

Loss Adjuster Management

To access the transmittal page click on the short reference.

For State and County Offices

SHORT REFERENCE

2-NAP (Revision 1)

UNITED STATES DEPARTMENT OF AGRICULTURE Farm Service Agency Washington, DC 20250

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UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

| Loss Adjuster Management | |
|--------------------------|--------------|
| 2-NAP (Revision 1) | Amendment 11 |

W. Scott Marlow

Approved by: Deputy Administrator, Farm Programs

Amendment Transmittal

A Reasons for Amendment

Subparagraph 44 A has been amended to include those with power of attorney authorizations as having a potential conflict of interest.

Subparagraph 200 C has been amended to increase the dollar amount for which CED must obtain approval of FSA-449A from \$1,500 to \$4,000 because of increased pay rates and provide additional information for submitting a report to the National Office annually.

Subparagraph 220A has been updated to include a printing allowance of up to \$20 per assignment for LA's that conduct business through e-mail.

Subparagraph 304 H has been amended to reflect the increased dollar amount in subparagraph 220 C.

Exhibit 4 has been updated with payment rates for 2022 cost-of-living adjustments.

| Page Control Chart | | | | |
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| TC | Text | Exhibit | | |
| | 2-53 through 2-72 3-1 through 3-16 3-45 through 3-58 4-15, 4-16 | 4, page 1 | | |

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Part 1 General Information

1 Overview

A Handbook Purpose

This handbook provides policies and procedures for engaging, training, and compensating LA's.

B Handbook Supplementation and Withdrawal

Do **not** withdraw any procedures in this handbook. This handbook may be supplemented under the direction of STC and SED **only** after authorization from DAFP.

Note: See 1-AS for proper supplementation procedures.

C Related Handbooks

Handbooks related to loss adjustment, LA's, and LA FSA-449-A's are listed in the following table.

| Handbook | Purpose |
|----------------|---|
| 12-AO | County Office Work Measurement and Fund Allocation System |
| 1-AS | Directives Management |
| 1-CM | Common Management and Operating Provisions |
| * 9-CM | Common Payment System |
| 2-CP | Acreage Compliance Determinations |
| 1-FI | Processing Payments Initiated Through NPS* |
| 6-FI | Accounting Interface |
| 61-FI | Handling Prompt Payment Interest Penalties |
| 2-INFO | Information Available to the Public |
| 1-NAP | Noninsured Crop Disaster Assistance Program |
| 2-PL | Subsidiary Files |

1 Overview (Continued)

D Source of Authority

Authority for this handbook is authorized by the Federal Agriculture Improvement and Reform Act of 1996 (Pub. L. 104-127). Regulations governing NAP are in 7 CFR Part 1437.

2 Responsibilities

*--A SED Responsibilities

SED's are responsible for:--*

- engaging, training, and certifying LA's
- designating eligible pay levels and coordinating work assignments for LA's
- •*--annually notifying County Offices and other State Offices, when requested, of contracted LA codes, pay rates, and the crops each LA is eligible to adjust--*

Note: State Offices may delegate LA work assignments to County Offices or DD's.

* * *

- ensuring that County Offices are using correct procedures in FSA-449-A and payment processes
- approving all interstate and air travel in writing
- approving FSA-449-A's and payments exceeding \$1,499.99
- consulting with County Offices on controversial FSA-449-A's
- approving FSA-449-A's submitted more than 30 calendar days from date of work issuance.

2 Responsibilities (Continued)

B County Office Responsibilities

County Offices shall ensure that:

- travel policies and procedures are monitored for payment accuracy and that costs and travel are in the best interest of the Government
- all interstate travel and air travel have the written approval of the State Office
- LA's are fully aware of their responsibilities for incurring reasonable expenses
- LA work is planned to achieve the maximum number of visits with the least amount of travel
- all FSA-449-A's are reviewed and approved for reasonableness and accuracy
- FSA-449-A's submitted are for all work done in the pay period; and if all work is **not** accounted for in the pay period, suspend FSA-449-A for additions.

Note: Consult with State Office on controversial FSA-449-A's.

- all lodging has prior approval
- all work done by LA's is assigned before execution.

Note: LA's shall **not** initiate or schedule work assignments.

CED is considered the expert on travel and time for appraisals within the county. If LA is *--traveling between counties, the State Office loss adjustment specialist, or designated--* person, is the expert on travel time to the county where work is being done.

State Offices shall refer any questionable issues about FSA-449-A's to PECD to the attention of the Disaster Assistance Branch. If questions about the same LA and/or matter continue to surface, PECD should be notified for a resolution or notification of termination of CCC-455.

3-20 (Reserved)

Part 2 CCC-455's

Section 1 Engaging LA's

21 Engaging Process

A CCC-455 Authority

SED's have the authority to enter into CCC-455's with LA's. CCC-455's allow LA's to determine losses on NAP crops for FSA and other program work as may be required and authorized.

SED's shall ensure that advertisement for LA's is conducted timely, to allow persons a chance to apply and receive an invitation for training.

B Annual CCC-455's

SED's shall enter into CCC-455's with LA's annually. Ideally, LA's should live within commuting work distances to minimize travel costs. SED or designated representative for training and certifications shall:

- execute CCC-455 with LA and maintain a copy in the State Office LA folder
 * *
- maintain training documents for CCC-455's.

LA may have only one CCC-455 with FSA for a crop year. CCC-455 authorizes LA to work in any State as requested by SED or State representative assigning work to LA.

State Offices shall:

- review paragraph 44 to comply with LA ethics before engaging LA CCC-455's
- conduct advertising through State and/or County Offices in the regular manner.

22 CCC-455, Loss Adjuster Service Agreement

A CCC-455's

CCC-455's are for 1999 and subsequent crop years and consists of:

- CCC-455, Loss Adjuster Service Agreement
- CCC-455 (Appendix 1), Code of Federal Regulations, 41 CFR Part 60, Obligations of Contractors and Subcontractors
- CCC-455 (Appendix II), Loss Adjuster Service Agreement Payment of Compensation
- CCC-455 (Appendix III), Adjuster Farming Relatives and Other Affiliations
- •*--CCC-455 (Appendix IV), SF-3881, ACH Vendor/Miscellaneous Payment Enrollment Form.--*

SED is the authorized person for CCC responsible for:

- managing CCC-455's
- training, certification, and work assignments of LA's
- spot checks.

Note: SED's may delegate responsibilities for CCC-455 management.

23 Pay Rates for LA's

A Pay Rates

Use the table in Exhibit 4 to determine the rate of pay for LA's. LA's do **not** earn the full *--rate of pay until fully certified in at least 1 crop. After certification, LA's earn the eligible--* rate of pay for all services or training.

24 (Reserved)

*--25 LA Photo Identification Site Badge

A Overview

In 2004, Homeland Security issued Presidential Directive 12 which directed U.S. government agencies to issue verifiable credentials to official representatives including employees, contractors, interns and affiliates. LA's are affiliates.

Verifiable credentials for LA's will include a USDA-FSA provided photo identification site badge to be displayed when conducting USDA-FSA business. The site badge will require a favorable FBI fingerprint background check before being issued. A favorable FBI fingerprint determination must be received before an LA's CCC-455 can be signed or renewed.

Note: The following are suggested places for LA's to be fingerprinted:

- local, county, or State law enforcement agencies
- search online for local private companies specializing in fingerprinting.

B Phasing Out FSA-454

Loss Adjuster ID Card FSA-454 will be phased out beginning with the 2016 crop year and replaced with an FSA-provided photo identification site badge.

The prior year's FSA-454 should be returned and discarded when the new site badge is issued.

C Obtaining an FBI Fingerprint Background Investigation

The following documentation is required to obtain an FBI fingerprint background investigation:

- FSA-789
- OF-306
- two completed FD-258's or SF-87 fingerprint charts with signatures and dates of both the applicant and the individual trained in the fingerprinting process.

Note: Because of EPD's transition to electronic fingerprint submissions, FD-258 and SF-87 are both acceptable for electronic processing. The fingerprint charts and OF-306 must be dated within 120 calendar days of submission to EPD.--*

*--25 LA Photo Identification Site Badge (Continued)

D Submitting Required Fingerprint Documents

Ensure that all required documents in subparagraph C are submitted to EPD electronically to the personnel security mailbox at **EPD@fsa.usda.gov**.

All documents must be encrypted with the password provided to the State by EPD. Consult the State Office Administrative Officer for current EPD passwords.

If documents cannot be sent electronically, State Offices must submit documents using UPS to the following address:

USDA, FSA, EPD ATTN: Director, EPD 1400 Independence Ave SW South Building, Room 0092-S STOP 0543 Washington, DC 20250-0543.

Notes: Expect to wait 2 to 3 weeks to receive a response from EPD about the results of the fingerprint investigation.

Fingerprints taken within the last 120 calendar days for a Federal position submitted to OPM are acceptable, otherwise an updated fingerprint chart must be submitted to EPD.

A favorable FBI fingerprint check remains in effect as long as there is no break in continuous renewals of CCC-455.

E Obtaining a Required Photo ID Site Badge

After notification from EPD that LA has been cleared, a site badge may be requested by completing AD-1197. The AD-1197 and a current photo of LA must be e-mailed to **EPD@fsa.usda.gov**. The site badge will be developed and sent to the State Office POC listed on AD-1197.--*

*--25 LA Photo Identification Site Badge (Continued)

F Obtaining a Current Picture of an LA for the USDA-FSA Site Badge

A current picture can be obtained either by a digital camera or a cell phone for the USDA-FSA site badge. The picture **must** be saved in the file by the person's name. The picture requirements are as follows:

- image should be in .jpg format
- include a full face, front view, upright head and open eyes
- picture should present full head from top of hair to shoulders
- picture should include a plain white or off-white background
- avoid shadows on the face or background
- face in picture should have a natural expression (closed mouth)
- picture should not include sunglasses or hats
- if glasses are worn, glare on glasses is not acceptable
- picture should be in color
- the contrast and lighting in the picture should be normal.

G Reimbursement for Fingerprinting Costs

Reimbursement for the cost of the fingerprint process will differ between certified LA's with a current CCC-455 agreement and LA trainees.

• Reimbursement for Certified LA's

Certified LA's with a current CCC-455 will be paid for the time, mileage and cost (if any) of the fingerprint process. The time associated to the fingerprint process should be reported as Update training (UTR) in the Loss Adjustment Management System because it is related to keeping their LA certified status. Report any cost of the fingerprint process on FSA-449B as miscellaneous (item 7).

State and County Offices are encouraged to attempt to allow LA's to schedule the fingerprint process in coordination with an inspection assignment or at a time when it is convenient to reduce the cost associated to the fingerprint requirement.

• Reimbursement for LA Trainees

Once a trainee has completed all LA training requirements and becomes certified, FSA will reimburse the individual for any cost associated to the fingerprinting process. FSA will not reimburse a trainee for the time or mileage associated to the fingerprinting process since it will be a known requirement for becoming a USDA/FSA LA.--*

*--25 LA Photo Identification Site Badge (Continued)

H EPD Contacts

Contact EPD according to this table if there are questions about obtaining a site badge.

| If questions about | THEN contact |
|--------------------|---|
| policy | Jay Van Der Werff by either of the following: |
| | |
| | • e-mail to jay.vanderwerff@kcc.usda.gov |
| | • telephone at 816-926-3786. |
| procedure | Kathy Kroening by either of the following: |
| | |
| | • e-mail to kathy.kroening@kcc.usda.gov |
| | • telephone at 816-926-1180. |

__*

26 LA ID Codes

A Elimination of LA ID Codes

LA ID codes are no longer required. The Loss Adjuster Management System will no longer assign ID numbers.

27 LA Agreement File

A Agreement File

The State Office shall maintain an agreement file for each LA containing a copy of the following:

- approved CCC-455
- •*--FSA-1065-2--*
- FSA-454B
- FSA-577 (see 2-CP, subparagraph 332 E).

28 FSA-454B, Loss Adjuster's Crop Training Certification

A Using FSA-454B

The State Office shall use FSA-454B to document LA's training information and place in LA's folder. Provide a copy of FSA-454B to each County Office that LA may serve.

Note: Crop training data is used to determine the skill level and crops LA's are authorized to appraise.

B Completing FSA-454B

Complete FSA-454B according to the following table.

*__

| Item | Instructions |
|------|--|
| 1 | Enter crop year. |
| 2 | Enter LA's name. |
| 3 | Enter LA's mailing address. |
| 4 | Enter LA's telephone number. |
| 5 | Enter LA's county of residence. |
| 6A | Enter initial or 1st crops LA is certified to adjust. |
| 6B | Enter date LA was certified to adjust the crops in item 6A. |
| | Note: Draw solid, double lines beneath each training period or type and sign beneath the lines. |
| 6C | Enter additional crops LA is certified to adjust, in addition to the initial crops. |
| | Note: Number the pages and file the most recent in front. |
| 6D | Enter date LA received update training or was certified to adjust crops in item 6C. |
| 7 | State Office loss adjustment specialist or authorized representative shall: |
| | • provide name |
| | • sign, denoting approval |
| | • date. |
| 8 | Enter State Office name, mailing address, and telephone number. |

__*

28 FSA-454B, Loss Adjuster's Crop Training Certification (Continued)

C Example of FSA-454B

The following is an example of FSA-454B.

