

STATE OF VERMONT  
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families



BULLETIN NO.: B14-12

FROM: Richard Giddings, Deputy Commissioner  
Economic Services Division

DATE: May 1, 2014

SUBJECT: Reach Up Procedures

CHANGES ADOPTED EFFECTIVE 5/1/14

INSTRUCTIONS

- ☒ 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):

P-2201      P-2349  
P-2344      P-2350

The purpose of this bulletin is to establish: (1) eligibility and case management procedures for cases affected by time limits; (3) deferment and modification procedures for cases affected by the legislatively mandated independent medical review; (4) general criteria for verifying and granting or denying deferment/modification requests; and (5) procedures for the legislatively mandated 18 and 36 month case reviews.

Manual Maintenance

Reach Up Procedures

Remove

none  
none

Insert

P-2201 L      (B14-12)  
P-2201 M      (B14-12)

Reach Up Services Procedures

none  
none  
none  
none

P-2344 B      (B14-12)  
P-2344 C      (B14-12)  
P-2349      (B14-12)  
P-2350      (B14-12)

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P-2201 L

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**P-2201 Application Procedures (Continued)**

**L. Eligibility Procedures for Post-60-Month Cases**

- a. New applications for Reach Up applicants who have received 60 months of countable cumulative assistance
  1. Reach Up application is received by the ADPC, online or in district office.
  2. Application goes into the queue just like any other Reach Up application.
  3. After the application has been entered, the worker who conducts the interview checks CASE D TIME to see how many countable, cumulative months the applicant has received; if it is a 2-parent family, the name and number will appear for the parent with the greater number of months.
  4. The interviewer informs the applicant of the number of countable, cumulative months of Reach Up they have received if it is at least **58** months, or if the applicant asks for this information.
  5. In reviewing the 202, if the applicant has checked "Yes" or verbally answers "yes" for question #5 ("Has anyone moved to VT in the last 12 months") and/or question #8 ("Has anyone received financial assistance from any other state since October 1996"), inform the participant that this will need to be verified with all applicable states (see P-2201 M "Verifying Out-of-State TANF Months").
  6. Individual is scheduled for a face-to-face interview following the standard process.
  7. When initial FDP is signed at face-to-face interview, check off the "Post 60 month requirements" box and enter the number of VT countable months on the form.
  8. Explain to applicant that their grant will be approved when the following conditions have been met:
    - all applicable eligibility verification has been received; and
    - the applicant has met with a case manager within three days of the face-to-face interview; and
    - the applicant has met the work requirement with a CSP, employment, other countable activities if necessary (or a combination) for two consecutive weeks, but no later than the 30<sup>th</sup> day following the date of application (unless the processing date is extended due to department delay or good cause); or
    - the applicant has provided verification of a deferment, and meets the criteria for the deferment.
  9. Follow district procedures for scheduling an individual case management meeting within three days of face-to-face interview/orientation.
  10. The Reach Up case manager will verify that the conditions listed above in section 8 have been met, and will send an email to the district eligibility group when these requirements have been met. Approve the Reach Up grant. If these conditions have not been met by 30 days from the date of application (unless there is a department delay or good cause), the case manager will send an email to the district management team requesting that the grant be denied.

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- b. When a Reach Up participant who has closed after 60 months of countable cumulative assistance re-applies
1. Check MEMB panel for each adult applying to determine participation code.
  2. If the Reach Up benefits closed because one or both adult members were not meeting the work requirement (Participation code 85):
    - re-APPL the Reach Up application for the day after the last date of closure, or the date of application, whichever is later; and
    - follow procedures for a new applicant who has received 60 months of countable cumulative assistance.
  3. If the applicant is subject to the 2 month break in benefits due to non-compliance (code 81 or code 83), check case WARN and/or CATN to find the date range of the break in benefits and take the following steps:
    - i. If the application date is within 30 days of the last closure, deny application in ELIG C RUFA. ACCESS will automatically call for denial.  
**NOTE: In a two-parent family where the penalty was applied to one parent, the penalty period applies to the entire family if the penalized parent is still in the household.**
    - ii. If the applicant will be eligible within 30 days from the date the application is received, re-APPL the Reach Up application for the day they apply and follow procedures for a new applicant who has received 60 months of countable cumulative assistance. Do not approve benefits until:
      - All conditions listed above in section a(8) have been met; and
      - The two month break in benefits due to non-compliance from the last date of closure has passed.
  4. If the applicant closed for eligibility reasons (i.e. non-coop, failure to review, etc.), re-APPL according to the current process and take the following steps:
    - i. If verification/application is received before last closure date, there is no break in benefits and the two weeks of compliance is not a condition of approval; or
    - ii. If verification/application is received after last closure date, there is a break in benefits. Follow procedures for a new applicant who has received 60 months of countable cumulative assistance

