

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

DocuSigned by:
Miranda Gray
9D28B1253ECC4BA...

FROM: Miranda Gray, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 23-36

DATE: 11/28/2023

SUBJECT: Reach Up Procedure

CHANGES ADOPTED EFFECTIVE 11/28/2023

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-2200

P-2300

This bulletin revises the following procedures for further clarity on topics.

P-2231D Protective Payment- provides guidance on requesting protective payment arrangements.

P-2305 Assessment- adds in the assessment tool Stepping Stones and guidance of use of this tool.

P-2340 Support Services- adds in guidance on self employment and transportation opportunities in relation to support services.

P-2340B Support Services- provides guidance on what to do with returned checks due to business being overpaid through support services.

P-2370 Social Security Specialist- removes information on MRT process which is no longer in practice.

P-2375E Case Management Retention- removes information on MRT process which is no longer in practice and clarifies where to file secondary documentation.

Manual Maintenance

Significant changes are indicated by highlighting text in gray.

Bulletin No. 23-36

Page 2

<u>Remove</u>		<u>Reach Up Procedure</u>	<u>Insert</u>	
P-2231D	(19-04)		P-2231D	(23-36)
P-2305	(21-02)		P-2305	(23-36)
P-2340	(21-02)		P-2340	(23-36)
P-2340B	(21-02)		P-2340B	(23-36)
P-2370	(21-08)		P-2370	(23-36)
P-2375E	(21-08)		P-2375E	(23-36)

P-2231 PROTECTIVE PAYMENTS (continued)

P-2231D Participant Request (23-36)

Reach Up participants may make a verbal or written request for their benefits to be paid through a protective payee or CVPs. Make sure the request is documented in access with a CATN note.

If a protective payee is available, a Protective Payment Agreement should be signed.

For CVPs, it is best practice to have a signed statement from the participant. CVP payments and past due payments can also be outlined on the Protective Payment Agreement.

Ending voluntary protective payments

Unlike the other reasons for Protective Payments, participants can request an end to any of these voluntary protective payments through verbal or written request.

BPS Support

To set up participant request CVP

Enter SUBS C

```

CURRENT SUBSTITUTE REPORTER-PAYEE STATUS      ASPANA
** THERE ARE 0 ALTERNATE REPORTERS              PHONE      START-END-DATE
                                                00 00 00

** THERE ARE 0 EBT ALTERNATE(S)      AND 1 CVP'S FOR THIS CASE

RENT IS NOT VENDORED THIS PERIOD

COMMANDS:
CVP CREATE OR MODIFY:      'CVP'      CREATE ALT PAYEE - REPORTER:  'ALT'
CHANGE ALT PAYEE:          'CHGP'      CHANGE ALT REPORTER:         'CHGR'
DISPLAY ALT PAYEE OR CVP:  'DSPP'      DISPLAY ALT REPORTER:        'DSPR'
USER: 934 FNX: SUBS MODE: C RPTGRP:
DO: Z IMS: 934 RPTGRP NAME:
PERIOD: 11 18 COMMAND: _

```

Then enter CVP in command

```
                CURRENT SUBSTITUTE REPORTER-PAYEE STATUS      ASPANA
** THERE ARE   0 ALTERNATE REPORTERS                PHONE      START-END-DATE
                                                    00 00 00

** THERE ARE   0 EBT ALTERNATE(S)      AND   1 CVP'S FOR THIS CASE

                RENT IS NOT VENDORED THIS PERIOD

COMMANDS:
CVP CREATE OR MODIFY:      'CVP'      CREATE ALT PAYEE - REPORTER:  'ALT'
CHANGE ALT PAYEE:         'CHGP'     CHANGE ALT REPORTER:        'CHGR'
DISPLAY ALT PAYEE OR CVP: 'DSPP'   DISPLAY ALT REPORTER:       'DSPR'
USER: 934 FNX: SUBS MODE: C RPTGRP:          PERIOD: 11 18 COMMAND: CVP_
DO: Z IMS: 934 RPTGRP NAME:
```

Select reason 6 "Client Request" and 99 99 9999 as the end date. The earliest possible start date will autofill if after adverse action. Otherwise enter current date as start date.

```
                CVP CASE MAINTENANCE                          (ASPANC)

ENTER NEW CVP DATA

1. PROTECTIVE PAYEE
2. MONEY MISMANAGEMENT
3. IV-D NON-COOPERATION
4. SANCTIONED
CVP REASON-CODE: 6
START DATE: 01 01 2019

5. ELIZABETH LUND HOME / HANNAH HOUSE
6. CLIENT REQUEST
7. MINOR PARENTS NOT COOPERATING

END DATE: 99 99 9999

TO DELETE A FUTURE CVP CASE ENTER 'DEL' IN COMMAND LINE
TO ADD A FUTURE CVP CASE ENTER 'ADD' IN COMMAND LINE

USER: 934 FNX: SUBS MODE: C RPTGRP:          PERIOD: 11 18 COMMAND: _
DO: Z IMS: 934 RPTGRP NAME:
```

To write checks follow Issuing Benefits through CVP in P-2231E.

P-2305 ASSESSMENT (Reach Up Services rule 2302.2)(23-36)

The assessment process begins at the first meeting with a participant; it does not need to be a formal process and should be considered ongoing throughout the time the participant is receiving Reach Up. The assessment can come from a conversation had with a participant. Document information related to the ongoing assessment in case notes and update any relevant fields in the FSM in ACCESS.

The following are all considered pieces of the assessment process for Reach Up.

Overview of PHQ2/UNCOPE

The PHQ2 and UNCOPE (found in form [604-Supp](#)) are assessment tools used by the Reach Up program.

PHQ2 (Patient Health Questionnaire) screens for common mental health issues.

The UNCOPE (Used, Neglected, Cut Down, Objected, Preoccupied, Emotional) identifies possible risk of abuse and dependence for alcohol and other drugs.

Completing the PHQ2/UNCOPE

The PHQ2/UNCOPE should be completed within 30 to 60 days of your first meeting with a participant. Sometimes it is best to wait a few meetings to build a relationship before asking a participant to complete the PHQ2/UNCOPE.

