

Department of Human Resources 311 W. Saratoga St. Baltimore, MD. 21201-3521

FIA ACTION TRANSMITTAL

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TO:

DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES

DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT

FAMILY INVESTMENT SUPERVISORS

FROM:

KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

JOSEPH MILLSTONE, DIRECTOR, MEDICAL CARE POLICY

ADMINISTRATION, DHMH

RE:

APPLICATION AND REDETERMINATION PROCESS

PROGRAMS AFFECTED:

WELFARE AVOIDANCE (WAG), EMERGENCY ASSISTANCE TO FAMILIES WITH CHILDREN (EAFC), TEMPORARY CASH ASSISTANCE (TCA),

MEDICAL ASSISTANCE

ORIGINATING OFFICE: OPA/ DIVISION OF PROGRAM POLICY AND REGULATION

Attached is information on the processing of WAG, EAFC, TCA Applications, TCA Redeterminations, and Verifications under the Family Investment Program. FIP is effective October 1, 1996. Control cases continue to follow the current AFDC regulations found in COMAR 07.03.01 and 07.03.02. The WAG program is for treatment/experimental cases only, and the EAFC requirements are statewide with no Control cases.

Questions may go to Sue Woolford at (410) 767-7190, Kay Finegan at (410) 767-7939.

cc:

FIA Management Staff Constituent Services

WELFARE AVOIDANCE GRANT PROVISION

The Welfare Avoidance Grant is not available to CONTROL cases.

- A Welfare Avoidance Grant is cash assistance to a family with children for the family's immediate and limited needs to avoid ongoing cash assistance.
- A Welfare Avoidance Grant is not an entitlement. The family cannot apply for a WAG.
- A local department may offer a Welfare Avoidance Grant for applicants and/or recipients according to criteria described in each local plan, as approved by the Department.
- The local plan includes:
 - The type of situation to be covered
 - Maximum number of months that will be covered by the avoidance grant
 - Maximum number of times a family may receive an avoidance grant
 - Any verifications required
 - Any plan to transfer the funds to another customer service
- The avoidance grant is paid based on an agreement with the local department and signed by the applicant or recipient. The personal agreement can be used.
- The total amount of the grant may not exceed three times the maximum monthly allowable amount for the number of individuals in the assistance unit unless:
 - there is a compelling need, and
 - the maximum does not exceed 12 months times the maximum monthly allowable amount for the number of individuals in the assistance unit.
- Any part of a month counts as a full month.
- Any application for Temporary Cash Assistance (TCA) is denied for all individuals included in the WAG grant during the period covered by the WAG grant. TCA may not be paid until the period covered by the WAG grant has expired.
- WAG customers may file for MA as non-public assistance and be determined technically and financially eligible.
- More than one avoidance grant may be provided if a new instance of emergency occurs.
- Child support is not retained by the State.

*NOTE: If the WAG is given to an active recipient, the WAG period could be less than 3 months and the family would still qualify for the MA extension because they did receive TCA in 3 of the last 6 months.

**NOTE: Families who are eligible for the MA extension are also eligible for Transitional Child Care provided they are within Purchase of Care (POC) income guidelines.

AIMS Procedures

- WAG cases will be pended (APND) in Category 02 or 22 and subcategory 40 using the AIMS 2.
- When a WAG is issued use AAPB transaction type and the 02/22 subcategory 40. Enter the last month of ineligibility in field #27 Benefit End Date. The system will automatically go to active no-pay status for the period in which the customer will be ineligible for regular TCA benefits. Any part of a month is counted as a full month. Example: The customer is granted a WAG on November 1, 1996. They have a household size of 2 people and need \$935 to repair their car. They are given the \$935 and are ineligible for TCA for 4 months(935 ÷ 292 = 3.2 months rounded up to 4 months). The case is placed in Category 02/40 (active no-pay status) with a benefit end date of 2/28/97.
- In the financial transaction section at the bottom of the AIMS 2, an OTO should be issued for the month of application using Transaction Type AIPI to issue a check. This will be the total amount of the WAG.
- The 02/40 case will automatically close at the end of the active no-pay certification period (Benefit End Date). They do not receive a redetermination.

