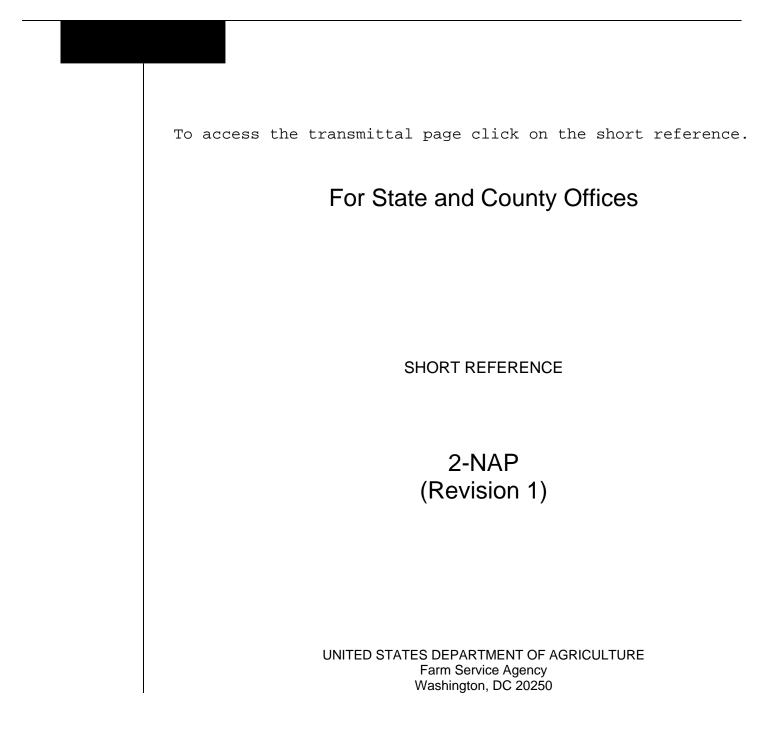


# Loss Adjuster Management



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### UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

Loss Adjuster Management 2-NAP (Revision 1)

Amendment 14

Approved by: Acting Deputy Administrator, Farm Programs

finderly V. Suban

# **Amendment Transmittal**

### A Reason for Amendment

Exhibit 4 has been updated to reflect new LA pay rates because of the 2025 cost of living increase.

Page Control Chart		
TC Text Exhibit		
		4, page 1

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- 1 Reports, Forms, Abbreviations, and Redelegations of Authority
- 2 Definition of Terms Used in This Handbook
- 3 Menu and Screen Index
- 4 LA Pay Rate Table
- 5 Inspection Type Attributes and Definitions

#### 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-449A'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-449A and payment processes
- approving all interstate and air travel in writing
- •\*--approving FSA-449A's and payments exceeding \$4,000--\*
- consulting with County Offices on controversial FSA-449A's
- approving FSA-449A'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)

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## 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)

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# 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.

# **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.						
	<b>Note:</b> 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. <b>Note:</b> 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	<ul><li>State Office loss adjustment specialist or authorized representative shall:</li><li>provide name</li></ul>						
	• sign, denoting approval						
	• date.						
8	Enter State Office name, mailing address, and telephone number.						

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

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

# C Example of FSA-454B

The following is an example of FSA-454B.

#### \*\_-

This form is availabl FSA-454B (09-26-13)	U.S. DEPARTMENT OF AGRICU Farm Service Agency	1. CROP YEAR 2013				
LOSS AD.	IUSTER'S CROP TRAINING C					
2. LA'S NAME Norfleet Givens			3. LA'S MAILING ADDRESS (Ir 1 Greenplane Place Grizzard, VA 89876	cluding Zip Code)		
	IBER (Include Area Code)		GIIZZAIU, VA 09070			
804-123-4567 5. COUNTY OF RES Greensville	IDENCE					
	FIED TO ADJUST AND DATE CERTIF	IED				
	in Item 2 is certified to adjust the following o om 6A and 6C enter the training LA has c					
A. INITIAL OR FIRS	CROP LA IS CERTIFIED TO ADJUST:	• •		B. DATE CERTIFIED		
(1) Corn and sm	all grains			06-01-2013		
(2)						
(3)						
(4)						
C. ADDITIONAL OR LISTED IN ITEM(	SUBSEQUENT CROPS LA IS CERTIFIED S) 8A:	TO ADJUST IN ADDITI	ON TO INITIAL OR FIRST CROPS	D. DATE CERTIFIED		
(1) Cotton				01-15-2013		
(2) Cotton Upda	(2) Cotton Update Training					
(3) NAP Update		02-15-2013				
(4) Cucumbers,	Southern Vegetable School			02-15-2013		
7A. NAME OF STATI AUTHORIZED RI	E SPECIALIST OR EPRESENTATIVE	7B. SIGNATURE OF S AUTHORIZED RE	STATE SPECIALIST OR PRESENTATIVE	7C. DATE (MM-DD-YYYY)		
8A. STATE OFFICE	NAME AND ADDRESS (Including Zip Code,	) 8B. STA	TE OFFICE TELEPHONE NUMBER (//	ncluding Area Code)		
color, national origin, sexual orientation, or any program or activit with disabilities, who w (e.g., Braille, large pri-	of Agriculture (USDA) prohibits discriminatio age, disability, sex, gender identity, religion, all or part of an individual's income is derive y conducted or funded by the Department. vish to file a program complaint, write to the nt, audiotape, etc.) please contact USDA's i ch disabilities and wish to file either an EEC 36 (in Spanish).	reprisal, and where appl d from any public assista (Not all prohibited bases address below or if you TARGET Center at (202)	icable, political beliefs, marital status, fa nce program, or protected genetic infor will apply to all programs and/or employ require alternative means of communic 720-2600 (voice and TDD). Individuals	milial or parental status, mation in employment or in (ment activities.) Persons ation for program information who are deaf, hard of		
http://www.ascr.usd containing all of the in of Adjudication, 1400	vil Rights program complaint of discriminatio agov/complaint_filing_cust.html, or at an formation requested in the form. Send your Independence Avenue, S.W., Washington, I rider and emolover.	y USDA office, or call (86 completed complaint for	66) 632-9992 to request the form. You m or letter by mail to U.S. Department o	may also write a letter f Agriculture, Director, Office		

