A. ELIGIBILITY REVIEWS FOR CASH AND MEDICAL PROGRAMS

WAC 388-434-0005 The department review each client's eligibility for benefits on a regular basis.

(1) If you receive cash assistance, the department reviews your eligibility for assistance at least once every six months.

(2) When it is time for your eligibility review, the department requires you to complete a review form. We use the information that you provide to determine your eligibility for all assistance programs.

(3) If you complete an interview for assistance with a department representative and sign the printed Application For Benefits (AFB) form, you do not have to complete a separate review form.

(4) For cash assistance, the eligibility review form or the AFB must be dated and signed by both husband and wife, or both parents of a child in common when the parents live together.

(5) If you receive medical assistance only, the eligibility form or the AFB must be signed by at least one parent when the parents live together.

(6) We may move the date of your eligibility review if we decide your circumstances need to be reviewed sooner.

(7) At your review, we look at:

(a) All eligibility requirements under WAC 388-400-0005 through 388-400-0035, 388-503-0505 through 388-503-0515, and 388-505-0210 through 388-505-0220.

(b) Changes that happened since we last determined your eligibility; and

(c) Changes that are anticipated to happen during the next review period.

(8) If you receive medical assistance only, we set your eligibility review date in advance under WAC 388-416-0005 through 388-416-0035. We will start the review process before your benefits end.

(9) Clients are responsible for attending an interview if one is required under WAC 388-452-0005.

(10) If you do not complete the eligibility review for cash assistance, you are considered to be withdrawing your request for continuing assistance.

(a) Your cash assistance benefits will end.

(b) Your medical benefits will continue for twelve consecutive months from the last:

(i) Application;

(ii) Eligibility review; or

(iii) Food assistance application or recertification.

(11) We must send you written notice under WAC 388-458-0005, 388-458-0010, and 388-458-0015 before assistance can be suspended, terminated or a benefit error is established as a result of your eligibility review.

(12) If you are currently receiving cash or medical assistance, and you are found to no longer be eligible for benefits, we will determine if you are eligible for other medical programs. Until we decide if you are eligible for other programs, your medical assistance will continue under WAC 388-418-0025 even if you request your benefits end.

(13) When a client is determined to need Necessary Supplemental Accommodation (NSA) under WAC 388-200-1300, we will help the client meet the requirements of this section.

CLARIFYING INFORMATION

1. Use of the DSHS 14-078(X), Eligibility Review or ACES Interactive Interview

The DSHS 14-078(X) is used to redetermine eligibility for a continuing cash assistance grant. An interactive interview can take the place of this form. The DSHS 14-078(X) can also be used when:

a. Adding a person other than newborns to a financial grant;

b. Changes in a client's circumstances make a complete review of eligibility necessary as determined by the worker;

c. Completing a program change except when:

(1) Emergency assistance is authorized at application pending a decision for financial or medical assistance; or

(2) Changing programs between GA-U, W, or X;

d. Reopening a case that was:

(1) Closed because a completed eligibility review form was not received and the client is reapplying within one month from the date the benefits were terminated.

(2) Closed in error if the case was closed for less than three months.

e. Determining financial eligibility for open medical cases; or

f. Redetermining medical when the medical certification period was closed for less than 30 days.

2. **Medical Assistance**

a. The certification period for the family medical program, (F04) is always 12 months.

b. Children are eligible for 12 continuous months regardless of most changes. See: WAC 388-418-0025.

c. Medical eligibility may be redetermined using any form of information that is available in the case including information in previous;

(1) Applications;

(2) Eligibility reviews;

(3) Food assistance applications or recertifications; or

(4) Information obtained from other agencies through automated cross matches or interfaces.

3. **Reviews not Completed**

When the eligibility review is not completed, ACES automatically:

a. Sends a termination notice ten days before the end of the month the review is due.

b. When the review is not completed by deadlines, ACES:

(1) Terminates cash benefits for all members of the assistance unit; and

(2) Continues medical benefits for the assistance unit for twelve months from the last application, eligibility review, or food assistance application/recertification.

c. Regardless of the parent's eligibility for medical assistance, medical benefits continue for children for twelve consecutive months from the last:

(1) Application;

(2) Eligibility review; or

(3) Food assistance application or recertification.

