BROADCAST TO ALL DPA STAFF AND
DPA CASE MANAGEMENT SERVICE PROVIDERS
FROM THE POLICY AND PROGRAM DEVELOPMENT TEAM

Summer is here and that means more employment opportunities for Alaska Temporary Assistance recipients. It also means that the July, August, and September benefits for most two-parent families will be reduced by 50 percent.

Informing Families

We are mailing two letters informing two-parent families of the upcoming seasonal benefit reduction: a letter from Director Jim Nordlund on May 20th and EIS notice X067 on May 31st. Both letters encourage families to contact their case worker for additional help in finding work. These letters also market the array of services we have available to help support employment opportunities.

Exemption Policy

Two-parent families may be exempt from the seasonal benefit reduction if one parent is needed in the home to care for a disabled child who requires 24-hour care. A physician or other licensed medical professional must certify the child's disability and the need for 24-hour care.

The X067 notice advises families of this exemption and instructs the family to contact their case worker if they think the exemption applies to them. In some cases, a family may have already provided the necessary medical evidence. In others, the information may still be needed. If a family contacts you about this provision, please tell them about the need for medical certification.

EIS Processing

Once the necessary medical information is provided, and it's determined that an exemption from the seasonal reduction is appropriate, enter a "Y" in the SEASONAL OVR (Override) field on the TAPD screen to stop the seasonal benefit reduction from occurring.

FLSA Reminder

The seasonal benefit reduction may affect two-parent families in Community Work Experience (CWE) placements. CWE generally does not meet the federal requirements for a training activity; therefore, participants in CWE activities are subject to federal Fair Labor Standards Act (FLSA) compensation requirements. Case managers should review CWE placements to ensure compliance with FLSA by checking to see that the hours of CWE activity do not exceed the family's monthly Temporary Assistance benefit divided by federal minimum wage ($5.15). More information about this policy is included in the May 1999 Community Work Experience Guide.

Sent: Monday, May 13, 2002 4:02 PM

If you have any questions or need additional information about these policies, please e-mail the Policy and Program Development Team at DPA Policy. Assistant Regional Managers, please share this information with our service providers.

This is a broadcast message from
Ellie Fitzjarrald, Jim Dalman and Mary Rogers
to all DPA staff

As a result of a change in Food Stamp Program rules, effective immediately, we will begin accepting faxed applications from applicants applying for Food Stamps, Temporary Assistance, Adult Public Assistance, and General Assistance.

The change in rules allow households to file applications by submitting the forms to the office either in person, through an authorized representative, by fax or other electronic transmission, by mail, or by completing an on-line electronic application. Applications signed through the use of electronic signature techniques or applications containing a handwritten signature and then transmitted by fax or other electronic transmission are acceptable. This means we no longer need the applicant to follow up with a signed original application.

Please Note - Medicaid Program policy allows us to accept faxed Medicaid and CAMA applications <u>only</u> in urgent and emergency situations. In these cases, the signed original application <u>must</u> follow the faxed application.

MAP 30-12, Accepting Facsimile Transmissions Policy, will be updated with this information in the near future.

Broadcast to All Staff
From Mary Rogers, Chief of Field Services

In response to numerous policy and procedure changes in our business, Field Services and Policy and Program Development have developed some interim procedures in regards to casefile management. Effective immediately, we will be using this procedure to organize eligibility casefiles (six-part and four-part file folders) to reflect the changes brought forward by Probudgeting and the 60-month time limit.

The document attached below clarifies the procedures on filing case management and case staffing information, extension reviews, reports of change, and verification in eligibility casefiles. New casefile dividers have been created and ordered, and will be distributed to all district offices in the near future.

This procedure will be included in the upcoming Administrative Procedures manual change. If you have any questions, please contact Clarissa Ridgway at 269-7879, or email her at clarissa_ridgway@health.state.ak.us.

103-2   THE FILE FOLDER

A.   GENERAL INFORMATION

Each district or regional office is responsible for preparing and maintaining a casefile for each client. Two types of casefile folders are used: a six-part file folder and a four-part file folder.

A client may be assigned more than one EIS case number, depending on which programs he or she has applied for. Assigned case numbers and program types for which the client has applied will determine the number and type of casefiles he or she will have. Refer to section 103-3 for case numbering rules.

Programs and case numbers must only be combined in the same casefile when the Primary Information person (PI) on EIS is the same for each program and case number. All related case numbers with the same PI must be listed on the file label. They may also be banded and stored together when assigned to the same caseworker.

In situations where there is more than one file, original applications, permanent documents, and verifications will be placed in the file that contains the major program (Temporary Assistance, Adult Public Assistance and Food Stamp). All recertifications, reviews, reapplications, reports of change, interagency forms, etc. will be placed in the file for the program to which it pertains. If the recertification, review, reapplication, report of change, etc. pertains to more than one program, it will be placed in the major program's file. All cross-referenced casefiles shall contain documentation indicating the location of the application and pertinent information. Related cases with different PIs living in the same residence may be banded and/or stored together for quick reference, but must have appropriate out cards filed to cross-reference the physical location of the active casefiles.

Two cash programs may not be combined in one casefile (e.g. Temporary Assistance and Adult Public Assistance which includes Interim Assistance). A cash program along with Food Stamps, Family Medicaid, Under 21, APA-Related Medicaid, CAMA, and GRA may be combined into one file. Examples of program combinations:
- Temporary Assistance, Food Stamp, Medicaid (Family Medicaid and Under-21), CAMA, and GRA
- Adult Public Assistance (Interim Assistance), Food Stamps, APA-related Medicaid, CAMA and GRA.

Denali KidCare program may not be combined into one file with any other programs.

Note:
At the option of the Regional Manager, CAMA, and GRA cases may also be filed in a separate casefile from other programs.

Example 1:
Applicant has applied for Food Stamp benefits for her entire household, CAMA for herself, and Under-21 Medicaid for her niece. The applicant would be assigned two case numbers - one for FS and Medicaid, and one for CAMA. One casefile would be established for the FS, Medicaid programs, and CAMA programs

Example 2:
Applicant has applied for TA and Family Medicaid for herself and her daughter. She has also applied for Denali KidCare for her nephew and Food Stamp for the entire household. Two case numbers would be assigned - one for the TA, FS and Family Medicaid programs, and one for the Denali KidCare program. Two casefiles would be established – one for the TA, FS and Family Medicaid programs and one for the Denali KidCare program.

Example 3:
Applicant applies for TA, Food Stamp and Family Medicaid for herself and her children. The applicant is also applying for APA-related Medicaid for her six-year old son receiving SSI (must be the PI on his own case number) and GRA for the household's rent. Three case numbers would be assigned - one for the TA, Food Stamp, Medicaid, one for GRA, and one for the APA-related Medicaid for the SSI child.

B. **RULES TO FOLLOW WHEN ORGANIZING CASEFILE FOLDERS**

1. A six-part file folder may contain no more than two case numbers. If a client is assigned more than two case numbers, a separate file folder will be established to contain the remaining case number(s).

2. A four-part file folder shall contain only one case number and will normally be limited to: APA only, Family Medicaid, Under-21, Denali KidCare, APA-related Medicaid only, and CAMA/GRA cases.

3. All other programs and/or program combinations will be contained in six-part file folders.

4. Denali KidCare must be contained in separate four-part file folders and shall not be combined with any other case or program.

   Note:
   At the option of the Regional Manager, Denali KidCare, CAMA/GRA cases may be filed in two-part manila file folders, instead of the four-part file folder.

5. When combining program/case numbers into one file folder, the Primary Information person (PI) on EIS must be the same for each case number.

6. All sections of the file folder shall be filed chronologically unless otherwise specified in this manual.

7. Material smaller than 8 ½ x 11" shall be stapled to or copied onto a sheet of paper that size. Material larger than 8 ½ x 11" may be reduced to that size.

8. **Only one copy (most current) of any verification or other material will be kept in the file folder. DUPLICATE COPIES SHALL BE DESTROYED.** If the original is kept by the agency and filed in the case record, the copy will be destroyed.

9. The casefile shall contain only materials essential to verifying an eligibility factor or supporting a determination of eligibility, ineligibility, or benefit amount. Non-essential material shall not be filed into a casefile. If non-essential material is found in a casefile, it should be removed and destroyed. The following is a partial list of non-essential material:

   - duplicate copies of original/copied verification;

   - EIS notice **(all** are on Notice History);

   - EIS Case Notes (CANO) screens

   - Case profile screens (CAP)

10. Copying and retaining EIS screens should be kept to a minimum. It is recommended that benefit authorizations (regular and supplemental), self-employment and student income screens be retained in the casefile.

11. In situations where there is more than one casefile established, the original application, permanent documents, verifications, reports of

change, etc. shall be placed in the file containing the major program (Temporary Assistance, APA, FS). The other casefiles must contain documentation on the online case notes (CANO) indicating where the information is located. Recertifications, review applications, and related verification shall be placed in the appropriate program's file.

12.   Photocopying of certain federal, state, and local documents is prohibited and illegal. Therefore, after the caseworker determines the appropriateness of the document used to verify one or more eligibility factors, the caseworker shall determine whether it is legal to photocopy for retention in the casefile. If copying is prohibited, the caseworker shall write the information from the document on a blank 8½ x 11" sheet of paper, sign and date it, and file it in Section I. If the document is a permanent document, the sheet of paper shall be placed under the Record of Permanent Document (ROPD) insert and the caseworker shall note on the ROPD under comments: "No copy in file, illegal to copy".

13.   Casefiles should not exceed two inches in thickness. When a file reaches that size, a second volume should be started. Each volume will be numbered with the first volume being "Volume I", the second being "Volume II", etc.

14.   The file labels will be prepared as follows:

Last Name, First Name, M.I.
Program Type(s) and Case Number(s)
Cross-reference case number(s)

C.   ORGANIZATION OF THE SIX-PART FILE FOLDER

Each six-part casefile folder will be organized in the following order, filing documents listed under item #1 on the bottom and the subsequent inserts and items on the top.

<u>PART I:</u>

Item #1:   Permanent Documents:

- Birth Certificates

- Social Security Cards

- Identification

- Divorce Decree

- Marriage Certificates

- Death Certificates

- Citizenship Status Declaration (Gen #49)

- Alien Registration Card or immigration documents

- Systematic Alien Verification for Entitlement Record (Gen #47)

- Consent of Disclosure (Gen #46)

- Statement of Relationship (Gen #7)

- Vital Statistics Request (Gen #6) and verification

- Alien Document Verification Request (Form G-485) and verification

INSERT: **Checklist of Record of Permanent Documents (ROPD)**

Item #2:   Native Dividend Tracking Form (Gen #29)

Item #3:   Verifications

- Income

- Shelter deductions

- INGENS

- Employer's / Work Statement

- School verification letter

- Purchase and Prepare Statement or Food Stamp Household Statement Agreement (FSP 81)

- PFD Report Form (PFD 1)

PART II:

Item #1:   Inter-agency forms and correspondence:

- Social Security Administration (SSA)

- Division of Family and Youth Services (DFYS)

- Child Support Enforcement Division (CSED)

- Department of Labor (including DOL screen printouts)

- Letters sent by DPA to an outside agency, nursing home, housing assistance, etc.

