

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 56		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
25	1	10/96	25 - 26	1	12/96
26	1	10/95			
3 - 6	9	10/96	3 - 4	9	12/96
9 - 10	9	9/95	9	9	12/96
			10	9	9/95
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17	10	8/95	18	10	12/96
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43 - 45	10	8/95			
46	10	10/95			
46 a - 46 b	10	10/96			
47 - 50	10	8/95			
51	10	10/96			
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			B-3 - B-4	18	12/96
			B-5 - B-6	18	8/95

Chapter 18: New alien eligibility requirements are outlined. Please read carefully.

For aliens claiming 40 qualifying quarters of earnings, SSA is developing an automated system to provide verification of quarters to the agency. A list of these individuals must be kept in each county office with name, SSN, birthdate and address so that they can be submitted to SSA when the system is on line.

Chapter 20: A new IPV penalty was added. All UPV's are subject to recoupment. Thanks to Sharon O'Dell for her assistance with the changes to this chapter.

Chapter 23: Instructions on coding the Homeless Shelter Standard Deduction were added.

Form: The ES-FS-1 has been modified to include a separate Homeless Shelter Standard Deduction.

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

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.

See Section 7.7,A for cases closed due to failure to submit a QR form in the required time limit.

EXCEPTION: For migrant and seasonal farm workers, the initial month is the first month following any break in certification of more than 30 days.

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:

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.

(3) Children Under Age 22, Living With a Parent

Parents living with their natural or adoptive children or stepchildren who are under 22 years of age and such children living with such parents are assumed to purchase and prepare their food together and, therefore, must be in the same benefit group.

(4) Elderly and Disabled Individuals

Although a group of individuals living together and purchasing food and preparing meals together constitutes a single benefit group under item b, (1) above, an individual who meets all of the following criteria may have himself, his spouse and children considered a separate Food Stamp benefit group.

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

- 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. See Chapter 18.

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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

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
QQQ. THIRD- PARTY PAYMENTS	<p>No.</p> <p>EXCEPTION: Vendor payments for transitional housing for the homeless are unearned.</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>EXAMPLE: A woman's ex-husband makes the house payment directly to the bank because he is court-ordered to do so. The amount he is court-ordered to pay is not income.</p>	No	No
RRR. TRUST ACCOUNT DISBURSEMENTS	Unearned	Unearned	Unearned

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.

for such expenses. See item D,7. Dependent care expenses deducted from educational funds are deducted from these funds last, so that the client may then use any excess dependent care expenses as a Dependent Care Deduction. The excess cannot exceed the caps found in Appendix B.

EXAMPLE: A college student pays \$300/month for day care for her one-year-old son while she attends classes and is away from home for library work. After subtracting all the amounts earmarked for education or used for education from her educational money, the remaining amount is \$50. Fifty dollars of the day care expense is deducted from the educational funds, leaving \$0 to count as income. The client still has day care expenses of \$250 for her child which were not deducted from educational income. The \$250 is in excess of the dependent care cap for a child under age 2, so the Worker codes the cap amount in the data system as the Dependent Care Deduction.

4. Child Support Deduction

A deduction is allowed for legally obligated child support actually paid by a benefit group member or disqualified individual to an individual not residing in the same household.

In West Virginia, legally obligated means the child support is the result of a circuit or magistrate court order, an order issued by administrative process, or a legally enforceable separation agreement. For orders issued in other states, any order that would be upheld by a Judge in a court of law is considered legally obligated.

Legally obligated child support includes cash or in-kind payments, payments on arrearages and payment for medical insurance premiums to cover the dependent child. If the dependent child is included in the parent's medical coverage at no extra cost, no deduction is allowed. If the parent must also enroll in order to cover the child, the total premium amount is used as a deduction. Alimony, spousal support and payments made in accordance with a property settlement are not deducted.

A deduction is allowed based only on payments actually made, not the legally obligated amount, and may not exceed the legal obligation.

This family qualifies for the deduction because it has incurred expenses for shelter.

If the benefit group incurs, or reasonably expects to incur, shelter and/or utility costs in excess of the standard deduction amount, the benefit group may use actual shelter/utility costs. A benefit group must not receive the standard deduction and the actual shelter/utility costs in the same month.