If eligible for Medical Assistance, complete AMF and an 8000 with a 6 month certification period. Forward the 8000 to DHMH for data entry into MMIS II. In the example given above, if the customer had received FAC MA during the WAG period, was employed, and the WAG covered at least 3 months, the MA would be changed to an MA coverage group of Category 02 Scope 6 (MA Extension) at the end of the active no-pay certification period and re-certified for 12 months. If not employed, the MA should be retained for the normal six month certification period. If not eligible for FAC, test for PWC and if eligible, certify for 12 months and do not apply the extension. For Food Stamps, family is not categorically eligible. WAG is treated as a non-recurring lump sum. Use normal certification periods.

CARES Procedures

During the TCA interview, if the worker decides a WAG would better suit the customer's needs:

- Enter a Reason Code of 515 (TCA Closed/Denied Customer recipient of WAG) and a
 Financial Responsibility code of 'NM' (Non-member) for all Assistance Unit (AU)
 members on the TCA STAT screen.
- Continue interviewing if associated programs have also been screened. If not Fast Path to the DONE screen.
- Commit Data.
- Select Option L (Add a Program) from the AMEN screen using the TCA AU #.
- The DEM screens for the members listed in the TCA AU and the ADDR screen will all appear, press enter to the KIND screen (if members must be added or deleted this can be done during this screening).
- On the KIND screen put a 'Y' next to Medical Assistance and a 'Y' next to 'Other'. Press enter.
- On the INCH screen put a 'Y' next to MA F05 and type a 'Y' on the next line under the SELECT column, 'IF' in the PROG field, 'R' in the TYPE field and the correct application date. Press enter.
- If active assign same worker.
- Select Option O (Interview) with the 'IF' AU #.
- On the 'IF' STAT screen enter a Financial Responsibility code of 'PN' for all members, a
 Reason Code of 515 in the AU Status field and change the Issuance Method to 'BCHK'.
 No verification of Relationship is required.
- On the DEM1 screen in the Place of Birth Hospital field for all AU members, enter the word "WAG" followed by the period in which the member is ineligible to receive regular TCA benefits. An example is: the customer applies for a WAG on November 1, 1996. They have a household size of 2 people and need \$1100 to repair their car. They are given the \$1100 and are ineligible for regular TCA for 4 months (1100 ÷ 292 = 3.8). This is what should be entered on the DEM1 screen for all AU members "WAG 02/97".
- Select Option P (Processing) from the AMEN screen. Press enter and place a 'Y' next to the current month. Press enter.

- On the 'IF' STAT screen remove the 515 Reason Code in the current processing month.
- On the 'AF' STAT screen enter Reason Code 515. Process MA as usual.
- Finalize the 'AF' (case will deny for reason code 515) and the 'MA' (case will approve if eligibility has been established).

A supervisor must finalize the 'IF' case after the above process is completed.

- Select Option Q (Finalize) from the AMEN screen.
- On the SPEC screen enter the benefit amount in the BNFT AMT field. Press enter.
- CARES will automatically complete the Begin Date, BNFT Eff Date, Redet End Date and change the AU Status field from 'P' to 'A'. The payment may also be vendored at this time. Place a 'Y' in the Benefit Confirm field. Allow notice to be sent.
- All fields will be protected when finalizing the ongoing month. Place a 'Y' in the Benefit Confirm field and override the notice.

Notices will contain the appropriate COMAR Citations.

Medical Assistance Extension

A customer is eligible for an MA extension at the end of a WAG period providing they were a recipient of FAC MA during the WAG period and they are still employed and the WAG covered at least three months. To enroll the customer in the 12 month extension period, complete the following:

- At the end of the FAC MA certification period, the customer will receive a mail in application for their redetermination. When the LDSS receives the redet application and the customer is identified as being a WAG recipient, verify whether they are still employed as part of the redet process..
- If they meet the policy requirements, initiate a redetermination by selecting Option N (Redetermination) on the AMEN screen with the Client ID #. Place a 'Y' next to all active AU members and press enter.
- Select Option R (Interim/Historical Change) from the AMEN screen with the Client ID #.
- Update case information and re-verify required information. On the MISC screen enter a 'Y' in the Redet Complete field and confirm benefits. The certification period will be 12 months.

EMERGENCY ASSISTANCE TO FAMILIES WITH CHILDREN (EAFC) PROGRAM DESCRIPTION

Health and Human Services is allowing local flexibility in terms of the types of emergencies and the amount of assistance, but each local department's plan must meet federal requirements. The Emergency Services to Families with Children (ESFC) provision, which is a part of EAFC and administered by Social Services Administration (SSA), has not changed. Use the current EAFC application or local form.

