

**Broadcast to all DPA Staff from the
Policy and Program Development Team**

THINK DIVERSION

As a result of input from the field, Diversion is now a more practical option for job-ready Temporary Assistance applicants. A recent amendment to state law increases the amount of Diversion assistance we can offer families, providing greater flexibility to meet a variety of needs. In addition, while screening all applicants for Diversion remains Division policy, new procedures for client intake developed as part of the Employment Outcome Improvement Project can provide the opportunity for renewed focus on diversion as an alternative to Temporary Assistance. These two changes strengthen Diversion as a tool to help families solve the problems that are keeping them from work, and avoid reliance on the welfare system.

Increase in the Maximum Diversion Payment

Beginning July 1, 2002, Families may receive a Diversion payment equal to what they would receive during their first **three months** of Temporary Assistance benefits. These additional resources increase our capacity to help families address short-term problems and remain self-sufficient.

Lifetime Diversion Limit

Beginning July 1, families are limited to a lifetime maximum of four diversion payments. After a family receives four diversion payments, future applications must be processed for Temporary Assistance.

These policy changes will be included in the next Temporary Assistance manual change.

In addition, we have updated the [Diversion Agreement \(TA-4\)](#) to include this change. The updated form will be distributed to field offices as soon as it is available. Until the new forms arrive, the updated TA-4 is available as an E-form on the DPA web site.

If you have questions please contact any member of the Policy and Program Development Team at 465-3347, or email dpapolicy@health.state.at.us

From: DPA Policy
Sent: Friday, June 21, 2002 2:47 PM
To: ALL DPA Statewide Staff
Cc: ALL DPA State Associates
Subject: Changes in Penalty Policy

BROADCAST TO ALL STAFF
From the Policy and Program Development Team

Changes have been made to the Temporary Assistance statute that affect the amount and duration of the penalties for non-compliance with the FSSP, work activity, or child support cooperation requirements.

These changes provide an opportunity to re-engage families in the planning and activities that will help lead them to self-sufficiency. They provide an incentive for following program rules by allowing penalties to be ended as soon as a family comes into compliance, and increasing penalties if individuals remain out of compliance.

These new penalty provisions are scheduled to take effect July 1, 2002. An informational mailing will be sent to Temporary Assistance families in the next few days describing the changes. Attached to this broadcast are a copy of the letter being mailed to families and a summary of the new penalty policy. It is important that you read and familiarize yourself with the new policy so that you can respond to any questions families may have. We will be providing additional implementation guidance during the first week of July.

We are available to help with questions as we work through this new policy implementation. If you have any questions please contact any member of the Policy and Program Development Team at 465-3347 or email dpapolicy@health.state.ak.us

Assistant Regional Managers, please share this information with our service providers.

STATE OF ALASKA

DEPT. of HEALTH and SOCIAL SERVICES

DIVISION of PUBLIC ASSISTANCE

TONY KNOWLES, GOVERNOR

P.O. BOX 110640

JUNEAU, AK 99811-0640

PHONE: (907) 465-3347 FAX: 465-5154

June 17, 2002

Dear Temporary Assistance Family,

This year, a new Temporary Assistance law was passed that may affect you. The law describes new rules about penalties that reduce benefits. The new rules are scheduled to take effect on July 1, 2002.

Like the current law, the new law requires penalties to be applied when individuals do not develop and follow their Family Self-Sufficiency Plan, participate in work activities or follow child support rules. However, the new law makes two changes. First, the family's Temporary Assistance benefit is reduced by a larger amount the longer that an individual chooses not to take the steps that are required.

- ◆ The monthly benefit amount is reduced by 40% for the first four months,
- ◆ The benefit amount is reduced by 75% for the next four months,
- ◆ The family no longer receives any Temporary Assistance benefits after eight months under penalty.

Second, penalties are no longer in place for a set period. To end a penalty, the individual must show that they are complying with the rules by either developing the Family Self-Sufficiency Plan, following through with the planned activities including work activities, or complying with child support rules. The penalty is lifted as soon as the family begins to follow the rules.

Please contact your case manager if you need help preparing for work, finding a job or keeping one or if you have any questions about the new rules.

Sincerely,

Jim Nordlund
Director of Public Assistance

New and Improved Penalty Policy Created by HB 402 Expected to be Signed into Law and Effective July 1, 2002

During the 2002 legislative session, changes were made to the Temporary Assistance statute that affect the amount and duration of the penalties for non-compliance with the FSSP, work activity, or child support cooperation requirements.

These changes provide an opportunity to re-engage families in the planning and activities that will help lead them to self-sufficiency. They provide an incentive for following program rules by allowing penalties to be ended as soon as a family comes into compliance, and increasing penalties if individuals remain out of compliance.

These new penalty provisions are scheduled to take effect July 1, 2002. This document provides the basic information staff will need to respond to any questions that families may have. We will be providing additional implementation guidance during the first week of July.

New Penalty Policy

As a result of this change in law, a family that is not complying with the FSSP, work activity, or child support cooperation requirements is subject to:

- A 40% grant reduction for the first four months of non-compliance;
- A 75% grant reduction for the next four months of non-compliance; and
- Loss of all assistance if non-compliance continues for more than eight months (full-family sanction).

For families who currently have a penalty in place, July will be month 1 under the new provisions. *Note: EIS will count the number of penalty months and alert the case when a change to a higher percentage reduction is applicable.*

There are additional requirements the Division must meet before imposing a 75% penalty or full-family sanction. Further policy development is under way to develop criteria and procedures for these additional requirements.

Change in Penalty Amounts

Another change is that the reduction in benefits for these penalties is applied to the family, based on the maximum payment amount for that family type and size, and is no longer a set amount for each individual. This affects families in two ways:

- The penalty amount will be different for different sized families. Larger families are subject to a larger penalty amount, while some families will see a decrease in the penalty amount under the new policy.

- The penalty amount will no longer double for two parent families in which both adults are subject to an FSSP, work activity or child support non-cooperation penalty. However, both parents must be in compliance before the family will receive full benefits.

Change in Penalty Length

There are no longer mandatory penalty periods for second and third FSSP and work activity penalties. A family may end an FSSP, work activity or child support non-cooperation penalty at any time by coming into compliance. This especially impacts individuals who are now serving a second or third penalty, and provides an immediate incentive for these individuals to meet the program requirements.

Individuals who incur a subsequent penalty after complying will “start over” and be subject to a 40% grant reduction for months one to four, a 75% grant reduction for months five to eight, and a termination of benefits if non-compliance continues into the ninth month.

EIS Changes

The programming for the new penalty policy will be in production July 1. July applications, and ongoing cases that are processed for August benefits will show the new penalty calculations on the TAPD screen. July benefits that are issued on ongoing cases will be based on the old penalty amounts. We will provide a more detailed implementation memo the first week of July that will provide staff with instructions for processing current penalty cases.

We are continuing to develop the policy and system changes that are needed to fully implement the provisions of the new law. The next major piece of development will be the policy and procedures for the additional steps the Division must take before imposing the 75% or full family sanctions. Field staff input will be an important part of that development.

When these changes are completely in place we will have another tool to use in working with families to help them take the steps they need to take to become independent of Temporary Assistance. We appreciate your help and patience in implementing these changes. If you have any questions please contact any member of the Policy and Program Development Team at 465-3347 or email dpapolicy@health.state.ak.us

Assistant Regional Managers, please share this information with our service providers.

From: DPA Policy
Sent: Thursday, May 23, 2002 4:13 PM
To: ALL DPA Statewide Staff
Cc: ALL DPA State Associates; Melinda (E-mail)
Subject: June Child Care Authorizations

**Broadcast to all DPA Child Care Clerks and Case Managers
from Policy and Program Development Team**

This broadcast provides clarification on issuing June child care authorizations, as we approach the May 31st transition from "Registered" to "Approved" child care. Before issuing a June authorization, case managers or child care clerks need to check the weekly provider status update report or contact the Local Administrator to find out if a registered provider has submitted an application to become approved or licensed.

