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POLICY TRANSMITTAL NO. 04-61	DATE: NOVEMBER 19, 2004
FAMILY SUPPORT SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF PLANNING, POLICY & RESEARCH

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:65-3-8.

EXPLANATION: OAC 340:65-3-8 Instructions to staff are revised to require benefit reporters to re-apply when the completed Form FSS-BR-1, Benefit Review Report, and/or required verifications are received in the 14<sup>th</sup> month or later for annual reporters or the eighth month or later for semi-annual reporters.

Original signed on 11-19-04

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Mary Stalnaker, Director  
Family Support Services Division

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WF # 04-EE (NAP)

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## **INSTRUCTIONS FOR FILING MANUAL MATERIAL**

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following a “DHS” number, such as personnel policy at DHS:2-1 and personnel rules at OAC 340:2-1. The “340” is the Title number that designates DHS as the rulemaking agency; the “2” specifies the Chapter number; and the “1” specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, DHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, DHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at (405) 521-3611.

### **REMOVE**

340:65-3-8

### **INSERT**

340:65-3-8, pages 1-5, revised 11-15-04

**340:65-3-8. Determination of continuing eligibility ■ 1**

Eligibility determination is a continuing process which must be carried out at appropriate intervals. The appropriate interval for redetermining or reviewing eligibility depends on the type(s) of benefit(s) received. An eligibility redetermination or review may be scheduled to synchronize with other benefit reviews or redeterminations. ■ 2 The social services specialist is responsible for:

(1) advising the recipient at each contact of the recipient's responsibility to report changes within ten calendar days of the date the change becomes known;

(2) making contacts at unspecified intervals to ensure continuing eligibility; and

(3) determining continuing eligibility.

(A) A periodic redetermination of eligibility is completed at 12-month intervals for:

(i) a Temporary Assistance for Needy Families (TANF) recipient except when six-month intervals are required due to:

(I) protective payments; ■ 3

(II) pending required immunizations;

(III) payment standard reductions due to intentional program violations; or

(IV) hardship extension approvals;

(ii) a State Supplemental Payment (SSP) recipient based on the redetermination of need for Health Benefits;

(iii) a child in state or tribal custody;

(iv) child care services except when: ■ 4

(I) there is an expected or reported change in the days and hours child care is needed;

(II) there is an anticipated change in income; or

(III) protective or preventive child care is approved; ■ 5

- (v) a non-public assistance (non-PA) food stamp household that has earned income, unless the household contains an able-bodied adult without dependents who is not meeting work requirements or is not otherwise exempt. A benefit review is completed at six-month intervals by sending Form FSS-BR-1, Benefit Review Report, to the household in the fifth month of certification; and ■ 6
- (vi) certain non-PA Health Benefits recipients, excluding recipients who are approved for nursing care or alternative care services. A benefit review is completed at six-month intervals by sending Form FSS-BR-1, to the recipient in the fifth month of certification. ■ 7
- (B) A periodic redetermination of eligibility is completed at 24-month intervals for a non-PA food stamp household with all adult members elderly or disabled with no earned income. A benefit review is completed at 12 month intervals by sending Form FSS-BR-1 to the household in the 11<sup>th</sup> month of certification. ■ 8

### **INSTRUCTIONS TO STAFF**

1. For food stamp rules see OAC 340:50-9-6. For Health Benefits rules see OAC 317:35-6.
2. (a) Benefit reviews of food stamp, child care, and Health Benefits recipients who are benefit reporters are described in (1) - (2) of this Instruction.
  - (1) The recipient's benefit reporting status is computer-determined for each benefit. If applicable, the eligibility notebook on the Family Assistance/Client Services (FACS) system is automatically updated to reflect the recipient's reporter status in the Food Stamps, Social Services, and/or Medical Financial tabs.
    - (A) For semi-annual reporters, a computer-generated Form FSS-BR-1, Benefit Review Report, is sent to the recipient semi-annually.
    - (B) For annual benefit reporters, a computer-generated Form FSS-BR-1 is sent to the recipient annually.
  - (2) When Form FSS-BR-1 is returned to the county office, the worker determines if it is complete for each benefit and has all required verification.
    - (A) For each benefit with complete information and all verification, the

worker processes all changes, updates the benefit report action field in the Food Stamps, Social Services, and/or Medical Financial tabs with C, and enters the date the action is taken.

