K. Reporting Changes and Notices

1. Change Reporting System (CRS)

The ERDC program uses the Change Reporting System (CRS), meaning changes must be reported within 10 days of occurrence. Changes that must be reported for ERDC include:

- A permanent loss of employment, meaning the client does not anticipate returning to work with the employer during their certification period due to being fired, quit or a lay off with no return to work date;

- A temporary break in employment, such as layoff with a return date and seasonal breaks;

✓ SEE CC-K.9 FOR WHEN TO APPLY THE WORK SEARCH PERIOD.

- New employment when the client is coded with an AWS Authorized Work Search, AML Authorized Medical Leave or AMT Authorized Military Transition;

✓ SEE CC-K.9 FOR WHEN TO APPLY THE AWS, AML, AMT.

- The total family household income is at or above the ERDC ongoing income limit (see CC-F.2). When the client is not sure, send a copy of the Change Report for Employment Related Day Care (ERDC) (DHS 862);

- A change in mailing address or residence;

- A change in membership of the filing group. Filing group changes that result in a reduced copay should be acted on for the following month. If the change results in an increased copay, the change should be acted on for the following month only if there is adequate time for a timely continuing benefit decision notice. See below for more information above adding or removing a household member;

- A change in child care provider. The client will need a new listing form for the provider if the provider is not already listed. It is important to start the listing process immediately for child safety and timely provider payments (see cc-wg#3 for more detailed information). If the new provider is already listed and approved with DHS; this can be done electronically without a listing form.

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1. **Taking action on reported changes**

   **Adding or removing a household member**

   1. When a parent or spouse moves into the home:
      
     a. If the parent being added has income and the income will increase the copay, give 10-day notice (verify income). If the income puts the household income at or above the ERDC ongoing income limit, close the case with 10-day notice.

     b. If the parent is not employed, add them to the ERDC case and add the work search coding to that parent.

2. When a child moves into the home:

   a. If the child needs care, add them in the month reported. If the child will use the same provider as the other child, email DPU to reissue the billing form.

   b. If the child does not need care, add them the month after it is reported.

   In both situations, any income that comes with the child will need to be added (verify income); allowing for 10-day notice if it will increase the copay.
3. Removing a filing group member

When it is reported that a filing group member has left the household, remove that person from the case. If the action will cause decrease (higher copay) in benefits, a 10-day notice is required.

**NOTE**

Reporting income increases, decreases or a change in work hours during the certification period is not required, unless the household income is at or above the ERDC ongoing income limit. The income amounts are included as a chart on the ERDC automated approval letter and the Change Report for Employment Related Day Care (ERDC) form (DHS 862).

**SEE CC-F.2 FOR MORE INFORMATION.**

Decrease in income due to:

1. Work hours reduced – Do not request verification; do not decrease the child care work hours;

2. Pay reduced due to lower work hours or new job. Follow the steps below.

**Lower copay – The worker will need to:**

1. Ask if the change is expected to continue. If not, no action is taken.

2. Request verification of income; pend using a DHS 210A.
   a. If the client does not respond to the pend notice, no action is taken on the case.
   b. Once verification is received, update copay and the SNAP dependent care deduction.
   c. If verification shows increased income, no action is taken (unless the income exceeds the ongoing income limit).

3. Do not adjust child care work hours.
REMEMBER

An increase in benefits does not require 10-day notice. Take action on the ERDC case when verification is received and the change will benefit the client.

Increase in income due to:

1. A raise or new job with higher income. Do not request verification of the income and do not update the case with the income.
2. Remind client of ongoing income limit requirements and send the DHS 862.

SEE cc-f.2 FOR MORE INFORMATION.