*__

| FSA-454B (09-26-13) | 1. CROP YEAR | 10 | | | |
|--------------------------------------|--|---------------------------|--|--------------------------|--|
| LOSS ADJ | USTER'S CROP TRA | INING CERTIFICATION | | 13 | |
| 2. LA'S NAME Norfleet Givens | | | 3. LA'S MAILING ADDRESS (In 1 Greenplane Place Grizzard, VA 89876 | ncluding Zip Code) | |
| 4. TELEPHONE NUM | BER (Include Area Code) | | orrange Art Court | | |
| 804-123-4567 | | | | | |
| 5. COUNTY OF RESI Greensville | DENCE | | | | |
| 6. CROPS CERTIF | TED TO ADJUST AND DA | TE CERTIFIED | | | |
| | | | lata is used to determine skill level and the rems 6B and 6D enter the date the training | | |
| A. INITIAL OR FIRST | CROP LA IS CERTIFIED TO | ADJUST: | · | B. DATE CERTIFIED | |
| (1) Corn and sma | all grains | | | 06-01-2013 | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| C. ADDITIONAL OR LISTED IN ITEM(S | | CERTIFIED TO ADJUST IN AD | DITION TO INITIAL OR FIRST CROPS | D. DATE CERTIFIED | |
| (1) Cotton | | | | 01-15-2013 | |
| (2) Cotton Updat | te Training | | | 01-15-2013 | |
| (3) NAP Update | 02-15-2013 | | | | |
| (4) Cucumbers, S | (4) Cucumbers, Southern Vegetable School | | | | |
| 7A. NAME OF STATE AUTHORIZED RE | E SPECIALIST OR EPRESENTATIVE | | OF STATE SPECIALIST OR D REPRESENTATIVE | 7C. DATE (MM-DD-YYYY) | |
| 8A. STATE OFFICE I | NAME AND ADDRESS (Include | ing Zip Code) 8B. | STATE OFFICE TELEPHONE NUMBER (h | ncluding Area Code) | |
| | | | | | |
| | | | | | |

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, stamilial or parental status, and where applicable, political beliefs, marital status, familial or parental status, stamilial or parental status, familial or parental status, familial or par

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

--*

Note: Person completing the entry shall draw a solid, double line after the training notation and initial the entry.

29 FSA-1065-2, Tracking USDA-FSA Issued Site Badges for NAP/TAP Adjusters

A Completing FSA-1065-2

Complete FSA-1065-2 according to the following table.

*_

| Item | Instructions |
|------|--|
| 1 | Enter the crop year. |
| 2 | Enter State Office name. |
| 3 | Enter the LA name. |
| 4 | Enter the date the site badge was issued. |
| 5 | Enter the expiration date printed on the site badge. |
| 6 | If collected or destroyed, enter date. |
| 7 | If destroyed, list reason. |

29 FSA-1065-2, Tracking USDA-FSA Issued Site Badges for NAP/TAP Adjusters (Continued)

B Example of FSA-1065-2

*--The following is an example of FSA-1065-2.

| his form is available electronically FSA-1065-2 (03-17-16) | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency TRACKING USDA-FSA ISSUED SITE BADGES FOR NAP/TAP ADJUSTERS | | | | | 1. Crop Year 2016 | | | |
|---|--|---|---|---|--|---|---|--|--|
| | | | | | | 2. State Office Florida | | | |
| 3. Name that Appears on USDA- FSA Site Badge | 4. Badge Issued Date (MM-DD-YYYY) | | 5. Expiration Date Printed on Badge | 6. Date Collected and Destroyed | | Reason for Destru | | 7. uction (Check Appropriate Box) | |
| • | Date | Initials | (MM-DD-YYYY) | Date | Initials | Terminated Employment | Change in Employment Status | Other (Provide Explanation) | |
| Fred Brown | 02-09-2016 | EEE | 02-09-2019 | | | | | | |
| Joe Smith | 02-09-2016 | EEE | 02-09-2019 | 10-15-2016 | EEE | | ⊠ | Retired | |
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| ce, color, national origin, religion, sex, gende by program or activity conducted or funded by ersons with disabilities who require alternative SDA through the Federal Relay Service at (8 of file a program discrimination complaint, con | r identity (including gender y USDA (not all bases apply e means of communication 00) 877-8339. Additionally, applete the USDA Program D | expression), sex to all programs) for program infor program informa discrimination Co call (866) 632-6 | ual orientation, disability, age. Remedies and complaint filin mation (e.g., Braille, large pri tion may be made available in emplaint Form, AD-3027, foun 19992. Submit your completed. | , marital status, family/pare ng deadlines vary by progri nt, audiotape, American Si n languages other than Eng d online at http://www.ascr from or letter to USDA by: | ental status, incor am or incident. gn Language, et- glish. usda.gov/compl. (1) mail: U.S. Dr | me derived from a public.) should contact the n | ic assistance program, politic esponsible Agency or USDA: d at any USDA office or write | ring USDA programs are prohibited from discriminating based thelefs, or reprisal or retaliation for prior civil rights activity, i is TARGET Center at (202) 720-2600 (voice and TTY) or confi- al letter addressed to USDA and provide in the letter all the tary for Civil Rights 1400 Independence Avenue, SW | |

30-32 (**Reserved**)

(Withdrawn--Amend. 6)

34-42 (**Reserved**)

Section 2 LA Responsibilities and Ethics

43 LA's Responsibilities

A LA's Administrative Responsibilities

LA's shall perform the following administrative tasks:

- advise FSA of all insurance or reinsured companies for which loss adjustment work or sales service is performed before signing CCC-455
- advise FSA of all immediate family relatives who have farms

Note: LA's shall:

- not adjust crops in which relatives have any interest
- update this information immediately when changes occur.
- comply with all Federal travel regulations
- legibly and properly complete FSA-449A's and FSA-449B's and submit them in a timely manner

Notes: FSA-449A's shall be submitted as adjustment assignments are completed. More than one FSA-449A may be submitted in a pay period.

FSA-449A's more than 30 calendar days old must have written approval for payment from the State Office.

- be responsible for any additional expenses incurred for personal preference
- not confer with producers about legal matters
- notify County Office, if contacted about legal hearings or controversial matters.
- keep work records for 3 years

* * *

43 LA's Responsibilities (Continued)

A LA's Administrative Responsibilities (Continued)

• be responsible for the correction of all suspensions received from the County Office. Suspensions shall be given priority for corrections and returned in a timely and efficient manner.

Note: If it is determined the error was a result of performance, the error will be corrected **without** additional compensation.

B LA's Service Responsibilities

LA's shall:

- only be used for NAP-related reasons, unless Washington, DC, authorization is received
- perform loss adjustment services as assigned by State Office representative or CED for NAP-related reasons

Notes: This includes all visits for the purpose of appraising damaged or destroyed crops during the growing season or following harvest, for all related loss adjustment functions. **The producer does not pay for services performed by LA** * * *.

LA's shall **never** perform measurement service requests for APH when requested by the producer for production history. This service is **not** related to NAP claims or required spot checks. A producer's request is "paid measurement service" that must be performed by FSA office or field person.

--See 1-NAP (Rev. 2), paragraph 587 for guidelines for measurement services.--

- explain limited responsibilities and filing procedures to producers, when applicable
- schedule work to ensure timely service, returning producer folder to the County Office within 10 calendar days
- promote a good working relationship between the producer and FSA
- bring controversial claims and other unusual claim situations to the attention of the official who assigned the work, including the knowledge of producer bankruptcy
- accurately complete and timely submit all claim documents and LA pay FSA-449A's
 preferably in the same pay period, but no later than the following pay period in which the
 work was performed
- advise all interested parties that findings from inspections and appraisals are for FSA use.

44 LA's Ethics, Conflicts, and Eligibilities

A Ethics and Conflicts of Interest

LA's shall:

- **not** solicit or accept any money, gifts, or favors from any party that are designed to influence or give the appearance of influencing any loss adjustment findings or decisions
- **not** use position to gain favor, influence, or financial advantage
- take precaution to ensure that there is no appearance or occurrence of conflict of interest

Note: LA's cannot:

- work in the county where he/she is the spouse of CED or COC member
- engage in sales or administration of any MPCI policy
- adjust any losses for any member of their family including, but not limited to, parents, brothers, sisters, children, spouse, in-laws, grandchildren, aunts, uncles, cousins, and grandparents, or of the family of an employee of LA, or any party with whom LA has a material or financial interest. Relationship by
- *--adoption or similar extent is included. Further, "material or financial interests' mentioned above includes family members and those associated with the loss adjuster that may have power of attorney authorization with NAP participants.--*
- **not** discriminate against any producer because of race, color, national origin, age, disability, and where applicable sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from public assistance.

44 LA's Ethics, Conflicts, and Eligibilities (Continued)

B Eligibilities

LA's shall **not** be:

• a permanent, part-time, or intermittent FSA employee

Exception: A field reporter who performs **only** technical field services **may** be an LA. The reporter and LA work **must** be performed on different days.

• a STC or COC member.

* * *

LA's **may** be an employee of another agency, such as NRCS, but shall **not** work for FSA and another agency during the same hours.

45-50 (Reserved)

Section 3 LA Training and Certification

51 General Provisions

A Applicability

This section applies to the training and certification of:

- LA's
- those responsible for reviewing LA work.

B LA and Employee Training Attendance

Certified LA's and employees must attend update training to maintain certification

Phase II training **must** be attended to qualify to adjust other crops originally not qualified to adjust.

52-54 (**Reserved**)

55 Phase I Training

A Content of Training

- *--Twenty-four hours of Phase I classroom training must cover:--*
 - general NAP policy provisions, and other programs in effect for appraisal (ad hoc disaster)
 - procedure modifications and/or changes (updates)
 - loss adjustment forms and service functions
 - loss adjustment forms completion, documentation, and distribution
 - crop handbook, including the following:
 - harvested and stored production
 - verifying the cause and time of loss
 - documentation of uncovered causes of loss
 - documentation of poor farming practices
 - documenting appraisals and performing crop appraisal methods
 - verification and use of acreage and production-to-count documentation obtained from area buying stations, processors, and packers, as applicable
 - verification of entities and share arrangements policies and procedures
 - the requirements of Title VI of the 1964 Civil Rights Act
 - ethics contained in paragraph 44
 - farm and environmental safety issues for the area.

Note: If LA is assigned outside his/her normal work or geographic area with specific environmental safety issues, he/she **must** be coached on these issues before being released for assignment. * * *

--B Maximum Compensation--

Compensation for Phase I training is limited to the time essential to complete the training, up to 120 hours.

56 Phase II Training

A Overview

--Twenty-four hours of Phase II training must include actual field experience and classroom-- training for loss situations, including uncovered causes of loss and problem cases. The trainer for OJT must be a fully certified LA or certified employee.

Appraisals completed during OJT shall be signed by the trainee, in the presence of the trainer. The trainer must enter their LA or CED reviewer code (State and county code), initials, title, and date, to indicate their presence during the inspection.

B Training Content

LA must:

* * *

- independently inspect the crop and complete at least 2 final appraisals or 2 structured field appraisals that:
 - are then reviewed by a fully certified LA or employee
 - have no major errors
 - are for diverse and difficult inspection scenarios for the crop when possible

Note: When structured field training is substituted for OJT, ensure that 2 independent performances, other than the 2 trial appraisals, are spot checked.

Phase II Training (Continued)

B Content of Training (Continued)

- prove proficiency to the trainer in all phases of loss adjustment activities, including:
 - general NAP, disaster, or other program provisions for which appraisal services may be used
 - determining time and cause of loss
 - verifying entities and share
 - measuring and identifying fields, as needed, to determine acreage
 - completing and calculating various stage crop appraisals
 - measuring and computing production stored in bins
 - accurately establishing deductions to production to count
 - forms completion.

57 Update Training

A Annual Update Training

*--Certified LA's and FSA employees responsible for the oversight of LA work **must** receive--* update training annually to remain certified. Update training **must** take place before work assignments for the new crop year and after CCC-455 * * * is signed. The extent of the training should be dictated by errors, experience, and new program policies, procedures, or forms.

* * *

Training **must** be documented in the State Office files, including the training statement or certificate, if training is received from a vendor other than FSA. Documentation for County Office employees **must** also be maintained in the State Office files.

*--B Update Training for 2014 and Succeeding Crop Years

Because of the the reduction in funding through sequestration, FSA is charged with identifying ways to reduce NAP loss adjustment costs. To meet these requirements, update training has been modified.

Beginning with the 2014 crop year, State Offices shall annually provide:

- LA's with 3 years or less experience, the required traditional 6 to 8 hours of update training
- LA's with more than 3 years experience, 2 hours of update training via conference call according to the following:
 - LA's shall call the State Office toll-free teleconference telephone number
 - State Offices shall e-mail, when possible, training materials to LA's
 - training is a concentrated abbreviation of traditional update training and should focus on changes, problem areas, and recurring errors.

Notes: State Offices have the option to require specific LA's with more than 3 years experience to attend traditional update training if the State Office believes traditional update training is warranted for the specific LA.

If a State Office believes all LA's in their State need the traditional 6 to 8 hours of update training in a given year, the State Office must submit a request to PECD, Attention: Lew Jenkins, explaining why all LA's need the traditional 6 to 8 hours of update training and provide a cost estimate.--*

58-60 (**Reserved**)

61 Determining Training Required

A General Considerations

SED must determine how many LA's to train in which crops. Balancing training goals requires good management. The decision **must** balance:

- quantity; more LA's may permit faster service on claims
- quality; providing crop specialization may mean the most accurate loss adjustment
- cost to the Government; training costs versus travel costs.

B Example for Crop Variety Training

The following example displays the considerations based on crop distribution.

Example: The adjustment work in a specific area is 85 percent corn, 10 percent apples, and 5 percent nursery. SED contracts 15 LA's for the year. While all 15 LA's should be trained to perform corn inspections, the workload in the area does not support training all LA's in apples and nursery stock.

SED should look at additional criteria, such as reliability, accuracy, and prior experience, to determine LA's to receive certain assignments, such as nursery stock and apple inspection training.

Note: Any display or perception of favoritism shall be avoided. Work should be issued equally:

- among LA's, when possible
- in relation to easy versus difficult assignments, if no crop specialization exists.

62 Certification Process and Documentation

A Certification Process

To become certified on a crop, LA must:

- have an active CCC-455
- successfully complete Phase I training
- successfully complete Phase II training for the crop.