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- c. How to proceed when a Reach Up participant or applicant who has received 60 months countable, cumulative assistance requests a Fair Hearing:
1. Determine if the Fair Hearing is based on eligibility factors or closure/denial due to 60-month requirements.
  2. If Fair Hearing is based on eligibility factors, proceed as usual.
  3. If Fair Hearing is based on 60-month requirements (e.g., closure due to not meeting work requirement, non-compliance, and/or 2 month break in benefits, denial based on failure to complete the 2 consecutive weeks of compliance) email case manager and team leader that fair hearing was requested and why. CATN.

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P-2201 M

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**P-2201 Application Procedures (Continued)**

**M. Verifying Out-of-State TANF Months**

a. New applicant reports TANF months received in other states on 202

1. BPS reviews questions #5 and #8 on the 202 to see if the client answered “yes”.
2. During the interview, ask which states and how many months the applicant(s) received TANF assistance in the other state(s). This information needs to be obtained for each parent in a household if they have each received TANF assistance in another state(s). If the applicant is unsure try to help them establish the states and time frames by asking questions such as:
  - Were you receiving assistance during the holidays?
  - What states have you lived in?
3. Document the answer in CATN. **DO NOT** update SPEC C CLOCK based on this information at this time.
4. Check SPEC C CLOCK to see if these states have already been contacted for this person and verified. If the states are not listed in SPEC C CLOCK, contact the state(s) identified via their preferred method (see National Directory of TANF Contacts sheet).
5. If successful in reaching the state that day, update SPEC C CLOCK (see SOP PS-2280).
6. If unable to obtain the information that day, send the client a “202V” stating this information has been requested with a 10 day deadline.
7. Enter a ToDo that the 202 TANF has been sent (this could be via fax, e-mail, or mail) and the date it is due back.

b. 202 TANF is not returned

Enter the information via SPEC C CLOCK provided by the applicant during the interview (see section a(2) above). Enter that the information was verified via self-declaration.

c. 202 TANF is returned, either by the due date or at a later date

Update SPEC C CLOCK based on the documentation provided from the other state(s) and enter that the information was verified via the form.

d. 202 TANF is returned and applicant received 60 plus months in another state(s)

1. Go into SPEC C CLOCK and enter the months that applicant received.
2. BPS sends an email to the case manager and team leader that this applicant has received over 60 months of TANF benefits. The applicant will be required to comply with the post-60-month requirements (see P 2201 L).

e. Reviews

If participant completes the 202 at review and reveals at this time that they have received TANF in other states, follow the procedures listed above.

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f. Case manager learns applicant or participant received TANF assistance in another state

1. Check SPEC C CLOCK to see if these states are listed there. If the states are listed you don't have to do anything more.
2. If the states are not listed in SPEC C CLOCK, enter CATN to BPS to verify out-of-state months. BPS follows procedures a(2-7) above.

**NOTE:** Any time any ESD staff learns that an individual has received assistance from another state they should check SPEC C CLOCK to see if verification from the other state has been received. If not, then the BPS should be notified and will follow procedures a(2-7) above.