INSERT: Interagency Forms

Item #2:   Intra-agency Forms:

- Third Party Liability forms (TPL)

- Disability Examination (AD #2)

- Review Report on Aid to the Blind (AB #3)

- Disability and Vocational Report (APA #4)

- Authorization to Release Medical Information (APA #5)

- Statement of Principal Place of Residence (APA #12)

- Agreement to Sell Property (APA #11)

PART III:

Item #1:   Case Staffing Information

- ATAP Extension Review Form

INSERT: Case Staffing Information

Item #2 Case Management Information

- Family Self-Sufficiency Plan

- Employment Planning Information

- Medical Examination Form (TA #10) with corresponding doctor's report

- Welfare to Work forms

- Assessment forms

- Alerts

- Grantee / Contractor correspondence

PART IV:

Item #1 Reports of Contact (Gen #56A)

Item #2 Case Managers Home Visit Reports

INSERT: Confidential Reports of Contact

Item #3 Reports of Changes

- Report of Change Form (Gen #55)
  (Note: File all information attached with Gen #55 to appropriate sections)

- Correspondence / Letters received from client

- Returned Mail from clients

PART V:

Item #1:   Fair Hearing Information

- Requests

- Notices

- Decisions

INSERT: Fair Hearing

Item #2:   Corrective Action Forms:

- QC/QA Review/Feedback

- Home Visit Reports

- Fraud Referrals/Reports

- Stop Payments

- Forgery Affidavits

INSERT: Corrective Action Forms

Item #3:   Overpayment Claims and Underissuances

- Report of Claim Determinations (Gen #95)

- EIS Screens pertaining to Over/Underpayments

INSERT: Claims and Underissuances

Item #4:   Information for second case number program, similar to that contained in Section VI for major programs. (Normally **not Temporary Assistance, APA, or Food Stamp** since these programs, being major programs, will go in Section VI.)

PART VI:

Item #1: Initial applications for major program(s) Temporary Assistance, APA, and Food Stamps.

Item #2: Fee agent checklists (FA #1)

Item #3: EIS workscreens not retained by EIS (EDWO, SEEI, etc.)

Item #4: EIS benefit authorization screens (TAPD, FSAD, MIBW, APBH, etc.)

Item #5: Subsequent applications, recertifications, and reviews (Gen #72) or addendums (Gen #50A)

Item #6: Subsequent worksheets; EIS work screens, eligibility determinations, EIS budget screens, and manual budget sheets

Item #7: Diversion

- Diversion Agreement forms

- Diversion Authorization screens

D. **ORGANIZATION OF THE FOUR-PART FILE FOLDER**

A four-part folder may contain:

- Only one case number if that case is a:

  - Nursing Home Medicaid case

  - Disabled Child Medicaid case, or

  - GRA / CAMA case

  - Family Medicaid and Under 21 Medicaid case

  - Denali KidCare case

- Three case numbers if those cases are:

- APA/IA, APA-related Medicaid and GRA/CAMA cases for the same client

Each four-part casefile folder will be organized in the following order, filing documents listed under item #1 on the bottom and the subsequent inserts and items on the top.

PART I:

Item #1:   Permanent Documents:

- Birth Certificates

- Social Security Cards

- Identification

- Divorce Decree

- Marriage Certificates

- Death Certificates

- Citizenship Status Declaration (Gen #49)

- Alien Registration Card or immigration documents

- Systematic Alien Verification for Entitlement Record (Gen #47)

- Consent of Disclosure (Gen #46)

- Statement of Relationship (Gen. #7)

- Vital Statistics Request (Gen #6) and verification

- Alien Document Verification Request (Form G-485) and verification

INSERT: Checklist of Record of Permanent Documents (ROPD)

Item #2:   Native Dividend Tracking Form (Gen #29)

Item #3:   Verifications

- Income

- Shelter deductions

- INGENS

- Employer's / Work Statement

- School verification letter

Item #4:   Reports of Changes

- Report of Change Form (Gen #55)
  (Note: File all information attached with Gen #55 to appropriate sections)

- Correspondence / Letters received from client

- Returned Mail from clients

PART II:

Item #1:   Inter-agency Forms and correspondence:

- Social Security Administration (SSA)

- Division of Family and Youth Services (DFYS)

- Child Support Enforcement Division (CSED)

- Letters sent by DPA to an outside agency, nursing home, housing assistance, etc.

Item #2:   Intra-agency Forms:

- SSA/SSI Referrals

- Third Party Liability forms (TPL)

- Review Report on Aid to the Disabled (AD #2)

- Review Report on Aid to the Blind (AB #3)

- Disability and Vocational Report (APA #4)

- Medical Examination Form (TA #10) with corresponding doctor's report

- Agreement to Sell Property forms (APA #11)

PART III:

Item #1:   Fair Hearing Information

- Requests

- Notices

- Decisions

INSERT: Fair Hearing

Item #2:   Corrective Action Forms:

- QC/QA Reviews/Feedback

- Home Visit Reports

- Fraud Referrals/Reports

- Stop Payments

- Forgery Affidavits

INSERT: Corrective Action Forms

Item #3:   Overpayment Claims and Underissuances

- Report of Claim Determinations (Gen #95)

- EIS Screens pertaining to Over/Under payments

INSERT: **Claims and Underissuances**

Item #4:   Report of Contact (Gen #56A)

PART IV:

Item #1:   Initial application

Item #2:   Fee agent checklist (FA #1)

Item #3:   EIS workscreens; eligibility determinations; EIS benefit authorization screens

Item #4:   Subsequent applications, recertifications, and reviews (Gen #72) and renewals (Gen #148)

Item #5:   Subsequent worksheets; EIS work screens, eligibility determinations, and EIS budget screens

Item #6:   Documents for second case, separated by Program Divider sheets

Manual budget worksheets should be filed with the corresponding application or recertification.

This is a broadcast message to all DPA staff from Mary Rogers, Chief of Field Services

I want to update you on the activities the Division of Public Assistance is doing this year to raise awareness about the **Earned Income Tax Credit**, a national effort to assist millions of low-income workers take advantage of this vital refundable tax credit.

The key goal of our campaign is to inform Public Assistance recipients that they may be eligible for the EITC and advance EITC, and give them the information they need to claim it. We also want to inform them of free tax filing assistance and how to find and take advantage of this assistance.

Here is a brief summary of the Division's campaign activities for 2002:

1) Coordinate with IRS to provide EITC refresher training in Anchorage for DPA staff and partner agencies on January 29, and EITC refresher training via teleconference with DPA staff and partner agencies outside the Anchorage/MatSu area. The purpose of the EITC refresher is to educate DPA employees about the program and assist clients with their questions regarding EITC and AEITC.
2) Publish EITC newsletter for DPA staff and partner agencies.
3) Distribute EITC/AEITC brochures to all DPA clients.
4) Assist IRS in mailing out EITC publications to DPA partner agencies, job centers, local businesses, and schools across the State.
5) Distribute promotional products to clients to advertise EITC .
6) Air a 30-second radio ad.
7) Advertise EITC message on bus lines in Anchorage, Juneau and Fairbanks.
8) Advertise EITC message on movie screens in Anchorage, Wasilla, Fairbanks and Kenai.
9) Advertise EITC message on both Urban and Rural newspapers.
10) Advertise EITC message on screen savers in Job Centers.
11) Post EITC/AEITC message on DPA hotline.
12) Offer tax assistance as supportive service to Temporary Assistance recipients in Anchorage and Eagle River area.

EITC has many benefits. It can make a real difference in the lives of our clients, as long as they know that it is available to them and understand how to get it. In the next few weeks, all district offices will receive a packet from Field Services containing EITC materials and promotional items. Whether you spend a few minutes to talk to your clients about EITC, put up a poster, pass along a brochure, or handout a promo item, your work has an impact to this campaign. We appreciate your participation in this important effort. If you have any questions, you may contact Clarissa Ridgway at 269-7879, or send her an email at Clarissa_Ridgway@health.state.ak.us <mailto:Clarissa_Ridgway@health.state.ak.us>.

This is a Broadcast Message to all DPA Staff from

Mary Rogers, Chief of Field Services

Clients will soon receive the "X082 - Time Limit" system generated notice informing them of the number of Temporary Assistance months used. In response to this notice clients might call and ask questions about the time limits and staffings. To prepare for this, the team responsible for the Client Education track of the 60-Month Planning Project has developed guidelines to assist you in responding to these inquiries.

Throughout the remainder of this project we will be soliciting questions from staff, and periodically send out frequently asked questions (FAQ's) and other informational broadcast.

Below you will find three attachments providing guidance for clerical, case managers, and eligibility technicians. Please review the attachments and send any questions to dpafield@health.state.ak.us.

Guidelines for Case Managers

As a case manager, you have a key role working with a family in a strengths-based approach toward employment, improved employment and ultimately self-sufficiency. Families dealing with the 60-month limit may be unsure of what will happen to their family in the future, so it is important for you to:

- know the time limit policy
- know the staffing procedures and policies
- collaborate with other individuals familiar with the case
- assess situations
- plan and develop a road map to self sufficiency (FSSP)
- identify and refer to services/resources
- coordinate services
- use clear and concise verbal and written communication
- arrange supportive services
- coach and encourage
- reward success!

It is also important that families get a consistent and uniform message in response to their questions about the time limit. Please make every effort to ensure your clients have an opportunity to meet with you to develop or amend their plan for the future.

The information in this guide is intended to provide you a tool to better assist these families.

Information regarding the Time Limit and the Staffings

Important points to relay about the Temporary Assistance time limit.

- The 60-month lifetime limit only applies to Temporary Assistance and is for the whole family. You may still be eligible for childcare, food stamps, Medicaid, heating assistance, and other programs such as housing assistance.
- If you are working when you reach the time limit, you may be eligible for childcare and other transitional benefits. We can discuss what other services you need when we meet.
- When clients lose their Temporary Assistance benefit, they may see an increase in other benefits such as food stamps or a change in housing subsidies.

Time-limit Notices

- Every Temporary Assistance family will receive notices informing them about the number of months they have left to receive assistance.