The PHQ2/UNCOPE can be given to a participant to complete themselves, or it can be verbally reviewed by the case manager with the participant.

If the participant has already disclosed to you that they have a substance use disorder, depression, or they are in treatment, do not rescreen. Make a note on the screening form and/or in case notes.

If a participant has a break in benefits, only do a rescreen if you have reason to believe things have changed, or if you think you might get different screening results and the participant is amenable to completing it again.

Do not rescreen ongoing participants unless there is a change in circumstances. If there is a change you can reassess at any time if the participant is willing. Examples of reasons to rescreen would include, but are not limited to:

- Participant gets a DUI,
- Participant is charged with possession,

- Participant discloses that they have a substance use or mental health barrier.

Scoring UNCOPE/PHQ2

PHQ2 score of 3 or more indicates a need for further assessment.

UNCOPE score of 2 or more indicates a need for further assessment.

Next steps for the PHQ2/UNCOPE

Discuss the results with the participant and find out if they are interested in addressing the mental health or substance use issue as one of their goals.

If yes, offer the participant:

- A referral to the designated agency/substance use/mental health case manager for your district;
- A referral to another provider the participant is open to seeing; or
- Resources on the local provider network for the participant to follow up on their own.

If no, revisit the topic as appropriate during future meetings. Particularly if the participant is not successful in their stated goal, use motivational interviewing techniques to explore if their goal should be revised to include addressing this issue.

Stepping Stones

The purpose of using Stepping Stones is to engage participants in a meaningful way that helps them move forward, improve their financial situation, and eventually move off of Reach Up. Stepping Stones is a tool that helps start a conversation with participants about what is personally meaningful to them, and helps participants set goals which build on their own internal, or intrinsic, motivation. Stepping Stones is trauma informed, because it empowers participants, offers choice, and does not require them to divulge more information than they are comfortable sharing. It also focuses on participants' strengths and possibilities for the future.

The Stepping Stones process should be used with everyone who receives Reach Up, including minor parents and mandatory youth. Stepping Stones should be used with every new participant a case manager works with and completed within 30-60 days, and then at a minimum every 6 months. Each participant will be very different, and some participants may want to use Stepping Stones more often. Stepping Stones should be used to help participants identify their goals. Procedure 2310A [Stepping Stones and Goal Achievement](#) outlines in greater detail the ways to use Stepping Stones with participants for goal achievement.

Family Support Matrix (FSM)

Information entered into the FSM section of the WORK C panel in ACCESS is gathered through conversations with participants. You may use Stepping Stones to help guide your conversations. Entry should be based on your assessment of the participant's situation and may differ from what the participant is presenting.

There are 13 Participant Life "Domains" we need to report on in ACCESS.

- Shelter
- Transportation
- Food and clothing
- Finance
- Health and safety
- Child development and education
- Social and emotional
- Legal
- Community relations
- Adult education
- Adult employment
- Work skills and habits

From your conversation enter each item as S (strength), N (neutral) or I (interfere). Only update the domains you have received information about. If you are unsure of the status of some domains enter N for neutral (ACCESS will not allow you to leave the field blank).

The FSM should be updated each time there is a change in the participant's circumstance and reviewed at least every 6 months. Every time you meet with the participant, you should look at the FSM to nudge your memory about any potential changes. Enter the date in the Assessment Updated field and enter a case note each time the FSM is updated.

To make sure the FSM is updated, enter a future TODO or a reminder in Outlook calendar to check what is entered every 3-4 months, but no later than 6 months.

In House Literacy Assessment

Based on your interaction with the participant, did they demonstrate basic skills or understanding of reading, math and comprehension? Should be completed within 30 to 60 days of your first meeting with a participant. Do not rescreen returning or ongoing participants unless there is a change in circumstances, additional information has become apparent, or referral was not accepted last time.

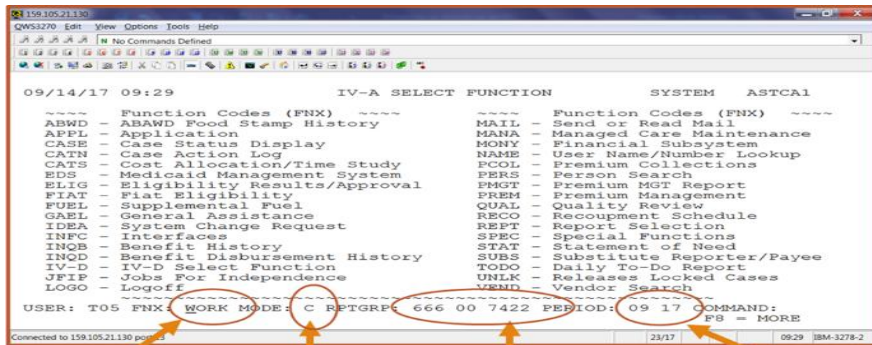
If the assessment indicates a referral is needed, provide referral information if the participant is interested. Document your rationale in your case notes and update the Literacy Assessment Date in ACCESS.

Case Manager Support

Entering FSM in ACCESS

Pull up case in ACCESS CASE D panel by entering SSN of participant (SSN can be of HOH or 2nd parent depending whose FSM you are updating).

1. FNX->WORK MODE->C SSN for participant you are updating the FSM.



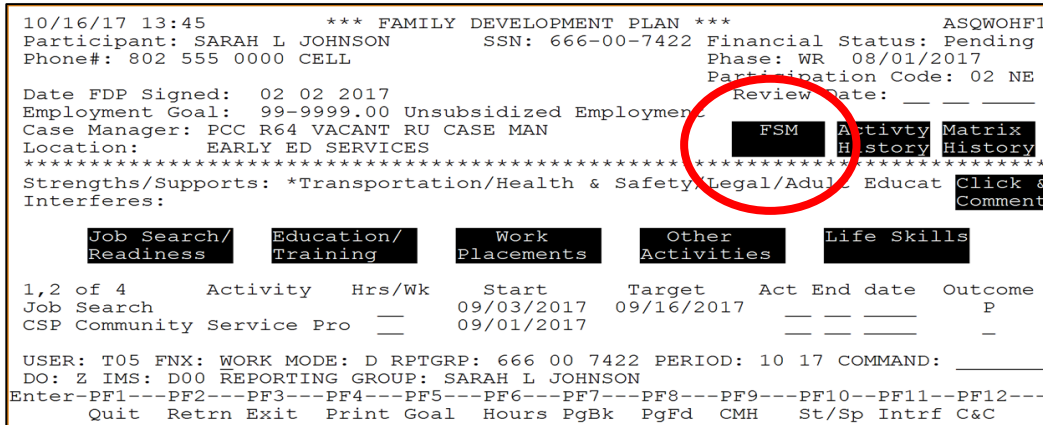
Enter "WORK" for function (FNX)

Enter "C" for mode.

