

Department of Human Resources 311 West Saratoga Street Baltimore MD 21201

Control Number: # 10-36

Family Investment Administration ACTION TRANSMITTAL

Effective Date: July 1, 2010

Issuance Date: June 11, 2010

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES

DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

FROM: KEVIN M. MCGUIRE, EXECUTIVE DIRECTOR

RE: MARYLAND SENIOR NUTRITION ASSISTANCE PROGRAM (MSNAP) -

A COMBINED APPLICATION DEMONSTRATION PROJECT

PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

The Maryland Combined Application Project, called the Maryland Senior Nutrition Assistance Program (MSNAP), is a 5-year demonstration project approved by the Food and Nutrition Service that will improve the way food assistance is delivered to elderly individuals, age 60 or older, who receive Supplemental Security Income (SSI). MSNAP will simplify the application process for both participants and local department staff.

NEW POLICY AND PROCEDURES UNDER MSNAP:

I. HOUSEHOLD COMPOSITION

- An individual who is determined eligible for SSI by the Social Security Administration (SSA), and:
 - Is age 60 or older
 - Is not currently receiving Food Supplement Program (FSP) benefits
 - Is living alone or if living with others is purchasing and preparing meals alone
 - Has no earned income
 - Is a Maryland resident

II. OPERATING PROCEDURES

We will identify these individuals through a match with SSA's SDX files from the SDX/SVES system. This match will identify eligible individuals by matching specific living arrangement codes - age 60 and older, residence in Maryland - and determine that the applicant does not already receive Food Supplement Program benefits. Individuals identified in the match will be sent an application from the central office.

The database will record the dates of application mailings. If the customer does not return the application, a second application will be sent. If there is no response to the second application, the customer will receive no further applications.

We will not convert current cases to the MSNAP. Only customers identified in the match can apply for the program.

III. APPLICATION PROCEDURES

- The State will run a match with SSA files that will identify individuals who meet the MSNAP criteria, but who are not receiving FSP benefits.
- An MSNAP application will be sent to these households.
- Applicants who wish to enroll in MSNAP will complete and sign the simplified application and return it to the designated office.
- Applicants will be alerted to the fact that they may be eligible for a higher benefit under the regular FSP program.
- ➤ Benefits will begin the first day of the month the application is received from the applicant. If there is an agency delay in completing the application, the local department must issue restored benefits.
- ➤ The certification period for these households is for 36 months. CARES generated notices will notify applicants of their eligibility. The applicant will receive an EBT card in the mail.
- ➤ There is no expedited FSP processing for this project.

IV. APPLICANT INTERVIEW

Process all applications without an interview unless information is unclear, in which case a case manager will complete a telephone interview.

V. ALLOTMENT

- ➤ Households with shelter at or above \$506 will receive the higher amount of \$125. Households with shelter costs below this amount will receive the lower benefit amount of \$80.
- Shelter costs include all ongoing shelter expenses, including the appropriate utility allowances.

Examples:

- 1. Mr. A receives SSI and lives by himself in public housing. His rent is \$50 and he is responsible for his heating bill. His shelter cost total \$464 (\$50 + \$414). He would receive an \$80 allotment.
- 2. Mrs. B receives SSI and although her daughter lives in the home, she purchases and prepares her food separately. The rent for the house is \$800, which they split and they share utilities. Mrs. C's shelter cost of \$814 (\$400 + \$414), she will receive a \$125 allotment.

Mrs. B also has a large out of pocket medical expense for an item not covered under Medicaid. Although this expense will not change the MSNAP benefit, her

case manager helped her determine that she would still receive more under MSNAP than under the regular FSP.

VI. VERIFICATION PROCESS

- MSNAP verification will be fulfilled by using SDX data verified under SSI regulations. Any household that meets the verification criteria for SSI and additional State criteria meets the verification requirements for MSNAP.
- Verification of shelter will be done only in questionable situations.

