

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

FROM: 
Richard Giddings, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 12-06

DATE: May 21, 2012

SUBJECT: Changes to All Programs Procedures & Corrections
to 1/1/12 Health Care & 10/1/11 3SquaresVT Standards Changes

CHANGES ADOPTED EFFECTIVE 6/1/12

INSTRUCTIONS

MANUAL REFERENCE(S):

P-2110 P-2375 A P-2590 A1
P-2122 P-2420

Maintain Manual - See instructions below.
 **Proposed Regulation - Retain bulletin
and attachments until you receive
Manual Maintenance Bulletin: _____**
 Information or Instructions - Retain until _____

This bulletin revises and updates the following procedures:

All Programs Procedures

- P-2110 D -** This section of General Applications Procedures was updated to clarify the circumstances under which a previously unrequested program can be processed.
- P-2122 B4 -** Earnings were updated to reflect acceptable documentation of income for Reach Up, 3SqVT and Healthcare.
- P-2375 A -** Reach Up Sanction procedures were written that clearly outline the steps to be taken by Benefit Programs Specialists, Team Leaders, and Case Managers.

Medicaid Procedures

- P-2420 D1 -** Room and Board expenses have been updated to reflect changes that went in effect 10/1/11. This page was inadvertently omitted in Bulletin 11-22 and is included here to correct that omission.

3SquaresVT (SNAP or Food Stamps)

P-2590 A1 - Standard deductions for households of 5 members have been corrected from B11-22 and included here. The updated page reflects the changes that went in effect on 10/1/11.

Vertical lines in the left margin indicate significant changes. Dotted lines at the left indicate changes to clarify, rearrange, correct references, etc., without changing the content.

Manual Maintenance

All Programs Procedures

Remove

Insert

P-2110 D1	(93-61)	P-2110 D1	(12-06)
Nothing		P-2110 D p.2	(12-06)
P-2122 B4	(92-11)	P-2122 B4	(12-06)
Nothing		P-2122 B4a	(12-06)
Nothing		P-2375 A	(12-06)
Nothing		P-2375 A p.2	(12-06)

Medicaid Procedures

P-2420 D1	(11-32)	P-2420 D1.	(12-06)
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3SquaresVT Procedures

P-2590 A1	(11-22)	P-2590 A1	(12-06)
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P-2110 D

P-2110 General Application Procedures (Continued)D. Application Processing For Reach Up/Health Care/3SquaresVT/Home Heating Fuel Assistance/Essential Person

See 2100 in the Clerical Manual for D.O. Receptionist responsibilities.

Review the ESD202 (Application for ESD Programs) for accuracy and completeness.

Process the application according to appropriate program procedures.

During contact with the client, if he or she requests a program(s) which was not entered on the ESD202, use an OnBase sticky note to update the ESD202 (noting that you have changed it) with the appropriate program application and date. If a paper application was submitted, write directly on the application. Complete whatever additional forms are needed.

Example: A Health Care and 3SquaresVT application is received on 6/1. The family does not qualify for expedited 3SquaresVT. On 6/9 the client states she wants Reach Up too because her husband has lost his job.

- Update the ESD202 with information applicable to Reach Up. The applicant does not need to provide an additional signature or date to note the newly requested program. Enter the Reach Up application on the wife's APPL for 6/9. The application date of the newly requested program will always be the date of the request.
- Follow procedures at P-2201 (Reach Up), P-2510 (3SquaresVT), P-2401 (Health Care), P-2900 (Home Heating Fuel Assistance), and P-2722 (Essential Person) to process the application.
- The 3SquaresVT application date remains 6/1. If you cannot make a decision on the Reach Up application within 30 days of the 3SquaresVT application, act on the 3SquaresVT application, and then change the 3SquaresVT benefit when Reach Up income is known.
- The Health Care - The application date also remains 6/1. Inform the client that if Reach Up is granted this will automatically make the recipients eligible for Medicaid beginning with the month the Reach Up grant begins. (If the Reach Up /Medicaid application was received in the prior month, a separate Medicaid eligibility determination will be made for that month.) Also, inform the client that if Reach Up is denied, the Medicaid eligibility, if approved, will be based on the date of the Medicaid application. (If retroactive Medicaid is requested, also inform the client that a decision will be made and she will receive a notice.)
- If Reach Up eligibility can be determined within the 30-day processing period on the 3SquaresVT and Health Care applications, process all three program applications simultaneously.

