Employees' Manual
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Automated Benefit Calculation System

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Overview

The Automated Benefit Calculation (ABC) system is a computer system designed to:

- Gather and store information about the Department's income maintenance programs clients.
- Calculate benefit levels.
- Enable issuance of benefits.
- Issue client notices and forms.
- Generate various management reports to assist in program administration.
- Pass information to other systems.

The ABC system stores information about individuals and cases as separate records. The system uses a unique number to identify an individual. This number is called the state identification number (SID). The system uses another unique number to identify the case. The SID number and case number connect the record of the individual to the record of the case.

HHS income maintenance staff enter source information into the system. Staff are then able to update most information using "real time processing" of data input into the system. This means that data that is input and confirmed into the system is processed at the time the data is confirmed and a *Notice of Decision* or a calculation result preview is available immediately after confirmation of input data.

However, certain data does require the use of "batch processing." This means data input will be processed at night. Updated information appears the next day on screen as well as on notices and other documents. When information is not updated, Worker Action Report screens (WARs) display this and other information. If fatal WARs are not corrected and transactions confirmed, the transactions will be purged after three days.

Once information is in the system, it is usually not necessary to resubmit the same information. The screens display data as updated by the system. Some documents are printed and delivered to the local offices by a courier service. Others are stored electronically.

Definitions

"ABC" means the Automated Benefit Calculation system.

"ABC cutoff" means the last day when data can be entered for a certain system month's cycle. ABC cutoff is the last day in a calendar month that data can be entered to cause a change for the next calendar month's eligibility or benefit level. This day is always the sixth working day before the end of the calendar month.

"Adequate notice" is a written notice that informs the household of:

- An action the Department is taking,
- The reason for the action,
- When it is effective,
- The administrative rule reference,
- The ***Employees' Manual*** reference by chapter number and subheading,
- The household's right to a fair hearing, and
- How the household can request continuing assistance when it requests a hearing.

See program policy chapters for information on notice requirements for each program.

"APP1" means the option used to "pend" an application for SSI-related Medicaid. This is an automated action prompted by updates to the State Data Exchange System.

"Batch processing" is a sequential processing of transactions (entries) against the master file data that is performed while the system is "off-line."

"BCW1" means the Benefit Calculation Worksheet screens for case information.

"BCW2" means the Benefit Calculation Worksheet screens for individual income information.

"Benefit data" are income and deduction financial data entered on BCW1 or BCW2 screens. Benefit data are used for certain eligibility tests and benefit level determination for Family Investment Program (FIP), Refugee Cash Assistance, and SNAP. For facility client participation calculations, benefit income includes Veterans Affairs aid and attendance, Miller trust vendor payments, and some insurance payments.

"Benefit month" is the month for which you intend to determine or change benefits (e.g., SNAP, grants, Medicaid, or facility assistance). Enter the benefit month on the BCW screen with the data to be used for that month. NOTE: Timely notice requirements may cause the actual benefit month to be the month after the month you entered.

"Case" for ABC is a set of program and individual data.

"Case number" is an identifier comprised of a six-character serial number, a two-character FBU number, a one-character code, and a one-character check digit. If no case number is entered, the system assigns the next sequential serial number.

"Check digit" is the last character of a case or state identification number. Check digits are system-generated based on a mathematical calculation of the other numbers. The check digit helps prevent entry of invalid numbers.

"Considered" means counted for purposes of determining income or need of the eligible household.

"Current system month" is the month that is most often aligned with the current calendar month. The current system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month. Example:

> The current system month of January begins the day after December's ABC cutoff and ends the day of ABC cutoff in January.

"Edits" are the system comparison of entered data to master file data and to established system criteria. The comparison may discover elements that need to be adjusted before entries update the system.

"Eligibility data" are the income and deduction financial data entered for the eligibility determination.

"FBU" means "family budget unit." This is a two-digit portion of the case number that follows the serial number. It is used to distinguish certain kinds of cases.

"IABC" means the screens used to enter or display data on Iowa's Automated Benefit Calculation system.

"Income data" are the countable earned and unearned income amounts, deduction and diversion codes and amounts, and indicators for the use of income and deductions, entered on BCW1 or BCW2. BCW data are stored with the state identification number of a person.

"Input" is entry of data to be processed.

"Mainframe" is the centralized computer application system that stores software and data for ABC and other application systems.

"Matching" is the automated exchange of data of case and individual files with other files or other agencies.

"Master file" is the file of updated information used in a computer system. It provides information to be used by the programming and can be updated and maintained to reflect the results of the processing operation.

"Next system month" is the month after the current system month. The next system month begins after ABC cutoff and ends with ABC cutoff in the next month.

> In the current system month of January, the "next system month" is February.

"NOD" means the *Notice of Decision*, forms 470-0485 or 470-4085(S), or their manual versions.

"On line" is direct communication with the central processing unit of the computer.

"Output" is the result of data processing.

"Prior month" is a month before the current system month. Prior months' data is entered on certain applications and some retroactive Medicaid requests. See program policy chapters for specific coding by programs.

"Public assistance" refers to Family Investment Program (FIP) and Refugee Cash Assistance (RCA).

"Real time processing" is the process that provides immediate feedback to the IM worker as a result of case actions and, when appropriate, a *Notice of Decision* and calculation is immediately available to preview to verify expected results from those actions.

"Report form" is the form required by a particular program for periodic reporting. This includes the *Review/Recertification Eligibility Document* (RRED).

"RRED" is the *Review/Recertification Eligibility Document*, form 470-2881 or its manual or Spanish-language versions.

"Rolling" refers to entries in program sections of the "turnaround document" (TD) screens that generate duplicate or related entries in the program section on TD03. "Rolling" is also used to describe the way in which income and deduction records are maintained from one system month to the next.