Increase in work hours – The worker needs to:

1. Ask if the change is expected to continue. If not, no action is taken.
   a. Request verification of increase in work hours only; pend with a DHS 210A.
   b. If the client does not respond to the pend notice, no action is taken on the case.
   c. Once verification of hours is received, adjust hours up (10-day notice is not required).
   d. If verification shows decreased hours, no action is taken.
2. Do not adjust the copay.
3. If income is included with verification of hours and it exceeds the ongoing income limit, close case with 10-notice.

FOR CANCELING AND REISSUING CHILD CARE BILLING FORMS, SEE cc-j.7.

WHEN A JOB LOSS IS REPORTED, SEE cc-k.9.
3. **Effective date of reported changes**

Changes reported during the certification period that cause an increase in benefits are effective the month after they are reported. (See “NOTE” below for changes that occur late in a month, but are reported timely.)

If the change will cause a decrease (higher copay) in benefits, the effective date is the month following 10-day notice (OAR 461-180-0005).

### NOTE

Changes occurring toward the end of a month which benefit the family are effective the next month when reported timely (within 10 days), even if the report date falls in that month.

#### Example:

Nonie went into labor on February 27. She contacted the DHS branch office on March 2, to report the birth of the baby and her maternity leave. Nonie also states she will have less income for March. The March billing form can be adjusted. Verification of actual March, and her expected income during her maternity leave is needed. Pend using a **DHS 210A** for required verification. Once it is received, the March billing form can be canceled and reissued with the lower copay. The AML coding is N/R AML 5/20.

#### Example:

Sam lost his job on December 30. He had anticipated the job loss would occur, so Sam had been looking for a new job. He was hired at his new job on December 31. He reported the job change to DHS on January 4. At his new job, he is working more hours, but is paid at a lower rate causing his monthly income to be less. Because Sam reported timely his case can be updated effective January and the January CCB can be canceled and reissued with the higher hours and lower copay. Verification of income is needed before changes can be made, pend using a **DHS 210A**.
REMEMBER

If the adjustment will result in decreased benefits (an increased copay), notice requirements apply.

FOR INFORMATION ON HOW TO PROCESS THE CHANGES, SEE CHILD CARE WORKER GUIDE CC#2 (cc-wg#2): CHANGES IN PROGRAMS, PROVIDERS AND ERDC FILING GROUPS.

FOR INFORMATION ON CANCELING AND REISSUING CCBS, SEE SECTION CC-J.7, PAYMENT PROCESS.

4. Provider added or changed

When a caretaker reports a new provider or a change in provider, ask if this provider is a new primary provider or a secondary. Ask what percentage of care this provider will give. Next determine if the provider is already listed by checking DPPL for the provider name and DPPM for the provider status. If you are not sure how to determine if a provider is currently active, contact your DPU representative.

Once you determine the status of the provider you will send either:

- An electronic provider connect to DPU if the provider is listed and approved; or
- A provider listing form if the provider is not listed and in an approved status.

5. Notices; general information

General information about notices can be found in Family Services Manual (FSM) Chapter 12– Generic Program Information, Section J- Notices (GP-J).

In the ERDC program families will receive a notice of approval when the ERDC case is coded and approved on UCMS.
6. **No notice required**

A notice is not needed when:

- A caretaker is coded with AWS, AML or AMT and they do not report employment or return to work prior to the end of AWS, AML or AMT period;

  ![SEE cc-K.9-11.](image)

7. **When a notice is required**

A 10-day closure notice must be sent when the family goes over the ERDC ongoing income limit or another change occurs causing the family to lose eligibility.

In all closed cases, the client is sent a close notice explaining the reason for the closure including OARs and the client’s right to a hearing.

In all denied cases, the client is sent a basic decision notice explaining the reason for the denial, including OARs and the client's right to a hearing.
What a Decision Notice Must Include

8. Using the Notice of Pending Status (DHS 210) or Notification of Pending Status (DHS 210A)

At certification and recertification, use a DHS 210 to request verification needed. Best practice is to allow at least 10 days (up to 30 days) for items to be returned. Pend time can be extended if there is a situation beyond the client’s control that will delay the verification. The application for ERDC is good for 45 days; however, an approval or denial decision should be made with the case coded on line by the 45th day.