VII.RECERTIFICATION

- ➤ The certification period for MSNAP participants will be 36 months.
- > During the 34th month, a mail in recertification form will be mailed to each household.
- > The household must complete the form by the end of the 36th month or benefits will stop.
- ➤ If the household returns the form in the 37th month, the case will be reopened with no proration of benefits.

VIII. CHANGE REPORTING

MSNAP recipients are not required to report changes during the certification period. The SDX update process will satisfy the reporting requirements for this project. If the recipient does report a change, the case manager must take action on it.

MSNAP recipients are not required to report changes in their shelter costs to the local department. If a shelter change is reported and the change would move the household from one allotment to the other, the case manager is required to act on the reported change in shelter.

IX. OPT OUT

MSNAP applicants can apply for the regular Food Supplement Program if they believe they will receive a greater benefit. Please be sure to inform applicants who have high medical expenses or shelter costs that they may receive greater benefit under the regular FSP.

X. ADMINISTRATIVE HEARINGS

Administrative Hearing requests for MSNAP are treated the same as any other request.

XI. QUALITY CONTROL

MSNAP cases will be included in the Quality Control (QC) sample and reviewed under the rules of the demonstration project. QC will review the following areas:

- Active error rate
- Completion rate
- > Payment error rate
- Negative error rate
- The amount of any over or under issuance

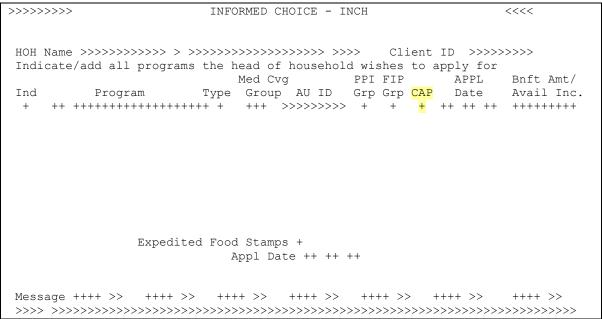
Any variance exclusions that apply to the FSP apply to this project. Variances arising from incorrect information provided by SSA that the State used to determine household MSNAP eligibility or benefit level will be excluded as long as the State processed the information correctly. This exclusion will apply even if the household reported incorrect information to SSA.

CARES:

New FSP CAP Indicators:

There will be no changes to the current process for establishing an FSP AU. However, CARES will now have a few new features that will determine the applicant's eligibility for the FS CAP

- A simplified MSNAP application will be mailed to eligible customers (Attachment A)
- ❖ During screening the INCH screen will have a new indicator that will automatically display an applicant's eligibility for MSNAP participation. If eligible, a 'Y' will display in the 'CAP field. If a customer chooses not to participate in the program, the 'Y' can be changed to an 'N.'



18-tbud 20-ar

❖ The STAT screen will be modified to display a CAP indicator of 'Y'

❖ The FSFI screen will also display a 'Y' indicator to determine if the FSP assistance unit is participating in the CAP plan.

```
>>>>>> FOOD STAMP FINANCIAL ELIGIBILITY - FSFI
                                        ++++ ++ +
           >>>>> >> >>
Month ++ ++
AU ID >>>>>>> Prog >> Prog Type > HH Size >>
                                         >>>>>>
      Cat Elig >
          Asset Limit
 Total Assets
Income Test
 Gross Income Standard >>>>>> Adjusted Net Income >>>>>> CAP > Y
 Gross Earned Income >>>>>> Net Income Standard >>>>>>>
 Net Earned Income >>>>>> Thrifty Food Plan >>>>>> >>>>>
 Gross Unearned Income >>>>>> Grant Amount
                                 >>>>>>>>>
 Bnft Eff Date >>>>> Bnft Confirm + Reasons >>> >>> Budgeting Method >
Notice Type >>> Waive Advr Act Period + Notice Override + Simplified Rpt >
Redet Begin Date >> > Redet End Date ++ ++ MR Stat > MR Class > Strat >
Message ++++ >> ++++ >> ++++ >>
                            ++++ >> ++++ >>
>>>>>>>>>>
```

New CAP Features and Reports:

- There will be new closure reason codes added to CARES:
 - 369 Assistance Unit has more than 1 recipient
 - 582 No Longer eligible for MSNAP. This closure reason will be enterable on the STAT screen
- Case managers will receive Alert code 450 when ever the interface file indicates that a current recipient of MSNAP is no longer eligible.
- All current FSP notices will be modified to include language that specifically addresses MSNAP eligibility.
- ❖ The Weekly and Monthly Application Compliance Report will now Display a new field for 'CAP' in the detail.

