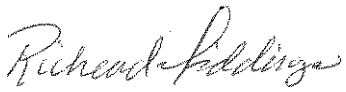
STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



B U L L E T I N NO.: 13-42F

FROM: Richard Giddings, Deputy Commissioner
Economic Services Division

DATE: April 17, 2014

SUBJECT: Reach Up Rules

CHANGES ADOPTED EFFECTIVE 5/1/14

INSTRUCTIONS

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

MANUAL REFERENCE(S):

2110	2238.1	2311	2334	2371	2374.1	2502
2201	2238.2	2322.1	2341.1	2371.1	2375	
2211.2	2301	2322.2	2363	2371.2	2375.2	
2238	2302.4	2333	2363.2	2374	2410	

This rule implements changes to the Reach Up program required by Act 50, the fiscal year 2014 appropriations act. This legislation limits the circumstances under which families may continue receiving Reach Up benefits if the family has already received 60 countable months of assistance. This rule defines which months count toward the 60-month time limit and the criteria a family must meet in order to continue receiving assistance beyond 60 months. This rule imposes new case review requirements when a family has received 18 and 36 months of assistance and requires medical based work deferments exceeding 60 days to be confirmed by independent medical review, as required by Act 50. This rule also revises the conciliation process and increases the number of allowable conciliations from two within a 60-month period to one within a calendar year.

Specific Changes to Rule Sections

2110 Adds language clarifying that the 60-month time limit in rule 2238 does not apply to Reach First eligibility.

2201 Adds language clarifying that applicants who have received 60 or more countable, cumulative months of assistance must comply with post-60-month Family Development Plan (FDP) requirements or, if claiming a deferment, must supply verification of and meet the criteria of deferment before being found eligible for assistance.

2238 New rule limiting the circumstances under which a family may continue to receive assistance beyond 60 months. A family may not receive assistance beyond 60 months unless each participating adult is fully complying and is: deferred, participating in a community service placement (CSP), or employed. This rule also defines how months are counted: full and partial months of assistance count; certain deferments do not count toward the limit; for two-parent families time limit is based on parent with the most countable months; Reach Ahead, Reach First, and Postsecondary Education assistance do not count. Finally, the rule defines the cases in which time limits do not apply: parents under 18 (both parents in two-parent family must 18 to count) and child-only grants.

2238.1 New rule requiring termination of benefits for families who have received more than 60 countable months of assistance if a participating adult is noncompliant, without good cause, or not meeting the work requirement, regardless of good cause.

2238.2 New rule defining the criteria under which an application will be considered after a family has received 60 months of assistance.

2301 Adds definition of "countable" months.

2302.4 Adds requirement that the department must conduct case reviews when a family has received 18 and 36 months of assistance.

2311 Adds language clarifying that support services may be provided to applicants who are not yet receiving financial assistance and have received 60 or more countable, cumulative months of assistance during the two-week period of compliance with post-60-month FDP requirements.

2322.1 Adds language clarifying that applicants who have received 60 or more countable, cumulative months of assistance will be required comply with post-60-month Family Development Plan requirements or, if claiming a deferment, supply verification of and meet the criteria of deferment before being found eligible for assistance.

2322.2 Adds requirement that participants who have received more than 60 months of assistance will be expected to begin meeting their work requirement, unless deferred.

2333 Adds requirement that the department will review FDPs for families who have received 18 and 36 months of assistance.

2334 Adds language that the FDP requirements for participants with more than 60 months of assistance must include participation in a CSP or employment, unless deferred and that additional work activities shall be required if the participant cannot meet the work requirement through a CSP or employment alone.

2341.1 Adds language that participants who have received more than 60 months of assistance will be expected to begin meeting their work requirement, unless deferred.

2363(F) Adds requirement that deferrals and modifications exceeding 60 days must be reviewed by Secretary-designated physician.

2363.2 Adds requirement that deferrals and modifications exceeding 60 days must be reviewed by Secretary-designated physician and that participant must comply with FDP activities to maintain a deferment or modification.

2371.1 Adds language that benefits are terminated if there is no good cause for noncompliance for participants with over 60 months of assistance.

2371.2 Adds language that benefits are terminated if there is no good cause for noncompliance for participants with over 60 months of assistance.

2375 Adds language that the sanction process is not available to families who have received over 60 months of assistance.

2375.2 Deletes the provision increasing the sanction amount to $225 per month for participants who have received over 60 months of assistance or who have 12 or more cumulative months of sanction.

2410 Adds language clarifying that the 60-month time limit in rule 2238 does not apply to PSE recipients.

2502 Adds language clarifying that the 60-month time limit in rule 2238 does not apply to Reach Ahead eligibility.

Rulemaking Process

A. Informal Public Input Process

1. The proposed rule was filed with the Interagency Committee on Administrative Rules (ICAR) on January 2, 2014 and presented at its meeting on January 13, 2014.

2. The proposed rule was filed with the Secretary of State's Office and the Legislative Committee on Administrative Rules (LCAR) on January 17, 2014.

3. The Secretary of State published notice of rulemaking on their website on January 22, 2014.

4. The department posted proposed rule on its website http://dcf.vermont.gov/esd/rules and notified advocates, subscribers, and members of the public of the proposed rule.

B. Formal Notice and Comment Period

1. A public hearing was held on Friday, February 21, 2014 at 11:00 a.m., in the AHS Training Room, 208 Hurricane Lane, Suite 103, Williston, VT 05495. There were no public attendees.

2. The comment period on the proposed rules closed on Friday, February 28, 2014 at 4:30 p.m. Written comments were submitted by a Vermont Legal Aid staff attorney.

3. On Tuesday, March 11, 2014 copies of the final proposed rule were filed with the Secretary of State and the Legislative Committee on Administrative Rules (LCAR).

4. The department presented the rule to LCAR on Thursday, March 27, 2014.

5. The department expects to file the final rule no later than Wednesday, April 16, 2014.

6. The rule is expected to be effective on May 1, 2014.

Summary of Public Hearing and Written Comments

A public hearing was held on February 21, 2014, at the Secretary of the Agency of Human Service's office in Williston, Vermont. There were no public attendees. Written comments were submitted by Christopher Curtis, a staff attorney for Vermont Legal Aid.

Specific comments on the Proposed Rule and the Department's Response

Comment: The commenter recommends that the proposed rule should explicitly state that months of assistance received under the Reach Ahead program do not count toward the 60-month time limit.

Response: The department agrees that the rule should be clarified to expressly exempt Reach Ahead from the months that count toward the 60-month time limit. The department has revised rule 2238 to incorporate the "note"—which states that assistance received under the Postsecondary Education, Reach First and Reach Ahead programs does not count toward the 60-month limit—into the text of the rule addressing which months count toward the 60-month time limit. The department has also amended Reach Ahead rule 2502 to clarify that the 60-month time limit does not apply to Reach Ahead eligibility.

Comment: The commenter recommends that partial months of assistance should not count toward the 60-month time limit.