WORKER RESPONSIBILITIES

1. **Review of Current Circumstances**

a. As part of the review ensure that:

(1) All questions are answered clearly and completely; and

(2) The DSHS 14-078(X) is dated and signed by both husband and wife, or both parents of a child in common when the parents live together.

b. Review the record for the Necessary Supplemental Accommodations (NSA) flag (see **NSA**).

c. Review the file to identify previous actions that might affect eligibility.

d. Review for all categorical and financial eligibility factors, especially:

(1) Income - Review income to determine if **net** income meets expenses for rent, utilities, and other expenses the assistance unit pays.

(2) Resources:

(a) Review declared resources to determine if there are any changes in previously excluded or unavailable resources.

(b) Evaluate funds in joint checking accounts that were previously excluded.

(c) Review the plan to exclude business property of self-employed clients to determine if the property is leading to full or partial self support.

(d) Reassess values of liquid and nonliquid resources, especially increases in the value of real estate, cash surrender amount of life insurance, and marketable securities (e.g., stocks, bonds, and certificates of deposit).

e. Review and verify any eligibility factors that have changed.

f. Review and document previous verification to ensure that:

(1) Previously verified factors are clear and complete in the case file; and

(2) The client is not being asked to provide duplicate or unnecessary verification.

g. Document changes and verification items received.

h. Take action on incorrect payments that are discovered and send a notice regarding actions taken.

2. **Referrals**

Review all mandatory and voluntary referrals and complete referrals as needed.

3. **Incomplete and late reviews**

If a client does not come in for a scheduled appointment, complete and return a review form (if requested to do so), or provide requested information during the review month, they are ineligible for assistance.

a. See: **NSA** for special policies and procedures when the case file is marked NSA.

b. Terminate cash assistance if the required information or action is not completed by the end of the review month.

c. Continue medical assistance for twelve consecutive months from the last:

(1) Application;

(2) Eligibility review; or

(3) Food assistance application or recertification.

d. If the information or action is taken which establishes eligibility the month after the month the review was due, reopen the assistance effective the date eligibility is determined. See: **APPLICATIONS**.

Example 1

TANF certification period was 1/2000 – 6/2000. Food assistance certification period was 4/2000 -–6/2000. The client failed to turn in the eligibility review for 7/2000 benefits. The cash and food assistance benefits are closed effective 6/30/2000. Because the medical

certification periods are 12 months, the family is eligible for F04 medical for twelve months from their last review. Their last review was their food assistance review in 3/2000. They remain eligible for F04 medical from 7/2000 – 3/2001.

Example 2

TANF certification period was 1/2000 – 6/2000. Food assistance certification period was 4/2000 – 6/2000. At the eligibility review the client reports now receiving $3,000 monthly unearned income. The cash and food assistance benefits are closed effective 6/30/2000. The family is not eligible for F04 medical because their income exceeds the F04 standard. Even though the income exceeds the children's medical F06 standard, the children remain eligible for 12 consecutive months of F06 from the date of their last food assistance recertification. They are eligible for F06 until 3/31/2000.

4. **Primary Source of Information for Medical**

   a. The case record is the primary source of information used to redetermine medical coverage. Request additional information from the client if the case record is not sufficient.

   b. The actual review form DSHS 14-078 is not required if the during the past twelve months, the assistance unit completed:

      (1) An application;

      (2) An eligibility review; or

      (3) A food assistance application or recertification.

5. **Redetermination of Medical**

   When a redetermination results in ineligibility for cash assistance, the worker:

   a. Continue the same medical coverage that the client was receiving when eligible for cash assistance while you redetermine eligibility for other medical programs; and

   b. Notify the assistance unit of action taken.

B. RECERTIFICATIONS FOR FOOD ASSISTANCE

WAC 388-434-0010 Recertification for food assistance.

(1) A household reapplies timely when the department receives the application by:

(a) The fifteenth day of the last month of certification; or

(b) The fifteenth day after the household receives a notice of certification when the household's certification period is two months or less.