Enter the SS# for the participant whose Family Development plan you are creating

Enter current month and year.
Hit enter when done.

2. Move cursor on to FSM box and double click.



3. The "Assessment Updated" should be updated every time the FSM is updated.

```

04/23/20 11:59          *** ASSESSMENT PANEL ***          ASQWOHAL
Participant:           SSN:           Phone#:
Financial Status: Active SP Sex:   Age:   Last Grade: 12 Phase: EP 02/01/2020
EXEMPT: 11
Assessment Updated:   Case Manager: PTH 044 SUSAN SLATTERY
***** Family Assessment Summary*****FDP***** Last Updated: 01 02 20
Shelter               N               -
Transportation        N               -           In-House      Completed
Food & Clothing       N               -           Lit/Assess: Y 12 01 2016
Finances              N               -
Health & Safety        I Physical health -           Referrals and Other Agencies
Child Devl & Educ      N               -           Providing Services
Social & Emotional    I Mental health is -
Family Interactions   S               -
Legal                 N               -
Community Relations   N               -
Adult Education       S               -
Adult Employment      N               -           Referral     FDP     Matrix
Work Skills & Habits  N               -           History      History
USER:                 FNX: WORK MODE: D RPTGRP:           PERIOD: 04 20 COMMAND:
DO: R IMS: GR1 REPORTING GROUP:
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit      PgBk PgFd CMH Rfrls
    
```

4. If "I" is entered, ACCESS will automatically give a popup box with list of possible interferences—enter an X next to the interfere that is most appropriate (if no X is entered, the domain will revert back to "N").

```

10/16/17 15:16          *** ASSESSMENT PANEL ***          ASQWOHAL
Participant: SARAH L JOHNSON      SSN: 666-00-1111 Phone#: 802 555 1111 CELL
Financial Status: Denied SP Sex: F Age: 27 Last Grade: 12 Phase: AP 07/12/2017
Assessment Began:           Case Manager: PCC
***** Family Assessment Summary*****FDP***** Last Updated: 07 12 17
Shelter               N               -
Transportation        S               -           In-House      Completed
Food & Clothing       N               -           Lit/Assess: _ _ _ _
Finances              N               -
Health & Safety        N               -           Referrals and Other Agencies
Child Devl & Educ      I               -           Providing Services
Social & Emotional    N               -
Family Interactions   N               -
Legal                 N               -
Community Relations   N               -
Adult Education       N               -
Adult Employment      N               -           Referral     FDP     Matrix
Work Skills & Habits  N               -           History      History
USER: T05 FNX: WORK MODE: C RPTGRP: 666 00 1111 PERIOD: 10 17 COMMAND:
DO: Z IMS: 084 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit      PgBk PgFd CMH Rfrls
    
```


```

10/16/17 15:16          *** ASSESSMENT PANEL ***          ASQWOHAL
Participant: SARAH L JOHNSON      SSN: 666-00-1111 Phone#: 802 555 1111 CELL
Financial Status: Denied SP Sex: F Age: 27 Last Grade: 12 Phase: AP 07/12/2017
Assessment Began:           Case Manager: PCC
***** Family Assessment Summary*****FDP***** Last Updated: 07 12 17
Shelter               N               -
Transportation        S               -           In-House      Completed
Food & Clothing       N               -           Lit/Assess: _ _ _ _
Finances              N               -
Health & Safety        N               -           Referrals and Other Agencies
Child Devl & Educ      I               -           Providing Services
Social & Emotional    I
Family Interactions   I
Legal                 I
Community Relations   I
Adult Education       I
Adult Employment      I
Work Skills & Habits  I
USER: T05 FNX: WORK MOD ND:
DO: Z IMS: 084 REPORTIN
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Quit Retrn Exit      PgBk PgFd CMH Rfrls
    
```

-----Interferes for Child Devl & Educ-----

- Child has IEP
- Disabled child
- X No child care available
- Serious behavioral problems
- Serious developmental delays
- Other enter comments below

5. Domains listed as strengths will automatically be pulled into the FDP when printed. Domains listed as neutrals are not sent to the FDP. ***It is recommended that domains listed as interferes not be sent to the FDP.***

	Department for Children and Families Economic Services Division								
APPLICATION/DOCUMENT PROCESSING CTR 280 STATE DRIVE WATERBURY VT 05676-9944	Questions? Call ESD Benefit Service Center at 800-479-6151								
Family Development Plan for .									
Employment Goal: Social/Human Svc Aide	Participant Phone								
Note: You are currently deferred from the work requirement. This deferment ends on 08/31/2019. At that time, you will be required to meet your full work requirement.									
Family Strengths and Supports:									
Transportation, Child Development and Education and Legal.									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Activity</th> <th style="text-align: center;">Hours</th> <th style="text-align: center;">Start</th> <th style="text-align: center;">Target</th> </tr> </thead> <tbody> <tr> <td>Employment Team/CWS</td> <td style="text-align: center;">01</td> <td style="text-align: center;">08/14/2019</td> <td style="text-align: center;">11/30/2019</td> </tr> </tbody> </table>		Activity	Hours	Start	Target	Employment Team/CWS	01	08/14/2019	11/30/2019
Activity	Hours	Start	Target						
Employment Team/CWS	01	08/14/2019	11/30/2019						
Tasks:									

6. Hit Enter until you return to the "IV-A SELECT FUNCTION" screen (for each domain listed as "I" ACCESS will show a warning at upper left corner of screen: "WARNING - This Interfere will not be sent to the FDP" (that is okay to continue to hit enter).