Response: For federal reporting purposes, partial and full months of assistance count equally toward the federal time limit. The commenter notes that counting partial months of assistance "would result in some families receiving less grant assistance than others;" however, not counting partial months of assistance could result in those families reaching the 60-month time limit at a later date, and thus receiving more assistance than families who only ever received full months of assistance. In order to maintain consistency with the federal reporting requirements and to ensure the application of time limits in the most uniform manner among all recipients, the department has decided to maintain partial months of assistance as counting toward the 60-month time limit.

Comment: The commenter recommends that the department add a definition of "physician" that includes: medical doctors, nurse practitioners, physician's assistants, dentist, psychiatrist, or licensed therapist.

Response: The new statutory requirements in 33 V.S.A. § 1114(b)(5) and (d) specifically direct the department to use a physician and do not provide any discretion to the department to adopt a definition of physician that differs from the definitions in 26 V.S.A. §§ 1311 and 1750.

Comment: The commenter recommends that, in counting months of cash assistance received in other states, any months in which the recipient was deferred from the work requirement in that state for reasons the same as, or similar to, those deferments which do not count toward the 60-month time limit in Vermont should not count toward the time limit.

Response: For federal purposes, states must verify all federally-funded months of cash assistance received in other states, without consideration of state-specific deferments. In states that permit deferments from the work requirement, there is great variety among the states as to which circumstances will qualify an individual for deferment. Additionally, many states with deferments similar to Vermont do not fund deferred recipients with federal money; therefore, those months of assistance would not count. In order to maintain consistency with federal requirements and to ensure that applicants with a history of out-of-state federally-funded cash assistance are treated similarly, the department has decided to count all months of out-of-state federally-funded cash assistance toward the time limit.

Comment: The commenter recommends that the department eliminate the requirement that a recipient whose benefits have been terminated for noncompliance will not be eligible for assistance again until the recipient has had at least a six-month break in benefits.

Response: The department has revised the rule to require a two-month break in assistance for noncompliance without good cause. The department believes a two-month break in assistance is appropriate because it would provide incentive for families to comply with program requirements when they reapply for benefits. Without a break in assistance, families with over 60-months of assistance, who have no good cause for not complying with program requirements, could reapply the month following termination and continue to receive their full grant—a result which would place these families in a better position than families with less than 60-months whose monthly grant is reduced for instances of noncompliance without good cause.

Comment: The commenter recommends that the conciliation process be available to families after receiving 60-months of assistance in order to allow families the opportunity to demonstrate good cause for noncompliance.

Response: The proposed rule requires a good cause determination for instances of noncompliance after 60 months. The department has revised the rule to clarify that the good cause determination process defined in rules 2372 and 2373 applies to instances of noncompliance after 60 months. Conciliation is a process in which recipients who have already been determined not to have good cause for noncompliance are given the opportunity to resolve the issues surrounding the instance of noncompliance before being sanctioned. Because noncompliance without good cause or not meeting the work requirement, regardless of good cause, must result in termination of a family's benefits, the conciliation process is inappropriate for families with over 60 months of assistance.

Changes to the Final Proposed Rule

Since the filing of the final proposed rule, sections 2238(C)(1), 2238.2(C), and 2238.2(D) were modified in response to comments from Legislative Council regarding the ambiguity of language in these sections. In addition, section 2238.2(A) was revised by deleting the reference to "full calendar" in the phrase "full calendar months" to align with the language in 2238.2(C) and to ensure that participants whose grants are terminated mid-month are not subject to a lengthier break in benefits than participants whose grants are terminated at the end of the month.

To get more information about the Administrative Procedures Act and the rules applicable to state rulemaking go to the website of the Office of the Vermont Secretary of State at: http://vermont-archives.org/aparules/ or call Louise Corliss at 828-2863

For information on upcoming hearings before the Legislative Committee on Administrative Rules go to the website of the Vermont Legislature at: http://www.leg.state.vt.us/schedule/schedule2.cfm or call 828-5760.

* * * * *

Manual Maintenance

Reach First Rules

Remove		Insert	
2110	(08-02)	2119	(13-42)

Reach Up Rules

2211.3	(08-10)	2211.3	(13-42)
none		2238	(13-42)

Reach Up Services Rules

2301	(13-18)	2301	(13-42)
2302.4	(00-22)	2302.4	(13-42)
2311	(00-22)	2311	(13-42)
2322.1	(11-04)	2322.1	(13-42)
2322.2	(00-22)	2322.2	(13-42)
2333	(11-04)	2333	(11-04)
2334	(0-22)	2334	(13-42)
2341.1	(00-22)	2341.1	(13-42)
2363	(08-02)	2363	(13-42)
2363.2	(08-02)	2363.2	(13-42)
2371.1	(00-22)	2371.1	(13-42)
2371.2	(00-22)	2371.2	(13-42)
2374	(00-22)	2374	(13-42)
2374.1	(00-22)	2374.1	(13-42
2375	(00-22)	2375	(13-42)

Postsecondary Education Rules

2410	(08-02)	2410	(13-42)

Reach Ahead Rules

2502	(08-10)	2502	(13-42)

Eligibility

2110 Eligibility (05/01/2014, 13-42)

To qualify for Reach First, the applicant family must qualify for Reach Up using Reach Up financial eligibility rules. The 60-month time limit (rule 2238) does not apply to Reach First eligibility. In addition to qualifying for Reach Up financial assistance, the applicant family must meet the Reach First eligibility criteria and, if it has no members who are mandatory applicants (rule 2117), must choose to participate in Reach First. Mandatory applicants must report to the Vermont Department of Labor within two working days of filing an application for assistance to be eligible for Reach First.

Families who qualify for and participate in Reach First are initially certified as eligible for a four-month period (certification period) that commences with the first day of the first calendar month in which the family receives a Reach First payment or support service. The certification period may be shortened if changes in the family's circumstances make them no longer eligible.

2201 Eligibility and Payment Process (05/01/2014, 13-42)

The eligibility and payment process for Reach Up financial assistance consists of steps an applicant takes to request assistance and procedures the department follows to determine eligibility and payments. Steps within the process include:

A. Application for assistance, including a request by an adult for addition to an existing financial assistance group.

B. Orientation provided by the department that all adults in a Reach Up applicant assistance group must attend. The orientation shall provide the family with information about all programs administered by the department, services and referrals available to the family, program requirements, participant responsibilities, consequences of failure to meet responsibilities, and incentives for participation and obtaining employment. (Reach First rule 2113)

C. Documentation of necessary information related to pertinent eligibility conditions including an initial family development plan (FDP) (rules 2322.1, 2330), and, for families who have received 60 or more countable, cumulative months of assistance, compliance with post-60-month FDP requirements (rule 2334) for a period of two consecutive weeks or, in the case of applicants claiming a deferment, supplying verification of and meeting the criteria for the deferment.

