Recoupment Letters and Letter Inserts: DR-4273-WV and Forward

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NPDL – Notice of Potential Debt Letter:

FEMA Director Name   Governor's Name
FEMA Title   Governor's Title
FEMA Directorate Reference   State of (State Name)

FEMA   00/00/0000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX

Applicant Name
Applicant Street Address
Applicant City, State, Zip

Notice of Potential Debt Letter
Potential Debt: **${NOD_RECOUP_AMT}**

{SALUTATION}:

Federal law requires FEMA and other federal agencies to review disaster assistance payments provided to individuals. These reviews ensure taxpayer dollars were provided in the correct amount to meet the needs of the individual.

FEMA has carefully reviewed the assistance provided to you and determined you may NOT be eligible for **${NOD_RECOUP_AMT}**.

The reasons you may have a potential debt are included below:

> {CHA_BLK}

You may appeal this determination. Your written appeal letter must be postmarked no later than **60 days** from the date shown on this Notice of Potential Debt and include the following information:

    a.   A written explanation why you believe you are eligible for this assistance;
    b.   Copies of any documents or statements supporting your eligibility for disaster assistance;
    c.   Your disaster number and FEMA application number should be included on all pages of your correspondence ; and,
    d.   Must be signed by you, the co-applicant, or a third party authorized to appeal on your behalf.

Please send the requested documents to:

Mail to:		**Fax to:**
FEMA	**OR**	800-827-8112
P.O. Box 10055		Attn: FEMA
Hyattsville, MD 20782-8055		

You should expect a response from FEMA within **90 days** of receipt of your appeal.

You may request an oral hearing to discuss your appeal when you submit your written appeal request. If FEMA determines your oral testimony is needed to clarify the documents you submitted, your request may be granted. FEMA may also request that you participate in an oral hearing via telephone as part of the appeal process when the appeal involves an issue of credibility or veracity, or the appeal record contains conflicting information that cannot be resolved.

If you do not appeal this determination, this potential debt will become final and will be sent to FEMA's Finance Center for further action.

This letter relates only to assistance you received through FEMA's Individuals and Households Program. In addition, if you made any false or fraudulent statements in connection with your application for disaster assistance, you may be subject to liability under Federal, State, or local laws.

If you have questions about assistance you received, or would like more information about this notice, please call FEMA's Helpline at 800-621-FEMA (3362), or visit **www.DisasterAssistance.gov**. If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

Sincerely,

Individuals and Households Officer   NPDL

NDL – Notice and Demand Letter:

FEMA Director Name	Governor's Name
FEMA Title	Governor's Title
FEMA Directorate Reference	State of (State Name)

FEMA   00/00/000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX

Applicant Name
Applicant Street Address
Applicant City, State, Zip

Bill for Collection # {HA_BFC_NO}

{SALUTATION}:

In a letter dated {NOD_DATE}, FEMA advised you of a potential debt because you were found ineligible for some or all of the disaster assistance FEMA provided to you under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288 as amended), 42 U.S.C. 5121 - 5207. Your appeal rights have expired and the debt is now final.

This is a Bill for Collection to notify you that you must return ${NOD_RECOUP_AMT}. In order to resolve this Bill for Collection, **you must pay this debt in full within 30 days of this letter.** Enclosed is a FEMA Debt Repayment Form and payment instructions, or you may also request consideration for a payment plan.

After 30 days, the debt is considered delinquent and FEMA will begin collection action as required by the Debt Collection Act of 1982, the Debt Collections Improvement Act (DCIA) of 1996, and the Digital Accountability and Transparency Act of 2014 (DATA Act).

Collection actions will occur as described below, beginning from the date of this letter:
- Late Charges:
    1. **Within 30 days**: Interest at the rate of 1% per annum will be assessed on the unpaid balance. A one-time administrative charge will also be assessed to this debt.
    2. **Within 90 days:** Additional penalty charges will be assessed at the rate of 6% per annum on the amount of the debt plus any interest and administrative charges that have been levied.
- Enforced Collection:
    1. **Within 60 days:** FEMA may offset the debt against any FEMA payments and/or transfer the debt to the U.S. Department of the Treasury (Treasury) for collection.
    2. **Within 120 days:** FEMA will transfer the debt to Treasury, as required by law.

FEMA may transfer your debt to the Treasury immediately following day 60 but no later than day 120, as required by law. Once transferred, the Treasury may take any of the following actions:
1. Offset any Federal or State eligible payments by the amount of the debt including
    - Income tax refunds
    - Military salary
    - Military retirement
    - Social Security (other than Supplemental Security Income (SSI))
2. Charge interest and penalties on the unpaid debt. Additional fees may also be charged and added to debt amount.
3. Garnish wages through administrative wage garnishment
4. Refer the debt to the U.S. Department of Justice for judicial enforcement
5. Refer the debt to a private collection agency

6.   Report any discharged debt to the Internal Revenue Service (IRS)

7.   Report the debt to consumer credit reporting agencies

If you have any questions about this notice, payment options, or current debt balance, please call FEMA's Finance Center 800-816-1122, Monday through Friday, 9:00 a m. - 4:00 p.m., Eastern Time. If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

This letter relates only to assistance you received through FEMA's Individuals and Households Program. Please note, even if you repay this debt in full, the United States Government does not waive its rights to pursue any applicable civil or criminal charges. In addition, if you made any false or fraudulent statements in connection with your application for disaster assistance, you may be subject to liability under Federal, State, or local laws.

Please see the enclosed Other Important Information for additional information.

Sincerely,

Debt Collection Officer   NDL

==

FEMA DEBT REPAYMENT FORM

Bill for Collection # {HA_BFC_NO}
Please return this form along with your payment.

==

Disaster # {DSTR_NR}
FEMA Application # {RGSN_ID}

{APPL_NM}
{STRT_ADR}
{CITY_STATE}

Amount Owed: $ {NOD_RECOUP_AMT}   Amount Enclosed $_____

To pay your debt in full, please visit **www.FEMA.gov** for all payment options. If you prefer, you may do one of the following:

- Return the U.S. Department of the Treasury check(s) to:

   Department of the Treasury
   Attn: Treasury Check Returns
   1300 Townsend Road
   Philadelphia, PA   19154-1026

- Send a personal check or money order to:

   FEMA
   P.O. Box 530217
   Atlanta, GA 30353-0217

- Overnight / Courier Payments send to:

   FEMA / Bank of America
   Lockbox #530217
   1075 Loop Road
   Atlanta, GA 30337-6002

If returning or mailing a check, please return this form along with your payment.
If you have questions, please call FEMA's Finance Center 800-816-1122, Monday through Friday, 9:00 a m. and 4:00 p.m., Eastern Time. If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

OTHER IMPORTANT INFORMATION

Bankruptcy
If you filed for bankruptcy, you are not subject to offset while the automatic stay is in effect. Please note that it is YOUR responsibility to notify FEMA of the stay by sending evidence of the bankruptcy to:

> FEMA
> Attn: Accounts Receivable
> P.O. Box 9001
> Winchester, VA 22604-9001

False Statements
If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (Title 31 U.S. Code, Section 3729-3731) and/or criminal penalties under Title 18 U.S. Code Sections 286, 287, 1001, and 1002, or other applicable statutes.

Joint Tax Returns
If you file a joint income tax return, you should contact the IRS before filing your return to request information regarding procedures to protect your spouse's share of the income tax refund if they are not a delinquent debtor to the U.S. Government.

Wages
Your current net pay is subject to offset if you do not pay your debt or take other action as described. The U.S. Department of the Treasury will deduct up to 15% of your disposable net pay beginning in the pay period that your debt is submitted. The deduction will continue every pay period until your debt is paid in full, including interest, penalties, and other costs.

ANOT: Potential Debt Cleared:

FEMA Director Name   Governor's Name
FEMA Title   Governor's Title
FEMA Directorate Reference   State of (State Name)

FEMA   00/00/0000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX
Potential Debt: $ {NOD_RECOUP_AMT}

{APPL_NM}
{STRT_ADR}
{CITY_STATE}

{SALUTATION}:

This letter is in response to your appeal of FEMA's decision that some or all of the money you received for disaster assistance must be returned.

After reviewing your case and the documents you submitted, **your potential debt of ${NOD_RECOUP_AMT} has been cancelled.**

If you returned money to FEMA, your funds will be refunded to you.

Please note, this decision only applies to the FEMA's Individuals and Households Program potential debt indicated above, and has no bearing on any other form of federal assistance you may have received.

If you have any questions regarding a refund, please call FEMA's Finance Center at 800-816-1122, Monday through Friday, 9:00 a.m. - 4:00 p m., Eastern Time.

If you have any questions regarding your appeal decision, please contact FEMA's Helpline at 800-621-FEMA (3362) or visit **www.DisasterAssistance.gov**. If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

Sincerely,

{DH_OFFC_TTL}

{DEBT_COL_OFC-TTL}   ANOT

ANACFA: Debt stands:

FEMA Director Name   Governor's Name
FEMA Title   Governor's Title
FEMA Directorate Reference   State of (State Name)

FEMA   00/00/0000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX
Amount Owed: $ {NOD_RECOUP_AMT}

{APPL_NM}
{STRT_ADR}
{CITY_STATE}

{SALUTATION}:

This letter is in response to your appeal of FEMA's decision that some or all of the money you received for disaster assistance must be returned.

After reviewing your case and the documents you submitted, it was determined that FEMA's decision was correct and you remain ineligible for the specified amount of assistance as outlined in the original Notice of Potential Debt letter. This is a final agency determination and the amount owed is **${NOD_RECOUP_AMT}.**

You will receive a separate letter with payment instructions and additional information on how to resolve this matter.

If you have any questions regarding your appeal decision, please contact FEMA's Helpline at 800-621-FEMA (3362) or visit **www.DisasterAssistance.gov**. If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

Sincerely,

{DH_OFFC_TTL}

{DEBT_COL_OFC-TTL}   ANACFA

ANACIN: Debt Increase:

FEMA Director Name   Governor's Name
FEMA Title   Governor's Title
FEMA Directorate Reference   State of (State Name)

FEMA   00/00/0000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX
Potential Debt: $ {NOD_RECOUP_AMT}

{APPL_NM}
{STRT_ADR}
{CITY_STATE}

{SALUTATION}:

This letter is in response to your appeal regarding a potential debt that some or all of the money you received for disaster assistance must be returned.

After reviewing your FEMA disaster assistance file and the documents you submitted, FEMA has increased the potential debt amount outlined in the original notice letter, and your new potential total is **${NOD_RECOUP_AMT}.** You will receive a new Notice of Potential Debt letter with further details on your appeal rights.

If you have any questions regarding your appeal decision, please contact FEMA's Helpline at 800-621-FEMA (3362). If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

Sincerely,

{DH_OFFC_TTL}

{DEBT_COL_OFC-TTL}   ANACIN

10

ANACDD: Debt Decrease:

FEMA Director Name   Governor's Name
FEMA Title   Governor's Title
FEMA Directorate Reference   State of (State Name)

FEMA   00/00/0000
P.O. Box 10055
Hyattsville, MD 20782 – 8055

Disaster #XXXX
FEMA Application #XXXXXXXXX

Potential Debt: $ {NOD_RECOUP_AMT}

{APPL_NM}
{STRT_ADR}
{CITY_STATE}

{SALUTATION}:

This letter is in response to your appeal that some or all of the money you received for disaster assistance must be returned.

After reviewing your FEMA disaster assistance file and the documents you submitted, FEMA has decreased the potential debt amount outlined in the original notice letter to **${NOD_RECOUP_AMT}.**

If you previously repaid more than this amount to FEMA, you will receive a U.S. Department of the Treasury (Treasury) check or electronic funds transfer in the amount of your overpayment. If you have any questions regarding a refund, please call FEMA's Finance Center at 800-816-1122, Monday through Friday, 9:00 a m. - 4:00 p.m., Eastern Time.

You may appeal this determination. Your written appeal letter must be postmarked no later than **60 days** from the date shown on this Notice of Potential Debt and include the following information:
   a. A written explanation why you believe you are eligible for this assistance;
   b. Copies of any documents or statements supporting your eligibility for disaster assistance;
   c. Your disaster number and FEMA application number should be included on all pages of your correspondence ; and,
   d. Must be signed by you, the co-applicant, or a third party authorized to appeal on your behalf.

Please send the requested documents to:

Mail to:		**Fax to:**
FEMA	**OR**	800-827-8112
P.O. Box 10055		Attn: FEMA
Hyattsville, MD 20782-8055		

You should expect a response from FEMA within **90 days** of receipt of your appeal.

If you have any questions regarding your appeal decision, please contact FEMA's Helpline at 800-621-FEMA (3362). If you are deaf, hard of hearing, or have a speech disability and use a TTY, please call 800-462-7585. If you use 711 or Video Relay Service (VRS), call 800-621-3362.

Sincerely

{DH_OFFC_TTL}

{DEBT_COL_OFC-TTL}   ANACDD

Recoupment Causes

Duplication of Benefits: Duplication of Benefits occurs when FEMA awards disaster assistance for the same item or type of assistance that the applicant received from another source, such as insurance or another federal agency.

FEMA Error: FEMA Error occurs when FEMA awards disaster assistance for which an applicant is not eligible.

Fraud Report: Fraud Report occurs when an applicant is being investigated for having been awarded disaster assistance through fraudulent means.

1 {CHA_BLK}	NPDL Insert

Duplication of benefits with another agency (DOB):
FEMA's records indicate you received the same type of disaster assistance from FEMA and another organization, or agency. By law, FEMA cannot duplicate assistance available to you through other sources for the same purpose. Therefore, you must return the assistance you received from FEMA.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you did not receive the same assistance from another source, or the assistance provided to you by the other source was to meet different disaster-caused needs than those addressed by FEMA.

2 {CHA_BLK}	NPDL Insert

More than one application in a disaster (DOB):
FEMA's records indicate you applied for and received FEMA assistance under multiple applications in this disaster. FEMA can only consider one application from you. By law, FEMA cannot duplicate assistance.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you did not apply with FEMA more than once in this disaster.

3 {CHA_BLK}	NPDL Insert

Assistance in multiple disasters (DOB):
FEMA's records indicate you received assistance for the same damage or expenses in more than one declared disaster. Because you received the assistance for the same damage or expenses and there is no indication that repairs were made prior to this declaration, you are not eligible for the duplicated assistance.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you repaired the items prior to receiving assistance in this disaster **or** the funds you received in this disaster are not for the same damage or expenses you were awarded in another declared disaster.

4 {CHA_BLK}	NPDL Insert

Duplication of benefits with insurance (DOB - ALE):
FEMA's records indicate you received the same type of disaster assistance for temporary housing from FEMA and your insurance provider. Since you received assistance from your insurance provider for the same purpose, you are not eligible for the FEMA assistance you received. By law, FEMA cannot duplicate assistance available to you through other sources including your insurance company.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents from your insurance company proving your insurance did not cover Additional Living Expenses (or Loss of Use) for temporary housing assistance.

5 {CHA_BLK}	NPDL Insert

Duplication of benefits with household member's insurance (DOB):
FEMA's records indicate you received FEMA assistance for losses covered by insurance maintained by a member of your household. Since your personal property losses were covered by a household member's insurance, you are not eligible for the FEMA assistance you received. By law, FEMA cannot duplicate assistance available to you and your household through other sources including a household member's insurance company.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you did not live with another individual or household, or that your personal property was not covered by their insurance.

6 {CHA_BLK}	NPDL Insert

Duplicatiou of beuefits with iusurauce (DOB):
FEMA's records indicate you received the same type of disaster assistance from FEMA and your insurance provider. By law, FEMA cannot duplicate assistance available to you through the other sources including your insurance company.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents from your insurance company proving your insurance did not duplicate the assistance FEMA provided.

7 {CHA_BLK}	NPDL Insert

Duplication of benefits with household member (DOB):
FEMA's records indicate you and another member of your household received assistance for the same disaster losses. By law, FEMA cannot duplicate assistance received from other sources, including insurance companies.

If you need help determining what assistance was duplicated and what to provide for an appeal, please call FEMA's Helpline.

8 {CHA_BLK}	NPDL Insert

Housing Assistance overpayment - Lodging Expense Reimbursement (HA – LER):
FEMA's records indicate you received an overpayment for your hotel or motel expenses.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you did not receive an overpayment of Housing Assistance. You may also contact FEMA's Helpline to ask about requirements for lodging expense reimbursement.

9 {CHA_BLK}	NPDL Insert

Housing Assistance overpayment – Home Repair (HA – HR):
FEMA's records indicate you were overpaid Home Repair Assistance.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you had damage caused by the disaster that required repairs to make your home habitable.

Housing Assistance overpayment – Rental Assistance (HA – RA):
FEMA's records indicate you were overpaid Rental Assistance.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving you used the Rental Assistance award on rent, such as rental receipts.

10 {CHA_BLK}	NPDL Insert

Other Needs Assistance overpayment - Personal Property (ONA – PP):
FEMA assistance is limited to essential losses caused by the disaster. FEMA's records indicate you were overpaid Personal Property Assistance for one or more non-essential personal property items.

If you disagree, please make sure your appeal includes a written explanation and a copy of documents proving your essential personal property losses. To find out which items were overpaid, please contact FEMA's Helpline for additional information.

11 {CHA_BLK}	NPDL Insert

Other Needs Assistance overpayment – Transportation (ONA – TRAN):
FEMA's records indicate you were overpaid Transportation Assistance. FEMA may only provide assistance to repair / replace essential transportation. This assistance is also limited to a maximum amount as determined by your state.

If you disagree, please make sure your appeal includes a written statement as to why the vehicle(s) is essential for your household's daily use, a copy of bills, estimates, or receipts for the repairs, and proof your vehicle met the State's insurance and registration requirements.

12 {CHA_BLK}	NPDL Insert

Non-compliance as a U.S. citizen, non-citizen national or qualified alien (I69):
FEMA's records indicate there is not a signed and completed Declaration & Release Form (form #0009-0-3) in your file. A separate letter with the Declaration & Release Form (form #0009-0-3) attached has been mailed to you.

Please complete and return the Declaration & Release Form (form #0009-0-3) as soon as possible.

Not a legal resident (INLR):
FEMA's records indicate you are not a legal resident eligible for assistance under FEMA's Individuals and Households Program.

If you disagree, please submit documents verifying that you, your co-applicant, or a minor dependent occupant of the household are a U.S. Citizen, non-citizen national, or qualified alien. In addition, a separate letter with the Declaration & Release Form (form #0009-0-3) has been mailed to you. Please provide a completed Declaration & Release form with your proof of citizenship.

13 {CHA_BLK}	NPDL Insert

Failed Identity Verification (IIDV):
FEMA's records indicate the name and Social Security Number you provided do not match records for identity verification.

Please check the spelling of your name at the top of this letter. If your name is **not** spelled correctly and does **not** match what is on your Social Security card, please call FEMA's Helpline to have it corrected.

If your name is spelled correctly at the top of this letter, please send a copy of one of the following:
- Your Social Security card and a Federal or State-issued identification, or
- Military identification, or,
- An employer's payroll document showing the last four numbers of your Social Security Number.

Please note, if the application is in the name of a minor child, please send any of the documents listed above in the child's name, or a copy of the child's birth certificate and Social Security card.

If you need help determining if a particular document can be used, please call FEMA's Helpline.

14 & 15 {CHA_BLK}	NPDL Insert

Occupancy Not Verified (INONV):
FEMA's records indicate you did not occupy the damaged home at the time of the disaster.

If you disagree, please provide a written explanation and a copy of one of the following documents dated/issued before the disaster:

- Driver's License
- State-issued ID card
- Employer's Statement
- Merchant's Statement (credit card bill)
- Utility Bill, or,
- Voter Registration Card

Not Primary Residence (INPR):
FEMA's records indicate the damaged home was not your primary residence where you lived the majority of the year.

If you disagree, please provide a written explanation and a copy of any supporting documents.

16 {CHA_BLK}	NPDL Insert

Ownership Not Verified (IOWNV):
FEMA's records indicate you did not own the damaged home at the time of the disaster.

If you disagree, please provide a written explanation and a copy of one of the following documents dated/issued before the disaster for the damaged home:

- Deed, official record, or title in your name
- Proof of inheritance
- Mortgage documents in your name
- Structural insurance policy in your name
- Real estate tax receipt or property tax bill in your name, or,
- Land installment contract or contract for deed

17 {CHA_BLK}	NPDL Insert

Damaged Home Located in CBRS or OPA (ICBRS):
FEMA's records indicate your home is located in an area which is protected by the Coastal Barrier Resources System (CBRS) or Otherwise Protected Area (OPA). By law, FEMA is limited in the type of assistance that may be provided for homes located in these areas, and records indicate you received assistance in a category that is not eligible within FEMA's Individuals and Households Program.

If you do not believe your property is located in a Special Flood Hazard Area (SFHA), visit **www.fema.gov/nfip**, or call either 800-621-3362 or 800-525-0321. You will need a Letter of Map Amendment/Revision (LOMA/LOMR) from FEMA to confirm your property is no longer in an SFHA.

If you disagree, please make sure your appeal includes a written statement from your local floodplain manager or building official that confirms your home is **not** located in a protected area.

18 {CHA_BLK}	NPDL Insert

Sanctioned Community in Special Flood Hazard Area (ISC):
FEMA's records indicate your home is located in a Special Flood Hazard Area (SFHA) and you reported flood damage. However, your community does not participate in the National Flood Insurance Program. FEMA is prohibited from providing assistance for insurable real and personal property to individuals whose homes are located in an SFHA when a community is not participating in the National Flood Insurance Program, and records indicate you received such assistance.

If you do not believe your property is located in a SFHA, visit **www.fema.gov/nfip**, or call either 800-621-3362 or 800-525-0321. You will need a Letter of Map Amendment/Revision (LOMA/LOMR) from FEMA to confirm your property is no longer in an SFHA.

If you disagree, please provide a written statement from your local floodplain manager or building official that confirms your home is **not** located in an SFHA, or proof that your community entered the National Flood Insurance Program during the six-month period following the disaster declaration.

19 {CHA_BLK}	NPDL Insert

Noncompliant w/ Flood Insurance Requirement (NCOMP)
FEMA's records indicate you have a requirement to obtain or maintain flood insurance on your property based on receiving prior Federal assistance due to flood damage from a previous disaster. As a condition of the assistance and in order to receive any Federal assistance for future flood damage to any insurable real or personal property, you were required to buy and maintain flood insurance for the property located in a Special Flood Hazard Area (SFHA). Your home was damaged by flood and you did not have an active flood insurance policy with the National Flood Insurance Program at the time of the disaster. Therefore, FEMA is prohibited from providing disaster assistance for insurable real and personal property located in an SFHA.

If you disagree, please make sure your appeal includes a written explanation, and one of the following:
- A copy of your flood insurance policy that was in effect at the time of the disaster
- Documents showing the requirement was rescinded
- Documents proving the home was not in a Special Flood Hazard Area
- Documents reflecting the cause of damage to your home was not due to flood, or,
- Proof your home is no longer in a flood zone, such as a Letter of Map Amendment

20 {CHA_BLK}	NPDL Insert

Other Needs Assistance - Expenses not eligible:
FEMA's records indicate the expenses submitted were either not eligible within FEMA's program, or were not incurred as a result of the disaster for:
{CTG_LIST_1}

If you disagree, please make sure your appeal includes bills, estimates, or receipts that show the expense was caused by or a result of the disaster.

21 {CHA_BLK}	NPDL Insert

Invalid, Unverifiable, or Missing Information:
FEMA's records indicate one or more of the documents you submitted to FEMA contains invalid, unverifiable information, or the required information is missing for:
{CTG_LIST_1}

If you disagree, please contact FEMA's Helpline to discuss documents you can send to appeal this decision.

22 {CHA_BLK}	010432 NPDL Insert

Damage Not Caused by the Disaster (INDR)
FEMA's records indicate the damage to your home and/or property was not caused by the disaster.

If you disagree, please make sure your appeal includes a written statement from a local building official or detailed estimate from a contractor, along with a personal statement, describing how the damage to your home and/or property was caused by the disaster.

23 {CHA_BLK}	NPDL Insert

Original IHP check and reissued funds were both negotiated (confirmed by Finance):
FEMA's records indicate you reported a FEMA assistance check lost or stolen, and FEMA reissued these funds to you. The U.S. Department of the Treasury has since confirmed the missing check was cashed or deposited.

If you disagree, please make sure your appeal includes a written explanation and a copy of verifiable information showing you did not cash or deposit or benefit from the check for FEMA assistance that you reported as missing. You should also include any records indicating you reported the incident to local law enforcement.

24 {CHA_BLK}	NPDL Insert

Independent Student (DOB)
FEMA records indicate you were a student at the time of the disaster. Students residing in housing provided by an educational institute are not eligible for certain FEMA assistance unless they demonstrate they are independent of their parent or guardian.

If you disagree with this decision, please provide documents proving you were an independent student with financial independence from your parent or guardian, responsible for your own living expenses, and had no other primary residence. The documents should prove you meet at least one of the following conditions:
- At least age 24 by December 31 of the year you received FEMA assistance;
- Married prior to the disaster;
- Enrolled in a masters or doctorate program at the time of the disaster;
- Had legal dependents you claim on taxes;
- Orphan or ward of the court;
- Active military duty or military veteran; or
- Documented determination of independent status by a financial aid administrator.

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A. General Information

1. When appealing a potential debt or debt, applicants may request an Oral Hearing in place of a standard written appeal review, or as part of their Treasury Review request.

2. Oral Hearings provide applicants with the opportunity to appeal their potential debt or debt, through sworn testimony, when eligibility or validity of the debt or potential debt cannot be determined based solely on the documents in the file, such as when there are issues of credibility, veracity, or allegations of identity theft. Staff should consider the following definitions when evaluating the need to grant or conduct an oral hearing:

   a. Credibility: The quality that makes something (as a witness or some evidence) worthy of belief; how likely that something is a fact.
   b. Veracity: Whether a record or person's statement is accurate.

   Issues of credibility and veracity would include scenarios when there are conflicting or inconsistent documents or statements in the applicant's file.

3. Staff on the Specialized Processing Unit (SPU)/Escalated Debt Processing Team (EDPT), within the Recoupment Task Force, determine if the applicant's Oral Hearing request is part of a timely appeal and may be necessary because a decision cannot be made based solely on the documentation in the file. Once referred by SPU, the Office of Chief Counsel (OCC)/Oral Hearing Office (OHO) is responsible for determining if an Oral Hearing is necessary, as well as scheduling and adjudicating Oral Hearings. The ruling of OCC/OHO is the final agency determination.

B. Oral Hearing Requests

1. **INITIAL REVIEW:** When an Oral Hearing request is received in the FEMA Supervisor Review-Oral Hearing Request queue in NEMIS, SPU/EDPT staff will review the case within five business days to determine if the appeal cannot be resolved based solely on the documents in the applicant's file, such as when the appeal involves an issue(s) related to credibility or veracity, or if an allegation of identity theft may be involved.

   a. **Notice of Potential Debt Letter (NPDL) appeal:** If the request is part of a NPDL appeal, SPU/EDPT staff will verify that the request was postmarked or submitted within 60 days of the date of the NPDL.

   b. **Stale Address Case - Treasury Review:** If the request is part of a Treasury Review and staff has evidence that the applicant did not receive correspondence at the address on file at the time of the NPDL or Notice of Debt

Letter (NDL), SPU/EDPT will:

   i. Re-send the original NPDL to the applicant at their updated address. OCC/OHO should schedule the hearing at least 60 days after the NPDL is issued in order to provide the applicant time to submit any additional information.

   ii. Examples of supporting evidence to demonstrate the applicant did not receive FEMA correspondence would be the following documents dated prior to the date of the mailings, in most cases:
   - Driver's license issued at a different address
   - Official address change request with the USPS
   - Lease for a different address
   - Utility bills for a different address
   - Returned mail

2. **REQUEST DENIALS: If** SPU/EDPT recommends denying an Oral Hearing request because they determine that the appeal can be resolved based solely on the documents in the applicant's file, for example if there is no issue related to credibility, veracity, or alleged identity theft; or the alleged issue is cleared by documentation within the applicant's file including a report from Fraud Prevention and Investigation Branch (FPIB)/Fraud Internal Investigations Department (FIID), they will email OCC/OHO for concurrence. If OCC/OHO determines an oral hearing is necessary, they will notify SPU/EDPT via email. SPU/EDPT will process the request per the procedures for an Oral Hearing request as outlined in Section C.

   a. **NPDL:** If the denied request is part of an NPDL appeal, SPU/EDPT will:

      i. Enter a Comment in NEMIS.

      ii. Route the case to the FEMA Supervisor Review - Recoup Appeal queue.

      iii. Process the case as a standard written appeal. For more information on a standard written appeal, please see the *Recovery of Funds Processing Through Mailing of Notice and Demand Letter SOP*, pages 5-6, Section C NPDL Appeals, steps 1-7.

   b. **Treasury Review:** The Treasury Review Team, within SPU, may refer a Treasury Review for an Oral Hearing when the case cannot be resolved based on the documents on file and involves issues related to credibility, veracity, or alleged identity theft. If SPU/EDPT determines that the case can be resolved based on the documents on file, they will:

      i. Notify via email the designated SPU Treasury Review team Point of Contact (POC) to inform the FEMA Finance Center (FFC) and resend the

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decision letter to the applicant and return the case to Treasury.

    ii. Enter a Comment in NEMIS.

    iii. Route the case to the FEMA Supervisor Review – MRA queue.

3. **SUSPECTED FRAUD:** (b) (7)(E)
(b) (7)(E)

(b) (7)(E)

    a. (b) (7)(E)

    b. **Investigation Request Denial:** (b) (7)(E)

(b) (7)(E)

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(b) (7)(E)

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(b) (7)(E)

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(b) (7)(E)

C. Oral Hearing Scheduling and Adjudication

1. **ORAL HEARING SCHEDULING:** If SPU/EDPT determines that the applicant may be responsible for the potential debt/debt, and that the appeal involves issues that cannot be resolved based solely on the documents in the applicant's file, SPU/EDPT will proceed with the following standard Oral Hearing referral and scheduling process:

   a. Route the existing work packet to the FEMA Supervisor Review - Forwarded to RRLD subqueue.

   b. Notify OCC/OHO via email to request the suitability of a hearing, in which OCC/OHO decides whether to accept the Oral Hearing request.

2. If OCC/OHO accepts the Oral Hearing request;

   a. OCC/OHO will:

      i. Notify SPU/EDPT via email that they have accepted the request.

      ii. Schedule the hearing, providing notice of the hearing details to the applicant in an Oral Hearing Scheduling Notice letter and to the SPU/EDPT via email. See Appendix B for a sample Oral Hearing scheduling Notice letter.

   b. SPU/EDPT will:

      i. Attempt a courtesy call to the applicant to describe the hearing process. During this call, staff must cover all of the bulleted items listed in the Comment section C.2.b.ii.E.

         A. During the courtesy call, if the applicant says they no longer wish to participate in the Oral Hearing process, SPU/EDPT will process the case as appropriate, either per standard NDPL written appeal guidance as

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described in B.2.a.iii, or standard Treasury Review guidance as described in B.2.b.

ii. Enter a Comment in NEMIS to document the courtesy call.

  A. For all calls, begin the comment with the date and time of the courtesy call to the applicant's current phone number using the following text: *"Made courtesy call to applicant at CPN on MM/DD/YYYY at XX:XX am/pm regarding opportunity to participate in Oral Hearing."*

  B. If staff does not reach the applicant but is able to leave a voicemail, use the following text: *"Left a voicemail at applicant CPN asking them to contact FEMA."*

    1. Include additional information in the Comment for the Recoupment Helpline explaining why FEMA is contacting the applicant and any pertinent information they must share with the applicant. SPU staff should also include the bulleted items in C.2.b.ii.E so the Recoupment Helpline staff can read them to the applicant.

  C. If the applicant says they no longer wish to participate in the Oral Hearing request, staff will use the following Comment text: *"Applicant said they are no longer interested in participating in Oral Hearing. Will process case per standard written Notice of Potential Debt Letter written appeal or standard Treasury Review."*

  D. If staff speaks to the applicant and they refuse to verify their information, use the Comment following text: *"Applicant refused to verify information and explained to them that due to the Privacy Act of 1974, FEMA cannot disclose information regarding their file."*

    1. **Identity Theft:** If the applicant is unable to verify the information in their file due to noted or potential identity theft, send an email to FEMA-IHP-IDReview and direct the applicant to submit ID Verification documents to the IHP ID Review fax number (540) 504-2266. Include a contact number, the correct spelling of the name, last 4 digits of their SSN, current mailing address, and any other important details provided by the caller about the situation.

  E. If staff speaks to the applicant and the applicant is still interested in participating in the Oral Hearing, enter the following text in the Comment:

    • *Advised applicant that the Oral Hearing would be conducted by an OCC Oral Hearing Officer.*

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- *Advised applicant the OCC Oral Hearing Officer would mail an Oral Hearing Scheduling Notice Letter with the date, time, telephone # and PIN to access the telephonic conference call.*

- *Advised applicant that should the scheduled date conflict with a prior engagement, the applicant may request the Hearing be rescheduled and that any such requests must be made in writing and sent via fax or mail to the NPSC or via email to the Oral Hearing Officer at FEMA-OralHearingCalendar@fema.dhs.gov.*

- *FEMA will mail a letter with information on how to do a FILE COPY REQUEST.*

- *IMPORTANT: Advised the applicant they SHOULD REQUEST A FILE COPY for the Oral Hearing.*

- *Advised applicant that by accepting the Oral Hearing the applicant agrees to accept the OCC Oral Hearing Officer decision as final - regardless of the outcome.*

- *If the applicant does not agree to the Oral Hearing, then the debt will be upheld and "due process" was afforded.*

- *Advised applicant NOT to contact the OCC Oral Hearing Officer for any reason other than to reschedule the Oral Hearing; the OCC Oral Hearing Officer is only available for scheduling the Oral Hearing; they cannot review, terminate the Debt, or otherwise assist the applicant."*

- *Advised applicant that if they do not attend a scheduled Oral Hearing, they will have seven calendar days to submit an explanation in writing for why they were unable to attend.*

iii. Issue a Recoup Appeals Document (RADOC) letter and select the box "Send To Mail Queue". The following text must be inserted into the RADOC letter:

"**IMPORTANT:** If you have not done so already, we strongly urge that you REQUEST A FILE COPY for the Oral Hearing. The Oral Hearing may not continue if you fail to take this step. A file copy will allow you to better prepare for the Oral Hearing; please do the following:

1. Submit a written request for a copy of your file.
2. Include your full name, date and place of birth, damaged dwelling address and/or current mailing address.
3. Include your FEMA application number, and disaster number.
4. Your letter MUST be either notarized; OR include the following statement:

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"I hereby declare under penalty of perjury that the foregoing is true and correct."

5. You must sign and date the letter.

*Be sure to include your DR number, registration number, last four digits of SSN, and your name on all pages of any correspondence you submit.
For your security protection, at the time of the Oral Hearing, please be prepared to verify your identity to the Oral Hearing Officer who will ask for:
- your name,
- last four digits of your social security number,
- your date of birth,
- your current phone number, and
- your current mailing address.

Please be advised that recording the Oral Hearing is not authorized and subject to penalty of applicable laws."

iv. Applicants may alternatively choose to complete, sign, and return the Authorization for the Release of Information Under the Privacy Act form (OMB No. 1660-0061) to request a copy of their file and authorize the release of information.

3. **Oral Hearing Scheduling Notice Letter:** Once the Oral Hearing date has been scheduled, OCC/OHO will send the applicant an Oral Hearing Scheduling Notice Letter via mail at least 30 days in advance. The letter will include the date and time of the Oral Hearing, instructions for calling in to the Oral Hearing, and instructions for requesting a copy of their case file. OCC/OHO administrative support specialist will place a reminder call to the applicant.

    a. OCC/OHO will notify SPU/EDPT once the hearing has been scheduled and EDPT/SPU will enter a Comment in NEMIS with the date, time, and call-in information for the hearing.

4. Oral Hearings will be held via conference call (or video call if American Sign Language (ASL) is required), although OCC/OHO may grant an in-person hearing in rare circumstances, such as a need to improve the efficiency of the oral hearing such as when multiple applicants requesting an oral hearing from a remote area that presents challenges related to time zones and phone or internet connectivity. In these special situations, the applicant will need to request the in-person hearing following the guidance in Appendix B.

5. **RESCHEDULING AN ORAL HEARING:** The applicant may request to reschedule the Oral Hearing in writing and with good cause. As a best practice, applicants should request to reschedule no less than 1 week prior to the hearing date.

    a. Per OCC/OHO's discretion, if the applicant makes a valid request with good cause shown to reschedule the Oral Hearing, such as because the applicant was

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prevented from appearing due to circumstances outside their control, OCC/OHO will notify the applicant of the new date via scheduling letter and inform SPU/EDPT of the new date via email.

6. **APPLICANT DOES NOT ATTEND HEARING:** If an applicant does not attend a scheduled Oral Hearing, they will have seven calendar days to submit an explanation in writing for why they were unable to attend. This requirement is included in the scheduling letter originally sent to the applicant (see Appendix B), in the OCC/OHO Hearing Officer's comment entered following the hearing where the applicant did not appear, and as noted in Comment section C.2.b.ii.E.

   a. OCC/OHO will review the explanation and determine whether good cause has been shown to grant a new hearing date.

   b. If OCC/OHO grants the applicant a new date, they will inform SPU/EDPT of the new date and time via email and will send a new scheduling letter to the applicant.

   c. If the applicant does not submit a written explanation for why they were unable to attend within seven calendar days of the missed hearing, or does not show good cause, OCC/OHO will default the applicant and return the appeal to the SPU/EDPT for a decision on the record.

      i. Once defaulted and officially returned, SPU/EDPT agents are authorized to perform an independent, complete and thorough review of case files to make the respective program decision consistent with a standard written appeal, as appropriate, either per standard NDPL written appeal guidance as described in B.2.a.iii, or standard Treasury Review guidance as described in B.2.b.

7. **CONDUCTING THE ORAL HEARING:** Unless noted otherwise, Oral Hearings are conducted via conference call and attended by OCC-OHO, a member of SPU/EDPT, the applicant, and any other representative the applicant deems necessary.

   a. The SPU/EDPT representative will attend the Oral Hearing to present the facts of the case on behalf of FEMA in a courteous manner.

      i. The SPU/EDPT member must only present the facts of the case and how those facts do or do not adhere to FEMA's eligibility requirements. See Appendix A for a list of relevant items and a process format used in oral hearings. The SPU/EDPT member should refrain from expressing any personal opinions or beliefs about the case. All information should be presented with a fair and balanced approach. This includes why FEMA issued the applicant assistance, but then determined that they were not eligible for it. SPU/EDPT should present all relevant information, including that information which supports FEMA's recoupment action and that which does not, such as clarifying appeal documentation submitted by the applicant or

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detailing the applicable procedural guidance.

   A. For example, staff should say, "This document meets FEMA's requirements for eligibility, but also utilizes a template readily available on the internet that calls into question its validity." Staff should not say, "It's true this documentation meets FEMA's requirements but it's easy to create fake documents like this one. I don't think it's real."

b. The SPU/EDPT member will ensure they have prepared the information necessary for the hearing by completing the Oral Hearing Preparation Template provided in Appendix A.

c. If the case involves an FPIB/FIID investigation, an FPIB/FIID member will also attend the Oral Hearing to present the results of their investigation.

d. OCC/OHO may grant a continuation in order for additional documentation to be submitted by the applicant or SPU/EDPT.

e. **Stale Address Cases:** If during an Oral Hearing, an applicant demonstrates that they are more likely than not did not receive the NPDL or NDL, the Hearing Officer will determine whether it would be in the applicant's best interest to reschedule the hearing to allow for the submission of additional information.

8. **ADJUDICATION:** Oral Hearings are adjudicated by OCC/OHO. The ruling of OCC/OHO is a final agency determination and no additional appeal opportunities will be granted for the issue in dispute. OCC/OHO will rule on the case within 45 calendar days of the final Oral Hearing. OCC/OHO will notify SPU/EDPT of the determination via email and SPU will enter a comment in NEMIS. OCC/OHO will write a case-specific decision letter informing the applicant of the decision and submit the decision letter to the mailroom for scanning to the applicant's file. See Appendix C for a sample Decision letter template.

9. Once SPU/EDPT has received OCC/OHO's ruling, they will take the following steps:

a. **NPDL Appeal and potential debt is not valid**: If OCC/OHO determines that the potential debt from an NPDL appeal is not valid, SPU/EDPT will process case as described above in B.3.e.iv

b. **Treasury Review and debt is not valid:** If OCC/OHO determines that the debt from a Treasury Review is not valid, SPU/EDPT will process the case as described above in B.3.e.iii.

c. **NPDL Appeal and potential debt is valid:** If OCC/OHO determines that the potential debt is valid from an NPDL appeal, either at the amount included in the NPDL or a modified amount, SPU/EDPT will:

   i. Enter the following Comments in NEMIS:

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• SPU received OCC/Oral Hearing Officer communication indicating a decision has been issued in favor of FEMA, the applicant's appeal is denied, and applicant must pay the debt.

• OCC/Oral Hearing Officer informed decision letter was mailed to applicant and a copy was faxed to Mailroom for indexing.

• Oral Hearing was held MM/DD/YEAR. Due process was provided.

• The OCC/Oral Hearing Officer decision is not appealable and constitutes a final agency decision for purposes of judicial review.

• E-mail sent to FEMA Finance Center to confirm the current debt amount.

• WP route to FEMA Sup Review - Recoup sub-queue to update Finance Tab

• WP route to Complete

ii. Route the case to the FEMA Supervisor Review-Recoupment Subqueue and update the Finance Tab to Supervisor Approval "Yes".

iii. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference.

   A. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

iv. Generate an Appeal Denied, Debt Stands (ANAC FA) letter and select "Send To Mail Queue".

v. Route the case to Complete.

d. Treasury Review and debt is valid: If OCC/OHO determines that the debt from a Treasury Review is valid, either at the amount included in the NPDL or a modified amount, SPU/EDPT will:

i. Send an email to the FEMA Finance Center to verify the debt amount.

ii. Once the amount has been verified by the FEMA Finance Center, review the Finance Tab in NEMIS to ensure the amount on the Finance Tab is correct. If it is not correct, update the amount in the Finance Tab to match the amount provided by the FEMA Finance Center.

   A. If the Finance Tab does not have the Supervisor Approval to "Yes", route the case to the FEMA Supervisor Review-Recoupment Subqueue and update the Finance Tab to Supervisor Approval "Yes".

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iii. Enter the following Comments in NEMIS.

• *SPU received OCC/Oral Hearing Officer communication indicating a decision has been issued in favor of FEMA, the applicant's appeal is denied, and applicant must pay the debt.*

• *OCC/Oral Hearing Officer informed decision letter was mailed to applicant and a copy was faxed to Mailroom for indexing.*

• *Oral Hearing was held MM/DD/YEAR. Due process was provided.*

• *The OCC/Oral Hearing Officer decision is not appealable and constitutes a final agency decision for purposes of judicial review.*

• *E-mail sent to FEMA Finance Center to confirm the current debt amount.*

• *WP route to FEMA Sup Review - Recoup sub-queue to update the Finance Tab **(if applicable).***

• *WP route to Complete.*

iv. Generate an Appeal Denied, Debt Stands (ANAC FA) letter and select "Send To Mail Queue".

v. Route the case to Complete.

e. **Stale Address Confirmed and Debt is valid:** If a stale address is confirmed and a debt is valid, SPU/EDPT will:

i. Inform FFC who will issue a new NDL and reset the interest and penalties. The new NDL will also offer the applicant the opportunity to request a compromise and payment plan, and in applicable cases, the opportunity to request a waiver of the debt.

10. The OCC Oral Hearing Officer's decision constitutes a final agency decision for purposes of judicial review under the Administrative Procedure Act.

Appendix A:

Oral Hearing Preparation Template

The job of SPU/EDPT in the hearing is to present that information which is necessary for the applicant to understand and respond to the recoupment and for the Oral Hearing Officer to assess and make a determination. Extraneous detail that is not in contention can serve to confuse the applicant and the Hearing Officer, therefore SPU/EDPT should focus on presenting information that is relevant to the issue at hand. Staff should ask questions to the applicant that bring subject matter clarity to the hearing as long as questions elicit facts to determine whether the applicant's appeal meets FEMA's eligibility requirements. Staff should also reference specific eligibility and processing criteria when they are relevant to why documents or statements from the applicant are being questioned for veracity.

The template below is intended as a helpful guide detailing the information that may need to be provided in the Oral Hearing. It should be used to prepare for an Oral Hearing, but only the relevant portions for a case must be presented.

- For example, if there is no question that the applicant applied and received the funds disbursed, it is not necessary to present testimony about their SSN.
- If only one type of assistance received is at issue, it is not necessary to provide details about the other types of assistance.
- If there is no question about the applicant receiving documents, it is not necessary to discuss document dates or address changes.

1) Introduction
- Summary of the disaster and Primary issue of the recoupment. The introduction should be a concise summary of how the recoupment pertains to the assistance that was issued to applicant.
  o Example: "For Disaster 1603, Hurricane Katrina, the issue in the case is that the applicant's occupancy of the damaged property could not be verified. The applicant filed an appeal claiming to not have applied."

2) Application and assistance information:
- Applicant name:
  o Co-applicant name (if applicable)
- Applicant SSN:
  o Co-applicant SSN (if applicable)
- Applicant Date of Birth (DOB):
  o Co-applicant DOB (if applicable)
- Registration number:
- Damaged Dwelling Address (DDA):
  o Flood Zone (y/n):
- Current mailing address:

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- Disaster number:
- Disaster incident period:
- Date registration was completed:
- Registration completion method (phone, internet, in person):
- Fraud flags at registration (if applicable)
- Inspection date:
- Inspection summary:
- Insurance coverage (y/n):
  - Insurance settlement amount (if applicable):
  - Insurance denial letter date (if applicable):
- Date(s) of financial assistance award(s):
- Assistance method (EFT or check):
- Total assistance award amount:
- Housing Assistance amount(s) and date(s) issued (if applicable):
  - Lodging Expense Reimbursement:
  - Rental Assistance:
  - Continued Temporary Housing Assistance:
  - Home Repair:
  - Home Replacement:
- Direct Housing (if applicable)
  - Temporary Housing:
    - Date approved:
    - Move-in date:
    - Move out date:
    - Amount of penalty fees outstanding:
  - Permanent Housing Construction:
    - Date approved:
    - Move-in date:
    - Construction costs:
- Other Needs Assistance amount(s) and date(s) issued (if applicable):
  - Funeral:
  - Medical/Dental:
  - Child Care:
  - Moving and Storage:
  - Miscellaneous:
  - Critical Needs:
  - Clean and Removal:
  - Clean and Sanitize:
  - Personal Property:
  - Transportation:
  - Group Flood Insurance:
- Transitional Sheltering Assistance (TSA) (if applicable):
  - If applicable, dates of eligibility:
- Small Business Administration (SBA) loan information (if applicable):
  - Activity Type
  - Activity Date

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- o   Accept Date
- o   SBA Status
- o   Event Code
- o   Reason

3) Recoupment Information
- Recoupment reason(s):
- Recoupment amount(s)
- Narrative summary of when and how potential improper payment was identified and justification for establishing potential debt (include images or documents submitted and/or NEMIS screenshots as necessary):
- Date referred to Fraud and Internal Investigation Division (FIID) (if applicable)
  - o   If applicable, date FIID returned investigation results:
  - o   If applicable, narrative summary of FIID investigation results (the outcome can be referenced but allow the FIID investigator to present the details of their investigation):
- Date of NPDL
- Date of NDL (if applicable)
- Date referred to Treasury (if applicable)

4) Applicant appeal information
- Narrative summary of documentation applicant has submitted as part of appeal/Oral Hearing Request (include images of documents submitted and/or NEMIS screenshots as necessary):
- Date of file copy request (if applicable)
  - o If applicable, has applicant received copy of file (y/n)?
- Why these appeal documents are inadequate (e.g., utility bills from after the disaster)
  - o Why some were not sufficient on their own to show they were eligible?

5) Oral Hearing information
- Date of Oral Hearing request:
- Date Oral Hearing granted:
- Date of Oral Hearing:
  - o   Date(s) of Oral Hearing reschedule (if applicable):
- Narrative summary of why Oral Hearing was granted, i.e. why issue could not be resolved based on documents in file (include images of documents submitted and/or NEMIS screenshots as necessary):

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Appendix B:

Oral Hearing Scheduling Notice Example

April 28, 2021

John Smith
123 Main Street
Lakewood, TX 77505

Dear Mr. Smith:

An oral hearing has been scheduled in response to your appeal regarding an application for disaster assistance filed in your name. The hearing will be conducted via telephone on **Tuesday, June 1, 2021 at 9:00 AM Central Time (10:00 AM Eastern Time). It is your responsibility to call 1-800-320-4330 at that time and enter PIN code 111111 when asked.**

FEMA provided disaster assistance based on an application filed in your name on September 1, 2006. Since then, FEMA has concluded that you were not eligible for some or all of the assistance provided to you, which means that you may be required to repay it, plus any interest, penalties, and fees. If you need more information about this debt, please see Question 3 of the attached Frequently Asked Questions (FAQs).

The oral hearing is your opportunity to have FEMA explain directly to you why it believes you were not eligible for the assistance provided, and your opportunity to explain directly to a neutral Hearing Officer why you believe that you were eligible for the assistance provided or otherwise do not owe FEMA money. Please note that if you do not attend the hearing, your appeal will be returned to FEMA's Specialized Processing Unit to be decided based on the documents in your file, which most likely means that you will have to repay the funds.

The oral hearing could last one to two hours. You should gather important documents that support your appeal and submit them to FEMA at least one week in advance of the hearing. (See Question 8 in the attached FAQs for more information on how to submit information.) You may have witnesses attend the hearing to support your appeal, and you may have someone represent you, such as an attorney. If you choose to bring a representative or witnesses, please give them the call-in information for the hearing. FEMA is not responsible for any expenses or fees that you spend to prepare for this hearing.

Sincerely,

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Oral Hearing Coordination Office
Office of Chief Counsel
Federal Emergency Management
    Agency
Department of Homeland Security

www.fema.gov

Frequently Asked Questions

1. What is the purpose of an oral hearing?

The purpose of an oral hearing is to confirm whether you were eligible for the assistance that you received from FEMA or were not eligible and therefore must repay the money. An oral hearing is your opportunity to explain in your own words why you were eligible for disaster assistance or why you otherwise do not believe you owe any money to FEMA (for example, if you think you did not receive the assistance). The Hearing Officer can only look at your eligibility and whether you received the assistance and cannot consider any factors, such as an inability to repay the debt.

2. Why have I been scheduled for an oral hearing?

Your case has been scheduled for an oral hearing because you requested an oral hearing or because FEMA determined that there were questions regarding the debt and these questions could not be resolved based on a review of your file.

3. What if I have questions about this debt?

You should have received written documentation from FEMA about why you were ineligible for the assistance disbursed. A FEMA Representative will also explain the basis of the debt in detail during the oral hearing. If you need additional information, you can call the FEMA Recoupment Helpline at 1-800-816-1122 between 9:00 AM and 4:00 PM Eastern Time. If you are deaf, hard of hearing, or have speech limitations, please use TTY at 1-800-462-7585.

4. What will happen during the oral hearing?

The oral hearing will be telephonic, meaning that all of the parties will participate by phone. It may last for one to two hours. At the–start of the oral hearing, the Hearing Officer will ask you questions to verify your identity, such as your date of birth, the last four digits of your Social Security Number, and your current address. The Hearing Officer will then

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explain what to expect during the hearing and will swear in all of the parties in the hearing to ensure everyone is telling the truth.

The FEMA Representative will testify first and will explain why FEMA issued you the assistance but then determined that you were not eligible for it. The FEMA Representative's testimony will provide a lot of detail and it is important that you take notes and be prepared to respond with any questions or any points you want to make when it is your turn to testify.