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P-2344 B

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**P-2344 Deferments or Modifications (Continued)**

**B. Medical Deferment or Modification of Work Requirement**

**a. Active Reach Up participant**

1. Participant requests a medical deferment/modification:
  - i. Case manager gives participant the 210 TMD to be completed by the participant's health care provider. Enter participation code "01" on WORK.
  - ii. List return of completed 210 TMD as an activity on the participant's FDP with a deadline of 10 days.
  - iii. The next appointment should be scheduled for the due date of the 210 TMD.
2. If 210 TMD is not returned, case manager determines good cause. If good cause exists, re-assign return of completed 210 TMD as an activity on FDP. If good cause does not exist:
  - i. For participants with less than 58 months of assistance, the case moves to conciliation or sanction.
  - ii. For participants who have received 58 months of assistance and are currently in their 59<sup>th</sup> month, send appointment letter to talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction).
  - iii. For participants who are in their 60<sup>th</sup> or more month, close the grant no earlier than the end of the participant's 60<sup>th</sup> month.
3. If 210 TMD is returned but is incomplete, case manager calls the participant's provider to gather the missing information. If the information cannot be gathered within 5 business days, take the following steps depending on how many countable months of assistance the participant has received:
  - i. For a participant who has less than 60 countable months of assistance, they will need to begin meeting their work requirement immediately; or
  - ii. For a participant who has at least 60 countable months of assistance, the case manager will contact the participant and give them the option of participating in a CSP. If they don't comply, send an email to the eligibility staff and Team Leader requesting that the case be closed immediately. CATN.
4. 210 TMD indicates 60 day or less deferment/modification is needed
  - i. Case Manager enters deferral code 33 in WORK C.
  - ii. Enter a review date that matches the number of months on the 210 TMD (remember that end dates must always be at the end of a month).
  - iii. For a participant who has less than 60 countable months of assistance, they will need to begin meeting their work requirement the day after the deferment ends.
  - iv. For a participant who has 60 or more countable months of assistance, the participant must begin to participate in employment or a community service placement (or other

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countable work activities, if necessary) the next business day after the deferment ends or he/she will be terminated from the Reach Up program.

5. 210 TMD indicates 60 day or more deferment/modification is needed
  - i. Case manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF - ESD Reach Up MRT@state.vt.us, cc the Team Leader and VR Program Coordinator if active in the VR Program.
  - ii. Enter deferral code 33 in WORK C, with a review date 60 days from the date the deferment was requested.
6. When the medical social worker/nurse receives the 210 TMD
  - i. The medical social worker/nurse reviews the 210 TMD and other pertinent documents to ensure all information and signatures are on the forms. The medical social worker/nurse gathers all medical/treatment records from all providers.
  - ii. The medical social worker/nurse reviews the medical/treatment records and summarizes them on the MRT consultation form.
  - iii. The medical social worker/nurse gives all case-related documents to the designated physician/health care provider for their decision.
  - iv. The medical social worker/nurse will return the physician's decision to the case manager (cc Team Leader and the VR Program Director if applicable) within 5 business days of having received the forms.
  - v. If the deferment or modification is granted, it will include activities that the participant must engage in to address the need for deferment or modification, and also a deadline for when follow-up documentation will be needed again to determine if the deferment or modification should continue.
  - vi. If the deferment or modification is denied, the case manager must notify the participant in writing within 5 business days of the denial, outlining in the denial letter (614DD) what the person must do to remain eligible for financial assistance if they have received over 60 months of assistance. (see P-2201 L for time frames by which participant must be engaged in a CSP or employment).
- b. Reach Up applicant who has received 60 months of countable, cumulative assistance
  1. Applicant requests a medical deferment/modification
    - i. Case manager gives applicant the 210 TMD to be completed by the applicant's health care provider. Enter participation code "01" on WORK.
    - ii. List return of completed 210TMD as an activity on the applicant's FDP with a deadline of 10 days.
    - iii. The next appointment should be scheduled for the due date of the 210 TMD.

