



## GENERAL PROVISIONS



October 11, 1994

MANUAL LETTER NO. XIII-A-4

ISSUED BY: Bureau of Individual and Family Support and Protective Services,  
Division of Adult, Children and Family Services

SUBJECT: IV-A Emergency Assistance Services Program Implementation Procedures

The Department is changing the federally funded IV-A Emergency Assistance Services program to generate federal financial participation for specified services provided to children who are victims or at risk of abuse or neglect, at risk of placement, or in need of care and treatment that cannot be met by their families. The existing Emergency Assistance program administered through the Division of Economic Assistance will continue in its current form but will be supported with state funds only.

Effective October 1, 1994, department social workers are required to complete applications and eligibility determination for all new cases and as part of six-month case reviews whenever the following services are provided: family-centered, family preservation, shelter care, foster family care, protective day care and wrap-around. Form SS-1120-0, Application for Social Services, has been revised to serve as the application for social services and IV-A Emergency Assistance services.

Although there are procedural changes outlined below, for purposes of prescribing services, it should not be considered a new program. It is instead, an alternate funding stream for specified services currently offered through the Department of Human Services. For the most part, the plan amendment requires no changes in payment mechanism, purchase of service rates, or service definitions. It will not change the basis on which decisions are made to provide services nor the various authorization procedures currently required for the provision of services.

FACS will provide the necessary documentation for tracking services to eligible clients for all regions effective April 1, 1995. Prior to that time, an interim system has been designed to meet the required tracking and documentation of services to eligible clients. The determination and documentation of eligibility will be conducted by department social workers and in some cases by juvenile court officers.

Legal reference: 441 IAC 130.2(1); Chapter 133(235)

## **Policy**

Effective October 1, 1994, determination of eligibility for IV-A Emergency Assistance will be completed for all new clients and as part of six-month reviews whenever any of the following services are provided: family-centered, family preservation, foster family care, shelter care, protective day care and wrap-around.

Children and their families are eligible for IV-A Emergency Assistance services if the specific eligibility criteria for prescribed services are met and all of the following criteria are met:

1. An emergency exists because one of the following situations exists:
  - a. Abuse, neglect, or abandonment of children, or risk of same, or
  - b. Children are in imminent danger where continued presence in the home is not in the best interests of the child, or
  - c. Children have been removed from the home or are at risk of removal from the home because of abuse, neglect, or inability of parents to provide needed care or treatment, or control the behavior of the child.
2. The emergency did not arise because of an applicant's or applicant's family's refusal (without good cause) to accept employment or training within 30 days of the date of this application.
3. The application for emergency services was made on behalf of a child living with or within the past six months having lived with a specified relative in a place of residence maintained as the child's own home.

## **Procedure**

### **Taking Applications**

Effective October 1, 1994, the Application for Social Services/Title IV-A Emergency Assistance Services, form SS-1120-0, will replace the Application for Social Services. The application process shall be followed for all services, including services that are court-ordered, except for abuse investigations. Part A will be used under the same guidelines that the current Service Application is completed. Part A and B must be completed anytime eligibility for IV-A Emergency Assistance is sought.

October 11, 1994

Part A and B of the application shall be completed at the time a decision is made to provide any one or more IV-A Emergency Assistance services. IV-A Emergency Assistance services are defined as any of the following:

- ◆ Family-centered
- ◆ Family Preservation
- ◆ Shelter Care
- ◆ Foster Family Care
- ◆ Protective Day Care
- ◆ Wrap-around

Applications need not be completed for children placed in shelter care facilities for periods shorter than 48 hours.

The application must be signed by a parent or specified relative. If a child is placed in the custody of the department of human services, the worker may sign on behalf of the child. The application shall be completed regardless of whether services are court-ordered, require CACT review and authorization, or whether the client is or is expected to be Title XIX eligible.

A copy of the application shall be placed in the client's file.

#### Eligibility Determination

IV-A Emergency Assistance Services program eligibility must be certified by a Department of Human Services social worker.