If a FEMA Investigator has prepared a report on your application, the Investigator may testify. After the FEMA Representative and Investigator finish speaking, the Hearing Officer will specify that it is your turn to testify. At this point, you can explain why you believe that you were eligible for the disaster assistance or otherwise do not owe the debt (for example, if you did not receive any assistance). The Hearing Officer may ask questions of you and the FEMA Representative and Investigator, and you may ask questions of the FEMA Representative and Investigator. If the Hearing Officer determines that it would be helpful if you submitted additional evidence to support your case, another hearing may be scheduled. Then, the Hearing Officer will end the hearing. The Hearing Officer will not make a decision on your appeal at the end of the hearing but will mail you a written decision within 45 days.

5. What if I am not available at the scheduled time of the oral hearing?

FEMA policy allows for a hearing to be rescheduled in limited circumstances when there has been a showing of good cause, meaning there is a valid reason why you cannot attend. You must be able to explain in detail the reason why you are unable to attend. If you wish to request that your hearing be rescheduled, please submit your rescheduling request in writing to the Hearing Officer as soon as possible but no later than two days before your oral hearing. The Hearing Officer, who may request supporting documentation, will determine whether there is a showing of good cause. If the Hearing Officer determines that you have shown good cause, your case will be rescheduled, but otherwise your request will be denied and you will be expected to show up for the hearing as scheduled. Please note that oral hearings may only be held from 8:00 AM to 6:00 PM Eastern Time, Monday-Friday. You may email or mail written rescheduling requests to the Oral Hearing Coordination Office at the address in Question 22 below.

6. What if I do not call in for my scheduled oral hearing?

If you do not call in for your scheduled oral hearing, you have one calendar week from the date of the scheduled hearing date to contact the Hearing Officer with a valid explanation for missing the hearing and a showing of good cause that your hearing be rescheduled. Without a valid justification for missing your hearing, you will have waived your opportunity to present your position in an oral hearing. Your appeal will then be decided based on the documents in your case file by FEMA's Specialized Processing Unit. Because FEMA has already determined that you were not eligible, this eligibility determination will most likely be confirmed and you will be required to repay the assistance funds. You may email or mail written rescheduling requests to the Oral Hearing Coordination Office at the addresses listed

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in Question 22 below.

7. How can I obtain my records from FEMA?

You or your authorized representative are encouraged to request and review a copy of FEMA's file regarding your application. Please note that in some cases your hearing may be rescheduled if you have not requested and received a copy of your file prior to the hearing.

To request a copy of your file, you must submit a written request. You may use the form at the end of this packet entitled Authorization for the Release of Information under the Privacy Act (OMB Form No. 1660-0061).

To complete the form and request a copy of your file to be mailed to you:

1. Top Section: Complete the top section listing your full name, FEMA Applicant Number, Place of Birth, Date of Birth;
2. Section A: Fill out Section A listing your own name, current telephone number and mailing address. For relationship, indicate "Self". Please note that the mailing address must be the address currently on file with FEMA.
3. Section B: Check Yes for Option 1 in Section B. This authorizes FEMA to send you a copy of your file.
4. Leave Section C blank.
5. Verification Section: Complete by signing and printing your name. Include your current mailing address and date.

If you do not have all of the information to complete this form, you may call the FEMA Recoupment Helpline for assistance at 1-800-816-1122 between 9:00 AM and 4:00 PM Eastern Time. If you are deaf, hard of hearing, or have speech limitations, please use TTY at 1-800-462-7585.

8. How can I send documentation to FEMA?

You are not required to submit any documents to FEMA; however, the Hearing Officer will review any documents that you would like to submit in support of your position. Please submit these documents to the FEMA's National Processing Service Center to be added your file as soon as possible but at least one week before your scheduled hearing date so that your documents may be reviewed. Each page of documentation you submit must include your last name, the last four-digits of your Social Security number, your nine-digit FEMA application number, and the disaster number. Do not send these documents to the Oral Hearing Coordination Office. The documents should be mailed or faxed to the FEMA National Processing Service Center:

FEMA Individual & Households Program
National Processing Service Center
Fax: 1-800-827-8112
Mail: P.O. Box 10055
            Hyattsville, MD 20782-8055

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9. What kind of documents can I submit?

You should submit any documents that support your claim that you were eligible for disaster assistance or do not have to repay the assistance. If you would like help deciding what types of documents may be relevant, please call the FEMA Recoupment Helpline at 1-800-816-1122 between 9:00 AM and 4:00 PM Eastern Time. If you are deaf, hard of hearing, or have speech limitations, please use TTY at 1-800-462-7585. You may also find it helpful to review the FEMA Individual Assistance Program and Policy Guide for more information about disaster assistance eligibility. This is available online at: Individual Assistance Program and Policy Guide (IAPPG) (fema.gov)

10. Can my attorney help me during the oral hearing?

Yes, you can be represented or assisted by anyone, including an attorney. You can also have a friend or relative support you in representing yourself during the hearing. It is your responsibility to obtain such representation and pay for any expenses you incur. If you want a third party such as an attorney to access or request your file from FEMA, please send a written request authorizing this third party's access to your information. You may use the form at the end of this packet entitled Authorization for the Release of Information under the Privacy Act (OMB Form No. 1660-0061).

11. How can I request language interpretation or accommodation for a disability?

If you or anyone attending the oral hearing with you needs language interpretation or has a disability or special need requiring accommodation in order to participate fully in the oral hearing, please notify the Hearing Officer in writing immediately. Your written request must include your full name, the last four digits of your Social Security Number, your nine-digit FEMA application number, and the disaster number on all pages of your correspondence. You may send this request to the Oral Hearing Coordination Office pursuant to Question 22 below.

12. Who is responsible for expenses associated with an oral hearing?

You are responsible for any expenses incurred by you, your witnesses, your attorney, or any other representative.

13. Will the hearing be conducted by telephone?

Yes, the oral hearing will be conducted via a telephone conference call in almost all cases. Please call the toll-free 800 number and enter the unique PIN code that is included in your scheduling letter.

14. Can I request an in-person oral hearing instead of a telephonic hearing

Generally, oral hearings will be conducted via telephone conferences. In special situations, you may request an in-person oral hearing for consideration. This request must be

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submitted in writing to the Hearing Officer pursuant to Question 22 below, within seven (7) days of the scheduled hearing date, which is specified in your oral hearing scheduling letter. Your written request must explain the reasons that an in-person oral hearing is necessary. If your request is granted, the date of the oral hearing may change, and this hearing will be held at a FEMA office. You are responsible for all related expenses that you incur, including, but not limited to, travel expenses for yourself, your witnesses, your attorney, or any other representative.

15. Who will conduct the oral hearing?

The FEMA Chief Counsel has designated Hearing Officers to conduct the oral hearings and to exercise independent and impartial decision-making in all aspects of the process.

16. What are the responsibilities of the Hearing Officer?

    a. The Hearing Officer's role is to make a fair decision about whether or not you were eligible for disaster assistance, or otherwise owe a debt to FEMA.
    b. The Hearing Officer is responsible for scheduling your oral hearing, including notifying you in writing regarding the date, time, and call-in information for your hearing.
    c. The Hearing Officer conducts the oral hearing as a serious but informal conference. Participants include you, the FEMA representative, possibly a FEMA Investigator, and the Hearing Officer, as well as any witnesses or representatives that you provide. The Hearing Officer listens to and questions the participants and determines what documents will be admitted at the hearing. The Hearing Officer may exclude documents that are not important to your appeal.
    d. The Hearing Officer issues a written decision on your appeal which will be mailed to you within 45 days of the hearing.

17. What type of decision will the Hearing Officer issue?

The Hearing Officer will issue a written decision that will include: (1) a summary of the facts presented, and (2) the Hearing Officer's findings, analysis, and conclusions regarding the validity and amount of the debt. This decision will be mailed to you within 45 calendar days of your hearing.

18. On what basis will the Hearing Officer make the decision?

The Hearing Officer will carefully consider the testimony of all the participants in the hearing as well as the documents and other information in your file, including any documents submitted by you. The Hearing Officer will make a decision on the recoupment based on the preponderance of the evidence presented as to whether you were eligible for the assistance provided to you or otherwise do no owe FEMA any money.

19. Will I or my witnesses be required to testify under oath or affirmation?

Although the oral hearing is not a formal evidentiary hearing, you and your witnesses are required to testify under oath during the oral hearing, which means that you promise to tell the truth. If you or any of your participants knowingly lie or provide false statements, you

or your participants may be liable under the False Claims Act (Title 31 U.S. Code §§ 3729-31 (2019)) or other applicable statutes and may be liable for criminal penalties under Title 18 U.S. Code Sections 286-87, 1001-02 (2019), or other applicable statutes.

20. What happens after the Hearing Officer issues a final-decision?

If the Hearing Officer determines that you were eligible for assistance or otherwise do not owe FEMA any money, the debt will be cancelled and any money you have already paid will be refunded to you. If the Hearing Officer determines that you were not eligible for some or all the assistance and that you therefore do owe money to FEMA, FEMA's Finance Center will contact you to arrange for payment of the debt.

21. What happens if I disagree with the Hearing Officer's final decision?

The Hearing Officer's final decision is considered a final agency determination under the Administrative Procedure Act and there is no further appeal option at FEMA. See 5 U.S.C. § 701 et seq. If you disagree with the decision, you may want to seek the advice of an attorney.

22. Who should I contact if I have questions about my scheduled oral hearing?

If you have questions about how to call in to your oral hearing, you can contact the Oral Hearing Coordination Office at FEMA-OralHearingCalendar@FEMA.DHS.gov or 1-800-664-0814. The Oral Hearing Coordination Office cannot answer questions about the facts of your case; for answers to your questions about your case, call the FEMA Recoupment Helpline as described in Question 3 above.

How to contact the Oral Hearing Coordination Office:

Email: FEMA-OralHearingCalendar@FEMA.DHS.gov

Phone: 1-800-664-0814

Mailing Address: Recoupment Hearing Officer
                      Office of Chief Counsel
                      FEMA Headquarters
                      500 C Street SW, Suite 840
                      Washington, D.C. 20472-3515

*Note: This sample letter may be updated by OCC over time and staff should reference the version in the specific applicant's case file to respond to any questions or issues

RECOUPMENT ORAL HEARING SOP

APPLIES TO All DISASTERS	Last Updated: January 2022

Appendix C

Hearing Decision Letter Template

Facsimile Cover Page

To: FEMA Individual & Households Program NPSC	Fax: 800-827-8112
From: Oral Hearing Coordination Office	Phone: 800-664-0814
Date: 2/9/21	
Number of Pages (including cover): 28	

DO NOT CREATE WORKPACKET
FOR SCANNING ONLY

Category: INFO CONTROL
Item: ORAL HEARING REQ
Comment: ORAL HEARING DECISION, 28 PGS

RE: Applicant Number 123456789
                   Disaster Number 1234

PLEASE SCAN TO NEMIS

RECOUPMENT ORAL HEARING SOP

APPLIES TO All DISASTERS	Last Updated: January 2022

June 4, 2021

Applicant Name
Mailing Address
Mailing Address

Re: Applicant Number 123456789
           Disaster Number 1234

Dear Ms. Applicant,

On October 20 and November 25, 2020, you participated in oral hearings to determine whether you were eligible for the $5,000.00 in home repair assistance that FEMA provided to you for Disaster 1234. Based on a thorough review of the testimony presented the information contained in your file, your appeal is granted. You are not required to return any funds to FEMA for Disaster 1234.

Enclosed is a detailed explanation of this decision. You should expect to receive additional correspondence from FEMA regarding this matter soon. However, if you have immediate questions, you may call the FEMA helpline at 1-800-816-1122.

                         Sincerely,

                         Signature of Hearing Officer

                         Name of Hearing Officer
                         Hearing Officer
                         Office of Chief Counsel
                         Federal Emergency Management Agency
                         U.S. Department of Homeland Security

cc: Attorney's Name

RECOUPMENT ORAL HEARING SOP

Hearing Decision

Background and Issues

Following Disaster 1234, FEMA provided Applicant Name with $5,000.00 of home repair assistance. FEMA subsequently sought recoupment of the $5,000.00 in home repair assistance provided to Ms. Applicant because FEMA could not determine that she was the owner of the damaged property, as required for FEMA assistance. The issue on appeal was whether Ms. Applicant was the owner of the damaged property under any of the available definitions of owner. FEMA can only provide home repair assistance to applicants who own a property damaged in the disaster. If Ms. Applicant was not the owner of the damaged property, then she was not eligible for and must return the home repair assistance disbursed to her for Disaster 1234.

Determination

Applicant Name's appeal is granted and she is not required to return any funds to FEMA for Disaster 1234.

Participants in the Hearing

Applicant: Applicant Name

Applicant's Witness: [omit if none, define
relationship in testimony, e.g., Neighbor]

Applicant's Counsel: [omit if none]

FEMA Representative: Evelyn #7093

FEMA Fraud Prevention and Investigation Branch Investigator: [omit if none]

Summary of the Facts Presented

The FEMA Representative, Evelyn #7093, testified to the following:

On date, Applicant Name applied for FEMA assistance for Disaster 1234. Ms. Applicant recorded her damaged property as 123 Main Street, Chicago, Illinois. ("Chicago property)

FEMA provided Ms. Applicant with $5,000.00 of home repair assistance. In 2014, FEMA sought recoupment of the home repair assistance provided to Ms. Applicant because FEMA could not determine that she was the owner of the Chicago property, as required for FEMA assistance.

FEMA flagged this issue because a standard audit showed that local tax records listed the

owner of the Chicago property as Somebody Else. After FEMA issued the Notice of Potential Debt in November 2014, Ms. Applicant contacted the FEMA helpline to inquire about the notice and to explain that Ms. Somebody Else was her late aunt from whom she had inherited the Chicago property. Although the FEMA helpline instructed Ms. Applicant to submit documents demonstrating her ownership of the Chicago property, no documents were received after this call.

After the first appeal hearing, Ms. Applicant submitted several documents to establish her ownership of the Chicago property. In the hearing on November 25, the FEMA Representative reviewed the documents Ms. Applicant had submitted when she appealed. The first was an obituary from Ms. Somebody Else's funeral in 2008, which the FEMA Representative advised could be considered acceptable evidence of Ms. Summers' passing. The second was a handwritten statement confirming that Ms. Applicant had resided in the Chicago property since 2007, and that the children—and therefore potential heirs to Ms. Somebody Else—had no interest in the property. Ms. Applicant also submitted receipts showing that she was responsible for paying the property taxes for the damaged property. The FEMA Representative advised the Hearing Officer to consider these documents in determining whether Ms. Applicant was the owner of the Chicago property under the available definitions.

The applicant, Applicant Name, testified to the following:

Ms. Applicant explained that, although she was not a biological child of Ms. Somebody Else, she had essentially been adopted by her and had lived at the Chicago property since she was a child. Ms. Somebody Else's biological children all had their different homes now, due to marriage or otherwise, and did not want her house upon her passing. Ms. Applicant remained close with Ms. Somebody Else's biological children since and would obtain statements from them that they had no claim to the Chicago property.

In the November 25 hearing, Ms. Applicant explained that she had written the statement then brought it to her cousins to review and sign. They were all fine with statement and agreed that the Chicago property belonged to her, and therefore each signed it.

Discussion and Analysis

The Robert T. Stafford Disaster Relief and Emergency Assistance Act ("Stafford Act") and its implementing regulations in the Code of Federal Regulations ("C.F.R.") authorize FEMA to provide disaster assistance to eligible applicants and require FEMA to recoup assistance when it was provided to applicants who were ineligible. *See* 42 U.S.C. § 5121 (2006) *et seq.*; 44 C.F.R. § 200 (2013) *et seq.* In this case, FEMA could not verify that Ms. Applicant was the owner of the property as required for home repair assistance by 42 U.S.C. § 5174(c)(2)(A)(i), Stafford Act § 408 (c)(2)(A)(i) (2006).

RECOUPMENT ORAL HEARING SOP

The definition of owner-occupied is defined in 44 C.F.R. § 206.111. Owner-occupied means that the residence is occupied by:
1. The legal owner;
2. A person who does not hold formal title to the residence and pays no rent, but is responsible for the payment of taxes or maintenance of the residence[.]

Ms. Applicant was not the legal owner of the Chicago property because local property records showed that Ms. Somebody Else and not Ms. Applicant was the legal owner listed on the deed. Although Ms. Somebody Else had passed away prior to the disaster, her name remained on the deed at the time of the disaster. The question, therefore, was whether Ms. Applicant—who did not hold formal title—met the second definition of owner.

Ms. Applicant submitted several documents to indicate that she was responsible for the Chicago property, including checks showing that she paid the property taxes and utility bills in her name. She also submitted a statement from Ms. Somebody Else's children, who would possibly have been her heirs, that they did not have any claim to the Chicago property. There was no indication that Ms. Applicant paid rent to anyone to stay in the Chicago property. Accordingly, Ms. Applicant has met her burden of proof to establish that she was the owner of the Chicago property under the second definition of "owner", and she was therefore eligible for the home repair assistance provided.

Conclusion

Applicant Name's appeal is granted and she is not required to return any funds to FEMA for Disaster 1234. This decision is a final agency determination for purposes of judicial review under the Administrative Procedure Act, 5 U.S.C. § 701 *et seq.*

_____
Hearing Officer Name
Hearing Officer

RECOUPMENT TREASURY REVIEW SOP

Applies to Disasters DR-4273-WV Forward

A. General Information

1. If an applicant does not take action regarding the Notice and Demand Letter (NDL) notifying them of a debt to the Federal government for disaster assistance they received from FEMA, the FEMA Finance Center (FFC) will refer the debt to the U.S. Department of Treasury (Treasury) for collection.

2. Once a debt has been referred to Treasury, FEMA can no longer discuss the debt with the applicant nor take any action on the applicant's debt collection. Applicants that contact FEMA regarding a debt that has been referred to Treasury should be instructed to contact Treasury.

3. Treasury may refer cases back to FEMA if an applicant requests a Treasury Review to dispute their debt.

4. Applicants may request multiple Treasury Reviews and be referred back to FEMA multiple times.

    a. However, if the Office of Chief Council/Alternative Dispute Resolution (OCC/ADR) has already determined in an Oral Hearing that the applicant's debt is valid, the applicant will only be granted a Treasury Review if they can present new evidence to support their appeal.

B. Treasury Reviews

1. Treasury will notify FFC via email when an applicant requests a Treasury Review.

2. There are three types of Treasury Reviews an applicant may request.

    a. Proof of Debt (POD): Applicants that request POD will be provided with a written explanation of why the debt exists and all documentation related to the collection of debt.

    b. Disputes: Applicants may submit a dispute to demonstrate:

        i. The debt is invalid, all or in part;

        ii. Notification/due process was not served;

        iii. The debt has been paid in full;

        iv. The disaster assistance funds were used appropriately;

        v. The applicant is unable to pay the debt;

        vi. The applicant never received the funds;

        vii. The applicant never applied for disaster assistance.

    c. Administrative Wage Garnishment (AWG) Hearing: Once wage garnishment has begun, an applicant may request an AWG Hearing at any time during the garnishment process. Reasons for requesting an AWG Hearing include:

RECOUPMENT TREASURY REVIEW SOP

APPLIES TO DISASTERS DR-4273-WV FORWARD

i. Existence of debt;

ii. Amount of debt;

iii. Garnishment amount (Hardship);

iv. Debtor employed less than 12 months after losing last job involuntarily.

3. Interest and penalty fees will continue to accrue during Treasury Reviews **except** for AWG Hearings.

4. When an applicant requests a Treasury Review, FFC will conduct an initial review of the case.

    a. If FFC determines that the applicant has not submitted any new information that could impact the amount of the debt, they will certify the debt and return the case to Treasury.

    b. If FFC is able to make a determination regarding the validity of the debt, they will process the debt accordingly.

    c. If FFC determines that a programmatic review of the case is necessary, they will notify the Escalated Debt Processing Team (EDPT) via email.

5. When a case arrives in the Recoupment Task Force (RTF) Mailbox, the email message will have an embedded link that EDPT staff will click to access the case file. EDPT staff will download the case file from the FFC SharePoint site to conduct the programmatic review.

    a. For Disputes and AWG Hearings, staff must add a privacy coversheet to the file.

6. After downloading the case, EDPT staff will:

    a. Attach downloaded FFC documents to an email and notify the FEMA mailroom ([FEMA-IHP-Mailroom](#)) to scan into the applicant's file.

    b. Create a workpacket in NEMIS for FEMA Manual;

    c. Enter a Comment in NEMIS using the following text;

    i. For Disputes, "Treasury Review documents for Dispute sent to mailroom to be scanned to file. Treasury review decision is pending and updated Comment will be entered upon completion.

    ii. For AWG, "Treasury Review documents for AWG Hearing sent to mailroom to be scanned to file. AWG hearing decision is pending and updated Comment will be entered upon completion."

    d. Route the case to the FEMA Recoupment Treasury Review Requests Queue.

7. One EDPT staff member will conduct the programmatic review of the case.

RECOUPMENT TREASURY REVIEW SOP

8. If EDPT staff believes that the case involves issues of credibility, veracity, or identity theft, they will:

   a. Enter a Comment in NEMIS using the following text: "Treasury Review request forwarded to Oral Hearing team for review";

   b. Notify staff within EDPT assigned to Oral Hearings via an email (FEMA-IHP-Oral-Hearings);

   c. Route the case to the FEMA Supervisor Review–Oral Hearing Review Subqueue in NEMIS.

      i. EDPT staff assigned to Oral Hearings will review the request and if it is approved, they will process the case via standard Oral Hearing guidance.

9. If EDPT staff determines that the applicant could submit additional information to demonstrate that the debt is not valid, they will make a courtesy call to the applicant requesting the appropriate information.

10. If EDPT staff recommends that the debt should be terminated they will:

    a. Forward the case via email to an RTF Lead (Lead) who must review the case and agree with the recommendation.

    b. If the Lead agrees with the recommendation to terminate, they will notify the FFC via email (FEMA-Finance-Center-Debt-Collection).

       i. An FFC manager must review and approve debt terminations under $10,000.

       ii. The FFC Chief Financial Officer and OCC must review debt terminations equal to or greater than $10,000.

       iii. If warranted, the interest and administrative fees on the debt will be refunded by FFC.

    c. If FFC approves the debt termination, they will notify EDPT via email of the decision. EDPT staff will:

       i. Make a courtesy call to the applicant;

       ii. Route the case to the FEMA Supervisor Review-Recoupment Subqueue

       iii. Update the Finance Tab to set Supervisor Approval to "No";

       iv. Enter a Comment in NEMIS;

       v. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

          a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

vi.   Generate a Recoupment Rescinded (CAR) letter and select the box "Send to Mail Queue";

vii.   Return the case to FFC via the FFC SharePoint Site;

viii.   Route the case to Complete.

d. If FFC does not agree with the decision to terminate the debt, they will notify RTF via email. The Lead will review FFC's recommendation and submit the case via email to the Program Management Section (PMS). Once notified of PMS Management and FFC's final decision, the Lead will direct staff to take the appropriate actions for the case.

11. If EDPT staff recommends that any portion of the debt is valid, they will:

    i.   Enter a Comment in NEMIS;

    ii.   Generate a customized Continued Collection Response Letter;

    iii.   Generate copies of all case file documents (letters, NEMIS screen shots, etc.) that demonstrate that the debt is valid;

    iv.   Notify FFC via email ([FEMA-Finance-Center-Debt-Collection](#));

    v.   Return the case, including the copies of all case file documents and the Continued Collection Response letter, to FFC via the FFC SharePoint site;

    vi.   Route the case to Complete.

12. If EDPT staff recommends the debt is valid for an amount greater than that listed on the NDL, or for a different reason, they will send the case via email to the Lead for review. If the Lead agrees with the recommendation, they will submit the case via email to PMS Management and coordinate further review.

13. If PMS Management agrees that the debt is valid for an amount greater than that listed on the NDL, or for a different reason, they will notify EDPT staff via email. EDPT staff will:

    i.   Make a courtesy call to the applicant and enter a Contact in NEMIS;

    ii.   Enter a Comment explaining why the debt amount was increased and/or the reason changed;

    iii.   Route the case to the FEMA Pre-Recoupment Review Queue;

    iv.   Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

        a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

    v.   Generate a new Notice of Potential Debt Letter (NPDL), select all letter insert reasons approved via PMS Management, and select the box "Send To Mail Queue";

    vi.   Create a Bill for Collection (BFC) number;

    vii.   In the Finance Tab, set Recoupment to Active and leave Supervisor Approval blank.

    viii.   Route the case to Complete

C. Subsequent Treasury Reviews

1. If an applicant requests any additional Treasury Reviews, and FFC refers the case to EDPT, EDPT staff will review the case to determine if the applicant has submitted any new information or if the applicant is contesting the debt for a different reason.

   a. If the applicant has submitted new information or is contesting the debt for a different reason, FFC and EDPT staff (when necessary) will review the case via the standard Treasury Review process.

   b. If the applicant has not submitted any new information and is contesting the debt for the same reason, EDPT staff will send the case back to FFC which will resend the customized Continued Collection Response Letter and inform Treasury of the decision. If the debt was previously recalled, FFC will return it to Treasury.

RECOVERY OF FUNDS PROCESSING THROUGH MAILING OF NOTICE AND DEMAND LETTER

APPLIES TO DISASTERS DR-4273-WV FORWARD

A. General Information

1. Based on FEMA's regulations, FEMA must recover funds for which an applicant was not eligible. This document provides guidance on the procedural process for reviewing, addressing, and routing potential debts due to recovery of funds, also known as recoupment.

    i. FEMA will **only** take recoupment action on ineligible payments of $250 or more.

2. With the exception of the cases that involve possible fraud, FEMA cannot pursue recoupment activities if more than three years have passed since the improper payment was made.

3. Sensitive cases are cases in which the details of the applicant's case and potential recoupment would likely garner public attention and/or generate negative media coverage. Staff who encounter these cases should report them to their supervisor via email. Staff should also identify and report any specific trends, i.e. multiple applicants in a nursing home identified for potential recoupment.

    i. This email should include the applicant(s) name, registration ID number(s), disaster number(s), and a short explanation of the concern.

4. If any reviewer within the Recoupment Task Force (RTF), within the Specialized Processing Unit (SPU) suspects that the applicant obtained disaster assistance through fraudulent means, they must submit the case to another reviewer for concurrence. If both reviewers agree that fraud may have occurred, they will submit the case to the Office of the Chief Security Officer (OCSO) for investigation. See Section **B.7.** below. FEMA will cease recoupment activities until OCSO has completed its investigation.

5. If the case involves an applicant who was a minor at the time of registration, RTF will initiate recoupment against the co-applicant parent or legal guardian.

    i. In instances in which the minor is the only applicant, RTF must coordinate with the Office of Chief Counsel (OCC) before pursuing any recoupment activities.

6. If RTF receives notification of the death of an applicant against whom recoupment action is already underway, the recoupment will continue against any surviving co-applicant.

    i. If there is no surviving co-applicant, RTF will process the case per standard guidance. If the potential debt is approved, the case must be forwarded to the FEMA Finance Center (FFC) Debt Collection Mailbox FEMA-Disaster-Debts@fema.dhs.gov. FFC coordinates with OCC to file claims against the applicant's estate.

7. When assigned, all staff will independently review cases based on the applicable Standard Operating Procedure (SOP) in the Processing Procedures Manual (PPM). Staff must not review a case if they were involved in processing initial eligibility decisions.

8. Staff will use the Call Out and Review System Interview Portal (CARS) to document different stages of Pre-Recoupment and Recoupment Appels processing. After working a case in CARS, staff should **never click the "Reset Form" button.**

RECOVERY OF FUNDS PROCESSING THROUGH MAILING OF NOTICE AND DEMAND LETTER

APPLIES TO DISASTERS DR-4273-WV FORWARD

9. Pre-Recoupment and Recoupment Appeals processing will be done by members of the Potential Debt Validation Review (PDVR) team and the Escalated Debt Processing Team (EDPT).

   i. Agents 1, 2, and 3 of PDVR will be responsible for processing Pre-Recoupment and the Notice of Potential Debt Letter (NPDL) 30 Day Callout.

   ii. Agent 4 of EDPT will be responsible for processing Recoupment Appeals and transferring debts to the FEMA Finance Center (FFC).

B. Pre-Recoupment Case Review

1. Cases for potential recoupment may be identified by many different sources. Once identified, these cases will populate in CARS. These cases will also arrive as Workpackets in the FEMA Pre-Recoupment Review Queue in NEMIS within 24 hours.

2. Agent 1 will conduct an initial review of the case, taking the following steps:

   i. In CARS, select IHP Approval Process Through NPDL from the Select an Interview dropdown and click "Review Next Applicant".

   ii. Utilize the Registration Identification Number (Registration ID#) to open the case in NEMIS in App Inquiry and review to determine if there is a potential debt.

3. Agent 1 will indicate in CARS whether or not there is a potential debt and enter a Comment. The Comment must include: *(For a comprehensive list of recoupment causes and reasons, please see the Recoupment Letters and Letter Inserts: DR-4273 and Forward)*

   i. Why the case was identified as a potential debt;

   ii. Whether or not it is a potential debt;

   iii. If applicable, the cause of the potential debt;

   iv. If applicable, the reason for the potential debt;

   v. If applicable, the amount of the potential debt;

   vi. If applicable, whether the case should be referred to OIG for suspected fraud.

4. After entering the Comment, Agent 1 will click "Save Incomplete Interview". Agent 1 will not make any Comment in the NEMIS file.

5. Agent 2 will be assigned cases by their supervisor, via a report, to conduct a second review.

6. In CARS, Agent 2 will select IHP Approval Process Through NDPL and search for the case via Registration ID#. Agent 2 will open the case in NEMIS in App Inquiry to review and determine if there is a potential debt.

RECOVERY OF FUNDS PROCESSING THROUGH MAILING OF NOTICE AND DEMAND LETTER

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7. If both agents 1 and 2 have determined that the applicant may have obtained assistance through fraudulent means, Agent 2 will notify OCSO via email FEMA-OCSO-Tipline@fema.dhs.gov, enter a Comment in CARS, and click on "Save Incomplete Interview". In NEMIS, Agent 2 will take the following steps:

    i.   Enter the following Comment "Case forwarded for investigation on [date]. There is not sufficient information to take further action at this time";

    ii. Route the case to Complete.

8. If both Agents 1 and 2 have determined that there is not a potential debt, Agent 2 will indicate in CARS that there is not a potential debt and enter a Comment. The Comment will include why the case was identified as a potential debt and explain why, after review, there is not a potential debt. Agent 2 will click on "Save Interview". In NEMIS, Agent 2 will route the case to Complete.

9. If Agent 2 determines that there is a potential debt, they will take the following steps in CARS: *(For a comprehensive list of recoupment causes and reasons, please see the Recoupment Letters and Letter Inserts: DR-4273 and Forward)*

    i.   Indicate that there is a potential debt;

    ii. Click on the cause of the potential debt;

    iii. Enter the reason for the potential debt;

    iv. Enter the amount of the potential debt;

    v.   Enter a Comment explaining the reason the potential debt was identified and explain why, after review, there is a potential debt;

    vi. Click "Save Incomplete Interview".

10. If Agent 2 determines that there is not a potential debt and Agent 1 determined that there was a potential debt, Agent 2 will take the following steps in CARS:

    i.   Indicate there is not a potential debt;

    ii. Enter a Comment explaining why, after review, there is not a potential debt;

    iii. Click "Save Incomplete Interview".

11. The Recoupment Lead (Lead) will review all cases where at least one Agent has determined that there is a potential debt. The Lead will take the following steps in CARS:

    i.   If the Lead determines that there is not a potential debt, they will complete the necessary information in the Supervisor Review section and take the processing actions detailed in Section **B.8.** above.

    ii. If the Lead determines that there is a potential debt, they will complete the necessary information in the Supervisor Review section. See Section **B.9.** above.

12. Program Management Section (PMS) staff will review all cases in which the Lead has determined that there is a potential debt.

13. If PMS staff determines that the potential debt is not valid, they will indicate their decision in CARS and enter a Comment explaining their decision. Agent 2 will be assigned the case by their supervisor, via report, and open the case in NEMIS (See Section **B.8.** above) and route the case to Complete.

14. NPDLs for cases in which OCSO has determined that fraud is involved **must be temporarily held** pending further instruction from OCC, the Office of the Inspector General, and the Department of Justice.

15. If PMS staff determines that the potential debt is valid, they will indicate their decision in CARS. If they have made any changes to the amount of the potential debt or the reason for the potential debt, they will note those changes in the Comment. Agent 2 will be assigned the case by their supervisor, via report, and take the following steps:

    i.   In NEMIS:

        1. Open the case in the FEMA Pre-Recoupment Review Queue;

        2. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

            a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

        3. Generate an NPDL, select all letter insert reasons approved via PMS Management, and select the box Send To Mail Queue;

        4. Create a Bill for Collection (BFC) number;

        5. In the Finance Tab, set Recoupment to Active and leave Supervisor Approval blank;

        6. Enter a Comment;

        7. Route the case to Complete.

    ii.   In CARS:

        1. Select the IHP NPDL Callout;

        2. Search for the case via Registration ID#;

        3. Make a courtesy call to the applicant explaining the reason for the potential debt and the documents the applicant can submit to address the potential debt, if applicable;

4. Document the call in the IHP NPDL Callout Interview;

    a. If the call is successful, click "Save Interview".

    b. If the call is unsuccessful, click "Save Incomplete Interview".

16. Agent 2 will continue to call the applicant at all numbers on file on a daily basis until they reach the applicant, or as instructed by their supervisor. All calls should be documented in NEMIS as Contacts in the following manner:

    i. The Summary Line must begin with the callout title, for example "NPDL CALLOUT"

    ii. The callout title will be followed by the call attempt number, for example "NPDL CALLOUT CC1, NPDL CALLOUT CC2, etc."

    iii. When a call attempt is successful, add "S" to the end of the Summary Line, for example "NPDL CALLOUT CC1_S".

C. NPDL Appeals:

1. Once the NPDL has been sent, applicants have 60 days to submit a written appeal.

2. Applicants who have received an NPDL will appear on the NPDL 30 Day Report.

3. Agent 3 will be assigned by their supervisor to contact cases that appear on the NPDL 30 Day Report. To determine whether the applicant must be contacted, Agent 3 will open the case in NEMIS in App Inquiry.

4. If an applicant has submitted an appeal but it has not yet been routed, Agent 3 will enter a Comment, create a Workpacket, and route the case to the FEMA Supervisor Review-Recoup Appeal Subqueue.

5. If an applicant has not submitted an appeal, Agent 3 will take the following steps:

    i. In CARS:

        1. Make a courtesy call to the applicant and document the call in the IHP NPDL Callout Interview. During the call, Agent 3 will explain that the applicant has 30 more days to submit their appeal;

            a. If the call is successful, click "Save Interview".

            b. If the call is unsuccessful, click "Save Incomplete Interview".

    ii. In NEMIS:

        1. Enter a Contact using the title "NPDL 30 Day Callout" and document in the Summary Line based on Section **B.15.** above.

6. If the courtesy call is unsuccessful, Agent 3 will continue to make calls as per instructed by their supervisor.

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7. If an applicant submits a written appeal, it will create a Workpacket in the FEMA Supervisor Review-Recoup Appeal Subqueue.

8. When Agent 4 is assigned to the FEMA Supervisor Review-Recoup Appeal Subqueue, they will review submitted appeals.

    i. As part of their appeal, applicants may request an Oral Hearing. If an applicant requests an Oral Hearing, Agent 4 will enter a Comment in NEMIS and route the case to the FEMA Supervisor Oral Hearing Request Queue in NEMIS for review by the EDPT. (For more information on the Oral Hearing Process, please see the Oral Hearing SOP.)

9. If Agent 4 determines that the applicant could submit additional information that would demonstrate that the potential debt is not valid, they will take the following steps:

    i. In CARS:

        1. Make a courtesy call to the applicant and document the call in the IHP NPDL Callout interview. During the call, Agent 4 will explain what information is needed and that the applicant must submit the new information within 15 days;

            a. If the call is successful, click "Save Interview".

            b. If the call is unsuccessful, click "Save Incomplete Interview".

    ii. In NEMIS:

        1. Enter a Contact with the title "NPDL 15 DAY REQUEST CALLOUT" and document in the Summary Line based on Section **B.15.** above.

10. If Agent 4 determines that the potential debt **is not valid**, they will take the following steps:

    i. In CARS:

        1. Select IHP Appellant Process from the Select an Interview Dropdown;

        2. Search for the case via Registration ID#;

        3. Answer questions 1, 2, 3, and 5 in the interview;

        5. Click "Save Interview";

        6. Select the IHP NPDL Callout from the Select an Interview Dropdown;

        7. Search for the case via Registration ID#;

        8. Make a courtesy call to the applicant explaining that they no longer have a debt;

9. Document the call in the IHP NPDL Callout Interview;

    c. If the call is successful, click "Save Interview".

    d. If the call is unsuccessful, click "Save Incomplete Interview".

  ii. In NEMIS:

    1. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

      a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

    2. Generate an Appeal Notice of Termination, Potential Debt Cleared (ANOT) letter and select the box Send To Mail Queue;

    3. Enter a Comment explaining the reason the debt was overturned on appeal;

    4. Enter the appropriate Contact based on the courtesy call;

      a. Use the title "POTENTIAL DEBT CLEARED" and document in the Summary Line based on Section **B.15.** above.

    5. Route the case to Complete.

11. If Agent 4 determines that the potential debt is valid, they will take the following steps in CARS:

  i. Select IHP Appellant Process from the Select an Interview dropdown;

  ii. Search for the case via Registration ID#;

  iii. Answer questions 1-5 in the interview;

  iv. Click "Save Incomplete Interview".

12. PMS staff and PMS management will review all cases in which Agent 4 has determined that the potential debt is valid.

13. If either PMS staff or PMS management determines that the potential debt is not valid, they will indicate their decision in CARS and enter a Comment explaining their decision. Agent 4 will be assigned the case by their supervisor, via report, and open the case in NEMIS and CARS. Agent 4 will take the steps described in Section **C.10** above.

  i. In addition to the steps described in Section **C.10** above, Agent 4 will also answer questions 6, 7 (if necessary), and 8 in the IHP NPDL Appellant Process in CARS.

14. If both PMS staff and PMS management determine that the potential debt is valid for the original amount or less and for the same reason as listed on the NPDL, they will indicate their

decision in CARS and click "Save Interview". If they have made any changes to the amount of the potential debt or the reason for the potential debt, they will note those changes in the Comment. Agent 4 will be assigned the case by their supervisor, via report, and take the following steps:

    i.   In NEMIS:

        1. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

             a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

        2. Generate an Appeal Denied, Debt Stands (ANAC FA) letter **OR** an Appeal Partially Denied, Debt Decrease (ANAC DD) and select the box "Send To Mail Queue";

        3. Route the case to the FEMA Supervisor Review-Recoupment Subqueue;

        4. Update the Finance Tab to set Supervisor Approval to "Yes";

             a. If FEMA's appeal determination is made less than 60 days from the mailing of the NPDL, **do not** set Supervisor Approval to "Yes".

        5. Enter a Comment;

        6. Route the case to Complete.

15. If both PMS staff and PMS management agree determines that the debt **is valid, but for a different reason or an amount greater than that listed on the NPDL**, they will indicate their decision in CARS and enter a Comment explaining their decision. Agent 4 will be assigned the case by their supervisor, via report, and take the following steps:

    i.   In CARS:

        1. Select IHP Appellant Process from the Select an Interview dropdown;

        2. Search for the case via Registration ID#;

        3. Answer questions 1-7 in the interview;

        4. Make a courtesy call to the applicant, explaining why the debt has been increased or why the reason for the potential debt has changed and that they will be receiving a new NPDL;

        5. Click "Save Interview".

    ii.   In NEMIS:

        1. Route the case to the FEMA Pre-Recoupment Review Queue;

2. Review the Registrant Info Tab to determine the applicant's E-Correspondence preference;

   a. If the Registrant Info Tab is "E-Correspondence: Yes", update to "E-Correspondence: No".

3. Generate an Appeal Denied, Debt Increase (ANAC IN) letter and an NPDL with the new amount and/or reason for the potential debt and select the box Send To Mail Queue;

4. Enter a Comment explaining why the debt amount was increased and/or the reason changed;

5. Enter a Contact with the title "NEW NPDL CALLOUT" and document in the Summary Line based on Section **B.15.** above;

6. Route the case to Complete.

16. Applicants who received an NPDL and have not yet completed an appeal will appear on the NPDL 65 Day Report and NPDL 80 Day Report.

17. When Agent 4 is assigned to review cases on the NPDL 65 and 80 Day Reports, they will open the case in NEMIS in App Inquiry to determine if the applicant has submitted an appeal.

    i. If an applicant has submitted an appeal but it has not yet been processed, the Agent 4 will process the appeal.

    ii. If an applicant has not submitted any appeal, nor have they indicated in any of the courtesy calls that they intend to do so, Agent 4 will process the case in CARS as described in Section **C.11** above. The case will be reviewed by PMS staff and PMS management prior to certifying the debt.

       1. If PMS staff and PMS management determine that the potential debt is not valid, they will return the case to SPU. Agent 4 will be assigned the case by their supervisor, via report, and follow the steps described in Section **C.10** above.

       2. If PMS staff and PMS management determine that the potential debt is valid for the original amount or less and for the same reason as listed on the NPDL, they will return the case to SPU. Agent 4 will be assigned the case by their supervisor, via report, and follow the steps described in Section **C.14** above.

       3. If PMS staff and PMS management determine that the potential debt is valid for a different reason or an amount greater than that listed on the NPDL, they will return the case to SPU. Agent 4 will be assigned the case by their supervisor, via report, and follow the steps described in Section **C.15** above.

    iii. If an applicant has submitted an appeal and has a Contact in their file titled "NPDL 15 DAY REQUEST CALLOUT" and dated less than 20 days from the day Agent 4 is completing the review, Agent 4 will take no action.

    iv.   If an applicant has submitted an appeal and has been mailed a response, but not transferred to FFC, Agent 4 will take the following actions:

        1.   Route the case to the FEMA Supervisor Review-Recoupment Subqueue;

        2.   Update the Finance Tab to set Supervisor Approval to "Yes";

        3.   Enter a Comment;

        4.   Route the case to Complete.

D. FEMA FINANCE CENTER (FFC)

1. Once FFC receives a case, they will issue a Notice and Demand (NDL) Letter to the applicant through NEMIS and the timer on interest fees and other penalties will begin.

2. Recoupment Task Force staff will not further review cases that have already been transferred to the FFC, unless requested by the FFC.

E. Waivers

1. The Disaster Recovery Reform Act of 2018 allows applicants to request a waiver of their debt that resulted from a major disaster or emergency declared on or after October 28, 2012.

    i.   Waivers of debt are discretionary. FEMA has determined it will not consider waivers for debts previously transferred to the FFC unless a new NPDL is warranted

2. Applicants may only request a waiver once their debt has been certified and sent to FFC for collection.

3. If an applicant requests a waiver, FFC may forward the request to EDPT.

    i.   One agent from EDPT will review the facts and circumstances of the case that led to the ineligible payment.

    ii.   If the agent believes that the applicant could provide additional information, they will contact the applicant. The applicant will have 30 days to submit additional information.

    iii.   The agent will decide all issues related to credibility or veracity. Referrals for an Oral Hearing will not be made during the waiver review process.

    iv.   In order for the agent to recommend a waiver, the following four elements must be met.

        1.   The ineligible payment was the result of FEMA error;

        2.   There was no fault on behalf of the debtor;

        3.   Collecting the debt would be against equity and good conscience; and

4. There is no indication that the debt involves fraud.

v. If the agent believes a second level of review is necessary, they will notify PMS via email to request the additional review.

vi. Once the agent has completed their review, they will return the case to FFC with their case review and justification for whether the debt should be waived.

Appeals Reference Guide

FEMA
U.S. DEPARTMENT OF HOMELAND SECURITY

IA Training & Development

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Table of Contents

About this Guide

This guide provides basic navigational steps that are specific to appeals processing in the Web NEMIS FEMA Appeal queue. Most Basic Web NEMIS processing mechanics are the same in the FEMA Appeal queue as in the FEMA Manual Determination queue. These basic processing steps are documented in the *Web NEMIS Initial Assistance Reference Guide*, which is included on the "Job Aids" tab of the *IA Training and Development* intranet page.

The Intention of this document is to build on previous processing knowledge by providing detailed steps for Home Repair and Personal Property appeals processing.

This reference guide provides information about how to:

- Create an appeal pending line

- Substantiate appeal documentation

- Flag and resolve duplicate documents flags

- Add a substantiation item for a document on file or from verbal verification

- Request an appeal inspection

- Review and update verification requirements

- Generate customized letters to request appeal documentation (ADOC, RFI)

- Generate ineligible appeal letters (A-INI/A-INFI, A-INO, A-IOR, AAFIN)

- Award Home Repair and Personal Property assistance and deduct a previous award following an appeal inspection

- Award Home Repair and Personal Property assistance requested with submission of estimate/receipt documents and deduct a previous related award

- Add and award line items not requested with receipt/estimate documents

- Adjust a previous payment upward or make a miscellaneous adjustment to a current payment

- Finalize and document an Appeal decision

The PMS Policy and Doctrine Unit (PDU) has developed an appendix guide with five scenarios on how to use the **Real Property Eligibility Calculator**. Staff **must** follow the instructions to ensure proper awards are being provided and reduce calculation errors. For additional information, refer to the Appeal Processing

Create an Appeal Pending Line

If a case does not include an active pending line for a category of assistance being appealed, create a pending line to use for processing the category.

A pending line can be created using the **Add Assistance** link at the bottom left of every screen or by using the category specific **Add** links at the top of the Assistance frames on the Assistance Screen.

To add a pending line:

1. Click the **Add** link in the appropriate category frame on the Assistance screen. (OR click the **Add Assistance** link in the left menu.)

    The Add Assistance window will appear.

1. If you used the **Add Assistance** link, select **HA** or **ONA** in the **Program** field.

2. Select the appropriate assistance category in the **Category** field.

3. Select **Appeal** from the **Asst Type** drop-down list.

4. Select the appropriate pending code in the **Eligibility** field.

   - Select **IPND** if the case needs to be reviewed for insurance coverage after inspection.

   - Select **PND** if the decision does not require an insurance comparison.

5. Click the **Save** button to save your work.

After the pending line is created, an Assistance Processing link for the selected category appears under the Banner. This link opens an associated category-specific Assistance Processing screen.

Substantiate Correspondence Received

In Web NEMIS, you must record substantiation details for each document item received. The substantiation process is a way for the system to record whether documents meet the criteria required to determine eligibility.

For items such as receipts, bills, and estimates, the item substantiation process is also used for payment calculations. Substantiation fields for these items include sub-calculators for documenting payment adjustments.

The item substantiation fields for Real and Personal Property estimates/receipts, also provide a link used to add line items for payment.

Access the Document Item Substantiation Window

Before starting the substantiation process, if there is no pending line for the category you need to process, create one. Once the pending line is created, you can substantiate the documents.

- Use the Correspondence Received frame on the Communication screen to substantiate documents for:

    o Housing Assistance (generic category rarely used for manual processing)
    o Initial Rental Assistance
    o Moving/Storage

- Use the Correspondence Received frame on the appropriate category-specific Assistance Processing screen to substantiate documents for:

    o Continued Temporary Housing Assistance
    o Lodging Expenses Reimbursement
    o Home Repair
    o Home Replacement
    o Personal Property
    o Medical
    o Dental
    o Transportation
    o Miscellaneous Other/Child Care

Access Document Substantiation View from the Communication Screen

The category-specific Assistance Processing screens for Initial Rental and Moving and Storage assistance do not provide a Correspondence Received frame. Therefore, to substantiate documents submitted for these categories, use the Correspondence Received frame on the Communication screen.

1. Access the Communication screen.

2. Under Correspondence Received, in the **View Document** column, click on the link for the set of documents you need to substantiate for Initial Rent or Moving and Storage assistance.

3. The document item will open in Substantiation view. Click the **View Full Image** link to review and verify details of the document.

4. Review, update and/or complete the Substantiation questions for the item.

5. Click **Save** to save your work and **Close** to return to the Communication screen.

Access Document Substantiation View from an Assistance Processing Screen

To substantiate documents submitted for CTHA, Lodging Expenses Reimbursement, Home Repair, Personal Property, Transportation, Moving and Storage, Medical/Dental, or Miscellaneous Other appeals, start on the applicable Assistance Processing screen.

To access the Item Substantiation window:

1. Click the category assistance link under the Banner to navigate to the Assistance Processing screen.

2. Expand the Correspondence Received frame by clicking on the "Plus" ("**+**") sign beside the frame label.

   The Correspondence rows with a plus or minus (**+/-**) sign in the first column represent sets of documents. The **# of Items** column identifies how many document items are in each set.

3. Next, click the "Plus" ("**+**") sign beside a set of documents to expand the list that contains individual document items.

   The illustration below shows a set of documents that has been expanded.

4. Next, click on **the DMARTS Document ID** link for an individual document item and the Item Substantiation window will open. (The Document ID for an individual item is smaller than the Document ID for a set of documents.)

The top of the Item Substantiation window displays the list of documents included in Document set. Highlighting an item in the Substantiation Window will display the Substantiation questions to be completed for that item.

- The bottom left frame includes an image of the selected document item.

  o You can use the **View Full Image** link to view the item in an image viewer application.

  o You can use the **Back** and **Next** links and/or the **Page** field to view the previous or next page of a document item.

CAUTION: Substantiation questions apply only to the item highlighted in the list. Use of the page navigation tools will change the page displayed but will not display the corresponding Substantiation questions for other pages. When in doubt, highlight the item to ensure the substantiation questions being completed are associated with the item.

The bottom right frame identifies the document Category and Item Type and provides substantiation fields for details from the document. Substantiation fields marked by an asterisk (*) are required for Web NEMIS to save substantiation. Complete all fields for which information in the document is available.

Substantiating Document Items

Substantiation fields are customized according to the document category and item type you are substantiating. In general, when substantiating documents, do the following:

1. Review, update, and/or correct the Substantiation fields.

   - Ensure the **Category** and **Item Type** field entries match the document type.

   - Ensure any existing entries are accurate.

   - For **Estimate/Receipt/Bill** items, Use the sub-calculators to enter the receipt amount and any adjustments.

   - the **Adjustment** field and sub calculator is used to make any deductions from the payment.

   - Select the appropriate response in the "**Verified**" field based on document review and associated verification calls. "Verified" confirms that all field entries were correct.

   - "**Is this item a duplicate?**" field should be blank or set to "Unknown" during initial review. This can be updated later if this item is identified as a duplicate.

   - "**Do not add this item to the calculator**" check box is used for items that are not used in payment calculation. This field must remain unchecked for items that will be used in payment calculations.

2. Click **Save** to save the substantiation entries.

Add a Substantiation Item for a Document on File

Specific substantiation items are created in Web NEMIS for each document indexed into an applicant's file. Substantiation questions help to ensure documentation meets eligibility criteria required for processing.

Sometimes the substantiation items needed for certain documents are not created during the indexing process.

When a substantiation item was not created during indexing for a document, or you need to separate multiple items, you can create a separate substantiation item.

To add a substantiation item from the Item Substantiation window:

1. Access the Item Substantiation window.

    If the document contains two receipts or other items you need to substantiate at this time, substantiate the first item and click the **Save** button.

2. Click the **Add** link at top of the **Correspondence Received** frame. This link creates a new substantiation item for the document set.

3. The **Add** button opens a new, blank substantiation area. Choose the appropriate Category and Item Type from the drop-down list.

Once the Item Type is selected, remaining substantiation fields that are specific to that item type will appear.

4. Modify and complete the substantiation questions for the new item.

5. Click **Save**.

6. When you save a new substantiation item, the **Item Substantiation Description** pop-up will prompt you to enter a description of the item. (In the example, "Home Repair Appeal Letter" would be an accurate description.)

7. If needed, select the next item to be added by clicking on the **Add** link and follow the steps above to substantiate that item.

8. After saving the substantiation for all items, click **Close** on the Item Substantiation window.

9. This will return you to the Assistance Processing screen.

Add Verbal Substantiation Items

A substantiation item is used to fulfill an associated verification requirement that must be satisfied to process a related category of assistance. In some situations, we can add a substantiation item from information obtained verbally (from the applicant or a third party).