When a change is reported during the certification period that requires verification, pend with a DHS 210A. Allow at least 10 days to return items. This can be extended if more time is needed. Determine what makes sense for each situation.

9. Permanent or temporary job loss and AWS coding

A permanent job loss means:

The employee is fired, the job was a short-term job that has ended, the employee was permanently laid off (no return to work date) or the employee voluntarily quit.

Laid off or break in work, with a return to work date means:

The employee has a break in work and the employer gave the employee a specific return to work date or time period to return. This can include:

- Those who received layoff notification from their employer with a return to work date;
- Those who work for the school system and are not working during summer break;
- Those who work seasonal jobs, such as someone who works for a ski resort.

Example: Works October – May for ski season and has no other employment June – September.

When a job loss or temporary break in work occurs:

- Ask the client why they are off work, fired/quit, laid off, seasonal break, etc.
  - Fired/quit – determine good cause;
  - No good cause, close the case with 10-day notice;
- When good cause is determined – code a full three-month work search period starting the first of the month following the job loss;

- “good cause” means a reasonable person of normal sensitivity, exercising ordinary common sense under similar circumstances, would have:

  (a) Left work; or

  (b) Participated in behavior leading to the individual’s discharge or to the individual quitting work in anticipation of discharge.

- **Break in work** (laid off, seasonal, break, etc.) – ask if a return to work date was given:

  (a) Client has a return to work date – code AWS with the return to work date (*Important: Do not code more than three months past the certification end date, even if return to work date is farther out.*)

  (b) No return to work date given – code AWS with a full three-month work search period starting the first of the month following the job loss.

- **Nonspecific return to work date** – The employer is not specific about a client’s return to work date (such as three to four months):

  - The worker will code the longest time period. If three to four months is expected, code the AWS for the fourth month;

  - It is the responsibility of the client to report when they have received a specific return to work date.

**Example:** Larry calls his worker on January 23 to report he is no longer working due to layoffs and expects to be called back in two to three months. The worker will code the AWS code on Larry as N/R AWS 04/2018. The worker used April because this the longest time period. In February Larry calls his worker and tells her he is returning to work in March. The worker removes AWS and sends a 10-day reduction notice as Larry’s is returning to work, but does not increase the income of the case of decrease the copay from the initial certification.
NOTE

Information including the return to work date can be verified if questionable.

Example: Margie contacted her worker on 6/13/15, stating she was laid off for a month. The worker coded an AWS 7/2015 on Margie. In July Margie called and reported she had not returned to work and was told it would be another two months. The worker updated the coding to AWS 9/2015. On September 25, Margie called again and reported she had not yet returned to work and was told at least another two months. The worker sent Margie a DHS 210A requesting verification of the return to work period. The DHS 210A pend items are due 10/12/2015. The worker updates the code to AWS 10/2015. If information verifying the return to work is not received the case will auto close on 10/31/2015.

- **Authorized work search (AWS) code** – this is a multi-use code for people who are not working due to job loss or have a temporary break in work. This code is used on one and two parent families. The code can only be on one person on a case at a time. If both parents in a two parent family become unemployed or laid off code AWS on the first parent to become unemployed or has a break in work. If that parent becomes employed and the second parent is still not employed the AWS code can be added to the second parent at that time.

AWS code

- Work search Need Resource (N/R) code: AWS MM/YYYY:
  - AWS will waive the copay;
  - AWS will close the case with 10-day notification if not removed by the N/R date.

CONTACT CHILD CARE POLICY FOR GUIDANCE.
• The AWS code and date is added based on the client’s break in work or job loss situation;
  - With no return to work date — Code AWS with a three-month work search period;
  - With a return to work date — Code AWS based on return-to-work date their employer gave them.