**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.						

### Par. 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 A Farm Service Age					1. Crop Year 2016	
	TRACKING USDA-FSA ISSUED SITE BADGES FOR NAP/TAP ADJUSTERS						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				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	
ce, color, national origin, religion, sex, gende ty program or activity conducted or funded by ensons with disabilities who require alternative SDA through the Federal Relay Service at (8)	r identity (including gender USDA (not all bases apply e means of communication 00) 877-8339. Additionally, plete the USDA Program D	expression), sex to all programs) for program infor program informa iscrimination Co	ual orientation, disability, age Remedies and comptaint fili mation (e.g., Braille, large pri tion may be made available in mplaint Form, AD-3027, foun	, marital status, family/pare ng deadlines vary by progr nt, audiotape, American Si n languages other than Eng d online at http://www.ascr	ntal status, incon am or incident. gn Language, etc glish. .usda.gov/comple	i.) should contact the re int filing cust.html and	c assistance program, politic isponsible Agency or USDA: d at any USDA office or write	ing USDA programs are prohibited from discriminating based all beliefs, or reprisal or retailation for prior civil rights activity, in : TARGET Center at (202) 720-2600 (vcice and TTY) or conta a letter addressed to USDA and provide in the letter all of the face for this (Park) 400 (interpredice always). (20)	

**30-32** (Reserved)

- 33 (Withdrawn--Amend. 6)
- 34-42 (Reserved)

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#### 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)

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# 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.

#### 56 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)

2-NAP (Rev. 1) Amend. 7	
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#### 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.

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

**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.

#### 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 the fully certified with 1 or more years pay rate 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)

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## 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.

#### **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)

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

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#### 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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## 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)

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#### 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)

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#### 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 <b>not</b> 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 <sup>st</sup> inspection	45 minutes	9:35 a.m.	
2 <sup>nd</sup> inspection	1 hour, 20 minutes	10:55 a.m.	1 hour, 15 minutes
3 <sup>rd</sup> inspection	30 minutes	11:25 a.m.	
4 <sup>th</sup> 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

## Par. 218

## 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:					
		<ul> <li>NAP inspections</li> <li>*OTHER inspections (all inspections other than NAP and TAP)</li> <li>different crop years</li> <li>different rates of pay</li> <li>each county and State.</li> </ul>					
		Reminder: 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	Reviews for legibility and accuracy.					
	3	Signs 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)

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		less, 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
		documents.
	4	Approves FSA-449A and date.
		<b>Note:</b> The review is very important. Signing and entering the
		reviewer's code (State and county code) must signify that a
		<b>conscious effort</b> was made to critique and examine
		FSA-449B and FSA-449A.
	5	Keeps copies of FSA-449A's, FSA-449B's, and supporting
		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.