Providers who have submitted an application for Licensed or Approved status:

- PASS I child care authorizations can be issued for June if a provider who is currently "registered" has submitted an application for approved or licensed status and is awaiting a determination.

Providers who have NOT submitted an application for Licensed or Approved status:

- PASS I child care authorizations can **NOT** be issued for June if a provider who is currently "registered" has not submitted an application for approved or licensed status.

If a June authorization cannot be issued to a provider because they have not submitted an application, the child care clerk or case manager should contact the family. Case managers, along with the child care resource and referral agencies, will need to work with these families to help them find new child care.

Assistant Regional Managers, please share this information with your service providers.

If you have any questions please contact Stacy Goade, Child Care Program Coordinator, at 465-3329 or email her at stacy_goade@health.state.ak.us

-----Original Message-----

From: DPA Policy
Sent: Friday, April 26, 2002 4:17 PM
To: ALL DPA Statewide Staff
Cc: 'Melinda Cavanaugh'; ALL DPA State Associates
Subject: Temporary Assistance Policy Change - Retirement & Pension Funds

**Broadcast Message to All DPA Staff and Case Management Service Providers
from the
Policy and Program Development Team**

Over the past year, we have received a number of policy questions about the treatment of retirement (pension) plans as resources, and requests from field staff to revisit our policy. The questions and concerns stem from the fact that these funds are often subject to administrative waiting periods before they can be withdrawn, and yet still considered an "available" resource to meet a family's needs even when receipt of the funds could not be expected for as long as 90 days.

The policy instruction attached below implements new Temporary Assistance policy regarding the treatment of account balances in retirement or pension related funds. This new policy is effective immediately. It will be incorporated into a future Temporary Assistance manual change. In the interim, please keep a copy of the attached document in your manual as a replacement for section 754-7.

If you have any questions regarding this new policy, please call any member of the Policy and Program Development Team at 465-3347 or email dpapolicy@health.state.ak.us

Assistant Regional Managers, please forward this information to service providers in your region.

Special thanks go to Barb Howard and Beth Stohl-Reiland for their diligence in pursuing this policy improvement, and help in developing the new policy.

Alaska Temporary Assistance Program

Policy Change

April 26, 2002

RETIREMENT FUNDS

Retirement funds are annuities or work-related plans for providing income when employment ends. They include such items as pension, disability, or retirement plans administered by an employer or union. They also include funds held in individual retirement accounts (IRA) and plans for self-employed persons, sometimes called Keogh plans.

Retirement funds fall into two general categories:

- Those that are owned and can be accessed by the individual (Retirement Savings Accounts); and
- Those that are established by an employer (Pension Plans).

RETIREMENT SAVINGS ACCOUNTS

The following types of retirement funds are individually owned, and money may be deposited and withdrawn at will. These funds are available, countable resources regardless of an individual's employment status:

- Individual Retirement Accounts (IRAs);
- Keogh plans; and
- Simplified Employer Pension Plans (SEPs), which are considered IRAs by banks and the IRS.

PENSION PLANS

Retirement funds (including PERS and SBS) that are established by an employer are exempt while the individual is employed with the employer. These types of funds include:

- 457 plans (plans for state and local governments and other tax-exempt organizations);
- 401(k) plans (generally a cash-or-deferred arrangement and generally limited to profit-making firms);
- Federal Employee Thrift Savings plan;
- Section 403(b) plans (tax-sheltered annuities provided for employees of tax-exempt organizations and state and local educational organizations); and

Alaska Temporary Assistance Program

Policy Change

April 26, 2002

- Section 501(c)(18) plans (retirement plans for union members consisting of employee contributions to certain trusts that were established before June 1959).

Availability of Pension Plan Funds:

If an individual is no longer working for the employer who established the retirement fund, and is not yet eligible for periodic payments from the fund, it is a countable resource if the individual has the option of withdrawing the money as a lump sum.

When the funds in a retirement fund cannot be immediately withdrawn and used to meet the needs of the family, the account balance is considered unavailable if:

1. The individual demonstrates that they have applied and are pursuing having the account balance made available to them; **and**
2. Receipt of the funds cannot be expected in the month for which eligibility is being determined.

If the individual is eligible for periodic payments from a retirement fund, the individual must apply for such payments under development of income requirements. In this situation, the account balance is not a resource, but the periodic payments are counted as income.

If an individual refuses or fails to make a reasonable effort to secure these funds, either as a lump sum or as periodic payments, they are considered available.

DEFERRED COMPENSATION PLANS

Deferred compensation plans are evaluated based on whether the individual can access the funds while still employed with the employer that established the account.

If the individual can access the funds while still employed, the deferred compensation plan is considered available and countable.

For other deferred compensation plans, such as the one offered by the State of Alaska, the individual may not withdraw the funds while still employed. Such plans are treated as pension plans.

VALUE OF RETIREMENT FUNDS

The value of any retirement fund is the account balance minus any expected penalties or fees for withdrawal.

From: DPA Policy
To: ALL DPA Statewide Staff; ALL DPA State Associates
Cc:
Subject: Case Review Staffing Call-in Letters
Sent: 4/11/2002 9:39 AM

Broadcast Message to all DPA Staff & Case Management Service Providers

From the 60-Month Project Team

The two call-in letters used to invite recipients to the Temporary Assistance Case Review Staffing meetings are now available in EIS. These letters are similar to those sent with the Case Staffing Procedures in October 2001. You may use either version of these letters.

? The J090, Case Review Meeting Notice, is used to invite recipients to the 36th month Service Review Staffing and the 48th month Time Limit Review Staffing. This notice requires entry of the number of months the family has left on assistance and the month as of which this number is calculated. You may use the PRAW counter or the CLPM counter to get the last month that the counter includes and calculate the number of months left.

Please remember that the PRAW screen shows the number of months issued, while the CLPM screen shows the number of months authorized.

? The J091, 60th Month Time Limit Meeting Notice, is used to invite recipients to the 58th month Extension Review Staffing.

We are still working on a new look for these notices that will be more like a letter. We will keep you posted on developments!

If you have any system related questions, please contact Systems Operations Help Desk at EISHelp@health.state.ak.us

For Policy questions, please contact DPAPolicy@health.state.ak.us

Assistant Regional Managers - please share this information with our service providers.

From: DPA Policy
To: ALL DPA Statewide Staff
Cc: ALL DPA State Associates
Subject: Verification of Income
Sent: 4/2/2002 1:23 PM

Broadcast to All DPA Staff

**From the Policy & Program Development Team, Food Stamp Policy Unit,
and the Division of Medical Assistance**

Recent case reviews found inconsistencies regarding income verification. This broadcast clarifies the income verification requirements for new and change reporting situations for all of our public assistance programs.

Documentary evidence or third party verification is required for all countable income. Do not accept client statement as verification of income unless the claimed income causes ineligibility.

Verification of countable earned or unearned income includes confirming the source, frequency, and amount of income. For earnings, verification should also be obtained for rate of pay and hours of work. Acceptable sources of earned income verification include pay stubs, employment records, a work statement, and contact with the employer. Equally important to verification is documenting all factors on the CANO screen.

The Work Number is also a means for obtaining income information from certain companies, many of which have traditionally been difficult to get detailed data from. *The Work Number* is a service that provides complete employee information from over 600 companies including Wal-Mart, K-Mart, and Fred Meyer. Attached to this broadcast are two documents that provide additional information regarding *The Work Number*.

Documentary evidence or third party verification is also required for claimed household expenses if allowing the expense results in a higher benefit.

For more information, refer to: Administrative Procedures Manual Section 105

Medicaid Manual Sections 5104-10, 5150-7, 5160-9
Temporary Assistance Manual Section 700-4
Adult Public Assistance Manual Section 400-4
Food Stamp Manual Sections 601-6, 604-2F, 604-3F

If you have questions, please write to the Policy & Program Development Team at dpapolicy@health.state.ak.us, the Food Stamp Policy Unit at joan_chase@health.state.ak.us and the DMA Policy Unit at dmapolicy@health.state.ak.us.