"Serial number" means the first group of six characters in a case number.

"State ID" or **"SID"** is the unique state identification number HS assigns to each person.

"System month" means the period used for processing. A system month begins after ABC cutoff in one month and ends with ABC cutoff in the next month.

"Tickler" is a system-generated or worker-recorded reminder. ABC ticklers are displayed on ABC's Worker Action Report (WAR) screens.

"Timely notice" is the adequate notice sent to a participant at least ten calendar days before the effective date of adverse action. See program policy chapters for specific information on timely notice by program.

"TD" means a turnaround document or screen.

"Transaction" is the set of entries from one screen or screen section. Transactions waiting for processing are listed on the TXNS screen.

"Update" means to modify a master file with entries according to a specified procedure.

"User ID" is the name or code assigned to each user for accountability and security purposes.

"WAR" means Worker Action Report sent by the ABC system. See 14-B-Appendix, Worker Action Messages for additional information and a listing of current ABC WAR messages.

"WIFS" means warnings, informational, fatal, and summary messages. WIFS are email messages sent by the MEPD billing system, the Medicaid eligibility system, and the ABC system to inform the IM worker that action may be needed to be taken on the designated system.

ABC System's Cyclical Month

Although transactions are processed daily, the ABC system operates according to the dates of the monthly cycle. The cyclical month begins after ABC cutoff of one calendar month and ends, except for some calendar month-end processes, with ABC cutoff of the following month.

Critical days in the cyclical month and the system-generated forms are discussed in the remainder of this section. The subheadings in this section are arranged in order that these system dates occur.

The ABC System Dates chart is distributed annually with the dates of the cycle. ABC users refer to the chart daily to make appropriate entries, be aware of system-generated runs, and meet system deadlines.

2026 ABC System Dates

FPP Review Mail (1)	RRED Mail (2)	RRED Due Date – FIP (3)	RRED Due Date – SNAP (4)
November 25, 2025	November 26, 2025	December 5, 2025	December 15, 2025
December 29, 2025	December 30, 2025	January 5, 2026	January 15, 2026
January 29, 2026	January 30, 2026	February 5, 2026	February 17, 2026
February 26, 2026	February 27, 2026	March 5, 2026	March 16, 2026
March 27, 2026	March 30, 2026	April 6, 2026	April 15, 2026
April 28, 2026	April 29, 2026	May 5, 2026	May 15, 2026
May 28, 2026	May 29, 2026	June 5, 2026	June 15, 2026
June 26, 2026	June 29, 2026	July 6, 2026	July 15, 2026
July 29, 2026	July 30, 2026	August 5, 2026	August 17, 2026
August 27, 2026	August 28, 2026	September 8, 2026	September 15, 2026
September 28, 2026	September 29, 2026	October 5, 2026	October 15, 2026
October 29, 2026	October 30, 2026	November 5, 2026	November 16, 2026
November 24, 2026	November 25, 2026	December 7, 2026	December 15, 2026
December 29, 2026	December 30, 2026	January 5, 2027	January 15, 2027
January 28, 2027	January 29, 2027	February 5, 2027	February 16, 2027

Recoupment (5)	Timely Notice (6)	MN/SSI-Related Med Review Mail (7)	ABC Cut-Off (8)
December 18, 2025	December 19, 2025*	December 22, 2025	December 23, 2025
January 16, 2026	January 20, 2026	January 21, 2026	January 23, 2026
February 16, 2026	February 17, 2026	February 18, 2026	February 20, 2026
March 19, 2026	March 20, 2026*	March 23, 2026	March 24, 2026
April 16, 2026	April 17, 2026	April 20, 2026	April 23, 2026
May 19, 2026	May 20, 2026	May 21, 2026	May 21, 2026
June 17, 2026	June 19, 2026*	June 22, 2026	June 23, 2026
July 17, 2026	July 20, 2026	July 21, 2026	July 24, 2026
August 19, 2026	August 20, 2026	August 21, 2026	August 24, 2026
September 17, 2026	September 18, 2026*	September 21, 2026	September 23, 2026
October 19, 2026	October 20, 2026	October 21, 2026	October 23, 2026
November 18, 2026	November 19, 2026	November 20, 2026	November 19, 2026
December 17, 2026	December 18, 2026	December 21, 2026	December 23, 2026
January 19, 2027	January 20, 2027	January 21, 2027	January 22, 2027
February 16, 2027	February 17, 2027	February 18, 2027	February 19, 2027

Pending Release and Check Write (9)	Check Mail (10)**
December 24, 2025	December 31, 2025
January 26, 2026	January 30, 2026
February 23, 2026	February 27, 2026
March 25, 2026	April 1, 2026
April 24, 2026	May 1, 2026
May 22, 2026	June 1, 2026
June 24, 2026	July 1, 2026
July 27, 2026	July 31, 2026
August 25, 2026	September 1, 2026
September 24, 2026	October 1, 2026
October 26, 2026	October 30, 2026
November 20, 2026	December 1, 2026
December 24, 2026	December 31, 2026
January 25, 2027	February 1, 2027
February 22, 2027	March 1, 2027

* Denotes there will be a Saturday mailing. Documents created in Friday night's processing.

** Direct Deposit – FIP available on the 1st working day of the month; EAC – FIP available by noon on the 1st calendar day of the month.