Some examples of verbal statements that can be recorded as substantiation include:

- Insurance company's verification of an applicant's insurance settlement details

- Insurance company's verification of denial, coverage/lack of coverage, or failure to file a claim

- Landlord's statement verifying the need for an applicant to relocate

- Mechanic's verification of disaster-caused damages to an automobile

If you substantiate processing criteria verbally with an insurance agent or other party, and a document is not on file for which you can record the associated verbal substantiation details, you can use Web NEMIS tools add a verbal substantiation item.

You'll need to use different steps for insurance coverage or settlement substantiation than you will for other forms of substantiation.

Add Verbal Insurance Coverage and Settlement Substantiation

You can add verbal insurance coverage and/or settlement substantiation received from an insurance company for a Homeowners type policy (including Homeowners, Mobile Home, Condo, Renters, and Flood insurance) from various locations.

- From the **Assistance** screen, click the **Substantiation: Add** link in the Insurance Substantiation/Settlement frame if a policy record is not on file, or click the **Settlement: Add** link if the policy record is on file.

- From the Home Repair/Personal Property Assistance Processing screen, click the **Substantiation Policy: Add** link if a policy record is not on file, or click the **Settlement: Add** link if the policy record is on file.

The following instructions step you through the process of adding both policy and settlement details. The screens and steps are very similar to the steps for adding insurance details on the **Insurance tab** in older versions of NEMIS.

Policy Details

To first enter details about the policy:

1. In the Insurance Substantiation/Settlement frame, click on the **Substantiation: Add** link.

2. In the **Add Substantiation** window, add general policy and coverage information:

- **Insurance Type** and **Company Name** are required.

- If ALE is covered, use **ALE** field to indicate **YES**.

- If the applicant has ALE coverage, check the "**Other**" field, and enter the ALE Coverage/Deductible amounts there.

- If ALE=**YES**, fields appear for arrangement details.

Settlement Details

To add details about the settlement:

1. If you added policy details first, on the Add Substantiation window, click the **Add** link in the Insurance Settlement frame.

    OR

    If you did not need to add policy details first, click the **Settlement: Add** link on the Substantiation/Settlement frame of the Assistance screen.

2. In the **Add Insurance Settlement** window, add general information and settlement details.

- **Settle Date** is required.

- A **Settlement Amount required** for at least 1 coverage type. The settlement amount **must be greater than 0**.

- If the entire ALE settlement amount has been disbursed and no more ALE is forthcoming, select **YES** for **ALE Exhausted**.

- Use "**Other**" fields to enter the ALE settlement amount.

3. After completing insurance settlement entries, **Save** your work.

Add a Substantiation Item from Other Verbal Verification

To add a verbal substantiation item received to verify information other than insurance policy coverage or settlement details, you'll use tools on the Correspondence Received frame of the Communication screen.

Some examples of verbal statements that can be recorded as substantiation include:

- Landlord's statement verifying the need to relocate

- Mechanic's verification of disaster-caused damages to an automobile

- Insurance company's verification of denial, lack of coverage, or failure to file a claim

Just as when processing appeals in earlier versions of NEMIS, you will need to record the information received during the courtesy call in a detailed contact and/or comment, in accordance to processing guidance.

To add a verbal substantiation record:

1. From the **Communication** screen, click the "Add" link at the top of the Correspondence Received frame

2. Complete the data entry fields

3. Click **Save** to finish the new Substantiation item.

Flag and Resolve Duplicate Documents

Sometimes applicants may submit multiple copies of a document (or set of documents). In Web NEMIS, identical documents can be flagged as duplicates. Flagging duplicate documents helps to expedite future case review and identifies the "master" documents that were used for eligibility determination.

Documents flagged as duplicates remain in the applicant's file and can be accessed in Item Substantiation view. Calculations on duplicate documents are not applied to the Payment Calculator.

Some Items are flagged manually as duplicates, and others are flagged automatically. Items not used for payment can be flagged by agents during the document substantiation process.

Items used for payment are not manually flagged during the substantiation process. Web NEMIS automatically checks payment items and will automatically flag duplicate payment items that have the same date and amount. Duplicate payment items are flagged in the Payment Calculator with a "Review" status, which must be addressed prior to payment.

Flag a Duplicate Set of Documents

If there are multiple copies of a complete set of documents agents can manually flag a set of documents as a duplicate.

To determine the duplicate status of a document set, open each document set in the image viewer and compare each document item. Ensure the information in each set is the same by comparing document dates, addresses, written text, estimate/ receipt/ settlement amounts, etc.

After you've identified a duplicate set of documents, determine which one should be the "master" set and which will be marked as a duplicate. The "master" set is the one to be used for processing. Identify the DMARTS document ID for the set of documents you want to be the master.

To manually flag a duplicate set of documents, access the documents on the Assistance Processing screen in the Correspondence Received frame.

To indicate a set of documents is a duplicate:

1. Expand the Correspondence Received frame,

2. Expand the set of documents to be flagged as a duplicate and select one of the individual item links within the set. (This opens the Item Substantiation window.)

3. Under the list of document items, click on the checkbox **"This Document is a Duplicate of"**.

4. In the Duplicate Document pop-up window, select the DMARTS Document ID number of the set to be used as the Master.

5. Click **Save.**

6. Click **Save** on the Item Substantiation window, and then click **Close**.

After you return to the Assistance Processing screen, the **Duplicate Of** column in the Correspondence Received frame will display the DMARTS Document ID of the identical "master" document set.

Flag Individual Document Items as Duplicate

Before flagging an individual document item, carefully compare the item to the matching document item. Check the document dates, addresses, signatures, etc., for any differences

To indicate an individual item is a duplicate:

1. After opening the document item, select **Yes** on the radio button beside the substantiation question "Is this item a duplicate?"

2. Click **Save** to save the entry, and then select **Close** to close the Item Substantiation window.

Resolve Potential Duplicate Documents Flagged by Web NEMIS

Web NEMIS checks payment items and automatically flags duplicate items. The system automatically flags payment items that have the same date and amount. Duplicate payment items are flagged in the Payment Calculator with a "Review" status displayed in the **Possible Dup Doc** field. This status must be resolved prior to payment.:

To resolve the Review status of an item:

1. Click the linked payment substantiation item in the Payment Calculator.

This will open a two-pane view of the corresponding Item Substantiation.

2. The substantiation screen now contains the question, "**Is this item a duplicate?**" (which was not included in the initial substantiation screen.) select the appropriate answer (**Yes** or **No**).

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Answering **Yes** to **"Is this item a duplicate?"** removes the duplicate Item from the Payment Calculator.

Answering **No** to **"Is this item a duplicate?"** allows the Item to remain in the Payment Calculator and displays **No** in the **Possible Dup Doc** column for that item.

Request an Appeal Inspection

To request an Appeal Inspection:

1. From the **Inspection Status** screen, click on the '**Request Inspection**' link.

2. The **Request Inspection** window will open.

3. For Appeal inspections, choose **FEMA Appeal** in the **Inspection Reason** drop-down menu. (The other drop-down boxes should remain as the default selection.)

4. Click the **Save** button.

5. When the Request Inspection window is displayed, record a comment to explain the reason for the appeal inspection and note damages to address in the inspection. (Example: "Special Attention to floors and electrical components")

Record the comment in accordance with guidance in the following SOPs:

- Appeal Processing

- Inspection Requests and Comparisons

Verification Requirements

Verification Requirements represent the criteria that a category of assistance must meet for an eligible decision. These requirements are then associated with the substantiation items that fulfill the requirement.

When a pending line is added, Web NEMIS automatically generates Verification Requirements on the Info Control Screen. Additional verification requirements must be manually entered for certain categories of IHP assistance. (Refer to Module 4 for category-specific verifications).

Filter Verification Requirements

To isolate the Verification Requirements for a specific category, we can use the filter option. Select the desired category from the Category menu to display items for that type of assistance. A similar filter can also be used to filter Verification Requirements by status.

Adding a Verification Requirement

Use the following steps to add a verification requirement.

1. On the Info Control Screen click the **Add** link to begin adding a requirement. This opens the Add Verification Requirements pop-up window.

2. From the Pending Assistance list, **highlight the appropriate category of assistance** to associate with the verification requirement.

3. Select the Pending Assistance Category

4. Select the **Verification Requirement** from the drop-down list.

5. Choose the appropriate **Verification Status**.

- Pending Request: Default status before changing to another status.

- Pending Response: Not used for appeal processing. This status is used when an RFI letter is sent for initial ONA decisions.

6. Click the **Save** button to complete the addition of the new requirement.

Associating Verification Requirements

Use the following steps to associate substantiation with the verification requirement.

1. In the Verification Requirements frame, **highlight the appropriate Verification Requirement** line item.

2. Select the **Decision** link. The Decision Verification Requirement pop-up window will appear.

3. In the Verification Status field, select the appropriate **Verification Status** from the list of available options.

- **Not Applicable**: If the verification requirement no longer applies or is not needed for payment to allow the case to continue processing.

- **Not Verified**: Used when the requirement was not substantiated.

- **Pending Request:** Default status before changing to another status.

- **Pending Response:** Not used for appeal processing. This status is used when an RFI letter is sent for initial ONA decisions.

- **Verified:** Used when substantiation has been verified.

4. In the Associate Frame, select the **Substantiation Received** document that satisfied the verification requirement.

5. Click the **Save** button.

NOTE: If you determine that requirements were associated in error, un-associate them by unselecting check box and then select the correct item.

The item associated with the verification requirement will become visible in the Substantiation Usage frame.

Generate Custom Appeal Request Letters

The customized Request letters used to request applicant documents in appeal processing include:

- **ADOC** (Appeal, Request for Documents)

- **RFI (**ONA Request for Information)

NOTE: Although the AAFIN ineligible letter is selected from the Request Letter section of the Letter Wizard, steps for creating the AAFIN letter are included in the section: Generate Custom Appeal Ineligible Letters under the topic:

AAFIN Letter.

Some general reminders:

- For specific information about how to generate these letters and select the appropriate text inserts for these letters, see the following SOPs:

    o Codes, Verifications, Request Letters, and Assistance Types

    o Appeal Processing

- When you generate one of these types of letters, make sure you do the following:

    o **Route** the case to the **FEMA Complete** queue.

    o **Do** select the "**Send to the Mail Queue**" option.

Appeal Request for Documentation (ADOC) Letter

If all the documentation required for Appeal processing is not in the file, you'll need to generate an Appeal Request for Documentation (or ADOC) letter with appropriate inserts to request the documentation.

Complete Preliminary Steps

1. Make at least one courtesy call attempt to the applicant to explain the documentation requirements, in accordance with appeals processing guidance.

2. Use the **Comment/Contact** link on the task bar to document your Contact. (See the Appeal Processing SOP for guidance details.)

3. Access the **Assistance** screen and delete any PND/IPND lines associated with the ADOC.

4. Navigate to the Confirmation screen.

Generate the ADOC

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder

3. Select **APPEAL**, then select **ADOC - Appeal request DOCUMENTATION** and click **Next**.

In the **Select the Letter Components** frame, each letter component requires a selection.

4. Select N/A (NOT APPLICABLE) for all letter component fields except for the **ADOC General** field component. For the **General** component, select **Other.** For example:

- ADOC HEATING SYSTEM FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC SEPTIC SYSTEM FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC WELL FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC ELECTRICAL FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC INSURANCE DOCUMENTATION FIELD: **NOT APPLICABLE**

- ADOC GENERAL FIELD: **OTHER**

5. Also select the appropriate letter text insert(s) that match the documentation being requested. More than one insert may be selected.

- o Essential Tools
- o Failed Identity Verification
- o Hotel/Motel Receipts
- o Landlord Statement
- o Missing Appeal Letter
- o Missing Burial Ins
- o Missing Contractor Estimate
- o Missing Death Certificate
- o Missing Dental Expenses
- o Missing Flood Ins Settlement or Denial
- o Missing Funeral Expenses Documents
- o Missing Homeowners Ins Settlement or Denial
- o Missing Ins Letter Exhaustion of ALE/Loss of Use
- o Missing Mechanic Statement about Cause of Damage
- o Missing Medical Expenses Documents
- o Missing Moving and Storage Essential Document
- o Missing Other Disaster Related Documents
- o Missing PP Ins Settlement or Denial
- o Missing Vehicle Comprehensive Insurance
- o Missing Vehicle Registration
- o Missing Vehicle Requirement Documents
- o Occupancy Not Verified
- o Ownership Not Proven
- o Reason for Late Appeal
- o Stored Personal Property
- o Verification of Utility Outage or Inaccessibility

6. Click **Next** to continue.

7. Select **Preview** to review the letter for accuracy and completeness.

8. After you're finished previewing the letter, **close** the letter window by using the "**X**" icon at top right of the window.

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9. Click the **Finish** button to complete the letter generation.

NOTE: Do Not Set a Timer when using these letters for Appeal requests. Also, there is no need to set an associated verification requirement because the case won't be routed to the FEMA Info Control - Pending Receipt queue.

Finalize Your Work

1. Use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

   (See guidance for Contacts and Comments in the Appeal Processing SOP.)

2. In the **Decision** frame, route the workpacket to the **Complete** queue or other location, depending on work done in the case.

3. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

4. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

5. When you are ready to route the case, click the **Submit** button.

RFI Letter

The RFI letter is used when the applicant is missing ONA documents needed for processing. An RFI can also be used to request documents for ADA items. The RFI letter provides an applicant with a complete list of documents essential for each type of assistance.

If the applicant needs to submit all the documents needed for a specific category, generate an RFI letter for the request.

Complete Preliminary Steps

1. Make at least one courtesy call attempt to the applicant to explain the documentation requirements, in accordance with appeals processing guidance.

2. Use the **Comment/Contact** link on the task bar to document your Contact. (See the Appeal Processing SOP for guidance details.

3. Access the **Assistance** screen and delete any PND/IPND lines associated with the RFI.

Generate the RFI

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder.

3. Expand the **Request (RFI)** Folder and select **For Information (2nd request)**.

4. Check the box beside the insert that fits the situation. Multiple inserts can be selected if requesting documents for multiple categories.

RFI Inserts include:

- o DNT – Dental
- o FNL – Funeral
- o M&S – Moving and Storage
- o MED – Medical
- o MHQ – Mobile Home questionnaire (not used)
- o OTH – Misc/Other
- o PP – Personal Property
- o SIGA – Applicant Statement/Authorization Signature
- o SIGN – Applicant Signature
- o TRANS – Transportation – Liability Ins Req = NO
- o TRANS – Transportation – Liability Ins Req = YES
- o TRANS – Transportation – Vehicle Not Available

5. Preview the letter to determine if all required documentation has been requested.

6. After previewing the letter, close the letter using the "**X**" icon at top right of the window.

7. Click the **Finish** button.

NOTE: No timer is required when using these letters for Appeal requests. (That is, you will not need to set an associated verification requirement to "Pending Response.")

Finalize Your Work

1. If needed, use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

2. Navigate to the **Confirmation** screen (if applicable in the case).

   (See guidance for Contacts and Comments in the Appeal Processing SOP.)

3. In the **Decision** frame, route the workpacket to the **Complete** queue or other location, depending on work done in the case.

4. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

Generate Custom Appeal Ineligible Letters

Most **A-SUPER** letters used for eligibility determinations are auto generated upon routing; however, some ineligible letters require custom entry, so must be manually generated. You will select the appropriate text insert when you generate these letters. These letters include:

- **A-INI**, **A-INFI** (Appeal, Ineligible - Has Insurance) letters generally used for HA and Personal Property categories
- **A-INO** (Appeal, Ineligible Other Reason) letters for HA categories
- **A-IOR** (Appeal, Ineligible Other Reason) letters for ONA appeal denials
- **AAFIN** (Appeal, Final) letter to explain a final determination

Once these letters are generated, NEMIS automatically sends the letters to the mail queue after the decision is approved. When generating decision letters, Do NOT mark the box "Send to the Mail Queue" on the confirmation page.

Some general reminders:

- For specific information about how to generate these letters and select the appropriate text inserts for these letters, see the following SOPs:

  - [Codes, Verifications, Request Letters, and Assistance Types](#)

  - [Appeal Processing](#) SOP

- When you generate one of these types of letters, make sure you do the following:

  - **Route** the associated assistance line to the appropriate eligibility queue.

  - Do **NOT** select the "**Send to the Mail Queue**" option.

A-INI, A-INFI

You'll need to generate an A-INI or A-INFI letter when you make INI or INFI determinations for an HA or Personal Property assistance category due to applicants' insurance settlement covering the disaster damages or a settlement/denial not being on file. In some circumstances you may also need to generate an INI letter for an Other category, such as Medical/Dental, Moving and Storage, Transportation, etc. INI/INFI letters explain the specific ineligible reason for the insured assistance category.

INFI is used for applicants with structure and/or contents flood insurance. INI is used for other types of insurance for structure, contents, and or additional living expenses (ALE) such as Homeowners, Mobile Home, Condominium, Renters, etc.

Complete Preliminary Steps

1. Record the INI/INFI eligibility determination.

    a. If a **pending line** has not been created for the ineligible insured category, add an associated pending line.

    b. Access the category-specific assistance screen created with the pending line (e.g., Home Repair screen, etc.).

    c. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **INI** or **INFI** as the decision status.

(**NOTE:** It may be easier to locate the determination code using the Eligibility Combo Wizard link.)

    d. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the A-INI/A-INFI letter

1. Click the **Letter** link in the tool bar at top right of the Confirmation screen (under the Banner).

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the **ELIGIBILITY DECISION** folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to **INI/INFI** decision, and then click **Next** again.

5. In the INI list, select the check box next to the appropriate insert for the decision.

INI Inserts include:

- INI – Dental
- INI – Ins Covers Living Expenses
- INI – Ins Settlement Exceeds Living Expenses
- INI – Medical
- INI – Missing Ins Settlement or Denial Letter
- INI – Moving and Storage
- INI – Other
- INI – Vehicle
- INI – HA

INFI inserts Include:

- Appeal – Ins Settlement Exceeds FEMA Elig Damage
- Appeal – Missing flood ins settlement or denial ltr

6. Click **Next** again.

7. Review letter components and Click **Preview** to view the letter and ensure it was generated correctly. (After previewing the letter, close the letter window by using the "X" icon at top right of the window.)

---

8. Click the **Finish** button to return to the Confirmation screen.

9. Complete any other processing updates as needed and create the Ineligible Comment to include the denial reason.

Finalize Your Work

1. Navigate to the **Confirmation** screen (if needed).

2. If needed, use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

(See guidance for Contacts and Comments in the Appeal Processing SOP.)

3. In the **Decision** frame, click on the **Select** checkbox beside the workpacket.

4. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

A-INO

The A-INO letter is used for Denials in some HA decisions. Like other custom letters, the A-INO letter has multiple insert options. To generate an A-INO letter from the Confirmation screen, follow these steps.

Complete Preliminary Steps

1. If a **pending line** has not been created for the category, add an associated pending line.

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **INO** as the decision status.

   (**NOTE:** It may be easier to locate the determination code using the **Eligibility Combo Wizard** link.)

4. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the INO Letter

1. Click the **Letter** link in the tool bar at top right of the Confirmation screen (under the Banner).

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the **ELIGIBILITY DECISION** folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to ineligible decision and click **Next**.

5. On the INO_APPL list, select the appropriate **denial** insert and click **Next**.

6. On the Category List, select the appropriate **assistance category** insert and click **Next** again.

7. **Preview** the letter and ensure it was generated correctly.

8. Click the **Finish** button to return to the Confirmation screen.

9. Complete any other processing updates as needed

Finalize Your Work

1. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

2. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

3. When you are ready to route the case, click the **Submit** button.

A- IOR

The A-IOR letter is used for Denials in some ONA decisions. To generate an A-IOR letter from the Confirmation screen, follow these steps.

Complete Preliminary Steps

1. If a **pending line** has not been created, add an associated pending line.

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **IOR** as the decision status.

   (**NOTE:** It may be easier to locate the determination code using the **Eligibility Combo Wizard** link.)

4. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the IOR Letter

1. Select the **Letter** link on the Confirmation screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the **ELIGIBILITY DECISION** folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to the ineligible decision and click **Next**.

5. Copy the denial text from the <u>Codes Verifications Request Letters and Assistance Types</u> SOP.

6. Paste the denial text into the **Ineligible Other Reason(s)** frame.

7. Click **Next**.

8. Click **Preview** to view the letter and ensure it was generated correctly.

9. Select the **Finish** button to return to the Confirmation screen.

Finalize Your Work

1. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

2. In the **Comment** frame, use the **Generate Comment** button to create a Comment, and customize the text as required for the work you did.

3. When you are ready to route the case, click the **Submit** button.

AAFIN Letter

AAFIN Letters should be used rarely and are typically used after an applicant has received previous denials for the same item or expense. Generate an AAFIN (Appeal Final Decision) letter when either of the following conditions applies:

- The request fails basic criteria for eligibility (such as Not Primary Residence)

AND/OR

- The appeal decision would remain the same regardless of any additional documentation submitted (such as an appeal for recreational equipment)

The **AAFIN** letter is sent to inform the applicant that the final determination has been reviewed and no additional reviews will be conducted.

Complete Preliminary Steps

1. Access the **Assistance** screen, and delete any PND lines associated with the decision

2. Navigate to the Confirmation screen.

Generate the AAFIN Letter

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the **Letter Wizard** window opens, click on the **Request Letters** folder.

3. Select **APPEAL, AAFIN - Final Appeal** and then click the **Next** button

4. Select one or more of the Categories to be denied.

5. Click "Next" button

6. Click **Preview** to review the letter.

7. After you're finished previewing the letter, close the letter window by using the "**X**" icon at top right of the window.

8. Click the **Finish** button to complete the letter generation and return to the **Confirmation** screen.

Finalize Your Work

1. If needed, use the **Comment/Contact** link in the task bar to create a Contact for any calls you made regarding the case.

   (See guidance for Contacts and Comments in the Appeal Processing SOP.)

2. In the **Decision** frame, click on the **Select** checkbox beside the workpacket.

3. Select the **FEMA Complete** queue as the appropriate **Routing** location.

4. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

Award Eligible Appeal Assistance

This section provides detailed steps for processing Home Repair and Personal Property appeals. For most casework tasks, the Web NEMIS processing mechanics are the same in the FEMA Appeal queue as in the FEMA Manual Determination queue. These steps are documented in the *Web NEMIS Initial Assistance Reference Guide*, which is included on the "Job Aids" tab of the *IA Training and Development* intranet page.

This section focuses on how to:

- Award real or personal property line items from in an appeal Inspection

- Add line items to pay actual or standard costs based on substantiation of an estimate/receipt document item

Remote Inspection

This type of inspection was implemented to verify applicants needs during pandemic restrictions. FEMA inspectors will contact applicants by phone and conduct inspection remotely via video streaming. If video inspection is not possible, a remote inspection by telephone will be completed. In some cases, exterior validation (EV) inspections are also performed.

Ownership and occupancy will be verified by NEMIS public records. If the NEMIS public records verification is NOT available, the applicant will need to submit the applicable documents directly to FEMA.

For Remote Inspections, FEMA will base most appeal decisions and awards for real property assistance on verifiable submitted estimates rather than completing a second appeal Remote Inspection, unless a previous appeal determination has been made for an additional Damage Level Award amount.

The Damage Level Award amount will be visible in NEMIS with the applicable award level in the Real Property frame on the Line Items screen. Damage Level Award amounts will include a variety of commonly damaged line items grouped together under new combined Damage Level Award line items for each disaster.

When the amount appealed **exceeds** the next damage level award, an appeal inspection must be requested.

If the appeal inspection returns with the **same level or lower level** than the initial inspection, the applicant will still receive the next damage level award. If not, process the case based on verifiable receipts.

For more details, see guidance in the *IA PPM Remote Inspection DSOP*.

Scenario:

An applicant in DR-4563-AL appeals for additional damages to their home for Hail/Rain/Wind Driven Rain.

- Initial Damage Level Award for Tornado/Wind Level 3 = $7,157.16.

- The applicant appealed with $21,472.00 in verifiable Tornado/Wind receipts.

- Amount being appealed is more than the next Damage Level Award amount. An appeal amount CANNOT exceed one Damage Level Package without an appeal inspection.

- **REQUEST** an appeal inspection if the receipts exceed the next Damage Level Award.

- Appeal inspection returns with the same FVL as initial Remote Inspection.

- **PROCESS** the next Damage Level Award 4 = $14,680.13.

- **DEDUCT** the previous Tornado/Wind Damage Level Award.

Processing in Web NEMIS Appeal Queue

To process Home Repair when the combined estimates are greater than the initial Damage Level Award received:

1. **CREATE** a **Home Repair PND** line on the **Assistance** tab if a case does not include an active pending line (unless one already exists.)

After the pending line is created, a Home Repair link appears under the Banner. This link opens the Home Repair Assistance Processing screen.

2. From the **Home Repair Assistance Processing screen** locate the **Real Property Line Items** section, click the **Add** link at top right of the window:

3. In the **Add Item** window, select Speed Estimating as **Item Category** field and the next damage level award (**HSE/TWN_Wind_Dmg_4**)

4. Select the cause of damage in the **Damage Type** field.

5. Enter the quantity to award in the **Item Quantity** field.

6. **SAVE** the selections.

7. The new line item you added will be listed with inspection type "**FEMA Review.**"

Line Items Window

The line items list for Real Property or Personal Property can be expanded by clicking on the ▧ icon at the top left of the Real/Personal Property Line Items frame.

Real Property Line Items

Clicking the icon opens a new window with the expanded line item list that that allows more of the line items to be viewed simultaneously. To close the window, use the X.

Expanded Real Property Line Items Window

This window is an expanded version of the Line items frame on the Assistance processing screen but separates the line items from other data so that they can be reviewed more efficiently. This window contains the same links displayed on the Assistance Processing page: Eligibility Calculator, Compare/Review, Inspector Comments, Add (line items), Edit, (line items), Edit Insured (line items), Select Items, and Column Sort.

Selecting the Item for Payment

1. Click the **Check box** next to the new line item to select it for payment.

2. Then click the **Select Item** link.

3. Set the **Inspection type** to FEMA Review in the Inspection field and select the appropriate insurance setting in the **Category** field.

4. Then click **Save** to save the selection

Adjusting the Pending Eligible Amount

The line item payment(s) you created will be listed in the **Payment Calculator** frame of the Assistance Processing screen.

1. The applicant had previously received a disaster-specific award for HR Assistance. A payment adjustment is needed, you would click the **Misc Adj** link.

2. **DEDUCT** the previous home repair Damage Level Award, enter a description of the adjustment and save the data. Remember, Do Not deduct **Service Call** from any additional EHR awards.

3. After subtracting the previous EHR award, you will return to the Home Repair screen and the new award (**$7,522.97**) will appear listed **as the Eligible Total Award** in the Payment Calculator frame at bottom of the screen.

4. Now you are ready to update the **Eligibility Code** and click **Continue** to proceed to the Confirmation screen to add a Comment and route to FEMA Approval NON-DRM.

For specific information about how to apply damage level guidance use the *IA PPM Remote Inspection DSOP* or for additional information about the RP Eligibility Calculator see the appendix section of the Appeal Processing.

Determine FVL for Insured Line Items, Per Damage Type

Compare the total insured FEMA Verified Loss for each damage type to the insurance settlement for that damage type.

To determine the FVL of insured Real or Personal Property line items:

1. In the Real Property or Personal Property Line Items frame of the Home Repair or Personal Property screen, click on the **Eligibility Calculator** link.

2. On the Eligibility Calculator History window, select **Add** to add a calculation.

3. The Home Repair or Personal Property Eligibility Calculator appears.

a. Compare each insurance settlement, **Settlement Amt Subst,** to each Insured **Observed Amount/ Award Amt** (FVL) to determine if the FVL is greater than the insurance settlement for the damage type.

b. If all FVL amounts are covered by insurance, cancel the Eligibility Calculator, and process an INI or INFI ineligible determination.

c. If the FVL amount is **greater than** the corresponding settlement, continue processing the items for eligibility.

Paying Line Items from an Appeal Inspection

After an appeal inspection has returned you will determine eligibility for inspection line items by comparing the appeal and initial inspection results. In Web NEMIS, you'll use the Eligibility Calculator to compare inspection line item totals and record your determination in the Payment Calculator

For insured Real Property line items

- Ensure the Structure settlement has been substantiated. If the claim was denied, a substantiation record for a net settlement of $0.00 will need to be on file.

- Determine if the FEMA Verified Loss (FVL) for insured line items is greater than or less than the settlement amount for the damage type(s).

- If Insurance is greater than FVL, process as ineligible INI/INFI. If FVL is greater than Insurance, proceed to payment

For Insured Personal Property Line Items

- Ensure the Contents settlement has been substantiated. If the claim was denied, a substantiation record for a net settlement of $0.00 will need to be on file.

- Determine if the FEMA Verified Loss (FVL) for insured line items is greater than or less than the settlement amount for the damage type(s).

- If Insurance is greater than FVL, process as ineligible INI/INFI. If FVL is greater than Insurance, proceed to payment

Personal Property line items must be edited prior to payment. All insured items must be changed to "uninsured", and an Award quantity must be entered before using the Eligibility Calculator.

Changing items to "Uninsured"

1. Multiple line items can be changed to NOT INSURED using the "**Edit Insured**" link.

    a. In the Line Items frame, select the insured line items.

    b. Click the **Edit Insured** link.

    c. In the Edit Insured pop-up, select **NOT INSURED**, and then click **Save.**

    d. When a message states "The selected line items will have the "Insured" value changed…" select **OK** to continue.

Edit line item Award Quantities

For each **Personal Property** line item, you must enter the **Award Quantity**.

Note: Before paying Personal Property line items, check the Inspection History Personal Property screen for **Unaffected** or **Landlord-Owned** items. Adjust for any duplication of benefits in the Award Quantity.

1. In the Line Items frame of the Assistance Processing screen, select the eligible insured line item and click the **Edit** link.

2. Change the **Award Qty** to the quantity eligible for payment. In this example it would be changed to 1.

3. Click **Save and** repeat these steps for each eligible Personal Property line item.

Compare Inspections and Calculate Award Amount

Calculating the Pending Eligible Amount

To compare multiple inspections and award the most recent inspection amount, use the Eligibility Calculator, as follows.

1. In the Real or Personal Property Line Items frame of the Home Repair or Personal Property screen, click the **Eligibility Calculator** link.

2. In Eligibility Calculator History window, click **Add** to add a calculation.

3. On the Eligibility Calculator window, click on the **Select** checkboxes to select inspections to compare (e.g., **Second** and **Initial**).

4. Next, for each Inspection/Insured/Damage Type row:

    a. Click the **Select** link in the **Insurance Compare** column.

5. In the Select Insurance window, select the appropriate insurance settlement for the Damage Type shown, and click **Save**.

6. After returning to the Eligibility Calculator window, click the **Calculate** button.

7. Next, you will see the calculation results in the Eligibility Summary frame at bottom of the window.

For each **Insured Damage Type Subtotal**, applied settlement amounts are shown in the **Settlement Amount** column. The **Subtotal** column reflects subtraction of the settlement.

Adjusting the Pending Eligible Amount

Adjustments should be rare for inspection comparisons. However, they may be needed if the **previous inspection total differs from the previous award total for a specific damage type**.

If an adjustment is needed, you would click the **Adjustment** link in the appropriate row, add/subtract the adjustment and enter a description of the adjustment. For Example:

The applicant had previously received a disaster-specific award for Clean and Repair Assistance (CRA). If the Real Property damage from Appeal inspection is more than the CRA award, you would use the **Adjustments** field to deduct the CRA amount

ADJUSTMENT AMOUNT

Adjustment Amount	Description	Delete
-300.00	DEDUCT PREVIOUS EMS CRA AWARD	X
		X

Total: $-300.00

[Calculate] [Add Line]

[Save] [Cancel]

1. If you need to record more adjustment amounts than there are lines provided, click the **Add Line** button.

2. After recording adjustments, click **Calculate**, and then click **Save**.

Sending the Pending Eligible Amount to the Payment Calculator

1. After you return to the Eligibility Calculator, ensure the **Do Not Add to Calculator** checkbox remains **UNCHECKED** so the **Final Pending Eligible Amount** will be added as a line on the Payment Calculator.

Eligibility Summary *If the Adjustment is a deduction and is greater than or equal to the Subtotal, the Adj Subtotal will display Zero.

[Calculate]

Inspection	Insured	Damage Type	Observed Amount	Settlement Amt	Subtotal	Adjustment	Adj Subtotal
Second	Not Insured	Flood	$7,552.27				
		Subtotal	$7,552.27	$0.00	$7,552.27	$0.00	$7,552.27
	Insured	Hail/Rain/Wind Driven Rain	$5,234.05				
		Subtotal	$5,234.05	$4,000.00	$1,234.05	$0.00	$1,234.05
Initial	Not Insured	Flood	$7,631.99				
		Subtotal	$7,631.99	$0.00	$7,631.99	$0.00	$7,631.99

Total Second Inspn		Total Initial Inspn		Pending Eligible Amount		Adjustment		Final Pending Eligible Amount
$8,786.32	-	$7,631.99	=	$1,154.33	+	$0.00	=	$1,154.33

Notes:

☐ Do Not Add to Calculator

[Save] [Cancel]

2. Click the Save button to save the calculation record.

For additional information about the RP Eligibility Calculator see the appendix section of the Appeal Processing.

Complete the Determination

After you've calculated the appeal inspection award amount in the Eligibility Calculator and returned to the Home Repair or Personal Property screen, the award will be listed in the Payment Calculator frame at bottom of the screen.

The **Item** column will list the payment. Clicking the RP or PP Eligibility Calculator link will display the Eligibility Calculator window. You will be able to edit the calculation as long as the determination is still "PND - Pending."

The **Previous Award** amount is listed for reference but is not included in the Eligible Total Award.

To record the Eligible determination:

1. First, make sure the correct **Assistance Type** is selected for the award (e.g., Appeal).

2. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

3. Click the **Continue** button to save the determination and continue to the Confirmation screen.

4. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

Add Line Items to Pay from Estimate/Receipt

Per the [Appeal Processing](#) SOP, there are some situations when payment can be made for an item without issuing an inspection. This can be done under the following conditions:

- The previous inspection recorded a line item associated with the item under consideration.

- The cost for repairing or replacing the item is documented on a receipt, estimate, or bill submitted by the applicant.

- All case details and documents are verified as meeting PPM eligibility criteria.

When processing the new award, you will create a line item while substantiating the estimate/receipt. Some line items can be paid at the actual costs, and some items must be paid at the Standard Line item cost.

Examples of items that may be paid at actual cost include septic systems, wells and well components, furnaces, heat pumps, boilers, HVAC systems (if not an upgrade from a furnace or air conditioning system), and ADA Real or Personal Property line items.

The following steps demonstrate how to substantiate an estimate/receipt submitted to appeal a Real or Personal Property determination. During the process of substantiating the appeal document, you will also add a line item and record a standard or actual cost payment for the line item.

Record/Verify Substantiation Details for the Estimate/Receipt

1. Access the Estimate/Receipt from the Correspondence Received on the Assistance Processing screen.

2. Highlight the Estimate/Receipt Item in the Item Substantiation list.

3. Verify and complete substantiation field entries as follows:

4. If, the "**Disaster Related**" or "**Company, name, address, phone number**" information is not specified clearly on the document, verify the information according to guidance in the Appeal Processing SOP.

   o If the information is obtained, select **YES** to these questions.

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5. Next, select the **Payment Type.**

- For items that can be paid at actual cost, select **Actual.** (See the <u>Appeal Processing</u> SOP for details about paying actual-costs.)

- For items that must be paid at the line item price, select **Standard**.

(Another selection, **DR Specific,** is also available for use with disaster-specifics.)

In this example, the receipt is for a furnace replacement at actual cost, so **Actual** is selected.

6. Next, you'll create a line item using the "**Select Line Item to Compare/Add**" link to compare or add, as described in the following section.

This link opens the Line Items pop-up window that displays a list of all inspection line items previously entered.

7. Next, we create a line item(s) that is comparable to the item(s) on the estimate/receipt. Click the **Add** link at top right of the window.

8. This opens an Add Item window. At top of the window, select the appropriate **Item Category** and **Item**. (The example shows Heating selected to award actual cost for furnace replacement.)

9. Select the cause of damage in the **Damage Type** field.

10. Enter the quantity to award in the **Item Quantity** field.

11. The remaining entry fields are auto-populated. You can change them if needed. (Greyed out field entries are read-only.)

12. Click **Save** and you will be returned to the Line Items window.

13. Note the cost of any previous payment for the item. This amount will be deducted later in the substantiation process. (In this example, $270.60 was previously paid for "**Furnace, clean and repair**".)

14. The new line item you added will be listed with inspection type "FEMA Review." Select the checkbox for the line item you added.

15. Then click the **Save** button.

You will be returned to the Item Substantiation window. The standard line item you created will appear in the Substantiation Calculation.

16. In the **Receipt Amount** field, enter the actual cost for the item from the estimate/receipt.

After you enter the Receipt Amount, Web NEMIS will auto-populate the read-only **Pending Eligible Amount** field.

- For an Actual Payment Type, the Pending Eligible Amount field will display the Receipt Amount you entered for the line item.

- For a Standard Payment Type, the Pending Eligible Amount field will display either the standard line item amount OR the Receipt amount, whichever is less.

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17. When paying Actual, in the **Adjustments** field, click the sub-calculator icon to record the amount and description for related line item(s) that need to be deducted from the payment.

NOTE: If the **Payment Type** is **Standard**, adjustments must be made using the Miscellaneous Adjustment link on the Assistance Processing screen. The *Miscellaneous Adjustment* to Payment section provides details about using this function.

18. Enter the deduction amount and a note that describes the deduction.

19. When you finish recording deduction amounts, click **Save** to return to the Item Substantiation window.

20. The amount you entered will be displayed as a read-only entry in the **Adjustments** field.

21. Next, in the **Verified** field, select **Yes** to indicate you verified the document substantiation.

22. Ensure the "**Do not add this item to the calculator**" checkbox remains Unchecked so the eligible amount will be added to the Payment Calculator. Then click the **Save** button.

23. Click the **Close** button to return to the Home Repair Assistance Processing screen.

After you return to the Assistance Processing screen, the line item you added will appear in the Line Items list.

For an Actual payment type saved in Item Substantiation view, Web NEMIS will list an ACTUAL "FEMA Review" line item to pay at actual cost. For informational purposes, it will also list each standard line item you selected to add/compare when substantiating the estimate/receipt document.

(An "ACTUAL" line item will also be created for a Standard payment type if Web NEMIS awards an actual estimate/receipt amount because the actual cost is less than the standard cost).

The link in the **Subst** field will open the estimate/receipt in substantiation view.

- Item **8000, ACTUAL Heating: 6441**, displays the receipt amount ($3,000.00

  o Even though the **HA Award** field is $0.00, the **Amt Paid By Receipt** field displays the adjusted eligible amount ($2,720.49).

- Item **6441, Furnace, replace**, that we created during the substantiation process also displays in the list but is not included in the payment.

Both line items link to the same estimate/receipt document in the Item Substantiation window. If the award status is "Pending," the substantiation details can be edited.

Complete the Determination

The line item payment(s) you saved will be listed in the Payment Calculator frame of the Assistance Processing screen.

To record the Eligible determination:

1. First, make sure the correct **Assistance Type** is selected for the award (e.g., Appeal).

2. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

3. Click the **Continue** button to save the determination and continue to the Confirmation screen.

4. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

Add an Award Line Items from the Line Items Frame (No Receipt)

There may be situations where line items must be added without Substantiation. One example of this is paying for stored personal property. When inspectors record stored personal property, they enter the line items in inspector comments. When an applicant is eligible for stored personal property, agents must create line items based on the items listed in the comment.

Following are instructions for adding line items directly from the Personal Property screen.

1. First create a Pending line for Personal Property.

2. Navigate to the Personal Property Assistance Processing screen.

3. In the Line Items frame, click the **Add** link.

4. From the **Category Type** drop-down list, select an item from one of the following categories:

- Appliance
- Clothing
- Essential Tools
- Room

5. Select the specific item in the **Item Name** field.

6. Enter a brief description of the item in the **Other Desc** field.

7. Select the appropriate cause(s) of damage in the **Damage Type** list.

8. Enter the appropriate **Item Qty**.

9. Select the appropriate **Degree of Damage**.

10. Enter the number of items in the **Award Qty**. (quantity) field.

11. Click the **Save** button.

12. Select the Line items for payment by clicking the checkbox beside each of the items to be paid.

13. Next click on the **"Select Item"** link

14. Select **OBSERVED IN INSPN** for the Default quantity and **FEMA REVIEW** for the Inspection Type. Then click **Save**.

15. To record the Eligible determination in the Payment Calculator:

   a. Verify the correct amount is displayed in the **Eligible Total Award** field

   b. Make sure the correct **Assistance Type** is selected (e.g., Appeal).

   c. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

   d. Click the **Continue** button to save the determination and continue to the Confirmation screen.

   e. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

Adjust a Previous Payment from an Estimate/Bill/Receipt

You can use tools available from an Assistance Processing Payment Calculator frame to adjust a previous award that was underpaid from a receipt item. For example, you may need to add sales tax that was left off a previous payment and process an additional payment for the adjustment.

In Web NEMIS, an Adjustment function is accessible from the Payment Calculator.

NOTE: Only underpayment corrections can be made using the **Adjustment** link.

To correct an underpayment on a previous award:

1. On the Assistance Processing screen, in the Payment Calculator frame, click on the link in the **Asst Type** field for the **Previous Award** link that needs adjustment.

2. After the Previous Payment Calculation window appears, select the **Item** link to the previous payment. (In the example below **Dtl_Est/Rcpt/Bill** is the item link.)

3. When the Item Substantiation window opens, click on the **Adjust** button to adjust the payment.

4. In the Payment Adjustment window, enter the total amount that should have been paid previously. (e.g.: **Receipt** field, **Total Paid/Due from Registrant** field, etc.).

5. Add a **Note** explaining the adjustment, and if the adjustment is due to a new document received, select the document under the **Select Additional Documents to Associate** list.

6. When you're done, click **Save**. This will return you to the Item Substantiation window.

7. Click **Close** to close the Item Substantiation window and click **Close** again to close Previous Payment Calculation window.

8. The system subtracts the previous award from the new total and the adjustment is then shown in the Payment Calculator in the **Adjust for Prev Pmt** field.

Miscellaneous Adjustment to Payment

You can use the Misc Adjustment tool the Payment Calculator to adjust payment calculations in specialized situations. The Misc Adjustment tool is not tied to substantiation documentation. Therefore, its use should be restricted to special situations such as making a payment for Child Care or making a deduction from a standard line item amount.

To make a Miscellaneous Adjustment, use the following procedures:

1. At the top of the Payment Calculator frame, click the **Misc Adj** link.

2. Enter the Payment Amount in the **+ Misc Amount** field.

3. Add any deduction in the **– Misc Amount** field.

4. In the **Note** frames, enter a description of the payment or deduction.

5. Click the **Save** button.

After saving, the Misc Adj amount appears in the Payment Calculator.

Finalize Your Work on the Confirmation Screen

After completing an eligibility determination, use the **Confirmation** screen to generate a Comment and route workpackets to the appropriate queue.

Set the Routing Location

To set the routing location for a case decision:

1. In the **Decision** frame, for each decision you are routing out of the queue, click on the **Select** checkbox and select the **Routing** location. The subqueue will set automatically to **NON-DRM.**

   The example below shows **FEMA Approval** being selected for an EHR decision.

   If there are multiple decision lines that need to be routed out of the queue, click the **Select** checkbox and set the routing location for each one. Or, if you need to keep a decision line in the queue, simply do not select it.

Splitting a Workpacket

There are a few instances in which we may need to split a Workpacket, including:

- Processing both an **Initial and an Appeal decision** together
  Example: Denying an additional Home Repair (Appeal) while paying Transportation for the first time (Initial)

- Making **multiple payments in the same category**
  Example: Making two ERCT rental payments at the same time because of a fiscal year split

- Processing needed for HA and ONA in a **Joint option disaster**
  Example: Insurance includes contents and structural settlements

- When additional **ADA processing** is required

When splitting a workpacket that contains multiple decision lines, uncheck the decision that is to remain in queue and route the checked decision

If all decision lines are being routed and you need to keep the workpacket in queue after routing the decision click on the **Split Workpacket** checkbox.

Document and Submit Your Work

To document and submit your work:

1. Click on **Generate comment** button to auto-populate system information about the eligibility decision into the **Comment Summary** and **Details** fields.

2. Edit the Comment to follow current guidance for the work done in the case. See the *Appeals Processing* SOP for detailed information about comment requirements.

3. Select the Document used for the decision from the **Related Documents** drop down menu.

4. Click the **Submit** button to finalize your work and route the workpacket(s) to the selected location.

Appendix A: Substantiation Documents Used for Appeals

In the Web NEMIS FEMA Appeal queue, you will need to create a substantiation record for each applicant document you use to process the Appeal. This means you will access Appeals documents in the Item Substantiation view and record guidance-related criteria in the system fields associated with each document.

You'll need to substantiate Appeal letters indexed into the Category: Appeals, as well as documents indexed into various other categories.

You may need to substantiate appeal documents indexed the following document categories, depending on the assistance being appealed:

- Appeals
- Dental
- Funeral
- Housing Assistance
- Insurance
- Lodging
- Medical
- Misc/Other (which also includes Child Care Item Types)
- Moving and Storage
- Other Gov Forms
- Personal Property
- Transportation

Appeal Letters (Category: Appeal)

Appeal letters are indexed into the Document category: **Appeals.** The document **Item Types** for Appeal letters include the following:

- Dtl Apl Ltr (Dental Appeal Letter)
- Funeral Apl Ltr (Funeral Appeal Letter)
- Med Apl Ltr (Medical Appeal Letter)
- Mis Oth Apl Ltr (Miscellaneous/Other or Child Care Appeal Letter)
- Mov Stor Apl Ltr (Moving and Storage Appeal Letter)
- Oth Nds Apl Ltr (Other Needs Assistance Appeal Letter)
- Per Prp Apl Ltr (Personal Property Appeal Letter)
- Trans Apl Ltr (Transportation Appeal Letter)
- HA Apl Ltr (Housing Assistance Appeal Letter)

Following is an example of substantiation fields associated with Appeal letters.

You will need to ensure any existing entries are correct, and complete any blank fields marked as required by an asterisk (*). Substantiation fields include:

- Image page number(s)
- Date of Appeal Letter?
- Does letter clearly state what is being appealed?
- Is the Appeal Letter signed?

- Verified
- Is this item a duplicate?
- Do not add this item to the calculator

The HA Appeal letter also includes an additional question that asks, "What type of Housing Assistance is being appealed?"

Types of Housing Assistance to select include:

- Rental Assistance
- Home Repair
- Transient Accommodations

- Replacement Housing
- Permanent Housing

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About this Guide

This guide provides basic navigational steps that are specific to appeals processing in the Web NEMIS FEMA Appeal queue. Most Basic Web NEMIS processing mechanics are the same in the FEMA Appeal queue as in the FEMA Manual Determination queue. These basic processing steps are documented in the *Web NEMIS Initial Assistance Reference Guide*, which is included on the "Job Aids" tab of the *IA Training and Development* intranet page.

The Intention of this document is to build on previous processing knowledge by providing detailed steps for Home Repair and Personal Property appeals processing.

This reference guide provides information about how to:

- Create an appeal pending line

- Substantiate appeal documentation

- Flag and resolve duplicate documents flags

- Add a substantiation item for a document on file or from verbal verification

- Request an appeal inspection

- Review and update verification requirements

- Generate customized letters to request appeal documentation (ADOC, RFI)

- Generate ineligible appeal letters (A-INI/A-INFI, A-INO, A-IOR, AAFIN)

- Award Home Repair and Personal Property assistance and deduct a previous award following an appeal inspection

- Award Home Repair and Personal Property assistance requested with submission of estimate/receipt documents and deduct a previous related award

- Add and award line items not requested with receipt/estimate documents

- Adjust a previous payment upward or make a miscellaneous adjustment to a current payment

- Finalize and document an Appeal decision

The PMS Policy and Doctrine Unit (PDU) has developed an appendix guide with five scenarios on how to use the **Real Property Eligibility Calculator**. Staff **must** follow the instructions to ensure proper awards are being provided and reduce calculation errors. For additional information, refer to the Appeal Processing

Create an Appeal Pending Line

If a case does not include an active pending line for a category of assistance being appealed, create a pending line to use for processing the category.

A pending line can be created using the **Add Assistance** link at the bottom left of every screen or by using the category specific **Add** links at the top of the Assistance frames on the Assistance Screen.

To add a pending line:

1. Click the **Add** link in the appropriate category frame on the Assistance screen. (OR click the **Add Assistance** link in the left menu.)

    The Add Assistance window will appear.

1. If you used the **Add Assistance** link, select **HA** or **ONA** in the **Program** field.

2. Select the appropriate assistance category in the **Category** field.

3. Select **Appeal** from the **Asst Type** drop-down list.

4. Select the appropriate pending code in the **Eligibility** field.

   - Select **IPND** if the case needs to be reviewed for insurance coverage after inspection.

   - Select **PND** if the decision does not require an insurance comparison.

5. Click the **Save** button to save your work.

After the pending line is created, an Assistance Processing link for the selected category appears under the Banner. This link opens an associated category-specific Assistance Processing screen.

Substantiate Correspondence Received

In Web NEMIS, you must record substantiation details for each document item received. The substantiation process is a way for the system to record whether documents meet the criteria required to determine eligibility.

For items such as receipts, bills, and estimates, the item substantiation process is also used for payment calculations. Substantiation fields for these items include sub-calculators for documenting payment adjustments.

The item substantiation fields for Real and Personal Property estimates/receipts, also provide a link used to add line items for payment.

Access the Document Item Substantiation Window

Before starting the substantiation process, if there is no pending line for the category you need to process, create one. Once the pending line is created, you can substantiate the documents.

- Use the Correspondence Received frame on the Communication screen to substantiate documents for:

    o Housing Assistance (generic category rarely used for manual processing)
    o Initial Rental Assistance
    o Moving/Storage

- Use the Correspondence Received frame on the appropriate category-specific Assistance Processing screen to substantiate documents for:

    o Continued Temporary Housing Assistance
    o Lodging Expenses Reimbursement
    o Home Repair
    o Home Replacement
    o Personal Property
    o Medical
    o Dental
    o Transportation
    o Miscellaneous Other/Child Care

Access Document Substantiation View from the Communication Screen

The category-specific Assistance Processing screens for Initial Rental and Moving and Storage assistance do not provide a Correspondence Received frame. Therefore, to substantiate documents submitted for these categories, use the Correspondence Received frame on the Communication screen.

1. Access the Communication screen.

2. Under Correspondence Received, in the **View Document** column, click on the link for the set of documents you need to substantiate for Initial Rent or Moving and Storage assistance.

3. The document item will open in Substantiation view. Click the **View Full Image** link to review and verify details of the document.

4. Review, update and/or complete the Substantiation questions for the item.

5. Click **Save** to save your work and **Close** to return to the Communication screen.

Access Document Substantiation View from an Assistance Processing Screen

To substantiate documents submitted for CTHA, Lodging Expenses Reimbursement, Home Repair, Personal Property, Transportation, Moving and Storage, Medical/Dental, or Miscellaneous Other appeals, start on the applicable Assistance Processing screen.

To access the Item Substantiation window:

1. Click the category assistance link under the Banner to navigate to the Assistance Processing screen.

2. Expand the Correspondence Received frame by clicking on the "Plus" ("+") sign beside the frame label.

   The Correspondence rows with a plus or minus (+/-) sign in the first column represent sets of documents. The **# of Items** column identifies how many document items are in each set.

3. Next, click the "Plus" ("+") sign beside a set of documents to expand the list that contains individual document items.

   The illustration below shows a set of documents that has been expanded.

4. Next, click on **the DMARTS Document ID** link for an individual document item and the Item Substantiation window will open. (The Document ID for an individual item is smaller than the Document ID for a set of documents.)

The top of the Item Substantiation window displays the list of documents included in Document set. Highlighting an item in the Substantiation Window will display the Substantiation questions to be completed for that item.

- The bottom left frame includes an image of the selected document item.

  o You can use the **View Full Image** link to view the item in an image viewer application.

  o You can use the **Back** and **Next** links and/or the **Page** field to view the previous or next page of a document item.