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

## 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.
	<b>Note:</b> FSA-449A <b>must</b> be completed and submitted in each county where the work is performed. <b>Submit FSA-449A's</b> for training and hourly pay <b>as directed</b> 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 <b>crop year</b> for the inspection. Disregard the calendar or FY the inspection occurred for this entry.
	<ul> <li>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</li> <li>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.</li> </ul>
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.
	<b>Note:</b> 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.								
	Notes Trend house he have from off a to site an form site to site the second								
	<b>Note:</b> Travel hours can be hours from office to site or from site to site, the actual								
10	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.								
	<b>Note:</b> 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 a	available ele	ctronically.		USDA										Page <u>1</u> of <u>1</u>
FSA-449A (09-26-13)									2. Adjuster's Name (As shown on Loss Adjuster Agreement) Danny Noble					
				05014050	3. State and County C	ode		4 V	oucher Num	iher			5. Crop Ye	ar
VOUCHER FOR PAYMENT OF SERVICES FOR LOSS ADJUSTMENT						·		1001						
		-000 AL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		48-05	1			1.0					2013
6. Line No.		7. Date		8. Type of Inspection	9. Producer's Name fo Performe		ection	Cr	10. op Code		r Tr	12. avel Hours	13. Inspection Hours	14. Total Comp. Time (Total of
	Month	Day	Year								_			Items 12 and 13)
1	1	9	2013	FIN	John Doe				0102	0123		1.0	2.5	3.5
2	1	9	2013	PLI	Sam Smith				0146	0123		.5	1.0	1.5
3	1	9	2013	FIN	Joe Jones				0146	0123		1.0	3.0	4.0
										15. TOTALS		15A. otal Travel Hours 2 , 5+	15B. Total Inspection Hours 6.5=	15C. Total Comp. Time (Total of Items 15A and 15B.) 9.0
16. Remarks				17	. Total Comp. Time (Total from Item 15C.)	18.	Hourly Rate			Compensation 7 times Item 18)	2	0. Travel (E dollar amo FSA-449B	unt from	21. Total Claim (Total of Items 19 and 20)
					9.0 <b>x</b>		20	=		180	+ \$	<b>4</b> 0.	26 =	\$ 220.26
22. I certify	y that this o	claim is co	rrect and	proper and the paym	ent or credit has		23. I cer	rtify t	hat the in	formation pr	ovided	i on this fo	rm is true :	and correct to
	n received.		DDECENT							vledge and b		000 000	E NO 00	
22A. STATE LOSS ADJUSTMENT REPRESENTATIVE'S SIGNATURE					22B. DATE (MM-DD-YYYY) 23A. APP		PROVING OFFICIAL'S SIGNATURE			KE	RE 23B. CODE NO. 23C.		C. DATE (MM-DD-YYY	
(x/ Signature The U.S. Department of Agriculture (USDA) prohibits discrimination against its custome where applicable, political beliefs, marital status, familial or parental status, sexual orien orgaram or activity conducted or tunded by the Department. (Not al try brohibed bases you require alternative means of communication for program information (e.g., Brailie, I. have speech dissolities and wish to file either an EEC or program complaint, please co- tare species and species and the species of the speci					ntation, or all or part of an indi will apply to all programs and/o large print, audiotape, etc.) ple	vidual's or emple ease co	s income is der oyment activiti ntact USDA's	rived fri ies.) P TARGI	om any public ersons with di ET Center at (	assistance progr sabilities, who wis 202) 720-2600 (v	am, or pi sh to file roice and	rotected genet a program con TDD). Individ	ender identity, ic information in plaint, write to	employment or in any the address below or if
f you wish to file 632-9992 to rea	e a Civil Rights uest the form.	program com You may also	plaint of discr	imination, complete the USD containing all of the informat	ontact USDA through the Fede A Program Discrimination Cor ion requested in the form. Ser email at <b>program.intake@us</b>	nplaint nd vour	Form, found o	nline a mplain	t http://www. form or letter	ascr.usda.gov/co	omplain Departme	t filing cust.	<b>html</b> , or at any re, Director, Off	USDA office, or call (860 ice of Adjudication, 140

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#### 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 a	vailable ele	ctronically.											Page <u>1</u> of <u>1</u>	
<b>FSA-449A</b> USDA (09-26-13) FSA					1. Check Below if Claim N	Danny Noble						Name (As shown on Loss Adjuster Agreement)		
(00 =0 .0)						THER								
					If "Other" specify:									
vou	CHER FO			- SERVICES	3. State and County Code	9	4. Vo	oucher Numb	ber			5. Crop Ye	ar	
	FOR LOSS ADJUSTMENT			48-453								2013		
6. Line No.		7. Date		8. Type of Inspection	9. Producer's Name for In	rspection		10. op Code	11. Unit Number		12. I Hours	13. Inspection	14. Total Comp. Time	
	Month	Day	Year		Performed							Hours	(Total of Items 12 and 13)	
1	1	12	2013	FIN				0146	0123	4	.5	3.5	8.0	
					John Smith									
2	1	13	2013	PLI				0102	0365	1	.0	3.0	4.0	
					Sam Joe									
3	1	13	2013	FIN			. c	0146	0284		0	2.0	2.0	
					Sally Doe									
4	1	13	2013	PLI				0102	0123		.5	2.0	2.5	
					Ted Jones									
5	1	14	2013	FIN			- c	0146	0123	4	.0	5.0	9.0	
					ABC, Inc.					1:	5A.	15B.	15C.	
									15. TOTALS	Total S: Ho	Travel ours	Total Inspection Hours 15,5=	Total Comp. Time (Total of Items 15A and 15B.) 25.5	
16. Remarks					7. Total Comp. Time 11 (Total from Item 15C.)	8. Hourly Rate	•		Compensation 7 times Item 18)	20.		nter travel ount from	21. Total Claim (Total of Items 19 and 20)	
					25.5 <b>x</b>	20	=	5	10	+ \$	417	· · · · · · · · · · · · · · · · · · ·		
			rrect and	proper and the pay	ment or credit has						ı this fo	orm is true :	and correct to	
	1 received.		PRESENT	ATIVE'S SIGNATURE	22B. DATE (MM DD YYYY)				ledge and be L'S SIGNATUR		B. COD	E NO. 23	C. DATE (MM DD YYYY)	
/s/ Signature					01-12-2013	/s/ CED					48-4	53	03-02-2013	
where applicable program or activi you require altern	, political belie ty conducted native means	efs, marital sta or funded by th of communicat	tus, familial o ne Departmei tion for progra	r parental status, sexual or nt. (Not all prohibited base am information (e.g., Braille	mers, employees, and applicants for ientation, or all or part of an individu s will apply to all programs and/or et , large print, audiotape, etc.) please contact USDA through the Federal	al's income is de mployment activit contact USDA's	ties.) Pe TARGE	m any public a rsons with dis T Center at (2	assistance progra abilities, who wis 202) 720-2600 (vo	am, or protec sh to file a pr pice and TDI	cted genet ogram cor	tic information in mplaint, write to	employment or in any the address below or if	
632-9992 to requ	lest the form.	You may also	write a letter	containing all of the inform	DA Program Discrimination Compla ation requested in the form. Send yo or email at <b>program.intake@usda</b> .	our completed co	omplaint i	form or letter l	by mail to U.S. De	epartment o				

226, 227 (Reserved)

