
Guamanian or Chamorro	<input type="checkbox"/>	Samoan	<input type="checkbox"/>
Other Pacific Islander	<input type="checkbox"/>	Other	<input type="checkbox"/>
Decline to Answer	<input checked="" type="checkbox"/>		

8 Ethnicity Decline to Answer

5.3.3.2 Description of Modifications and Additions

Person Details Cluster:

6. <PR-15453> Does the claimant have an SSN?

Static Text, Modify, Mandatory

Prepopulating Application Instructions: If the household member's Social Security Number (SSN) is known and active, then the system will set the answer to Yes.

<PR-15453> Social Security Number (SSN):

Static Text, Modify, Mandatory



Prepopulating Application Instructions: Prepopulate the primary member's SSN based on the active evidence. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Date of birth:

Static Text, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's date of birth based on the active evidence. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Gender:

Dropdown, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's gender based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

1. Gender Identity

Dropdown, New, Optional

This dropdown will capture the gender the person identifies as. Set default value to blank.

Technotes: See PRGenderIdentity code table for the values.

<PR-15453> Marital Status:

Dropdown, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's marital status based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

2. Are you a police officer of the Commonwealth?

Dropdown, New, Mandatory

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to the Active Police Officer of the Commonwealth Police field on the Household Member Evidence.



3. <PR-15893>Are you a relative of a police officer of the Commonwealth who is not living in the home or deceased? ~~Relative of an absent or deceased police officer.~~

Dropdown, New, Mandatory

Technotes: See PRPoliceRelative Code table for list of valid values. The answer to this question will be recorded to the Police Relative field on the Household Member Evidence.

4. Have you been emancipated by a court order?

Dropdown, New, Mandatory

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to Court Ordered Emancipation field on the Household Member Evidence.

5. Is the claimant a resident of Puerto Rico?

Dropdown, Modify, Mandatory

Change from "Is the claimant a resident of this state?" to "Is the claimant a resident of Puerto Rico?".

<PR-15453> Prepopulating Application Instructions: Prepopulate the primary member's resident status from the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

6. What is the claimant's living arrangement?

Dropdown, Modify, Mandatory

Technotes: See LivingArrangementType Code table for list of valid values.

<PRMO-452>

9. What is the claimant's citizen status?

Dropdown, Modify, Mandatory

This field allows the user to identify their citizenship.

<PR-15453> Prepopulating Application Instructions: If the existing active evidence indicates the primary member is an US Citizen or US National, then prepopulate the primary member's citizen status, otherwise do not. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.



Technotes: See AlienStatus Code table for list of valid values. If the response to this question is 'US Citizen', then display the 'Is the claimant a naturalized or derived citizen?' question.

<PRMO-1518>

Country/Region of Origin

Dropdown, Remove, Mandatory

This field is displayed when 'Other' is selected for claimant's citizen status.

Technote: This field should be hidden/removed from the application.

10. Are you a naturalized or derived citizen?

Dropdown, New, Optional

This field allows the user to identify if the person is a naturalized or a derived citizen.

Technotes: See YesNo Code table for list of valid values. The responses to this question will not be stored within an evidence. If the response to this question is 'Yes', then the Supporting Document Details – Naturalized will be displayed.

11. <PR-15396> Supporting Document

Dropdown, Modify, Mandatory

This field will also display when Yes is selected for "Are you a naturalized or derived citizen". When Yes is select, the only acceptable values are Certificate of Citizenship and Naturalization Certificate.

<PR-15397>

13. Is the claimant blind?

Dropdown, New, Mandatory

This field allows the user to identify if the claimant is blind.

<PR-15453> Prepopulating Application Instructions: If the claimant has an active blind disability evidence, then:

- The question 'Is this person blind?' will preselect the answer 'Yes'.
- The system will prepopulate the blindness details on the upcoming blind details page.

Technotes: See YesNo Code table for list of valid values. The response to this question is used for screening purposes only and should not create or update an evidence.



<PR-15397>

14. Is the claimant disabled?

Dropdown, New, Mandatory

This field allows the user to identify if the claimant is disabled.

<PR-15453> Prepopulating Application Instructions: If the claimant has an active disability evidence, then:

- The question 'Is anyone disabled?' will preselect the answer 'Yes'.
- The system will prepopulate the disability details page, prepopulate the disability details.

Technotes: See YesNo Code table for list of valid values. The response to this question is used for screening purposes only and should not create or update an evidence.

<PRMO-445>

11. When did the claimant become a member of the household?

Date, Modify, Optional

This field allows the user to identify when the person became a member of the household.

<PR-15453> Prepopulating Application Instructions: Prepopulate the primary member's Household Member evidence start date based on the active evidence. When this field is updated by the caseworker, the system will update the corresponding evidence.

Technotes: This question should only be displayed on the "Claimant Details" page if the primary person is applying for retroactive coverage. If the primary person is not applying for retroactive coverage, do not display the question and default the Start Date on the Household Member evidence to the "1st day of application month".

<PRMO-446>

<PRMO-1453>

12. Are you an American Indian or Alaska Native? American Indian and Alaska Native applicants may qualify for special enrollments and reduced health care costs.



Help text: American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They may also not have to pay cost sharing and may get special monthly enrollment periods.

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

Dropdown, New, Mandatory

Technotes: See YesNo Code table for list of valid values.

<CR147>

7. Race

Check box, Modify, Conditional

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

The list of races to select from is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean



Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Other
Decline

8. Ethnicity

Dropdown, Modify, Conditional

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

Technotes: See EthnicOrigin Code table for list of valid values.

Next

Button, Modify

When the Next button is selected:

If the person is between the ages of 18 and 26, do not display the Former Foster Care page, but go directly to the Review the Claimant’s Answers. The Foster Care page is being removed and the information will be collected from the General Information page.

If Gender Identity is left blank, set the Gender Identity to the selected Gender.

<PR-15396>If the answer to the question ‘Are you a naturalized or derived citizen’ is Yes AND the Supporting Document selected is NOT Certificate of Citizenship or Naturalization Certificate, then display the following error message “Please select Certificate of Citizenship or Naturalization Certificate as your supporting document as a Naturalized or Derived US Citizen.”

<PRMO-452>



If the answer to the question 'Are you a naturalized or derived citizen' is Yes, then display the new Supporting Document Details (Naturalized) page.

5.3.4 <PRMO-452> Supporting Document Details

The Supporting Document Details page is displayed when a user responds Other to the question 'What is the claimant's citizen status?' on the Claimant Details or the 'Home Member Information' page during the process of filling out the form.

5.3.4.1 Screenshot (Modify)

Figure 25: Supporting Document Details

5.3.4.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Supporting Documents Details' page when the user selects 'Other' to the question 'What is the claimant's citizen status?'

1. Alien Number

Text, Modify, Optional

This field allows the user to enter the applicant's Alien number.



Technote: Alien Number field will need to capture all the formats. (A+7 digits, A+8 digits, A+9 digits, 9 digits only); The A+7, A+8, A+9 formats are all accounted for. The only format that needs to be added is the 'digits only'. Update the existing error message to add the newly added format.

2. Card Number

Text, Modify, Optional

This field allows the user to enter the applicant's Card number.

Next

Button, Modify

When the Next button is selected:

If the Alien number is not in the correct format, display the error message
<PR-15396>
"The Alien Number must:
start with 'A' and followed by a series of 7 to 9 digits or
9 digits"

Fields display conditions per document type. Name, Date of Birth, and Additional Information will display for all document type plus the fields listed by document type.

Certificate of Citizenship

Citizenship Number

DS2019

Passport Number

Country Of Issuance

I-94 Number

SEVIS ID

I-20

Passport Number

Country Of Issuance

I-94 Number

SEVIS ID

Alien Number



Document Expiration Date
Other Document Description
I-327, I-551, I-571, I-688, I-688A, I-688B
Alien Number
Document Expiration Date
Card Number
I-766
Alien Number
Document Expiration Date
Card Number
Category Code
I-94/I-94A
Country Of Issuance
I-94 Number
SEVIS ID
Arrival/Departure Record in foreign passport (I-94)
Document Expiration Date
Passport Number
Country Of Issuance
I-94 Number
SEVIS ID
Visa Number
Machine Readable Immigrant Visa
Document Expiration Date
Passport Number
Country Of Issuance
Visa Number
Alien Number
Card Number
Naturalization
Naturalization Number
Temporary I-551



Alien Number
Card Number
Document Expiration Date
Passport Number
Country Of Issuance
Unexpired Foreign Passport
Document Expiration Date
Passport Number
Country Of Issuance
I-94 Number
SEVIS ID
I-797
I-94 Number
Alien Number
Other
I-94 Number
Alien Number
Document Expiration Date
Passport Number
Country Of Issuance
SEVIS ID
Card Number
Other Document Description

5.3.5 <PR-15396><PRMO-452> Supporting Document Details

~~The Supporting Document Details page is displayed when a user responds Yes to the question 'Are you a naturalized or derived citizen?' on the 'Claimant Details' or the 'Home Member Information' page during the process of filling out the form.~~

~~5.3.5.1 Screenshot (New)~~

~~Figure 26: Supporting Document Details~~



~~5.3.5.2 — Description of Modifications and Additions~~

~~This section explains the screen modifications/additions and associated design details related to 'Supporting Documents Details' page when the user selects 'Yes' to the question 'Are you a naturalized or derived citizen?'~~

~~1. Description of page~~

~~Text, New~~

~~The page is used to gather the information on naturalized or derived citizenship. The description is "Please enter the Certificate Number below for naturalized or derived citizens".~~

~~3. Certification Number~~

~~Text, New, Optional~~

~~This field allows the user to enter the applicant's Certification number of a naturalized or derived citizen.~~

~~***Technote: Certification Number will populate the Naturalization Number field on the DHSID Details evidence.***~~



~~4. First Name~~

~~Text, New, Optional~~

~~This field allows the user to enter the applicant's first name of a naturalized or derived citizen.~~

~~5. Middle Name~~

~~Text, New, Optional~~

~~This field allows the user to enter the applicant's middle name of a naturalized or derived citizen.~~

~~6. Last Name~~

~~Text, New, Optional~~

~~This field allows the user to enter the applicant's last name of a naturalized or derived citizen.~~

~~7. Date of Birth~~

~~Text, New, Optional~~

~~This field allows the user to enter the applicant's date of birth of a naturalized or derived citizen.~~

~~Next~~

~~Button, Modify~~

~~When the Next button is selected display the "Review the Claimant's Answer" page.~~

5.3.6 <PR14507> <PRMO-452><PR-15397><PRMO-1518> Review the Claimant's Answers Page – Claimant Information

The Review Claimant's Answers page provides a summary to the user of information entered on the previous pages. If an error is discovered, the worker can return to the page that contains the error and modify the information before proceeding forward.

The "Review the Claimant's Answer" page is being updated with the new and modified fields were added to the caseworker IEG script.



5.3.6.1 Screenshot – (Modify)

Figure 27: Review the Claimant’s Answers

Review The Claimant's Answers

Here is a summary of what the claimant has told us about the claimant's situation. If the claimant would like to edit the claimant's answers click 'Edit'.

[Print](#)

Application Details

[Edit](#) ▼

Application Date:

14/12/2021

Method of Receipt:

In-Person

Name

[Edit](#) ▼

First name:

Alien

1 Middle Name:

Last name:

Test

2 Second Last Name:

3 Address Line 1:

123 Main St

4 Address Line 2:

City:

SAN JUAN

State:

Puerto Rico

Zip:

00901

5 Neighborhood:

Cupey

Is the claimant's mailing address the same as the claimant's residential address?

No

6 Address Line 1:

PO Box 98

7 Address Line 2:

City:

San Juan

State:

Puerto Rico

Zip:

00901



8 Authorized Representative Edit ▼

9 Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative? Yes

10 First name:

11 Middle name:

12 Last name:

13 Second Last Name:

14 Address Line 1:

15 Address Line 2:

16 City:

17 State:

18 Zip:

19 Reason for Authorization



Personal Details		Edit ▼
Does the claimant have an SSN?	Yes	
Social Security Number (SSN): *	*****1234	
Date of birth:	1/1/1990	
Marital status:	Single	
Gender:	Female	
20 Gender Identity:	Female	
Does the claimant have a nickname, alias or other name?		
21 Are you a police officer of the Commonwealth?	No	
22 Relative of an absent or deceased police officer.		
23 Have you been emancipated by a court order?	No	
Is the claimant the sponsor of an immigrant?		
33 Is the claimant blind?	No	
34 Is the claimant disabled?	No	
31 When did the claimant become a member of the household?	1/1/2020	
24 What is the claimant's citizen status?	US Citizen	
25 Is the claimant a naturalized or derived citizen?	No	

<CR147>



Where The Person Lives		Edit ▼
26	Is the claimant a resident of Puerto Rico?	Yes
	Residency Status	Permanent
	What is the claimant's living arrangement?	Home
	When did this living arrangement begin?	1/1/2020
27	Race and Ethnicity	
	Black or African American	Yes
	American Indian or Alaskan Native	No
	Asian	No
	Hawaiian or Pacific Islander	No
	White or Caucasian	No
	Asian Indian	No
	Chinese	No
	Filipino	No
	Japanese	No
	Korean	No
	Vietnamese	No
	Asian Unknown	No
	Native Hawaiian	No
	Guamanian or Chamorro	No
	Samoan	No
	Other Pacific Islander	No
	Other	No
	Decline to Answer	No
	Ethnicity	

<PR-14507>



Education Edit ▼

What is the highest grade completed in school by the claimant?

Does the claimant currently attend high school, college, vocational or technical school?

People in Claimant's Home Help ▼

Are there any other people living in the home? No

28 Health Benefits ▼

29 Does this person want to apply for health benefits? Yes

30 Select the preferred Managed Care Organization (MCO).

5.3.6.2 Description of Modifications and Additions

Name Cluster

1. Middle Name

Static Text, Modify

Rename Middle Initial to Middle Name

2. Second Last name

Static Text, New

Addresses Cluster

3. Address Line 1

Text Box, Modify, Mandatory

This field will collect address line 1 data

4. Address Line 2

Text Box, Modify, Optional

This field will collect address line 2 data

5. Neighborhood



Static Text, New

6. Address Line 1

Text Box, Modify, Mandatory

This field will collect address line 1 data

7. Address Line 2

Text Box, Modify, Optional

This field will collect address line 2 data

29. Neighborhood

Static Text, New

Authorized Representative Cluster

8. Authorized Representative

Cluster, New

Add a new Authorized Representative cluster to capture information about the authorized representative.

9. Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

Static Text, New

10. First name

Static Text, New

11. Middle name

Static Text, New

12. Last name

Static Text, New

13. Second Last name



Static Text, New

14. Address Line 1

Static Text, New

15. Address Line 2

Static Text, New

16. City

Static Text, New

17. State

Static Text, New

18. Zip

Static Text, New

19. Reason for Authorization

Static Text, New

Personal Details Cluster

20. Gender Identity

Static Text, New

21. Are you a police officer of the Commonwealth?

Static Text, New

22. Relative of an absent or deceased police officer.

Static Text, New

23. Have you been emancipated by a court order?



Static Text, New

<PR-15397>

33. Is the claimant blind?

Static text, New

<PR-15397>

34. Is the claimant disabled?

Static text, New

31. When did the claimant become a member of the household?

Date, Modify, Optional

This field allows the user to identify when the person became a member of the household.

Technotes: This question should only be displayed on the "Claimant Details" page if the primary person is applying for retroactive coverage. If the primary person is not applying for retroactive coverage, do not display the question and default the Start Date on the Household Member evidence to the "1st day of application month".

<PRMO-452>

24. What is the claimant's citizen status?

Static Text, Modify

<PRMO-1518>

Country/Region of Origin

Dropdown, Remove, Mandatory

This field is displayed when 'Other' is selected for claimant's citizen status.

Technote: This field should be hidden/removed from the application

25. Is the claimant a naturalized or derived citizen?

Static Text, New



31. Alien Number

Static Text, New

32. Certificate Number

Static Text, New

Where the Person Lives Cluster

26. Is the claimant a resident of Puerto Rico?

Static Text, Modify

Change from "Is the claimant a resident of this state?" to "Is the claimant a resident of Puerto Rico?"

<CR-147>

27. Race

Static Text, Modify

The list of races is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown



Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Other
Decline

Health Benefits Cluster

28. Health Benefits

Cluster, Modify

Change cluster name from "Help paying for your health benefits" to "Health Benefits".

29. Does this person want to apply for health benefits?

Static Text, Modify

Change from "Does this person want to find out if they can get help paying for their own health insurance and health benefits? to "Does this person want to apply for health benefits?"

<PR-14507>

27. Evaluation Type

Static Text, ~~Remove~~ **New**

30. Select the preferred Managed Care Organization (MCO).

Static Text, New

Former Foster Care Cluster

Former Foster Care

Cluster, Remove



5.3.7 Claimant Details Page (Opt Out of Coverage)

The limited version of the Claimant Detail Page will display if the claimant answered “No” to “Does this person want to apply for health benefits?” on the pervious page. This page will collect the details needed from the claimant to be added to households.

5.3.7.1 Screenshot (Modify)

Figure 28: Claimant Details (Opt out of Coverage) <PR-15893>

Claimant Details

Please enter the claimant's details.

* Indicates a required item

Additional Information

SSN:

Date of birth: *

Gender: *

1

2

3

4

Where The Person Lives

5

6

7

Race and Ethnicity

8



5.3.7.2 Description of Modifications and Additions

Additional Information Cluster:

<PR-15453> SSN:

Static Text, Modify, Mandatory

Prepopulating Application Instructions: If the primary member's SSN is known and active, then display the primary member's SSN. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Date of birth:

Static Text, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's date of birth. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Gender:

Dropdown, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's gender. This field can be updated. If a change is recorded, then save the updated information to the corresponding evidence, using the application date as the effective date of change.

1. Gender Identity

Dropdown, New, Optional

This dropdown will capture the gender the person identifies as. Set default value to blank.

Technotes: See PRGenderIdentity code table for the values.

2. Are you a police officer of the Commonwealth?

Dropdown, New, Mandatory

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to the Active Police Officer of the Commonwealth Police field on the Household Member Evidence.

3. <PR-15893> Are you a relative of a police officer of the Commonwealth who is not living in the home or deceased? ~~Relative of an absent or deceased police officer.~~

Dropdown, New, Mandatory



Technotes: See PRPoliceRelative Code table for list of valid values. The answer to this question will be recorded to the Police Relative field on the Household Member Evidence.

4. Have you been emancipated by a court order?

Dropdown, New, Mandatory

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to Court Ordered Emancipation field on the Household Member Evidence.

<PR-15453> When did the claimant become a member of the household?

Static Text, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's Household Member evidence start date. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Is the claimant a resident of Puerto Rico?

Dropdown, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the primary member's resident status. This field can be updated. If a change is recorded, then save the updated information to the corresponding evidence, using the application date as the effective date of change.

<PR-15893>

5. What is the claimant's living arrangement?

Dropdown, New, Mandatory

6. What is the status of this living arrangement?

Dropdown, New, Mandatory

7. When did this living arrangement start?

Dropdown, New, Mandatory

<PRMO-445>

8. Are you an American Indian/Alaska Native? American Indian/Alaska Native individuals may qualify for special enrollments and reduced health care costs. Please select 'Yes' if you are a member of such a tribe.



Dropdown, Modified, Optional

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

Technotes: If the response to this question is "No", then save Race Details field within the Household Member evidence as 'Decline to Answer'; If the response is "Yes", then save as the Race Details as "Native Alaskan or American Indian" within the Household Member evidence.

Next

Button, Modify

If Gender Identity is left blank, set the Gender Identity to the selected Gender.

***<PRMO-446> Technotes: Setting the Household Member Start Date when the Primary applicant is not applying for coverage. Default the Start Date on the Household Member evidence to the "1st day of application month".
Default the Ethnicity field on the Household Member Evidence to 'Decline to Answer'.***

5.3.8 Review the Claimant's Answers Page – Opt Out of Coverage

The Review Claimant's Answers page provides a summary to the user of information entered on the previous pages. If an error is discovered, the user can return to the page that contains the error to modify the information and proceed forward.



5.3.8.1 Screenshot (Modify)

Figure 29: Review Claimant's Answers Opt out of Coverage

Name		Edit ▼
First name:	First	
1 Middle name:		
Last name:	Last	
2 Second Last name:		
Addresses		Edit ▼
3 Address Line 1:	123 Main	
4 Address Line 2:	Apt 44	
City:	San Juan	
State:	Puerto Rico	
Zip:	00901-3964	
5 Neighborhood:		



Personal Details Edit ▾	
Social Security Number (SSN):	050719001
Date of birth:	4/22/1995
Gender	Female
6 Gender Identity	Female
7 Are you a police officer of the Commonwealth?	Yes
8 Relative of an absent or deceased police officer.	
9 Have you been emancipated by a court order?	No
American Indian or Alaskan Native	Yes
Where The Person Lives Edit ▾	
20 Is the claimant a resident of Puerto Rico?	Yes
Residency Status	Permanent

5.3.8.2 Description of Modifications and Additions

Name Cluster

1. Middle Name

Static Text, Modify

Rename Middle Initial to Middle Name

2. Second Last name

Static Text, New

Addresses Cluster

3. Address Line 1

Static Text, Modify

4. Address Line 2

Static Text, Modify



5. Neighborhood

Static Text, New

Personal Details Cluster

6. Gender Identity

Static Text, New

7. Are you a police officer of the Commonwealth?

Static Text, New

8. Relative of an absent or deceased police officer.

Static Text, New

9. Have you been emancipated by a court order?

Static Text, New

5.3.9 <PR-14507> <PRMO-446> <PRMO-452> <PR-15397> <PRMO-1518> Home Member Information

The Home Member Information allows the user to gather information regarding other members in the home. The same demographic information that was gathered for the primary member is also collected for each additional member of the home.



5.3.9.1 Screenshot (Modify)

Figure 30: Home Member Information – Person Details PR-14507



Home Member Information

[Print](#)

Please enter the details about the next person in the claimant's home.

Alien

* Indicates a required field

Person Details Help

First name: *

Middle Name:

Last name: *

Second Last Name:

Health Benefits Help

Does this person want to apply for health benefits? *

?

Select the applicant's preferred Managed Care Organization (MCO).

Is your address same as Primary Client's address?:

Address Line 1: *

Address Line 2:

City

State *

Zip *

Neighborhood

Does this person have an SSN?



I.4.2.a.ii Completed Intake Application Processing FDD

7	Gender Identity:	--Please Select--	▼
	Marital status:	--Please Select--	▼
	Does this person have a nickname, alias or other name?	--Please Select--	▼
8	Are you a police officer of the Commonwealth?	--Please Select--	▼
9	Relative of an absent or deceased police officer.	--Please Select--	▼
10	Have you been emancipated by a court order?	--Please Select--	▼
Help			
17	What is the claimant's citizen status?	--Please Select--	▼
18	Is the claimant an naturalized or derived citizen?	--Please Select--	▼
	Is this person the sponsor of an immigrant?	--Please Select--	▼
23	Is this person blind?	--Please Select--	▼
24	Is this person disabled?	--Please Select--	▼
19	When did this person become a member of the household?	<input type="text"/>	
Where the Person Lives Help			
11	Is the claimant a resident of Puerto Rico? *	--Please Select--	▼
Help			
12	What is the claimant's living arrangement? *	--Please Select--	▼
20	What is the status of this living arrangement?	--Please Select--	▼
21	When did this living arrangement begin?	<input type="text"/>	



Race and Ethnicity

[Help](#)

Please check the boxes to tell us about this person's race and/or ethnicity. These questions are for statistical purposes only. The claimant's responses will not affect their application. If the claimant chooses not to answer, make no selection and move to the next question:

14

- Black or African American
- American Indian or Alaskan Native
- Asian
- Hawaiian or Pacific Islander
- White or Caucasian
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Asian Unknown
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other
- Decline to Answer

15

Ethnicity

--Please Select--



Close

Back

Next

16



5.3.9.2 Description of Modifications and Additions

Person Details Cluster

7. <PR-15453> Name Cluster:

Prepopulating Application Instructions: Prepopulate the Name Cluster fields with the name of the active household member on the IC. When this field is updated by the caseworker, the system will update the corresponding evidence.

1. Middle Name

Text, Modify, Optional

Rename field from "Middle Initial" to "Middle Name" to allow the user to enter the claimant's full Middle Name.

2. Second Last Name

Text, New, Optional

Add new field "Second Last name" to allow the user to enter the claimant's Second Last Name.

Health Benefits Cluster

3. Health Benefits

Cluster, Modify

Change from "Help paying for your health benefits" to "Health Benefits".

4. Does this person want to apply for health benefits?

Dropdown, Modify, Mandatory

Change from "Does this person want to find out if they can get help paying for their own health insurance or health benefits?" to "Does this person want to apply for health benefits?"

<PR-15453> Prepopulating Application Instructions: If the caseworker selects No, then set the applicant status to non-applicant. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

If the answer is Yes, then display the <PR-14507> ~~"Evaluation Type"~~ and "Select the preferred Managed Care Organization (MCO)".

<PRMO-446>If the answer is No, then do not display the questions that are not necessary for a non-applicant.

Technotes: See YesNo Code table for list of valid values.