- The federal guidelines are:
 - Avoid destitution of a child under age 21.
 - The emergency cannot be the result of quitting a job.
 - No resources are available to meet the emergency.
- The guidelines for implementing EAFC are in the local plan. These guidelines include:
 - The method used to allocate the resources among the applicants
 - Types of emergencies to be covered
 - ► The application process
 - Verifications required from the customer
 - The maximum number of times an individual may apply for the program in a given fiscal year
 - The maximum dollar amount payable to a family unit in a given fiscal year
 - ► The method of payment
 - Any plans for transfer of EAFC funds to other customer services
- Even though the local department may pay an EAFC more than one time in a fiscal year, federal matching dollars will only be received for one emergency in a fiscal year.
- The local plan is submitted annually, or when a modification is requested.
- The local plan must be approved by the Department within 45 days from the date of submission.
- EAFC may be paid in addition to Temporary Cash Assistance (TCA) or a Welfare Avoidance Grant (WAG).
- EAFC customers may file for MA as non-public assistance and be determined technically and financially eligible.
- Each local department is issued a set amount of money. If spent, funds must be taken from a different source.

<u>AIMS</u>

No change in AIMS processing is required.

CARES

Normal EAFC processing remains the same. The difference is the amount of 'NEED' entered on the EMER screen will be the amount CARES pays to the customer or vendor as determined in the local plan.

VERIFICATIONS

CONTROL group cases follow the verification requirements in COMAR 07.03.01 and 07.03.02.

FIP includes three cash programs, WAG, EAFC, and TCA. The requirements for WAG and EAFC are included in the local plan. Any verification required specifically for these two programs is determined by the local department.

Temporary Cash Assistance, TCA Food Stamps, or Families and Children (FAC) Medical Assistance require an eligible child and verification of:

- Alien status
- Income
- Assets
- Social Security Number

Temporary Cash Assistance may require additional verification as determined by the local department.

Non-TCA Food Stamps follow the current Food Stamp rules. If any member of a Food Stamp household receives TCA, it is a TCA-Food Stamp household.

Medical Assistance requires additional verifications. They are:

- Date of birth for all PWC children
- EDC for pregnant women under PWC
- Number of children expected by the pregnant woman

Medical Assistance has synchronized their program whenever possible. Two FAC provisions must remain the same. They are:

- ► \$1,500 equity only is excluded for the first automobile
- ► Earned income conversion factors of 4.3 and 2.15

AIMS

AIMS requires no verifications for tracking or eligibility in the automated system.

CARES

All verification fields in CARES will remain unchanged. If the 'VERF' field is for a portion of new FIP policy that does not require verification, enter 'OT' as the verification type and indicate in narration that paper verification was not required.

APPLICATION PROCESS FOR FAMILY INVESTMENT

CONTROL group cases continue to follow AFDC rules in COMAR 07.03.01 and 07.03.02.

When an individual applies for TCA, the case manager will help the customer explore other resources. TCA is a last resort. Other resources can include child support, job search, family and community resources. Options that the Department may offer where appropriate are WAGS, or child care and Medical Assistance in lieu of TCA. The case manager will attempt to divert a customer from cash assistance through child support first requirements and up-front job search.

CHILD CARE AND MEDICAL ASSISTANCE A customer who is newly employed or under employed may be offered or request child care and/or Medical Assistance in lieu of receiving TCA. Under this option, the assistance unit is deemed to be cash eligible for three months and, will then receive Medical Assistance Extensions for 12 months and extended Child Care for 12 months if within POC income guidelines. This is most likely to happen when the applicant finds a job during up-front job search. The customer must be TCA eligible to qualify under this provision. (See Action Transmittal - Child Care and Medical Assistance in Lieu of TCA.)

<u>APPLICATION FOR TCA</u> The applicant files for TCA using an application form specified by the local department and approved by the Department. An applicant is notified that by signing the application form they have given their consent to permit the local department to request information from any and all entities to assist in the eligibility determination.