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2. If 210 TMD is not returned, case manager first checks OnBase for the forms. If the forms are not in OnBase, case manager sends an email to the eligibility staff and Team Leader requesting that the application be denied. CATN.
3. 210 TMD is returned—indicates the applicant is not eligible for a deferment/modification
  - i. Case manager contacts the applicant informing them that they must participate in a CSP or employment (or other countable work activities, if necessary) for 2 weeks in order to receive their benefits.
4. 210 TMD is returned but is incomplete
  - i. Case manager calls the applicant's provider to gather the missing information.
  - ii. If information cannot be gathered in 5 business days, case manager will contact applicant and give them the option of participating in a CSP. If they don't comply for the two-week period (see P-2201 L(10)), send an email to the eligibility staff and Team Leader requesting that the application be denied. CATN.
5. 210 TMD indicates 60 day or less deferment/modification is needed
  - i. Enter deferral code 33 in WORK C.
  - ii. Enter a review date that matches the number of months on the 210 TMD (remember that the end dates must always be at the end of a month).
  - iii. Send an email to the eligibility staff and Team Leader requesting that the application be approved. CATN.
  - iv. The next business day after the deferment ends, the participant must engage in employment or a community service placement or he/she will be terminated from the Reach Up program.
6. If the applicant states that the medical condition will not be resolved within the first 60 days, case manager sends the original 210 TMD with the MRT consultation form to the medical social worker/nurse. (See section a(6) above, "When the medical social worker/nurse receives the 210 TMD").
7. 210 TMD indicates more than 60-day deferment/modification is needed
  - i. Case manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF - ESD Reach Up MRT@state.vt.us, the medical social worker cc Team Leader and VR Program Coordinator if active in the VR Program.
  - ii. Enter deferral code 33 in WORK C, with a review date that matches the number of months on the 210 TMD or 60 days, whichever is less.
  - iii. Send an email to the eligibility staff and Team Leader requesting that the application be approved.
8. When the medical social worker/nurse receives the 210 TMD: see section a(6) above.

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c. Participant submits two 210 TMDs while active or applying for assistance

1. If a participant submits a 210 TMD stating a deferment or modification is needed for 30 days or less, and then submits a second 210TMD when the first deferment or modification ends which gives them another 30-day or more deferment or modification, this second 210 TMD should be sent to the medical social worker/nurse.
2. Case Manager scans the 210 TMD, the MRT consultation form and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS – DCF – ESD Reach Up MRT@state.vt.us, cc Team Leader and VR Program Coordinator if active in the VR Program.

d. MRT has granted the deferment or modification

1. Code the participant 34 in ACCESS (WORK C) and add a review date. The end date should always be the last day of the month, never mid-month.  
*Example: A deferment is given on 05/16/14; the end date of a 3 month deferment is given, should be 08/31/14.*
2. Case manager should send themselves a TODO one month before the deferment/modification is scheduled to end to remind them to give the participant the 210 TMD.
3. Case Manager will scan the 210 TMD, the MRT consultation form and any other pertinent documents (for example, assessments that have been completed, other documentation that support the deferment or modification). Send email to AHS - DCF - ESD Reach Up MRT@state.vt.us, cc Team Leader and VR Program Coordinator if active in the VR Program.

e. Retaining the Deferment or Modification

1. The participant must participate in activities as outlined by the medical review team in their FDP.  
*Example: A deferment given based on a substance abuse problem would require participation in substance abuse counseling to remain in place.*
2. Participants will have to return the treatment logs from the providers bi-weekly to verify compliance with the treatment.
3. If at any time a participant with less than 60 countable months of assistance does not comply with their FDP activities and does not have good cause, they lose their deferment and the case manager should proceed to conciliation or sanction.

**NOTE: For participants who are in their 59<sup>th</sup> month of assistance (SPEC C CLOCK shows 58 countable months), send appointment letter to talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction) (see P- 2344 C(c)(2)).**

*Example 1: Participant misses a counseling appointment because they just didn't want to go. They have no more available conciliations and have received 56 months of assistance. They would lose their deferment and be sanctioned.*

*Example 2: Participant misses a counseling appointment because their child was ill and had to go to the doctor. They retain their deferment.*

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*Example 3: Participant misses a counseling appointment because they just didn't want to go. They have received 58 months of assistance. They would lose their deferment and be sent an appointment letter to discuss impending consequences for continued noncompliance.*

4. If at any time a participant in their 60<sup>th</sup> or more countable months of assistance does not comply with their FDP activities and does not have good cause, the grant must be closed immediately for non-compliance, with a 2-month break in benefits.

