

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE

CHANGE NUMBER: 50

DELETE

INSERT OR CHANGE

PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
5 - 6	1	9/95	5	1	10/96
25	1	9/95	6 - 6 a	1	9/95
26	1	10/95	25 - 27	1	10/96
27 - 30	1	9/95	28	1	9/95
			29 - 30	1	10/96
37	2	2/96	37 - 38	2	10/96
38	2	9/95			
10 a	6	9/96	10 a	6	10/96
10 b	6	8/95	10 b	6	8/95
15	6	9/96	15	6	10/96
16	6	8/96	16	6	8/96
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9 - 10	9	9/95	9	9	9/95
19 - 21	9	9/95	10	9	10/96
22	9	7/96	10 a	9	9/95
			19 - 21	9	10/96
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17	10	8/95	17	10	8/95
18	10	6/96	18	10	10/96
19 - 22	10	8/95	19	10	8/95
35 - 36	10	2/96	20 - 21	10	10/96
46 a	10	6/96	22	10	8/95
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51 - 52	10	8/95	46 a - 46 b	10	10/96
77 - 78 d	10	8/96	51	10	10/96
81	10	8/96	52	10	8/95
82	10	8/95	77 - 78 b	10	10/96

- Section 1.2,D: Permits an exception to confidentiality.
- Section 1.4,M: Changes the definition of initial month.
- Section 1.4,O: Changes the Expedited Service timeframe and who is eligible.
- Section 6.3: Failure to comply no longer must be intentional.
- Section 9.1,A,1: Eliminates several exceptions to who must be included in the benefit group.
- Section 9.1,A,2: Adds new disqualified individuals and increases certain penalties.
- Section 10.3,BB: Reduces the age for the earnings exclusion and specifies that certain earnings are considered unearned income.
- Section 10.3,CC: Changes the exclusion of energy assistance payments.
- Section 10.3,QQQ: Removes an income exclusion.
- Section 10.4,B: Changes how child support payments for the deduction are anticipated.
- Section 10.4,B,6: Clarifies consideration of the obligation to pay a bill.
- Section 10.4,D: The word "intentional" was removed.
- Section 11.4,H: The vehicle exemption value has increased.
- Section 14.2,D: Changes the definition of homeless.
- Section 20.2,D,2: Increases the IPV disqualification penalties. Clients will be notified of the change by press release. The ES-2 has been revised to incorporate the increased penalties. The new penalties will be applied to any IPV discovered on or after October 1, 1996.

MEDICAID CHANGES

The Long Term Care Community Spouse Maintenance Allowance (CSMA) is being increased to \$1,295 and the Family Maintenance Allowance (FMA) Maximum is increased to \$432. This increase was effective July 1996. However, OFS only recently received the updated amounts.

We are now able to identify cases with a community spouse and are having a printout produced which will list all LTC cases with a Community Spouse. The printout, titled "Long Term Care Cases - Community Spouse Maintenance Allowance" will be produced and sent to each county which has these cases. County offices will be advised by Office Automation when the printout is mailed.

- Adhere to the Department's policies and procedures to establish eligibility, including those regarding timely action and/or decision.
- Assist the client in obtaining information required to establish his eligibility.
- Maintain the confidentiality of all information received from or about the client.

EXCEPTION: Requests for information on Food Stamp recipients from federal, state or local law enforcement officers is provided when the officer provides verification that:

- The individual is fleeing to avoid prosecution, custody or confinement for a felony,
- The individual is violating parole or probation,
- The individual has information necessary for the conduct of an official duty related to a felony or parole violation.

The Worker provides only the individual's address and SSN.

- Notify the client of the eligibility decision as soon as possible, but at least within the processing time frames for each Program or coverage group.
- Ensure that copies of all pertinent information are placed in the client's case record or given to appropriate staff to file.
- Ensure that proper case recordings are made to document the Worker's actions and the reason for such actions.

E. CLIENT RESPONSIBILITY

The client's responsibility is to provide information about his circumstances so the Worker is able to make a correct decision about his eligibility. When the client is not able to provide required verification, the Worker must assist him. The client must be instructed that his failure to fulfill his obligation may result in one or more of the following actions:

- Whether or not the client owes a repayment to any Program

Each Program has specific requirements related to receipt of benefits from other states. Refer to Date of Application under each Program section below.

G. CONTINUATION OF THE CASE NUMBER AND TRANSFER OF A CLOSED CASE

Prior to data system entry for disposition of any application, the Worker must complete a WESA inquiry to determine if there is an existing case number for the client. The WESA inquiry must be done on the basis of each benefit group member's name and SSN. The Worker must also view the actual case information to ensure the case number is still assigned to the client.

individual applies for and is determined eligible for benefits.

The Worker must determine if any member(s) of the applicant benefit group has been disqualified and the length of the disqualification period.