IV-A Emergency Assistance services are provided without regard to income and based on a client's need for services based on an existing emergency as defined by administrative rules. The criteria for eligibility is also outlined on the application. The basis for verifying that the criteria for meeting the definition of emergency will be the same as the basis for determining that a need for the prescribed service(s) exists.

#### Applications Taken by Juvenile Court Officers

Juvenile court officers will be responsible for taking applications for cases remaining the responsibility of juvenile court officers when a service included in the IV-A Emergency Assistance plan is to be provided. Situations falling in this category are those commonly referred to as "payment only" cases. Beginning January 1, 1995, adolescent monitoring and tracking will be added as a service covered by IV-A Emergency Assistance. Juvenile court officers will be responsible for taking applications on these services.

October 11, 1994

While federal regulations allow juvenile court officers to take applications, final eligibility determination must be done by a department worker. The juvenile court officer shall complete the application up to the point of signing the application in the space designated for DHS Worker's Signature and Date at the bottom of the page. The form shall then be submitted to the county Department of Human Services office for approval and signature by a department worker.

The department worker should open an SRS file or FACS file in the name of the child for which the application was completed by a juvenile court officer. The county office shall retain a copy of the form for verification of IV-A Emergency Assistance eligibility.

#### Service Commencement Date

The service commencement date represents the date that services are expected to begin. The service commencement date need not be the date the application is taken, nor the date that eligibility is determined. It may predate the application date only in emergency situations where services were needed prior to the date on which an application was completed. In other situations it should represent the date on which services are expected to begin. For example, if a child/ren entered shelter care on Saturday, and the application was completed by a worker on Monday, the date of the application would be Monday, but the service commencement date would be Saturday. If, for example, family preservation services are prescribed but cannot begin immediately, the service commencement date will reflect the earliest date on which services are expected to begin.

Federal regulations limit eligibility for IV-A Emergency Assistance to once in any twelve month period. The service commencement date starts the twelve month clock during which all such care and services may be billed to IV-A Emergency Assistance.

Authorization and notice of decision requirements for all services remain according to existing procedures and manual instructions. For purposes of IV-A Emergency Assistance services, the worker signs only the initial application approval; it is not necessary for the worker to designate each separate service or specific activities as being IV-A Emergency Assistance services.

#### Conversion of Existing Cases

Effective October 1, the application and eligibility determination for IV-A Emergency Assistance services will be completed on all new applications for services and for all six-month reviews when one or more IV-A Emergency Assistance Services is to be provided.

Cross-Checking for Prior EA Applications/Eligibility

Workers may sometimes know whether a family/child received IV-A Emergency Assistance authorization within the past twelve months, but not always. If a worker knows for a fact that a client has already been determined eligible for IV-A Emergency Assistance within twelve months, an additional application need not be taken. A worker may find out that a previously unknown child or family was determined eligible for Emergency Assistance elsewhere in the state when the worker tries to enter the Emergency Assistance service commencement date into FACS while opening a new case. The service commencement date fields will be programmed to not allow entry of a new date until 12 months later than the date already in the field. Therefore, it is not the worker's knowledge, but rather the system control, which prevents claiming Emergency Assistance for a child or family within less than 12 months of a previous authorization date.

Workers do not need to cross check for duplication with the Economic Assistance Emergency Assistance program, since that program is now funded entirely with state dollars. The Division of Adult, Children and Family Services will be responsible for cross checking eligible clients with the previous year's Emergency Assistance program.

Tracking Service Payments for Federal Reporting

FACS will provide the necessary tracking to monitor client eligibility and match clients with services provided. FACS will allow client information to be entered by service workers as cases are opened. This system will cross check for existing eligibilities, monitor authorized time period for eligibility, track provision of eligible services to clients, and provide all necessary documentation for claiming federal match for service billings.

This system will be functioning statewide April 1995. Between the periods of October 1, 1994, and April 1995, an interim system which will use information from SRS and POS as well as some level of manual tracking will be used to provide required federal documentation of eligibility determination and service provision.

Effective Date

October 1, 1994

Additional Information

Please contact your regional office if you need additional information.