The following fields WILL NOT display when the answer to "Does this person want to apply for health benefits?" is No:

Is your address same as Primary Client's address?

Marital Status

Does this person have a nickname, alias or other name?

What is the claimant's citizen status?

Is this person the sponsor of an immigrant?

<PR-15397> Is this person blind?

<PR-15397> Is this person disabled?

When did this person become a member of the household?

Where the Person Lives

Is the claimant a resident of Puerto Rico?

What is the claimant's living arrangement?

What is the status of this living arrangement?

When did this living arrangement begin?

Please check the boxes to tell us about this person's race and/or ethnicity. These questions are for statistical purposes only. The claimant's responses will not affect their application. If the claimant chooses not to answer, make no selection and move to the next question:

Black or African American

American Indian or Alaskan Native

Asian

Hawaiian or Pacific Islander

White or Caucasian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Asian Unknown

Native Hawaiian

Guamanian or Chamorro

Samoan



Other Pacific Islander

Other

Decline to Answer

Ethnicity

<PR-14507>

5. Evaluation Type

Dropdown, ~~Remove New~~, Conditional, Mandatory

~~This question will provide the claimant the option to select the preferred evaluation type. The default value is "MAGI and Non-MAGI", indicating an evaluation of both MAGI and Non-MAGI.~~

~~**Technotes: See PREvaluationType Code table for list of valid values.**~~

6. Select the applicant's preferred Managed Care Organization (MCO).

Dropdown, New, Conditional, Optional

This field allows the applicant to indicate their preferred MCO provider.

Technotes: See PRManagedCareOrganization Code table for list of valid values.

<PRMO-446>

22. Is your address same as Primary Client's address?

Checkbox, OOTB, Conditional

This field allows the applicant to indicate if the household member's physical address is the same as their physical address.

<PR-15453> Prepopulating Application Instructions: If the primary member changed the prepopulated address information, as part of the IEG, and "Is your address same as Primary Client's address?" is set to true, then end date the existing private address evidence for the household member, using the day before the application date.

If the household member address information is entered, then end date the existing private address evidence for the household member, using the day before the application date.

Note: When the caseworker checks this box, then a new private address evidence is created as part of the Release 1 functionality. This modification is to end date the existing household member private address evidence.



Technotes: If the household member is applying for health benefits, then display the question. If the household member is not applying for health benefits, do not display the question and default their address to that of the Primary applicant.

13. Neighborhood

Dropdown, New, Conditional

Add field "Neighborhood" to indicate which neighborhood is associated to the address.

When the State is Puerto Rico, then a validation is processed against the City and Zip combination and Neighborhood. Neighborhood will be optional. See Next button description for validation. If the state is not Puerto Rico, then the validation will not be performed.

Technotes: Neighborhood needs to map to the person level evidence called Private Addresses to field Neighborhood.

<PR-15453> Does the claimant have an SSN?

Static Text, Modify, Mandatory

Prepopulating Application Instructions: If the household member's SSN is known and active, then set the answer to Yes.

<PR-15453> Social Security Number (SSN):

Static Text, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the household member's SSN if known and active. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Date of birth:

Static text, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the household member's date of birth based on the active evidence. When this field is updated by the caseworker, the system will update the corresponding evidence.

<PR-15453> Gender:

Dropdown, Modify, Mandatory

Prepopulating Application Instructions: Prepopulate the household member's gender based on the active evidence. If a change is recorded, then save the updated



information to the corresponding evidence, using the application date as the effective date of change.

7. Gender Identity

Dropdown, New, Optional

This dropdown will capture the gender the person identifies as. Set default value to blank.

Technotes: See PRGenderIdentity code table for the values.

<PR-15453> Marital Status:

Dropdown, Modify, Mandatory

Prepopulate the household member's marital status. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

8. Are you a police officer of the Commonwealth?

Dropdown, New, Optional

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to the Active Police Officer of the Commonwealth Police field on the Household Member Evidence.

9. Relative of an absent or deceased police officer.

Dropdown, New, Optional

Technotes: See PRPoliceRelative Code table for list of valid values. The answer to this question will be recorded to the Police Relative field on the Household Member Evidence.

10. Have you been emancipated by a court order?

Dropdown, New, Optional

Technotes: See YesNo Code table for list of valid values. The answer to this question will be recorded to Court Ordered Emancipation field on the Household Member Evidence.

<PRMO-452>

17. What is the claimant's citizen status?

Dropdown, Modify, Mandatory

<PR-15453> Prepopulating Application Instructions: If the existing active evidence indicates the household member is an US Citizen or US National, then prepopulate the primary member's citizen status. If a change is recorded, then save updated



information to the corresponding evidence, using the application date as the effective date of change.

Technotes: If the answer is 'US Citizen', then display the question 'Is the claimant a naturalized or derived citizen?'.

<PRMO-1518>

Country/Region of Origin

Dropdown, Remove, Mandatory

This field is displayed when 'Other' is selected for claimant's citizen status.

Technote: This field should be hidden/removed from the application

<PRMO-452>

18. Is the claimant a naturalized or derived citizen?

Dropdown, New, Optional

This field allows the user to identify if the person is a naturalized or a derived citizen.

Technotes: See YesNo Code table for list of valid values. The responses to this question will not be stored within an evidence. If the response to this question is 'Yes', then the Supporting Document Details – Naturalized will be displayed.

<PR-15397>

23. Is this person blind?

Dropdown, New, Mandatory

This field allows the user to identify if the person is blind.

<PR-15453> Prepopulating Application Instructions: If the household member has an active blind disability evidence, then:

- The question 'Is this person blind?' will preselect the answer 'Yes'.
- The system will prepopulate the blindness details on the upcoming blind details page.

Technotes: See YesNo Code table for list of valid values. The response to this question is used for screening purposes only and should not create or update an evidence.

<PR-15397>

24. Is this person disabled?

Dropdown, New, Mandatory



This field allows the user to identify if the person is disabled.

<PR-15453> Prepopulating Application Instructions: If the household member has an active disability evidence, then:

- The question 'Is anyone disabled?' will preselect the answer 'Yes'.
- The system will prepopulate the disability details page, prepopulate the disability details.

Technotes: See YesNo Code table for list of valid values. The response to this question is used for screening purposes only and should not create or update an evidence.

<PRMO-445>

19. When did this person become a member of the household?

Date, Modify, Optional

This field allows the user to identify when the person became a member of the household.

<PR-15453> Prepopulating Application Instructions: Prepopulate the household member's Household Member evidence start date based on the active evidence. When this field is updated by the caseworker, the system will update the corresponding evidence.

***Technotes: This question should display and mapped as follows:
If the person is applying for retroactive coverage, then display the question.
If the person is not applying for retroactive coverage, do not display the question and default the Start Date on the Household Member evidence to the "1st day of application month".***

11. Is the claimant a resident of Puerto Rico?

Dropdown, Modify, Mandatory

Change from "Is the claimant a resident of this state?" to "Is the claimant a resident of Puerto Rico".

<PR-15453> Prepopulating Application Instructions: Prepopulate the household member's resident status from the active evidence. If a change is recorded, then save the updated information to the corresponding evidence, using the application date as the effective date of change.

12. What is the claimant's living arrangement?

Dropdown, Modify, Mandatory



<PRMO-446>

Technotes: See LivingArrangementType Code table for list of valid values. This question should display as follows:

If the person is applying for health benefits, then display the question.

If the person is not applying for health benefits, do not display the question and default the Living Arrangement Type to that of the Primary applicant.

<PRMO-446>

20. What is the status of this living arrangement?

Dropdown, Modify, Optional

Technotes: See LivingArrangementStatus Code table for list of valid values. This question should display according to the following:

If the person is applying for health benefits, then display the question.

If the person is not applying for health benefits, do not display the question and default the Living Arrangement Status to that of the Primary applicant.

<PRMO-446>

21. When did this living arrangement begin?

Date, Modify, Optional

Technotes: This question should display according to the following:

If the person is applying for health benefits, then display the question.

If the person is not applying for health benefits, do not display the question and default the Living Arrangement Start date to that of the Primary applicant; or if the person's DOB is later than Primary applicant Living Arrangement Start Date then default the Living Arrangement Start Date to the person's DOB.

<PRMO-446>

17. Are you an American Indian/Alaska Native? American Indian/Alaska Native individuals may qualify for special enrollments and reduced health care costs. Please select 'Yes' if you are a member of such a tribe.

Dropdown, New, Mandatory

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.



Technotes: See YesNo Code table for list of valid values. Only display this question when the response to "Does this person want to apply for health benefits?" is No. If the response to this question is "No", then save Race Details field within the Household Member evidence as 'Decline to Answer'; If the response is "Yes", then save as the Race Details as "Native Alaskan or American Indian" within the Household Member evidence.

<CR147>

14. Race

Check box, Modify, Conditional

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

The list of races to select from is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro



Samoan
Other Pacific Islander
Other
Decline

<PRMO-446>

15. Ethnicity

Dropdown, Modify, Conditional

<PR-15453> Prepopulating Application Instructions: Prepopulate these fields based on the active evidence. If a change is recorded, then save updated information to the corresponding evidence, using the application date as the effective date of change.

Technotes: See EthnicOrigin Code table for list of valid values. When the applicant is not applying for benefits, the Ethnicity field on the Household Member Evidence will be set to 'Decline to Answer'.

<PR-445>

Education Cluster

Removed

<PRMO-1453>

Under Race and Ethnicity for the Home Member (Non Applicant or Applicant) display help option with the following language: American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They may also not have to pay cost sharing and may get special monthly enrollment periods.

Update text for the AI/AN question for Home Member (Non Applicant or Applicant) under Race and Ethnicity: Is <name> an American Indian or Alaska Native? American Indian and Alaska Native applicants may qualify for special enrollments and reduced health care costs

<PR-15453> Are there more people in the home?



Checkbox, Modify, Mandatory

Prepopulating Application Instructions: Set this checkbox to true if there is another active household member on the case. Once the last household member on the case Home Member Information page is displayed, the caseworker will be able to set the checkbox to true to add additional household members to the case.

16. Next

Button, Modify

When clicking on the Next button:

If Puerto Rico is the selected State, then validate the entered City and Zip is a valid combination. If the City and Zip combination is invalid, then display error message "Invalid City and Zip Code combination."

If Puerto Rico is the selected State for the Primary Address, then validate the entered City and Neighborhood is a valid combination. If the entered City and Neighborhood combination is invalid OR Neighborhood is blank, then display error message "Invalid City and Neighborhood combination. Please enter one of the following neighborhoods for <City>: <list of valid neighborhoods for entered city>".

If Gender Identity is left blank, set the Gender Identity to the selected Gender.

5.3.10 Home Relationships


The Home Relationships page allows the user to enter the relationships between each of the home members.

The user may also designate if one individual is a caretaker of another individual.



5.3.10.1 Screenshot (Modify)

Figure 31: Home Relationships




[Print](#)


Home Relationships

Please tell us how the members of the claimant's home are related to one another. Please tell us about the primary caretaker for each person.


First




Child 1




Child 2





First


--Please Select--



Child 1


* Indicates a required item

Relationship Start Date *




1 Are they also the caretaker of this person?

2 Is a widow(er) or divorcee of a parent caretaker relative?



First


--Please Select--



Child 2

* Indicates a required item

Relationship Start Date *



Are they also the caretaker of this person?

Is a widow(er) or divorcee of a parent caretaker relative?

11/04/2022 v 2.9

Page | 111



5.3.10.2 Description of Modifications and Additions

<PR-15453> Home Relationships Cluster

Page, Modify, Mandatory

Prepopulating Application Instructions: The home relationship between the applicants will be prepopulated when there is an active member relationship evidence. The caseworker can make changes to the home relationships. The changes will update Member Evidence as below:

Existing member relationship evidence will be ended a day prior to the new relationship start date.

A new relationship record will be added with a start date as of the new relationship start date.

1. Are they also the caretaker of this person?

Checkbox, Modify, Optional

Change the question from "Are they also a non-parent caretaker of this person?" to "Are they also the caretaker of this person?"

2. Is a widow(er) or divorcee of a parent caretaker relative?

Checkbox, New, Optional

Adding question to allow for a person who was married to an individual who would have qualified under caretaker relative or the spouse of the caretaker relative rules and is now the widow(er) or is divorced from that individual, they should qualify as a caretaker relative.

5.3.11 <PRMO445> Absent Parent Information Page

The Absent Parent Information page allows the user to identify if there is an applicant who is under 21 years old and has a Absent Parent.

Technotes: Only display the Absent Parent Information page if there is an applicant who is less than 21 years old.



5.3.11.1 Screenshot (OOTB)

Figure 32: Absent Parent Information

Absent Parent Information Print

Please tell us about parent(s) who are not in the claimant's home.

* Indicates a required item

Absent Parent Information Help

1 Are there any children in the claimant's home who have a parent not living in the home? *

5.3.11.2 Description of Modifications and Additions

1. Are there any children in the claimant's home who have a parent not living in the home?

Dropdown, Modify, Mandatory

Technote: See YesNo Code table for list of valid values.


5.3.12 <PRMO-445> Absent Parent Details Page

The Absent Parent page collects information about the absent parent and child support income (not shown because it is OOTB).



5.3.12.1 Screenshot (Remove) <PR16811>

Figure 33: Absent Parent Details

 **Absent Parent Details** Print

Please tell us a little more about the absent parent(s).

** Indicates a required item*

Absent Parent Name Help


1 First name: Middle Name:

2 Last name: Second Last Name:

Gender:

Absent Parent Details Help

Social Security Number (SSN):

Date of Birth: 

3 Why is this person absent?

Name of the absent parent's employer:

4 Will the claimant help the Child Support Enforcement begin/enforce a support order for each child?

Help

6 Why the claimant not help the Child Support Enforcement?



Absent Parent Contact Details

[Help](#)

Address Line 1:

Address Line 2:

City:

State:

Zip:

Phone Number:

Race and Ethnicity


[Help](#)

Please check the boxes to tell us about the absent parent's race and/or ethnic origin. These questions are for statistical purposes only. The claimant's responses will not affect their application. If the claimant chooses not to answer, make no selection and move to the next question.

- Black or African American
- American Indian or Alaskan Native
- Asian
- Hawaiian or Pacific Islander
- White or Caucasian
- Hispanic or Latino

Absent Parent Children

5 Please select the child/children of this absent parent:


Mary

Other Absent Parent

[Help](#)

Are there any other parents not living in the home?



5.3.12.2 Description of Modifications and Additions

1. First Name

Text, Modify, Optional

This field is being modified to change from a mandatory field to an optional field.

2. Last Name

Text, Modify, Optional

This field is being modified to change from a mandatory field to an optional field.

3. Why is this person absent?

Dropdown, Modify, Optional

This field is being modified to change from a mandatory field to an optional field.

Technotes: See AbsentParentReason Code table for list of valid values.

4. Will the claimant help the Child Support Enforcement begin/enforce a support order for each child?

Dropdown, <PR16811><PR-15453> ~~Remove~~ Modify, Optional

This field is being modified to change from a mandatory field to an optional field.

Technotes: See YesNo Code table for list of valid values.

5. Please select the child/children of this absent parent:

Check box, Modify, Optional

Technotes: Only display the children who are less than 21 years old for selection.

<PR16811>

~~6. Why the claimant not help the Child Support Enforcement?~~

~~Remove, Dropdown, Modify, Optional~~

~~This field should be removed.~~

~~Technotes: See YesNo Code table for list of valid values.~~

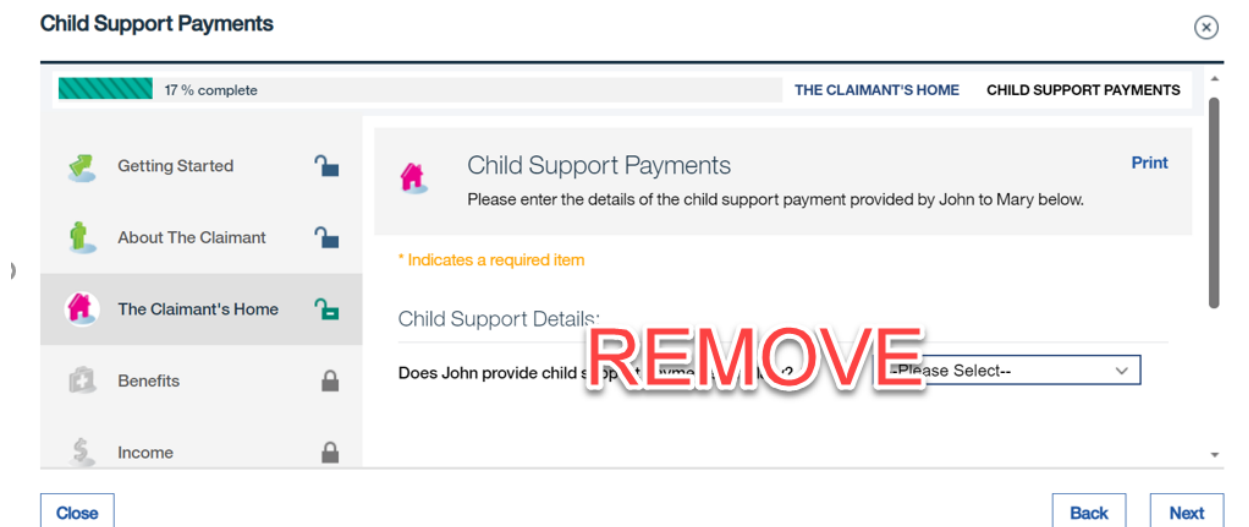


5.3.13 <PRMO-445> Child Support Payments Page (Remove)

The Child Support page collects information about the child support income.

5.3.13.1 Screenshot (Remove)

Figure 34: Child Support Payments



5.3.13.2 Description of Modifications and Additions

Remove page from the IEG.

5.3.14 <PRMO-445><PRMO-1521> General Information Page

This General Information page collects additional information about the claimant's home, such as disabilities, pregnancies, foster care, former foster care and adoption. Based on the Yes responses, additional pages are displayed for the user to provide more detailed information.



5.3.14.1 Screenshot (Modify)

Figure 35: General Information <PR-15892><PRMO-445>

5.3.14.2 Description of Modifications and Additions

<PRMO-445>

1. Is anyone applying for benefits currently in foster care?

Dropdown, Modify, Mandatory

Allows for the selection of individuals that are currently in foster care.

When 'Yes' is selected, display each household member applying for benefits who are less than 21 years old.

Technotes: See YesNo code table for list of valid values. Only display the question if there is an applicant who is less than 21 years old.



2. Was anyone applying for benefits ever in foster care and is currently the age of 21-26?

Dropdown, Modify, Mandatory

Allows for the selection of individuals that were previously in foster care.

If the answer to the question is Yes, then display each household member applying for benefits and is 21 or older but less than 26 years old for selection.

<PR-15453> Prepopulating Application Instructions: If there is a household member under the age of 19 with an active former foster care evidence, then:

- The system will display the answer 'Yes' as a static text to the question 'Was anyone ever in foster care?'
- The checkbox to prevent the selection of the avatar for that specific member will be disabled.
- The system will prepopulate the former foster care details page on the upcoming the foster care details.

If there are other household members that exist without an active former foster care evidence, then:

- The system will display the dropdown box for the selection of the 'Yes' or 'No' answer for foster care.
- The check box will be available for the selection of the avatar for each household member with no active former foster care evidence.
- On the upcoming former foster care details page, the caseworker will be allowed to enter the foster care details.

Technotes: See YesNo code table for list of valid values. Only display the question, if there is an applicant who is 21 or older but less than 26 years old.

3. Is anyone applying for benefits currently in an adoption program?

Dropdown, New, Mandatory

Allows for the selection of individuals that are currently receiving adoption assistance.

When 'Yes' is selected, display each household member applying for benefits.

Technotes: See YesNo code table for list of valid values.

4. Is anyone pregnant? <PRMO-1530>

Dropdown, Modify, Mandatory



Allows for the selection of individuals that are currently pregnant.

When 'Yes' is selected, display each household member that is female AND of age 7 and above.

Technotes: Only display the question if an applicant/non-applicant exists that is female and age 7 and above.

Was anyone pregnant in the last 3 months? <PRMO-1530>

Dropdown, New, Mandatory

Allows for the selection of individuals that had a pregnancy in the 3 months prior to application. Display for retro applications only.

When 'Yes' is selected, display each household member that is female AND of age 7 and above.

Technotes: Only display the question if an applicant/non-applicant exists that is female and age 7 and above.

<PRMO-445>

5. ~~Is anyone applying for benefits blind?~~

~~Dropdown, Modify, Mandatory~~

~~Allows for the selection of individuals that are blind.~~

~~When 'Yes' is selected, display each household member applying for benefits.~~

~~<PR-15453> Prepopulating Application Instructions: If the household member has an active blind disability evidence, then:~~

- ~~▪ The question 'Is anyone in the Claimants home Blind?' will display the answer 'Yes' as static text.~~
- ~~▪ The checkbox to prevent the selection of the avatar for that specific member will be disabled.~~
- ~~▪ The system will prepopulate the blindness details on the upcoming blind details page.~~

~~If there are other household members that exist without an active blind disability evidence, then:~~

- ~~▪ The system will display the dropdown box for the selection of a 'Yes' or 'No' answer for blindness.~~
- ~~▪ The check box will be available for the selection of the avatar for each household member with no active blind disability evidence.~~



- ~~▪ On the upcoming blind details page, the caseworker will be allowed to enter the details of the blindness.~~

~~**Technotes: The response to this question is used for screening purposes only and should not create or update an evidence.**~~

~~**6. Is anyone applying for benefits disabled?**~~

~~Dropdown, Modify, Mandatory~~

~~Allows for the selection of individuals that are disabled.~~

~~When 'Yes' is selected, display each household member applying for benefits.~~

~~<PR-15453> Prepopulating Application Instructions: If the household member has an active disability evidence, then:~~

- ~~▪ The question 'Is anyone disabled?' will display the answer 'Yes' as static text.~~
- ~~▪ The checkbox to prevent the selection of the avatar for that specific member will be disabled.~~
- ~~▪ The system will prepopulate the disability details page, prepopulate the disability details.~~

~~If there are other household members that exist without an active disability evidence, then:~~

- ~~▪ The system will display the dropdown box for the selection of a 'Yes' or 'No' answer for blindness.~~
- ~~▪ The check box will be available for the selection of the avatar for each household member with no active disability evidence.~~
- ~~▪ On the upcoming disability details page, the caseworker will be allowed to enter the disability details.~~

~~**Technotes: The response to this question is used for screening purposes only and should not create or update an evidence.**~~

~~<PR-15892> <PRMO-445> <PRMO-1521>~~

~~**7. Does anyone applying for benefits have military service? Is anyone applying for benefits:**~~

~~**on active duty**~~

~~**a veteran**~~

~~**related to a person who is on active duty, or**~~

~~**related to a veteran**~~

~~Dropdown, Modify, Mandatory~~



Allows for the selection of individuals that have military service. When 'Yes' is selected, display each household member applying for benefits.

Technotes: This question should only be displayed for applicants and household members applying for benefits where:

- ***Citizen status = Alien***

For example, if the applicant is a US Citizen and a household member (applying for benefits) is 'Alien', then only the household member would display as an individual to select. If both are US Citizens then the question does not display at all. The question does not display for anyone that is not applying for benefits.

Is anyone in the claimant's home a migrant or seasonal farm worker?

Dropdown, Remove

Is anyone currently living in an abusive or domestic violence situation?

Dropdown, Remove

Next

Button, Modify

<PRMO-445> If the response is Yes to 'Is anyone pregnant', then display the Pregnancy Details page.

If the response is Yes to 'Does anyone applying for benefits have military status?', then display the Veteran/Military Details page.

If the response is Yes to 'Is anyone applying for benefits currently in foster care?', then display the Foster Care Details page.

If the response is Yes to 'Was anyone applying for benefits ever in foster care and is currently the age of 21-26?', then display the Former Foster Care Details page.

If the response is Yes to 'Is anyone applying for benefits currently in an adoption program?', then display the Adoption Details page. Remove the Blind and Disabled detail pages from this portion of the IEG.

5.3.15 <PRMO-449> Pregnancy Details

The Pregnancy Details page is displayed when a user selects Yes to 'Is anyone pregnant?' on the General Information page during the process of filling out the form.

5.3.15.1 Screenshot (Modify)

Figure 36: Pregnancy Details



5.3.15.2 Description of Modifications and Additions

This section explains the screen modifications/additions and associated design details related to 'Pregnancy Details' page.

1. What is <Name> estimated delivery date?

Date, Modify, Optional

This field is being modified to change name from 'expected due date' to 'estimated delivery date'.

<PRMO-449> Technotes: If the Estimated Delivery Date is entered this will be the date that is used to assess the postpartum period. If the date is left blank, then calculation should be "Start Date" + 9 months.

For Applications: Start date is equal to the application date;

COC: Start date is equal to the date the change is reported;

Renewal: Start date is equal to the date the change is reported.

5.3.16 Foster Care Page

The Foster Care page is a new page that will be added to the IEG. This information will be used to collect data for the Foster Care evidence.