M. BEGINNING DATE OF ELIGIBILITY

The beginning date of eligibility is the date of application. Benefits for the initial month are prorated from the date of application, over the number of days remaining in the month.

Initial month means the first month following any period of time in which the benefit group was not participating.

EXCEPTION: This does not apply to migrant and seasonal farm workers.

If a benefit group applies in WV, but received Food Stamps for the same month in another state, the beginning date of eligibility is the first day of the month following the last month of receipt from the other state.

If the benefit group fails to provide the information requested on an ES-6 within the 30-day time limit, but provides it within 60 days of the original application date, the date of eligibility is the date the information was provided. See item A.

N. REDETERMINATION SCHEDULE

When Food Stamp benefits are issued under an AFDC/U case number, the redetermination period coincides with the AFDC/U redetermination.

For all other cases, the Worker decides when the redetermination is due. It may be scheduled to coincide with Medicaid or TRIP redeterminations or the LIEAP heating season. This date is entered in the data system at the time of approval and redetermination. The client's certification period must be the longest possible period, based on the following guidelines:

- One Month: Very unstable circumstances in which a change in income and/or benefit group composition is expected to occur frequently.

must be made every 12 months. Form ES-FS-2 will be automatically mailed to the client to accomplish the contact. Workers will be notified when the report is due.

O. EXPEDITED PROCESSING

NOTE: It is possible for a client to qualify for Expedited Service at any time during the application process.

Expedited Service is the term used for special procedures in processing applications meeting specific requirements. The requirements and procedures follow.

1. Eligibility Requirements

Four groups of cases are eligible for Expedited Service provided all other eligibility factors are met. They are:

- Those whose monthly gross income is less than \$150 and whose liquid assets do not exceed \$100.
- Migrant and seasonal farm worker benefit groups which have been determined Destitute, as defined in Chapter 10, and whose liquid assets do not exceed \$100.
- Eligible benefit groups whose combined monthly gross non-excluded income and liquid assets are less than the benefit group's monthly paid and unpaid shelter and utility costs.

There is no limit to the number of times a benefit group may be certified under expedited procedures, as long as, prior to each expedited certification, the benefit group either completes the verification requirements that were postponed at the last expedited certification, or was certified under normal processing standards since the last expedited certification.

EXAMPLE: Mr. A was due for redetermination in April. He kept his scheduled appointment and continues to be eligible. He is not eligible for Expedited Service because his normal issuance cycle continues.

EXAMPLE: Mr. B applies for Food Stamps on May 1 and is found eligible for Expedited Service. He is

verification of identity is required. This does not mean that eligibility requirements are waived prior to approval, only that the routine verification of them is postponed. This also applies to the verification of and the application for an SSN. All reasonable efforts must be made to meet all routine verification requirements prior to transmission. See Chapter 4.

Postponed verification must be received prior to the second issuance.

EXCEPTION: Combined Issuance requires verification be received prior to the third issuance.

If the applicant is able to verify identity, before or at the same time the additional information for which the case was pending is received, procedures for Expedited Service will apply. The client also qualifies for Expedited Service if the verification of identity is received at the same time the pending information is received. In addition, if the pending information is received, but not acted on, and then the verification of identity is received, Expedited Service procedures are appropriate. This must be explained to the client.

b. Time Limits

Federal regulations require that Food Stamps be received by an eligible Expedited Service benefit group no later than the close of business on the seventh calendar day following the date of application. To ensure this happens, all Food Stamp applications must be screened for Expedited Service on the date of application.

The decision about when to transmit the approval is left to each county based on the following factors:

- Food Stamps are mailed from the State Office the day after entry of information into the C-219 or WEKR systems.

- TM coverage expires
- Medically Needy non-spenddown cases that are not redetermined in the sixth month of the POC, and
- Medically Needy spenddown cases are closed at the end of the POC.

In no instance is Medicaid Coverage under one coverage group stopped without consideration of Medicaid eligibility under other coverage groups. This is done before the client is notified that his Medicaid eligibility will end. Eligibility is determined based on case record information. The client may be required to visit the office only for completion of a Social Summary for a MRT referral.

6. Cost-Of-Living Increases In Federal Benefits

Recipients of federal benefits such as RSDI, SSI, Black Lung or VA Benefits may receive periodic cost-of-living increases (COLA's). RSDI/SSI increases are handled in accordance with instructions in Appendix B of this Chapter. All other federal benefit cost-of-living increases are treated as any other change.

E. CORRECTIVE PROCEDURES

1. Reimbursement For Out-of-Pocket Expenses

When determining if the client is eligible to receive direct reimbursement for out-of-pocket medical expenses which would have otherwise been paid by Medicaid, but for the error or delay of the Department, it is the responsibility of the Department to act on each application or case action correctly within a reasonable period of time, unless the delay is due to factors beyond the control of the Department. A reasonable period of time must be interpreted on a case-by-case basis.