ABC System Users

Subject: ABC System Dates

1. The date FPP reviews are mailed.
2. The date in-cycle RREDs are mailed.
3. The FIP due date for in-cycle RREDs.
4. The SNAP due date for in-cycle RREDs.
5. Recoupment transactions are processed.
6. The last day to enter transactions requiring timely notice without having them pend until after ABC cutoff, to be effective for the second future calendar month. This includes medical cancellations and transactions entered with these actions.
7. The date zero spenddown MN/SSI-related Medicaid reviews are mailed. Reviews are issued approximately 60 days in advance.
8. The cutoff date for regular transactions to affect the next month. Automatic cancellations due to expiration of SNAP or MN are processed to be effective for the next calendar month. Income and resource records are "rolled forward." Automatic changes (ending sanction and disqualification periods, cancellations for FIP age 19) are processed right after cutoff to be effective for the second future calendar month.
9. The date transactions that were pended for timely notice are released to be effective for the second future calendar month (the new "next" system month). This date is the first of the new system month in which data are both entered and processed. Date checks are written.
10. The date regular monthly FIP and State Supplementary Assistance checks other than RCF (and Medicaid cards) are mailed.

Family Planning Program and RRED Form Mailing

For cases active after ABC cutoff, the following forms are printed based on system master file data as of ABC cutoff:

- Family Planning Program Review, 470-4071, which is used for the annual recertification of FPP. This form is mailed the workday before RRED mail.
- Review/Recertification Eligibility Document (RRED), which is the review form for public assistance and the recertification form for SNAP. This form is mailed on the second day before the end of the calendar month. If that date is a holiday or weekend, the mailing date is the previous workday.

RRED Due Date

RREDs sent in the regular cycle are to be returned by the fifth (FIP) or 15th (SNAP) of the month following the month of mailing. If this date falls on a weekend or a state or federal holiday, the due date is the next workday.

Recoupment Day

"Recoupment day" is usually the workday before timely notice day. The automatic processes on recoupment are ABC actions to begin or change reductions in benefits for recoupment of overpayments or overissuances.

Notices of Decision are generated and mailed after recoupment for cases with benefits affected by the recoupment process. Forms generated from the recoupment run are identified with "RECP" printed on the forms.

Timely Notice Day

"Timely notice day" is the last workday that entries can be made in order for timely notice to be given before the first day of the next calendar month. Timely notice day is the workday immediately before the last mailing date for notices in the month that allows for the timely notice period. It allows ten calendar days to pass between that mailing date and the first day of the next calendar month.

Cancellations are system-generated for FIP cases that were required to return a complete RRED and failed to do so by timely notice.

Coding on each worker-entered transaction indicates whether timely notice is required if the data entered result in an adverse action. If timely notice is indicated, the system determines if timely notice can be given for the next calendar month.

If timely notice day has passed and policy requires timely notice, the entire transaction is pended to become effective for the second following month. Messages on the WAR1 and WAR2 screens alert you that the transaction was pended. The transactions that are pended are processed on pending release day.

You may change a pended transaction by deleting ALL transactions on the case and creating all appropriate transactions. This may require two steps if you need to enter the negative Medicaid transaction.

Medicaid Review Mailing

The *Medicaid Review*, form 470-3118 or 470-3118(S), is generated for Medically Needy cases with zero spenddown and SSI-related Medicaid cases that have reviews due the following month and is mailed the day following "timely notice day."

ABC Cutoff Day

"ABC cutoff day" is the sixth working day before the end of the calendar month. After ABC cutoff and before the end of the calendar month, system entries to change benefits on ongoing cases affect the second future calendar month.

ABC cutoff allows time for preparation and issuance of benefits, RREDs, and identification cards. Various reports and printouts are processed and distributed after ABC cutoff.

At ABC cutoff, the system performs these actions that affect cases:

- SNAP cancellation when the certification period expires with the current calendar month.
- Medicaid cancellation when system-tracked extended medical eligibility period or Medically Needy certification period ends with the current calendar month.
- "Rolling" of income and resource data to the working area of the system for the new "next system month."
- Transfer of summary income data from the previous system month to the history area of the system. (This history area is not accessible to system users.)
- Change of the person's status code when a SNAP disqualification period will expire with the coming month. This causes recalculation of benefits for the new "next system month."
- FIP cancellation for the new "next system month" of children who will be 19 years old on or after the second day of the coming month and before the second day of the new "next system month."

- Medicaid cancellation when the program has been in an automatic redetermination aid type for two months.
- Change of the person's status from 'R' to 'N' when the lump-sum period of ineligibility has ended.
- Medicaid actions when children or adults ages reach program milestones.
- Aid type changes due to ages of the participants or other case data.

NOTE: Before February 23, 2006, the ABC system deleted cases that had been canceled or denied from all programs for two years (except for cases that were sanctioned, disqualified, or closed due to lump-sum income).

Pending Release Day

Transactions that were pended because timely notice was required are held until the first workday of the new system month after the system month in which they were entered. The transactions are then released and processed as though they had been entered on that day.

Pended transactions affect all entries made with the pending transaction or while the case is in pended status except for:

- Transactions made in Section II on the TD01 screen. Transactions made in Section II on the TD01 screen will process while a case is pending.
- The phone number, located in Section I on the TD01 screen, also processes while the case is pending but will appear to be pended.

Output of System-Generated Actions

The ABC system creates output based on the worker-generated or system-generated transactions for the specified program run. The chart below identifies the name of the processing run job, the output produced from that run, and gives information on what is displayed on the output. An asterisk (*) indicates output not accessible to users.

