

Public Benefits

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TABLE OF CONTENTS

INTRODUCTION ii

PART I - TEMPORARY ASSISTANCE

FAMILY ASSISTANCE 1

SAFETY NET ASSISTANCE 3

ELECTRONIC BENEFIT TRANSFER SYSTEM (EBT) 6

BUDGETING OF WAGES. 7

BUDGETING OF RESOURCES 9

TEMPORARY ABSENCE OF CHILD 10

WORK REQUIREMENTS 11

DISABILITY AND TEMPORARY ASSISTANCE 17

CHILD CARE 19

SUBSTANCE ABUSE AND TEMPORARY ASSISTANCE 21

MINORS, TEENS, AND TEMPORARY ASSISTANCE 24

DOMESTIC VIOLENCE 28

SANCTIONS 29

SANCTION CHART 30

PART II - MEDICAID 32

LIF MEDICAID 32

ADC-RELATED MEDICAID 35

S/CC MEDICAID 37

SSI-RELATED MEDICAID 39

TEEN AND CHILDREN MEDICAID 41

STANDARD OF NEED CHART 42

APPLICANT/RECIPIENT FAIR HEARING REQUEST FORM 43

Introduction

Federal Legislation

On August 22, 1996, the federal government passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). This legislation made major changes to the welfare system in several ways.



The Act eliminated the Aid to Families with Dependent Children (AFDC) program, reduced food stamps to most households, and terminated Supplemental Security Income (SSI) to many children, immigrants and substance abusers. The federal funds formerly guaranteed to families under the AFDC program are given to the states in the form of a block grant called **Temporary Assistance to Needy Families (TANF)**. Each state was left with the discretion to decide what type of program it would set up with its TANF monies.

State Legislation:

In response, on August 4, 1997, the New York State Legislature passed the Welfare Reform Act of 1997. Through this new state law, New York State has created the **Family Assistance Program (FA)** for families with dependent children (funded, in part, by TANF/federal monies) and the **Safety Net Program (SNA)** for singles and childless couples (funded exclusively with state and local monies.)

BULLETIN!

The Department of Social Services is RENAMED!

Effective as of 4/1/97, the New York State Department of Social Services was renamed **The Department of Family Assistance**. Within this Department are now the following autonomous offices:

1. **Office of Temporary and Disability Assistance (OTDA):** This office is responsible for administering, among other things, financial support (cash assistance) services, child support services, food stamps, HEAP, state supplemental security income and homeless housing and assistance programs. OTDA is responsible for most of the programs discussed in these materials.



2. **Office of Children and Family Services:** This office is responsible for administering foster care, adoption services and child protective and preventive services.

Note that the local (county) welfare offices will still be called the Department of Social Services (DSS).



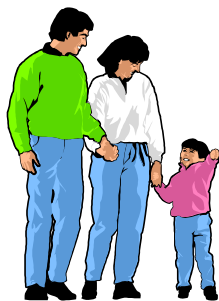
PUBLIC ASSISTANCE HAS ALSO BEEN RENAMED!

Public Assistance is now called Temporary Assistance.

Temporary Assistance is the new term that is used in New York State for public assistance programs (such as Family Assistance and Safety Net Assistance).

PART I

TEMPORARY ASSISTANCE (TA) PROGRAMS



FAMILY ASSISTANCE PROGRAM

In 1996, a federal law was passed which changed the system of public assistance dramatically. For 61 years, the federal government guaranteed public assistance benefits to families under the Aid to Families with Dependent Children (AFDC) program. This program was offered to families with minor children where one of the parents was "incapacitated" (i.e., absent, disabled, unemployed, or deceased).

The new law eliminated the AFDC program entirely. Instead, each state now receives a block grant to replace the AFDC benefits program. The block grant money is called the Temporary Assistance to Needy Families (TANF) block grant. The state has set up a new program for families using this federal TANF money called the **Family Assistance program (FA)**.

The Family Assistance program is similar to the AFDC program, but there are some major changes in the FA program. The changes in FA are as follows:

HOUSEHOLD COMPOSITION

A household could previously receive AFDC on behalf of a minor child only if one of the parents were "incapacitated". A relative now may receive FA on behalf of a minor¹ child even if **both** parents are in the household. A woman who is pregnant is eligible for FA as soon as the pregnancy is medically verified.

If an applicant or recipient family of FA includes an adult member who DSS determines is abusing drugs or alcohol, the entire family will be placed in the **non-cash** Safety Net

¹ "Minor" is defined as a child under 18 years old or a child under 19 who is a full-time student regularly attending a secondary school or in the equivalent level of vocational or technical training.

program. (See pg. 3 on the Safety Net program.) The family will remain in the non-cash SNA program until the substance abuser successfully completes a treatment program.



TIME LIMITS

Beginning December 2, 1996, the adult and minor heads of household and their spouses (or unmarried parents of a child-in-common) in the FA household may only receive FA benefits for a maximum of 60 months in a lifetime (whether or not consecutive). This means that as soon as any of the adults in the household has received 60 months of benefits, the entire household will be terminated from FA. At this point, the household should be eligible for the non-cash Safety Net Assistance program. (See page 3 on Safety Net program.) **This means that former FA households will be eligible for non-cash benefits indefinitely.**

WORK REQUIREMENTS

In order to receive Family Assistance, almost all individuals will be required to engage in work activity a certain number of hours each week. (For details regarding the work requirements, see page 11.)

BENEFIT LEVELS

The FA program provides benefits to families at a level slightly increased over the AFDC level. (See attached Standard of Need chart, page 7.) Please note that these are approximate figures and may vary somewhat from household to household.

SAFETY NET ASSISTANCE (SNA)

What used to be known as the Home Relief program has been replaced by the Safety Net Assistance (SNA) program. The SNA program is for singles, childless couples and for certain families with minor children. There are two forms of SNA. There is both a cash program and a non-cash safety net program.²

CASH PROGRAM

Those who receive the cash program will receive cash benefits **at the same benefit level** as the current home relief program. (See attached Standard of Need chart, page 7). As with the home relief program, rent and utilities can be made as restricted payments if the recipient requests restricted payments or mismanages funds. The rest of the grant **will be paid in cash** as a personal needs allowance.

There is a two year lifetime cap on SNA cash assistance benefits. After the two years, recipients will receive benefits in a non-cash form of assistance **indefinitely**. The clock started to run on the two-year cash assistance limit on August 4, 1997.



NOTE!!! THE TWO-YEAR LIMIT ON CASH BENEFITS WILL NOT APPLY TO HOUSEHOLDS IN WHICH THE ADULTS IN THE HOUSEHOLD ARE EXEMPT FROM SNA EMPLOYMENT REQUIREMENTS. THESE HOUSEHOLDS WILL GET CASH SNA BENEFITS **INDEFINITELY**.

Persons eligible for the cash assistance program are:

- Adults (i.e., 18 years and over) not living with a dependent child (i.e., singles)

²Although the law calls this form of Safety Net Assistance "non cash," in reality, recipients may receive a small amount of cash each month known as a personal needs allowance.