**(B)** If the information for any benefit is incomplete or lacking all required verification, the worker updates the benefit report action field in the eligibility notebook on FACS in the Food Stamps, Social Services, and/or Medical Financial tabs with an I indicating an incomplete form, and enters the date action is taken.

**(C)** If Form FSS-BR-1 is not returned to the county office, the benefit report action field remains blank. When this field remains blank or shows an I at negative action deadline, the benefit automatically closes the next effective date with reason code 36S. If Form FSS-BR-1 is incomplete for one benefit but complete for others, only the benefit with incomplete information is closed.

**(D)** During the period between negative action deadline and the last day of the 13<sup>th</sup> month for annual reporters or the last day of the seventh month for semi-annual reporters, the worker may reopen closed benefits when the completed Form FSS-BR-1 and/or required verifications are received.

**(i)** Any required changes are processed along with the action to reopen benefits using R in the action taken field and 18O in the reason code field. It is also necessary to update the benefit type and status fields for those persons included in the benefit.

**(ii)** In the event the completed Form FSS-BR-1 and/or required verifications are received in the 14<sup>th</sup> month or later for annual reporters, or the eighth month or later for semi-annual reporters, the recipient or household must re-apply. If the worker fails to take action in a timely manner and benefits subsequently close, normal reopening processes, using reason code 18A, are used.

**(iii)** Benefits in reporter status are displayed on CWA Report 17 for tracking purposes the month after Form FSS-BR-1 is sent to the client.

**(iv)** Benefits are no longer displayed on CWA Report 17 when the benefit report action field is updated with C for complete.

**(v)** If the benefit report action field remains blank or I for incomplete, the benefit remains on CWA Report 17 until the benefits close at negative action deadline.

**(b)** Redeterminations of Temporary Assistance for Needy Families (TANF), State Supplemental Payment (SSP), and child care recipients who are not benefit reporters.

**(1)** During the month in which the periodic redetermination is due, or in one of the two preceding months, the worker has at least one interview with the recipient to redetermine the variable conditions of eligibility. The guidelines regarding requirements of periodic redetermination vary with specific programs. Refer to OAC 340:65-3-4 for home visit requirements.

**(A)** For TANF or SSP, the worker completes Form FSS-1, Comprehensive Application and Review, as a part of the redetermination of eligibility. For child care recipients, Form FSS-1 or Form K-2, Application for Child Care Services, is used. Any additional or substantiating information secured is documented on the form. No additional information is entered after the recipient signs Form FSS-1 or K-2.

**(B)** The client and worker determine what additional facts are needed. In the course of this discussion, agreement is reached as to what additional information must be secured, if any, and whether the recipient or the worker obtains this additional information.

**(i)** If the recipient or recipient's spouse who lives in the home, or the recipient's parents when applicable, refuse to give permission for gathering additional information or substantiation of information when necessary, continued eligibility cannot be established constituting a request for discontinuance of assistance.

**(ii)** If the recipient, or recipient's spouse who lives in the home, or the recipient's parents, when applicable, refuse to sign Form ADM-60, Request for Release of Information, continued eligibility cannot be established constituting a request for discontinuance of assistance.

**(iii)** Whenever assistance is discontinued because of refusal to give permission or refusal to sign Form ADM-60, the situation must be

**documented in FACS under Case Notes.**

**(D) The worker updates FACS to show the date the redetermination is completed and any other action being processed. If advance notice of proposed action is necessary, see OAC 340:65-5-1.**

- 3. Refer to OAC 340:65-5-80 for information concerning protective payments in TANF.**
- 4. Refer to OAC 340:40-9-1 for information concerning child care reviews.**
- 5. Refer to OAC 340:40-7-8(g) for information concerning protective or preventive child care.**
- 6. Refer to OAC 340:50-9-5(i) for information concerning semi-annual reporting households.**
- 7. The certification period for Health Benefits recipients who are benefit reporters is shown as 12 or 98.**
- 8. Refer to OAC 340:50-9-5(g) for information concerning annual reporting households.**