- The notice is sent to increase awareness and send a sense of urgency that will help motivate clients to work with case managers to plan for how their family can become self-sufficient before they reach the limit.
- Use the contact as an opportunity to discuss their FSSP.

Calculating Months on Assistance

- Every month that a client received Temporary Assistance benefits, whether in Alaska, another state, or from a Native family assistance program, and regardless of how much cash was received in a month counts against the limit.
- Months on assistance in an exempt Native village do not count against the time limit.
- Find out why your client thinks the count is wrong. Get additional information, i.e., perhaps they think they lived in an exempt village. Offer to review of the number of months if the client disagrees.

Time-Limit Extensions

- Extensions to the time limit are not automatic.
- State law and regulations establish criteria that families must meet to have their benefits extended beyond 60 months.
- Briefly explain the extension criteria.
- Explain extensions are short-term and client must still comply with FSSP.
- Families who have qualified for an extension will be monitored and the extension decision will be reviewed periodically to determine if the family still meets the criteria.

Time-Limit Review

- Briefly describe purpose of staffing and review process.
- Stress importance of client participation.
- Emphasize the need to work with case manager and other partners to develop and improve FSSP.
- The goal is always to work with the family to support them in transitioning off the Temporary Assistance program.

How to avoid reaching the 60-month limit?

- Employment
- Family Self-Sufficiency Plan
- Refuse Cash
- Voluntary Case Closure

Work In Progress

- Teams are currently working on:
    - developing notices pertaining to the time limit and staffings
    - refining policy
    - creating and revising procedures
    - revising the system

Guidelines for Eligibility Staff

As an eligibility technician, you play an important role in determining and establishing the financial support for families. Families dealing with the 60-month limit may be unsure of what will happen to their family in the future, so it is important for you to:

- know the time limit policy
- know the staffing procedures and policies
- collaborate with other individuals familiar with the case
- identify and refer to services/resources
- use clear and concise verbal and written communication
- coach and encourage
- reward success!

It is important that families get a consistent and uniform response and that every effort is made to link up clients with their case manager. The information in this guide is intended to provide you a tool to better assist these families.

Sample Questions and Answers

Will my benefits be cut off when I reach 60 months?

- It's possible that you may lose your Temporary Assistance benefits. There is a 60-month time limit with Temporary Assistance. Some families may receive Temporary Assistance for more than 60 months if they have special circumstances, such as certain health problems, domestic violence or other types of hardship.
- The extensions for the 60-month limit will be determined by having discussions with you and individuals who have been working with your family.
- When you get close to the end of your time limit, you will receive a letter asking if you want an extension.

These numbers aren't right – I haven't received this many months.

- These numbers count every month that you have received Temporary Assistance benefits, whether in Alaska, another state, or from a Native family assistance program, and regardless of how much cash you received in a month.
- I'll need some more information about why you don't think the numbers are correct so I can review the months that we are counting.

What am I going to do if I lose all my benefits?

- The 60-month limit only applies to Temporary Assistance. You may continue to be eligible for Food Stamps, Medicaid, or other transitional services such as child care. You need to talk with your case manager to help prepare for the end of your Temporary Assistance benefits.

Guidelines for Clerks

As a part of DPA's clerical staff, you are an integral part of the office operations. On a day-to-day basis you greet, inform, and refer individuals to the appropriate resources. Families dealing with the 60-month limit may be unsure of what will happen to their family in the future, so it is important for you to:

- know the staffing schedules
- know the staffing locations
- refer to the appropriate services/resources
- acknowledge any concerns

Because the 60-month limit can have a significant impact on the families we serve, be sure to immediately refer them to their case manager or service provider. Our goal is to help families use their remaining months wisely and move them toward the job or supportive services that they need.

It is important that families get a consistent and uniform response and that every effort is made to link up clients with their case manager. The information in this guide is intended to provide you a tool to better assist these families.

Sample Questions and Answers

What will happen when I reach the 60-month limit – will I lose my benefits?

- It's possible that you may lose your benefits. There is a 60-month time limit with Temporary Assistance. Some families may receive benefits for more than 60 months if they have special circumstances. You need to discuss this with your eligibility technician or your case manager. Would you like me to transfer you?

What is an extension staffing?

- You will need to discuss that with your case manager. Would you like me to see if they are available?
- Your case manager works for [name of Service Provider], let me give you a number where you can reach them.

What if I don't have a case manager?

- I'll connect you with a supervisor who will help connect you with a case manager.

I've been working all this time, am I still going to get "kicked off?"

- You will need to talk with your case manager about that. May I transfer your call?
- Your case manager works for [name of Service Provider], let me give you a number where you can reach them.

I met with my case manager and they already told me I was getting an extension. Why did I get this letter?

- The notice is being sent to Temporary Assistance families to advise them of the number of months they have left on assistance. Even families getting extensions may receive it. Would you like to discuss this with your case manager? May I transfer your call?

This is a broadcast message to all DPA staff from
Mary Rogers, Chief of Field Services

I want to update you on what's happening with our DPA classification study. As many of you know, Jackie Dailey, DHSS Personnel Officer met with several staff from across the state earlier this year. Once she completed her meetings, she brought together a group of subject matter experts (SME's) who made some preliminary recommendations in the form of drafted class specifications. These recommendations were presented to Jim Nordlund, Chris Ashenbrenner, Jim Dalman and me.

During the same time, our organization decided to begin working on converting our monthly reporting prospective/retrospective system to a change-reporting prospective system. This decision was based on many of the recommendations from the business analysis. Hot on the heels of this change came an urgency to implement policies and procedures for families meeting the 60-month time limit prior to July 2002. With this huge business change we underwent, our old workload standards are outdated and we need a few months working with our new processes before we can determine updated standards. We know we have gained efficiencies and we also know that we still have more than enough work for staff allotted to us.

Starting in January, we will begin analyzing our business to determine our staffing needs for the next several years. I want to reassure you that we absolutely do not expect any staff to be laid off from either the staffing analysis or the classification study. Instead it should result in more equitable workload distribution allowing everyone to perform their jobs in a less stressful and more productive atmosphere.

Thanks for you patience - and for all your great work. You'll be hearing more from me on this within a few months.

Mary Rogers

From:	Rogers, Mary
Sent:	Thursday, October 11, 2001 4:12 PM
To:	ALL DPA Statewide Staff
Cc:	Sturrock, Kathy
Subject:	60-Month Limit Case Review Staffing Guidelines and Procedures

Importance: High

To: All DPA Staff

From: Mary Rogers, Chief of Field Services and

             Ellie Fitzjarrald, Chief of Policy & Program Development

RE: Case Review Staffings

All DPA staff recently received a memo from Director Nordlund regarding our plan for working with families that will soon reach the 60-month limit on Temporary Assistance. Both Policy & Program Development and Field Services will be working closely with the regions to ensure that the policies, procedures, and forms are available to support staff as they work with families approaching the time limit. Teleconferences will be arranged to solicit feedback on ways to improve the process, evaluate how the process is working, and clarify questions staff may have.

The intent of this email is to provide you with the procedures and documentation tools needed to implement the Case Review Staffings. Please take some time to read the attached documents. During the next week, Regional Managers will be meeting with regional leadership groups to further plan and discuss responsibility for implementation of the interim procedures and forms and to begin working with case managers to schedule the Case Review Staffings for families who have the fewest months left.

- **Staffing Procedures**

As we move into the last year of eligibility for many families on Temporary Assistance, it is important that we evaluate whether we've done everything we can to help clients become self-sufficient before reaching 60 months of assistance. To standardize this process and to ensure that families who reach the end of their time limit have had a comprehensive review of their situation, we are implementing Case Review Staffings as part of our case management services for Temporary Assistance recipients.

Case Review Staffings are <u>not</u> intended to guide families toward an extension, but rather to:

- ensure the family is aware of the time clock and keep the focus on plans to transition off assistance;
- identify the issues that are preventing the family from leaving assistance;
- help resolve the family's issues and transition them off assistance before they reach 60 months; and
- in cases when the family does reach the 60-month time limit, provide critical information for planning services at that time and determining if they are eligible for an extension.

The attached interim procedures were developed to implement the Case Review Staffings, along with the tools that are necessary to prepare for the review and to document decisions reached. This guidance outlines the points at which staffings occur and describes the outcomes of each level of review.

At this time, our focus is on the Early Families and the "bubble" of families coming in July through October. When

these procedures are fully implemented under normal operations, Case Review Staffings will begin once a family receives 36 months of assistance (Service Review Staffing), and be repeated at the 48th month (Time Limit Review Staffing), and again at the 58th month (Extension Review Staffing). The Case Review Staffings are intended to be progressive with the focus always on ensuring the client knows what will happen in the 60th month, intensifying case management and safety net services the longer a client is on assistance, and documenting information needed for a plan to exit Temporary Assistance or to determine whether the family will meet the criteria for an extension.

- **Documentation Tools, Time Limit Call-In Letter, Extension Review Form, and Applicant Extension Request**

In order to assist field staff in the Case Review Staffing process, we have developed and attached a few tools that will make it easier to prepare, conduct and document the staffing.

- The **ATAP Case File Summary & Recommendations** form is completed by the case manager prior to the Case Review Staffing in order to document information about the client's situation; the problems that are keeping the client from going off assistance; whether there is a plan on how to support the family; FSSP, work activity, penalty and sanction information; income and expense information; and other relevant case history. Section 5 of this form contains the summary of findings and recommendations and is used to document the outcome of the Case Review Staffing.

- The **Time Limit Call-In Letter** is sent to the client before the Time Limit Review Staffing. This letter reminds the client that their assistance will be ending soon, informs them of the staffing, and requests the client to attend the case review staffing.

- The **Extension Review Form** is completed once the 58-month Extension Review Staffing has occurred and documents the extension decision.

- The **Applicant Extension Request** is for applicants who apply for Temporary Assistance and have already received 60-months of assistance.

We realize that there is a lot of information that has been shared by both the Director, Policy and Program Development and Field Services. In order to meet your needs and to operate in a continuous improvement mode, we will be establishing a FAQ (Frequently Asked Questions) section on our 60-month project web site where staff can submit questions and stay abreast of clarifications throughout the implementation phase. We will notify all staff with a broadcast email when this section of the web site has been completed. Representatives from Field Services and Policy & Program Development will also be available to provide additional guidance as needed.

There is still more work to be done. Existing policy about the 60-month time limit and criteria for exemptions exist in TA Manual Chapter 701. Policy clarification and guidance concerning the criteria, as well as additional policy refinements and notices are currently under development. We will issue Broadcast Messages as they are completed and implemented.