- Minors (people under the age of 18) not living with their own children and having no adult relative with whom to live
- Qualified immigrants who entered the country after 8/22/96 (i.e., those qualified aliens ineligible for Family Assistance) or immigrants permanently residing under the color of law (PRUCOL)
- Disabled individuals who are exempt from work requirements³
- Adults eligible to receive health care services through a special needs plan⁴

NON-CASH PROGRAM

Those individuals in the non-cash SNA program will receive benefits at the same benefit level as those in the cash SNA program. However, the **form** in which the benefits will be paid will be different. The non-cash SNA program will consist of **vouchered** payments. That is, recipients will have their rent and utilities paid directly to the landlord and utility companies. After rent and utilities are paid, if there is any money remaining in the recipient's grant, a recipient will receive a personal needs allowance. This personal needs allowance, if any, will be provided through an Electronic Benefit Transfer system (EBT). (See page 6).

Persons eligible for non-cash SNA are:

- Families who have reached the Family Assistance 60-month cash time limit and SNA recipients who have reached their two-year cash time limit
- Families in which any adult household member or a minor head of household is found by DSS to be **abusing drugs or alcohol and unable to work.**
- Families with a person who **fails to comply** with drug and/or alcohol **screening and assessment**, minus the non-

³See page 17 for more details on disability determinations.

⁴Special Needs Plans come from Social Services Law section 364-j, which ensures comprehensive health services to people meeting certain HIV/AIDS or mental health criteria. People on the special needs plans based on HIV/AIDS will receive non-time limited cash. This is true whether or not the special needs plans are actually available in your district.



complying family member. Benefits to the non-complying family member will resume upon compliance.

- Families with a person **sanctioned** (disqualified for a specified period of time) from receiving assistance because they failed to participate in a drug or alcohol **treatment** program. The substance abuser will lose his/her benefits for a sanction period before s/he can resume non-cash benefits.

Forms of non-cash benefits:

Housing: The shelter grant will be provided as a two-party check (a check made out to the recipient and the landlord), direct vendor payment (check directly to landlord), or in another restricted form, up to the amount of the shelter grant. The recipient may request an amount greater than the shelter maximum. The recipient may opt to receive the rent as a two-party check, but the district may require vendor payment if the recipient persistently fails, without good cause, to pay rent. Housing must be paid first.

Utilities: If the recipient pays separately for utilities, then payment, including fuel for heating, if appropriate, will be provided as a two-party check, direct vendor payment, or other restricted form. The recipient must request payment in excess of the prescribed fuel for heating amount if they want their bill to be paid in full.

Personal needs allowance: Any remaining benefits left in the personal needs allowance after the housing allowance and utility allowance are paid will be provided through an Electronic Benefits Transfer system.

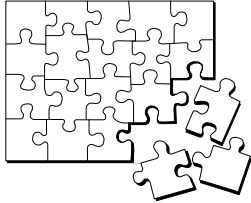
ELECTRONIC BENEFIT TRANSFER SYSTEM (EBT)

Recipients receive most of their personal needs allowance through the EBT system. This means that recipients are issued a "swipe card" that works like a debit card. Recipients take their cards to the store, for instance and are required to run their cards through the EBT system in order to purchase goods. An EBT system has been implemented in Erie County. Look for the "QUEST" logo on any ATM machine. This logo means that the ATM machine will accept the EBT card.

A vendor contract to provide EBT services must ensure sufficient access sites in each district, including a broad range of business and community facilities. Recipients must be given adequate instruction on the use of EBT and on their rights and responsibilities. Cards lost or stolen must be replaced within 48 hours, exclusive of holidays and weekends.

BUDGETING OF WAGES

Step 1.



In Erie County, the first step in budgeting wages is to compare a household's gross income (with no disregards) to 185% of the Temporary Assistance Standard of Need (See chart below). If the gross income exceeds 185% of the Temporary Assistance Standard of Need, the household is not eligible for cash assistance. If the gross income is less than 185% of the Temporary Assistance Standard of Need, then go to step 2.

TEMPORARY ASSISTANCE (TA) STANDARD OF NEED

FAMILY SIZE	1	2	3	4	5	6	7	
1. GROSS INCOME TEST (185% OF TA STANDARD - WITHOUT HEAT)	\$ 666	\$ 899	\$1195	\$1424	\$ 1661	\$ 1837	\$ 2007	
1. GROSS INCOME TEST (185% OF TA STANDARD - WITH HEAT)	\$ 566	\$ 799	\$ 1095	\$ 1320	\$ 1554	\$ 1720	\$ 1883	
2. MAX. TA GRANT (STANDARD OF NEED - WITHOUT HEAT) *	\$ 360	\$ 486	\$ 646	\$ 770	\$ 898	\$ 993	\$1085	
3. MAX. TA GRANT (STANDARD OF NEED - WITH HEAT)	\$ 306	\$ 432	\$ 592	\$ 714	\$ 840	\$ 930	\$1018	+ 60 ea. additional person

*** If a household pays for fuel-for-heating separate from their rent, their Standard of Need will be somewhat higher due to the addition of a fuel-for-heating allowance. Always check DSS' budget print-out for each individual household to obtain an accurate figure for that household.**

Step 2. For Family Assistance households and Safety Net Assistance households which include a dependent child, if a recipient begins working, the first \$90 per month is disregarded (deducted) from the gross wages when calculating how much of the household's income will be budgeted against the Temporary Assistance grant. Under the current law, 50% of the remaining earned income will now be disregarded.

For example, Temporary Assistance recipient, Ms. Green, earns gross income of \$400/month. However, after application of the disregards, her countable income is only \$155/month.



\$400	gross income
- 90	disregard
	310
-155	(50% of \$310) disregard
<u>155</u>	countable income

This countable income will then be compared to the Temporary Assistance Standard of Need for the household size to determine whether the household is eligible for any benefits. (See attached Standard of Need chart at page 7 under "2. Max. Pa grant-standard of need").

- The \$90 and the 50% disregards only apply to **earned** income (not unearned income such as Social Security disability, Veterans benefits, etc.)
- The 50% disregard only applies when budgeting income for **Family Assistance** and to any **SNA** family with a dependent child receiving Safety Net assistance.
- **For Safety Net households without dependent children**, the 48% disregard is not applicable and only the \$90 disregard applies. The 50% disregard does not apply to people who voluntarily quit a job, fail to report wages or refuse to accept a job.
- The 50% disregard applies to **recipients**. For **applicants**, the 50% disregard only applies if the applicant received Temporary Assistance (TA) in one of the 4 months prior to application.
- Special rules apply to student income for Temporary Assistance (TA) and Food Stamps budgeting.
- **Income disregards are only applied if wages are reported in a timely manner. Wages must be reported to DSS within 10 days of receipt of income in order to be considered timely.**

BUDGETING OF RESOURCES

The following resources are exempt and do not count toward eligibility for Family Assistance or Safety Net Assistance:



- \$2,000 (or \$3,000 for households with a member over 60),
- A home that is the household's usual place of residence,
- A car with a fair market value of \$4,650, unless the car is needed to seek or maintain employment, in which case the car can have a fair market value of \$9,300,
- One burial plot per household member,
- Funeral agreements worth up to \$1500 per household member,
- Funds in an Individual Development Account (i.e., a trust account funded with periodic contributions of earned income or contributions from non-profit organizations),
- For 6 months, real property that the household is making a good-faith effort to sell,
- Personal property necessary for business or employment, and
- State and Federal earned income tax credit refunds, and
- An amount up to \$4,650 will be disregarded if set aside in a separate bank account established by an individual while currently in receipt of Temporary Assistance for the sole purpose of enabling the individual to purchase a first or replacement vehicle for the recipient to seek, obtain or maintain employment, so long as the funds are not used for any other purpose. Funds withdrawn for reasons other than for the purchase of a first or replacement vehicle will result in the full amount of funds in the account prior to the withdrawal being countable toward the Temporary Assistance household's resource limit beginning on the first day of the month of the withdrawal.