D. Determination of initial or continuing eligibility and the amount of assistance.

E. Written notice to applicants and participants of eligibility decisions.

F. Authorization and payment of assistance for which applicants and participants are found eligible.

Methods of Investigation

2211.3 Verification (05/01/2014, 13-42)

Verification, defined as a written entry in the case record of third-party or documentary confirmation of facts stated by an applicant, shall be required for the items listed below when the department is processing an initial application or eligibility redetermination for Reach Up financial assistance. Verification of individual items on this list is required when the participant reports a change in circumstances relating to that item or when the department receives information from some other source that indicates the most recent information reported by the participant may not be correct.

A. All non-excluded income (amount and source).

B. All non-excluded resources, within $200 of the limit.

C. Actual dependent care costs claimed as a work expense and used as a deduction from earned income.

D. Shelter costs incurred.

E. High risk pregnancy for a woman with no dependent children.

F. Paternity of biological father not married to child's mother.

G. Collateral information affecting eligibility or benefits.

H. Application for a social security number if the individual does not have one.

I. Months of TANF assistance received in another state.

Verification may be required for the following, if questionable:

A. Identity and residency.

B. Age, citizenship, or alien status for any member of the assistance group.

C. Any other information that affects eligibility or amount of benefits.

Written verification statements shall include sufficient detail to enable independent reviewer evaluation of the reasonableness of the resulting eligibility decision, including but not limited to a description of method used, dates, sources, summary of information obtained, and any computations required. If the wage earner cannot furnish complete pay stubs or similar verification, a statement of wages must be obtained from the employer.

The department shall verify and document earnings received in the prior 30 days for applicants and participants. For continuing eligibility, earnings must be verified at least once every six months

However, if the earnings received in this 30-day period are not representative of current or future circumstances, then a best estimate must be made based on information and documentation obtained during the eligibility determination or redetermination. In such cases this alternative figure will be used to estimate monthly earnings.

Methods of Investigation

When earnings have just begun or changed, available pay stubs, a statement from the employer on wages and predicted hours of employment, or similar verification shall be used to make a best estimate of future earnings.

A change in dependent care costs is defined as a change in one or more of the following circumstances relating to the care provided:

A. the rate paid (hourly, daily, weekly, monthly) for required care;

B. person or facility providing care;

C. amount (number of hours per week) of care required; or

D. number of children or incapacitated adults requiring care.

A variation in dependent care costs caused solely by a school vacation, or illness or vacation on the part of the employed participant, lasting no longer than two weeks, shall not be considered a change in dependent care costs.

The following standard is to be applied when monthly dependent care costs vary as a result of minor fluctuations in the amount of employment-related dependent care required. If total dependent care costs paid in the reporting month are no greater than 25 percent above or no less than 25 percent below the most recent monthly dependent care costs, the variation in dependent care costs will not fall within the department's definition of a change in dependent care costs and, therefore, will not require verification.

Verification of income from self-employment requires careful evaluation by the eligibility worker considering the following:

A. If the applicant or participant has been self-employed for a period of time and has reported this income to IRS, the latest income tax return can be used as one source, providing it reflects the current situation, for example, same type of self-employment, approximately the same number of hours and wages for employment.

B. An applicant or participant who has recently become self-employed shall provide a written statement of potential monthly income and shall be required to maintain accurate records (for example, income received, source of income, hours of work) and to provide such records for bi-monthly review. In most cases this bimonthly review will continue until income has been reported to IRS. That income tax return can then be used as the primary source of verification as long as it continues to reflect the current situation.

Denial or closure shall result if an applicant or recipient:

- fails without good cause to submit documentation necessary for verification;
- fails without good cause to consent to verification of any eligibility factor;
- fails without good cause to cooperate in any investigation necessary to support an affirmative decision of eligibility.

Methods of Investigation

Good cause reasons include:

A. Natural disasters, such as fires or floods, having a direct impact on the applicant/recipient or an immediate family member.

B. Illness of such severity on the part of the applicant/recipient or an immediate family member that the applicant/recipient is unable to direct his or her personal affairs.

C. Refusal of an employer to provide earned income verification, or the unavailability of an employer to provide verification before the deadline.

D. Lost or stolen mail which is confirmed by the Postal Service.

E. Refusal of a landlord to verify housing expense.

F. Death of the applicant/recipient or an immediate family member.

G. Inability of a third party (e.g. Social Security Administration) to provide the necessary documentation within the designated time period.

2238 Time Limits (05/01/2014, 13-42)

A. A family in which a participating adult has received 60 or more countable, cumulative months of Reach Up financial assistance or cash assistance funded by a TANF block grant in another state, shall be ineligible for assistance under the Reach Up program, unless each participating adult is fully complying with Reach Up services component requirements and:

1. The participant is deferred from his or her work requirement for one of the reasons listed in rules 2363, 2363.1, or 2363.2;
2. The participant is engaged in a community service placement and, if necessary, any additional countable work activities for the number of hours equal to the work requirement; or
3. The participant is employed and, if necessary, engaged in any additional countable work activities for the number of hours equal to the work requirement.

B. The count for the time limit on assistance begins with July 1, 2001. Each full or partial month for which a participant receives financial assistance counts toward the 60-month time limit. A month in which only support services are received by an employed participant does not count toward the 60-month time limit. In a two-parent family in which the parents have not received assistance for the same number of months, the time limit is based on the parent who has received assistance for the greater number of countable months. Assistance received under the Postsecondary Education, Reach First, and Reach Ahead programs does not count toward the 60-month limit.

A month in which financial assistance is received does not count toward the 60-month time limit if the participant is deferred from his or her work requirement for a full calendar month for one or more of the following reasons:

1. The participant is unable-to-work pursuant to rule 2363.2;
2. The participant is caring for a child during the first 12 months of a possible 24-month deferment granted pursuant to rule 2363(c) (NOTE: no more than 12 cumulative, deferred months shall be exempt from counting toward the 60-month time limit in a participant's lifetime);
3. The participant is affected by domestic violence pursuant to rule 2363.1; or
4. The participant is needed in the home on a full-time basis to care for an ill or disabled parent, spouse, or child pursuant to rule 2363(F).

C. The time limit shall not apply in the following cases:

1. Single or two-parent families with at least one parent under the age of 18;
2. A dependent child living with a non-parent caretaker who is not in the assistance group; or
3. A dependent child living with a single parent who receives SSI/AABD benefits, or with two parents who both receive SSI/AABD benefits.

2238.1 Termination after 60 Months (05/01/2014, 13-42)

For families who have received 60 or more countable, cumulative months of assistance, noncompliance with Reach Up services component requirements, without good cause, or not fulfilling the work requirement, regardless of good cause, will result in termination of the family's Reach Up grant. Good cause shall be determined according to rules 2372 and 2373.

2238.2 Reapplication after 60 Months (05/01/2014, 13-42)

A. A family whose Reach Up grant was terminated for either noncompliance or not fulfilling the work requirement, without good cause, after having received 60 or more countable, cumulative months of assistance may be eligible for assistance at any time following a break in assistance of at least two months.