• When adding AWS:
  - Do not adjust the APR date;
  - Do not adjust the child care hours;
  - Do not adjust the income;
  - The AWS code will cause the system to waive the copay until:
    (a) The case closes based on the AWS date; or
    (b) The code is removed because of new employment or return to work.

Coding examples:

Example 1: Mia called her DHS office and reported she lost her job on August 15. The worker asks Mia if she was fired, quit, laid off, or has a break in work. Mia states she was told she was laid off, but does not have a call back date. The worker updates Mia’s case with an AWS code of N/R AWS 11/2015: this is three months from the last month worked.

Example 2: Karla calls her DHS office and reports she was laid off July 25. The worker asks Karla if she was fired, quit, laid off, or has a break in work. Karla states she was laid off; her employer told her they should be calling people back about September 23. The worker updates Karla’s case with an N/R AWS 9/2015.

NOTE

Make sure the child care billing form for Karla has the zero copay for August. The report date July 25 is after compute dead line and the CCB will have already been issued.
IMPORTANT

When a client reports new employment or they have returned to work the AWS code is removed with 10-day notice. Once the code is removed the copay will no longer be waived. The copay amount will be based on the income prior to the job loss or layoff (10-day notice is required to decrease benefits).

When a job loss or temporary break in work occurs in months 10-12:

- For a permanent job loss with good cause, code full three month work search period;

- For a break in work with no return-to-work date, code full three-month work search period;

- For a break in work with a return date/time period, code based on the date of return up to three months beyond the APR date. Do not code AWS more than three months beyond the APR date.

Example: Robert calls to report he was laid off on 12/12/2015. His employer expects to call him back to work in April 2016. Robert’s APR date is 12/2015. Code Robert with an AWS of 3/2016. If Robert returns to work between December 2015 and March 2016 he will need to recertify when he reports his return to work because his certification end date is December. If he does not return to work by March the AWS code will close his case.

NOTE

If the reservation list is active, Robert would meet the reservation list exemption of a break in benefits of less than two months even if he does not return to work until May.
When employment is reported in months 1 – 10 of the certification period before the AWS code closes the case:

- New or return-to-employment does not need to be verified when the AWS code is on the case, unless the client requests a change because:
  - They are earning less, then verify new income only (the cc hours remain the same);
  - They are working more hours: then verify hours only (increase the cc hours but not the copay).

- Pending – Use a DHS 210A if you need to pend for verification. If the client does not respond to the DHS 210A, do not close or adjust the case;

- Remove the AWS code and send a 10-day reduction notice, because copay was zero during the AWS period.

**REMEMBER**

Do not verify income. Only address income if parent states it is lower or when income may be at or above the ongoing ERDC income limit. Use ERDC change report DHS 862. If the parent sends in income verification, do not act on the income for ERDC if it will increase the copay.

If at all possible, only verify the hours to avoid adverse reduction to other benefits (e.g., SNAP verified upon receipt); ERDC copays do not increase even if higher income is verified.

**NOTE**

If you need verification – because the parent reports more hours or less pay – the preferred method is a phone call to or letter from the employer.

**Employment or return to work date in certification month 11**

When the client reports new employment or return to work in month 11 of the certification period, the recertification for ERDC will still need to be completed in month 12.
• If there is time for 10-day notice in the 11th month, follow the normal process outlined above and give notice of benefit reduction for the 12th month;

• If no time for 10-day notice in month 11, leave case in AWS;

• A recertification will need to be completed for benefits to continue beyond the APR or AWS (whichever is later);

• Remind client they need to reapply, the application is auto-sent 45 days before the APR date;

• If a current application has been received, use that application;

• If no current application and client states they did not receive one, mail an application or give options to download the application;

• Complete the recertification process.

Employment or return to work date in certification month 12 or one of the following three months due to AWS coding

When the client calls to report new employment or return to work in month 12 or after their APR date, but before the AWS date, a recertification must be done.