TEMPORARY ABSENCE OF CHILD

- No FA or SNA will be given for a minor child absent or expected to be absent from a household for 45 or more days without good cause.



- Assistance will end to parents who fail to notify the district once it becomes clear a child will be absent for that period of time. Parents/caretakers have 5 days to report once it becomes clear to the parent that the child will be absent for 45 consecutive days or more.
- Failure to report will result in a sanction to the parent for a period equal to the number of months the absent child was absent before the district was informed.
- Good cause includes placement in foster care as long as return to the home is the goal, attendance at school, and hospitalization if return is expected in a reasonable time.
- For Medicaid purposes, the child will retain Medicaid as long as the child is **expected** to return to the household. There is no maximum period of absence (i.e., 45 days) after which a parent must report as there is in Temporary Assistance.



WORK REQUIREMENTS

All adult recipients of FA and SNA must be engaged in work "as soon as practicable" (subject to the exemptions below) and for adults receiving Family Assistance, this must be no later than **24 months** after benefits begin.

Whether or not they have been given an assignment, applicants and recipients must, on request, demonstrate that they are actively trying to find work or to improve their employability, and must accept any offer of lawful employment. The sanctions described below will apply for failure to comply. (See page 13.)

The following types of work activities will count toward the recipient's work requirements.

- (a) Unsubsidized employment (when a recipient has her own job)
- (b) Subsidized private sector employment (when a business receives money or tax incentives to hire a Temporary Assistance (TA) recipient)
- (c) Subsidized public sector employment (when a non-profit organization receives money or tax incentives to hire a Temporary Assistance (TA) recipient)
- (d) work experience program (WEP) in the public or non-profit sector if sufficient private sector employment is not available (where recipients are placed by DSS on a work site and work for their Temporary Assistance (TA) grants)
- (e) on the job training
- (f) job search and job readiness (for 6 weeks, no more than 4 consecutively)
- (g) community service (defined by ECDSS Employment Plan)
- (h) vocational educational training (but not more than 12 months)
- (i) job skills directly related to employment
- (j) education directly related to employment if the person lacks a high school diploma
- (k) satisfactory attendance in secondary school or GED program
- (l) providing child care to someone doing community service

- (m) job search and job readiness (beyond the federal 6-week time limit)
- (n) educational activities, which can include high school or equivalent, basic education, English as a second language, up to 2 years post secondary education--that is directly related to employment--in a 2 year college, trade or business school.

Maximum work hours are:



The total number of hours per month that an individual is required to work is calculated by dividing the state minimum wage into the individual's total monthly temporary assistance grant plus their total monthly food stamp grant. The formula looks like this:

$$\text{(Monthly temporary assistance grant + monthly food stamp grant)} \div \text{minimum wage} = \text{monthly work hours.}$$

An individual will be required to engage in a work activity this number of hours per month, up to the maximum hours set out by federal law, as outlined below:

1. **Single parents with a dependent child under 6:**
Up to 20 hours per week
2. **Single parents with a dependent child 6 or over:**
Up to 30 hours per week

At least 20 hours per week must come from paragraphs (a)-(i). (Note that a-i includes 12 months of vocational education, but **not** two-year colleges.)

3. **Singles and childless couples:**
Up to 35 hours per week

For two-parent families, 30 hours per week must come from paragraphs (a)-(i) above. (Includes 12 months of vocational education but not two-year colleges.) This means that 5 hours can come from paragraphs (j)-(n) above if approved by DSS. (Includes two-year colleges.)

For singles and childless couples, 30 hours of work must come from (a)-(e). (Does not include any vocational education or two-year colleges.)

4. **Two-Parent Families**

Two-parent families that are receiving federally funded child care assistance where no parent is disabled or caring for a severely disabled child, both parents must engage in work activity. One parent must work up to 35 hours per week, and the other up to

20 hours per week. If no child care assistance is available, one parent must work 35 hours per week.

IMPORTANT NOTE:

Recipients who are also foster parents are considered to be engaged in community service (letter "g" above) to the extent that they are actually providing care for their foster children.

SANCTIONS

People are ineligible for FA and SNA if they willfully fail to comply without good cause with work requirements.

Sanction periods differ for people with dependent children and those without children.



Families with dependent children: will be sanctioned by eliminating the non-compliant member's pro rata share of the grant as follows:

- The first time until willing to comply
- The second time, 3 months and until willing to comply
- The third time, 6 months and until willing to comply

Persons without dependent children: will be sanctioned by eliminating the non-compliant member's pro rata share of the grant as follows:

- The first time, 3 months and until the failure ceases
- The second time, 5 months and until the failure ceases
- The third time, 6 months and until the failure ceases

NOTE IN NO CASE WILL TEMPORARY ASSISTANCE (TA) WORK-RELATED SANCTIONS LEAD TO LOSS OF **MEDICAID**. FURTHERMORE, CHILDREN OF THE SANCTIONED PERSON WILL STILL RECEIVE TEMPORARY ASSISTANCE (TA) BENEFITS.

Also, persons eligible for a special needs plan based on HIV or AIDS cannot be sanctioned for failure to comply with work requirements.

The regulations require that notices of non-compliance must detail specific instances of **willful** refusal or failure to comply.

VOLUNTARY QUIT

An applicant for Temporary Assistance (TA) who voluntarily quits a job or reduces his/her hours of employment will be subject to a 90-day sanction from the day of the quit. A recipient will be sanctioned in accordance with the regular work sanction periods as specified above.



If an applicant or recipient disagrees with DSS's decision to sanction for a "voluntary quit," (s)he can request a fair hearing within 60 days of the notice date. **A person cannot lose Medicaid for a voluntary quit. Also, children of the sanctioned person should still receive Temporary Assistance (TA). If this does not happen, a hearing should be called.**

WORK EXEMPTIONS

A recipient shall **not** be required to participate in work activities if he or she is:

- a child under 16 years of age or under 19 years of age and attending full-time a secondary, vocational or technical school
- a person whose presence in the home is required because of the illness or incapacity of another member of the household
- a parent in a one parent household or other relative caring for a child under one year old, for a 3 month period, to a maximum of 12 months total in the parent's or caretaker's life (i.e. 3 months per child up to a total of 12 months.) However, DSS does have the authority to extend the 3 month exemption up to 12 months for one child (but remember that the parent only has a total 12 months in a lifetime).
- a pregnant woman after the eighth month of pregnancy
- physically or mentally unable to engage in work activities up to three months
- 60 years of age or older
- determined to be disabled after a disability determination done by DSS. (See p.17 for more on disability determinations.)

GOOD CAUSE

An applicant or recipient will be considered to have good cause for failing to comply with employment requirements if necessary supportive services are not available or if the place of employment requires unreasonable travel from the applicant's or recipient's home.

Examples of good cause are the temporary disruption of child care plans or personal or family emergencies of a substantial nature, so long as the participant has notified DSS with reasonable promptness of the circumstances.