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## 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		for the inspection.							
4	Enter month and	d date of the travel for each day's itinerary.							
5	The itinerary is a daily travel log. It must always show the actual time the travel began and ended. If there is an interruption in the daily itinerary for personal reasons the circumstances must be recorded in the remarks section and on FCI-6, if applicable:								
	• dates								
	• times	ndian haaran da dinaa indanmandian an da d							
	• time interru	ption began to time interruption ended.							
	U	nates at the official duty station (LA's residence) or, while traveling e temporary duty station (LA's place of lodging).							
		Itinerary From							
	City and State	Enter the city and State, such as Des Moines, IA.							
	Time	Enter time, such as 8:10 a.m. When changing time zones, enter							
	(AM or PM) time in effect from place of travel. Military time may be used (hours 00:00 to 23:59).								
	Carrier and	Enter carrier's name, such as Delta, and flight number. Enter							
	Flight Number Flight Number Fl								

--\*

## 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	Compute time for each day by subtracting the mealtime from
		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.
		<b>Example:</b> 1.00.
		Total the number of days in the far right column.
	Lodging Amount	Enter total dollars and cents for lodging per day (excluding
		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 the far 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*	ě –	
	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. Receipts must be attached.
	Other Travel (toll, parking, etc.)	Enter charges for toll and parking. Receipts must be attached. Car rental must be approved in advance.
	Mileage	If private vehicle is used, enter total mileage driven each day in 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.

## Par. 228

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

## A Completing FSA-449B's (Continued)

Item	Instructions	
*8*	Enter total amount of claim by totaling the following:	
	<ul> <li>total per diem</li> <li>telephone calls</li> <li>miscellaneous</li> <li>other travel expenses and mileage.</li> </ul>	
	*If none, leave blank. Transfer total to FSA-449A, item 20*	
Remarks	ter 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 26-13)	ι	J.S. DEPA			F AGRIC Agency		RE						uster's N y Nobl		s shown o	on Loss A	djuster A	greemen	t, CCC- 4	455)		
	LC	DSS ADJUST	ER'S T	RAV	/EL A	ND E	XPE	NSE	CLAII	N FOF	RM		2. State and County Code 48-051 (Burleson Co.)										
		ist be completed													1	1							
	2013	4. Dates →	1 1	9 9	MO	DAY	MO	DAY	мо	DAY	MO	DAY	мо	DAY	MO	DAY	мо	DAY	мо	DAY	MO	DAY	Remarks
	FROM:	City/State	Bryan	TX																			
•		Time (AM or PM)	8:00	am																			
•		Carrier and Flight No.	POV	,																			
	то:	City/State	Bryan	TΧ																			
:		Time (AM or PM)	5:30	pm													-						
		Mealtime Deducted	.50	)																			
	Daily Corr	np. Hours	9.0	)																			Total Comp. Hours 9.0
	Per Diem	Days	\$		\$		3		3		\$		\$		3		3		3		\$		Total No. Per Diem Da \$
	Lodging A	Mount	\$		\$		5		5		5		\$		5		s		5		5		Total Lodging Amount \$
, [	M&IE (\$	)	\$		\$		\$		s		\$		\$		\$		s		\$		\$		Total M&IE \$
;	Total Per	diem	\$		\$		\$		s		\$		\$		\$		s		\$		\$		Total Per Diem \$
	Telephon attached)	e (Phone log	\$		\$		\$		s		\$		\$		\$		s		\$		\$		Total Telephone Calls \$
	Miscellan	eous	\$		\$		\$		s		\$		\$		\$		s		\$		\$		Total Miscellaneous \$
	Other Tra etc.)	vel (toll, parking,	\$		\$		s		s		s		s		s		s		s		\$		Total Other Travel \$
	Mileage		\$83		\$		\$		s		\$		\$		\$		s		\$		\$		03 Miles x .50
																Travel C							\$46.90
L	certify tha	t this statement is co	rrect and i	roner	and tha	1	9A. /	DJUSTE	ER'S SIG	NATURE					0	otai Per L	nem + 16	eprione -		TE (MM-			
		credit has not been i		opci		•	/s/ Si	gnature													0	3-02-2	013
gra grai	applicable, m or activit quire altern	y conducted or funder	tal status, fa d by the De unication fo	amilial o partme or progr	or pareni nt. (Not am infor	tal status all prohi mation (	, sexua bited ba e.g., Bra	orientati ses will a ville, large	on, or all apply to a e print, a	or part o Il program Idiotape,	f an indiv ns and/oi etc.) plea	dual's ind employr ise conta	come is nent act ct USD/	derived fi vities.) F i's TARG	rom any Persons IET Cen	public as with disal ter at (20.	sistance   pilities, wl 2) 720-26	orogram, 10 wish to 00 (voice	or protec file a pro and TDL	ted gene ogram co	tic inform mplaint,	nation in write to i	eligion, reprisal, and employment or in any he address below or if af, hard of hearing, or
NU V 61 6	wish to file a	a Civil Rights program	n complaint	of disc	riminatio	on, comp	lete the	USDA PI	rogram D	iscrimina	tion Com	plaint Fo	m, foun	d online a	at http://	www.aso	r.usda.g	ov/comp	laint_fili	ng_cust.	.html, or	at any L	ISDA office, or call r. Office of Adjudication.

