

Attachment B: Instructions for the TAF Change Form

The TAF Change Form can be found in the KEESM Appendix, form W-11. The form is a Microsoft Excel file. When prompted to save the file, save it to your personal drive or to your Desktop. Use Tab or Shift/Tab to navigate between fields on the form. Do not use the Enter or Return keys. The only fields enterable are those where data may be input. These fields are highlighted in yellow.

The TAF Change Form has multiple purposes. These include:

- Calculation of MACM financial eligibility
- Notification of Clearinghouse staff when changes made to the TAF case

The following instructions provide detailed information about each of the fields included on the form:

- **Date** – Enter the date the form is being completed
- **Sent to CH** – Place an 'X' in the box if the form is sent to the Clearinghouse. There will be times that the form is completed to determine MACM eligibility but it is not required to be sent to the Clearinghouse. The form may be placed in the SRS file as documentation of the MACM income determination.
- **Worker Name** – The name of the worker completing the form.
- **Casehead Name** – Can be copied and pasted from KAECSSES
- **SRS Case #** - Can be copied and pasted from KAECSSES
- **CH Case #** - Can be copied and pasted from KAECSSES
- **MP, MACM, MAWT, No Med** – Place an 'X' in the appropriate box based on what type of medical coverage is open at the Clearinghouse. Place an 'X' in the 'No Med' checkbox when there are no open medical programs.
- **TAF Application** – Place an 'X' in this box when a TAF application is received and the Clearinghouse has an open medical program. The form shall be completed with the income used in the TAF determination, if known, and attached to the TAF application with all supporting documents. The application is then mailed to the Clearinghouse within 5 business days of receipt.
- **TAF Review** – Place an 'X' in this box when a TAF review is processed. The form must be sent to the Clearinghouse for every TAF review completed.
- **TAF Closure** – Place an 'X' in this box when the form has been completed as the result of a TAF Closure, regardless of the reason for closure.

- **Change in Income** – Place an 'X' in this box when an income change has been processed. The form shall then be sent to the Clearinghouse if the income exceeds MACM guidelines.
- **Household Change** – Place an 'X' in this box when a household change occurs. Examples include adding or removing a TAF household member or a change in the shelter group as the result of an address change.
- **Potential TransMed** – Place an 'X' in this box when the household exceeds MACM income guidelines and a household member has received MACM in three of the last six months.
- **No income reported** – Place an 'X' in this box when the household has zero income. This is intended to explain a blank worksheet.
- **Benefit Month** – Enter the month that this income information applies to. A separate form will be required when the income differs from one month to the next.

MACM Income Calculations

1. Calculations will be completed as soon as data is entered. Although the table is set up to accommodate 2 wage earners, it will compute without information on the second wage earner.
2. Question regarding MACM history – Enter '1' if the wage earner has received MACM in one of the prior four months. Enter '0' if the wage earner has not. Do not use a Y or N to answer this question.
3. Income – Enter the earned income, child support, and other unearned income as applicable.
4. Enter the appropriate Payment Standard as instructed in KEESM 7411.
5. If the client is eligible for MA-CM, a positive number will result in the Adjusted Need field. If the result is a negative number, there is no eligibility and the client is not eligible for MA-CM. **Positive is good – Negative is bad.**