6. Medical Expenses

Medical expenses in excess of \$35 must be allowed as a medical deduction. Only the medical expenses of benefit group members who are elderly or disabled, as defined in Chapter 12, are considered. Once the medical expenses of all such benefit group members have been totalled, the amount of the total in excess of \$35 is used as a medical deduction. There is no maximum dollar limit for the amount of a medical deduction. Thirty-five dollars (\$35) is deducted from the total amount of expenses for the benefit group, not \$35 from each person's expenses.

a. Allowable Expenses

- Medical and dental care including psychotherapy and rehabilitation services provided by a qualified health professional.
- Prescription and over-the-counter drugs, if prescribed by a qualified health professional.
- Hospital or outpatient costs, nursing care and nursing facility care. This is also allowable if paid on behalf of an individual who was a member of the benefit group immediately prior to admission to a facility. The facility must be recognized by the State.
- Health and hospitalization insurance premiums
- Medicare premiums, except for cases in which the Department is paying the premium
- Dentures
- Hearing aids and batteries
- Purchase and maintenance of prosthetic devices

when reported cannot be considered, regardless of the method used to claim medical expenses or how the expense may be deducted once it is reported. The date the expense is incurred is not the deciding factor, but rather, the date the expense is billed or otherwise due.

The benefit group may elect to have one-time-only costs deducted in a lump sum or prorated over the certification period. If, at application, a client anticipates and verifies that he will incur an expense during the certification period, it may be prorated over the entire certification period. If he reports an expense during the certification period, it may be prorated over the remainder of the certification period.

Medical expenses are treated in any of the following ways.

(1) Estimated Expenses

The client may claim a medical deduction by providing a reasonable estimate of medical expenses for the certification period. Such expenses may include current verified medical expenses, anticipated changes in ongoing expenses, an anticipated new source of ongoing expenses or an anticipated one-time-only expense. The client must verify that his estimate is reasonable. Information used to determine that an estimate is reasonable may include, but is not limited to:

- Current verified medical expenses
- Statement from a physician, dentist or other health care professional to verify the need for and/or date of an anticipated procedure, course of treatment, etc.
- Cost estimate from the provider of an anticipated procedure, course of treatment, etc.
- Information about third-party coverage, including Medicaid, for current and/or anticipated expenses

March and April is overdue, the client may only receive a deduction for \$600. He may receive the \$80 a month deduction only until the \$600 is paid.

When a bill becomes overdue during the certification period, the deduction continues until the end of the certification period, unless the client reports the overdue bill.

Ongoing medical expenses that are regularly incurred on a weekly, bi-weekly or semi-monthly basis must be converted to a monthly amount using the following conversion figures:

Weekly - Multiply by 4.3

Bi-weekly - Multiply by 2.15

Semi-Monthly - Multiply by 2

(3) Estimated and Actual Expenses

Clients may choose to use a combination of estimated and actual expenses.

c. Medical Deduction for Residents of Group Living Facilities

Allowable medical expenses which can be identified apart from food and shelter payments are deducted.

d. Categorically Eligible, Retroactive SSI Approvals

When all of the following conditions are met, the benefit group must have benefits restored to compensate the client for a medical deduction he did not receive:

- The benefit group becomes Categorically Eligible due to retroactive approval of SSI benefits.
- The individual approved for SSI is entitled to a medical deduction.
- The client started receiving Food Stamps prior to being found eligible for SSI.

- Rent
- Mortgage payments
- Interest on mortgage payments
- Special tax assessments required by State or local law
- Insurance on the structure. This does not include insurance on furniture or personal belongings.

If the insurance cost on the structure and the cost on the personal belongings/furniture cannot be identified separately, the entire insurance payment is allowed.

- Cost of repairing the home which was damaged or destroyed due to a natural disaster such as a fire or flood. This does not include charges that will be or have been reimbursed from any source such as insurance, private agency, etc.

(1) Effect of Rent Subsidies

A rent subsidy paid directly to the client's landlord is not counted as income and is not used as a shelter deduction. A rent subsidy paid directly to the client or to the utility provider is counted as income, and the amount of the rent payment actually made from the benefit group's income, including income counted due to direct receipt of a rent subsidy, is used as a shelter deduction.

When HUD is recovering an overpayment by withholding money for current and future subsidies, the client's contribution increases. Such an increase is not counted as an increase in shelter costs.