If a parent of a child under 13 cannot find child care, this may be considered good cause. Good cause will be found if a parent cannot find child care and can provide an attestation that she has no relatives or friends available to provide child care for her.

SUPPORTIVE SERVICES

Recipients must be provided with certain supportive services before they are required to participate in work activities. These services include:

- transportation (for workfare participants only)
- work related expenses (uniforms, tools, etc.)
- child care for children up to age 13
- medical assistance

These services may be counted for 90 days for people who become ineligible for Temporary Assistance (TA) if they are necessary to assist in attaining self-sufficiency. Recipients must ask their employment worker if they are eligible for these services.

Note that for CUNY, SUNY and other students at approved education, training or vocational rehabilitation programs, DSS must, after consulting with the schools, assign them to a work site on the campus if there is one or within reasonable proximity to the campus. To be entitled to this, the student must have a C average. (This rule may be waived for undue hardship.)

ASSIGNMENT TO WORK

DSS must go through an employment assessment process with everyone. This process includes an orientation, an assessment and an employability plan outlining employment goals.

Orientation

The district shall, at the time of application, both in writing and orally, inform individuals of the availability of work activities and supportive services. Individuals must be informed about education, employment and training opportunities, supportive

services, types and settings of child care services, and the assistance available to help the person select and obtain child care services.



Employability Assessments

a) **for households with dependent children** - Assessments shall be completed **within 90 days** of the date the household becomes eligible for Temporary Assistance. An applicant for or recipient of Temporary Assistance may be assigned to work before the assessment is completed (unless s/he is claiming a disability, in which case s/he cannot be assigned until a disability determination is made by DSS).

Applicants/recipients who are at least 18 (or 16 or 17, if they lack a high school diploma and are not in school), must have an assessment of their education, literacy, English, basic skills and supportive services needs.

b) **for households without dependent children** - Applicants/Recipients in these households must be assessed **within one year**, but can be assigned to a work site before that (unless a disability is claimed).

Employability Plans

Consistent with the assessment, an employability plan will be written. The plan will set forth the supportive services that the district will provide and the employment goal set for the recipient. The plan must reflect the recipient's preferences to the extent possible, but must take into account the need of the district to meet participation rates.

DISABILITY AND TEMPORARY ASSISTANCE

Although a section of the new law is called "Disability Program" it is not really a separate program. Rather, the new law provides a method to determine whether persons with disabilities can be assigned to work activities.

The new law also allows persons who are exempt from work requirements due to disability to receive cash benefits without regard to any FA or SNA time limitations.

DISABILITY DETERMINATIONS

At application, recertification or when DSS has reason to

believe a person is disabled, DSS must ask the person whether s/he has a medical problem that would limit the ability to do work. Individuals must be notified of the opportunity to provide, within **10 calendar days** medical documentation of their condition, including drug prescriptions and reports from treating sources. These reports **must contain** a specific diagnosis supported by appropriate medical tests and a statement of work-related limitations.

*** The district has sole discretion whether to accept the client's evidence as sufficient. ***

If DSS feels that further evaluation is needed, the client may be referred to a practitioner certified by the Office of Disability Determinations (ODD). If, before the client submits her own documents, s/he is referred to an ODD practitioner, s/he must make her best effort to bring the documents to the ODD exam, or must submit them to ODD **within 4 business days** after the exam unless s/he shows good cause for not doing so. In no instance can the documentation be submitted after 10 days from the oral or written notice that was given when the disability was declared. If s/he doesn't do this, the ODD practitioner will make a disability decision without seeing the records.

Failure to bring in the medical documentation may be considered a condition of eligibility for Temporary Assistance (TA). This means that DSS may deny Temporary Assistance if a person fails to bring in the requested medical documents.

The ODD practitioner must review all of the client's records, make a specific diagnosis, provide an opinion, report any other conditions, and determine whether the person is disabled and unable to work for a stated period of time and therefore exempt from the work requirements, or work-limited, or neither. **No work assignment can be made until this determination is made, unless the client consents.**

POTENTIAL SANCTION

If DSS has reason to believe that the applicant or recipient is not actually suffering from the alleged condition, it may provide a notice of a **potential sanction**. If DSS determines, based on "clear medical evidence," that the person intentionally misrepresented his/her condition, sanctions will be imposed.

HEARING RIGHTS

Once the applicant or recipient receives a notice of a disability determination, s/he will receive notice of a right to a

hearing. S/he will only have 10 days from the date she receives the notice to request a hearing. If a hearing is timely requested, no work assignment can be made until there is a hearing and decision, unless the client consents to it.



WORK-LIMITED PERSONS

After a disability determination has been made, a person will be found to be not disabled, disabled, or work limited. Persons who are work-limited may be assigned to work only if:

- it is consistent with their treatment plan;
- it is determined to be appropriate by DSS;
and
- such assignment will assist the individual's transition to self-sufficiency.

If there is no treatment plan, the assignment must be consistent with the person's physical and mental limitations.

On making the assignment, DSS must advise the work-site supervisor of the person's limitations.

IMPORTANT NOTE: Those exempt from work due to a disability determination can nonetheless be sanctioned for failure to comply with rehabilitation or

accepting medical care.



CHILD CARE

Under the state law, a block grant for child care was established. This block grant is comprised of several federal funding streams, including transferred TANF funds, and designated state funds.

ELIGIBLE FAMILIES

Families eligible to receive child care are:

1. **Families on FA**, where child care is necessary to enable

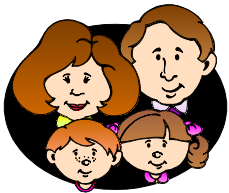
adults to engage in work activities, teen parents to participate in education, for a parent who is incapacitated, or "because family duties away from home necessitate the parent or caretaker relative's absence."

2. **Families with incomes up to 200%** of the state income standard who have **lost FA eligibility** due to earnings or increased child support or due to voluntary termination of assistance, if they received Temporary Assistance in 3 of the 6 months before becoming ineligible. This is called "transitional child care."

3. Families with incomes up to 200% of the state income standard who are **at risk** of needing FA, even after transitional child care runs out.

4. Other low-income families up to 200% of the state income standard as determined by DSS.

The local DSS office may determine priorities within these groups.



CHILD CARE GUARANTEE

DSS shall **guarantee** child care to families with children under 13 if necessary to participate in Temporary Assistance work activities. The guarantee continues for 12 months after the loss of Temporary Assistance eligibility due to earnings, or for 4 months for the loss of Temporary Assistance (TA) due to child support payments. To receive the 12 month guarantee, the household must have received Temporary Assistance (TA) in 3 of the preceding 6 months, and have income less than or equal to 200% of the state income standard.

TYPES OF CHILD CARE

Parents will be reimbursed for care provided by child day care centers, family day care homes, group family day care homes, school age child care programs or unlicensed, in-home care, or any other lawful form of care. The districts must establish health and safety standards for legally exempt (informal) care, and for FA recipients providing care. The district cannot move a child from an existing provider to another provider unless the parent consents.

PAYMENT LEVELS

Districts will pay the amount actually paid up to the "market-

related payment rates" established by the department. Child care to low income families not receiving Temporary Assistance (TA) is provided on a sliding-fee basis, based on ability to pay.