## 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 L -26-13)	J.S. DEPARTM	ENT OF AGRIC Service Agency		RE						juster's N Ly Nobl		shown c	n Loss A	ldjuster Ag	greemer	nt, CCC-	455)		
	LOSS ADJUST									2. Sta	ate and C	ounty Co	ode		48-453	(Tra	avis C	0.)		
	s form must be completed I ROP YEAR	by loss adjuste MO DAY	ers/contractors	s for tra MO	vel and DAY	iexpen MO	ses clai DAY		DAY	мо	DAY	мо	DAY	мо	DAY	мо	DAY	мо	DAY	Remarks
	2013 4. Dates →	1 12	1 13	1	14	IVIC	DA1	IVIC	DAT	NIC	DAT	WO	UAI	WO	DAT	NIU	UA1	NIC	DAT	Remarks
	FROM: City/State	Bryan TX	Austin TX		tin X															
б.   Т	Time (AM or PM) Carrier and Flight	8:00 am POV	8:00 am POV	-	0 am ov															
	No. TO: City/State	Austin	Austin		in TX															
R A	Time (AM or PM)	4:30 pm	5:00 pm	5:30	0 pm															
۲ ۲	Mealtime Deducted	.50	.50		50															Total Comp. Hours
6.	Daily Comp. Hours	8.0	8.5		. 0															25.5 Total No. Per Diem Day
	Per Diem Days	\$.75	\$1.0	\$.75 \$0		3		3 5		\$ 5		3 5		3 5		3		3 5		\$2.5 Total Lodging Amount
<b>R</b>	max \$73.00 M&IE	\$65.00	\$65.00	\$0 \$29.2		5		5 5		\$ \$		\$		s s		5 S		5 S		\$130.00 Total M&IE
	(\$ 39.00)	\$94.25	\$104.00	\$29.2		s		s		s s		s s		s		s		s		\$97.50 Total Per Diem
N	Total Per diem Telephone (Phone log				25			·				•						•		\$327.5 Total Telephone Calls
	attached)	\$	\$	\$		\$		\$		\$		\$		s		\$		\$		\$ Total Miscellaneous
,	Miscellaneous Hotel Tax	\$4.50	\$4.50	\$		\$		\$		\$		\$		\$		\$		\$		\$9.00
	Other Travel (toll, parking, etc.)	s	s	s		s		s		\$		\$		s		\$		\$		Total Other Travel \$
2	Mileage	\$138	<b>\$</b> 72	<b>\$</b> 164		s		\$		\$		\$		s		\$		\$	-	374 Milesx .56
										1	8				Carryover of					\$46.90
). I	certify that this statement is co ayment or credit has not been 1	rrect and proper received.	and that	9A. Al		R'S SIGI	NATURE									9B. D.	ATE (MN	I-DD-YYY		010
e U. ere ogra u rec	S. Department of Agriculture (US applicable, political beliefs, marit m or activity conducted or fundee quire alternative means of comm speech disabilities and wish to file	SDA) prohibits disc tal status, familial d by the Departme nunication for progr	or parental status ent. (Not all prohi ram information (e	st its cust , sexual c bited bas e.g., Brail	omers, e orientatic es will a lle, large	on, or all pply to al print, au	or part of Il progran diotape, i	an indiv ns and/oi etc.) plea	idual's inc r employn ase conta	come is nent act ct USD/	derived fr ivities.) P N's TARG	om any p ersons v ET Cente	oublic as: vith disat er at (202	sistance ( vilities, wl 2) 720-26	program, i ho wish to 100 (voice	or prote file a pr and TD	cted gen rogram c	gender in etic inforn omplaint,	nation in write to t	eligion, reprisal, and employment or in any he address below or if

229-299 (Reserved)

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#### 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.

Description     Coss Adjuster Home     About Loss Adjuster     Help   Contact Us   Exit Loss Adjuster     Coss Adjuster Home     About Loss Adjuster     Help   Contact Us   Exit Loss Adjuster     Coss Adjuster Home     State:     All States        County:     All Counties      Select from SCIMS						
Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth          Loss Adjuster Memu         Welcome: Lewis         Brekins         Role: ReadOnly User         Main Menu         Search Loss Adjuster         Search Loss Adjuster         All States         County:         All Counties         Select from SCIMS	USDA United States Department	of Agriculture				
Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth     Loss Adjuster Menu   Velcome: Lewis   Brain Menu   Search Loss Adjuster     State:   All States   County:   All Counties    Select from SCIMS	Farm Service /	Agency			Lo	ss Adjuster
Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth     Loss Adjuster Menu   Velcome: Lewis   Brain Menu   Search Loss Adjuster     State:   All States   County:   All Counties      Select from SCIMS						
Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth     Loss Adjuster Menu   Velcome: Lewis   Brain Menu   Search Loss Adjuster     State:   All States   County:   All Counties    Select from SCIMS			3	-	ALLENT ARTIST BAL	
Loss Adjuster Menu   Welcome: Lewis   Role: ReadOnly User   Main Menu   Search Loss Adjuster    State: All States  County: All Counties  OR  Select from SCIMS		AND DAY AND		Circlence of Longe	And the second s	
Welcome: Lewis Jenkins Role: ReadOnly User Main Menu Search Loss Adjuster OR Select from SCIMS	Loss Adjuste	er Home About Loss Adju	ter Help	Contact Us	Exit Loss Adjuster	Logout of eAuth
Welcome: Lewis Jenkins Role: ReadOnly User Main Menu Search Loss Adjuster OR Select from SCIMS	Locs Adjuster Menu	One web to an edited				
Jenkins Role: ReadOnly User Main Menu Search Loss Adjuster OR Select from SCIMS		Search Loss Adjuste	r			
Main Menu Search Loss Adjuster OR Select from SCIMS						
Search Loss Adjuster OR Select from SCIMS	Role: ReadOnly User	State:	All States		*	
Search Loss Adjuster OR Select from SCIMS		County:	All Counties	s 🗸		
OR Select from SCIMS		,		-		
Select from SCIMS	Search Loss Adjuster					
		OR				
			Select	from SCIMS		
Submit			0010011			
Submit						
			Submit			
			Jubinit			

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.

