

ALASKA ADULT PUBLIC ASSISTANCE MANUAL

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410 APPLICATION PROCESS

In order for the Division of Public Assistance (DPA) to determine a household's eligibility, the household must:

- Submit an identifiable application;
- Complete and sign an approved application form;
- Attend an interview with a DPA caseworker, fee agent, or Native Family Assistance Program (NFAP) agency staff person, if an interview is required; and,
- Provide documentation and verification, including required forms, needed to determine program eligibility.

An application form must be given to the individual the same day DPA or the fee agent receives a request for an application. All households must be advised that they may file an application the same day they contact the office in order to establish their benefit start date. Individuals requesting an application by phone will be sent one the same day the telephone request is made.

Fee agents help individuals who live in communities that do not have a local DPA office apply for public assistance. DPA provides fee agents with applications and other forms individuals need to apply for assistance. Individuals are not required to go to a fee agent, and may send the application directly to the nearest DPA office.

An application is considered filed when a DPA office receives an acceptable application form containing the applicant's name, address, and signature. Faxed applications are accepted. Applicants must be advised that eligibility cannot be determined until a member of the household completes an application form and participates in an interview with a caseworker, fee agent, or Native Family Assistance Program agency, if an interview is required.

The receipt of an identifiable application in a DPA office establishes the application filing date. The caseworker has 30 days following the application filing date to process the application. When the applicant asks to apply for another program prior to the eligibility determination, use the original filing date and benefit start date for all programs.

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410-1 ELIGIBILITY IN ONE HOUSEHOLD.

An individual may only be determined eligible as a member of one household at a time in any given month.

410-2 THE APPLICATION FORM

A. WHAT IS AN ACCEPTABLE APPLICATION FORM?

The **Gen 50B, Application for Services form**, is the initial application form that is used to apply for any public assistance program, except the Heating Assistance Program. To apply for Heating Assistance, a Heating Assistance Program application must be completed.

The **Gen 72, Eligibility Review Form**, is the review application form that is used to determine continued eligibility for Adult Public Assistance, Food Stamps, Medicaid, and Temporary Assistance.

- If received in the month following the end of the review/recertification period, the Gen 72 form can be used as an initial application form.
- If received after the month following the end of the review/recertification period, a Gen 50B application form is required. The Gen 72 form will be accepted to protect the benefit start date, however, it cannot be used as the initial application form.

The **Native Family Assistance Program (NFAP) application form** is an acceptable application form for Adult Public Assistance, Food Stamps, Medicaid, and Temporary Assistance.

The **Med 4** specialized application form is also available and its use is encouraged when appropriate. The Med 4 is used to apply for nursing home, home and community-based services, disabled children living at home (TEFRA) coverage, children applying for or receiving SSI, and APA.

B. WHEN IS AN APPLICATION REQUIRED?

1. Upon the individual's first application for a program, even if the individual is already a recipient of another DPA assistance program.

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2. Upon application from a denied, withdrawn, or closed status, unless the denial or closure was the result of an administrative error.
3. Any time the caseworker believes the individual's circumstances have changed sufficiently to justify conducting a special redetermination of eligibility, including when an office conducts a special review project for all or part of its caseload.

C. **WHEN IS AN APPLICATION NOT REQUIRED?**

1. To reopen a closed case as a result of an individual's timely request for a fair hearing, or to open or reopen a case as the result of a fair hearing decision.
2. To reopen a case that had been closed incorrectly.
3. To resume benefits after benefits have been suspended.
4. To redetermine eligibility after the application is denied for failing to provide verification and the household provides the verification within 30 days from the application filing date.
5. To redetermine eligibility after the application is denied for failing to attend an interview and the household contacts the office to reschedule the interview within 30 days from the application filing date.
6. When there is a change in "payee", "in care of" addressee, or mailing address.
7. When an aged, blind, or disabled Medicaid recipient who has been living in a Medicaid institution and is ineligible for APA benefits leaves the institution to live in the community, APA benefits may be started without a new application. A caseworker may require a special review if he or she considers it necessary.
8. When an SSI recipient who receives Medicaid but not APA benefits because of being under the age of 18 reaches the age of 18. A special review application may be required if a caseworker considers it necessary.