(2) A household completes the reapplication process when it:

(a) Submits a timely reapplication;

(b) Completes an interview; and

(c) Submits requested verification.

(3) A household receives uninterrupted benefits when the household completes the reapplication process timely. Uninterrupted benefits mean the household's benefits will continue to be mailed on the same mailing day of the month.

(4) A household that reapplies timely and completes the application process will receive a notice of approval or denial:

(a) By the end of the current certification period; or

(b) By the thirtieth day after the last allotment when the household was certified for one month.

(5) When a household that reapplies late, the reapplication is treated like an initial application and will be approved or denied under WAC 388-406-0035.

(6) See chapter 388-458 WAC for adequate notice and translation requirements.

CLARIFYING INFORMATION

1. When the assistance unit receives cash, medical assistance or a combination of cash/medical and food assistance, the assistance unit may reapply by using the DSHS 14-078(X) Eligibility Review or participating in the interactive ACES Application for Benefits (AFB). If the assistance unit is receiving food assistance only, they must reapply by using the DSHS 14-001(X), Application for Benefits or participating in an interactive ACES AFB.

2. A notice of expiration is sent to eligible assistance units no later than the first day of the assistance unit's last month of certification. This is sent when the assistance unit is certified for three months or more.

WORKER RESPONSIBILITIES

1. At eligibility review and recertification, the worker:

    a. Review and have the client sign the DSHS 14-113(X), Rights and Responsibilities at the beginning of the interview; and

    b. Check that the DSHS 14-078 (X), DSHS 14-001 (X) or ACES AFB is completed and signed.

2. Include the notice of expiration on the award letter when the assistance unit is certified for two months or less.

ACES PROCEDURES

ACES establishes a review end date when the application is finalized and when a review or recertification is completed. The eligibility review/recertification process is completed when you initiate the eligibility review, enters any changes with required verification and finalize the review.

ACES schedules review appointments around the first of the month prior to the month the review is due. ACES will tentatively schedule appointments in any open time slot based on the parameters set for each local office. See INTERVIEW REQUIREMENTS for instructions to block out time, schedule, and reschedule appointments.

1. ACES Alerts

a. Alert 219 indicates that review appointments have been tentatively scheduled and reminds you to check your appointment schedule and make any necessary changes.

b. Alert 210 is generated when a required interview appointment was not scheduled by ACES. You will need to schedule appointments manually. (See INTERVIEW REQUIREMENTS for scheduling appointments.)

c. Alert 312 is generated the day following the scheduled appointment date when the review is not initiated.

d. Alert 262 is generated about 15 days prior to the review end date for all reviews, including mail-ins, that have not been initiated.

e. Alert 110 is generated the day after the review has been initiated if the (Elig Rvw Complete) field on the (MISC) screen has not been updated.

2. Notification to Client

a. ACES sends Notice 0013, Appointment Notice for Redetermination of Benefits around the 15th of the month prior to the month the review is due. You will have from 5 to 10 days from the date you receive the alert to reschedule the appointment before the notice is sent to the client.

b. ACES sends Notice 0022, Notice to Food Stamp Recipients or Cash/Medical Recipients – Mail-In Redetermination on the same day as the appointment notice. This notice is mailed for all assistance units that have been coded as mail-in on the (MISC) screen or receive medical assistance only.

c. ACES sends Notice 0026, Termination of Benefits for Failure to Redetermine Eligibility on the day after the scheduled appointment or, for mail-in reviews, 15 days prior to the review end date for all assistance units that have not had the review initiated.

d. ACES sends Notice 0006, Termination of Benefits for the Assistance Unit around 10 days prior to the review end date for all assistance units that had an appointment scheduled and did not have a review initiated.

e. Refer to the ACES monthly production schedule each month to find out the exact date notices are mailed to the client.

3. Initiate Review

   a. From the (AMEN) select Option [N], Initiate Review and enter the Client ID <TRANSMIT>.

   b. The (REVI) screen displays. This screen lists all AU's related to the Head of Household Client ID. Enter [Y] in the (Sel) field next to each AU to be reviewed. <TRANSMIT>.

   c. Once the review is initiated, you have control over the case. ACES will not automatically redirect benefits or send termination notices for cash assistance.