Social Services

How to Use The Work Number® --- 800 Number

Before calling please have the following information:

- 1) Your Fax Number
- 2) Employer Code (After entering your fax number, press 2 to receive a fax with an employer code list.)
- 3) Employee Social Security Number



Obtain verification by calling 1-800-660-3399.

Enter your fax number at the prompt:

Press: (1) Confirm your fax number.

Enter: Employer Code

Enter: Employee Social Security Number

Enter: Your phone number and extension
for the "attention to" section of
the fax.

(#) End call

Verification will be faxed to you within 5 business days.

Customer Service: 1-800-996-7566

Social Services

How to Use The Work Number® --- Internet

Before visiting the Web please have the following information:

- 1) Your Fax Number
- 2) Employer Code (available on www.theworknumber.com)
- 3) Employee Social Security Number



Go to www.theworknumber.com

Click: Social Services Agencies (lower right hand corner)

Enter: Your Fax Number (upper right)

Select: Employer Code (select from the drop-down menu)

Enter: Employee Social Security Number

Enter: To whose attention the verification should be faxed

Verification will be faxed to you within 5 business days.

First Time Users: The Work Number requires 128 bit encryption to ensure security. You may need to upgrade your browser. Please follow the online instructions provided.

Customer Service: 1-800-996-7566

THE WORK NUMBER®

The following information was provided by the employer to The Work Number to act as their official agent for issuing employment verifications. Information not provided by the employer is left blank. Any inconsistency between the most recent start date and the total time with the company is due to prior work period. For any questions about the service, call **1-800-9-WORK-NO (800-996-7566)**.

The following information is provided in response to your request for an employment verification on: 5/15/01

Information was current as of: 5/10/01
Employer: Enterprise USA
Employee: RANDY W DOE
Social Security Number: 111-00-3341
Address: 1545 ORANGEDALE LANE
SOUTH HAMPTON , NY 63211
Employment Status: Active
Most Recent Start Date: 2/01/99
Total Time with Employer: 2 years 3 months
Current Position: CUSTOMER RELATIONS
Rate of Pay: \$7.10 hourly

Average Hours per Pay Period: 80

	<u>Current YTD</u>	<u>Last Year</u>	<u>Two Years Past</u>
Total Pay:	4100.20	14769.77	13756.45

<u>Pay Period Date</u>	<u>Pay Date</u>	<u>Hours Worked</u>	<u>Gross Earnings</u>
05/04/2001	05/10/2001	74.00	525.40
04/20/2001	04/26/2001	74.00	525.40
04/06/2001	04/12/2001	20.50	145.50
03/23/2001	03/29/2001	80.00	568.00
03/09/2001	03/15/2001	80.00	568.00
01/26/2001	02/01/2001	80.00	568.00
01/12/2001	01/18/2001	80.00	568.00
12/29/2000	01/04/2001	80.00	568.00
12/15/2000	12/21/2000	60.00	426.00
12/01/2000	12/07/2000	80.00	568.00
11/17/2000	11/23/2000	80.00	568.00
11/03/2000	11/09/2000	80.00	568.00

MEDICAL COVERAGE: Y Enterprise Medical

DENTAL COVERAGE: Y Enterprise Dental

Reference Number for this verification: 10639911

* Gross Earnings include Gross Base Wages, Bonuses, Commissions, Overtime, Reported Tips and any other form of reported compensation.

The Work Number database is always growing.
To receive a free up-to-date list of companies on The Work Number,
call our Client Service Center at 1-800-996-7566.
Or visit our web site at www.theworknumber.com

Faxed to: Janet Caseworker

Sample Social Services

From: DPA Policy
To: ALL DPA Statewide Staff
Cc:
Subject: Services for Non-Qualified Alien Parents
Sent: 3/28/2002 8:23 AM

This broadcast provides guidance on case management, childcare assistance and supportive services for parents who are not in a Temporary Assistance case because of their alien status. These individuals are subject to the 60-month limit on Temporary Assistance, and each month we issue benefits for their children is considered a month of assistance for the parent.

Because these parents are not included in the assistance unit, they are not required to develop an FSSP. In order to help prepare families to deal with the 60-month time limit, we want to encourage them to voluntarily participate in self-sufficiency planning.

We will provide case management, supportive services, and childcare assistance to non-qualified alien parents who participate in self-sufficiency planning. **These services are only available if they remain in voluntary compliance with their plan and are participating in activities that lead to self-sufficiency.**

This policy is a change from the directions we have given in the past. We are making this change because it is in keeping with the Division's mission and goals, and that it is important to serve every family that is subject to the five-year limit. We do not want families to exhaust their lifetime eligibility for assistance without offering them the services and help they may need to become self-sufficient.

These families should also be included in service review, time limit and extension staffings as appropriate.

If you have any questions please contact any member of the Policy and Program Development Team at 465-3347, or email dpapolicy@health.state.ak.us

From: DPA Policy
To: ALL DPA Statewide Staff
Cc:
Subject: Revised Gen 142, Authorization for Reimbursement of Interim Assistance
Sent: 3/20/2002 8:18 AM

Broadcast to all DPA Staff

From the Policy and Program Development Team

The Gen 142 form, Authorization for Reimbursement of Interim Assistance, has been revised. This form is used as part of the process for establishing eligibility for Interim Assistance. Supplies of the revised form are being mailed to each district office. Upon receipt of these forms, please destroy the previous 10/93 version of the Gen 142 form and begin using the new 02/02 version.

Additional supplies of the revised Gen 142 form are available from Policy and Program Development. If more forms are needed, please order them using the Gen 125 Forms Order available on the DPA e-forms website at <http://dpaweb.hss.state.ak.us/e-forms/eformhome.htm>.

If you have any questions about this revised form, please contact the Policy and Program Development Team at 465-3347 or e-mail us at dpapolicy@health.state.ak.us

From: DPA Policy
Sent: Friday, March 08, 2002 10:10 AM
To: ALL DPA Statewide Staff
Cc: ALL DPA State Associates
Subject: Child Care Provider Changes

BROADCAST TO ALL DPA STAFF and SERVICE PROVIDERS
FROM POLICY and PROGRAM DEVELOPMENT

Starting today, March 8th 2002, several new child care policies take affect that are intended to improve the health, safety, and welfare of young children receiving assistance under PASS programs. Below is a summary of these changes, along with a letter DEED sent to registered providers on Feb. 22, 2002, including those providers receiving PASS I childcare payments.

1) From "Registered" to "Approved" Childcare

Registered providers will now have to meet additional requirements to become "Approved". These requirements include:

- Providers who are currently on the "registered" list will need to submit an application packet to become "approved". Providers can pick up the application packet from the Local Administrator in their area. Providers will need to complete the packet and return it to the Local Administrator before May 31, 2002.
- "Approved" providers will be required to become state licensed within 12 months. Relative and in-home providers must be "approved" but will not need to become licensed.
- The maximum numbers of children an "approved" provider can care for has been reduced to no more than five children under the age of 12, including the provider's own children.
- Providers and persons 16 years of age and older who live in or have access to the child care program will be required to submit a notarized Release of Information form. A licensing specialist will conduct a review of criminal justice, protective services, and licensing records on the provider and other persons referred to above.
- Approved providers will be required to maintain childcare attendance records.

Some child care providers may fail to meet the new criteria for becoming "approved" and no longer be eligible to receive a PASS I payment. This could result in some Temporary Assistance families needing to search for new provider(s), case managers needing to issue new requests for childcare, and childcare clerks issuing new authorizations. Whenever possible, please refer families to their local childcare Resource and Referral agency or other community resources for help on selecting quality child care.

2) Letter and Information to Providers from DEED



Letter to Registered
Providers...

3) PASS I Child Care Provider Application Timeframe

In addition to changes noted above, DPA is reducing (from 60 to 30 days) the grace period allowed to new PASS I providers for the completion of the provider application. The change is in response to field staff requests and is intended to improve the transition between PASS I and PASS II. This policy change means that DPA will not issue child care authorizations for more than 30 days from the initial authorization to a childcare provider. Procedures for handling the grace period will be the same except handled within 30 days rather than 60.