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D. WHAT IS AN IDENTIFIABLE APPLICATION?

An identifiable application is an acceptable application form containing the applicant's name, address, and signature (or witnessed mark) of the individual seeking assistance or of the individual's authorized representative. Each DPA office must accept and date the identifiable application when it is presented.

An individual who contacts a DPA office and who shows interest in the program or a desire to apply shall be advised of his or her right to submit an identifiable application on the date of the contact in order to establish the benefit start date. The individual may file an identifiable application on an acceptable application form, as described at manual section 410-2A.

E. WHO CAN SIGN THE APPLICATION FORM?

- An adult household member
- An authorized representative
- An individual who has legal authority to act on the applicant's behalf (i.e., Office of Public Advocacy, legal guardian)
- An individual with appropriate power of attorney
- A responsible person, if the individual filing the application is incapable of applying and of appointing an authorized representative in writing.

The signer must certify, under penalty of perjury, the truth of the information contained in the application.

Any individual has a right to apply for APA and can sign an application. The proper individual to sign an APA application is the applying adult. If both members of a married couple wish to apply, they may do so on a single application form if both spouses sign the form. If the applying adult is incompetent or incapacitated, or wishes to appoint an authorized representative, a responsible individual acting on the individual's behalf may apply for him or her.

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F. WHO CAN BE AN AUTHORIZED REPRESENTATIVE?

A responsible adult, 18 years or older, may be designated by the applicant in writing as authorized representative. If the applicant is illiterate, his/her mark must be witnessed by two individuals who must each sign their names and date the document. No special form is required.

Authorized representatives may sign the application and act on behalf of a household. A household member should prepare or review the application, if possible, even though the authorized representative will be filing the application and/or attending the interview.

G. COMPLETING THE APPLICATION FORM

In addition to making an identifiable application and having it signed by an eligible individual, the applicant must answer all of the questions on the application form.

If the individual requests help in completing the application form, the caseworker will offer assistance.

If the application form is not completed, the caseworker will allow the household an opportunity to complete the form. In this case, written notification will be sent to the household listing the items that need to be completed. See manual section 410-5C, Pending the Application.

410-3 THE INTERVIEW

A. WHEN IS AN INTERVIEW REQUIRED?

Interviews are mandatory for all initial applicants. A face-to-face interview is required at the time of initial application, unless the face-to-face interview is waived. See manual section 410-3D for policy on when an interview can be waived.

B. WHO MUST ATTEND THE INTERVIEW?

A member of the applicant household who can sign the application form or an individual authorized by the household must attend the interview.

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C. WHO CAN CONDUCT THE INTERVIEW?

- **DPA Caseworker:** Most individuals will be interviewed by a DPA caseworker in the DPA office or by telephone.
- **Fee Agent:** In communities where there is no DPA office, the fee agent conducts the interview for individuals who want to apply for public assistance. The fee agent will complete a Fee Agent Interview Report form (FA #1) and submit it with each application.
- **Native Family Assistance Program (NFAP) Agency:** We will accept the NFAP interview, if one is conducted, and not require the individual to be interviewed again. If the NFAP interview notes are not provided with the application, the caseworker will obtain them from the NFAP agency.

Note: Regardless of who conducts the interview, if additional information or verification is needed to process the application, the caseworker will contact the applicant to get this information.

D. WHEN CAN THE FACE-TO-FACE INTERVIEW BE WAIVED?

Face-to-face interviews can be waived when the applicant is unable to attend the interview for reasons including:

- Illness or disability
- Transportation difficulties
- Prolonged severe weather
- Needed to care for a family member
- Living in a location not served by a DPA office
- Work or training hours that preclude an in-office interview during office hours

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The caseworker shall document the reasons a face-to-face interview is waived. A household whose face-to-face interview is waived shall be interviewed by telephone or through correspondence.

E. INTERVIEWS CONDUCTED AT THE DPA OFFICE

Interviews must be scheduled for applicants who cannot be interviewed on the day they submit an application.

The interview must be scheduled timely to ensure eligible households have an opportunity to participate within 30 days after the application is filed.

Applicants may bring anyone they choose to the interview. During the interview, applicants must be informed of their rights and responsibilities and basic program procedures.