(2) Residents of Group Living Facilities (GLF)

The portion of the payment made to the GLF, which can be identified as being for shelter or utilities, is used as a shelter deduction. If more than one resident is in the benefit group, their combined shelter payments are used as a deduction.

c. Standard Utility Allowance (SUA)

Certain benefit groups may choose to have the SUA used, rather than the actual costs of their utilities. The SUA is adjusted yearly 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.

(1) Who Is Eligible

To be eligible for the SUA, the benefit group must meet the criteria in items (a) and (b) or in item (c).

(a) 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 operation of air conditioning systems or room air conditioners.

Any benefit group which receives LIEAP and also incurs out-of-pocket utility expenses may use actual costs in lieu of the SUA.

Benefit groups which share a residence and heating or cooling costs with another individual(s), whether or not this individual(s) is participating in the Food Stamp Program, are eligible for a pro-rated share of the SUA, provided they are otherwise eligible to use it. See item (c) below and Chapter 23 for proper coding.

(2) Who Is Not Eligible

NOTE: A client who received LIEAP during the last heating season, as defined by LIEAP, but who does not apply or is not eligible for LIEAP when the new heating season begins, is not eligible for the SUA as a LIEAP recipient. Otherwise, a recipient of LIEAP is eligible for the SUA, even if he falls into one of the groups listed below as not eligible for it.

The benefit group is not eligible to use the SUA, instead of actual utility costs, when any of the following situations exist:

- The benefit group is using the Homeless Shelter Standard Deduction.
- The heating or cooling costs are included in the shelter payment.
- The benefit group receives an excluded utility supplement and does not have heating or cooling costs in excess of the amount of the excluded supplement.
- The only heating and cooling costs billed to the benefit group are those for utility use in excess of a set amount.
- The heating or cooling costs are for an unoccupied home.
- Benefit groups that live by themselves are either entitled to the entire SUA or no part of it as follows:

(a) When All Persons Receive Food Stamps

When all of the individuals receive Food Stamps, the SUA is divided by the total number of Food Stamp benefit groups in the residence, and the prorated share is used for each group. The C-219 system computes this when properly coded, and rounds the results to the nearest whole dollar as follows:

73.50 = 74; 73.49 = 73. See Chapter 23.

EXAMPLE: A 23-year-old man lives with his parents. The parents are in one benefit group and the son in another. They share utility costs. The current SUA is divided by 2 and half of the amount of the SUA is used for each case.

EXAMPLE: Two families live in separate units of a duplex. Their utilities are on the same meter, so they share the cost of all utilities. This is not a proration situation since the families do not live together. Instead, the family that is billed is eligible to receive the SUA. The other family is not eligible for the SUA, but may claim actual costs.

(b) When All Persons Do Not Receive Food Stamps

When all the individuals in one residence who share utility costs, do not receive Food Stamps, the procedure to determine how to prorate the SUA is as follows:

- Determine the total number of benefit groups actually receiving Food Stamps. For applications, include the applicant benefit group in the count.
- Determine which of the non-Food Stamp recipients purchase and prepare their food together. Those purchasing and preparing food together are assigned the

Benefits must be restored for the period for which the individual is authorized to receive SSI benefits or the date of the Food Stamp application, whichever is later.

C. DETERMINING ELIGIBILITY AND BENEFIT LEVEL

The following information describes situations encountered in determining eligibility for most benefit groups. However, there are situations which require special treatment. See Section 10.4,D.

- Step 5: Subtract the Homeless Shelter Standard Deduction.
- Step 6: Subtract allowable medical expenses in excess of \$35.
- Step 7: Subtract the Dependent Care Deduction up to the maximums found in Appendix B.
- Step 8: Subtract the amount of legally obligated child support actually paid.
- Step 9: Calculate 50% of the remaining income and compare it to the actual monthly shelter/utility cost, shelter/SUA amount, or HSS amount.

Step 10:

	No One Elderly or Disabled	At Least One Person Elderly or Disabled
Shelter/Utility Equal To Or Less Than Step 9.	No further computation is needed. The amount from Step 8 is the countable income.	No further computation is needed. The amount from Step 8 is the countable income.
Shelter/Utility Greater Than Step 9.	The amount in excess of 50%, not to exceed the shelter/utility cap, is deducted to arrive at countable income.	The amount in excess of 50% is deducted, without regard to the shelter/utility cap, to arrive at countable income.

- Step 11: Compare the countable income to the maximum net income in Appendix A for the benefit group size. This net income test does not apply to Categorically Eligible benefit groups. See Chapter 1.

