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Authorized Signature

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Topic: Food Benefits

Subject: Q & A from the Food Stamp Summits

Applies to (check all that apply):

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|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input type="checkbox"/> | Health Services |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message: This IM contains questions and answers from this Spring's statewide FS Summits. The questions are divided into subjects, to make it easier for staff to find their areas of interest.

FS Summit Q&A

SRS

1. Case is in SRS. The client calls to report that her husband has joined the household. We don't know yet if he has income and adding him would increase or decrease benefits. What do we do?

Per FNS, this must be treated as a request for benefits and acted on, no matter how it affects benefits. Send a 210A requesting name, DOB, SSN, citizen/alien status and verification of income.

2. A case using annualized income is in the SRS. When they return the *Interim Change Report (852)*, the income for the report month is way off from the monthly amount on FSMIS. What should the worker do?

When income is annualized, the worker calculates a monthly figure to spread the income evenly over a 12-month period. However, the income will usually be received in wildly fluctuating amounts throughout the year. Unless the client reports that the source has changed or that the revised income is expected to continue, use the previously annualized amount. If the client does indicate such a change, the worker needs to contact the client to get more information to anticipate income for the remainder of the cert period.

3. An SRS client sends in a completed 415F instead of an 852. Can we use the application to do the interim report processing?

No. The 852 and the 415F are not interchangeable. If a client returns the 415F but an 852 is needed, work the 415F. Note on an 852 "see 415F dated XX/XX/XX" and send the 852 to the client asking them to sign it. You should send it with a 487 (the "incomplete 852" notice) and not a 210 or 210A. The 852 must be signed because it allows you to adjust the benefits for the 7th month without the need for a 10-day notice. If branches are receiving many 415Fs in place of 852s, it might be a good idea to review your internal process to figure out why this is happening.

4. Can we add wording to the 853 and 854 so that clients already over the countable income limit at recertification know they need to report only a move?

Passing on information such as this is one reason why interviews at each recertification are so vital. FS workers are strongly encouraged to talk to their clients about how the reporting requirements apply, given their own situation. It can also be helpful to highlight that section of the form and note that the client already has income over that limit, so no need to report. We believe either of these approaches would have more effect than revising the form.

5. A client is not disabled at the time the case is put into SRS, but then starts receiving GA. Can they stay in SRS or not?

Currently, a case cannot be in SRS if everyone in the filing group is elderly or disabled and has no earned income. Move the case to CRS effective the 1st of the following month. FSMIS will automatically send notice, but the worker is encouraged to talk to their client about the change in reporting requirements.

6. Can TANF cases with companion FS be placed in SRS? Is it just branch lore not to put them in?

Yes, FS cases with companion TANF may be put into SRS. We just advise that you pick these cases carefully. A family being actively case managed, with new employment or child support expected soon, isn't a good candidate for SRS due to all the change reporting they'll be doing for TANF. A TANF case with IA parents or nonneedy caretakers, on the other hand, may be a good fit. Be sure the client understands the full TANF change reporting requirements.

7. When the Employment Department puts a UC hold on an SRS case, we have to act. The ECLM screen also lists the client's earnings – is that verified or do we need to follow up?

ECLM verifies UC benefits: earnings information on ECLM is based on the client's statement and is therefore not acceptable verification. Do not follow up and ask for verification unless it's at cert, recert, when processing the 852 or unless the income now puts the case over their 130% limit.

8. Is information found through the Work Number verified or not?

Yes. Information on the Work Number is a good source of earnings verification. But don't check the Work Number for an SRS change report (DHS 853), unless it is a change that needed to be reported (income now over 130%).

9. There is an open FS case in SRS and the client applies for DV or other emergency assistance. The client indicates that they are now receiving child support or UC, but the amount is still under the 130 limit. Should the worker just narrate no change to the FS case because income is less than 130%?

No. Anytime income is verified for a companion case (or during the application process for one), we must act on that information for SRS.