CAUTION: Substantiation questions apply only to the item highlighted in the list. Use of the page navigation tools will change the page displayed but will not display the corresponding Substantiation questions for other pages. When in doubt, highlight the item to ensure the substantiation questions being completed are associated with the item.

The bottom right frame identifies the document Category and Item Type and provides substantiation fields for details from the document. Substantiation fields marked by an asterisk (*) are required for Web NEMIS to save substantiation. Complete all fields for which information in the document is available.

Substantiating Document Items

Substantiation fields are customized according to the document category and item type you are substantiating. In general, when substantiating documents, do the following:

1. Review, update, and/or correct the Substantiation fields.

   - Ensure the **Category** and **Item Type** field entries match the document type.

   - Ensure any existing entries are accurate.

   - For **Estimate/Receipt/Bill** items, Use the sub-calculators to enter the receipt amount and any adjustments.

   - the **Adjustment** field and sub calculator is used to make any deductions from the payment.

   - Select the appropriate response in the "**Verified**" field based on document review and associated verification calls. "Verified" confirms that all field entries were correct.

   - "**Is this item a duplicate?**" field should be blank or set to "Unknown" during initial review. This can be updated later if this item is identified as a duplicate.

   - "**Do not add this item to the calculator**" check box is used for items that are not used in payment calculation. This field must remain unchecked for items that will be used in payment calculations.

2. Click **Save** to save the substantiation entries.

Add a Substantiation Item for a Document on File

Specific substantiation items are created in Web NEMIS for each document indexed into an applicant's file. Substantiation questions help to ensure documentation meets eligibility criteria required for processing.

Sometimes the substantiation items needed for certain documents are not created during the indexing process.

When a substantiation item was not created during indexing for a document, or you need to separate multiple items, you can create a separate substantiation item.

To add a substantiation item from the Item Substantiation window:

1. Access the Item Substantiation window.

   If the document contains two receipts or other items you need to substantiate at this time, substantiate the first item and click the **Save** button.

2. Click the **Add** link at top of the **Correspondence Received** frame. This link creates a new substantiation item for the document set.

3. The **Add** button opens a new, blank substantiation area. Choose the appropriate Category and Item Type from the drop-down list.

Once the Item Type is selected, remaining substantiation fields that are specific to that item type will appear.

4. Modify and complete the substantiation questions for the new item.

5. Click **Save**.

6. When you save a new substantiation item, the **Item Substantiation Description** pop-up will prompt you to enter a description of the item. (In the example, "Home Repair Appeal Letter" would be an accurate description.)

7. If needed, select the next item to be added by clicking on the **Add** link and follow the steps above to substantiate that item.

8. After saving the substantiation for all items, click **Close** on the Item Substantiation window.

9. This will return you to the Assistance Processing screen.

Add Verbal Substantiation Items

A substantiation item is used to fulfill an associated verification requirement that must be satisfied to process a related category of assistance. In some situations, we can add a substantiation item from information obtained verbally (from the applicant or a third party).

Some examples of verbal statements that can be recorded as substantiation include:

- Insurance company's verification of an applicant's insurance settlement details

- Insurance company's verification of denial, coverage/lack of coverage, or failure to file a claim

- Landlord's statement verifying the need for an applicant to relocate

- Mechanic's verification of disaster-caused damages to an automobile

If you substantiate processing criteria verbally with an insurance agent or other party, and a document is not on file for which you can record the associated verbal substantiation details, you can use Web NEMIS tools add a verbal substantiation item.

You'll need to use different steps for insurance coverage or settlement substantiation than you will for other forms of substantiation.

Add Verbal Insurance Coverage and Settlement Substantiation

You can add verbal insurance coverage and/or settlement substantiation received from an insurance company for a Homeowners type policy (including Homeowners, Mobile Home, Condo, Renters, and Flood insurance) from various locations.

- From the **Assistance** screen, click the **Substantiation: Add** link in the Insurance Substantiation/Settlement frame if a policy record is not on file, or click the **Settlement: Add** link if the policy record is on file.

- From the Home Repair/Personal Property Assistance Processing screen, click the **Substantiation Policy: Add** link if a policy record is not on file, or click the **Settlement: Add** link if the policy record is on file.

The following instructions step you through the process of adding both policy and settlement details. The screens and steps are very similar to the steps for adding insurance details on the **Insurance tab** in older versions of NEMIS.

Policy Details

To first enter details about the policy:

1. In the Insurance Substantiation/Settlement frame, click on the **Substantiation: Add** link.

Insurance Substantiation/Settlement		NFIRA Maintenance Requirement No		Substantiation: Add Edit		Settlement: Add Edit Help
Source	▲ DOC ID	Ins Type	Claim Status	Settle Date	Structure Amt	Contents Amt	Other Amt	Claim Date	Cai	ALE	ALE Amt	Policy Id	Company Nam
Substantiation	52360054	Renter/Owner Contents Only (O/R)	Closed	06/14/2018	$0.00	$0.00	$3,000.00	03/22/2018		0		GT8750676000	Assurance Spe

2. In the **Add Substantiation** window, add general policy and coverage information:

ADD SUBSTANTIATION

General

Document ID: 52360082   Source: Verbal/Applicant Statement   Image ID: 0

Postmark Date: Received Date: 05/28/2018   Scan Date: Document Date:

Item: Insurance Policy   Description: Verbal Substantiation from Insurance Co

Insurance Policy

*Ins Type: Mobile Home (O/R)   Policy ID: GT8750676000   *Company Name: Assurance Specialty

Phone: 123 4567890   Eff Date: Exp Date: Input Source: Substantiation

Policy Coverage

Coverage: ☐ Contents   ☐ Other   ☐ Structure   ALE:

Coverage Amt: $0.00   Coverage Amt: $0.00   Coverage Amt: $0.00

Deductible Amt: $0.00   Deductible Amt: $0.00   Deductible Amt: $0.00

Coverage Misc

Covers Entire Household: Mortgage Payoff Required: Interior Struct Dmg: PP Loss Flag:

Insurance Settlement   Add

DOC ID	Contents	▼ Other	▼ Structure	Settle Total	Claim Date	Claim No.	Claim Status	Settle Date	ALE Exhausted	Note
No insurance Settlement items to display.										

Save **Cancel**

- **Insurance Type** and **Company Name** are required.

- If ALE is covered, use **ALE** field to indicate **YES**.

- If the applicant has ALE coverage, check the "**Other**" field, and enter the ALE Coverage/Deductible amounts there.

- If ALE=**YES**, fields appear for arrangement details.

Settlement Details

To add details about the settlement:

1. If you added policy details first, on the Add Substantiation window, click the **Add** link in the Insurance Settlement frame.

   OR

   If you did not need to add policy details first, click the **Settlement: Add** link on the Substantiation/Settlement frame of the Assistance screen.

2. In the **Add Insurance Settlement** window, add general information and settlement details.

- **Settle Date** is required.

- A **Settlement Amount required** for at least 1 coverage type. The settlement amount **must be greater than 0**.

- If the entire ALE settlement amount has been disbursed and no more ALE is forthcoming, select **YES** for **ALE Exhausted**.

- Use "**Other**" fields to enter the ALE settlement amount.

3. After completing insurance settlement entries, **Save** your work.

Add a Substantiation Item from Other Verbal Verification

To add a verbal substantiation item received to verify information other than insurance policy coverage or settlement details, you'll use tools on the Correspondence Received frame of the Communication screen.

Some examples of verbal statements that can be recorded as substantiation include:

- Landlord's statement verifying the need to relocate

- Mechanic's verification of disaster-caused damages to an automobile

- Insurance company's verification of denial, lack of coverage, or failure to file a claim

Just as when processing appeals in earlier versions of NEMIS, you will need to record the information received during the courtesy call in a detailed contact and/or comment, in accordance to processing guidance.

To add a verbal substantiation record:

1. From the **Communication** screen, click the "Add" link at the top of the Correspondence Received frame

2. Complete the data entry fields

3. Click **Save** to finish the new Substantiation item.

Flag and Resolve Duplicate Documents

Sometimes applicants may submit multiple copies of a document (or set of documents). In Web NEMIS, identical documents can be flagged as duplicates. Flagging duplicate documents helps to expedite future case review and identifies the "master" documents that were used for eligibility determination.

Documents flagged as duplicates remain in the applicant's file and can be accessed in Item Substantiation view. Calculations on duplicate documents are not applied to the Payment Calculator.

Some Items are flagged manually as duplicates, and others are flagged automatically. Items not used for payment can be flagged by agents during the document substantiation process.

Items used for payment are not manually flagged during the substantiation process. Web NEMIS automatically checks payment items and will automatically flag duplicate payment items that have the same date and amount. Duplicate payment items are flagged in the Payment Calculator with a "Review" status, which must be addressed prior to payment.

Flag a Duplicate Set of Documents

If there are multiple copies of a complete set of documents agents can manually flag a set of documents as a duplicate.

To determine the duplicate status of a document set, open each document set in the image viewer and compare each document item. Ensure the information in each set is the same by comparing document dates, addresses, written text, estimate/ receipt/ settlement amounts, etc.

After you've identified a duplicate set of documents, determine which one should be the "master" set and which will be marked as a duplicate. The "master" set is the one to be used for processing. Identify the DMARTS document ID for the set of documents you want to be the master.

To manually flag a duplicate set of documents, access the documents on the Assistance Processing screen in the Correspondence Received frame.

To indicate a set of documents is a duplicate:

1. Expand the Correspondence Received frame,

2. Expand the set of documents to be flagged as a duplicate and select one of the individual item links within the set. (This opens the Item Substantiation window.)

3. Under the list of document items, click on the checkbox **"This Document is a Duplicate of"**.

4. In the Duplicate Document pop-up window, select the DMARTS Document ID number of the set to be used as the Master.

5. Click **Save.**

6. Click **Save** on the Item Substantiation window, and then click **Close**.

After you return to the Assistance Processing screen, the **Duplicate Of** column in the Correspondence Received frame will display the DMARTS Document ID of the identical "master" document set.

Flag Individual Document Items as Duplicate

Before flagging an individual document item, carefully compare the item to the matching document item. Check the document dates, addresses, signatures, etc., for any differences

To indicate an individual item is a duplicate:

1. After opening the document item, select **Yes** on the radio button beside the substantiation question "Is this item a duplicate?"

2. Click **Save** to save the entry, and then select **Close** to close the Item Substantiation window.

Resolve Potential Duplicate Documents Flagged by Web NEMIS

Web NEMIS checks payment items and automatically flags duplicate items. The system automatically flags payment items that have the same date and amount. Duplicate payment items are flagged in the Payment Calculator with a "Review" status displayed in the **Possible Dup Doc** field. This status must be resolved prior to payment.:

To resolve the Review status of an item:

1. Click the linked payment substantiation item in the Payment Calculator.

This will open a two-pane view of the corresponding Item Substantiation.

2. The substantiation screen now contains the question, "**Is this item a duplicate?**" (which was not included in the initial substantiation screen.) select the appropriate answer (**Yes** or **No**).

Answering **Yes** to "**Is this item a duplicate?**" removes the duplicate Item from the Payment Calculator.

Answering **No** to "**Is this item a duplicate?**" allows the Item to remain in the Payment Calculator and displays **No** in the **Possible Dup Doc** column for that item.

Request an Appeal Inspection

To request an Appeal Inspection:

1. From the **Inspection Status** screen, click on the '**Request Inspection**' link.

2. The **Request Inspection** window will open.

3. For Appeal inspections, choose **FEMA Appeal** in the **Inspection Reason** drop-down menu. (The other drop-down boxes should remain as the default selection.)

4. Click the **Save** button.

5. When the Request Inspection window is displayed, record a comment to explain the reason for the appeal inspection and note damages to address in the inspection. (Example: "Special Attention to floors and electrical components")

Record the comment in accordance with guidance in the following SOPs:

- Appeal Processing

- Inspection Requests and Comparisons

Verification Requirements

Verification Requirements represent the criteria that a category of assistance must meet for an eligible decision. These requirements are then associated with the substantiation items that fulfill the requirement.

When a pending line is added, Web NEMIS automatically generates Verification Requirements on the Info Control Screen. Additional verification requirements must be manually entered for certain categories of IHP assistance. (Refer to Module 4 for category-specific verifications).

Filter Verification Requirements

To isolate the Verification Requirements for a specific category, we can use the filter option. Select the desired category from the Category menu to display items for that type of assistance. A similar filter can also be used to filter Verification Requirements by status.

Adding a Verification Requirement

Use the following steps to add a verification requirement.

1. On the Info Control Screen click the **Add** link to begin adding a requirement. This opens the Add Verification Requirements pop-up window.

2. From the Pending Assistance list, **highlight the appropriate category of assistance** to associate with the verification requirement.

3. Select the Pending Assistance Category

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4. Select the **Verification Requirement** from the drop-down list.

5. Choose the appropriate **Verification Status**.

    *   Pending Request: Default status before changing to another status.

    *   Pending Response: Not used for appeal processing. This status is used when an RFI letter is sent for initial ONA decisions.

6. Click the **Save** button to complete the addition of the new requirement.

Associating Verification Requirements

Use the following steps to associate substantiation with the verification requirement.

1. In the Verification Requirements frame, **highlight the appropriate Verification Requirement** line item.

2. Select the **Decision** link. The Decision Verification Requirement pop-up window will appear.

3. In the Verification Status field, select the appropriate **Verification Status** from the list of available options.

- **Not Applicable**: If the verification requirement no longer applies or is not needed for payment to allow the case to continue processing.

- **Not Verified**: Used when the requirement was not substantiated.

- **Pending Request:** Default status before changing to another status.

- **Pending Response:** Not used for appeal processing. This status is used when an RFI letter is sent for initial ONA decisions.

- **Verified:** Used when substantiation has been verified.

4. In the Associate Frame, select the **Substantiation Received** document that satisfied the verification requirement.

5. Click the **Save** button.

NOTE: If you determine that requirements were associated in error, un-associate them by unselecting check box and then select the correct item.

The item associated with the verification requirement will become visible in the Substantiation Usage frame.

Generate Custom Appeal Request Letters

The customized Request letters used to request applicant documents in appeal processing include:

- **ADOC** (Appeal, Request for Documents)

- **RFI (**ONA Request for Information)

NOTE: Although the AAFIN ineligible letter is selected from the Request Letter section of the Letter Wizard, steps for creating the AAFIN letter are included in the section: Generate Custom Appeal Ineligible Letters under the topic:

AAFIN Letter.

Some general reminders:

- For specific information about how to generate these letters and select the appropriate text inserts for these letters, see the following SOPs:

    o Codes, Verifications, Request Letters, and Assistance Types

    o Appeal Processing

- When you generate one of these types of letters, make sure you do the following:

    o **Route** the case to the **FEMA Complete** queue.

    o **Do** select the "**Send to the Mail Queue**" option.

Appeal Request for Documentation (ADOC) Letter

If all the documentation required for Appeal processing is not in the file, you'll need to generate an Appeal Request for Documentation (or ADOC) letter with appropriate inserts to request the documentation.

Complete Preliminary Steps

1. Make at least one courtesy call attempt to the applicant to explain the documentation requirements, in accordance with appeals processing guidance.

2. Use the **Comment/Contact** link on the task bar to document your Contact. (See the Appeal Processing SOP for guidance details.)

3. Access the **Assistance** screen and delete any PND/IPND lines associated with the ADOC.

4. Navigate to the Confirmation screen.

Generate the ADOC

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder

3. Select **APPEAL**, then select **ADOC - Appeal request DOCUMENTATION** and click **Next**.

In the **Select the Letter Components** frame, each letter component requires a selection.

4. Select N/A (NOT APPLICABLE) for all letter component fields except for the **ADOC General** field component. For the **General** component, select **Other.** For example:

- ADOC HEATING SYSTEM FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC SEPTIC SYSTEM FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC WELL FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC ELECTRICAL FIELD - 2 ITEMIZED ESTIMATES: **N/A**

- ADOC INSURANCE DOCUMENTATION FIELD: **NOT APPLICABLE**

- ADOC GENERAL FIELD: **OTHER**

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5. Also select the appropriate letter text insert(s) that match the documentation being requested. More than one insert may be selected.

- o Essential Tools
- o Failed Identity Verification
- o Hotel/Motel Receipts
- o Landlord Statement
- o Missing Appeal Letter
- o Missing Burial Ins
- o Missing Contractor Estimate
- o Missing Death Certificate
- o Missing Dental Expenses
- o Missing Flood Ins Settlement or Denial
- o Missing Funeral Expenses Documents
- o Missing Homeowners Ins Settlement or Denial
- o Missing Ins Letter Exhaustion of ALE/Loss of Use
- o Missing Mechanic Statement about Cause of Damage
- o Missing Medical Expenses Documents
- o Missing Moving and Storage Essential Document
- o Missing Other Disaster Related Documents
- o Missing PP Ins Settlement or Denial
- o Missing Vehicle Comprehensive Insurance
- o Missing Vehicle Registration
- o Missing Vehicle Requirement Documents
- o Occupancy Not Verified
- o Ownership Not Proven
- o Reason for Late Appeal
- o Stored Personal Property
- o Verification of Utility Outage or Inaccessibility

6. Click **Next** to continue.

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7. Select **Preview** to review the letter for accuracy and completeness.

8. After you're finished previewing the letter, **close** the letter window by using the "**X**" icon at top right of the window.

9. Click the **Finish** button to complete the letter generation.

NOTE: Do Not Set a Timer when using these letters for Appeal requests. Also, there is no need to set an associated verification requirement because the case won't be routed to the FEMA Info Control - Pending Receipt queue.

Finalize Your Work

1. Use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

    (See guidance for Contacts and Comments in the Appeal Processing SOP.)

2. In the **Decision** frame, route the workpacket to the **Complete** queue or other location, depending on work done in the case.

3. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

4. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

5. When you are ready to route the case, click the **Submit** button.

RFI Letter

The RFI letter is used when the applicant is missing ONA documents needed for processing. An RFI can also be used to request documents for ADA items. The RFI letter provides an applicant with a complete list of documents essential for each type of assistance.

If the applicant needs to submit all the documents needed for a specific category, generate an RFI letter for the request.

Complete Preliminary Steps

1. Make at least one courtesy call attempt to the applicant to explain the documentation requirements, in accordance with appeals processing guidance.

2. Use the **Comment/Contact** link on the task bar to document your Contact. (See the Appeal Processing SOP for guidance details.

3. Access the **Assistance** screen and delete any PND/IPND lines associated with the RFI.

Generate the RFI

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder.

3. Expand the **Request (RFI)** Folder and select **For Information (2nd request)**.

4. Check the box beside the insert that fits the situation. Multiple inserts can be selected if requesting documents for multiple categories.

RFI Inserts include:

- o DNT – Dental
- o FNL – Funeral
- o M&S – Moving and Storage
- o MED – Medical
- o MHQ – Mobile Home questionnaire (not used)
- o OTH – Misc/Other
- o PP – Personal Property
- o SIGA – Applicant Statement/Authorization Signature
- o SIGN – Applicant Signature
- o TRANS – Transportation – Liability Ins Req = NO
- o TRANS – Transportation – Liability Ins Req = YES
- o TRANS – Transportation – Vehicle Not Available

5. Preview the letter to determine if all required documentation has been requested.

6. After previewing the letter, close the letter using the "**X**" icon at top right of the window.

7. Click the **Finish** button.

NOTE: No timer is required when using these letters for Appeal requests. (That is, you will not need to set an associated verification requirement to "Pending Response.")

Finalize Your Work

1. If needed, use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

2. Navigate to the **Confirmation** screen (if applicable in the case).

   (See guidance for Contacts and Comments in the Appeal Processing SOP.)

3. In the **Decision** frame, route the workpacket to the **Complete** queue or other location, depending on work done in the case.

4. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

Generate Custom Appeal Ineligible Letters

Most **A-SUPER** letters used for eligibility determinations are auto generated upon routing; however, some ineligible letters require custom entry, so must be manually generated. You will select the appropriate text insert when you generate these letters. These letters include:

- **A-INI**, **A-INFI** (Appeal, Ineligible - Has Insurance) letters generally used for HA and Personal Property categories
- **A-INO** (Appeal, Ineligible Other Reason) letters for HA categories
- **A-IOR** (Appeal, Ineligible Other Reason) letters for ONA appeal denials
- **AAFIN** (Appeal, Final) letter to explain a final determination

Once these letters are generated, NEMIS automatically sends the letters to the mail queue after the decision is approved. When generating decision letters, Do NOT mark the box "Send to the Mail Queue" on the confirmation page.

Some general reminders:

- For specific information about how to generate these letters and select the appropriate text inserts for these letters, see the following SOPs:

    - [Codes, Verifications, Request Letters, and Assistance Types](#)

    - [Appeal Processing](#)SOP

- When you generate one of these types of letters, make sure you do the following:

    - **Route** the associated assistance line to the appropriate eligibility queue.

    - Do **NOT** select the "**Send to the Mail Queue**" option.

A-INI, A-INFI

You'll need to generate an A-INI or A-INFI letter when you make INI or INFI determinations for an HA or Personal Property assistance category due to applicants' insurance settlement covering the disaster damages or a settlement/denial not being on file. In some circumstances you may also need to generate an INI letter for an Other category, such as Medical/Dental, Moving and Storage, Transportation, etc. INI/INFI letters explain the specific ineligible reason for the insured assistance category.

INFI is used for applicants with structure and/or contents flood insurance. INI is used for other types of insurance for structure, contents, and or additional living expenses (ALE) such as Homeowners, Mobile Home, Condominium, Renters, etc.

Complete Preliminary Steps

1. Record the INI/INFI eligibility determination.

    a. If a **pending line** has not been created for the ineligible insured category, add an associated pending line.

    b. Access the category-specific assistance screen created with the pending line (e.g., Home Repair screen, etc.).

    c. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **INI** or **INFI** as the decision status.

(**NOTE:** It may be easier to locate the determination code using the Eligibility Combo Wizard link.)

    d. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the A-INI/A-INFI letter

1. Click the **Letter** link in the tool bar at top right of the Confirmation screen (under the Banner).

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the **ELIGIBILITY DECISION** folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to **INI/INFI** decision, and then click **Next** again.

5. In the INI list, select the check box next to the appropriate insert for the decision.

INI Inserts include:

- INI – Dental
- INI – Ins Covers Living Expenses
- INI – Ins Settlement Exceeds Living Expenses
- INI – Medical
- INI – Missing Ins Settlement or Denial Letter
- INI – Moving and Storage
- INI – Other
- INI – Vehicle
- INI – HA

INFI inserts Include:

- Appeal – Ins Settlement Exceeds FEMA Elig Damage
- Appeal – Missing flood ins settlement or denial ltr

6. Click **Next** again.

7. Review letter components and Click **Preview** to view the letter and ensure it was generated correctly. (After previewing the letter, close the letter window by using the "X" icon at top right of the window.)

8. Click the **Finish** button to return to the Confirmation screen.

9. Complete any other processing updates as needed and create the Ineligible Comment to include the denial reason.

Finalize Your Work

1. Navigate to the **Confirmation** screen (if needed).

2. If needed, use the **Comment/Contact** link in the task bar to create a Contact for each call you made regarding the case.

(See guidance for Contacts and Comments in the [Appeal Processing](#) SOP.)

3. In the **Decision** frame, click on the **Select** checkbox beside the workpacket.

4. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

A-INO

The A-INO letter is used for Denials in some HA decisions. Like other custom letters, the A-INO letter has multiple insert options. To generate an A-INO letter from the Confirmation screen, follow these steps.

Complete Preliminary Steps

1. If a **pending line** has not been created for the category, add an associated pending line.

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **INO** as the decision status.

   (**NOTE:** It may be easier to locate the determination code using the **Eligibility Combo Wizard** link.)

4. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the INO Letter

1. Click the **Letter** link in the tool bar at top right of the Confirmation screen (under the Banner).

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the
   ELIGIBILITY DECISION folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to ineligible decision and click **Next**.

5. On the INO_APPL list, select the appropriate **denial** insert and click **Next**.

6. On the Category List, select the appropriate **assistance category** insert and click **Next** again.

7. **Preview** the letter and ensure it was generated correctly.

8. Click the **Finish** button to return to the Confirmation screen.

9. Complete any other processing updates as needed

Finalize Your Work

1. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

2. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

3. When you are ready to route the case, click the **Submit** button.

A- IOR

The A-IOR letter is used for Denials in some ONA decisions. To generate an A-IOR letter from the Confirmation screen, follow these steps.

Complete Preliminary Steps

1. If a **pending line** has not been created, add an associated pending line.

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select **Appeal** as the **Assistance Type** and **IOR** as the decision status.

   (**NOTE:** It may be easier to locate the determination code using the **Eligibility Combo Wizard** link.)

4. Click **Continue** to save the determination and navigate to the Confirmation screen.

Generate the IOR Letter

1. Select the **Letter** link on the Confirmation screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, expand the **ELIGIBILITY DECISION** folder.

3. Select **Appeal decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to the ineligible decision and click **Next**.

5. Copy the denial text from the Codes Verifications Request Letters and Assistance Types SOP.

6. Paste the denial text into the **Ineligible Other Reason(s)** frame.

7. Click **Next**.

8. Click **Preview** to view the letter and ensure it was generated correctly.

9. Select the **Finish** button to return to the Confirmation screen.

Finalize Your Work

1. Select the **FEMA Ineligible** queue as the appropriate **Routing** location.

2. In the **Comment** frame, use the **Generate Comment** button to create a Comment, and customize the text as required for the work you did.

3. When you are ready to route the case, click the **Submit** button.

AAFIN Letter

AAFIN Letters should be used rarely and are typically used after an applicant has received previous denials for the same item or expense. Generate an AAFIN (Appeal Final Decision) letter when either of the following conditions applies:

- The request fails basic criteria for eligibility (such as Not Primary Residence)

AND/OR

- The appeal decision would remain the same regardless of any additional documentation submitted (such as an appeal for recreational equipment)

The **AAFIN** letter is sent to inform the applicant that the final determination has been reviewed and no additional reviews will be conducted.

Complete Preliminary Steps

1. Access the **Assistance** screen, and delete any PND lines associated with the decision

2. Navigate to the Confirmation screen.

Generate the AAFIN Letter

1. From **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the **Letter Wizard** window opens, click on the **Request Letters** folder.

3. Select **APPEAL, AAFIN - Final Appeal** and then click the **Next** button

4. Select one or more of the Categories to be denied.

5. Click "Next" button

6. Click **Preview** to review the letter.

7. After you're finished previewing the letter, close the letter window by using the "**X**" icon at top right of the window.

8. Click the **Finish** button to complete the letter generation and return to the **Confirmation** screen.

Finalize Your Work

1. If needed, use the **Comment/Contact** link in the task bar to create a Contact for any calls you made regarding the case.

   (See guidance for Contacts and Comments in the Appeal Processing SOP.)

2. In the **Decision** frame, click on the **Select** checkbox beside the workpacket.

3. Select the **FEMA Complete** queue as the appropriate **Routing** location.

4. In the **Generated Correspondence** frame, select the **Send letter to mail queue** radio button.

5. In the **Comment** frame, use the **Generate Comment** button to create a draft Comment, and customize the text as required for the work you did.

6. When you are ready to route the case, click the **Submit** button.

Award Eligible Appeal Assistance

This section provides detailed steps for processing Home Repair and Personal Property appeals. For most casework tasks, the Web NEMIS processing mechanics are the same in the FEMA Appeal queue as in the FEMA Manual Determination queue. These steps are documented in the *Web NEMIS Initial Assistance Reference Guide*, which is included on the "Job Aids" tab of the *IA Training and Development* intranet page.

This section focuses on how to:

- Award real or personal property line items from in an appeal Inspection

- Add line items to pay actual or standard costs based on substantiation of an estimate/receipt document item

Remote Inspection

This type of inspection was implemented to verify applicants needs during pandemic restrictions. FEMA inspectors will contact applicants by phone and conduct inspection remotely via video streaming. If video inspection is not possible, a remote inspection by telephone will be completed. In some cases, exterior validation (EV) inspections are also performed.

Ownership and occupancy will be verified by NEMIS public records. If the NEMIS public records verification is NOT available, the applicant will need to submit the applicable documents directly to FEMA.

For Remote Inspections, FEMA will base most appeal decisions and awards for real property assistance on verifiable submitted estimates rather than completing a second appeal Remote Inspection, unless a previous appeal determination has been made for an additional Damage Level Award amount.

The Damage Level Award amount will be visible in NEMIS with the applicable award level in the Real Property frame on the Line Items screen. Damage Level Award amounts will include a variety of commonly damaged line items grouped together under new combined Damage Level Award line items for each disaster.

When the amount appealed **exceeds** the next damage level award, an appeal inspection must be requested.

If the appeal inspection returns with the **same level or lower level** than the initial inspection, the applicant will still receive the next damage level award. If not, process the case based on verifiable receipts.

For more details, see guidance in the *IA PPM Remote Inspection DSOP*.

Scenario:

An applicant in DR-4563-AL appeals for additional damages to their home for Hail/Rain/Wind Driven Rain.

- Initial Damage Level Award for Tornado/Wind Level 3 = $7,157.16.

- The applicant appealed with $21,472.00 in verifiable Tornado/Wind receipts.

- Amount being appealed is more than the next Damage Level Award amount. An appeal amount CANNOT exceed one Damage Level Package without an appeal inspection.

- **REQUEST** an appeal inspection if the receipts exceed the next Damage Level Award.

- Appeal inspection returns with the same FVL as initial Remote Inspection.

- **PROCESS** the next Damage Level Award 4 = $14,680.13.

- **DEDUCT** the previous Tornado/Wind Damage Level Award.

Processing in Web NEMIS Appeal Queue

To process Home Repair when the combined estimates are greater than the initial Damage Level Award received:

1. **CREATE** a **Home Repair PND** line on the **Assistance** tab if a case does not include an active pending line (unless one already exists.)

After the pending line is created, a Home Repair link appears under the Banner. This link opens the Home Repair Assistance Processing screen.

2. From the **Home Repair Assistance Processing screen** locate the **Real Property Line Items** section, click the **Add** link at top right of the window:

3. In the **Add Item** window, select Speed Estimating as **Item Category** field and the next damage level award (**HSE/TWN_Wind_Dmg_4**)

4. Select the cause of damage in the **Damage Type** field.

5. Enter the quantity to award in the **Item Quantity** field.

6. **SAVE** the selections.

7. The new line item you added will be listed with inspection type "**FEMA Review**."

Line Items Window

The line items list for Real Property or Personal Property can be expanded by clicking on the ◼ icon at the top left of the Real/Personal Property Line Items frame.

Real Property Line Items

Clicking the icon opens a new window with the expanded line item list that that allows more of the line items to be viewed simultaneously. To close the window, use the X.

Expanded Real Property Line Items Window

This window is an expanded version of the Line items frame on the Assistance processing screen but separates the line items from other data so that they can be reviewed more efficiently. This window contains the same links displayed on the Assistance Processing page: Eligibility Calculator, Compare/Review, Inspector Comments, Add (line items), Edit, (line items), Edit Insured (line items), Select Items, and Column Sort.

Selecting the Item for Payment

1. Click the **Check box** next to the new line item to select it for payment.

2. Then click the **Select Item** link.

3. Set the **Inspection type** to FEMA Review in the Inspection field and select the appropriate insurance setting in the **Category** field.

4. Then click **Save** to save the selection

Adjusting the Pending Eligible Amount

The line item payment(s) you created will be listed in the **Payment Calculator** frame of the Assistance Processing screen.

1. The applicant had previously received a disaster-specific award for HR Assistance. A payment adjustment is needed, you would click the **Misc Adj** link.

2. **DEDUCT** the previous home repair Damage Level Award, enter a description of the adjustment and save the data. Remember, Do Not deduct **Service Call** from any additional EHR awards.

3. After subtracting the previous EHR award, you will return to the Home Repair screen and the new award (**$7,522.97**) will appear listed **as the Eligible Total Award** in the Payment Calculator frame at bottom of the screen.

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4. Now you are ready to update the **Eligibility Code** and click **Continue** to proceed to the Confirmation screen to add a Comment and route to FEMA Approval NON-DRM.

For specific information about how to apply damage level guidance use the *IA PPM Remote Inspection DSOP* or for additional information about the RP Eligibility Calculator see the appendix section of the Appeal Processing.

Determine FVL for Insured Line Items, Per Damage Type

Compare the total insured FEMA Verified Loss for each damage type to the insurance settlement for that damage type.

To determine the FVL of insured Real or Personal Property line items:

1. In the Real Property or Personal Property Line Items frame of the Home Repair or Personal Property screen, click on the **Eligibility Calculator** link.

2. On the Eligibility Calculator History window, select **Add** to add a calculation.

3. The Home Repair or Personal Property Eligibility Calculator appears.

   a. Compare each insurance settlement, **Settlement Amt Subst,** to each Insured **Observed Amount/ Award Amt** (FVL) to determine if the FVL is greater than the insurance settlement for the damage type.

   b. If all FVL amounts are covered by insurance, cancel the Eligibility Calculator, and process an INI or INFI ineligible determination.

   c. If the FVL amount is **greater than** the corresponding settlement, continue processing the items for eligibility.

Paying Line Items from an Appeal Inspection

After an appeal inspection has returned you will determine eligibility for inspection line items by comparing the appeal and initial inspection results. In Web NEMIS, you'll use the Eligibility Calculator to compare inspection line item totals and record your determination in the Payment Calculator

For insured Real Property line items

- Ensure the Structure settlement has been substantiated. If the claim was denied, a substantiation record for a net settlement of $0.00 will need to be on file.

- Determine if the FEMA Verified Loss (FVL) for insured line items is greater than or less than the settlement amount for the damage type(s).

- If Insurance is greater than FVL, process as ineligible INI/INFI. If FVL is greater than Insurance, proceed to payment

For Insured Personal Property Line Items

- Ensure the Contents settlement has been substantiated. If the claim was denied, a substantiation record for a net settlement of $0.00 will need to be on file.

- Determine if the FEMA Verified Loss (FVL) for insured line items is greater than or less than the settlement amount for the damage type(s).

- If Insurance is greater than FVL, process as ineligible INI/INFI. If FVL is greater than Insurance, proceed to payment

Personal Property line items must be edited prior to payment. All insured items must be changed to "uninsured", and an Award quantity must be entered before using the Eligibility Calculator.

Changing items to "Uninsured"

1. Multiple line items can be changed to NOT INSURED using the "**Edit Insured**" link.

    a. In the Line Items frame, select the insured line items.

    b. Click the **Edit Insured** link.

    c. In the Edit Insured pop-up, select **NOT INSURED,** and then click **Save.**

    d. When a message states "The selected line items will have the "Insured" value changed…" select **OK** to continue.

Edit line item Award Quantities

For each **Personal Property** line item, you must enter the **Award Quantity**.

Note: Before paying Personal Property line items, check the Inspection History Personal Property screen for **Unaffected** or **Landlord-Owned** items. Adjust for any duplication of benefits in the Award Quantity.

1. In the Line Items frame of the Assistance Processing screen, select the eligible insured line item and click the **Edit** link.

2. Change the **Award Qty** to the quantity eligible for payment. In this example it would be changed to 1.

3. Click **Save and** repeat these steps for each eligible Personal Property line item.

Compare Inspections and Calculate Award Amount

Calculating the Pending Eligible Amount

To compare multiple inspections and award the most recent inspection amount, use the Eligibility Calculator, as follows.

1. In the Real or Personal Property Line Items frame of the Home Repair or Personal Property screen, click the **Eligibility Calculator** link.

| ◥ Real Property Line Items | Eligibility Calculator | Compare/Review | Inspector Comments | Help | Add | Edit | Edit Insured | Select Item | Column Sort | Category Summary |

2. In Eligibility Calculator History window, click **Add** to add a calculation.

ELIGIBILITY CALCULATOR HISTORY - REAL PROPERTY

| History | | | | | | Apply to Payment Calculator | Add Edit View Delete |

| Select | Seq ID | *Last User | Date/Time Saved | Amount | Asst Type | Elig Code | In Current Calculator |

No data available in table

3. On the Eligibility Calculator window, click on the **Select** checkboxes to select inspections to compare (e.g., **Second** and **Initial**).

HOME REPAIR

Rgsn Id: 150451441 Eligibility Calculator Seq ID:

Insurance Settlement

#	Insurance Type	Coverage Type	Claim No	Settlement Date	Settlement Amt Subst
1	Mobile Home (O/R)	Structure	09876	05/31/2020	$4,000.00

Inspection and Insurance Comparison

Select	Inspection	Insured	Damage Type	Observed Amount	HA Award Asst Type	Insurance Compare
☐	Second	Insured	Hail/Rain/Wind Driven Rain	$5,234.05	$0.00	Select
		Not Insured	Flood	$7,552.27	$0.00	Select
			Total	$12,786.32		
☐	Initial	Not Insured	Flood	$7,631.99	$7,552.27 Initial	Select
			Total	$7,631.99		

FEMA Review Items

Inspection	Insured	Damage Type	Observed Amount	HA Award Asst Type

Eligibility Summary   *If the Adjustment is a deduction and is greater than or equal to the Subtotal, the Adj Subtotal will display Zero.

[Calculate]

[Save]   [Cancel]

4. Next, for each Inspection/Insured/Damage Type row:

    a. Click the **Select** link in the **Insurance Compare** column.

5. In the Select Insurance window, select the appropriate insurance settlement for the Damage Type shown, and click **Save**.

6. After returning to the Eligibility Calculator window, click the **Calculate** button.

7. Next, you will see the calculation results in the Eligibility Summary frame at bottom of the window.

For each **Insured Damage Type Subtotal**, applied settlement amounts are shown in the **Settlement Amount** column. The **Subtotal** column reflects subtraction of the settlement.

Adjusting the Pending Eligible Amount

Adjustments should be rare for inspection comparisons. However, they may be needed if the **previous inspection total differs from the previous award total for a specific damage type**.

If an adjustment is needed, you would click the **Adjustment** link in the appropriate row, add/subtract the adjustment and enter a description of the adjustment. For Example:

The applicant had previously received a disaster-specific award for Clean and Repair Assistance (CRA). If the Real Property damage from Appeal inspection is more than the CRA award, you would use the **Adjustments** field to deduct the CRA amount

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ADJUSTMENT AMOUNT

Adjustment Amount	Description	Delete
-300.00	DEDUCT PREVIOUS EMS CRA AWARD	X
		X

Total: $-300.00

Calculate   Add Line

Save   Cancel

1. If you need to record more adjustment amounts than there are lines provided, click the **Add Line** button.

2. After recording adjustments, click **Calculate**, and then click **Save**.

Sending the Pending Eligible Amount to the Payment Calculator

1. After you return to the Eligibility Calculator, ensure the **Do Not Add to Calculator** checkbox remains **UNCHECKED** so the **Final Pending Eligible Amount** will be added as a line on the Payment Calculator.

Eligibility Summary   *If the Adjustment is a deduction and is greater than or equal to the Subtotal, the Adj Subtotal will display Zero.

Calculate

Inspection	Insured	Damage Type	Observed Amount	Settlement Amt	Subtotal	Adjustment	Adj Subtotal
Second	Not Insured	Flood	$7,552.27				
		Subtotal	$7,552.27	$0.00	$7,552.27	$0.00	$7,552.27
	Insured	Hail/Rain/Wind Driven Rain	$5,234.05				
		Subtotal	$5,234.05	$4,000.00	$1,234.05	$0.00	$1,234.05
Initial	Not Insured	Flood	$7,631.99				
		Subtotal	$7,631.99	$0.00	$7,631.99	$0.00	$7,631.99

Total Second Inspn		Total Initial Inspn		Pending Eligible Amount	Adjustment		Final Pending Eligible Amount
$8,786.32	-	$7,631.99	=	$1,154.33	+ $0.00	=	$1,154.33

Notes:

☐ Do Not Add to Calculator

Save   Cancel

2. Click the Save button to save the calculation record.

For additional information about the RP Eligibility Calculator see the appendix section of the Appeal Processing.

Complete the Determination

After you've calculated the appeal inspection award amount in the Eligibility Calculator and returned to the Home Repair or Personal Property screen, the award will be listed in the Payment Calculator frame at bottom of the screen.

The **Item** column will list the payment. Clicking the RP or PP Eligibility Calculator link will display the Eligibility Calculator window. You will be able to edit the calculation as long as the determination is still "PND - Pending."

The **Previous Award** amount is listed for reference but is not included in the Eligible Total Award.

To record the Eligible determination:

1. First, make sure the correct **Assistance Type** is selected for the award (e.g., Appeal).

2. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

3. Click the **Continue** button to save the determination and continue to the Confirmation screen.

4. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

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Add Line Items to Pay from Estimate/Receipt

Per the [Appeal Processing](#) SOP, there are some situations when payment can be made for an item without issuing an inspection. This can be done under the following conditions:

- The previous inspection recorded a line item associated with the item under consideration.

- The cost for repairing or replacing the item is documented on a receipt, estimate, or bill submitted by the applicant.

- All case details and documents are verified as meeting PPM eligibility criteria.

When processing the new award, you will create a line item while substantiating the estimate/receipt. Some line items can be paid at the actual costs, and some items must be paid at the Standard Line item cost.

Examples of items that may be paid at actual cost include septic systems, wells and well components, furnaces, heat pumps, boilers, HVAC systems (if not an upgrade from a furnace or air conditioning system), and ADA Real or Personal Property line items.

The following steps demonstrate how to substantiate an estimate/receipt submitted to appeal a Real or Personal Property determination. During the process of substantiating the appeal document, you will also add a line item and record a standard or actual cost payment for the line item.

Record/Verify Substantiation Details for the Estimate/Receipt

1. Access the Estimate/Receipt from the Correspondence Received on the Assistance Processing screen.

2. Highlight the Estimate/Receipt Item in the Item Substantiation list.

3. Verify and complete substantiation field entries as follows:

4. If, the "**Disaster Related**" or "**Company, name, address, phone number**" information is not specified clearly on the document, verify the information according to guidance in the Appeal Processing SOP.

   o If the information is obtained, select **YES** to these questions.

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5. Next, select the **Payment Type.**

- For items that can be paid at actual cost, select **Actual.** (See the <u>Appeal Processing</u> SOP for details about paying actual-costs.)

- For items that must be paid at the line item price, select **Standard**.

(Another selection, **DR Specific,** is also available for use with disaster-specifics.)

In this example, the receipt is for a furnace replacement at actual cost, so **Actual** is selected.

6. Next, you'll create a line item using the "**Select Line Item to Compare/Add**" link to compare or add, as described in the following section.

This link opens the Line Items pop-up window that displays a list of all inspection line items previously entered.

7. Next, we create a line item(s) that is comparable to the item(s) on the estimate/receipt. Click the **Add** link at top right of the window.

8. This opens an Add Item window. At top of the window, select the appropriate **Item Category** and **Item**. (The example shows Heating selected to award actual cost for furnace replacement.)

9. Select the cause of damage in the **Damage Type** field.

10. Enter the quantity to award in the **Item Quantity** field.

11. The remaining entry fields are auto-populated. You can change them if needed. (Greyed out field entries are read-only.)

12. Click **Save** and you will be returned to the Line Items window.

13. Note the cost of any previous payment for the item. This amount will be deducted later in the substantiation process. (In this example, $270.60 was previously paid for "**Furnace, clean and repair**".)

14. The new line item you added will be listed with inspection type "FEMA Review." Select the checkbox for the line item you added.

15. Then click the **Save** button.

You will be returned to the Item Substantiation window. The standard line item you created will appear in the Substantiation Calculation.

16. In the **Receipt Amount** field, enter the actual cost for the item from the estimate/receipt.

After you enter the Receipt Amount, Web NEMIS will auto-populate the read-only **Pending Eligible Amount** field.

- For an Actual Payment Type, the Pending Eligible Amount field will display the Receipt Amount you entered for the line item.

- For a Standard Payment Type, the Pending Eligible Amount field will display either the standard line item amount OR the Receipt amount, whichever is less.

17. When paying Actual, in the **Adjustments** field, click the sub-calculator icon to record the amount and description for related line item(s) that need to be deducted from the payment.

NOTE: If the **Payment Type** is **Standard**, adjustments must be made using the Miscellaneous Adjustment link on the Assistance Processing screen. The *Miscellaneous Adjustment* to Payment section provides details about using this function.

18. Enter the deduction amount and a note that describes the deduction.

19. When you finish recording deduction amounts, click **Save** to return to the Item Substantiation window.

20. The amount you entered will be displayed as a read-only entry in the **Adjustments** field.

21. Next, in the **Verified** field, select **Yes** to indicate you verified the document substantiation.

22. Ensure the "**Do not add this item to the calculator**" checkbox remains Unchecked so the eligible amount will be added to the Payment Calculator. Then click the **Save** button.

23. Click the **Close** button to return to the Home Repair Assistance Processing screen.

After you return to the Assistance Processing screen, the line item you added will appear in the Line Items list.

For an Actual payment type saved in Item Substantiation view, Web NEMIS will list an ACTUAL "FEMA Review" line item to pay at actual cost. For informational purposes, it will also list each standard line item you selected to add/compare when substantiating the estimate/receipt document.

(An "ACTUAL" line item will also be created for a Standard payment type if Web NEMIS awards an actual estimate/receipt amount because the actual cost is less than the standard cost).

The link in the **Subst** field will open the estimate/receipt in substantiation view.

- Item **8000, ACTUAL Heating: 6441**, displays the receipt amount ($3,000.00

   o Even though the **HA Award** field is $0.00, the **Amt Paid By Receipt** field displays the adjusted eligible amount ($2,720.49).

- Item **6441, Furnace, replace**, that we created during the substantiation process also displays in the list but is not included in the payment.

Both line items link to the same estimate/receipt document in the Item Substantiation window. If the award status is "Pending," the substantiation details can be edited.

Complete the Determination

The line item payment(s) you saved will be listed in the Payment Calculator frame of the Assistance Processing screen.

To record the Eligible determination:

1. First, make sure the correct **Assistance Type** is selected for the award (e.g., Appeal).

2. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

3. Click the **Continue** button to save the determination and continue to the Confirmation screen.

4. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

Add an Award Line Items from the Line Items Frame (No Receipt)

There may be situations where line items must be added without Substantiation. One example of this is paying for stored personal property. When inspectors record stored personal property, they enter the line items in inspector comments. When an applicant is eligible for stored personal property, agents must create line items based on the items listed in the comment.

Following are instructions for adding line items directly from the Personal Property screen.

1. First create a Pending line for Personal Property.

2. Navigate to the Personal Property Assistance Processing screen.

3. In the Line Items frame, click the **Add** link.

4. From the **Category Type** drop-down list, select an item from one of the following categories:

   - Appliance
   - Clothing
   - Essential Tools
   - Room

5. Select the specific item in the **Item Name** field.

6. Enter a brief description of the item in the **Other Desc** field.

7. Select the appropriate cause(s) of damage in the **Damage Type** list.

8. Enter the appropriate **Item Qty**.

9. Select the appropriate **Degree of Damage**.

10. Enter the number of items in the **Award Qty**. (quantity) field.

11. Click the **Save** button.

12. Select the Line items for payment by clicking the checkbox beside each of the items to be paid.

13. Next click on the **"Select Item"** link

14. Select **OBSERVED IN INSPN** for the Default quantity and **FEMA REVIEW** for the Inspection Type. Then click **Save**.

15. To record the Eligible determination in the Payment Calculator:

    a. Verify the correct amount is displayed in the **Eligible Total Award** field

    b. Make sure the correct **Assistance Type** is selected (e.g., Appeal).

    c. Select the appropriate **Eligibility Code** (e.g., EHR/EHRZ, EPP/EPPZ).

    d. Click the **Continue** button to save the determination and continue to the Confirmation screen.

    e. Document and route your work, as described in the section: Finalize Your Work on the Confirmation Screen.

Adjust a Previous Payment from an Estimate/Bill/Receipt

You can use tools available from an Assistance Processing Payment Calculator frame to adjust a previous award that was underpaid from a receipt item. For example, you may need to add sales tax that was left off a previous payment and process an additional payment for the adjustment.

In Web NEMIS, an Adjustment function is accessible from the Payment Calculator.

> **NOTE:** Only underpayment corrections can be made using the **Adjustment** link.

To correct an underpayment on a previous award:

1. On the Assistance Processing screen, in the Payment Calculator frame, click on the link in the **Asst Type** field for the **Previous Award** link that needs adjustment.

2. After the Previous Payment Calculation window appears, select the **Item** link to the previous payment. (In the example below **Dtl_Est/Rcpt/Bill** is the item link.)

3. When the Item Substantiation window opens, click on the **Adjust** button to adjust the payment.

4. In the Payment Adjustment window, enter the total amount that should have been paid previously. (e.g.: **Receipt** field, **Total Paid/Due from Registrant** field, etc.).

5. Add a **Note** explaining the adjustment, and if the adjustment is due to a new document received, select the document under the **Select Additional Documents to Associate** list.

6. When you're done, click **Save**. This will return you to the Item Substantiation window.

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7. Click **Close** to close the Item Substantiation window and click **Close** again to close Previous Payment Calculation window.

8. The system subtracts the previous award from the new total and the adjustment is then shown in the Payment Calculator in the **Adjust for Prev Pmt** field.

Miscellaneous Adjustment to Payment

You can use the Misc Adjustment tool the Payment Calculator to adjust payment calculations in specialized situations. The Misc Adjustment tool is not tied to substantiation documentation. Therefore, its use should be restricted to special situations such as making a payment for Child Care or making a deduction from a standard line item amount.

To make a Miscellaneous Adjustment, use the following procedures:

1. At the top of the Payment Calculator frame, click the **Misc Adj** link.

2. Enter the Payment Amount in the **+ Misc Amount** field.

3. Add any deduction in the **– Misc Amount** field.

4. In the **Note** frames, enter a description of the payment or deduction.

5. Click the **Save** button.

After saving, the Misc Adj amount appears in the Payment Calculator.

Finalize Your Work on the Confirmation Screen

After completing an eligibility determination, use the **Confirmation** screen to generate a Comment and route workpackets to the appropriate queue.

Set the Routing Location

To set the routing location for a case decision:

1. In the **Decision** frame, for each decision you are routing out of the queue, click on the **Select** checkbox and select the **Routing** location. The subqueue will set automatically to **NON-DRM.**

   The example below shows **FEMA Approval** being selected for an EHR decision.

If there are multiple decision lines that need to be routed out of the queue, click the **Select** checkbox and set the routing location for each one. Or, if you need to keep a decision line in the queue, simply do not select it.

Splitting a Workpacket

There are a few instances in which we may need to split a Workpacket, including:

- Processing both an **Initial and an Appeal decision** together
      Example: Denying an additional Home Repair (Appeal) while paying
      Transportation for the first time (Initial)

- Making **multiple payments in the same category**
      Example: Making two ERCT rental payments at the same time because of a
      fiscal year split

- Processing needed for HA and ONA in a **Joint option disaster**
      Example: Insurance includes contents and structural settlements

- When additional **ADA processing** is required

When splitting a workpacket that contains multiple decision lines, uncheck the decision that is to remain in queue and route the checked decision

If all decision lines are being routed and you need to keep the workpacket in queue after routing the decision click on the **Split Workpacket** checkbox.

Document and Submit Your Work

To document and submit your work:

1. Click on **Generate comment** button to auto-populate system information about the eligibility decision into the **Comment Summary** and **Details** fields.

2. Edit the Comment to follow current guidance for the work done in the case. See the *Appeals Processing* SOP for detailed information about comment requirements.

3. Select the Document used for the decision from the **Related Documents** drop down menu.

4. Click the **Submit** button to finalize your work and route the workpacket(s) to the selected location.

Appendix A: Substantiation Documents Used for Appeals

In the Web NEMIS FEMA Appeal queue, you will need to create a substantiation record for each applicant document you use to process the Appeal. This means you will access Appeals documents in the Item Substantiation view and record guidance-related criteria in the system fields associated with each document.

You'll need to substantiate Appeal letters indexed into the Category: Appeals, as well as documents indexed into various other categories.