3. Determining the Amount of the Benefit

NOTE: The coupon allotment may calculate to \$0. However, as long as the income is below the income limit the case must not be denied.

18.4 BENEFIT PROGRAMS

To receive AFDC/U, Medicaid or Food Stamps, the individual applying must be a resident of the United States as a citizen or a legal alien and meet eligibility standards as set by each program. Among those excluded are alien visitors, tourists, diplomats and students who enter the U.S. temporarily with no intention of abandoning their residence in a foreign country.

An illegal or ineligible alien residing in the U.S. who has need for emergency medical care is eligible for Medicaid for the length of time medically required to avert the medical emergency (see Section 18.6 of this chapter).

A. Food Stamps (Also Refer to Appendix B)

1. Applicants On Or After 8/22/96 Who Were Not Certified for Benefits on 8/22/96

Some non-citizens are eligible for a period of 5 years after obtaining designated alien status, and some are eligible for an unlimited period. Once they have designated alien status, they are eligible for 5 years, if otherwise eligible, even if their status changes during the 5 year period.

NOTE: If they were certified on 8/22/96, even if there is a break in participation, the policy in Section 2 below applies.

(a) The following are eligible for a 5 year period beginning with the date they are lawfully admitted for permanent residence and obtain a designated alien status as:

- A refugee admitted under Section 207 of the Immigration and Nationality Act (INA), or;
- An asylee admitted under Section 208 of the INA, or;
- An alien whose deportation has been withheld under section 243(h) of the INA.

EXAMPLE: A non-citizen obtained designated alien status in January, 1990. He was not certified on 8/22/96 and applies for Food Stamps in December, 1996. He is ineligible as it has been more than 5 years since he obtained designated status.

to be submitted to SSA when their
verification system is on line.

2. Persons Certified On 8/22/96 Regardless of a Break in
Certification

a. Who Is Eligible

- Lawful Permanent Residents except: aliens who legalized under general amnesty programs are ineligible for food stamps for five years unless they are 65 or older, blind or disabled.

NOTE: Some aliens are subject to three year sponsor deeming.

- Lawfully admitted as an immigrant as defined in Sections 101(a)(15) and 101(a)(20) of the Immigration and Nationality Act (INA).
- Permanent resident (entered prior to January 1, 1972).
- Lawful Temporary Residents under the 210 farm worker (SAW) program or under the 245A general amnesty program if 65 or older, blind or disabled.
- Refugees
- Asylees
- Parolees Section 212(d)(5)
- Aliens granted withholding of deportation

b. Who Is Ineligible

- PRUCOL Aliens
- Non-immigrants
- Undocumented aliens

NOTE: When the Worker has reason to believe that any member of a household is ineligible to receive Food Stamps because the member is present in the U.S. in violation of the law, this is to be reported immediately in writing to the Projects Unit in the

2. Aliens Permanently Residing in the U.S. Under Color of Law (PRUCOL)

NOTE: PRUCOL is not a definition under immigration law and is not a separate immigration classification like "refugee" or "lawful permanent resident." AFDC/U is a federal program that uses PRUCOL as a basis of eligibility.

Aliens who are PRUCOL include: *

- Aliens admitted as refugees,
- Aliens granted asylum,
- Conditional entrant refugees,

ALIEN ELIGIBILITY FOR FOOD STAMPS

PERSONS CERTIFIED ON 8/22/96 REGARDLESS OF A BREAK IN CERTIFICATION

Lawful Permanent Residents:

EXCEPT:

- aliens who legalized under the general amnesty program (245A) are ineligible for food stamps for five years unless they are 65 or older, blind or disabled.

NOTE: Some aliens subject to 3-year sponsor deeming.

Lawful Temporary Residents under the 210 farm worker (SAW) program

Lawful Temporary Residents under the 245A general amnesty program
if 65 or older, blind or disabled.

Refugees

Asylees

Vietnamese Amerasians

Parolees

Aliens granted withholding of deportation

ALIENS INELIGIBLE FOR FOOD STAMPS

All other aliens

Non-immigrants

Undocumented Aliens

Contact the State Refugee Coordinator on questionable issues.

ALIEN ELIGIBILITY FOR MEDICAID

ALIENS ELIGIBLE FOR FULL MEDICAID SERVICES

Lawful Permanent Residents:

EXCEPT:

- amnesty aliens subject to the 5-year disqualification (aliens who legalized under the general amnesty or farm worker programs are ineligible for Medicaid for five years unless they are under 18, 65 or older, blind or disabled, or only seeking pregnancy-related care or emergency services).