10. In the 6th month, what action is entered when processing the DHS 852 to prevent FS from suspending?

*Use the **SRS** transaction code. If other case information needs to be changed use **SRS ADJ**. Enter **Y** in the Rept field. Failing to do this will keep the Rpt Exp date from advancing and cause the case to suspend every month. Once all your changes are made, type RU and press {ENTER} or press {F9} to update.*

TBA

11. Dad joins a TBA household, bringing with him \$3400 in income and a child. Do we add the child to the TBA case?

No. You cannot add the child without adding dad and his income. You cannot add any of them if doing so makes the TBA FS benefits decrease.

12. Client is in a JOBS Plus position, so not actually receiving TANF cash. The JOBS Plus contract ends and they are hired on as a regular employee. Are they eligible for TBA? If yes, what income do we use – non-TANF income on the last month they actually received FS or income other than JOBS Plus in the last JOBS Plus month?

Use the income coded on FSMIS the last month of the JOBS Plus contract, but zero out the GNT amount. The last month of the contract in this case was the last month the person received TANF.

13. TANF closed because the parent went to work, so they get TBA. OK for them to get ERDC also?

Yes.

14. FS case is in TBA. Two months later, they apply for ERDC. Would case remain in TBA for the remainder of the 5 months or change it to CRS?

The case remains in TBA for the full 5 months. The reporting systems you cannot use with ERDC companion cases are MRS and SRS.

15. Suppose a client is serving a JOBS disqualification, so family has reduced TANF. Then the client gets a job (thereby demonstrating cooperation) and the DQ ends. Then TANF closes because the new job puts them over income. Then, can they get TBA?

Yes.

16. Client on TBA decides to reapply for cash and at the initial assessment changes their mind and withdraws the application prior to TBA being removed. Do they continue being TBA eligible?

Yes. *Only the receipt of TANF cash would end TBA.*

17. Does noncooperation with child support affect TBA?

Yes. *Clients whose TANF benefits close under a disqualification do not get TBA.*

18. If an NNCR (non-needy caretaker relative) decides she doesn't want TANF, can she be TBA? Example, Grandma has 3 grandchildren and gets TANF for them. She has no other income and is receiving FS benefits for all 4 of them. She gets a job and closes TANF.

Yes, *this FS case would be put into TBA.*

Medical Deduction

19. A FS client is currently receiving Medicare and is applying for QMB. Should we allow their premium payment as a medical deduction? What about the copays and deductibles? How far back will the client's cost be reimbursed?

We allow the Part B premium as a medical deduction only if the client pays it and will not be reimbursed by Buy-In. Clients who do not want to (due to Estates Administration) or cannot (over resources, income) be in Buy-in are allowed the premium cost as a medical deduction. Costs for copays and deductibles are allowable medical deductions.

20. Do we allow the cost of having a service animal certified?

No.

21. The workshop on medical deductions mentioned “companion animals” as an allowable cost. What are the limitations/conditions on that, if any?

Companion animals must be medically prescribed, as are all other costs allowed for the medical deduction. The prescription must state why the animal is medically necessary. Unlike assistance animals, they are not required to be certified.

22. Client receives Medicare benefits. They have a doctor bill and are waiting for Medicare to make a decision on how much they will pay. Medicare takes their time and now the bill is past due. Not client’s fault. Client brings in overdue bill as soon as they get it.... Can we count it?

Yes. The client’s portion of the bill is not overdue: they are merely waiting for Medicare, like any other insurance, to pay their portion first.

23. Re: Medical Marijuana – Can we allow as part of the medical deduction the doctors fee for writing the prescription and the fee to get onto the Medical Marijuana list and for the card?

Allow the cost for the card, the doctor’s visit and the fee to get on the Medical Marijuana list. Doctors should not charge to write a prescription.

24. Any implementation plans yet for the Medicare prescription coverage that will start in January?

The new prescription coverage will have very little effect on the FS Program, but some rules will be revised to reference it.

Counting Income

25. Is Veterans’ work study countable educational income?

Yes. It is not Title IV and is countable for FS.

