

Department of Public

Health and Human Services

WoRC GUIDELINES MANUAL

SECTION:

WoRC CASE MANAGEMENT

SUBJECT: Extended Benefits

### **EXTENDED BENEFITS:**

**GENERAL RULE:** Federal regulations allow states to extend TANF benefits to no more than 20% of the average annual state wide caseload for household that include an adult who has received 60 or more months of TANF cash assistance.

Households will not automatically be evaluated for TANF cash assistance extended benefits. Neither OPA nor WoRC case managers should encourage or discourage households submitting an application. It will be incumbent upon each household to request consideration for and comply with the application/eligibility determination process. This request can be verbal. OPA and WoRC case managers must document all requests in TEAMS case notes.

### **OTHER ASSISTANCE AVAILABLE:**

Extended benefit households may, if otherwise eligible, qualify for:

- Supportive Services (section 5.3)
- Block Grant Child Care (TANF manual section 901-1)

### **BASIC REQUIREMENTS:**

Montana will extend TANF cash assistance payments beyond the Federal 60-month limit to households that meet **all** of the following criteria:

1. Apply for extended benefits;
2. Are otherwise eligible for TANF cash assistance;
3. At least one adult must be coded 'IN' on SEPA; and
4. All individuals with an adult/child indicator of 'A' or 'I' and a participation code of 'IN', or 'DQ' (for any reason) on SEPA meet one of the following extension reason criteria:
  - a. Physical/Mental Incapacity of Participant (**PMI**);
  - b. Physical/Mental Incapacity of Participant resulting from Domestic Violence (**PMD**);
  - c. Needed in Home - Physical/Mental Incapacity of Household Member requiring Caretaker (**NIH**);
  - d. Domestic Violence (**DMV**); or
  - e. Administrative Issuance (**ADM**).

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Monthly benefits will be issued to eligible households according to TANF cash assistance benefit standards. In addition, these households are:

1. Subject to all TANF cash assistance eligibility requirements;
2. Required to participate in activities from the date of application; **and**
3. Subject to all TANF reporting requirements.

**EXTENSION CRITERIA DETAILED:**

**PMI Physical/Mental Incapacity of Participant:**

Either a temporary or permanent mental or physical illness or incapacity that prevents the individual from working any type of job. The participant must provide the following application materials as proof of the illness or incapacity:

1. HCS 175-*Extended Benefit Application*;
2. HCS 176-*Illness/Incapacity Determination for Extended TANF Cash Assistance* (recommended but not required);
3. HCS 209-*Request for Health/Employability Evaluation for Extended Cash Assistance* or doctor statement (recommended but not required)

**PMD Physical/Mental Incapacity resulting from Domestic Violence:**

When an individual meets the above criterion for PMI and states the illness or incapacity is the result of domestic violence use the reason code PMD instead of PMI. The participant must provide the following application materials as proof of the illness or incapacity:

1. HCS 175;
2. HCS 176 (recommended but not required);
3. HCS 209 or doctor statement (recommended but not required)

**HCS 209--MEDICAL VERIFICATION PMD/PMI:**

Case managers must provide HCS 209 "Request for Health/Employability Evaluation of Extended Benefits" forms to all TANF applicants claiming PMI or PMD. The form must be signed by the participant and filled out by a medical or mental health professional. Unsigned forms cannot be sent to medical providers.

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**NIH Needed in Home - Physical/Mental Incapacity of Household Member:**

The individual is needed in the home full-time as the primary caretaker for a household member who has either a temporary or permanent mental or physical illness or incapacity and no other care is available. The participant must provide the following application materials as proof of needed care:

1. HCS 175;
2. HCS 176 (recommended but not required);
3. Statement signed by a medical or mental health professional stating:
  - a. The participant is the only possible care taker,
  - b. That 24 hour care is needed, and
  - c. Anticipated length of incapacity.

**\*\*HCS 205 is not acceptable documentation for NIH Extended Benefit requests.**

**DMV Domestic Violence:**

The participant is attempting to resolve a current domestic violence situation. A participant may receive extended benefits due to current domestic violence in four-month blocks of time. To qualify for extended benefits using the domestic violence extension reason, the participant must provide:

1. HCS 175;
2. HCS 176 (recommended but not required);
3. HCS 326-*Domestic Violence Screening Questionnaire*;
4. Proof that the individual has made contact with a domestic violence program, support group, advocate, women's shelter or the Montana Coalition Against Domestic and Sexual Violence (1-888-404-7794).
5. Proof of current domestic violence. This evidence can include written statements from other individuals (including but not limited to friends, neighbors, advocates), personal records of domestic violence, police reports, medical records, statement from service provider, etc.