4. Verification

   During the review, obtain verification of all eligibility factors relevant to the AU. ACES requires that verification codes be re-entered in the appropriate fields. The (Elig Rvw Complete) field in the (MISC) screen can not be updated until all eligibility factors have been reverified and appropriate valid values are entered in the system. The following steps are required when completing the review:

   a. From the (AMEN) select Option [R]. <TRANSMIT>.

   b. Enter information on each screen as needed to update the case based on information reported during the interview. Re-enter all required verification codes.

   c. If all of the required codes are not entered, the (ERRO) screen will display and list the screen names and AU/Client pointers that must be reviewed and updated.

5. Incomplete Review

   a. Do not update the (Elig Rvw Complete) field on the (MISC) screen if you still need verification. Update this field when all requested verification is received and eligibility for assistance is re-established.

   b. If the client does not turn in the requested information by the due date, redirect the benefits and send the termination notice for cash assistance. ACES will

terminate and notify food assistance household appropriately.

6. Complete Review

   To complete the review:

   a. On the (MISC) screen, enter [Y] in the (Elig Rvw Complete) field.

   b. Enter [Y] in the (Review Send AFB) field for State Office to send the DSHS 14-078 (X), Eligibility Review form to the client at the next review. Leave the field blank for S/O not to send the 14-078 (X).

   c. Enter the correct SLAM indicator in the (SLAM Ind) field. Press <F!. for valid values.

   d. Enter the type of review for the next review in the (Next Review) field. Press <F1> for the appropriate valid value.

   e. Call DONE. <TRANSMIT>. ACES checks AU/Client data for errors. If none are found, ACES will allow the worker to confirm the eligibility results.

7. Confirm Eligibility Results

   a. Type [Y] in the (Confirm) field to confirm the non-financial eligibility results for each related program on the (ELIG) screen.

   b. On the (CAFI) or (FSFI) screens enter [Y] in the (Bnft Confirm) field to confirm the results displayed.

   c. Check the (Review End Date) for accuracy. See CERTIFICATION PERIODS) for information on adjusting default certification periods.

8. Recertification of Medical Assistance Units

   You can initiate a review on all active medical AUs, except M99. Reviews cannot be initiated for spenddown cases in “M” status, you must screen a new AU. See APPLICATIONS and SPENDDOWN for further instruction.

9. Reviews Completed After Deadline

a. Reinstate all closed AUs for the ongoing and current month if processing the review prior to the end of the month. See CERTIFICATION PERIODS for ACES instructions.

b. Reopen closed AUs using option [J] from the AMEN if processing the review any time in the month following the review end date. (See APPLICATIONS for ACES instructions.)

c. If not previously done, initiate the review for all appropriate AUs.

d. Complete steps 4 through 7 for the ongoing month.

e. Complete steps 4 through 7 for the current month.

On the (DONE) screen:

(1) To issue a Food Stamp Identification Card over-the-counter for the current month, enter a [Y] in the (FS ID Cart OTCC) field. Enter the disposition in the (Disposition Indicator) field. Press <F1> for appropriate valid values.

(2) To issue a medical coupon over-the-counter for the current month, enter a [Y] in the (OTC) field for the cash/medical AU. Enter the disposition in the (Disposition Indicator) field. Press <F1> for appropriate valid values.

(3) To issue the food assistance benefits over-the-counter for the current month, enter a [Y] in the (OTC) field for the food assistance AU. Enter the disposition in the (Disposition Indicator) field. Press <F1> for appropriate valid values.

(4) Once you issue any benefits over-the-counter, you will not be able to access the AU or take any related action until the next day.

10. Early Benefit Issuance After Deadline

When an AU is reinstated and benefits confirmed, the benefits are mailed that night to the client. To prevent benefits from being issued early for cases being reinstated after monthly deadline but before the 1st of the month:

a. Process the reinstatement;

b. Redirect the benefits to the CSO; and

c. Release the benefits on the date the client should receive the benefits. See BENEFIT ISSUANCE for instruction.