GENERAL PROVISIONS

CONTENTS

	<u>Page</u>
LEGAL BASIS .....	1
DEFINITION OF TERMS .....	1
PURPOSES AND GOALS OF SOCIAL SERVICES .....	2
APPLICATION FOR SERVICES .....	2a
Notice of Acceptance or Denial of Application .....	4
ELIGIBILITY .....	5
Residence .....	6
Need .....	7
Financial Eligibility .....	8
Income Maintenance Status .....	8
Income-Eligible Status .....	10
Income Defined .....	11
Excluded From Income .....	13
Services Provided Without Regard to Income .....	16
Redetermination of Eligibility .....	18
SOCIAL CASEWORK RESPONSIBILITIES .....	19
Assessment .....	20
Case Plan Development .....	21
Case Plan Content .....	22
Case Plan Time Lines .....	23
Case Record Content .....	25
Narrative .....	26
Coordination and Monitoring of Service .....	28
Evaluation .....	29
Amendment of the Case Plan .....	30
Exceptions for Medicaid Case Management .....	31
FEES .....	32
Collection .....	33
Inability to Pay Fees .....	33
Nonpayment of Fees .....	34
TRANSFER OF ACTIVE SERVICE CASES .....	35

GENERAL PROVISIONS

CONTENTS

	<u>Page</u>
ADVERSE ACTIONS .....	36
Denial of Services .....	36
Reduction of Services .....	37
Termination of Services .....	38
Notification .....	39



GENERAL PROVISIONS

The purpose of the Department is to make available to the people of Iowa an array of financial and social services which prevent or reduce the incidence and effects of conditions which handicap or disadvantage the individual in society.

The Department of Human Services has the responsibility to implement policy to provide social services to the people of Iowa. This chapter provides the overall policy regarding all social services, including the determination of need for service and financial eligibility.

LEGAL BASIS

The federal government, through the Social Security Act, assists states in financing the provision of social services. Federal financial participation is available in accordance with Titles IV and XX of the Social Security Act and the regulations promulgated in accordance with the Acts. Funding for the provision of services may be provided through a mix of federal, state and local sources.

The Mental Health and Mental Retardation Commission has established standards for the provision of individual case management services for persons with mental retardation, developmental disabilities or chronic mental illness in IAC 441--Chapter 24, "Individual Case Management Services." Because the funding source for individual case management is Medicaid, these services are referred to in this manual as "Medicaid case management." The service activities and functions required of Department workers in IAC 441--130, "General Provisions" are referred to in this chapter as "social casework."

DEFINITION OF TERMS

"Family" means (a) legal spouses (including common law) who reside in the same household, (b) natural, adoptive, or stepmother or stepfather, and children who reside in the same household, (c) a person who lives alone or with a person or persons other than a spouse or minor child or (d) a child or minor siblings who reside with a person or persons not legally responsible for their support. A temporary absence does not change the composition of the family. When adults other than spouses reside together, each is considered a separate family. (IAC 441--130.1(234), and 130.3(5))

"Evaluate" means to periodically assess the appropriateness of services provided under the case plan (including social casework services) and to continue or terminate them as appropriate according to XIII-A and the specific service chapters. (IAC 441--131.1(234))

GENERAL PROVISIONSDEFINITION OF TERMS (Cont.)

"Implement" means to arrange for the activities described in the case plan to begin and to advocate for the client when necessary so that services can begin. (IAC 441--131.1(234))

"Social casework" means working with the client to (1) assess and identify individual and family strengths and needs, (2) develop a case plan to provide appropriate supports and services, (3) implement the case plan using community resources, (4) coordinate and monitor the provision of services and (5) evaluate client progress and the case plan to determine continued need for services. (IAC 441--131.1(234))

"Temporary absence" means a medical absence expected to be less than three months, an absence for the purpose of education, or employment or absence of a family member who intends to return home within three months. (IAC 441--130.3(5))

PURPOSES AND GOALS OF SOCIAL SERVICES**Policy**

Services shall be directed toward the Social Service Block Grant goals of:

Goal 1. Achieving or maintaining self-support to prevent, reduce, or eliminate dependency.