DPA childcare clerks have raised excellent questions with regard to the changes in PASS I childcare and we are working on an "FAQ" document that will be distributed by email soon. In addition, we will be incorporating the new policy into our PASS I Child Care manual. In the interim, please keep this document in your manual for reference.

Assistant Regional Managers, please ensure this information is provided to case management service providers.

If you have any questions about these changes please contact Stacy Goade, Child Care Program Coordinator, at (907) 465-3329 or email her at: stacy_goade@health.state.ak.us.

STATE OF ALASKA

Department of Education & Early Development

Division of Early Development

TONY KNOWLES, GOVERNOR

333 West 4th Avenue, Suite 320

Anchorage, Alaska 99501-2341

Phone: (907) 269-4500

Fax: (907) 269-4520

Yvonne_Chase@eed.state.ak.us

February 22, 2002

Dear Registered Child Care Provider:

We wanted to let you know of some important changes that may affect you and the families of children in your care. The State Board of Education has adopted child care assistance regulation amendments that will become effective on March 8, 2002. This notice highlights those changes.

Important Note: The timeframes listed below will be different if you reside within the Municipality of Anchorage. Please contact 343-6536 for specific information.

▪ Change from Registered to Approved Status

Effective March 8, 2002, all child care providers currently classified as “registered” must complete an Approved Provider packet and submit all required documentation to their local child care assistance administrator no later than May 31, 2002. Local administrators may require that you submit this packet earlier to expedite the transition process. Child care providers meeting the new standards will be referred to as “approved” providers. The term “registered” will no longer be used.

The Approved Provider packet can be obtained from your local child care assistance administrator or online at <http://www.eed.state.ak.us/EarlyDev/approved.html>.

Note: This packet will not be required if you apply for a Child Care License by May 31, 2002. Local administrators may require that you submit a licensing application earlier. To request an application, contact Child Care Licensing at (907) 269-4600.

▪ Change in Maximum Number of Children Allowed in Care

Regulation amendments state that you may care for no more than a total of five children under 12 years of age, including your own children. Of those five children, no more than four may be unrelated to you and no more than two may be under the age of 30 months.

If you are caring for more children than allowed under the new regulations, you must reduce the number of children in care to the above numbers no later than May 31, 2002.

Exception: If you apply for a Child Care License by May 31, 2002, you may care for no more than a total of eight children under 12 years of age, including your own children. Of those eight children, no more than four may be unrelated to you and no more than two may be under the age of 30 months.

- Maximum Time Period for Approved Status

A child care provider who is otherwise exempt from licensure and does not provide child care services in the child's own home may be approved for participation in the Child Care Assistance Program for a maximum period of one year. The one-year period begins once you have been granted Approved status.

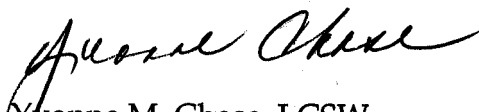
Approved providers must become licensed in order to continue participation in the Child Care Assistance Program past the one-year period.

A child care provider who is otherwise exempt from licensure and provides services in the child's own home, or provides care only to children who are related to them, shall be approved for participation in the Child Care Assistance Program every two years. There is no requirement that these providers become licensed.

We hope you will consider applying for a Child Care License. Please refer to the enclosed attachments for additional information as well as who to contact if you have questions.

Your care of Alaska's children is appreciated. We look forward to working with you whether you choose to become licensed or approved under the child care assistance regulation amendments.

Sincerely,


Yvonne M. Chase, LCSW
Deputy Commissioner

Enclosure

Approved Relative Providers

- ★ Must be approved to participate in the Child Care Assistance Program, AND

- ★ Must provide child care services only to children who are (either by blood, marriage, or court decree) your:

- ★ Grandchild;
- ★ Great-Grandchild;
- ★ Sibling (only if you live in separate residences);
- ★ Niece; or
- ★ Nephew.

- ★ May care for no more than a total of five children under 12 years of age, including your own children.

- ★ Must renew your approved status every two years.

Note: The above definition for "related" differs from the one in the chart for approved providers. The definition above is taken from the Federal Register on child care funding that lists the only relationships allowed for funding under "relative care."

From: DPA Policy
Sent: Friday, January 11, 2002 2:53 PM
To: ALL DPA Statewide Staff
Cc: DMA POLicy
Subject: Post Implementation FAQs for Prospective Budgeting

**BROADCAST
TO ALL DPA FIELD STAFF
FROM THE PROBUDGETING POLICY TEAM**

Subject: Post Implementation FAQs for Prospective Budgeting.

A new set of ProBudgeting frequently asked questions is posted on the DPA project web site at

<http://soar.hss.state.ak.us/probudget/faq.php>

The FAQs and answers are also attached to this broadcast as a Word document.

These are post implementation questions we received from field staff over the past several months, as we moved from the transition to prospective budgeting to working with this policy on a day-to-day basis. We will continue to provide guidance as you experience more of the "fine points" of prospective budgeting.

If you have any questions about the information provided in these FAQs, please email dpapolicy@health.state.ak.us (for Temporary Assistance, General Relief Assistance or APA questions), Joan_Chase@health.state.ak.us (for Food Stamp questions), or DMA_POLicy@health.state.ak.us (for Medicaid or CAMA questions).

Q. A work statement from an employer shows a client is scheduled to work 160 hours a month. However, the client has actually been working about 120 hours a month. Do we anticipate what they are scheduled to work, or what their history shows?

A. Since the work history shows that this individual will work 120 hours a month, use that information to estimate this income. Although the employer statement says this individual is expected to work 40 hours a week, the earnings history shows the actual income this individual can be expected to receive.

Q. Some working clients have schedules that vary from week to week. The employers will only commit to the minimum number of hours they expect them to work. How do we estimate these earnings?

A. Base the estimate on the earnings history if there is one. If there is not an earnings history, use the employer's estimate of the hours the individual will work.

Q. A client obtains a new job and is paid monthly. Their work schedule is Monday through Friday, so the number of days worked each month can vary from 20 days to 23 days. What conversion factor do we use to arrive at a monthly amount?

A. Since this is a new job and there is no earnings history, select a conversion factor based on the work schedule rather than the frequency of pay. If the schedule is given in weekly terms, multiply the weekly hours times the pay rate and then apply a conversion factor of 4.3. Using this conversion factor accounts for the changing number of workdays each month, and over time it will prove to be a fairly accurate estimate.

Q. A client works P/T and also receives UIB. Her pay changes each pay day causing her UIB to change accordingly. How would you prospect UIB for a part time worker?

A. The method of estimating unearned income, such as UIB, is the same as it is for estimating earned income. Since this individual's UIB varies, average the income amounts and apply a conversion factor. Since the estimate of earned income is done the same way, the total estimated income for this person should be reasonably accurate.

Q. If a household is living in a motel that charges \$100.00 per week, is a conversion factor used to convert the weekly rate to a monthly?

A. Yes. The estimate of expenses is what the client is reasonably expected to pay each month. In this example, use the 4.3 conversion factor to convert the weekly expense to a monthly amount.

Q. If a family is charged weekly or bi-weekly for childcare, do we apply a conversion factor? If they are charged monthly but we don't have a payment history, do we estimate it using a conversion factor and then use an average monthly charge when a payment history is established?

A. Childcare is different than other expenses, for two reasons. First, we only allow childcare expenses if they're related to specific activities, and second, there is a limit to the amount of childcare we will allow as a deduction (\$175 for children or incapacitated adults, or \$200 for children under 2). For Temporary Assistance, there should be no child care expense, since they are eligible to receive PASS I assistance.

Because of these differences, estimate childcare based on the activities the childcare covers. For example, estimate each month how many hours an individual will work or participate in work activities; this is the basis for the estimate of their childcare expense.

For ongoing work or activities and childcare, use the payment history. For new childcare expenses, where there is no payment history, estimate the hours of care needed to support the activities the adult is engaged in.

Q. A National Guardsman reports in August that he did not attend any monthly drills during July or August, and doesn't expect to be on any in September. He expects to work two drills in October. How do we estimate this income?