**\*\*HCS-250** (All Program Application) required if the effective date of closure has passed

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regardless of the extension code.

**EBI Extended Benefits/Incapacitated:**

Extended Benefits/Incapacitated is to be used when an individual meets the criteria for extended benefits and the activities they are participating in do not meet any of the allowable work activities above. This component is limited as follows:

1. Must be approved by Central Office as part of the approval for extended benefits, and
2. Can only be used on an extended benefit case.

**ADM Administrative Issuance:**

The Administrative Issuance code will be used to report those households which, due to special circumstances, were issued TANF benefits in Montana beyond 60 months. They will be included in the 20% exception group. The ADM code can only be entered by PAB Central Office staff or in a TEAMS auto-population process.

**SANCTIONS:**

Sanctions for non-compliance with WoRC end when the 60<sup>th</sup> month is used. Therefore, a household cannot have a penalty month or ineligibility month for their 61<sup>st</sup> month. *Non-compliance with required activities during an extended period results in case closure.* Sanction policy in section 5.1 does not apply to extended benefit cases.

**EXTENSION REQUESTED:**

Households can request an extended benefit application either verbally or in writing. Regardless of the method, the request must be documented in TEAMS case notes by the worker receiving the request. The case note must state **what actions** the worker took.

If the request for extended TANF is made in person, the applicant should sign and submit the application(s) before leaving the office.

► If the request is not made in person, the forms will be sent to the household by either the WoRC or Eligibility Case Manager with detailed instructions of what is expected. The worker who sends the forms must enter a TEAMS case note. The Social Service Specialist will need to send notice X009.

If the individual requests assistance in completing the extension process, the WoRC case

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manager or Social Service Specialist must provide neutral guidance to the applicant(s). Guidance is assisting applicants in understanding the forms, explaining the types of verifications that are necessary, and the steps needed to get the verifications. Guidance does not include completing the forms for the household or telling them what to write.

The case manager (either OPA or WoRC) must offer to assist in gathering medical documentation by asking the applicant to sign a “Request for Health/ Employability Evaluation for Extended Benefits” form (**HCS-209**) for each medical provider and then the worker sends the forms with a cover letter to each provider.

**NOTE:** TEAMS case notes must clearly document which case manager will be the one responsible to submit the HCS-209 with a cover letter to each medical provider. If a client refuses to sign the HCS-209s or chooses to take the forms to the medical providers themselves, this must also be clearly documented in TEAMS case notes.

**CASE NOTES:**

Detailed TEAMS case notes are important in all cases but are vitally important in those that have exhausted or are at-risk of exhausting their lifetime limit of TANF benefits. Workers must document barriers, services and progress. Please see section 4.3 for guidance on the **S.O.A. P.** format (Subjective, Objective, Assessment, Plan) which should be used to document at-risk or extension case plans.

**APPLICATION RECEIVED:**

An application for extended TANF cash assistance benefits is made by completing and submitting a HCS-175 for each applicant/participant who has an adult/child indicator of ‘A’ or ‘I’ and a participation code of ‘IN’ or ‘DQ’ (for any reason) on SEPA. (An HCS-250 is only required if the effective date of closure has passed.)

**EMPLOYABILITY PLAN - EXT. PENDING:**

Applicants for extended TANF cash assistance **must** be referred to WORC while the application

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is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions is not a consideration in extension approval or denial.

#### **PROCESSING TIME FRAMES: (Calendar days)**

An application is valid for **30 days** from the date the application (**HCS-175** if open on TANF or **HCS-250** if not open) is received in the county office. The eligibility determination - approval or denial – should be completed within this **30-day** time period. This time limitation serves to protect the applicant’s right to receive benefits in a timely manner.

If there is a delay in processing beyond **30 days** due to the actions of a third party that is beyond the control of the Social Services Specialist and/or the applicant/participant, the processing time frames may extend beyond **30 days**. All delays must be documented in TEAMS case notes.