Case Review Staffing Procedures

Service Review Staffing – 36th Month

1) The case manager initiates the staffing process for cases with 36 or more months of assistance by contacting the eligibility worker assigned to the case to verify the number of months counted.

   a) The eligibility worker reviews the number of countable months of assistance used by the adults of the family in the Alaska Temporary Assistance program or in other state or Native family assistance programs.

   b) When contacting other states, the worker should ask for the periods of time that each adult in the family received benefits under a TANF-funded program in their state. They should obtain both a total count of the months and the actual month periods for which benefits were received. The information obtained should be documented in a CANO notation. Tammy Allam who is working on the PRAW Special Project in Quality Assessment is available as a resource to help staff clarify information received from other states. Her phone number is 334-2388.

2) The case manager reviews the case to determine if there is frequent contact with the family, if the family is aware of the approaching time limit, if the Family Self-Sufficiency plan includes goals that reflect the time limit, and if the family is working towards their goals.

3) The assigned case manager and the eligibility technician schedule a staffing for review of the case and designate other staff or agencies who should be included, as appropriate to the case. They may include a workforce development specialist, social worker, or DPA supervisor. The assigned workforce development specialist consults with their supervisor or a social worker to determine what staff or other agencies should be included in the staffing, as appropriate to the case. The client is sent a notice of the staffing and encouraged to attend. If the client does not wish to attend, he/she is asked if there is any information that they want considered at the staffing.

4) The case manager prepares for the staffing by pulling together all available information concerning the case, including information from other service providers, agencies or organizations that have worked with the family. He/she prepares a case file summary form to describe the issues that have been identified as preventing the family from exiting the Temporary Assistance program and makes copies of applicable screenings and assessments, and the Family Self-Sufficiency Plan.

5) The staffing team reviews the case to evaluate the types of services the family is receiving and the progress the family is making towards their goals for achieving self-sufficiency. The staffing team determines if case management services should be intensified and recommends additional services that are needed. The case manger

documents the issues found and the recommendations developed on the case file summary form, and follows the <u>Required Documentation of Staffing</u> instructions on page 6.

6) The case manager continues to work with the family to implement their plan to achieve self-sufficiency, incorporating the staffing recommendations as well as consultations and collaborations with other agencies working with the family.

Service Review Outcomes

The Staffing team:
- ✓ Examines the family's progress towards self-sufficiency; and
- ✓ Evaluates the need for intensive case management or additional services that will help the family transition off assistance.

The Case Manager:
- ✓ Ensures the client is aware of the months remaining, and reinforces expectations by updating the family self-sufficiency plan.

Time Limit Review Staffing – 48th Month

1) The case manager initiates the staffing process for cases with 48 or more months of assistance by contacting the eligibility worker assigned to the case to verify the number of months counted.

   a) The eligibility worker reviews the number of countable months of assistance used by the adults of the family in the Alaska Temporary Assistance program or in other state or Native family assistance programs.

   b) When contacting other states, the worker should ask for the periods of time that each adult in the family received benefits under a TANF-funded program in their state. They should obtain both a total count of the months and the actual month periods for which benefits were received. The information obtained should be documented in a CANO notation. Tammy Allam who is working on the PRAW Special Project in Quality Assessment is available as a resource to help staff clarify information received from other states. Her phone number is 334-2388.

2) The assigned case manager and eligibility technician, or the assigned workforce development specialist, and the designated DPA supervisor, schedule a staffing for review of the case, which may include a social worker and other staff or agencies needed, as appropriate to the case.

3) The case manager contacts the client to encourage their participation in the staffing and to collect information for the case review. Methods for encouraging client participation include telephone calls and visits to the home, or additional meetings at the office. The client is also sent a notice of the approaching time limit and the staffing, and is invited

to attend. If the client does not wish to attend, he/she is asked if there is any information that they want considered at the staffing.

4) The case manager prepares for the staffing by pulling together all available information concerning the case, including information from other service providers, agencies or organizations that have worked with the family. He/she prepares a case file summary form to describe the issues that have been identified as preventing the family from exiting the Temporary Assistance program and makes copies of applicable screenings and assessments, and the Family Self-Sufficiency Plan.

5) The staffing team uses the case file summary form and any additional information provided by the case manager to examine the services that have been provided to address identified issues, and determines if there are additional issues to be identified that may be preventing the family from exiting the program.

6) If the staffing team determines that there are additional issues present that still need to be identified, they will develop recommendations for further screening and assessment or other self-sufficiency activities.

7) If all issues have been identified, the staffing team will review any additional steps needed to address the issues and develop recommendations for further self-sufficiency activities. The recommendations should consider activities needed to plan for the end of the family's time on Temporary Assistance.

8) The case manager documents the issues found and the recommendations developed on the case file summary form, and follows the Required Documentation of Staffing instructions on page 6.

9) Within 10 days after the staffing, the case manager sends the family another notice advising them of the approach of the time limit and setting up an appointment for review of their family self-sufficiency plan as it relates to the end of their 60-months on assistance.

   a) During the review of the plan, the case manager discusses services previously received, the staffing recommendations, and explores the family's situation to determine if there are additional issues to be identified or services needed.
   b) The case manager makes referrals for screening, assessment or services needed for identifying or addressing issues.
   c) The case manager arranges to obtain information from other agencies that are working with the family and/or for case staffings with the agencies (possibly including the client) in order to continue planning for the end of the time on assistance.
   d) The case manager schedules at least monthly contacts with the family.

Time Limit Review Outcomes

The Staffing team:
- ✓ Documents the issues that are keeping the family from becoming self-sufficient;
- ✓ Identifies whether the family is at risk of reaching 60 months of assistance; and
- ✓ Guides the case manager in developing an intensified plan to address the identified issues.

The Case Manager:
- ✓ Ensures the client is aware of the months remaining; and
- ✓ Reinforces the time limit and works with the family to develop a 12-month plan with activities that will help address the issues identified.

Extension Review Staffing - 58th month

EXCEPTION: Families reaching their 60th month of assistance between September, 2001 and May, 2002 will not be sent a notice asking that they request an extension to the time limit as described in step 2 below. The procedure for these families will skip steps 2 and 3 below and they will be advised if they are eligible for an extension after the completion of the extension review staffing process.

1) The case manager initiates the staffing process for cases selected from the list with 58 or more months of assistance by contacting the eligibility worker assigned to the case to verify the number of months counted.

   a) The eligibility worker reviews the number of countable months of assistance used by the adults of the family in the Alaska Temporary Assistance program or in other state or Native family assistance programs.

   b) When contacting other states, the worker should ask for the periods of time that each adult in the family received benefits under a TANF-funded program in their state. They should obtain both a total count of the months and the actual month periods for which benefits were received. The information obtained should be documented in a CANO notation. Tammy Allam who is working on the PRAW Special Project in Quality Assessment is available as a resource to help staff clarify information received from other states. Her phone number is 334-2388.

2) At the beginning of the 58th month on assistance, the case manager sends a notice to the individual who is approaching 60-months of assistance informing them that they are close to the time limit and ask if they would like to be considered for an extension.

3) If the individual does not want to be considered, the case manager will work with the individual on a plan for their exit from the program. The exit plan should describe resources or services available to the family after they leave assistance. A copy of the exit plan and applicable forms is sent to the eligibility worker for the eligibility case file. A CANO notation is made indicating the family will not be requesting an

extension and that an exit plan has been developed. The eligibility worker will act to close the case with timely adverse notice.

4) If the individual requests consideration for an extension to the time limit, the case manager proceeds with the extension review staffing procedures by following steps 2 through 7 under Time Limit Review Staffing – 48th Month

5) The staffing team documents the issues found and the recommendations developed on the case file summary form, and proceeds with the determination for allowing an extension to the time limit as follows:

   a) The staffing team determines whether the issues identified or that need to be identified fit within the criteria to allow an extension.

   b) If the team determines that an extension should be allowed, the team will determine the length of the extension, at what point(s) the extension should be reviewed, document their findings on the extension review form and comply with the Required Documentation of Staffing instructions on page 6. The case manager will then send a notice to the family notifying them that an extension has been allowed and will work with them to develop a family self-sufficiency plan that includes the recommendations from the case review staffing.

   c) An extension may be allowed for up to 12 months, depending on the circumstances of the individual family. However, as part of ongoing case management, the case manager is expected to make frequent contacts, at least monthly, with the family to review their progress and evaluate whether the extension should be reviewed earlier than originally planned. The staffing group formed for the extension review will be responsible for the periodic reviews of the extension and determining if additional extension periods will be allowed, following the procedures outlined for the initial extension decision.

   d) If the staffing team determines that there are no issues that fit within the criteria for an extension and do not allow an extension, they will document the issues found on the extension review form and comply with the Required Documentation of Staffing instructions on page 6. The case manager will then send a notice to the family notifying them that an extension has not been allowed and will work with them to develop an exit plan that includes the recommendations from the case review staffing. The eligibility worker will act to close the case with timely adverse notice.

Extension Review Outcomes
The Staffing team:
✓ Evaluates whether or not the family meets the criteria for an extension to the time limit;
✓ Establishes the final plan for exit or extension;
✓ If an extension is granted, recommends the length of time for an extension, and

✓ Guides the case manager in developing an intensive plan for the extension period.

The Case Manager:

✓ Sends notice to the client informing them that their time on assistance is ending, and the possibility for an extension;

✓ If the client receives an extension, works with the family to develop an intensive plan with activities that will help address the issues identified; and

✓ Schedules subsequent time limit extension review to occur before the end of the extension period.

REQUIRED DOCUMENTATION OF STAFFING

Each staffing decision, along with any recommendations, must be documented on the case file summary form and, when used, the extension review form. A copy will be put in the eligibility record and the original in the case management file. In addition, a case note entry must be made noting that the staffing is completed and what decisions were reached. Copies of the case file summary form, extension review form, case note entry and any other pertinent documentation used for the staffing will be forwarded to the Chief of Policy and Program Development.

Time Limit Case Review Staffing Procedures
FOR USE WITH FAMILIES WHO APPLY AND HAVE ALREADY USED 60 MONTHS OF ASSISTANCE

<u>**Application Intake Procedures**</u>

1) The eligibility worker reviews the number of countable months of assistance used by the adults of the family in the Alaska Temporary Assistance program or in other state or Native family assistance programs.

   a) When contacting other states, the worker should ask for the periods of time that each adult in the family received benefits under a TANF-funded program in their state. They should obtain both a total count of the months and the actual month periods for which benefits were received. The information obtained should be documented in a CANO notation. Tammy Allam who is working on the PRAW Special Project in Quality Assessment is available as a resource to help staff clarify information received from other states. Her phone number is 334-2388.

2) The eligibility worker determines if the family appears to be financially eligible and meets other factors of eligibility.