*Example 1: Participant misses a counseling appointment because they just didn't want to go. Their case would close for non-compliance with a 2-month break in benefits.*

*Example 2: Participant misses a counseling appointment because their child was ill and had to go to the doctor. Their case would remain open because they had good cause.*

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P-2344 C

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**P-2344 Deferments or Modifications (Continued)**

**C. General Deferment/Modification Procedures**

a. Determining if a Deferment/Modification is Appropriate

1. Case Manager assesses participant's barriers to work. If those barriers are sufficient to prevent work or limit work hours, a deferment or modification may be granted.
2. Verify need for deferment/modification:
  - i. Needed in the Home
    - (1) Consider this deferment if participant has a seriously ill or incapacitated family member in the home, and cannot work because of caring for this individual
    - (2) Enter "Completing Needed in Home Paperwork" on FDP with a due date 12 days from when the request is made
    - (3) On the WORK panel, enter "01" for the participation code
    - (4) Have participant complete forms 210NH and 210CS
    - (5) Instruct the participant that a physician treating the ill or incapacitated family member must complete form 210NMR
    - (6) When all forms are complete, review with team leader
    - (7) Scan forms to central office MRT
    - (8) Grant or deny:
      - If deferment is granted, set review to date recommended by MRT; or
      - If paperwork is not returned by due date on FDP, or if MRT denied, the participant must meet the work requirement.
  - ii. Young Child Deferment
    - (1) Determine if the participant has a child under the age of 24 months. If not, the participant is not eligible for this deferment.
    - (2) If the participant has a child less than 24 months and requests a deferment, go to PERS D HIST, scroll down to WIN History.
    - (3) Count all months (including partial months) in codes 30, 31, 45, 46
      - Print pages from WIN history and note how many months have been used as of current date (Example: "Mary has used 14 months as of 4/17/14")
    - (4) If total of all months in any combination of above codes is at least 24 months, the participant is not eligible for a deferment
    - (5) If the total from (iii) above is under 24 months, the participant is

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eligible for this deferment until whichever of the following two happens first:

- The youngest child turns 24 months; or
  - The participant has reached the 24 month limit for this deferment
- (6) Complete form 622 (Deferment Request Child Under Two) and have participant sign. Give copy to participant and keep original in case file.

**NOTE: Code 31 (13 week deferment) is available only if the 24 month limit for this deferment has been used, or rarely for a PEP household (see rule 2363 E before granting deferment with this code).**

iii. Medical Deferment (see P-2344 B)

iv. Childcare not Available

(1) If a participant states that no childcare is available to them and would like a deferment:

- a) Participant must complete the "Childcare Questionnaire."
- b) Enter "Child Care Search" on FDP as an activity.
- c) On the WORK panel, enter "01" for the participation code.
- d) Participant must complete a childcare search and "Childcare Log" for one week, and return the log after the search.
- e) Meet with participant again after the childcare search to discuss log.
- f) Discuss results of log and "Childcare Questionnaire" with team leader before granting deferment.
- g) Reasons to defer: if the child care does not meet the criteria in rule 2373.3 for acceptable day care. Reasons not to defer: participant doesn't like childcare available or wants to stay home with children

(2) If decision to defer or modify the work requirement is made, set review date on WORK for the amount of time the participant feels he/she needs, but no longer than 60 days.

v. Transportation Not Available

(1) If a participant expresses that no transportation is available to them and would like a deferment:

- a) Participant must complete the "Transportation Survey."
- b) Enter "Arranging Transportation" on FDP as an activity.
- c) On the WORK panel, enter "01" for the participation code.
- d) Participant must work on arranging transportation and keep track of tasks on the "Arranging Transportation Log" for one week, and return the log after the search.
- e) Meet with participant in one week to discuss log.
- f) Discuss results of log and "Transportation Survey" with team leader before granting deferment.

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- (2) If decision to defer or modify the work requirement is made, set review date on WORK for the amount of time the participant feels he/she needs, but no longer than 60 days.
  - vi. No employment or work activity available
    - (1) Used in very rare circumstances:
      - No CSP available for hours needed, or all sites in area are full; and
      - No other countable activities are available at this time; and
      - No job search/readiness opportunities available in area (for example, participant is not ready for job search and all employment specialist staff are out)
    - (2) Discuss with team leader before granting deferment.
    - (3) Review date should be no greater than 60 days from date of determination
  - vii. Other Supports Not Available
    - (1) Used in very rare circumstances, for example:
      - Case management staff not available to meet need
      - No ESL classes available for non-English speaker
    - (2) Discuss with team leader before granting deferment.
    - (3) Review date should be no greater than 60 days from date of determination
  - viii. Participant at least 20 years old participating in HS Education 25 hours/week
  - ix. Domestic Violence (See P-2344 A)
3. Choose either a deferment or modification
    - i. Modify if the participant is able to complete at least 10 countable hours per week
    - ii. Defer if the participant is not able to complete at least 10 countable hours per week
    - b. Review of Deferment
      1. At least three weeks before the review date for the deferment or modification, set up an appointment and send appointment letter to discuss next steps.
      2. Follow steps in section a(2) ("Verify need for deferment/modification") to determine if deferment or modification should be continued, or if a deferment should be changed to a modification
    - c. Non-Compliance while work requirement is deferred or modified
      1. Determine good cause according to rule 2373
      2. If no good cause is determined:
        - i. Less than 58 months of countable cumulative assistance:
          - (1) Change participation code to "02"
          - (2) Conciliate if no conciliation within the current calendar year (January to December)