• If an application was received during the AWS period use that application;

• If an application was not received, mail an application or give information to download an application and follow regular recertification process.

**Example:** The APR date is July 31. The client reported a job loss on May 5, the worker added the AWS code for August 2015. The AWS code will keep the case open past the APR date.

The client reports on August 20 they are employed. A new application will need to be completed because the recertification is due. If the client received the recertification application in June and returned it to the office, that application can be used. If new job verification was not received pend (DHS 210) for income verification, hours and work schedule and anything else needed. The ERDC interview must be completed. Generally this is done prior to the pend notice but can be completed after pend items are received.

The new certification period starts September 1, if the client meets all eligibility requirements.
Recertification application (DHS 7476)

- The recertification application will be sent out 45 days prior to the APR date;
- If the client re-applies during the AWS period, but is not yet employed, deny the application. Do not remove the AWS coding, a closure will be sent to the client if the code is not removed by the last AWS month;
- Applications denied due to work search can be used if employment is reported by the AWS date.

When a Job loss, lay off or break in work is reported late

- When the job loss, layoff or break in work is not reported timely:
  - Determine if good cause applies for the job loss;
  - If it does allow work search for any months remaining.

Example: If the job loss occurred in April, but was not reported until June, the third work search month is July. July is the AWS date and the only month the copay is waived.

- If no good cause, close the ERDC case with 10-day notice;
- If the job loss is reported in the third month. Do not code AWS, close ERDC with 10-day notice;
- If the change in employment status is due to a lay off or break in work, with a return to work date, code the AWS based on the return date;
- The copay will not be waived for current/previous months when job loss is not reported timely;
- If the job loss, lay off or break in work is reported after the three month AWS period and the parent used the child care subsidy, review for an overpayment.

Two parent families and AWS coding

For two parent families- when an AWS parent becomes employed or returns to a job, do not adjust child care work hours, unless the client states they need additional child care hours. If they ask for more hours request verification of the parent’s work schedule to determine the overlapping hours. If the other parent’s work schedule has changed request work schedules from both parents. If there is more of an overlap, update the case. If there are less overlapping hours do not adjust.
**Example 1:** Parent 1 is employed. Parent 2 reported timely on May 5 they are no longer working. The worker determines good cause and adds the AWS code to the case for three months, AWS 8/2015. Parent 2 reports on June 26 they have new employment and they are working more hours than previous job. The worker sends a **DHS 210A** requesting verification of work hours and work schedule. The verification shows more work hours for the parent, but less of an overlap in work hours. The worker does not adjust the child care work hours.

- Remind the clients they must report income at or above the ongoing ERDC income limit;
- Allow for 10-day notice.

**Example 2:** Parent 1 is unemployed, with no return to work date. They reported timely on June 15; good cause was given. The worker codes parent 1 with AWS 09/2015. On July 26 parent 2 called to report they have been laid off. Their employer gave them a return to work date of October 1, 2015. The AWS cannot be coded on parent 2, because it is already on parent 1.

To track the call from parent 2, you can make a note in the explanation field on UCMS N/R line or tickle the case narrative. Example: N/R **EML C $1521 LO 7/26**.

On August 1st, parent 1 called to report they have a new job. If needed verify hours or income. Update case, remove AWS code from parent 1 and add to parent 2, if they are still laid off. The coding on parent 2 is N/R AWS 09/2015. Parent 2 will need to contact DHS before 09/2015 if they return to work or the case will close.

**NOTE**

In the above situation 10-day notice is not needed when removing the AWS code from parent 1, because the code was added to parent 2. This continues the copay waiver.
One parent family becomes a two parent family

**Example:** *Dad calls on June 10, to report mom is now in the home. During the conversation the worker determines Mom returned in April. Mom is not employed. Add the AWS code for July 31, 2015.*

**AWS auto notices** – Two system generated notices will be sent to the client. A notice is sent when the code is added to the case explaining the copay waiver period. The second notice is the 10-day closure notice, it will be sent in the last AWS month.