5.3.16.1 Screenshot (New)

Figure 37: Foster Care

1 Foster Care Details [Print](#)

2 We need to know a few details. Please answer the questions below.

First

* Indicates a required item

3 Foster Care Details [Help](#)

4 What date did <person name> enter foster care? *

5 What state is <person name> receiving payments from? *

6 Foster Care Notification Type. *

5.3.16.2 Description of Modifications and Additions

1. Foster Care Details

Page Header, New

2. We need to know a few more details. Please answer the questions below.

Narrative, New

3. Foster Care Details

Cluster, New

4. What date did <person name> enter foster care?



Date, New, Mandatory

Add new date field to allow users to enter the date the person entered foster care.

Technotes: Date needs to map to the case level evidence called Foster Care to field Start Date.

5. What state is <person name> receiving payments from?

Dropdown, New, Mandatory

Technotes: See States code table for the list of valid values.

6. Foster Care Notification Type.

Dropdown, New, Mandatory

Technotes: See PRFosterCareNotificationType code table for the list of valid values.

5.3.17 Former Foster Care Page

This page collects information about Former Foster Care.



5.3.17.1 Screenshot (New)

Figure 38: Former Foster Care

1 Former Foster Care Details Print

2 Please enter the claimant's Former Foster Care details.

* Indicates a required item

3 Former Foster Care Details

4 Was <person name> in foster care with ADFAN on their 21st birthday?

5 Select the state in which <person name> was in the foster care system on their 21st birthday?

6 Was <person name> enrolled in Medicaid on their 21st birthday?

5.3.17.2 Description of Modifications and Additions

1. Former Foster Care Details

Page Header, New

2. We need to know a few more details. Please answer the questions below.

Narrative, New

Add narrative "We need to know a few more details. Please answer the questions below."

3. Former Foster Care Details

Cluster, New



4. Was <person name> in foster care with ADFAN on their 21st birthday?

Dropdown, New, Mandatory

<PR-15453> Prepopulating Application Instructions: Prepopulate when there is an active evidence.

Technotes: See YesNo Code table for list of valid values.

5. Select the state in which <person name> was in the foster care system on their 21st birthday.

Dropdown, New, Mandatory

<PR-15453> Prepopulating Application Instructions: Prepopulate when there is an active evidence.

Technotes: See States code table for list of valid values.

6. Was <person name> enrolled in Medicaid on their 21st birthday?

Dropdown, New, Optional

<PR-15453> Prepopulating Application Instructions: Prepopulate when there is an active evidence.

Technotes: See YesNo Code table for list of valid values.

5.3.18 Adoption Details

The Adoption Details page is a new page that will be added to the IEG. This information will be used to collect data for the Adoption evidence.



5.3.18.1 Screenshot (New)

Figure 39: Adoption

1 Adoption Details [Print](#)

2 We need to know a few details. Please answer the questions below.

First Child

* Indicates a required item

3 Adoption Details [Help](#)

4 What is <person name>'s agreement type? *

5 What is the date of the agreement? *

5.3.18.2 Description of Modifications and Additions

1. Adoption Details

Page Header, New

2. We need to know a few more details. Please answer the questions below.

Narrative, New

3. Adoption Details

Cluster, New

4. What is <person name>'s adoption agreement type?

Dropdown, New, Mandatory



Add new dropdown field to allow users to enter the type of adoption agreement.

Technotes: See AdoptionAgreementType Code table for list of valid values. Adoption Agreement Type needs to map to the case level evidence called Adoption to field Adoption Agreement Type.

5. What is the date of the agreement?

Date, New, Mandatory

Add new date field to allow users to enter the date the person entered into the Adoption Agreement.

Technotes: Date needs to map to the case level evidence called Adoption to field Start Date.

5.3.19 <PRMO-445> Review the Claimant's Answers - The Claimant's Home

The Review Claimant's Answers – Claimant's Home page provides a summary to the user of information entered on the previous pages concerning the additional members in the home. If an error is discovered, the user is allowed to return to the page that contains the error to modify the information and proceed forward.

Several new fields were added to the caseworker IEG script that must be available in the "Review the Claimant's Answer" for Home Members page.

Additional modifications are to change the wording of the questions to include 'anyone applying for benefits'.



5.3.19.1 Screenshot (Modify)

Figure 40: Review the Claimant's Answers – Claimant's Home

Other Home Members

Add

1	2	3					4			
First Name	Middle Name	Last Name	Second Last Name	Gender	Gender Identity	Date of Birth	U.S. Citizen	When did this person become a member of the household?	Action	
Child		Last				4/1/2019	US Citizen	4/1/2019	No	Edit Delete

5 Police Officer

6	7	8	
First Name	Are you a police officer?	Relative of an absent or deceased police officer.	Action
Child	No		Edit

Home Relationships

			9	10	
From	Type	To	Caretaker	Widow(er) or Divorcee of Caretaker Relative	Action
First	is the parent of	Child	No	Yes	Edit

<PR-14507>

11 Health Benefits

Add

12	13	15	
First Name	Applying for health benefits	MCO	Action
Child	Yes	Molina	Edit



I.4.2.a.ii Completed Intake Application Processing FDD

Absent Parent Information Edit ▼

Are there any children in the claimant's home who have a parent not living in the home? Yes

Absent Parent Information ▼

Add

First Name	Middle Name	Last Name	Second Last Name	SSN	Date of Birth	Reason for Absence	Black or African American	Hispanic or Latino	Asian	Hawaiian or Pacific Islander	White or Caucasian	Hispanic or Latino	Action

<PRMO-445> & <PRMO-449>

Is anyone pregnant? No

Pregnancy Details ▼

Alien Add +

First Name	Estimated Delivery Date	Number of Babies Carried	Enrolled in Medicaid	Pregnancy End Date	Father Member of Claim	First Name	Last Name	Action
No information entered								

Does anyone applying for benefits have military status? No

Veteran/Military Details ▼

Alien Add +

First Name	Military Status	Service Start Date	Branch of Service	Still in Service	Date of Leaving Service	Action
No information entered						



18 Is anyone applying for benefits currently in foster care? No

19 Current Foster Care

Alien Add +

20 First Name	21 Start Date	22 State	23 Foster Care Notification Type	Action
No information entered				

24 Was anyone applying for benefits ever in foster care? No

25 Former Foster Care

Alien Add +

26 First Name	27 In ADFAN foster care on 21st birthday	28 State	29 Enrolled on Medicaid on their 21st birthday	Action
No information entered				

30 Is anyone applying for benefits currently in an adoption program? No

31 Adoption

Alien Add +

32 First Name	33 Start Date	34 Payment Agreement Type	Action
No information entered			

5.3.19.2 Description of Modifications and Additions

Other Home Member Cluster

1. Middle Name

Column, New

Add new column to display the response to the question "Middle Name".

2. Second Last Name

Column, New

Add new column to display the response to the question "Second Last Name".

3. Gender Identity

Column, New



Add new column to display the response to the question "Gender Identity".

4. Have you been emancipated by a court order?

Column, New

Add new column to display the response to the question "Have you been emancipated by a court order?".

Police Officer

5. Police Officer

Cluster, New

6. First Name

Column, New

Add a new column to display the response to the question "First Name".

7. Are you a police officer?

Column, New

Add a new column to display the response to the question "Are you a police officer?".

8. Relative of an absent or deceased police officer.

Column, New

Add a new column to display the response to the question "Relative of an absent police officer.".

Home Relationships Cluster

9. Caretaker

Column, Modify

Rename column title to Caretaker

10. Widow(er) or Divorcee of Caretaker Relative

Column, New

Add a new column to display the response to the question "Is a widow(er) or divorcee of a parent caretaker relative?".



Health Benefits Cluster

11. Health Benefits

Cluster, New

12. First Name

Column, New

Add new column to display the response to the question "First".

13. Applying for health benefits

Column, Modified

Add new column to display the response to the question "Does this person want to apply for health benefits?".

15. MCO

Column, New

Add new column to display the response to the question "Does this claimant have a preferred Managed Care Organization (MCO)".

<PR-14507>

14. Evaluation Type

Column, ~~Remove~~ **New**

Add new column to display the response to the question "Evaluation Type".

Former Foster Care

Column, Remove

Remove the column "Former Foster Care"

Help Paying for health benefits

Column, Remove

Remove the column "Help Paying for health benefits"

Absent Parent Information Cluster



Cluster

16. Middle Name

Column, New

17. Second Last Name

Column, New

<PRMO-445>

Child Support Cluster

Cluster, Remove

<PRMO-445>

General Information Cluster

Blind Details Cluster

36. Is anyone applying for benefits blind?

Static Text, Modify

Change text from "Is anyone in the claimant's home blind?" to "Is anyone applying for benefits blind?"

Disability Start Date

Column, Remove

Remove Column "Disability Start Date"

Determination By

Column, Remove

Remove Column "Determination By"

<PRMO-445>

Disability Details Cluster

37. Is anyone applying for benefits disabled?

Static Text, Modify

Change text from "Is anyone in the claimant's home disabled?" to "Is anyone applying for benefits disabled?"



Disability Type

Column, Remove

Remove Column "Disability Type"

Brain Injury Category

Column, Remove

Remove Column "Brain Injury Category"

Disability Start Date

Column, Remove

Remove Column "Disability Start Date"

<PRMO-449>

Pregnancy Details Cluster

38. Estimated Delivery Date

Column, Modify

Change column name from "Expected Due Date" to "Estimated Delivery Date"

<PRMO-445> <PRMO-1521>

Veteran/Military Details Cluster

39. Does anyone applying for benefits have military status?

Static Text, Modify

Technotes: The question should only be displayed for applicants and household members applying for benefits where:

- ***Citizen status = Alien***

This Cluster should only be displayed for applicants and household members applying for benefits where:

- ***Citizen status = Alien***
AND
- ***Is anyone applying for benefits = Yes***

18. Is anyone applying for benefits currently in foster care?

Static Text, Modify



Change text from "Is anyone currently in foster care?" to "Is anyone applying for benefits currently in foster care?"

19. Current Foster Care

Cluster, New

20. First Name

Column, New

Add new column to display the response to the question "First Name".

21. Start Date

Column, New

Add new column to display the response to the question "Start Date".

22. State

Column, New

Add new column to display the response to the question "What state is <person name> receiving payment from?".

23. Foster Care Notification Type

Column, New

Add new column to display the response to the question "Foster Care Notification Type"

<PRMO-445>

Former Foster Care Cluster

24. Was anyone applying for benefits ever in foster care?

Static Text, Modify

Change text from "Was anyone ever in foster?" to "Was anyone applying for benefits ever in foster care?"

25. Former Foster Care

Cluster, New



26. First Name

Column, New

Add new column to display the response to the question "First Name".

27. In ADFAN foster care on 21st birthday

Column, New

Add new column to display the response to the question "Was <person name> in ADFAN foster care on their 21st birthday?".

28. State

Column, New

Add new column to display the response to the question "Select the state in which <person name> was in the foster care system on their 21st birthday".

29. Enrolled on Medicaid on 21st birthday

Column, New

Add new column to display the response to the question "Was <person name> enrolled on Medicaid on their 21st birthday".

<PRMO-445>

Adoption Cluster

30. Is anyone applying for benefits currently in an adoption program?

Static Text, Modify

Change text from "Is anyone in an adoption program?" to "Is anyone applying for benefits currently in an adoption program?"

31. Adoption

Cluster, New

32. First Name

Column, New

Add a new column to display the response to the question "First Name".

33. Start Date

Column, New

Add a new column to display the response to the question "Start Date".

34. Payment Agreement Type

Column, New

Add a new column to display the response to the question "Payment Agreement Type".

Domestic Violence Cluster

Domestic Violence

Cluster, Remove

Is anyone in the claimant's home a migrant or seasonal farm worker?

Static Text, Remove

5.3.20 Current Benefit Page

The Current Benefit page allows the user to identify the home member current benefit information.

5.3.20.1 Screenshot (Modify)

Figure 41: Current Benefit

Current Benefit Information [Help](#)

What type of benefit is Charlene currently receiving? * --Please Select-- 1

From what date did Charlene start receiving benefit? *

From what state is Charlene receiving their benefit? * --Please Select--

5.3.20.2 Description of Modifications and Additions

1. What type of benefit is <person name> currently receiving?

Dropdown, Modify, Mandatory

Technotes: See BenefitType code table for value.



5.3.21 <CR-170> Paid Employment Page

The Paid Employment page allows the user to input the home member's employer information.

5.3.21.1 Screenshot (Modify)

Figure 42: Paid Employment Page <CR-170>

Employer Details

Employer Name *

Employer Address

1 Address Line 1: *

2 Address Line 2:

City: *

State: * --Please Select--

Zip: *

Employment Details [Help](#)

Please enter the details of Alien's job below:

What is Alien's Employment Type? * --Please Select--

4 What is Alien's Employment subtype? --Please Select--

When did Alien start this employment? *

3 Is Alien a public employee with this employer? --Please Select--

What is Alien's occupation type? --Please Select--



5.3.21.2 Description of Modifications and Additions

1. Address Line 1

Text, Modify

Change from Street 1 to Address 1

2. Address Line 2

Text, Modify

Change from Street 2 to Address 2

3. Is <person name> a public employee with this employer?

Dropdown, New, Optional

Technotes: See YesNo Code table for list of valid values.

<CR-170>

4. What is <person name>'s Employment Subtype?

Dropdown, New, Optional

Technotes: See PREmploymentSubType Code table for list of valid values.

Is <person name> currently participating in a strike?

Dropdown, Remove

5.3.22 Income Information Page

The Income Information page allows the claimant to identify home members that have income.



5.3.22.1 Screenshot (Modify)

Figure 43: Income Information

Income Information Print

Please tell us about the people in the claimant's home who receive income.

* Indicates a required item

Income Information

1 Does anyone in the claimant's home have any income from an employment? *

2 Does anyone in the claimant's home have any income from self employment? *

Does anyone in the claimant's home have any unearned income? *

5.3.22.2 Descriptions of Modifications and Additions

If anyone in the claimant's home voluntary quit or terminated in the last 30 days? *
Dropdown, Remove

Does anyone in the claimant's home have income from an employment? *
Text, Modify

Change from "Does anyone in the claimant's home earn income from an employment? *"

Does anyone in the claimant's home earn income from self employment? *
Text, Modify

Change from "Does anyone in the claimant's home earn income from self employment? *"



5.3.23 <CR-170> Earned Income Details

5.3.23.1 Screenshot (Modify)

Figure 44: Earned Income Details

Earned Income Details [Print](#)

The claimant has told us that Jennifer is employed, please enter Jennifer's income details below

Jennifer **Barnaby**

Employer Details [Help](#)

ABC Liquors

Earned Income Details [Help](#)

Please enter the details of Jennifer's paid income below:

What type of income does Jennifer earn from this employment? * --Please Select--

How often does Jennifer receive this income? * --Please Select--

How much does Jennifer receive? *

1 Irregular Income?

When did Jennifer start receiving this income? *

Does Jennifer earn any more income from an employment? * --Please Select--

5.3.23.2 Descriptions of Modifications and Additions

<CR-170>

1. Irregular Income?

Checkbox, New, Optional

Will be used by the caseworker to identify if the income is irregular.



5.3.24 <CR-170> Review the Claimants Answers – Income

The Review Claimant's Answers – Income page provides a summary to the user of information entered on the previous pages concerning the income of all members of the home. If an error is discovered, the user can return to the page that contains the error to modify the information and proceed forward.

The cluster concerning the Stopped Work details has been removed.



5.3.24.1 Screenshot (Modify)

Figure 45: Review the Claimant's Answers – Income <CR-170>

Review The Claimant's Answers

Here's a summary of what the claimant has told us about their income. If the claimant would like to edit his/her answers, please click 'Edit'. If the claimant would like to delete information for any home member, please click 'Delete'.

[Print](#)

Employment Details

Alien
Add +

First Name	Employer Name	Employment Type	Employment Subtype	Start Date	Action
 Alien	Employer	Part-Time	Seasonal	1/1/2020	Edit Delete

Self Employment Details

Alien
Add +

First Name	Employer Name	Ownership Type	Self Employment Status	Start Date	Action
No information entered					

Unearned Income Details

Alien
Add +

First Name	Type of Income	Frequency	Amount	Income Receive Date	Action
No information entered					

Earned Income Details

Alien
Add +

First Name	Type of Income	Frequency	Amount	Irregular Income	Income Start Date	Action
 Alien	Wages and Salaries	Monthly	600.00	No	1/1/2020	Edit Delete

Self Employment Income Details

Alien
Add +

First Name	Type of Income	Frequency	Amount	Income Receipt Date	Action
No information entered					



5.3.24.2 Descriptions of Modifications and Additions

<CR-170>

1. Employment Subtype

Column, New

2. Irregular Income

Column, New

Stopped Work Details Cluster

Stopped Work Details

Cluster, Remove

<PRMO-445>

Next

Button, Modify

Reorder the pages to display the new Expenses Information page after the Review Claimant's Answers – Income page.

5.3.25 <PRMO-445> Expenses Information - MAGI

The new Expenses Information page allows the claimant to identify household members that have a medical expense, pay alimony and/or student loan interest.



5.3.25.1 Screenshot (New)

Figure 46: Expenses Information – MAGI <PR-15754> <PRMO-445>

5.3.25.2 Descriptions of Modifications and Additions

Expense Information

Page Name, New

<PR-15754>Page description: Please tell us about the people in your home who have expenses.

2. Please tell us about the people in the claimant’s household who have expenses.
 pers

<PR-15754>

3. Does anyone in your home have any medical expenses within the last 3 months?
~~Does anyone applying for benefits have medical expenses?~~

Dropdown, New, Mandatory

Only display this question when Retroactive Medical Assistance is selected as an application. When displaying, the question is mandatory. Will allow an applicant to state if he/she has medical expenses.

Technotes: See YesNo Code table for list of valid values. If answer is Yes, display all applicants that are applying for benefits.



4. Please check the box for anyone who has medical expenses:

Checkbox, New, Mandatory

Will allow the user to select which applicant has medical expenses.

Technotes: If answer is Yes to the 'Does anyone applying for benefits have medical expenses?' question then display all applicants that are applying for benefits within this section.

5. Does anyone applying for benefits have any other expenses? ~~such as alimony or student loan interest?~~

Dropdown, New, Mandatory

Will allow household members ~~an applicant~~ to state if he/she pays any other expense, such as alimony and interest on student loans.

Technotes: See YesNo Code table for list of valid values. If answer is Yes, display all <PR-15754> household members. ~~applicants that are applying for benefits.~~

6. Please check the box for anyone who has expenses: ~~pays alimony or student loan interest:~~

Checkbox, New, Mandatory

Will allow household members ~~an applicant~~ to state if he/she pays any other expense, such as alimony and interest on student loans.

Technotes: If answer is Yes to the 'Does anyone applying for benefits have any other expenses? ~~such as pay alimony or interest on a student loan, etc.?~~' question then display all household members ~~applicants that are applying for benefits within this section.~~

Next

Button, New

Display details pages in order of the question asked. If the response is Yes to the medical expense question, display the Medical Expense Details page.

If the response is Yes to the other expenses question, display the Other Expense Details page. If the response is No to all the questions on this page, display the Health Insurance Information page.




5.3.26 <PRMO-445> Medical Expense Details (Modify)

The Medical Expense Details page allows the claimant to provide medical expense information. This page is being moved from the Expenses section of the IEG to the MAGI portion of the application.

5.3.26.1 Screenshot (Modify)

Figure 47: Medical Expense Details

below.



Alien

* Indicates a required item


Medical Expenses [Help](#)

Please enter the details of Alien's medical expense(s) below:

What type of medical expense does Alien have? *

How often does Alien pay the expense? *

How much does Alien Pay? *

When did Alien start paying this expense? * 

Provider Details

Please provide the details of the medical service provider below:

Provider Name: *

Address

Street 1: *

Street 2:

City:

State: *

Zip: *

[Help](#)

Does Alien have any other medical expenses? *



5.3.26.2 Descriptions of Modifications and Additions

Next

Button, Modify

If the answer to Other Expenses is Yes, then display Other Expenses Details, otherwise display the Health Insurance page.

5.3.27 <PRMO-445> Other Expense Details (Modify)

The Other Expense Details page allows the claimant to provide alimony and Interest on Student Loan expense information. This page is being moved from the Expenses section of the IEG to the MAGI portion of the application.

5.3.27.1 Screenshot (Modify)

Figure 48: Other Expense Details

5.3.27.2 Descriptions of Modifications and Additions

Next

Button, Modify

<PR-15420> Display the Expense Summary (MAGI) page. ~~Health Insurance page.~~

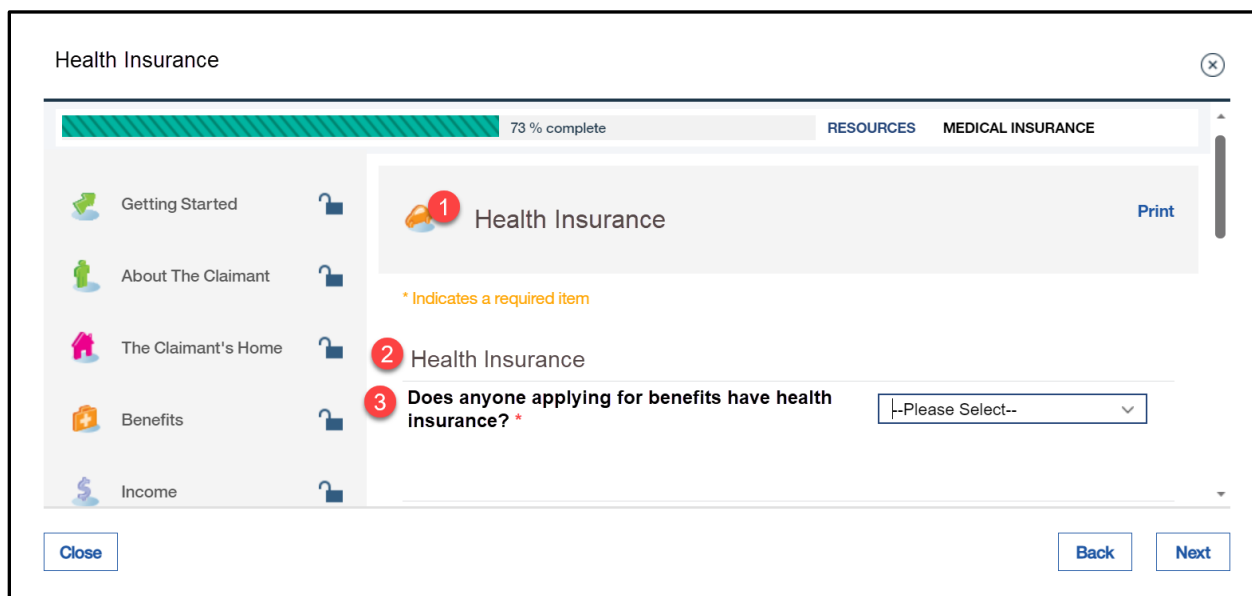


5.3.28 <PRMO-445> Health Insurance (Modify)

The Health Insurance page allows the claimant to identify home members that have health insurance. The health insurance question is being removed from the Resource General Information page and a new page is being added within the MAGI portion of the application to capture this information.

5.3.28.1 Screenshot (Modify)

Figure 49: Health Insurance



5.3.28.2 Descriptions of Modifications and Additions

1. Health Insurance

Page Name, New

2. Health Insurance

Cluster, New

3. Does anyone applying for benefits have health insurance?

Dropdown, New, Mandatory

<PR-15915> When Yes is selected, display only members applying for benefits.

<PR-15453> Prepopulating Application Instructions: If the household member has an active Medical Insurance evidence, then:

- Display the answer 'Yes' as a static text to the question 'Does anyone in the claimant's home have medical insurance?'



- On the upcoming medical insurance page, prepopulate the medical insurance details.

If there are other household members that exist without an active medical insurance evidence, then:

- Display the dropdown box for selection of 'Yes' or 'No' answer for active medical insurance.
- On the upcoming medical insurance page, allow the user to enter the insurance details.

Technotes: See YesNo Code table for list of valid values.

Next

Button, New

If the answer to the question is Yes, display the Medical Insurance Details page.

If the answer to the question is No, display the Additional Information page, or the Review the Claimant's Answers – Finish Summary – MAGI Only Application page as applicable.


5.3.29 <PRMO-445> Health Insurance Details

The Health Insurance Details page allows the claimant to provide information about any medical insurance received by members within the home. This page is being moved within the flow of the IEG into the MAGI portion of the application and is renamed from Medical Insurance Details to Health Insurance Details.



5.3.29.1 Screenshot (Modify)

Figure 50: Health Insurance Details

 **1** Health Insurance Details Print

** Indicates a required item*


Policy Holder Details

Is the Policy Holder a member of the claimant's household? *

2 Health Insurance Details

3 What is the health insurance type? *

What is the insurance policy number? *

What is the commencement date of this insurance policy? * 

What premium is paid on this policy? *

How often are premium payments made? *

How much is the deductible amount on this policy?

What insurance coverage is provided under this policy? *

- Ambulatory ▲
- Ambulatory and Dental ●
- Ambulatory and Medicines ▼

Is this policy a group policy? *

Insurance Company Details

Insurance Company Name: *

Does anyone in the claimant's household receive coverage under this policy? *

Does anyone in the claimant's home have any other medical insurance policies? *



5.3.29.2 Descriptions of Modifications and Additions

1. Health Insurance Details

Page Name, Modify

Rename page from 'Medical Insurance Details' to 'Health Insurance Details'.