SUBSTANCE ABUSE AND TEMPORARY ASSISTANCE

SCREENING



All applicants for, and recipients of, Temporary Assistance (i.e. Family Assistance or Safety Net Assistance) will now be "screened" for alcohol and/or substance abuse. A standardized screening instrument developed by the office of Alcoholism and Substance Abuse Services (OASAS) will be used.

The screening will be done at application and periodically thereafter, but not more than every six months, **unless** the district has reason to suspect substance abuse.

ASSESSMENT

When the screening indicates substance abuse, the district shall require a formal assessment which may include drug testing. The assessment shall be done by a professional credentialed by OASAS. If the assessment shows that the person is abusing alcohol or drugs **but is able to work**, the eligibility process should continue. Treatment is no longer required in order to be eligible for Temporary Assistance (TA) **UNLESS** the substance abuser is found to be **unable to work**.

TREATMENT

If an individual is determined to be unable to work due to substance abuse, the individual will be sent to a treatment program licensed by OASAS. When residential treatment is appropriate for a single custodial parent, DSS shall make "diligent efforts" to place the parent in a program that would allow the family to stay together during the treatment. If an individual refuses to sign a required consent to release medical/treatment information, s/he will be ineligible for Temporary Assistance.

FAILURE TO PARTICIPATE

If an individual fails to comply without good cause with

SCREENING or **ASSESSMENT**, he or she will be **ineligible** for Temporary Assistance (TA). The other household members, if any, will receive medical assistance, food stamps, and Temporary Assistance through the SNA non-cash program. The individual will regain non-cash SNA once s/he complies.

If an individual fails to participate in a required **treatment** program without good cause or fails to complete a required treatment program without good cause (completion is defined solely by the treatment program), the individual will be **disqualified** ("sanctioned") from Temporary Assistance (TA), until "the failure ceases" **and**:

1. the first time, for 45 days;
2. the second time, for 120 days;
3. the third time, for 180 days.

If the individual's required treatment is **residential** treatment, and the individual returns to this program, in an OASAS certified congregate care level II facility, or a U.S. Veteran's Hospital drug and/or alcohol program before the sanction is over, the individual will regain non-cash SNA. The individuals's household will continue to receive non-cash SNA and medical assistance.

GOOD CAUSE

Good cause for failure to participate in treatment is when:

DSS, the treatment facility and the recipient agree that the recipient needs a different treatment program than the one to which s/he was originally referred; or a verified unforeseen circumstance occurs that is beyond a recipient's control such as illness or death in the family.

Good cause for non-compliance with screening and assessment is when a verified, unforeseen circumstance occurs that is beyond the applicant/recipient's control, such as illness or death in the family.

A sanctioned person is not eligible for emergency assistance during the sanction period, although other household members are. **However, a sanctioned person is eligible for emergency assistance for utility emergencies.** If the sanctioned individual has other income, this income may count against the household assistance

grant, even during the sanction period.

NOTE: Even when an individual is compliant with screening, assessment and treatment, the individual's **family** will be eligible only for **non-cash SNA** while the substance abuser is participating in such treatment (even if otherwise eligible for FA).

Medicaid

Your Medicaid cannot be denied or discontinued for failure to comply with screening, assessment or treatment.

Food Stamps

Your Food Stamps cannot be denied or discontinued for failure to comply with screening, assessment, or treatment.

MINORS, TEENS AND TEMPORARY ASSISTANCE (TA)

DUTY OF MINORS TO LIVE AT HOME

Minors who are **under 18 years old, are not married, and are pregnant or a parent themselves**, can be denied Temporary Assistance (TA), although not food stamps or Medicaid if they refuse to return home or if they are not living in an adult-supervised setting. This rule does not apply to minors who are married. Their children cannot be denied Temporary Assistance (TA), food stamps or Medicaid for this reason.

EXCEPTIONS

There are a few narrow exceptions to the requirement that a minor (under 18) parent live with her parents, legal guardian or an adult relative. The exceptions include:

- the minor has **no living parent**, legal guardian or adult relative, or does not know where they are, or
- the parents, legal guardian or other adult relative will **not allow** the minor or the minor's child to live at home, or
- the minor or the minor's child has been the victim of **"serious physical or emotional harm**, sexual abuse or exploitation in the residence of the parent, guardian or adult relative," or
- "substantial evidence exists of **imminent or serious harm**" if the minor or the minor's child were to live with her parents, guardian or adult relative.
- it is in the best interest of the **minor's child** not to live in the home of the minor's parent, legal guardian or other adult relative. Determining best interest is left to DSS on a case by case basis.

If a minor parent, **who is under 18 years old**, and her child are exempt from the requirement to live with a parent, guardian or adult relative, and unless the minor parent's current living arrangement is appropriate, the district must locate or assist the minor parent in locating an adult-supervised supportive living

arrangement.

Only when the minor parent, who is under 18 years old, refuses to live in the adult supervised arrangement can DSS deny Temporary Assistance, although not food stamps or Medicaid. The child(ren) of the minor parent cannot be denied Temporary Assistance (TA), food stamps or Medicaid for this reason.

APPROPRIATE CURRENT LIVING ARRANGEMENT

DSS will take into consideration such factors as:

- the minor parent's involvement in educational activities
- availability of child care for educational purposes
- the minor parent's ability to manage the grant
- other persons living with the minor parent.



ADULT SUPERVISED LIVING ARRANGEMENTS

These include, but are not limited to:

- Maternity homes
- Second chance homes

The grant should be paid to the adult in an adult supervised arrangement, if possible.

Food Stamps and Medicaid

The requirements that minor parents live at home and participate in an educational program do not apply to the Medicaid program or the Food Stamps program. Medicaid and Food Stamps cannot be denied if a teen parent does not comply with these rules.

DUTY OF OTHER MINORS TO LIVE AT HOME

SINGLES Individuals who are **between 18 and 21, are not married, and are not pregnant or a parent themselves**, can be denied Temporary Assistance (TA) because they refuse to return home **if** their parents offer to support them in their home.

PARENTS Individuals who are between 18 and 21 years old, are not married, and are pregnant or a parent themselves, cannot be denied public assistance because they refuse to return home.

EXCEPTIONS

A teen between 18 and 21 cannot be forced to return home if she was subjected to serious physical or emotional harm or sexual abuse in her parents' or guardians' home, or if there is evidence of imminent or serious harm. If the teen tells her worker about this, DSS must grant her assistance while it investigates her claim.

If the teen is denied assistance because she refuses to return home, she is entitled to a fair hearing. However, because her parents are financially responsible for her until age 21, DSS can sue them in Family Court for support if she is given assistance. DSS does not file a suit in every case.

If DSS decides to sue a teen's parents, the teen must cooperate unless she fears for her safety. If she fears for her safety, she must tell DSS why. A teen cannot be denied assistance while DSS sues her parents.

TEENS AND WORK REQUIREMENTS

Certain teens must participate in work activities unless they are exempt. If a teen is under 16 or under age 19 and in secondary, vocational, or technical school full time, the teen is exempt from work requirements. A teen is also exempt if she is:

- ill or disabled
- has a child under 3 months old
- a caretaker of an ill or disabled member of the household
- if she can prove there is no available child care
- if she is more than 8 months pregnant
- teen heads of households under the age of 20 with satisfactory school attendance are considered to be engaged in work.

SCHOOL REQUIREMENTS

Temporary Assistance (TA) will not be given to an unmarried parent under 18, with a child 12 weeks or older in her care, who does not have a high school diploma or a general equivalency diploma unless she is attending school. Attending school means attending high school, GED classes or "attending an alternative education or training program directly related to employment and approved by DSS."