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**SEE CHILD CARE CHAPTER, SECTION J.7 (cc-j.7) ABOUT CANCELLING AND REISSUING CHILD CARE BILLING.**

**Dependent Care Costs; Deductions and Coverage Rule**

461-160-0040 — Dependent Care Costs; Deductions and Coverage

10. **Medical leave**

**Medical leave (includes maternity leave)**

Medical leave coding can be used when a client reports they are not working due to a medical condition or maternity leave. Medical leave requires verification of medical situations, including a diagnosis, prognosis and expected time period off work. Maternity leave may be authorized for up to three months without medical documentation.

**Example:** *Client is placed on bed rest five months into her pregnancy. Medical documentation will be required because the leave extends beyond three months.*

Other questions to ask the client:

- Are they receiving paid time off, workers compensation, short term disability or other income?
- If yes, what type of income and when will it start?
- Are they planning to return to the current employer (has a permanent job separation occurred due to an injury).
Income received during medical leave

Income is still counted during medical leave. However, the income may need to be adjusted. If the client’s income has changed, follow the process below:

- If the income is less, request verification of the new income using a DHS 210A; once verification is received adjust the income;
- Remind the parent of the reporting requirements; must report when they return to work and if income exceeds the ongoing income limit.

✓ SEE CHILD CARE CHAPTER, SECTION K.7 (cc-K.7) ABOUT REPORTING REQUIREMENTS.

- Do not adjust the child care hours;
- If the income is more, do not take any action *(unless it exceeds the ongoing income limit)*.

✓ SEE CHILD CARE CHAPTER, SECTION F.2 (cc-F.2) ABOUT INCOME LIMIT.

The Authorized Medical Leave code is (AML)

- AML is a Need Resource (N/R) code. The date entered is the prognosis date from the verification received. The AML Need Resource (N/R) date will be the last month of medical leave shown on the verification (up to three months is allowed for maternity leave without verification);
- AML can be extended if medical leave goes beyond the anticipated time period. Additional verification will be required (maternity leave extending beyond three months must be verified);
- When the client contacts DHS to report they are cleared to work but they have lost their job. Determine if there is good cause for the job loss, remove the medical leave code and add the AWS N/R;
- The AWS code will auto close the case. A 10-day close notice is sent to the client if the code is not removed.

Medical leave coding beyond the APR date

- Medical leave date can be coded up to three months beyond the APR date;
• If the client has not returned to work by the third month after the APR date the case will auto close with a system generated close notice;

**Example:** Christy’s ERDC APR date is 03/15/YYYY. She contacted her worker on January 25 to report she will be on maternity leave February 1 through April 5. The worker will code an N/R AML 04/2015. Christy will be required to complete her recertification in April to continue receiving ERDC. The Employment Related Day Care (ERDC) Re-Application and Supplemental Nutrition Assistance Program (SNAP) Application (DHS 7476) form will be mailed to Christy about February 15.

**Return to work after AML**

When the client reports they are returning to work, find out if the income is the same as the previous amount.

• If the income is the same, add it back to their ERDC case allowing for 10-day notice to decrease the benefits;

• If the income is higher, add the amount of income (they received prior to the medical leave) back to the case;

• If the income is lower, verify and add the lower amount; do not adjust the child care hours (remind them of reporting requirements).

**Example:** Marylou has an open ERDC case. On 12/22/2015, she reports she will be off work due to surgery. The worker asks Marylou if she will have any income changes while she is off work. Marylou, states she will not receive any income from her job, but will continue to receive child support. The worker requests verification of the medical situation including diagnosis, prognosis and expected time off work. The verification received shows Marylou should be able to return to work on 01/15/2015. The worker removes Marylou’s EML from her case and codes an N/R AML 01/2015 on Marylou.

