

MANUAL MATERIAL TRANSMITTED					
<b>MANUAL:</b> INCOME MAINTENANCE			<b>CHANGE NUMBER:</b> 6		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
7 - 8	6	8/95	7	6	11/95
			8	6	8/95
3 - 4	12	9/95	3	12	9/95
5 - 6	12	9/95	4 - 6	12	11/95
<b>DATE:</b> August, 1995			<b>TO:</b> All Income Maintenance Manual Holders		

This change is in reference to Holcomb reporting requirements.

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

2. Denials

The Worker completes the ES-NL-A by indicating the program for which benefits are being denied; the reason for denial, the name of the person whose income, assets or other circumstances prevent approval; the Manual section on which the denial is based.

**NOTE:** If the denial 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."

**NOTE:** If the case being denied would have been an AFDC/U absence case, or any child has an absent parent the following statement must be shown on the denial letter: "You may still receive help in locating and obtaining support from the absent parent(s) of your child(ren). Please call the telephone number shown above and ask to speak to a Child Advocate Worker. You may also write or visit your local Human Resources Office for help."

For Food Stamp Denials Only: When the applicant has an SSI application pending with SSA, the Food Stamp denial notice must explain the possibility of Categorical Food Stamp Eligibility if his SSI application is approved. He must be advised to contact the Department upon SSI approval.

D. ES-20

If the application is not acted on within the required time limit, the Worker must send an ES-20 to the applicant, informing him of the required information which has not been received by the Department. The ES-20 is sent at the time of the expiration of the maximum allowable time for acting on the application. A copy of the ES-20 must be filed in the case record.

E. ES-21

The spenddown status of Medicaid cases that have been entered in the data system, but have not met the spenddown requirement, must be reviewed on a monthly basis. If, after

The individual is considered disabled if he has a medically determined physical or mental impairment which is expected to last for at least 6 months from the date of application and which prevents him from performing substantial gainful activity.

C. DEFINITION OF BLINDNESS

To meet the definition of blindness, the individual must have:

- Central visual acuity of 20/200 or less in the better eye with corrective glasses, or
- A limited visual field of 20 degrees or less in the better eye with the use of eyeglasses.

D. CONSIDERATION OF MEDICAL AND SOCIAL FACTORS IN DETERMINING DISABILITY

In determining whether or not an individual is disabled, medical and social factors and the relationship between the two must be considered.

If the medical information indicates that the individual has an impairment which has lasted or can be expected to last the required length of time, social factors must be examined to determine the effect of the impairment on the individual.

When a case is referred to MRT for a disability decision, the Worker completes form ES-RT-1, Social Summary Outline. This form is designed to identify the social information used by the Worker in making a presumptive decision and by MRT in making the final disability decision.

Follow-up request(s) for medical records or reports	By 30 days after initial request (and each 30 days thereafter)
Submission to MRT	By 7 days after medical records/reports received.
Receipt of file and logged	By 2 days after receipt by MRT
Initial review by MRT staff	By 7th day after receipt
Physician review (initial)	By 14th day after receipt
Additional medical information requested (if required) by physician	By 7th day after initial physician review
Physician's final review	By 7th day after receipt of additional medical information
Final decision (completion of ES-RT-3 form)	By 7th day after final physicians review
File returned to county office	By 3rd day after final review decision
Notice to the client	By 7th day after receipt of final decision at county office

**NOTE:** The 90-day processing time limit concludes with the mailing of the client notification, not data system action.

2. ES-20

Disability cases which have been pending longer than 90 days must receive an ES-20 by the 100th day stating the reason for the delay.

A copy of the ES-20 must be filed in the case record.