<PR-15453> Prepopulating Application Instructions: Prepopulate with active insurance coverage information from the IC.

2. Health Insurance Details

Cluster, Modify

Rename cluster from 'Medical Insurance Details' to 'Health Insurance Details'.

3. What is the health insurance type?

Dropdown, Modify

Question was changed from 'What is the medical insurance type' to 'What is the health insurance type?'

Next

Button, Modify

Display the Additional Information page, or the Review the Claimant's Answers – Finish Summary – MAGI Only Application page as applicable.

5.3.30 <PRMO-445> Additional Information

The Additional Information page is used to allow the applicant to opt into or out of providing resource and expense information.

Technotes: The Additional Information page should only be displayed if an applicant meets one of the below criteria:

Will turn 65 years old within the next 11 months

Responds 'Yes' to the Is anyone applying for benefits blind? question

Responds 'Yes' to the Is anyone applying for benefits disabled? question

Responds 'Yes' to the Are you a police officer of the Commonwealth? question

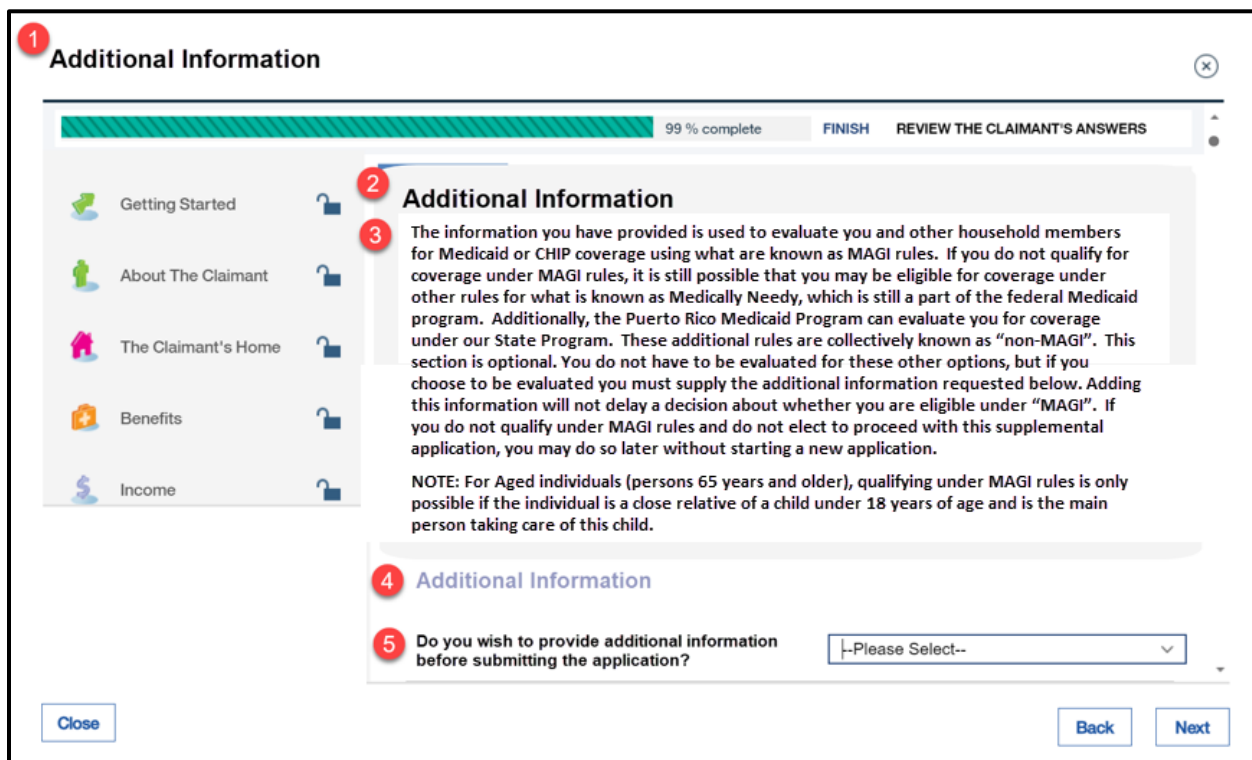
Responds 'Child/Stepchild of Active Police', 'Child/Stepchild of Deceased Police', 'Spouse of Active Police', or 'Widow(er) of Deceased Police', to the Relative of an absent or deceased police officer question



Living Arrangement Type is either 'Office of the Women's Advocate (OPM)', 'Juvenile Institutions (AIJ)', or 'Forensic Psychiatry'

5.3.30.1 Screenshot (New)

Figure 51: Additional Information <PRMO-445>



5.3.30.2 Descriptions of Modifications and Additions

1. Additional Information

Page, New

This page is being reinstated into the IEG.

Additional Information

Page Title, New

The information you have provided is used to evaluate you and other household members for Medicaid or CHIP coverage using what are known as MAGI rules. If



you do not qualify for coverage under MAGI rules, it is still possible that you may be eligible for coverage under other rules for what is known as Medically Needy, which is still a part of the federal Medicaid program. Additionally, the Puerto Rico Medicaid Program can evaluate you for coverage under our State Program. These additional rules are collectively known as "non-MAGI". This section is optional. You do not have to be evaluated for these other options, but if you choose to be evaluated you must supply the additional information requested below. Adding this information will not delay a decision about whether you are eligible under "MAGI". If you do not qualify under MAGI rules and do not elect to proceed with this supplemental application, you may do so later without starting a new application.

NOTE: For Aged individuals (persons 65 years and older), qualifying under MAGI rules is only possible if the individual is a close relative of a child under 18 years of age and is the main person taking care of this child.

Text, New

4. Additional Information

Cluster, New

5. Do you wish to provide additional information before submitting the application?

Dropdown, New, Required

Technotes: See YesNo Code table for list of valid values.

If the applicant opts to provide non-MAGI information AND go through ALL the pages of the non-MAGI application then submits the application, set the Evaluation Type for all applicants to "MAGI and non-MAGI".

If the applicant opts to provide non-MAGI information but then submits the application before responding to all the questions within the non-MAGI portion, set the evaluation type for all applicants to "MAGI only".

If the applicant does not opt to provide non-MAGI information, set the Evaluation Type for all applicants to "MAGI only".

Next

Button, New

If the answer to the question is Yes, then display Blind Details, Disability Details or Resource General Information, as applicable.

If the answer is No, then display the Review the Claimant's Answers – Finish Summary – MAGI Only Application page.



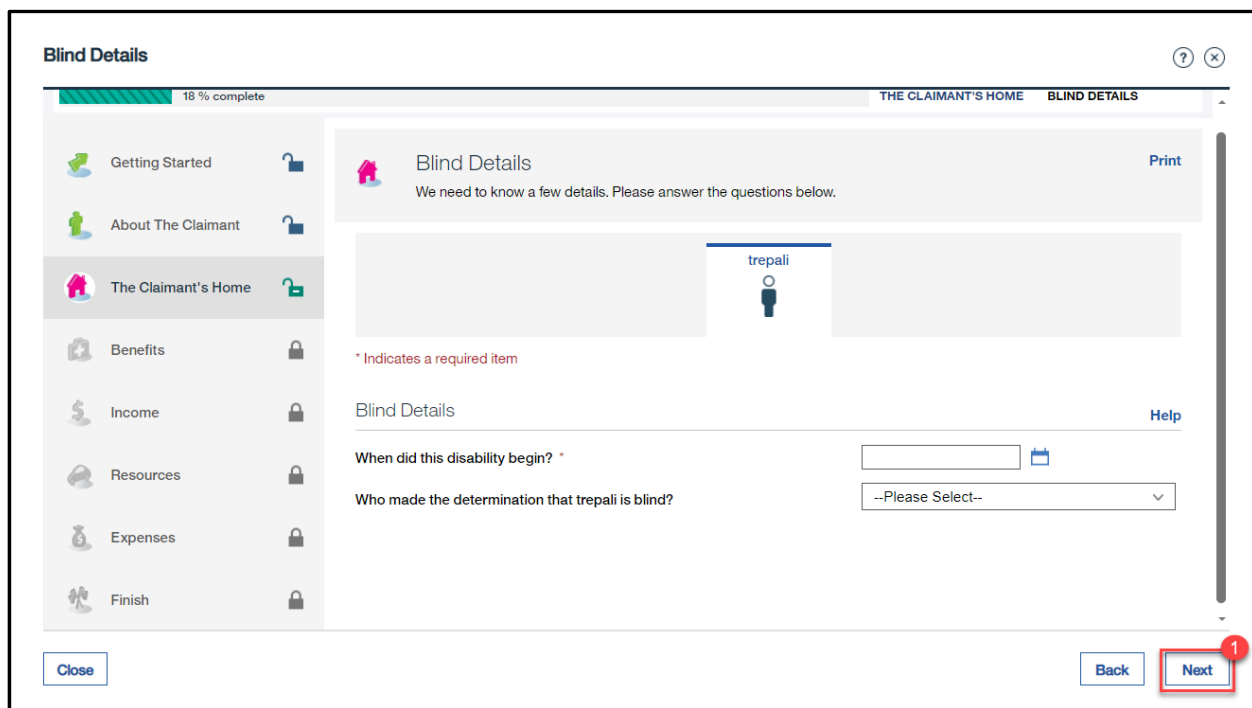
5.3.31 <PRMO-445> Blind Details – Non-MAGI

The Blind Details page will be used to allow the applicant to provide additional information regarding their blindness. This page has been moved within the IEG script to display within the non-MAGI portion.

Technotes: This page will only be displayed, for applicants who responded 'Yes' to the 'Is anyone applying for benefits blind?' question within the MAGI portion of the application. This page will be for each person who identified as blind.

5.3.31.1 Screenshot (New)

Figure 52: Blind Details – Non MAGI <PRMO-445>



5.3.31.2 Descriptions of Modifications and Additions

<PR-15453> Blind Details Page:

Prepopulating Application Instructions: If the household member has an active disability evidence of type Blind, then prepopulate the data.

Next

Button, Modify



Display the Disability Details page, if the applicant responds 'Yes' to "Is anyone applying for benefits disabled?" question within the MAGI portion of the application; else display the Resource General Information page.

5.3.32 <PRMO-445> Disability Details – Non-MAGI

The Disability Details page will be used to allow the applicant to provide additional information regarding the applicant's disability.

Technotes: This page will only be displayed, for applicants who responded 'Yes' to Is anyone applying for benefits disabled? Question within the MAGI portion of the application. This page will be for each person who identified as disabled.

5.3.32.1 Screenshot (Modify)

Figure 53: Disability Details – Non MAGI <PRMO-445>

5.3.32.2 Descriptions of Modifications and Additions

<PR-15453> Disabled Details Page:

Prepopulating Application Instructions: If the household member has an active disability evidence of type any type except for Blind, then prepopulate the data.



1. Next

Button, Modify

Display the Resource General Information page.

5.3.33 <PRMO-445> Resource General Information


The Resource General Information page is used to allow the user to gather resource information for the home members. Each Yes answer requires the user to select the home member that has the resource.

Additional pages are displayed to gather details concerning the resource.



5.3.33.1 Screenshot (Modify)

Figure 54: Resource General Information <PRMO-445>



resources

[Print](#)

Resource General Information

Please tell us about the people in the claimant's home who have resources.

* Indicates a required item

Resources Information [Help](#)

1 Does anyone in the claimant's home own a vehicle? *

v

Does anyone in the claimant's home have a burial plot? *

v

Does anyone in the claimant's home have a burial plan? *

v

Does anyone in the claimant's home have property? *

v

2 Does anyone in the claimant's home have liquid resources? *
(Examples: Cash on hand, Checking Account, Savings Account, etc.)

v

Does anyone in the claimant's home have life insurance? *

v

Is anyone in the claimant's home a grantor, beneficiary or trustee of a trust? *

v

Is anyone in the claimant's home a beneficiary, owner or annuitant of an annuity? *

v

Has anyone in the claimant's home sold, traded, given away or transferred a resource in the last three months? *

v

5.3.33.2 Description of Modifications and Additions

- Does anyone in the claimant's home own a vehicle



Text, Modify

Modify the question "Does anyone in the claimant's home have a vehicle" to "Does anyone in the claimant's home own a vehicle"

2. Does anyone in the claimant's home have liquid resources? (Examples: Cash on hand, Checking account, Savings account, etc.)

Text, Modify

Modify the question "Does anyone in the claimant's home have liquid resources?" to "Does anyone in the claimant's home have liquid resources? (Examples: Cash on hand, Checking account, Savings account, etc.)"

Does anyone in the claimant's home have a loan?

Dropdown, Remove

Does anyone in the claimant's home have general insurance?

Dropdown, Remove

<PRMO-445>

Does anyone in the claimant's home have medical insurance?

Dropdown, Remove

5.3.34 <PRMO-445> Review the Claimant's Answers – Resources

The "Review the Claimant's Answers" page in the "Resource" section represents the summary of the resources on the application.



5.3.34.1 Screenshot (Modify)

Figure 55: Review the Claimant's Answers – Resources

<PRMO-445>

Liquid Resource Details ▼

First

Add +

First Name	Liquid Resource Type	Start Date	Value	Amount Owed	Generates Income	Sole Owner	Action
No information entered							

Life Insurance Details ▼

First

Add +

First Name	Policy Number	Cash Value	Face Value	Commencement Date	Insurance Company Name	Action
No information entered						

Trust Details ▼

Add

Type	Category	Date Established	Source	Value	Generates Income	Action
No information entered						

5.3.34.2 Description of Modifications and Additions

Loan Details Cluster

Loan Details

Cluster, Remove

General Insurance Details Cluster

General Insurance Details

Cluster, Remove



<PRMO-445>

Medical Insurance Details

Cluster, Remove

5.3.35 <PRMO-445> Expenses Information Non-MAGI

The Expense Information page is used to allow the user to gather expense information for the home members. Each Yes answer requires the user to select the home member that has expenses.

Additional pages are displayed to gather details concerning the expense.

5.3.35.1 Screenshot (Modify)

Figure 56: Expenses Information <PRMO-445>

5.3.35.2 Description of Modifications and Additions

<PRMO-445>

1. Does anyone in the claimant’s household have any other expenses, such as pay interest on a student loan, etc.?

Dropdown, New, Mandatory

This question gathers information regarding other expenses, such as interest on a student loan.

Technotes: See YesNo code table for a list of valid values.



Does anyone in the claimant's household have any medical expenses?

Dropdown, Remove

Does anyone in the claimant's household pay alimony?

Dropdown, Remove

Does anyone in the claimant's household have shelter expenses?

Dropdown, Remove

Does anyone in the claimant's household have utility expenses?

Dropdown, Remove

Does anyone in the claimant's household have legal guardian expenses?

Dropdown, Remove

Does anyone in the claimant's household have living expenses?

Dropdown, Remove

<PRMO-445>

2. Next

Button, Modify

~~If the answer to~~ "Does anyone in the claimant's household have any other expenses, such as pay interest on a student loan, etc.?" is Yes, then display the Other Expense Details page in sequence according to additional responses.

5.3.36 <PRMO-445> Review the Claimant's Answers – Expenses

The "Review the Claimant's Answers" page in the "Expenses" section represents the summary of the expenses on the application.



5.3.36.1 Screenshot (Modify)

Figure 57: Review the Claimant's Answers - Expenses
 <PRMO-445>

Review The Claimant's Answers

[Print](#)

If the claimant needs to add, edit and/or delete any of the information, use the links to take the claimant to the page. When the claimant has finished reviewing the information, click 'Next'.

Child Support Expense Details ▼

Alien ▼

Add +

First Name	Frequency	Amount	Start Date	Court Ordered	Recipient	Action
No information entered						

Dependent Care Expense Details ▼

Alien ▼

Add +

First Name	Frequency	Amount	Start Date	Reason	Hours per Week	Provider Name	Action
No information entered							

Rental Income Expense Details ▼

Alien ▼

Add +

First Name	Type	Frequency	Amount	Start Date	Action
No information entered					

5.3.36.2 Description of Modifications and Additions

<PRMO-445>

Other Expense Details Cluster

Cluster, Remove



Medical Expense Details

Cluster, Remove

Alimony Expense Details

Cluster, Remove

Shelter Details Cluster

Shelter Details

Cluster, Remove

Utility Expense Details Cluster

Utility Expense Details

Cluster, Remove

Legal Guardian Expense Details Cluster

Legal Guardian Expense Details

Cluster, Remove

Living Expense Details

Living Expense Details

Cluster, Remove

5.3.37 <PR-14507> <PRMO-445><PRMO-449> Review the Claimant's Answers – Finish Summary – MAGI and Non-MAGI Application


The "Review the Claimant's Answers" page in the "~~Final~~ Finish" section represents the summary of all the questions, including the answers to the answered questions, on the **MAGI and Non-MAGI** application.



5.3.37.1 Screenshot (Modify) <PRMO-1521>

**Figure 58: Review the Claimant's Answers – Finish Summary –
MAGI and Non-MAGI Application**





Review The Claimant's Answers

Here is a full summary of what the claimant has told us about the claimant and the claimant's home so far.

[Print](#)

Application Details

[Edit](#)

Application Date:

14/12/2021

Method of Receipt:

In-Person

Name

[Edit](#)

First name:

Alien

1 Middle Name:

Last name:

Test

2 Second Last Name:

Addresses

[Edit](#)

3 Address Line 1: 123 Main St

4 Address Line 2:

City:

SAN JUAN

State:

Puerto Rico

Zip:

00901

5 Neighborhood: Cupey

Is the claimant's mailing address the same as the claimant's residential address? No

6 Address Line 1: 123 Main St

7 Address Line 2:

City:

SAN JUAN

State:

Puerto Rico

Zip:

00901

Contact Details

[Edit](#)

Home phone number:

-

Work phone number:

-

Cell phone number:

-

Other phone number:

-

Email address:

alientest@anything.com



I.4.2.a.ii Completed Intake Application Processing FDD

Personal Details Edit ▼

Does the claimant have an SSN? Yes

Social Security Number (SSN): *** ** 1234

Date of birth: 1/1/1990

Marital status: Single

Gender: Female

8 Gender Identity: Female

9 Are you a police officer of the Commonwealth? No

10 Relative of an absent police officer.

11 Have you been emancipated by a court order? No

Does the claimant have a nickname, alias or other name?

Is the claimant the sponsor of an immigrant?

When did the claimant become a member of the household? 1/1/2020

76 What is the claimant's citizen status? US Citizen

77 Are you a naturalized or derived citizen? No Edit ▼

82 Alien Number

83 Certificate Number



16 Authorized Representative Edit ▼

Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

17 First name:

18 Middle name:

19 Last name:

20 Second last name:

21 Address Line 1:

22 Address Line 2:

23 City:

24 State:

25 Zip:

26 Reason for Authorization

Where The Person Lives Edit ▼

32 Is the claimant a resident of Puerto Rico? Yes

Residency Status Permanent

What is the person's living arrangement? Home

When did this living arrangement begin? 1/1/2020

Race and Ethnicity Edit ▼

Black or African American Yes



I.4.2.a.ii Completed Intake Application Processing FDD

Race and Ethnicity Edit ▾

72

Black or African American	Yes
American Indian or Alaskan Native	No
Asian	No
Hawaiian or Pacific Islander	No
White or Caucasian	No
Asian Indian	No
Chinese	No
Filipino	No
Japanese	No
Korean	No
Vietnamese	No
Asian Unknown	No
Native Hawaiian	No
Guamanian or Chamorro	No
Samoan	No
Other Pacific Islander	No
Other	No
Decline to Answer	No
Ethnicity	

Page that displays when the answer to 'Does this person want to apply for health benefits?' is Yes

Race and Ethnicity Edit ▾

72

American Indian or Alaskan Native	No
-----------------------------------	----

Page that displays when the answer to 'Does this person want to apply for health benefits?' is No



<PR-14507>

42 Health Benefits ▼

Add

43 First Name	44 Applying for health benefits	46 MCO	Action
No information entered			

Head of Household ▼

First Name	Last Name
Alien	Test



I.4.2.a.ii Completed Intake Application Processing FDD

Other Home Members ▼

[Add](#)

First Name	Middle Name	Last Name	Second Last Name	Gender	Date of Birth	U.S. Citizen	When did this person become a member of the household?	Action
No information entered								

Police Officer ▼

First Name	Are you a police officer of the Commonwealth?	Relative of an absent or deceased police officer	Action
No information entered			

Home Relationships ▼

From	Type	To	Caretaker	Widow(er) or Divorcee of Caretaker
No information entered				



I.4.2.a.ii Completed Intake Application Processing FDD

Absent Parent Details ▼

73 Are there any children in the claimant's home that do not have a parent living in the home? ▼

Alien ▼ Add +

74 First Name	75 Parent not Living in the Home	Action
No information entered		

First Name	Middle Name	Last Name	Second Last Name	SSN	Date of Birth	Reason for Absence	Black or African American	American Indian or Alaska Native	Asian	Hawaiian or Pacific Islander	White or Caucasian	Hispanic or Latino	Action
47	48												



I.4.2.a.ii Completed Intake Application Processing FDD

81

Blind Details

▼

Alien ▼
Add (+)

First Name	Disability Start Date	Determination By	Action
No information entered			

78

Disability Details

▼

Alien ▼
Add (+)

First Name	Disability Type	Brain Injury Category	Disability Start Date	Determination By	Action
No information entered					

79

Pregnancy Details

▼

Alien ▼
Add (+)

First Name	Estimated Delivery Date	Number of Babies Carried	Enrolled on Medicaid	Pregnancy End Date	Father Member of Claim	First Name	Last Name	Action
	1/6/2021	1						Edit Delete
Alien								

84

Veteran/Military Details

▼

Alien ▼
Add (+)

First Name	Military Status	Service Start Date	Branch of Service	Still in Service	Date of Leaving Service	Action
No information entered						



I.4.2.a.ii Completed Intake Application Processing FDD

49 Is anyone applying for benefits currently in foster care? No

50 Current Foster Care ▼

Alien ▼ Add +

51 First Name	52 Start Date	53 State	54 Foster Care Notification Type	Action
No information entered				

55 Was anyone applying for benefits ever in foster care? No

56 Former Foster Care ▼

Alien ▼ Add +

57 First Name	58 In ADFAN foster care on 21st birthday	59 State	60 Enrolled on Medicaid on 21st birthday	Action
No information entered				

61 Is anyone applying for benefits currently in an adoption program? No

62 Adoption ▼

Alien ▼ Add +

63 First Name	64 Start Date	65 Payment Agreement Type	Action
No information entered			



I.4.2.a.ii Completed Intake Application Processing FDD

Current Benefit Details ▼

Alien Add +

First Name	Benefit Type	Start Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
No information entered							

Past Benefit Details ▼

Alien Add +

First Name	Benefit Type	Start Date	End Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
No information entered								

Employment Details ▼

Alien Add +

First Name	Employer Name	Employment Type	Start Date	Action
Alien	Employer	Part-Time	1/1/2020	Edit Delete

Self Employment Details ▼

Alien Add +

First Name	Employer Name	Ownership Type	Self Employment Status	Start Date	Action
No information entered					

Unearned Income Details ▼

Alien Add +

First Name	Type of Income	Frequency	Amount	Income Receive Date	Action
No information entered					



I.4.2.a.ii Completed Intake Application Processing FDD

Earned Income Details ▼

Alien Add +

First Name	Type of Income	Frequency	Amount	Income Start Date	Action
Alien	Wages and Salaries	Monthly	600.00	1/1/2020	Edit Delete

Self Employment Income Details ▼

Alien Add +

First Name	Income Type	Frequency	Amount	Start Date	Action
No information entered					

Vehicle Details ▼

Alien Add +

First Name	Type	Cash/Market Value	Amount Owed	Action
No information entered				

Burial Plot Details ▼

Alien Add +

First Name	Fair Market Value	Cash Value	Purchase Date	Location Name	Action
No information entered					

Burial Plan Details ▼

Alien Add +

First Name	Fair Market Value	Cash Value	Purchase Date	Funeral Home Name	Action
No information entered					



I.4.2.a.ii Completed Intake Application Processing FDD

Property Details

Alien

First Name	Property Type	Property Category	Date Purchased	Fair Market Value	Amount Owed	Sole Owner	Ownership Usage	Ownership Type	Generates Income	Action
------------	---------------	-------------------	----------------	-------------------	-------------	------------	-----------------	----------------	------------------	--------

No information entered

Liquid Resource Details

Alien

First Name	Liquid Resource Type	Start Date	Value	Amount Owed	Generates Income	Sole Owner	Action
------------	----------------------	------------	-------	-------------	------------------	------------	--------

No information entered

Life Insurance Details

Alien

First Name	Policy Number	Cash Value	Face Value	Commencement Date	Insurance Company Name	Action
------------	---------------	------------	------------	-------------------	------------------------	--------

No information entered

80

Health Insurance Details

Add

Policy Number	Date	Premium	Frequency	Deductible Amount	Is a Group Policy	Group Policy Number	Insurance Company Name	Action
---------------	------	---------	-----------	-------------------	-------------------	---------------------	------------------------	--------

No information entered

Trust Details

Add

Type	Category	Date Established	Source	Value	Generates Income	Action
------	----------	------------------	--------	-------	------------------	--------

No information entered



Annuity Details ▼

[Add](#)

Type	Category	Date Established	Source	Value	Institution Type	Institution Name	Action
------	----------	------------------	--------	-------	------------------	------------------	--------

No information entered

Resource Transfer Details ▼

Alien [Add](#) +

First Name	Type	Transfer Reason	Date of Transfer	Fair Market Value	Amount Received	Recipient Name	Action
------------	------	-----------------	------------------	-------------------	-----------------	----------------	--------

No information entered

Medical Expense Details ▼

Alien [Add](#) +

First Name	Type	Frequency	Amount	Start Date	Provider Name	Action
------------	------	-----------	--------	------------	---------------	--------

No information entered

Alimony Expense Details ▼

Alien [Add](#) +

First Name	Frequency	Amount	Start Date	Court Ordered	Recipient	Action
------------	-----------	--------	------------	---------------	-----------	--------

No information entered

Child Support Expense Details ▼

Alien [Add](#) +

First Name	Frequency	Amount	Start Date	Court Ordered	Recipient	Action
------------	-----------	--------	------------	---------------	-----------	--------

No information entered



Dependent Care Expense Details ▼

Alien Add +

First Name	Frequency	Amount	Start Date	Reason	Hours per Week	Provider Name	Action
No information entered							

Rental Income Expense Details ▼

Alien Add +

First Name	Type	Frequency	Amount	Start Date	Action
No information entered					

66 Interest on Student Loan Details ▼

Alien Add +

67 First Name	68 Frequency	69 Amount	70 Start Date	Action
No information entered				

5.3.37.2 Description of Modifications and Additions

<PRMO-445>

All Fields will display when the answer to the Additional Information question on the Additional Information page is Yes.