B Documenting Training and Certification

The designated representative (trainer) shall:

- document all training, including update training, on FSA-454B
- notify LA, in writing, of certification on crops and date, pay rate, and any changes.

LA **must** maintain satisfactory work quality to remain fully certified.

63 LA Training Report

A Annual Reporting

State Offices shall submit a report of annual LA and employee training held to PECD, *--Attention: Lew Jenkins.--*

The report shall be submitted by the 10th of the month following the training and include:

- training type, such as update, Phase I, Phase II
- date held
- place held
- number in attendance
- brief summary of the training.

If States participate in joint training sessions, 1 of the State Offices shall make a report. Include all States participating.

Note: Offsite training with crop insurance companies that fulfills the requirements of Phases I and II shall also be reported.

64 Certification by Special Cases

A Certification by Specialty Crops

Special consideration should be given to certification on specialty crops, because these crops are:

- often more difficult to adjust
- usually of higher value, which means that mistakes will be more costly to the Government
- unlikely to occur in a volume that would allow more than a few LA's in an area to gain sufficient experience.

It may be more cost effective to maintain a smaller, highly experience pool of LA's to inspect specialty crops and incur the cost of their travel than to try to keep all LA's in an area proficient in these crops.

65 Certification by Experience * * *

A Certification by Experience

In certain cases, it may be advantageous to FSA to consider CED, insurance adjuster, field reporter, or others certified by experience for previous work done in crop adjusting.

Example: An individual with adequate adjustment experience who has demonstrated the ability to effectively carry out the technical phases of loss adjustment work for a crop can be considered certified. Numerous disaster program inspections would be an example of adequate adjustment experience. Training documentation forms must be maintained for these individuals.

To maintain this certification, the employee **must** receive * * * update or Phase II training, *--annually. For any year after initial certification for which the required training is **not--*** received, the employee is **not** fully certified.

66 Maintaining Certification and Determining Decertification

A Table of Actions

The following table lists causes that impair or end certification and the corrective action required. If work performed by LA is unacceptable, loss of certification or termination may occur.

| IF LA | THEN certification | AND the corrective action to recertify or update certification is that LA must |
|---|--|---|
| was previously certified, but did not maintain an active annual agreement | must be updated before work assignment | take Phase I and/or II training, as required by SED or training official. |
| maintained Service Agreement, but failed to do an inspection for the crop for the crop year | must be updated before work assignment | take Phase I and/or II training, as required by contracting official. |
| has 1 major error for a crop appraisal identified by review or otherwise | is not lost | take corrective OJT. |
| has more than 1 major error for a crop appraisal identified by review | for the crop is lost | be terminated or take corrective OJT, if the SED or training official determines that the errors are correctable. |

Notes: In each of the cases in this table, the Agreement or training official must determine the amount of Phase II OJT needed on an individual basis.

LA will be recertified upon completion of the corrective action.

If LA is fully certified and paid at the certified rate, the pay rate during decertification reverts back to the training rate per hour, **unless** LA maintains certification on 1 specific crop. If OJT is required before adjusting **any** crop, the pay rate reverts back to the training rate. During decertification periods, "TRN" or "OJT" shall be used as service codes. The system will pay the prevailing rates for the training.

67 Compensation by Training, Certification, and Service Criteria

A LA Compensation

LA's are paid by hourly rates based on a combination of certification and length of service.

Note: LA's receive compensation for both travel and training at the training rate effective during the training time period, including any field services performed for OJT.

When training is completed and LA's are considered fully certified, compensation is paid at the fully certified rate effective for the date the services are completed.

--LA's may be paid an increased rate after 1 year of fully certified service with FSA as-- determined by the State Office loss adjustment specialist according to paragraph 68.

Note: See Exhibit 4 for the Pay Rate Table.

*--68 1-Year Fully Certified Service Criteria

A Effective Date

State Office specialist responsible for LA management and training shall review LA's folder to determine whether 1 year of fully certified service as FSA LA have been completed. If so, LA is eligible to receive \$20 per hour for adjustment service rendered.

Note: Any 1 year of fully certified service by LA with FSA qualifies for the 1-year rate. Work performed by CED, insurance adjuster, or field reporter cannot be used to qualify for the higher rate.

Example: Mr. Smith signed his first CCC-455 on February 2, 2012, and was fully certified on March 1, 2012. Mr. Smith had signed CCC-455's and worked in 2012 and 2013. On March 1, 2013, when Mr. Smith attended update training and signed his CCC-455, he had completed 1 year of fully certified service. The State Office shall:

- complete the current CCC-455 with the correct pay rate for the date CCC-455 is signed
- notify County Offices that the effective date that Mr. Smith achieved the 1-year fully certified service was March 1, 2013.

State Offices shall use the Loss Adjuster Management System to update LA's 1-year certification date to March 1, 2013. An effective date shall **not** be entered if LA has not completed 1 year of fully certified service.

Note: If the 1-year fully certified service date has **not** been reached at the time CCC-455 is renewed, States shall insert the correct pay rate for the date CCC-455 is signed, but line through the pay rate and initial on the date 1-years certified service is reached, send the corrected copy to LA, and notify the County Office of the date.

B Notification to County Offices

State Office loss adjustment specialist is responsible for providing a list of approved LA's and effective 1-year service dates to County Offices.--*

69, 70 (**Reserved**)

71 (Withdrawn--Amend. 3)

72 LA Review

A Review Required

SED or designated representative (CED, DD) trained in loss adjustment activities shall be responsible for:

- annually reviewing LA's work on FSA-577, using procedure in 2-CP
- reviewing LA's work, when determined advisable.

Note: This review may be triggered by a second party review or by rejection of the claim by producer or County Office.

B Documenting Review

The designated reviewer shall:

- document any major errors discovered in the review on FSA-577
- if the error or errors result in decertification, provide documentation to the appropriate State or County Offices
- notify LA, in writing, of decertification or change in pay rate and effective dates.

73-199 (Reserved)

Part 3 LA Travel and FSA-449A's

200 Authority

A Regulations

The following regulations apply to LA travel:

- GSA Federal Travel Regulations, 41 CFR Chapter 301, Travel Allowances
- Department Manual 2300-1, Agriculture Travel Regulations.

B CCC-455

CCC-455 authorizes most LA travel on a continuing basis. AD-202's shall be issued for all travel not covered by the agreement authority, such as travel outside the continental U.S.

Note: Travel advances and Government-issued credit cards, including telephone credit cards, are **not** approved for LA's.

*--C FSA-449A's for \$4,000 or More

CED's must obtain approval of all FSA-449A's totaling \$4,000 or more from the State Office loss adjustment specialist or designated officer. A register listing all FSA-449A's of \$4,000 or more **must** be maintained and submitted to the State Office at the end of the crop year.

County Offices must submit the register annually, by February 5th of the following calendar year. State Offices must submit the report to SND by February 15th. State Office loss adjustment specialist or designee **must** perform a mandatory detail audit by April 1 of at least 10 percent of county FSA-449A's submitted on the register.

The State Office must submit a brief narrative report of the results of the audit to SND, Disaster Assistance Section, Lew Jenkins. The report must include the following:--*

- total payments listed on the reports
- number checked
- number of discrepancies found
- the action taken for corrections.

201, 202 (Reserved)

203 (Withdrawn--Amend. 6)

204, 205 (Reserved)

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206 LA Responsibilities

A LA's Responsibilities

LA's shall:

- comply with all Federal travel regulations
- legibly and correctly fill out FSA-449-A's and FSA-449-B's for all work issued in a pay period, and submit to the designated approving official
- be responsible for excess costs and any additional expenses incurred for personal preference or convenience.

207, 208 (Reserved)

209 General Motor Vehicle Travel

A Mileage

If other than rural area travel is involved, mileage shown in Standard Highway Mileage Guides may be used. Any deviations from distances shown in Standard Highway Mileage Guides must be explained.

Note: LA's shall confer with CED's on whether travel from distant areas is allowed to deliver paperwork under various conditions. The most economical and/or expedient method must be used.

B Arrival and Departure Times

--LA records the time of arrival and departure from the farm on FSA-449-B and in personal-- daily itinerary records.

C Reimbursements

The mileage reimbursement rate for privately-owned vehicles is the rate per mile as published in the Federal Register by GSA. Reimbursement is allowed for necessary parking fees, tolls, etc.

D Traveling With Others

To reduce costs, LA's should ride together or with Government employees whenever possible.

Example: For OJT or meetings.

210 Common Carrier

A Costs

When the use of a common carrier is authorized, every effort should be made to obtain Government-contract rates. Receipts are required before reimbursement is authorized.

211 General Travel

A Duty Station

The official duty station is LA's residence. LA may have only 1 official duty station.

The temporary duty station is the location of overnight lodging required by a work assignment or the location of a work assignment.

B Work Hours

LA should be limited to 12 hours work per day, including travel time. At the end of a workday, whether LA returns to the official duty station or lodges at the temporary duty station depends on:

- distance from the temporary duty station to the official duty station
- work remaining in the area
- cost to the Government
- guidance from FSA approving official.

C Within 50 Miles

If the temporary duty station is within 50 miles of the official duty station, LA is expected to return to the official duty station each day.

D More Than 50 Miles

If the distance between the temporary and official duty stations is greater than 50 miles, and there is more than 8 hours work expected at the temporary duty station, it is frequently more economical to the Government to authorize overnight lodging and M&IE. LA may choose to return to the official duty station each day. However, reimbursement for mileage may **not** exceed per diem costs that would have incurred by remaining at the temporary duty station.

211 General Travel (Continued)

E Weekends and Holidays

Occasionally, LA's will not be able to complete their work at a temporary duty station before a weekend or holiday, requiring a continuation of duties at the temporary duty station immediately following the weekend or holiday. In these instances, the per diem and mileage costs allowed are the amounts most economical to the Government.

Example: If the per diem and mileage costs for LA to return to the official duty station is less than the per diem incurred if LA remained at the temporary duty station, LA is expected to return to the official duty station. Likewise, if it is more economical to the Government for LA to remain at a temporary duty station, but LA elects to return to the official duty station, mileage costs exceeding the per diem for staying at the temporary duty station will not be allowed.

F Work Assignments

In making work assignments, the approving official must decide which LA's will accomplish the work in the least amount of time and Government cost. Consideration should be given to the amount of work in the temporary duty station area, the willingness of LA's to lodge at the temporary duty station, and the travel time required between the temporary and official duty stations.

G FSA-449-A's

For each day of travel, LA's must:

- indicate on FSA-449-A whether they returned to the official duty station or remained at the temporary duty station
- claim the appropriate mileage or per diem.

212-216 (Reserved)

217 Per Diem

A Definition of Per Diem

<u>Per diem</u> is a reimbursement for daily food and lodging expenses. The per diem allowance is reported separately from transportation and other miscellaneous travel expenses. LA's may be allowed per diem for assigned work away from the official duty station according to the rules in this paragraph.

B Definition of Maximum Per Diem Rates

Maximum per diem rates, published in the Federal Register by GSA:

- are the maximum reimbursements for daily food and lodging expenses within the continental U.S.
- consist of a fixed amount for the M&IE rate, plus a maximum allowable amount for lodging, including State and local taxes
- differ by locality; higher rates are allowed for higher cost geographic areas.
- *--Note: These are the same rules used for regular employees and may be found in either of the following:
 - http://intranet.fsa.usda.gov/travel/travel.htm
 - 118-FI.--*

C Reimbursement Without Lodging

Use the following table to determine eligibility for per diem without lodging.

Note: Per diem must be approved in advance, in writing, by the FSA approving official. A FAX approval may be accepted, followed by receipt of the hard copy.

| IF the temporary duty station for LA is | THEN |
|--|--|
| within a 50-mile radius of the official duty | per diem shall not be approved. |
| station, or the total time required to complete | |
| work assignments and travel to and from the | |
| temporary duty station is 12 hours or less | |
| outside a 50-mile radius of the official duty | if LA returns to the official duty station |
| station, and the total time required to complete | within the same calendar day or secures |
| work assignments and travel to and from the | lodging at the temporary duty station, LA |
| temporary duty station is more than 12 hours | will be entitled to M&IE reimbursement |
| | according to subparagraph D. |

217 Per Diem (Continued)

D Reimbursement With Lodging

Per diem reimbursement when lodging is claimed is determined by the following:

- the maximum per diem rate applicable to a calendar day (12:01 a.m. to 12 midnight) is determined by LA's location at midnight on that day
- when LA is at a temporary duty station for an entire day, the entire M&IE rate will be used as the reimbursement for that day
- partial day M&IE reimbursement is determined to be 3/4 of applicable M&IE
- total per diem reimbursement for a day is the M&IE reimbursement plus actual lodging cost, including State and local taxes, not to exceed the maximum per diem rate.

E Times of Arrival and Departure

Information from FSA-449-A and FSA-449-B is used to determine LA pay. LA must record on FSA-449-B itinerary section, the dates, hours, and places that each workday began and ended.

The workday begins at the actual time of departure from the place of lodging, either the
official or temporary duty station. The workday ends at the actual time of return to the
place of lodging.

Note: Travel time is included in the workday length.

- The times recorded should be the time zone in effect at the duty station.
- Place is the authorized official or temporary duty station.

217 Per Diem (Continued)

E Times of Arrival and Departure (Continued)

• Start and stop time must be **actual** times.

*--Example:

| | Amount of Time | Time of | |
|---------------------------------------|-----------------------|------------|--------------------|
| Start | per Activity | Day | Round To |
| Leave official duty station at 8 a.m. | | 8 a.m. | |
| Drive time to farm | 50 minutes | 8:50 a.m. | |
| 1 st inspection | 45 minutes | 9:35 a.m. | |
| 2 nd inspection | 1 hour, 20 minutes | 10:55 a.m. | 1 hour, 15 minutes |
| 3 rd inspection | 30 minutes | 11:25 a.m. | |
| 4 th inspection | 10 minutes | 11:35 a.m. | 15 minutes |
| Return to official duty station | 50 minutes | 12:25 p.m. | |
| Total hours | 4 hours, 25 minutes | | |
| Round total hours for the day to the | 4 hours, 30 minutes | | |
| nearest 15-minute increment | | | |

Note: Some inspection hours may need to be rounded to a 15-minute increment to comply with the Loss Adjuster Management web-based voucher system. However, compensation for a day of work cannot exceed the amount of hours between the start and end of the day (4 hours, 30 minutes from this example).--*

F Partial Day M&IE Reimbursement

Federal Travel Regulation Amend. 54 allows a flat 3/4 of the applicable M&IE rate.