WARNING - This Interfere will not be sent to the FDP

12/04/19 10:49 *** ASSESSMENT DANIEL *** ASQWOHA1

Participant: SSN: Phone#: CELL

Financial Status: Active SP Sex: F Age: 44 Last Grade: 15 Phase: WR 01/01/2020

Assessment Began: 01 03 2019 Case Manager:

***** Family Assessment Summary*****FDP***** Last Updated: 09 01 19

Shelter	I *Homeless/living	-			
Transportation	I **Needs car repa	-	In-House	Completed	
Food & Clothing	N	-	Lit/Assess: Y	01 03 2019	
Finances	I Severe debt prob	-			
Health & Safety	I Physical health	-	Referrals and Other Agencies		
Child Devl & Educ	N	-	Providing Services		

- It is best practice to hit Enter one more time to return to WORK C screen and check the FSM to make sure your changes were saved.

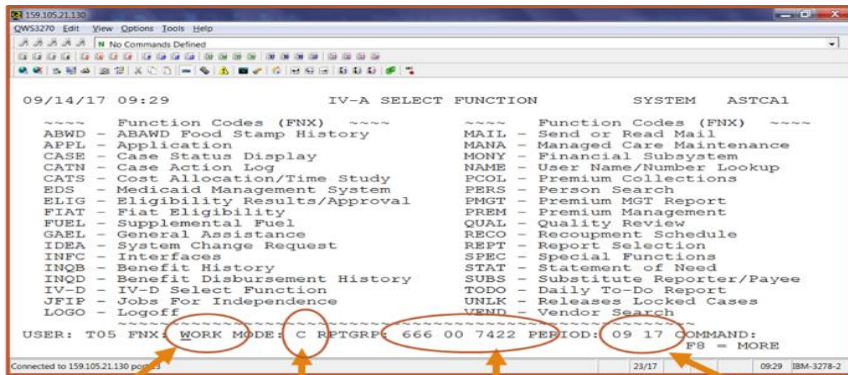
```

12/04/19 10:45                IV-A SELECT FUNCTION                ASTCA1

~~~~ Function Codes (FNX) ~~~~                ~~~~ Function Codes (FNX) ~~~~
ABWD - ABAWD Food Stamp History                MAIL - Send or Read Mail
APPL - Application                            MANA - Managed Care Maintenance
CASE - Case Status Display                    MONY - Financial Subsystem
CATN - Case Action Log                        NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study            PCOL - Premium Collections
EDS - Medicaid Management System            PERS - Person Search
ELIG - Eligibility Results/Approval          PMGT - Premium MGT Report
FIAT - Fiat Eligibility                      PREL - Presumptive Eligibility
FUEL - Supplemental Fuel                     PREM - Premium Management
GAEL - General Assistance                    QUAL - Quality Review
IDEA - System Change Request                RCAP - Refugee Cash Assistance
INFC - Interfaces                           RECO - Recoupment Schedule
INQB - Benefit History                       REPT - Report Selection
INQD - Benefit Disbursement History          SPEC - Special Functions
IV-D - IV-D Select Function                 STAT - Statement of Need
JFIP - Jobs For Independence                SUBS - Substitute Reporter/Payee
LOGO - Logoff                               TODO - Daily To-Do Report
    
```

Entering In-House Literacy Assessment in ACCESS

- FNX->WORK MODE->C SSN for participant you are updating the In-House Literacy Assessment



2. Move cursor on to FSM box and double click.

```

10/16/17 13:45      *** FAMILY DEVELOPMENT PLAN ***      ASQWOHF1
Participant: SARAH L JOHNSON      SSN: 666-00-7422      Financial Status: Pending
Phone#: 802 555 0000 CELL      Phase: WR 08/01/2017
Participation Code: 02 NE
Date FDP Signed: 02 02 2017      Review Date: _ _ _ _
Employment Goal: 99-9999.00 Unsubsidized Employment
Case Manager: PCC R64 VACANT RU CASE MAN
Location: EARLY ED SERVICES
*****
Strengths/Supports: *Transportation/Health & Safety/Legal/Adult Educat
Interferes:
    
```

Job Search/ Readiness	Education/ Training	Work Placements	Other Activities	Life Skills
--------------------------	------------------------	--------------------	---------------------	-------------

```

1,2 of 4      Activity      Hrs/Wk      Start      Target      Act End date      Outcome
Job Search      _      09/03/2017      09/16/2017      _ _ _ _      P
CSP Community Service Pro      _      09/01/2017      _ _ _ _      -
    
```

```

USER: T05 FNX: WORK MODE: D RPTGRP: 666 00 7422 PERIOD: 10 17 COMMAND:
DO: Z IMS: D00 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit Print Goal Hours PgBk PgFd CMH St/Sp Intrl C&C
    
```

3. Place a Y next to "In-house Lit/Assess" and the date completed.

```

10/16/17 13:48      *** ASSESSMENT PANEL ***      ASQWOHA1
Participant: SARAH L JOHNSON      SSN: 666-00-7422      Phone#: 802 555 0000 CELL
Financial Status: Pendin SP Sex: F Age: 45 Last Grade: 16 Phase: WR 08/01/2017
Assessment Began: 10 03 2017      Case Manager: PCC R64 VACANT RU CASE MAN
***** Family Assessment Summary*****FDP***** Last Updated: 10 3 2017
Shelter      I Homeless/living      -
Transportation      S      -      In-House      Completed
Food & Clothing      N      -      Lit/Assess: Y      10 03 2017
Finances      N      -
Health & Safety      S      -      Referrals and Other Agencies
Child Devl & Educ      I No child care av      -      Providing Services
Social & Emotional      I Mental health is      -
Family Interactions      I no family in U.S      -
Legal      S      -
Community Relations      N      -
Adult Education      S      -
Adult Employment      I needs child care      -
Work Skills & Habits      S      -
    
```

Referral History	FDP	Matrix History
---------------------	-----	-------------------