FOOD STAMPS	AFDC/U	MEDICAID
<p>Case Closure</p> <p>Decrease in Food Stamp Allotment</p> <p>NOTE: The following are not adverse actions, but do require client notification:</p> <ul style="list-style-type: none"> - When the coupon allotment does not increase following an AFDC/U or SSI check reduction for repayment of an error caused by the client's intentional misrepresentation. - When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements. 	<p>Case Closure</p> <p>Termination of AFDC/U Medicaid coverage when the AFDC/U case is closed</p> <p>Reduction in the payment amount</p> <p>Removal of an individual from the AFDC/U payment when the payment decreases</p> <p>Placing the case in protective payment status</p> <p>Placing the case in vendor payment status</p>	<p>Case Closure</p> <p>Removal of an individual from the benefit group</p> <p>Reclassification of a non-spenddown case to a spenddown case</p> <p>Reclassification of a spenddown case in a POE (spenddown met) to a case which is required to spenddown again during the same POC</p> <p>Termination of Medicaid when the client is ineligible for Medicaid under any other coverage group</p>

NOTE: Client notification must be sent even when the only recipient in the case dies. When this happens, the notification letter must be sent to the Executor, estate of (client's name), and the salutation must be "Dear Executor".

Removal of an individual from the Medicaid benefit group: The name of the individual being removed.

Change to a spenddown case: The fact that the eligibility status has changed, reason for and the effective date of the change, beginning and ending dates of the new POC.

NOTE: If the closure is due to excessive assets, the notification letter must specify the asset limit and the total value counted for all the client's assets. In addition, the letter must contain the following statement: "You may request a detailed accounting of the asset calculations used by the Department. If you so request, this will be mailed to you within five (5) working days of receipt of your request. You may request this in writing, by phone or in person."

3. Changes Not Affecting the Benefit Level

a. Food Stamps Only

The following are not adverse actions, but do require client notification:

- When the coupon allotment does not increase following an AFDC/U or SSI check reduction for repayment of an error caused by the client's misrepresentation
- When the coupon allotment does not increase following a reduction, suspension or termination of a federal, State or local means-tested welfare or public assistance program due to the client's failure to comply with the program's requirements.

When used to notify the client of these actions, the ES-NL-B must specify that Food Stamp benefits would normally increase following a reduction in income, but that, due to the fact that the client caused these reductions by his own actions, benefits will not increase. The Worker must also indicate which agency made the determination of the client's failure to comply.

Spouses must be in the same benefit group.

There are no exceptions.

(2) Children Under Age 18, Not Living With a Parent

Children under age 18 who are under the parental control of an adult benefit group member other than a parent, and the member who exercises parental control are assumed to purchase and prepare their food together and, therefore, must be in the same benefit group unless:

(a) The Child Is the Parent of a Child With Whom He Lives

If the child is a parent of a child with whom he lives, separate benefit group status may be granted to the adult benefit group member or child provided:

- They do customarily purchase food and prepare meals separately; and
- Spouses are not separated from each other; and
- The child who is a parent and his child are not separated.

(b) The Child Is Married and Lives With His Spouse

If the child is married and lives with his spouse, separate benefit group status may be granted to the adult benefit group member or child provided;

- They do customarily purchase food and prepare meals separately; and

He is:

- At least 60 years old; and
- Is unable to purchase and prepare meals. He must be unable to purchase and prepare meals because he suffers from a disability listed below, or suffers from some other severe, permanent physical or mental disease or non-disease-related disability.
 - Permanent loss of use of both hands, both feet or one hand and one foot.
 - Amputation of leg at hip.
 - Amputation of leg or foot because of diabetes mellitus or peripheral vascular diseases.
 - Total deafness, not correctable by surgery or hearing aid.
 - Statutory blindness, except if due to cataracts or detached retina.

- Children under age 18 who are under the parental control of an adult benefit group member who is not a parent. Foster children are considered boarders. They may be included or excluded, depending upon the benefit group's wishes.
- Individuals furnished meals and lodging, but paying less than a reasonable amount. See item 3. These individuals are considered members of the same benefit group as the person who provides room and board.

c. Live-in Attendants

Individuals who reside with a benefit group to provide medical, housekeeping, child care or other similar personal services may be a separate benefit group. If the live-in attendant is a relative, other than a parent or child, who moved in with the benefit group to provide these services, the individual is considered a live-in attendant. If the relative lived in the home prior to the need for these services or would live with the benefit group whether or not the services were provided, the attendant is considered a member of the benefit group.

NOTE: If the live-in attendant is a parent or child of a member of the benefit group containing the individual who needs the personal service, the parent/child policy in item 1,c,(3) takes precedence over the live-in attendant policy.

d. Ineligible Aliens

Individuals who do not meet the citizenship or eligible alien status are ineligible to participate in the Program and may not be a separate benefit group. When a client indicates inability or unwillingness to provide documentation of alien status, that client is classified as an ineligible alien. Eligibility is determined for the remaining benefit group members.

described in item 1,c,(2) and (3) must be considered.