The processing of eligibility for additional program(s) after receipt of an application is only allowed if the eligibility on the application is still pending. This is true regardless of whether the application is a new application or a review. Once eligibility has been processed, the client must submit another application for the newly requested program(s).

P-2110 General Application Procedures

D. Application Processing Reach Up/Health Care/3SquaresVT (Continued)

Additionally, on review applications, if the recipient neglects to check off the program that is under review, assume the recipient is still interested in the benefit and process the application accordingly.

Likewise for any application, if the applicant/recipient does not check off a program on the front of the application but does so in the member question, consider it to be an application for that program.

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P-2122 B4

P-2122 Source of Verification for Eligibility Determination

B. Sources of Verification by Eligibility Factor (Continued)

7. Disposal of Property

This element of eligibility considers the type of property (real or personal), the valuation of property, consideration received for the transfer of property, and time period of the transfer. Eligibility factors in regard to provisions covering property disposal vary between programs.

In those situations in which the client acknowledges that property was transferred, the client and the transferee will generally have some type of documentation to provide the necessary verification.

Courthouse records can be cleared to check on the transfer of real property. The docket books are listed by both grantor and grantee in the index so that real property transfers can be checked using either party's name.

When the client advises that he has not transferred property within the time limits of the State regulations, evaluate the client's circumstances, past and present, to determine if transfer might have occurred.

1. Property transfer tax return papers
2. Deed
3. Mortgage
4. Purchase and sales agreement for subject property
5. Court records
6. Attorney's records
7. Real estate agency or broker
8. Motor vehicle registration

8. Earnings

The primary verification for declared earnings is the employee's pay record of wages received from his employer (pay stubs, etc.). When the client has declared earnings but does not have verification available, this information can be obtained in writing, electronically, or by telephone directly from the employer.

If obtaining over the phone for 3SquaresVT and Healthcare, enter a note in CATN that collateral verification was obtained.

For Reach Up, collateral phone contact should only be used as a last resort if every attempt has been made to obtain written verification. If this is the case, document pay information on an Employment Verification Form (218 or 218E). Enter a CATN that states that a collateral contact was used, refers to the employment form in OnBase, and documents why the written verification was not able to be obtained.

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P-2122 B4a

P-2122 Source of Verification for Eligibility Determination

B. Sources of Verification by Eligibility Factor

8. Earnings (Continued)

Investigate the receipt of tips for service related employment.

If the applicant does not list employment on the application the interview should include a discussion of past employment to give an indication whether the recipient/applicant might be returning to work in the future or be eligible to collect UC benefits.

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P-2375 A

P-2375 A Imposing Sanctions

1. Case Manager/lead:
 - a. completes a Sanction Authorization (606)
 - b. specifies what the client didn't do
 - c. explains why the sanction will be imposed
 - d. lists the rule cite(s) relied on to make this determination.
 - e. enters the sanction meeting date on the Sanction Authorization (606).
 - f. routes the Sanction Authorization (606) to the Reach Up Team Leader; or their designee, for review.

2. Reach Up Team Leader or their designee:
 - a. reviews the Sanction Authorization (606)
 - 1) What were the participant's circumstances?
 - 2) Was good cause explored?
 - 3) Is the paperwork complete?
 - 4) Did the case manager/lead follow the rule at 2375.1?
 - b. approves or reverses the 606.
 - 1) If the decision is to approve, the team leader signs off on the Sanction Authorization (606) on the district director/designee line
 - 2) If the decision is to reverse it is recorded in the case file and e-mailed or discussed with CM in person.