Name Cluster

1. Middle Name

Static Text, Modify

Rename Middle Initial to Middle Name

2. Second Last name

Static Text, New

Addresses Cluster

3. Address Line 1



Static Text, Modify

Rename Street 1 to Address Line 1

4. Address Line 2

Static Text, Modify

Rename Street 2 to Address Line 2

5. Neighborhood

Static Text, New

6. Address Line 1

Static Text, Modify

Rename Street 1 to Address Line 1

7. Address Line 2

Static Text, Modify

Rename Street 2 to Address Line 2

Personal Details Cluster

8. Gender Identity

Static Text, New

9. Are you a police officer?

Static text, New

10. Relative of an absent or deceased police officer.

Static text, New

11. Have you been emancipated by a court order?

Static Text, New

<PRMO-446>



76. What is the claimant's citizen status?

Static Text, New

Technotes: Only display for applicants applying for benefits.

77. Are you a naturalized or derived citizen?

Static Text, New

Technotes: Only display for applicants applying for benefits.

83. Alien Number

Static Text, New

Technotes: Only display for applicants applying for benefits.

84. Certificate Number

Static Text, New

Technotes: Only display for applicants applying for benefits.

12. Gender Identity

Static Text, Remove

13. Are you a police officer?

Static Text, Remove

14. Relative of an absent or deceased police officer.

Static Text, Remove

15. Have you been emancipated by a court order?

Static Text, Remove

Authorized Representative Cluster

16. Authorized Representative

Cluster, New



17. Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

Static Text, New

18. First name

Static Text, New

19. Middle name

Static Text, New

20. Last name

Static Text, New

21. Second Last name

Static Text, New

22. Address Line 1

Static Text, New

23. Address Line 2

Static Text, New

24. City

Static Text, New

25. State

Static Text, New

26. Zip

Static Text, New

27. Reason for Authorization

Static Text, New



Health Benefits Cluster

42. Health Benefits

Cluster, Modify

44. Does this person want to apply for health benefits?

Static Text, Modify

<PR-14507>

30. Evaluation Type

Static Text, ~~Remove~~ **New**

46. Select the preferred Managed Care Organization (MCO).

Static Text, New

Former Foster Care Cluster

Former Foster Care

Cluster, Remove

Stopped Work Details Cluster

Stopped Work Details

Cluster, Remove

Where The Person Lives Cluster

32. Is the claimant a resident of Puerto Rico?

Static text, Modify

Change from "Is the claimant a resident of this state?" to "Is the claimant a resident of Puerto Rico?".

Other Home Member Cluster

33. Middle Name

Column, New

Add new column to display the response to the question "Middle Name".



34. Second Last Name

Column, New

Add new column to display the response to the question "Second Last Name".

35. Gender Identity

Column, New

Add new column to display the response to the question "Gender Identity".

36. Have you been emancipated by a court order?

Column, New

Add new column to display the response to the question "Have you been emancipated by a court order?".

Police Officer

37. Police Officer

Cluster, New

38. First Name

Column, New

Add a new column to display the response to the question "First Name".

39. Are you a police officer?

Column, New

Add a new column to display the response to the question "Are you a police officer with the Commonwealth Police?".

40. Relative of an absent or deceased police officer.

Column, New

Add a new column to display the response to the question "Relative of an absent police officer.".



Help Paying for health benefits

Column, Remove

Remove the column "Help Paying for health benefits"

Former Foster Care

Column, Remove

Remove the column "Former Foster Care"

Home Relationships Cluster

41. Caretaker

Column, Modify

Rename column title from "Non-Parent Caretaker" to "Caretaker"

42. Widow(er) or Divorcee of Caretaker Relative

Column, Modify

Add a new column to display the response to the question "Is a widow(er) or divorcee of a parent caretaker relative?".

Health Benefits Cluster

42. Health Benefits

Cluster, New

43. First Name

Column, New

Add a new column to display the response to the question "First Name".

44. Applying for health benefits

Column, New

Add new column to display the response to the question "Does this person want to apply for health benefits?".

<PR-14507>

45. Evaluation Type



Column, ~~Remove~~ **New**

46. MCO

Column, New

Add new column to display the response to the question "Does this claimant have a preferred Managed Care Organization".

Absent Parent Cluster

47. Middle Name

Column, New

Add new column to display the response to the question "Middle Name".

48. Second Last Name

Column, New

Add new column to display the response to the question "Second Last Name".

<PRMO-445>

73. Are there any children living in the claimant's home that do not have a parent living with them?

Static Text, New

74. First Name

Column, New

Add new column to display the response to the question "First Name".

Child Support Payments Cluster

Cluster, Remove

<PRMO-445>

75. Parent Not living in the Home

Column, New

Add a new column to display the response to the question "Are there any children in the claimant's home who have a parent not living in the home?".



<PRMO-445>

81. Blind Details Cluster

Columns, Modify

Technote: Display all columns when the Additional Information question is Yes.

Disability Details Cluster

78. Determination By

Column, New

Technote: Display all columns when the Additional Information question is Yes.

<PRMO-449>

Pregnancy Details Cluster

79. Estimated Delivery Date

Column, Modify

<PRMO-1521>

84. Veteran/Military Details Cluster

Cluster, **Conditional**

This Cluster should only be displayed for applicants and household members applying for benefits where:

- ***Citizen status = Alien***
AND
- ***Is anyone applying for benefits = Yes***

Current Foster Care Cluster

49. Is anyone currently in foster care?

Static, Text

50. Current Foster Care

Cluster, New

51. First Name

Column, New



Add new column to display the response to the question "First Name".

52. Start Date

Column, New

Add new column to display the response to the question "Start Date".

53. State

Column, New

Add new column to display the response to the question "What state is <person name> receiving payments from?".

54. Foster Care Notification Type

Column, New

Add new column to display the response to the question "Foster Care Notification Type".

Former Foster Care Cluster

55. Was anyone ever in foster care?

Static, Text

56. Former Foster Care

Cluster, New

57. First Name

Column, New

Add new column to display the response to the question "First Name".

58. In ADFAN foster care on 21st birthday

Column, New

Add new column to display the response to the question "Was <person name> in foster care in ADFAN on their 21st birthday?".

59. State



Column, New

Add new column to display the response to the question "Select the state in which <person name> was in the ADFAN foster care system on their 21st birthday".

60. Enrolled on Medicaid on 21st birthday

Column, New

Add new column to display the response to the question "Was <person name> enrolled on Medicaid on their 21st birthday".

Adoption Cluster

61. Is anyone in an adoption program?

Static, Text

62. Adoption

Cluster, New

63. First Name

Column, New

Add a new column to display the response to the question "First Name".

64. Start Date

Column, New

Add a new column to display the response to the question "Start Date".

65. Payment Agreement Type

Column, New

Add a new column to display the response to the question "Payment Agreement Type".

Domestic Violence Cluster

Domestic Violence

Cluster, Remove

Is anyone in the claimant's home a migrant or seasonal farm worker?



Static Text, Remove

<PRMO-445>

Health Insurance Details Cluster

80. Health Insurance Details

Static Text, Modify

<PRMO-445>

Interest on Student Loan Details Cluster

66. Interest on Student Loan Details

Cluster, Modify

Change the name of the cluster from "Other Expense Details" to "Interest on Student Loan Details"

67. First Name

Column, New

Add a new column to display the response to the question "First Name".

68. Type

Column, Remove

69. Frequency

Column, New

Add a new column to display the response to the question "Frequency".

70. Amount

Column, New

Add a new column to display the response to the question "Amount".

71. Start Date

Column, New

Add a new column to display the response to the question "Start Date".



<PRMO-445>

72. Race

Static Text, Modify

The list of races is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Other
Decline

All Race fields will display unless the answer to 'Does this person want to apply for health benefits?' is No. Then only the 'Native Alaskan or American Indian' race selection will display.



<PRMO-449>

73. Estimated Delivery Date

Static Text, Modify

Shelter Details Cluster

Shelter Details

Cluster, Remove

Utility Expense Details Cluster

Utility Expense Details

Cluster, Remove

Legal Guardian Expense Details Cluster

Legal Guardian Expense Details

Cluster, Remove

Living Expense Details

Living Expense Details

Cluster, Remove

<PR-15754>

80. Medical Expense

Cluster, Conditional

Only display when Retroactive Medical Assistance is selected as an application.

5.3.38 <PRMO-445><PRMO-449><PRMO-1518> Review the Claimant's Answers – Finish Summary – MAGI Only Application

The "Review the Claimant's Answers" page in the "Finish" section represents the summary of all the questions, including the answers to any answered question, on the MAGI Only application.



5.3.38.1 Screenshot (Modify) <PRMO-1521>

**Figure 59: Review the Claimant's Answers – Finish Summary –
MAGI Only Application**



Review The Claimant's Answers

[Print](#)

Here is a full summary of what the claimant has told us about the claimant and the claimant's home so far.

Application Details

[Edit](#) ▼

Application Date: 14/12/2021

Method of Receipt: In-Person

Name

[Edit](#) ▼

First name: Alien

Middle Name:

Last name: Test

Second Last Name:

Addresses

[Edit](#) ▼

Address Line 1: 123 Main St

Address Line 2:

City: SAN JUAN

State: Puerto Rico

Zip: 00901

Neighborhood: Cupey

Is the claimant's mailing address the same as the claimant's residential address?

Contact Details

[Edit](#) ▼

Home phone number:

Work phone number:

Cell phone number:

Other phone number:

Email address: alientest@anything.com



Personal Details Edit ▼	
Does the claimant have an SSN?	Yes
Social Security Number (SSN):	*** ** 1234
Date of birth:	1/1/1990
Marital status:	Single
Gender:	Female
Gender Identity:	Female
Are you a police officer of the Commonwealth?	No
Relative of an absent police officer.	
Have you been emancipated by a court order?	No
Does the claimant have a nickname, alias or other name?	
Is the claimant the sponsor of an immigrant?	
When did the claimant become a member of the household?	1/1/2020
18 What is the claimant's citizen status?	US Citizen
12 Is the claimant a naturalized or derived citizen?	Yes
13 Alien Number	
14 Certificate Number	
Special Needs Edit ▼	
What is the claimant's preferred communication Language?	English
Edit	
Does the Claimaint require an Interpreter?	
Interpreter Language	



Authorized Representative

Edit ▼

Do you wish to authorize a person to act on your behalf with the Puerto Rico Medicaid Program as an authorized representative?

First name:

Middle name:

Last name:

Second last name:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Reason for Authorization

Where The Person Lives

Edit ▼

Is the claimant a resident of Puerto Rico? Yes

Residency Status Permanent

What is the person's living arrangement? Home

When did this living arrangement begin? 1/1/2020



Race and Ethnicity Edit ▾

16

Black or African American	Yes
American Indian or Alaskan Native	No
Asian	No
Hawaiian or Pacific Islander	No
White or Caucasian	No
Asian Indian	No
Chinese	No
Filipino	No
Japanese	No
Korean	No
Vietnamese	No
Asian Unknown	No
Native Hawaiian	No
Guamanian or Chamorro	No
Samoan	No
Other Pacific Islander	No
Other	No
Decline to Answer	No
Ethnicity	

Page that displays when the answer to 'Does this person want to apply for health benefits?' is Yes



I.4.2.a.ii Completed Intake Application Processing FDD

Race and Ethnicity		Edit ▼
American Indian or Alaskan Native	No	

Page that displays when the answer to 'Does this person want to apply for health benefits?' is No



I.4.2.a.ii Completed Intake Application Processing FDD

Health Benefits

[Help](#) ▼

Does this person want to apply for health benefits? Yes

Select the preferred Managed Care Organization (MCO)

Other Home Members

▼

[Add](#)

First Name	Middle Name	Last Name	Second Last Name	Gender	Gender Identity	Date of Birth	U.S. Citizen	When did this person become a member of the household?	Have you been emancipated by a court order?	Action
No information entered										

Police Officer

▼

First Name	Are you a police officer of the Commonwealth?	Relative of an absent or deceased police officer	Action
No information entered			

Home Relationships

▼

From	Type	To	Caretaker	Widow(er) or Divorcee of Caretaker Relative
------	------	----	-----------	---



I.4.2.a.ii Completed Intake Application Processing FDD

Health Benefits ▼

Add

First Name	Applying for health benefits	MCO	Action
No information entered			

Head of Household ▼

First Name	Last Name
Alien	Test

1

Blind Details ▼

Alien ▼ Add +

First Name	Action
No information entered	

2

Disability Details ▼

Alien ▼ Add +

First Name	Action
No information entered	

Pregnancy Details ▼

Alien ▼ Add +

First Name	Estimated Delivery Date	Number of Babies Carried	Enrolled on Medicaid	Pregnancy End Date	Father Member of Claim	First Name	Last Name	Action
No information entered								



19 Veteran/Military Details ▼

Alien Add +

First Name	Military Status	Service Start Date	Branch of Service	Still in Service	Date of Leaving Service	Action
No information entered						

4 Is anyone applying for benefits currently in foster care? No

5 Was anyone applying for benefits ever in foster care? No

6 Is anyone applying for benefits currently in an adoption program? No

Current Foster Care ▼

Alien Add +

First Name	Start Date	State	Foster Care Notification Type	Action
No information entered				

Former Foster Care ▼

Alien Add +

First Name	In ADFAN foster care on 21st birthday	State	Enrolled on Medicaid on 21st birthday	Action
No information entered				

Adoption ▼

Alien Add +

First Name	Start Date	Payment Agreement Type	Action
No information entered			



I.4.2.a.ii Completed Intake Application Processing FDD

Absent Parent Details ▼

7 Are there any children in the claimant's home that do not have a parent living in the home? ▼

Alien Add +

8 First Name	9 Parent not Living in the Home	Action
No information entered		

First Name	Middle Name	Last Name	Second Last Name	SSN	Date of Birth	Reason for Absence	Black or African American	American Indian or Alaska Native	Asian	Hawaiian or Pacific Islander	White or Caucasian	Hispanic or Latino	Action
No information entered													

Current Benefit Details ▼

Alien Add +

First Name	Benefit Type	Start Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
No information entered							

Past Benefit Details ▼

Alien Add +

First Name	Benefit Type	Start Date	End Date	State	Benefit Amount	Benefit Frequency	Delivery Method	Action
No information entered								

11/04/2022 v 2.9

Page | 204



I.4.2.a.ii Completed Intake Application Processing FDD

Employment Details ▼

Alien Add +

First Name	Employer Name	Employment Type	Start Date	Action
Alien	Employer	Part-Time	1/1/2020	Edit Delete

Self Employment Details ▼

Alien Add +

First Name	Employer Name	Ownership Type	Self Employment Status	Start Date	Action
No information entered					

Unearned Income Details ▼

Alien Add +

First Name	Type of Income	Frequency	Amount	Income Receive Date	Action
No information entered					

Earned Income Details ▼

Alien Add +

First Name	Type of Income	Frequency	Amount	Irregular Income	Income Start Date	Action
Alien	Wages and Salaries	Monthly	600.00	No	1/1/2020	Edit Delete

Self Employment Income Details ▼

Alien Add +

First Name	Income Type	Frequency	Amount	Start Date	Action
No information entered					



10 Health Insurance Details ▼

[Add](#)

Policy Number	Date	Premium	Frequency	Deductible Amount	Is a Group Policy	Group Policy Number	Insurance Company Name	Action
No information entered								

Trust Details ▼

[Add](#)

Type	Category	Date Established	Source	Value	Generates Income	Action
No information entered						

Annuity Details ▼

[Add](#)

Type	Category	Date Established	Source	Value	Institution Type	Institution Name	Action
No information entered							

Medical Expense Details ▼

Alien ▼ [Add](#) +

First Name	Type	Frequency	Amount	Start Date	Provider Name	Action
No information entered						

Alimony Expense Details ▼

Alien ▼ [Add](#) +

First Name	Frequency	Amount	Start Date	Court Ordered	Recipient	Action
No information entered						



11
Interest on Student Loan Details
▼

Alien
Add +

First Name	Frequency	Amount	Start Date	Action
No information entered				

5.3.38.2 Description of Modifications and Additions

<PRMO-445>

This version of the Finish Summary page will display for applicants who answer the Additional Information question with No.

<PRMO-1518>

18. What is the claimant's citizen status?

Static Text

Technote: When 'Other' is selected then the Alien category information is displayed. The field 'Country/Region of Origin' should be hidden/removed. This field should not be included on the application.

<PRMO-446>

12. Are you a naturalized or derived citizen?

Static Text, New

Technotes: Only display for applicants applying for benefits.

13. Alien Number

Static Text, New

Technotes: Only display for applicants applying for benefits.

15. Certificate Number

Static Text, New

Technotes: Only display for applicants applying for benefits.

<PRMO-445>

16. Race



Static Text, Modify

The list of races is being updated with the following:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian
Native Hawaiian or Pacific Islander
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Other
Decline

All Race fields will display unless the answer to 'Does this person want to apply for health benefits?' is No. Then only the 'Native Alaskan or American Indian' race selection will display.

1. Blind Details Cluster



First Name

Display only the First Name column for the MAGI Only application.

2. Disability Details Cluster

First Name

Display only the First Name column for the MAGI Only application.

<PRMO-449>

3. Estimated Delivery Date

Column, Modify

This column is being renamed from Due Date.

<PRMO-1521>

19. Veteran/Military Details Cluster

Cluster, **Conditional**

This Cluster should only be displayed for applicants and household members applying for benefits where:

- ***Citizen status = Alien***
- ***AND***
- ***Is anyone applying for benefits = Yes***

<PRMO-445>

4. Is anyone applying for benefits currently in foster care?

Static Text, Modify

5. Was anyone applying for benefits ever in foster care?

Static Text, Modify

6. Is anyone applying for benefits currently in an adoption program?

Static Text, Modify

7. Are there any children in the claimant's home that do not have a parent living in the home?

Static Text, Modify



8. First Name

Column, New

9. Parent not Living in the Home

Column, New

<CR-170>

17. Irregular Income

Column, New

10. Health Insurance Details Cluster

Cluster, Modify

This column is being renamed from Medical Insurance Details.

11. Interest on Student Loan Details Cluster

Cluster, Modify

This column is being renamed from Other Expenses.

<PR-15754>

12. Medical Expense

Cluster, Conditional

Only display when Retroactive Medical Assistance is selected as an application.

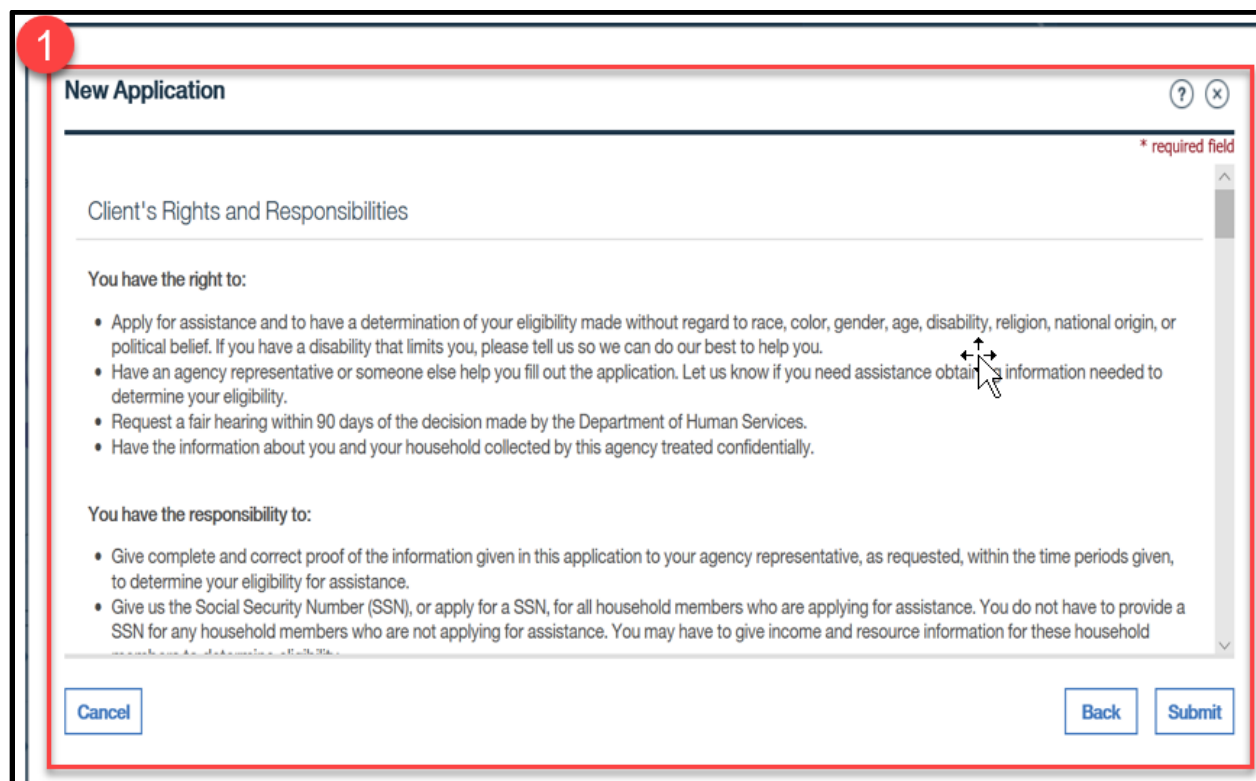
5.3.39 Client's Rights and Responsibilities

The "Client's Rights and Responsibilities" page will be updated to add the Rights and Responsibilities required by Puerto Rico Department of Health.



5.3.39.1 Screenshot (Modify)

Figure 60: Client's Right and Responsibilities



5.3.39.2 Description of Modifications and Additions

1. Client's Rights and Responsibilities

Change the verbiage currently on the Rights and Responsibilities page to the following:

Rights and Responsibilities

I surrender to the Puerto Rico Medicaid Program any right of reimbursement for remuneration, wrongful premium payments, or any other payment not mentioned, used for my medical expenses or used by any person in my household in that regard. I pledge to collaborate with the Puerto Rico Department of Health officials and/or the Medicaid Anti-Fraud Unit with any necessary information needed to identify, manage, and/or recover any improper disbursements.

If anyone on this application is eligible for benefits, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

Authorization and Certification

I understand that by federal regulation I must provide my Social Security Number and the Social Security Numbers for all persons on the application who want health



care coverage, as a requirement for eligibility to the benefits provided by the Puerto Rico Medicaid Program.

I authorize the Puerto Rico Medicaid Program to use all the information provided in this application, including my Social Security Number and the Social Security Numbers of other persons on the application. I also authorize the exchange of information with public agencies (state/federal) and/or private entities, to corroborate household incomes and resources, household composition as well as citizenship or immigration status. I understand that the Puerto Rico Medicaid Program can request information from the Puerto Rico Department of Treasury, Department of Transportation, and Department of the Family, the federal Internal Revenue Service, Department of Homeland Security, and the Social Security Administration and any other entity. I understand that the Puerto Rico Medicaid Program can verify my credit report, and the credit report of all persons on the application through an authorized agency.

I certify that the answers to questions on this application to the Puerto Rico Medicaid Program are true to the best of my knowledge. I know that I may be subject to penalties and federal and/or Puerto Rican law if I provide false or untrue information and that I may also be required to return funds spent on my behalf.

Legal Warnings <PRMO-1455>

Altering, modifying, adding dates of issuance, effectiveness or termination or the reproduction in any form of the ID Card of the Government Health Plan to obtain fraudulent services, constitutes a violation of the law. No person may purchase, obtain, or use an ID Card of the Government Health Plan without being certified as eligible through the Puerto Rico Medicaid Program. Transferring or lending an ID Card of the Government Health Plan to another person is prohibited by law. Every beneficiary certified as eligible by the Puerto Rico Medicaid Program should be the sole user of the Government Health Plan ID Card issued to him or her, on which they will appear identified with their legal name.