You may need to substantiate appeal documents indexed the following document categories, depending on the assistance being appealed:

- Appeals
- Dental
- Funeral
- Housing Assistance
- Insurance
- Lodging
- Medical
- Misc/Other (which also includes Child Care Item Types)
- Moving and Storage
- Other Gov Forms
- Personal Property
- Transportation

Appeal Letters (Category: Appeal)

Appeal letters are indexed into the Document category: **Appeals.** The document **Item Types** for Appeal letters include the following:

- Dtl Apl Ltr (Dental Appeal Letter)
- Funeral Apl Ltr (Funeral Appeal Letter)
- Med Apl Ltr (Medical Appeal Letter)
- Mis Oth Apl Ltr (Miscellaneous/Other or Child Care Appeal Letter)
- Mov Stor Apl Ltr (Moving and Storage Appeal Letter)
- Oth Nds Apl Ltr (Other Needs Assistance Appeal Letter)
- Per Prp Apl Ltr (Personal Property Appeal Letter)
- Trans Apl Ltr (Transportation Appeal Letter)
- HA Apl Ltr (Housing Assistance Appeal Letter)

Following is an example of substantiation fields associated with Appeal letters.

You will need to ensure any existing entries are correct, and complete any blank fields marked as required by an asterisk (*). Substantiation fields include:

- Image page number(s)
- Date of Appeal Letter?
- Does letter clearly state what is being appealed?
- Is the Appeal Letter signed?

- Verified
- Is this item a duplicate?
- Do not add this item to the calculator

The HA Appeal letter also includes an additional question that asks, "What type of Housing Assistance is being appealed?"

Types of Housing Assistance to select include:

- Rental Assistance
- Home Repair
- Transient Accommodations

- Replacement Housing
- Permanent Housing

Web NEMIS Initial Assistance

FEMA Manual Determination

Reference Guide

IA Training & Development Section

January 2021

V.2.0

Table of Contents

About this Guide

This guide provides instructions for performing FEMA Manual Determination case processing tasks in Web NEMIS. It includes instructions for basic tasks such as creating a pending line, requesting an inspection, updating verification requirements, and manually generating the types of letters most commonly used in FEMA Manual Determination processing.

This guide explains how to access and substantiate applicant documents on the Item Substantiation window, which is a unique feature available in Web NEMIS. It also describes how to add document substantiation items and verbal substantiation items.

For assistance categories worked in FEMA Manual Determination, Web NEMIS provides category-specific assistance processing screens. This guide includes detailed steps for processing requests on these screens.

In addition, this guide provides instructions for recording insurance information in Web NEMIS. It also explains how to handle cases flagged as duplicates and cases that need to be manually linked due to shared occupancy.

The *Table of Contents* includes a complete listing of FEMA Manual Determination tasks covered in this guide. Each listing is a hyperlink. You can go directly to a desired section by scrolling over the section title, pressing the Control key, and left clicking the mouse.

The header information at the top right of each page will identify what section you are in.

Unique Web NEMIS Features

Web NEMIS includes various unique ways to view key case elements or perform actions in a case quickly and effectively.

- Several screens allow agents to review all comments in a case together.

- Web NEMIS creates a category-specific assistance processing screen whenever a pending line is created.

  These screens provide all the frames and fields you need to process specific categories after you've reviewed a case for general eligibility criteria.

- Substantiation screens with customized fields for verifying submitted documents help ensure agents do not overlook critical processing criteria required in each document.

- Calculator and sub-calculator tools in various locations help agents determine eligible amounts.

- After HOI-type insurance settlements for Housing or Personal Property assistance are substantiated, Web NEMIS auto-populates a record of the insurance details to the Assistance screen.

- Fields used for recording assistance determinations prevent agents from selecting an eligible or ineligible determination if the document substantiation process indicates the determination should be otherwise.

- The Confirmation screen allows you to route assistance lines to multiple queues without splitting the workpacket.

- You only need to split a workpacket if you select to route all assistance lines out of the queue and need to keep the case in the queue after routing. You can simply select a "Split Workpacket" checkbox on the Confirmation screen to do so.

Creating a Pending Line

If a case does not include an active pending line for a category of assistance needed by the applicant, create a pending line to use for processing the category.

You can add a pending line using the **Add Assistance** link at the bottom left of every screen. You can also add a pending line on the Assistance screen using the category specific **Add** links at the top of the Assistance frames.

To add a pending line:

1. Click the **Add** link in the PP/Other Assistance frame of the Assistance screen. (OR click the **Add Assistance** link in the left menu.)

2. If using the **Add Assistance** link, select the **Program** from the drop-down list.

3. Select the appropriate assistance category in the **Category** field.

4. Select **Initial** from the **Asst Type** drop-down list.

5. Select the appropriate "Pending" code in the **Eligibility** field.

   - Select **IPND** if the case needs to be reviewed for insurance coverage after inspection

   - Select **PND** if the decision does not require an insurance comparison.

6. **Save** your work.

After the pending line is created, a link for the selected assistance category will appear under the Banner. This link will open the category-specific assistance screen where you can process the appeal request.

Item Substantiation Tasks

Accessing the Item Substantiation Window

In Web NEMIS, it is important to award forms of assistance based on documents such as receipts, bills, and estimates using tools in the document Item Substantiation window. Item Substantiation fields include sub-calculators where you can add and subtract eligible/ineligible amounts shown on the expense document.

It is also important to use the Item Substantiation window to substantiate documents submitted to meet verification requirements such as identity, occupancy, ownership, and other verifications. The substantiation fields associated with each document item are intended to ensure caseworkers verify crucial guidance criteria required for processing.

Accessing the Document Item Substantiation Window

Before starting the substantiation process, if there is no pending line for the category requested, create one first. (See *Creating a Pending Line* on page 10 for instructions.) Once the pending line is created…

- Use the Correspondence Received frame on the Communication screen to review documents submitted for:

    - Initial Rental assistance (e.g. insurance settlement/denial/declaration page, lack of insurance statement)
    - Moving/Storage assistanc

- Use the Correspondence Received frame on the appropriate Category-Specific screen to review documents submitted for:

    - Lodging Expenses Reimbursement assistance
    - Medical assistance
    - Dental assistance
    - Transportation assistance
    - Miscellaneous/Other assistance
    - Child Care Assistance assistance

You can view and substantiate one set of document items at a time in Item Substantiation view.

Accessing Document Substantiation View from the Communication Screen

If you need to substantiate documents submitted for Initial Rental, Moving and Storage, Misc Other, or Child Care requests:

1. Click the **Communication** link to access Communication screen.

2. Select the document link in the **View Document** column of the **Correspondence Received** frame.

Correspondence Received		Help				
Item	View Document	• Postmark Date	Received Date	• Scan Date	Doc ID	Source
○ Hotel/Motel Receipt	HOTEL/MOTEL RCPT 1 PG		06/26/2017	06/26/2017	52044220	Mail
○ Misc Other Estimate/Receipt	MISC OTHER EST RCP 1 PG		06/26/2017	06/26/2017	52584847	Mail
○ Moving/Storage Estimate/Receipt	MOV STOR EST RCP 1 PG		06/26/2017	06/26/2017	52590462	Mail

3. The document item will open in Substantiation view. Click the View Full Image link to review and verify details of the document.

4. Review, update and/or complete the Substantiation questions for the item.

5. Click **Save** to save your work to return to the Communicat3 tion screen.

Accessing Document Substantiation View from a Pending Assistance Screen

If you need to substantiate documents submitted for Lodging Expenses Reimbursement, Moving and Storage, Medical/Dental, or Miscellaneous Other appeals:

1. Click the link for the pending assistance category under the Banner to navigate to the associated assistance processing screen.

2. Expand the **Correspondence Received** frame by clicking on the "Plus" ("**+**") sign beside the frame label.

   Notice in the image below that the first two rows include a Plus (**+**) sign in the first column. These rows represent sets of documents. The number of document items in each document set is identified in the **# of Items** column.

Correspondence Received								Help
+/- Category	# of Items	Calculator	Verified	Item Type/Description	DMARTS Document ID	Duplicate Of	Received	Last Viewed
⊞ Insurance	2			Ins Settlement	m100a100a1015b2c		06/12/2017	07/28/2020
⊞ Lodging	2			Hotel/Motel Rcpt	m100a100a1015b9G		06/26/2017	
HA	1			Merchant's Statement	Manual			
HA	1			Official's Statement/Letter	Manual			
Info Control	1			90-69B	Manual			
Insurance	1			Applicant's Statement of Lack of Insurance	Manual			

3. Next, click the "Plus" ("**+**") sign beside the Category name to expand the list of all document items in a set of documents.

   • Below, the first set of documents has been expanded, so the document items in that set are shown in the list.

- Notice also the DMARTS Document ID is longer for a document set than for individual document items.

4. Next, click on **the DMARTS Document ID** link for an individual document item. (Notice above, this is a smaller Document ID string than the Document ID for the set of documents. Also, the Document ID for an individual document item is numeric, whereas for a set of documents the Document ID is alphanumeric.)

The item you selected will be shown in the Item Substantiation window.

NOTE: Items selected from the previous screen are not highlighted initially. However, items selected within the Item Substantiation window will be.

- At top, this window lists all items included in the set of documents.

  o Select an item from the list at top to answer substantiation questions about that document item.

  o You can use the **Add** link at the top of the frame to add an item when you need to use a single document item for multiple substantiate purposes.

- The bottom left frame includes an image of the selected document item.

  o You can use the **View Full Image** link to view the item in an image viewer application.

  o You can use the **Back** and **Next** links and/or the **Page** field to view the previous or next page of a document item.

CAUTION: Because these links can navigate to pages that include other document items, keep in mind that substantiation questions apply only to the item selected at the top of the window.

- The bottom right frame identifies the document Category and Item Type and provides substantiation fields for you to enter details from the document.

  o Substantiation fields marked by an asterisk (*) are required for Web NEMIS to save substantiation.

  o **Complete all fields for which information in the document is available.**

NOTES:

- If a document item in a set of documents is not a document needed for your current work, you will not need to substantiate it.

- If the **Item Type** for the document is incorrect, select the correct option from the pulldown menu in this field.

- If you find a document you need to substantiate that was indexed into the file with a category or item type for a different form of assistance, you can **Add** another substantiation item to associate with document.

Add a Substantiation Item for a Document on File

Specific substantiation items are created in Web NEMIS for each document indexed into DMARTS to help caseworkers ensure documentation meets criteria required for processing. Sometimes the substantiation items needed for certain documents are not created during the indexing process. Also, sometimes a document item is correctly indexed in a specific category, but you may need to use it as substantiation for a different category. For example, you may need to use a mortgage statement indexed as a CTHA Expense to substantiate ownership for a Home Repair need.

Add separate substantiation items from an existing document when:

- A needed substantiation item was not created for a document item you need to use for processing

- The document item was indexed into a different category than the one you need to use it for

- Multiple document items (such as medical receipts or bills) that need to be substantiated separately were indexed as one multi-page document item

- An insurance settlement includes multiple coverages, such Structure, Contents, and ALE.

    o For example, three substantiation items would be created for a settlement with Structure, Contents and ALE payments so the document can be used to substantiate Home Repair, Personal Property, and Rental Assistance.

To add a substantiation item from the Item Substantiation window:

1. Access the Item Substantiation window.
2. Click the **Add** link at top of the **Correspondence Received** frame. This link creates a new substantiation item for the document set.

3. The **Add** button opens a new, blank substantiation area. Choose the appropriate Category and Item Type from the drop-down list.

Once the Item Type is selected, remaining substantiation fields that are specific to that item type will appear.

4. Modify and complete the substantiation questions for the new item.

5. After completing substantiation entries, click **Save**.

6. When the **Item Substantiation Description** pop-up appears, enter a description of the new document substantiation item. (In the example, "ALE Insurance Settlement" would be an accurate description.)

The **Category** and **Item Type/Description** for the document set will be changed to indicate the document set includes an ALE settlement payment.

Adding Verbal Substantiation Items

A substantiation item verifies an eligibility requirement for a related category of assistance. In some situations, we can add a substantiation item from information obtained verbally from the applicant or a third party.

Some examples of verbal statements that can be recorded as substantiation include:

- Insurance company's verification of an applicant's insurance settlement details

- Insurance company's verification of denial, coverage/lack of coverage, or failure to file a claim

- Landlord's statement verifying the need for an applicant to relocate

- Mechanic's verification of disaster-caused damages to an automobile

If you substantiate processing criteria verbally with an insurance agent or other party, and a document is not on file for which you can record the associated verbal substantiation details, you can use Web NEMIS tools add a verbal substantiation item.

NOTE: You'll need to use different steps for insurance coverage or settlement substantiation than you will for other forms of substantiation.

Adding Verbal Insurance Coverage and Settlement Substantiation

To add verbal insurance coverage and/or settlement substantiation received from an insurance company for a Homeowners type policy (including Homeowners, Mobile Home, Condo, and Renters, insurance), you'll use the **Add** link on the **Insurance Substantiation/Settlement** frame of the **Assistance** screen, **Home Repair** screen, or **Personal Property** screen.

NOTE: The following instructions step you through the process of adding both policy and settlement details.

1. First enter details about the policy, if this has not been done yet:

   a. In the Insurance Substantiation/Settlement frame, click on the **Substantiation: Add** link.

b. In the **Add Substantiation** window, add general policy and coverage information:

- **Insurance Type** and **Company Name** are required.

- Use "**Other**" field to indicate ALE Coverage.

- If ALE is covered, use **ALE** field to indicate **YES**.

- If ALE=**YES**, fields appear for arrangement details.

2. To add details about the settlement:

a. If you are on the Add Substantiation window, click the **Add** link in the Insurance Settlement frame.

    OR

    If policy details were previously saved, click the **Settlement: Add** link on the Substantiation/Settlement frame of the Assistance screen.

b. In the **Add Insurance Settlement** window, add general information and settlement details.

- **Settle Date** is required.

- A **Settlement Amount required** for at least 1 coverage type. The settlement amount **must be greater than 0**.

- If the entire ALE settlement amount has been disbursed and no more ALE is forthcoming, select **YES** for **ALE Exhausted**.

- Use "**Other**" fields to enter the ALE settlement amount.

3. After completing insurance settlement entries, **Save** your work.

A settlement record will appear in the Substantiation/Settlement frame of the Assistance screen. All forms of coverage recorded will appear on the same line.

Add a Substantiation Item from Other Verbal Verification

To add a verbal substantiation item received to verify information other than insurance policy coverage or settlement details, you'll use tools on the Correspondence Received frame of the Communication screen.

Some examples of verbal statements that can be recorded as substantiation include:

- Landlord's statement verifying the need to relocate

- Mechanic's verification of disaster-caused damages to an automobile

- Insurance company's verification of denial, lack of coverage, or failure to file a claim

You will also need to record the information received during the courtesy call in a detailed contact and/or comment, in accordance to processing guidance.

To add a verbal substantiation record:

1. From the **Communication** screen, click the "Add" link at the top of the Correspondence Received frame

2. Complete the data entry fields

3. Click **Save** to finish the new Substantiation item.

Requesting an Inspection

To request an inspection:

1. From the **Inspection Status** screen, click on the '**Request Inspection**' link.
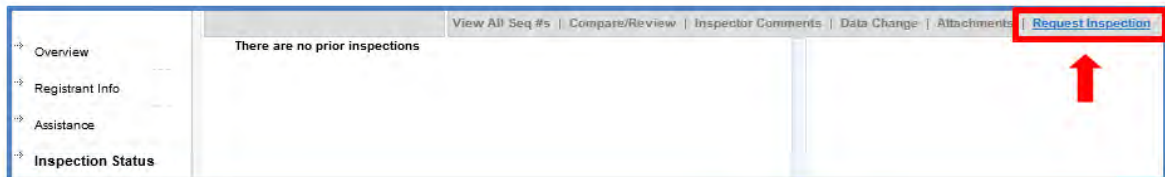
2. In the **Inspection Reason** drop-down on the **Request Inspection** window, select the appropriate inspection reason.
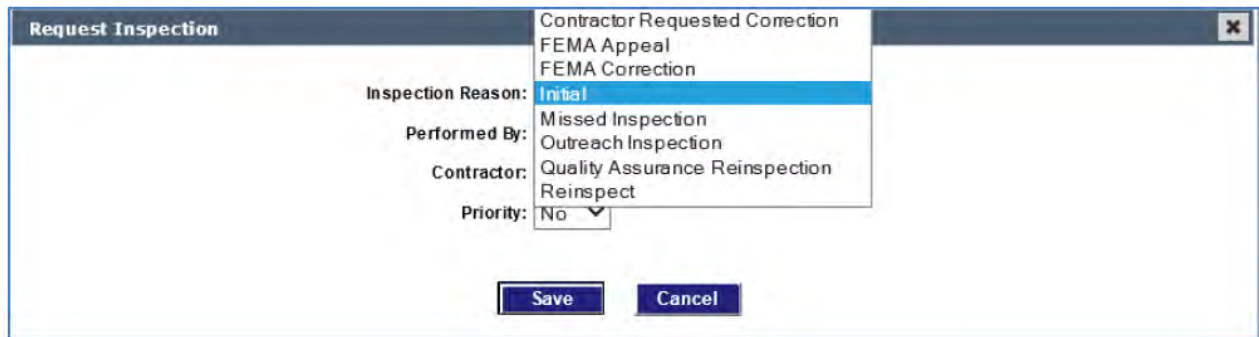
3. Click the **Save** button.

4. When the Request Inspection window is displayed, record a comment to explain the reason for the inspection request.

Record the comment in accordance with guidance in the following *Inspection Requests and Comparisons* SOP:

Generating Request Letters

The Request letters used to request applicant documents in initial case processing generally include:

- **ADOC** (to request information needed for Housing Assistance or Personal Property)

- **RFI** (To request ONA Information)

For specific information about how to generate these letters and select the appropriate text inserts, see the *Codes, Verifications, Request Letters, and Assistance Types* SOP.

Request for Documentation (ADOC) Letter

Although the ADOC is generally used for Appeals requests, it is also used for initial processing to request certain information, such as hotel/motel receipts, utility outage or inaccessibility confirmation.

Addressing Assistance Lines in the Case

When generating an ADOC letter, keep in mind that a case with an ADOC letter must be routed to the **FEMA Complete** queue. Also be aware that the FEMA Complete routing option is **not available** for an individual assistance line.

Therefore, before you attempt to route a case with an ADOC letter to FEMA Complete, address any pending lines or decision lines as follows. (**NOTE:** You can perform these steps either before or after you generate the ADOC letter.)

1. **If a pending line exists for the category for which you are generating the ADOC,** go to the **Assistance** screen and delete pending line.

2. If any other forms of assistance need to be addressed:

   o Complete casework actions necessary to process the assistance category.

   o On the **Confirmation** screen, select the appropriate routing location for each decision line.

   o To ensure you retain the ADOC workpacket in the queue after routing, select the **Split Workpacket** checkbox.

In the example below, a Transportation pending line is selected for routing to Info Control, Pending Receipt, and the **Split Workpacket** field is selected to retain a case workpacket in the queue after the pending line is routed.

3. Complete any remaining actions needed on the Confirmation screen, such as creating contacts, generating other letters, generating a comment, etc.

4. Select the **Submit** button.

Generate the Letter

IMPORTANT! In accordance with PPM processing guidance, before (or after) you generate the ADOC letter, make at least one courtesy call attempt to the applicant to explain documentation requirements. Record call details in an appropriate Contact as instructed in guidance.

To generate the ADOC letter:

1. Click on the appropriate link to generate letters.

   - From the **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

   - From the **Communication** screen, click the **Add** link in the **Outgoing Correspondence** frame.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder.

3. Select **APPEAL**, then select **ADOC - Appeal request DOCUMENTATION** and click **Next**.
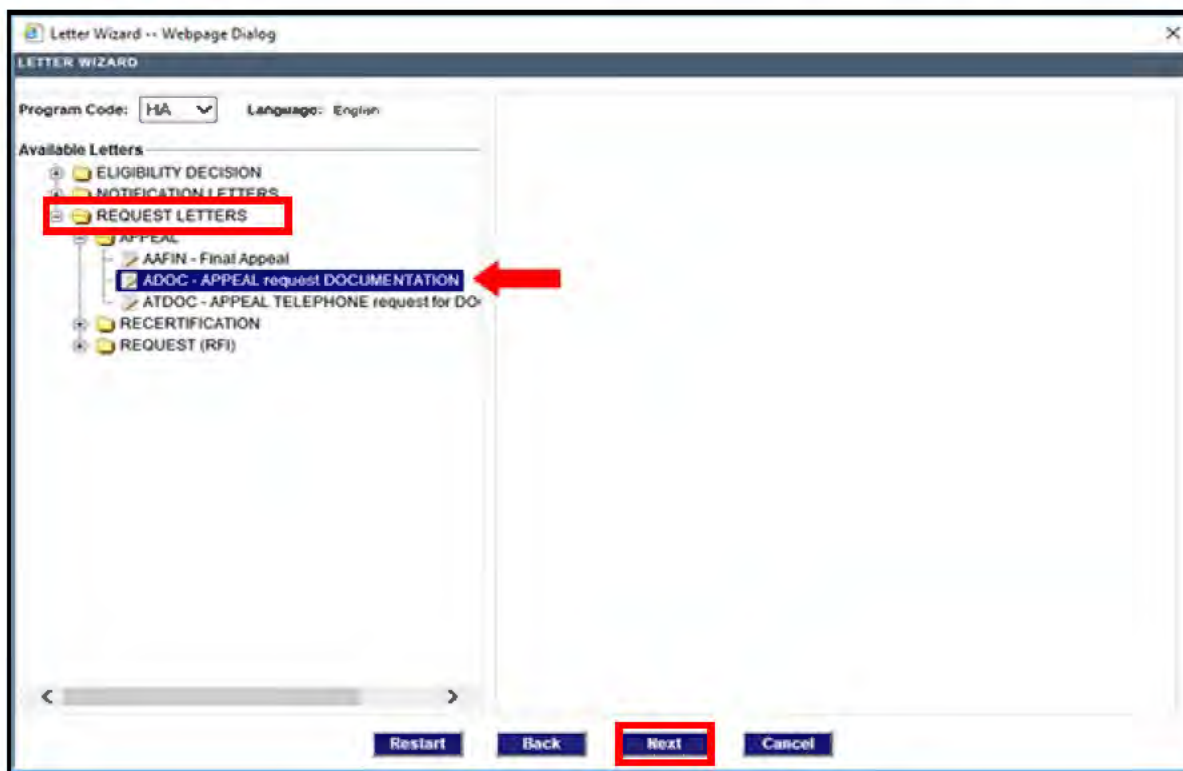
4. In the **Select the Letter Components** frame, each letter component requires a selection. Select **N/A** (not applicable) for all letter components except those in the **ADOC MISSING INFO LIST**.
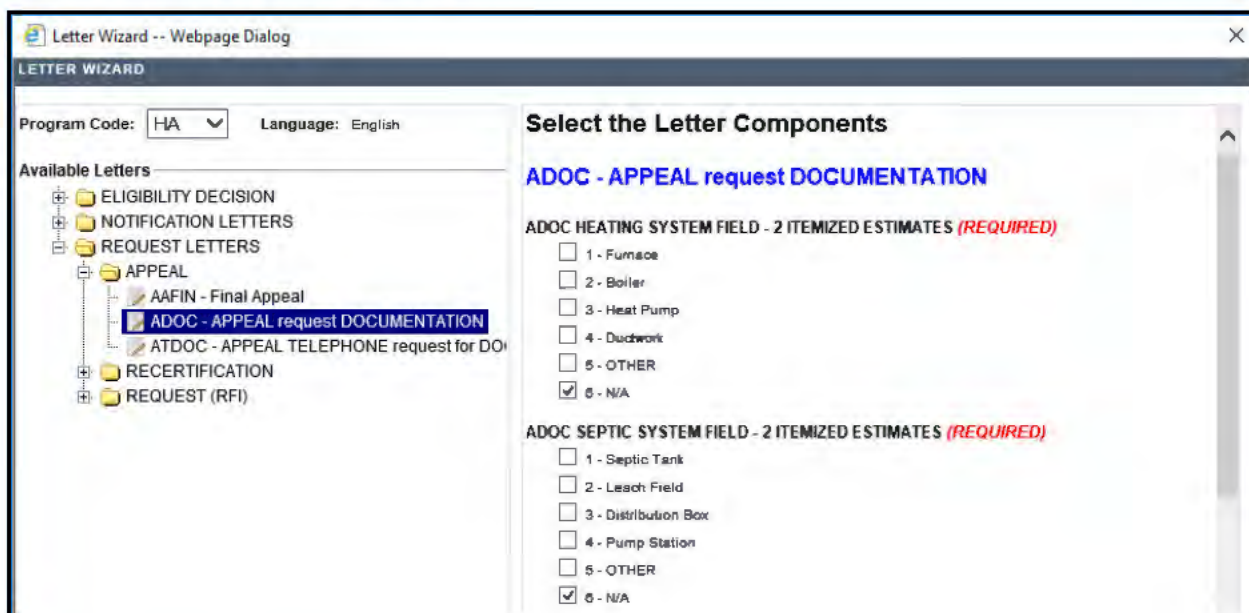
5. In the **ADOC MISSING INFO LIST**, select the appropriate options (for example, **Missing Hotel/Motel Receipts** and/or **Verification of Utility Outage or Inaccessibility**).

6. **Click** the **Next** button.

7. Select to **Preview** the letter to see if all required documentation is being requested.

8. When finished previewing, **close** the letter window by using the "**X**" icon at top right of the window.

9. Click the **Finish** button to finish generating the letter and return to the Confirmation or Communication screen.
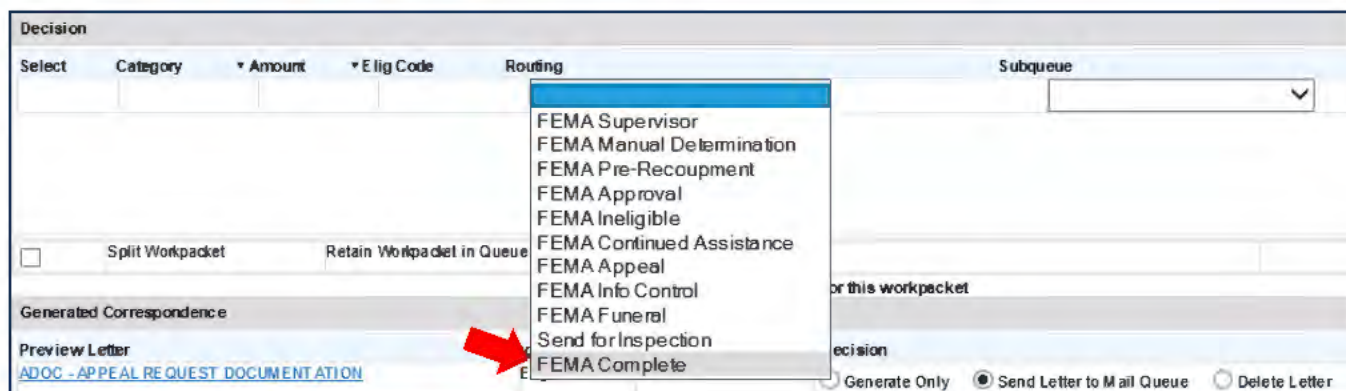
10. Complete other casework tasks, if needed, and navigate to the **Confirmation** screen.

NOTE: Although no assistance lines are in the case, the Confirmation screen is available because Web NEMIS detects a letter that must be routed to FEMA Complete.

Routing the Remaining Workpacket
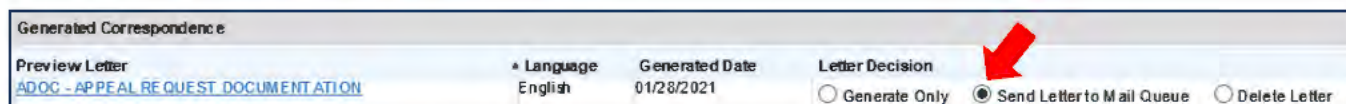
After addressing all other assistance and generating the ADOC, continue as follows:

1. In the **Decision** frame of the Confirmation screen, select **FEMA Complete** from the **Routing** field. (**NOTE:** The **FEMA Complete** option is provided only when no assistance lines are in the case.)

2. In the **Generated Correspondence** frame, select the **Send Letter to Mail Queue** option for the ADOC letter.

3. Create a **Comment** to record the documentation request, if not done previously.

4. Click the **Submit** button to route the workpacket and exit the case.

RFI Letter

Request for Information (RFI) letters are generally used to request information for ONA expenses that are not verified at inspection. When an applicant is missing essential documents needed to process a decision, send an RFI letter to request the documents. RFI letters list the documentation applicants need to submit to verify the need for an associated assistance category.

NOTE: If an initial RFI was auto-generated following registration and requested information is not on file, you may generate a second RFI. However, if an initial RFI was manually generated and the deadline for returned documents has expired, do not generate a second RFI; instead, you'll need to process a determination.

Follow appropriate processing guidance regarding courtesy calls to the applicant to explain documentation requirements.

1. Before generating an RFI letter, ensure there's a pending line for the associated assistance category. (See *Creating a Pending Line* on page 10 for instructions if you need to create one.)

2. Click on the appropriate link to generate letters.

   - From the **Communication** screen, click the **Add** link in the **Outgoing Correspondence** frame.

   - From the **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

3. When the Letter Wizard opens, in the **Available Letters** frame, click on the **Request Letters** folder
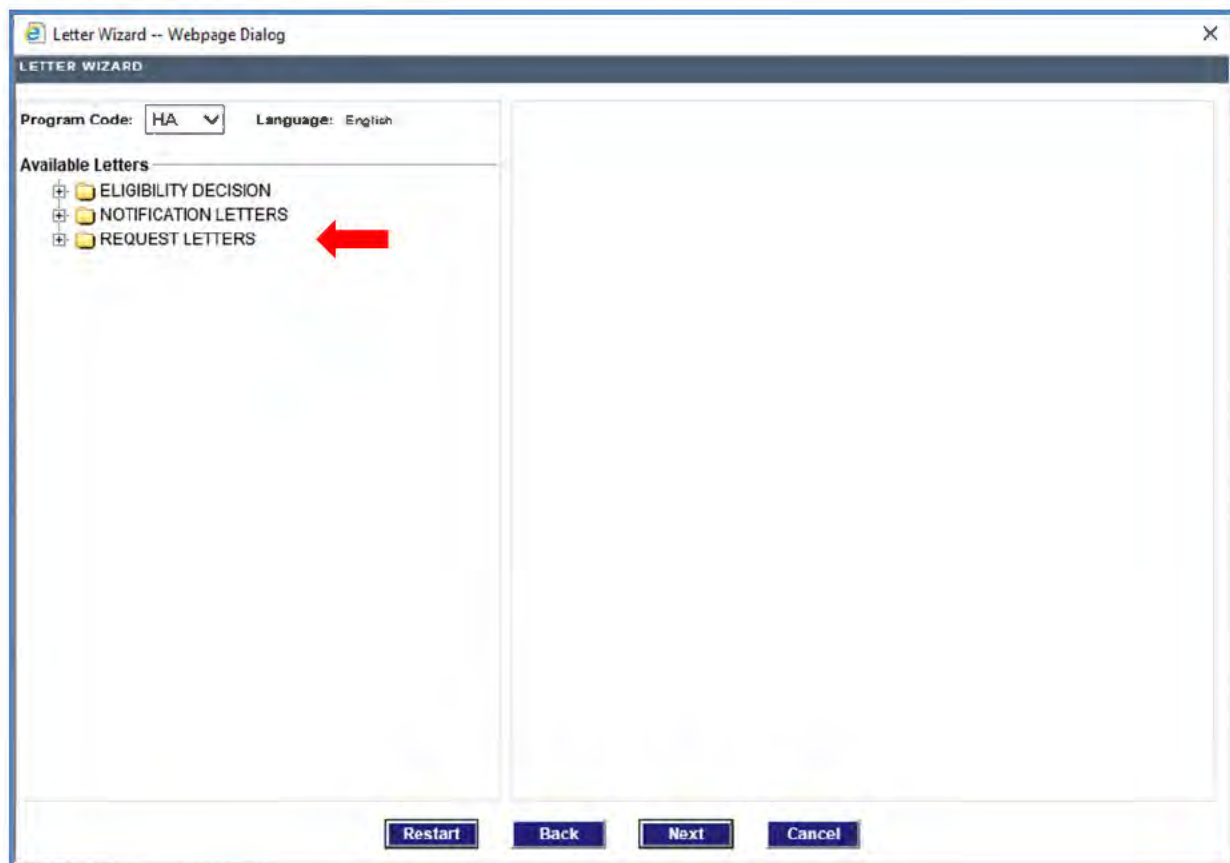
4. Expand the **Request (RFI)** Folder and select **For Information (1st request)**.
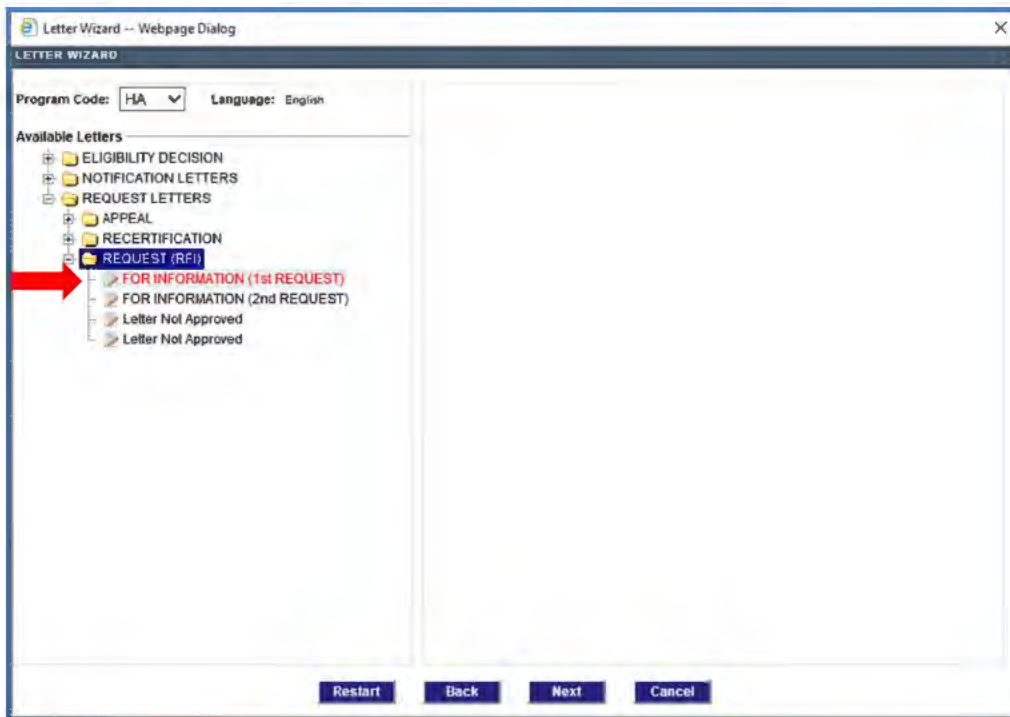
5. Check the box beside the insert that fits the situation. Multiple inserts can be selected if requesting documents for multiple categories.
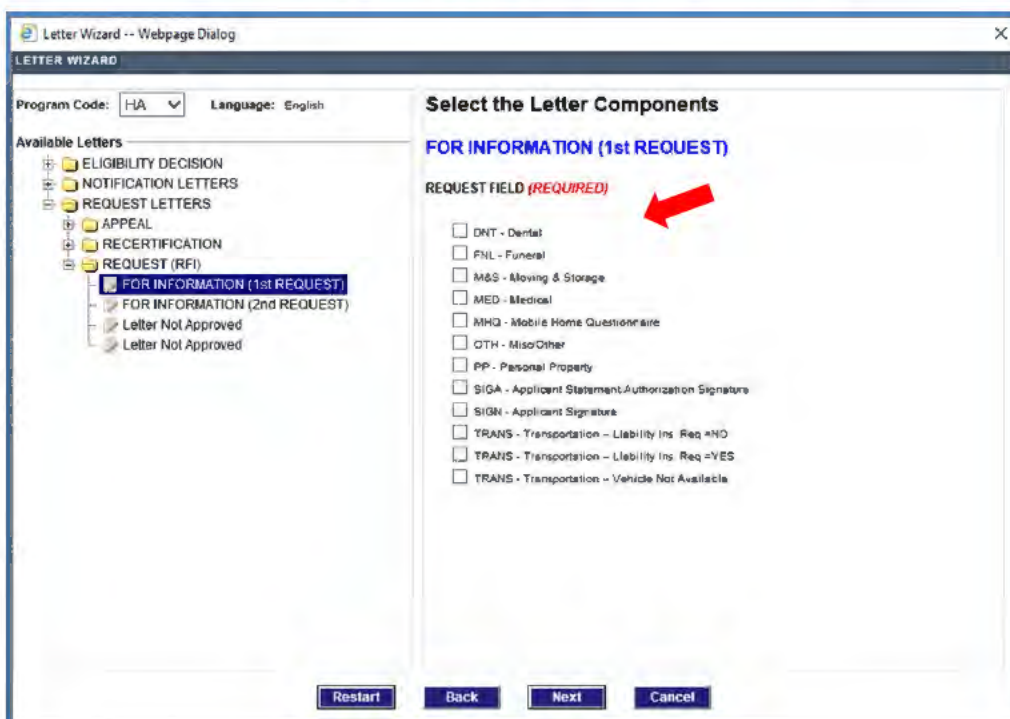
RFI Inserts include:

- o DNT – Dental
- o FNL – Funeral
- o M&S – Moving and Storage
- o MED – Medical
- o MHQ – Mobile Home questionnaire (not used)
- o OTH – Misc/Other
- o PP – Personal Property
- o SIGA – Applicant Statement/Authorization Signature
- o SIGN – Applicant Signature
- o TRANS – Transportation – Liability Ins Req = NO
- o TRANS – Transportation – Liability Ins Req = YES
- o TRANS – Transportation – Vehicle Not Available

6. After selecting the appropriate RFI options, click **Next.**

7. **Preview** the letter to determine if all required documentation has been requested.

8. After previewing the letter, close the letter using the "**X**" icon at top right of the window.
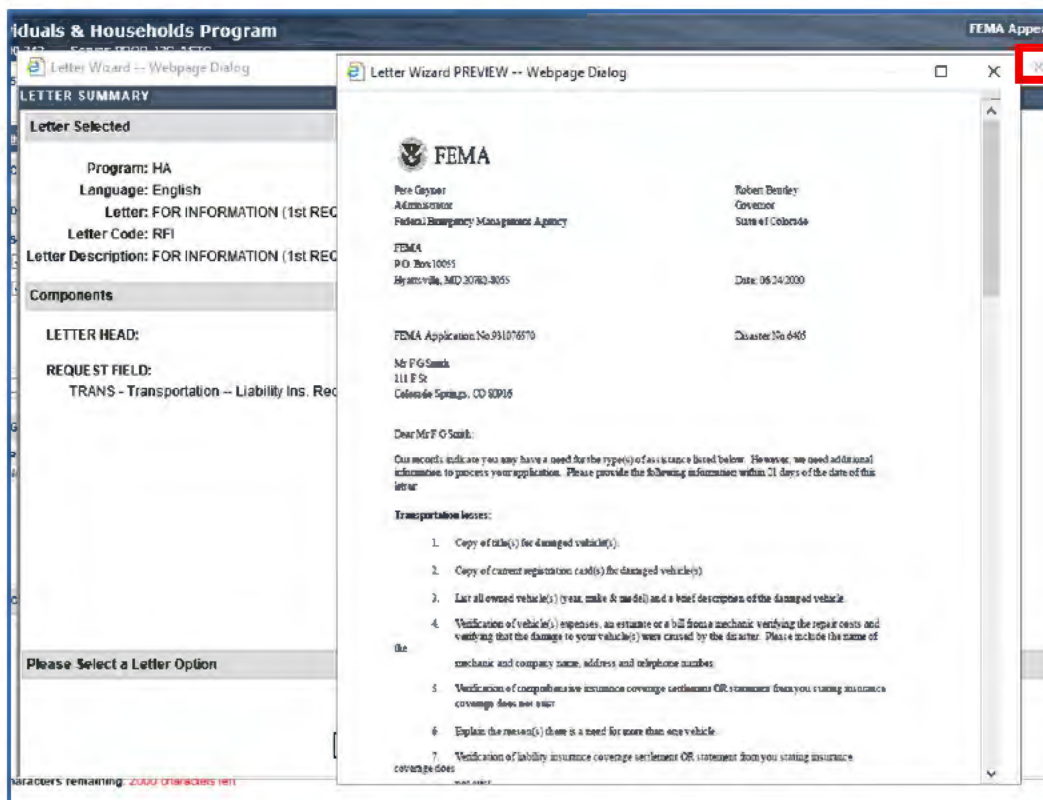
9. Click the **Finish** button.

Set the Timer for RFI Response

Next, "set the timer" for return of documents by setting an associated verification requirement to "Pending Response." To do so:

1. From the Info Control screen or associated assistance category processing screen, select a category-specific verification requirement, and then click the **Decision** link.
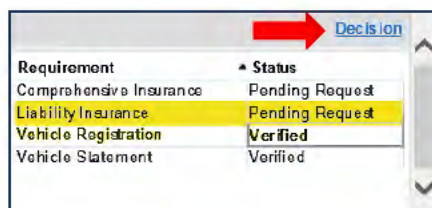
2. On the **Decision** window, select **Pending Response** as the Verification Status, and click **Save**.

3. Complete any other processing updates as needed, and navigate to the **Confirmation** screen.

4. In the **Generated Correspondence** frame select the "**Send letter to mail queue**" radio button.

5. Create a **Comment** that includes the documentation request.

6. Route the associated assistance line to the **Info Control/Pending Receipt** queue.

Generating Ineligible Letters with Text Inserts

Most "SUPER" letters used for eligibility determinations are auto generated upon routing; however, some ineligible letter require a custom text entry, and therefore they must be manually generated. You will select the appropriate text insert for the case when you generate these letters. These letters include:

- **INI**, **INFI** (Ineligible - Has Insurance) letters for HA and Personal Property categories
- **INO** (Ineligible Other Reason) letters for HA categories
- **IOR** (Ineligible Other Reason) letters for ONA appeal denials

After these letters are generated, NEMIS automatically sends the letters to the mail queue after the decision is approved. When generating decision letters, Do NOT mark the box "Send to the Mail Queue" on the confirmation page.

Some general reminders:

- For additional information about these letters and their text inserts, see the *Codes, Verifications, Request Letters, and Assistance Types* SOP.

- When you generate one of these types of letters, make sure you **Route** the associated assistance line to the appropriate queue.

Ineligible Due to Insurance (INI/INFI)

You'll need to generate an INI or INFI letter when you make an INI or INFI determination for Housing or Personal Property assistance due to insurance coverage.

- INFI is used for applicants with structure and/or contents Flood insurance.

- INI is used for Homeowners (HOI) and similar types of insurance such as Homeowners, Mobile Home, Condominium, and Renters insurance for structure, contents, and or additional living expenses (ALE).

INI and INFI codes indicate either or the following:

- An insurance settlement covered the disaster damages, OR

- 12 months following registration, an insurance settlement or denial is not on file

INI/INFI letters explain the specific ineligible reason for the insured assistance.

Record INI/INFI Determination

Before generating the letter, first record the INI/INFI eligibility determination, as follows:

1. If a **pending line** has not been created for the ineligible insured category, add a pending line. (See *Creating a Pending Line* on page 10 for instructions.)

2. Access the category-specific assistance screen created with the pending line (e.g., Rental Assistance, Home Repair, or Personal Property, screen).

3. In the decision area at bottom the of Payment Calculator frame (or in the Worksheet for Rental Assistance), select the appropriate **Assistance Type** (e.g., Initial, Additional, Reconsideration, etc.) and select **INI** or **INFI** as the **Eligibility Code**.

   NOTE: To locate the determination code, use the **Eligibility Combo Wizard** link.

4. Click **Continue** to save the determination.

5. Make at least one courtesy call attempt to the applicant to explain the documentation requirements, in accordance with appeals processing guidance.

Generate INI/INFI Letter

Next, to generate the INI/INFI letter:

1. Click on the appropriate link to generate letters.

   - From the **Communication** screen, click the **Add** link in the **Outgoing Correspondence** frame.

   - From the **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **ELIGIBILITY DECISION** folder.

3. Select **Eligibility decision, flood rqmnt, miti list** and click **Next** to continue.
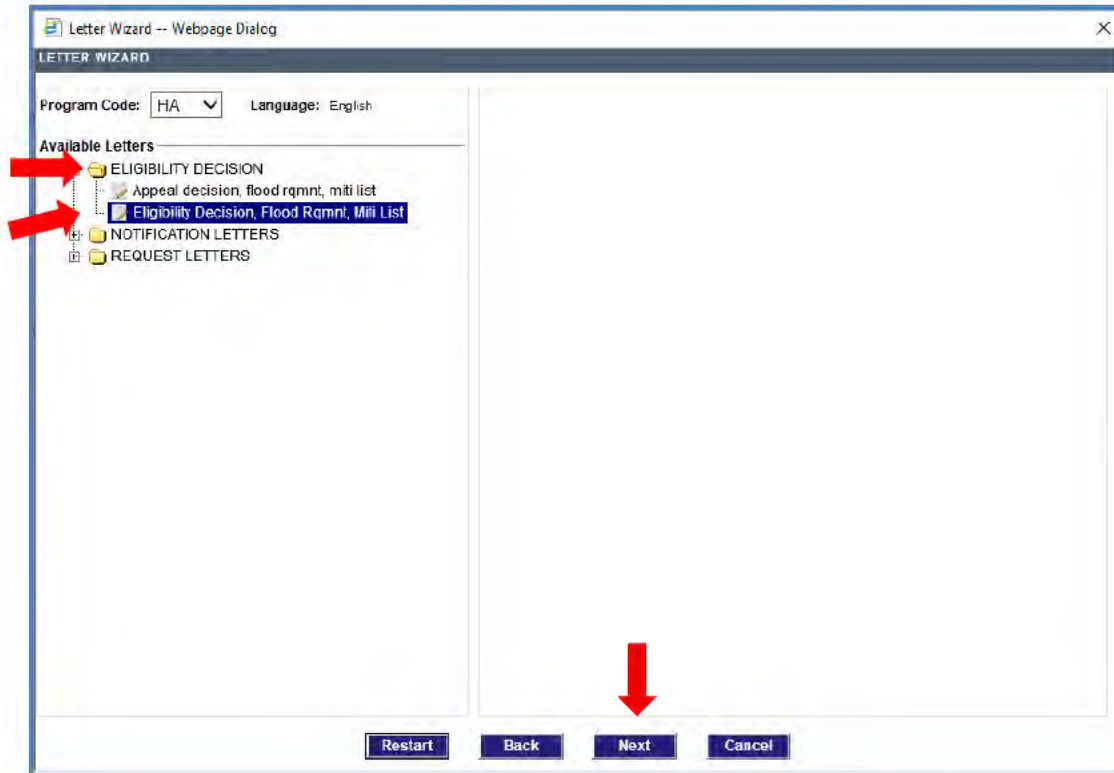
4. Select the check box next to the listed Category and **INI/INFI** determination, and then click **Next** again.

5. In the INI list, select the check box next to the appropriate insert for the decision.

INI Inserts include:

- INI – Dental
- INI – Ins Covers Living Expenses
- INI – Ins Settlement Exceeds FEMA Eligible Dmg
- INI – Medical
- INI – Missing Ins Settlement or Denial Letter
- INI – Moving and Storage
- INI – Other
- INI – Vehicle
- INI – HA

INFI inserts Include:

- INFI – Flood Insurance
- INFI – Settlement Exceeds FEMA Elig Damage
- INFI – Missing ins Settlement or Denial Letter

6. Click **Next** again.

7. Review letter components and click **Preview** to view the letter and ensure it was generated correctly.

Program: HA
Language: English
Letter: Eligibility Decision, Flood Rqmnt, Miti List
Letter Code: SUPER
Letter Description: Eligibility Decision, Flood Rqmnt, Miti List

Components

LETTER HEAD:

INTRO BLOCK:

GIS INSPECTION BLOCK:

APPROVAL BLOCK:

DENIAL BLOCK:

INEL ONLY BLOCK:

INI List:
    INI - Ins Settlement Exceeds FEMA Eligible Dmg

EXPEDITED 9069 REQUEST:

ASSISTANCES:

    HA - MR - INI - Ineligible - Ineligible Insurance - INIT - 12/01/2020

Please Select a Letter Option

⦿ Generate Only

[Restart]   [Finish]   [Preview]   [Cancel]

8. The letter will appear in the Letter Wizard Preview pop-up window. After previewing the letter, use the "X" icon at top right to close the window.

9. Click the **Finish** button to complete the letter generation.

10. Complete any other processing updates as needed, and on the **Confirmation** screen, create the Ineligible Comment to include the denial reason.

11. Route the associated assistance line to the **FEMA Ineligible** queue.

12. Click **Submit** on the Confirmation screen to complete processing.

Ineligible Other Reason for HA (INO)

The INO letter is used for Denials in some HA decisions. Like other custom letters, the INO letter has multiple insert options. To generate an INO letter from the Confirmation screen, follow these steps.

Record INO Determination

Before generating the letter, first record the INO eligibility determination, as follows:

1. If a **pending line** has not been created for the ineligible category, add a pending line. (See *Creating a Pending Line* on page 10 for instructions.)

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom of the Payment Calculator frame (or in the Worksheet for some categories), select the appropriate **Assistance Type** (e.g., Initial, Additional, Reconsideration, etc.) and **INO** as the **Eligibility Code**.

   NOTE: To locate the determination code, use the **Eligibility Combo Wizard** link.

4. Click **Continue** to save the determination.

Generate INO Letter

Next, to generate the INO letter:

1. Click on the appropriate link to generate letters.

   - From the **Communication** screen, click the **Add** link in the **Outgoing Correspondence** frame.

   - From the **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **ELIGIBILITY DECISION** folder.