```

USER: T05 FNX: WORK MODE: C RPTGRP: 666 00 7422 PERIOD: 10 17 COMMAND:
DO: Z IMS: D00 REPORTING GROUP: SARAH L JOHNSON
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Quit Retrn Exit PgBk PgFd CMH Rfrls
    
```

P-2340 SUPPORT SERVICES (Reach Up Services rules 2303-2310.1)(23-36)

Support Services are intended to help individuals accept or maintain paid employment; or participate in other Reach Up activities such as assessment, appointments, and activities that help the participant reach an identified goal using the Goal Plan Do Review Revise process (GPDR/R)

Who is eligible for support services

Support Services may be provided to Reach First, Reach Up, Reach Ahead, and Post-Secondary Education (PSE) participants.

Participants who have received 60 months of Reach Up benefits may receive support services during their two pending weeks. Once receiving benefits, participants are eligible for support services the same as participants who have not received 60 months of Reach Up benefits.

Transitional support services

Participants may also be eligible if their Reach First, Reach Up or PSE benefits close due to income from unsubsidized employment (Code 99). These supports are limited to six months after the benefits closed. Participants do not need to be meeting their work requirement, but they must have earned income that is causing them to be ineligible for Reach First, Reach Up or PSE.

This includes participants whose benefits might have closed for other reasons, but then found employment that kept them off benefits within the six-month window after closing.

Determining support services

The type of activity the individual is participating in determines which specific support service(s) may be available to the individual. Activities include paid employment, Reach Up assessment, and participation in Family Development Plan (FDP) activities.

The Reach Up Case Manager and the participant will determine if support services are needed. Some things to consider when determining the need for a support service are:

- Is the support service requested connected to a goal that has been identified on the Family Development Plan or through using the Goal Plan Do Review Revise process?

- Is the participant engaged in Reach Up services including goal setting and attendance at case management meetings?
- Will the support service help to remove an obstacle to a participant engaging in the Reach Up program (such as phone minutes to attend meetings)?
- Have other resources been explored?
- Does the support service fall within the matrix guidelines?
- Is the support service being used to pay for a bill that is in the regular budget (car insurance) and if so has there been a discussion about how to maintain this over time?

The Reach Up Case Manager and the participant should explore all other resources before using support services. If there are no other resources, the case manager refers to the [support service matrix](#) for support services amounts and guidelines. Reach Up Case Managers can also refer to the Exploring Transportation Opportunities document for review of support service exception requests [Exploring Transportation Opportunities](#). Reach Up Case Managers can also seek support from a Reach Up Supervisor if unsure about whether to issue a support service.

If the support service is related to self-employment, please refer to the Self Employment document [Support-Services-for-Self-Employment](#) for review of support service exception requests. We cannot issue support service funds including Family Development Plan incentives for a Cannabis Self Employment Goal. We can however support the broader goal of someone wanting to own their own Business.

The Reach Up Case Manager will document support service in case notes. Case note will include the support service, the amount, and date issued.

Reach Up Case Managers have two business days to issue a support service check after receiving a bill or request for payment from a partner, local business, or participant.

Case Manager support

A Payment Authorization for Reach Up Support Service (form [630A](#)) may be used to allow a participant to purchase or obtain a service from a business in the community. The form is then returned to the local District office for payment.

P-2340 SUPPORT SERVICES (continued)

P-2340B Stopping or Canceling a Support Services Check (23-36)

Request to stop payment the same day the support service is issued

If the request to stop payment on a check is made the same day the support service was issued, and the check has not yet been issued, send an email to COPS asking to void a support services check.

Include the participant's name, social security number, and check transaction number.

Transaction number is found by going to INQD/D.

```

12/23/16 06:52                IV-A SELECT FUNCTION                ASTCAL
~~~~~ Function Codes (FNX) ~~~~~                ~~~~~ Function Codes (FNX) ~~~~~
ABWD - ABAWD Food Stamp History                MAIL - Send or Read Mail
APPL - Application                            MANA - Managed Care Maintenance
CASE - Case Status Display                    MONY - Financial Subsystem
CATN - Case Action Log                        NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study            PCOL - Premium Collections
EDS - Medicaid Management System            PERS - Person Search
ELIG - Eligibility Results/Approval          PMGT - Premium MGT Report
FIAT - Fiat Eligibility                      PREM - Premium Management
FUEL - Supplemental Fuel                     QUAL - Quality Review
GAEL - General Assistance                    RECO - Recoupment Schedule
IDEA - System Change Request                REPT - Report Selection
INFC - Interfaces                           SPEC - Special Functions
INQB - Benefit History                       STAT - Statement of Need
INQD - Benefit Disbursement History          SUBS - Substitute Reporter/Payee
IV-D - IV-D Select Function                 TODO - Daily To-Do Report
JFIP - Jobs For Independence                UNLK - Releases Locked Cases
LOGO - Logoff                                VEND - Vendor Search
-----
USER: 310 FNX: INQD MODE: D RPTGRP: HOH SSN    PERIOD: 12 16 COMMAND:
                                                F8 = MORE

```

Hit enter.

```

**** M O N Y  INQUIRY - DISBURSEMENT HISTORY  ****                ASPSIB
For Reporting Group SSN (                )
Issued from ( MM / CCYY ) to ( MM / CCYY )
          ( 12 / 2016 ) to ( 12 / 2017 )

Indicate the types desired using an X

          ( X ) All types
( ) ANFC/RUFA including Family Bonus/Parent Share
( ) IVD PA                ( ) PSE/RPSE
( ) Food Stamps           ( ) CSE
( ) General Assistance     ( ) Lund Home
( ) Medicaid              ( ) DEFRA
( ) Essential Person      ( ) EFA
( ) Fuel                  ( ) Administration
( ) IV-D                  ( ) E&T
( ) RCHP/WORK/ORNT/WTW   ( ) CC
( ) TCC                   ( ) DISP
( ) Premium Refund       ( ) RA

USER:          FNX: INQD MODE: D RPTGRP: HOH SSN    PERIOD: 12 16 COMMAND:

```

Determine which check you want to cancel. The Transaction number will be located on the left under ``*Tran Nbr*``. (The check number will not show up until the following day.)