3. The Determination Of A Boarder

Although boarders are considered non-benefit group members, they may not receive Food Stamps as a separate benefit group. They may, at the request of the benefit group, be included with them. To

The residents of a GLF may each be a separate benefit group or may be combined in one benefit group depending on the wishes of the GLF. When the GLF is the authorized representative, the individuals must be approved as one-person benefit groups.

B. THE INCOME GROUP

The income group includes all benefit group members and all disqualified individuals who live with the benefit group. See Section 10.4 to determine how to count the disqualified individual(s)' income.

C. THE NEEDS GROUP

The income limit for the number of people in the benefit group is used to determine eligibility and the amount of the benefit.

D. CASE COMPOSITION

Normally all benefit group members are included in one case number. However, some Food Stamp benefit group members may be eligible for other benefits which, due to data system limitations, must be issued in another case number.

E. EXAMPLES OF BENEFIT GROUP COMPOSITION

EXAMPLE: Miss A, age 20, lives with her parents. She is unmarried, has no children and is employed. She purchases food and prepares her meals separately. Because she is under age 22, Miss A must be in a benefit group with her parents.

EXAMPLE: Miss B, age 25, lives with her mother. She purchases food and prepares meals separately. Because she is over age 21 and purchases and prepares meals separately she is a separate benefit group.

EXAMPLE: Mr. and Mrs. G, both age 35, live with Mr. G's mother. They purchase food and prepare meals separately from the mother. Separate benefit group status is approved. The assets of the mother make her ineligible for Food Stamps, but a case is approved for Mr. and Mrs. G.

EXAMPLE: Mr. and Mrs. H, ages 27 and 30, live with her elderly and disabled mother. They purchase food and prepare meals together. The elderly and disabled requirements are met, so two benefit groups are established: one for Mr. and Mrs. H and one for the elderly and disabled mother.

EXAMPLE: Mr. I, age 25, lives with his parents and meets the definition of a boarder. Because of the parent/child relationship, Mr. I. cannot be considered a boarder, even though he is over age 21. He may be included in a benefit group with his parents if they so request.

EXAMPLE: Mrs. J has two children, John and Jane. Jane attends school in another town where special education classes are taught. During the week she lives with Mrs. K and attends school, where she receives free breakfasts and lunches. Food for her is customarily purchased and prepared with Mrs. K. In order to receive FS, Jane must be included in a benefit group with Mrs. K. She cannot be included with her mother and brother.

EXAMPLE: Mr. L. works out of state and comes home on weekends and holidays. When he returns to West Virginia, he lives with his wife and 3 children who receive Food Stamps. He is not eligible to be included in the benefit group with his wife and children, because his food is not customarily purchased and prepared with his family's. Only the amount of income he makes available to his family is counted as income.

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:		
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U-RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI-RELATED MEDICAID

Z. EMERGENCY ASSISTANCE FROM DHHR	No	No	No
AA. EMERGENCY CHILD CARE PROVIDER INCOME 1. Monthly Payment for Beds Maintained 2. Per Diem Rate for Each Child Placed In Shelter	1. Self-Employment 2. No	1. Self-Employment 2. No	1. Self-Employment 2. No
BB. EMPLOYMENT 1. Compensation as an Employee a. Wages b. Salaries c. Commissions d. Recurring Bonuses e. Vacation Pay When Employment Is Terminated (1) Received in More Than One Installment (2) Not Withdrawn (3) Received in A Lump Sum f. Advance Pay	* For JTPA earnings, see JTPA. a. * Earned b. * Earned c. * Earned d. * Earned e. See below. (1) Earned, if payroll taxes are withheld; unearned, if payroll taxes are not withheld. (2) No (3) Unearned, treated as a lump sum payment. f. Earned	* For JTPA earnings, see JTPA. a. * Earned b. * Earned c. * Earned d. * Earned e. See below. (1) Earned, if payroll taxes are withheld; unearned, if payroll taxes are not withheld. (2) No (3) Unearned, treated as a lump sum payment. f. Earned	a. Earned b. Earned c. Earned d. Earned e. See below. (1) Earned, if payroll taxes are withheld; unearned, if payroll taxes are not withheld. (2) No (3) Unearned, treated as a lump sum payment. f. Earned

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:		
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID

<p>BB. EMPLOYMENT (Continued)</p>		<p>student exclusion for the same income source. However, if a full-time student, previously participating in a JTPA program, secures employment unrelated to JTPA, a second six-month exclusion is established. Therefore, up to twelve months of exclusions are available, but no more than six months for JTPA-related employment and another six months for non-JTPA-related employment.</p> <p>Once the dependent child becomes a recipient of AFDC/U, the earnings are totally excluded indefinitely.</p> <p>For a half-time student, earned income is included in the 185% and 100% of Need tests, when applicable. However, once the Needs tests</p>	
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SOURCE OF INCOME	CONSIDERED AS INCOME FOR:		
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U- RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI- RELATED MEDICAID
CC. ENERGY ASSISTANCE PAYMENTS OTHER THAN LIEAP	Unearned. Exceptions: federal energy assistance and one-time payments/ allowances under a federal or state law for the costs of weatherization or emergency repair/ replacement or unsafe/ inoperative furnaces or other heating/ cooling devices.	No	No
DD. FHA; FmHA (Federal Housing Authority); (Farmers Home Administration)	No	No	No