26. A client who was receiving SSI now gets SSD. The monthly SSD amount is being reduced to collect an SSI overpayment. Which amount do we count – the gross monthly benefit amount or the net amount after the overpayment recovery?

Because SSD and SSI are different income sources, we consider the entire amount available. Count the gross monthly benefit.

27. We are getting different interpretations on the use of rounding in calculating income. One analyst says we must round the weekly income; another says not to round. What gives?

Rounding became a hot topic when the Accuracy Committee set the tolerance for targeted review errors at \$1. Per OAR 461-160-0060, income must be rounded prior to conversion. Because choosing not to round cannot cause a QC error, it had not been emphasized in the past. FS policy allows some leeway in the calculation and multiple answers may be right, depending on the case situation.

Mainframe Screens and Internet

28. What does “Journal” mean under pay type on SMU1, Page 1? Is this received by the obligee or not?

A journal entry is a manual adjustment on a child support case. According to DCS, there could be a number of reasons for a journal entry and there also could be a number of screens to check to verify where the money actually went or was applied. Due to our lack of access to many DCS screens, when a DHS worker encounters a journal entry, they must contact their DCS counterpart to ask about where the money was distributed.

29. Will there be training on how to navigate the new website? It is no longer a usable tool.

DAS determined the layout and navigation of websites for all state agencies. As far as we know, they are offering no training. We suggest setting aside a few minutes to navigate the screens, then using the “Add to Favorites” feature to make it easy to return to useful sites.

Miscellaneous

30. Psychiatric Review Board facilities – are they eligible for Food Stamps?

That depends on the type of facility. If it is a mental health group home, the residents can be eligible. If it is a jail or hospital, that is an institution and there is no FS eligibility.

31. Regarding the new combined authorization to release form 2099 – Do I need to specify who we need information from in Section B (not sure, maybe C?)

The 2099 instructions specify that the “Release From” section is intended to be used for only one record holder. If you need information from multiple sources, use additional forms. And, yes, you must be specific.

32. Can the recent letter be rewritten so that clients don't get hysterical? It needs to say something about the new application arriving in the mail and to contact your worker if it doesn't arrive on time.

Approximately 25% of FS clients are served through SPD-affiliated offices; those clients receive the reapplication packet automatically. The 75% carried by CAF must contact a branch to request one. Unfortunately, our mainframe isn't sophisticated enough to send various versions of notices based on cost code, so the notice is written for the majority of the cases.

33. For elderly and disabled clients we do not verify rent if the amount is reasonable. Since this has been the case for quite some time, how is it that we are being cited for QC errors for this? How could we ever have done this without federal approval in the first place?

QC never cites an error because the worker did not verify information. QC cites an error only when the payment amount of FS benefits is incorrect. You must verify shelter costs only if you question the amount of the cost. QC is required to do 100% verification. You are correct to accept the client's statement about the amount of rent they pay, as long as it's not questionable.

34. Please put examples in a worker guide regarding – Tax returns for S-corporations; year end disbursements; and reading tax returns for clients with S-corps.

We have started work on training for reading business tax forms. When we have the material complete, we will add information to the worker guide.

35. It is too easy to sell the EBT card and get a replacement. I had to give a client their 28th card recently. Could we have a rule saying that after two replacements, no card will be issued until the client turns in the damaged card?

No, federal regulations do not allow us to deny our clients access to their FS benefits. However, the problem of large occurrences of new card requests happens all over the state. When a client repeatedly claims a card is lost, the cause could be mental health issues, theft or selling the card. Branch staff are encouraged to check the EB screens for usage patterns and refer the case to the local investigator. The next FS Policy Work Group meeting will address this, with representatives from EBT and the Investigations Unit.

36. Since the ACCESS template is completely inadequate, how is this information being conveyed to SPD? What can be done to make an ACCESS narrative update a high priority?

Comments on ACCESS should be directed to the ACCESS user group. The narrative is a high priority for them, but they lack the resources to get it down as fast as they would like.

If you have any questions about this information, contact:

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