- There will be a new Food Stamp Combined application Outreach Report that will display customers that were mailed initial MSNAP applications.
- There will be a second Food Stamp Combined Application Outreach Report that will display customers that were contacted, but that did not respond within 30 days.

INQUIRIES: Please direct all MSNAP inquiries to Kay Finegan at 410-767-7939, or kfinegan@dhr.state.md.us, Phyliss Arrington at 410-767-7079 or Parringt@dhr.state.md.us or to Rick McClendon at 410-767-7307 or rmcclend@dhr.state.md.us.

Questions concerning CARES processing of the MSNAP process can be directed to Fern Hill at 410-767-7064 or fhill@dhr.state.md.us

cc: DHR Executive Staff
FIA Management Staff
Constituent Services

Constituent Services DHR Help Desk

Attachment A

HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES 2 S. BOND STREET BEL AIR MD 21014

Step 1. Answer the following questions:

District: BEL AIR OFFICE Customer ID: XXXXXXXXXX Case Manager: MS. MANAGER Telephone: (xxx) xxx-xxxx Date: 10/07/2009

Insert in Return Envelope with the Address Below Showing

Ms. MOM J EXAMPLE EXAMPLE STREET ANYWHERE MD XXXXX HARFORD COUNTY DEPARTMENT OF SOCIAL SERVICES 2 S. BOND STREET BEL AIR MD 21014

Dear Ms. EXAMPLE:

We have good news for you! Because you receive Supplemental Security Income (SSI) and are at least 60 years old, you are qualified for the <u>Maryland Senior Nutrition Assistance Program (MSNAP)</u>. If you are interested, complete the following questions, sign and return this application to us within 30 days from the above date. A return envelope is enclosed. When you apply for MSNAP, you will receive either \$____ or \$____ for monthly food assistance based on your shelter costs. Once we receive your signed application form, we will send you an Independence Card and instructions for using it.

If you would like more information, please call us at the phone number listed above. We will be glad to answer your questions. Getting the help you need has never been easier. It takes only 3 easy steps.

Are you at least 60 years old?		Yes		
Do you live alone and buy and prepare your own food?		Yes		
How much do you pay for rent/mortgage?				
Do you pay for utilities to heat or cool your home?				
What utility do you use for heat or cooling? Please circle Gas, Electric, Oil, Propane, Coal or Wood				
Step 2. Sign your name:				
By signing my name, I acknowledge that I have read, of this form, which provide Program Information, Rig				
x				
XApplicant's Signature	Date	Applicant's	s Telephone Nur	mber
		Applicant's	s Telephone Nur	mber
Applicant's Signature Step 3. Return this page back to us in the enclosed encorized Representative: You may choose a person to get your	nvelope. benefits through your I	ndependence (Card. If you choos	
Applicant's Signature	nvelope. benefits through your I	ndependence C ou want this per	Card. If you choos	se
Applicant's Signature Step 3. Return this page back to us in the enclosed entrized Representative: You may choose a person to get your one to help you, give us the following information about the person to help you, give us the following information about the person to help you.	nvelope. benefits through your I benefits through your I	ndependence C ou want this per	Card. If you chooses on to do.	se
Applicant's Signature Step 3. Return this page back to us in the enclosed encrized Representative: You may choose a person to get your one to help you, give us the following information about the person to help you, give us the following information about the person to help you, give us the following information about the person to help you.	nvelope. benefits through your I benefits through your I	ndependence (ou want this per	Card. If you choos son to do. Telephone Numb	se

APPLICATION FOR MARYLAND SENIOR NUTRITION ASSISTANCE PROGRAM (MSNAP)

PROGRAM INFORMATION AND RIGHTS AND RESPONSIBILITIES (KEEP THIS PAGE FOR YOUR RECORDS)

Important Information

MSNAP is a demonstration project partnership program between the MD Department of Human Resources and the Food and Nutrition Service (FNS). MSNAP is a five year project to seek new ways to deliver food assistance to elderly individuals receiving Supplemental Security Income (SSI). MSNAP is a simplified application process for the Food Supplement Program (FSP). Many Food Supplement Program rules do not apply to MSNAP.