3. Select **Eligibility decision, flood rqmnt, miti list** and click **Next** to continue.
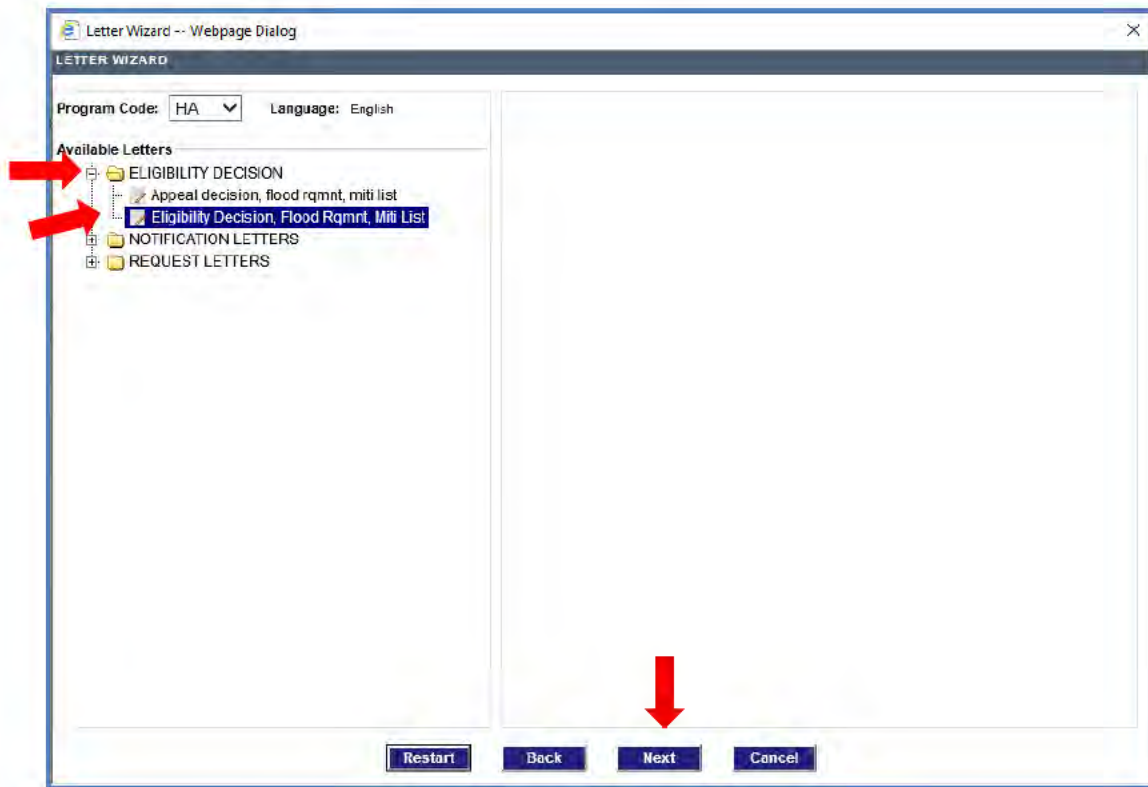
4. Select the check box next to the category and ineligible decision, and click **Next**.
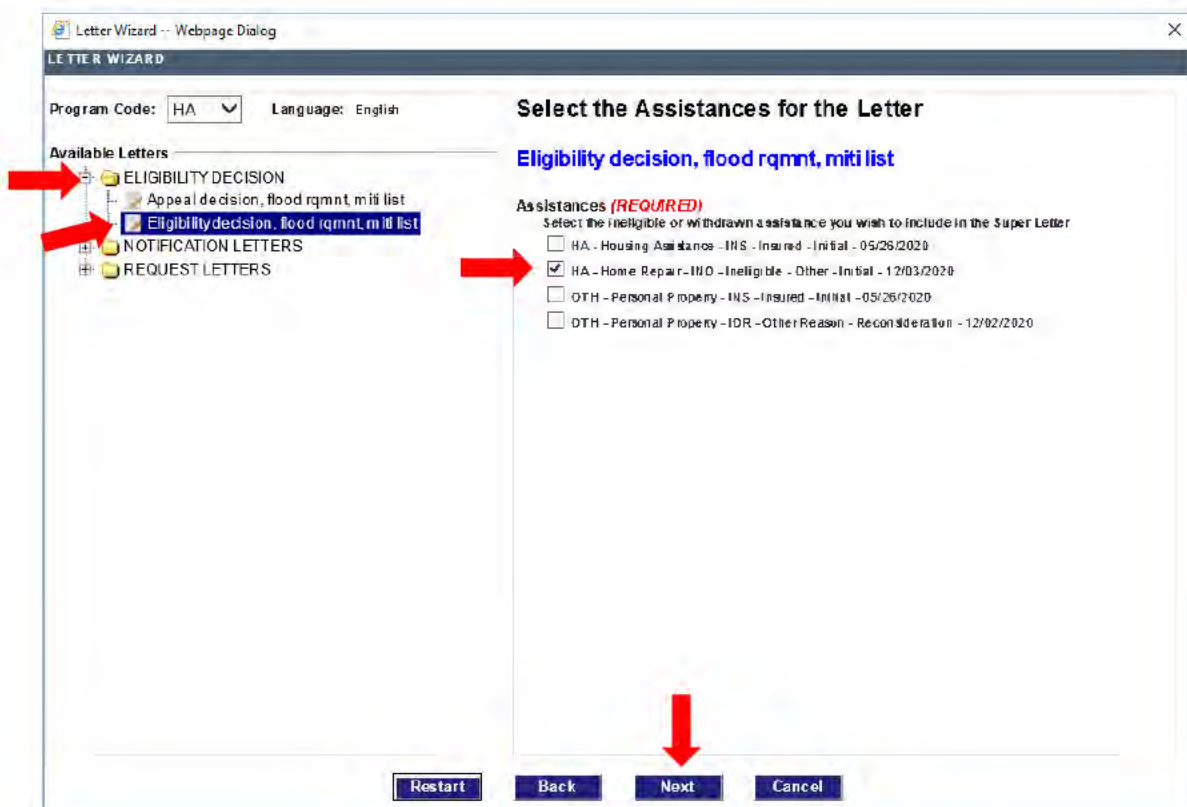
5. On the Letter Components frame, select the appropriate INO letter insert option and click **Next**.

6. Next, review the letter components and then click **Preview** to view the letter and ensure it was generated correctly.

7. The letter will appear in a pdf format in the Letter Wizard Preview window. After previewing the letter, use the "X" icon at top right to close the window.

8. Next, click the **Finish** button to complete the letter generation.

9. Complete any other processing updates as needed, and on the **Confirmation** screen, create the Ineligible Comment to include the denial reason.

10. Route the associated assistance line to the **FEMA Ineligible** queue.

11. Click **Submit** on the Confirmation screen to complete processing.

Ineligible Other Reason for ONA (IOR)

The IOR letter is used for Denials in some ONA decisions. To generate an IOR letter from the Confirmation screen, follow these steps.

Record IOR Determination

Before generating the letter, first record the IOR eligibility determination, as follows:

1. If a **pending line** has not been created for the ineligible category, add a pending line. (See *Creating a Pending Line* on page 10 for instructions.)

2. Access the category-specific assistance screen created with the pending line.

3. In the decision area at bottom the Payment Calculator frame (or in the Worksheet for some categories), select appropriate **Assistance Type** (e.g., Initial, Additional, Reconsideration, etc.) and **IOR** as the **Eligibility Code**.

   NOTE: To locate the determination code, use the **Eligibility Combo Wizard** link.

4. Click **Continue** to save the determination.

Generate IOR Letter

Next, to generate the IOR letter:

1. Click on the appropriate link to generate letters.

   - From the **Communication** screen, click the **Add** link in the **Outgoing Correspondence** frame.

   - From the **Confirmation** screen, click the **Letter** link in the tool bar at top right of the screen.

2. When the Letter Wizard opens, in the **Available Letters** frame, click on the **ELIGIBILITY DECISION** folder.

3. Select **Eligibility decision, flood rqmnt, miti list** and click **Next** to continue.

4. Select the check box next to the category and ineligible decision, and click **Next**.

5. Copy the appropriate denial text from the *Codes Verifications Request Letters and Assistance Types* SOP.

6. Paste the denial text into the **Ineligible Other Reason(s)** frame.

7. Click **Next**.

8. Click **Preview** to view the letter and ensure it was generated correctly.

9. The letter will appear in the Letter Wizard Preview pop-up window. After previewing the letter, use the "X" icon at top right to close the window.

10. Click the Finish button to complete the letter generation.

11. Complete any other processing updates as needed, and on the **Confirmation** screen, create the Ineligible Comment to include the denial reason.

12. Route the associated assistance line to the **FEMA Ineligible** queue.

13. Click **Submit** on the Confirmation screen to complete processing.

Updating Verification Requirements

In Web NEMIS, you can update the status of general verification requirements that apply for all assistance categories, such as Identity Verification, only from the Info Control screen. However, you can update verification requirements for specific categories, such as Ownership, Occupancy, etc., from a category-specific assistance processing screen.

Adding a Verification Requirement

If you need to add a verification requirement, such as Identity Verification or Original Hotel/Motel Receipt:

1. From the Verification Requirements frame of the Info Control screen or a category-specific assistance processing screen, click the **Add** link.

2. In the **Verification Requirement** field on the Add Verification Requirements window, select the verification requirement you need to add, and click **Save**.

   The following screen examples show adding the Original Hotel/Motel Receipt verification requirement from the Transient Accommodations screen.

Updating Verification Requirement Status

If you need to update a verification requirement:

1. From the **Verification Requirements** frame of the Info Control screen or a category-specific assistance processing screen, select the requirement you want to update, and click the **Decision** link.

2. In the **Verification Status** field of the Decision window, select the appropriate verification status.

3. If you updated the Verification Status to **Verified**: in the **Associate** frame, select the **Substantiation Received** item(s) used to substantiate the verification requirement.

4. Click **Save**.

5. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for the assistance category you are processing.

    NOTE: If a verification requirement is listed for the category but not actually required for eligibility (such as the Occupancy verification requirement for "Other" when processing Child Care assistance), set the Verification Status to Verified, and also associate the requirement with a substantiation item. However, uncheck the **Applicable** checkbox for that category.

Creating a Workpacket

If you need to create a workpacket while working in the Web NEMIS FEMA Manual Determination queue, use the following steps:

1. Click on the **Create WP** link in the bottom part of the menu at left of the screen.

2. In the **Route to Process** field, of the Create WP window, select the queue (process) where you want to route the workpacket.

3. In the **Review Reason** field, select the reason for the workpacket.

4. Click **Save.**

5. In the Create WP pop-up Comment/Contact window, select the appropriate checkbox and selection field options and enter information in the Summary and Details according to guidance for the workpacket creation reason.

Routing and Splitting a Workpacket

In Web NEMIS, when you finalize your work on the Confirmation screen, you can route individual assistance lines to separate locations. You can also route some assistance lines out of a queue and retain other assistance lines in the queue.

The only time you need to split a workpacket is if you are routing ALL assistance lines out of the queue and yet still need to keep the case in the queue. You would split a workpacket from the Confirmation screen also.

Routing Assistance Lines

After you complete processing actions and determinations for each assistance category being addressed, you can select routing locations for assistance lines as follows:

1. Navigate to the **Confirmation** screen to finalize your work.

2. In the **Select** column of the **Decision** frame at top of the screen, select the checkbox for each decision you want to route out of the queue.

3. If you want to retain any decision lines in the queue after submitting your work, leave the "Select" checkbox unchecked for that line.

4. In the **Routing** field, select the queue for each assistance line being routed out.

5. If you need to designate a subqueue, select it in the **Subqueue** field.

Confirmation						Letter
Decision						
Select	Category	▼Amount	▼Elig Code	Routing	Subqueue	
☑	Rental Assistance	$2,036.00	ER	FEMA Approval	NON-DRM	
☐	Personal Property	$0.00	PND			
☑	Medical	$0.00	PND	FEMA Info Control	Pending Receipt	
☑	Home Repair	$1,745.38	EHRZ	FEMA Approval	NON-DRM	
☐	Funeral	$0.00	PND	FEMA Approval		
☐	Split Workpacket	Retain Workpacket in Queue				

In the example image above, the agent is routing assistance lines as follows:

- Rental Assistance is routed to the FEMA Approval queue, Non DRM subqueue.

- Personal Property will remain in the FEMA Manual Determination queue because it is unchecked. (Notice the Routing and Subqueue fields are greyed out.)

- Medical is routed to the FEMA Info Control queue, Pending Receipt Subqueue.

- Home Repair is routed to the FEMA Approval, Non-DRM subqueue.

- Funeral is routed to the FEMA Funeral queue.

Notice the **Split Workpacket** field is greyed out. If any decision lines are unchecked, this field will be inactive because splitting the workpacket will be unnecessary.

NOTE: The system will not allow you to route an assistance line to the FEMA Complete queue. If you need to route a workpacket to FEMA Complete, complete casework for all unmet needs first. Then route all assistance lines out of the queue, with the **Split Workpacket** field selected. That way, you will remain in the case after routing, and can then it to the Complete queue.

Splitting a Workpacket

If you need to route all assistance lines out of the FEMA Manual Determination queue and also retain a case workpacket in the queue:

1. Navigate to the **Confirmation** screen to finalize your work.

2. In the **Select** column of the **Decision** frame at top of the screen, select the decision lines to route out, as well as the Queue and Subqueue locations.

3. Click on the **Split Workpacket** checkbox field to retain the workpacket in the queue after routing. This field is activated if all other decision lines are selected for routing.

In the example image above, the agent is routing all active assistance out of the queue. Because **Split Workpacket** is checked, the case will remain open in the FEMA Manual Determination queue after the agent finalizes their casework and uses the **Submit** button to route all the assistance lines elsewhere.

Rental Assistance Basic Processing Steps

SOP: **Rental Assistance**

Processing initial Rental Assistance in Web NEMIS is similar to processing initial Rental Assistance in Legacy NEMIS. As in Legacy NEMIS, creating an initial Rental Assistance pending line creates a worksheet screen to use for recording your determination. Also as in Legacy NEMIS, the initial Rental Assistance worksheet does not provide a Correspondence Received frame or link to an Item Substantiation window or include a Payment Calculator frame.

Perform Case Review

To review a case for a Rental Assistance need:

1. Review the **Banner** and the **Overview** screen to determine whether the applicant meets general criteria to process Rental Assistance. Look for:

   - **IDV**=Pass

   - **Primary**=Yes

   - **Occupancy** = Verified

   - **HRR**=Yes OR **Utilities Out**=Yes OR **Inaccessible**=Yes

     NOTE: If utility outage or inaccessibility is not confirmed at inspection, it may be verified via verbal or written substantiation from an official source.

   - **Will Move**=Yes

2. On the **Banner**, check whether the dwelling is in an SFHA **Flood Zone** A, V, W, or in a **CBRA** area, as these locations call for specific eligibility codes.

3. Review **Comments** and **Contacts** on the Overview screen, Communication screen, or Event History screen.

4. From the **Overview** screen, check the **Workpacket History** to see when the workpacket arrived in queue.

5. Review the **Events History** window to see why the case is in the queue and get an overview of all actions performed in the case.

6. Review information on other screens as needed for the case.

7. Create a Rental Assistance pending line if not done previously. Use the **Add Assistance** link in the menu or the **Add** link in the Temporary Housing frame of the Assistance screen.

Substantiate Insurance Settlement/Denial Letter

Check whether the applicant has insurance for the damage type that includes ALE/LOU. If so, a settlement, denial, policy declaration page showing lack of coverage, or verbal substantiation with Insurance Company needs to be substantiated before processing an award.

For Rental Assistance, you can substantiate documents from another assistance processing screen, or from the **Communication** screen.

To substantiate an insurance settlement from the Communication screen:

1. From Correspondence Received frame of Communication screen, select **INS SETTLEMENT** link in the **View Document** column. The settlement document item will open in Substantiation view. (**NOTE:** You may need to look through multiple Insurance Settlement substantiation items to locate the one for ALE/LOU.)

2. If needed, use the **View Full Image** link to review and verify information on the settlement/denial. Verify insured name, date of loss, cause of damage, and property address match applicant's file.

3. In the **Policy** field, select the policy associated with the settlement. If the policy is not on the pull-down selection list.

    a. Select to **Add** a policy.

    b. In the pop-up window, **Insurance Type** and **Company Name** are required fields.

    c. Enter policy details available to you and save your entries.

    d. **Save** returns to Item Substantiation.

    e. Select the policy you added.

4. Add and/or correct information in entry fields to ensure substantiation is complete and accurate.

5. **Save** your work to return to the Communication screen.

A settlement record from substantiation process is auto-populated to the Substantiation/ Settlement frame of the Assistance screen. A different line will appear for each form of coverage (one for each substantiation item created for the coverage types on the settlement document).

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Rental Assistance award, next ensure all verification requirements are met and set to "Verified." You can view the Rental verification requirements on the Info Control screen or the **Verif Requirements** tab of the Rental Assistance processing screen.

If you need to change the status of any verification requirements:

1. On the Info Control screen, select a verification requirement to update, and then click the **Decision** link. (**NOTE:** Select the Category first if you want to display Rental Assistance verification requirements only.)

2. In the **Verification Status** field of the Decision pop-up, select **Verified** (or other applicable status).

3. In the **Associate** frame, if the Verification Status is **Verified**, select the Substantiation items(s) to associate with the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Rental Assistance.

5. **Save** your change.

Make a Determination

1. In the **Eligibility** field, select the appropriate **Eligibility Code** (ER, ENCOMP, ERIA, ERU, ECBRA, INI, etc.)

2. For an eligible determination:

   a. Click the **FMR** button to auto-populate the Monthly Payment field with the Fair Market Rent amount for the damaged dwelling location.

      b. In the **X Number of Months** field, enter **2** for ER, or enter the appropriate number of months based on guidance for the eligibility code selected.

3. Click **Save and Continue** to save your determination.

NOTE: When you click **Continue** to save your determination, Web NEMIS advances you to the next processing screen. If no other pending line is open in the case, Web NEMIS advances you to the Confirmation screen.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you need to retain a workpacket in the queue after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter (e.g. INI letter), use the **Letter** link and follow prompts to do so.

   a. After returning to the Confirmation screen, select the appropriate Letter Decision option (**Generate Only** or **Send Letter to Mail Queue** for the type of letter in the Generated Correspondence frame.

6. If you need to create a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and edit the Summary and Details information as needed.

8. If applicable, select the related documents that support your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Lodging Expense Reimbursement Basic Processing Steps

SOP: Lodging Expense Reimbursement

Perform Case Review

To review a case for a Lodging Expenses Reimbursement (LER) Assistance need:

1. Review the **Banner** and the **Overview** screen to determine whether the applicant meets general criteria to process Rental Assistance. Look for:

    - **IDV**=Pass

    - **Primary**=Yes

    - **Occupancy** = Verified

    - **HRR**=Yes

    - **HRR**=Yes OR **Utilities Out**=Yes OR **Inaccessible**=Yes

        NOTE: If utility outage or inaccessibility is not confirmed at inspection, it may be verified via verbal or written substantiation from an official source.

2. Review **Comments** and **Contacts** on the Overview screen, Communication screen, or Event History screen.

3. From the **Overview** screen, check the **Workpacket History** to see when the workpacket arrived in queue.

4. Review the **Events History** window to see why the case is in the queue and get an overview of all actions performed in the case.

5. Review information on other screens as needed for the case.

6. Create a **Transient Accommodations** pending line if not done previously. Use the **Add Assistance** link or the **Add** link in the Temporary Housing frame of the Assistance screen.

Substantiate Lodging Expense Documentation

1. Navigate to the **Transient Accommodations** processing screen and review general information on the screen.

2. Expand the **Correspondence Received** frame, if needed, and then expand the set of documents containing Lodging or Hotel/Motel document items.

NOTE: Check the Item Type/Description field for all sets of documents listed in Correspondence Received for Hotel/Motel document items that may be included in another Category listing.

3. To open document items in the Item Substantiation window, select the DMARTS Document ID link for an individual item in the document set (e.g. for a Hotel/Motel Receipt item).

4. At top of the Item Substantiation window, select the document item you want to substantiate from the list of document items. It will be highlighted in yellow.

5. Check the document **Category** and **Item Type** fields, and make any corrections to these fields as needed.

6. If the **Image page number(s)** field is blank or incorrect:

   a. Select to view the full image.

   b. Then navigate to the document item in the set of documents and determine which page(s) it is on.

   c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

7. Enter or confirm the **Receipt Date** and answers to the Yes/No questions, and make any corrections needed.

8. **Enter** or use the calendar feature to select the **Check In** and **Check Out** dates.

Requirements for Check In/Check Out Field Entries

- The **Check In** date must not be earlier than the incident start date.

- The **Check Out** date must not cause the *last night stayed* to overlap with any category of approved Temporary Housing assistance beyond what guidance allows for the disaster.

  (**NOTE:** Web NEMIS auto-calculates the *last night stayed* to use as the LER "To" date as 1 calendar day before the Check Out date entered.)

After you click Save, **if a Check In or Check Out date is ineligible**, Web NEMIS will display an error message and **will not complete the save action**. The message will indicate the allowable date. For example:

> **Error:** Check In can not be before the start of the Incident Period: 09/22/2019;

How should you continue if any dates in the Check In and Check Out date range are not allowable?

- If the **Check In** date was **before the incident start date**:
    - Enter the incident start date as **Check In** date.
    - Also, use the **Adjustments** field to deduct payments for ineligible dates from the total.

- If any dates in the Check In and Check Out date range **overlap a Temporary Housing award** by more than what is allowable:
    - Enter the first allowable date as **Check In** date. (Check-In date entered cannot be earlier than Incident Start Date.)
    - Enter the **day after** the last allowable date as **Check Out** date.

      The last allowable date depends on the form of Temporary Housing awarded and disaster-specific guidance. See the *Lodging Expenses Reimbursement SOP* and the pertinent DSOP for details.)
    - Also, use the **Adjustments** field to deduct payments for ineligible dates from the total.

- **If the entire Check In/Check Out date range is ineligible** due to occurring before the incident start date or after an allowed Temporary Housing assistance overlap date:

  o Ensure the "**Registrant meets the criteria to be processed for this assistance?**" question is answered **NO**. This will make the receipt amount ineligible.

  o Change the **Check In** and **Check Out** dates to the nearest allowable dates—and make sure Check In date is earlier than Check Out date. This will allow substantiation to be saved.

  o After you save substantiation, the receipt amount will appear in the **Ineligible Amt** column of the LER Payment Calculator.

7. After entering allowable Check In and Check Out dates, enter or verify the Receipt Amount field entry. This should be the full amount from the receipt.

8. **Non-room charges for food, telephone, internet, movies, pets, etc., are NOT eligible for reimbursement.** Enter the sum of any ineligible charges in the **Adjustments** field.

   You can use the sub-calculator to add multiple charges, if needed. Adjustments are deducted from the Receipt Amount to calculate the Pending Eligible Amount.

9. In the **Verified** field, select "**Verified,**" or select the appropriate response if you made a courtesy call. This field does not affect processing actions but does confirm that a caseworker reviewed the document item and ensured all field entries were entered correctly.

10. If the substantiation item includes an amount to award (lodging receipt) or deduct from an award (ALE settlement) ensure the "Do not add this item to the calculator" checkbox is **NOT** checked.

11. After completing substantiation entries, **Save** your work.

12. Continue as follows:

   a. Select the next item to substantiate in the list at top of the window and follow the steps above to substantiate that item.

   b. After completing (and saving) substantiation for all items, **Close** the Item Substantiation window.

After you save substantiation, if all criteria are met, the LER Awards frame on the Transient Accommodations screen will display the Check In date in the **From** field, and the date before the Check Out date in the **To** field. (The **To** date is the last night stayed vs. the Check Out date.)

Review the screen to ensure entries in the Payment Calculator are correct.

NOTE: Review all sets of Documents in the Correspondence Received frame to see if any additional Lodging or ALE/LOU Insurance document items are included in other sets of documents. If found, complete the substantiation process for those items also. (You can click the longer DMARTS document ID link to review each set of document items in an image viewer before accessing items in Item Substantiation.)

Substantiating Hotel Receipts for Multiple Stays

If Multiple Stays are on Different Receipts

1. Substantiate the first hotel/motel receipt by completing all fields as instructed in the previous section, and **uncheck** the "**Do not add this item to the calculator**" checkbox. Then **Save** the substantiation.

2. Select the next hotel/motel receipt at top of the window and then substantiate it and **Save** your substantiation likewise.

3. After closing the Item Substantiation window, payments for both hotel stays will appear in the Transient Accommodations Payment Calculator.

If Multiple Stays with CONSECUTIVE Dates are on the Same Receipt

If multiple stays are shown on a **single receipt** for the **same hotel**, and if the dates **are consecutive** but simply show different per-day amounts, substantiate the receipt as instructed in the previous section.
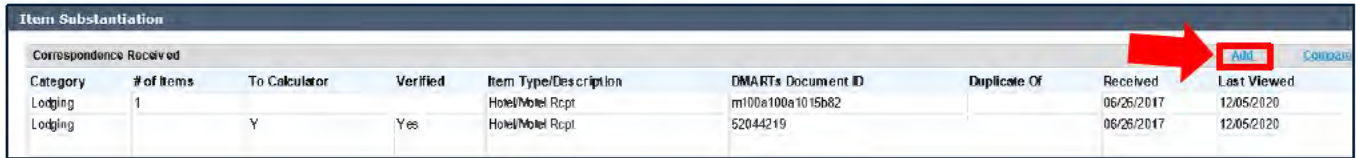
As long as the hotel/motel total receipt amount is entered and the ineligible amounts are deducted, the appropriate payment will appear in the Transient Accommodations Payment Calculator after the substantiation is saved and the window is closed.

If Multiple Stays with NON-Consecutive Dates are on the Same Receipt

If a **single receipt** for the **same hotel** includes dates for **separate stays that are NOT CONSECUTIVE,** process as follows so the dates will be reflected accurately….
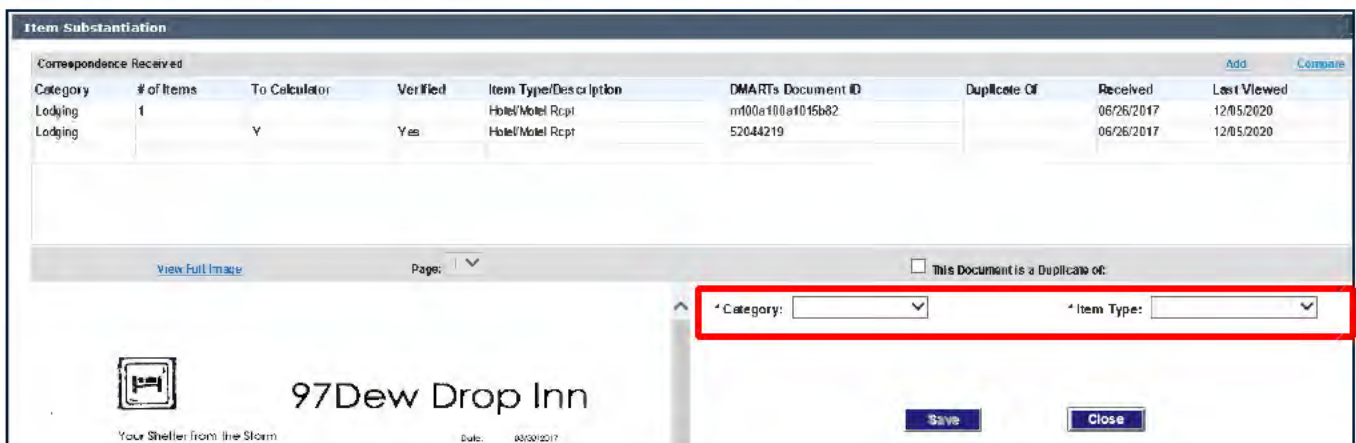
1. **First,** substantiate the hotel/motel receipt for the first stay. Complete all fields.

2. Use the **Check-in/Check-out** dates of the **first** hotel stay, and **SAVE** the substantiation.

3. If the amount for this stay is not itemized separately:

    a. Use the sub calculator beside the **Receipt Amount** field to calculate the amount paid for the "check-in/check-out" timespan.

    b. Enter ineligible amounts for that timespan to deduct in the **Adjustments** field. Use the sub calculator beside the field to record a note for each ineligible amount.

4. Make sure the **Do not add this item to the calculator** checkbox field is **UNCHECKED.**

5. Save the substantiation when completed (but do not Close the window).

6. Next, add a new substantiation item for the receipt document so you can substantiate the next hotel stay.

    a. At the top right of the Item Substantiation window, above the Correspondence Received list, click the **Add** link.

The bottom left pane will continue to display the same receipt, but the bottom right pane will display blank fields for the Category and Item Type.

7. In the Category field, select **Lodging**, and In the Item Type field, select **Hotel/Motel Receipt**. New substantiation fields will appear for you to enter details about the hotel/motel receipt.

8. Complete all substantiation fields for the second stay.

    a. Use the **Check-In** and **Check Out** dates for the 2nd hotel stay.

    b. If the second stay is not itemized separately, use the sub-calculator beside the **Receipt Amount** field to calculate the amount paid for the check-in/check-out date range of this stay.

    c. If applicable, use the sub-calculator beside the **Adjustments** field to record any deductions for ineligible expenses.

9. **Save** the substantiation information.

10. When the **Item Substantiation Description** window pops up, enter and **Save** a description for the item.

11. Repeat the process for any remaining non-consecutive hotel/motel stays on the same receipt.

After you close the Item Substantiation window, the Payment Calculator on the Transient Accommodations screen will list a payment for each hotel/motel substantiation item that was saved.

Request Additional Information

If additional documentation is required to verify lodging expenses, inaccessibility, or utility outage, generate an ADOC letter with the appropriate letter insert(s). The *Request for Documentation (ADOC) Letter* section on page 25 provides details about generating the ADOC.

See the *Lodging Expenses Reimbursement SOP, Section B. Information Requests,* for guidance on LER information request letters.

Review/Update Verification Requirements

In the Verifications frame, ensure all verification requirements are "Verified." (Use the Info Control screen to update general verification requirements; use the Transient Accommodations screen OR the Info Control screen to update Lodging Assistance verification requirements.

1. If the **Original Hotel/Motel Receipt** verification requirement is not listed, add it.

    a. In the Verification Requirements frame, select **Add.**

    b. In the Pending Assistance list, select **Transient Accommodations.**

    c. In the **Verification Requirement** field, select **Original Hotel/Motel Receipts** and click **Save.**

2. Next, set the Original Hotel/Motel Receipt Verification status as follows:

   a. Select **Original Hotel/Motel Receipt**; then select the **Decision** link.

b. If eligible, set the Verification Status to **Verified** and **Associate** the verification requirement with the **Hotel/Motel Receipt** substantiation item.

c. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Transient Accommodations.

d. Click **Save**.

3. If you need to update other verification requirements:

a. On the Transient Accommodations screen or Info Control screen, select a verification requirement to update, and click the **Decision** link.

b. In the **Verification Status** field of the Decision pop-up, select the appropriate status.

c. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

d. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Transient Accommodations.

e. **Save** the update.

Make a Determination

1. From the Payment Calculator, select the appropriate **Eligibility Code** (e.g. ETR, ILER, or other appropriate determination).

2. Click **"Continue"** to save your determination.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you need to retain a workpacket in the queue after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter (e.g. INI letter), use the **Letter** link and follow prompts to do so.

   a. After returning to the Confirmation screen, select the appropriate Letter Decision option (**Generate Only** or **Send Letter to Mail Queue** for the type of letter in the Generated Correspondence frame.

6. If you need to create a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and edit the Summary and Details information as needed.

8. Select the related document that supports your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Home Repair Basic Processing Steps

SOP: **Home Repair Assistance**

Perform Case Review

To review a case for a Home Repair Assistance need:

1. Review the **Banner** and the **Overview** screen to determine whether the applicant meets general criteria to process Home Repair Assistance.

   NOTE: The example screens shown below are for a mock applicant in a simulated disaster in the test development lab system.

Look for:

- **IDV** = Pass; **O/R** = Own; **Flood Zone** designation; Not in **CBRA** zone
- **Ownership** = Verified; **Occupancy** = Verified
- **NFIRA Compliant** if flood damage in **Flood Zone** A, V, W; **HRR**=Yes
- Home Repair/Replacement funds are **under IHP Max** for the category

2. Check the Inspection **Damage Type** and the **Insurance Type**. If the applicant has insurance that covers damage type, check whether a structure/dwelling settlement is on file.

3. Review **Comments and Contacts**.

4. If not done previously…

   a. Check **Workpacket History** to see when the workpacket arrived in queue.

   b. Review **Events History** to see why case is in the queue and get an overview of all actions performed in the case.

   c. Review information on other screens as needed for the case (e.g., Line Items, Linked Regs, etc.).

   d. Create a Home Repair pending line. Use the **Add Assistance** link at bottom left of the screen or navigate to the **Assistance** screen and click the **Add** link in the **Housing Assistance** frame.

Substantiate Home Repair Document Items

NOTE: Check all sets of documents listed in Correspondence Received frame for Insurance Settlement document items that may be included in another Category listing.

1. Navigate to the Home Repair assistance processing screen and review general information on the screen.

2. If **Home Repair is covered by insurance type, and a settlement is on file**:

   a. Look in the **Insurance Settlement** frame:

   b. Select the **Insurance Settlement** with Coverage Type: **Structure** from the list of settlement items.

   c. Click the link in the **Subst** column to open the Structure settlement in Item Substantiation view.

NOTE: If a homeowners-type settlement with structure coverage is in the file, but **Structure** is **not** listed in the **Coverage Type** column of the Insurance Settlement frame:

  a. Expand the **Correspondence Received** frame.

  b. In Correspondence Received list, expand the document item with Category: **Insurance** and Item Type: **Ins Settlement**. One or more document items will appear under the Insurance listing.

  c. Select the short **Document ID** link for the **Ins Settlement** document item. (The link will be usually be a number, 8 digits or so.)

  d. When the document opens in Item Substantiation view, click the **Add** link in the Correspondence Received frame at top of the screen. This link will add a new substantiation item to associate with the settlement document item.

  e. When the new substantiation item appears, select Category: **Insurance** and Item Type: **Ins Settlement.**

  f. Go to the **Coverage Type** field and select **Structure,** and complete remaining substantiation fields.

3. In Substantiation view, make sure the document Category, Item Type, and Coverage Type are correct.

4. If the **Image page number(s)** field is blank or incorrect:

    a. Select to view the full image.

    b. Then, in the image viewer, navigate to the document item in the set of documents and determine which page(s) it is on.

    c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

5. Review the document item. Verify whether the insured name, date of loss, cause of damage, and property address match the applicant's file. Also check for claim date, claim number, settlement amount, settlement date, and claim status.

6. Return to the Item Substantiation window.

7. In the **Policy** field, select the policy associated with the settlement.

    OR, if the policy is not shown on the pull-down selection list:

    a. Select the **Add** link beside the Policy field.

    b. In the **Add Insurance** pop-up, enter policy details available to you.

    c. Enter the insurance **Type** and **Company Name** (required fields).

    d. If coverage information is not available, leave those fields blank.

    e. **Save** policy information to return to Item Substantiation.

    f. Then select the policy you added.

8. Add and/or correct field entries to ensure substantiation is complete and accurate.

9. Select **Verified** or select the appropriate response if you made a courtesy call.

10. To deduct the settlement from an award, uncheck the "Do **not** add this item to the calculator" field.

11. After completing substantiation entries, **Save** your work. This will return you to the Home Repair screen.

NOTE: Review all sets of Documents in the Correspondence Received frame to see if any additional Home Repair document items are included in other sets of documents. (Click the longer DMARTS document ID link in the Correspondence Received list to review sets of document items in an image viewer.) If found, complete the substantiation process for those items also.

Real Property ADA Line Items

Before processing a Home Repair assistance line, check to see if the Real Property Line Items list includes ADA line items (ADA Grab Bars and/or ADA Ramp).

Per the *Home Repair Assistance* SOP, if a workpacket with Real Property (RP) ADA line items is identified outside of the FEMA Special Handling queue, add a comment and route the workpacket to the **FEMA Supervisor Review** queue – **ADA Process** subqueue.

NOTE: Route a Home Repair workpacket with ADA line items to this location regardless whether they were noted during a traditional or remote inspection.

To route the Home Repair workpacket with RP ADA line items to FEMA Supervisor Review – ADA Process:

1. Navigate to the **Confirmation** screen.

2. In the **Decision** frame, select the checkbox beside the **Home Repair** Pending assistance line.

3. In the **Routing** field, select **FEMA Supervisor,** and in the **Subqueue** field, select **ADA Process.**

Decision					
Select	Category	▾ Amount	▾ Elig Code	Routing	Subqueue
☐				FEMA Approval ▾	NON DRIII ▾
☐	Other	$0.00	INSS	FEMA Ineligible ▾	▾
☐	Medical	$0.00	IINS	FEMA Ineligible ▾	▾
☑	Home Repair	$0.00	PND	FEMA Supervisor ▾	ADA Process ▾
				FEMA Funeral ▾	▾
☐	Split Workpacket	Retain Workpacket in Queue			

When setting the decision routing locations:

- o If you need to process initial assistance decisions for other categories, do not select those decision lines for routing.

- o If you have completed processing for all remaining decision lines, select to route them to the appropriate queue locations.

- o If you need to route all assistance lines out and also retain the case in queue for further processing, select the **Split Workpacket** checkbox.

4. Create a **Comment** noting RP ADA line items are in the case. (Also include an appropriate Comment for other decision lines being routed.)

5. Click the **Submit** button.

6. If a workpacket was retained in the FEMA Manual Determination queue, perform additional initial case processing actions needed for that case.

Prepare Home Repair Line Items for Payment

NOTE: If the Real Property line items include ADA line items, see the previous section, *Real Property ADA Line Items* on page 82.

If an insured applicant's Structure settlement is more than the IHP Maximum for Home Repair, the applicant will be Ineligible due to insurance (INI). Steps below assume the settlement is less than the IHP Home Repair Maximum and that the inspection did not note ADA line items.

1. If Real Property line items are insured for the damage type, use the **Eligibility Calculator** link to find the FEMA Verified Loss (FVL) of insured line items.

a. Select to **Add** a calculation.

b. Note the value in the **Observed Amount** column for the line items with the inspection sequence and Insured Damage Type you are addressing. This is the FVL of those items.

c. Compare the **Observed Amount** to the **Settlement Amount** for the Insurance Type that covered the damage.

   o If the Observed Amount is greater than the Settlement Amount and all other Home Repair criteria are met, the applicant will be eligible for the difference between the FVL and Settlement.

   o If the Observed Amount is less than the Settlement Amount, the line items will be ineligible due to insurance.

d. **Cancel** out of the Eligibility Calculator window. (Do **NOT** add a payment from the Eligibility Calculator to the Home Repair Payment Calculator.)

e. **Close** the Eligibility Calculator History - Real Property window.

2. Next, in the Real Property Line Items frame, if items are **Insured for Damage Type Flood in Flood Zone A, V, or W**, change the line items to **Not Insured.**

a. Check **Select All** checkbox, and then select the **Edit Insured** link.

b. In the **Edit Insured** window, select **Not Insured,** and **Save** the change.

3. If the applicant had insurance to cover the damage type, edit each line item to specify the **HA Qty** to award. (This field defaults to blank if damage was insured.)

   a. In the Real Property Line Items frame, select the line item checkbox, and click the **Edit** link.

b. In the **HA Quantity** field of the Edit Item pop-up, enter the **Item Quantity** observed as damaged by the inspector.

c. **Save** the edit and repeat edit for each remaining insured item.

4. After all line items include "HA Qty" and "HA Award" values, select all items for payment.

a. Click on the **Select All** checkbox.

b. With items selected, click the **Select Item** link in the Real Properties Line Item frame.

c. In the Select Item window, select the appropriate entries for the **Default Qty, Inspection,** and **Category** fields, as needed.

d. **Save** the selection(s).

Back on the Real Property Line Items frame, the **Assistance Type** will be auto-populated for each line item selected, and the **Total HA Award** will be shown at bottom of the frame.

In addition, in the Payment Calculator frame, the **Insurance Settlement** will be listed as a negative amount, the **Line Item Total** will match the Total HA Award, and the **Pending Total** will be the difference between the Line Item Total and Insurance Settlement. If there are no adjustments, this will also be the **Eligible Total Award**.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Home Repair award, next ensure all verification requirements are met and set to "Verified."

If you need to change the status of any verification requirements:

1. On the Home Repair assistance processing screen or Info Control screen, select a verification requirement to update, and then click the **Decision** link.

2. In the **Verification Status** field of the Decision pop-up, select the appropriate status.

3. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Transportation assistance.

5. **Save** the update.

Make a Determination

1. Select the appropriate **Eligibility Code** in the Payment Calculator frame at bottom of the screen.

2. If the applicant is eligible for **flood damaged** line items in **flood zone A, V, or W**:

   a. Use **EHRZ.**

   b. Also, if SBA status if **FIT** and the applicant does **NOT** have **flood insurance,** check the **Flood Insurance** checkbox to generate a GFIP award.

3. Click **Continue** to save your determination.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **Routing** and **Subqueue** destination for each decision line.

4. **If you need to retain a workpacket in the queue** after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter:

   a. Click the **Letter** link and follow prompts.

   b. After returning to the Confirmation screen, select the appropriate option in the **Letter Decision** column of the Generated Correspondence frame.

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate an auto-comment by clicking the **Generate Comment** button. (**NOTE:** The button will be labeled **Re-Generate Comment** if a comment was previously generated.)

8. Edit the Comment **Summary** and **Details** as needed.

9. If needed, select the related documents that support your decision(s).

10. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Personal Property Assistance Basic Processing Steps

SOP: **Personal Property Assistance**

Perform Case Review

To review a case for a Personal Property Assistance need:

1. Review the Banner and Overview to determine whether the applicant meets general criteria to process Personal Property Assistance.

   NOTE: The example screens shown below are for a mock applicant in a simulated disaster in the test development lab system.

Look for:

- **IDV** = Pass; **Flood Zone** designation; Not in **CBRA** zone
- **Occupancy**=Verified; **NFIRA** Compliant if flood dmg in **Flood Zone** A, V, W
- Number of **Bedrooms Occupied**. (IHP quantity limit for bedroom furnishings)

- ONA funds previously awarded are **under IHP Max for ONA**

2. Check the **Damage Type** and **Insurance Type**. If applicant has insurance that covers damage type, check whether a Contents/Personal property settlement is on file.

3. Review **Comments and Contacts**.

4. If not done previously…

   a. Check **Workpacket History** to see when the workpacket arrived in queue.

   b. Review **Events History** to see why case is in the queue and get an overview of all actions performed in the case.

   c. Review information on other screens as needed for the case (e.g., Line Items, Linked Regs, etc.).

   d. Create a **Personal Property** pending line. Use the **Add Assistance** link at bottom left of the screen or navigate to the **Assistance** screen and click the **Add** link in the PP/Other Assistances frame.

Substantiate Personal Property Document Items

NOTE: Check all sets of documents listed in Correspondence Received for Insurance Settlement document items that may be included in another Category listing.

1. Navigate to the Personal Property assistance processing screen and review general information on the screen.

2. If **Personal Property is covered by insurance type, and settlement is in file**:

   a. Look in the **Insurance Settlement** frame:

   b. Select the **Insurance Settlement** with Coverage Type: **Contents** from the list of settlement items.

   c. Click on the **Subst** link to open the Structure settlement in Item Substantiation view.

NOTE: If a homeowners type settlement with contents coverage is in the file, but **Contents** is **not** listed in the **Coverage Type** column of the Insurance Settlement frame:

    a. Expand **Correspondence Received** frame.

    b. In Correspondence Received list, expand the document item with Category: **Insurance** and Item Type: **Ins Settlement**. One or more document items will appear under the Insurance listing.

    c. Select the short **Document ID** link for an **Ins Settlement** document item. (The link will be usually be a number, 8 digits or so.)

    d. When the document opens in Item Substantiation view, click the **Add** link in the Correspondence Received frame at top of the screen. This link will add a new substantiation item to associate with the settlement document item.

    e. When the new substantiation item appears, select Category: **Insurance** and Item Type: **Ins Settlement.**

    f. Go to the **Coverage Type** field and select **Contents,** and complete remaining substantiation fields.

3. In Substantiation view, make sure the document Category, Item Type, and Coverage Type are correct.

4. If the **Image page number(s)** field is blank or incorrect:

   a. Select to view the full image.

   b. Then, in the image viewer, navigate to the document item in the set of documents and determine which page(s) it is on.

c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

5. Review the document item. Check that insured name, date of loss, cause of damage, and property address match the applicant's file. Also check for claim date, claim number, settlement amount, settlement date, and claim status.

6. Return to the Item Substantiation window.

7. In the **Policy** field select the policy associated with the settlement.

    OR, if the policy is not shown on the pull-down selection list

    a. Select the **Add** link beside the Policy field.

    b. In the **Add Insurance** pop-up, enter policy details available to you.

    c. Enter the insurance **Type** and **Company Name** (required fields).

    d. If coverage information is not available, leave those fields blank.

    e. **Save** policy information to return to Item Substantiation.

    f. Then select the policy you added.

8. Add and/or correct field entries to ensure substantiation is complete and accurate.

9. Select **Verified** or select the appropriate response if you made a courtesy call.

10. To deduct the settlement from an award, uncheck the "Do **not** add this item to the calculator" field.

11. After completing substantiation entries, **Save** your work. This will return you to the Personal Property screen.

NOTE: Review all sets of Documents in the Correspondence Received frame to see if any additional Personal Property document items are included in other sets of documents. (Click the longer DMARTS document ID link in the Correspondence Received list to review sets of document items in an image viewer.) If found, complete the substantiation process for those items also.

Personal Property ADA Line Items

Before processing a Personal Property assistance line, check to see if the Personal Property Line Items list includes ADA line items.

Per the *Personal Property Assistance* SOP, if a workpacket with Personal Property (PP) ADA line items is identified outside of the FEMA Special Handling queue, add a comment and route the workpacket to the **FEMA Supervisor Review** queue – **ADA Process** subqueue.

NOTE: Route a Personal Property workpacket with ADA line items to this location regardless whether they were noted during a traditional or remote inspection.

To route the Personal Property workpacket with RP ADA line items to FEMA Supervisor Review – ADA Process:

7. Navigate to the **Confirmation** screen.

8. In the **Decision** frame, select the checkbox beside the **Home Repair** Pending assistance line.

9. In the **Routing** field, select **FEMA Supervisor,** and in the **Subqueue** field, select **ADA Process.**

Confirmation					
Decision					
Select	Category	▼ Amount	▼ Elig Code	Routing	Subqueue
☑	Rental Assistance	$1,772.00	ER	FEMA Approval ▼	NON-DRM ▼
☑	Personal Property	$0.00	PND	FEMA Supervisor ▼	ADA Process ▼
☑	Home Repair	$939.32	EHRZ	FEMA Approval ▼	NON-DRM ▼
☑	Split Workpacket		Retain Workpacket in Queue		

When setting the decision routing locations:

- o If you need to process initial assistance decisions for other categories, do not select those decision lines for routing.

- o If you have completed processing for all remaining decision lines, select to route them to the appropriate queue locations.

- o If you need to route all assistance lines out and also retain the case in queue for further processing, select the **Split Workpacket** checkbox.

10. Create a **Comment** noting PP ADA line items are in the case. (Also include an appropriate Comment for other decision lines being routed.)

11. Click the **Submit** button.

12. If a workpacket was retained in the FEMA Manual Determination queue, perform additional initial case processing actions needed for that case.

Prepare Personal Property Line Items for Payment

NOTE: If an insured applicant's Contents settlement is more than the ONA Maximum, the applicant will be Ineligible due to insurance (INI). Steps below assume the settlement is less than the ONA Maximum and that the inspection did not note ADA line items.

1. If Personal Property line items are insured for the damage type, use the **Eligibility Calculator** link to find the FEMA Verified Loss (FVL) of insured line items.

▼ Personal Property Line Items					Eligibility Calculator	Add	Edit	Edit Insured	Select Item	Filter	Unfilter	Column Sort	Help

☐ Select All	Category	Item	Item Name	▲ Inspection	Dmg Type	Degree	Insured	Unit $	Max Obs	Qty	Award	Asst Type	Subst Amt Paid By Receipt
☐	Room	2250	Bathroom	Initial	Flood	Replace	Insured	$136.16	1	2	$0.00		
☐	Room	2050	Bedroom	Initial	Flood	Replace	Insured	$770.57	6	3	$0.00		
☐	Appl	3030	Dryer	Initial	Flood	Replace	Insured	$369.99	1	1	$0.00		
☐	Appl	3070	Electric Fan	Initial	Flood	Replace	Insured	$30.95	3	3	$0.00		
☐	Appl	3700	Everyday Dining Table/Chairs	Initial	Flood	Replace	Insured	$277.99	1	1	$0.00		
											Total Award: 0.00	Total Amt Paid By Receipt: 0.00	

a. Select to **Add** a calculation.
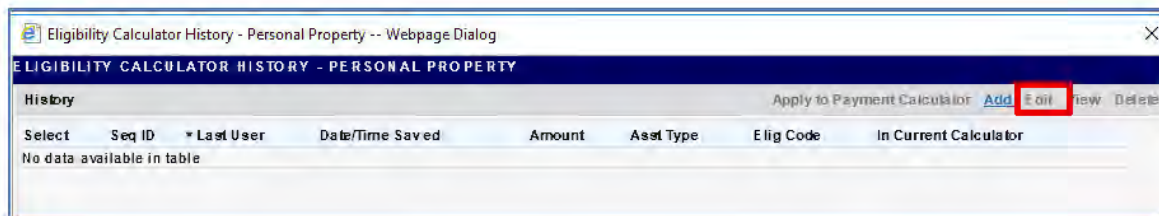
b. Note the value in the **Observed Amount** column for the line items with the inspection sequence and Insured Damage Type you are addressing. This is the FVL of those items.

c. Compare the **Observed Amount** to the **Settlement Amount** for the Insurance Type that covered the damage.

   o If the Observed Amount is greater than the Settlement Amount and all other Personal Property criteria are met, the applicant will be eligible for the difference between the FVL and Settlement.

   o If the Observed Amount is less than the Settlement Amount, the line items will be ineligible due to insurance.

d. **Cancel** out of the Eligibility Calculator window. (Do **NOT** add payment from Eligibility Calculator to the Personal Property Payment Calculator.)

e. **Close** the Eligibility Calculator History – Personal Property window.

2. Next, in the Personal Property Line Items frame, if items are **Insured for Damage Type Flood in Flood Zone A, V, or W**, change the line items to **Not Insured.**

a. Check **Select All** checkbox, and then select the **Edit Insured** link.

b. In the **Edit Insured** window, select **Not Insured**, and **Save** the change.

3. Check **Personal Property Inspection History** for essential rooms and appliances inspector recorded as "Not Affected" or "Landlord Owned."

a. Select **Inspection History** link at bottom left of menu.

b. Navigate to the **Personal Property** tab.

c. Review **Appliances** and **Room Furnishings** frames for **Degree** of damage recorded as "Not Affected" or "Landlord Owned" items.

If found, you will need to count these items toward the IHP limit.

d. **Close** the Personal Property Inspection History window to return to the Personal Property assistance screen.

4. **If there are "Not Affected" or "Landlord-Owned" appliances or rooms** that help meet the IHP Quantity of a "like" damaged line item:

a. In the Personal Property Line Items frame, select the line item checkbox for the appliance or room.

b. Click the **Edit** link to open the Edit Item pop-up window.

c. In the pop-up window, edit the **Award Quantity.**

- Subtract the "Not Affected" or "Landlord Owned" quantity you noted from the **Item Quantity** observed as damaged. If the Item Quantity is greater than the IHP line item **Limit**, subtract the Not Affected/Landlord Owned quantity from the IHP **Limit.**

  For **bedrooms**, if the **Item Quantity** is greater than number of **occupied bedrooms** shown on the Overview screen, subtract the Not Affected/Landlord Owned quantity from the number of occupied bedrooms. (For example, if 3 bedrooms were observed as damaged, but only 2 bedrooms were occupied, and 1 bedroom is noted as "Landlord Owned," award only 1 bedroom.)

- Enter the difference in the **Award Quantity** field. (If difference is equal to or less than 0, enter **0** as the Award Quantity.)

- **Save** your edit.

5. If the applicant had insurance to cover the damage type, edit insured line items to specify the **HA Qty** to award. (This field will default to blank if damage was insured.)

    a. In the Personal Property Line Items frame, select the line item checkbox, and click the **Edit** link.

b. In the **Award Quantity** field, enter the **Item Quantity** observed as damaged by the inspector.

c. Keep the following in mind …

- If the **Item Quantity** is greater than the quantity required to meet the IHP **Limit**, enter only the quantity needed to meet the limit.

- The limit for bedrooms is the number of occupied bedrooms, vs. the maximum limit of 6 total.

- Subtract quantity of items recorded in Inspection History with degree of damage "Not Affected" or "Landlord Owned" (as instructed in step 4 above).

d. **Save** the edit and repeat for each remaining insured item.

6. After all line items include "PP Qty" and "PP Award" values, select all items for payment.

a. Click on the **Select All** checkbox.

b. With items selected, click on the **Select Item** link in the Personal Properties Line Items frame.

c. In the Select Item window, select the appropriate entries for the **Default Qty** and **Inspection** fields, as needed.

d. **Save** the selection(s).

Back on the Personal Property Line Items frame, the **Assistance Type** will be auto-populated for each line item selected, and the **Total Award** will be shown at bottom of the frame.

In addition, in the Payment Calculator frame, the **Insurance Settlement** will be listed as a negative amount, the **Line Item Total** will match the Total Award, and the **Pending Total** will be the difference between the Line Item Total and Insurance Settlement. If there are no adjustments, this will also be the **Eligible Total Award**.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Personal Property award, next ensure all verification requirements are met and set to "Verified."

If you need to change the status of any verification requirements:

6. On the Personal Property assistance processing screen or Info Control screen, select a verification requirement to update, and then click the **Decision** link.

7. In the **Verification Status** field of the Decision pop-up, select the appropriate status.

8. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

9. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Personal Property assistance.

10. **Save** the update.

Make a Determination

1. Select the appropriate **Eligibility Code** in the Payment Calculator frame at bottom of the screen.

2. If the applicant is eligible for **flood damaged** line items in **flood zone A, V, or W**:

   a. Use **EPPZ.**

   b. Also, if SBA status if **FIT** and the applicant does **NOT** have flood insurance, check the **Flood Insurance** checkbox to generate a GFIP award.