When the applicant fails to appear for a scheduled interview and does not reschedule, the application is denied. If the household contacts the office within 30 days of the application filing date, the office must schedule a second interview. If the household is determined eligible, the original application is used and benefits start based on the date the application was filed.

Note: If an application is registered on EIS as a request for service, EIS will automatically deny the application on the 30th day from the date the application was filed. The household is notified via a system-generated notice.

F. CHANGES REPORTED AT THE INTERVIEW

Applicant households must report all expected changes affecting their eligibility or benefits at the interview.

Changes reported after the interview, but before a case decision is made, will be considered in the initial eligibility determination.

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When an applicant reports that a spouse has moved into the home before a case decision is made, the spouse must be included in the household beginning with the month the spouse moved in. When an applicant reports that a spouse has moved out of the home, that spouse is still considered to be part of the household for the month during which the spouse moved out.

Example:

Mary applies for APA on May 27. At the interview on June 5, she reports that her spouse moved in on May 30. The spouse is considered part of Mary's household for May. If her spouse had moved in on June 3, he would be included in Mary's household beginning June 1.

Example:

Angela applies for APA on April 1. Her application lists herself and her spouse as household members. On April 10, she reports that her spouse left the home that day due to incarceration. Her spouse is considered to be a household member for April. He is not be considered to be a household member for May, the month after he moved out.

410-4 VERIFICATION

See manual section 400-4 for policy on verification.

Information from Data Systems and EIS Interfaces

Several data systems and computer interfaces are available through the Internet and on-line EIS access. Caseworkers must check these systems for each household member at each application and review/recertification as part of the verification process.

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Direct Data Systems	Information Verified
INGENS Public Information Database	Ownership of resources including vehicles, real estate, fishing permits, mining claims, boats
NSTAR or NFIN State of Alaska Child Support Services Division	Child Support collections Child support disbursements Legal obligation to pay child support
State of Alaska Department of Labor (DOL)	Unemployment Insurance Benefits
Automated Status Verification System (ASVS) (formerly SAVE)	Qualified alien status of household members who are not U.S. citizens

EIS Interfaces (using the INME menu)	Information Verified
BENDEX Social Security Administration	SSA payments
SDX Social Security Administration	SSI payments
State of Alaska Department of Labor (DOL)	Employment history through quarterly wage match
State of Alaska Permanent Fund Dividend Division	PFD payments
SeniorCare	SeniorCare payments
State Verification Exchange System (SVES)	AP/ME: SSA and SSI payments

410-5

ACTIONS TAKEN ON THE APPLICATION

Every applicant must be provided with adequate written notice of the action taken on the application. Adequate notice means that the individual is informed of the action taken, the reasons for the action, and the manual sections from the appropriate program policy manual that supports the action.

410-5 Continued

A. APPROVING THE APPLICATION

An approval notice must be sent to the household following a determination of eligibility. Except when the application is delayed as described below, approved households must receive benefits no later than 30 days after the application filing date. To meet this requirement, the caseworker must authorize the benefits by the 28th calendar day following the application filing date. See manual section 410-5F for policy on when an application is delayed.

- **Eligible First Month/Ineligible Second Month:** A household may be eligible for the month of application and ineligible in the subsequent month. In this case, the household should be approved only for the month of application. However, if the anticipated change is expected to last only for the second month, the case should be suspended for the second month according to the temporary ineligibility policy at manual section 480-5A.
- **Ineligible First Month/Eligible Second Month:** A household may be ineligible for the month of application but eligible in the subsequent month. Even though denied for the month of application, the household does not have to reapply. The same application is used for the first month denial and the determination of eligibility for the subsequent month.
- **Months Following the Initial Months:** If DPA does not make a decision on an application during the first two initial months (the month that eligibility may begin and the following month), the application is valid through the month that the decision is actually made. The original application is enough to establish continued eligibility. A case worker does, however, have the authority to ask for a special review application if he or she believes that circumstances warrant it.

If an applicant is found eligible for at least one month during this period, and then becomes ineligible for a following month(s), the case worker can either suspend or terminate the APA case, depending on the circumstances. (Refer to section 480-6 for the policy on APA suspension or termination.)

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B. BENEFIT START DATE

The benefit start date determines the date from which benefits begin. See manual section MS 410-7 for policy on determining the benefit start date.