Who is eligible?

The Family Investment Administration (FIA) completed a match with the Social Security Administration (SSA) to identify SSI recipients who are not receiving Food Supplement Benefits. The Department mailed applications to individuals who receive SSI, and:

- > Are age 60 or older,
- Are not currently receiving Food Supplement Benefits,
- Are living alone and buy and prepare your own food,
- Have no earned income,
- > Live in Maryland.

Benefits

After receiving your signed application, a review will be completed to determine your eligibility. If you are eligible we will automatically deposit either \$___ or \$__ into your Food Supplement account every month. We will send you an Electronic Benefit Transfer (EBT) card called an Independence Card that you can use to purchase most food items at participating grocery stores. You may also allow another person to get a card to use to purchase food for you. After applying for the program, you will receive a card and instructions for using it.

In addition, as a MSNAP participant, you may be eligible for other benefits such as the Maryland Energy Assistance Program. Please call 1-800-352-1446 for more information.

Note: If your rent and utility expenses are very high or you have large out-of-pocket medical expenses you may receive more in benefits by applying for the regular Food Supplement Program at your local Department of Social Services (DSS) office. Please call the number listed for more information.

If your rent and utility expenses change while participating in MSNAP, please call your case manager within 10 days.

APPLICATION FOR MARYLAND NUTRITION ASSISTANCE PROJECT FOR SENIORS (MSNAP)

PROGRAM INFORMATION AND RIGHTS AND RESPONSIBILITIES (KEEP THIS PAGE FOR YOUR RECORDS)

Your Rights and Responsibilities

Services are available to anyone without discrimination because of age, race, color, sex, handicap, religious creed, national origin, or political belief. If you think we have discriminated against you, you may contact the United States Department of Agriculture at USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410. You may also call toll free, 1-866-632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at 1-800-877-8339 (TDD) or 1-866-377-8642 (relay voice users). USDA is an equal opportunity providers and employers.

Privacy Act Statement

Federal and state laws and regulations limit the use of confidential information for applicants and recipients of food and medical assistance programs. This information is used for purposes directly related to the administration of these programs.

We use your Social Security number (SSN) to collect information from sources other than the DSS to:

- Make sure your household is eligible for benefits,
- > Check the identity of household members,
- > Prevent households from getting more benefits than they should, and
- > Identify groups of cases that must be changed.

We do this through program reviews, audits, or computer matching with other agencies such as the Social Security Administration, credit reporting agencies, and Internal Revenue Service and data matching sources.

Penalties

If you are found guilty of buying or selling firearms, ammunition, explosives, or illegal drugs with your MSNAP benefits you will not be able to receive MSNAP or Food Supplement Benefits for two years for the first offense and permanently for the second offense. If you intentionally break any of the following rules, you may not be eligible for MSNAP or Food Supplement Benefits for one year to permanently, and may be fined up to \$250,000 and/or jailed up to 20 years.

- DON'T give false information, or hide information, in order to apply for or receive or continue to receive Food Supplement Benefits.
- DON'T give or sell your MSNAP benefits or Independence cards to anyone who is not authorized to use them for your household.
- DON'T alter or change Food Supplement Benefits or authorization cards.
- DON'T use your MSNAP benefits to buy ineligible items, such as alcoholic drinks or tobacco
- DON'T cheat or take part in any dishonest act to get MSNAP benefits your household is not entitled to receive.
- DON'T transfer resources to a non-household member in order to apply for and receive MSNAP.

Need additional information or help?
Please call your FIA case manager at
,