3. Reach Up Team Leader makes 3 copies of the 606. Original copy goes to the case manager/lead for them to complete their steps in ACCESS (see step 4) and for the case management file. Second copy goes to the Case Manger to give to the BPS that specializes in Reach Up after attaching their two case management sanction letters that were generated in Step 4 and the third copy is sent to be scanned into OnBase.

For Contracted Case Managers who have had a sanction approved, the Team Leader keeps the two copies of the 606 and completes the steps in number 4 below.

4. The Case Manager enters the sanction date and time on CASE C SANC which generates an appointment letter. The Case Manager also goes to SPEC C FORMS and chooses the REASON FOR SANCTION letter and fills this in with the details including rule cite of why client is being sanctioned. A CATN should be entered that a sanction has been entered for Month/Year and participant must meet with their case manager to receive any benefits.

5. The Case Manager attaches the Sanction Appointment letter and Reason for Sanction letter to the second 606 and brings it to the BPS that specializes in Reach Up.

6. The BPS approves the decrease in benefits on Elig C RUFA.

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P-2375 A p.2

P-2375 A Imposing Sanctions (Continued)

7. The BPS takes the 2 letters that were attached to the 606 given to them from the Case Manager and gets the other two letters they generated and mails them together to the sanctioned participant:

- Starting the sanction
- An appointment letter
- An eligibility notice
- A reason for sanctions notice

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P-2420 D1

P-2420 Eligibility Determination for Medicaid

D. Other Standards

1. **SSI Federal Benefit Payment Rate (4222, 4281.1, 4281.2)**

These are used when determining the eligibility of SSI-related adults, allocations to ineligible children and parents, and the amount of income deemed to SSI-related child applicants.

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Individual	\$ 698 per month	\$ 674 per month
Couple	\$1048 per month	\$1,011 per month
Maximum allocation for <u>Effective 1/1/12</u>		<u>Effective 1/1/09 – 12/31/11</u>
Ineligible child	\$350 per month	\$337 per month

2. **Business Expenses - Providing Room and/or Board**

Use either A or B below, whichever is the higher amount, for the business expense deduction:

A. Standard monthly deduction, as follows:

- Room - Scaled according to the size of the group.
- Board - Equal to the thrifty food plan allowance for the group size.

Effective 10/1/11

ACCESS Code	Type	Group Size					
		1	2	3	4	5	6+
1	Room Only	147	270	387	491	583	700
2	2/3 Board	133	245	351	445	529	635
3	Board Only	200	367	526	668	793	952
4	Room and 2/3 Board	280	515	738	936	1112	1335
5	Room and Board	347	637	913	1159	1376	1652

B. The actual documented amount of business expenses for room and/or board providing the amount does not exceed the income received from the roomers and boarders.

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P-2590 A1

P-2590 Reference MaterialsA. Calculating Net Income1. Standard Deduction (Effective 10/1/11)

The standard deduction varies by household size:

\$147 for households of 1 to 3 members

\$155 for households of 4 members

\$181 for households of 5 members

\$208 for households of 6 or more members

2. Basic Medical Liability (Effective 1/1/81)

The base amount for medical liability is \$35. Refer to section 273.9(d)(3) of the 3SquaresVT

3. Dependent Care Maximum Deduction (Effective 10/1/09)

There is no cap on the dependent care deduction for 3SquaresVT/food stamps.

4. Shelter Cost Maximum Deduction (Effective 10/1/11)

The maximum deduction for households without elderly or disabled members is \$459.

5. Fuel and Utility Standards

	<u>Effective 10/1/11</u>	<u>04/01/11 – 9/30/11</u>
With heat or cooling	\$ 757.00	\$ 739.00
Without heat	\$ 218.00	\$ 212.00
Phone only	\$ 36.00	\$ 36.00

See P-2510 E on selecting the correct standard and ACCESS manual - STAT 5.14 (UTIL Panel) and STAT 5.17 (PHON Panel) for ACCESS-related information.