SOURCE OF INCOME	CONSIDERED AS INCOME FOR:		
	FOOD STAMPS	AFDC/U, DEEMED AFDC/U, TM, QC, P.L. PW AND CHILDREN, GA FOR DA, AFDC/U-RELATED MEDICAID	PAC, QMB, SLIMB, QDWI, CDCS, AIDS PROGRAMS, SSI-RELATED MEDICAID

<p>QQQ. THIRD-PARTY PAYMENTS</p>	<p>No.</p> <p>Housing assistance payments made to a third party on behalf of people residing in temporary housing are excluded as income when the temporary housing lacks cooling or refrigeration facilities.</p> <p>EXCEPTION: When the payments are made from funds normally payable to the benefit group, the income is unearned.</p> <p>EXAMPLE: An AFDC/FS recipient who is on vendor payments and for whom the Department is making payments, will have the AFDC payment counted as income.</p>	<p>No</p>	<p>No</p>
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EXAMPLE: A benefit group member has a court order to pay \$150 per month child support and he verifies only \$50 per month in payments. His child support deduction is \$50.

EXAMPLE: A benefit group member has a court order to pay \$100 per month child support and to provide medical coverage available through his employer. He did not make a payment for 10 months and owes \$1,000 in arrearages. His employer deducts \$100 per month child support, \$50 arrearages and \$25 per month for medical insurance for the child. His child support deduction is \$175.

EXAMPLE: Same situation as above, except the order requires \$50 per month alimony and \$100 per month rent to his ex-wife's landlord, which the court order stipulates is part of his child support obligation. The child support deduction is \$275.

When the child support amount paid each month varies, a minimum 3-month total is averaged to project over the certification period. When the payment record is less than 3 months, the deduction is based on anticipated payments, including arrearages.

For child support paid by disqualified individuals, see 10.4,D.

6. Shelter/Utility Deduction

After all other exclusions, disregards and deductions have been applied, 50% of the remaining income is compared to the total monthly shelter and utility costs. If the shelter/utility costs exceed 50% of the remaining income, the amount in excess of 50% is deducted. The deduction cannot exceed the shelter/utility cap found in Appendix B.

EXCEPTION: The cap on the shelter/utility deduction does not apply when the Food Stamp benefit group includes an individual who is elderly or disabled, as defined in Chapter 9.

The expense must be allowed only if the benefit group is obligated to pay, and the cost is paid with the resources of the benefit group. The deduction applies whether the expense is paid from excluded or non-excluded resources. When the bill has not been paid for several months, and the Worker questions the

to allow for fluctuations in utility costs. The current SUA is found in Appendix B.

The benefit group may change from the SUA to actual utility costs or vice-versa at each redetermination.

When the SUA is used, the Worker must still determine the actual utility costs, including any met by LIEAP, and enter the amount in the data system.

(a) Who Is Eligible

To be eligible for the SUA, the benefit group must meet the criteria in items (i) and (ii) or in item (iii).

(i) Heating or Cooling Costs

The benefit group must have heating or cooling costs billed on a regular basis. This does not mean that there must be a monthly billing for heating or a monthly billing for cooling throughout the year. It means that there must be a regular bill for heating during the heating season or a regular bill for cooling, during the appropriate season.

Heating expenses include, but are not limited to: the cost of electricity, gas, oil, coal, wood and kerosene. Such heating costs must be payments for the fuel item itself, not for related costs. Related costs are those expenses necessary to obtain the fuel, such as when a client uses free wood, but must pay for delivery. The delivery cost alone does not qualify the client for the SUA.

Cooling costs are verifiable utility expenses related to the

- failure of the non-Head of Household to comply with FSE&T requirements:
- IPV:
- receiving multiple benefits simultaneously:
- being a fleeing felon or probation/parole violator:
- conviction of trafficking food stamp benefits of \$500 or more:
- conviction for using Food Stamps to purchase drugs, firearms, explosives or ammunition.

The income of the disqualified individual(s) is counted as if he were a member of the benefit group.

All applicable exclusions, disregards, and deductions apply to the disqualified individual(s) income.

The disqualified individual(s) is not included in the benefit group when determining eligibility or the benefit level.