All other teens, 16 and over, can be required to attend school as part of workfare. DSS should assign teens between the ages of 16 and 18 to school unless:

- (1) the decision not to send them to school is based upon the person's assessment, and
- (2) s/he participates in another educational activity.

DSS should also assign teens between the ages of 18 and 19 to school unless DSS finds that educational or vocational activities are not appropriate or if the teen has failed to make satisfactory progress at school.

AMOUNT OF ASSISTANCE

A teen will receive the same benefits an adult receives. Depending on her circumstances, this could include a shelter allowance and a cash grant.

Teens who are 16 years old or older can have a Temporary Assistance (TA) case opened in their own name, even though, in most cases, they must live at home. Minors under the age of 16 need a representative payee.

DOMESTIC VIOLENCE

The law requires that all applicants for and recipients of Temporary Assistance (TA) be notified of procedures to protect them from domestic violence and services available to help them.

The law also requires DSS to screen for domestic violence when a person asks to be screened or when a person reports that she is the victim of domestic violence. Cooperation with the domestic violence screening is optional.

DSS must refer the person to a specially trained domestic violence liaison. The liaison will decide if the person's report is believable or not. If it is believable, the liaison must:

- tell the person of help that is available,
- decide if domestic violence may prevent the person from meeting Temporary Assistance (TA) rules like the work requirements, and child support cooperation requirements, and
- decide if the person needs waivers from those rules.

The domestic violence liaison must grant waivers if following the DSS rules would make it difficult for the person (or her children) to escape from domestic violence. Waivers can also be granted if following the rules would put the individual or her children at risk of more domestic violence.

Waivers are a temporary suspension of requirements, including child support cooperation, alcohol and substance abuse treatment, work activity, and minor parent eligibility requirements. In addition, the requirement that a lien be placed on a home can be waived if the signing of a lien that is jointly owned by the batterer will put the victim at further risk.

A person can be exempted from the 60-month time limit if "the individual would not be required to participate in work or training activities because of an independently verified physical or mental impairment resulting from domestic violence, anticipated to last for three months or longer, or if the individual is unable to work because of the need to care for a dependent child who is disabled as a result of domestic violence."

Waivers will usually last at least four months, but the domestic violence liaison can, at any time, change, extend or end a waiver.

SANCTIONS

A client's benefits may be suspended or discontinued for a number of reasons. This is known as a sanction. A person can be sanctioned for:

- (1) non-compliance with work requirements
- (2) non-compliance with child support
- (3) fails to cooperate or participate in drug/alcohol treatment
- (4) refusal to sign a lien
- (5) failure to apply for Social Security
- (6) Intentional Program Violations (IPV)

Sanction lengths depend on categories of assistance and depends on whether it is the first, second, or third sanction.

See sanction chart on following page.

SANCTION CHART SUSPENSION OR DISCONTINUANCE OF BENEFITS				
		FIRST TIME	SECOND TIME	THIRD TIME
		NON-COMPLIANCE WITH WORK REQUIREMENTS	FAMILY ASSISTANCE	UNTIL WILLING TO COMPLY
SAFETY NET ASSISTANCE	90 DAYS & UNTIL THE FAILURE CEASES		150 DAYS & UNTIL THE FAILURE CEASES	180 DAYS & UNTIL THE FAILURE CEASES
FOOD STAMPS	2 MONTHS & UNTIL WILLING TO COMPLY		2ND TIME WITHIN 3 YEAR PERIOD 4 MONTHS & UNTIL WILLING TO COMPLY	3RD INSTANCE WITHIN 3 YEAR PERIOD 6 MONTHS & UNTIL WILLING TO COMPLY
NON-COMPLIANCE WITH CHILD SUPPORT	25% REDUCTION	-----	-----	-----
FAILS TO COOPERATE OR PARTICIPATE IN DRUG/ALCOHOL TREATMENT		45 DAYS & UNTIL THE FAILURE CEASES	120 DAYS & AND UNTIL THE FAILURE CEASES	180 DAYS & UNTIL THE FAILURE CEASES
REFUSAL TO SIGN LIEN	REMOVAL OF GRANT MONEY FOR THE NEEDS OF THE NON- COMPLIANT PERSON	-----	-----	-----
FAILURE TO APPLY FOR SSI	REMOVAL OF GRANT MONEY FOR THE NEEDS OF THE NON- COMPLIANT PERSON	-----	-----	-----
INTENTIONAL PROGRAM VIOLATION (IPV) INTENTIONALLY CONCEALS OR FALSIFIES INFORMATION	TEMPORARY ASSISTANCE	6 MONTHS (ALSO 12 MONTHS IF BETWEEN \$1000-\$3900 FALSIFICATION) (ALSO 18 MONTHS IF FALSIFICATION IS OVER \$3900)	12 MONTHS (ALSO 18 MONTHS IF FALSIFICATION IS OVER \$3900)	18 MONTHS
	FOOD STAMPS	1 YEAR	2 YEARS	PERMANENTLY

WHICH MONTHS COUNT TOWARD CASH TIME LIMITS WHEN YOU ARE BEING SANCTIONED?

	SANCTIONED INDIVIDUAL	MINOR WITH CHILD IN ADULT SUPERVISED ARRANGEMENT
Federal TANF limit - 5 Year limit Count begins 12/2/96	YES - Employment, drug & alcohol and child support if "countable" assistance continues to household. NO - Fleeing Felon, illegal alien, IPV, refusal to sign mortgage or lien [ineligible]	NO
Safety Net - 24 Month limit Count begins 8/4/97	YES - Any sanction with minimum mandatory period and thereafter if "countable assistance" received. NO - Fleeing felon, illegal alien	NO



PART II

MEDICAID

Am I eligible for Medicaid? To answer this, you have to determine two things:

- (1) Are you categorically eligible? If the answer is "no," then you are not eligible for Medicaid. If the answer is "yes," then go on to the next question, which is:
- (2) Are you financially eligible?

Categoric Eligibility

To be categorically eligible for Medicaid, you must fit into one of the following four categories - LIF, ADC-RELATED, S/CC, or SSI-RELATED. Each individual in your household should be analyzed separately to determine if s/he is eligible under one or more of these categories. Individuals on the same Medicaid application may be eligible for Medicaid under different categories.

I LIF (Low Income Families) MEDICAID



To be categorically eligible for Medicaid as a LIF family, you must be either:

1. a one or two parent family with children under the age of 21,
2. a child under the age of 21 not living with a caretaker relative, or
3. a pregnant woman

If you fit the LIF criteria, you are categorically eligible for Medicaid. The next step is to determine whether you are financially eligible for Medicaid.

Financial Eligibility for Medicaid under LIF

LIF Income Test

To be financially eligible for LIF, you must meet the following two tests:

- (1) **185% of the Standard of Need Test:** If your family's gross income, is more than 185% of the Temporary Assistance (TA) standard of need, your family is not eligible for Medicaid as a LIF family. (See Standard of Need chart - page 42). The full amount of your family's gross income will be used and no portion of the gross income will be disregarded.

If your family's gross income does not exceed 185% of the standard of need, a second test is applied.