C. PENDING THE APPLICATION

When the office needs the applicant to submit a complete application form, attend an interview, or provide information needed to determine eligibility, the application is pended, and a notice is sent. The notice clearly informs the applicant what is needed to complete the application. Applicants will be given at least 10 days, but no more than 30 days, from the date of this notice to provide the verification. The same verification pend time frames will be consistently applied to all applicants within each office.

1. Applicants failing to provide all necessary verification at the interview will be sent a pend notice no later than 30 days after the application filing date requesting the required verification.
2. Applicants contacting the agency within the pend period expressing difficulty in obtaining required verification will be offered assistance. The caseworker should extend the pend period if additional time is needed to obtain the information. A new pend notice should be sent.
3. If the applicant does not complete the application process, the application is denied at the end of the period provided in the notice.

D. DENYING THE APPLICATION

A denial notice must be sent to the applicant explaining the reason for the denial. This notice should be sent as soon as possible following the determination of ineligibility, but no later than 30 days following the application filing date.

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Applicants denied for failing to provide needed verification by the end of the pend period will be sent a notice of denial at the end of the pend period. If the applicant provides the verification after the pend period but within 30 days of the application filing date, the caseworker must accept the verification and make an eligibility determination without requiring a new application. If the household is found eligible, the caseworker will use the original benefit start date.

Note: When the deadline for processing an application or providing verification does not fall on a workday, it will be extended to the next workday.

See manual section 410-3E for policy on denying applicants for failing to attend an interview.

E. WITHDRAWING AN APPLICATION

The applicant may voluntarily withdraw the application at any time before the eligibility determination is made. A written or verbal request to withdraw is acceptable. The reason for withdrawal (if known) shall be documented in the case file. The applicant shall be advised of his or her right to reapply at any time by submitting a new application. A notice shall be sent to the individual denying the withdrawn application.

If the individual wants to apply again once an application has been withdrawn, he or she must complete a new application.

F. WHEN THE APPLICATION IS DELAYED

If a household's eligibility has not been determined or benefits have not been authorized for an eligible household by the 30th day following the application filing date, the application is delayed. The caseworker will determine the cause for the delay and take appropriate action:

1. **Agency-caused delays** include cases where the application was not approved, denied or pended within the allowable time limits.

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If an eligibility determination cannot be made by the 30th day from the application filing date because of action required by the agency, the case is left in a pending status. The household must be sent a pend notice by the 30th day.

In some circumstances, the case worker cannot determine eligibility for APA because the decision must be based upon another agency's action. In these situations, the case worker may postpone the decision on the APA application. Written notice must be sent to the applicant within 30 days of the filing date, explaining that the application is being held pending the other agency's action. This provision applies to findings of disability by the Disability Determination Service (DDS) of the Division of Vocational Rehabilitation, eligibility decisions for Supplemental Security Income (SSI) or Social Security Disability Insurance benefits by the Social Security Administration (SSA), and processing delays caused by the SSI application process.

Individuals who have applied for SSI may be eligible for Interim Assistance while waiting for a final eligibility decision on their SSI application.

2. **Household-caused delays** include situations where the office cannot take further action on the application without an action from the household.

If the household fails to submit a complete application form or reschedule an interview by the 30th day from the application filing date the application is denied.

3. **Delays caused by inability to provide a completed AB #3 or AD #2.** DPA will postpone an eligibility decision for up to an additional 30 days if an applicant who must have an AD #2 or AB #3 examination is unable to do so within 30 days after the date that his or her application was filed for reasons beyond the individual's control.

This additional 30 days will also be granted to an applicant who has undergone an AD #2 or AB #3 examination, if the examiner has not furnished a completed AD #2 or AB #3 form to DPA.

410-6 REFERRALS TO OTHER AGENCIES

An important part of the APA application process is the identification of and referral to other benefits to which the applicant may be entitled; this requirement is explained in detail in Manual Section 420.

There may be other publicly or privately operated programs available to APA clients who are residents of a particular community that are important sources of social and health services. Although such programs do not provide the financial assistance offered by the APA program, and APA clients cannot be required to participate in them, they often provide services which are specifically designed to meet the special needs of the aged, the blind, and the disabled. It is important for case workers to be aware of what programs are available in the communities they serve so that they may refer clients with special needs to the appropriate agencies.