#### 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.

Step	Action	Result
1	CLICK "Add Loss Adjuster" from the left navigation window of	Users will be
	the Search Loss Adjuster Screen.	directed to the
	*	SCIMS Please
	Loss Adjuster Home About Loss Adjuster Help Contact Us Exit Loss Adjuster Logout of eAuth	Select a
	Loss Adjuster Menu Welcome: Lewis	Customer
	Jenkins     County:       Main Menu     County:	Screen.
	Search Loss Adjuster OR	
	Select from SCIMS	
	Submit	
	*	

# \*--302 Adding New LA (Continued)

# **B** Action (Continued)

Step	Action	Result
2	Enter the new LA's core information and CLICK "Search".	The Selected Customer Screen
	USDA United States Department of Agniculture Farm Service Agency Scims Search Scims Search Home   About Scims Search   Help   Contact Us   Exit   Logout of eAuth	will be displayed.
	Please Select A Customer         Location         State:       County:         ALABAMA       ALL COUNTIES         Service Center (Optional):         ALL SERVICE CENTERS         Service Center Details         Name         C Individual © Business © Both         © Active © Active and Inactive         First:         Tax ID         ID:         ID Type:         SELECT ONE         © Whole ID:         V Whole ID:         Select Toxie	
3	Search Reset Cancel CLICK "Add Customer as Loss Adjuster".	The Update Loss
	Loss Adjuster Menu       Selected Customer         Welcome: Alphonse       Taylor         Role: State Admin       Image: Customer selected is not a Loss Adjuster         Main Menu       Search Loss Adjuster         Search Loss Adjuster       Add Customer as Loss Adjuster         Add Customer as Loss Adjuster       Add Customer as Loss Adjuster         New SCIMS Search       Search Loss Adjuster	Adjuster Screen will be displayed.

--\*

.

# 302 Adding New LA (Continued)

# **B** Action (Continued)

Step	Action	Result
4	Use the drop-down lists to select the State and counties where it is anticipated LA will do the majority of work.	The State and county will be displayed.
	*Note: Do not enter a date in the "1 Year Certified FSA Service Effective Date" box until the new LA has completed the 1-year certification requirements.	
	Loss Adjuster Menu Welcome: Alphonse Taylor Role: State Admin Main Menu Search Loss Adjuster Add Loss Adjuster	
	County     Action       Add County     Action       State:     Select State       County:     Select County	
	Service	
	Save & Submit Cancel	
5	CLICK "Save & Submit".	LA will be added to the Loss Adjuster Management
		System, and the Select Loss Adjuster Screen will be displayed.

# 302 Adding New LA (Continued)

# **B** Action (Continued)

	Acti	ion		Result
The Select Los	s Adjuster Screen	will display the follow	ving:	
• new LA				
* * *				
• counties wh				
	0			
*				
Loss Adjuster Menu	Select Loss Adjuster			
Taylor Role: State Admin	Search Criteria			
Main Menu		Selected from SCIMS		
Search Loss Adjuster				
Add Loss Adjuster				
	Search Results:			
	Name	County	Vouchers	
	New LA's name	- Coahoma	Vouchers	
		New Search		
			v	
	<ul> <li>new LA</li> <li>* * *</li> <li>counties wh</li> <li>"Vouchers'</li> <li>*</li> <li>Loss Adjuster Menu Welcome: Alphonse Taylor Role: State Admin Main Menu</li> </ul>	The Select Loss Adjuster Screen v new LA * * * counties where LA adjusts los "Vouchers" link. * <u>Loss Adjuster Menu</u> Welcome: Alphonse Taylor Role: State Admin Main Menu Search Loss Adjuster Add Loss Adjuster Search Results: Name	<ul> <li>new LA</li> <li>***</li> <li>counties where LA adjusts losses</li> <li>"Vouchers" link.</li> <li>*</li> <li>Select Loss Adjuster</li> <li>Search Criteria</li> <li>Selected from SCIMS</li> <li>Search Results:</li> <li>Search Results:</li> </ul>	The Select Loss Adjuster Screen will display the following:

# **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.

### **B** Action

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

Step	Action	Result
1	Select LA from either of the search methods from the Search Loss Adjuster Screen.	The Loss Adjuster Screen will be displayed with LA's name and address.
2	CLICK "Update Loss Adjuster".	The Update Loss Adjuster Screen will be displayed.

**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.

# **303** Updating LA's Information (Continued)

### **B** Action (Continued)

Step	Action	Result
3 3	Enter updated information, such as a 1-year certification date, and CLICK "Save & Submit".	
	Search Loss Adjuster Add Loss Adjuster	
	Certified FSA Service Effective Date:	
	Save & Submit Cancel	

### 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 and Growing Season \* \* \* 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.