*** M O N Y I N Q U I R Y - D I S B U R S E M E N T H I S T O R Y ***										
For SSN: Name:		Issued from: 12/16 - 12/17								
S**Tran Nbr*	Issued	*Prog*	CC*	S*	Check No*	Amount	*Type*	From -	To	*E*A*Wrk
-	12/01/16	RUFA	XS	E	DIR DEP	321.00	SO	12/01/16-12/15/16		
-	12/01/16	RCHP	53	I		17.50	DO	12/01/16-12/31/16		
x 99999999	12/08/16	RCHP	53	I	Z9999999	70.00	DO	12/01/16-12/31/16		
-	12/15/16	RUFA	XS	E		214.00	DO	12/01/16-12/31/16		
-	12/19/16	RCHP	53	I		52.50	DO	12/01/16-12/31/16		

↑	↑
Check transaction number	Check Number

* Enter L for Link Detail, any other letter for Transaction Detail
 USER: FNX: INQD MODE: D RPTGRP: HOH SSN PERIOD: 12 16 COMMAND:

E-mail COPS at AHS.DCFESDCOPS@vermont.gov.

Do not assume you successfully voided the check unless you get a response back. Depending on the time of day your e-mail is sent and staffing on that day, COPS may or may not be able to fulfill your request.

COPS will also make sure this issuance is voided from the participant's support services issuance history in ACCESS.

Request to stop payment after the check has gone out

If the request is not made the same day the check was written or if COPS is unable to cancel your check, and the check has already been issued, request a stop payment from the Electronic Benefits (EBT) Unit also known as "Lock Box".

Include the participant's name, social security number, transaction number and check number.

Find the Transaction number as indicated above.

Check number is found by going to INQD/D.

```

12/23/16 06:52                IV-A SELECT FUNCTION                ASTCA1

~~~~  Function Codes (FNX)  ~~~~          ~~~~  Function Codes (FNX)  ~~~~
ABWD - ABAWD Food Stamp History          MAIL - Send or Read Mail
APPL - Application                        MANA - Managed Care Maintenance
CASE - Case Status Display               MONY - Financial Subsystem
CATN - Case Action Log                   NAME - User Name/Number Lookup
CATS - Cost Allocation/Time Study         PCOL - Premium Collections
EDS - Medicaid Management System         PERS - Person Search
ELIG - Eligibility Results/Approval      PMGT - Premium MGT Report
FIAT - Fiat Eligibility                  PREM - Premium Management
FUEL - Supplemental Fuel                 QUAL - Quality Review
GAEL - General Assistance                 RECO - Recoupment Schedule
IDEA - System Change Request             REPT - Report Selection
INFC - Interfaces                        SPEC - Special Functions
INQB - Benefit History                   STAT - Statement of Need
INQD - Benefit Disbursement History       SUBS - Substitute Reporter/Payee
IV-D - IV-D Select Function              TODO - Daily To-Do Report
JFIP - Jobs For Independence             UNLK - Releases Locked Cases
LOGO - Logoff                            VEND - Vendor Search
-----
USER: 310 FNX: INQD MODE: D RPTGRP: HOH SSN   PERIOD: 12 16 COMMAND:
                                                F8 = MORE

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Hit enter.

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****  M O N Y  INQUIRY - DISBURSEMENT HISTORY  ****                ASPSIB

For Reporting Group SSN (          )

Issued from ( MM / CCYY ) to ( MM / CCYY )
            ( 12 / 2016 ) to ( 12 / 2017 )

Indicate the types desired using an X



( X ) All types
( ) ANFC/RUFA including Family Bonus/Parent Share
( ) IVD PA ( ) PSE/RPSE
( ) Food Stamps ( ) CSE
( ) General Assistance ( ) Lund Home
( ) Medicaid ( ) DEFRA
( ) Essential Person ( ) EFA
( ) Fuel ( ) Administration
( ) IV-D ( ) E&T
( ) RCHP/WORK/ORNT/WTW ( ) CC
( ) TCC ( ) DISP
( ) Premium Refund ( ) RA