B. A family whose Reach Up grant was terminated for a reason other than noncompliance or not fulfilling the work requirement, without good cause, after having received 60 or more countable, cumulative months of assistance may be eligible for assistance at any time following termination of the grant.

C. A family whose Reach Up grant will be terminated for a reason other than noncompliance or not fulfilling the work requirement, without good cause, must continue to comply with all Reach Up requirements until the grant is terminated; a family who does not comply with these requirements and does not have good cause for not complying, will not be eligible to receive benefits for two months from the date the grant is terminated.

D. Assistance shall be paid only upon complying fully with post-60-month FDP requirements (rule 2334) for a period of two consecutive weeks or, in the case of applicants claiming a deferment, upon supplying verification of and meeting the criteria for the deferment. A family whose application is denied for not completing the two-week period of compliance or supplying verification of a deferment may reapply at any time.

Definitions

2301 Definitions (05/01/2014, 13-42)

The following definitions apply to the terms used in the rules for the Reach Up services component and the Reach First program.

A. "Able-to-work" means to be free of any physical, emotional, or mental condition that would prevent the individual from engaging in any allowable and countable combination of the work activities for at least 35 hours per week.

B. "Able-to-work-part-time" means having a physical, emotional, or mental condition that would allow the individual to engage in any combination of the work activities for at least 10 hours per week but would prevent the individual from engaging in such activities for 35 or more hours per week.

C. "Adult" means an individual age 18 or older who is not a dependent child; or an individual under age 18 who is either pregnant or the parent of a dependent child.

D. "Assessment" means the information-gathering process, carried out by the department's established protocol in Reach First, that identifies an individual's skills, aptitudes, interests, life and work experience, and barriers; and the determination of how these factors relate to the individual's family responsibilities, including child well-being, and current or potential participation in the labor force.

E. "Barrier" means any physical, emotional, or mental condition; any lack of an educational, vocational, or other skill or ability; any lack of transportation, child care, housing, medical assistance, or other services or resources; domestic violence circumstances; caretaker responsibilities; or other conditions or circumstances that prevent an individual from engaging in employment or other work activity.

F. "Caretaker" means an individual, other than a parent, age 18 or older who is fulfilling a parental role in caring for a dependent child by providing physical care, guidance, and decision-making related to the child's health, school, medical care, and discipline.

G. "Case management" means the services provided by or through the department to participating families, including assessment, information, referrals, and assistance in the preparation and implementation of a family development plan.

H. "Commissioner" means the Commissioner of the Vermont Department for Children and Families, or the commissioner's designee.

I. "Countable" means the months of financial assistance that a Reach Up participant receives that count toward the 60-month time limit.

J. "Department" means the Vermont Department for Children and Families (DCF).

K. "Dependent child" means a child who is a resident of this state and:

- is under the age of 18 years; or
- is 18 years of age or older who is a full-time student in a secondary school, or attending an equivalent level of vocational or technical training, and is reasonably expected to complete the educational program before reaching the age of 19 or is not expected to complete the educational program before reaching 19 solely due to a documented disability.

Definitions

L. "Domestic violence" means any of the following acts, if committed by a family or household member:

- physical acts that resulted in, or threatened to result in, physical injury to the individual;
- sexual abuse;
- sexual activity involving a dependent child;
- being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities;
- threats of, or attempts at, physical or sexual abuse;
- mental or emotional abuse; or
- neglect or deprivation of medical care.

For the purposes of this definition, household members are persons who, for any period of time, are living or have lived together, are sharing or have shared occupancy of a dwelling, are engaged in or have engaged in a sexual relationship, or minors or adults who are dating or who have dated. Dating means a social relationship of a romantic nature.

M. "Electronic benefit transfer transaction" means the use of a credit or debit card service, automated teller machine, point-of-sale terminal, or access to an online system for the withdrawal of funds or the processing of a payment for merchandise or a service.

N. "Eligible family" means a family that is determined to be financially eligible for the programs authorized by 33 V.S.A. Chapters 10 and 11.

O. "Family" means:

- one or more dependent children living with one or both parents or a relative, or a caretaker of such children; or
- a pregnant individual.

P. "Family development plan" (FDP) means the written plan, developed by the case manager with the involvement of the participating family, that charts the family's participation in the services component of Reach Up.

Q. "Homeless" means lacking a fixed and regular nighttime residence or living in one of the following as a primary nighttime residence:

- 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 individuals intended to be institutionalized;
- a temporary accommodation, for not more than 90 days, in the residence of another individual;
- a place not designed for, or ordinarily used, as a regular sleeping accommodation for human beings, such as a hallway, bus station, lobby, or similar place.

R. "Living with a relative or caretaker" means living with a caretaker or relative in a residence maintained by the caretaker or one or more relatives at his or her or their home.

Definitions

S. "Parent" means a biological parent, stepparent, adoptive parent, or pregnant individual.

T. "Participant" means an adult or out-of-school youth who is a member of a participating family.

U. "Participating family" means an eligible family that participates in the Reach Up program.

V. "Primary caretaker parent" means the parent in a two-parent family with two able-to-work parents whose primary role is to care for the children.

W. "Principal-earner parent" means the parent in a two-parent family with two able-bodied parents whose primary role is breadwinner.

X. "Reach First payment" means one or more cash payments to assist a family to gain self-sufficiency and avert the need for Reach Up financial assistance.

Y. "Reach First services" means the services component of the Reach First program consisting of assessment, case management services, support services, and referrals provided to eligible families to assist them in becoming self-sufficient.

Z. "Reach Up services" means the services including assessment in Reach First, case management services, support services, and referrals provided to participating families to help them become self-sufficient.

AA. "Relative" means a person related to a dependent child in any one of the following ways:

- A blood relative, including those of half-blood, and including first cousins, nephews, nieces and preceding generations, as denoted by the prefixes grand-, great-, and great-great;
- A stepparent, stepbrother, stepsister;
- An adoptive relative of corresponding degree, upon whom are conferred under Vermont law (15A V.S.A § 1-104) the same rights, duties and obligations as natural relatives; or
- A spouse of an individual included in one of the above groups, whether or not the marriage has been terminated by death or divorce.

AB. "Resources" means any income and property available from whatever source and as specifically defined in Reach Up eligibility (rules 2280).

AC. "Secretary" means the secretary of the Agency of Human Services or his or her designee.

AD. "Support services" means the services and referrals listed in and provided to eligible families according to Reach Up and Reach First rules.

AE. "Temporary Assistance to Needy Families" (TANF) means the block grant provided to this state and established in accordance with Part A of Title IV of the federal Social Security Act, as amended, and the regulations promulgated pursuant thereto by the United States Secretary of Health and Human Services.

AF. "Unable-to-work" means not able-to-work and not able-to-work-part-time.

Definitions

AG. "Work-eligible adult" means an adult in the applicant household who would have a work requirement if the family were receiving TANF-funded financial assistance.