Output of System-Generated Actions	
Job Run	**Output From Job Run**
Daily Run	*Notices of Decision* generated from the daily run are printed with "DALY" on the lower left portion of the form. The three-digit notice reason codes are printed by the word "DALY." CALC results sheets from the daily run are printed with "DALY" on the upper RIGHT portion of the sheet. CASE * Earnings Letters IND * RREDs: "DALY" is printed on these. SSI Reminder Letters TD * TXNS WARs
Buy-In Run	*Notices of Decision* generated from the system-generated run are printed with "BUYIN" on the lower LEFT portion of the form (for facility cases or if SNAP benefits change). TDs
LBP Run	*Notices of Decision* generated from the limited benefit plan run are printed with "LBP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "LBP."
Month-End Run (with ABC cutoff)	*Notices of Decision* generated from the month end run are printed with "MEND" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MEND." Certification expirations SNAP Medically Needy WARs
Recalculation for Mass Program Changes	*Notices of Decision* generated from the system-generated run are printed with "MASS" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "MASS." CALC results sheets

Job Run	Output From Job Run
Recoupment Run	*Notices of Decision* generated from the recoupment run are printed with "RECP" on the lower LEFT portion of the form. The three-digit notice reason codes are printed by the word "RECP." CALC result sheets CASE & IND * IND * TD * TXNS WARs
SANC Run (after month end but before the next daily processing)	Activation people whose disqualification is over Annual issuance history report Automatic cancellation Cancellation of extended Medicaid Cancellation of FIP "over-age" child Removal of person records due to death Resetting of good cause for the next month *Notices of Decision* generated right after the month-end run but before the next daily processing are printed with "SANC" on the lower LEFT portion of the NOD. The three digit notice reason codes are printed by the word "SANC." CALC results sheets CASE IND * TD * TXNS WARs

System Preparation and Processing of Data

The following sections explain how the system treats:

- Case numbers and state identification numbers
- Entry on multiple screens
- Entry reasons
- Status codes
- Individual records
- Applications
- Rolling data to TD03

Case Numbers and State ID Numbers

Case numbers are kept on the master file permanently. (Before February 23, 2006, the ABC system deleted cases that were canceled or denied for all programs after two years.) Dropped case information can be viewed on the DCAS screen. See 14-B(4), Dropped Cases On-Line Display.

The individual records are retained in the state identification (ID) portion of the file. The original state ID number is retained. Do not reuse a case number that comes up without data on TD01.

Reuse the case number only if:

- The case name is that of the applicant, and
- That person is shown on TD07.

The ABC system currently has the following limits:

- A person (identified by the state ID number) can be associated with only **six cases** and;
- A specific case can only have **16** people associated with it.

You will get a fatal WAR if adding a person to a case exceeds either limit.

Entry on Multiple Screens

If a change requires the entry of data on more than one screen, you must enter all related data, so that the data are processed as one action. This same rule applies to each month included in the approval of an application.

When income and deduction data from BCW2 are not entered with the program and individual data for an application, the ABC system assumes that there are no income or deductions to be considered for the benefit month.

Enter data on resource screens (RSCF, RSCA, RSCM, or RSCS), and child support screens (ICSC, REFER1 and REFER2) as appropriate.

Entry Reasons

Entries to the ABC system on the TD01, TD02, TD03, TD04, TD05, BCW1, and BCW2 screens require entry reason codes. These codes describe the reason for preparing the entries and determine whether timely notice considerations apply. See 14-B-Appendix for valid codes for each entry reason field.

If entry reason "G" is used and a transaction is pended, **all** data entered on the system at the same time (except data entered in Section II on the TD01 screen) are pended, even if other entry reasons indicate that the data entered must take effect immediately. See Pending Release Day for instructions.

The "one time" entry reason ("P") is the exception; it will not pend. The "send notice only" reason ("R") is not compatible with any other entry reasons. It must be entered separately.

Status Codes

"Status" codes indicate the condition of a program, or a person's condition on a program. These conditions include:

- Active
- Not active
- Sanctioned
- Pended

A person's program status on TD03 specifies the person's program participation, by case. See 14-B-Appendix for lists of the status codes and their meanings for each program.

Status codes are used in conjunction with entry reasons. Status codes of "A," "B," or "C" are usually used with entry reasons "A," "B," or "C," respectively.

Individual Records

Each person who applies for or is considered for benefits has a single record in the ABC system, regardless of the number of cases with which the person is associated. This "individual" record contains the following information about a person:

- Identifying data, including name, date of birth, sex, religious beliefs, social security number, and state identification number.
- Status on programs for which the person is considered

- Earned and unearned income.
- Deductions.
- Demographic data.

Because there is a single individual record, entry of demographic and BCW data potentially affects **all** cases that a person is associated with.

EXCEPTION: The person number (PER) code and the relationship (REL) code are case-specific.

Entry of income data on the BCW screens for the person's state identification number updates the person's income record as directed by the program indicator (PI), eligibility/benefit indicator (E/B), and benefit month (BEN MO) fields. Income data are program-specific.

Individual records are removed after notice coding indicates that a person has died. The state ID record is retained. If the notice coding was entered in error, the person can be added back to the case as a new person using the person's original state ID number.

By program, individual income records are not rolled forward after:

- The person has been closed for two months or
- The person has been denied in the month.

Applications

When a program application is required for eligibility decisions, entry reasons "E" or "A" must be entered. Enter approval decisions with status code "A" for applications. When an eligibility decision does not require a program application, entry reason "C" is entered with a status code of "C."

Rolling to TD03

Rolling of data from the program sections to the program sections for people in TD03 occurs when the system can determine which people are affected by a program action. The data that roll are status codes, dates, and (when a program is opened, reopened, or closed) notice reason codes.

Approval entries roll to people previously coded as pended in the program individual status fields. Negative entries roll to people previously coded as active or pended in the program individual status fields.

Eligibility Determination and Benefit Calculation

In order to perform eligibility and benefit calculation, the ABC system needs information about the income and resources to be considered, the people to be considered, and the months affected by these entries. Calculations occur when income, resources, need, or deductions are changed by worker entries or by system-generated actions.