3) If the family has already used 60 months of assistance and appears to be otherwise eligible, the worker asks if the family would like to be considered for an extension to the time limit. If so, the adult completes the extension request form. The eligibility worker will "pend" the application for Temporary Assistance and immediately refer the family to a DPA case manager, preferably a social worker if available.

   a) The eligibility worker advises the DPA supervisor of the family and continues to determine if the family is eligible for other Public Assistance programs for which they may apply.

   b) The DPA supervisor ensures that the case manager immediately reviews the case and begins the process of determining whether an extension can be allowed.

4) The case manager reviews the application for assistance, interviews the family and gathers any additional information about the family to determine what the issues are that are preventing the family from self-sufficiency.

5) The assigned case manager and eligibility technician, or the assigned workforce development specialist, and the designated DPA supervisor, schedule a staffing for review of the case, which may include a social worker and other staff or agencies

needed, as appropriate to the case. The client is sent a notice of the staffing and encouraged to attend. If the client does not wish to attend, he/she is asked if there is any information that they want considered at the staffing.

6) The case manager prepares for the staffing by pulling together the available information concerning the case, including information from other service providers, agencies or organizations that have worked with the family. He/she prepares a case file summary form to describe the issues that have been identified as preventing the family from reaching self-sufficiency and makes copies of applicable screenings and assessments.

Extension Review Staffing

1) The staffing review team uses the case file summary form and any additional information provided by the case manager to examine the services that have been provided to address identified issues, and determines if there are additional issues to be identified that may be preventing the family from reaching self-sufficiency.

2) If the review determines that there are additional issues present that still need to be identified, the staffing team will develop recommendations for further screening and assessment or other self-sufficiency activities.

3) If all issues have been identified, the staffing will review any additional steps needed to address the issues and develop recommendations for further self-sufficiency activities.

4) The case manager documents the issues found and the recommendations developed on the case file summary form.

5) The staffing team then determines whether the issues identified or that need to be identified fit within the criteria to allow an extension.

6) If the team determines that an extension should be allowed, the team will determine the length of the extension, at what point(s) the extension should be reviewed, document their findings on the extension review form and comply with the Required Documentation of Staffing instructions on page 9. The case manager will then notify the eligibility worker that an extension has been allowed so that the application can be processed. The case manager will work with the family to develop a self-sufficiency plan that includes the recommendations from the case review staffing.

7) An extension may be allowed for up to 12 months, depending on the circumstances of the individual family. However, as part of ongoing case management, the case manager is expected to make frequent contacts, at least monthly, with the family to review their progress and evaluate whether the extension should be reviewed earlier than originally planned. Subsequent reviews of the extension will follow the procedures for extension review staffing of ongoing cases.

8) If the staffing team determines that there are no issues that fit within the criteria for an extension, and do not allow an extension, they will document the issues found on the extension review form and comply with the <u>Required Documentation of Staffing</u> instructions on page 9. The case manager will notify the eligibility worker of the final determination so that the application can be denied. The case manager may contact the family with any applicable recommendations from the case review staffing.

<u>REQUIRED DOCUMENTATION OF STAFFING</u>

Each staffing decision, along with any recommendations, must be documented on the case file summary form and the extension review form. A copy will be put in the eligibility record and the original in the case management file. In addition, a case note entry must be made noting that the staffing is completed and what decisions were reached. Copies of the case file summary form, extension review form, case note entry and any other pertinent documentation used for the staffing will be forwarded to the Chief of Policy and Program Development.

ATAP Case File Summary & Recommendations

(Complete this form using information contained in the eligibility and
case management records and in consultation with the client)

Case Name:_____

Case Number:_____

Household Type: Single Parent   2-Parent   INCAP

Household Size: ____Adults   _____Children (under 18)

Months of Temporary Assistance Used: _____

Type of Review   Date of Review:_____
    36-Month Service Review   Persons completing summary:
    48- Month Time Limit Review   _____
    58-Month Extension Review   (name and title)

                                                       _____
                                                                (name and title)

Part I.   Client Profile

This portion of the summary should be completed <u>with your client</u>. Please document the client's strengths and the current problems affecting family self-sufficiency, the client's needs for the next 6 months, the planning steps in the event the family's lifetime limit is reached, and the availability of community and family supports.

1. What are the current issues that are keeping client from earning enough money to go off assistance?

    _____

    _____

    _____

    _____

    _____

2. What does client feel is preventing him or her from leaving assistance?

    _____

    _____

    _____

    _____

3. What will client need to help get off assistance?

    _____

    _____

    _____

    _____

4. If client uses up 60 months of assistance, how does he or she plan to support his/her family?

_____

_____

_____

_____

_____

Part II: Self-Suffiency Information

1. Review of Client's Screening and Assessment History (extenuating circumstances, education, screenings, whether client has been assessed or referred for treatment, and resulting outcome)

	Screened (date)	Assessed (date)	Referred for Treatment (date)	Outcome
Mental Health				_____
Substance Abuse				_____
Learning Disability				_____
Domestic Violence				_____
DFYS Involvement				_____
High School Diploma/GED				_____
Limited English Proficiency				_____
Other_____				_____

TABE: _____Reading _____ Math   ____Language

Medical/Health Problems   _____

Caring for Disabled Adult/Child   _____

Additional information:

_____

_____

_____

_____

_____

_____

2. Supportive Services provided in last 90 Days:
    a. Child-care   Yes   No
    b. Transportation   Yes   No
    c. Work Clothing   Yes   No
    d. Tools   Yes   No
    e. Other_____   Yes   No

3. Penalty History (if any):
    a.   Ever been penalized?   Yes   No If yes, how many times?   1   2   3
    b.   Currently under penalty?   Yes   No
    c.   If penalized, explain why, what actions were taken, any outreach efforts made to re-engage client, and the date the penalty ended or was cured:

    _____

    _____

    _____

    _____

4. Job Quit History (if any):
    a.   Ever quit a job and been disqualified?   Yes   No
    b.   If disqualified, explain reason and date of job quit, and length of disqualification

    period:_____

    _____

    _____

    _____

    _____

5. Most Recent Home Visit (if any):
    Date Attempted:_____   Date Completed:_____
    Findings:

    _____

    _____

    _____

    _____

    _____

6. Appointment Attendance History (Provide a brief summary of attendance records for appointments with case manager, job interviews, work search and work-related activities, etc, i.e. attended, no show, no call, etc.):

    _____

    _____

    _____

    _____

    _____

    _____

Part III: Employment History

1. Currently Employed: Yes   No
2. Work History:

Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	
Employer:		Employer:	
Position:		Position:	
Dates of Employment:		Dates of Employment:	
Average Hours/Week:		Average Hours/Week:	
Wage:		Wage:	
Reason for Leaving:		Reason for Leaving:	

3. Current Work and FSSP Activities:

				# of hours/week
a.	Paid Employment	Yes	No	_____
b.	Subsidized Employment	Yes	No	_____
c.	Community Work Experience	Yes	No	_____
d.	Job Skills Training	Yes	No	_____
e.	Job Sampling	Yes	No	_____
f.	OJT	Yes	No	_____
g.	Train-to-Hire	Yes	No	_____
h.	Work Search	Yes	No	_____
i.	Volunteer	Yes	No	_____
j.	ESL Classes	Yes	No	_____
k.	Barrier Removal_____	Yes	No	_____
l.	Job Preparation	Yes	No	_____
m.	High School/GED	Yes	No	_____
n.	Post Secondary	Yes	No	_____
o.	Job Retention Services	Yes	No	_____
p.	Referral for Subsidized Housing	Yes	No	
q.	Referral for Pregnancy Prevention Services	Yes	No	
r.	OtherWork or FSSPActivity _____
s.	OtherWork or FSSPActivity _____

Part IV: Budget Analysis

1. Current Household Income:

      a. Earnings: $_____

      b. Unearned Income:

          Unemployment $_____

          SSA/SSI $_____

          PFD $_____

          Child Support $_____

          Other $_____

      c. **Total Household Income** $_____

2. Current Household Expenses:

      a. ATAP Recoupment, if any: $_____
          (Fraud or Overpayment?)

      b. Other debts
          (i.e. loans, AHFC, child support,etc) $_____

      c. Shelter Expenses
          Rent: $_____

          Utility Charges: $_____

          Phone: $_____

          Other: _____ $_____

          Other: _____ $_____

      d. **Total Household Expenses** $_____

3. Self-Sufficiency Income Need

      a. Monthly Income needed to
          meet Expenses: $_____

      b. Monthly Income: - $_____

      c. **Additional Monthly
          Income Needed**   = $_____
          to be Self Supporting

      d. Amount of ATAP Grant: $_____

Part V: **Summary of Findings and Recommendations**

1. Names of Individuals Participating in Review

Case Manger: _____

WDS/Eligibility Worker: _____

DPA Supervisor: _____

Other: _____

Other: _____

2. Findings and Recommendations: (note issues discovered and recommendations developed, needed changes to FSSP, supportive service needs, referrals, additional screening assessments or referrals, etc):

_____

_____

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_____

Case Manager _____ _____

                              Name   **Signature**

Review Completion Date _____

Copy to: Eligibility File   Case Management File   Copy to Chief of Policy

WORKING DRAFT ATAP Case File Summary Form 10/03/01

State of Alaska
Department of Health & Social Services
Division of Public Assistance

Dear   :

Your family has only __ months left to receive Temporary Assistance.

In order to help prepare you for going off of assistance, we are scheduling a meeting to review your situation and to identify the issues that are keeping your family from going off of assistance.

It is very important for you to attend this meeting. We will talk about the services your family needs to help you become more able to support yourself.

The meeting will be held on _____ at _____

_____

_____. Please let me know if you can attend.

If you have any questions or concerns, call me at _____.

Sincerely,

_____

State of Alaska
Department of Health & Social Services
Division of Public Assistance

ATAP Extension Review Form

Part A: Case Staffing Recommendation – 60 Month Limit Extension Criteria
Does it appear that the client meets Temporary Assistance criteria for an extension?
Yes_____   No_____
If yes, please note which extension criteria is applicable and why:

Domestic Violence: _____
_____

Incapacity: _____
_____

Caring for a Disabled Relative: _____
_____

Hardship: (a) Lack of Success at Employment _____
_____

           (b) Disaster_____
_____

           (c) Children at risk of placement outside of home _____
_____

Number of months for which extension should be allowed_____

If no, what are the issues that have kept the client needing assistance:
_____

Part B: Client Request for Extension

    _____I am **NOT** requesting an extension to my 60 month time limit on Temporary Assistance
    _____I am requesting an extension to my 60 month time limit on Temporary Assistance for the
following reason:_____

_____   _____   _____
Print Name   Signature   Date
(Request may be completed by telephone if client is not present)

Part C: Extension Decision

Extension: _____Allowed ____# of months _____Date to reviewed _____Denied
Comments:_____

_____   _____   _____
Case Manager Name (print)   Signature   Date

State of Alaska
Department of Health & Social Services
Division of Public Assistance

Dear _____,

You have received your 60-month lifetime limit on Temporary Assistance. You may be able to receive more assistance if you are not able to work because of problems with domestic violence, a medical condition, you are providing care for a child with a disability, or have other problems.