Example: M&IE rate is \$30. LA leaves official duty station at 5:50 a.m. and arrives at temporary duty station at 6:30 p.m.

\$22.50 M&IE (flat 3/4 rate of \$30)

On day of return, LA departs temporary duty station and arrives at official duty station at 11:30 a.m.

\$22.50 M&IE (flat 3/4 rate of \$30)

G 12-Hour Allowance

Federal Travel Regulation Amend. 54 established that 3/4 of the applicable M&IE rate would be the appropriate per diem allowance payment for travel of **more than 12 hours**, but not exceeding 24 hours, when no lodging is required and the temporary duty station is located more than 50 miles from the official duty station.

Reviewers shall ensure the per diem rate is entered correctly before key entry of FSA-449-B.

218 Interrupted Travel

A Definition of Interrupted Travel

<u>Interrupted travel</u> is when LA engages in other activities during an FSA-assigned workday, such as work for a private company or other personal activities.

B Adjusted Reimbursements

The travel expenses allowed shall not exceed what would have been incurred on uninterrupted travel. Mileage claimed shall not be greater than mileage to the duty station by a usually traveled route. Time spent on other activities must be subtracted from the workday before per diem is calculated.

C Documentation of Nonassigned Activity

Record the following on FSA-449-A, remarks section, or on an attachment:

a description of the nonassigned activity

Note: If the interruption was work performed for a private company, include the name of the company.

- dates
- time interruption began to the time interruption ended.

219 Long-Distance Telephone Calls

A Work-Related Telephone Calls

Work-related long-distance telephone calls will be reimbursed, if they are itemized on the telephone log showing the following:

- date
- locations of origination and designation of the call
- amount paid
- unit number for the inspection
- producer's name
- purpose of the call.

The telephone bill is required as supporting documentation as an attachment to the telephone log.

B Personal Telephone Calls

A personal long-distance telephone call will be reimbursed, if all of the following are relevant:

- LA secures overnight lodging
- calls are brief to a member of the immediate family
- maximum aggregated amount for each travel period, such as consecutive days of official travel, does not exceed an amount equal to \$5 multiplied by the number of lodging nights.

Note: The aggregated amount includes access charges and charges for calls not completed.

Calls to the official duty station on the date of return from travel for notifying a change in schedule are acceptable.

219 Long-Distance Telephone Calls (Continued)

* * *

C Documentation

On FSA-449A:

- enter the total amount of official calls from the telephone log
- attach the telephone log to FSA-449A as supporting documentation
- itemized telephone bills will be required as supporting documentation for calls itemized on the telephone log, unless the calls were placed from a pay telephone.

220 Miscellaneous Expenses

A Limits

Miscellaneous expenses are limited to small items necessary to perform loss adjustment. Whenever possible, obtain small items, such as pens, paper clips, photocopies, etc., from the County Office. Receipts for all expenses **must** be provided with FSA-449A's.

--Specifically for LA's who receive and return assignments through e-mail, a printing allowance of \$0.20 per sheet, with a maximum of \$20 per assignment, is permitted as a miscellaneous expense. Enter the expense amount on FSA-449B, miscellaneous row.--

B Exclusions

Items, such as gloves, boots, calculators, cell phones, etc. are not considered FSA miscellaneous expenses, as these items are considered the LA's responsibility and will not be accepted for reimbursement.

221-223 (Reserved)

224 Completing FSA-449A's and FSA-449B's

A FSA-449A's and FSA-449B's Responsibilities

The following table lists LA and approving official's roles for completing FSA-449A's and FSA-449B's.

Note: FSA-449A's and FSA-449B's are on FSA Intranet.

| Responsibility | Step | Action | | |
|----------------|------|--|--|--|
| LA | 1 | Prepares FSA-449A and FSA-449B for each pay period, | | |
| | | submitting separate forms for the following: | | |
| | | | | |
| | | NAP inspections | | |
| | | •*OTHER inspections (all inspections other than NAP and TAP) | | |
| | | different crop years | | |
| | | different rates of pay | | |
| | | • each county and State. | | |
| | | • | | |
| | | teminder: Use separate forms for NAP, TAP, and OTHER. On: | | |
| | | • FSA-449A, Item 1, mark the appropriate box | | |
| | | • FSA-449B, write "NAP", "TAP", or "OTHER"* | | |
| | | in the space directly above the form title. | | |
| | 2 | eviews for legibility and accuracy. | | |
| | 3 | igns and dates the forms. Actual date must be used. | | |
| | 4 | Assembles all documents with a paper clip. Forwards to the | | |
| | | approving FSA official. | | |

224 Completing FSA-449A's and FSA-449B's (Continued)

A FSA-449A's and FSA-449B's Responsibilities (Continued)

| Responsibility | Step | Action | |
|----------------|------|--|--|
| Designated | 1 | Reviews and corrects FSA-449A and FSA-449B. LA's initials are | |
| Approving | | needed if "total amounts" are decreased. If the increase is \$5 or | |
| Official | | ess, initials are not required. | |
| | | | |
| | | * * * | |
| | 2 | Assembles in the following order and staple: | |
| | | | |
| | | • FSA-449B | |
| | | • FSA-449A | |
| | | * * * | |
| | | FSA's telephone log | |
| | | bills | |
| | | receipts. | |
| | 3 | Reviews and initials approval in lower right corner of all supporting | |
| | | ocuments. | |
| | 4 | Approves FSA-449A and date. | |
| | | | |
| | | Note: The review is very important. Signing and entering the | |
| | | reviewer's code (State and county code) must signify that a | |
| | | conscious effort was made to critique and examine FSA-449B and FSA-449A. | |
| | 5 | | |
| | 3 | Keeps copies of FSA-449A's, FSA-449B's, and supporting | |
| | 6 | documents under file NAP 6-3, Voucher Folders, in LA folder. | |
| | 6 | Enters FSA-449A information into the automated Voucher Entry | |
| | | System according to Part 4. Pay FSA-449A's according to Part 5. | |

225 Instructions for Completing FSA-449A's

A Completing FSA-449A's

Use the following table to complete FSA-449A. Do **not** use ditto marks or asterisks.

*_.

| Item | Instructions |
|------|--|
| 1 | Check "NAP" or "OTHER" on FSA-449A. Specify "other". |
| 2 | Enter LA's name as shown on CCC-455. |
| 3 | Enter 5-digit State and county code where the work is being done. |
| | Note: FSA-449A must be completed and submitted in each county where the work is performed. Submit FSA-449A's for training and hourly pay as directed by the State Office loss adjustment specialist. |
| 4 | Leave blank. FSA-449A number will be assigned by LA automated Voucher Entry |
| | System when processed by FSA employee. FSA employee shall enter this |
| | number when assigned by the automated process. |
| 5 | Enter the crop year for the inspection. Disregard the calendar or FY the inspection |
| | occurred for this entry. |
| | Example: An inspection on a given farmer's 2001 winter crop performed may be done on the same day as an inspection for the 2002 crop. Separate FSA-449A's must be submitted to avoid mixing crop years. Ensure that CCC-455 exists for the timeframe for which the work is performed. |
| 6 | Number consecutively for every valid line entry. Do not number blank lines or |
| | whole lines that have been lined out. Continue numbering from 1 page to the next of |
| | a multi-page FSA-449A. |
| | |
| | Note: A separate line must be used for every variation in the combination of |
| | producer, dates, crops, planting period, inspection types, or unit number, etc. |
| 7 | Enter month, day, and year of the line inspection. |

__*

A Completing FSA-449A's (Continued)

| Item | Instructions |
|------|---|
| *8 | Enter the abbreviation for the type of inspection made according to the definitions |
| | of inspections in Exhibit 5. |
| | If 2 types of inspections were performed on the farm, make 2 line entries, 1 for each type of inspection. The automated system will generate the hourly rate and compute the payment. |
| 9 | Enter producer's name for the inspection performed and any other helpful |
| | information. |
| 10* | Enter the numeric crop code of the crop inspected from 2-CP, Exhibit 10.5. Each |
| | line must carry a crop code. |

A Completing FSA-449A's (Continued)

| Item | Instructions | | | | | | |
|------|---|--|--|--|--|--|--|
| 11 | Enter unit number for the inspection. Leave blank if the inspection is not for a | | | | | | |
| | specific unit or CCC-576 is not applicable at this point, such as APH, growing | | | | | | |
| | season inspection, or preharvest inspection. | | | | | | |
| 12 | Enter travel hours for the inspection. This is the amount of time required to travel to the inspection site. See subparagraph 217 E for guidance. | | | | | | |
| | Note: Travel hours can be hours from office to site or from site to site, the actual time spent driving, riding with someone else, or on a common carrier. | | | | | | |
| 13 | Enter number of hours required to complete the inspection at the particular site. | | | | | | |
| 14 | Enter total compensation hours by totaling line items 12 and 13. | | | | | | |
| 15 | Enter line total for items 12 through 14, total the results of items 12 and 13 in | | | | | | |
| | items 15A and 15B, and enter the sum in item 15C. | | | | | | |
| | | | | | | | |
| | Note: Entry for item 15C should equal the total of line items for item 14. | | | | | | |
| 16 | Enter any remarks about the inspection in this item. | | | | | | |
| 17 | Enter total compensation hours from item 15C. | | | | | | |
| 18 | *Enter hourly rate. See Exhibit 4 for the pay rate table* | | | | | | |
| 19 | Enter total pay due for total compensation hours by multiplying item 17 by | | | | | | |
| | item 18. This is the amount due for both travel and inspection (compensatory) | | | | | | |
| | hours. | | | | | | |
| 20 | Enter travel dollar amount from FSA-449B, item 7. | | | | | | |
| 21 | Enter amount for the total claim by totaling items 19 and 20. | | | | | | |
| 22 | LA must sign and date. | | | | | | |
| 23 | Approving official shall sign, date, and enter proper approval code as follows: | | | | | | |
| | CED enter State/county code | | | | | | |
| | • State Office representative enter State code and 000. | | | | | | |

Use FSA-449A to dataload the automated voucher according to Part 4. The automated voucher will compute total compensation and total claim amount. If the automated and paper FSA-449A totals do not agree, make adjustments to either the automated line item entries or paper FSA-449A calculations. Ensure that LA initials changes to the paper FSA-449A or FSA-449B.

B FSA-449A, Example 1

The following is an example of FSA-449A, displaying line item work performed on the same day, for the same unit, by LA.

This form is available electronically.

FSA-449A

(09-26-13)

This form is available electronically.

Page 1 of 1

Check Below if Claim Numbers Filed are for NAP or "Other."

NAP OTHER

If "Other" specify:

Danny Noble

| VOUCHER FOR PAYMENT OF SERVICES | | | | State and County Code | | Voucher Number | | | | 5. Crop Year | | |
|---------------------------------|--------------------------|-----------------|-------------------------|---|---|------------------|--------------------|---------------------|-----------------------------------|---|--|--|
| FOR LOSS ADJUSTMENT | | | 48-051 | Į. | | | | | | 2013 | | |
| 6. Line No. | 7. Date | | 8. Type of Inspectio | on Producer's Name for Inspection Performed | | 10. Crop Code | 11. Unit Number | 12. Travel Hours | 13. Inspection Hours | 14. Total Comp. Time (Total of | | |
| | Month 1 | Day 9 | Year 2013 | FIN | John Doe | | | 0102 | 0123 | 1.0 | 2.5 | Items 12 and 13) |
| | 1 | 9 | 2013 | PLI | Sam Smith | | | 0146 | 0123 | .5 | 1.0 | 1.5 |
| | 1 | 9 | 2013 | FIN | Joe Jones | | | 0146 | 0123 | 1.0 | 3.0 | 4.0 |
| | | | | | | | | | | | | |
| | | | | | | | | | 15. TOTALS: | 15A. Total Travel Hours 2.5+ | 15B. Total Inspection Hours 6.5= | 15C. Total Comp. Tim (Total of Items 15A and 15B.) 9.0 |
| 6. Remarks | | | | | 7. Total Comp. Time (Total from Item 15C.) | 18. Hourly Rate | • | | Compensation 7 times Item 18) | 20. Travel (E dollar amo FSA-449B | unt from | 21. Total Claim (Total of Items 19 and 20 |
| | | | | | 9.0 x | 20 | = | | | \$ 40. | | • |
| | that this c received. | laim is co | rrect and | proper and the pay | ment or credit has | | | | ormation provi ledge and belie | | rm is true a | nd correct to |
| | | STMENT RE | PRESENT | ATIVE'S SIGNATURE | 22B. DATE (MM-DD-YY | | | | L'S SIGNATURE | 23B. COD | E NO. 230 | C. DATE (MM-DD-YY |
| / Signature | | | | | 01-12-2013 | /s/ CED | | | | 48-0 | 51 | 03-02-2013 |

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 independence Avenue, S.W. Washington, D.C. 2025-93410, by at a (202) 690-742 or email at program.Intake@usda.vu USDA is an equal opportunity provider and employer.

*

C FSA-449A, Example 2

The following is an example of FSA-449A, displaying line item work performed over several days, for different units, by LA.