A. The client has already reported an expected change in employment for October. At the time of the report there was nothing questionable, so estimate the income for October based on the client's statement. An alert could be set for mid-September to verify the actual drill schedule.

Q. How do we estimate Native TANF payments when an individual reports a change to us that we know will affect the amount of TANF benefits they receive?

A. Estimate the Native TANF payment to be the same as it has been until the benefit amount actually changes and this change is reported to us. This applies to other types of income as well, notably UIB. The estimate of income doesn't change without specific information, from the client or the source of the payments, about the new benefit amount.

The reason for this policy is that we don't know when the change will be effective for another program, and Native TANF income policies may be different than ours. Even if we explore the situation with the client, they may not be able to provide enough information to make a new estimate of income from the source.

Q. An applicant just started working and only has one paycheck stub at the time of interview. Do we estimate income for the application month based on the applicant's statement and one paycheck, or do we call the employer, or both?

A. For an applicant who just began a job and only has verification of one week's pay, a collateral contact with the employer is appropriate, to document that the single paycheck is representative of what the client will receive on an ongoing basis.

Q. If a client is a long time employee of a company, can we use their last 3 months of income, and their statement of what they expect to change without verifying this with the employer?

A. If an individual has an established history of earnings from an employer, the estimate of income can be done without repeated collateral contacts with the employer. Instead, use information from the DOL interface or from previous records of this individual's earnings as documentation. The reported changes would need to be verified, unless there was also a history of this change occurring (such as a seasonal shutdown).

Most estimates can be based on a single month's income unless the income varies greatly from month to month. If more than one month's income is needed for the estimate, use the last two months - the further back we go the less likely it is that past information will accurately reflect future earnings.

Q. I've heard about averaging and I've heard about converting. When is it appropriate to average income instead of converting?

A. Averaging and converting aren't interchangeable. They are different tools that are used for different purposes in estimating income.

Monthly income is calculated using information about the source of income, the estimated amount of income from each source, and the frequency of income from each source. Averaging is the tool that addresses the amount of income in the estimate, and is used when the amount of income an individual receives from a source varies. Conversion is the tool that addresses the frequency of income, and is used if an individual receives income from a source more than once a month.

Q. How do I use conversion factors if I'm estimating beginning or ending income?

A. Conversion factors are only applied when the household is expected to receive a full month's income from a particular source. They are not applied to a month when the start or end of income will result in a partial month's income from that source.

For example, an individual reports on February 15 that they will begin work on the 22nd. They will receive their first paycheck from the job on March 5th, but it will only be for a partial pay period. A conversion factor would not be applied to March income, since the individual will not receive a full month's income from this source. March benefits would be based on the estimated actual income from this source.

Q. Why doesn't policy mention a conversion factor for monthly pay?

A. There isn't a need for a conversion factor for monthly income. Conversion factors are used to change weekly, bi-weekly and bi-monthly amounts into monthly estimates because we pay benefits on a calendar month basis and EIS is programmed to calculate them using monthly income. Income that is received monthly is already "converted".

From: Fitzjarrald, Ellie
Sent: Thursday, January 03, 2002 4:36 PM
To: ALL DPA Statewide Staff
Cc: Sturrock, Kathy; DMA POLicy
Subject: 60-Month Update

**This is a Broadcast to all DPA Staff & Case Management Service Providers
from the 60-Month Project Team**

As most of you know the 60-month clock is ticking and we are working on a number of strategies around this issue. This broadcast is to let you know about a time limit notice that is being mailed to families today, and other 60-month work in the mill.

- **Time Limit Notice.** We are mailing the X082 “Important Time Limit Notice” today to all Temporary Assistance families who have received 36 or more months of assistance and who live in non-exempt communities. This notice informs families about the number of months they have used and the number of months of assistance they have left.

We will send this notice on a quarterly basis, with the next mailing in March. Clients may call and ask questions about the information in the notice. Guidelines for responding to these types of inquiries were broadcast on December 11, 2001 to assist you in responding. Please review this information and if you have questions please email Field Services at dpafield@health.state.ak.us.

- **EIS Enhancements.** Work is in progress to replace the EIS PRAW screen with a new time limit screen. The new time limit screen will track months as well as information about any extensions to the time limit. Monthly caseload reports are being developed that will list the number of months used. In addition, we are working on EIS notices to notify families of case review staffings and extension decisions.
- **PRAW Project.** Tammy Allam, who is working on the Special QA Project to review months of assistance coded on the PRAW screen, is now reviewing records for families who have used over 24 months of assistance and that have at least a three-month difference between the PRAW counter and the number of months benefits were paid on EIS. When corrections are needed Tammy works with the EIS Help DESK to make the adjustment to the PRAW counter and documents the correction with a case note (CANO) entry. Many thanks go to Tammy Allam, Rocky Grimes, and our EIS Help Desk crew for their efforts on the PRAW screen project. As of mid-September, nearly 800 cases have been reviewed with approximately 450 corrections completed.

Please remember to review months of assistance information while processing Temporary Assistance applications and reviews, and completing case staffings. Send needed corrections to the EIS Help Desk using the procedures described in the July 19, 2001 broadcast to staff.

- **Temporary Assistance Manual.** We are also in the process of updating the Temporary Assistance manual to incorporate the Time Limit Extension Criteria and the Case Review Staffing Procedures we issued in October. Feedback from staff using these materials was positive and helpful. Thanks to everyone who has commented!

Keep up the great work! We will keep you informed as we move forward.

-----Original Message-----

From: DPA Policy
Sent: Monday, December 10, 2001 2:23 PM
To: ALL DPA Statewide Staff
Subject: New Temporary Assistance "Incap" Policies
Importance: High

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

At long last we are pleased to announce changes to Temporary Assistance policies for serving families with incapacitated adults. We believe these changes will provide you with new options to help prepare incapacitated adults for employment and other activities that will help their family reach self-sufficiency. The changes include:

- A revised, strength-based [TA10 form](#)
- A streamlined process for determining incapacity
- Changes to the definition of incapacity
- Family self-sufficiency planning for incapacitated adults

Attached are copies of the new Medical Examination & Capacity form (TA10) and guidelines for the immediate implementation of the new policy.

If you have any questions regarding this broadcast or the attached materials, please email the Policy and Program Development Team at dpapolicy@health.state.ak.us <<mailto:dpapolicy@health.state.ak.us>>.

Assistant Regional Managers, please forward this information to your service providers.

*Ron Kreher
Work Services Program Officer
Division of Public Assistance*

Memorandum

Date: December 10, 2001

To: All DPA Staff and Case Management Service Providers

From: Ellie Fitzjarrald, Chief
Policy and Program Development Team

Subject: Temporary Assistance "Incap" Policy changes

This memorandum implements the long awaited changes to our Temporary Assistance policies for serving incapacitated adults. These policy changes reflect our renewed focus on employment as a goal for all families and are the result of feedback we received from DPA staff last year during the business analysis meetings.

The changes provide more options for helping individuals address challenges to employment and self-sufficiency and are intended to simplify the process for determining an individual's incapacity. The changes take effect immediately and are as follows:

- New policy specifying that incapacity only exists if the individual is unable to work full-time;
- New policy requiring all incapacitated adults to develop and comply with the provisions of a Family Self-Sufficiency Plan;
- Revisions to the [Medical Examination Form \(TA #10\)](#), and;
- Dissolution of the Medical Review Team (MRT).

New Definition of Incapacity

An individual is considered incapacitated when they have a physical or mental condition that will last at least 30 days and the condition is severe enough to prevent the individual from working full-time. Incapacity may also exist if the condition discourages employers from hiring the individual or providing reasonable accommodations. The inability to do home chores or to pursue subsistence activities are no longer factors in determining incapacity.

New FSSP Requirement

Families with an incapacitated adult in the assistance unit are now required to develop, sign, and follow a Family Self-Sufficiency Plan. When developing the FSSP, remember that incapacitated individuals are still exempt from participating in "work" activities. However, they are now required to participate in self-sufficiency activities and activities that are directly related to preparing them to take part in work activities when they become mandatory participants, as noted in [manual section 719-2](#).