In order to process your application for Temporary Assistance, I need more information from you. Please complete the information below and return it to me by _____.

Sincerely,

_____

APPLICANT REQUEST FOR MORE MONTHS ON TEMPORARY ASSISTANCE

Do you want to be considered for more months on Temporary Assistance?

Yes _____   No _____

If yes, please explain why you need more months of Temporary Assistance.

I need more time on Temporary Assistance because:

_____

_____

_____   _____
Name (please print)   Social Security Number

_____   _____
Signature   Date

Applicant Extension Request 10/03/01

From: Rogers, Mary
Sent: Tuesday, October 09, 2001 5:12 PM
To: ALL DPA Statewide Staff
Cc: Sturrock, Kathy
Subject: Southeast Regional Manager Selection

Broadcast to the Central Region Staff
from Mary Rogers, Chief of Field Services

I'm very pleased to announce that Linda Dawson has accepted the Southeast Regional Manager position.

Linda brings a very strong working knowledge of DPA's service delivery as well as her work with establishing and organizing the Ketchikan Job Center. She currently serves as the Ketchikan Job Center Team Leader and has been instrumental in building strong community partnerships which resulted in successfully assisting families become self sufficient. Linda values staff, has enthusiasm and energy for the work we do, and on a daily basis demonstrates commitment, professionalism, and leadership. Please join me in congratulating Linda!

She will begin her new role on October 16th.

I would like to thank those of you who took time to respond to my request for input on the knowledge, skills and abilities you felt were important for this position. The feedback was used to create the interview questions and determine the top candidate.

From:	DPA Field Services
Sent:	Friday, September 14, 2001 4:20 PM
To:	ALL DPA Statewide Staff
Subject:	Faxed applications and monthly reports

Broadcast to all Staff from Field Services:

Due to the tragedy that occurred earlier this week the mail service has been greatly restricted or has stopped altogether. This has led to questions from staff and Fee Agents as to whether or not we can accept faxed copies of applications and monthly reports. Under normal conditions, District Offices do not accept faxes of these documents; however the MAP Manual allows for exceptions.

MAP Manual section 30-12 allows for the acceptance of fax transmittals under "occasional and urgent situations". Certainly the events that happened this week qualify under this category. Field Services has authorized the acceptance of fax transmittals of applications, monthly reports, and other documents through **Friday, September 21**. For a complete list of what is acceptable, refer to MAP Manual 30-12.

An original signed application or monthly report form still needs to be obtained once the client or Fee Agent is able to mail it in.

If you have any questions regarding this procedure, please contact Steve Neel at 269-7876 or at Steve_Neel@health.state.ak.us <mailto:Steve_Neel@health.state.ak.us>.

STATE OF ALASKA

DEPT. OF HEALTH & SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE

TONY KNOWLES, GOVERNOR

STAFF DEVELOPMENT & TRAINING
3601 "C" STREET, SUITE 814
ANCHORAGE, ALASKA 99503
PHONE: (907) 269-7860
FAX: (907) 269-7869

Date: July 24, 2001

To: Prospective Budget Training Attendees

From: Amy Yardley
               Staff Development and Training
               Division of Public Assistance

RE: Prospective Budget Training Pre-Packet

Enclosed is the Prospective Budget training pre-packet. In it you will find some highlights of prospective budgeting, an overview and other useful information that will help to prepare you for the Prospective Budget training. Please take the time to review it prior to your attendance. If you have any questions or comments please give us a call at 269-7860 or contact us through the Staff Development and training web site located at http://dpaweb.hss.state.ak.us/training .

Additional prospective budget information and the answers to some frequently asked questions can be obtained at the Prospective Budget website which is located at http://dpa.liminis.net .

Prospective Budgeting Pretraining Packet
Contents

- Overview

- Time Lines

- Out with the Old and In with the New

- Documentation

- Case Notes

- Tips for processing change reports

- Alignment of Policy

- Anticipating Income

- Anticipating Irregular Income

- ETAL/New alerts

Prospective Budget Overview

As most of you know by now we are ending the monthly reporting requirements for the Temporary Assistance and Food stamp programs. Effective October 1, 2001 these programs will be budgeted prospectively, this is a major change to the way we do business and creates a need for some additional training. This packet is designed to prepare you for training and will provide much of the information needed to make the transition from retrospective budgeting to prospective budgeting as trouble-free as possible.

To help you to better understand the process lets start with a bit of history first. About two years ago, the Division decided to work toward moving away from monthly reporting and use of the retrospective budgeting toward a less burdensome method of reporting and budgeting. Most states had moved this direction, primarily because prospective budgeting of benefits is more conducive to client self-sufficiency efforts and once implementation is over QA errors generally drop. However, we decided not to implement then because we were still in the process of fully implementing Welfare Reform.

A couple things motivated the Division to implement the Prospective Budget project. First, the Food and Nutrition Service (a.k.a. food stamp Feds) changed the rules on change reporting and policy that will allow much less restrictive reporting without an increase of QA liability. Second, we are now allowed a much closer alignment of Temporary Assistance and Food Stamp policies under the new rules.

To MRF or not to MRF has been a subject of contention and great debate for some time. Here are some of the positive aspects of prospective budgeting:

- No more MRF registration or processing.
- Greatly reduced PFD income hold-harmless processing.
- No more trying to explain prior month budgeting to clients or case management contractors.
- Simplified budgeting.
- Benefit amounts are better coordinated with the client's actual circumstances rather than being based on two months prior.
- Prospective budgeting can reduce QA liability, especially coupled with shorter certification/review periods.
- Training of new ET's is easier.
- Allows for a better alignment of Temporary Assistance and Food Stamp program policies.

We have compiled the following prospective budget highlights for your review. Please take a few minutes and review them prior to training and we encourage you to bring your questions and insights to the training. The training session will be a day and a half for those who process benefits and clerical staff and DPA case mangers (SW's and ESS's) are invited to attend the first half-day of the training session.

We look forward to seeing all of you soon!

Staff Development and Training

PRO BUDGETING TIMELINE HIGHLIGHTS

May 21 & 22 COMPLETED	**Conference: Ignite Your Ability to Lead and Succeed**
June 1 COMPLETED	Policy documents completed for system design and development of training materials
July 15 COMPLETED	First stuffer mailed with MRF explaining upcoming change to Pro Budgeting and change reporting
August 1 - 15	Pro Budgeting training sessions begin for all eligibility and QA staff
August 1	New applicants will not be subject to monthly reporting. These cases will be budgeted prospectively August, September, October…
August 15	EIS mails last MRF. Second stuffer reminding clients of change
August 31	All necessary system changes completed, including new and revised notices
August 31	Temporary Assistance and Food Stamp Policy manual changes distributed
September 5	Last MRF due
September 25	Mass mailing of Change Report forms and Gen 93 brochure (Guide to Reporting changes).
September 30	Last cases closed due to no MRF
October	First month all cases will be Pro-Budgeted

Out with the Old and in with the New

This chart compares and contrasts the features of the current system with the new system. The information outlined in this chart will be useful in developing the materials needed to educate clients about the change reporting requirements and prospective budgeting.

FEATURE	OLD SYSTEM	NEW SYSTEM
Monthly Report Form (MRF):	Most families receiving benefits from Alaska Temporary Assistance and Food Stamp programs must fill out and return a monthly report form each month.	Clients do not have to turn in a monthly report.
Reviews / Recertifications:	For Food Stamp cases, Certification periods are usually from 6 to 12 months. The certification period for Medicaid cases is 6 months. There is no certification period for Temporary Assistance.	Temporary Assistance program will begin reviewing all cases. This review will be essentially the same as the current Family Medicaid review and Food Stamp recertification. All Temporary Assistance cases will be reviewed at least every 12 months. Most cases will be reviewed every 6 months.
Budgeting Method:	Prospective Budgeting is currently used for MRF-exempt Food Stamp households, Medicaid cases, and the first two months for Temporary Assistance and Food Stamp applications. Cases are also budgeted prospectively for two months after a PFD Hold Harmless payment. Retrospective Budgeting or prior month budgeting is used for both Temporary Assistance and Food Stamp cases after the initial two months of eligibility.	Under prospective budgeting, a household's eligibility and benefits are always determined using anticipated income. Anticipated income is an estimate of the amount of income a household can reasonably expect to receive in the month for which the benefit is intended.
Change Reporting:	Households are required to report all changes in their situation that could affect their eligibility or benefit amount.	As part of the transition to prospective budgeting and change reporting, the number of changes a client is required to report has been reduced.

What to report*:*	Examples of changes to report: • All changes in income • Changes in household composition • Changes in alien or citizenship status • Changes in household expenses, including shelter, dependent care, medical and child support paid • Changes in residence or address • All changes in resources • Changes in medical insurance or coverage	An individual only needs to report the following changes in their employment: • they start or stop a job • their rate of pay changes • if their employment changes from full-time to part-time or part-time to full-time. The other changes a client is required to report are: • they move or get a new mailing address • someone moves into or out of the home • their bank account or cash on hand exceeds $2000 • they get a vehicle • there is a change in income greater than $25 from any source other than a job • there is a change in the allowable expenses / utilities the client pays • there is a change in their insurance coverage
When to report changes*:*	Changes must be reported within 10 days for Temporary Assistance, Medicaid and Adult Public Assistance. Also, Temporary Assistance recipients must report within 5 days from the date they know a child will be absent for more than a month. For Food Stamps, changes must be reported within 10 days only if you are not required to submit a monthly report form.	Changes must be reported within 10 days for all Public Assistance programs. Temporary Assistance still has a 5 day reporting requirement when a child leaves the home.
How to report changes:	• On a monthly report form • On a change report form or Gen 55 • By phone, letter, or personal visit • The client, their authorized representative or another person acting responsibly for the household may report changes	• On the Review / Recertification form (Gen 72) • On a change report form (Gen 55) • By phone, letter, or personal visit • The client, their authorized representative or another person acting responsibly for the household may report changes

Penalties for not reporting changes:	Failure to report changes, or give false information may result in: • intentional program violation • denial or closure • overpayment claim	Failure to report changes, or give false information may result in: • overpayment claim • intentional program violation
Forms clients receive and complete to report changes:	• GEN 3 - Monthly Report Form • GEN 55 - Report of Change • GEN 72 – Review / Recertification form • Gen 93 – Guide to reporting changes	• Gen 55 - Report of Change • Gen 72 – Review / Recertification form • Gen 93 Informational brochure (revised)

DOCUMENTATION

The switch from retrospective budgeting to prospective budgeting magnifies the importance for clear and complete documentation. Good documentation is an essential part of quality casework and quality customer service. It also contributes to positive supervisory and quality assessment reviews. The on-line case note (CANO) standards and pre-formatted templates guide you through the steps of thorough documentation. Important elements that need be clearly explained include:

Anticipated monthly income

- ✓ The source, amount, and frequency of the household's income and how this information was verified;
- ✓ The method used to calculate and convert the income to a monthly amount; and
- ✓ Any changes in the income, what effects, if any, the changes have on the estimate.