AH. "Work activities" means the activities described at rule 2350

AI. "Work-ready" means an adult is not subject to a barrier and is capable of participating in a single work activity or combination of work activities for the number of hours needed to meet the work requirement.

Case Management

2302.4 Case Management Responsibilities (05/01/2014, 13-42)

Case management responsibilities in regard to a particular family may begin as early as the family's application for financial assistance (rule 2322.1) and continue until the family is no longer eligible for case management services. Case management responsibilities include, but are not limited to, the duties and tasks specified in rules 2322.4 and 2330.

Once the employment goal and plan of services and activities are incorporated into the FDP, the case manager shall have regular contact with the participant to ensure that the individual is meeting the services component requirements and is progressing in compliance with the plans and schedules included in the FDP.

In addition to the regular contact required above, the department shall conduct case reviews for a participating family when the family has received 18 and 36 cumulative months of assistance. The purpose of these case reviews shall be to assess whether the participating family:

- is in compliance with the FDP and/or work requirement;
- is properly claiming a deferment, if applicable; and
- has any unaddressed barriers to self-sufficiency and, if so, how those barriers may be better addressed by the department or other state programs.

Support Services, Assessment, and the FDP

2311 Support Services, Assessment, and the FDP (05/01/2014, 13-42)

The department determines the support services needed by each family based upon the results of the assessments of the participants. Utilizing the assessment results, the case manager and the participant develop the FDP, including a schedule and plan of services that address the family's needs. Whenever the FDP is modified, the case manager shall reassess the family's needs for support services. The support services needed are those that are linked to the family members accomplishment of their FDP requirements (rule 2334) and their employment goal. Support services may be provided to applicants who are not yet receiving financial assistance and have received 60 or more countable, cumulative months of assistance during the two-week period of compliance with post-60-month FDP requirements (rules 2201, 2238.2). Support services may be provided for a period of six months after participants have begun to meet their full work requirement through unsubsidized work. Individuals may be eligible for services within this period, subject to program regulations, even if they no longer receive Reach Up financial assistance due to employment.

If the successful completion of the FDP requires a support service that is unavailable, the individual must cooperate with the case manager in developing an alternative FDP for which the necessary support services are available at a cost that does not exceed the limits established for the program.

Support services will be considered unavailable if:

- the service cannot be obtained within an hours commute of the participants residence; or
- the service is only available at a cost to the department, and the department does not provide funding for the service for reasons allowable under these rules.

The department does not guarantee:

- the availability of funds for the purchase of services or commodities; or
- the availability of services or commodities in the community at the price established to enable the program to serve all participants.

2322 Participation Phases (05/01/2014, 13-42)

Adults move toward work and independence from financial assistance by progressing through the phases of the services component. There are four phases of the component: the application phase, the pre-work-ready phase, the work-ready phase, and the employment phase.

Participation in each of the second and third phases is limited to 12 cumulative months for each adult during a lifetime (rule 2322.5). Not all adults will spend 12 months in each of these phases, however; many will spend only a short time in them, and some will skip the work-ready phase. The time it takes to progress through the pre-work-ready phase and the work-ready phase will vary depending on the participants needs, abilities, and employment goal. Any full calendar month for which an adult receives Reach Up financial assistance is counted toward the 12-month limit for the phase to which the adult is assigned as of the first day of the month, even if the work requirement is deferred or modified.

2322.1 Application Phase (05/01/2014, 13-42)

Applicants begin their participation in the Reach Up Program's services component when they submit their application for Reach Up financial assistance. At that time, all adults in the applicant household must attend orientation and must complete an initial FDP agreeing to meet with the case manager at a scheduled time directly after being found eligible for Reach Up financial assistance (rules 2201, 2330). During this phase some applicants will be required to report to the Department of Labor (DOL) or other organizations and to cooperate with job search and activities related to job search. Applicants who have received 60 or more countable, cumulative months of assistance will be required to fully comply with post-60-month requirements for a period of two consecutive weeks or, in the case of applicants claiming a deferment, supply verification of and meet the criteria for the deferment. As soon as applicants begin participating in the financial assistance component, they must proceed to the pre-work-ready phase of the program.

2322.2 Pre-Work-Ready Phase (05/01/2014, 13-42)

During the pre-work-ready phase, adult participants receiving Reach Up financial assistance must meet with their case manager to begin the assessment process, set an employment goal, and develop their FDP. No later than 30 days following the participants first meeting with the case manager, these planning activities must be completed to a degree that allows appropriate assignment to a participation phase according to the criteria in rule 2322.5. In the case of participants previously assigned to a later phase, these planning activities will start with a review of the participants previous assessment, employment goal, and FDP.

The following participants will be expected to begin meeting their work requirement as soon as they have their first meeting with the case manager:

- principal-earner parents;
- parents choosing to share the work requirement; and
- participants previously assigned to the work-ready phase or the employment phase during a prior period of receipt of financial assistance.
- participants who have received 60 or more countable, cumulative months of assistance, unless deferred from their work requirement for one of the reasons listed in 33 VSA § 1114 .

Participation Phases

All other participants shall be expected to participate in countable work activities consistent with the employment goal to the extent they are capable prior to assignment to a participation phase.

Following assignment to the pre-work-ready phase, participants shall engage in FDP-approved activities designed to increase the number of hours they can participate in countable work activities. During this phase, they shall engage in countable work activities to the extent they can. As appropriate, case managers shall refer pre-work-ready participants to vocational rehabilitation or other service providers to address their limitations and barriers.

The participant who has increased participation in countable work activities during the pre-work-ready phase to the extent that the work requirement is met shall move to the work-ready phase immediately. Unless granted an extension (rule 2341.4), any adult participant who has not advanced to the work-ready phase after having received 12 cumulative calendar months of financial assistance (rule 2322.5) shall be work-ready on the first day of the 13th cumulative month they receive assistance. At that time the participant must move to the work-ready phase.

FDP Reviews and Modifications

2333 FDP Reviews and Modifications (05/01/2014, 13-42)

The case manager shall establish a schedule for review of the FDP that includes a personal contact with the participant at least once per month to review the FDP and, if necessary, to modify the plan. The personal contact with the participant may be made by the case manager or, when it is in the best interest of the participant, by the case manager's designee.

In addition to regularly scheduled reviews of the FDP, the case manager shall review and, if necessary, modify the plan in the following circumstances:

- Services required by the FDP are unavailable.
- The participant is nearing the end of the pre-work-ready phase. The case manager shall review the FDP at least 30 days before the end of the phase.
- A deferment or modification of the work requirement has been requested.
- A deferment or modification is scheduled to end within 60 days. The case manager shall review the FDP no fewer than 30 days before the deferment or modification expires.
- The participant has started an unsubsidized or subsidized job. The case manager shall review the FDP within 30 days of the date the participant started the job.
- The participant has lost unsubsidized or subsidized employment.
- The participant is nearing the date set for attaining the employment goal. The case manager shall review the FDP at least 30 days prior to that date.
- Changes to the FDP are needed to protect the well-being of the children.
- The participant is not making satisfactory progress in achieving the goals of the plan, or it becomes apparent that the participant cannot achieve them in the time allowed.
- A family member has failed to comply with an FDP requirement or a work requirement.
- A change of circumstances requires an eligibility review.
- A second parent joins or leaves a household.