FSSPs should focus on the individual's ability to engage in self-sufficiency activities such as wellness plans, treatment activities, pursuit of disability benefits or other forms of financial support, stable housing, and other activities that enhance the well-being and quality of life of the individual and the family. Steps in the FSSP should also be designed to improve their capacity to engage in activities that prepare them for employment.

In some instances the individual's condition may limit their participation, but not wholly prevent them from doing part-time employment, vocational training, or other job readiness activities. When developing an FSSP with an incapacitated adult, case managers must ensure the activities are tailored to the person's capabilities and that the need for and availability of reasonable accommodations are considered.

New TA #10 Form

The revised Medical Examination and Capacity Form (TA #10) includes the new incapacity definition and removes the language asking about home chores and subsistence activities. It also makes it easier for medical professionals to furnish information about a person's ability to engage in activities. The revised form is available on the DPA e-forms website at <http://dpaweb.hss.state.ak.us/e-forms/eformhome.htm>. The form should be printed as a two-sided document. **Please destroy or recycle any existing supplies of the old TA #10 form and begin using the 12/2001 version of the form when you receive this memo.**

Medical Review Team

The Medical Review Team (MRT) is discontinued. Eligibility Technicians already make the initial determination of incapacity based on the information provided on the TA #10. Now, they will also use the medical professional's estimate of how long the condition is expected to last to schedule the review for a redetermination of incapacity. If necessary, the redetermination can be completed as part of the TA six-month review. Eligibility Technicians and case managers should collaborate to determine if more frequent medical reviews are necessary.

Implementation

A list of all Temporary Assistance families with an incapacitated adult will be distributed to regional managers today. Eligibility technicians and case managers need to review these cases to determine how the changes in policy affect families and take necessary action. The list provides the number of months each family has left on assistance. Cases closest to the 60-month limit should be reviewed first. Reviews should be conducted taking into consideration the scheduling of case staffings. **All cases that require an incapacity redetermination should be completed by March 31, 2002.**

Cases affected by new incapacity definition

1. Eligibility staff

- Need to review cases to identify those affected by the change in the definition of incapacity. When an individual's incapacity has been based solely on an inability to engage in home chores or subsistence activities, the incapacitated adult will need a new medical examination completed using the revised TA #10.

Send notice W004 to the individual requesting a new TA #10, and allow sufficient time for the individual to schedule an appointment for an exam, if needed, and to return the form.

Redetermine incapacity based on the information provided by the TA #10. Send a copy of the completed TA #10 to the case manager and notify them of the determination.

If the individual no longer meets the definition of incapacity, send the new W790 "Change in Work Requirement" notice to the client.

1. Case Managers

- Contact the incapacitated adult to schedule an appointment to develop the FSSP.

FSSP development for incapacitated adults should take into consideration the nature and extent of the adult's incapacity as documented on the TA #10.

Cases affected by the change in FSSP requirements

1. Eligibility staff:

- Review cases to identify families previously exempt from the FSSP requirement because an adult in the household is incapacitated;
- Send notice W789 "Self-Sufficiency Plan Needed" to advise the family of the change in policy and the need to schedule an appointment with their case manager;
- Refer the family to a case manager, using existing office procedures; and
- Provide a copy of the completed TA #10 to the case manager.

2. Case managers:

- Contact the family to schedule an appointment; and
- Work with the family to develop, or modify their FSSP, taking into consideration the incapacitated individuals' ability to engage in appropriate activities.

For new applicants

1. Eligibility staff

- Use the new TA #10 form in processing applications for Temporary Assistance families that include an adult with an incapacity; and
- Refer the family to a case manager, using existing office procedures, for development of their Family Self-Sufficiency Plan; and
- Provide a copy of the completed TA #10 to the case manager.

2. Case managers

- Contact the family to schedule an appointment; and
- Work with the family to develop their FSSP, taking into consideration the incapacitated individuals' ability to engage in appropriate activities.

Notices

The new W789 "Self-Sufficiency Plan Needed" and W790 "Change in Work Requirement" notices, and the revised W004 Medical Information Needed notice are in EIS Production and available for immediate use.

Manual Changes

These changes will be included in Temporary Assistance manual change #5, which is scheduled for distribution later this month, and in the next Administrative Procedures Manual change. In the interim, please keep this document in your Temporary Assistance manual for reference.

We are also developing new work activity policies for individuals who are able to work part-time. However, we need to amend the Temporary Assistance regulations to make these changes and expect to have them in place by July 2002.

If you have any questions, comments or suggested improvements to the new policies, the new notices, or the new TA #10 form, please let us know by emailing us at: DPAPolicy@health.state.ak.us. We are also interested in hearing about any feedback or suggested improvements you receive from medical professionals.

From: DPA Policy
Sent: Friday, October 19, 2001 3:40 PM
To: ALL DPA Statewide Staff
Cc: Sturrock, Kathy
Subject: Draft 60-Month Time Limit Extension Criteria Guidance

**Broadcast to All DPA Staff & DPA Service Providers
From the Policy and Program Development Team**

Draft 60-Month Time Limit Extension Criteria Guidance

Attached is draft policy guidance for determining extensions to the 60-month time limit. We are using this guidance for the extension review staffings now underway for families who are about to reach the time limit. It enhances the 60-month policy in Chapter 701 of the Temporary Assistance Manual. Feedback on the use of this draft guidance by the review teams will provide us with the information we need to continue to refine and clarify this policy. Once we have tested this policy in practice, we will issue a change to the Temporary Assistance manual that includes the enhanced policy.

If you have any questions, please contact the Policy and Program Development Team at DPAPolicy@health.state.ak.us <<mailto:DPAPolicy@health.state.ak.us>>.

Assistant Regional Managers, please share this information with our service providers.

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPARTMENT of HEALTH and SOCIAL SERVICES

DIVISION of PUBLIC ASSISTANCE

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MEMORANDUM

Date: October 19, 2001

To: Field Managers
60-Month Review Team Members

From: Ellie Fitzjarrald
Chief of Policy and Program Development

Subject: 60-Month Extension Policy

This memo presents a draft of the enhanced Alaska Temporary Assistance Program policy for determining extensions to the 60-month time limit. This policy is intended as a companion to the case staffing procedures released last week. We are issuing in this format rather than a manual change so that the review teams for the "Early Families" can use it and give us feedback. We will use their comments to refine and clarify the policy prior to its inclusion in the Temporary Assistance Manual.

This is new territory for all of us – staff and families alike. As Jim Nordlund pointed out in his recent October 9 message to all staff, many families have moved off assistance and into jobs. The great majority of "long term" recipients have not been successful for the very reasons outlined in the extension policies. However, some do not have these challenges and their assistance will end. Our goal is to ensure that we have the best policy guidance possible to see the safety net is in place for our most vulnerable families and to ensure that we do not degrade the integrity of the time limit principle.

Please use this policy for making extension determinations over the next couple months. We are here to support you and encourage you to e-mail or call any one of us anytime for guidance, questions or just to discuss issues. The main phone line is 465-3347, or you may call Ellie at 465-5847, Carolyn at 465-2340, Angela at 465-3200, Bob at 465-5772, Shannon at 465-3382 or Jim Steele at 465-3201.

60-MONTH TIME LIMIT EXTENSION CRITERIA

A family is not eligible for Temporary Assistance if the family includes an adult who has received 60 months of assistance from the Temporary Assistance program or another state or Native TANF-funded program. The family will receive an extension to the 60-month time limit if they are unable to become self-supporting because of:

- Domestic violence;
- Physical or mental inability to perform gainful activity;
- Caring for a child or relative who is experiencing a disability; or
- Hardship.

An extension should be allowed when additional information or assessment is needed to determine if a family qualifies for a specific extension reason. The extension should be allowed for the period of time necessary to obtain the information or to perform the assessment. The extension will then be reviewed based on the information or assessment results when they are received, and a new determination will be made.

