

Barbara Hopkins, CAF Self-Sufficiency Programs
Authorized Signature

Number: SS-PT-08-002
Issue Date: 01/04/2008

Topic: CAF Self-Sufficiency Programs Family Services Manual (including some Senior and People with Disabilities programs)

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): All Users of the Family Services Manual |

Policy/Rule Title:	Various (see Discussion below)		
Policy/Rule Number(s):		Release No:	FSML- 48
Effective Date:	January 1, 2008	Expiration:	N/A
References:			
Web Address:	http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm		

Discussion/Interpretation:

Changes were made to the following sections:

Changes were made throughout the Family Services Manual to reflect the renumbering to Counting Client Assets (CA-B.27 thru CA-B.86) due to the removal of the Family Support Payments subsection.

***Employment and Self-Sufficiency Services
 Alcohol/Drug (A&D) Treatment:***

- Added clarification for expectations of offering clients an A&D screening. (03es-d.2)
- Added clarification regarding the tool used to screen for A&D and mental health issues. (03es-d.2)
- Added clarification regarding who is authorized to administer the tool. (03es-d.2)
- Added clarification that a client cannot be required to take a screening or evaluation. (03es-d.2)
- Added clarification that a client cannot be required to take a UA, but one may be offered. (03es-d.2)

Temporary Assistance for Needy Families (Pre-TANF, TA-DVS, TANF, SFPSS, Refugee Benefits, Housing Stabilization, Emergency Assistance)

Domestic Violence

- *Domestic Violence Assistance Agreement (DVAA) added language clarifying intent. (DV-a.2)*

Food Stamps

Added clarification that the Notice of Missed Appointment is required when an applicant misses their intake appointment for either certification or recertification. *(FS-b.8)*

Added clarification that for interim report processing the income received in the fifth month of the certification period must be verified. Also deleted information on verification at recertification to conform with other policy located in FS B.10. *(FS-b.11)*

Added clarification that clients have the right to uninterrupted benefits when their filing date at recertification is before the 15th day in the last month of the prior certification period. *(FS-b.19)*

Added an example to filing groups to clarify the policy on dual filing groups. *(FS-c.8.3)*

Added the different types of TANF cases to the Quick Asset Chart. *(FS-f.5)*

Removed line for clarification on reporting requirements when an NC1 is in the household. *(FS-f.8)*

Added work search as a reason to allow dependent care deduction, as well as adding that if OFSET is paying for the dependent care we do not allow the deduction. *(FS-f.19)*

Added a clarification that to claim a medical deduction for the costs of assistance animal: the animal must have received special training to provide a service to the client. *(FS-f.20)*

Added clarification on reverse mortgages. *(FS-f.22)*

Added clarification that phone cards and prepaid cell phones do not qualify as a utility expense. *(FS-f.23)*

Added clarification that a person in a group living situation may receive the shelter deduction for the full housing cost when the cost for housing is billed separately or broken out from the cost for meals. *(FS-f.24)*

Added an example to section 29 on TBA, which shows that clients can continue on TBA when they start the Pre-TANF program. *(FS-f.29.9)*

Medical Assistance

The MAF-specific program requirements section was revised for clarity. *(MA-e.2)*

MA-wg2 was updated to include new medical program analyst. *(MA-wg2)*

Child Support

Sections B.3, B.4, and B.5 were revised to add information about cash medical support. *(CS-b.3, CS-b.4, CS-b.5)*
Section F.1 was revised to explain that cash medical support assignment balances will be reviewed annually and assignments in excess of actual Medicaid claim payments returned to the obligee. *(CS-f.1)*

Counting Client Assets

Clarified that for FS monies withheld from one source to repay an overpayment from that same source are considered unavailable income. *(CA-a.2)*

Corrected treatment of Periodic Income for ERDC to include the client's option to average the income over the applicable period. *(CA-a.6)*

Clarified treatment of corporation income. *(CA-b.15)*

CA-b.27 thru CA-b.86 was renumbered due to removal of Family Support Payments. *(CA-b.27 through CA-b.86)*

Amended language, removed reference to periodic income, and added reference to OAR 461-140-0120 *(CA-b.69)*

Clarification that cash medical support is not counted if it is turned over to the department or if it reimburses the client for a
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medical cost. (CA-b.13)

Corrected typo in (6) from Pre-TANF to Post-TANF. Also added how to treat Post-TANF, SFPSS, and the additional TANF JOBS Plus grants for FS. (CA-b.56)

Generic Program Information

Modification of the "definition of an overpayment" in order to coincide with the passage of HB2191 and the resulting OAR changes which are to be effective 1-01-08. (GP-c.1)

Standards, subsections (2)(I) and (2)(J) were updated to reflect the January SSli COLA changes on OSIPM. (GP-g.2.I and GP-g.2.J)

Multiple Program Worker Guides

Updated language for the purpose of clarifying processes and policy. (MPWG-12)

Implementation/Transition Instructions:

Training/Communication Plan:

Local/Branch Action Required:

Review policy changes with branch staff.

Central Office Action Required:

Systems

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

Please file this material in the *Family Services Manual* as indicated below:

Remove

Case Management

Worker Guide #1, Case Management Examples, Subsection #12, pp 37-38

Employment and Self-Sufficiency

#D, All pages

TANF-Related Programs

TOC, pp 1-2, 5-6

TA-DVS

#A, pp 1-2 (all pages)
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Insert

Case Management

Worker Guide #1, Case Management Examples, Subsection #12, pp 37-38

Employment and Self-Sufficiency

#D, All pages

TANF-Related Programs

TOC, pp 1-2, 5-6

TA-DVS

#A, pp 1-2 (all pages)

#B, pp 1-2
#C, pp 1-2 (all pages)
#D, pp 1-2 (all pages)
#K, pp 1-4 (all pages)

TANF

#F, pp 1-2
#G, pp 7-8
#K, pp 1-10 (all pages)

Food Stamps

#B, pp 9-10, 15-16, 25-28
#C, pp 5-6, 11-14
#D, pp 3-6
#F, pp 1-2, 5-36, 43-46, 49-52, 55-58, 69-72
#I, pp 3-4, 9-10
WG#1, pp 11-16
WG#4, pp 1-2
WG#5, pp 1-2 (all pages)

Child Care Assistance

Worker Guide #8, pp 1-46 (all pages)

Medical Assistance Programs

#D, pp 5-6
#E, 1-30 (all pages)
WG#2, 1-2 (all pages)
WG#6, pp 1-2 (all pages)

Child Support Program

#A, pp 1-2 (all pages)
#B, pp 1-8 (all pages)
#F, pp 1-6 (all pages)

Counting Client Assets

TOC, pp 1-4 (all pages)
#A, pp 1-8 (all pages)
#B, pp 1-92 (all pages)

Issuing and Restoring Benefits

#A, pp 23-26
#B, pp 1-2

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#C, pp 1-28 (all pages)
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Subject Index and Acronyms

#B, pp 1-22 (all pages)

Contact(s): If you have any questions about this *policy*, see Introduction C, Contact List, located in this manual for a list of program contacts.

If you have questions about the *filing instructions*, please contact Barbara Hopkins at the number/email address below.

Phone: 503-945-6174

E-mail: Barbara.r.hopkins@state.or.us

Fax:

#B, pp 1-2
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