

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 9		
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Appendix A	21	6/95	Appendix A - FS	21	6/95
			App. A - AFDC/U	21	3/96
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			164 a	23	9/95
			170 a	23	3/96
DATE: August, 1995			TO: All Income Maintenance Manual Holders		

Changes are made as follows:

Chapter 11: Clarifying information about burial trusts was added.

Chapter 15: A reference was added to Appendix B for SCA information.

Chapter 16: The age requirement for GA for DA was added.

Chapter 21: Minor terminology changes.

Chapter 21, Appendix A: Instructions for completion of the DF-36 were made consistent with the text. Other minor cosmetic changes were made.

Chapter 23: The Blocks not included when the new Chapter was released were added.

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

(1) Bank Accounts

When the joint owner, who is an SSI recipient, does not successfully rebut the presumption of ownership through SSA, all account funds are considered to belong totally to the SSI recipient. Otherwise, the portion that SSA determines not to be his due to his successful rebuttal is considered to belong to the other joint owner(s).

(2) Other Assets

For assets other than bank accounts, unless there is evidence to the contrary, assume that each owner owns only his fractional interest of the shared asset.

c. Joint Ownership by Others

Unless there is evidence to the contrary, assume that each owner of the shared asset owns only his fractional interest in it.

For joint checking or savings accounts, or jointly owned time deposit, all funds are assumed to belong to the owners in equal shares, unless there is evidence to the contrary.

NOTE: See Section 11.4 for information concerning joint ownership of Life Estates.

d. Rebuttal When Client Denies Ownership of Assets

When the client has unrestricted access to assets, his share of ownership is presumed, even though he does not consider himself an owner. He must be allowed to rebut the Department's presumption of ownership.

(1) Evidence Necessary For Rebuttal

The client must provide the following evidence to rebut the presumption of ownership:

- A statement written by the client giving his explanation of ownership of the asset and the reason the asset is not accessible to him. In addition, when the asset is a bank account or certificate of deposit, the Worker must

- The individual pays the agreed upon amount to the funeral director in the form of a direct cash payment, purchase or transfer of a life insurance policy or annuity which is assigned to the funeral director.
- The funeral director, in turn, places the preneed payment or device into the trust or escrow account which the funeral director establishes himself. If the client establishes the trust or other device himself, the amount may be considered a transfer of resources. See Chapter 17.
- The client is expected to receive goods and services with a total FMV at least equal to the amount he paid.

When all of these conditions are met, burial funds are excluded in their entirety for the client and/or his spouse.

The exclusion is determined by the following method, with irrevocable burial funds being used for the exclusion before any other funds.

- Step 1: \$3,000 Maximum Burial Exclusion
- Step 2: Subtract irrevocable burial trusts, irrevocable burial contracts or any other irrevocable burial agreements.
- Step 3: Subtract face value of all life insurance policies whether or not these policies are also counted as assets.
- Step 4: Subtract revocable burial trusts and any other revocable burial agreements; money set aside for burial (maximum of \$1,500, not comingled with other funds).
- Step 5: This is the remaining amount of other assets which may be excluded for burial.

EXAMPLE: An unmarried man applies for Medicaid. He has \$1,800 set aside for burial and he has just established an irrevocable preneed burial trust, in the amount of \$2,000. This totals \$3,800 in burial funds. Since he cannot access any of the money in the preneed burial trust, it is excluded first as part of the \$3,000 burial exclusion. Of the \$1,800 in funds set aside for burial, only \$1,000 is excluded. The remaining \$800 is counted as an asset and must be

15.4 SPECIAL NEEDS

Special needs are those which are not uniformly shared by all individuals or families. They are related to the special circumstances of one or more family members.

A. SCHOOL CLOTHING ALLOWANCE (SCA)

The School Clothing Allowance operates for one calendar month per year, usually for the month of August. It provides an annual payment for clothing for school-age children. The SCA requires annual authorization. Approval is announced by annual release of an updated version of Appendix B of this Chapter. Detailed instructions are contained in Appendix B.

B. COURT FEES

When court fees are required for the appointment of a committee, the full amount of the court costs, excluding attorney fees, may be paid on a one time only basis.

Upon receipt of a written notification from the County Clerk's office, the Worker will issue the supplemental payment using Form AP-3, Check Supplement.

C. CHORE SERVICES

Chore Service payment is included in the monthly AFDC/U check upon notification from the Office of Community Support.

16.11 GENERAL ASSISTANCE FOR DISABLED ADULTS (GA FOR DA)

Income: AFDC/U Payment Level **Assets:** \$1,000

NOTE: GA for DA clients are not subject to a spenddown provision.

Prior to January, 1980, the GA for DA Program provided a cash payment and medical card to eligible individuals. The Department stopped the cash payment, but was court-ordered to continue medical assistance at the same level provided for Medicaid recipients. Medical services are paid for from state money only; i.e., there is no federal match. The usual three-month backdating period does not apply to GA for DA.

An individual is eligible for Medicaid when all of the following conditions are met:

- The individual is age 18 or over.
- The individual meets the income standard described in Chapter 10.
- The individual meets the asset standard described in Chapter 11.
- The individual meets the definition of disability found in Chapter 12.

NOTE: This is the same definition of disability used by SSI, except the duration of the disability is only six (6) months for GA for DA.

- The individual has applied for and been denied SSI. Reapplication for SSI is required at each redetermination unless the client's appeal of a previous denial is still pending. If he has been denied within the last six months, eligibility begins on the date of application. Otherwise, he must be referred to SSA to apply for SSI and benefits must not start until he has been denied SSI. If SSI eligibility cannot be determined during the processing time limit for GA for DA, the application is denied and the client must reapply for further consideration.
- The individual is not eligible under any other Medicaid coverage group which offers full-Medicaid coverage.

b. Limits on Replacement

There is no limit on the number of times the value of food lost in a misfortune or disaster may be replaced.

c. Offset

Replacements of destroyed food must not be used to offset claims.