Goal 2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency.

Goal 3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests; or preserving, rehabilitating, or reuniting families.

Goal 4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

Goal 5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

**Comment**

These goals are required by Title XX of the Social Security Act.

**Legal reference:** IAC 441--130.7(1)

GENERAL PROVISIONS

**APPLICATION FOR SERVICES**

**Policy**

Application for social services shall be made at the county office of the Department on form SS-1120-0, *Application for Social Services*, available at the county office. The application may be filed by the applicant, the applicant's authorized representative, or, when the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.

An application shall not be required or taken for services ordered by the court. Applications shall not be taken for child day care services that have been posted in the county office as not available due to a lack of funding.

GENERAL PROVISIONSAPPLICATION FOR SERVICES (Cont.)**Comment**

Follow the application process for all services that are not court-ordered, except for abuse investigations. Persons requesting or receiving any of these services shall have a dated, signed application for service on file in the case record, regardless of basis of eligibility.

Services that may be funded by sources other than Social Services Block Grant and require an application are: home-based services, family therapy, subsidized adoptions, and Medicaid waiver services.

When parental rights have been terminated, the biological parents have no responsibility for the child. Foster parents do not complete an application for service for the foster child. When a child is in an adoptive placement, adoptive parents do not complete an application, because the adoptive child is considered the client.

See XVI-B for more information on funding limits for day care services.

**Legal references:** 441 IAC 130.2(1), 2(2), and 2(6)

**Procedure**

When funding is not available for child day care services, post the notice issued by Central Office. The notice shall state that the particular service is not available due to lack of funding, and that no applications will be taken for those services until further notice.

An application is not completed for child abuse or dependent adult abuse investigations or for court-ordered services. For court-ordered services, the court order and the case permanency plan provided by the Department serve as notification.

For all other services, the applicant, the applicant's legally authorized representative, or someone acting on the applicant's behalf shall complete form SS-1120-0, *Application for Social Services*. All applications for service shall be supported by a declaration of income made on the form.

When children are living in the home of unrelated adults or in the home of a non-legally responsible relative, ask the parents to complete the application on behalf of their child. If the parents refuse, complete and sign the application.

GENERAL PROVISIONSAPPLICATION FOR SERVICES (Cont.)**Procedure** (Cont.)

The Department worker shall also complete and sign the form for children in adoptive placement and for other children whose parental rights are terminated.

The worker shall determine that information on the application is accurate. The worker may accept the person's statement on a declaration basis for application for service or for redetermination of eligibility. If there is a question of the accuracy of a client's statement, the worker shall request supporting documentation, such as pay stubs, employer statements, social security checks, bank books, or birth certificates.

**Notice of Acceptance or Denial of Application****Policy**

The date of application is the date the form is signed and dated. The application shall be approved or denied within 30 days from the date of application and the applicant notified the decision. The decision shall be mailed or given to the applicant on the date the determination is made. Exception: For services ordered by the court, the court order provided by the court and the case permanency plan provided by the Department shall serve as notification.

**Comment**

**Legal reference:** 441 IAC 130.2(3) and (4)

**Procedure**

For all services where an application is required, the Department worker shall issue form SS-1104-0, *Notice of Decision: Services*, to the client or the client's representative. The worker shall ensure that the written notification is accompanied by an interpretation appropriate to the client's ability to comprehend, when necessary.

## EXAMPLES

1. A blind client's notice of action should be read to the client.
2. An illiterate or semiliterate client needs to have the notice of action explained verbally.

GENERAL PROVISIONSAPPLICATION FOR SERVICES (Cont.)Notice of Acceptance or Denial of Application (Cont.)Procedure (Cont.)

## EXAMPLES (Cont.)

3. A non-English-speaking person shall have notification given verbally or in writing in the language the person uses.

Notification is not required when a service is added as a result of reassessment between six-month reviews.

In protective service investigation cases, notice is provided on *Child Abuse Notification*, form SS-1747. If subsequent services are provided, reviewed, denied, reduced, or terminated, timely and adequate notice shall be sent as required under this policy and ADVERSE ACTIONS.