Lawful Temporary Residents under the amnesty programs who are exempt from five year disqualification.

Persons fleeing persecution: refugees, aliens granted asylum, aliens granted withholding of deportation, parolees, Cuban/Haitian Entrants, conditional entrants.

Aliens granted permission to remain in the United States: granted indefinite voluntary departure, stay of deportation, suspension of deportation, order of supervision.

Aliens who have applied for immigration benefits and whose departure the INS does not contemplate enforcing: granted voluntary departure for definite period, applicant for adjustment of status, United States citizen's relative with approved I-130 petition.

Resided in the United States since before January 1, 1982

Alien residing in the United States with INS knowledge and permission and whose departure the INS does not contemplate enforcing

ALIENS INELIGIBLE FOR MEDICAID (EXCEPT EMERGENCY)

Aliens granted Temporary Protected Status

Aliens granted Family Unity - for same length of time and in same manner as legalized spouse or parent

Non-immigrants

Undocumented Aliens Who are Not PRUCOL

ALIENS AGRUABLY ELIGIBLE FOR FULL MEDICAID

Applicants for legalization, asylum, or suspension of deportation.

NOTE: All aliens, regardless of immigration status (including undocumented aliens), are eligible for Medicaid if they are only seeking emergency care.
Contact the State Refugee Coordinator on questionable issues.

- Establishes an IPV by obtaining the client's waiver of, or presenting evidence at, an Administrative Disqualification Hearing (ADH).
- Documents IPV through court action
- Notifies the benefit group of the overissuance
- Initiates and monitors collection activity on the claim
- Imposes disqualification sanctions
- Notifies the Worker of the end of the sanction period

C. IDENTIFYING THE MONTH(S) FOR WHICH CLAIMS ARE ESTABLISHED

Those clients who are not required to report quarterly are required to report changes within ten (10) days of the date the change becomes known to the client or occurs, whichever is first. If they do not and the change would have decreased benefits, a claim is to be established for any overissuance. This also applies to quarterly reporting clients when the change in circumstances concerns an issue not asked for on the quarterly report form.

Those clients who are required to report quarterly are NOT REQUIRED TO REPORT those items addressed on the quarterly report form by any means other than the report form. Their reporting deadline is, therefore, the 7th of the processing month following the quarter the change occurred.

NOTE: Claims are not established for excess benefits received during the 13-day advance notice period.

EXAMPLE: A QR client sends in an incomplete form on July 7. The form is returned with an ES-NL-C on July 7th. The client returns a completed QR form within the 13-day advance notice period on July 19. A review of the form shows that the client's income has increased from the previous report period. Because it is too late to give the client advance notice of the decrease in benefits, a Food Stamp claim is not established.

1. UPV Claims

NOTE: Items a. and b. below are used when the overissuance is not contested in a Fair Hearing. If a Fair Hearing is held, the Hearings Officer's decision is final.

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.

under policy prior to 5/1/83, are considered as one previous disqualification, when determining the appropriate penalty.

If a court fails to impose a disqualification period, the Department imposes the penalties listed above.

(2) Time Limits

For court decisions, the disqualification must be imposed within 45 days of the date the final court order is received by the Investigator.

For disqualifications obtained by signing an IG-BR-44 waiver or by an ADH decision, the disqualification begins with the first month following the month the individual signs the waiver or receives notification of the ADH decision. Thirteen days advance notice must be given and taken into consideration when applying the IPV sanction.

(3) Imposing the Penalty

Once the sanction is obtained, the Repayment Officer takes the following actions:

- Notifies the client of the date disqualification begins, and benefit reduction or termination as a result of the disqualification, using forms ES-NL-C and ES-NL-C1. See Chapter 6.
- Takes data system action to remove the disqualified individual(s).
- Begins repayment of the claim using IPV policy.

NOTE: If the individual is not eligible for Food Stamps at the time the disqualification period begins, the disqualification period begins at the same time it would if he were a Food Stamp recipient and continues until it expires, regardless of the eligibility status of the individual or his benefit group. Likewise, once an eligible individual is disqualified, the disqualification period continues until it expires, regardless of the eligibility status of the individual or his benefit group.