## 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 Loss	The Select Loss
	Adjuster Screen.		Adjuster Screen
			will be displayed
			with LA's name.
2	CLICK "Vouchers".		The Select
			Voucher Screen
	Loss Adjuster Menu Select Loss Adjuster		will be
	Taylor Role: State Admin Search Criteria		displayed.
	a second s		
	Main Menu Search Loss Adjuster		
	Add Loss Adjuster Search Results:		
	Name	County Vouchers	
	LA's Name	Vouchers	
	New Search	h	
		•• •	

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

# **C** Creating New Voucher (Continued)

Step			Action				Result
3	A new voucher be viewed, upda the desired crop	ated, or del			-		The desired crop year will be displayed.
	Loss Adjuster Menu Welcome: Alphonse Taylor Role: State Admin	Select Vouche	r Loss Adjus	ter:			
	Main Menu Search Loss Adjuster		Y	ear: 2012 💌	I		
	Add Loss Adjuster	Number 280270006	Submitted 06/28/2012	Claim \$ 32.50	Status Deleted	Action View/Print	
		280270005 280270010	06/27/2012 06/27/2012	\$ 77.00 \$ 34.50	Deleted Initiated	View/Print View/Print Edit	
		280270002 280270004 280270003	06/19/2012 06/19/2012	\$ 65.00	Deleted Deleted Deleted	View/Print View/Print	
		2002/0003	06/18/2012 Add Voucher	\$ 85.00 Search L	oss Adjuster	View/Print	
	Note: The Sele			-	•		
		year selec	ted in the o	drop-do	wn list.		
4	CLICK "Add V	oucher".					The Update Loss Adjuster
							Voucher Screen will be
							displayed.

# D Example of Update Loss Adjuster Voucher Screen

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

Lores Addresses Monthly				
Loss Adjuster Menu Welcome: Alphonse	Update Loss Adjuster \	/oucher		
Taylor	All work for this	woucher must h	e returned and appro	und before
Role: State Admin	(i) entering the vo	ucher data into t	the Loss Adjuster Vol	icher System.
Main Menu				100
Search Loss Adjuster	Loss Adjuster:		State: Select S	the second se
Add Loss Adjuster	Voucher:		County: Select C Year: 2012	ounty
	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	
	Total	maver claim (\$).	0.00	
		Recalculat	e	
	FSA-449-A Inspection Dat			
	Date Insp. Unit Type No.	Crop	Travel Insp. Hours Hours	Action
		Add Inspection	Line	
	- Approval			
-	Approval.		32, 110	
	Approval	Date:		
	oppiona			
	Save a	nd Submit Dele	te Cancel	

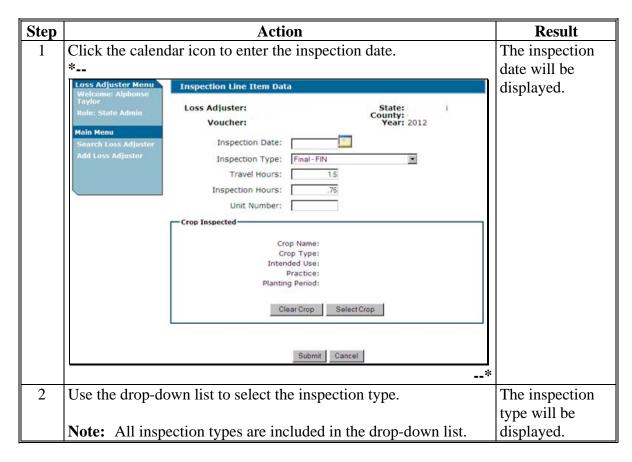
#### **E** Completing New Voucher

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

Step	Action	Result
1		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.



C4	A -4 <sup>2</sup>	D14
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	The Select Crop
	crop information. If required, enter the unit number and CLICK	Screen will be
	"Select Crop".	displayed with the
		crops associated to
		the unit number.
5	Select the crop and CLICK "Submit".	A voucher
		summary will be
	Loss Adjuster Menu Select Crop	displayed.
	Welcome: Alphonse Taylor	1 2
	Role: State Admin Unit Number: 200	
	Main Menu Crop Type Intended Practice Planting	
	Search Loss Adjuster	
	Add Loss Adjuster O BEETS HYBRID 01	
	Submit Cancel	

**F** Completing Inspection Line Item Data Screen (Continued)

--\*

#### **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.

FSA-449-B Travel Data			
Submission Date: 07/31/20	)12		
Per Diem(\$):	20.00	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 T	ravel Claim (\$):	20.00	
	Recalcula	te	
FSA-449-A Inspection Data			
Taca Unit		Travel Insp.	
Date Type No.		Hours Hours	Action
07/31/2012 FIN 200 ASP	ARAGUS, 01	2.0 0.75 1	Edit Delete
	Add Inspection	Line	
Total Expenses			]
Compensation Hours (Certifie	ed): 2.75	Hourly Rate (\$): 1	5.00
	Total	Compensation (\$): 4	1.25
	Tot	al Travel Claim (\$): 2	0.00
		Total Claim (\$): 6	1.25
Approval			
Approva	al Date:		
s	Save and Submit	Cancel	
			%

## **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
	<b>Note:</b> Vouchers \$4,000 or more require State	be processed for payment.
	Office approval.	

# \*--305 Revising or Deleting Part of a Voucher

#### **A** Overview

Only State Office users have the authority to revise a voucher that has already been submitted for payment. Once submitted, an item within the voucher may be revised, but the voucher, is not deleted.