In order to preserve confidentiality, notice shall not be mailed to family planning clients. Any notice shall be personally handed to the client by the provider agency.

Special requirements apply to notices of adverse actions. See ADVERSE ACTIONS: Notification.

ELIGIBILITY**Policy**

Eligibility factors for services available through the Department are individual need for a service and family income, except when services are provided without regard to income, or when services are directed in a court order.

**Comment**

To qualify for services a person must meet three eligibility tests: residence, individual need for a service, and family income.

The Department shall provide services to any person as directed by a court order. For services ordered by the court, the court determines the need for service. The court may order services for persons who otherwise would not be eligible according to the Department's financial eligibility guidelines.

GENERAL PROVISIONSELIGIBILITY (Cont.)**Comment** (Cont.)

Except when a service is directed by a court order, determination of eligibility is the responsibility of the Department worker. Information used to make the determination for all services shall be obtained from the client. With the exception of family planning applications, this responsibility is not to be delegated to provider agency staff.

**Legal reference:** IAC 441--130.3(1) and 3(2)

Residence**Policy**

To be eligible for services, the person must be living in the state of Iowa. "Living in the state" shall include those persons living in Iowa for a temporary period, other than for the purpose of vacation.

The block grant service to be provided shall be contained in the Pre-Expenditure Report and listed for the specific district and county.

**Comment**

If the service is a local-purchase service, it must be available in the Pre-Expenditure Report for the county of residence, with the exception of adult services state payment status. "Adult services state payment" can be made for services purchased for clients who do not have legal settlement but meet the residence requirements in Iowa Code Sections 222.60 or 230.32.

Duration is not a factor in determining residence, except persons on vacation in Iowa are not considered to be living in the state. A person under custody or guardianship of Iowa and placed in another state through interstate compact is a resident of Iowa.

Legal settlement is not an eligibility factor, but is used to determine which county pays the 25% county match amount.

Legal settlement in a county is established by continuously residing in the county for a period of one year. However, a blind person receiving assistance under the laws of the state who has resided in one county of this state for a period of six months acquires legal settlement in that county.

GENERAL PROVISIONSELIGIBILITY (Cont.)Residence (Cont.)Comment (Cont.)

Minor children who reside with both parents take the settlement of the parents, or if residing with one parent, take the legal settlement of that parent with whom the child resides.

A person who is an inmate of an institution retains the legal settlement the person had prior to commitment.

**Legal reference:** IAC 441--130.3(2) and 130.3(1)"b"

Procedure

In local purchase cases where the county of residence and the county of legal settlement differ, the county of residence shall approve the service, even though the county of legal settlement is responsible for the amount of local match for that client.

NeedPolicy

Individual need is established when the service to be provided is directed at and will facilitate an individual in reaching or maintaining one of the goals in PURPOSES AND GOALS OF SOCIAL SERVICES. Except when the court establishes need, the Department shall do so in accordance with individual services chapters. The Department shall determine the number of units to be provided.

Comment

The Department worker with the client shall identify the appropriate SSBG goal of the case plan. The Department worker and supervisor are responsible to assure that the case plan reflects the appropriate goal for the client.

**Legal reference:** IAC 441--130.3(1)"a"

Procedure

For court-ordered services, the court establishes the need for service.



GENERAL PROVISIONSELIGIBILITY (Cont.)Need (Cont.)**Procedure** (Cont.)

For other services, establish the need for service and the kind and frequency of service to be given using the case plan development process and need criteria in this chapter and specific service chapters. For purchased services, determine the number of units of service necessary to meet client goals. Eligibility criteria for services that are funded by Social Services Block Grant are contained in this chapter. Additional eligibility criteria are found in the manual chapters for the specific services.

Financial Eligibility**Policy**

Persons are financially eligible for services when they are in one of the following categories:

1. Income maintenance status
2. Income-eligible status

**Comment**

Certain services are provided without regard to income.

