

MANUAL MATERIAL TRANSMITTED

MANUAL: INCOME MAINTENANCE

CHANGE NUMBER: 79

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DATE: May, 1997			TO: All Income Maintenance Manual Holders		

- Whether or not any of the client's last benefits were returned to the agency
- For TANF/WV WORKS cases only: the Worker must determine how many months the client received TANF payments.

NOTE: States have until July, 1997 to convert from AFDC/U to a TANF-funded program. Therefore, for benefits received prior to 7/97, the Worker must also determine how many months of the cash assistance payments were funded under TANF.

- For Food Stamp cases with ABAWDs only: The Worker must contact the other state to determine and record when the individual's 36-month period began, and how many months of his 3-month limit without meeting the work requirement he has used. If he is residing in an ILC, eligibility must be determined according to Section 9.1,A,2,j. If he is residing in an NILC, the time limit does not apply, but he retains the 36-month period he started in the other state.
- 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.

- SDX Need to Open, WESDX101P3: Received weekly and lists SSI recipients. The Worker must remove the SSI recipient from AFDC/U cases. SSI income must be coded for Food Stamps, if appropriate. See Chapter 1.
- County List of SSI Recipients, WESDX100P1: Received monthly and lists all recipients of SSI. It provides income information and may be used to verify income for Food Stamps. See 2.
- ARTS Exception Report, WEA627P2: Received monthly and lists cases with repayment which do not match ARTS information. Worker must check case and take appropriate action to enter case in ARTS, remove repayment if complete, or correct C-219 or ARTS case information.
- Births Due In (mm/yy), WEA396P1: Received monthly, after deadline. Cases with special coding in Blocks 49 or 55 in the C-219 system appear on the printout. The special coding indicates that a child is due to be born in the following month. Form IM-CM-2 is mailed to the client at the same time the printout is produced. The individual designated by the CSM is responsible for clearing this printout by making sure that the newborn child is added to the check and/or medical card and that the change is transmitted within 5 working days of its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

Other printouts which are received may provide information which is used in the case maintenance process, but do not require a specific case action. These include:

- C/U County Payroll, WEA140P1
- PA Food Stamp Authorization, WES142P1
- Daily Pickups (Food Stamps), WEA930AP1
- PA Cases Having A-K in Block 45, WEAR2802P1

B. REPORTING REQUIREMENTS

1. What Must Be Reported

All changes in income, assets, household composition and circumstances must be reported.

also acted on at the same time, when notice requirements permit. A change made prior to the deadline date is effective the following month.

When the address change is made after the deadline date, the change is effective 2 months after the change is made. See item D for instructions for returned benefits.

submits the form to the Financial Clerk for payment. Expenses are usually paid as the order the client requests.

Money remaining in the client's account after his requested payments, is issued to the client or spouse. Either may sign the DF-38.

When the client has been on vendor payments for two consecutive months and has requested no payments from the account, it is assumed that the client is no longer in need. The Worker sends an ES-NL-C for case closure. The ES-NL-C must address that the client has not requested expenditures of the AFDC/U check for two months, and is, therefore, presumed to have an alternative means of support. If the client explains the situation satisfactorily to the Worker, the case is not closed.

(ii) Data System Action

- The name of the Financial Clerk followed by the symbol @ is entered in Block 3.
- The county office address is entered in Blocks 4, 5 and 6.
- The client's name is entered in Block 9.
- A V is coded in Block 41 when the case is placed on vendor payments.

8. 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.

terminated, as the final authority for the failure to comply. If the determination is not specifically identified by the other program as a failure to comply, the policy in this section is not applied. The Worker must not make a judgement about the correctness of the previous determination and must not ask or attempt to require that the decision be reconsidered.

If the Worker is unable to obtain information about the client's failure from another program outside DHHR, the policy in this section must not be applied. The Worker must record efforts to obtain such information, with copies of appropriate correspondence, if 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. This is not affected by a break in Food Stamp certification. 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

D. SPECIAL SITUATIONS

1. Self-Employment

Self-employment income is treated the same way it is for AFDC/U. See Section 10.5,D.

2. Annual Contract Employment

Annual contract employment is treated the same way it is for AFDC/U. See Section 10.5,D.

3. Educational Income

Educational income is treated the same way it is for AFDC/U. See Section 10.5,D.

4. Deeming

NOTE: When determining income to be deemed to an eligible client, public assistance maintenance income, as defined by SSA, not by OIM, of the spouse or parent from whom income is deemed is excluded in the deeming process, i.e., it is not deemed. In addition, any income which was considered (counted or excluded) in computing the amount of such income maintenance payments is also excluded.