B. WHEN FOOD STAMPS WILL NOT BE REPLACED

Replacement issuances are not provided in the following circumstances:

- When coupons are lost, stolen or misplaced after receipt.
- When coupons are totally destroyed after receipt in some way other than a household disaster or misfortune.
- When coupons sent by registered or certified mail are signed for by anyone residing with or visiting the benefit group's residence.
- When the issuance would normally be replaced but the benefit group has not signed the ES-FS-36 within ten (10) days of the date the client reports.
- When the client has already received the maximum number of countable replacements. See Section 21.2,A,1,b.
- When FCS has issued a disaster declaration and the benefit group is eligible for disaster Food Stamp benefits, the benefit group must not receive the disaster allotment and a replacement allotment.
- When the client does not report the benefit loss within the period of intended use or within ten (10) days of the specific incident.

- Have the client sign the DF-36 in the presence of the Worker. The client's signature must be exactly as shown on the payroll. Two witnesses are required if the client signs with an X. Signatures on all copies must be original. The Worker must complete the state, county and date sections of the DF-36.
- Send the original and two copies of the DF-36 to Accounts Receivable with a memorandum requesting a "stop payment" on the original check and advising that the check has been replaced by general assistance funds. File a copy of the memorandum and DF-36 in the case record, and provide a copy of the memorandum to the Financial Clerk.
- Prepare a DF-67. Enter Lost Check in item #8. The client's name exactly as it appears on the payroll is entered as both the client and the vendor, and the client signs in both places. The recording must describe how the check was lost and include the warrant number of the check. The Financial Clerk is requested to replace the check the same day.

D. WHEN ORIGINAL CHECK IS LOCATED

1. When Check Has Not Been Cashed

If the client later receives or finds the original check, he must return it to the county office and endorse it to the Department.

2. When Check Has Been Cashed

If the original check is cashed, Accounts Receivable notifies the Worker by memorandum and attaches a copy of the cancelled check. The Worker must ask the client to view the signature on the check. Action to be taken depends upon the client's response and the Worker's opinion:

- If the client admits that it is his signature, the Worker refers the matter to Investigations and Fraud Management (IFM).

The Worker must notify Accounts Receivable by memorandum of the referral.

- If the client states it is not his signature, the Worker must compare the signature to the client's

APPENDIX A

FOOD STAMP REPLACEMENT DESK GUIDE

REPLACING FOOD STAMPS	Can FS Be Replaced	Report Within 10 Days	ES-FS-36	Replacement Limits	WEKR CODE
Undelivered FS (not delivered or delivered and stolen from mail box). Wait 5 calendar days before replacement.	YES	Report during period of intended use	YES Retain in record	YES 2 countable replacements in 6 months	03 ES-FS-10 required
Stolen FS (Burglary, hold-up or snatching)	NO	N/A	N/A	N/A	N/A
Lost FS (lost or misplaced after receipt)	NO	N/A	N/A	N/A	N/A
FS damaged prior to receipt	YES	YES	NO	NO - Can only replace distinguishable coupons. Must present 3/5 of coupon.	06
FS damaged after Receipt	YES	YES	NO	YES - Counts as 1 of 2 replacements in a 6-month period	06
Destroyed FS (Fire, flood, etc.)	YES	YES	YES - Forward original to FS Issuance Unit	Yes - 2 replacements in 6 months in addition to 2 undelivered FS replacements	05
Food destroyed in disaster or misfortune	YES - Cannot exceed one month's allotment	YES	YES Retain in case record	NO	07
Partial Allotment received - envelope tampered with (considered undelivered)	YES Same procedure as undelivered	YES	YES Retain in case record	YES - Counts as 1 of 2 undelivered FS replacements in a 6 month period	03 ES-FS-10 required
Partial Allotment received - envelope not tampered with (misstuffed)	Maybe - Supervisor and FS Unit will decide	YES	YES Retain in case record	NO	01

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
71	Non-Reimbursable Medical	N	5	Numeric
<p>The amount of the client's non-reimbursable medical expenses (except the spenddown amount) is entered here for use in post-eligibility calculations.</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	Y	N	NF, ICF/MR	40, 46, 47, 48, 50, 51, 67, 70, 78, 79

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
78	Client's NF, ICF/MR Obligation	N	5	Numeric
<p>The amount of the client's non-reimbursable medical expenses in Block 71 is subtracted from the client's spenddown amount in Block 67. The difference is entered here.</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
System	N	N	NF, ICF/MR	67, 71, 40, 46, 50, 69, 70, 47, 48

BLOCK #	TITLE	MANDATORY ENTRY	MAX. LENGTH	ALPHA OR NUMERIC
92 - 98	Associated Cases	N	7 each	Numeric
<p>Blocks 92 - 98 are used to link cases in the M-219 system together. Enter only the base number of cases linked together.</p> <p>EXAMPLE: A woman and her three children receive AFDC-Related Medicaid. She and each of the children have income of their own, so four cases are opened. The base number of the other three cases are entered in each case in any of these Blocks.</p> <p>When an address change is made for a case, the address of all cases coded in Blocks 92 - 98 is automatically changed to the same address.</p> <p>The Worker must not code associated C-219 system cases in these Blocks. Because only the base number is entered, the M-219 system would automatically change the corresponding M-219 system base number to the new address.</p>				
ENTERED BY	FORCES RECALCULATION	AUTO REMOVED	PROGRAMS	INTERRELATED TO OTHER BLOCKS
Worker	N	Y	Medicaid	None