**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Family and Economic Security

**Performance Outcome Payment Claim Denial Decision Appeal Form**

Please attach any documentation (unless previously submitted) that will support the basis for appealing the decision.

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| **SECTION I AGENCY INFORMATION** |
| Agency Name:      | Agency Contact Name:      | Agency Contact Telephone Number:      | Date Appeal Submitted:      |
| **SECTION II CASE INFORMATION** |
| Participant Name:      | PIN:      | Claim Number:      | Claim Type:      |
| Primary Employment:      | Secondary Employment:      | 31/93 day period:      |
| Reason for Appeal: (Please provide a detailed narrative including any policy language from POP document if applicable)      |

**INSTRUCTIONS**

**Section I: Agency Information**

* *Agency Name* - Enter your agency name.
* *Agency Contact* Person - Enter the contact name for the staff person the Division should contact with questions.
* *Agency Contact Phone #* - Enter the contact phone number for the staff person the Division should contact with questions.
* *Date Appeal Submitted* – Enter the date the e-mail was sent to file the appeal.

**Section II: Case Information**

* *Participant Name* – Enter the participant’s name.
* *PIN* – Enter the participant’s CARES PIN.
* *Claim Number* – Enter the claim number.
* *Claim Type* – Enter the Performance Outcome Payment claim type.
* *Primary Employment* – Enter the Primary Employment employer’s name as indicated on CARES screen WPOP. If the paystub identified another name for the same employer than the one that appears on WPOP, list both names.
* *Secondary Employment* – Enter the Secondary Employment employer’s name as indicated on WPOP. If the paystub identified another name for the same employer than the one that appears on WPOP, list both names.
* *31/93 day period* – Enter the 31 or 93 day date range. The date range will be the Employment Begin Date (EMPLOYMENT BEGIN DT) listed on WPOP through the Claim Effective Date (CL EFF DT) listed on that screen. However, if there is a Date of Change (DT OF CHANGE IN EMP HOURS/WAGES), the date range would be that date through the Claim Effective Date (CL EFF DT).
* *Reason for Appeal* – Provide a detailed narrative describing the reason for appeal. Include information relating to calculations, dates, or other relevant detail that supports the claim. If referencing folders in the Electronic Case File (ECF), include the folder name and date that relevant appeal documents were scanned into ECF.

**Rules that agencies must adhere to for appeals:**

* Agencies must follow all timelines as described in the denial process.
* Any verification documentation scanned into ECF after the initial denial decision will not be considered during the appeal.
* If there is documentation containing references to written guidance from the department, e.g., citations from the W-2 and Related Programs Contract or W-2 Contractor Payment Structure document, Operation Memos, e-mails, training documents, etc., supporting the claim, include it with this form.
* Agencies must complete a new form for each denial it appeals. However, agencies can use one form for a Job Attainment and an associated Long Term Participant Job Attainment.