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- (3) Sanction if conciliated (resolved or unresolved) within the current calendar year, and participant has received less than 58 months of countable cumulative assistance; or
- ii. 58 Countable cumulative months of assistance (SPEC C CLOCK shows 58 months):
  - (1) Change participation code to "02"
  - (2) Send appointment letter and talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction)
- iii. 59 months of countable cumulative assistance or more (SPEC C CLOCK shows 59 or more months):
  - (1) Change participation code to "02"
  - (2) Close grant no earlier than the end of their 60<sup>th</sup> month.

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**P-2349 Case Management Procedures for Post-60-Month Cases**

**A. Pending Reach Up application for those who have received 60 months of countable, cumulative assistance – How to proceed from the initial case management meeting**

a. Scheduling individual case management assessment

Within three days of the face-to face eligibility interview, the district schedules an individual case management assessment either by phone or in person, according to district procedures.

b. Applicant does not show for the first meeting with the case manager

1. If the applicant does not call and does not show up, send email to district eligibility management for application to be denied. CATN; or
2. If the applicant calls ahead to reschedule, reschedule the meeting for as soon as administratively possible as long as 30 days have not passed from the date of application, and let participant know that if they have not completed their requirements by 30 days after date of application—or longer if processing date is extended due to department delay or good cause— (give them date) their application will be denied.

c. Applicant is able to work

1. Create FDP in ACCESS and print for applicant to sign.
2. Include CSP, work, and other countable activities (if necessary) to meet the work requirement.
3. Prorate hours for a partial week. *Example: if the applicant's work requirement is 20 hours per week, they must work an average of 4 hours per day. If the first day of CSP is on Thursday, they must complete 8 hours for that week.*
4. Include "return attendance sheets by 8:30 AM Tuesday morning following work week."
5. Schedule CSP for the next working day after the assessment or as soon as administratively possible.

**NOTE: If assessment is done via phone, bring FDP and all paperwork (timesheets, worksite agreements, etc. to the first day of CSP placement.)**

6. Complete childcare authorization if needed. Authorize childcare for four months from current date.
7. Give the applicant attendance sheets and have them sign FDP either at the face-to-face meeting or the first day at the CSP site if phone assessment. Explain that they must be returned by 8:30 AM each Tuesday in order to get credit for those hours worked. Failure to return time sheets will result in denial of benefits.
8. The applicant must meet their work requirement for two consecutive weeks from the date of initial case management meeting:
  - Schedule maximum number of CSP/work hours available;
  - If more hours are needed to meet the work requirement, use other countable work activities to make up the difference.

9. Enter TODO for case manager/team leader and CATN with the date range that the two weeks of compliance must cover, extending no later than the 30<sup>th</sup> day after the date of application (unless processing date is extended due to department delay or good cause).
10. After two consecutive weeks of meeting the work requirement, the case manager sends an email to district management team that the application can be approved. Enter CATN.
11. If two weeks of participation (CSP and/or work) has not been completed by the 30<sup>th</sup> day after the date of application (unless processing date is extended due to department delay or good cause), the application must be denied. Send an email to district management team. Enter CATN.