The system does not perform every calculation needed to determine eligibility and benefits for every program. Workers must do some calculations required to determine benefit amounts or amounts of countable income and deductions to be entered in the ABC system. Workers shall:

- Determine the amounts of:
  - Client participation for subsequent facility placements in the same month.
  - Countable self-employment income.
  - Monthly case deductions.
  - Monthly countable income from lump-sum income.
  - Reimbursable medical transportation expenses.
  - Special allowances.
  - State Supplementary Assistance grants.
- Determine amounts owed by the client. (You can compute the benefits that should have been granted for SNAP on the Scratch Pad (SPAD) system.)
- Determine the amounts of income and deductions to be attributed to the eligible SNAP household of people ineligible because of their citizen or alien status or because they failed to provide or apply for a social security number without good cause.
- Determine the amounts of income attributable to the self-supporting parent or legal guardian of an unmarried specified relative under age 18 from the spouse of the parent or guardian.
- Determine eligibility for:
  - SNAP emergency service.
  - Child Care Assistance.
  - Title IV-E financial participation.
  - Medicaid expanded specified low-income Medicare beneficiary (E-SLMB) cases.
  - Medicaid qualified disabled working people (QDWP) cases.
  - Medicaid qualified Medicare beneficiary (QMB) cases.
  - Medicaid specified low-income Medicare beneficiary (SLMB) cases.
  - SSI-related Medicaid for people who are ineligible for SSI or State Supplementary Assistance due to specific circumstances. See 8-F, People Ineligible for SSI (or SSA).
- Determine eligibility and benefit amounts for months earlier than those the system will calculate.

- Determine eligibility and countable income for a married couple sharing the same room of a facility when both are eligible for Medicaid. (The system can calculate client participation based on countable income.)
- Determine eligibility and spenddown amounts of Medically Needy cases.
- Determine income eligibility for MEPD using form 470-3686, MEPD Income Worksheet.
- Determine income eligibility for Medicaid for Kids with Special Needs using form 470-4632, Medicaid for Kids with Special Needs Income Worksheet.
- Determine the disqualification period for divesting of resources.
- Do the SNAP 165% test to determine household composition when an elderly and disabled person buys and fixes food with others. See 7-C, Elderly Members Who Are Disabled.
- Re-examine the work transition period for Medicaid eligibility.

Except as noted above, the ABC system determines financial eligibility, benefit level, and client participation using countable income, countable resources, household members' status codes, and fund codes.

The individual's program status code and the unborn code on TD03 determine household size for some Medicaid coverage groups. When the system completes the financial eligibility determination, it changes the worker-entered active status code to a denied or canceled status if countable income or resources exceed program limits.

Coding may also indicate that the worker's approval decision is to be accepted without calculation. Worker entry to deny eligibility usually reflects worker decisions on nonfinancial eligibility factors.

The following sections explain:

- What individuals are considered for ABC calculations
- What months are affected by system calculations
- System calculations related to resources
- System calculations related to income
- System outputs for calculation results

Individuals Considered

To calculate financial eligibility, benefit level, and client participation, the ABC system requires information on individuals. Every person whose income or presence is considered and every person who is counted as part of the assistance unit must have an individual record for the program.

The program indicator determines for which program the income and deductions are to be used. The program indicators are:

A FIP
B SNAP
C Medical Assistance
D Facility, State Supplementary Assistance, or Waiver

The person's status codes for all programs and the person's fund code for Medicaid, State Supplementary Assistance, facility, and waiver services are used when determining whether the person is:

- Part of the assistance unit or
- Part of the unit which has income and deductions considered for eligibility determination or benefit calculations.

Months Affected by Entries

Different months are affected by entries for an application than for an ongoing case. NOTE: For SNAP, financial calculations are not done for months past the end certification month or the limit date.

Case Approvals

The first month for which an application is processed is determined by the worker-entered eligibility date in the program section of the TD screens. BCW1 SNAP deduction entries are required for each month in the application process that includes SNAP. BCW2 screens are required for each month with income.

BCW, RSCF, RSCA, RSCM, and RSCS screens may be entered for two prior system months, the current system month, and the next system month. For facility cases, only one prior system month entry is allowed.

BCW1 special allowance entries are not attached to a particular benefit month and affect the months in the application process as appropriate to their one-time or ongoing designation.

Ongoing Cases

The first month affected by TD screen program section entries and entries to remove individuals is the next system month, unless timely notice requirements delay the effective date. The first month affected by TD screen entries to add a person is determined by the start date entered by the worker.

BCW1 special allowance entries affect the current system month or the next system months as specified by coding in the first position of the type fields. The first month affected by BCW1 SNAP deduction entries, BCW2 income entries, RSCF SNAP resource entries, and RSCA FIP resource entries, is the month entered in the benefit month fields, unless timely notice requirements delay the effective date.

For ongoing cases, the benefit month entered on the RSCF, RSCA, RSCM, RSCS, BCW1 and BCW2 screens are the “current system month” or the “next system month.” For BCW1 and BCW2 screens, “future month” entry is allowed.

Resource (RSC) Records

Resource records are required on approvals, reinstatements and reopening, so they must be entered if not present. After subtracting the monthly income from the liquid resource amounts, enter countable SNAP resources on RSCF, FIP resources on RSCA, Medicaid resources on RSCM, and facility, State Supplementary Assistance, and waiver resources on RSCS.

RSCF, RSCA, RSCM, and RSCS data can be entered either when the program is pended or when it is approved. Data can be changed in the same way as income and deductions on ongoing cases. Resources are rolled forward in the same way as BCW1 and BCW2 records. RSC records are case-specific, not individual-specific.

The system allows entry of resource months on an application from the program positive date month through the next system month, with a maximum of four months. Ongoing programs are allowed entry of the current and next system month’s resource records.