It's an obligation of the undersigned beneficiary to inform the Puerto Rico Medicaid Program of any changes affecting any person on the application who is made eligible. This includes changes such as an increase or decrease of income or resources, change of residence, coverage under any other health insurance, changes in family composition (such as by death or birth of a new child), or any other changes that may affect his or her eligibility. The beneficiary must report any such changes within 30 days of the occurrence of such change. **Changes can be reported by the beneficiary online at medicaid.pr.gov, at any local office of the Puerto Rico Medicaid Program, or may also be reported using regular mail or fax.**

If the beneficiary opts for regular mail or fax method, it is the responsibility of the beneficiary to keep evidence of the transaction.

Any person that incurs in a fraudulent act with the purpose to obtain benefits provided by the Puerto Rico Medicaid Program will be excluded as a participant and will be referred to the Puerto Rico Medicaid Anti-Fraud Unit, and/or the federal Department of Justice.



I.4.2.a.ii Completed Intake Application Processing FDD

The Puerto Rico Medicaid Program does not discriminate on the basis of race, color, national origin, age, sex, sexual orientation, gender identity or disability.

Confirmed that client has read or been made aware of his/her rights and responsibilities, of the department's policy, and has authorized the use and release of the information supplied on the application as described above.

Submit

Button, Modify

The user must select the "Confirmed that client has read or been made aware of his/her rights and responsibilities, of the department's policy, and has authorized the release of the household information" check box before being allowed to submit the application.

All added household members and absent parent will go through the Person Match Process using the criteria set for PREE.

5.3.40 Application PDF

After an application is submitted, the Application PDF is available with the answers to the Medical Assistance IEG Application. The Application PDF is being modified to reflect the changes made to the IEG.



5.3.40.1 Screenshot (Modify)

Figure 61: Application PDF (Person)

Person

Head of Household: Yes	First Name: First
Middle Name: Middle	Last Name: Last
Address Same as Primary Client: No	Second Last Name: SecLast
Cell Phone Number: 5551212	Cell Phone Code: 225
SSN: 040219002	Preferred Language: Spanish
Date of Birth: April 22, 1995	Applied for SSN:
Gender Identity: Female	Gender: Female
Marital Status: Single	US Citizen: US Citizen
Has an Alien Sponsor:	Is an Immigrant Sponsor or:
The claimant became a member of the household on: January 1, 2019	Native Alaskan or American Indian: No
Black or African American: Yes	Asian: No
Native Hawaiian or Pacific Islander: No	White or Caucasian: No
Other Ethnicity: No	Decline to Answer: No
Ethnic Origin: Hispanic or Latino	Blind: Yes
Disabled: Yes	Pregnant: Yes
Military Status: Yes	Earned Income: Yes
Self Employment Income: Yes	Receiving Past Benefits: Yes
Receiving Current Benefits: Yes	Resident of Puerto Rico: Yes
Student: No	Residency Status: Permanent
Emancipated by Court Order: No	Police Officer: Yes
	Relative of an absent or deceased police officer:



Figure 62: Application PDF (Person and Address)
<PR-14507>

Person

<p>Accommodation Type: Home</p> <p>Accommodation Start Date: January 1, 2019</p> <p>Unearned Income: Yes</p> <p>Burial Plot: No</p> <p>Liquid Resource: Yes</p> <p>Child Support Expense: Yes</p> <p>Total Cash and Savings: 0</p> <p>Evaluation Type: MAGI</p> <p>Was Formerly in Foster Care: Yes</p> <p>Currently in an adoption program: No</p> <p>Person.viSameMailing Address: No</p>	<p>Accommodation Status: Permanent</p> <p>Self Employed: Yes</p> <p>Child Support: No</p> <p>Burial Plan: No</p> <p>Medical Insurance Coverage: No</p> <p>Property: Yes</p> <p>Alimony Expense: Yes</p> <p>Total Monthly Income: 0</p> <p>MCO: Molina</p> <p>Currently in Foster Care: No</p>
--	---

Residential Address

<p>Address Line 2: Apt 4</p> <p>State: Puerto Rico</p> <p>Neighborhood: Abras</p>	<p>Address Line 1: 123 Main</p> <p>City: San Juan</p> <p>Zip Code: 00901</p>
--	---



Figure 63: Application PDF (Employment and Income)

Pregnancy	
Zip Code: 00901	Was Enrolled on Medicaid During Pregnancy: No
Pregnancy.providerAddress: Yes	
Veteran	
Military Status: Disabled Veteran	Start Date: May 1, 2014
Service Branch: Army	In Service: No
End Date: December 31, 2018	
Employment	
Employment Category: Employment	Employer Name: Employer
14 Address Line 1: 500 Main	City: San Juan
15 Address Line 2: Ste 200	
State: Puerto Rico	Zip Code: 00901
Start Date: January 1, 2019	Working Hours: 10
16 Working Days: 2	Employment Type: Part-Time
Occupation Type:	17 Public Employee: No
Income	
Income Category: Unearned Income	Unearned Income Frequency: Monthly
Unearned Income Amount: 600.00	Last Payment Date: April 1, 2019



Figure 64: Application PDF (Foster Care, Adoption and Additional Household Person)

Former Foster Care

18 In ADFAN foster care on 21st birthday: Yes

19 State: Puerto Rico

20 Enrolled on Medicaid on 21st birthday: Yes

Current Foster Care

22 Start Date: 04122018

23 State: Puerto Rico

24 Foster Care Notification Type: IV-E

Adoption

26 Start Date: 04122018

27 Payment Agreement Type: State Agreement

Person

28 Head of Household: No

Middle Name: Middle

29 First Name: Child

Last Name: Last

Address Same as Primary Client: Yes

Second Last Name: SecLast

Applied for SSN: Yes

SSN:

30 Gender: Female

Gender Identity: Female

Date of Birth: March 1, 2019

US Citizen: US Citizen

Marital Status: Single

Is an Immigrant Sponsor:

The claimant became a member of the household old on: March 1, 2019

or:

Black or African American: Yes

Native Alaskan or American Indian: No

Native Hawaiian or Pacific Islander: No

Asian: No

Other Ethnicity: No

White or Caucasian: No

Ethnic Origin: Hispanic or Latino

Decline to Answer: No

Blind: No

Pregnant: No

Disabled: No

Military Status: No

Earned Income: No

Self Employment Income: No

Receiving Past Benefits: No

Receiving Current Benefits: No

31 Police Officer: Yes

32 Relative of an absent or deceased police officer:



Figure 65: Application PDF (Additional Household Person and Absent Parent) <PR-14507>

Person

Residency Status: Permanent
Accommodation Status: Permanent
Self Employed: No
Child Support: No
Burial Plan: No
Medical Insurance Coverage: No
Property: No
Alimony Expense: No
Total Monthly Income: 0

Resident of Puerto Rico: Yes
Accommodation Type: Home
Accommodation Start Date: March 1, 2019
Unearned Income: No
Burial Plot: No
Life Insurance: No
Liquid Resource: No
Child Support Expense: No
Total Cash and Savings: 0
Applying for health benefits: Yes
MCO: Molina

Authorized Representative

First Name: Mary
Last Name: Last
Address Line 1: 123 Main
City: San Juan
Zip Code: 00901

Middle Name: Middle
Second Last Name: SecLast
Address Line 2: Apt 2
State: Puerto Rico
Reason for authorization: Using

Absent Parent

First Name: John
Last Name: Last
Second Last Name: SecLast
City: San Juan
Zip Code: 00901
Phone Number: 5551212

Middle Name: Mid
Address Line 1: 456 Fourth St
Address Line 2: Apt 4
State: Puerto Rico
Phone Code: 225
Gender: Male



Figure 66: Application PDF (Expenses & Pregnancy)
<PRMO-449>

Expense	
Amount: 200.00	Frequency: Monthly
Start Date: March 1, 2019	50 Type: Student Loan Interest
Pregnancy	
51 Estimated Delivery Date: June 1, 2022	Number of Children: 1

5.3.40.2 Description of Modifications and Additions

Person Cluster

1. Second Last Name

Text, New

2. Gender Identity

Text, New

3. Resident of Puerto Rico

Text, Modify

Rename Resident of State to Resident of Puerto Rico

4. Police Officer?

Text, New

5. Emancipated by Court Order

Text, New

6. Relative of an absent or deceased Police Officer



Text, New

7. Applying for health benefits

Text, New

<PR-14507>

8. Evaluation Type

Text, Remove New

9. MCO

Text, New

10. Currently in Foster Care

Text, New

11. Currently in an adoption program

Text, New

Migrant or Season Farm Worker

Text, Remove

Abusive Situation

Text, Remove

Domestic Violence

Text, Remove

Does anyone in the home have a conviction

Text, Remove

Purchases and Prepares Food with Head of Household

Text, Remove



Pays for Room

Text, Remove

General Insurance Coverage

Text, Remove

Loan

Text, Remove

Utility Expense

Text, Remove

Total Housing Costs

Text, Remove

Is receiving Medicaid Benefits Under Adult Category

Text, Remove

Is financially independent

Text, Remove

Stopped work in last 30 days

Text, Remove

Residential Address Cluster

13. Neighborhood

Text, New

Employment Cluster

14. Address Line 1

Text, Modify



Change "Street 1" to "Address Line 1"

15. Address Line 2

Text, Modify

Change "Street 1" to "Address Line 2"

16. Occupation Type

Text, New

17. Public Employee

Text, New

Sole Owner

Text, Remove

Striking

Text, Remove

Former Foster Care Cluster

18. In ADFAN foster care on 21st birthday

Text, New

19. State

Text, Modify

Modify from State where formerly enrolled in Foster Care.

20. Enrolled on Medicaid on 21st birthday

Text, Modify

Modify from Was enrolled on Medicaid while in Foster Care.

Age when left Foster Care

Text, Remove



Current Foster Care Cluster

21. Current Foster Care
Cluster, New

22. Start Date
Text, New

23. State
Text, New

24. Foster Care Notification Type
Text, New

Adoption Cluster
25. Adoption
Text, New

26. Start Date
Text, New

27. Payment Agreement Type
Text, New

Additional Household Person Cluster
28. Middle Name
Text, New

29. Second Last Name
Text, New



30. Gender Identity

Text, New

31. Police Officer

Text, New

32. Relative of absent or deceased Police Officer

Text, New

33. Resident of Puerto Rico

Text, Modify

Rename Resident of State to Resident of Puerto Rico

34. Applying for health benefits

Text, New

<PR-14507>

35. Evaluation Type

Text, ~~Remove~~ **New**

36. MCO

Text, New

Race Cluster

Static Text, Modify

The list of races is being updated with the following values:

Black or African American
Native Alaskan or American Indian
Asian
White or Caucasian



I.4.2.a.ii Completed Intake Application Processing FDD

Native Hawaiian or Other Pacific Islander Unknown
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Asian Unknown
Native Hawaiian
Guamanian or Chamorro
Samoan
Other Pacific Islander
Other
Decline

Migrant or Seasonal Farm Worker

Text, Remove

Abusive Situation

Text, Remove

Does Anyone in the Home have a Conviction

Text, Remove

Domestic Violence

Text, Remove



Purchases and Prepares Food with Head of Household

Text, Remove

Pays for Room

Text, Remove

General Insurance Coverage

Text, Remove

Loan

Text, Remove

Utility Expense

Text, Remove

Total Housing Costs

Text, Remove

Total Utility Costs

Text, Remove

Is Financially Independent

Text, Remove

Stopped Work in Last 30 Days

Text, Remove

Authorized Representative Cluster

37. Authorized Representative

Cluster, New

38. First Name



Text, New

39. Middle Name

Text, New

40. Last Name

Text, New

41. Second Last Name

Text, New

42. Address Line 1

Text, New

43. Address Line 2

Text, New

44. City

Text, New

45. State

Text, New

46. Zip Code

Text, New

47. Reason for authorization

Text, New

Absent Parent cluster

48. Middle Name

Text, Modify



Change from Middle Initial to Middle Name

49. Second Last Name

Text, New

<PRMO-445>

Child Support Payments Cluster

Cluster, Remove

Expense Cluster

50. Type

Text, New

<PRMO-449>

Pregnancy Cluster

51. Estimated Delivery Date

Text, Modify

5.4 <PRMO-445> Timer

The Timers page within the Income Support Application provides an overview of the duration and deadline of the submitted application. Timers are maintained to ensure that applications are processed and disposed in a timely manner.



5.4.1 Screenshot (Modify)

Figure 67: Timer <PRMO-445>

The screenshot shows the 'Income Support Application (30734)' interface. The application details include: Application Date (14/12/2021), Preferred Contact (hardcopy), Interpreter Language (Not Requested), and Programs (Medical Assistance). The applicant is 'Alien Test' with 'Primary31 years'. The application status is 'Submitted' with 5 items to verify and 0 issues. The 'Timers' section shows a table with the following data:

Applicant	Timers	Duration	Deadline
Alien Test	Medical Assistance	45 dias.	39 dias.

5.4.2 Description of Modifications and Additions

1. Duration

Text, Modify

<PRMO-445> The duration for the Milestone Medical Assistance is set to 45 days and can be extended for an additional 45 days. The duration time for each applicant is 45 calendar days from the application date, unless the applicant indicated to be blind or disabled. Applicants who indicated to be blind or disabled are given 90 calendar days to process the application from the application date. See <CR102> Application Denial Batch (Modify) for more details.

Technotes: If an applicant responds "Yes" to the Disability or the Blind question on the General Information page within the MAGI section of the application but chooses not to provide additional information, their application timer should still be set to 90 days. Do not have the system look at the Disability Evidence, it must look at the answers to the disability and blind questions for each applicant.

The Interview page allows the user to designate a place and time for an interview to occur. The interview can be an in-person or phone interview.

Once an interview is scheduled, a notice is generated to inform the client. The notice will be part of the Notice and Form FDD.

<CR53> This screen has been updated per CR53 and will be implemented during the Stabilization release. These updates are within the Renewal FDD.



5.4.3 Screenshot (Modify)

Figure 68: Interview

The screenshot shows a web form titled "New Interview". The form has several fields: "Subject" (text input), "Location" (dropdown menu), "Start" (date and time pickers), "End" (date and time pickers), "Priority" (dropdown menu), "Method of Interview" (dropdown menu), and "Reason for Interview" (dropdown menu). There is also a "Notes" section with a text area. At the bottom right, there are "Save" and "Cancel" buttons. A red circle with the number "1" is placed over the "Location" dropdown menu, which is also highlighted with a red rectangular box. A small asterisk and the text "* required field" are visible to the right of the "Location" field.

5.4.4 Description of Modifications and Additions

1. Location

Dropdown, Modify

Change the Location from a text to a dropdown. User will be able to select the office that the interview will be held. If left blank, the interview will be schedule to the office associated to the home address.

Technote: See 1.12 PRLocalOffice Code table for list of valid values

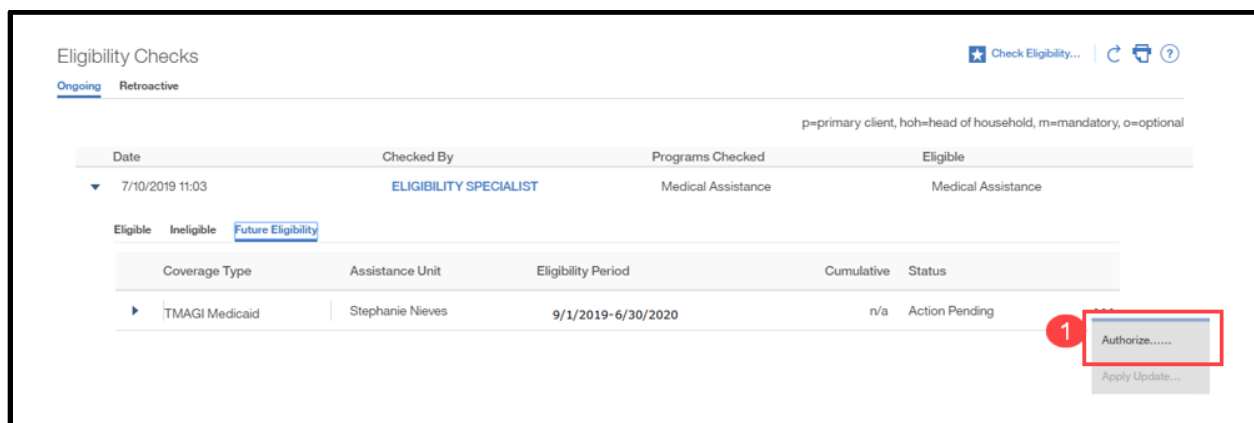


5.5 Eligibility Check

The Eligibility Check page allows workers to view and authorize future decisions. The modification being made to the Authorize button needs to be made for all decisions, including applications, COC's, and recertifications.

5.5.1 Screenshot (Modify)

Figure 69: Eligibility Check



5.5.2 Description of Modifications and Additions

1. Authorize

Button, Modify

Configure this button to be executable for all future decisions within the evaluated certification period. Authorization of future decisions needs to be available for all types of decisions: applications, COC's, and recertifications.

6 Batch Modifications

The Batch Modifications section will provide a detailed list of all the batch processes being modified, added, or removed per the PRMP requirements associated to Intake/Application Processing.

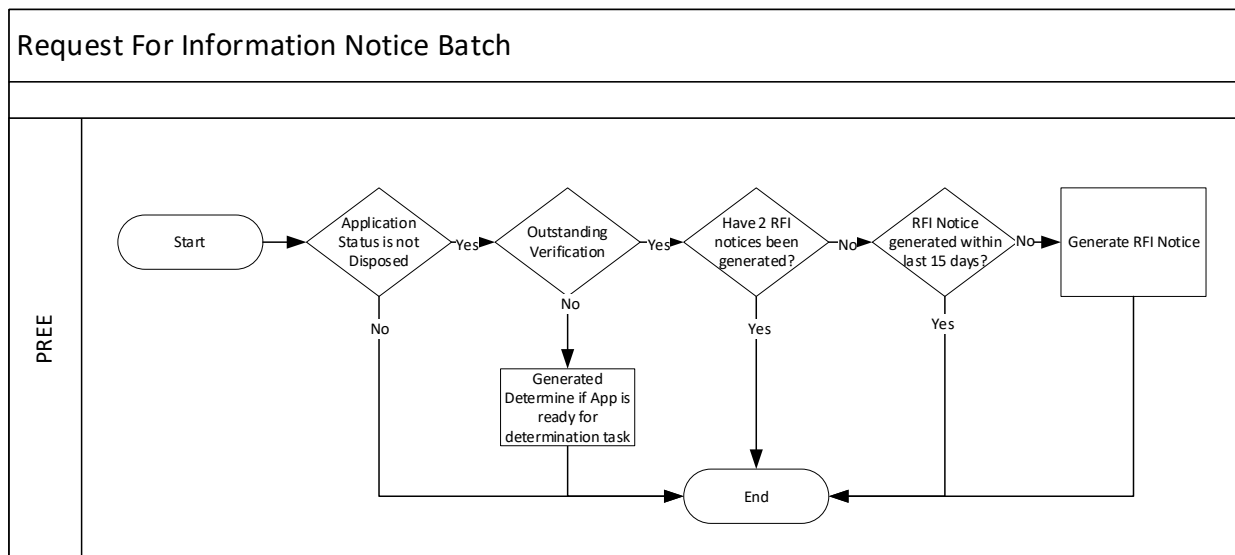
6.1 Request for Information Notice Batch (New)

The purpose of this batch is to automatically generate the Request for Information (RFI) Notice for applications with pending verification. The batch will generate up to two RFI notices during the duration of the application.



6.1.1 High Level Steps

Figure 70: Request for Information Notice Diagram



6.1.2 Predecessor

Application Auto Denial Batch – this is an OOTB batch that will deny all application not disposed by the processing due date

6.1.3 Successor

Notice Generation Batch – this is an OOTB batch sends all notices in the Notice Queue to central print for printing and mailing

6.1.4 Execution Frequency

Daily

6.1.5 Inputs

The inputs for this batch will be determined by the development team.

6.1.6 Outputs

The outputs for this batch will be determined by the development team.

6.1.7 Detailed Steps

- **IF** Application status is not Disposed
- **<PR-16133>AND IF there are no outstanding verifications**
- **THEN Generated Determine if App is ready for determination task<PR-16133>**
- **OR IF** There are outstanding mandatory verifications



- **AND IF** 2 RFI Notices of type 'Application' have not been generated
- **AND IF** RFI Notice of type 'Application' was not generated within the expiration date. See the Notices and Forms FDD for expiration date.
- **THEN** Generate RFI Notice of type 'Application'

6.1.8 Control Report

Control Report Name:

RFINotice <date-time>

NumberRFIGenerated <Number>

Batch Start time: <Start_Time>

Batch Finish time: <Finish_Time>

6.2 <CR102> Application Denial Batch (Modify)

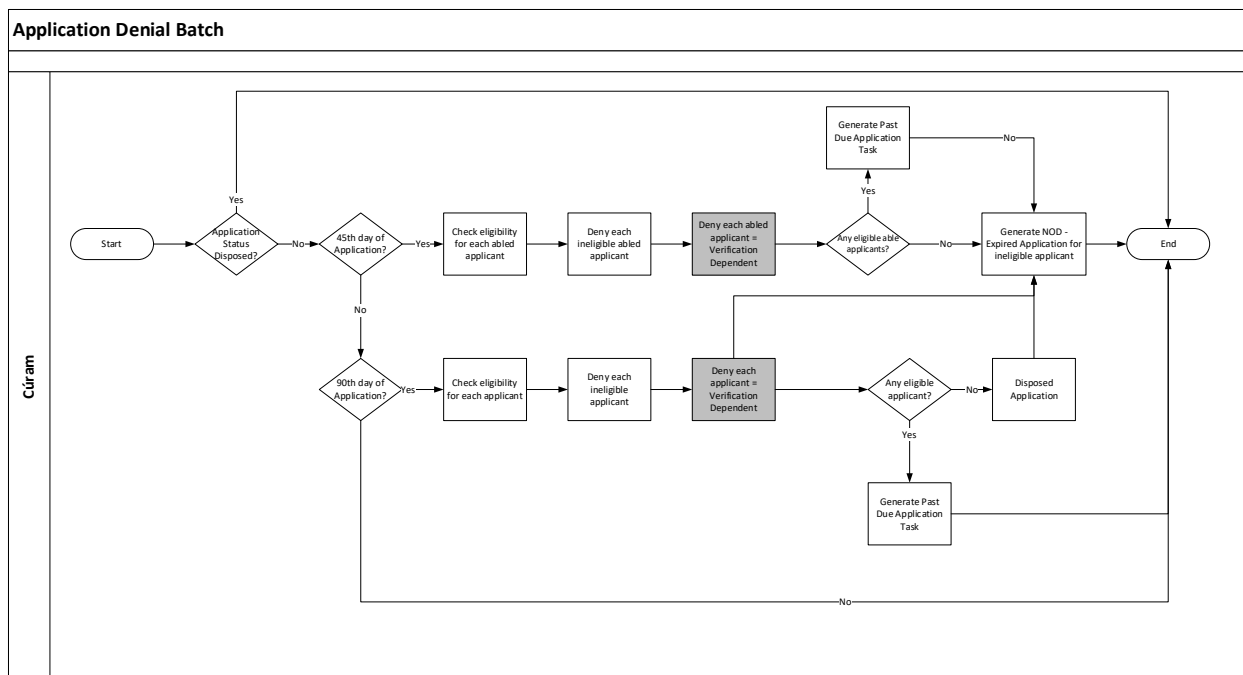
The purpose of this batch is to automatically deny ineligible applicants by the application due date. Abled Applicants are given 45 days and Disabled Applicants are given 90 days. Abled Applicants and Disabled Applicants are defined below:

- Abled Applicants – Household Member Evidence with the Medical Applicant indicator set to True, not receiving benefit, and does not have a Disability Evidence with an open or future end date.
- Disabled Applicants – Household Member Evidence with the Medical Applicant indicator set to True, not receiving benefit, and has a Disability Evidence with an open or future end date. Disability Evidence can be in In-Edit or Active status.



