

# ARRC CLAIM CHANGE FORM

CO	RECORD	CAO DISC	CASE NAME	CSLD

<b>ARCHAP APPEAL REQUEST</b>		Client has requested an appeal - Enter "Y" in the appeal requested field for the appropriate referral type on the ARCHAP screen and enter the date of the request.		
CASH APPEAL REQUEST				
DATE OF REQUEST				
FOOD STAMP APPEAL REQUEST				
DATE OF REQUEST				
MA APPEAL REQUEST				
DATE OF REQUEST				
<b>ARCHAP APPEAL DISPOSITION</b>		Enter Code "10" COMMONWEALTH UPHELD IN FULL. Enter Code "11" CLIENT UPHELD. Enter Code "12" CLIENT UPHELD IN PART. Enter Code "13" APPEAL REQUEST WITHDRAWN. Enter Code "14" RECONSIDERATION.		
CASH APPEAL DISPOSITION				
DATE OF DISPOSITION				
FOOD STAMP APPEAL DISPOSITION				
DATE OF DISPOSITION				
MA APPEAL DISPOSITION				
DATE OF DISPOSITION				
<b>ARCHCC CHANGE/DISPOSITION CODE</b>		<b>Change Code 1</b> - Used to correct a claim that is greater than two years in which the original transcripts are purged from CIS.		
CHANGE CODE		<b>Change Code 2</b> - Used to correct a claim less than two years. Current transcripts from CIS will be retrieved for recalculation.		
		<b>Change Code 3</b> - Correction required due to Pre-Hearing Conference/Fair Hearing decision. Requires entry of same or reduced claim period and/or same or reduced claim amount.		
DISPOSITION CODE		<b>Change Code 4</b> - Correction required due to Pre-Hearing Conference/Fair Hearing decision. Requires completion of appropriate screen listed under the "Other Change Required" field below for recalculation.		
DATE of DISPOSITION		Enter Disposition Code "22" CLAIM RESCINDED IN FULL by CAO.		
<b>Change Code 3 Only</b> - Enter same or reduced cash claim period or same or reduced claim amount.				
<b>Change Cash overpayment claim period to:</b>		FROM DATE:	TO DATE:	CLAIM AMOUNT TO:
<b>Change Food Stamp Portion of this claim?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>ARCHFC CHANGE/DISPOSITION CODE</b>		<b>Change Code 1</b> - Used to correct a claim that is greater than two years in which the original transcripts are purged from CIS.		
CHANGE CODE		<b>Change Code 2</b> - Used to correct a claim less than two years. Current transcripts from CIS will be retrieved for recalculation.		
		<b>Change Code 3</b> - Correction required due to Pre-Hearing Conference/Fair Hearing decision. Requires entry of same or reduced claim period and/or same or reduced claim amount.		
DISPOSITION CODE		<b>Change Code 4</b> - Correction required due to Pre-Hearing Conference/Fair Hearing decision. Requires completion of appropriate screen listed under the "Other Change Required" field below for recalculation.		
DATE of DISPOSITION		Enter Disposition Code "22" CLAIM RESCINDED IN FULL by CAO.		
<b>Change Code 3 Only</b> - Enter same or reduced food stamp claim period or same or reduced claim amount				
<b>Change Food Stamp overpayment claim period to:</b>		FROM DATE:	TO DATE:	CLAIM AMOUNT TO:
<b>Change Cash Portion of this claim?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>ARCHMC Medical Claim Rescinds/Change</b>		Enter Disposition Code "22" CLAIM RESCINDED IN FULL by CAO or "3" for CORRECTION.		
DISPOSITION CODE		FROM DATE:	TO DATE:	CLAIM AMOUNT TO:
DATE OF DISPOSITION		Enter same or reduced medical claim period or same or reduced medical claim amount.		

**OTHER CHANGE REQUIRED**

ARCAFA

ARCAUI

ARCANL

ARCAFI

ARCASA

ARCAER

ARCAEL

ARCAOF

ARCACW

ARCAFD

ARCAET:

ARCADC:

ARCADV:

COMMENTS:

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CASEWORKER SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

SUPERVISOR SIGNATURE

\_\_\_\_\_

DATE

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CLERICAL DATA ENTRY

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DATE