

MANUAL MATERIAL TRANSMITTED					
MANUAL: Income Maintenance			CHANGE NUMBER: 30		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
7	2	3/96	7	2	3/96
8	2	9/95	8	2	9/95
39	10	8/95	39	10	8/95
40	10	4/96	40	10	5/96
139 - 140	10	8/95	139	10	5/96
175 - 176	10	8/95	140	10	8/95
Appendix E	10	8/95	175	10	5/96
			176	10	8/95
			Appendix E	10	5/96
43 - 44	13	9/95	43	13	5/96
			44	13	9/95
ES-FS-1	FORM	10/95	ES-FS-1	FORM	5/96
ES-FS-2	FORM	10/95	ES-FS-2	FORM	5/96
ES-NH-3	FORM	9/95	ES-NH-3	FORM	5/96
DATE: March, 1996			TO: All Income Maintenance Manual Holders		

Changes to Chapter 10 were made to update SSI figures used in examples and update the PAC Eligibility tables and correct a reference in 10.4.

The changes made to Chapter 13 clarifies eligibility for parents when the only child is sanctioned.

The Gross Income Test was readded to the ES-FS-1. The ES-FS-2 was changed at the request of USDA. A space for Worker Signature and date was added to the ES-NH-3.

A typo was corrected in Chapter 2.

Questions should be directed to the IM Policy Unit in the Office of Family Support.

recording must be made on the ES-5 to indicate that the case was automatically closed.

- Monthly Food Stamp Payrolls, WES142P1

The county office receives 2 listings each month which provides the following information: case number, case name and address, Food Stamp income, number in Food Stamp benefit group, CA and SUA indicator. The listings contain the names of all cases active in the data system as of the first day of each month. In addition, all cases that are approved after the deadline date for the appropriate Program appear during the month of approval on a WEA930AP1 pick-up listing. This listing is run on a daily basis and sent to the county office.

The information on these printouts provides the Worker with a reference to all active cases and the pertinent information about the case.

B. REPORTING REQUIREMENTS

1. QR

QR benefit groups are not required to report changes outside the QR process.

2. Non-QR

Changes must be reported within 10 days of the date the change becomes known to the benefit group. Form ES-FS-2 is one means by which this may be done. See item A,1.

EXCEPTION: The benefit group is not required to report any mass changes in federal benefits, such as the yearly increase in RSDI or SSI benefits. RSDI/SSI increases are handled by the Department in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change, except that the client is not penalized for failure to report these mass changes.

NOTE: This does not apply to an individual change affecting the level of a client's benefits, only to mass changes.

EXCEPTION: Non-QR benefit groups with earned income must only report income when the following change:

Projected income is determined as follows:

Step 1: See above.

Step 2: See above.

Step 3: Earnings of $\$700 \div 4 = \175 average.
UCI of $\$150 \div 2 = \75 average.
Earnings of $\$1200 \div 12 = \100 average.

Step 4: Weekly earnings of $\$175 \times 4.3 = \752.50 converted.
Biweekly UCI of $\$75 \times 2.15 = \161.25 converted.
Annual contract earnings = $\$100$ converted.

Step 5:	\$752.50	
	<u>+100.00</u>	
	\$852.50	Projected monthly earned income

Step 6: \$161.25 Projected monthly unearned income

B. INCOME DISREGARDS AND DEDUCTIONS

Certain items may be allowed as income deductions to arrive at a benefit group's countable income. A deduction is allowed even if the payment is made from assets (**EXCEPTION:** educational expenses). The expense must be billed or be due during the certification period in which the deduction is claimed. In addition, deductions from the benefit group's income are applied only if the expense has been or will be met by the benefit group's own resources.

Some expenses cannot be anticipated or occur too late in the month to use as deductions in the following month. They are used as deductions for the first month for which a change can be made effective.

At initial application, expenses paid during previous months are not used. Expenses paid or due during the month of application are used. In some situations, expenses from previous months are used to anticipate ongoing expenses.