NOTE: In no instance is it acceptable for the benefit level to increase when an individual is disqualified and all other case circumstances are the same. Should this happen, please notify the IM Policy Unit in OFS immediately.

b. Failure to Comply With Public Assistance Requirements

Food Stamp benefits must not increase due to a reduction, suspension or termination of income from a federal, State or local welfare or public assistance program, when the reduction (suspension or termination) is due to the client's failure to comply with a requirement of the program. This applies to reductions, suspensions or terminations which begin on or after August 1, 1996.

any, filed in the case record. This is necessary to avoid QA errors for non-compliance with the policy.

(4) Deeming Period

The amount of the public assistance benefit received prior to the reduction, suspension or termination is counted as income for the duration of the penalty imposed by the public assistance program. If the client's benefits are terminated indefinitely and he does not apply for those benefits again, the level of income prior to the termination must be counted until his benefits are no longer terminated for failure to comply. The client is not required to begin receiving the benefit again in order to end the prohibition on an increase in Food Stamp benefits, but, if he continues to be ineligible, it must be due solely to some reason(s) other than the failure to comply that resulted in the previous termination.

(5) Client Notification

The fact that benefits do not increase based on a decrease in income, does not constitute an adverse action. However, client notification, using form letter ES-NL-B is required. See Sections 6.3,B and C.

(6) Denial of Food Stamp Fair Hearing

The benefit group is not entitled to a separate and distinct Food Stamp Fair Hearing on the issue of failure to comply because this would require the Food Stamp Program to second guess another program's determination. However, if the public assistance program is AFDC/U, the issue of intent may be dealt with during an AFDC/U Fair Hearing about the imposition of the reduction, suspension or termination. A Food Stamp Fair Hearing may be held on the issue of not increasing Food Stamp benefits when income has decreased.

(7) Data System Action

When the AFDC/U check is being reduced due to a failure to comply with requirements, the

- The individual who is participating in the strike is exempt from work registration for any reason other than employment. Refer to Chapter 13.

To determine if a benefit group containing a striker is eligible, it is necessary to determine pre-strike eligibility and current eligibility.

a. Definition of a Striker

A striker is an individual involved in a strike or concerted work stoppage by employees, or any slowdown or concerted interruption of operation by employees.

An individual who is a part of the striking union or concerted work stoppage is considered a striker, even if he voted against the strike or concerted work stoppage, and even if he does not actively engage in strike-related activity, such as walking in a picket line. Sympathy strikers are considered strikers. However, an individual who is not a part of the striking union or concerted work stoppage is not considered a striker.

The following persons are not considered strikers:

- An employee who is not working because of a lock-out by the employer
- Employees who are laid off or for whom there is no work because of a strike
- An employee who is not a member of a striking union, but who cannot cross a picket line because of fear of personal injury or death.

NOTE: Any person, who is prohibited by his union's by-laws from crossing a union picket line, may feel he faces the possibility of personal injury if he does cross the picket line of the striking union or concerted work stoppage. The Policy Unit must be contacted before a decision is made on these cases. The Policy Unit will determine if each member of the non-striking union does face the possibility of personal injury by crossing the picket line of the striking group. The Policy Unit will determine if the entire non-striking union may be considered non-strikers, or if the decision about the possibility of harm must

10. Irregular Income

Regardless of the source, irregular income is excluded because it cannot be anticipated.

11. Lump Sum Payments

Recurring lump sum payments, received by an applicant in the month of application or by a recipient, are treated as unearned income and prorated over the period of time they are intended to cover.

Non-recurring lump sum payments are excluded as income, but are counted as assets. Refer to Chapter 11.

12. Withheld Income

a. From Earned Income

Earnings withheld to repay an advance payment are disregarded, if they were counted in the month received. If not counted in the month received, the withheld earnings are considered income. No other earned income is excluded from consideration just because it is withheld by the employer.

b. From Unearned Income

(1) Intentional Misrepresentation

Treatment of unearned income depends on the reason it is being withheld and the government program, if any, involved. When a client's benefits under a federal or State means-tested program are reduced, due to the client's intentional misrepresentation, the amount being recouped from current benefits is counted as income. Means-tested programs include, but are not limited to, AFDC/U, SSI, HUD, PELL. Any other recoupment is not counted.

(2) Failure to Comply

See item 8,b above.

13. Funds Diverted To A PASS

Funds diverted to a PASS account are excluded only when the PASS is established by SSA for an SSI recipient.