- (2) **Temporary Assistance (TA) Standard of Need Test:** If your family's net ("countable") income after disregards exceeds the Temporary Assistance Standard of Need, your family will not be eligible for Medicaid under LIF (Standard of Need chart page 42).

In determining whether your family's income exceeds the Temporary Assistance (TA) standard of need, you must first determine what your "countable income" is. To find your countable income, start with your gross monthly income. From your gross monthly income subtract the following "**disregards**":

1. The first \$90.00 of your family's gross earned income.
2. After deducting the first \$90.00, subtract 50% of your family's remaining earned income. There is no time limit for the 50% disregard. However, the 50% disregard will only be applied if you received Temporary Assistance (TA) or Medicaid in at least one of the four months prior to the month you filed your Medicaid application; and
3. The amount paid out-of-pocket by your family for child care expenses up to \$175 per month for children over age 2 and up to \$200 per month for children under age 2.

Doing these calculations will give you your family's "countable income." If your family's countable income (after disregards) is at or below the Temporary Assistance (TA) Standard of Need, your family is income eligible for LIF Medicaid. (See Standard of Need chart, p. 42). There are no disregards for unearned

income. The next step is to determine if your family is **resource eligible** for LIF Medicaid.

LIF Resource Test

Even if your family meets the categorical and income tests for LIF Medicaid, they must also meet a resource test.

The resource levels and exemptions for LIF Medicaid are the same as those for the Temporary Assistance (TA) programs. (See p. 9). There are other, more specific types of exempt resources, but generally speaking, if your family's resources exceed these limits listed above, your family is ineligible for Medicaid under the LIF category.

Transitional Medicaid (TMA)

Your family will be eligible for TMA if they lose Medicaid under LIF due to increased income from employment and if they had received Medicaid under LIF for at least three of the prior six months. Receipt of Temporary Assistance is not a factor in determining eligibility for TMA. Your family can receive TMA up to 12 months after they lose eligibility for Medicaid due to earnings. TMA is not provided when Medicaid eligibility is lost under ADC-related Medicaid. (See below).

Child Support Extension

Your family will be eligible for Medicaid for four months after it loses eligibility for Medicaid under LIF due to the collection of child or spousal support. Your family must have received Medicaid under LIF for at least three of the last six months. The extension begins the month following the month of ineligibility due to the support collection. The four-month extension for child support is not provided to ADC-related recipients who lost Medicaid due to the collection of child or spousal support.

II ADC-RELATED MEDICAID

The second category of eligibility is known as ADC-related Medicaid. If you are not eligible under LIF, your family's eligibility will be evaluated under the ADC-related category. To be categorically eligible for ADC-related Medicaid, you

must be either:

1. A family deprived of support of one parent due to the absence, disability, unemployment or death of that parent, with a child under age 18 or (19 if attending High School and expected to graduate), or
2. A child under age 21, or
3. A pregnant woman

If you fit into one of these groups, you are categorically eligible for Medicaid as an ADC-related individual/family. The next step is to determine if you are financially eligible for Medicaid.

Financial Eligibility for ADC-Related Medicaid

ADC-Related Income Test

To be financially eligible for ADC-related Medicaid, you must meet the following two tests:

1. **185% of the Standard of Need Test:** If your family's gross income is more than 185% of the Temporary Assistance (TA) Standard of Need, your family is not eligible for Medicaid as an ADC-related family. (See Standard of Need chart - page 42). The full amount of your family's gross income will be used and no portion of the gross income will be disregarded.

If your family's gross income does not exceed 185% of the Standard of Need, a second test is applied.

2. **Second Income Test:** If your family passes the 185% test, your household's income must then be below the following standards:

Household size	Monthly Income
1	\$ 725
2	1067
3	1100
4	1109
5	1117

6	1134
7	1276
Each addnl. person	+142

Even if your household's income **exceeds** these standards, your household may still be eligible for Medicaid with a "spenddown." (See spenddown discussion page 40.)

In determining whether your household's income is below these standards, certain disregards may be applied. These disregards include:

- 1) The first \$90.00 of gross earned income is invisible or disregarded for Medicaid purposes.
- 2) After deduction of the first \$90.00, and for the first four months, an additional \$30.00 and 1/3 of the remainder of gross earned income will be invisible or disregarded for Medicaid purposes. After the first four months and for the next eight months, only the \$30.00 is disregarded. For applicants, the 30 and 1/3 disregard only applies if the family is otherwise eligible for Medicaid without its application at the 30 and 1/3 disregard or has received Medicaid in any of the last four months.
- 3) The amount paid out-of-pocket by your family for child care expenses will be disregarded. Child care disregards are available up to \$175.00 per month for children over age 2 and up to \$200.00 per month for children under age 2.

If your household's countable income (after disregards) is at or below the above standards, your household is income eligible for ADC-related Medicaid. The next step is to determine if your household is resource eligible for ADC-related Medicaid.

ADC-Related Resource Test

In order to be eligible, your family's resources must be below these standards:

Household size	2008 Resource Level
-----------------------	----------------------------

1	\$13,050
2	19,200
3	22,200
4	25,050
5	27,900
6	30,750
7	33,600
8	36,600

Each addnl. person add + \$2,850

In certain cases of pregnant women and children, there is **no limit** on the amount of resources the pregnant women or children may have.

NOTE: There is **no transitional Medicaid** if your household is receiving Medicaid under the ADC-related category.

III S/CC (Singles and Childless Couples) MEDICAID

A third category of eligibility is known as S/CC Medicaid. To be categorically eligible for S/CC, you must be:



- a) A single individual or a childless couple who is not certified blind or disabled; and
- b) Between the ages of 21 and 64

Financial Eligibility for S/CC Medicaid

S/CC Income Test

You can only receive Medicaid under S/CC Medicaid if you meet the eligibility requirements of the SNA program. (See page 3 for SNA program requirements.)

To be financially eligible, your income must meet the following two tests:

- 1) **185% of the Standard of Need Test:** If your gross income, without disregards is more than 185% of the Temporary Assistance (TA) standard of need, you are not eligible for Medicaid as an S/CC individual. (See Standard of Need chart page 42.)

If your gross income does not exceed 185% of the standard of need, then a second test is applied.

- 2) **Temporary Assistance (TA) Standard of Need Test:** If your income after disregards exceeds the Temporary Assistance (TA) Standard of Need, you will not be eligible for Medicaid under S/CC (See Standard of Need chart page 42). There is no "spenddown" available for S/CC individuals.

In determining whether your income exceeds the Temporary Assistance (TA) Standard of Need, one disregard may be used. The disregard is:

The first \$90.00 of your gross earned income is invisible or "disregarded" for this test.

If your income (after disregards) is at or below the Temporary Assistance (TA) Standard of Need, you are income eligible for S/CC Medicaid. The next step is to determine if you are resource eligible for S/CC Medicaid.

S/CC Resource Test

Even if you meet categorical and income tests, you must also meet a resource test.

The resource levels and exemptions for S/CC Medicaid are the same as those for the Temporary Assistance programs. (See p. 9.) All of the resources on page 9 are exempt resources. If your resources exceed these limits, you are not eligible for S/CC Medicaid.



IV SSI-RELATED MEDICAID

A fourth category of eligibility is known as SSI-related Medicaid. To be categorically eligible for SSI-related Medicaid, you must be:

- (1) receiving SSI, or
- (2) aged, blind, or disabled as defined by SSI, although not actually receiving SSI (MA unit will determine if you are disabled under SSI regulations); and have income or resources that make you ineligible for SSI.