These income maintenance payments are:

- AFDC/U
- SSI
- Needs-based payments resulting from the Refugee Act of 1980
- Payments from the Disaster Relief and Emergency Assistance Act
- Payments from general assistance programs of the Bureau of Indian Affairs
- State or local government assistance programs based on need. EITC payments and tax refunds are not considered to be based on need.
- Payments from the U.S. Department of Veterans Affairs programs, when such payments are

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	658	789	875	987	1,217	1,316	1,974	149	581	1,075	504
2	885	1,061	1,176	1,327	1,637			201	786	1,454	746
3	1,111		1,478	1,667	2,056			253	991	1,833	821
4	1,338		1,779	2,007	2,475			312	1,196	2,212	896
5	1,565		2,081	2,347	2,894			360	1,401	2,592	971
6	1,791		2,382	2,687	3,314			413	1,606	2,971	1,046
7	2,018		2,684	3,027	3,733			462	1,811	3,350	1,121
8	2,245		2,985	3,367	4,152			477	2,016	3,729	1,196
9	2,471		3,287	3,707	4,572			477	2,221	4,108	1,271
10	2,698		3,588	4,047	4,991			477	2,426	4,487	1,346

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST			MNIL		QMB	SLIMB	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	E & D	1 Mo.	6 Mos.					
1	120	839	645	1,065	200	1,200	658	659-789	484	355	709
2	220	1,123	864	1,425	275	1,650	885	886-1,061	726	533	950
3	315	1,407	1,082	1,785	290	1,740				566	1,190
4	400	1,690	1,300	2,145	312	1,872				711	1,430
5	475	1,974	1,519	2,506	360	2,160	NURSING HOMES Min. SMS - \$1,327 Max. SMS - \$1,976 MAX. FMA/each - \$443 OLE - \$175				
6	570	2,258	1,737	2,866	413	2,478					
7	630	2,542	1,955	3,226	461	2,766					
8	720	2,826	2,174	3,586	477	2,862					
9	810	3,110	2,392	3,947	527	3,162					
10	900	3,394	2,610	4,308	547	3,462					

13.5 OTHER WORK REQUIREMENTS

A. WORK REGISTRATION

All individuals must register with BEP for employment at the time of application, unless exempt according to Section 13.2. They must register every 12 months thereafter. If the client lives in a county in which FSE&T is operating, the registration requirement is met by cooperating with FSE&T. Otherwise, they must register with BEP.

B. INFORMATION ON EMPLOYMENT STATUS AND JOB AVAILABILITY

All individuals must provide the Department or BEP with sufficient information to allow the determination of their employment status and their availability for a job, unless exempt according to Section 13.2, or they have good cause.

C. REFUSAL OF EMPLOYMENT OFFER

No individual may refuse without good cause to accept an offer of employment unless the employment does not meet the suitability requirements outlined in Section 13.3,C.

13.28 EFFECT OF JOBS OR JOIN PENALTY ON FOOD STAMP AND MEDICAID
ELIGIBILITY

If the benefit group is certified for Food Stamps, and the TANF client whose JOBS participation is required, is sanctioned and removed from the TANF benefit group, a Food Stamp penalty may also be appropriate. See Section 13.6.

A TANF recipient who is excluded from the payment because of refusing to cooperate with JOBS after enrollment, does not retain Medicaid eligibility as a TANF recipient or as an AFDC/U-Related Medicaid recipient. JOIN participants who are sanctioned for failure to cooperate retain Medicaid eligibility as TANF recipients. When the JOIN sanction is the second or a subsequent one and the entire case becomes ineligible, all individuals included at the time the sanction is applied remain eligible for Medicaid. Also, any additional individuals who would normally be included in the TANF case who move in with the benefit group, must be included in the Medicaid benefit group.

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. When the homeless individual(s) moves from one residence to another, a new 90-day period begins. A 90-day period in one residence continues when there is a break in participation.
- 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.

NURSING CARE SERVICES

4. SSI-Related Medicaid Test

If the client is not eligible under items 1, 2 or 3 above, his eligibility as an SSI-Related Medicaid client must be explored as another way to receive financial assistance for the cost of nursing care services.

All policies and procedures in effect for other SSI-Related cases apply to these cases, including the determination of a spenddown amount, if applicable.

EXCEPTIONS:

- Income is not deemed.
- The MNIL for one person is always used. See Chapter 10, Appendix A.
- The spenddown amount is determined on a monthly basis.
- Eligibility and the monthly spenddown, if any, are computed manually by the Worker. The M-219 system performs only post-eligibility calculations when Block 48 is greater than \$0.

When the client's monthly cost of care exceeds his monthly spenddown amount, the spenddown is assumed to be met and Medicaid eligibility is established. In addition, if his monthly spenddown amount exceeds his monthly cost of care, he may become eligible for Medicaid based on a 6-month POC, but not for payment of nursing care services.

Case examples of the entire process of determining eligibility and the amount of the client's contribution are found below in item D.

NOTE: Only for cases with a community spouse -- the amount of the spenddown is used only for comparison with the cost of care. It is not used as a part of the client's contribution toward his cost of care as it is for all other M-219 system nursing care cases which must meet a spenddown.