**Legal reference:** 441 IAC 130.3(1)"d"

Income Maintenance Status**Policy**

Persons in the following categories automatically meet the SSBG income eligibility standards, because their income has been considered in income maintenance programs:

- a. Recipients of the Family Investment Program (FIP, formerly AFDC).
- b. Those persons whose needs are taken into account in determining the needs of FIP recipients.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income Maintenance Status (Cont.)Policy (Cont.)

- c. Recipients of Supplementary Security Income (SSI) payments, or "special SSI recipients" who have eligibility status under section 1619 of the Social Security Act.
- d. Recipients of State Supplementary Assistance (SSA).
- e. Residents of medical institutions who are in the "300%" group, as defined in VIII-D, Persons in a Medical Institution Who Are Over Income for SSI at Home (300% Group).
- f. Recipients under the Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expense (IRWE) program.

**Comment**

Section 1619 of the Social Security Act states that special status clients are those receiving Supplemental Security Income, or deemed to be receiving SSI as provided in Public Law 99-643.

Section 1619(a) provides special SSI cash benefits to disabled persons who lose eligibility for SSI payments under the regular rules because they engage in significant gainful employment. Section 1619(b) provides special SSI recipient status for Medicaid purposes to working disabled or blind people when their earnings make them ineligible for further cash payments.

If the applicant receives Medicaid, check with the income maintenance worker to determine if the Medicaid coverage group is one of the above.

**Legal reference:** 441 IAC 130.3(1)"d"(1)

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status**Policy**

Persons are financially eligible for services when their monthly gross income, according to family size, is no more than the following amounts:

<u>Family Size</u>	<u>FOR CHILD DAY CARE:</u> <u>Monthly Gross Income</u>		<u>FOR ALL OTHER SERVICES:</u> <u>Monthly Gross Income</u>
	A	B	
1 Member	\$ 581	\$ 880	\$ 583
2 Members	786	1,187	762
3 Members	991	1,494	942
4 Members	1,196	1,802	1,121
5 Members	1,401	2,109	1,299
6 Members	1,606	2,417	1,478
7 Members	1,811	2,724	1,510
8 Members	2,016	3,032	1,546
9 Members	2,221	3,339	1,581
10 Members	2,426	3,427	1,612

For Column A, for each additional person over 10 members, add \$205. For Column B, for each additional person over 10 members, add \$71. For other services column, for each additional person over 10 members, add \$33.

Column A is used to determine income eligibility for families applying for child day care services. Exception: Families applying for children with special needs shall use Column B.

Column B is used to determine ongoing income eligibility for families receiving child day care services as of June 30, 1993, and to determine income eligibility for families with children with special needs applying for child day care services.

**Comment**

The day care income eligibility limit has been changed to 100% of federal poverty (Column A) for families applying for child care assistance, except for care for special needs children.

GENERAL PROVISIONS

ELIGIBILITY (Cont.)

Financial Eligibility (Cont.)

Income-Eligible Status (Cont.)

Comment (Cont.)

**Legal reference:** 441 IAC 130.3(1)"d"(2)

**Procedure**

Determine both family size and the amounts and sources of income before making a decision. Determine the family size for the same period that monthly gross income is computed.

When monthly income fluctuates, base eligibility on the average of the income for at least three months, but no more than six.

Determine farm or business income from self-employment from the latest annual income tax return. Divide the annual income by 12 to determine monthly income.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Income DefinedPolicy

In determining gross income, the worker shall consider all income received by a person from sources that are identified by the U.S. Census Bureau in computing the median income.

Comment

The following income sources are considered by the Census Bureau:

- (1) Money, wages or salary: Total money earnings received from work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, including sheltered workshop earnings. This is the amount before deductions are made for taxes, bonds, pension, union dues, and similar purposes.
- (2) Net income from non-farm self-employment: Gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include cost of goods purchased, rent, heat, lights, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of saleable merchandise consumed by the proprietors of retail stores is not included as part of net income.
- (3) Net income from farm self-employment: Gross receipts minus operating expenses from the operation of a farm by a person on his own account as owner, renter, or sharecropper.

Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include costs of feed, fertilizer, seed and other farming supplies.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Income Defined (Cont.)Comment (Cont.)

- (4) Social Security: Social Security pensions and survivors' benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance and railroad retirement insurance checks from the U.S. Government.
- (5) Dividends, interest on savings or bonds, income from estates or trusts, net rental income or royalties: dividends from stock-holdings or membership in associations; interest on savings or bonds; periodic receipts from estates or trust funds; receipts from boarders or lodgers; and net royalties and net income from rental of a house, store or other property to others. (Net rental income is that income remaining after expenses such as: taxes, interest on borrowed principal to purchase property, insurance, and upkeep of the property).
- (6) Public assistance or welfare payments: public assistance payments such as ADC, SSI, State Supplementary Assistance, and general assistance.
- (7) Pensions and annuities: pensions or retirement benefits paid to a retired person or the person's survivors by a former employer or by a union either directly or through an insurance company; periodic receipts from annuities or insurance.
- (8) Unemployment compensation: compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits from union funds.
- (9) Workers compensation: compensation received periodically from private insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the person.
- (10) Alimony.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Income Defined (Cont.)Comment (Cont.)

(11) Child support.

(12) Veteran's benefits: All monies paid to, or in behalf of, a person because of veteran status must be counted as income, irrespective of the purpose of such payments. Included is money paid periodically by the Veterans Administration to disabled members of the armed forces or to survivors of deceased veterans for education and on-the-job training, as well as so-called "refunds" paid to ex-servicemen as G.I. insurance premiums.

**Legal reference:** IAC 441--130.3(3)

Excluded From Income**Policy**

The following are excluded from the computation of monthly gross income:

- (1) Per capita payments to, or funds held in trust for, any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
- (2) Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are except from taxation under Section 21(a) of the Act.
- (3) Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the new proceeds would be counted as income from self-employment).
- (4) Withdrawals of bank deposits.
- (5) Money borrowed.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Excluded From Income (Cont.)Policy (Cont.)

- (6) Tax refunds.
- (7) Gifts.
- (8) Lump-sum inheritances or insurance payments or settlements.
- (9) Capital gains.
- (10) The value of the coupon allotment in the Food Stamp Program.
- (11) The value of USDA donated foods.
- (12) The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program for children under the National School Lunch Act, as amended.
- (13) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies of 1970.
- (14) Earnings of a child under 14 years of age. (No inquiry shall be made.)
- (15) Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
- (16) Any grant or loan to any undergraduate student for educational purposes made or insured under the Higher Education Act.
- (17) Home produce used for household consumption.
- (18) Payments or earnings received by any youth under the Job Training Partnership Act of 1982.



GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Excluded From Income (Cont.)Policy (Cont.)

- (19) Stipends received by persons for participating in the Foster Grandparent program under Public Law 93-113, Section 418, Part B.
- (20) The first \$65 and 50% of the remainder of income at a sheltered workshop or work activity center.
- (21) Payments from the Low-Income Home Energy Assistance Program.
- (22) In determining eligibility for purchase of local services, one-third of all income of a person who receives Social Security survivor's benefits as a disabled dependent child.
- (23) In determining eligibility for purchase of local services, one-third of the income of a person who receives Social Security permanent disability insurance payments.
- (24) Agent Orange Settlement payments.
- (25) In determining eligibility for child day care services:
  - (a) The income of the parents with whom teen parents reside.
  - (b) The income spent on any regular, ongoing cost that is specific to that child's disability.
- (26) Moneys received under the federal Social Security Persons Achieving Self-Sufficiency (PASS) program or the Income Related Work Expenses (IRWE) program.

**Comment**

For item 22, the eligible "child" may actually be an adult if the disability began before age 22. For items 22 and 23, one-third of all income is disregarded, not just Social Security benefits. When both item 20 and items 22 or 23 apply, item 20 is computed, and then item 22 or 23 is computed. The example shows how to calculate eligibility when there is income from work activity or sheltered work.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Income-Eligible Status (Cont.)Excluded From Income (Cont.)Comment (Cont.)