When there are indications that a participants failure to comply with program requirements or make satisfactory progress toward the goals of the plan may be due to a previously unidentified barrier, the case manager shall reassess the participant for barriers and make appropriate referrals, if there is an indicated need.

Case managers' supervisors shall conduct routine reviews of FDPs to ensure quality of service. Case managers supervisors shall also review the FDP whenever they have notice that there may be issues of noncompliance or quality of service. After the review, the supervisor shall modify the FDP, if necessary. In addition to the reviews required above, the department shall review FDPs when a participant has received 18 and 36 months of cumulative assistance pursuant to rule 2302.4

2334 FDP Requirements (05/01/2014, 13-42)

The case manager shall approve an activity and include participation in the activity as a requirement specified in the family development plan (FDP) when such participation is a necessary part of the plan leading to the most expeditious attainment of the participants employment goal. FDP requirements shall include the work activities a work-ready participant must engage in to fulfill the work requirement (rule 2340) and the unsubsidized work a participant must engage in to fulfill the work requirement when that participant has finished the activities leading to the employment goal.

The case manager shall approve activities on an individual basis. If a participant can perform work activities appropriately related to the employment goal, the case manager shall approve and include such participation as an FDP requirement, even if the participant is not work-ready and the hours of participation are fewer than those of the participants work requirement. Before participants are work-ready they must engage in work activities for as many hours as they can. During the pre-work-ready phase, the number of hours participants must engage in work activities shall continue to increase consistent with their capabilities until they are work-ready and meeting their work requirement.

The FDP requirements for a participant who has received 60 or more countable, cumulative months of assistance shall include participation in a community service program or employment for the number of hours necessary to fulfill the work requirement, unless deferred. If a participant cannot fulfill his or her work requirement entirely in a community service program due to FLSA restrictions or through employment due to the work schedule, the FDP shall include any other acceptable work activities necessary to fulfill the work requirement.

Work-Ready Determination

2341 Work-Ready Determination (05/01/2014, 13-42)

The determination that participants are work-ready occurs at different times, depending on the following rules.

2341.1 When Determined Eligible (05/01/2014, 13-42)

Principal-earner parents, parents sharing the work requirement, adults assigned to the work-ready phase or employment phase at the end of a past period of participation in Reach Up, and participants who have received 60 or more countable, cumulative months of assistance, unless deferred from their work requirement for one of the reasons listed in 33 VSA § 1114, must begin fulfilling their work requirement as soon as they meet with their case manager for the first time.

2341.2 During the First 12 Months (05/01/2014, 13-42)

During the first 12 cumulative months of participation in Reach Ups financial assistance component, participants not already determined work-ready and not subject to any barriers are determined work-ready as soon as they are capable of participating in a single countable work activity or any combination of countable work activities sufficient to fulfill their work requirement.

2341.3 12th Month of Financial Assistance (05/01/2014, 13-42)

A participant who has received 12 cumulative months of financial assistance in the pre-work-ready phase (rule 2322.2) shall be deemed work-ready on the first day of the 13th month the individual receives assistance and is subject to the applicable work requirement. In rare circumstances, if a participants case manager concludes that the participant cannot meet the applicable unmodified work requirement, the case manager shall submit a request for an extension of the work-ready date (rule 2341.4).

2341.4 Pre-Work-Ready Phase Extended (05/01/2014, 13-42)

The case manager shall submit a request for an extension of the participants pre-work-ready phase in writing and specify the length of the extension, not to exceed six months. The request shall include the following:

- the particular reasons why the participant cannot meet the full work requirement;
- the date the reasons were recognized and the efforts made so far to address them;
- the number of hours the participant can engage in work activities;
- the length of the requested extension; and
- the remedial actions and services to be provided to the participant to enable fulfillment of the requirement.

The case manager shall submit a request for an extension to the district director and the commissioner or the commissioner's designee for approval. The district director and the commissioner or the

commissioner's designee shall review the request and approve it, provided that the participant cannot meet the work requirement, the participant does not qualify for a modification of the work requirement (rule 2360), and the information in the request is supported by the documentation in the participant's file and FDP. If the extension is approved, they shall set a new work-ready date within the next six months.

Deferment or Modification of Work Requirement

2363 Deferment or Modification of Work Requirement (05/01/2014, 13-42)

The work requirement shall be either modified or deferred for:

A. A participant for whom no unsubsidized or subsidized job or other approved work activity is available.

B. A participant for whom support services identified in the FDP and essential to employment or participation in other required work activities cannot be arranged within the time frames allowed for completion of the participation phases (rule 2322). Such services shall include case management, education, job training, child care, and transportation. A deferment or modification on these grounds is available only if the case manager, after reviewing the FDP pursuant to rule 2333, determines that modifying the FDP to include an alternative activity or employment goal is not possible.

C. Primary caretaker parents in a two-parent family in which one parent is able-to-work-part-time or unable-to-work, single parents, and caretakers if they are caring for a child under 24 months old and request a deferment on this basis. A participants work requirement shall be deferred for this reason no more than 24 months during a lifetime.

D. An individual who has exhausted the 24-month deferment for caring for a child under 24 months old and is caring for a child not yet 13 weeks old.

E. A primary caretaker parent in a family with two able-to-work parents where the primary caretaker is caring for a child under 13 weeks of age and is otherwise subject to a work requirement because the other parent in the family is being sanctioned. This deferment is not available to two-parent families when the parents share the work requirement unless one parent receives paid parental leave from the job or one parent temporarily assumes the total work requirement so the other parent may remain at home with the child. In the case of one parent assuming the full work requirement, that parent shall fulfill the work requirement in subsidized employment or other work activities if unsubsidized employment is not available. If the parents intend to resume the sharing arrangement, they must do so by the end of the 13-week deferment period.

F. A participant needed in the home on a full- or part-time basis to care for a disabled or seriously ill parent, spouse, civil union partner, or child. A disabled or seriously ill person in this context is someone who requires continuing in-home care under the direction of a physician as a result of an accident, disease, physical, or mental condition and also meets one of the following criteria:

- The person is expected to require care for at least two weeks and no more than 12 weeks.
- The person is expected to require care for more than 12 weeks, and no alternative care that enables the participant to fulfill the unmodified work requirement can be arranged.
- The person has a terminal illness and has a life expectancy of less than 12 months.

The department's medical review team, using documentation provided by a physician or licensed psychologist, certifies whether a participant is eligible for a deferment or modification of the work requirement based on being needed in the home as defined herein. In granting this deferment, consideration shall include:

- the needs of the disabled or seriously ill person,
- available and appropriate community resources and supports, and

Deferment or Modification of Work Requirement

- the participant's preferences as to the number of hours the participant is able to leave home to participate in work activities.