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	C/U PAY-MENT	C/U 100% SON	C/U 185% SON	TRIP
1	645	774	857	967	1,194	1,290	1,935	149	581	1,075	490
2	864	1,036	1,149	1,295	1,598			201	786	1,454	725
3	1,082		1,439	1,623	2,002			253	991	1,833	800
4	1,300		1,729	1,950	2,405			312	1,196	2,212	875
5	1,519		2,020	2,278	2,809			360	1,401	2,592	950
6	1,737		2,310	2,605	3,213			413	1,606	2,971	1,025
7	1,955		2,601	2,933	3,617			462	1,811	3,350	1,100
8	2,174		2,891	3,260	4,021			477	2,016	3,729	1,175
9	2,392		3,181	3,588	4,425			477	2,221	4,108	1,250
10	2,610		3,472	3,915	4,829			477	2,426	4,487	1,325

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST			E & D		MNIL		QMB	SLIMB	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	NET	NET	1 Mo.	6 Mos.						
1	120	839	645	1,065	200	1,200	645	646-774	470	355	685		
2	220	1,123	864	1,425	275	1,650	864	865-1,036	705	533	920		
3	315	1,407	1,082	1,785	290	1,740				566	1,155		
4	400	1,690	1,300	2,145	312	1,872				711	1,389		
5	475	1,974	1,519	2,506	360	2,160				819	1,624		
6	570	2,258	1,737	2,866	413	2,478				939	1,859		
7	630	2,542	1,955	3,226	461	2,766				1,046	2,093		
8	720	2,826	2,174	3,586	477	2,862				1,165	2,328		
9	810	3,110	2,392	3,947	527	3,162				1,273	2,563		
10	900	3,394	2,610	4,308	547	3,462				1,394	2,797		

NURSING HOMES

Min. CSMA - \$1,295
 Max. CSMA - \$1,919
 MAX. FMA/each - \$432
 OLE - \$175

LIST OF ASSETS

specially equipped or used exclusively or primarily by the disabled person. This exclusion is not limited to one for each benefit group, but is limited to one for each physically disabled person.*

Individuals who meet the definition of disability found in Chapter 12 qualify for this exclusion. In addition, individuals receiving disability benefits from VA, SSA, or the Railroad Retirement Board qualify, as well as those suffering from a temporary disability, such as a broken leg. Ongoing disabling conditions, such as a respiratory illness or conditions requiring ongoing chemotherapy also qualify the individual for this exclusion.

- The vehicle is necessary for travel, other than daily commuting, that is essential to the employment of the individual, such as the vehicle of a traveling salesman or migrant worker following the workstream, or
- The vehicle is the individual's home.
- The vehicle is necessary to carry the primary source of fuel for home heating or water for home use.

* **NOTE:** Real property that is not excluded under other provisions in this Chapter and that is directly related to the maintenance or use of a vehicle excluded under the above three items designated with an asterick (*) is excluded as an asset. Only that portion of real property determined necessary for maintenance or use under this policy is excluded.

* **EXAMPLE:** A client owns a produce truck and uses it to earn his livelihood. He is prohibited from parking the truck in a residential area. The client owns a 10-acre field, separate from his homestead property, and uses his field to park and/or service the truck. The client needs and uses about an acre of the field for this purpose. Only the value of the acre is excluded, not the entire 10-acre field.

LIST OF ASSETS

If the value of the vehicle is \$4,650 or less, no asset is counted at this point.

Unless the case has been determined ineligible at this point, the Worker considers all of the same vehicles considered in this Step again in Step 3.

STEP 3: EQUITY-EXEMPT VEHICLES

Certain other vehicles, not previously exempted, may be exempt from having the equity counted as an asset. If more than two vehicles are involved, and there is a question about which should be exempt for this step, the Worker and client must agree on which vehicle(s) meets the criteria below.

- One licensed vehicle used for household transportation. However, if the trade-in value exceeds \$4,650 from Step 2, the excess CMV amount is still an asset.
- Any additional licensed vehicles necessary for benefit group members to seek, accept or continue employment, training or education which is preparatory to employment. However, if the trade-in value exceeds \$4,650 from Step 2, the excess CMV amount is still an asset.

This exclusion extends through temporary periods of unemployment when the vehicle is not in use.

STEP 4: ALL OTHER VEHICLES

If the benefit group has any other vehicles not excluded by Steps 1 or 3, the equity of the vehicles must be considered. This includes unlicensed vehicles, which are only taken into consideration in this Step. The equity value is an asset. However, when a licensed vehicle has a trade-in value of more than \$4,650 and is also considered for equity value, the Worker must use the higher of the two figures (trade-in or equity) in determining the total assets.

The client's statement of the value of the vehicle is accepted, unless he does not know, or his stated value

resident may use an employee of the shelter, another resident or anyone else, who is knowledgeable about the applicant's circumstances, as an authorized representative.

D. HOMELESS PERSONS

The following definitions apply to this item:

Homeless Individual: A person who lacks a fixed or regular nighttime residence or a person whose primary nighttime residence is one of the following:

- A supervised shelter designed to provide temporary accommodations, such as a welfare hotel or congregate shelter;
- A halfway house or similar institution that provides temporary residence for persons who might otherwise be institutionalized;
- A temporary accommodation in the residence of another individual. Homeless is defined in this manner for up to a 90 day period.
- A place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings, such as a hallway, a bus station, a lobby or similar places.

Homeless Meal Provider: A public or private non-profit establishment, such as, but not limited to, soup kitchen, temporary shelter, which are approved by the State that feeds homeless persons.