This form is available electronically. FSA-449A Page 1 of 1

2. Adjuster's Name (As shown on Loss Adjuster Agreement Check Below if Claim Numbers Filed are for NAP or "Other NAP OTHER If "Other" specify 3. State and County Code 4. Voucher Number 5. Crop Year **VOUCHER FOR PAYMENT OF SERVICES** FOR LOSS ADJUSTMENT 11. Unit Number 12. Travel Hours Line No Producer's Name for Inspection Performed Type of Inspection Total Comp. Time Crop Code Inspection Hours (Total of Items 12 and 13) Month Day Year 13 2013 PLI 0102 4.0 2013 Sally Doe 13 2013 PLI 0102 0123 2.0 Ted Jones 2013 Total Travel Hours Total Comp. Time (Total of Items 15A and 15B.) Total Comp. Time (Total from Item 15C.) 16. Remarks 18. Hourly Rate 20. Travel (Enter travel 19. Total Compensation (Item 17 times Item 18) Total Claim (Total of Items 19 and 20) 25.5 417.89 927.89 22. I certify that this claim is correct and proper and the payment or credit has 23. I certify that the information provided on this form is true and correct to not been received.

22A. STATE LOSS ADJUSTMENT REPRESENTATIVE'S SIGNATURE the best of my knowledge and belief.

23A. APPROVING OFFICIAL'S SIGNATURE 22B. DATE (MM DD YYYY) 23B. CODE NO. 23C. DATE (MM DD YYYY) /s/ Signature | 01-12-2013 | /s/ CED | 48-453 | U3-U2-ZU13 |
The US. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, where applicable, political beliefs, martisl status, familial or parental status, sexual orientation, or all or part of an individual come is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to like a program complaint, write to the address below or if you require afternative means of communication for program information (e.g., Braille, large print, audidape, etc.) please contact USDA's TARGET Center at (2027, 272-2600) (volce and TDD). Individuals who are deaf, hard of hearing, or large spectrum of the program information of the program information (e.g., Braille, spectrum in the program of the program information (e.g., Braille, spectrum in the program of the program information (e.g., Braille, spectrum in the program of the program information (e.g., Braille, spectrum in the program of the program information (e.g., Braille, spectrum in the program of the program information (e.g., Braille, spectrum in the program of the progr

226, 227 (Reserved)

228 Instructions for Completing FSA-449B's

A Completing FSA-449B's

Use the following table to complete FSA-449B.

*_.

| Item | Instructions | | | | | |
|------|--|--|--|--|--|--|
| 1 | Enter LA's nam | ne as shown on CCC-455. | | | | |
| 2 | Enter State and | county code where the work was performed. | | | | |
| | Note: County | name may also be entered. | | | | |
| 3 | Enter crop year | for the inspection. | | | | |
| 4 | Enter month and | d date of the travel for each day's itinerary. | | | | |
| 5 | began and ender reasons the circular applicable: • dates • times | ates | | | | |
| | | tates at the official duty station (LA's residence) or, while traveling temporary duty station (LA's place of lodging). | | | | |
| | Itinerary From | | | | | |
| | City and State | Enter the city and State, such as Des Moines, IA. | | | | |
| | Time (AM or PM) | Enter time, such as 8:10 a.m. When changing time zones, enter time in effect from place of travel. Military time may be used (hours 00:00 to 23:59). | | | | |
| | Carrier and Flight Number | Enter carrier's name, such as Delta, and flight number. Enter transportation, such as Greyhound, etc. If transportation was by privately-owned vehicle, ENTER "POV". If no transportation expense is claimed, enter the type of work. (When no compensation is claimed, but temporary duty station expenses are claimed, enter approved explanation that prevented work from occurring.) | | | | |

--*

A Completing FSA-449B's (Continued)

| Item | Instructions | | | | | |
|--------|-------------------|--|--|--|--|--|
| *5* | Itinerary To | | | | | |
| (Cont) | City and State | Enter city and State where workday was completed. City or | | | | |
| | | State abbreviations are acceptable. For each day of travel, | | | | |
| | | enter city in which official travel duty is performed. | | | | |
| | Time (AM or PM) | Enter time workday was completed. | | | | |
| | Mealtime Deducted | Enter, in half hour increments, the amount of mealtime taken | | | | |
| | | each day. It is expected that LA will take appropriate | | | | |
| | | mealtimes without compensation. If more than 1 mealtime | | | | |
| | | is taken, enter only the total amount to be deducted that day. | | | | |
| | | If no mealtime is taken, ENTER "0." | | | | |
| | Daily Comp. Hours | | | | | |
| | | the number of hours between start work (from) and stop | | | | |
| | | work (to) times, and enter in whole and half hours. Total | | | | |
| | | compensation hours for the pay period should be computed | | | | |
| | | by totaling this line and entering the total in the "Total | | | | |
| | | Comp. Hours" box to the right. This figure must agree with | | | | |
| | | *the figure on FSA-449A, item 17* | | | | |
| | Total Comp. Hours | Total the compensations hours for the line in the far right | | | | |
| | | column. | | | | |

A Completing FSA-449B's (Continued)

| Item | Instructions | | | | | | |
|------|--|--|--|--|--|--|--|
| *6 | | Per Diem | | | | | |
| | Per Diem Days | Enter, to 2 decimal places, the total number of per diem days | | | | | |
| | | claimed. | | | | | |
| | | Example: 1.00. | | | | | |
| | | Total the number of days in the far right column. | | | | | |
| | Lodging Amount Enter total dollars and cents for lodging per day (excludin | | | | | | |
| | | taxes), but not more than the allowable rate per day. Total the lodging amounts in the far right column. | | | | | |
| | M&IE Enter amount for M&IE allowed per day. Total M&IE in right column. | | | | | | |
| | Total Per Diem | Enter total for daily per diem, lodging, and M&IE for each day. Total the line item in the far right column. | | | | | |
| 7* | Other | | | | | | |
| | Telephone (log attached) | Enter total amount claimed for telephone expenses. | | | | | |
| | Miscellaneous | Enter small expenses not properly charged under any other item. | | | | | |
| | | This item provides for the reimbursement of materials, such as | | | | | |
| | | replacement batteries for testing equipment, photocopies, and | | | | | |
| | | motel taxes. Explanations should be made in remarks sections. | | | | | |
| | 0.1 7 1/.11 | Receipts must be attached. | | | | | |
| | Other Travel (toll, | | | | | | |
| | parking, etc.) Mileage | Car rental must be approved in advance. If private vehicle is used, enter total mileage driven each day in | | | | | |
| | Willeage | whole miles. Enter total miles in the far right column and on the | | | | | |
| | | last page. For each day a mileage is shown, the itinerary section | | | | | |
| | | must show "from city and State" and "to city and State." Enter | | | | | |
| | | the miles and rate in the far right column, and compute the total | | | | | |
| | | mileage. | | | | | |

A Completing FSA-449B's (Continued)

| Item | Instructions | | | | | |
|---------|--|--|--|--|--|--|
| *8* | Enter total amount of claim by totaling the following: | | | | | |
| | total per diem telephone calls miscellaneous other travel expenses and mileage. | | | | | |
| | *If none, leave blank. Transfer total to FSA-449A, item 20* | | | | | |
| Remarks | Enter any pertinent remarks needed to explain any unusual entry or lack of entry | | | | | |
| | in item 10. | | | | | |
| *9* | LA shall sign and date, certifying that entries are correct and proper and that | | | | | |
| | payment has not been received for the work. | | | | | |

228 Instructions for Completing FSA-449B's (Continued)

B FSA-449B, Example 1

The following is an example of FSA-449B, displaying travel and expenses for work performed on the same day, for the same unit, and carried forward to FSA-449A.

| | A-449B | 1 | U.S. DEPARTM | | | | RE | | | | | | uster's N v Nobl | | shown o | n Loss A | ldjuster A | greeme | ent, CCC- | 455) | | |
|---|--|---------------------------|--|------------------------------------|-------------------------------------|---|---|--------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|--|---|--------------------------------------|----------------------------------|------------------------|--------------------------|-------------------------|--|
| 9-2 | 26-13) | | ⊦arm \$ | ervice | Agency | | | | | | | | | | | | | | | | | |
| LOSS ADJUSTER'S TRAVEL AND EXPENSE CLAIM FORM | | | | | | 2. State and County Code 48-051 (Burleson Co.) | | | | | | | | | | | | | | | | |
| | - - | | h | / | 4 | - F 4 | | | | | | | | | | 46 | 3-051 | (BU: | rreson | (0.) | | |
| | ROP YEAR | ust be completed | MO DAY | | DAY | | | | DAY | | DAY | MO | DAY | МО | DAY | МО | DAY | МО | DAY | МО | DAY | Remarks |
| | 2013 | 4. Dates → | 1 9 | | | | | | | | | | | | | | | | | | | |
| | FROM: | City/State | Bryan TX | | | | | | | | | | | | | | | | | | | |
| İ | | Time (AM or PM) | 8:00 am | | | | | | | | | | | | | | | | | | | |
| ľ | | Carrier and Flight No. | POV | | | | | | | | | | | | | | | | | | | |
| Ī | TO: | City/State | Bryan TX | | | | | | | | | | | | | | | | | | | |
| ŀ | | Time (AM or PM) | 5:30 pm | | | | | | | | | | | | | | | | | | | |
| | | Mealtime Deducted | .50 | | | | | | | | | | | | | | | | | | | |
| | Daily Cor | mp. Hours | 9.0 | | | | | | | | | | | | | | | | | | | Total Comp. Hours 9.0 |
| Ī | Per Dien | n Days | \$ | 3 | | 3 | | 3 | | \$ | | \$ | | \$ | | 3 | | 3 | | \$ | | Total No. Per Diem D \$ |
| Ī | Lodging | Amount | 5 | 5 | | \$ | | 5 | | 5 | | 5 | | \$ | | \$ | | 5 | | 5 | | Total Lodging Amour \$ |
| | M&IE (\$ |) | \$ | \$ | | \$ | | s | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total M&IE \$ |
| | Total Per | r diem | \$ | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Per Diem \$ |
| | Telephor attached, | ne (Phone log) | \$ | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Telephone Call \$ |
| | Miscellar | neous | \$ | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Miscellaneous \$ |
| | Other Tra | avel (toll, parking, | s | s | | s | | s | | s | | s | | s | | s | | s | | \$ | | Total Other Travel \$ |
| | Mileage | | \$83 | \$ | | \$ | | s | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | 03 Miles x |
| | | | | | | | | | | | | | | | | | | | | A Item 20 + Mileage | | \$46.90 |
| 1 | certify the | at this statement is co | orrect and proper | and the | , | 9A. A | DJUSTE | R'S SIGI | NATURE | | | | | (7) | Jidi PUL | <i></i> | пернопе | | | # Mileage M-DD-YY | | |
| pe | ayment or | r credit has not been | received. | | | | nature | | | | | | | | | | | | | | 3-02-2 | |
| rai rai | applicable im or activi quire alteri | ity conducted or funde | tal status, familial d by the Departme nunication for prog | or paren ent. (No: ram info. | tal status all prohi mation (| , sexual bited bas e.g., Brai | orientatio ses will a _l lle, large | on, or all oply to a print, au | or part of Il progran diotape, | an indiv ns and/o etc.) ple | idual's in r employr ase conta | come is in ment acti act USDA | derived fr vities.) F 's TARG | om any Persons v ET Cent | public as: with disab er at (202 | sistance ; vilities, wi 2) 720-26 | program, ho wish to 100 (voice | or prote o file a p and TE | ected gen program c | etic inforr omplaint, | nation in write to t | eligion, reprisal, and employment or in any the address below or if af, hard of hearing, or |
| | , | a Civil Rights program | | , | , , | | | | | | | | | | | | , | | ilina cus | t html o | at any I | ISDA office or call |

__%

228 Instructions for Completing FSA-449B's (Continued)

C FSA-449B, Example 2

The following is an example of FSA-449B, displaying travel and expenses for work performed over several days, for different units, and carried forward to FSA-449A.