Two-parent families

The great majority of Temporary Assistance families subject to the 60-month limit are single parents or caretaker relatives, thus the criteria below will usually be applied to one parent or caretaker. In two-parent families, the family is considered to have reached the time limit if just one of the parents reaches the 60 months (these are cases where another parent may have joined the family during the time they were receiving assistance, so has not accumulated 60 months). For these families, each parent must meet at least one of the extension criteria below in order to be extended. If a family with two parents contains a parent who is able-bodied and does not meet any of the extension reasons below, the family is not eligible for an extension.

Extension Criteria

1. Domestic Violence

This extension is given if there is reason to believe a parent or caretaker is, or recently has been, the victim of domestic violence and the physical, mental, or emotional well being of the victim would be endangered by a strict application of the 60-month time limit.

A victim of domestic violence will receive an extension to the 60-month time limit if it is determined that the individual is unable to gain or keep employment, participate in work activities, or achieve self-sufficiency as a result of domestic violence.

The statement of the parent or caretaker is sufficient to establish that the individual is a victim of domestic violence if a written statement from a medical professional, domestic violence counselor, law enforcement representative or other source is not available.

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If appropriate, the determination to allow an extension will be made in consultation with a domestic violence program. An FSSP will be developed that incorporates the recommendations of the staffing team, and that is designed to lead to work and, to the extent possible, and to alleviate the conditions that endanger the victim's well-being.

It is difficult to gauge how far into the future an incident will impact the family, or at what point an individual became a victim. In determining a family's need for an extension to the time limit because of domestic violence, it is important to assess the family's total situation. The effects of domestic violence may make it difficult for a family to maintain employment or move toward self-sufficiency even after the immediate danger has passed. Parents or caretakers that have a history of domestic violence but who have not experienced a recent episode may be considered for an extension under the hardship criteria.

2. Incapacity

An extension is allowed if a parent or caretaker is physically or mentally unable to perform gainful activity.

An individual is considered to be physically or mentally unable to perform gainful activity if he or she:

- a) is determined to be disabled by the Social Security Administration; or
- b) has a physical or mental condition that, on the basis of competent medical testimony, is expected to last at least 30 days and is severe enough
 - to prevent the individual from working at full time employment; or
 - that potential employers refuse to hire the individual or refuse to provide a reasonable accommodation under the Americans with Disabilities Act.

Physical or mental inability to perform gainful activity is documented under #2 above using the TA-10 Medical Examination Form. (A revised version of the TA-10 will be issued shortly.)

A recent change in law now requires incapacitated caretakers to complete and follow an FSSP. Additional information on this change will be distributed soon. Under our extension policy, an appropriate FSSP should be developed that incorporates the recommendations of the staffing team, includes activities that are not precluded by the individual's incapacity, and that are directed towards helping the family become self-supporting.

3. Caring For A Child Or Relative Who Is Experiencing A Disability

An extension is allowed if a parent or caretaker is unable to work or to participate in work activities because they are needed in the home to provide care for a child or relative who is experiencing a disability.

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For a family to qualify for an extension under this criterion, all of the following conditions must be met:

- The person requiring care must be a dependent child or an adult who is related to the parent or caretaker within the fifth degree;
- The disability must be verified by a written statement from a physician or psychiatrist, or by other relevant documentation such as receipt of Social Security disability benefits or Supplemental Security Income; and
- The need for a level of care that prevents the parent or caretaker from working or participating in work activities must be supported by documentation from a physician or other licensed medical professional.

FSSPs developed with these parents or caretakers should incorporate the recommendations of the staffing team and should be directed toward helping the family develop the resources and skills that will allow them to become more independent of the Temporary Assistance program if appropriate.

4. Hardship

A family receives an extension for hardship when they experience circumstances outside of their control that prevent the family from reaching self-sufficiency AND the loss of Temporary Assistance benefits would result in conditions that threaten the health or safety of the family.

Circumstances Outside of the Family's Control

Circumstances outside of a family's control may include, but are not limited to:

- A specific catastrophic event meeting the criteria for a formal disaster declaration under state and federal laws that impacts the family; or
- An adult in the family has a documented functional impairment that interferes with their ability or potential to earn a wage sufficient to support the family.

A family experiencing circumstances outside of their control that prevent them from reaching self-sufficiency must be taking appropriate action to work towards self-sufficiency. If a family is taking appropriate action and is still unable to become self-sufficient, they are considered to be experiencing circumstances outside their control. A family demonstrates that they are taking appropriate action by developing and following plans to become self-supporting, participating in activities towards that goal, and working to resolve problems that interfere with their plans and activities.

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Functional Impairment:

A functional impairment is a condition in which the individual has limited capability for attaining employment at a level that allows the family to be self-sufficient. A functional impairment may be documented by work history that shows limited earning potential, history of the types of work activities participated in and attempted, information from screenings and formal assessments, or documentation of a medical or mental health condition provided by a medical professional. Indicators of functional impairment include:

- The individual's work history or participation in work activities shows that he/she has been unable to obtain, retain or advance in employment at a level that allows the family to be self-supporting.
- The individual has a history of regular full-time employment, but is unable to support his/her family at the current wage or to advance in employment enough to be self-supporting.
- Screenings and assessments or medical documentation that provide additional information about problems and conditions that are limiting the capability for self-sufficiency.

Some types of functional impairment are:

- Difficulty performing specific tasks or in learning skills that are required in a broad range of jobs.
- Inability to be employed or to pursue additional or higher level employment due to entering rehabilitation or a treatment program for mental or physical health or substance abuse.
- Learning disability which affects the potential for employment and which the individual is working to accommodate.
- Limited English proficiency which affects the potential for employment and which the individual is working to overcome.
- Limited capacity for earnings as shown by the capability for employment only through a supported work environment.

Conditions that Threaten the Health or Safety of the Family

The loss of Temporary Assistance benefits would result in conditions that threaten the health or safety of the family when the family:

- Will not have sufficient income or resources to provide for essential needs, and
- Does not have access to support from any other source to meet those needs.

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Families facing conditions that threaten their health or safety include:

- The family cannot provide for housing, food, transportation, child care or other essential needs while seeking or continuing employment, or pursuing other plans for self-sufficiency.
- The family will be unable to stay together if benefits are ended.
- Family reunification plans underway with Division of Family and Youth Services would be disrupted and it is determined that a child would likely be removed from the home and placed into emergency shelter or foster care if assistance was ended.

Making the Determination

The extension review staffing team should use prudent judgment and the best information available in making the determination that a family suffers from hardship. Determinations will be made based on the individual family's situation. The team will review how the specific family is impacted by circumstances outside of their control and whether conditions exist that will threaten this family's health or safety if benefits are discontinued.

Do not base a determination on inability to perform one particular job or work activity, or on the lack of jobs in the local area. The determination should be based on inability to perform a broad range of jobs.

Families may meet the hardship criteria for a time limit extension even if they have incurred a penalty for non-compliance with the Family Self-Sufficiency Plan or non-participation in work activities, as long as they are complying at the time they are considered for an extension.

Compliance with Family Self-Sufficiency Plan While on Extension

The family must continue to develop and follow a Family Self-Sufficiency Plan (FSSP) while they are receiving an extension to the 60-month time limit. The activities incorporated into the FSSP will include recommendations developed by the time limit review staffing.

- For families that receive an extension based on domestic violence, incapacity of a parent or caretaker, or the need for the parent or caretaker to care for a child or adult who is experiencing a disability, the family may be subject to a penalty if they do not fulfill the FSSP requirement.
- For families that receive an extension based on hardship, developing and complying with an FSSP is a way to demonstrate that they are experiencing circumstances outside their control. If this requirement is not met, the family may be denied an extension or the extension may be ended.

From: DPA Policy
Sent: Friday, October 19, 2001 9:27 AM
To: ALL DPA Statewide Staff
Subject: ProBudgeting Processing Details

**BROADCAST TO ALL DPA STAFF
FROM THE POLICY AND PROGRAM DEVELOPMENT TEAM**

ProBudgeting Processing Details

Now that prospective budgeting has been in place for a few weeks, we have identified several areas where auto-issuance of benefits does not recognize case changes that must be acted on. While we do not have solutions to all of these problems, we want you to know that they have been identified and that System Operations and the policy units are working on solutions.