6.2.1 High Level Steps

Figure 71: Application Denial Batch Process <CR103>



6.2.2 Predecessor

No changes

6.2.3 Successor

No changes

6.2.4 Execution Frequency

No changes

6.2.5 Inputs

No changes

6.2.6 Outputs

No changes

6.2.7 Detailed Steps

- **IF** Application status is not Disposed
- **AND IF** Current Date = Application Date + 45 Days
 - **THEN** Check eligibility for each abled applicant
 - **AND THEN** Deny each ineligible abled applicant



- **<CR103> AND THEN** Deny each abled applicant who is a Verification Dependent. See Verification Dependent Check Process in Case Management FDD for more information. **<CR103>**
- **<PR-16133> AND THEN** Generate Past Due Application Task **IF** There are eligible applicant **< PR-16133>**
 - **<PR-16133>** Refer to the enhanced workload FDD for the details on the past due application task
- **AND** Generate NOD – Expired Application with appropriate snippet for each ineligible applicant
- **ELSE IF** Current Date = Application Date + 90 Days
 - **THEN** Check eligibility for each applicant
 - **AND THEN** Deny each ineligible applicant
 - **<CR103> AND THEN** Deny each applicant who is a Verification Dependent. See Verification Dependent Check Process in Case Management FDD for more information. **<CR103>**
 - **AND THEN** Disposed Application **IF** There isn't any eligible applicant
 - **AND** Generate NOD with appropriate snippets
 - **<PR-16133> AND THEN** Generate Past Due Application Task **IF** There are eligible applicant **< PR-16133>**
 - **<PR-16133>** Refer to the enhanced workload FDD for the details on the past due application task

6.2.8 Control Report

No changes

7 Tasks, Alerts, Work Queues

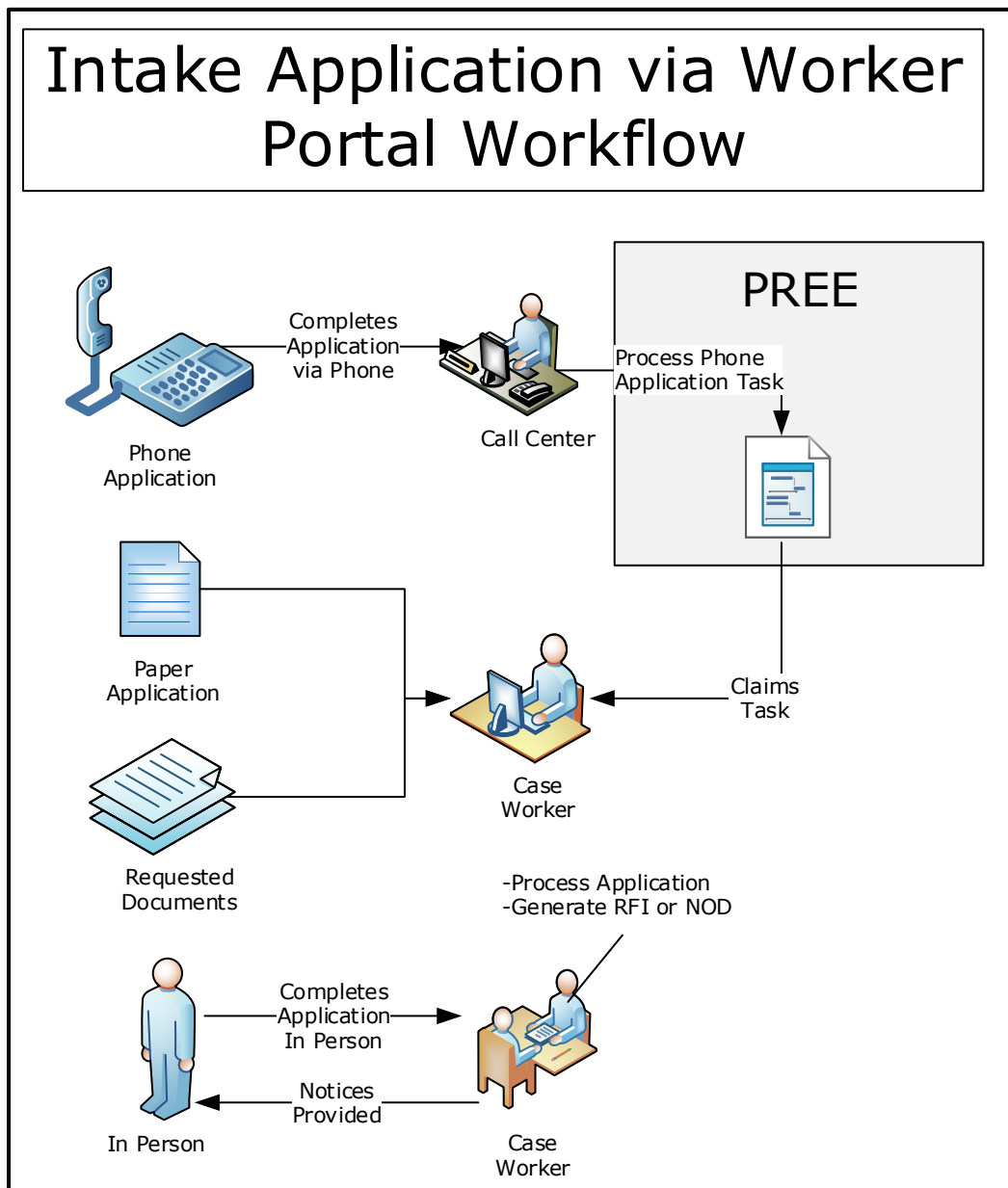
The Tasks, Alerts, Work Queues section will provide a detailed list of all the tasks, alerts, and work queues being modified, added, or removed per the PRMP requirements associated to Intake/Application Processing.

7.1 Intake Application via Worker Portal Workflow

PREE will trigger tasks during the intake process when applications are submitted via paper, phone or in-person. Tasks will be routed as depicted in the workflow diagram below.



Figure 72: Intake Application via Worker Portal Workflow



7.1.1 Queues

PRMP is requesting a general queue to be created for each region. The following queues will be established:

- Arcibo
- Bayamón
- Caguas



- Mayaguez
- Ponce
- Metropolitana
- Fajardo

7.1.2 Tasks

Tasks are generated to alert a worker that some action(s) must be taken. The only new task identified in this FDD is the "Process Phone Application".

The task will go to the Regional queue according to the region in which the applicant resides.

7.1.2.1 Process Phone Application Task (New)

Table 4: Phone Application Task

Task <input checked="" type="checkbox"/> Notification <input type="checkbox"/> Name: Process Phone Application	
Purpose: To notify the Caseworker to process a submitted phone application.	
Trigger(s): When an application with source type Phone is submitted, generate this task.	
Allocation Type	User <input type="checkbox"/> Position <input type="checkbox"/> Job <input type="checkbox"/> Org Unit <input type="checkbox"/> Queue <input checked="" type="checkbox"/>
Allocation Strategy	Based on the Primary Applicant's physical address, the application will be routed to the regional queue associated to the region the physical address belongs to. Queue options are: Arecibo Bayamón Caguas Mayaguez Ponce Metropolitana Fajardo If the physical address is not in Puerto Rico, assign to any random queue.
Links	Link Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Primary Action Link None
	Supporting Information Link View Person



I.4.2.a.ii Completed Intake Application Processing FDD

Subject	Subject Text	Process Phone Application - <HoH Name>
Task Details	Deadline Strategy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Deadline Strategy Details	10 days
	Escalation Strategy	
	Deadline Override Allowed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Task Priority	Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High <input type="checkbox"/>
	Manual Forwarding Allowed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Task/Notification Body Details	Message Body Text	
Other special processing instructions:		

7.1.2.2 Resolve Prospect Person Task (Remove)

This task is being removed because an application cannot be disposed until all prospect persons are resolved. The system displays an alert in the form of an error message when a worker attempts to dispose the application with prospect person(s).

Technotes: The same needs to be true for absent parents.



8 Development Considerations

The Development Considerations section contain additional information for the development team to take into consideration during the development phase of the Intake/Application Processing FDD.

8.1 Date Format

All dates within the system will be modified from the format of MMDDYYYY to DDMMYYYY. Each section will not have a description of this change as this modification pertains to all dates.

8.2 Person Search Page

Verify each View Interface MetaData (VIM) contains these changes. The Person Search can be called from the following Evidence pages: Absent Parent, Alien Sponsor, Authorized Representative, Deprivation, Domestic Violence, Household Member, Level of Care, Pregnancy, Spousal Cooperation, Veteran Military Service, Alimony Expense, Child Support Expense, Dependent Care Expense, Legal Guardian Expense, Annuity, Medical Insurance, Resource Transfer and Trust.

8.3 Addresses

Please make the following updates:

- Rename Street 1 to Address Line 1
- Rename Street 2 to Address Line 2
- Remove Apt/Suite

8.4 Translations

The following considerations are related to Spanish translations:

- The MA-1 and MA-14 Spanish version for the Rights and Responsibilities section is available to the development team, however, the following paragraph needs to be translated into Spanish:
 - ◆ If anyone on this application is eligible for Medicaid, I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.
- All the screen modifications documented within section 5 must be translated into Spanish.
- All the Tasks documented within section 7 must be translated into Spanish.



8.5 Alternative Identification Evidence Preferred Indicator Logic

Set the Preferred Indicator to always true on the Alternative Identification Evidence of type Person Reference Number. Do not allow any other type of Alt ID Evidence to have the Primary Indicator set to true. This will guarantee that the person reference number is all that is shown on screens that display the Alternative Identification number, instead of SSN.

9 Training Considerations

9.1 Auto Eligibility

In MEDITI 2, applicants being evaluated for auto eligibility are identified by a simple check box by the category they meet. In PREE, such indicators do not exist. Each applicant must complete the application and based on the information provided, the Rules Engine will determine if the applicant meets one of the Auto Eligibility categories. At a high level, the following information must be entered in PREE to be considered for one of the auto eligibility categories:

- Deemed Newborn – Either child is added to the Mother’s case as a new household member or an application is submitted for the child with the mother identified as an absent parent.
- Title IV-E Foster Care – Provide the information on the Foster Care page on the IEG application or the Foster Care Evidence.
- Title IV-E Adoption - Provide the information on the Adoption page on the IEG application or the Adoption Evidence.
- Auto - ABD Recipients – One of the following Benefit Types must be selected on the Benefit Details page on the IEG application or on the Benefit Evidence:
 - ◆ Aid to Aged, Blind, and Disabled (AABD) - A
 - ◆ Aid to Aged, Blind, and Disabled (AABD) - B
 - ◆ Aid to Aged, Blind, and Disabled (AABD) - D

9.2 Person Registration

All workers should add the person name in all capital letters and with no accents, including: Person Registration, Prospect Person Registration, Intake Application, etc. PREE will save all names as originally entered and in all capital letters.

9.3 Scheduling Interviews

When scheduling an Interview, the worker can either select a location or leave it blank. If left blank, the interview is scheduled at the office associated with the



primary client's physical address zip code. If a location is selected, the interview is scheduled at the selected location.

Interviews scheduled from the Person module will only appear under the Interview tab from the Person module.

Interviews scheduled from the Prospect Person module will only appear under the Interview tab from the Prospect Person module.

Interviews scheduled from the IC module will only appear under the Interview tab from the IC module.

Interviews scheduled by the Schedule Interview Renewal batch will only appear under the Interview tab from the IC module.

All interviews will appear on the Interview List page under Calendar.

9.4 Intake Workers

Intake Workers are all workers that will enter data into the IEG application. The following training considerations are for Intake Workers:

- Per CMS requirement, applicants must have the option of identifying their preferred evaluation type: "MAGI and Non-MAGI", MAGI, or Non-MAGI. Workers will need to be trained on how to explain the difference in order for the applicants to make an informed decision.
- May need to provide additional information about Liquid Resources since workers may not be familiar with the term.
- In PREE, address information is mandatory when collecting self-employment information. If an address is not available, workers should add the applicants home address.
- For a parent or non-parent to be considered as the caretaker of a child, the Caretake indicator on the Home Relationships page on the IEG application or on the Relationship Evidence must be checked.
- If an adult is living with his/her parent and the caretaker is checked, the Rules Engine will still treat that person as an adult and not as a child.
- Intake workers need to be trained on how to determine the Head of Household on the case. The Head of Household is typically the correspondence/contact person on the case.
- For children living with a non-parent caretaker, complete an application from the non-parent caretaker Person page and include the child on the application. If the non-parent caretaker is not seeking health benefits, then select No to the Health Benefit question and select the non-parent caretaker as the Head of Household.



9.5 Nickname Recording

When the worker learns that the client goes by a nickname, the worker should be trained to find the client's Person Profile and update the Nickname evidence. This will aid the next time the worker needs to search or provide correct identification of the individual.

9.6 Date Format

The date will always be in the DDMMYYYY format, regardless of the selected language.

9.7 Collecting Financial Information

During the intake processing, applicants will be asked to provide financial information, including their income, benefit, resource, and/or expense.

- For all instances where everyone in the home indicated they only want to be evaluated for MAGI, the intake worker should only enter the current month's financial information with the applicable start date and should NOT enter the end date.
- For all instances where everyone in the home indicated they only want to be evaluated for Non-MAGI, the intake worker should only enter the financial information of the last three (3) months with the applicable start and end dates.
- For all instances where everyone in the home indicated they want to be evaluated for both MAGI and Non-MAGI OR each member indicated different evaluation type from each other, the intake worker should enter the financial information of the last three (3) months with the applicable start and end dates AND enter the current month's financial information with the applicable start date and should NOT enter the end date.

9.8 Gender and Gender Identity

Applicants will be asked to provide their gender (previously referred to as sex) as listed on their birth certificate. This information will be entered in the Gender field.

If the applicant states that they identify as the opposite gender listed on their birth certificate, this information will be entered in the Gender Identity field. If the Gender Identity field is left blank, PREE will populate the field with the information entered in the Gender field.

9.9 Zip code and Zip Extension

Workers will be able to add the 4-digit extension within the same Zip Code field after entering the first 5 digits and a hyphen. For example: 12345-1234.



9.10 Police Officers and Relationships

If an applicant indicates that they are a police officer of the Commonwealth, the relationship of the police officer to the other applicants will be entered on the Home Relationships page.

If an applicant indicates that they are related to a police officer that does not live in the home or is deceased, the information will be entered on the Claimant Details page or the Home Member Information page with the question "Relative of an absent or deceased police officer".

9.11 City, Zip Code and Neighborhood Combination

Residential addresses will be validated using the city and zip code to ensure that they are a correct combination. The city must be spelled correctly for the validation between the city and zip code to work.

Once PREE validates the city and zip code combination, then it will validate the neighborhood to that city. If the incorrect neighborhood is entered for the city, an error message will display giving the user the ability to identify the correct neighborhood(s) for the city entered.

10 Reporting Considerations

This section is not applicable for Intake Application Processing FDD.

11 Use Cases and Scenarios

This section contains Use Cases and Scenarios associated to the Intake/Application Processing FDD. Use Cases describe the high-level processes to complete an activity. Scenarios will be used to validate the modification made within the Intake/Application Processing FDD.

11.1 Use Case 1: Log into the System

11.1.1 Description

Worker is to log into the system to perform necessary actions.

11.1.2 Actors

Worker, Supervisor

11.1.3 Pre-Conditions

Worker must have the authorization to log into the system.



11.1.4 Post-Conditions

Worker has successfully logged into the system.

11.1.5 Main Scenario

1. Access the PREE login page
2. Enter login credentials
3. Successfully login into PREE
4. End Use Case

11.1.6 Extensions

11.1.6.1 Extension 1 (After Main Scenario, Step 1)

Worker does not have credentials to log into the PREE

Contact System Administrator

Worker receives credentials

Return to Main Scenario Step 1

11.1.6.2 Extension 2 (After Main Scenario, Step 4)

Attempt to login to PREE is unsuccessful due to forgets password

Contact System Administrator

Password is reset for Worker

Return to Main Scenario Step 1

11.1.7 Frequency

Worker signs into system at least once per day.

11.1.8 Special Requirements

11.1.8.1 Performance

No special performance requirements.

11.1.8.2 Security

Worker must have a security profile to log into the system.

11.1.8.3 Usability / Accessibility

No special usability requirements.

11.1.8.4 Other

No other requirements.



11.2 Use Case 2: Schedule an Interview

11.2.1 Description

Search for the applicant to schedule an interview.

11.2.2 Actors

Worker, Supervisor

11.2.3 Pre-Conditions

Applicant contacts the worker or Call Center to schedule an interview.

11.2.4 Post-Conditions

Worker or Call Center successfully schedules an interview.

11.2.5 Main Scenario

1. Navigate to the Person page
2. Search for the Person by name, SSN, or Person Reference number
3. Confirm that Person is not registered in PREE
4. Complete the Register a Prospect Person form
5. Person record is created
6. Select Interviews tab
7. Click New Interviews
8. Complete the New Interview page
9. End Use Case

11.2.6 Extensions

11.2.6.1 Extension 1 (After Main Scenario, Step 2)

10. Confirm that person is registered in PREE, but no Integrated case or a closed PDC
11. Select Interviews tab
12. Click New Interviews
13. Complete the New Interviews form
14. End Use Case

11.2.7 Frequency

Per Worker, a few times per day.

11.2.8 Special Requirements

11.2.8.1 Performance

No special performance requirements.



11.2.8.2 Security

Worker must have access to schedule interview through Person or Prospect Person level.

11.2.8.3 Usability / Accessibility

No special usability requirements.

11.2.8.4 Other

No other requirements.

11.3 Use Case 3: Register a new Person

11.3.1 Description

Register the applicant so that the application can be completed under the applicant's profile.

11.3.2 Actors

Worker, Supervisor

11.3.3 Pre-Conditions

Worker has received an application OR Worker has applicant sitting in front of them OR Call Center is on the phone with the Applicant. Worker has gone through Use Case 1.

11.3.4 Post-Conditions

Applicant is registered in the system and has a Person Reference Number. If an exception occurs, no change will be made to the system.

11.3.5 Main Scenario

1. Navigate to the Register Person page
2. Search for the Person by name, SSN, or Person Reference number
3. Confirm that Person is not registered in PREE
4. Complete the Register Person form
5. Person record is created
6. End Use Case

11.3.6 Extensions

11.3.6.1 Extension 1 (After Main Scenario, Step 1)

1. Search for a Person using the name in combination with Address, region, DOB, gender, nickname, and/or name sounds like

Continue to Main Scenario, Step 3



11.3.6.2 Extension 2 (After Main Scenario, Step 3)

1. Worker found a Person match in PREE

Worker cancel person registration

End Use Case

11.3.6.3 Extension 3 (After Main Scenario, Step 4)

1. Receive a warning message that person already exists

Worker cancel person registration

End Use Case

11.3.6.4 Extension 4 (After Main Scenario, Step 4)

1. Receive a warning message that person might exist

Worker concludes the person does not exist in PREE

Person record is created

End Use Case

11.3.7 Frequency

Per Worker, a few times per day.

11.3.8 Special Requirements

11.3.8.1 Performance

No special performance requirements.

11.3.8.2 Security

Worker must have access to register the person.

11.3.8.3 Usability / Accessibility

No special usability requirements.

11.3.8.4 Other

No other requirements.

11.4 Use Case 4: An applicant wants to apply for Medical Assistance in person or over the phone

11.4.1 Description

Applicant wants to apply for Medical Assistance at a PRMP Office or over the phone.

11.4.2 Actors

Worker, Supervisor



11.4.3 Pre-Conditions

Worker has gone through Use Case 2.

11.4.4 Post-Conditions

Worker submits a Medical Assistance Application in PREE with the information provided by the applicant.

11.4.5 Main Scenario

Worker starts a new application, Medical Assistance and/or Retroactive Medical Assistance

Worker walk through the IEG script with the applicant, asking them to provide information about themselves, household member(s), sources of income, resources, expenses, etc.

Once all the information is entered, submit application

End Use Case

11.4.6 Extensions

11.4.6.1 Extension 1 (Before Main Scenario, Step 1)

1. Applicant has an application In Progress

Worker resumes the In-Progress application

Return to Main Scenario Step 2

11.4.6.2 Extension 2 (After Main Scenario, Step 2)

1. Applicant is not able to answer all the questions

Worker saves and closes the application

Application status is set to In Progress

End Use Case

11.4.7 Frequency

Per Worker, a few times per day.

11.4.8 Special Requirements

11.4.8.1 Performance

No special performance requirements.

11.4.8.2 Security

Worker must have access to the Person Page and rights to submit application.

11.4.8.3 Usability / Accessibility

No special usability requirements.



11.4.8.4 Other

No other requirements.

11.5 Use Case 5: An applicant submits a paper Medical Assistance application

11.5.1 Description

An applicant completes a paper Medical Assistance application and sends it to the PRMP Office. The worker will enter the information from the application to the Medical Assistance IEG Application.

11.5.2 Actors

Worker, Supervisor

11.5.3 Pre-Conditions

Worker has gone through Use Case 2.

11.5.4 Post-Conditions

Worker submits a Medical Assistance Application in PREE with the information provided in the paper application.

11.5.5 Main Scenario

Worker starts a new application, Medical Assistance and/or Retroactive Medical Assistance

Worker updates the application date to match the application date on the paper application

Worker enters all the information listed on the paper application through the IEG script

Once all the information is entered, submits application

End Use Case

11.5.6 Extensions

11.5.6.1 Extension 1 (After Main Scenario, Step 3)

1. Paper application is incomplete

Worker saves and closes application

Application status is set to In Progress

Worker schedules an interview with the applicant to complete the application

End Use Case

11.5.6.2 Extension 2 (Before Main Scenario, Step 1)

1. Worker finds an In-Progress Application



Worker resumes the In-Progress application

Return to Main Scenario Step 3

11.5.7 Frequency

Per Worker, a few times per day.

11.5.8 Special Requirements

11.5.8.1 Performance

No special performance requirements.

11.5.8.2 Security

Worker must have access to the Person Page and rights to submit application.

11.5.8.3 Usability / Accessibility

No special usability requirements.

11.5.8.4 Other

No other requirements.

11.6 Use Case 6: Process an application with applicant in person

11.6.1 Description

The applicant is at a PRMP office and wants the worker to process the submitted application. The application was either submitted at that time or applicant returned with the required documents.

11.6.2 Actors

Worker, Supervisor

11.6.3 Pre-Conditions

Worker has gone through Use Case 3. Applicant is at the PRMP office and wants to know the result of the submitted application. The applicant either submitted the application just now or has returned with supporting documents to complete an application.

11.6.4 Post-Conditions

Worker provides applicant a Notice of Decision with each applicant eligibility result.

11.6.5 Main Scenario

1. Worker opens the submitted application.

Worker confirms all the client's Registration Status are set to Yes

Worker resolves all issues, if applicable



Worker uses Electronic Verification to verify mandatory evidence

Worker enters the supporting verification document information provided by the applicant for the remaining unverified mandatory evidence, if applicable

Worker activates all the in-edit Evidences and sets the application status to Ready for Determination.

Worker checks the eligibility result for each applicant

Worker will deny each ineligible decision listed

Worker will authorize each eligible decision listed

Worker will activate each Product Delivery Case (PDC)

Worker will print the Notice of Decision and provide the applicant with a copy

End Use Case

11.6.6 Extensions

11.6.6.1 Extension 1 (After Main Scenario, Step 1)

1. Worker confirms there is a client with Registration Status set to No

Complete Use Case 7

Return to Main Scenario Step 2

11.6.6.2 Extension 2 (After Main Scenario, Step 5)

1. Applicant does not have all the acceptable supporting verification documents for the remaining unverified mandatory evidence

Worker will print the Request for Information Notice and provides it to the Client

End Use Case

11.6.6.3 Extension 3 (After Main Scenario, Step 6)

1. An error message is displayed when trying to activate all the in-edit evidence

Resolve the issue stated on the error message

Return to Main Scenario Step 6

11.6.6.4 Extension 4 (After Main Scenario, Step 8)

1. If there is no eligible decision to authorize

Return to Main Scenario Step 11

11.6.7 Frequency

Per Worker, a few times per day.

11.6.8 Special Requirements

11.6.8.1 Performance

No special performance requirements.



11.6.8.2 Security

Worker must have access to the Person, Application, Income Support, and PDC pages.

11.6.8.3 Usability / Accessibility

No special usability requirements.

11.6.8.4 Other

No other requirements.

11.7 Use Case 7: Process an application with applicant NOT in person

11.7.1 Description

There is a submitted application to be processed. This application was submitted via phone or by paper.

11.7.2 Actors

Worker, Supervisor

11.7.3 Pre-Conditions

Worker has gone through Use Case 3 or 4. Applicant is not at the PRMP office while worker is processing the application. For phone application, worker claimed a task to complete a submitted phone application.

11.7.4 Post-Conditions

PREE will activate each PDC and the Notice of Decision will be mailed to the contact person with each applicant eligibility result.

11.7.5 Main Scenario

1. Worker opens the submitted application.

Worker confirms all the client's Registration Status are set to Yes

Worker resolves all issues possible

Worker uses Electronic Verification to verify mandatory evidence

Worker enters the supporting verification document information provided by the applicant for the remaining unverified mandatory evidence, if applicable

Worker activates all the in-edit Evidences and sets the application status to Ready for Determination

Worker checks the eligibility result for each applicant

Worker will deny each ineligible decision listed

Worker will authorize each eligible decision listed



End Use Case

Note: the nightly batch will activate all approved PDCs and the Notice of Decision to be mailed to the contact person.

11.7.6 Extensions

11.7.6.1 Extension 1 (After Main Scenario, Step 3)

1. There are unresolved issues

Worker schedules an interview with the applicant

Closes the application

End Use Case

11.7.6.2 Extension 2 (After Main Scenario, Step 1)

1. There is a client with Registration Status set to No

Complete Use Case 7

Return to Main Scenario Step 2

11.7.6.3 Extension 3 (After Main Scenario, Step 4)

1. Worker enters all the acceptable supporting verification documents provided for the remaining unverified mandatory evidence, but there are still unverified mandatory evidence pending

Close the application

Note: the nightly batch will generate the Request for Information Notice to be mailed to the contact person.

End Use Case

11.7.6.4 Extension 4 (After Main Scenario, Step 6)

1. An error message is displayed when trying to activate in-edit Evidences

Resolve the issue stated on the error message

Return to Main Scenario Step 6

11.7.6.5 Extension 5 (After Main Scenario, Step 9)

1. Set Task to Complete
2. End Use Case

11.7.7 Frequency

Per Worker, a few times per day.