Social service programs, whether operated by state or local agencies, provide a range of services without which many APA clients would simply be unable to live outside of an institution. The aged and the disabled are often highly vulnerable to financial, physical, and psychological exploitation.

Case workers should be alert for clients who may have limited ability to care for themselves, or who may be involved in abusive situations, and should, with the client's permission, make any needed referrals for social services. Similarly, some clients have special health care needs which can be met by home and community health care programs. These clients should be referred to apply for such services.

410-7 INITIAL MONTH BENEFITS

The benefit start date for APA and Medicaid benefits may vary as follows:

A. INITIAL MONTH'S APA PAYMENT FOR APPLICATIONS RECEIVED ON OR AFTER JULY 1, 2004

1. Applicant meets all eligibility requirements on date of application

For applicants who meet all APA eligibility requirements (including receipt of SSI benefits) on the date of application, the benefit start date will begin the date the APA application is received in a DPA office.

2. Applicant is not eligible for SSI or needs a disability determination

For applicants who are not receiving SSI or those who need a disability determination, the APA benefit start date will be the first day of the month after the Social Security Administration issues written notice of the applicant's eligibility for SSI or Disability Insurance benefits, or the first day of the month after the Disability Determination Service (DDS) notifies DPA that the applicant is disabled, whichever date is earlier.

Example:

On January 5, an individual applies for both APA and SSI benefits. On June 6, the same year, the Social Security Administration issues a notice to the applicant that he is eligible for SSI beginning January 5.

Because Social Security notified the individual of SSI eligibility in June, the benefit start date for APA is July 1.

B. INITIAL MONTH'S APA PAYMENT FOR APPLICATIONS RECEIVED BEFORE JULY 1, 2004.

APA applicants who applied before July 1, 2004 are entitled to receive APA benefits from the date on which the APA application is received in a DPA office, the date on which the applicant meets all APA eligibility requirements, or the date on which the applicant is found eligible for an SSI benefit, whichever date is later.

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Interim Assistance recipients who are approved for SSI are eligible for APA benefits beginning with the 1st day of the month after the month SSA decides the individual is eligible for SSI. (Refer to section 426-7A.)

C. ELIGIBILITY FOR MEDICAID

If otherwise eligible, APA applicants may qualify for Medicaid coverage back to the month that an APA application is received in a DPA office. There are some APA policies that do not apply to Medicaid. For example, Medicaid eligibility may begin based on the month of application, and does not follow APA policies on when APA payments begin. To qualify for Medicaid coverage, these persons must still meet all other eligibility factors, including blindness, disability, or age.

Example: APA and Medicaid benefits begin in different months

An applicant applies for APA and related Medicaid on July 15, 2004. On September 10, the Social Security Administration notifies the applicant that he is eligible for Social Security Disability Insurance benefits of \$600 per month beginning with the benefit month of July.

Because the applicant applied for APA on or after July 1, 2004, eligibility for APA cannot begin until October 1. However, Medicaid eligibility may begin July 1, 2004, the month that the application was received in the DPA office.

D. RETROACTIVE MEDICAID COVERAGE

An APA applicant may be eligible for Medicaid benefits for one or more of the three months before the month that the APA application was filed. Eligibility for Medicaid under this provision is explained in Medical Assistance manual section 5008.

410-8 NOTICE OF FINDING ON APPLICATION

A. ADEQUATE NOTICE REQUIREMENT

Every APA applicant must be provided with adequate written notice of the action taken on his or her application. Adequate notice means that the individual is informed of the action taken on his or her case, the reasons for the action, and the manual section(s) which support the action. An adequate notice must be mailed or given to the individual no later than the work day following the date the action was taken.

B. APPROVAL NOTICES

An individual who has been found eligible for assistance is adequately notified if the notice states that the individual has been found eligible, informs the individual of the amount of assistance he or she will receive and when it will begin, and informs the individual of the right to a fair hearing to contest the action taken.

C. DENIAL NOTICES

An individual who has been found ineligible for assistance is adequately notified if the notice states the specific reason(s) for the denial, cites the manual section(s) which support the denial, and informs the applicant of his or her right to a fair hearing to contest the denial.

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