Financial Eligibility for SSI-Related Medicaid

SSI-Related Income Test

If your income is beneath the standards listed below, you are income-eligible for full recovery under SSI-related Medicaid. However, even when your income exceeds these standards the household may still be eligible for a Medicaid "spenddown." (See "spenddown" discussion on page 40.)

If you are eligible for Medicaid under the SSI-related category, you will always be considered a household of one, unless you are living with your spouse. In that case you will be considered a Medicaid household of two if your spouse is:



- (1) also aged, blind or disabled, or
- (2) has income over a certain amount set by law. This amount varies. For more information contact your legal services office or Medicaid worker.

Household Size	Monthly
1	\$ 725
2	\$1,067

In determining whether your income is below these standards, certain disregards are applied.

These disregards include:

- a) The first \$20.00 of gross income, earned or unearned, is invisible or "disregarded" for SSI purposes.
- b) For earned income, an additional \$65.00 and then ½ of the remainder is disregarded. There is no time limit for this earned income disregard.

If your countable income (after disregards) is below the standards listed above, you are income eligible for SSI-related Medicaid. The next step is to determine if you are resource eligible for SSI-related Medicaid.

SSI-Related Resource Test

If your resources are below the following standards, you are resource eligible for SSI-related Medicaid:

Household Size	2008 Resource Standard
1	\$13,050
2	\$19,200

If you are living with your spouse, you will always be considered a household of 2 for resource purposes.

Spenddowns

Even if an ADC-related or SSI-related household's income exceeds its income standard, the household is eligible for Medicaid if incurred medical expenses exceed the excess income. A household is responsible for medical bills equal to the amount of the monthly excess income which becomes the household's spenddown amount, i.e., the difference between available countable income and the income standard. Medicaid covers the remainder of the medical bills.

If you have excess resources, you can become eligible for Medicaid once you have incurred medical expenses equal or exceed the amount of the excess resources. DSS will deduct the excess resources from the outstanding medical bills and allow Medicaid coverage for the rest.

Spenddowns also apply to individuals who are automatically eligible for Medicaid because they are receiving SSI.

NOTE ON TEEN AND CHILDREN CONTINUOUS MEDICAID ELIGIBILITY

Children under 19 years old whose family income does not exceed federal poverty levels will be guaranteed Medicaid coverage for 12 months from the date of eligibility regardless of changes in family circumstances, including income. This applies for both initial eligibility and for redeterminations.

Exception: Children whose last eligibility determination was made prior to January 1, 1999 are not entitled to the 12 month guarantee of coverage.

MEDICAID FINANCIAL ELIGIBILITY LEVELS - EFFECTIVE APRIL 1, 2008

All figures are net income levels per month after exemptions and disregards.
Resources are counted as of the first of the month.

TEMPORARY ASSISTANCE (TA) STANDARD OF NEED

Use this section for Low Income Families with Children (LIF) and Single
Individuals and Childless Couples (S/CC) Categories

FAMILY SIZE	1	2	3	4	5	6	7
1. MAX. GROSS INCOME TEST (185% OF TA STANDARD - WITHOUT HEAT) *	\$ 666	\$ 899	\$ 1,195	\$ 1,424	\$ 1,661	\$ 1,837	\$ 2,007
2. MAX. GROSS INCOME TEST (185% OF TA STANDARD - WITH HEAT) *	\$ 566	\$ 799	\$ 1,095	\$ 1,320	\$ 1,554	\$ 1,720	\$ 1,883
3. MAX. TA GRANT (STANDARD OF NEED - WITHOUT HEAT)	\$ 360	\$ 486	\$ 646	\$ 770	\$ 898	\$ 993	\$ 1,085
4. MAX. TA GRANT (STANDARD OF NEED - WITH HEAT)*	\$ 306	\$ 432	\$ 592	\$ 714	\$ 840	\$ 930	\$ 1,018
RESOURCE TESTS FOR LIF AND S/CC CATEGORIES	LOW INCOME FAMILIES \$3,000 <hr/> SINGLE INDIVIDUALS AND CHILDLESS COUPLES \$2,000 (\$3,000 if 60 or older)						

* If a household pays for fuel-for-heating separate from their rent, their Standard of Need will be somewhat higher due to the addition of a fuel-for-heating allowance. Always check DSS' budget print-out for each individual household to obtain an accurate figure for that household.

REGULAR MEDICAID ELIGIBILITY INCOME AND RESOURCE LEVELS

Use this section for ADC-related families and SSI-related individuals

INCOME	725	1,067	1,100	1,109	1,117	1,134	1,275	1,417	+142
RESOURCES	13,050	19,200	22,200	25,050	27,900	30,750	33,600	36,600	+2,850

EXPANDED MEDICAID INCOME ELIGIBILITY LEVELS (No Resource Test)

200% 2008 FPL for pregnant women* (coverage for prenatal services only) children under 1	1,734	2,334	2,934	3,534	4,134	4,734	5,334	5,934	+600
133% 2008 FPL for children 1-5	1,153	1,552	1,951	2,350	2,749	3,148	3,547	3,946	+399
100% 2008 FPL for pregnant women* (full coverage); children 6-18	867	1,167	1,467	1,767	2,067	2,367	2,667	2,967	+300

* A pregnant woman's family size begins with two.

FAX to: (518) 473-6735

FAIR HEARING REQUEST FORM - FAX OR MAIL

P.O. BOX 1930
ALBANY, NY 12201-1930

Please Print Information Clearly. Correct and Complete information will Permit us to promptly Schedule a Fair Hearing.

CASE NAME: _____ (LAST) _____ (FIRST) _____ (MI)

STREET ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: () _____ DATE OF BIRTH: _____ SS#: _____

Area code phone no.

MALE FEMALE CASE #: _____ CIN #: _____ LOCAL AGENCY/CENTER #: _____

INTERPRETER NEEDED? YES NO LANGUAGE: _____

Is appellant homebound? Yes No If yes, provide medical documentation. Do not delay request to obtain medical. A phone number for representative or requester is required if you don't have a phone

Representative Requester NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE #: () _____ Area code phone #

DID APPELLANT RECEIVE A NOTICE FROM THE LOCAL SOCIAL SERVICES DEPARTMENT? YES NO

****PLEASE ATTACH A COPY OF THE NOTICE WITH THIS FORM ****

If Yes: Date of Notice: _____ Effective Date: _____ NOTICE #: _____ RTI #: _____

RESTRICTIONS Put an X in days or times you cannot attend hearing M T W T F	LOCAL AGENCY ACTION		CATEGORY OF ASSISTANCE (definitions below box)					OTHER (indicate what type)
	FA	SNA	MA	FS	FAP	PCS*		
Discontinuance	___	___	___	___	___	___	___	
Reduction	___	___	___	___	___	___	___	
Denial	___	___	___	___	___	___	___	
Inadequacy	___	___	___	___	___	___	___	

*If Personal Care Services: Provide CASA # _____ Agency _____ & indicate type of services: _____

FA=Family Assistance (formerly ADC)

FS=Food Stamps

SNA=Safety Net Assistance (formerly HR)

FAP=Food Assistance Program

MA=Medicaid

PCS=Personal Care Services

Reason for requesting hearing (indicate time frames): _____

TODAY'S DATE _____