Persons who are homeless qualify for participation in the Food Stamp Program, if otherwise eligible, because there is no durational or fixed residency requirement.

Residents of shelters for the homeless are not considered residents of institutions and, if otherwise eligible, qualify for participation in the Program and may use their Food Stamps to purchase meals prepared by approved homeless meal providers.

1. Benefit Group Composition

The benefit group composition is determined as for any other benefit group. See Chapter 9.

17.1 INTRODUCTION

This Chapter describes the Department's policies and procedures for determining long-term care eligibility. Nursing care (long-term care) services are provided to eligible Medicaid individuals who reside in a nursing care or ICF/MR facility.

In addition to providing nursing care services to eligible Medicaid recipients, two coverage groups are eligible for alternative long-term care services by virtue of their need for nursing care and the availability of home-based or community-based nursing care services. These two coverage groups are part of the same Title XIX Waiver, even though they were begun at different times. The coverage group for elderly or disabled people is the HCB Waiver; the other is for mentally retarded or developmentally disabled individuals who live in facilities within their own communities and is the MR/DD Waiver.

This Chapter is organized the same way the entire Income Maintenance Manual is. Information in other sections of the Manual that also apply here are not repeated. Instead, reference is made to such information.

In determining eligibility for payment of nursing or alternative care, the Worker must ensure that the client, or his representative, is fully informed of the policies and procedures. This is necessary so that the client, his family or his representative is able to make informed decisions about the client's financial affairs.

However, the Worker must not, under any circumstances, suggest or require that the client, or representative, take any specific action in financial matters. The Worker must not act as a financial planner or make suggestions about the client's current or future financial situation. This includes comments about Estate Recovery. The Worker may respond to general questions, but must refer the client, or representative to OMS, for specific information. The Worker must not contact OMS on behalf of the client, but must refer the client or representative to OMS.

The Worker must refer all inquiries about billing issues from the nursing or ICF/MR facility to Provider Services in OMS. The Worker must not contact OMS on behalf of the provider, but must refer the provider to OMS.

Questions from county staff about any aspect of long-term care cases must be directed to the IM Policy Unit in OFS, not to OMS.

NURSING CARE SERVICES

Post-Eligibility

Community Spouse	\$ 421	Shelter
Deduction:	+ 216	SUA
	<u>\$ 637</u>	Total Shelter/Utilities
	- 389	30% Min. CSMA
	<u>\$ 248</u>	Excess Shelter/Utilities
	+1,295	Min. CSMA
	<u>\$1,543</u>	
	- 640	Total gross monthly non-
		excluded income of
		Community Spouse
	\$ 903	CSMA

Family Maintenance	\$1,295	Min. CSMA
Deduction:	- 275	Income
	<u>\$1,020</u>	Remainder ÷ 3 = \$340 FMA

\$1,705	Income
- 30	Personal Needs
<u>\$1,675</u>	Remainder
- 903	CSMA
<u>\$ 772</u>	Remainder
- 340	FMA
<u>\$ 432</u>	Remainder
- 142	Medicare premium and doctor bill
<u>\$ 290</u>	Resource and total contribution
	toward his care

The client has a \$290 resource to contribute to his care. Because there is a community spouse, the spenddown amount determined in the eligibility process is not subtracted as a non-reimbursable medical expense and is not added to the resource to determine his total contribution.

The Repayment Officer/Investigator has interviewed the client and the client did not sign an IG-BR-44, and did not report for the interview without good cause, and has not rescheduled.

The investigator believes an IPV is involved, but the county prosecuting attorney declines prosecution.

c. How to Request ADH

To request an ADH, the Repayment Officer/Investigator sends the following completed documents to the Hearings Officer:

- IG-BR-29
- IG-BR-30
- IG-BR-44
- A Case Review Summary in duplicate which includes:

Section I: Name, address, case number, and names of Workers involved.

Section II: Case data, date approved, date closed, overissuance period and amount.

Section III: Summary of facts known about the overissuance:

- When, how and by whom overissuance was discovered,
 - Ineligibility circumstances
 - For unreported assets, list assets, value, location and period of ownership,
 - For unreported income, list name and address of source and amount received each month.
- Section IV: Client's understanding of his responsibilities and includes Worker's signature and date summary was completed.

I. \$0 Check Amount, MRT Cases

Enter 0 (zero) to prevent the system from writing an AFDC/U check when MRT indicates that the deprivation factor of incapacity was met at the time of application, but does not exist when the MRT decision is received.

ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker/ Buy-In Unit	Y	Y	All except F Cases	49, 55, 84, 85

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
74	Long-Term Care Vendor Number	N	7	Numeric

This block is used to designate the vendor number of the LTC facility, either a nursing facility or an ICF/MR.

ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	N	N	AFDC/U, SSI and Deemed SSI Medicaid in LTC facilities	None