| | A-449B 26-13) | l | J.S. DEP | | ENT OF Service | | ULTUF | E | | | | | | uster's N y Nobl | | shown o | n Loss A | ldjuster A | igreeme. | nt, CCC- | 455) | | |
|------------|--|--|---|---------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-----------------------------------|--|--------------------------------------|--------------------------------------|------------------------------------|----------------------|--------------------------------------|-------------------------------------|--|
| | LOS | S ADJUST | ER'S 1 | ΓRΑ\ | /EL A | ND E | XPEN | ISE C | LAIN | I FOF | RM | | 2. Sta | te and C | ounty Co | de | | 48-453 | (Tr | avis C | 0.) | | |
| | form must ROP YEAR 2013 | be completed | | DAY 12 | MO | | for tra | DAY | | DAY | | DAY | МО | DAY | МО | DAY | МО | DAY | МО | DAY | МО | DAY | Remarks |
| | FROM: Cit | 4. Dates → | Bryan | | Aus | tin | Aus | tin | | | | | | | | | | | | | | | |
| . | Tie | ne (AM or PM) | 8:00 | 0.00 | |) am | 8:00 | | | | | | | | | | | | | | | | |
| . | Ca | rrier and Flight | 0:00 | | | OV. | 0:00 | | | | | | | | | | | | | | | | |
| | TO: Cit | y/State | Aust | | | tin X | Brya | n TX | | | | | | | | | | | | | | | |
| 1 | Tim | ne (AM or PM) | 4:30 | pm | 5:0 |) pm | 5:30 | pm | | | | | | | | | | | | | | | |
| į | Ме | altime Deducted | . 5 | 0 | | 50 | . 5 | 0 | | | | | | | | | | | | | | | |
| | Daily Comp. | Hours | 8. | 0 | 8 | . 5 | 9. | 0 | | | | | | | | | | | | | | | Total Comp. Hours 25.5 |
| | Per Diem Da | ys | \$.75 | | \$1.0 | | 3. 75 | | 3 | | \$ | | \$ | | \$ | | 3 | | 3 | | \$ | | Total No. Per Diem D \$2.5 |
| | Lodging Amo | | \$65.0 | 0 | \$65. | 10 | \$0 | | \$ | | 5 | | \$ | | \$ | | \$ | | 5 | | \$ | | Total Lodging Amoun \$130.00 |
| , | M&IE (\$ 39.00) | | \$29.2 | 5 | \$39. | 00 | \$29.2 | :5 | s | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total M&IE \$97.50 |
| , | Total Per die | m | \$94.2 | 5 | \$104 | .00 | \$29.2 | :5 | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Per Diem \$327.5 |
| | Telephone (F attached) | Phone log | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Telephone Calls |
| | Miscellaneou Hotel Ta | | \$4.50 | | \$4.5 |) | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | Total Miscellaneous \$9.00 |
| | Other Travel etc.) | (toll, parking, | s | | s | | s | | s | | s | | s | | s | | s | | s | | s | | Total Other Travel \$ |
| | Mileage | | \$138 | | \$ 72 | | \$ 164 | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | \$ | | 374 Miles x .5 |
| | | | | | | | | | | | | | | 1 | | | | | | FSA-449. + Travel | | | \$46.90 |
| p | yment or cre | is statement is co dit has not been | received. | • | | | /s/ Sig | nature | | NATURE | | | | | | | | | | ATE (MN | 0 | 3-02-2 | |
| gra gra | applicable, po n or activity co puire alternativ | litical beliefs, mari onducted or funde | tal status, f d by the De unication f | familial epartme 'or prog | or pareni ent. (Not ram infor | al status, all prohil mation (e | sexual o oited bas e.g., Brail | rientatio es will ap le, large | n, or all oply to a print, au | or part of Il progran diotape, | an indiv ns and/or etc.) plea | idual's in remployr ase conta | come is i nent acti ct USDA | derived fr vities.) F 's TARG | om any p 'ersons w ET Cente | oublic as: rith disab er at (202 | sistance pilities, w 2) 720-26 | program, ho wish ti 100 (voice | or prote o file a p e and TD | cted gen rogram c | gender i etic infori omplaint, | dentity, r nation in write to | eligion, reprisal, and employment or in any the address below or if af, hard of hearing, or |
| s) 6 | | quest the form. Yo | ou may als | | | | | | | | | Send yo | | | | rm or let | | ail to U.S. | Departi | | | | ISDA office, or call r. Office of Adjudication. |

229-299 (Reserved)

10-23-13

Part 4 Loss Adjuster Management System

300 Operating Environment

A Accessing the Loss Adjuster Management System

Access the Loss Adjuster Management Home Page from the FSA Applications Intranet web site at http://intranet.fsa.usda.gov/fsa/FSAIntranet_applications.html. Under "Production Adjustment & Disaster Programs", CLICK "Loss Adjuster Management".

Note: Internet Explorer shall be used when accessing the Loss Adjuster Management System. Users will be prompted to login through the USDA eAuthentication Login Screen.

The Loss Adjuster Management System will use role-based access according to eAuthentication levels of National Administrative, State Administrative, and County Office, allowing users to:

- engage and use LA's
- update core LA information
- complete a voucher for payment of services.

Note: LA's will **not** have access to the Loss Adjuster Management System.

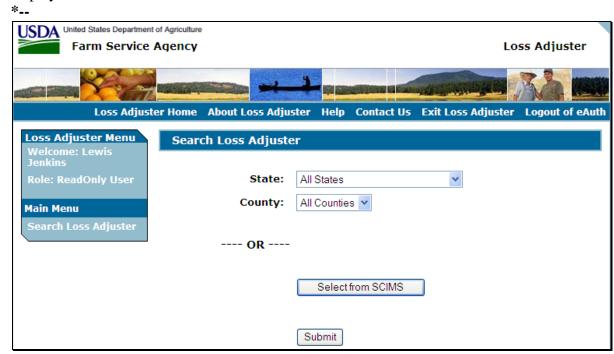
*--B Requesting Access for New State Office User Role

If State Office administrative access is needed for new State Office users, following instructions in 1-NAP, paragraph 1525.--*

301 Search Loss Adjuster Screen

A Example of Search Loss Adjuster Screen

After a user is logged in and has been authenticated, the Search Loss Adjuster Screen will be displayed.



From the Search Loss Adjuster Screen, users may choose to search for a specific LA by:

- State and county
- selecting LA through SCIMS.

* * *

B Action

From the Search Loss Adjuster Screen:

- State Office users may search for or add LA
- County Office users may search for LA.

10-23-13

302 Adding New LA

A Overview

Only State Administrative users may add a new LA.

A new LA's core information must be entered into SCIMS according to 1-CM, paragraph 176, **before** processing 2012 and subsequent crop year vouchers can begin. The following must be taken into consideration when loading LA's into SCIMS:

- some LA's already exist in SCIMS
- headquarter county (county where LA lives) shall have the initial responsibility to load LA into SCIMS
- SCIMS no longer supports a customer type of "LA"

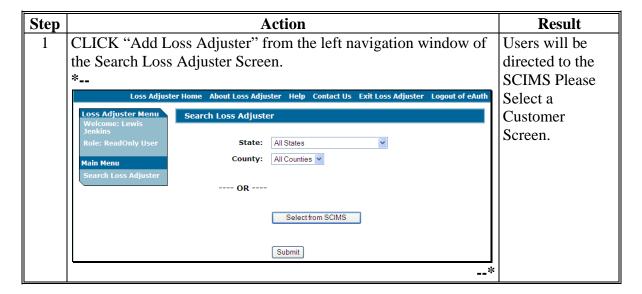
Note: Enter LA in SCIMS as either "individual" or "business", using the business type they represent.

• a Legacy Link is required in all counties where LA performs duties following instructions in 1-CM.

Note: Do **not** delete LA from the Other Name and Address file, as prior year voucher processing revisions will still use that file.

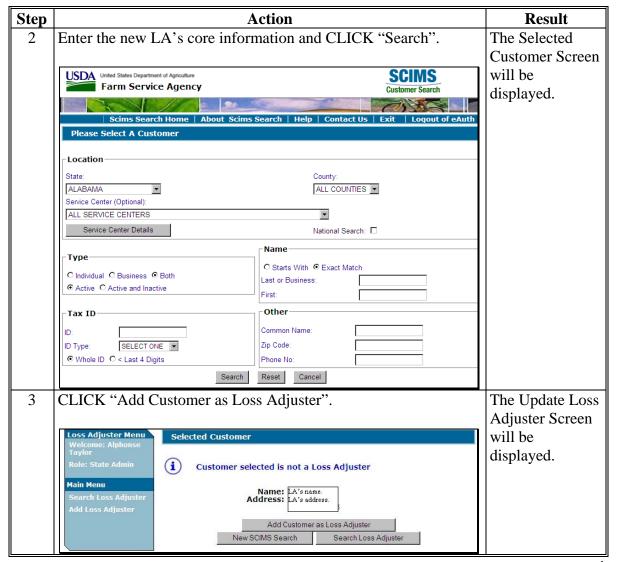
B Action

Follow this table to add a new LA to the Loss Adjuster Management System.



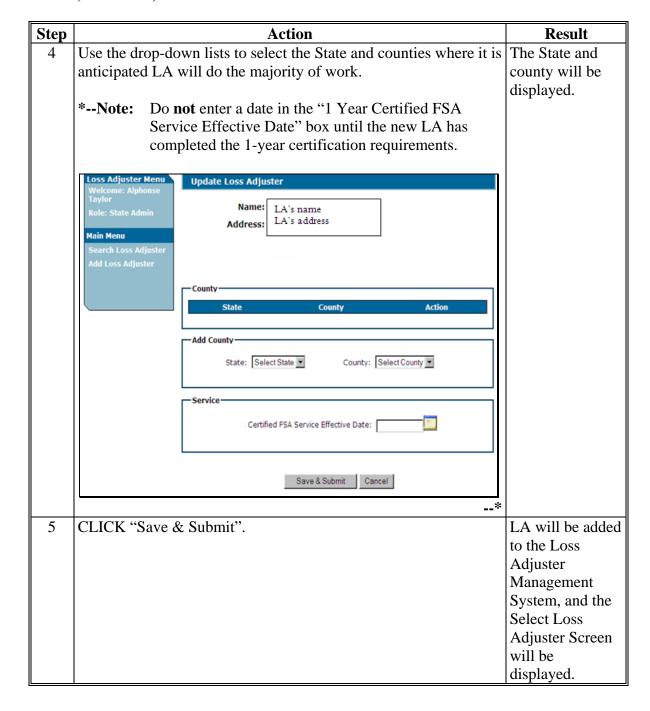
*--302 Adding New LA (Continued)

B Action (Continued)



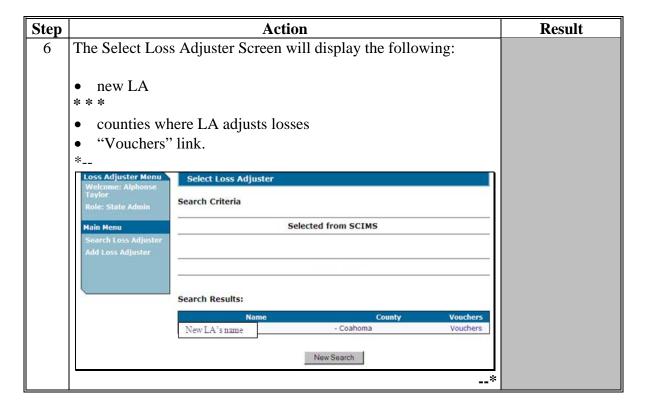
--[>]

B Action (Continued)



302 Adding New LA (Continued)

B Action (Continued)



303 Updating LA's Information

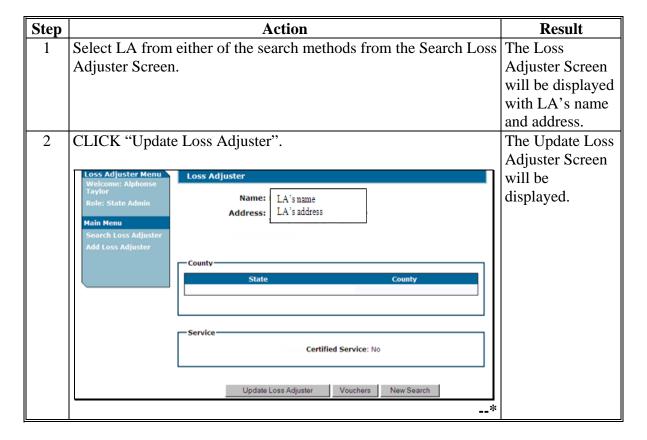
A Overview

*--There may be times when LA's information needs to be updated, such as a 1-year certification date or additional counties where LA adjusts losses.

Note: Do not enter a 1-year certification date into the system until LA has completed the requirements. The system reads the certification date to calculate the correct pay rate.

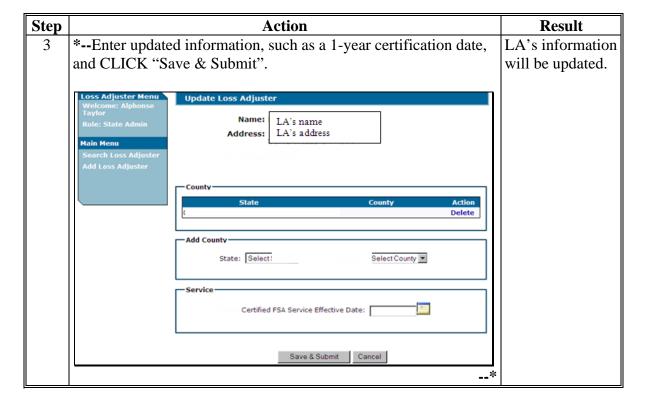
B Action

Follow this table to update LA's information, such as their 1-year certification date.



303 Updating LA's Information (Continued)

B Action (Continued)



304 Creating New LA Voucher

A Overview

Voucher data entry must be loaded in the State or county where the adjustment service was performed. Most vouchers require CCC-576 to be filed for the unit.

Exception: Vouchers with:

- Review, Training, Update Training, Teaching, and Travel inspections may be entered without CCC-576
- APH, Growing Season, and Pre-Harvest inspections may be used with or without CCC-576.

B Prompt Payment Act Interest

Prompt Payment Act interest shall be imposed for payments **not** made within 30 calendar days of the date LA submits the voucher and all supportive documents to the County Office.

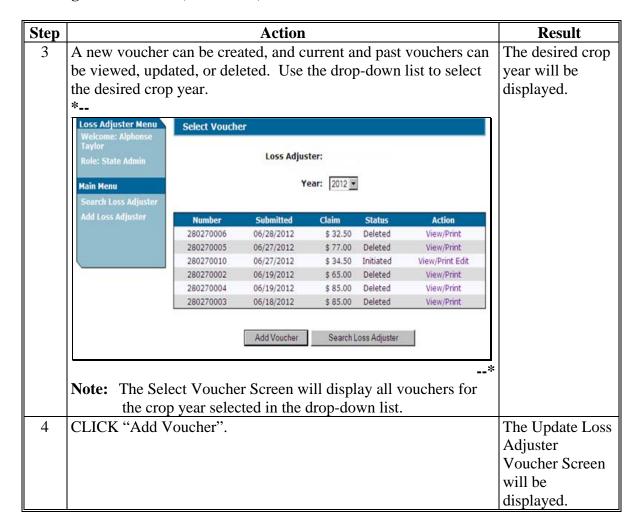
Note: The Loss Adjuster Management System will **not** automatically compute prompt payment interest. See prompt payment procedure in 61-FI.