In addition, any Food Stamp benefit group may choose to have fluctuating expenses averaged, except for educational expenses. Expenses are averaged by dividing the expenses over the number of months they are intended to cover. When expenses are prorated, they are prorated over the certification period, or the remainder of the certification period, as appropriate.

payment, the client is financially eligible.

EXAMPLE: Mr. Doe received RSDI/SSI for several years until his SSI stopped in December, 1989. His current RSDI amount is \$501. Using the amount found in Appendix E, $\$501 \times .784 = \392 , which is less than the current SSI payment rate of \$470. Mr. Doe has no other income. He is financially eligible as a PAC.

NOTE: If the client is ineligible by \$20 or less, Method 2 must be used as the final eligibility determination.

2. Method 2

To determine an individual's financial eligibility under Method 2, the Worker must first determine the cumulative RSDI COLA's of the applicant and/or his spouse, which were received since SSI eligibility was lost.

Step 1: Divide the current RSDI benefit amount by the percentage amount of the previous year's COLA. This percentage is found in Appendix E. This procedure determines the individual's RSDI benefit level prior to the most recent COLA.

Step 2: Repeat the process in Step 1 for each COLA received after the individual lost SSI eligibility. This produces the RSDI amount the client received when he lost SSI eligibility.

EXAMPLE: 1992 RSDI amount, $\$456 \div 1.037 = \439 , RSDI amount prior to 1/92 COLA

RSDI amount before 1/92 COLA $\div 1.054 = \$416$, RSDI amount before 1/91 COLA

RSDI amount before 1/91 COLA $\div 1.047 = \$397$, RSDI amount before 1/90 COLA

greater than the Allocation Standard, the ineligible spouse's income is added to the eligible spouse's income. These are the SSI deeming provisions, which also require use of the couple income limit to determine eligibility for the individual when income is deemed. If the SSI-Related individual is a child, the income of the parent(s) is also deemed, and the above exclusions are applied to their income.

a. Deeming From Ineligible Spouse to SSI-Related Spouse

The deeming calculations are as follows:

- Step 1: Determine the ineligible spouse's total non-excluded unearned income.
- Step 2: Subtract the needs of all ineligible dependent children.

The needs of each ineligible child is determined separately by subtracting the child's income from the Allocation Standard. The difference, if any, represents the child's needs.

EXAMPLE: SSI payment level for 1 and 2 persons is \$470 and \$705. The Allocation Standard is \$235. Child #1's income is \$248. Because the child's income exceeds \$235, there is no deduction for Child #1's needs. Child #2's income is \$40. The allocation for this child's needs is \$195.

After a separate determination is made for each child, the allocations are added together and then subtracted from income.

- Step 3: Determine the ineligible spouse's total gross non-excluded earned income.
- Step 4: Subtract the remainder of the needs of all ineligible dependent

APPENDIX E

PAC Eligibility Method 1

Last SSI Check Received	Multiplier
1995	.975
1994	.948
1993	.924
1992	.897
1991	.865
1990	.820
1989	.784
1988	.774
1987	.743
1986	.733
1985	.708
1984	.684
7/82 - 1983	.661
7/81 - 6/1982	.638
7/80 - 6/1981	.595
7/79 - 6/1980	.535
7/78 - 6/1979	.468
7/77 - 6/1978	.426
5/77 - 6/1977	.400

Choose from the list above the factor for the month in which the client last received SSI. Multiply the current Social Security amount by the appropriate factor.

required to participate fails to comply with JOBS, that parent is available in the home to provide the care.

When the second parent is not participating and is exempt during the conciliation period, W&T will tell the individual, who is scheduled to be sanctioned, that the second parent will also be removed from the benefit group, unless the second parent is participating as of the date the parent required to participate is sanctioned. The DHS-1 from W&T requesting the sanction will state whether or not the second parent is participating.

The second parent is removed, if not participating as of the date that the parent required to participate is sanctioned. If the second parent begins participating after being removed from the benefit group, the second parent is added to the benefit group effective the month participation begins.