11.7.8 Special Requirements

11.7.8.1 Performance

No special performance requirements.



11.7.8.2 Security

Worker must have access to the Person, Application, Income Support, and PDC pages.

11.7.8.3 Usability / Accessibility

No special usability requirements.

11.7.8.4 Other

No other requirements.

11.8 Use Case 8: Unregistered Person on application

11.8.1 Description

An application is submitted with a client that met the Partial Person Match Criteria and the PREE registered the client as a Prospect Person.

11.8.2 Actors

Worker, Supervisor

11.8.3 Pre-Conditions

The client Registration Status is No on the application.

11.8.4 Post-Conditions

A Prospect Person record is converted to a Person record.

11.8.5 Main Scenario

1. Identify the client with a Registration Status set to No

Worker conducts a Person Search

Worker confirms client exist in PREE

Worker completes the person merge process of the Prospect Person with the existing Person record

End Use Case

11.8.6 Extensions

11.8.6.1 Extension 1 (After Main Scenario, Step 2)

1. Worker concludes the Client does not exist in PREE

Worker conducts the Register Person process for the Prospect Person

End Use Case

11.8.7 Frequency

Per Worker, a few times per day.



11.8.8 Special Requirements

11.8.8.1 Performance

No special performance requirements.

11.8.8.2 Security

Worker must have access to Application and Person pages. Worker must have access to Person Search.

11.8.8.3 Usability / Accessibility

No special usability requirements.

11.8.8.4 Other

No other requirements.

11.9 Scenario 1: Person Registration

Table 5: Person Registration Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-PR-001	This is to validate that the Person Match Criteria failed, resulting into the person being created as a Person in PREE.	A Medical Assistance Application is submitted with a person that does not meet the Person Match Criteria in PREE.	A new person record is created.
INT-PR-002	This is to validate that the Person Match Criteria – Exact Match passed, resulting into the existing person being match to the person on the application.	A Medical Assistance Application is submitted with a person that meets the Exact Person Match Criteria in PREE.	The existing person record is associated to the person on the application.
INT-PR-003	This is to validate that the Person Match Criteria – Partial Match passed, resulting into the person being created as a Prospect Person in PREE.	A Medical Assistance Application is submitted for a person whose demographic information meets the Partial Person Match Criteria in PREE.	A Prospect Person is created.
INT-PR-004	This is to validate that the Person Match Criteria – Exact Match passed for absent parent, resulting into the existing person being match to the absent parent on the application.	A Medical Assistance Application is submitted with an absent parent that meets the Exact Person Match Criteria in PREE.	The existing person record is associated to the absent parent



I.4.2.a.ii Completed Intake Application Processing FDD

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-PR-005	This is to validate that the Person Match Criteria – Partial Match passed for absent parent, resulting into the absent parent being created as a Prospect Person in PREE.	A Medical Assistance Application is submitted with an absent parent whose demographic information meets the Partial Person Match Criteria in PREE.	A Prospect Person is created for the absent parent.
INT-PR-006	This is to validate that the Partial Match warning message displays when trying to create a person who meets the Person Match Criteria – Partial Match	Perform a person search for a person whose demographic information partially matches a person already exiting in PREE and worker attempt to register person within PREE.	A pop-up soft warning message is displayed alerting worker of this partial match.
INT-PR-007	This is to validate that the Exact Match warning message displays when trying to create a person who meets the Person Match Criteria – Exact Match	Perform a person search for a person whose demographic information exactly matches a person already exiting in PREE and worker attempts to register person within PREE.	A pop-up hard warning message is displayed alerting worker of this exact match.
INT-PR-008	This is to validate that known SSN are no longer being displayed on the Person Search Result page, instead the person reference number is displayed.	Perform a person search on the Person Search Page for a person with a known SSN.	Only the person reference number is displayed on the result list and not the person's SSN.
INT-PR-009	This is to validate new search criteria "Region" will filter to only display people with address from the selected region.	Perform a person search on the Person Search Page of a name that exists in within multiple regions and select one of those regions.	Only the person(s) within the selected region is displayed on the result list.
INT-PR-010	This is to validate that the "Name Sounds Like" feature works for the First Name, Middle Name, and Second Last Name as it does for Last Name.	Perform a person search on the Person Search Page using Name Sounds Likes.	Only the person(s) with similar sounding names are displayed on the result list.



11.10 Scenario 2: Intake Application

Table 6: Intake Application Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-IA-001	This is to validate that the Medical Assistance application collects the information needed to evaluate a person for Auto Eligibility – Foster Care Title IV-E	A Medical Assistance Application needs to be submitted for a person seeking Auto Eligibility – Foster Care Title IV-E	Able to capture all the required information needed for an Auto Eligibility – Foster Care Title IV-E evaluation.
INT-IA-002	This is to validate that the Medical Assistance application collects the information needed to evaluate a person for Auto Eligibility – Adoption Title IV-E	A Medical Assistance Application needs to be submitted for a person seeking Auto Eligibility – Adoption Title IV-E	Able to capture all the required information needed for an Auto Eligibility – Adoption Title IV-E evaluation.
INT-IA-003	This is to validate that the Medical Assistance application collects the information needed to evaluate a person for Auto Eligibility – Deemed Newborn	A Medical Assistance Application needs to be submitted for a person seeking Auto Eligibility – Deemed Newborn	Able to capture all the required information needed for an Auto Eligibility – Deemed Newborn evaluation.
INT-IA-004	This is to validate that the Medical Assistance application collects the information needed to evaluate a person for Auto Eligibility – ABD	A Medical Assistance Application needs to be submitted for a person seeking Auto Eligibility – ABD	Able to capture all the required information needed for an Auto Eligibility – ABD evaluation.
INT-IA-005	This is to validate that an applicant can indicate that he/she only wants to be evaluated for MAGI.	An applicant is seeking health benefits and only wants to be evaluated for MAGI.	The applicant who only wants to be evaluated for MAGI will have an evaluation type of MAGI.



I.4.2.a.ii Completed Intake Application Processing FDD

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-IA-006	This is to validate that an applicant can indicate that he/she only wants to be evaluated for Non-MAGI.	An applicant is seeking health benefits and only wants to be evaluated for Non-MAGI.	The applicant who only wants to be evaluated for Non-MAGI will have an evaluation type of Non-MAGI.
INT-IA-007	This is to validate that an applicant can indicate that he/she wants to be evaluated for MAGI and Non-MAGI.	An applicant is seeking health benefits and wants to be evaluated for MAGI and Non-MAGI.	The applicant who wants to be evaluated for MAGI and Non-MAGI will have an evaluation type of MAGI and Non-MAGI.
INT-IA-008	This is to validate that an applicant doesn't have an evaluation type preference.	An applicant is seeking health benefits.	The applicant who does not have a preference will have an evaluation type of MAGI and Non-MAGI.
INT-IA-009	This is to validate that a person can select his/her preferred MCO.	A Medical Assistance application was submitted, and each applicant can select his/her preferred MCO.	Each applicant preferred MCO is recorded within the MCO evidence.



11.11 Scenario 3: Application Processing

Table 7: Application Processing Scenarios

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-AP-001	This is to validate that when the Medical Assistance application's Method of Receipt is Phone, then a task is routed to the queue associated to the region according to the Primary Applicant's physical address, with the address in Puerto Rico.	A Medical Assistance Application is submitted with source type Phone and the primary applicant's physical address is in Puerto Rico.	The Process Phone Application Task is generated and routed to the appropriate queue according to the Primary Applicant's physical address.
INT-AP-002	This is to validate that when the Medical Assistance application's Method of Receipt is Phone, then a task is routed to the queue associated to the region according to the Primary Applicant's physical address, with address not in Puerto Rico.	A Medical Assistance Application is submitted with source type Phone and the primary applicant's physical address is not in Puerto Rico.	The Process Phone Application Task is generated and routed to a queue randomly.
INT-AP-003	This is to validate that at the end of day 45 of a Medical Assistance Application, only the appropriate applicants are denied. Applicants whose assessment has not been completed by day 45 and did not indicate to be blind or disabled are denied. Applicants who indicated to be blind or disabled are not denied.	A Medical Assistance Application is submitted with at least one applicant who indicated to be blind/disabled and an applicant who is not blind/disabled.	Applicants who did not indicate to be blind/disabled and their assessment was not completed are denied. Applicants who did indicate to be blind/disabled and their assessment was not completed are not denied.



I.4.2.a.ii Completed Intake Application Processing FDD

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-AP-004	This is to validate that at the end of day 90 of a Medical Assistance Application, all applicants are denied. The assumption is that after day 45 the only applicants in progress are applicants who indicated to be blind or disabled.	A Medical Assistance Application is not disposed at the end of day 90.	All applicants whose assessment were not completed are denied at the end of day 90.
INT-AP-005	This is to validate that the worker can select a particular location for an interview.	When scheduling an Interview, the worker is able to select one of the PRMP offices.	An interview is scheduled at the selected office.
INT-AP-006	This is to validate that if the worker does not select a particular location for an interview, the interview will be scheduled to the office associated to the primary applicant's physical address.	Worker schedules an interview without selecting a location.	An interview is scheduled at the office location closest to the primary applicant's physical address.
INT-AP-007	This is to validate that when an application is submitted today with mandatory verifications still pending, an RFI notice is generated via the nightly batch process.	A Medical Assistance Application is submitted today and there are mandatory verifications pending at the end of the day.	The RFI notice is generated by batch.
INT-AP-008	This is to validate that when mandatory verifications are still pending after 15 days after an RFI notice was generated, a second RFI notice is generated via the nightly batch process.	A RFI notice was generated 15 days ago and there are mandatory verifications still pending.	A second RFI notice is generated by batch.



I.4.2.a.ii Completed Intake Application Processing FDD

Scenario number	Scenario Explanation	Scenario Description	Expected Outcome
INT-AP-009	This is to validate that when mandatory verifications are still pending 15 days after the second RFI notice is generated, the batch process will not generate another RFI notice.	The second RFI notice was generated 15 days ago and there are still mandatory verifications pending.	The second RFI notice was generated 15 days ago and there are still mandatory verifications pending.



12 Related Documents

No related documents were identified for the Intake/Application Processing FDD.

13 Requirements Matrix

This section contains a Requirements Matrix that states the Requirement Description, if there is a Fit or Gap, and any Implementation Details. The Requirements Matrix only contains requirements pertaining to the implementation of the intake application and application processing functionality within PREE. All requirements for the PREE project are maintained in JIRA. Below is an extract from JIRA of the requirements related to Intake/Application Processing FDD. The requirements and the implementations details listed below will also be included within the PREE Project Requirement Traceability Matrix. The 'Requirement Met OOTB Status' column represents PRMP's approval for the requirements SI has demonstrated have been met OOTB without modifications. If 'N/A' is displayed within this column then modifications had to be made to satisfy the applicable requirement.

For requirement traceability purposes, the following requirements are met and mapped to this design document.

Table 8: Requirement Matrix

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-CM-001	The Solution shall have the ability to capture member MCO preference based on Puerto Rico geographical region or the member's choice, whichever is allowed by Puerto Rico's program policy.	Fit	PREE will be modified to each applicant preferred MCO.	N/A



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-CM-003	The Solution shall provide the ability to deny or terminate applications when verification time limit for an Applicant to respond for requested information required to determine eligibility has lapsed.	Fit	Applicants have up to the application due date to provide verification documents. When the application due date is reached with pending mandatory verification, the Application Auto Denial Batch was modified to deny the individual applicant.	N/A
FR-ED-002	The Solution shall have the functionality to identify existing individuals in a Master Patient Index (MPI) prior to creating a new record.	Fit	The Person Registration Process starts with a Register Person Check prior to registration to prevent creating a new person.	RO – Accepted on 4/29/2019
FR-ED-003	The Solution shall have the ability to identify full matches, partial matches and no match from the MPI according to criteria defined by Puerto Rico.	Fit	The Person Registration Process contains a Person Match Search. Exact matches will use person’s existing Reference Number. A unique Reference Number will be generated for those with no Match. For Partial matches, worker will resolve these by either merging the Prospect Person record with the Person record or completing the registration process.	N/A
FR-ED-004	The Solution shall have the ability to associate an individual to an existing record.	Fit	An individual can be added to an existing record via the Case Participation Functionality. An individual can also be added via Guided Change.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-005	The Solution shall have the ability to assign a dummy number (pseudo SSN) and dummy number (pseudo SSN) reason for purposes of unique identification of individuals via system interfaces using SSN, when a member does not have an SSN.	Fit	PREE will use the Person Reference Number as the pseudo SSN. The SSN field will be blank for individuals without an SSN.	RO – Accepted on 4/29/2019
FR-ED-006	The Solution shall allow user roles, as defined by Puerto Rico, to match and un-match persons based on member matching criteria.	Fit	Prospect Person allows incomplete person to exist in PREE and allows the worker to match the record with an existing Person and un-match the person as incomplete by completing the registration process.	RO – Accepted on 4/29/2019
FR-ED-007	The Solution shall have the ability to create a new tracking number for each person that does not exist in their data registry.	Fit	A unique person reference number is assigned to each Person in PREE. A unique prospect person reference number is assigned to each Prospect Person in PREE.	RO – Accepted on 4/29/2019
FR-ED-008	The Solution shall have the ability to assign a unique tracking number (Master Patient Index) to each person, independent of their association to cases or applications.	Fit	A unique person reference number is assigned to each Person in PREE, independently from the application reference number or the case reference number.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-021	The Solution shall have the ability to queue requests for information when information providers, including FDSH, are not available or otherwise return an error.	Fit	A worker can generate an RFI Notice, which will provide the applicants with a list of acceptable verification documents to complete pending mandatory verification.	RO – Accepted on 4/29/2019
FR-ED-022	The Solution shall have the ability to configure the number of information request attempts automatically made over a period of time by eligibility worker or Applicant.	Fit	All generated RFI Notices are listed under the Communication page. This will provide the number of information request attempts made over a period of time.	RO – Accepted on 4/29/2019
FR-ED-044	The Solution shall have the ability to accept the self-attestation of income when applying for presumptive eligibility.	Fit	PREE waives income verification when processing a presumptive eligibility evaluation.	RO – Accepted on 4/29/2019
FR-ED-091	The Solution shall allow the Applicant to bypass a MAGI determination and apply directly for non-MAGI and Puerto Rico’s Population.	Fit	A new question was added to the IEG script to capture each applicant evaluation type: MAGI only, Non-MAGI only, or both. Selecting Non-MAGI only will allow the applicant to bypass a MAGI determination and apply directly for Non-MAGI.	N/A



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-ED-098	The Solution shall have the ability to designate the reason/trigger for an eligibility determination.	Fit	In PREE, there are 3 trigger points for eligibility determination. For new applications, the trigger comes from the Application. For reported changes on an Active Case, the trigger comes from the Integrated Case. For recertification, the trigger comes from the PDC.	RO – Accepted on 4/29/2019
FR-ED-127	The Solution shall meet Medicaid timeliness standards as determined by PRDoH.	Fit	The system will be configured to meet Puerto Rico’s timelines. All applicants are given 45 days to process their eligibility, except for applicants who have indicated to be blind or disabled. These applicants are given 90 days.	N/A
FR-EDT-001	The Solution shall implement an enrollment-related workflow to address individuals that are determined eligible.	Fit	When individuals are determined to be eligible, a NOD is sent with the approval snippet and the results are shared with external partners.	RO – Accepted on 4/29/2019
FR-EDT-002	The Solution shall implement a denial/termination-related workflow to address individuals that are determined ineligible.	Fit	When individuals are determined to be ineligible, a NOD is sent with the denial or closure reason and the results are shared with external partners.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-006	The Solution shall have the capability to replicate Puerto Rico’s Single Streamlined paper application form for a new applications and/or redetermination.	Fit	PREE Medical Assistance IEG records all the information collected on the paper application to be processed as a new application. The IC provides an evidence list to capture the information on the paper application form for new application and/or redetermination.	RO – Accepted on 4/29/2019
FR-INT-001	The Solution shall record the source and channel via which all information is received.	Fit	PREE records the source of all information entered into the system.	RO – Accepted on 4/29/2019
FR-INT-002	The Solution shall support interaction with internal and external users through the following channels: phone via Interactive Voice Response (IVR) (inbound and outbound), mail, fax, email, Citizen portal, Partner portal and Worker portal.	Fit	PREE supports interaction with users via the Citizen and Worker Portals. Applications submitted via IVR, mail, fax, and email will be collected via the Worker Portal.	RO – Accepted on 4/29/2019
FR-INT-004	The Solution shall allow a user to designate an authorized representative.	Fit	The PREE Authorized Representative evidence is used to identify the designated authorized representative.	RO – Accepted on 4/29/2019
FR-INT-005	The solution shall have the ability to record, track and change the scheduling of interviews.	Fit	PREE Interview Page allows users to record, track, and change the schedule of an interview.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-007	The Solution shall have a Single Streamlined Application (SSA) with supplemental form for Non-MAGI that meet Puerto Rico’s plan requirements (alternative SSA).	Fit	PREE Medical Assistance IEG provides the option to select the preferred evaluation type. If a person chooses to only be assessed for MAGI but decides to provide additional information afterwards for Non-MAGI evaluation, it will be entered as evidence to the application. The evaluation type is defaulted to “MAGI and Non-MAGI”.	RO – Accepted on 4/29/2019
FR-INT-009	The Single Streamlined Application shall be a smart application that tailors the questions based on responses or an individual’s circumstances.	Fit	PREE allows the user to navigate through the application by only requiring additional information based on answers to prior questions.	RO – Accepted on 4/29/2019
FR-INT-016	The Solution shall have the ability to capture application/case information through the online Citizen portal, Partner portal and Worker portal.	Fit	PREE IEG script can be completed from the Citizen Portal and Worker Portal. Providers will be given access to the Worker Portal.	RO – Accepted on 4/29/2019
FR-INT-017	The Solution shall populate the eligibility system with data from the online application.	Fit	Upon submitting the Medical Assistance IEG Application script, all the information collected will be converted into evidence and stored in the Integrated Case.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-054	The Solution shall provide a mechanism to define required and optional fields, including default data values as applicable, based on program rules as defined by Puerto Rico Medicaid Program.	Fit	All mandatory fields will be followed by an asterisk. New mandatory fields and default values are documented within the Intake Application Processing FDD.	N/A
FR-INT-056	The Solution shall provide static text on the web and application in languages defined by Puerto Rico, including: i. English ii. Spanish	Fit	All applications will be available in both English and Spanish.	N/A
FR-INT-059	The Solution shall provide the capability for Applicants to apply for Medicaid through all modes (online, phone, fax, mail, in person).	Fit	PREE can collect information from online, phone, paper, and in person application.	RO – Accepted on 4/29/2019
FR-INT-064	The Solution shall assign a configurable unique identifier for each application recorded.	Fit	An application reference number is generated for each started application.	RO – Accepted on 4/29/2019
FR-INT-065	The Solution shall have the ability to automatically remove an in-progress application based on a configurable timeframe, as defined by Puerto Rico.	Fit	All Applications submitted, but not disposed by the application due date will be denied by the Application Auto Denial Batch. Supervisor Dashboard contains a graph displaying applications within the various status. Workers can also complete a search for applications in progress.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-067	The Solution shall have the ability to prohibit the submission of an application that does not contain all mandatory fields, as defined by Puerto Rico.	Fit	The system does not allow user to proceed with unanswered mandatory fields.	RO – Accepted on 4/29/2019
FR-INT-072	The Solution shall provide the ability to automatically and manually collect, update, and manage information about Applicant/member population from paper applications (delivered through mail or in person) to be used in the intake process.	Gap	All paper applications will be entered and processed in PREE using the Medical Assistance IEG Application. For automation, there is a dependency on the EDMS system PRMP chooses to implement.	N/A
FR-INT-083	The Solution shall have the capability to assign or use an existing Master Patient Index (member ID) for each Applicant/member.	Fit	The Person Registration Process contains the Person Match Criteria. Exact matches will use person’s existing Reference Number. A unique Reference Number will be generated for those with no Match.	RO – Accepted on 4/29/2019
FR-INT-086	The Solution shall have the capability to search for an in-progress application through an application ID.	Fit	The Application Search page allows user to search in progress application by the application ID.	RO – Accepted on 4/29/2019
FR-INT-097	The Solution shall support the initiation and capture of application information via telephonic technology.	Fit	The Call Center will have access to the Worker Portal to complete and submit phone applications.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-098	For telephonic applications, the Solution shall have the ability to record the date/time the application was submitted and capture the minimum required application information including the telephonic signature via an inbound call.	Fit	The Call Center will have access to the Worker Portal to complete and submit phone applications, including the telephonic signature captured verbally from the applicant. PREE enters a time-date stamp for all applications at the time of submission.	RO – Accepted on 4/29/2019
FR-INT-099	The Solution shall have the ability to generate a notice to the phone Applicant including the application information that was submitted in the system.	Fit	The Notice of Decision will be sent to the contact person once the application is disposed. Applicant can request a copy of the Application PDF to view the submitted information.	RO – Accepted on 4/29/2019
FR-INT-101	The Solution shall have the ability to enter application/case information through the Worker portal with a dynamic user interface that only requires the Case Worker to enter and review information required based on answers to previously asked questions.	Fit	The Medical Assistance IEG is a dynamic application where pages are conditionally displayed per previously answered questions.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-102	The Solution shall have the ability to enter application/case information through the Partner portal with a dynamic user interface. Partners include, but are not limited to: i. Department of Children Services ii. Department of Health iii. Department of Family	Fit	A Partner Agency can be provided access to the Worker Portal to submit applications and/or view case information, per the Partner Agency security role.	RO – Accepted on 4/29/2019
FR-INT-108	The Solution shall have the ability for entry of presumptive application/case information through a Partner portal with a dynamic user interface. Partners include, but are not limited to: - Hospitals - Department of Children Services - Department of Health - Department of Family	Fit	A Partner Agency can be provided access to the Worker Portal to submit presumptive application and/or view case information, per the Partner Agency security role.	RO – Accepted on 4/29/2019
FR-INT-109	The Solution shall have the ability to record application date and application time upon submission.	Fit	PREE enters a time-date stamp for all applications at the time of submission.	RO – Accepted on 4/29/2019
FR-INT-110	The Solution shall store a record of all applications/documents submitted, including those withdrawn, based on Puerto Rico records retention policy.	Fit	PREE stores all applications, including those submitted and withdrawn.	RO – Accepted on 4/29/2019



I.4.2.a.ii Completed Intake Application Processing FDD

Requirement Number	Requirement Description	Fit-Gap	Implementation Details	Requirement Met OOTB Approval Status
FR-INT-112	The Solution shall have the ability to status a stored/saved application as either 'in-progress' or 'submitted', while continuing eligibility determination processing (including verifications) for all 'submitted' status applications in a real time/near real-time basis.	Fit	PREE allows the ability to process an application while other applications exist with status of "In Progress" or "Submitted".	RO – Accepted on 4/29/2019
G6-RS-016	The System shall uniquely identify each Program, Participant, Provider, and Authorized Representative.	Fit	PREE generates a unique identifying number for each Program (Case Reference Number and PDC Reference Number), Participant (Person Reference Number), Provider (Provider Reference Number), and Authorized Representative (Person Reference Number) when entered/created into the system.	RO – Accepted on 4/29/2019



14 Issue Register

Issue #	Issue	Resolution	Resolution Date
EE-AI00455	Police Officer – waiting on Rules Team to complete the JADs related to Police Officer policy. Upon completion, there will be a review to conclude if a modification is required. If so, the FDD will need to be updated as needed.	Two new questions were added to the IEG to collect the information needed by rules to properly determine Police Officer health benefit category.	5/8/2019
EE-AI00595	VLP Process – waiting on the Interface Team to complete the JADs related to the VLP process. Upon completion, there will be a review to conclude if a modification is required. If so, the FDD will need to be updated as needed.	The IEG will not be modified to support the VLP process. Instead, the alert will be placed outside the IEG.	4/29/2019
EE-AI00562	Conversion Data – need to determine the data quality good enough to remove the Medicaid question on the Former Foster Care page.	Per the research completed by SI, it is recommended to keep the question until the system reaches maturity.	4/29/2019
EE-AI00557	MAGI vs Non-MAGI – Provide a description of MAGI vs Non-MAGI workers can use during the intake application process.		
EE-AI00279	Sex/Gender/Gendthe same as the Final Resolution Date stated in er Identity – a decision is needed to select the terms Sex and Gender vs Gender and Gender Identity.	EE-DL00125 - Final Decision to rename Gender to Sex and add a new field all Gender. EE-DL00125 overridden by CR25 - Gender and Gender Identity will be used.	06/27/2019
EE-AI00633	Provide estimate to prevent words from breaking within the Application PDF. This is to determine if PRMP wants to submit a CR to update the Application PDF.	RedMane will fix the word breaking issue without a CR.	08/29/2019



15 Deliverable Schedule

FDD Submission Schedule	
FDD Submission Date:	March 05, 2019
PRMP Draft Review and Comment Period:	5 Business Days after receipt of draft FDD submission March 12, 2019
Final Submission Due:	3 Business Days after receipt of draft comments March 15, 2019
PRMP Final Approval Period:	2 Business days after receipt of updated deliverable version March 19, 2019