C Creating New Voucher

Follow this table to create a new voucher.

| Step | Action | Result |
|------|---|---------------------|
| 1 | *Select LA from either of search methods from the Search Lo | oss The Select Loss |
| | Adjuster Screen. | Adjuster Screen |
| | | will be displayed |
| | | with LA's name. |
| 2 | CLICK "Vouchers". | The Select |
| | | Voucher Screen |
| | Loss Adjuster Menu Welcome: Alphonse | will be |
| | Taylor Role: State Admin Search Criteria | displayed. |
| | Main Menu | |
| | Search Loss Adjuster Add Loss Adjuster Search Results: | |
| | Name County Vouche | |
| | LA's Name | |
| | NewSearch | |
| | | * |

C Creating New Voucher (Continued)



D Example of Update Loss Adjuster Voucher Screen

The following is an example of the Update Loss Adjuster Voucher Screen.

Loss Adjuster Menu **Update Loss Adjuster Voucher** All work for this voucher must be returned and approved before entering the voucher data into the Loss Adjuster Voucher System. 1 **Main Menu** Loss Adjuster: State: Select State County: Select County Add Loss Adjuster Year: 2012 Voucher: FSA-449-B Travel Data Submission Date: Per Diem(\$): 0.00 Mileage(\$): 0.00 Other Travel(\$): 0.00 Car Rental(\$): 0.00 Common Carrier(\$): 0.00 Subsistence(\$): 0.00 Telephone(\$): 0.00 Miscellaneous(\$): 0.00 Total Travel Claim (\$): 0.00 Recalculate FSA-449-A Inspection Data Unit No. Insp. Date Crop Action Add Inspection Line Approval Approval Date: Save and Submit Delete Cancel

--*

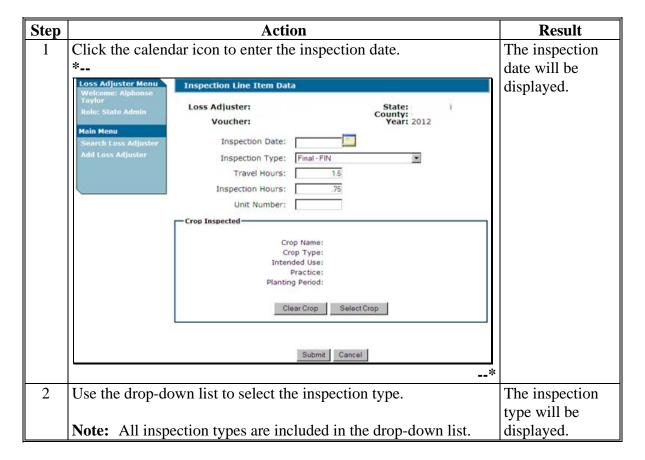
E Completing New Voucher

Follow this table to complete a new voucher using the Update Loss Adjuster Voucher Screen.

| Step | Action | Result |
|------|---|-------------------------------|
| 1 | Use the drop-down lists to select the State and | The State and county will be |
| | county where the work was performed. | displayed. |
| 2 | In the FSA-449B Travel Data box, enter the | The submission date and |
| | submission date by clicking the calendar icon and | expenses will be displayed. |
| | enter all applicable expenses. | |
| 3 | In the FSA-449A Inspection Data box, CLICK "Add | The Inspection Line Item Data |
| | Inspection Line". | Screen will be displayed. |

F Completing Inspection Line Item Data Screen

Follow this table to complete the Inspection Line Item Data Screen.



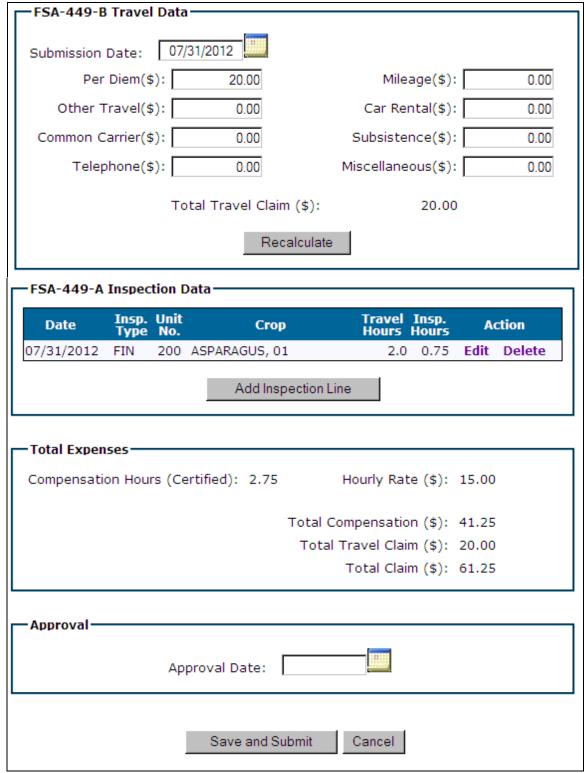
F Completing Inspection Line Item Data Screen (Continued)

| Step | Action | Result |
|------|---|--|
| 3 | Enter travel and inspection hours. Travel and inspection hours | Travel and |
| | must be numeric up to 2 digits with 1 or 2 decimals. Valid decimal | inspection hours |
| | amounts are: | will be displayed. |
| | | |
| | • .25 for 15 minutes | |
| | • .5 for 30 minutes | |
| | • .75 for 45 minutes. | |
| 4 | Some inspection types, such as "Final", require a unit number and crop information. If required, enter the unit number and CLICK "Select Crop". | The Select Crop Screen will be displayed with the crops associated to the unit number. |
| 5 | Select the crop and CLICK "Submit". | A voucher |
| | | summary will be |
| | Loss Adjuster Menu Welcome: Alphonse | displayed. |
| | Taylor Role: State Admin Unit Number: 200 | |
| | Main Menu Crop Type Intended Practice Planting Use Period | |
| | Search Loss Adjuster Add Loss Adjuster O ASPARAGUS 01 | |
| | C BEETS HYBRID 01 | |
| | | |
| | Submit Cancel | |
| | | |

__*

G Example of Voucher Summary

Review the voucher summary for any data entry errors. CLICK "Recalculate" to revise FSA-449-B Travel Data. CLICK "Edit" or "Delete" to revise FSA-449-A Inspection Data.



H Approving Voucher Summary

Follow this table to approve the voucher summary.

| Step | Action | Result |
|------|---|---|
| 1 | Click the calendar icon to enter an approval date. | The approval date will be |
| | | displayed. |
| 2 | CLICK "Save and Submit". | The voucher is considered approved and will immediately |
| | *Note: Vouchers \$4,000 or more require State* Office approval. | be processed for payment. |

305 Revising or Deleting Part of Voucher

A Overview

Only State Office users have the authority to revise or delete a voucher that has already been submitted for payment.

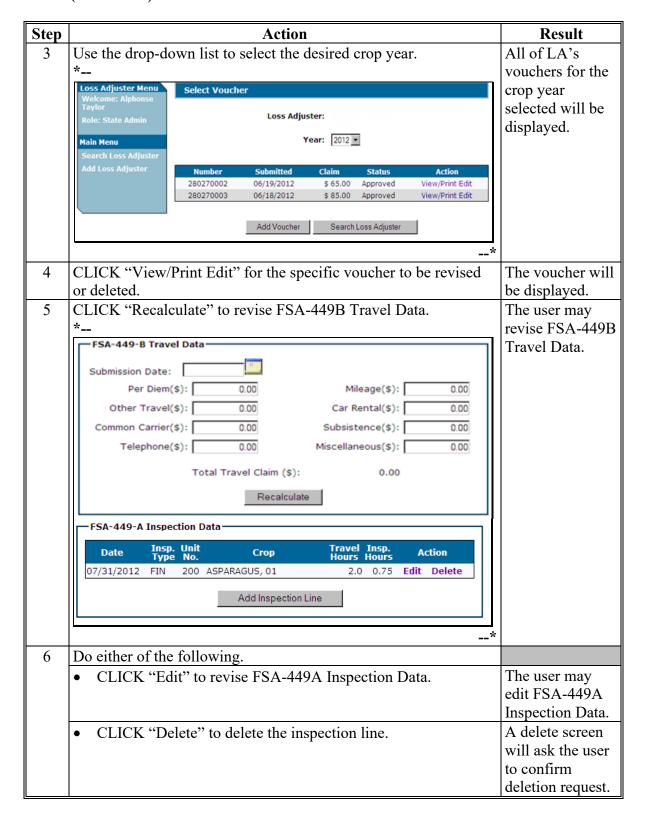
B Action

Follow this table to revise or delete a voucher.

| Step | Action | Result |
|------|---|-------------------|
| 1 | *Select LA from either of the search methods from the Search | The Select Loss |
| | Loss Adjuster Screen. | Adjuster Screen |
| | | will be displayed |
| | | with LA's name. |
| 2 | CLICK "Vouchers". | The Select |
| | | Voucher Screen |
| | Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth | will be |
| | Loss Adjuster Menu Select Loss Adjuster | displayed. |
| | Taylor Role: State Admin Search Criteria | |
| | Main Menu | |
| | Search Loss Adjuster Add Loss Adjuster Search Results: | |
| | Name County Vouchers | |
| | [E Vouchers | |
| | New Search | |
| | * | , |

305 Revising or Deleting Part of Voucher (Continued)

B Action (Continued)



*--305 Revising or Deleting Part of Voucher (Continued)

B Action (Continued)

| Step | Action | Result |
|------|--|--|
| 7 | Whenever the "Recalculate" or "Edit" button is clicked, the approval date is deleted and a new approval date must be re-entered. To enter the new approval date, click the calendar icon to enter the date the revision or edit was made. Approval Approval Date: Save and Submit Delete Cancel | The new approval date will be displayed. |
| 8 | CLICK "Save and Submit". Note: Failure to CLICK "Save and Submit" may create a potential overpayment or receivable issue. | |

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- **306-308** (Withdrawn--Amend. 5)
- **309-320** (Reserved)
- 321, 322 (Withdrawn--Amend. 5)
- **323-499** (Reserved)

Part 5 LA Payment Processing

Section 1 Preparation for Issuing Payments

500 (Reserved)

501 Prerequisites for Making Payments

A Introduction

LA automated payment process requires certain action to be completed to ensure that LA is eligible for payment.

B Action To Be Completed Before Issuing LA Payments

This table contains action that must be completed before issuing LA payments. COC, CED, or designee shall ensure that the action is completed.

| Step | Action |
|------|--|
| 1 | LA voucher information has been data loaded and approved * * * . |
| 2 | Ensure that EFT requirements have been met according to 1-FI. |

502 LA Payments

A Introduction

LA payments can be issued at any time. At a minimum, the County Office shall ensure that payments are issued within 2 weeks of voucher submission.

B Payment Method

Payments will be made by direct deposit or check according to the following:

- if direct deposit information has been completed for LA according to 1-FI, LA payment will be issued through direct deposit
- •*--if the direct deposit information has **not** been completed according to 1-FI, the LA payment will be issued by Treasury check.--*

C Payment Rates

See Exhibit 4 for LA payment rates.

D Prompt Payment Due Dates

According to the Prompt Payment Act, a prompt payment interest penalty applies if LA payment is not issued in a timely manner. See 61-FI for additional information on handling prompt payment interest penalties.

E Funds Control for LA Payments

*--Beginning in August 2012, eFunds for LA payments will be allocated at the National level. Therefore, allocation to State or County Offices is **not** required.

The National Office will advise the State Office:

- if the National allocation is exhausted
- once additional funds are received.

Notes: State Office employees will no longer have access to LA eFunds.

When eFunds are exhausted, LA payments will appear on the Insufficient Funds Report. See 9-CM, Part 5.--*

*--503 2012 and Future Year LA Payments

A Introduction

Beginning August 2012, LA payments will be moved to a web-based process.

B Triggering Payments

Payments will be triggered through events that occur in the web-based LA Voucher System. As a result, processing will now be "behind the scenes" for the most part. Calculations and determinations will occur during the evening and nighttime hours without user intervention.

The following is an explanation of the types of triggers that will occur during payment processing.

| Trigger Description | Description |
|----------------------------|--|
| Initial | When payment software is released, a process will automatically |
| | run to determine all LA vouchers that are approved for payment. |
| | This does not require any County Office user interaction. The |
| | following will occur automatically: |
| | payments will be sent to NPS for certification and signature |
| | • overpayments will be sent to NRRS. |
| Primary | Subsequent payments will be initiated when an approval date is |
| | entered on LA vouchers. |
| Secondary | Payments that cannot be issued during any payment process are |
| | sent to the Nonpayment Report. If a condition causing the LA |
| | voucher to be on the Nonpayment Report is corrected, the |
| | payment will be triggered to reprocess to determine whether the |
| | payment can be issued. |
| | |
| | Note: See 9-CM for information on the Nonpayment Report. |
| Tertiary | The payment system will periodically recalculate all payments. |

--*

*--503 2012 and Future Year LA Payments (Continued)

C Common Payment Reports for LA Payments

The following LA payment reports are available by accessing the Common Payment Reports System:

- Submitted Payments Report (live data)
- Submitted Overpayments Report
- Pending Overpayment Report
- Nonpayment/Reduction Report (report database)
- Insufficient Funds Report (live data)
- Payments Computed to Zero Report
- Summary Payment History Report (report database)
- Detail Payment History Report (report database).

Notes: To access the Common Payment Reports System, go to http://intranet.fsa.usda.gov/fsa/FSAIntranet_applications.html. Under "Common Applications", CLICK "Common Payment Reports System".

See 9-CM for instruction on the common payment reports.

504 2011 and Prior Year LA Payment Authorization Requests

A Introduction

System 36 NAP LA payment processing for 2004 through 2011 will be disabled in September 2012. After that date, County Offices must obtain authorization to issue 2004 through 2011 LA payments. County Offices shall provide documentation listed in this paragraph to request payment authorization.--*

*--504 2011 and Prior Year LA Payment Authorization Requests (Continued)

B County Office Action

To receive authorization to issue 2004 through 2011 LA payments, County Offices shall submit the following fully completed and approved documentation to the State Office:

- FSA-449-A and/or FSA-449-B for the requested authorized payment amount
- LA Payment History Report for the applicable crop year. See paragraph 750 for instructions for printing the LA Payment History Report.