A deferral or modification of the work requirement exceeding 60 days shall be confirmed by the independent medical review of one or more physicians designated by the Secretary.

G. A participant at least 20 years old who is engaged in at least 25 hours per week of classes and related learning activities for the purpose of attaining a high school diploma or general educational development (GED) certificate. A related learning activity is a scheduled activity the participant is required to attend as part of the course of study leading to attainment of the high school diploma or GED. This deferment is available provided that:

- the participant is making satisfactory progress toward the attainment of such diploma or certificate;
- the participant documents the satisfactory progress by providing the case manager with grades or evaluations as frequently as indicated by the duration and intensity of the program; and
- the deferment or modification granted for this purpose does not exceed six months.

H. A parent or caretaker age 60 or older.

I. A participant unable to fulfill the applicable work requirement due to the effects of domestic violence, as determined in accordance with rule 2363.1.

J. A participant who requests a modification or deferment of the work requirement on the basis of an unpaid leave of absence from employment to which the participant is entitled under Vermont's Parental and Family Leave statute (21 V. S. A. Subchapter 4A) and provides verification that his or her employer has approved this leave of absence.

Deferment or Modification of Work Requirement

2363.2 Medical Deferment or Modification (05/01/2014, 13-42)

A participants request to be considered unable-to-work or able-to-work-part-time shall be processed according to the following rules.

If, in the case managers judgment, the medical condition limits, but does not prevent, the participant from meeting the full work requirement, the case manager will work with the participant to develop an FDP or modify an existing FDP, taking the limitations of the condition into account. No deferment or modification shall be approved.

Participants determined disabled for the purposes of receiving SSI/AABD, social security disability payments, or Medicaid shall be considered unable-to-work and granted a deferment. They may be referred to vocational rehabilitation services on a volunteer basis.

The department may grant a deferment or modification to other participants, not determined disabled, who claim a medical condition expected to last fewer than 90 days. Such participants shall continue to work with their case manager to develop an FDP, allowing an accommodation for the condition up to 90 days, and participate in FPD-approved activities to the extent possible. Participants requesting an extension of their deferment or modification shall be screened for referral for eligibility for vocational rehabilitation services and, if appropriate, referred to the vocational rehabilitation services provider.

Participants not determined disabled who claim a condition expected to last more than 90 days shall be screened for referral for eligibility for vocational rehabilitation services and, if appropriate, referred to the vocational rehabilitation services provider.

Participants referred for vocational rehabilitation services and found eligible for those services by the provider are considered able-to-work-part-time or unable-to-work. The department shall modify or defer their work requirement as long as they continue to comply with the vocational rehabilitation program or until they are fulfilling the work requirement.

The vocational rehabilitation services provider shall perform a review of the participants progress no later than six months after the participant has been accepted for vocational rehabilitation services. If, at this time or at any time, the provider concludes that a participant is not making any discernible progress, the provider shall confer with the medical review team. The medical review team and the provider shall decide whether the participant should continue with the vocational rehabilitation services or undergo further evaluation of the basis for the medical deferment or modification.
If the medical review team and the provider decide that the participant should continue to work with vocational rehabilitation services, they will continue to confer at least once every six months to evaluate the participant’s progress.

The department reserves the rights to review the basis of a participant’s medical deferment or modification at any time.

A deferral or modification of the work requirement exceeding 60 days shall be confirmed by the independent medical review of one or more physicians designated by the Secretary.

To determine whether participants are able to do any work, the medical review team shall review their residual functional capacity, age, education, and work experience, based on information supplied by the case manager, reports obtained from the treating physician and other health care professionals who have examined the participant, and the participant’s estimate of the number of hours the participant is able to work. In the case of a participant receiving medical care through a managed care program, the

determination will be made on the basis of information provided by the participant's primary care provider (PCP) or by a medical professional to whom the participant was referred by the PCP.

The medical review team may obtain consultative reports if any of the following conditions exist:

- the treating physician's opinion is contradicted by evidence in the record;
- the vocational rehabilitation services provider or a similar professional familiar with the participant recommends consultation;
- the participants physician has not treated the participant for the condition; or
- the participant has multiple conditions, all of which have not been treated by the participants physician.

Functional capacity includes mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skills.

In cases in which the participant has been terminated from vocational rehabilitation services without completing all required activities leading to the employment goal and has been determined able-to-work-part-time or unable-to-work by the medical review team, the case manager shall work with the participant to develop or modify the FDP. Appropriate medical treatments identified by the medical review team or the participants physician shall be specified as FDP requirements. In addition, the case manager and the participant shall specify nonmedical FDP activities and requirements based on the participants diagnosis, functional capacity, and need. Participants will be expected to undergo surgical procedures recommended as part of a treatment plan; a participant will not be required to do so, however, if less invasive methods of treatment exist or the participant objects to the procedure based on religious grounds.

To retain the deferment or modification, the participant must participate constructively in the development and, where applicable, modification of a family development plan (FDP) that addresses the basis of the medical deferment or modification. In addition, the participant must participate in FDP-approved activities and complete them satisfactorily, as determined by the case manager.

Notwithstanding the rules in this section, the department reserves the right to review and deny or terminate a medical deferment or modification.

Types of Noncompliance

2371 Types of Noncompliance (05/01/2014, 13-42)

Instances of noncompliance include, but are not limited to, the participant's failure or refusal to:

- appear for assessment after one written request;
- cooperate in the development of the FDP;
- attend and participate fully in FDP activities;
- refrain from behavior that is disruptive to a program activity or the orderly administration of the program;
- refrain from behavior that constitutes a threat or hazard to fellow participants;
- accept appropriate child care (rule 2373.3) or other services that would allow participation in FDP activities;
- follow through on treatment or rehabilitation services plans;
- appear for a referral to or interview for a job consistent with the FDP;
- reside in an approved supported living arrangement, if a minor parent;
- meet the work requirement;
- show up for work;
- accept or retain employment; and
- apply for or comply with the requirements of unemployment compensation, if otherwise eligible.

2371.1 De Facto Refusal (05/01/2014, 13-42)

De facto refusal occurs when noncompliance is implied by an individual's failure to meet one or more service component requirements without good cause. The case manager shall prepare a written record of the circumstances associated with and the substance of the individual's noncompliance. If the case manager determines that the participant had good cause for noncompliance, the noncompliance process ends. Otherwise, the case manager initiates the conciliation process or, for individuals no longer eligible for conciliation, the sanctions process. For families who have received 60 or more countable, cumulative months of assistance, the family’s Reach Up benefits will be terminated.

2371.2 Overt Refusal (05/01/2014, 13-42)

Overt refusal occurs when, without good cause, an individual declares, orally or in writing, an unwillingness to comply with services component requirements. The case manager will ask the individual to put oral refusals in writing. If the individual will not put the refusal in writing, the case manager shall prepare a written record of the circumstances associated with and the substance of the individual's noncompliance. The case manager shall begin the sanctions process immediately or, for families who have received 60 or more countable, cumulative months of assistance, the family’s Reach Up benefits will be terminated.