Marylou’s child care billing form will most likely need to be canceled and reissued for January. The reporting date of 12/22 may not give her enough time to get the verification by December’s compute deadline.

**Marylou’s return to work:** Marylou calls 1/16 to report she did return to work. The worker tells Marylou she will add the income from her job back on her case and will send her notification of the change. If Marylou had stated her income has changed since she went on medical leave the worker would need to ask if change in income is
more or less than it was prior to the medical leave. If the income is more, no action is taken if it is less the worker will request verification of the income using a DHS 210A.

**NOTE**

When a permanent job separation occurs a three month work search period may be used after the medical leave ends.

Extending AML

- If client reports they are unable to return to work, request new verification (DHS 210A) and extend medical leave. Medical leave cannot be extended beyond the certification period;

- If the client does not respond to the DHS 210A, no action is taken. The case will auto close.

Two parents and medical leave

Follow the same process outlined above. However, in two parent households only one parent can have an AML at a time.

Dependent Care Costs; Deductions and Coverage Rule

461-160-0040 — Dependent Care Costs; Deductions and Coverage

11. Military – returning from active duty

The intent of AMT is to allow child care usage (at the same level) for the purpose of family transition activities, work search, medical appointments, and other activities needed for the caretaker returning from a military war zone to transition to civilian life. This allows the children to maintain a routine and continuity of care during the six-month transition. The family does not need to identify what the transition activities are: it is based on the needs of the individual.

Child care can continue for up to six months to allow a transition period for a family that includes a caretaker who is a discharged U.S. military member returning from active duty in a military war zone.
Coding for Authorized Military Transition

- N/R code (AMT – Authorized Military Transition) will waive the copay and close the case at the end of the six months. The six months can extend beyond the certification period;
  - Do not adjust the APR date;
  - Do not adjust the child care hours;
  - Do not adjust the income.

- AMT starts the month after they return home;

- If they do not report timely, the six month count still starts the month after they returned home. However, the waiver will begin the month after the change is reported;

- AMT ends before six months if the military member returns to active duty;

- The waiver ends after the six month period and the case remains open through the end of the certification if the military member becomes employed;
  - Only adjust the income if it is less than the amount prior to AMT; verification will be needed. Do not adjust the income if it is higher; the child care hours may be adjusted up if they need more hours (verification of hours will be needed);
  - Do not remove the AMT when new employment is reported prior to the end of the six-month transition; AMT allows the copay to continue to be waived for the full six months. Track the case to remove the AMT code at the end of the six months:
    (a) A reapplication is needed if the end of the six-month transition occurs the last month of the certification or if AMT extends beyond the APR date;
    (b) If there are months remaining in the certification remove AMT at the end of six months; allowing ERDC to continue through the end of the certification.
NOTE

Active duty means they are in the military full time. If a military member returns home and is still in active duty or a member of a National Guard or U.S. Armed Forces Reserve Unit (not discharged), there is no need for a transition period. The case will remain the same.

Example: Sam returned home on March 25. His wife Sheila reported to DHS on May 10 that he had returned to the home. The worker determined Sam and his family meet the criteria for Authorized Military transition (AMT). The return home date was March 25, the first month of AMT is April, allow six month, this gives an AMT date of September. The case is coded N/R AMT 9/2016. However, the copay waiver is not effective until June 1, because the change was not reported until May.

If the report had been received in March, the AMT copay waiver would have been effective April 1, the end date of N/R AMT 09/2016 is the same.

Dependent Care Costs; Deductions and Coverage Rule

461-160-0040 — Dependent Care Costs; Deductions and Coverage

Specific Requirements; ERDC Rule

461-135-0400 — Specific Requirements; ERDC

Changes That Must be Reported Rule

461-170-0011 — Changes That Must be Reported

Certification Period; ERDC Rule

461-170-0150 — Certification Period; ERDC

Effective Dates; Acting on Changes; ERDC Rule

461-180-0005 — Effective Dates; Acting on Changes; ERDC