EXAMPLE: A court order is received by the Investigator on 8/1/95 indicating an individual is guilty of his first IPV. When the order is received, the individual is not

- UPV, Agency

Based on this priority list, payments are credited to the oldest claim first, until it is paid. Then, payments are credited to the next oldest claim.

The procedure includes the following:

1. Initiating Collection

a. UPV Claims

The benefit group is notified of the Food Stamp claim by computer-generated notification/demand payment letters from ARTS. Enclosed with the letter is a repayment agreement, form ES-FS-17, and a self-addressed stamped envelope. ARTS automatically sends up to 3 such letters requesting repayment depending upon the amount of the claim. The number of letters sent is as follows:

Claim of \$35 through \$50: 1 letter

Claim of \$51 through \$499: 2 letters

Claim of \$500 or more: 3 letters

b. IPV Claims

In the case of a potential IPV, the benefit group is notified of the claim by an appointment letter scheduling a face-to-face interview and detailing the claim, cause and amount.

(1) Repayment Interview

A Repayment Interview is conducted in conjunction with the interview to discuss the signing of the Waiver of Rights to an ADH. During the interview, the client is asked to sign form ES-FS-17, repayment agreement, after the options on the agreement are explained.

(2) Computer Generated Letter

When an IPV is established through an ADH or court decision, the benefit group is sent a computer generated letter notifying them of

- Claims from \$51 to \$499: ARTS automatically sends the benefit group an additional notification/demand payment letter. If the benefit group does not respond within 30 days of the second letter, the system automatically suspends the claim.
- Claims of \$500 or over: ARTS automatically sends the benefit group second and third notification/demand payment letters at 30-day intervals. If the benefit group does not respond within 30 days of the third letter, the system automatically suspends the claim.

NOTE: If at any time during the computer-generated notification letter cycles, the letters are returned undeliverable as addressed and the Repayment Officer/Investigator cannot locate a more current address, the claim is placed in the invalid address-loss of contact pay status (A).

NOTE: If, after a UPV claim has been placed in a suspended status, a person who was a responsible adult member of the benefit group whose claim was suspended, applies for and is approved for Food Stamps, the claim is removed from suspense status and a 10% CA reduction initiated.

NOTE: Outstanding claims against non-participating benefit groups can be pursued through court action filed in Magistrate Court, depending on the amount of the claim and the potential for recovery.

b. IPV Errors

(1) Active Cases

The current CA, after the disqualified member(s) has been removed from the benefit group, is reduced by 20% of the entitlement or \$10, whichever is greater. The entitlement is the CA the benefit group would receive if the disqualified person were included in the benefit group.

and client have the option to renegotiating the payment schedule, if they believe the client's circumstances have changed enough to warrant it, as long as the renegotiated amount does not fall below the minimum.

(b) Inactive Cases

The client should be encouraged to repay in accordance with item (a) above, using his last coupon entitlement as the basis for establishing the minimum amount. However, any level of repayment is acceptable.

(2) IPV Errors

(a) Active Cases

The monthly installment payments must be at least 20% of the coupon entitlement the benefit group would be entitled to if the disqualified person(s) were included, or \$10, whichever is greater. Once negotiated, the repayment amount remains unchanged regardless of subsequent changes in the monthly CA. However, both the Worker and the client have the option to renegotiate the payment schedule if they believe the client's circumstances have changed enough to warrant it, as long as the renegotiated amount does not fall below the minimum amount specified above.

(b) Inactive Cases

The client should be encouraged to repay in accordance with item (a) above, using his last previous coupon entitlement as the basis for establishing the minimum amount. However, any level of repayment is acceptable.

NOTE: Lump sum or installment payments are made by the client in the form of money orders, cashier's checks, and certified checks. Personal checks are accepted until one is returned for

When coded properly, the data system reduces the current CA by 10% or \$10, whichever is greater, to accomplish repayment for UPV's. For IPV's, the data system determines 20% of the coupon entitlement with the disqualified individual(s) included and reduces the current coupon entitlement by this amount or \$10, whichever is greater.

EXAMPLE: An ADH decision is received that one member of a three person benefit group committed an IPV. The benefit group is currently receiving \$292 in Food Stamps. The effect of the disqualification and 20% CA reduction is as follows:

\$292	Coupon entitlement for original 3-person Benefit Group
<u>-89</u>	One person disqualified
\$203	Coupon entitlement for 2 person benefit group
<u>-58</u>	CA reduction (20% of \$292)
\$145	CA benefit group received

The C-219 data system interfaces with ARTS records on a monthly basis and posts these payments. ARTS generates a monthly receipt to all clients who have made payments in this manner.