3. Click **Continue** to save your determination.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. **If you need to retain a workpacket in the queue** after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter:

    a. Click the **Letter** link and follow prompts.

    b. After returning to the Confirmation screen, select the appropriate option in the **Letter Decision** column of the Generated Correspondence frame.

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate an auto-comment by clicking the **Generate Comment** button. (**NOTE:** The button will be labeled **Re-Generate Comment** if a comment was previously generated.)

8. Edit the Comment **Summary** and **Details** as needed.

9. If needed, select the related documents that support your decision(s).

10. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Medical or Dental Assistance Basic Processing Steps

SOP: Medical and Dental

Perform Case Review

To review a case for a Medical or Dental Assistance need:

1. Review the **Banner** and the **Overview** screen to determine whether the applicant meets general criteria to process Medical/Dental assistance. Look for **IDV=Pass**.

   NOTE: The example screens shown below are for a mock applicant in a simulated disaster in the test development lab system.

2. Review **Comments** and **Contacts**.

3. If not done previously…

   a. Check **Workpacket History** to see when the workpacket arrived in queue.

   b. Review **Events History** to see why case is in the queue and get an overview of all actions performed in the case.

   c. Review information on other screens as needed for the case (e.g., Line Items, Linked Regs, etc.).

4. Review information on other screens as needed for the case.

5. Create a Medical/Dental pending line if not done previously. Use the **Add Assistance** link at bottom left of the screen OR navigate to the **Assistance** screen and click the **Add** link in the **PP/Other Assistances** frame.
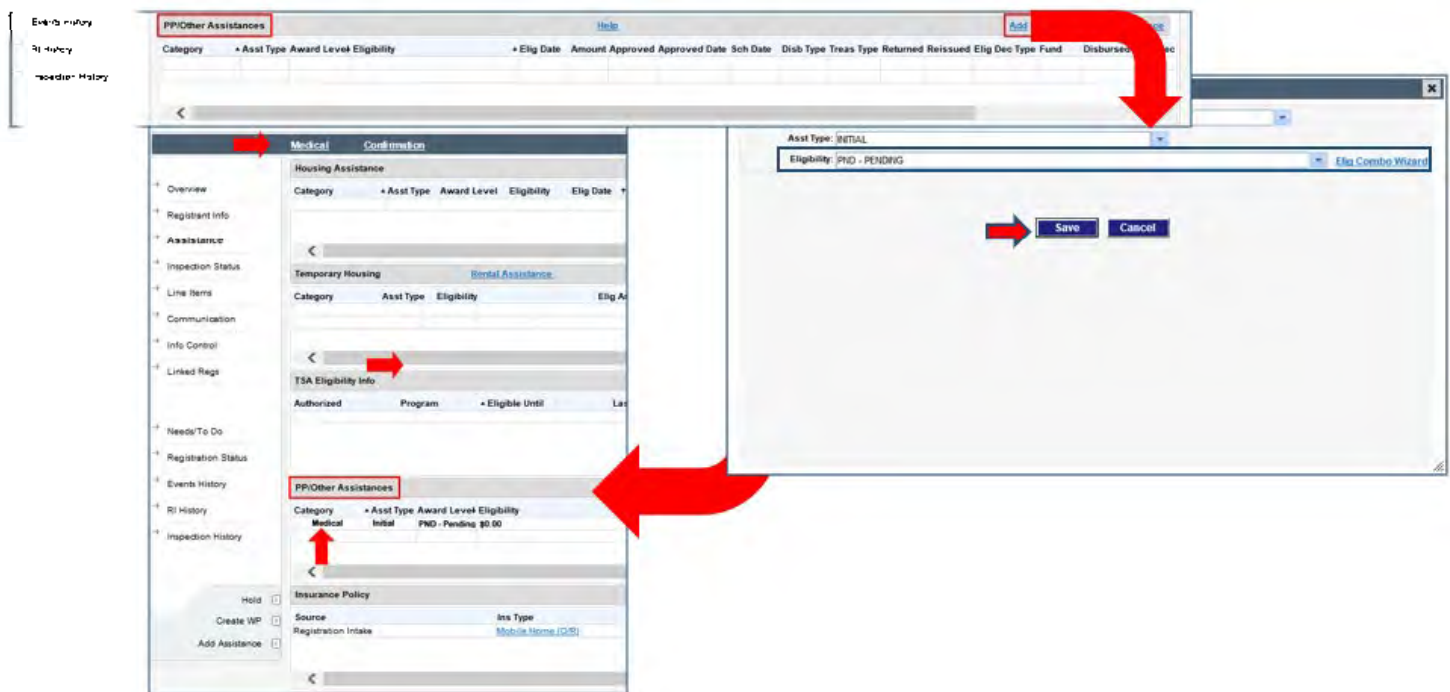
Substantiate Medical/Dental Document Items

NOTE: Check all sets of documents listed in Correspondence Received frame for Medical/Dental document items that may be included in another Category listing.

1. Navigate to the Medical or Dental assistance processing screen and review general information on the screen.

2. In the Correspondence Received frame, expand the row containing the Medical/Dental category. This line represents a set of individual documents.

   NOTE: Check the Item Type/Description field for all sets of documents listed in Correspondence Received for Medical/Dental document items that may be included in another Category listing.

3. To open document items in the Item Substantiation window, select the DMARTS Document ID link for an individual item in the document set.

4. At top of the Item Substantiation window, select the document item you want to substantiate from the list of document items. The selection will be highlighted in yellow.

5. Review the **Category** and **Item Type**, and correct the field entries if needed.

6. If the **Image page number(s)** field is blank or incorrect:

    a. Select to view the full image.

    b. Then navigate to the document item in the set of documents and determine which page(s) it is on.

    c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

7. Review the document item for processing criteria and enter/update substantiation details for the document item.

* Category: Medical ▾	* Item Type: MedEst/Rcpt/Bill ▾

* Image page number(s)   4

* Date of service/estimate?   09/21/2015

* Provider's name, address and phone number verified?   ● YES ○ NO

* Receipt or other document specifies the illness/injury/expense as disaster related?   ● YES ○ NO

* Registrant meets the criteria to be processed for this assistance?   ● YES ○ NO

* Total Paid/Due from Registrant (without co-pay) $ 630.00 + 🖩

Pending Eligible Amount $ 0.00

Verified: Not Applicable ▾

☐ Do not add this item to the calculator

Save **Close**

NOTE: The following steps explain how to substantiate an Estimate/Receipt/Bill item. The fields would differ for other document items, but the basic process for completing field entries are similar for other document items.

8. In, the **Total Paid/Due** field, use the sub-calculator icon beside to calculate the itemized expenses and insurance payments/adjustments shown on the estimate/receipt/bill item.

   a. In the Calculator window, enter each medical/dental charge and insurance payment/adjustment separately, along with a description for each amount.

   Do **NOT** enter any **patient payments** or **co-payments** to add to or subtract from the billed amount.

   Enter **insurance payments** and **adjustments** as negative numbers to subtract from the billed amount.

   Following is an example of a doctor's bill and the sub-calculator field entries based on that bill.

Doctor's Bill


```
99204      OFFICE OUTPATIENT VISIT NEW       210.0
73070      X-RAY EXAM OF ELBOW                68.00
9/21/15    INS FILED TO NATL HEALTH OF NE
PATIENT PAYMENTS                             -40.00
INSURANCE PAY MENTS                         -162.70
INSURANCE ADJUSTMENTS                        -63.00
COINSURANCE AMOUNT                          (PAT $12.30)
                    VISIT BALANCE                        0.00        12.30

09/21/15  R ALDEN BULLER/OP CEDAR COUNTY HOSPITAL
23930      DRAINAGE OF ARM I ESION           900.00
9/21/15    INS FILED TO NATL HEALTH OF NE
INSURANCE ADJUSTMENTS                        -270 00
DEDUCTIBLE  AMOUNT                          (PAT $630 00)
                                                          0 00        630.00
                    VISIT
                    BALANCE
```

Substantiation Calculator Entry

Calculator -- Webpage Dialog   ✕

Total Paid/Due from Registrant (without co-pay)

All values entered will be added to the Total, Negative numbers are allowed for Amount.

Amount	Description	
210	Office Outpatient Visit	X
68	X-Ray	X
-162.70	Insurance Payment	X
-63	Ins adjustment	X
900	Surgical Procedure - Hospital	X
-270	Insurance adjustment	X

Total: $682.30

Calculate   Add Line   Save   Cancel

b. Click the **Calculate** button, and then click the **Save** button. This will return you to the Item Substantiation window.

The calculated Total Paid/Due amount will be auto-populated in the **Pending Eligible Amount** field.

9. In the **Verified** field, select **Verified,** or select the appropriate response if you made a courtesy call. This field confirms that a caseworker reviewed the document item and ensured all field entries were entered correctly.

10. If the item includes amounts to award or deduct from an award, **uncheck** the "**Do not add this item to the calculator**" field to send the Pending Eligible Amount to the Payment Calculator.

   NOTE: If insurance amounts are deducted from the "Total Paid/Due" amount entered on the estimate/receipt/bill substantiation, do NOT add Insurance Settlement document substantiation for the same insurance amounts to the Payment calculator. (That is, do select the checkbox for that field on the Medical/Dental insurance settlement substantiation.)

   Otherwise the settlement would end up being subtracted from the award twice— once from the estimate/receipt substantiation total, and again from the insurance settlement substantiation total.

11. After completing substantiation entries, **Save** your work.

12. It there are other medical/dental document items listed at top of the Item Substantiation window (such as Medical Insurance Settlement, Physician/Provider Statement, etc.), select and substantiate the next item as needed, using similar steps.

13. After saving all applicable Medical/Dental substantiation items, **Close** the Item Substantiation window.

14. After returning to the Medical or Dental screen, review to ensure entries in the Payment Calculator frame are correct.

NOTE: Review all sets of Documents in the Correspondence Received frame to see if any additional Medical/Dental document items are included in other sets of documents. If found, complete the substantiation process for those items also. (You can click the longer DMARTS document ID link to review each set of document items in an image viewer before accessing items in Item Substantiation.)

Request Additional Information

If documentation needed to process the Medical/Dental need is missing or incomplete, check the **Notes** frame on the Medical/Dental assistance processing screen. This frame will indicate if an RFI letter was manually sent. If **RFI Sent** = **YES**, it will also identify the **Timer Expires** date for the applicant's response.

- If an RFI **was** previously manually generated sent and the **Time Expires** date has passed, the applicant will be ineligible due to insufficient or no substantiation submitted (IISS or INSS).

- If a manually-generated RFI was **not** sent to the applicant:

  o Generate an RFI letter requesting Medical/Dental documentation.

  o Also "set the timer" for a response by setting an associated verification requirement to "Pending Response."

- o   When finalizing your work, route the Medical/Dental pending line to the **Info Control**, **Pending Receipt** subqueue, and in the Generated Correspondence frame, select **Send Letter to Mail Queue** for the RFI.

See the *RFI Letter* section on page 29 for additional details on generating RFIs.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Medical/Dental award, next ensure all verification requirements are met and set to "Verified."

If you need to change the status of any verification requirements:

1.   On the Medical/Dental assistance processing screen or the Info Control screen, select a verification requirement to update, and then click the **Decision** link.

2.   In the **Verification Status** field of the Decision pop-up, select the appropriate status.

3.   In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Medical/Dental assistance.

5. **Save** the update.

See *Updating Verification Requirement Status* on page 50 for additional details.

Make a Determination

1. Select the appropriate **Assistance Type** and **Eligibility Code** at bottom of the screen.

Eligibility selections will depend on whether saved substantiation details for each document item met required eligibility criteria.

- o If the service date and answers to all substantiation questions confirm the expense is eligible**,** you can only select an **Eligible** determination code (EMED or EDTL).

- o Otherwise, only **Ineligible** determination codes will be available.

2. Click **Continue** to save your determination.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the **Decision** frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you need to retain a workpacket in the queue after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter:

   a. Click the **Letter** link at top right of the screen and follow prompts.

   b. After closing the Letter Wizard, in the Generated Correspondence frame, select the appropriate **Letter Decision** radio button (**Generate Only**, **Send Letter to Mail Queue**, or **Delete Letter**).

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button and edit the Summary and Details information as needed.

8. If desired, select the related documents that support your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Transportation Assistance Basic Processing Steps

SOP: <u>Transportation and Second Vehicle Requests</u> 150394820

Perform Case Review

To review a case for a Transportation Assistance need:

1. Review the **Banner** and the **Overview** screen to determine whether the applicant meets general criteria to process Medical/Dental assistance. (Look for **IDV=Pass**; **SBA=FIT** or other ONA referable code).

   NOTE: The example screens shown below are for a mock applicant in a simulated disaster in the test development lab system.

2. Review **Comments** and **Contacts**.

3. If not done previously…

   a. Check **Workpacket History** to see when the workpacket arrived in queue.

   b. Review **Events History** to see why case is in the queue and get an overview of all actions performed in the case.

   c. Review information on other screens as needed for the case (e.g., Line Items, Linked Regs, etc.).

4. Create a Transportation pending line if not done previously. Use the **Add Assistance** link at bottom left of the screen OR navigate to the **Assistance** screen and click the **Add** link in the **PP/Other Assistances** frame.

Identify the Vehicle Damage Level

1. Navigate to the Transportation assistance processing screen and review general information on the screen.

2. If the vehicle was not inspected by a FEMA inspector, you will need to identify the damage level based on a mechanic's statement or estimate/receipt/bill item in the file. To do so…

   a. Open the set of Transportation documents in the image viewer. (In the Correspondence Received frame, click the DMARTS Document ID link for the set of documents.)

+/-	Category	# of Items	To Calculator	Verified	Item Type/Description	DMARTS Document ID
☐	Info Control,Transportation	5			9069B,Veh Lack of Ins,Veh Liab Ins,Veh Mech Stmt,Veh Reg	09000001802c668b
	Info Control		N	Yes	9069B	51848817
	Transportation		N	Yes	Veh Lack of Ins	51848813
	Transportation				Veh Liab Ins	51848816
	Transportation				Veh Mech Stmt	51848814

b. In the image viewer window, navigate to the mechanic's statement or estimate/receipt/bill item that describes the damage to the vehicle.

c. Determine whether the document indicates the damage level was destroyed or repairable.

TECH	OP	LABOR DESCRIPT ON			LABOR
DH	On	Part Number	Part Description	Reason for Replacement	Part Price Each
MDS	OTH50	VEHICLE IS UNDRIVABLE/TOTALED DUE TO TORNADO DAMAGE RECEIVED ON 09/21/15			0.00

d. Close the image viewer or use **Alt + Tab** to return to the Transportation assistance processing screen.

e. Select the vehicle line in the Transportation frame, and then select the **Edit** link.

Transportation												Add	Edit
Payment	Source	Year	Make	Model	Receipts Pending	Policy Verified	Liab Ins	Comp Ins	Registerd	Dmg Level	Dmg Type	Damaged	Drivable
No	NOT INSPECTED	2009	TOYOTA	COROLLA	$0.00		Yes	No	Yes		Tornado/Wind	Yes	No

f. In the Edit Vehicle dialog box, select the appropriate **Damage Level,** and complete other fields as appropriate.

g. **Save** your edits.

Substantiate Transportation Document Items

1. In the Correspondence Received frame, expand the row containing the Transportation category. This line represents a set of individual documents.

   NOTE: Check all sets of documents listed in Correspondence Received frame for Transportation document items that may be included in another Category listing.

2. To open document items in the Item Substantiation window, select the DMARTS Document ID link for an individual item in the document set.

3. At top of the Item Substantiation window, select the document item you want to substantiate from the list of document items. It will be highlighted in yellow.

4. Review the **Category** and **Item Type**, and correct the field entries if needed.

5. If the **Image page number(s)** field is blank or incorrect:

    a. Select to view the full image.

    b. Then navigate to the document item in the set of documents and determine which page(s) it is on.

    c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

NOTE: The following steps explain how to substantiate an Estimate/Receipt/Bill item. The fields would differ for other document items, but the basic process for completing field entries are similar for other document items.

2. Review the document item for processing criteria and enter/update substantiation details for the document item.

    a. Ensure any existing entries are accurate.

    b. If you need to add/deduct multiple expenses or deductions on a Vehicle estimate/bill/receipt item, use the sub-calculator icon beside the **Total Amount** field to calculate the itemized expenses.

* Category:	Transportation ⌄		* Item Type:	Veh Est/Bill/Rcpt ⌄

* Image page number(s)		2
* Date		10/10/2015
* Vehicle		TOYOTA COROLLA2009 ⌄ Add
* Damage Level		Destroyed ⌄
* Disaster Related?		⦿ YES ○ NO
* Company name, address, phone number		⦿ YES ○ NO

* Total Amount	$ 5000.00	+ 🖩
* Adjustments	$ 0.00	- 🖩
Pending Eligible Amount	$ 5000.00	

Verified: Yes ⌄

☐ Do not add this item to the calculator

Save   **Close**

3. In the **Verified** field, select **Verified,** or select the appropriate response if you made a courtesy call. This field confirms that a caseworker reviewed the document item and ensured all field entries were entered correctly.

4. If the item includes amounts to award or deduct from an award, **uncheck** the "**Do not add this item to the calculator**" field to send the Pending Eligible Amount to the Payment Calculator.

NOTE: If insurance amounts are deducted from the "Total Paid/Due" amount entered on the estimate/bill/receipt substantiation, do NOT add Insurance Settlement document substantiation for the same insurance amounts to the Payment calculator. (That is, do select the checkbox for that field on the Comprehensive insurance settlement substantiation.)
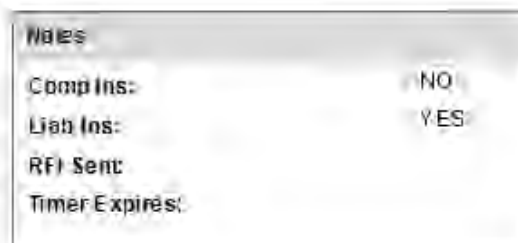
Otherwise the settlement would end up being subtracted from the award twice—once from the estimate/receipt substantiation total, and again from the insurance settlement substantiation total.

5. After completing substantiation entries, **Save** your work.

6. It there are other medical/dental document items listed at top of the Item Substantiation window, select and substantiate the next item.

7. After saving all applicable Transportation substantiation items, **Close** the Item Substantiation window.

6. After returning to the Transportation screen, review to ensure entries in the Payment Calculator frame are correct.

NOTE: Review all sets of Documents in the Correspondence Received frame to see if any additional Transportation document items are included in other sets of documents. If found, complete the substantiation process for those items also. (You can click the longer DMARTS document ID link to review each set of document items in an image viewer before accessing items in Item Substantiation.)

Request Additional Information

If documentation needed to process the Transportation need is missing or incomplete, check the **Notes** frame on the Transportation assistance processing screen. This frame will indicate if an RFI letter was manually sent. If **RFI Sent** = **YES**, it will also identify the **Timer Expires** date for the applicant's response.

- If an RFI **was** previously manually generated sent and the **Time Expires** date has passed, the applicant will be ineligible due to insufficient or no substantiation submitted (IISS or INSS).

- If a manually-generated RFI was **not** sent to the applicant:

    o Generate an RFI letter requesting Transportation documentation.

    o Also "set the timer" for a response by setting an associated verification requirement to "Pending Response."

    o When finalizing your work, route the Transportation pending line to the **Info Control**, **Pending Receipt** subqueue, and in the Generated Correspondence frame, select **Send Letter to Mail Queue** for the RFI.

See the *RFI Letter* section on page 29 for additional details on generating RFIs.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Moving and Storage award, next ensure all verification requirements are met and set to "Verified."

If you need to change the status of any verification requirements:

1. On the Transportation assistance processing screen or the Info Control screen, select a verification requirement to update, and then click the **Decision** link.

2. In the **Verification Status** field of the Decision pop-up, select the appropriate status.

3. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for Transportation assistance.

5. **Save** the update.

6. See *Updating Verification Requirement Status* on page 50 for additional details.

Make a Determination

1. Select the appropriate **Eligibility Code** at bottom of the screen.

Eligibility selections will depend on whether saved substantiation details for each document item met required eligibility criteria.

- ○ If the service date and answers to all substantiation questions confirm the expense is eligible, you can only select an **Eligible** determination code (ETRANS).

- ○ Otherwise, only **Ineligible** determination codes will be available.

2. Click **Continue** to save your determination.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the **Decision** frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you need to retain a workpacket in the queue after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter:

    a. Click the **Letter** link at top right of the screen and follow prompts.

    b. After closing the Letter Wizard, in the Generated Correspondence frame, select the appropriate **Letter Decision** radio button (**Generate Only**, **Send Letter to Mail Queue**, or **Delete Letter)**.

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and edit the Summary and Details information as needed.

8. If desired, select the related documents that support your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to specified queues, and you will be exited from the case.

Moving and Storage Basic Processing Steps

SOP: **Moving and Storage**

Processing Moving and Storage assistance in Web NEMIS is similar to processing Moving and Storage in Legacy NEMIS. As in Legacy NEMIS, creating a Moving and Storage pending line creates a worksheet screen to use for recording your determination. Also as in Legacy NEMIS, the Moving and Storage worksheet does not provide a Correspondence Received frame or link to an Item Substantiation window or include a Payment Calculator frame.

If you determine the applicant's request meets all eligibility requirements, you may need to use external tools (e.g. calculator, Excel spreadsheet) to calculate the award amount.

Perform Initial Case Review

To review a case for a Moving and Storage Assistance need, in your initial case review, look for general IHP/ONA eligibility criteria and note all pending lines. If a Moving/Storage pending line is not in the case, a thorough review of Correspondence and Comments/Contacts may reveal the need for Moving and Storage assistance.

NOTE: Moving and Storage assistance is no longer an SBA-Dependent category, so it doesn't matter what the **SBA** field entry is for an applicant to be eligible for Moving and Storage.

1. Review the Banner for general eligibility criteria. Look for:

   - **IDV** (Pass)
   - **Flood Zone** (whether A, V, W)
   - **Sanctioned Community** (No or blank)
   - **CBRA** = (No or blank; Moving and Storage is ineligible in CBRS/CBRA areas)

2. Click on the disaster number in the **Dstr** field on the Banner to review basic Disaster Specifics.

3. Identify the Processing Option.

- If **Processing Option** is **State Processes/State Pays**, do not process ONA. Instead, review the **Current Queues** frame on the **Overview** screen to see if a current workpacket is in the State Manual Determination queue. If not….

    a. If there's not a pending line for an ONA category, create one.

    b. In the **Decision** frame of the Confirmation screen, select to route the pending line to the **State Manual Determination** queue.

    c. If you need to retain the case in the queue for HA processing, check the **Split Workpacket** checkbox in the **Decision** frame.

    d. Create a Comment noting the Moving and Storage need along with any other information needed, and then click **Submit** to complete the routing.

- If **Processing Option** is **FEMA,** continue by noting the **Incident Period.**

    You'll need to see if the Moving and Storage expenses occurred after the incident start date. See the Moving and Storage SOP for details on the eligibility timeframe.

4. Review all Correspondence Received and Comments and Contacts to identify documents and calls regarding assistance requests.

    a. Use links in the **Correspondence Received** frame of either the **Overview** or **Communication** screen to review all documents supporting a Moving and Storage need.

b. Use tools on the **Overview** screen, **Communication** screen, or **Events History** screen to review all Comments and Contacts supporting a Moving and Storage need.

Comment / Contact History	Show: Comments	Contacts	All
Date & Time	Summary Line
07/31/2019 09:53	TESTING MISC/OTHER AND CHILD CARE
12/28/2018 09:59	91 C/C TO INSURANCE COMPANY
06/27/2017 02:01	91 C/C TO INSURANCE COMPANY
05/25/2017 12:13	X310

5. Review the Overview screen for:

- **Damage Type**
- **Primary Residence** (Yes)
- **HRR** (Yes. If No, look for inspection comment stating "Repairs Made.")
- **Insurance Type** that covers Damage Type
- **Occupancy** (Verified)
- **NFIRA Compliance** (if Flood damage recorded in Flood Zone A, V, or W)

Inspection				Help
Inspection Pending: Yes	Primary Residence: Yes	Habitability Repairs Required: Yes	Moved/Willing to Move: Yes	
Number of Inspections Completed: 1	Residence Type: Mobile Home	Bedrooms Occupied: 3	Essential Utilities Out: No	
Damage Type: Flood /			Inaccessible: No	

Insurance Type	Settlement on File - Yes
Source	Type
Substantiation	Mobile Home (O/R)
Registration Intake	Mobile Home (O/R)

Verification Status	Help
Ownership Verified:	Yes
Occupancy Verified:	Yes
NFIRA Maint. Rqmt:	No
NFIRA Compliance:	Yes
NFIRA Match Type:	No Match

6. **If Damage Type = Flood…**

a. Verify whether flood insurance coverage is in effect. Flood insurance may cover up to $1,000.00 moving expenses, but does not cover storage expenses.

b. Keep in mind Mobile Home insurance may cover flood.

c. Verify flood coverage and settlement for moving expenses with insurance company.

d. Per the Moving and Storage SOP and the Flood Zones and Other Protected Areas SOP, flood insured or NCOMP applicants may be eligible for moving expenses in excess of $1,000 and all storage fees if all other criteria are met.

7. Review actions performed in the case.

    a. In the **Current Queues** frame, select the FEMA Manual Determination workpacket and click **Workpacket History** to see workpacket details.
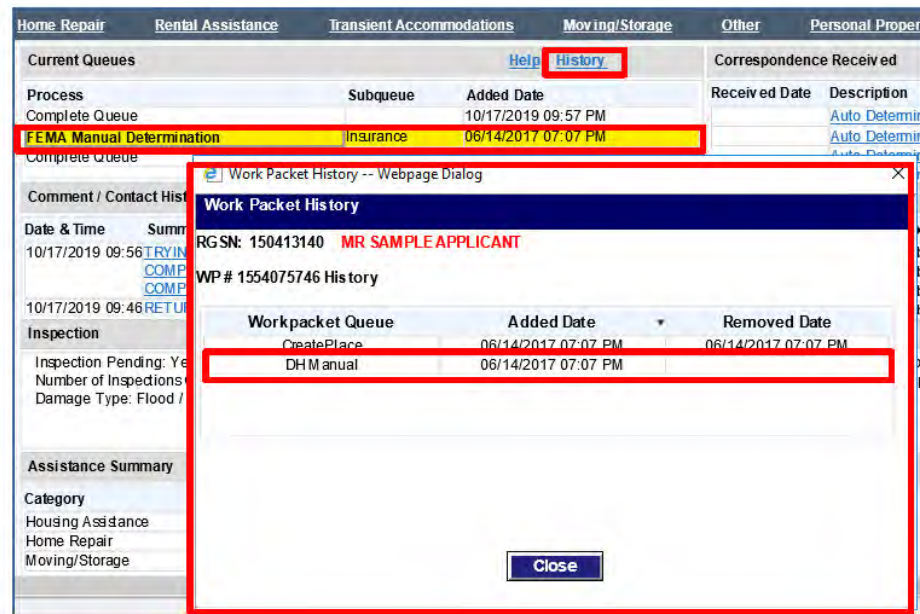
    b. On the **Events History** window, review events at the time of Workpacket Creation (process name: **WFDIS**) to see why case is in the queue.

    c. Review all other events and case actions performed.

8. Review information on other screens as needed for the case.

9. Create a Moving and Storage pending line, if needed. To do so:

    a. Use the **Add Assistance** link in the menu at left

    b. OR use the **Add** link in the PP/Other Assistances frame of the Assistance screen.

After the pending line is created, the **Moving/Storage** link will appear. This link will open a processing screen where you can record your determination on the Worksheet and review verification requirements.

10. Continue as follows:

   a. If the applicant does **NOT** meet general eligibility requirements to continue processing for Moving and Storage assistance:

      i. Select the appropriate ineligible code on the worksheet. (See the Moving and Storage SOP for ineligible codes to use.)

      ii. Click **Save and Continue** to save the determination.

      iii. Continue processing other assistance categories, or if there are no remaining needs to process, navigate to the Confirmation screen to finalize your work. (Skip to *Finalize Your Work* on page 141.)

   b. If the applicant **DOES** meet general eligibility requirements, continue to the next topic.

Verify Documentation

After verifying general eligibility requirements are met, verify Moving and Storage documentation in Correspondence Received. Required documents include:

- Verifiable receipts/bills/estimates for Moving and Storage expenses

- Written statement that notes:

   o Reason(s) moving and storage expenses were required

   o Description of essential Personal Property items being moved/stored

- o Information indicating essential PP is being stored OR being moved directly into temporary housing unit to prevent further damage

- o Information indicating essential Personal Property will be returned to primary residence (pre-disaster or new primary residence)
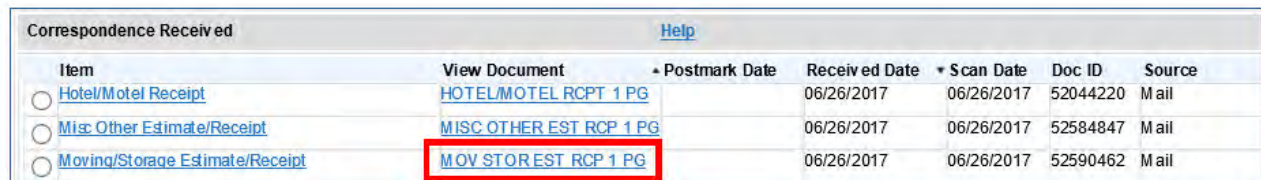
You can view the documents using links on the Overview screen or Communication screen.

- From the **Overview** screen, select the document link in the **Description** column of the **Correspondence Received** frame.

- From the **Communication** screen, select the document link in the **View Document** column of the **Correspondence Received** frame.

Web NEMIS will open the set of documents containing the selected item in an image viewer application. Navigate to each Moving and Storage document and verify it meets all eligibility criteria specified in the Moving and Storage SOP.

Request Additional Information

If information is missing from the Moving and Storage documentation, you may need to clarify via a phone call, send an initial RFI letter, or make an ineligible determination due to insufficient substantiation.

1. If required documentation is on file and guidance states you can call to clarify incomplete information, make a courtesy call to the appropriate party to do so.

   If you obtain the information needed to determine eligibility, skip to the next section, *Review/Update Verification* Requirements on page 140.
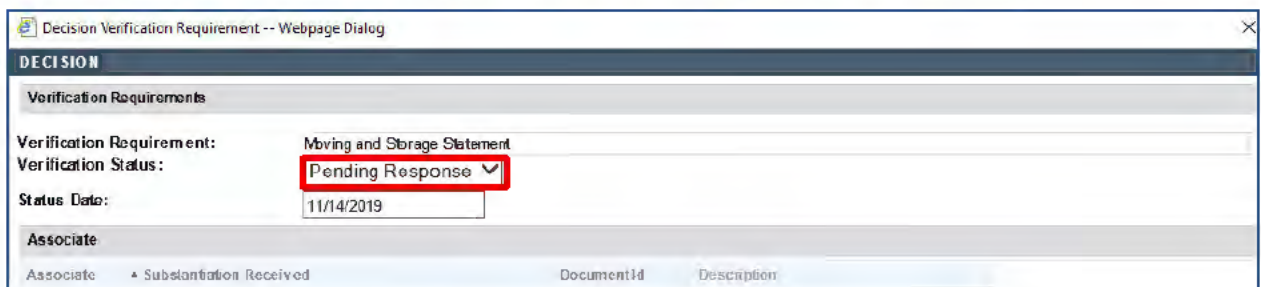
2. If the information cannot be verified via phone call, see if an initial RFI letter was sent to the applicant.

3. If an initial RFI was **not** sent previously:

    a. On the Info Control screen, select the requirement and click the **Decision** link.

    b. Select **Pending Response** in the **Verification Status** field and **Save** the change. (This "sets the timer" for return of requested documents.)

    c. When finalizing your work on the Confirmation screen…

      o Use the **Letter** link to generate an RFI letter for Moving and Storage documents. (**NOTE:** You can also generate a letter by clicking the **Add** link from the Outgoing Correspondence frame of the Communication screen.)

      o Create a **Comment** to document your work.

      o Select to route the Moving and Storage workpacket to **Info Control, Pending Receipt**.

4. **If an initial RFI was sent previously** and you are unable to clarify missing information via a phone call, the applicant is ineligible.

    a. On the Moving/Storage screen, select the **INSS** determination (Ineligible Insufficient or No Substantiation Submitted) in the Eligibility field.

    b. Click the **Save and Continue** button.

    c. Continue to _Finalize Your Work_ on page 141.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Moving and Storage award, next ensure all verification requirements are met and set to "Verified."
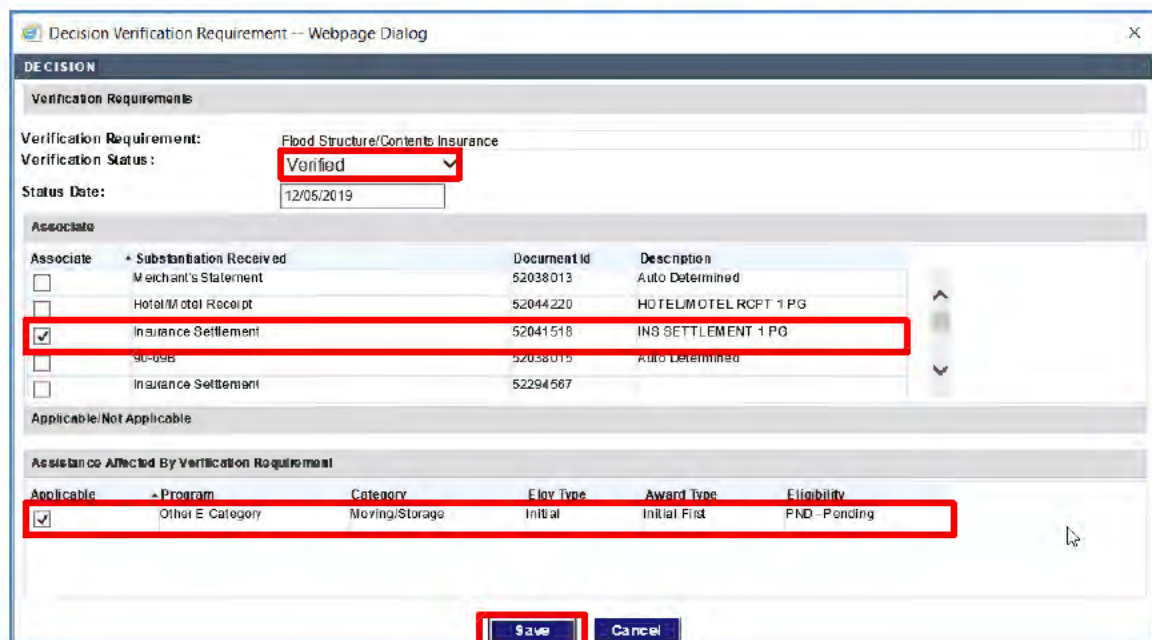
If you need to change the status of any verification requirements:

1. On the Info Control screen, select the requirement, and then click the **Decision** link. (**NOTE:** Select the Category first if you want to display Moving and Storage verification requirements only.)

2. In the **Verification Status** field of the Decision pop-up, select **Verified** (or other applicable status).

3. In the **Associate** frame, if the Verification Status is **Verified**, select the Substantiation items(s) to associate with the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for **Moving and Storage** assistance.

5. **Save** your change.

Make a Determination

1. On the Moving and Storage processing screen, record the award as follows:

   a. Select **EMS** in the Eligibility field.

   b. In the **Itemized Amount** field, Enter the total eligible amount from bills/estimates/receipts.

   c. Depending on the details of the case, use the remaining entry fields to deduct or add amounts to award. Include a brief note for each deduction/addition.

2. Click **Save and Continue** to save your determination.

If there are no other assistance categories to process in the case, you are ready to finalize your work.

Finalize Your Work

1. After you have addressed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual. (Also **un**select any decision lines you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you are routing **all** decision lines out of the queue and need to retain a workpacket in the queue, select the **Split Workpacket** checkbox.

5. If you need to send a letter:

     a. Click the **Letter** link at top of the screen and follow prompts to generate and save the letter.

     b. After returning to the Confirmation screen, select the appropriate option in the Letter Decision column of the Generated Correspondence frame. (In most cases, this will be **Send Letter to Mail Queue.**)

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and then edit the Summary and Details information as needed.

8. If needed, select the related document that supports your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to selected queues, and you will be exited from the case.

Miscellaneous/Other Basic Processing Steps

SOPs: Miscellaneous Other Items, Generator

If Needs Include Both Miscellaneous Other Items and Child Care

Requests for assistance with Miscellaneous Other items and Child Care expenses are both processed using the assistance category of "Other." Web NEMIS will allow only one pending assistance line to be created for the same category at a time.

If an applicant needs assistance for both a Miscellaneous Other item and Child Care expenses, do the following:

1. First, create a **pending line** (if needed) and **process a decision** for the Miscellaneous Other or Child Care category.

2. On the **Confirmation** screen, select to route the **Other** pending line to the appropriate queue.

3. If you are routing all decision lines out of the queue, check the **Split Workpacket** checkbox to keep the case in FEMA Manual Determination after routing.

4. Complete any tasks needed to finalize your work on decisions being routed out, and then click the **Submit** button.

5. Once the first "Other" assistance line is routed out of the queue, you can create another "**Other**" pending line.

See the following sections for detailed processing instructions.

Perform Initial Case Review

In your initial case review, look for general IHP/ONA eligibility criteria and note all pending lines. If an "Other" pending line is not in the case, a thorough review of Correspondence and Comments/Contacts may reveal the need for Miscellaneous Other assistance.

1. Review the Banner for general eligibility criteria. Look for:

   - **IDV** (Pass)
   - **SBA** (**Any** status, **unless** the Misc/Other item is **also recorded as a Personal Property inspection line item**; then it must be ONA referable.)

- **CBRA** = No or blank (In CBRA/CBRS areas, **Generators** required to power **life-sustaining medical equipment** may be eligible, but other Misc Other items are ineligible.)

2. Click on the disaster number in the **Dstr** field on the Banner to review basic Disaster Specifics.

- Identify the Processing Option.

> **NOTE:** If Processing Option is **State Processes/State Pays**, do not process ONA. Instead....
>
> Review the **Current Queues** frame on the **Overview** screen to see if a current workpacket is in the State Manual Determination queue. If not....
>
> - If there's not a pending line for an ONA category, create one.
>
> - In the **Decision** frame of the Confirmation screen, select to route the pending line to the **State Manual Determination** queue.
>
> - If you need to retain the case in the queue for HA processing, check the **Split Workpacket** checkbox in the **Decision** frame.
>
> - Create a Comment, and then click **Submit** to complete the routing.

- If the Processing Option is **FEMA,** continue by noting the **Incident Period.**

  You'll need to see if the item was purchased/rented within the incident period or 30 days after the incident start date. See SOPs for Miscellaneous Other Items and Generator for detailed guidance on eligibility timeframes.

3. Review all Correspondence Received and Comments and Contacts to identify documents and calls supporting assistance requests.

   a. Use links in the **Correspondence Received** frame of either the **Overview** or **Communication** screen to review all documents supporting a Miscellaneous/Other need.

   b. Use tools on the **Overview** screen, **Communication** screen, or **Events History** screen to review all Comments and Contacts supporting a Moving and Storage need.

4. Review the Overview screen for:

   - Occupancy (Verified)
   - Primary Residence (Yes)

5. Review actions performed in the case.

   a. In the **Current Queues** frame, select the FEMA Manual Determination workpacket and click **Workpacket History** to see workpacket details.

b. On the **Events History** window, review events at the time of Workpacket Creation (process name: **WFDIS**) to see why the case is in the queue.

c. Review all other events to get an overview of all case actions performed.

6. Review the **Inspection Line Items** screen for unawarded "Other" line items identified by the Inspector.

- If a requested "Other" line item is also recorded as a **Personal Property Appliance (Appl)** line item, the item will be ineligible in the Miscellaneous Other category.

  It should be processed for eligibility as a Personal Property line item instead. See the Miscellaneous Other Items SOP for detailed guidance regarding Miscellaneous Other items recorded as Personal Property.

- If the Miscellaneous Other item was **not recorded at inspection**, documentation of the expense must be on file, and must be substantiated when processing eligibility.

- If the Miscellaneous Other item is a **Generator**, see the Generator SOP for detailed processing guidance.

7. Review information on other screens as needed for the case.

8. Create an **Other** pending line, if needed. To do so:

    a. Use the **Add Assistance** link in the menu at left.

    b. OR use the **Add** link in the PP/Other Assistances frame of the Assistance screen.

After the pending line is created, the **Other** link will appear. This link will open the **Other** category assistance screen where you can process the Misc Other request.

9. Continue as follows:

- If the applicant does **NOT** meet general eligibility requirements for Miscellaneous/Other assistance

    o Select the appropriate ineligible code in the **Eligibility Code** field at bottom of the **Other** processing screen. (See the Miscellaneous Other Items SOP for ineligible codes to use.)

    o Click **Continue** to save the determination.

      o Continue processing other assistance categories, or if there are no remaining needs to process, navigate to the **Confirmation** screen to finalize your work. (Skip to)

- If the applicant **DOES** meet general eligibility requirements, continue to the next topic.

Requirements for Miscellaneous Other Chainsaw

If the requested Miscellaneous Other item is a chainsaw, review the **Real Property** Line Items on the **Line Items** screen for **5741 Debris Removal** and **5742 Tree Removal**.

Item	Item Name	Inspection	Dmg Type	Elig Dmg	Category	Unit $	UOM	Max	Obs	HA Qty	HA Award	Asst Type	Subst	Amt Paid By Receipt
6441	Furnace, replace	Initial	Flood	Yes	Not Insured	$2,183.11	Each	2	1	1	$2,183.11	Initial		
6240	Outlets or switches, replace	Initial	Flood	Yes	Not Insured	$17.99	Each	70	64	64	$1,151.36	Initial		
6341	Cabinet, base, replace	Initial	Flood	Yes	Not Insured	$122.48	Linear Foot	30	20	20	$2,449.60	Initial		
5749	Clean and sanitize	Initial	Flood	Yes	Not Insured	$1.39	Square Foot	3500	1280	1280	$1,779.20	Initial		
5646	Insulation, Wall, Replace	Initial	Flood	Yes	Not Insured	$0.92	Floor Square Feet	2700	960	960	$883.20	Initial		
5741	Debris remove	Initial	Flood	Yes	Not Insured	$32.08	Cubic Yard	40	6	6	$192.48	Initial		

The chainsaw will be **ineligible** for Miscellaneous Other Assistance if Home Repair Assistance was awarded for either of these line items (5741 or 5742), or if either of these line items is listed as insured.

Another requirement for chainsaw eligibility is that debris or damaged trees must be identified as a **clear danger** to the dwelling or access or be a **health or safety hazard** via inspection or written or verbal statement from the applicant.

See the Miscellaneous Other Items SOP for detailed guidance regarding chainsaw requests.

Request Additional Information

If documentation to support the Miscellaneous Other request is missing or incomplete, you may need to send an initial RFI letter or make an ineligible determination due to insufficient substantiation.

1. If required documentation is on file and guidance states you can call to clarify incomplete information (for example, confirm safety need for chainsaw), make a courtesy call to the appropriate party to do so.

2. If you obtain the information needed to determine eligibility, skip to the next section,

3. If the information cannot be verified via phone call, see if an initial RFI letter was sent to the applicant.

4. **If an initial RFI was not sent previously,** generate and send an RFI letter requesting documentation of the Miscellaneous Other expense.

   a. Click the **Letter** link on the Confirmation screen. (Or click the **Add** link on the Outgoing Correspondence frame of the Communication screen).

   b. In the Letter Wizard, select **Notification Letters**, and then select **Misc.**

   c. In the next pop-up, scroll down and select **RFI-Misc Other Items.**

   d. Follow prompts to finish generating the letter.

   NOTE: Do **not set the timer** for Misc/Other requests. (That is, do **not** set an associated verification requirement to Pending Response.)

   e. When finalizing your work on the Confirmation screen…

      o Document your work in a Comment.

      o Select to route the Other workpacket to the Complete queue.

5. If an **initial RFI was sent previously** and you are unable to clarify missing information via a phone call, the applicant is ineligible.

   a. On the **Other** assistance processing screen, select the **IISS** (Ineligible Insufficient Substantiation Submitted) determination in the Eligibility field.

   b. Click the **Continue** button save your determination and continue to the next processing task.

   c. If you're ready to finalize your work, continue to the Confirmation screen. Skip to *Finalize Your Work* on page 154.

Substantiate Miscellaneous Other Documentation

If required Miscellaneous Other documentation is in the file, substantiate each document to verify it meets criteria specified in guidance.

1. Navigate to the **Other** processing screen and review general information on the screen.

2. Expand the Correspondence Received frame, if needed, by clicking the "+" sign. This will open the list of all sets of documents indexed into the case.

3. Expand each set of document items by clicking the "+" sign next to the **Category** column. This will list all document items in that set of documents.

- The longer DMARTS Document ID on the first line of each set of documents will open the set of documents in an image viewer application.

- The shorter DMARTS Document ID link will open the set of document items in the Item Substantiation window.

4. Select the DMARTS Document ID link for an individual document item to open that item in the Item Substantiation window.

5. At top of the Item Substantiation window, select the document item you want to substantiate from the list of document items. It will be highlighted in yellow.

6. Make sure the document Category and Item Type are correct for the item shown at left, and make any corrections to these fields as needed.

7. If the **Image page number(s)** field is blank:

   a. Select the **View Full Image** link in the Image frame.

   b. Then navigate to the document item in the set of documents and determine which page(s) it is on.

   c. Return to the Item Substantiation window and enter the page or page range in the **Image page number(s)** field.

8. For each item, enter the **Date of Purchase.**

9. Next select the requested item in the **Type of Misc/Other Item** field.

   a. The pulldown list will include only items approved for the disaster.

   b. After you select the item, substantiation fields for that item will be displayed.

   For example, following are the substantiation fields that appear when you select **Humidifier** in this field.

10. Review the receipt for processing criteria and enter/update substantiation details. For each receipt, you'll need to indicate the following:

    a. Receipt is verifiable? (includes enough contact information to be verifiable per guidance)

    b. Registrant meets criteria to be processed for assistance? (all eligibility criteria specified in guidance are met for the item)

    c. Purchase amount (total amount for the quantity of the items purchased)

    d. Quantity (quantity of the items purchased)

    e. Price Per Item (price paid per item, including tax)

Also complete any fields specific to that item (e.g. questions about utility outage and medical need for a **generator**; questions about debris/tree hazard and lack of insurance for a **chainsaw**.)

The following fields are auto-populated in Web NEMIS, based on Disaster Specific settings for each item:

- Limit Allowed (max quantity allowed per DR specifics)

- Quantity Available (quantity remaining after this item is awarded)

- Max Price Per Item (max payment allowed per DR Specific)

- Pending Eligible Quantity

- Pending Eligible Amount

11. Keep in mind the following as you complete remaining substantiation fields.

    a. If you need to add/subtract amounts to enter in the **Purchase Amount** or **Price Per Item** field use the sub-calculator icon beside the field to do so.

    b. In the **Verified** field, select "**Verified,**" or select the appropriate response if you made a courtesy call. This field indicates that a caseworker reviewed the document and ensured field entries were completed correctly.

    c. **Un**check the "Do **not** add this item to the calculator" field (to add the receipt amount to the Payment Calculator).

    d. After completing each set of substantiation entries, **Save** your work.

    e. If needed, select the next document item at top of the Item Substantiation window, and follow the steps above to substantiate the item.

NOTE: For a generator, you may also need to substantiate a physician's statement verifying a medical necessity for electrical power.

12. After completing and saving substantiation for all Miscellaneous Other document items in the set of documents, **Close** the Item Substantiation window.

After returning to the Other screen, review ensure entries in the Payment Calculator frame are correct.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Miscellaneous Other award, next ensure all verification requirements are met and set to "Verified." You can find verification requirements on the Other assistance processing screen or the Info Control screen.

If you need to change the status of any verification requirements:

1. Select the requirement, and then click the **Decision** link.

    NOTE: You can change the category-specific Occupancy requirement from the Other screen, but will need to change the Identity and Signature requirements from the Info Control screen.

2. In the **Verification Status** field of the Decision pop-up, select **Verified**.

3. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, ensure the **Applicable** checkbox is selected for the **Other** assistance category.

5. **Save** your change.

Make a Determination

1. On the **Other** processing screen, select **EMISC** in the Eligibility field.

2. Click **Continue** to save your determination.

NOTE: When you click **Continue** to save your determination, Web NEMIS advances you to the next processing screen. If no other pending line is open in the case, Web NEMIS advances you to the Confirmation screen.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, select each decision line you are routing out of FEMA Manual (and/or **un**select any decision line you need to retain in the queue).

3. Confirm or select the appropriate **routing** destination for each decision line.

4. If you need to retain a workpacket in the queue after routing all decision lines out of the queue, select the **Split Workpacket** checkbox.

5. If you need to send a letter, click the **Letter** link at top of the screen and follow prompts to generate and save the letter.

   After returning to the Confirmation screen, select the appropriate option in the Letter Decision column of the Generated Correspondence frame. (In most cases, this will be **Send Letter to Mail Queue.**)

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and then edit the Summary and Details information as needed.

8. If needed, select the related document that supports your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to selected queues, and you will be exited from the case.

Child Care Assistance Basic Processing Steps

SOPs: [Child Care Assistance](), [Child Care Calculator]()

If Needs Include Both Miscellaneous Other Items and Child Care

Requests for assistance with Miscellaneous Other items and Child Care expenses are both processed using the assistance category of "Other." Web NEMIS will allow only one pending assistance line to be created for the same category at a time.

If an applicant needs assistance for both a Miscellaneous Other item and Child Care expenses, do the following:

1. First, create a pending line (if needed) and process a decision for the Miscellaneous Other or Child Care category.

2. On the Confirmation screen, select to route the Other pending line to the appropriate queue.

3. If you are routing all decision lines out of the queue, check the **Split Workpacket** checkbox to keep the case in FEMA Manual Determination after routing.
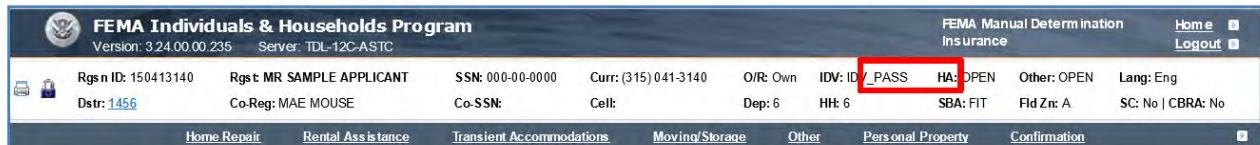

4. Complete any tasks needed to finalize your work on decisions being routed out, and then click the **Submit** button.

5. Once the first "Other" assistance line is routed out of the queue, you can create another "Other" pending line.

See the following sections for detailed processing instructions.

Perform Initial Case Review

In your initial case review, look for general IHP/ONA eligibility criteria and note all pending lines. If a "Other" pending line is not in the case, a thorough review of Correspondence and Comments/Contacts may reveal the need for Child Care assistance.

1. Review the Banner to see if **IDV** = **Pass**.

2. Click on the disaster number in the **Dstr** field on the Banner to review basic Disaster Specifics.

- Identify the Processing Option.

NOTE: If Processing Option is **State Processes/State Pays**, do not process ONA. Instead….

Review the **Current Queues** frame on the **Overview** screen to see if a current workpacket is in the State Manual Determination queue. If not….

- If there's not a pending line for an ONA category, create one.

- In the **Decision** frame of the Confirmation screen, select to route the pending line to the **State Manual Determination** queue.

- If you need to retain the case in the queue for HA processing, check the **Split Workpacket** checkbox in the **Decision** frame.

- Create a Comment, and then click **Submit** to complete the routing.

- If Processing Option is **FEMA,** continue by noting the **Incident Period.**

  You'll need to see if post-disaster income and child care expense documents reflect a time period after the incident start date.

3. Review all Correspondence Received and Comments and Contacts to identify documents and calls supporting assistance requests.

   c. Use links in the **Correspondence Received** frame of either the **Overview** or **Communication** screen to review all documents supporting a Child Care need.

   d. Use tools on the **Overview** screen, **Communication** screen, or **Events History** screen to review all Comments and Contacts supporting a Child Care need.