#### **START DATE OF BENEFITS:**

The start date of benefits on TEAMS is the first day of the 61<sup>st</sup> month for ongoing cases (HCS-175 only). For new applications (both HCS-250 and HCS-175 required) the start date is the date the front page of the HCS-250 is date stamped by OPA provided the “work eligible” adults enroll in WoRC within 3 working days of referral to WoRC or have good cause for failing to enroll within 3 working days of referral. See application processing TANF 103-5 for prorated benefits.

#### **► FIELD RECOMMENDATION:**

The Social Services Specialist, WoRC Case Manager and OPA Supervisor will each give their recommendations about the approval or denial of extended benefits by completing the HCS-177 “TANF Cash Assistance Extended Benefits Referral”.

The WoRC Case Manager will need to attach their signed recommendation to the HCS-177. The recommendation should address each individual required verification received (or why verification was not received) and summarize the identified barriers and actions taken to address the barriers.

#### **► COMMITTEE EVALUATION**

The County Director, OPA Supervisor or Designee will set up a committee to review submitted

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documentation. If the case involves WoRC, the extended benefit committee must include at the minimum the OPA supervisor or Designee, WoRC Supervisor, WoRC case manager and WoRC Monitor.

The packet must include all verification outlined on pages 2 & 3 of this section, the front page of the HCS-250, if applicable, and any other supporting documentation from the applicant, OPA and WoRC.

To ensure the application is processed within **30 calendar days**, the OPA Supervisor or Designee must contact all members of the extended benefit committee and schedule a meeting or a conference call to review the application packet. If an HCS-250 is not required, the 30 days start the date the HCS-175 is received.

The committee will review the application and make a recommendation for approval or denial based on the policy set forth in TANF 801-3. The original documents will be kept in the OPA case file with a copy of the HCS-177 retained by the WoRC monitor and one retained in the WoRC case file.

**The WoRC monitor will be responsible for entering a case note outlining the details of the extension approval/denial. If the application has been approved the activities must be included in the case note.**

If the case does not involve WoRC (e.g., referral to Tribal NEW) the extended benefit committee must include the OPA supervisor or designee and the Tribal NEW case manager but must also include the WoRC Monitor for consistency.

► **EXTENSION DENIED:**

If the extension is **denied** by the committee, OPA sends TEAMS notice A204 "Denial–Extension" and include any language suggested in the WoRC monitor's case note. Deny/close the case using the CNM denial/closure code. Document TEAMS case notes.

**NOTE:**

If the case was auto-closed on the 15th with a TLE closure code, the code cannot be updated. However, the A204 must be sent even if the closure notice A617 was sent.

► **EXTENSION APPROVED:**

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When the extension application is approved by the committee, the Social Service Specialist will notify the participant of approval.

**EMPLOYABILITY PLAN:**

Applicants for extended TANF cash assistance **must** be referred to WORC while the application is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions is not a consideration in extension approval or denial.

When approved for extended benefits the Employability Plan must be modified so most participation activities are directly related to the extension reason criterion for which they qualified.

**NOTE:** Prior to the applicant signing the FIA/EP **both OPA and WoRC staff must cross off the information regarding sanctions.** The sanction process does not exist for extended benefit cases.

WoRC case managers must have contact with extension participants at least bi-weekly. However, weekly contact is generally needed to assist the household in participation. The frequency of the contacts should be on a case-by-case basis.

**PARTICIPATION/ NON-COMPLIANCE:**

Extended benefit households are not subject to current sanction policy. Compliance with TANF participation activities is an eligibility requirement even if their only component code has been approved by the Extended Benefits Committee to be EBI (Page 7 of this section).

When any member of the extended benefit household fails to comply with negotiated activities without good cause **AND** the WoRC Case Manager is not able to re-engage the participant in activities, the extended benefit case must be **closed** with 10-day notice. Send TEAMS notice A605 "Extension Non-compliance".

Even though a household cannot be sanctioned during an extension, they still have a right to the good cause process. (See section 2.3) They cannot receive continuation of extended TANF benefits while the fair hearing is pending. However, if the hearing is in their favor benefits will be reinstated.

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### REAPPLICATION AFTER NON-COMPLIANCE CLOSURE:

When an extension applicant reapplies within **three months** of their extended TANF being closed for non-compliance with negotiated activities, they must verify they are in full compliance with past activities or comparable activities to address their barriers.

