



Interim Policy & Procedure Memorandum

ISD-IPP 17-06

TO: ISD Employees

FROM: Mary Brogdon, Director, Income Support Division

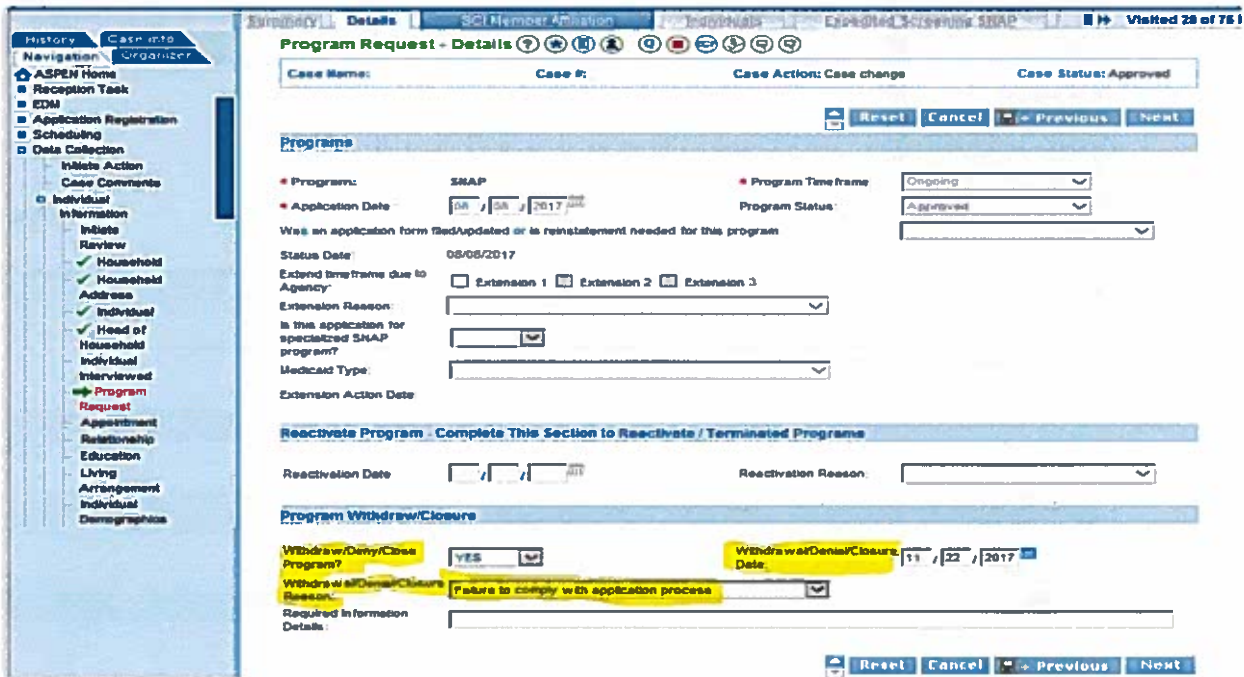
RE: IEVS ISD 202/ISD 201 Closures

DATE: December 6, 2017

This IPP rescinds ISD IPP 15-02 IEVS ISD 202/ISD 201 closures because the ISD 201 Notice to Client was updated on September 30, 2017.

This IPP will clarify the process for closing cases that failed to attend the appointment requested by ISD 202 (IEVS processing). The ISD employee must send a manual notice ISD 201 and suppress the regular notice from going out.

1. Via left navigation: Data Collection > Individual Information > Program Request Screen terminate the case using the "Deny/Withdraw/Close" section. Always close the case based on "Failure to Comply with Application Process", see screen shot below.



2. Run EDBC and certify the closure for all programs.
3. Suppress the NOCA **immediately**, see screen shot below.

View Pending Correspondence (?) * (Q) (R)

Reset Search

Search Criteria

Case: Application: Vendor: Individual ID:

* Case or Application or Vendor or Individual #:

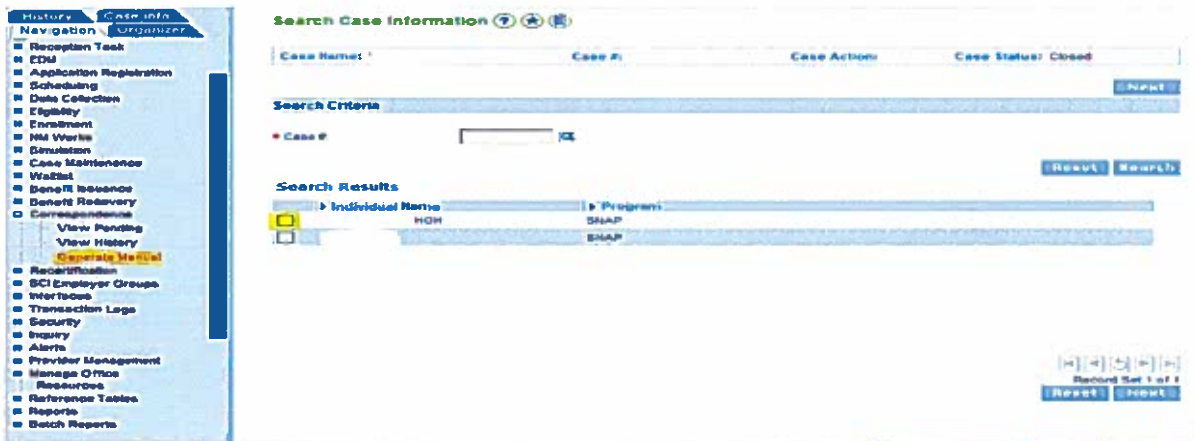
Reset Search

Search Results

Document Description	Request Date	Generate Date	
HSD 1210 - Notice of Case Action	11/01/2017	11/01/2017	 
HSD 1210 - Notice of Case Action	10/31/2017	10/31/2017	 

4. Via left navigation: Correspondence > Generate Manual, issue a manual ISD 201, "Notice to Client" or ISDSP 201 "Aviso Al Cliente". The notice must contain the language below, make sure to personalize only the highlighted areas.