USER:          FNX: INQD MODE: D RPTGRP: HOH SSN   PERIOD: 12 16 COMMAND:

```

Determine which check you want to cancel. The Check number is located in the middle under “*Check No*”.

*** M O N Y I N Q U I R Y - D I S B U R S E M E N T H I S T O R Y ***										ASPSIB
For SSN:								Issued from: 12/16 - 12/17		
Name:										
S**Tran Nbr*	Issued	*Prog*	CC*	S*	Check No*	Amount	*Type*	From -	To	*E*A*Wrk
-	12/01/16	RUFA	XS	E	DIR DEP	321.00	SO	12/01/16-12/15/16		
-	12/01/16	RCHP	53	I		17.50	DO	12/01/16-12/31/16		
x 99999999	12/08/16	RCHP	53	I	Z9999999	70.00	DO	12/01/16-12/31/16		
-	12/15/16	RUFA	XS	E		214.00	DO	12/01/16-12/31/16		
-	12/19/16	RCHP	53	I		52.50	DO	12/01/16-12/31/16		

Check transaction number Check Number

* Enter L for Link Detail, any other letter for Transaction Detail

USER: FNX: INQD MODE: D RPTGRP: HOH SSN PERIOD: 12 16 COMMAND:

E-mail the EBT Unit at ahs.dcfesdlockbox@vermont.gov. Copy COPS on the email to have the transaction deleted from the participant’s support services issuance history. Enter a CATN with an explanation of why the request was made to cancel the check.

Returned support service checks

To void checks returned by the participant, the post office or a provider/vendor:

Document in case notes and enter a CATN that the check was returned. Email COPS and ask them to indicate the support service check is going to be voided. Write “void” on the check and follow District process for returning the voided check to the Business Office.

Send the check to the Business Office: DCF Business Office, EBT Unit, 280 State Drive, Waterbury, VT 05671-3711.

Include a note indicating the check is a refund for a Reach Up support service.

Refund for support services overpaid to a business

If there was a support service check that was written to a business for more than the cost of the service and the business was overpaid they can reimburse the State of Vermont by doing the following.

- Refund check should be written out to State of Vermont. In memo section write what refund is for, participant name, and check or reference number.

- Check can be mailed to DCF Business Office AR Unit 280 State Dr HC1 North Waterbury, VT 05671-1070.

Document in case notes and enter a CATN that a refund check will be returned to the DCF Business Office.

P-2370 SOCIAL SECURITY SPECIALIST REFERRAL (23-36)

Referrals can be made for Reach Up participants to work with a Social Security Specialist (SSS) that contracts with the Division. The SSS will help the participant apply for Social Security.

Before a referral is made

Three-way meetings between the participant, the SSS, and the Reach Up case manager are encouraged whenever possible. Obtain verbal permission from the participant to share their name and contact information with the SSS. Set up an informational meeting to talk through what it really means to apply and what is needed to successfully apply.

If a participant is not connected to a medical provider or not able to provide medical records, try to refer to other resources such as Vermont Chronic Care Initiative (VCCI) to help find providers.

Making the referral

The following is needed for making a referral to the SSS:

- Participant's goal is to apply for Social Security, and they would like to be supported by the SSS.
 - Obtain verbal permission from the participant for the referral to be made. Best practice is to indicate this on an ESD Authorization of Confidentiality ([201WC](#)) and then save in the electronic file.
 - A wet signature on a release is not needed because VABIR is considered a Business Associate and HIPAA protected information can be shared without a release.
- A completed Social Security Specialist Referral form created by VABIR.
- Verification from participant's health provider that their disability is expected to last more than one year. This may include a completed Temporary Medical Deferment form ([210TMD](#))--if the participant is engaged with multiple providers consider getting 210TMDs from each provider.
 - Do not let the verification hinder the referral, but if there is a question if medical records will be able to be collected this should be discussed during a three-way meeting between the participant, the SSS, and the case manager.
 - If someone insists on applying but does not have verification from a provider, a referral can still be made, though this should be the exception

not the rule. Receiving a denial from Social Security may be the encouragement needed for the participant to get into treatment.

- Print out of INFC D WAGE information from ACCESS showing all work history
 - Preferred with the referral but can be provided at a later point if needed. Having print out makes applying easier because it provides information needed versus relying on the participant to provide it. It may be more accurate than what the participant provides.

Quick referral

Some cases may qualify as a “quick referral”. Speak to the SSS to learn more about this process.

Role of Social Security Specialist

Once a referral is received the Social Security Specialist (SSS) will call the participant to schedule an appointment. The SSS will notify the case manager of the appointment date via email. The SSS will send an email to the case manager when the participant attends the appointment.

It is the responsibility of the SSS to obtain a signed copy of the release (form 1696) for the Social Security Administration (SSA) Most SSSs have an individualized version which lists their name and contact information. SSS are the authorized representatives for participants with SSA.

- The case manager may assist in obtaining a signed copy of the form 1696 for the SSS if they are meeting in person, and the participant has already completed their application for Social Security. This can help speed up the ability of the SSS to check the status of the existing application.

The SSS will meet with the participant to complete the function report and submit the application. This can take one to several appointments depending on the participant’s disability and needs.

The SSS will provide updates to the case manager via email around the participant’s follow through with scheduling meetings and attending appointments, as well as where the participant is in the SS application process (appeal pending, recent denial, etc.).

During the period between when the application is submitted and then reviewed for eligibility, the SSS will not need to meet with the participant, however a minimum of monthly contact should be made with the Reach Up Supervisor or case manager to let them know that the application is still pending. Some SSS will provide the update for the entire SSS caseload to the supervisor, others will reach out to the case managers individually.

Participant does not respond

If the participant does not respond after three consecutive attempts, the SSS will contact the case manager for them to follow up in terms of Reach Up process. The referral to the SSS will be considered closed at that time. The case manager may re-refer after participant has demonstrated ability to follow through with appointments with case manager, treatment providers, etc.

Home visits

SSS can take part in home visits with participants but must be accompanied by a Reach Up case manager.

After the application is turned in

After the application is completed and submitted, it can take three to six months for SSA to look at the application. Most applications are sent to the Boston SSA office. The participant will receive paperwork via mail that must be completed and a phone call from the Boston office (area code 617). The SSS will remind the participant and the case manager of this process, but unfortunately does not get a copy of the mailing.

Certain scenarios can require an "in-state" decision. This includes if the participant is homeless or has absolutely no access to a phone. The local SSA office handles these applications. They are limited in the number of in-state application they can accept.

When a determination on an application or appeal has been reached, the SSS will notify the participant and the case manager of the decision and next steps if any.

Steps in the application process

Initial application – once submitted, SSA/DDS has 120 days to make a determination. If SSA/DDS requests a supplemental psychological or medical evaluation it is vital that the participant attend the scheduled evaluation. Not attending a scheduled evaluation will usually result in a denial. The SSS will inform the case manager if a supplemental evaluation is ordered. The case manager may need to provide support services to assist participant in attending evaluation.