Error messages are produced for:

- Too few months
- Too many months
- Months outside those allowed

The system compares the total resource amounts to the program resource limits, before income testing. Resource tests are not done for the SNAP program for months past the end certification month or the limit date, whichever is earlier.

Income Records

Enter income on the BCW2 screens for each individual by benefit month. The system holds the amounts on the individual master file for BCW1 and BCW2.

Grants as Income

The ABC system uses the system-calculated FIP or Refugee Cash Assistance grant, except for special allowances, as income in SNAP calculations when the programs are on the same case number. Changes in grant amount, including grant cancellations, cause calculation of SNAP benefits in the same day's processing.

When the FIP program has data coded in the TD02 FIP LIMIT DT field, the FIP grant will not be used for SNAP benefit calculation beyond the month coded in the TD02 FIP LIMIT DT field.

Maximum for Deductions

The SNAP calculation allows only the applicable maximums when worker-entered deductions exceed these maximums. Therefore, workers should enter all allowable expenses without reference to maximum or minimum amounts. NOTE: ABC cannot calculate more than $999 for SNAP. If expenses are above $999, calculate using SPAD and issue the additional amount via TD06.

The medical calculations cannot determine the maximum child or disabled adult care amount. Therefore, enter the allowable childcare expense or the maximum expense, whichever is less.

Calculation Results

The system generates form 470-0485 or 470-0485(S), Notice of Decision when:

- Applications are approved or denied.
- Programs are canceled.
- Programs are reinstated.
- Benefit amounts are changed by worker entries or system action.

When a prior or current month fails the income or resource tests, but there is ongoing program eligibility, the word "denied" is used in the notice of decision grid.

A calculation result is printed when:

- Applications are approved or denied.
- Programs are canceled.
- Programs are reinstated.
- Benefit amounts are changed by worker entries or system action.
- The income or resource tests for a month result in ineligibility for the program for that month.

See Output of System-Generated Actions for information on the job runs that may produce a calculation result.

BCW Processing

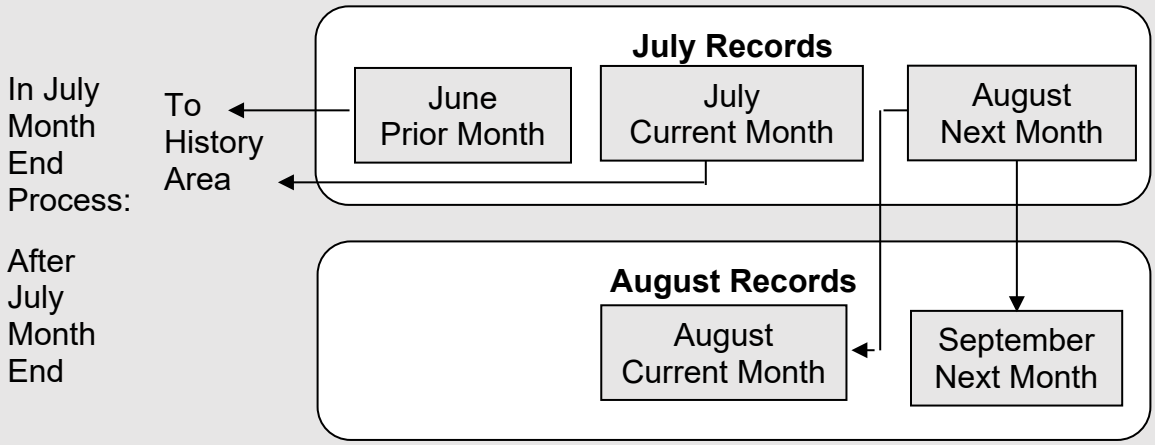
When an application has been processed with income or deduction entries, the working area of the system has income data as entered for:

- Prior system months,
- The current system month, and
- The next system month.

When ABC cutoff processing is complete, the income or deduction data for the prior system months and the former "current system month" are no longer displayed or used by the system. The income data from the former "next system month" are copied to the new "next system month" and retained for the new "current system month." This process occurs for all BCW income and deduction records. Example:

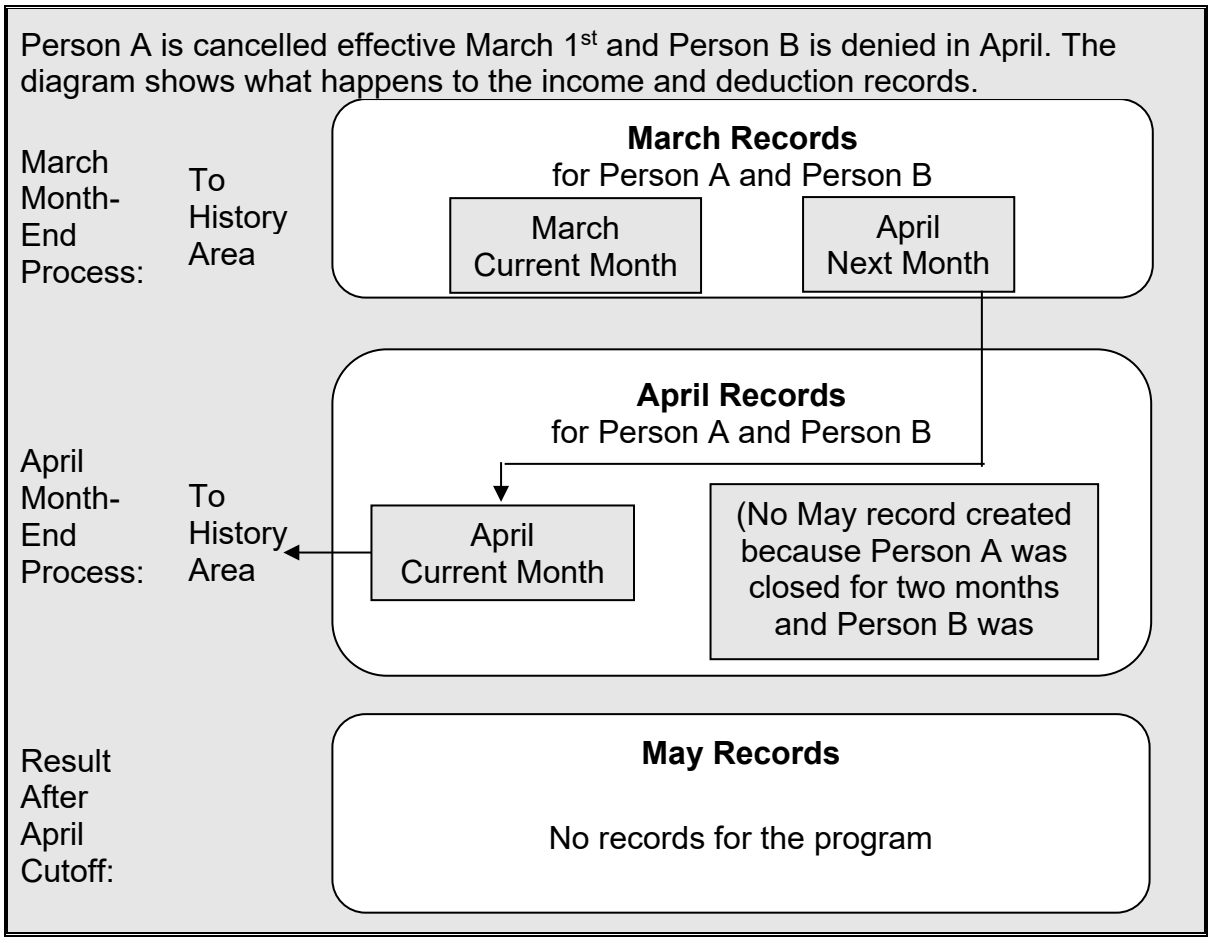
A June application is approved before ABC cutoff in July. The case has income and deductions for all months in the application process (June through August). When the application processing is complete, the working area of the ABC system has individual BCW records for June (a prior month), July (current month) and August ("next month").

Processing at July ABC cutoff copies and relabels these BCW records as follows:



BCW1 SNAP deductions are included in this process. BCW1 special allowance data are not included in this process but remain for the case, until removed by a worker entry.

When a person has been closed for a program for two months or a person is denied for a program during the system month, the person's income and deduction records for that program are not rolled forward to create a new "next system month" record. Example:



Unless you make specific BCW entries for the next month, the BCW records for both the current month and the next system month are updated when:

- BCW entries are made to recalculate "current system month," or
- BCW1 entries are made to:
  - Determine eligibility for the Transition Medicaid Coverage program, or
  - Recalculate the Transition Medicaid coverage program that was canceled in error.

The following chart summarizes the entries required to create or change BCW1 SNAP deductions and BCW2 income and deduction records. The months are system months.

Action	BCW1 SNAP Deductions	BCW2 Income and Deductions
Application processing	Each month in the application process, from the positive date through current month and next month, for a **maximum** of four months.	Each month with income in the application process, from the positive date through current month and next month. If retroactive medical is applicable, up to four months before the positive date, making a **maximum** of four months without retroactive, eight months with retroactive.
Change to an ongoing case with BCWs	Next system month.	Next system month.
Recalculation of current month	Current month only, if current month and next month deductions are the same. Current month and next month, if the deductions for the two months are different.	Current month only, if current month and next month income are the same. Current month and next month, if the income for the two months is different.
Recording reported change	Enter a “future month” BCW.	Enter a “future month” BCW.

The system limits the number of BCW records to 24 per state ID number and the number of BCW records per case to 40. NOTE: The “E” E/B indicator record and the “B” E/B indicator record for each applicable program each count as one record.

Automated Notices

The ABC system provides automated generation of client notices with messages to advise applicants or recipients of their current status or of pending changes to assistance. These include forms 470-0485 and 470-0485(S), *Notice of Decision*, issued to approve, deny, change, cancel, or reinstate assistance.

These notices provide applicants and recipients with "adequate notice" or "timely notice" of case actions. (See Adequate vs. Timely Notice.) The ABC system cannot generate a *Notice of Decision* in some situations. Instructions in case action chapters specify when a manually prepared notice is necessary.

In most situations, the ABC system generates a *Notice of Decision* based on the worker's entry of one or more three-digit codes in the reason code fields on the TD screens or the CASE RSN field on BCW screens. The system can also generate a *Notice of Decision* without entry of a notice code. (See Generation of Notices.)

The ABC system also prints notices for the EBT system, the Family Planning Waiver (FPW) system, and the managed health care system, including health maintenance organizations (HMOs) and MediPASS. EBT notices are listed in 14-B-Appendix. Managed health care notices are discussed in 14-C. Family planning waiver notices are discussed in 14-C(1).

Notices are produced during the nightly batch run and dated with the anticipated mailing date. They are mailed from central office.

The envelopes in which notices are mailed carry this message: *"Keep this envelope for proof of mailing date. You may need it later if you file an appeal."* Notices are mailed on the date printed on the notice, if possible. When circumstances prevent mailing on that date, the envelope message serves to protect clients' appeal rights.

Generation of Notices

In nearly all cases, the ABC system automatically generates notices. Generally, notices are generated as the result of specific combinations of aid types, entry reasons, status codes, and notice reason codes.

Generic reason message codes may be entered on any program line. Other notice reason codes may be entered only on those program lines for which they are designated. These distinctions are noted in the list of messages in 14-B-Appendix, Notice Codes.