**NOTE: If there is a delay caused by the department in processing the application/scheduling meetings or by the applicant with good cause, the deadline for completing the two weeks may be extended beyond the 30<sup>th</sup> day.**

d. Applicant requests a deferment or case manager determines one is needed (see P-2344 C)

1. Create FDP in ACCESS and print for participant to sign
2. Enter as activity on FDP: "provide verification to determine eligibility for a deferment within 10 days of initial case management meeting."
3. Send self TODO for date deferment paperwork is due, and schedule a meeting with the applicant for that date.
4. If the verification is received, the case manager sends an email to district management team that the benefits can be granted. Enter CATN.
5. If verification has not been received by the 10<sup>th</sup> day after the FDP was signed and there is no good cause, the grant must be denied. Send an email to district management team that the application must be denied for not complying with requirements. Enter CATN.

**B. Ongoing case management for active Reach Up Participant who has received the 60 months of countable, cumulative assistance**

a. Time limit reports

1. Each month districts create an ACCESS report of those participants who have received 58 months of countable cumulative assistance by the 16th of the next month.
2. Case managers send participants a 60-month appointment letter.
3. Case managers review case and ensure that non-deferred participants are engaged in a CSP and deferred participants are addressing the reason for their deferment
4. Revise and have participant sign new FDP if necessary.

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b. Attendance and compliance

1. Non-deferred participants must be meeting their work requirement by the end of the first week of their 61<sup>st</sup> month with CSP, employment, a combination of the two or, when needed other countable work activities.

**NOTE: If participant is approaching 60 months and is placed in a Work Experience that will lead to employment by the end of the 61<sup>st</sup> month, keep placement as is. If it does not lead to employment, move participant to a CSP.**

2. Collect and enter attendance sheets weekly (mark them in some way to make them a priority to enter).

**NOTE: Verify hours for employed participants according to the current process for participants with less than 60 months of assistance.**

3. Enter verified hours, holiday hours, and Excused Absence Hours (if still eligible for them - all of these hours count towards the work requirement)
4. If at any time the work requirement is not being met close the grant by changing the work participation code on the WORK panel to 85. Enter CATN
5. Determine good cause, but do not wait for results of determination to close grant. Consult with team leader:
  - If there is no good cause, the participant is subject to a 2 month break in benefits and the case manager enters code 81 on WORK panel. Case manager enters CATN including name of team leader. Enter case WARN with two month date range of break in benefits.
  - If there is good cause, the grant remains closed and the participant can reapply the day after the date of closure.
6. Participants who have received 60 countable cumulative months of assistance (both deferred and non-deferred) must comply with all other FDP requirements. If the participant is not complying with FDP requirements, determine good cause. Consult with team leader:
  - If there is good cause, grant remains open.
  - If there is no good cause, case manager enters code 83 on the WORK panel to close grant and initiate two month break in benefits. Case manager enters CATN and name of team leader consulted with. Enter case WARN with date range of two month break in benefits.

c. Participant claims a deferment

1. If at any time participant claims a deferment, case manager must verify deferment within 10 days.
2. Case manager enters "verifying deferment" on FDP as a requirement
3. If verification of deferment is not returned and there is no good cause, close grant by entering code 83 on WORK. CATN and put case WARN for date range of 2 month break in benefits.

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4. If verification of deferment does not show that a deferment is needed, participant must begin meeting the work requirement with CSP and/or work immediately. Revise FDP.

### **C. Fair Hearings**

#### **a. Completing the 113**

If a participant who has closed due to not meeting post-60 month requirements requests a fairing, case manager is responsible for writing up Fair Hearing and submitting relevant documents according to current Fair Hearing process.

#### **b. Participant requests continuing benefits before date of closure**

1. Team leader enters participation code 77 on WORK C to remove penalty and enters CATN and case WARN.
2. Team leader contacts district management team to re-open case and approve eligibility.
3. Team leader informs participant that if the Human Services Board (HSB) rules in favor of the Department, they will need to pay back the benefits.
4. If HSB rules in favor of the Department:
  - Team leader closes case in WORK using code 83. Break in benefits starts the day after closure date. CATN and change case WARN to reflect date range of break in benefits; and
  - Team leader contacts district management team to have eligibility worker or supervisor process Reach Up overpayment.

### **D. Adding a Second Parent**

#### **a. Second parent joins an active household that already has at least 60 countable cumulative months of assistance, or second parent joining the household has at least 60 countable cumulative months of assistance.**

1. Add the second parent to the household according to current procedures.
2. Schedule a meeting for second parent with case manager within three business days of reported change.
3. Follow procedures above (P-2349(B)) for ongoing eligibility and case management.

