

ATTACHMENT I

This form is completed annually by the Medicaid Program Representative (MPR) for each county.

COUNTY NO. _____ COUNTY NAME _____

REPORT OF INTERNAL INSPECTION ON FINANCIAL RESOURCE REPORT (FRR) BENEFICIARY EARNINGS EXCHANGE REPORT (BEER)

1. Are the Financial Resource Reports (FRR) and Beneficiary Earnings Exchange Reports (BEER) sent unopened to the control person from the mailroom?
_____ yes _____ no Comments:
2. Are the control copies of the FRR and BEER kept in locked storage except when in actual use?
_____ yes _____ no Comments:
3. **Are there two levels of security for access to the area where the FRR and BEER reports are stored?**
_____ **yes** _____ **no** **Comments:**
4. Do the IM caseworkers keep their work copies of the FRR and BEER in a locked desk or file cabinet when they are out of their office, or return them to the control officer?
_____ yes _____ no Comments:
5. Are the FRR and BEER sheets kept separately from the client case records?
_____ yes _____ no Comments:
6. Are carbon copies of verification requests secured in a similar manner to the FRR and BEER?
_____ yes _____ no Comments:
7. Are all copies of the individual sheets of the FRR and BEER returned to the control person for storage once the IM caseworkers have completed their verification?
_____ yes _____ no Comments:
8. Is a log maintained by the control person showing all individuals who view the FRR and BEER and the date and purpose?
_____ yes _____ no Comments:
9. Does your review of this log show that only person directly involved in determining eligibility had access to the FRR and BEER?
_____ yes _____ no Comments:
10. After workers have completed their verifications, are copies of the FRR and BEER and copies of verification letters sent with information obtained from the FRR and BEER safeguarded until destruction?
_____ yes _____ no Comments:
11. Have Internal Revenue Code Sections 7213(a), **7213A**, and 7431 been reviewed with each new employee and at least annually with all employees who have access to FRR and BEER data?
_____ yes _____ no Comments:

(Attach a list of all employees, including new employees, who have received this training since the last review. Ensure all new workers are given copies of the IRS Code Sections 7213(a), 7213A, and 7431.)

12. Has corrective action been taken on any "no" answers above?
 _____ yes _____ no Comments:
13. If any control copies or individual copies of any FRR and BEER have been destroyed since your last security report, complete the following information:
- a. Please indicate method of destruction
- _____ Shredding
 _____ Incineration
- b. "Run Date" of Destroyed FRR/BEER Reports (Please attach documentation):
- FROM** _____ **THROUGH** _____

14. **Current FRR/BEER Control Persons:**
- Primary [_____]
- Email address: _____
- Secondary [_____]
- Email address: _____

15. Review conducted by: _____
- Name/Title**
- _____
- Telephone Number**

Annual Reporting Date: May 1st

Reference: DSS Administrative Letter No. Economic Independence (Work First and Food Stamps) 04-2002

DSS Administrative Letter No. Adult and Family Services 02-2002

DMA Administrative Letter No. 16-02

Revised 2/28/2002