NOTE: Occupancy is shown in NEMIS/Web NEMIS as verification requirement for the **Other** category, which includes both Misc/Other and Child Care assistance. However, although Occupancy must be verified for Misc/Other assistance, it is NOT a verification requirement for Child Care assistance. Damage to a child care facility can result in added child care costs even if the applicant's home is not damaged.

4. Get an overview of actions performed in the case. To do so…

   a. In the **Current Queues** frame, select the FEMA Manual Determination workpacket and click **Workpacket History** to see workpacket details.

b. On the **Events History** window, review events at the time of Workpacket Creation (process name: WFDIS) to see why the case is in the queue.

c. Review all other events to get an overview of all case actions performed.

5. Review the **Occupants** frame on the **Registrant Info** screen.

When reviewing Child Care documentation, you will need to note whether the child is an occupant of the applicant's household, and whether the child's relationship, dependent status, and age meet criteria specified in guidance. (If these details are missing, you will need to call the applicant to verify and update the information here.)

6. Review information on other screens as needed for the case.

7. Create an **Other** pending line, if needed. To do so:

a. Use the **Add Assistance** link in the menu at left.

b. OR use the **Add** link in the PP/Other Assistances frame of the Assistance screen.

After the pending line is created, the **Other** link will appear. This link will open the **Other** category assistance screen where you can process the Child Care assistance request.

8. Continue as follows:

- If the applicant does **NOT** meet general eligibility requirements for Child Care assistance:

  o Select the appropriate ineligible code in the **Eligibility Code** field at bottom of the **Other** processing screen. (See the Child Care Assistance SOP for ineligible codes to use.)

  o Click **Continue** to save the determination.

  o Continue processing other assistance categories, or if there are no remaining needs to process, navigate to the Confirmation screen to finalize your work. (Skip to *Finalize Your Work* on page 167.)

- If the applicant **DOES** meet general eligibility requirements, continue to the next topic.

Verify Documentation

After verifying general eligibility requirements are met, you will need to review Correspondence Received for documentation required to verify Child Care eligibility and expenses. This documentation includes:

- A signed and dated written statement from the applicant describing the need for child care

- Pre and post-disaster gross household income documents

- Pre-disaster receipts or an affidavit for child care expenses

- Post-disaster receipts or estimates for child care fees, registration, and/or health inventory fees

- A child care provider's license

- A child care contract or agreement (to demonstrate child care costs in lieu of receipts/estimates)

You can view Child Care documents using links on the Overview screen, Communication screen, or the Other assistance processing screen.

- From the **Overview** screen, select the link to the document in the **Description** column of the **Correspondence Received** frame.

- From the **Communication** screen, select the link to the document to review in the **View Document** column of the **Correspondence Received** frame.

- From the **Other** assistance processing screen, use the "+" icon to expand the **Correspondence Received** frame, and then expand each set of document items.

- o Click the longer DMARTS Document ID on the first line of a set of documents to view the document pages an image viewer application.

- o Click the shorter DMARTS Document ID link to open the set of document items in the Item Substantiation window.

NOTE: The Item Substantiation window does not provide fields to verify processing criteria for Child Care documentation. Therefore, use of this window is optional for Child Care assistance.

9. After you review each Child Care document, verify whether it meets all eligibility criteria specified in the Child Care Assistance SOP.

Request Additional Information

If documentation to support the Child Care request is missing or incomplete, you may need to clarify via a phone call, send an initial RFI letter, or make an ineligible determination due to insufficient substantiation.
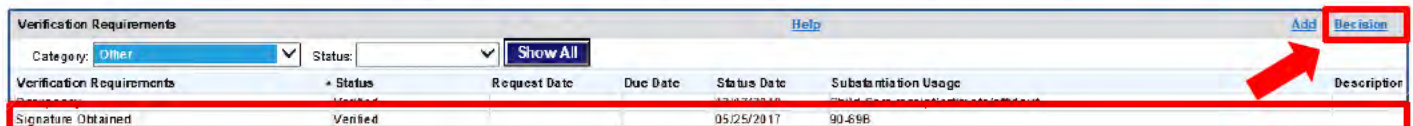
1. If required documentation is on file and guidance states you can call to clarify incomplete information (e.g. a child's age or dependent status), make a courtesy call to the applicant to do so, and update the information in Web NEMIS.

   If you obtain all information needed to determine eligibility, skip to the next section, *Use the Child Care Calculator to Determine Eligibility* on page 164.

2. If the information cannot be verified via phone call, see if an initial RFI letter was sent to the applicant.

3. **If an initial RFI was not sent previously**:

   a. Use tools on the Info Control screen to set a Child Care verification requirement (in "Other" category) to "Pending Response." (To do so, select the requirement, click the **Decision** link, and select **Pending Response** in the **Verification Status** field. Then **Save** the change.)

   b. Click the **Letter** link at top of the Confirmation screen. (Or click the **Add** link on the Outgoing Correspondence frame of the Communication screen).

   c. In the Letter Wizard, select **Request Letters**, and then select **Request (RFI)** and **For Information (1st Request)**.

   d. In the Letter Components area, select **OTH - Misc/Other Child Care**.

   e. Follow prompts to finish generating the letter.

f.   When finalizing your work on the Confirmation screen:

  o   Document your work in a **Comment**.

  o   Select to route the Other workpacket to the **Info Control** queue, **Pending Receipt** subqueue.

4. **If an initial RFI was sent previously** and required documentation is incomplete, the applicant is ineligible due to insufficient substantiation submitted.

  a.   In the **Eligibility** field on the **Other** assistance processing screen, select the **INSS** (Ineligible No Substantiation Submitted) determination.

  b.   Click the **Continue** button to save your determination and continue to the next processing task.

  c.   If you're ready to finalize your work, continue to the Confirmation screen. Skip to *Finalize Your Work* on page 167.

Use the Child Care Calculator to Determine Eligibility

If all required Child Care documentation is on file and meets criteria specified in guidance, next use the Child Care Calculator to determine eligibility.

You can access the Child Care Calculator from the PPM page by selecting the Child Care Calculator link.

Follow instructions in the Child Care Assistance SOP to enter details from the case into the Child Care Calculator fields.

The Calculator will generate an eligibility determination. If the applicant is eligible, it will also calculate the weeks of assistance and the amount of assistance to award.

• If the applicant is eligible, continue to the next topic, ***Error! Reference source not found.***.

• If the applicant is ineligible, See the Child Care Assistance SOP for detailed instructions on ineligible determinations to use for various ineligible reasons. When you are ready to record the determination:

  o   Enter the appropriate Ineligible code in the **Eligibility Code** field on the **Other** screen, and click the **Continue** button to save the determination.

  o   Finalize your work on the **Confirmation** screen. See *Finalize Your Work* section on page 167.

NOTE: Per guidance, the Child Care Calculator a record of the results must be entered into the applicant's file to support payment of Child Care Assistance. When the final review of the determination is completed, SPU or the appropriate POC will upload the Calculator results to the applicant's file through the FaxComm/Right Fax web application. See the *Child Care SOP* for detailed information.

Review/Update Verification Requirements

If the applicant meets all eligibility requirements for a Child Care award, next ensure all Child Care verification requirements are met and set to "Verified." You can find verification requirements on the Other assistance processing screen or the Info Control screen.

If you need to change the status of any verification requirements:

1. Select the requirement, and then click the **Decision** link.

    NOTE: You can change the category-specific **Occupancy** requirement from the **Other** screen, but you will need to change the **Identity Verification** and **Signature Obtained** requirements from the Info Control screen.

2. In the **Verification Status** field of the Decision pop-up, select the appropriate status.

3. In the **Associate** frame, select the Substantiation items(s) used to verify the requirement.

4. In the **Assistance Affected by Verification Requirement** frame, if Occupancy was not verified per inspection or documentation, uncheck the current "Other" assistance line used for Child Care to designate it is not applicable for the "Other" Child Care assistance.

    NOTE: For a Child Care only registration, per the *Codes Verification Request Letters and Assistance Types* SOP, if Occupancy is not verified, set Occupancy **Verification Status** to **Verified,** and the **Applicable** status for "Other" assistance to **Not Applicable.** To save the change, you would still need to select a substantiation item to associate with the requirement.

5. **Save** your change.

Make a Determination

1. On the Other processing screen, click the **Misc Adj** link in the Payment Calculator frame.

This opens the Miscellaneous Adjustment Calculator window.

2. Enter the award amount from the Child Care Calculator in the **+ Misc. Amount** field.

3. Enter a note to identify the Child Care award in the **Note** field.

4. Click **Save** to return to the Other screen.

5. Select **APVD** in the Eligibility field, and click **Continue** to save your determination.

NOTE: When you click **Continue**, Web NEMIS advances you to the next processing screen. If no other pending line is open in the case, Web NEMIS advances you to the Confirmation screen.

Finalize Your Work

1. After you have processed assistance needs in the case, navigate to the **Confirmation** screen.

2. In the Decision frame, route the **Other** eligibility determination to the **FEMA Supervisor** queue, **Policy Review** subqueue, as instructed in the Child Care Assistance SOP.

3. Ensure the appropriate **routing** destination is selected for all decision lines being routed out of the queue.

4. If you are routing all decision lines out and need to retain a workpacket in the queue, select the **Split Workpacket** checkbox.

5. If you need to generate a letter, use the **Letter** link and follow prompts to generate and save the letter.

   After returning to the Confirmation screen, select the appropriate option in the Letter Decision column of the Generated Correspondence frame. (In most cases, this will be **Send Letter to Mail Queue.**)

6. If you need to generate a Contact, use the **Comment/Contact** link at top right of the screen to do so.

7. Generate a Comment by clicking the **Generate Comment** button, and then edit the Summary and Details information as needed.

8. If desired, select the related document that support your decision(s).

9. When ready to route the case, click **Submit.** Decision lines will be routed to selected queues, and you will be exited from the case.

NOTE: The [Child Care Assistance](#) SOP provides detailed instructions for steps to take after the determination is routed to the Supervisor Review queue. Follow SOP instructions carefully regarding additional steps for processing the Child Care assistance determination.

Insurance Substantiation for HA and Personal Property

SOP: Insurance Processing for HA and Personal Property

General Information about Insurance Settlements in Web NEMIS

- When an insurance settlement includes more than one type of coverage, a separate document item must be created for each coverage type. (This is most common for Homeowners-Type insurance.)

- An insurance settlement record is created from adding a settlement document item in DMARTS indexing or on a Web NEMIS Item Substantiation window.

- Settlement details saved during document substantiation auto-populate to the Insurance Substantiation/Settlement frame of the Assistance screen.

- Do **NOT** add information from settlement **documents** on the Assistance screen.

- Use tools on the Assistance screen to add **verbal** substantiation of settlement details from an insurance company when settlement documents are not on file.

Insurance Settlement Information Displayed on the Assistance Screen

You can use the Assistance Screen to get an overall view of insurance settlement information if a settlement document or verbal substantiation is on file.

The Assistance screen currently lists Homeowners' type settlements that might cover forms of Housing Assistance and/or Personal Property.

- The **Insurance Policy frame** shows policy information recorded during RI.

- The **Insurance Substantiation/ Settlement frame** links to NFIRA information and shows insurance settlement details.

  Structure, Contents, and ALE settlement records saved when substantiating settlement document items will auto-populate in this frame.

When no settlement document is on file, records may be manually added on the Assistance screen based on a call to the insurance company.

Note that in the Insurance Substantiation/Settlement frame, the **Structure Amt, Contents Amt,** and **Other Amt** fields show settlement payments.

The **Other Amt** field shows the settlement amount for ALE/LOU coverage. The **ALE** field shows whether the insurance policy includes ALE/LOU coverage details, and the **ALE Amt** field shows the ALE/LOU coverage limit (**not** the settlement amount).

Substantiating Settlements on the Communication Screen

For most assistance categories, you should substantiate insurance settlement documents from the related category-specific assistance screen.

However, if a category-specific screen does not provide substantiation tools, you can substantiate an insurance settlement from the Communication screen. To do so:

1. In the **Correspondence Received** frame, select the link for the insurance settlement in the **View Document** field. (**Note:** you may need to view each insurance settlement document item to ensure you review substantiation details for the appropriate coverage type.)

2. The document item will open in Substantiation view. Make sure the **Coverage Type** relates to the assistance category you are processing (for example, "Other/ALE" for Rental Assistance).

3. Use the **View Full Image** link to review settlement information in the image viewer application.

4. Verify the insured name, date of loss, cause of damage, and property address on the document match the applicant's file, and that the settlement meets other criteria specified in guidance.
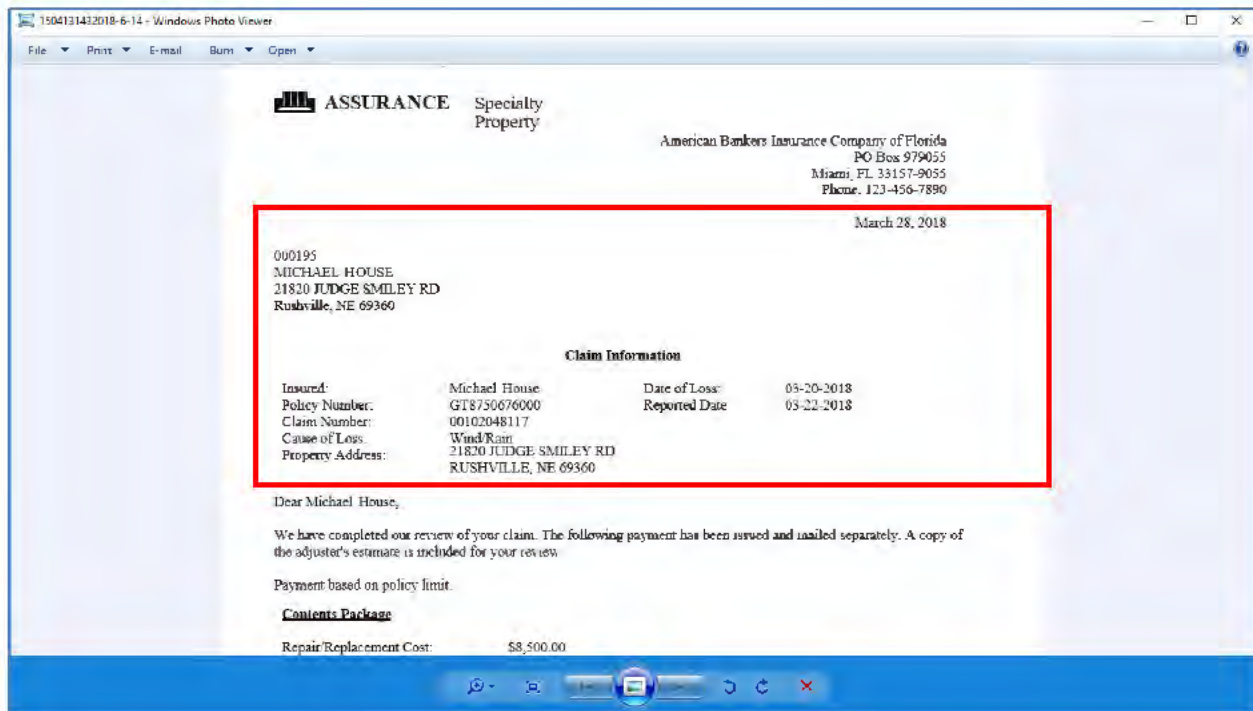
5. Minimize or close the window or use the **ALT** + **Tab** keys to return to the case.

6. In the **Policy** field, select the policy associated with the settlement. If the policy is not on the pull-down selection list, but policy information is available in documentation:

    a. Select the **Add link** in the **Policy** field.

    b. In the **Add Insurance** window, enter policy details that are available.

Keep in mind the following:

    o **Insurance Type** and **Company Name** are required fields.

    o Use the "**Other**" field to indicate ALE Coverage.

    o If ALE is covered, use the **ALE** field to indicate **YES**.

    o If ALE=**YES**, fields additional appear to enter arrangement details.

    c. After saving information policy and returning to Item Substantiation, in the **Policy** field, select the policy you added.

7. Back on the Substantiation window, add and/or update field entries, as needed.

8. **Save** your work to return to the Communication screen.

Updates to the settlement record will be auto-populated to the Substantiation/ Settlement frame of the Assistance screen.

Adding Verbal Insurance Settlement Substantiation

For verbal insurance settlement substantiation received from an insurance company, you can add settlement details on the Assistance screen or on the Home Repair or Personal Property screen. To do so:

1. On the Assistance screen, in the Insurance Substantiation/Settlement frame, click on the **Substantiation: Add** link.

(OR, on the the Home Repair/Personal Property screen, in the Insurance Settlement frame, click on the **Settlement: Add** link.

2. In the Add Substantiation window, add general policy and coverage information:

Keep in mind the following:

- o **Insurance Type** and **Company Name** are required.

- o Use "**Other**" field to indicate ALE Coverage.

- o If ALE is covered, use **ALE** field to indicate **YES**.

- o If ALE=**YES**, fields appear for arrangement details.

3. Click the **Add** link in the Insurance Settlement frame to add Settlement from this window.

4. In the Add Insurance Settlement window, add general information and settlement details.

- **Settle Date** is required.

- A **Settlement Amount required** for at least 1 coverage type. The settlement amount **must be greater than 0**.

- If the entire ALE settlement amount has been disbursed and no more ALE is forthcoming, select **YES** for **ALE Exhausted**.

- Use "**Other**" fields to enter the ALE settlement amount.

- After completing insurance settlement entries, **Save** your work.

A settlement record will appear in the Substantiation/Settlement frame of the Assistance screen. All forms of coverage recorded will appear on the same line.

Duplicate Registrations in FEMA Manual Determination

Overview

Cases are considered "duplicates" or "linked" cases when NEMIS detects duplicate information of the following types: Damaged Dwelling Address (DDA), Damaged Mailing Address (DMA), Damaged Phone Number (DPN), EFT account number. When registrations are linked due to these causes, only the applicant designated as the "Head of Household" will be eligible for forms of Housing Assistance. However, linked applicants may be eligible for certain forms of Other Needs Assistance when they are responsible for allowable expenses.

Although registrations flagged as duplicates are usually "smart routed" to the Duplicate Investigation or Duplicate Resolution queue, occasionally duplicate registrations are found in FEMA Manual Determination.

If you need to process an eligible or ineligible determination for a duplicate registration in FEMA Manual Determination, you must clear the duplicate status before routing the case. This action temporarily clears the duplicate status so the determination can be routed forward for approval. To be permanent, the status must be changed in the Duplicate Investigation or Duplicate Registration queue.

See the *Duplicate Investigation and Resolution Processing* SOP, as well as Preshifts and Disaster Specific SOPs, for guidance on processing duplicate registrations before performing this task.

Clearing a Workpacket Duplicate Status for Routing

Linked registrations are easy to identify in Web NEMIS processing queues, because the **Linked Regs** menu option will appear in red for linked cases.

Linked cases will appear in the **Registrations Linked as Duplicates** frame at top. The current applicant will be included in the duplicates list. The **Workpacket Duplicate Status** link at top of the frame right will be an active link that allows you to change the applicant's duplicate status.

If you determine per guidance that a linked applicant is eligible or ineligible for an assistance category, you can clear the Duplicate Status for routing as follows:

1. On the **Linked Regs** screen, for each registration listed in the **Registrations Linked as Duplicates** frame, click on the **Registration ID** link.

2. Web NEMIS will open the linked registration in view-only mode. Navigate through the case and review information for duplicate criteria. Especially note if the Damaged Address or EFT information is duplicated.

    If EFT information is duplicated, it is recommended that staff contact the applicant to attempt to verify the EFT information before processing an award. If contact cannot be made, staff should remove the EFT information on the Registrant Info screen so funds will be sent via a check.

    Depending on case details and guidance for each assistance category requested, the applicant may/may not be eligible for the same assistance requested by a linked applicant.

3. If your review of linked cases indicated you need to **change a determination**, navigate to the appropriate assistance processing screen and do so. Click **Continue** to save the determination, and then return to the **Linked Regs** screen.

4. In the **Registrations Linked as Duplicates** frame, click on the **Workpacket Duplicate Status** link.

5. In the **Workpacket Duplicate Status** window, select the appropriate Duplicate Status needed to route the determination(s) you made in the case.

    - If processing an **INELIGIBLE** decision, select **NOT DUPLICATE PER DOB REVIEW** so the case can be routed to the FEMA Ineligible queue without stopping in the Duplicate Resolution queue.

    - If processing an **ELIGIBLE** decision, and the documents and details in the file are **NOT** sufficient to clear the duplicate status, select **POSSIBLE DUPLICATE: LINK FOR DOB REVIEW** so the case will be moved into the Duplicate Resolution queue after routing. Staff assigned to Dup Res will then review the documents in file, and if necessary, request additional information from the applicant.

    - If processing an **ELIGIBLE** decision, and the documents and other details in the file **ARE** sufficient to clear the duplicate status for the forms of assistance you're awarding, select **NOT DUPLICATE PER DOB REVIEW** so the case can be routed to the FEMA Approval queue without stopping in the Duplicate Resolution queue.
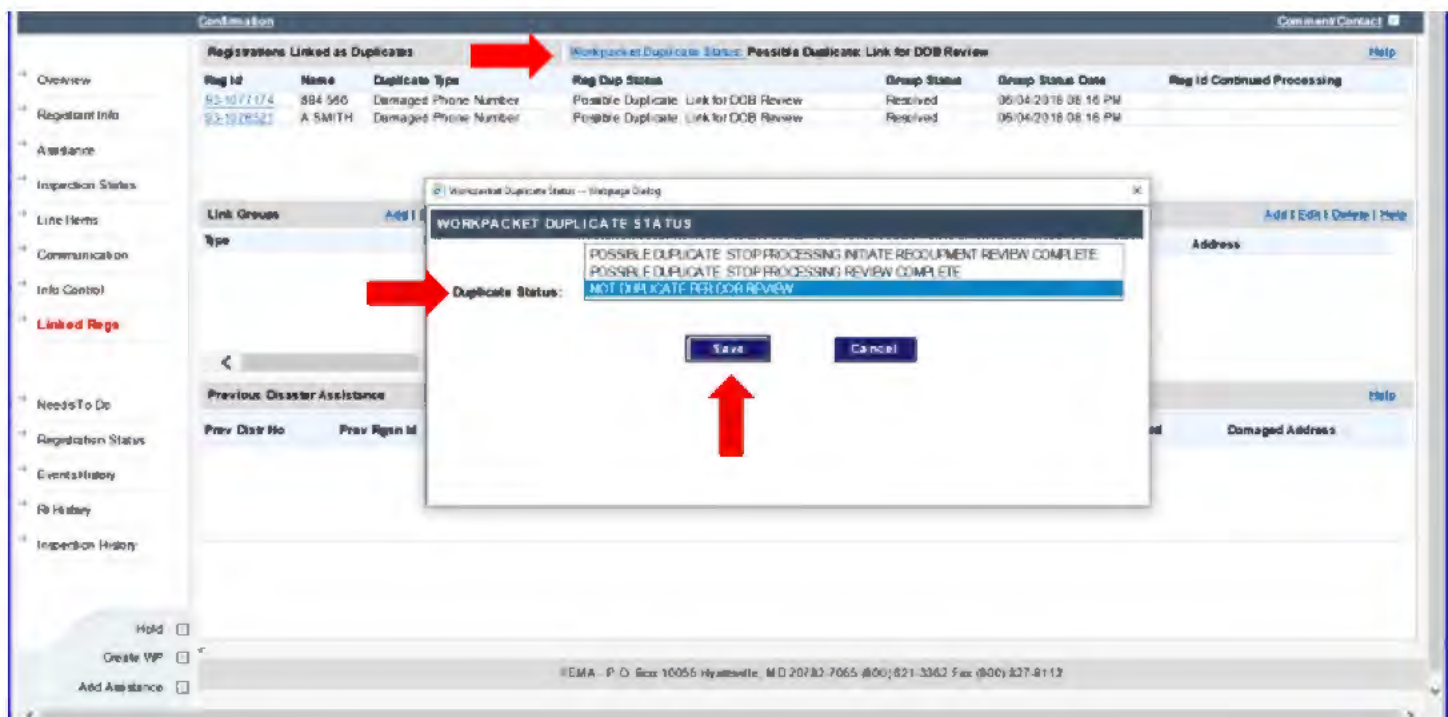
6. Click **Save.**

When you return to the Linked Regs screen, the **Workpacket Duplicate Status** field will display the duplicate status you selected.

Registrations Linked as Duplicates			Workpacket Duplicate Status: **Not Duplicate per DOB Review**				Help
Reg Id	**Name**	**Duplicate Type**	**Reg Dup Status**	**Group Status**	**Group Status Date**	**Reg Id Continued Processing**	
93-1077174	884 566	Damaged Phone Number	Possible Duplicate: Link for DOB Review	Resolved	06/04/2018 08:16 PM		
93-1076521	A SMITH	Damaged Phone Number	Possible Duplicate: Link for DOB Review	Resolved	06/04/2018 08:16 PM		

The current workpacket will be freed up for routing. However the **Registration Duplicate Status** for the whole case will remain unchanged.

Add Applicant to Existing Shared Occupancy Link Group

There may be instances when you discover an applicant has the same Damaged Dwelling Address (DDA) as another applicant but the registrations are not flagged as duplicates. For example, if one applicant registered with a DDA of "123 Main **St**" and another applicant registered with a DDA of "123 Main **Street**" they would not be automatically linked as duplicates after Registration Intake because the addresses aren't exact matches.

When you find applicants should be linked due to having the same DDA, you can manually link them using tools on the Linked Regs screen.

You can add the applicant to an existing Shared Occupancy link group if a link group for the duplicate damaged address already exits. If a Shared Occupancy Link Group for the address was not already created, you can add the link group first, and then add the duplicate applicants to the group.

Before creating a new link group, first see if a link group for the applicant's duplicate address already exists, and if it does, add the applicant to the existing group. To do so:

1. In the **Link Groups** frame, click the **Search** link.

Registrations Linked as Duplicates			Workpacket Duplicate Status: **Not Set at this time**				Help
Reg Id	**Name**	**Duplicate Type**	**Reg Dup Status**	**Group Status**	**Group Status Date**	**Reg Id Continued Processing**	

Link Groups	Add	Edit	Search	Linked Registrations	Workpacket Link Status: Linked						Add	Edit	Delete	Help
Type	Description	DR #	Reg Id	Link Status	Prefix	Last Name	First Name	MI	SSN	Address	

2. In the **Group Type** field of the Search Link Group pop-up window, select **Shared Occupancy,** and then click the **Search** button.

3. In the **Link Groups** frame search results, select each link group to see a list of registrations within that group in the **Linked Registrations** frame.

4. If the applicant's address matches the address of another registration in the selected link group, click the **Add** button to add the applicant to the link group.
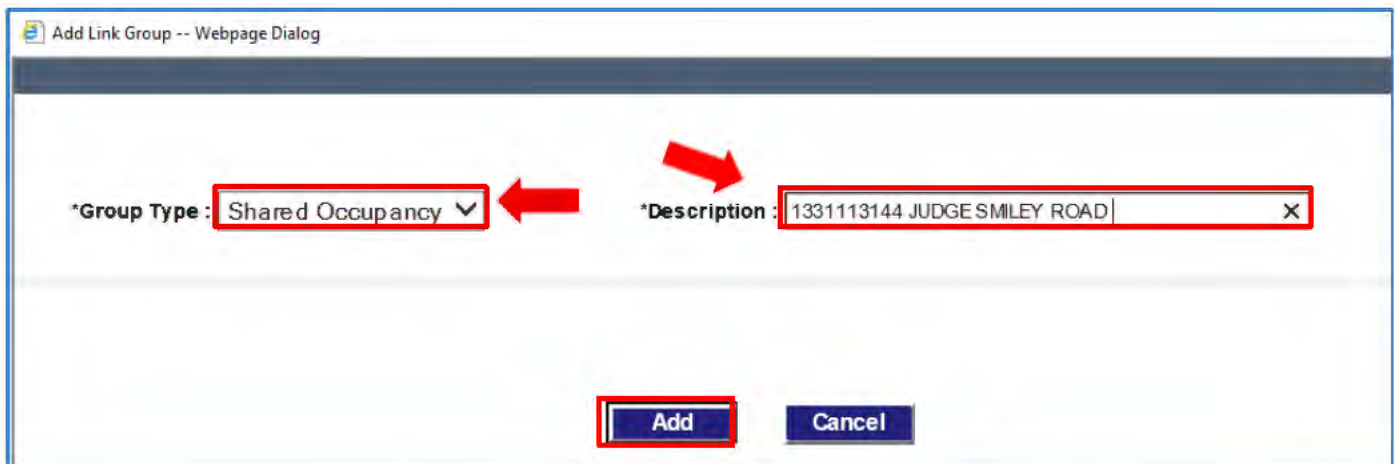
5. Click **OK** when prompted to confirm you want to add the current registrant to the selected link group.

Add a Link Group for the Registration

If you searched and found a link group for the applicant's duplicate address does not already exist, add a Shared Occupancy link group first, and then add the applicant to the new link group. To do so:

1. In the **Link Groups** frame, click the **Add** link.

2. In the **Group Type** field of the Search Link Group pop-up window, select **Shared Occupancy**.

3. In the **Description** field, enter a description for the link group you're creating. (**NOTE:** Consider entering the duplicated street address as the description so it will be easy to find when searching for registrations in linked groups.)

4. Click the **Add** button.

5. Click **OK** when prompted to confirm you want to add the link group with the current registrant associated with it.

6. When you return to the Linked Regs screen, the new link group will appear in the Link Groups frame. Select the link group.

7. After you select the link group you added, you'll see the current registration listed in the group. Click the **Add** link to add other registrations to the group.

8. In the **Add Registrant** pop-up window, enter search criteria for applicants to add to the link group, and then click **Search** button. (In the example image below, the first part of the street address has been entered in the **Address** field.)
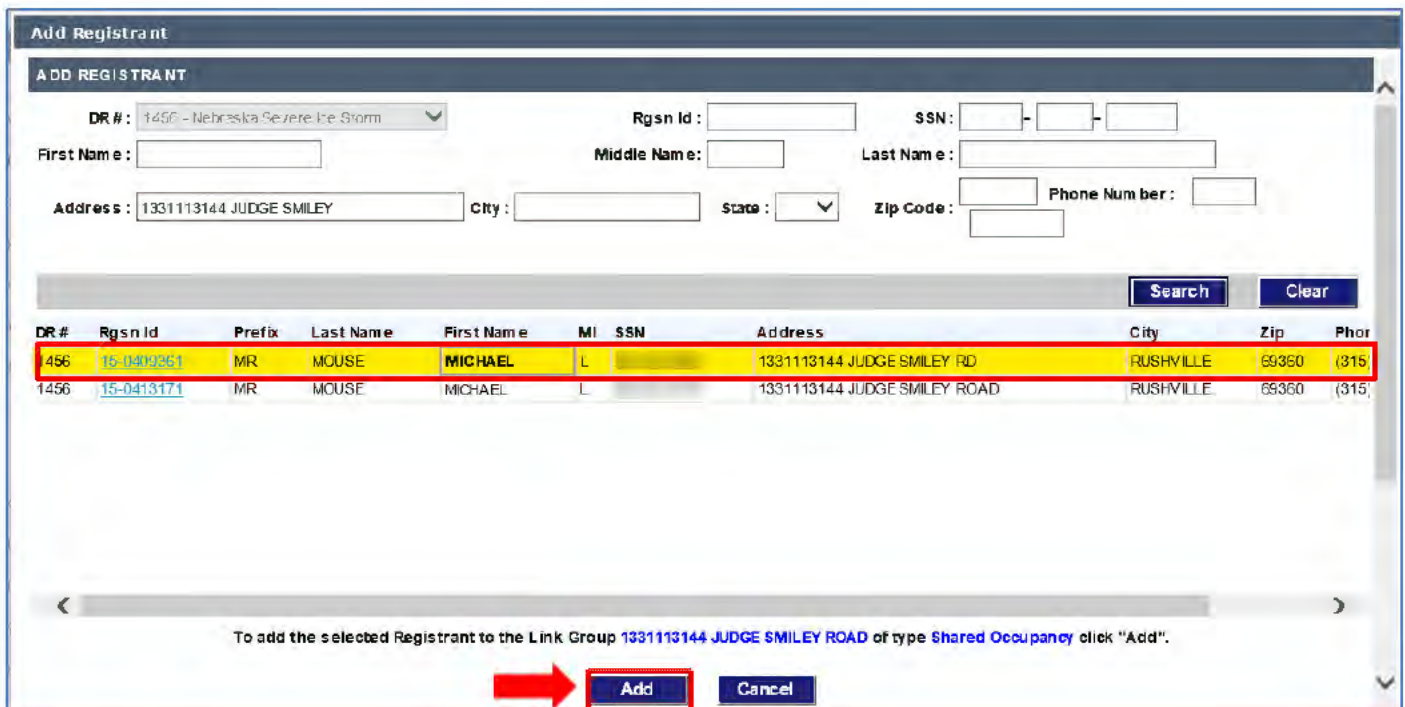
9. To add one of the registrations in the search results list to the link group, select the registration and then click the **Add** link.

10. Click **OK** when prompted to confirm you want to add the selected registrant to the current link group.
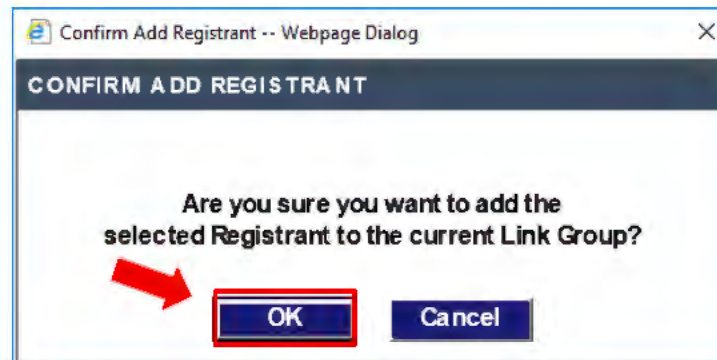
11. When you're returned to the Add Registrant window, search for and/or select other registrations to add to the link group if needed.

12. When you've finished adding registrations to the link group on the Add Registrant window, click the **Cancel** button.

The linked registrants list will be saved and you'll be returned to the Linked Regs screen. The current applicant and the added applicants will be listed for the link group.

Edit or Delete a Link Group or Registration

You can edit or delete a link group or linked registration information from the Link Regs screen if needed.

- To edit a link group type or description, select the group in the **Link Groups** frame and click the **Edit** link. Then make your changes in the Edit Link Group pop-up window and click **Save**.

- To edit the link status of a listed registrant, select the registration in the **Linked Registrations** frame and click the **Edit** link. Then select the appropriate link status in the Edit Registrant Status pop-up window and click **Save**.

- You can delete a linked registration from a link group by selecting the registration in the **Linked Registrations** frame and clicking the **Delete** link. Save your changes when done.
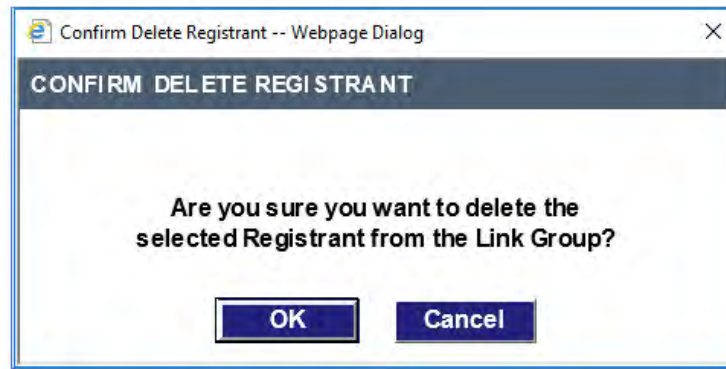
- If you need to delete linked group, select the link group, and then use the **Delete** link in **Linked Registrations** frame to delete all registrations other than the current one from the link group. After all the registrations in the link group are deleted, the link group will also be deleted.

Reminders

Sub-calculator – Always Active (Even if grayed out)
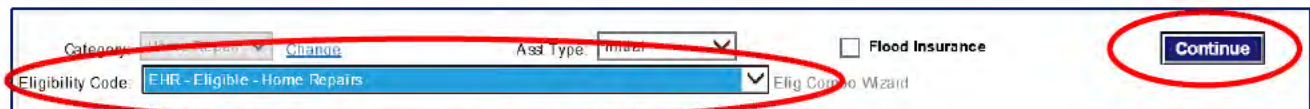
- When substantiating estimate/receipt/bill doc items, the sub-calculator icon beside the "amount paid/owed..." field is always activated even if it's grayed out.

- If it's grayed out that indicates there aren't any itemized amounts saved in the sub-calculator. Same is true when substantiating insurance settlements or other items with amounts to calculate into awards.

Use "Continue" Button to Save an Eligibility Determination

You must use the **Continue** button to save determination and continue to next unmet assistance.

Eligibility Calculator—Doesn't Auto-Populate Info for Line Items Paid

The Eligibility Calculator should NOT be used to award initial Home Repair or Personal Property assistance.

This is because the RP/PP line items frames on the Home Repair, Personal Property, and Line Items screens will not auto-populate the HA Quantity, HA Award Amount and Assistance type into the **HA Qty**, **HA Award**, and **Asst Type** for each line item awarded via the Eligibility Calculator. This data is often needed for QC and audit purposes, as well as by other agents who may be processing additional or appeal assistance or assisting applicants on Helpline.

For this information to be recorded in NEMIS, agents should first select all line items to award in the Home Repair or Personal Property Line Items frame, and next use the "Select Item" dialog box to provide additional information about line items to pay.

After agents complete that step, the Item Quantity, HA Award amount, and Assistance Type are auto populated in the appropriate fields in the RP/PP Line Items frame,

Another potential issue is that the Eligibility Calculator calculates award amounts based on total observed damaged quantities. It does automatically adjust for previous auto-payments or account for occupied bedrooms, or "not affected" or "landlord owned" line items that contribute to IHP quantity limits.

See Pre-shift: Web NEMIS Issue: Eligibility Calculator, Date 7/26-2019-7/31/2019

https://vsr.fema.net/ASD/DisplayASingleNote?noteid=2004480

Substantiation Fields: Initial Assistance Categories

When you are working in the Substantiation screen, the substantiation questions are shown on the right side of the screen. These questions are based on the Category selected and the Item Type chosen to describe the document submitted.

Category: Housing Assistance

Item Type	Substantiation Fields
Affidavit	Image Page Number(s)
Birth Cert	Image Page Number(s)
Driver's Lic	Image Page Number(s)
Dup Stat Appeal	Image Page Number(s)
Eviction Notice	Image Page Number(s)
Foreclose Notice	Image Page Number(s)
HOA Stmt	Image Page Number(s)
Home Title	Image Page Number(s)
Landlord StmtLtr	Image Page Number(s)
Merchant Stmt	Image Page Number(s)
Mrtg Pay Coupon	Image Page Number(s)
Mrtg Receipt	Image Page Number(s)
Notarized Stmt	Image Page Number(s)
Official Stmt/Ltr	Image Page Number(s)
Proof of Occup	Image Page Number(s)
Proof of Ownership	Image Page Number(s)
Property Deed	Image Page Number(s)
Purchase Contract	Image Page Number(s)
RealProp EstRcpt	• Image Page Number(s) • Date • Company name, address, phone number • Receipt Amount • Disaster Related • Payment Type Select Line Item to Compare/Add – hyperlink • Line Item Type – drop down • Adjustments • Pending Eligible Amount
RoadsBridgesRoads Bridges Doc	Image Page Number(s)
Utility Bill	Image Page Number(s)
Voters Reg	Image Page Number(s)

Category: Lodging

Item Type	Substantiation Fields
Contr Stmt/Ltr	Image Page Number(s)
HUD Sect 8 Reg	Image Page Number(s)
Hotel/Motel Rcpt	• Image Page Number(s) • Receipt date • Receipt contains merchant's name, address and phone number? • Receipt Amount • Is the name on the receipt the registrant, co-registrant, a household member or verified 3rd party? • Verified home repairs required affecting habitability (inspection), home is inaccessible, or utilities are out? • Verified there is no or insufficient insurance coverage or ALE available? • Registrant meets the criteria to be processed for this assistance? • Check In (date) • Check Out (date) • Adjustments • Pending Eligible Amount

Category: Personal Property

Item Type	Substantiation Fields
PersProp EstRcpt	• Image Page Number(s) • Date • Company name, address, phone number • Receipt Amount • Disaster Related • Payment Type Select Line Item to Compare/Add – hyperlink • Line Item Type – drop down • Adjustments • Pending Eligible Amount
PersProp Ltr	Image Page Number(s)
Tools Est	Image Page Number(s)

Category: Insurance

Item Type	Substantiation Fields
Agent's StmtLtr	Image page number
Appl Lack Ins	Image page number
Ins Declar Page	• Image page number • Company name, address, Phone number • Policy • Insurance Type • Coverage Type
Ins Denial Ltr	• Image page number • Loss Date • Claim Date • Insurance Type • Coverage Type • Reason for Denial
Ins Policy	• Image page number • Company name, address, phone number
Ins Settlement	• Image page number • Loss Date • Claim Date • Company name, address, phone number • Insurance Type • Coverage Type • Itemized Breakdown • Deductible Amount • Net Settlement Amount
Other Insurance	Image page number
Stmt Lack of Ins	Image page number

Category: Dental

Item Type	Substantiation Fields
Dentist/ProvStmt	- Image Page Number(s) - Statement signed? - Statement contains Providers name, address and phone number? - Statement specifies the illness/injury /loss as disaster related? - Date of illness/injury/loss?
DtlEst/Rcpt/Bill	- Image Page Number(s) - Date of service/estimate? - Provider's name, address and phone number verified - Receipt or other document specifies the illness/injury/expense as disaster related? - Registrant meets the criteria to be processed for this assistance? - Total Paid/Due form Registrant (without co-pay).
Dtl Ins Set	Disaster-specific toggles to include: ○ Co-pay amount ○ Deductible amount - Pending Eligible Amount - Image Page Number(s) - Letter contains the Insurance Company's name, address and phone number? - Is this a settlement or denial? - Amount paid by insurance (Net Settlement)
Dtl Lack of Ins	- Date - Image Page Number(s) - Is the Form/Statement attached and signed? - Signed date *(this question will only appear if the response to the previous question is yes)* and there is a "No Date Available" check box
Dtl Misc Doc	Image Page Number(s)

Category: Medical

Item Type	Substantiation Fields
Med Ins Set	- Image Page Number(s) - Letter contains the Insurance Company's name, address and phone number? - Is this a settlement or denial? - Amount paid by insurance (Net Settlement)
Med Lack of Ins	- Date - Image Page Number(s) - Is the Form/Statement attached and signed? - Signed date *(this question will only appear if the response to the previous question is yes)*
Med Misc Doc	Image Page Number(s)
MedEst/Rcpt/Bill	- Image Page Number(s) - Date of service/estimate? - Provider's name, address and phone number verified? - Receipt or other document specifies the illness/injury/expense as disaster related? - Registrant meets the criteria to be processed for this assistance *Co-pay amount – on toggle* *Deductible amount – on toggle* - Total Paid/Due from Registrant (without co-pay) - Pending Eligible Amount
MedPhys/ProvStmt	- Image Page Number(s) - Statement signed? - Statement contains Providers name, address and phone number? - Statement specifies the illness/injury /loss as disaster related? - Date of illness/injury/loss?

Category: Transportation

Item Type	Substantiation Fields
Veh Comp Ins	- Image Page Number(s) - Vehicle – drop down (ability to Add) - Damage level – dropdown - Effective Date - Expiration Date - Company name, address, phone number - Vehicle Identified - Settlement Amount - Deductible Amount - Mandatory Payoff (lender) - Net Settlement (Cash in Hand)
Veh DMV Stmt	- Image Page Number(s) - Date - Vehicle Identified?
Veh Est/Bill/Rcpt	- Image Page Number(s) - Date - Vehicle (drop down) - Damage Level (drop down) - Disaster Related? - Company name, address, phone number? - Total Amount - Adjustments - Pending Eligible Amount
Veh Lack of Ins	- Image Page Number(s) - Date - Vehicle Identified?
Veh Liab Ins	- Image Page Number(s) - Effective Date - Expiration Date - Company name, address, phone number - Policy Number
Veh Mech Stmt	- Image Page Number(s) - Date - Disaster Related - Vehicle Identified - Company name, address, phone number
Veh Misc	- Image Page Number(s) - Date
Veh Reg	- Image Page Number(s) - Issue Date - Expiration Date

Item Type	Substantiation Fields
Veh Second	• Image Page Number(s)
Veh Title	• Image Page Number(s) • Issue Date

Key Web NEMIS Processing Features and Terminology

Category-Specific Assistance Processing Screens

In Web NEMIS processing queues, after you create a pending line to address a category of assistance, a new screen is created for processing the category. A link to open that screen will appear in the Web NEMIS task bar and will remain open until the assistance line is routed out of the queue.

The screen may be referred to simply by its category name (e.g. *Home Repair* screen).

In the example case shown below, there are open pending or decision lines for Home Repair, Rental Assistance, and Transient Accommodations. (Notice the determinations are not yet approved.)

The links in the task bar open screens for processing each open category. Following is an illustration of the Home Repair assistance screen. It includes frames with tools for reviewing/updating the following:

- Verification requirements

- IH funds awarded, returned, reissued

- Insurance settlement (use to view/substantiate settlements)

- Correspondence Received (use to view/substantiate any case documents)

- Real Property Line Items

- Payment Calculator (Award calculations and determinations)

Substantiation

"Substantiation" refers to written documents or verbal statements from appropriate sources used to substantiate that an applicant's request for assistance is valid.

The "substantiation" process is the process a caseworker uses to review the documentation or verbal statement and verify whether it meets criteria stated in policy for processing an award.

Web NEMIS provides an Item Substantiation window that is accessible from the Correspondence Received frame of each category-specific processing screen.

To access the window, you would expand a set of documents in Correspondence Received, and then click on the DMARTS Document ID link for an individual document item in that set.

The following images show how to access Item Substantiation for a Lodging Hotel/Motel Receipt document item.

Accessing Item Substantiation (for Hotel/Motel Receipt)

Correspondence Received

+/-	Category	# of Items	To Calculator	Verified	Item Type/Description	DMARTS Document ID	Dupli
⊞	Insurance	2			Ins Settlement	m100a100a1015b2a	
⊟	Lodging,Misc/Other	2			Hotel/Motel Rcpt,MiscOth Est/Rcpt	m100a100a10 ←	
	Lodging		Y	Yes	Hotel/Motel Rcpt	52044220	
	Misc/Other		Y	Not Applicable	MiscOth Est/Rcpt	52584847	

Item Substantiation Window for Hotel/Motel Receipt

Payment Calculator

The Payment Calculator frame appears at the bottom of most category-specific processing windows. It provides tools for calculating amounts to award for assistance and for making and saving a determination. Amounts are auto-populated in the frame from substantiation of estimates, receipts, bills, and insurance settlements, as well as from the selection of line items for payment.

Payment Calculator	Show: Pending ▼								Add Item	Delete Item	Misc Adj	Help
Item	Asst Type	Elig Code	Receipt Date	Pending Elig Amt	Inelig Amt	Previously Paid	Adj for Prev Pmt	DMARTS Doc ID	Image #	Possible Dup Doc	Dup Set	
Ins Settlement		PND - Pending	03/22/2017	($30,000.00)				m100a100a1015b2a	1			
Line Item Total		PND - Pending		$31,118.08								
Pending Total				$1,118.08								
Misc Adj				$0.00								
Adjust for Prev Pmt				$0.00								
Eligible Total Award				$1,118.08								

Category: Home Repair ▼   Change   Asst Type: Initial ▼   ☑ Flood Insurance   **Continue**
Eligibility Code: PND - Pending ▼   Elig Combo Wizard

Duplicate Document

When verifying or substantiating applicant documents, the term "duplicate" refers to duplicate document items.

If multiple document items have the same category and item description, same document date, same amounts, etc., Web NEMIS will flag them as possible duplicate documents.

Payment Calculator	Show: Pending ▼								Add Item	Delete Item	Mis	Help
Item	Asst Type	Elig Code	Receipt Date	Pending Elig Amt	Inelig Amt	Previously Paid	Adj for Prev Pmt	DMARTS Doc ID	Image #	Possible Dup Doc	Dup Set	
Ins Settlement		PND - Pending	03/22/2017	($8,500.00)				m100a100a1015b2a	1			

You can click the "Item" link to edit the document substantiation for a flagged item. On the Item Substantiation screen, you can confirm whether the document is a duplicate item by answering the "Is this item a duplicate?" question.

> **Is this item a duplicate?**   ◯ UNKNOWN   ◯ YES   ◯ NO

- If you answer **YES**, Web NEMIS will not send amounts from the document to the Payment Calculator for award calculations.

- If you answer **NO**, Web NEMIS will mark the other document as a duplicate and will not send amounts from the other document to the Payment Calculator for award calculations.

- If you're not sure the items are duplicates, skip the field or answer **UNKNOWN**.

Eligibility Calculator

You can use the Eligibility Calculator to find the FEMA Verified Loss (FVL) of Real and/or Personal Property line items observed by the inspector as damaged. The Home Repair Eligibility Calculator is available by clicking a link in the Line Items frame of the Home Repair screen, and the Personal Property Eligibility Calculator is available via link in the Line Items frame of the Personal Property screen.

At this time the Eligibility Calculator should be used ONLY to determine the FVL of Real or Personal Property line items. It should NOT be used to send Home Repair or Personal Property awards to the Payment Calculator.

Line items must be paid by selecting them for payment in the Line Items frame of the Home Repair/Personal Property screen in order for Web NEMIS to auto-populate the quantity, amount, and assistance type awarded for each individual item and to ensure we do not award observed quantities that exceed the IHP limit.

Following is an image of the Personal Property Eligibility Calculator. The FVL is the **Observed Amount** shown in the Inspection and Insurance Comparison frame.

Confirmation Screen

The Confirmation screen is used in Web NEMIS for you to finalize your work. It provides tools for you to select routing destinations for decision lines, generate letters, for create comments, identify documents you used as the basis of your decision, and submit the case for routing of the queue.

If you need to keep a decision line in the queue, simply uncheck the "Select" box beside that decision. If you need to route all work out but still retain the case in the queue, you can check the Split Workpacket field to do so.

PP/Other Assistances   Help   Add | Delete | Reject Tx | Finance

Category	▲ Asst Type	Award Level	Eligibility	▲ Elig Date	Amount	Approved	Approved Date	Sch Date	Disb Type	Treas Type	Returned	Reissued	Elig Dec Typ
Other	Initial	First	EMISC - Eligible Miscellaneous Items	05/25/2018	$147.99	Yes	05/25/2018	05/26/2018	CHECK				Auto
Personal Property	Initial	First	INS - Insured	05/25/2018		Yes	05/25/2018						Auto

Insurance Policy   Add   Edit   Delete

Source	Ins Type	Policy Id	Company Name	Phone	Eff Date	Exp Date
Registration Intake	Renter/Owner Contents Only (O/R)	GT8750676000	Assurance	(123) 456-7890		

Insurance Substantiation/Settlement   NFIRA Maintenance Requirement No   Substantiation: Add   Edit   Settlement: Add   Edit   Help

Source	▲ DOC ID	Ins Type	Claim Status	Settle Date	Structure Amt	Contents Amt	Other Amt	Claim Date	Claim No	ALE	ALE Amt	Policy Id	Company Name
Substantiation	52357924	Renter/Owner Contents Only (O/R)	Closed	06/14/2018	$0.00	$8,500.00	$0.00	03/22/2018		D		GT8750676000	Assurance

Assistance from Other Agencies

Organization	Start Date	End Date	Lodging Amount	Lodging Type	Invoice No	Spouse	Status	Status Date

SBA   Help   Add | SBA Activity

Ref Code	SBA Loan No.	SBA Asst Status Cd	SBA Loan Status	Ctrl No	Docket No	Loan Type	Loan Approved Date	First Disb Date	Final Disb Date	Loan Cancel Date	Loan Amt	Curr Approva
		FIT: Failed Income Test									$0.00	$0.00

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