Factors of eligibility

- ✓ What information was used to determine eligibility and benefits and how it was verified.

Changes

- ✓ Any actions taken on a case and the reasons supporting those actions, including actions taken by the agency in assisting a family to become self-supporting.

Contacts

- ✓ Contacts with the client, partner agencies, contractors/grantees and third party sources (collateral contacts).

Remember! The goal of documentation is to establish a clear and complete record, so any person reading the case will understand the action taken and why.

REPORT OF CHANGE CANO

SUBJECT	ELEMENTS
RECORD TITLE	▪ Report of Change ▪ Date Received
METHOD OF REPORTING:	▪ Document how the change was reported ▪ Who reported the change

CHANGE REPORTED:	REQUIRED REPORT OF CHANGES
	
	* Note only the following pertinent information that applies:
	
	CHANGE IN EMPLOYMENT (INCLUDING SELF-EMPLOYMENT)
	
	Did the household member start or end a job?
	    ▪ If the household member started a job, document the following information:
	    ▪ Employer's/supervisor's name and telephone number
	    ▪ Start date of employment
	    ▪ Expected hours of work per month or work schedule
	    ▪ Full-time or part-time
	    ▪ Hourly pay rate
	    ▪ Pay period
	    ▪ Verification used; if collateral contact was used, list the name and telephone number
	
	If the household member ended their job:
	    ▪ Employer's/supervisor's name and telephone number
	    ▪ Date of job ending
	    ▪ Reason for job ending
	    ▪ Date and amount of last pay received
	    ▪ Verification used; if collateral contact was used, list the name and telephone number

	Change in self-employment
	   ▪ Effective date of change
	   ▪ Type of self-employment
	   ▪ Period of self-employment
	   ▪ Monthly gross earnings
	   ▪ Monthly allowable deductions/expenses
	   ▪ Verification used; if collateral contact was used, list the name and telephone number
	
	CHANGE IN ADDRESS
	   ▪ new address
	   ▪ household composition
	   ▪ move-in date
	   ▪ landlord's name and telephone number if renting
	   ▪ monthly rent amount / mortgage payment
	   ▪ Anticipated utility payments
	   ▪ Verification used; if collateral contact was used, list the name and telephone number
	
	CHANGE IN HOUSEHOLD COMPOSITION
	   ▪ name of the person who moved in or out of the home
	   ▪ date the person moved in or out
	   ▪ relationship of the PI to the person
	   ▪ social security number
	   ▪ date of birth
	   ▪ income
	   ▪ resource
	   ▪ Purchase and prepare (for FS)
	   ▪ Verification used; if collateral contact was used, list the name and telephone number
	
	BANK ACCOUNT OR CASH ON HAND EXCEEDS $2000
	   ▪ name of bank or institution
	   ▪ account number
	   ▪ Source of money deposited in the bank or cash on hand
	   ▪ Verification used; if collateral contact was used, list the name and telephone number

	GETTING A VEHICLE
	   ■ Make, model, year of vehicle
	   ■ Value of vehicle
	   ■ Amount owed
	   ■ How is this vehicle used? (i.e., family/basic transportation, going to work, etc.)
	   ■ Verification used; if collateral contact was used, list the name and telephone number
	(For case management purposes)
	   ■ insurance coverage (agent, address or telephone number, and policy number)
	
	CHANGE IN INCOME GREATER THAN $25 FROM ANY OTHER SOURCE OTHER THAN A JOB
	   ■ Source of income
	   ■ Amount of income
	   ■ Effective date of change
	   ■ How long is the change anticipated to last
	   ■ Verification used; if collateral contact was used, list the name and telephone number
	
	CHANGE IN THE AMOUNT OF THEIR LEGALLY OBLIGATED CHILD SUPPORT:
	   ■ New amount
	   ■ Effective Date of Change
	   ■ Verification used; if collateral contact was used, list the name and telephone number
	
	CHANGE IN MEDICAL INSURANCE COVERAGE
	   ■ Primary holder
	   ■ Insurance company's name, address and telephone number
	   ■ Effective date of coverage for each person covered
	   ■ Name of household members covered
	   ■ Extent of coverage (i.e. medical, dental, vision, accidental only, etc.)
	   ■ Group and policy number
	   ■ Verification used; if collateral contact was used, list the name and telephone number

	OTHER CHANGES

	The client may report other changes that are not addressed above. These may include:
	
	    ▪ a change in their work hours
	    ▪ change in current shelter costs
	    ▪ purchase of property
	
	These reported changes must be documented. The caseworker is responsible for redetermining eligibility and benefit amount based on the change reported.

ACTION:	▪ State what type of action taken (i.e. authorize, deny, requesting more information) ▪ If requesting for more information, state the information and/or verification requested (i.e. work statement, proof of utilities) ▪ What program ▪ Which months ▪ State the notice numbers that were sent (i.e. W102) ▪ State if report of change was routed to another worker (WDS, case manager, service provider) or agency

Tips for processing Reports of change

1) Always CANO your actions when processing all changes reported by clients. This will help track the received date of the report.

2) Review incoming mail and alerts daily; prioritize by date order received.

3) Organize and prioritize daily workload by processing changes that will affect benefits immediately.

4) Always follow the 10-10-10 rule:
   - Clients have 10 days to report changes*
   - Caseworker has 10 days to process benefits
   - Notice of adverse action must be mailed at least 10 days before the effective date of the action.

   * (*The only exception to this rule is the ATAP program, which still requires the household to report within 5 days if a child leaves the home*)

5) Verify if someone reporting the change has the authority to make the report.

6) If change requires verification, inform clients of needed information and documentation. Follow up with the correct notice the same day.

7) If possible, act on changes the same day it was received. It is true that if you can avoid touching the paperwork twice, you will save a lot of time.

8) If possible pick up the phone when it rings and answer calls. This is a big time saver.

9) Email, fax or route pertinent information to those parties who may need them. To better track exchange of information between agencies, do not report changes to another worker via phone. Or if you must, follow it up with a CANO.

10) Review alerts everyday. Print them off and work them first thing in the morning if possible.

POLICY ALIGNMENT
Temporary Assistance, AFDC related Medicaid and Food Stamps

As part of our commitment to program enhancements that streamline our business while promoting self-sufficiency, we are developing uniform policies that will apply to both Temporary Assistance and Food Stamp programs. These changes are outlined in the chart below**.**

Medicaid alignments are indicated by an Asterisk (*).

SUBJECT	TEMPORARY ASSISTANCE POLICY	FOOD STAMP POLICY	ALIGNED POLICY
Resource Limit *	$1,000 for all households	$2,000 for most households, $3,000 for households that include an someone over 60	$2,000 for most households, $3,000 for households that include a person 60 or older.
Property for Sale *	Conditional benefits; requires family to complete AF-11 and agree to repay benefits if property is sold	Exempts real property that is actively for sale	Exempt real property that is actively for sale
Gifts	Exempts gifts up to $30 per quarter	No exemption for gifts; treated as irregular income.	No exemption for gifts; treat as irregular income.
Charitable Contributions *	No exemption for charitable contributions	Exempts charitable contributions up to $300 per quarter	Exempt charitable contributions up to $300 per quarter
Earned Income of a Child / Student *	Complex rules counting or exempting income for different tests and different periods based on source of income and full time or part time student status	Exempts earned income of a child who is enrolled at least half time in secondary school	Exempts earned income of a child who is enrolled at least half time in school; Food Stamp requirement is that the child be enrolled in elementary or secondary school
Non-recurring Lump Sums Payments	Excess averaged; ineligibility of every household member for a period of time	Exempt as income; treated as a resource in month of receipt	Exempt as income; treat as a resource in month of receipt

Crew Members	Treats all crew members who work for shares as self-employed	Considers crew members to be employees unless they meet the definition of self-employed; generally finds they are not self-employed	Both programs will use the same definition for "self-employed"; the two programs will no longer classify individuals differently
Self-employment "settling up"	At the end of each period of seasonal self-employment, a redetermination of eligibility is made using actual income and expenses to determine whether the family was over/underpaid	Does not require a redetermination of benefits at the end of a self-employment season	No retrospective redetermination of benefits based on actual income and expenses
Adding new household members	Requires the request to add new household members be made in writing	Reports of new household members may be made in writing, in person, or by phone	Reports of new household members may be made in writing, in person, or by phone
Corrective Payments	Requires the agency to process all overpayments and underpayments, regardless of cause or amount	Does not require a claim determination for overpayments under $100 that are agency-caused; does not issue underpayments that are client-caused	Neither program will pursue overpayments under $100 that are agency-caused Neither program will issue supplementals for underpayments that are caused by a client's failure to report a change, without good cause
Estimating Income	Required an exact estimate of the household's expected income	Provided multiple options for estimating income; required exact estimate except in rare circumstances	Single policy for both programs based on conversion of weekly to monthly amounts; avoids counting days of work, 3rd and 5th paychecks, etc.
Temporary Increase in Income in 2nd Beginning Month, Causing Ineligibility	Case is closed, family must reapply	Income is disregarded and counted retrospectively	Case will be suspended if prospectively eligible for third month

Alignment Polices
(Adult Public Assistance-APA)

Resource Limit: <u>No alignment</u>. Same amounts but limits are applied differently. The APA program will continue to coordinate with SSI policy. APA resource limits are $2,000 for individuals and $3,000 for couples.

Property for Sale: <u>No alignment</u>. APA will continue to follow SSI policy and retain its existing conditional benefits policy. The individual must complete an APA #11 and agree to repay benefits if property is sold.

Gifts: <u>No alignment</u>. APA will continue to follow SSI policy and exempt infrequent or irregular income (such as small cash gifts) when the amount received does not exceed $20/month of unearned income.

Charitable Contributions: <u>No alignment</u>. APA will continue to follow SSI policy and will <u>not</u> exempt charitable contributions up to $300 per quarter.

Earned Income of a Child/Student: <u>No alignment</u>. APA will continue to follow SSI policy and will exempt up to $1,290/month, but not more than $5,2000 in a calendar year, of the earned income of a blind or disabled student child.