5.



Search Case Information (?) * (Q) (R)

Case Name: Case #: Case Action: Case Status: Closed

Search Criteria

* Case #:

Search Results

Individual Name	Program
HOH	SNAP
	SNAP

Document Search

Document Name: 201

Previous Reset Search

Search Results

Document Name
ISD 201 - Notice to Client
ISDSP 201 Aviso Al Cliente

Previous Save Draft Preview Central Print Local Print Reset

Programs(s) :

SNAP :

Cash :

Medicaid :

LHEAP :

Action you need to take :

Reason why we need this information :

Important information related to your benefits :

County Office Telephone Number :

Office Hours (From :) :

Office Hours (To :) :

Previous Save Draft Preview Central Print Local Print Reset

6. Select the appropriate programs that you will be closing.
7. Enter "Action you need to take" with the following statement:

Action you need to take :

8. Enter "Reason why we need this information" with the following statement (English or Spanish version):

Reason why we need this information :

Reason why we need this information :

9. Enter “Important information related to your benefits:” with the following statement (English version or Spanish version):

The New Mexico Human Services Department has received information that you may have income or resources that were not considered when determining your eligibility for benefits. An appointment notice was sent to you notifying you that a meeting was scheduled for [insert date and time from the ISD 202 previously sent] to discuss [insert the matter, i.e., your gambling earnings from the ISD 202 previously sent] with your caseworker. If you were unable to attend this meeting, you were given until [insert date and time from the ISD 202 previously sent] to contact your caseworker to reschedule this appointment. You were informed that if you did not reschedule your appointment by [insert date from the ISD 202 previously sent], your benefits would be reduced or your case would be closed. You failed to attend this meeting, or to contact your caseworker to reschedule. Your [insert COE closing, i.e., TANF/SNAP/Medicaid] will be closed effective [insert date from the Eligibility Summary Screen], per 8.100.130.12 NMAC.

El Departamento de Servicios Humanos de Nuevo México ha recibido información que es posible que tienes ingresos o recursos que no fueron considerados al determinar su elegibilidad para los beneficios. Un aviso de cita fue enviado a usted que le notifica que una reunión estaba programada para [insert date and time from the ISD 202 previously sent] para discutir [insert the matter, i.e., your gambling earnings from the ISD 202 previously sent] con su trabajador de casos. Si usted no pudo asistir a esta reunión, que se les dio hasta [insert date and time from the ISD 202 previously sent] para ponerse en contacto con su trabajador de casos para reprogramar la cita. Se le informó que si no reprogramar su cita por [insert date from the ISD 202 previously sent], sus beneficios se reducirán o su caso se cerrará. Usted no pudo asistir a esta reunión, o ponerse en contacto con su trabajador de casos para reprogramar. Su [insert COE closing, i.e., TANF/SNAP/Medicaid] se cerrará efectiva [insert date from the Eligibility Summary Screen], por 8.100.130.12 NMAC.

10. Enter “County Office Telephone Number:”

County Office Telephone Number :

11. Enter “Office Hours” (from and to)

Office Hours (From) :

Office Hours (To) :

12. Preview Notice:



INCOME SUPPORT DIVISION
CENTRAL ASPEN SCANNING AREA
P.O. BOX 850
BERNALILLO NM 87004
PHONE NUMBER: (505) 263-4463
FAX NUMBER: (505) 824-8960



Case Number:
Date: November 2, 2017
Revision Date: ISO 201 September 30th, 2017

NOTICE TO CLIENT

Dear

This notice has important information about your case. Please read it carefully.

Program(s): SNAP, Medicaid, CASH	Action you need to take: Contact (Enter Caseworker Name)
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Reason why we need this information:
To review your eligibility for (COE).

Important information related to your benefits:

The New Mexico Human Services Department has received information that you may have income or resources that were not considered when determining your eligibility for benefits. An appointment notice was sent to you notifying you that a meeting was scheduled for (insert date and time from the ISO 202 previously sent) to discuss (insert the matter sent on the ISO 202 previously sent) with your caseworker. If you were unable to attend this meeting, you were given until (insert date and time from the ISO 202 previously sent) to contact your caseworker to reschedule this appointment. You were informed that if you did not reschedule your appointment by (insert date from ISO 202 previously sent), your benefits would be reduced or your case would be closed. You failed to attend this meeting, or to contact your caseworker to reschedule. Your (insert COE, amount) will be closed effective (insert date from the Eligibility Summary Screen), per 8.106.130.12 NMAC.

If you have any questions, you may call the county office telephone number at (Phone no - Num). The office is open from 8 am to 4:30pm Monday through Friday except on holidays.

If you do not agree with the information on this form you can ask for a hearing.

Eligibility Worker Name:	Suzanne P Duran-vigi
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13. Central Print Notice:

[Previous](#) [Save Draft](#) [Preview](#) [Central Print](#) [Local Print](#) [Reset](#)

14. Enter Case Comments

DO NOT INDICATE IRS OR IEVS ON THE MANUAL NOTICE OR ASPEN CASE COMMENTS!!!

If you have questions regarding this GI, please contact Suzanne Duran-Vigil at 505-827-7289 or by email: suzannep.duran-vigi@state.nm.us.