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**P-2350 18 and 36 Month Case Reviews**

At the point of 18 and 36 cumulative TANF months, participants will receive an in-depth review of their case to evaluate their progress towards self-sufficiency.

The forms must be typed and all questions will be answered when applicable in order to capture a brief and accurate assessment of the participant's current situation.

In addition, at both 18 and 36 months, or as soon as practical thereafter, the Case Manager will have a discussion with client about their financial situation, giving information about earning scenarios combined with program benefits to promote work.

**A. 18 Month Case Review**

1. Review to be completed by the Case Manager of record.
2. List received or created by the first day of the 19<sup>th</sup> month to review and distributed to Case Managers.
3. Case Manager completes "Case Summary" and "18 Month Reach Up Case Review" by end of month 19.
  - a. Instructions for Barrier Section
    - i. The list of barriers mirrors what is on the Family Support Matrix (FSM), with the addition of Substance Abuse as a separate entry. However, the case review should be a point in time look at the case; information from the FSM should only be used if it was updated within current review month. If using current FSM, it is optional to note Interfere, Neutral or Strength.
    - ii. To answer whether the barrier is sufficiently addressed, consider whether the barrier *significantly* interferes with the participant's progress towards self-sufficiency. If it does, enter "No" in this column, even if you are addressing the barrier appropriately at this time.
    - iii. Only barriers that are marked as not sufficiently addressed require entries in columns "Current Situation" and "How to Better Address/Resources?" It is optional to make brief entries for items that are not barriers for client or are sufficiently addressed.
4. Case Manager enters information into Survey Monkey at:  
<https://www.surveymonkey.com/s/ReachUp18month>
5. Case Manager gives hard copy of forms to Team Leader.
6. Team Leader reviews information within two weeks and decides with case manager which cases to present to full team for new ideas and resources. Case Managers will present the more challenging cases at regularly scheduled team meetings.

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7. Copies of forms will be maintained in:

- case file
- shared drive
- Supervisory file when appropriate

8. Program Managers will review aggregate information from Survey Monkey and share with the Director, AOPS and partner leaders as trends or training needs discovered.

**B. 36 Month Case Review**

1. Review to be completed by the district Team Leader or appropriate Supervisor.
2. List received or created by the first day of the 37<sup>th</sup> month to review and distributed to Case Managers.

NOTE: If case is a VR case, give to VR Reach Up Coordinator who will complete review and return form to Team Leader after all steps completed.

3. Case Summary to be completed by Case Manager and forwarded to Team Leader and/or Supervisor by the 15<sup>th</sup> of the 37<sup>th</sup> month.
4. Team Leader and/or Supervisor complete “36 Month Reach Up Case Review” by the end of month 37.

**b. Instructions for Barrier Section**

- i. The list of barriers mirrors what is on the FSM with addition of Substance Abuse as separate entry. However, the case review should be a point in time look at the case; information from the FSM should only be used if it was updated within current review month. If using current FSM, it is optional to note Interfere, Neutral or Strength.
  - ii. To answer whether the barrier is sufficiently addressed, consider whether the barrier *significantly* interferes with the participant’s progress towards self- sufficiency. If it does, enter “No” in this column, even if you are addressing the barrier appropriately at this time.
  - iii. Only barriers that are marked as not sufficiently addressed require entries in columns “Current Situation” and “How to Better Address/Resources?” It is optional to make brief entries for items that are not barriers for client or are sufficiently addressed.
5. Team Leader and/or Supervisor enters information into Survey Monkey at <https://www.surveymonkey.com/s/ReachUp36MonthSurvey>
  6. Team Leader and/or Supervisor reviews case with Case Manager within two weeks, offering feedback and suggestions for additional approaches, and decides with case manager which cases to present to full team for new ideas and resources. Case Managers will present the more challenging cases at regularly scheduled team meetings.

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7. Copies of forms will be maintained in:
  - case file (minus the 3<sup>rd</sup> page of Case Review)
  - shared drive (minus the 3<sup>rd</sup> page of Case Review)
  - Supervisory file when appropriate
8. Program Managers will review aggregate information from Survey Monkey and share with the Director, AOPS and partner leaders as trends or training needs discovered.