Reconsideration – if the initial application is denied, the participant and SSS must submit a request for reconsideration within 60 days of the date on the denial letter. The SSS will communicate with the case manager around needs for additional work/treatment/activities to help prevail in the reconsideration. Once filed, SSA/DDS has 120 days to make a determination.

Administrative Law Judge (ALJ) Hearing – the SSS will provide a list of attorneys and representatives and the participant will choose who will represent them in the ALJ phase. The SSS will track the appeal at the ALJ level but is not typically involved beyond the referral to a rep and doing a regular check in with the SSA around hearing dates and hearing results. The ALJ hearing will be set by either videoconference or in a location within 75 miles of the participant's home. It can take 18 to 24 months to have a hearing, depending on the ALJ backlog.

Hearing by the Appeals Council – handled by the attorney/representative. Lengthy waiting periods at this level.

Federal Court Review – same as above.

Expectations for Participant Engagement in the Process

Participants who have the goal of applying for disability and agreed to work with the SSS, should create a plan with their case manager to support this goal.

It is advised that during the application process, participants continue to engage in treatment of their stated disability. They can also explore what is possible regarding work activities while awaiting a decision. Progressive employment has been shown to be very effective with disability determinations and can also help the participant see what they are truly capable of.

P-2375 Case Management (continued)

P-2375E File Retention (23-36)

How long to keep documents

All versions of a document should be kept in the file for the period of time referred to below [for example: An FDP was signed 6/5/19 and was replaced by a new FDP on 4/12/20. The case closed 10/31/20. The FDP signed 6/5/19 needs to be kept for 3 years after it was replaced on 4/12/20 (4/12/23) and the FDP signed 4/12/20 needs to be kept for 3 years after the case closes so 10/31/23.].

First Brad

Document Type	How Long to Retain and When to Purge
Family Development Plan (614)	Retain for 3 years after the FDP has been replaced by a new FDP (retain final FDP for 3 years after case closes)
RU/RF Enrollment Quest. (604)	Retain for 3 years after the last day of the calendar year eligibility for RU/RF has been determined
Stepping Stones Tool	Retain for 3 years after each update (retain final SS Tool for 3 years after cases closes)
Goal Sheets	Retain for 3 years after the Goal Sheet has been replaced by a new Goal Sheet (retain final Goal Sheet for 3 years after case closes)
UNCOPE (604 SUPP)	Retain for 3 years after the decision to refer/not refer has been made

Second Brad

Document Type	How Long to Retain and When to Purge
Case Notes	Must be kept until individual is deceased. If the participant had been a recipient of E&T services within the last year of their life, keep the case notes for an additional three years after the individual has deceased.

Third Brad

Document Type	How Long to Retain and When to Purge
Correspondence	Retain for 3 years from the last day of the calendar year the correspondence was created
Conciliation Notices (617, 617CR)	Retain for 3 years after the conciliation has been resolved, either successfully or unsuccessfully
Sanction Notice Authorization and Reasons for Sanction Letter (606)	Retain for 3 years after the sanction has been cured (pre OnBase or not)
Reach Up Time Limits Letter (609)	Retain for 3 years from the last day of the calendar year in which the appointment was scheduled
60 Countable months- closure	Retain for 3 years after benefits have closed specific to this form
Notice of Assessment Appointment (617N)	Retain for 3 years from the last day of the calendar year in which the appointment was scheduled
Good Cause letters	Retain for 3 years from the last day of the calendar year in which the good cause was due

Fourth Brad

Document Type	How Long to Retain and When to Purge
Information Release/Confidentiality Agreement (201WC)	Retain for 3 years after the release has expired (see expiration date on release) or been revoked
Child Development Division Information System(CDDIS)subsidy application	The CDDIS Subsidy Application should be documented in case notes.
Reach Up Vehicle Authorization form (602RTP)	Retain for 3 years after vehicle has been authorized/denied
Transportation Authorization	Retain for 3 years after transportation has been authorized/denied
Transportation Survey	Retain for 3 years after each update (if no more surveys are completed, retain the original/final survey for 3 years after case closes)
Medical (210TMD, 210NMR)	Retain for 3 years
Young Child Deferment (622)	Retain for 3 years after deferment ends

Referrals (i.e.- to VocRehab, CWS)	Retain for 3 years after the last day of the calendar year the referral was made
Treatment Logs	Retain for 3 years after the last day of the calendar year treatment was completed
Childcare search Logs	Retain for 3 years after the last day of the calendar year the log has been handed in
Family Services documents (Family Safety Planning meeting notes, etc)	Retain for three years after related FSD case closes
Domestic Violence (DV) modification/deferment paperwork and supporting documents	Retain for 3 years after deferment ends

Fifth Brad

secondary documentation as not required to complete

Document Type	How Long to Retain and When to Purge
Assessments (employment related, education related, etc.)	Retain for 3 years after the results of the assessment have been acted on (e.g., referral made, FDP updated)
*CSP/WKEX paperwork (625WA)	Retain for 3 years after participant has completed/left activity
PSE Application (202PSE)	Retain for 3 years after the last day of the calendar year the application was submitted
Resume	Retain for 3 years after resume is updated or case closes
Activity Schedules (education related, job club, etc)	Retain for 3 years after participant has completed/left activity
*Excused Absence logs	Retain for 3 years after the last day of the calendar year logs have been handed in
*Job Search logs	Retain for 3 years after the last day of the calendar year logs have been handed in
*Participant Attendance Reports (625AR) & Student Education Reports	Retain for 3 years after the last day of the calendar year reports have been handed in
*CSP/WKEX Participant Evaluation (625PE)	Retain for 3 years after participant has completed/left activity

Employment Info. (218E, 218ET, Profit & Loss statements, etc.)	Retain for 3 years after information has been acted on
Reach Ahead Enrollment (600)	Retain for 3 years after the last day of the calendar year enrollment/denial was completed
Housing Search Logs	Retain for 3 years after logs have been handed in
Housing Applications	Retain for 3 years after the last day of the calendar year decision on application has been made

Sixth Brad

Document Type	How Long to Retain and When to Purge
Check Authorizations	The check authorizations should be documented in case notes. We do not need to retain the check authorization print out.
Payment Authorization for RU services (630A)	Retain for 3 years after payment has been made
Bills/Receipts	Retain for 3 years after action has been taken on bill/receipt
Matrix Exception approval	Retain for 3 years after approval

Death of Participant

Case notes must be shredded/deleted promptly upon death of participant.

The exception for shredding/deleting case notes is for those participants engaged in E&T services for any point in the last year of their life. Case notes for these individuals should be maintained for three years after their death.

Documentation other than case notes such as applications, reports, logs, correspondence, and notices should be retained for 3 years after the last day of the calendar year they were created, regardless of when participant died.

This means, if a current participant dies—retain authorizations, agreements, and FDPs for three years after death, then shred or delete. Shred or delete the case notes upon learning of the participant’s death, unless they were engaged in E&T services for any point in the last year of their life.

Other Documents

Old V&D checklists are no longer used, and any that exist in files should be more than 3 years old, so they can all be purged at this point.

Child Support Waiver paperwork

Though maintained in a separate classified file, documents should be retained for 3 years after the last day of the calendar year in which the waiver decision expires, or in the case of a lifetime waiver 3 years after the last day of the calendar year in which the case closes.