




HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Sean Pearson, Deputy Cabinet Secretary

Manual Revision Memorandum

ISD-MR 17-13

TO: ISD Employees
FROM: Mary Brogdon,  Director, Income Support Division
RE: Forms Manual Revision for LHP 007
DATE: 10/4/2017

This MR is being sent for the LIHEAP form LHP-007 that has been modified to include the Performance Measures data questions, required for federal reporting.

Use of the revised forms will be in effect immediately.

Instruction:

Replace all previous versions of the forms listed below. All previous versions of the form listed in this MR must be removed from any current stock.

Delete- LHP 007, "LIHEAP Case Review Issued 9-08-08"

Replace- LHP 007, "LIHEAP Case Review Issued 9-26-17"

These forms have been posted to the forms drive (\\DITSFASV025\ISDForms)

If you have any questions please contact Sharon Rivera at 505-827-7267 or Sharonm.Rivera@state.nm.us.

LIHEAP CASE REVIEW

INCOME SUPPORT DIVISION

COUNTY OFFICE:

Case Name		Case Number	Date of Review
Caseworker	Reviewer	Review Mo.	Date of Action
Benefit Amount \$	ACTION UNDER REVIEW <input type="checkbox"/> Approval <input type="checkbox"/> Denial ERROR TYPE: <input type="checkbox"/> Over <input type="checkbox"/> Under <input type="checkbox"/> Ineligible <input type="checkbox"/> Potential \$ ERROR:		
RESPONSE DUE:		DATE RESPONSE Received:	

P = Actual or Potential Payment Error X= Eligible/Correct D = Deficiency N/A = Not Applicable

REVIEW ELEMENTS	Code
<p>1. Household Composition: Was Identification provided for head of household? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Driver's License <input type="checkbox"/> Other Acceptable _____</p> <p>2. Was the Social Security Number provided for all household members? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Was the Date of Birth provided for all household members? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Was citizenship/qualified immigrant status verified for all members? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Does the household reside in New Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Does the household live on the reservation? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, which one? _____</p>	
<p>7. Income: Was income calculated for the 30 day period immediately preceding the date stamp on application? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Check Stubs <input type="checkbox"/> Other Acceptable _____</p>	
<p>8. Points: Are the points calculated correctly? <input type="checkbox"/> Income <input type="checkbox"/> Energy Burden <input type="checkbox"/> Age 5 or younger <input type="checkbox"/> Age 60 or older <input type="checkbox"/> Disability <input type="checkbox"/> Propane</p>	
<p>9. Heating/Cooling Expense: Was the correct heating/cooling account paid? Yes <input type="checkbox"/> No <input type="checkbox"/> Correct vendor Paid? Yes <input type="checkbox"/> No <input type="checkbox"/> Was a Utility Bill Provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Wood <input type="checkbox"/> Other Acceptable _____</p>	
<p>10. Primary Heating: Was primary heating source provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Account name <input type="checkbox"/> Account number <input type="checkbox"/> Vendor</p>	
<p>11. Electric Information: If LIHEAP request or primary heating source is not electric was electric information provided? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Account name <input type="checkbox"/> Account number <input type="checkbox"/> Vendor</p>	
<p>12. System Coding: Is ASPEN Heating & Cooling coded correctly? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Heating <input type="checkbox"/> Cooling</p>	
<p>13. Forms: Were appropriate forms completed? <input type="checkbox"/> LHP-001 Utility Bill in Another Name <input type="checkbox"/> LHP-003 LIHEAP Crisis Net Income <input type="checkbox"/> LHP008 LIHEAP Worksheet</p>	
<p>14. Timeliness: Was action taken within specified time limits for regular or crisis processing? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Life threatening Crisis 18 hours <input type="checkbox"/> Regular Crisis 48 hours <input type="checkbox"/> Regular 30 days</p>	
<p>15. Was a HUMAD sent out? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>16. Negative Action:</p>	
<p>17. Other:</p>	