Conciliation

2374 Conciliation (05/01/2014, 13-42)

Conciliation is the process by which disputes related to an individual's failure to comply with services component requirements are resolved. Conciliation may also be requested for dispute resolution by an individual who has a complaint about the working conditions, workers' compensation coverage, or the wage rates used in calculating required hours of participation with respect to work activities included in the FDP.

The case manager shall initiate conciliation when the following conditions are met:

A. The case manager has determined that the individual's de facto refusal to comply with services component requirements was without apparent good cause (rule 2370).

B. The individual has not conciliated more than one dispute within the calendar year (rule 2374.1).

The conciliation process is not available to individuals who fail to report to VDOL, as required by rule 2335.1,or to families who have received 60 or more months of countable, cumulative assistance.

2374.1 Conciliation Process (05/01/2014, 13-42)

When the conditions for conciliation for noncompliance (rule 2370) are met, the case manager shall mail a notice scheduling a conciliation conference to the individual within 10 days of the date the case manager became aware of the noncompliance. The case manager should schedule the conference as soon as administratively possible, but no sooner than the fourth workday after the date the notice is mailed.

The notice of the conciliation conference must include the following:

- the reason for the determination of noncompliance without good cause;
- the steps in the conciliation resolution;
- the right to have a representative present at the conciliation conference; and
- the sanctions to be imposed if conciliation is unsuccessful.

Effective May 1, 2014, participants may conciliate disputes only once within a calendar year (January – December). Any subsequent noncompliance without good cause within this time period will result in the immediate initiation of the sanctions process without an opportunity for conciliation.

Any time an individual makes a claim of good cause and the case manager determines that documentation of such good cause is necessary, the individual will have 10 days from the date the claim was communicated to the case manager to provide documentation. When the individual is unable to obtain required documentation and requests the case managers help to obtain it, the case manager shall provide that help, if possible.

Sanctions for Noncompliance

2375 Sanctions for Noncompliance (05/01/2014, 13-42)

If a participating adult, including a minor parent, fails to comply with services component requirements, the department shall impose a fiscal sanction by reducing the financial assistance grant of the sanctioned adults family (rule 2375.2). This section does not apply to sanctions imposed on out-of-school youths (rule 2337) or adults failing to report to DOL (rule 2335.1). This section does not apply to families who have received 60 or more countable, cumulative months of assistance.

A sanction is imposed only if conciliation (rule 2374) is unsuccessful or not available. Once a fiscal sanction has been imposed, the sanctioned adult who chooses to demonstrate compliance with program requirements may cure the sanction and have the full grant amount restored (rule 2372). The adult who complies with service component requirements for 12 consecutive months following fiscal sanctions will have the past sanctions forgiven (rule 2373).

When the case manager determines, at any time during the sanctions process, that the sanctioned individual had good cause for the noncompliance, the case manager shall terminate the sanctions. The months of sanction associated with this instance of noncompliance shall not count as months of sanction for the purposes of this section.

For the purposes of this section, the family's financial assistance grant is the amount the family would receive after imposition of sanctions due to noncooperation with the pursuit of child support, if any, but before recoupment of a previous overpayment.

2375.1 Independent Review and Notice (05/01/2014, 13-42)

Before a fiscal sanction is imposed, the district director or the district directors designee shall review the basis for the action. The review shall include consideration of the sanctioned participants circumstances, possible good cause reasons for the noncompliance, the basis for the case managers determination of noncompliance, and the departments compliance with pre-sanction processing requirements.

The sanction process begins with a written notice to the individual at least 10 days before the sanction is scheduled to begin. This notice explains the action being taken, the reason for the action, and the adults right to appeal the decision. The individual then has 90 days in which to request a fair hearing. If the individual requests a fair hearing before the sanction is applied to the grant, the sanction will not be applied while the appeal is pending.

2375.2 Sanction Amounts (05/01/2014, 13-42)

For a first, second, and third cumulative month in which an adult is sanctioned, the family's financial assistance grant shall be reduced by the amount of $75.00 for each adult subject to a fiscal sanction.

For the fourth cumulative month and any subsequent month in which an adult is sanctioned, the family's financial assistance grant shall be reduced by the amount of $150.00 for each adult subject to a fiscal sanction.

Initial Eligibility

2410 Initial Eligibility (05/01/2014, 13-42)

A. Financial Eligibility

1. Applicants shall demonstrate financial eligibility for the calendar year preceding the date of application.
2. Gross income shall be the basis for determining financial eligibility for the PSE program.
3. Verification of income shall be provided in accordance with the Reach Up program regulations.
4. The family's gross income minus the participating parent's earnings shall not exceed 150 percent of the federal poverty level for a family of the applicant family's size.
5. Gross income shall be determined using Reach Up rules.

B. Financial Eligibility for PSE Financial Assistance

Applicants for financial assistance must meet the same financial eligibility qualifications as Reach Up applicants according to Reach Up financial eligibility rules. The 60-month time limit (rule 2238) does not apply to PSE recipients.

Eligibility

2502 Eligibility (05/01/2014, 13-42)

In addition to the eligibility criteria enumerated below, Reach Ahead eligibility is limited to families who met the financial and non-financial eligibility qualifications for and received financial assistance from Reach Up or the Postsecondary Education Program. The 60-month time limit (rule 2238) does not apply to Reach Ahead eligibility.

2502.1 Initial Eligibility (05/01/2014, 13-42)

To initially qualify for Reach Ahead, families must meet all of the following eligibility criteria.

A. Meet the definition of family;

B. live in Vermont;

C. leave the Reach Up or Postsecondary Education Program on or after April 1, 2009 and apply for Reach Ahead within the six months directly following the last month in which the family received financial assistance in Reach Up or the Postsecondary Education program;

D. be receiving income from unsubsidized employment; and

E. include at least one work-eligible adult who is meeting the Reach Up work requirement applicable to the family's size and composition as established in Reach Up rule with hours in unsubsidized employment.

2502.2 Ongoing Eligibility (05/01/2014, 13-42)

After the determination of initial eligibility, the family must continue to meet the following eligibility criteria for the duration of participation in the program.

A. Meet the definition of family;

B. live in Vermont;

C. Provide verification under Reach Up rules at the times specified below:

1. If there is no change in work hours or family members after eligibility is determined, the work eligible adult(s) meeting the work requirement shall verify work hours and income at 6-month intervals of consecutive months of participation. If feasible, income verification may be done at the same time as food stamps recertification.

2. If there is a change in the family members or the work hours of the work-eligible adult(s) in the family, the family must notify the department of the change within the timeframes required by Reach Up rules and, if necessary, the department will determine if there is ongoing eligibility or a change to the work requirement.

D. Failure to provide verification when requested and in accordance with these rules will result in termination from the program.