Non-Recurring Lump Sum Payments: <u>No alignment</u>. APA will continue to follow SSI policy and count lump sum payments as income in the month of receipt.

Crew members: <u>Alignment</u>. APA will consider crew members to be employees unless they meet the definition of self-employed.

Self-employment "settling up": <u>Alignment</u>: APA does not require a redetermination of benefits at the end of the annual self-employment period.

Adding new household members: <u>No alignment</u>. Policy doesn't apply. Only individuals or couples may qualify for APA. Each individual must file an application for APA in order to receive benefits.

Corrective Payments: <u>No alignment</u>. APA will continue to pursue repayment of any APA overpayment, regardless of amount or cause. However, APA will only require repayment of client caused overpayments. APA will continue to require corrective payments for underpayments exceeding $25. A corrective payment will not be made if the underpayment is caused by the client's failure to report a change.

Estimating Income: <u>Alignment</u>. APA will follow TA/FS policies for estimating income.

Temporary Increase in Income in Second Beginning Month, Causing Ineligibility: <u>Alignment</u>. However, APA policy is actually more liberal than TA/FS. APA allows a case to be suspended for up to three months (not just the one month that will be allowed by TA/FS).

ANTICIPATING INCOME

Under prospective budgeting, a household's eligibility and benefits are always determined using anticipated income. Anticipated income is a prediction of the amount of income a household can reasonably expect to receive in the month for which the benefit is intended.

A household's monthly income is estimated using information about the source of income, the amount of income from that source and the frequency of income from that source.

Calculating Monthly Income

Once information is known about each income source, the method for estimating the monthly income is dependent on the regularity of the amount of income. If the amount of the income is consistent, the estimate is made using the amount of the regular income and a conversion factor based on the frequency of payment. If the amount of income is irregular the estimate is made using an average amount for the income and applying the conversion factor.

There are two important factors that must be considered in estimating income. They are:

- ✓ Obtaining information about the actual amount of income already received or that can be reasonably expected to be received; and

- ✓ Considering any changes that are likely to occur that will affect the amount or frequency of income.

Adjustments to Anticipated Income

Once a household's monthly-anticipated income is calculated, the estimated amount is used to determine ongoing eligibility. Adjustments to the income calculation are not made until a report of change is received that affects the income calculation (source, frequency of payment, or amount).

Conversion Factors

Payments from a source that are received more than once in a month are converted to monthly amounts using the following method:

Income is received	Multiply by
Twice a Month	2
Every two weeks	2.15
Weekly	4.3

Averaging Income

In some instances it may be necessary to average income. Averaging income means to add together several periods of varying income and divide by the number of periods from which income was received. This method is used when weekly or monthly earnings aren't regular, such as estimating income for self-employed individuals or employees who work on call or by workload demand.

Additional information and scenarios regarding anticipating Income can be viewed at : http://dpa.liminis.net .

Anticipating Sporadic/Seasonal/ Irregular Income

Income is not counted when either the amount of the income cannot be estimated or the month the income will be received cannot be reasonably anticipated. This type of income may come from sources such as bingo or pull-tabs, or a client may receive earned or unearned income that is unpredictable and cannot reasonably be anticipated.

Sporadic or irregular income may count in application situations. If the client has received the income before their interview, they must report it at that time. Applicants must also report changes in income that occur after the interview but before a case decision, within ten days. Changes reported after the interview but before a case decision is made are considered in the initial eligibility determination.

The questions regarding the anticipation of irregular or seasonal income as it relates prospective budgeting are too numerous to be adequately addressed in this prepacket but we will address as many as possible during the training sessions. Some of the situations to be addressed are:

- Part-time Irregular Earnings
- On Call Income
- Bingo Winnings
- Seasonal Fishing Income - Regular Season
- Seasonal Fishing Income - Irregular Season
- Sporadic Craft Sales
- Fire Fighting Income - Seasonal.

Additional information and scenarios regarding anticipating sporadic, seasonal and irregular Income can be viewed at: http://dpa.liminis.net

ALERT ALERT ALERT

Here is a list of alerts that are being added, deleted and changed due to the advent of prospective budgeting.

Alerts that are being added to EIS:

TA CERT EXPIRED – PGM CLOSED
 EOM – Recert Close job

TA REVIEW DUE
 Monthly 28th - Overdue Authorization Alerts job

Alerts that will no longer exist in EIS:

REVIEW HOLD ON PAYMENT
Wkly Fridays – Weekly Alerts job

XXXX WILL TURN XX (AGE 3)
EOM – Client Age Alerts job

FM REVIEW DUE NEXT MO-USE MRF
Monthly 15th – Recertification Notices job

BENEFIT DE-AUTHORIZED – NO MMR
Monthly 15th – MRF Freeze job

AFDC AUTO PAYMENT NOT AUTH
Monthly 5th – Unauth Alerts job

FS AUTO PAYMENT NOT AUTH
Monthly 5th – Unauth Alerts job

Current alerts with changes:

TA PAYMENT NOT AUTHORIZED (new wording)
(ATAP PAYMENT NOT AUTHORIZED)
 Monthly 28th - Overdue Authorization Alerts job

TURNS AGE 18-REVIEW FS PGM (new wording)
(TURNS AGE 18-FS BENEFIT DEAUTH)
EOM – Client Age Alerts job

XXXX TURNED 19-REVIEW TA PGM (new wording)
(XXXX TURNED 19-NOT IN GRANT)
EOM – Client Age Alerts job

RE-DETERMINE FS ELIG: ABAWD (new wording)
(AUTO AUTH TURNED OFF: ABAWD)
Monthly 5th - FS Households Containing ABAWDS

Broadcast from Mary Rogers
Chief of Field Services

I wanted to take a moment to say "Thank You"

Often, because of our busy schedules, we forget to stop and reflect on all the work we do and how much we impact the lives of our fellow Alaskans who request our services. Throughout the week, we have published accolades from clientele, partners and co-workers that were sent to staff. I know each of us have our favorites and periodically from time to time look back at the day someone appreciated you going the extra mile, or lending a listening ear, or sharing a smile and brightening their day. All of these can only bring a smile!

While this week is special, I would like you to know that you are appreciated everyday. I am committed to finding more ways to reward and recognize your valuable work. Soon, I will be revealing a Recruitment, Retention and Professional Development project that the manager's and I are currently working on. There are multiple facets to this project and I will be communicating in person and via email to update you as the project develops. There will be plenty of opportunities ahead for our division to reach its full potential and I look forward to working with you to take advantage of every one of them.

Again, thank you for your dedication, commitment and professionalism to providing services
to people who live in the communities of Alaska.
Your work is special!

Mary Rogers

From: Rogers, Mary
Sent: Wednesday, July 18, 2001 1:46 PM
To: ALL DPA Statewide Staff
Cc: Sturrock, Kathy
Subject: Southeast Regional Manager Recruitment

Broadcast to all DPA staff from Mary Rogers, Chief of Field Services

Here is an opportunity to join our management team as Southeast Regional Manager! We are looking for a team member who thrives in a fast-paced environment, wants to make a difference in people's lives and enjoys the challenges of managing transitions and changes, is highly organized, has experience working with diverse groups, can demonstrate excellent collaboration skills, has innovative creative ideas and solutions, and understands the management of human service delivery systems.

This job will provide an opportunity for you to demonstrate your strong leadership skills. In addition to overseeing the region, this job also provides an opportunity to work with and learn from a team of managers located throughout the state.

If you have dynamic leadership skills and are interested in managing and overseeing direct client services delivered throughout our Southeast region, want to collaboratively work with community partners and creatively plan for upcoming changes, then this job is for you!

If you are interested please apply through Workplace Alaska http://notes.state.ak.us/wa/postapps.nsf/997aaae09c093ddd8925643e0063742b/8925685c005f224989256a880078357 7?OpenDocument If you have any questions, please contact Mary Rogers at 907-269-7875 or by email at Mary_Rogers@health.state.ak.us.

From:	Yardley, Amy
Sent:	Wednesday, July 18, 2001 8:52 AM
To:	ALL DPA Division Managers; ALL DPA Field Supervisors
Cc:	Cagle, JoLynn; Rasberry, David; Perko, Lori; Caldwell, David; Howell, Kelly; Celli-Miller, Maria
Subject:	Pro-Budgeting Training - Revision of time needed for clerical and case management staff

Importance: High

Good Morning Everyone,

As Staff Development and Training analyzes the changes in policy and procedure and creates our curriculum for the upcoming Pro-Budgeting training, we have come to realize that clerical staff and case management staff will need to attend the first half day of the training session rather than just the first two hours.

New workflow procedures will require any DPA employee taking a report of change over the telephone to utilize the Alerts system and to create a CANO documenting the change. In order to adequately prepare staff, we feel it necessary to take the extra time to train on setting alerts and creating CANO's based upon the circumstance and the recommended CANO format. Please notify your staff of this schedule change.

I apologize for any inconvenience this may cause you and I appreciate your cooperation. If you have any questions or concerns, please do not hesitate to contact me at 269-7863.

Thank you! - Amy

From: Bryan, Shirley
Sent: Friday, July 06, 2001 8:37 AM
To: ALL DPA Statewide Staff; ALL DPA State Associates
Subject: SD&T website

BROADCAST TO DPA STAFF & DPA ASSOCIATES FROM SD&T

Staff Development & Training

is pleased to announce as of Monday, July 9, 2001, our website address will change to the following:
<http://dpaweb.hss.state.ak.us/training/> Please update your bookmarks to reflect this change.

Here are some of the services that our web-site has to offer:

Training History Request
Are you interested in locating the training dates and classes you have attended with the Division of Public Assistance? Access a form at the bottom of our home page, calendar, or site map section and complete information will be emailed to you.

Seminars & Conferences
Access this section to find out what seminars and conferences, outside of DPA, are available in the Anchorage, Fairbanks & Juneau areas.

Library
Complete descriptions and an easy online check out form available for 200+ books, videos, & cassettes tailored to fit our Staff's specific learning needs.

Challenges
Here is where you can test your skills! Updated monthly, this section offers several challenges targeted to current programs and policies.

Calendar section
In this section you will find up-to-date training dates, online class registration, printable calendars, trainer bios, and class descriptions.

Newsletter
Printable copies of all issues of the Learning Link are accessible in this section.

Contact Us
Address, email, bios, and phone number to our staff here at Staff Development & Training.

SiteMap
And just in case you are having trouble finding the page you are looking for; we have included a site map listing all the main pages in our site as well as a variety of other DPA sites and services.

We hope you enjoy our site and find the services and information useful. Feedback and suggestions are always welcome!