Only two notice reason codes per program may be entered on a program line (on TD02 for SNAP and FIP or on TD05 for Medicaid and State Supplementary Assistance). When two notice reasons are entered, the system places the conjunction "and" between the two messages.

Only one reason code may be entered on BCW screens. When a reason code is entered at the person level (on the TD03 screen), the person's first name is inserted at the beginning of the reason message if the message has space for a name.

A notice is generated whenever you make entries on the TD or BCW screens that approve, deny, change, cancel, or reinstate assistance.

To prevent generation of a notice, enter "000" in the notice reason field (or, for facility cases, enter "X" in the facility indicator (FI) field).

Notices can also be produced automatically by the system. Entry of TD or BCW screen data nearly always results in a notice being generated. You may need to make an entry to prevent a notice from being generated.

For certain combinations of entry reason and status codes, the reason field entry is edited to prevent incomplete notices. The following table summarizes the results of this validation process.

If entry reason and status are…			**and reason entry is…**	**the result is…**
A or C	with	M	Blank	Error
B	with	B	Invalid code	Error
G, or H	with	E	000	No notice is issued.
G or H	with	I	Valid code	The notice is issued as coded.
G, H, M, or N	with	N		
R	with	blank	Blank	Error
			Invalid code	Error
			000	Error
			Valid code	The notice is issued as coded.

Notice Content

Messages for the *Notice of Decision* are made up of:

- Primary header
- Notice reason or
- Stand alone notice statements

Any single *Notice of Decision* may contain one primary header and three case-specific messages for each program. The notice may also contain one person-specific message per person per program. This may result in a multiple-page notice. Messages inform the client of additional pages of the same notice.

The primary headers are created by either:

- Worker-entered notice reason codes, or
- Other worker-entered codes on TD or RSC or BCW screens, or
- System programming codes that determine the headers that appear on the notice.

There are seven categories of primary headers:

- Approval
- Denial
- Change
- Cancellation
- Reinstatement
- Miscellaneous (codes 100-through 199).

The notice reason is the end of a completed approval, denial, change, cancellation, or reinstatement message. The worker or the system chooses which notice reason will appear. Worker choices are entered on TD or BCW screens. Usually worker-entered and system-determined messages are printed on the same notice.

Employees' manual and administrative rule citations are attached to the notice reason. When you enter a multiple-program notice reason code, the system generates the correct citation, based on the program. See 14-B-Appendix, *Notice Codes*, for the text of all ABC notice messages.

For application and reinstatement decisions, a benefits grid is used to communicate decisions on current and prior months in the application or reinstatement process. Another grid lists household members and indicates program information.

The benefits grid lists the months in the application or reinstatement process that had a benefit decision. The approval decision for each month is displayed as the benefit amount or, for Medicaid, "approved." All denied decisions are displayed as "denied."

A printout shows the calculation used to establish eligibility, ineligibility, or the benefit level for the next (ongoing) month. Computations displayed on the right hand side of the *Notice* are for either the next (ongoing) month or for the month which caused a denial decision. The computation is labeled with the applicable month and year. Messages on the notice direct the applicant or participant to the calculation.

Adequate vs. Timely Notice

Automated notices have system-determined effective dates. These dates are based on the date on which entries are made causing changes on a case, and the actions taken.

For an ongoing program, the effective date printed on the notice is the first day of the following system month, except when:

- A recipient of public assistance or residential care has died, or
- A recipient or member has moved from a medical or residential facility.

Notices are printed with the anticipated mailing date of the notice. Actions requiring timely notice must be entered into the system at least one workday before the month's ten-day notice date in order to be effective for the following month. The last day to make entries that require timely notice effective the following month is called "timely notice day."

The following table illustrates the time limits to consider:

Length of Month	10-Day Notice Day	Timely Notice Day
28	18	17
29	19	18
30	20	19
31	21	20

Intervening weekends and holidays sometimes lengthen the time required. Refer to ABC System Dates Chart, form RC-0052 for current timely notice dates.

When entry reason "G" (change requiring timely notice) is used after timely notice day, the system holds all changes entered with the transaction until the first day of the next system month. At that time, a notice regarding the pending action is generated with the applicable effective date.

The system will not accept most changes during this pending period. It will accept an address change, or a phone number change on TD01. Workers can delete all transactions pended for timely notice.

Medicaid cancellations are always pended for timely notice when entered after timely notice day and before ABC cutoff, regardless of the entry reason used. See Pending Release Day for additional information.

When Medicaid cancellations would result from other actions entered after timely notice day, the system generates a notice regarding all the changes other than medical cancellations, effective for the first of the following month. A Worker Action Report (WAR) message informs the worker of the pended medical action.

The system holds Medicaid changes to be effective the first of the second following month until the first day of the next system month. Once the first working day of the next system month has passed, a notice regarding the pended Medicaid action is generated.

Entries Restricted to SPIRS

Only SPIRS shall input certain items into the ABC and TXIX systems. Instructions for these are as follows:

- **State ID cross-reference**. Send form 470-0271, Quality Assurance Transmittal, to request cross-referencing of state identification numbers. See 6-Appendix, Quality Assurance Transmittal, Form 470-0271, for a form sample and instructions.
- **Changes to Medicaid eligibility file (SSNI)**. To correct Medicaid data for current and past months, including coverage codes, or to add months for which a client was eligible for Medicaid, send form 470-0397, *Request for Special Update*. See 6-Appendix, Request for Special Update, Form 470-0397.
- **LTC (Facilities/Waiver) and State Supplemental programs**. System changes are requested by submitting for 470-3429, Request for IoWANS Changes to the HHS, IoWANS-Facilities inbox: IDHS@hhs.iowa.gov