Note: An accounting history or transaction statement will **not** be accepted in place of the LA Payment History Report from LA processing menus.

C State Office Responsibility

State Offices shall:

- review the documentation submitted by County Offices to ensure that:
 - the payment should be issued
 - all applicable documentation has been provided
- submit documentation to PECD on the SharePoint site.

D Submitting Payment Authorization Requests

To provide for a more streamlined process, payment authorization requests shall be provided through a SharePoint site. The SharePoint site will provide for:

- submitting documentation for the initial request
- submitting additional documentation, when applicable
- tracking the status of the request
- obtaining a copy of the authorization or denial FAX.

Note: A future amendment will provide the SharePoint link.--*

*--505 2011 and Prior Year LA Payment Overpayment Processing

A Introduction

Overpayments can occur for a number of reasons. County Offices are **required** to take necessary action to collect overpayments.

If it is determined that a 2011 or prior year LA payment is overpaid, a manual receivable shall be established in NRRS . County Offices shall follow instructions in 64-FI to establish the manual receivable.

B Overpayment Due Dates

The following table lists situations that may cause overpayments and the overpayment due dates.

| Time of Determination | Situation | Overpayment Due Date |
|-------------------------------|-----------------------------------|-------------------------|
| Anytime | Payment is issued to the wrong LA | Immediately |
| After something affecting the | | Immediately |
| payment amount is changed | | |

*

506-549 (Reserved)

Section 2 (Withdrawn--Amend. 4)

550-554 (Withdrawn--Amend. 4)

555-599 (Reserved)

Section 3 (Withdrawn--Amend. 4)

600 (Withdrawn--Amend. 4)

601 (Reserved)

602 (Withdrawn--Amend. 4)

603-619 (Reserved)

Section 4 (Withdrawn--Amend. 4)

620, 621 (Withdrawn--Amend. 4)

622-652 (Reserved)

Section 5 (Reserved)

653-693 (Reserved)

Section 6 (Reserved)

694-715 (Reserved)

Section 7 (Withdrawn--Amend. 4)

716 (Withdrawn--Amend. 4)

717-749 (Reserved)

Section 8 Payment Reports

750 Printing LA Payment History

A Introduction

LA Payment History Print is a report that indicates information in the payment history file. This print contains all payments issued, canceled, and refunded in date order.

--Note: This option is available for 2004 through 2011 payments only. 2012 and future LA payment history reports must be accessed from the Common Payment System. See 9-CM.--

B Accessing LA Payment History Report

Access LA Payment History Print from Menu FAX250 according to this table.

| Step | Menu | Action |
|------|----------|---|
| 1 | FAX250 | ENTER "3" or "4", "Application Processing", as applicable. |
| 2 | FAX09002 | Enter the appropriate county on the Office Selection Menu, if applicable. |
| 3 | FAX07001 | ENTER "11", "PFC/Compliance". |
| 4 | M00000 | ENTER "7", "Loss Adjuster Processing". |
| 5 | MHBLA0 | ENTER "2", "Enter Loss Adjuster Voucher and Payment |
| | | Processing". |
| 6 | MHBLS000 | Enter the appropriate crop year. |
| 7 | MHBL00 | ENTER "6", "Voucher Payment Processing for All Programs". |
| 8 | MLBLP0 | ENTER "4", "Loss Adjuster Payment History Report". |

750 Printing LA Payment History (Continued)

C Selecting Printer

After selecting Menu MLBLP0, option 4, "Loss Adjuster Payment History Report", Screen MLBLPRT2 will be displayed. Enter the printer ID for the printer on which LA Payment History report will be printed.

D Print Process

After selecting the printer ID, PRESS "Enter" to print the report. The print of LA Payment History Report is evoked.

E Print Options

Print LA Payment History report according to the following table.

| Selection | Action | Result |
|---------------|---|--|
| Process by LA | Enter the full name of LA | A report is sent to the selected printer for LA if payments are recorded in LA Payment History file. |
| | Enter the last 4 positions of the ID number | Note: A negative report will not print for LA's that do not have payments recorded in LA Payment History file. |

Reports

This table lists the required reports in this handbook.

| Report | | | | | |
|---------|------------------------|-----------|---------------------------------|-----------|-----------|
| Control | | Reporting | | Negative | |
| Number | Title | Period | Submission Date | Report | Reference |
| | LA Vouchers of \$1500 | Monthly | State Office submit to | Not | 200 |
| | or More Require State | | PECD by 10 th of the | required. | |
| | Office Approval | | month. | | |
| | Training Reports: | Monthly | State Office submit to | Required | 63 |
| | | from | PECD by 10 th of the | | |
| | • Phase I and Phase II | January | month following | | |
| | • update. | through | training, January | | |
| | * | July | through July. | | |

Forms

This table lists all forms referenced in this handbook.

| | | Display | |
|------------|---|-----------|---------------|
| Number | Title | Reference | Reference |
| AD-202 | Travel Authorization (Temporary Duty Travel) | | 200 |
| AD-1197 | Request for USDA Identification Badge | | 25 |
| CCC-455 | Loss Adjuster Service Agreement | | Text |
| CCC-576 | Notice of Loss | | 225, 304, |
| | | | Ex. 5 |
| FCI-6 | Statement of Facts | | 228 |
| FD-258 | Fingerprint Chart | | 25 |
| FSA-449A | Voucher for Payment of Services for Loss Adjustment | 225 | Text |
| FSA-449B | Loss Adjuster's Travel and Expense Claim Form | 228 | Text |
| FSA-454 | Loss Adjuster ID Card | | 25, 27, 29 |
| FSA-454B | Loss Adjuster's Crop Training Certification | 28 | 27, 62, Ex. 2 |
| FSA-501 | Statement of Facts | | Ex. 5 |
| FSA-577 | Report of Supervisory Check | | 27, 72 |
| FSA-789 | Applicant Background Investigation Processing | | 25 |
| | Checklist | | |
| FSA-1065-2 | Tracking USDA-FSA Issued Site Badges for | 29 | 27 |
| | NAP/TAP Adjusters | | |
| OF-306 | Declaration of Federal Employment | | 25 |
| SF-87 | Fingerprint Chart | | 25 |
| SF-3881 | ACH Vendor/Miscellaneous Payment Enrollment | | 22 |
| | Form | | |

Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Abbreviations Not Listed in 1-CM

The following abbreviations are not listed in 1-CM.

| Approved Abbreviation | Term | Reference |
|--------------------------|---------------------------------|---------------------------|
| EPD | Emergency Preparedness Division | 25 |
| MPCI | Multi-Peril Crop Insurance | 44 |
| OJT | on-the-job training | 56, 66, 67, 209, Ex. 4, 5 |
| PFC | production flexibility contract | 750 |

Delegations of Authority

None.

Definition of Terms Used in This Handbook

Certified Employee

<u>Certified employee</u> is an FSA employee who has done either of the following:

- successfully completed LA training for a crop and can adjust when authorized through critical loss situation and/or is qualified to review paperwork for an adjustment
- has substantial field appraisal and inspection experience that FSA could substitute for Phases I and II

Note: State Offices shall maintain FSA-454B for certified employees.

Certified LA

<u>Certified LA</u> means that LA has successfully completed Phase I and II on a specific crop.

Employee

Employee is a person employed, not contracted, by FSA.

Interrupted Travel

<u>Interrupted travel</u> is when the LA engages in other activities during an FSA-assigned workday, such as work for a private company or other personal activities.

Major Error

A major error on a claim is 1 or more of the following:

- producer's signature was **not** obtained on the loss adjustment paperwork
- entries affecting the outcome of the appraisal not discussed with producer

Example: Difference in acres certified and appraised, cause of loss verified or **not** verified.

- approved policies or procedures were not followed
- incorrect unit arrangements were not identified and corrected
- failure to account for all acreage on the acreage report during the LA appraisal or inspection.

Definition of Terms Used in This Handbook (Continued)

Maximum Per Diem Rates

Maximum per diem rates, published in the Federal Register by GSA:

- are the maximum reimbursements for daily food and lodging expenses within the continental U.S.
- consist of a fixed amount for the M&IE rate, plus a maximum allowable amount for lodging, including State and local taxes
- differ by locality. Most rural travel is covered by the standard rate, which is currently \$80 (\$50 lodging amount + \$30 M&IE rate). However, higher rates are allowed for higher cost geographic areas.

Minor Error

<u>Minor error</u> is any error on a claim that can be corrected by the County Office without requiring the producer to sign the correction.

Per Diem

<u>Per diem</u> is a reimbursement for daily food and lodging expenses. The per diem allowance is reported separately from transportation and other miscellaneous travel expenses. LA's may be allowed per diem for assigned work away from the official duty station according to the rules in paragraph 217.

Menu and Screen Index

The following menus and screens are displayed in this handbook.

| Menu or | | |
|---------|---------------------------------------|---------------|
| Screen | Title | Reference |
| | Inspection Line Item Data Screen | 304 |
| | Loss Adjuster Screen | 303 |
| | SCIMS Please Select a Customer Screen | 302 |
| | Search Loss Adjuster Screen | 301, 302 |
| | Select Crop Screen | 304 |
| | Select Loss Adjuster Screen | 302, 304, 305 |
| | Select Voucher Screen | 304, 305 |
| | Selected Customer Screen | 302 |
| | Update Loss Adjuster Screen | 302, 303 |
| | Update Loss Adjuster Voucher Screen | 304 |

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LA Pay Rate Table

Use the following table for pay rates for LA's.

| LA Pay Rate Table | | | | |
|--|---|-------------------|--|--|
| Inspection Type | Beginning Date of Pay Rate for Work Completed | Pay Rate Per Hour | | |
| TRN: for Phase 1 and 2 training (those not yet certified) | *1/1/2022 | \$15.00 | | |
| UTR (Update training) and services performed by a fully certified LA with less than 1 year of satisfactory service. | 1/1/2022 | \$20.25 | | |
| UTR (update training) and services performed by a fully certified LA with 1 or more years of satisfactory service. | 1/1/2022 | \$22.55* | | |

Notes: Service code "TRN" will always pay the uncertified training level regardless of LA status. Therefore, do **not** use TRN for certified LA's unless an LA is working toward recertification.

The LA management system will compare and compute the voucher payment based on the work completion date and effective pay rate.

Pay rates may include a cost-of-living adjustment according to an increase to the GS salary table.

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|---|--|--|--|
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Inspection Type Attributes and Definitions

A Inspection Type Attributes

This table lists inspection types that:

- are related to NAP
- may be used in special circumstances if authorized by the National Office, such as "Other" Ad Hoc disaster programs.

| | | _ | plicable ction Type | Requires a | Requires |
|--------------|---------------------------|-----|------------------------|---------------------------|------------------|
| Abbreviation | Term | NAP | Other Program | Notice of Loss for NAP | a Unit Number |
| APH | Actual Production History | X | X | | X |
| FIN | Final | X | X | X | X |
| *GLA | Grazing Loss Assessment | X | X* | | |
| GSI | Growing Season Inspection | X | | | X |
| NCI | No Compensation | X | X | X | X |
| PLI | Preliminary Inspection | X | X | X | X |
| PWK | LA Paperwork | X | X | | |
| REV | Review | X | X | | |
| TRN | Training | X | | | |
| TRV | Travel | X | X | | |
| UTR | Update Training | X | | | |

*--Note: Voucher pay rates are driven by certification, **except** "TRN" that pays the rate listed for "TRN" in Exhibit 4.--*

B Inspection Type Definitions

| Abbreviation | Term | Definition |
|--------------|----------------|---|
| APH | Actual | Used when a producer requests an APH determination. |
| | Production | |
| | History | Example: U-pick operations needing a record of their production. |
| FIN | Final | Used when producer has an approved CCC-576 on file. LA |
| | Inspection | determined if any potential production remains. Inspection allowed |
| | | the field to be released before crop destruction. CCC-576 and unit |
| sk CI A | G : I | number are required . |
| *GLA | Grazing Loss | Used when LA does work for alternative grazing loss methods* |
| CCI | Assessment | Used for and shooking when there is not a nation of less on file. For |
| GSI | Growing Season | Used for spot checking when there is not a notice of loss on file. For example, if suspecting poor (or to verify good) management |
| | Inspection | practices. Use FSA-501 to document LA observations and |
| | mspection | accompanying photos. |
| | | accompanying photos. |
| | | Example: Verifying orchard tree count, age, spacing, etc. |
| NCI | No | LA will not be compensated for a subsequent inspection, including |
| | Compensation | travel, if initial work is found to be incomplete or in error and must |
| | | be performed again. See CCC-455, Appendix II, item 9. |
| PLI | Preliminary | Used to document the initial inspection of a crop after CCC-576 has |
| | Inspection | been filed. CCC-576 and unit number are required . |
| PWK | Paperwork | Time spent completing FSA-449A (voucher for LA services) and |
| | | FSA-449B (travel/M&IE). |
| REV | Review | Used for reviewing documents with superior, for example, spot |
| TRN | Training | check results. Classroom, field training, including travel, for new LA applicants |
| IKN | Training | *before minimum certification has been achieved. See Exhibit 4 |
| | | for rate of pay for "TRN"* |
| TRV | Travel | Amount of time required to travel from duty station to the |
| 110, | | inspection site, and back to the duty station. See |
| | | subparagraph 225 A, item 12. |
| | | 3.3. F |
| | | Travel is included in length of the workday. See |
| | | subparagraph 217 E. |
| | | |
| | | • Walking between fields is not considered travel time, even if the |
| | | nearby field is a different pay crop and/or pay type. However, |
| | | according to subparagraph 209 A, CED's may approve travel in |
| | | unusual circumstances. The most economical and/or expedient |
| TIED | TT 1 . | method must be used. |
| UTR | Update | Used for fully certified LA's for annual update training or when |
| | Training | teaching specific loss adjustment procedures (usually field training). |
| | | See paragraph 57 for annual requirements. |