Refuse Cash: EIS currently counts the amount of a refused Temporary Assistance and APA grant in calculating the Food Stamp allotment. As stated in an earlier broadcast, please continue to authorize the food stamp allotment first, and then authorize the Temporary Assistance or APA grant. A work request has been submitted, and SysOps is moving ahead with a permanent solution.

Temporary Assistance Earned Income Disregard Counter: The Temporary Assistance earned income disregard decreases after each 12 months of earned income reported by a client. EIS does not automatically change the benefit amount when an individual has used all 12 months at a particular disregard level. A work request has been submitted to have EIS generate an alert when the thresholds are reached.

Until that work request is completed, the change in the disregard amount will be made when the case next requires action, or at the next Temporary Assistance review. No corrective action is necessary in these circumstances.

When the work request is completed, case workers will need to respond to the alerts by manually authorizing the next month's Temporary Assistance benefits. If a Food Stamp case is attached, the case worker will also have to authorize the following month's food stamp allotment to reflect the changed Temporary Assistance grant.

Beginning and Ending Recoupments: EIS automatically changes Temporary Assistance and APA benefits when a recoupment begins or ends. Federal Food Stamp regulations require a recalculation of the Food Stamp allotment to account for this change in the Temporary Assistance or APA grant. A work request has been submitted to have EIS generate an alert when a Temporary Assistance or APA recoupment begins or ends. The caseworker will have to manually authorize the following month's benefits to ensure that the food stamp allotment is correct.

Until the work request is completed, correct the food stamp allotment when the case next requires action, or at the next Food Stamp recertification. Complete a claim determination or issue a supplemental allotment as required.

If you have any questions, email a member of the Policy and Program Development Team at dpapolicy@health.state.ak.us <<mailto:dpapolicy@health.state.ak.us>> for Temporary Assistance and APA questions, or Joan Chase at joan_chase@health.state.ak.us <mailto:joan_chase@health.state.ak.us> for Food Stamp questions.

From: DPA Policy
Sent: Friday, October 19, 2001 9:32 AM
To: ALL DPA Statewide Staff
Subject: Working Beyond Current System Month

**BROADCAST TO ALL DPA STAFF
FROM THE POLICY AND PROGRAM DEVELOPMENT TEAM**

Working Beyond Current System Month

This broadcast updates the instructions you were given on September 25, 2001, asking you not to initialize cases beyond the current system month. That broadcast was based on our concern that cases initialized beyond the current system month would not be updated by automated mass change jobs, and might not receive some system-generated alerts.

Now, case workers may initialize and authorize into the benefit month of December if it is necessary to process a reported change within the 10 days specified in policy. For Temporary Assistance, Food Stamps, and APA the first mass change under prospective budgeting will be for the benefit month of January. Please remember that initializing cases into December may cause the case to miss system-generated alerts.

No Temporary Assistance, Food Stamp or APA cases should be initialized into the benefit month of January until after rollover is completed on November 30, 2001.

We have not identified any mass changes that will affect Medicaid programs. Medicaid cases can be initialized into future months if necessary. This will occur primarily on Transitional Medicaid cases, where it is necessary to initialize and authorize future months. It may also occur in cases where a Medicaid recipient needs coupons for future months to accommodate travel.

If you have any questions, email a member of the Policy and Program Development Team at dpapolicy@health.state.ak.us <<mailto:dpapolicy@health.state.ak.us>> for Temporary Assistance and APA questions, or Joan Chase at joan_chase@health.state.ak.us <mailto:joan_chase@health.state.ak.us> for Food Stamp questions.

From: Chase, Joan
Sent: Monday, October 15, 2001 8:40 AM
To: ALL DPA Statewide Staff
Subject: Military Household Changes

BROADCAST TO ALL STAFF

From the Food Stamp Policy Unit and the Program & Policy Development Team

The deployment of military servicemen and women in response to the terrorists attacks has brought disruptions to many families. Active duty personnel, reservists and National guardsmen and women are being called to serve, and most will be required to leave home. We are providing a brief summary of policy to help you process changes reported by these households.

INCOME

Families are required to report when a member leaves the home, including when a serviceman or woman leaves to join his or her military unit.

- For Food Stamps, the individual is removed from the household if anticipated to be absent for more than one calendar month. Any part of the absent military person's earnings made available to the family will count as unearned income to the family. This may include paychecks deposited into joint bank accounts or money sent by the military person directly to the family.
- For Temporary Assistance, the individual is considered temporarily absent for an allowable purpose. The military person's earnings and other income continue to count.

RESOURCES

- For Food Stamps, any of the military person's resources to which the family has access will count as resources to the family.
- For Temporary Assistance, the military's person's resources continue to count.

HOUSEHOLD EXPENSES

In some cases, the military person may continue to pay the household's rent directly to the landlord.

- For Food Stamps, this payment is excluded as income, and the shelter expense is not allowed as a deduction.
- For Temporary Assistance, the shelter expenses are considered to be paid by a household member, and are included in the calculation of the family's shelter allowance.

EFFECTIVE DATE OF CHANGE

The household will be required to report the military person's departure within ten days, and the caseworker has ten days to act on the change.

- Changes that result in an increased benefit are effective the month following the receipt of the report of change. In most cases, this will require the caseworker to issue a supplemental benefit to the family.
- Changes that result in a decreased benefit to the household are effective the month following adverse action notice.

ADDITIONAL POLICY GUIDANCE

- For information on household composition and mandatory filing unit, refer to FS Manual Section 602-1A and

Temporary Assistance Manual Section 711-2.

- For information on allowable absences lasting more than a month, refer to Temporary Assistance Manual Section 711-7.
- For information on processing changes and determining the effective date of change, refer to FS Manual Section 604-3 and TA Manual Section 790-2.
- For information on vendor payments, refer to FS Manual Section 602-3D(3).

If you have Food Stamp Program policy questions, contact Joan Chase at Joan_Chase@health.state.ak.us. Direct Temporary Assistance policy questions to DPAPolicy@health.state.ak.us.

From: DPA Policy
Sent: Wednesday, August 01, 2001 5:04 PM
To: ALL DPA Statewide Staff
Subject: Important Implementation Instructions for ProBudgeting

**BROADCAST TO ALL DPA STAFF
From the Policy and Program Development Team
and the Food Stamp Policy Unit**

Subject: Transition to Prospective Budgeting and Change Reporting

Implementation of prospective budgeting and change reporting begins today, August 1, 2001. This means that households applying from now on will be prospectively budgeted, subject to change reporting requirements, and no longer required to submit Monthly Report Forms (MRF's).

The first steps in this conversion are to begin applying new procedures for applications received on or after August 1, 2001. These steps include informing applicants of the new reporting requirements and coding EIS so MRF's are not sent to them.

Informing Applicants

Since August applicants will not be subject to monthly reporting requirements, we must inform them of the new change reporting requirements.

Attached to this broadcast are electronic copies of the new [Reporting Changes \(Gen 55\) form](#) and the new [Reporting Changes \(Gen 93\) pamphlet](#). Please print these forms and provide copies to August applicants. We will provide each office with a supply of these forms as soon as they are available from the printer, approximately August 15.

Note: Individuals who applied in July, but are not interviewed until August remain subject to the MRF and retrospective budget requirements and, if eligible, will be converted with other ongoing cases in September for October benefits.

Coding EIS

Households that apply in August will never be placed in retrospective budgeting. Because these cases will not be budgeted retrospectively, they will not be required to submit a MRF in September.

To insure that August applicants do not receive a MRF with the August mailing, the "First MMR Required in Month of:" field on the MMHR screen must be set to 10/01.

Most DPA staff will be trained within the next three weeks and have by now received a Prospective Budget Training Pre-packet or viewed it on the web at <http://dpa.liminis.net/probudget/download/training/TrainingPrepacket.pdf>. The Pre-packet includes more information about the new policies and a schedule of implementation activities.

If you have any questions, please contact the Policy and Program Development Team at 465-3347 or email dpapolicy@health.state.ak.us