ASSESSMENT PROCESS The customer is seen in person for the purpose of assessing their needs. The assessment considers the reason for filing for TCA, the educational and job skill levels, areas of interest to the customer, and all available personal and family resources. Based on the results of the assessment, the local department may offer child support services, job services, Food Stamps, Medical Assistance, social services, family planning and EPSDT services, child care, transportation, or community services. The local departments are developing assessment forms.

<u>AGREEMENT</u> The local department and the applicant sign an agreement specifying the individualized plan for independence.

ELIGIBILITY FACTORS To be eligible for TCA, an assistance unit must:

- Apply for child support services first and cooperate in all efforts to obtain child support.
- Perform job search during the application period unless:
 - The customer has a child under the age of one
 - The customer or a child in the unit is severely disabled

- (This exemption is only valid for 12 months unless the customer is pending SSI or an SSI appeal)
- The customer is working at least 30 per week at minimum wage or more
- The case manager determines that job search is not appropriate at this specific time
- Provide verification for all members of the assistance unit of:
 - Income
 - Assets
 - Alien status
 - Social Security number
 - Questionable information
- Be a family with children
 - An assistance unit includes a caretaker and all eligible children
 - A dependent child includes a child 18 and over who will finish school before the end of the calendar year in which he turns 19
 - ► All children are deprived of parental support
- Cooperate with Quality Assurance reviews
- Consistently work within the plan for independence

DECISION ON APPLICATION

- A decision is made within 30 days of the date the application is filed.
- The initial benefit receives the 14 day delay unless the case was closed in error or the application is to cure a FIP sanction in the first non-pay month.

JOBS REQUIREMENTS

- Each non-exempt participant must participate in an activity which is:
 - Approved by the local department.

- At least 20 hours per week duration.
- Likely to result in unsubsidized employment.

REDETERMINATION PROCESS FOR FAMILY INVESTMENT

CONTROL cases follow the regulations in COMAR 07.03.02.

Customers in the FIP program are working on an independence plan, unless exempt. While a case manager cannot work closely with all customers, many will have contact with the local department very frequently. Redetermination time frames under FIP will vary according to the case.

There are three basic provisions for redeterminations. They are:

- A redetermination must be completed annually cases that are appropriate for an annual redetermination are child only cases, disabled cases, and customers with whom the case manager is closely working toward independence.
- Work supplementation the case is redetermined when the customer begins work supplementation, but receives no further redet as long as the customer is in the work supplementation program.
- Redeterminations for the remaining population should be set as circumstances warrant. A FIP case is certified for a specific period of time. The case manager must be diligent about completing redeterminations under FIP because, unlike the current AFDC, the case will close at the end of the certification end date or the end of the recertification due month unless eligibility is established.

If the family reapplies and provides any required verification prior to the end of the certification period and is found eligible, a new certification period is established. No proration of benefits will occur for the new certification period.

Example #1: The Jones family was certified through August 31, for TCA. A recertification appointment was scheduled for July 15. The customer was seen as scheduled and provided verification to prove eligibility. The new certification period is established to begin September 1.

Example #2: The Brown family was also certified through August 31. Ms. Brown failed to appear for the recertification appointment scheduled for July 17. On August 25, she came in for a recertification interview and provided all verification and was eligible. Although the local department was not able to take action until September 3, the new certification begins September 1, with no proration.

Example #3: The Smith family was certified through September 30. A recertification appointment was scheduled for August 18. The customer failed to appear for the interview. On September 15, Ms. Smith was seen for an interview. Verification was not provided by September 30 and the case closed October 1. Ms. Brown brought in the verification on October 5. Ms. Brown has to reapply and because the case was closed effective October 1, the 14 day delay applies. The food stamps would not be prorated because there is a break in benefits of less than 30 days.

If the family reapplies during the redetermination period and is found not eligible, the customer is notified of the termination prior to the end of the certification period, but advance notice is not required.

Example: Mr. Brown is certified through July 31. He keeps his redetermination appointment on June 20 at which time he provided verification of his earnings. His earned income results in ineligibility for TCA. A Notice of Denial must be provided by July 31.

AIMS

The certification period for TCA should be listed accurately on the AIMS 2. AIMS will automatically close TCA cases at the end of the certification period if they are not extended.

CARES

CARES will default all TCA Certification End Dates on the CAFI screen to one year. If the certification period should be less the worker must type over the date with the correct one. If a Redetermination is not completed by the end of the certification period, CARES will automatically close the case whether the redet is initiated or not.