#### **B** Action

Follow this table to revise part of a voucher.--\*

Step	Action	Result
1	Select LA from either of the search methods from the Search Loss	The Select 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.
	Welcome: Alphonse Taylor Role: State Admin Search Criteria	
	Main Menu	
	Search Loss Adjuster Add Loss Adjuster Search Results:	
	Name County Vouchers	
	New Search	

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

# **B** Action (Continued)

Step	Action	Result
3	Use the drop-down list to select the desired crop year. * Loss Adjuster Menu Welcome: Alphonse Taylor Role: State Admin Main Menu Search Loss Adjuster Add Loss Adjuster Mumber Submitted Claim Status Action 280270002 06/19/2012 \$ 65.00 Approved View/Print Edit	All of LA's vouchers for the crop year selected will be displayed.
4	280270003       06/18/2012       \$ 85.00       Approved       View/Print Edit         Add Voucher       Search Loss Adjuster      *         CLICK "View/Print Edit" for the specific voucher to be revised	The voucher will
	or deleted.	be displayed.
5	CLICK "Recalculate" to revise FSA-449B Travel Data. * 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 Type No. Crop Travel Insp. Action 07/31/2012 FIN 200 ASPARAGUS, 01 2.0 0.75 Edit Delete Add Inspection Line	The user may revise FSA-449B Travel Data.
6	<ul><li>Do either of the following.</li><li>CLICK "Edit" to revise FSA-449A Inspection Data.</li></ul>	The user may edit FSA-449A
	• CLICK "Delete" to delete the inspection line.	Inspection Data. A delete screen will ask the user to confirm deletion request.

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

# **B** Action (Continued)

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

- 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.

Description
When payment software is released, a process will automatically run to determine all LA vouchers that are approved for payment.
This does <b>not</b> require any County Office user interaction. The following will occur automatically:
<ul> <li>payments will be sent to NPS for certification and signature</li> <li>overpayments will be sent to NRRS.</li> </ul>
Subsequent payments will be initiated when an approval date is entered on LA vouchers.
Payments that <b>cannot</b> 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. <b>Note:</b> See 9-CM for information on the Nonpayment Report.
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 payment amount is changed		Immediately

#### **506-549** (Reserved)

# Section 2 (Withdrawn--Amend. 4)

550-554	(WithdrawnAmend. 4)
555-599	(Reserved)
	Section 3 (WithdrawnAmend. 4)
600 (W	(ithdrawnAmend. 4)
601 (Re	eserved)
602 (W	(ithdrawnAmend. 4)
603-619	(Reserved)
	Section 4 (WithdrawnAmend. 4)
620, 621	(WithdrawnAmend. 4)
622-652	(Reserved)
	Section 5 (Reserved)
653-693	(Reserved)
	Section 6 (Reserved)
694-715	(Reserved)
	Section 7 (WithdrawnAmend. 4)
716 (W	(ithdrawnAmend. 4)

717-749 (Reserved)

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#### 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 i payments are recorded in LA Payment History file.	
	Enter the last 4 positions of the ID number	<b>Note:</b> A negative report will not print for LA's that do not have payments recorded in LA Payment History file.	

# **Reports, Forms, Abbreviations, and Redelegations of Authority**

# 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 <sup>th</sup> of the	required.	
	Office Approval		month.	-	
	Training Reports:	Monthly	State Office submit to	Required	63
		from	PECD by 10 <sup>th</sup> of the	-	
	• Phase I and Phase II	January	month following		
	• update.	through	training, January		
	1	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

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

The following abbreviations are not listed in 1-CM.

# **Delegations of Authority**

None.

# **Certified Employee**

Certified employee 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**

Certified LA 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 <u>major error</u> 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

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	

The following menus and screens are displayed in this handbook.

•

# LA Pay Rate Table

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)	*1/1/2025	\$17.50
UTR (Update training) and services performed by a fully certified LA with <b>less than 1 year</b> of satisfactory service.	1/1/2025	\$23.50
UTR (update training) and services performed by a fully certified LA with <b>1 or more</b> years of satisfactory service.	1/1/2025	\$25.75*

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

**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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## **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.

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

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

# **Inspection Type Attributes and Definitions (Continued)**

# **B** Inspection Type Definitions

Abbreviation	Term	Definition
АРН	Actual Production History	Used when a producer requests an APH determination. <b>Example:</b> U-pick operations needing a record of their production.
FIN	Final Inspection	Used when producer has an approved CCC-576 on file. LA determined if any potential production remains. Inspection allowed the field to be released before crop destruction. CCC-576 and unit number are <b>required</b> .
*GLA	Grazing Loss Assessment	Used when LA does work for alternative grazing loss methods*
GSI	Growing Season Inspection	<ul> <li>Used for spot checking when there is not a notice of loss on file. For example, if suspecting poor (or to verify good) management practices. Use FSA-501 to document LA observations and accompanying photos.</li> <li>Example: Verifying orchard tree count, age, spacing, etc.</li> </ul>
NCI	No Compensation	LA will <b>not</b> be compensated for a subsequent inspection, including 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 Inspection	Used to document the initial inspection of a crop after CCC-576 has been filed. CCC-576 and unit number are <b>required</b> .
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 check results.
TRN	Training	Classroom, field training, including travel, for new LA applicants *before minimum certification has been achieved. See Exhibit 4 for rate of pay for "TRN"*
TRV	Travel	<ul> <li>Amount of time required to travel from duty station to the inspection site, and back to the duty station. See subparagraph 225 A, item 12.</li> <li>Travel is included in length of the workday. See subparagraph 217 E.</li> </ul>
		• Walking between fields is <b>not</b> 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 method <b>must</b> be used.
UTR	Update Training	Used for fully certified LA's for annual update training or when teaching specific loss adjustment procedures (usually field training). See paragraph 57 for annual requirements.

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