When the amount of the overissuance does not divide evenly by the amount of the CA reduction, the excess is collected by either of the following methods:

- The client may be asked to repay the excess in one payment of cash or Food Stamps. This payment may be required in advance of the CA reduction, or after the CA reduction has been completed.
- The CA may be reduced for one extra month to accomplish the repayment, with the loss in benefits to the client being restored by the WEKR system within one week of the client's normal issuance cycle. This method is recommended for those clients who are required to repay, but who did not agree to the repayment.

I. MAINTENANCE OF THE FOOD STAMP CLAIM

1. Notification Of Delinquent Payments

Those clients who agree to repay and become more than 30 days delinquent in making a payment, receive a delinquent notice letter, form WE-ARTS-CG-40, generated by ARTS.

Food Stamp claims with any of the following pay status codes may receive a delinquent notice letter:

- 0 (Zero): CA Reduction
- 4: Payment through Financial Clerk
- D: Court adjudicated and agency monitored

These letters are sent on the 6th working day of the month following the month in which the benefit group failed to make the agreed payment. Clients who receive such notices are listed on Report No. WECP151P1.

Active Food Stamp benefit groups who fail to make their agreed cash payments are subject to the mandatory collection procedures described in item G.

The Court/Probation Officer is notified by the Investigator when a court-ordered case becomes delinquent.

2. Action Required When Client Moves

a. Intrastate Claims

After a claim is established, and the client begins to make restitution, he may move out of the county where the claim was established. When the Repayment Officer/Investigator becomes aware of such a move, follow-up action is required.

(1) Active Cases

When a client who is currently certified for Food Stamps moves from one county to another within the state, the Worker transfers the case record to the new county. The office transferring the record should insure that the case file is appropriately identified regarding any outstanding claim(s). An

A notation of Recoupment - DO NOT PURGE must be shown as part of any case recording which establishes the amount of overpayment.

EXAMPLE: An AFDC benefit group of three has unearned income of \$247. The family does not receive a payment because they are eligible for less than \$10. The \$6 they do not receive is not counted toward any repayment.

NOTE: Even though the case is inactive or not receiving a payment, it must be referred to IFM if the amount is \$500 or more and fraud is suspected.

provider of the medical services, but not from the client.

C. PROVIDER FRAUD

If fraud on the part of any provider of Medicaid services is suspected, the Worker must submit a memorandum to the Medicaid Fraud Unit. The memorandum must contain the following information: provider name and address, reason fraud is suspected, detailed explanation of the information accumulated which leads to the suspicion of fraud, names and addresses of clients who might have knowledge which would help in a fraud investigation.

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
50	Standard Utility Allowance (SUA)	N	1	Alpha

Enter one of the following codes if the household elects to use the SUA.

An entry of S means the full standard is used in the calculation. The following list shows the appropriate code used when the utility costs are shared, and SUA is prorated over 2 or more benefit groups.

Number of Benefit Groups is:

Code:

2	A
3	B
4	C
5	D
6	E
7	F
8	G

NOTE: The actual utility costs must still be shown in Block 52. This information is used to determine the amount of the SUA for the next annual update.

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
52	Utility Costs	N	3	Numeric
<p>Enter the total monthly utility costs, of the Food Stamp benefit group. Do not include any amount which is included in the Homeless Shelter Standard Deduction.</p> <p>When Block 50 is coded for use of the SUA, the amount entered here is not used by the system in computing the Food Stamp shelter/utility deduction. However, the actual amount of the utilities must be shown, since this amount is used to update the amount of the SUA.</p> <p>When a benefit group shares a residence, utility costs and the SUA with another benefit group and a member is disqualified due to an enumeration penalty, the benefit group's prorata share of the SUA is entered here. See Block 50 for instructions to code the prorata shares.</p> <p>If the case is certified for AFDC/U, but not for Food Stamps, enter the amount of expenses for utilities, taxes or upkeep. Make no entry if the client has none of these expenses.</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	Y - FS Only	Y	FS	50, 51, 47, 76, 53, 54, 57

FOOD STAMP WORKSHEET

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

CA = _____

NAME: _____

DATE: _____