The second parent is removed from the benefit group only because the parent required to participate did not do so. If the parent required to participate leaves, the penalty imposed on the second parent is lifted immediately.

- If the sanctioned individual is a parent or other caretaker relative, payments for the remaining members of the benefit group must be in the form of a protective payment, substitute payee or vendor payments.

NOTE: If the sanctioned individual is the only dependent child, the parent(s) can continue to be eligible if all other requirements are met.

Thirteen-days advance notice is required before any action is taken to remove the sanctioned individual or the second parent.

C. BEGINNING OF THE PENALTY PERIOD

The length of the penalty period is determined by W&T.

The penalty period begins the first day of the month following notification by W&T of the penalty.

FOOD STAMP WORKSHEET

1.	Gross Non-Excluded Earned Income	_____
2.	Subtract Allowable Self-Employment Deductions	- _____
3.	Remaining Earned Income	_____
4.	Subtract % Earned Income Deduction	_____
	line 3 amt. _____ X _____ = _____	- _____
5.	Remaining Earned Income	_____
6.	Add Unearned Income	+ _____
7.	Total Income	_____
8.	Subtract Standard Deduction	- _____
9.	Remainder	_____
10.	Subtract Medical Deduction	- _____
11.	Remainder	_____
12.	Subtract Dependent Care Deduction (up to maximum)	- _____
13.	Remainder	_____
14.	Subtract Child Support Deduction	- _____
15.	Remainder	_____
	Further computations needed? YES () NO ()	
	If no, countable income is line 15.	
16.	50% of line 15	_____
	Line 15 amt. _____ X <u>.5</u> = _____	_____
17.	Shelter/Utility Total	_____
	If line 17 is less than line 16, no further computation is necessary and line 15 is countable income. Otherwise continue.	
18.	Line 17 minus line 16 up to maximum, if applicable Shelter/Utility cap applied? YES () NO ()	_____
19.	Line 15 amount	_____
20.	Subtract Line 18 amount	- _____
21.	Countable income	_____
	CA = _____	



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

Gretchen O. Lewis
Secretary

DATE: _____

NAME: _____

ADDRESS: _____

You may call the state office in Charleston
toll-free by dialing 1-800-642-8589.

Dear _____

You are required to report any of the following changes in your household within ten (10) days of the time you learn of the change.

- 1. If you move, your new address
- 2. Change in rent and/or utilities as the result of a move
- 3. Anyone in the household has a change of income of more than \$25
- 4. You begin receiving income from another source
- 5. A car or other licensed vehicle is obtained by anyone in your household
- 6. If anyone moves in or out of your household
- 7. You have an increase in your checking account, saving account, etc. which would bring your assets to a total of more than \$2,000 or \$3,000 if someone is over age 60.
- 8. You begin paying legally obligated child support to someone outside the home, or the legally obligated amount changes.

Please check the boxes outside the changes you are reporting and complete the back of this form with the new information. Return this form to the DHHR office as soon as possible. This will help make sure you get the correct amount of Food Stamps your household is entitled to receive.

Sincerely,



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

NOTICE OF CONTRIBUTION TO THE COST OF CARE

Gretchen O. Lewis
Secretary

TO:

CLIENT
CASE NAME
MEDICAID BILLING NUMBER
FACILITY NAME

- INITIAL ACTIVE CASE
Beginning date of eligibility for payment: mm/dd/yy
Beginning __/__/__, the clients contribution toward his cost of care is:
Contribution toward cost of care changed: From: To: Eff.: mm/yy
PAS-95 assessment date:
Date of most recent admission to the facility:
Effective __/__/__, the Medicaid billing number changed from to
Client became financially ineligible for services effective: mm/yy
Date of Discharge:
Date of Death:

For the month of ____, the client's contribution is split as follows:

Facility: Client Pays:
Dates covered: From to
Facility Client Pays:
Dates covered: From to

Additional Comment:

- Facility Administrator Client or Representative LTC Unit