NURSING CARE SERVICES

		<u>Post-Eligibility</u>	
Community Spouse	\$ 421	Shelter	
Deduction:	+ 216	SUA	
	\$ 637	Total Shelter/Utilities	
	- 389	30% Min. SMS	
	\$ 248	Excess Shelter/Utilities	
	+1,327	Min. SMS	
	\$1,575		
	- 640	Total gross monthly non-	
		excluded income of	
		Community Spouse	
	\$ 935	CSMA	
Family Maintenance	\$1,327	Min. SMS	
Deduction:	- 275	Income	
	\$1,052	Remainder ÷ 3 = \$351 FMA	
	\$1,705	Income	
	- 30	Personal Needs	
	\$1,675	Remainder	
	- 935	CSMA	
	\$ 740	Remainder	
	- 351	FMA	
	\$ 389	Remainder	
	- 142	Medicare premium and doctor bill	
	\$ 247	Resource and total contribution	
		toward his care	

The client has a \$247 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.

III. HOUSEHOLD MEMBERS- CRIMINAL HISTORY

Read each statement carefully and answer yes or no to each statement.

If you answer "yes" to a question, then list the name of the household member(s) the "yes" answer applies to.

- Yes No
☐ ☐ 1) Is there anyone in your household that has been convicted of a felony since August 22, 1996 for the possession, distribution and/or use of a controlled substance?
Household Members: _____
- Yes No
☐ ☐ 2) Is there anyone in your household that has been convicted of trafficking in food stamps?
Household Members: _____
- Yes No
☐ ☐ 2a) If YES, did the trafficking involve the trading of food stamps for drugs?
Household Members: _____
- Yes No
☐ ☐ 3) Are any members of your household violating their probation or parole?
Household Members: _____
- Yes No
☐ ☐ 4) Are any members of your household currently fleeing from law enforcement officials?
Household Members: _____
- Yes No
☐ ☐ 5) Are any members of your household convicted of receiving foodstamps because of lying or misrepresenting who they are (their identity) or where they live (their residence)?
Household Members: _____

XX. RIGHTS AND RESPONSIBILITIES

Read each statement carefully and answer yes or no to each statement.

FOOD STAMP PROGRAM

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1) I understand the food stamps are to be used by me and my family to purchase food or seeds. I cannot sell my food stamps or use someone else's food stamps. The food stamps will not be used for any other purpose. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) I understand the monthly allotment of food stamps will be received through the U.S. Mail. Unless I immediately notify the local Health and Human Resources Office otherwise, it will be assumed that the food stamps have been received by me each month. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) I understand if I am found (by court action or an administrative disqualification hearing) to have committed an act of intentional program violation, I will be disqualified from participating in the food stamp program as follows: <u>first offense</u> - one year; <u>second offense</u> - two years; <u>third offense</u> - permanently. In addition, I will have to repay any benefits received for which I was not eligible. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) I understand I will have to repay any food stamp benefits issued to me that I was not eligible for. |

If you believe you have been discriminated for the Food Stamp Program because of race, color, national origin, age, sex, disability, religion, or political beliefs, write to:
United States Department of Agriculture
Secretary of Agriculture, Washington, D.C. 20250

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) I understand if any member of my household:
A) is found guilty in a federal, state, or local court of trading food stamps for firearms, ammunition, or explosives, then the guilty party is <u>permanently disqualified</u> .
B) is found guilty of trading food stamps for controlled substances, the guilty party is <u>permanently disqualified</u> .
C) makes a false statement or misrepresentation of identity and/or residence to receive multiple benefits at the same time, then the guilty party will be disqualified for <u>10 years</u> .
D) is found guilty of trafficking in \$500.00 or more in food stamps, then the guilty party will be <u>permanently disqualified</u> from the food stamp program. |

MEDICAL ASSISTANCE ONLY

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) I understand if the applicant requires care in a medical institution or nursing facility that no assets may be transferred out of the applicant's name 36 months prior to application without receiving fair market value for the assets, as it could result in a period of ineligibility. |

MEDICAL ASSISTANCE ONLY, AID TO FAMILIES WITH DEPENDENT CHILDREN, AND SSI MEDICAL COVERAGE

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) I understand by accepting Medical Assistance under any aid/program category, I agree to give back to the State any and all money that is received by me or anyone listed on this application from an insurance company for repayment of medical and /or hospital bills for which the Medical Assistance program has or will make payment. In addition, I agree that all medical payments or medical support paid or owed due to a court order for me or anyone listed on this application must be sent to the State to repay past or current medical expenses paid by the State. This includes insurance settlement resulting from an accident. I further agree to notify the local Department of Health and Human Resources office if I or anyone listed on this application is involved in any accident. I understand that this assignment of rights continues as long as I or anyone listed on this application receives Medicaid and is based on 42 CFR 433.147 and 433.148. |