**Example:** A case is approved based on mental health concerns but a treatment plan cannot be finalized without continued counseling and a psychological evaluation. The case is closed for failure to attend counseling and failure to appear for a psychological evaluation without good cause.

When the household reapplies still claiming to be totally unemployable due to mental health status, the adult must currently be attending counseling and be in the process of completing a psychological evaluation before extended TANF could be approved.

### CHANGE REPORTING/INFORMAL RE-EVALUATION:

Households that qualify for cash assistance extended benefits must be evaluated by county staff any time household circumstances change that effect the extension. Such changes might include earnings or household composition.

**NOTE:** Earnings of any adult approved due to a total inability to work (PMI, PMD or NIH) will cause case closure due to no longer meeting extension criterion regardless of the amount of earnings.

**NOTE:** Adults approved due to currently resolving a domestic violence situation are not automatically closed if they earn income or if the abuser returns to the home. However they must continue to comply with addressing the concern, e.g. continue counseling, and if the abuser is a required adult filing unit member, he or she must also meet extension criterion. (Reminder: SSI recipients are not required filing unit members/verifications are not needed.)

► If the Social Service Specialist in conjunction with the WoRC Case Manager determines that the extension criterion is no longer being met when a change is reported, the case should be

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closed with timely notice. If the circumstances are questionable or continuation of the extension is uncertain, a new HCS-177 with the WoRC Case Manager and County Director's, or Designee's recommendations and documentation of the change in circumstances are sent to the members of the Extended Benefits Committee for a decision.

**TEAMS SCREENS:**

The following TEAMS screens are used exclusively for TANF cash assistance extension cases:

**EXBC – Extended Benefits Case Summary**

**EXBP – Extended Benefits Person History**

**EXBN – Extended Benefit Notice**

**TAEB – TANF Extended Benefits**

**Forms Used for At-Risk and Extension Cases**

Form #	Name	Intent?	Required?	Comments/Reminders
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HCS 100	Out-Of-State TANF Benefit Verification Request	Eligibility	Required to confirm current federal time clock months	Application cannot be pended unless the client states they may have exhausted months. If OPA wants to expedite the process, send Carol Carpenter an e-mail, call her at 444-9291 or attach a note to the request.
HCS 174	Universal Notification of the TANF Family Violence Option	Eligibility/ Case Management	Required to fully inform all households of the option.	Form is required for all TANF applicants and not just those at-risk of exhausting their months or applying for an extension.
HCS 175	Application for Extension of TANF Cash Assistance	Eligibility	Required for every extension application	Client must sign the bottom of the form. Must use form with Rev. 2/02 date or later. All prior forms do not match policy.
HCS 176	Illness/Incapacity Determination for Extended TANF Cash Assistance	Eligibility	Optional but strongly suggested for applicants with health barriers.	It is rare for an application to be approved without this form. NOTE: It should not be given to applicants solely requesting an extension due to domestic violence.
HCS 177	TANF Cash Assistance Extended Benefits Referral	Eligibility	Required for every extension application and re-evaluation	Until the form can be updated WoRC will need to attach their recommendation prior to sending it for County Director's review.
HCS 178	TANF Cash Assistance Extension Notification/ Application Request	Eligibility	Required only when TEAMS cannot send the auto notification timely.	TEAMS auto generates a letter to the household for the 58th month and records it on the EXBN screen. This form can be used as a tool for any at-risk household.
HCS 181	TANF Extended Benefits Re-Evaluation Form.	Eligibility	Required for every extension re-evaluation	Client must sign the bottom of the form. It is considered the re-evaluation application.
HCS 206	Request for Mental Health and Cognitive Impairment Information	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	These forms are NOT to be used to determine eligibility for an extension. The wording focuses on ability and cannot be used to determine an eligibility/total inability to work. They can be used as a supplement to other medical verification used to determine eligibility such as the HCS 209.
HCS 207	Request for Work Activity Capabilities	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	
HCS 209	Request for Health / Employability Evaluation for Extended Benefits	Eligibility	► Mandatory unless the household can provide detailed medical verification showing a total inability to work.	To allow approval without the HCS 209 other medical verification must be very detailed or unemployability obvious e.g. Client currently in hospital.