## EXAMPLE

Client A earns \$105 at a work activity site and has \$350 from Social Security disability benefits. Client B earns \$485 in a sheltered workshop and has a \$50 monthly annuity. Client C receives \$405 Social Security survivors benefits as a disabled dependent child and has \$485 in workshop earnings. All are one-person households.

	CLIENT A	CLIENT B	CLIENT C
Work Earnings	\$ 105	\$ 485	\$ 485
<u>Disregard</u> first \$65	<u>- 65</u>	<u>- 65</u>	<u>- 65</u>
Remainder	40	420	420
Disregard 50% of remainder	<u>20</u>	<u>-210</u>	<u>-210</u>
Work earnings counted as income	20	210	210
<u>Add</u> other income	<u>+350</u>	<u>+ 50</u>	<u>+405</u>
Disregard 1/3 for disabled Social Security recipients or disabled dependent survivors	370	260	615
	<u>-123</u>	<u>- 0</u>	<u>-205</u>
INCOME FOR ELIGIBILITY PURPOSES	\$ 247	\$ 260	\$ 410

Client A, Client B and Client C are income-eligible.

**Legal Reference:** IAC 441--130.3(3)

Services Provided Without Regard to Income**Policy**

The services provided without regard to income are:

1. Information and referral
2. Child abuse investigation

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Services Provided Without Regard to Income (Cont.)Policy (Cont.)

3. Child abuse treatment,
4. Child abuse prevention services,
5. Family-centered services,
6. Dependent adult abuse evaluation.
7. Dependent adult abuse treatment.
8. Dependent adult abuse prevention services, and
9. Any service the court orders the Department to provide for persons who otherwise would not be financially eligible.

**Comment**

Information or referral shall be provided upon request. Information and referral services shall not be provided for more than 96 hours, or after the decision is made that an ongoing service will be provided, whichever occurs first. When the decision is made that an ongoing service will be provided, the service worker shall complete an RS-1120-0, *Service Reporting Form*.

Services that are directed at the goal of preventing or remedying neglect, abuse, or exploitation of children shall be provided to all persons who need them, without regard to income or categorical eligibility. See XVI-E.

Services that are directed at the goal of preventing or remedying neglect, abuse or exploitation of dependent adults shall be provided to all persons who need them, without regard to income or categorical eligibility. Dependent adult protection, social casework, adult day care, adult support, transportation, and family planning may be offered to dependent adults who are determined by an evaluation to be at risk of abuse. See XVI-G.

GENERAL PROVISIONSELIGIBILITY (Cont.)Financial Eligibility (Cont.)Services Provided Without Regard to Income (Cont.)**Comment** (Cont.)

When directed by a court order, the Department shall provide services without regard to income when the client is not otherwise financially eligible.

**Legal reference:** 441 IAC 130.3(1)"e" and "f"

Redetermination of Eligibility**Policy**

Eligibility shall be redetermined in the same manner as an application at least every six months for day care and family-centered services. For all other services, eligibility shall be redetermined in the same manner as an application at least every 12 months.

**Comment**

**Legal reference:** 441 IAC 130.2(5)

**Procedure**

Redetermination of eligibility shall be made in the same way as it is done for an application (including signing and dating the form) as follows:

1. Promptly, not to exceed 30 days, after information is obtained about changes which have occurred in the person's circumstances (e.g., income, size of household).
2. Periodically, but no less frequently than every six months for day care and family-centered services, or every 12 months for other services. (This does not remove the requirement for redetermination when changes are reported.)

Protective services provided without regard to income require written documentation no less frequently than once every 12 months by the worker, justifying the continued need for protective services.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES**Policy**

For each active service case, when service is provided directly, purchased, or by a combination of methods, a Department social worker shall:

- A. Determine eligibility.
- B. Ensure that there is a Department case plan for each individual or family based on assessment of strengths and needs.
- C. Furnish appropriate sections of the initial plan and of all updated Department case plans to the provider agency when services are purchased for an individual.
- D. Refer the client to other workers or agencies through proper channels, and coordinate all workers involved in the case.
- E. Enter information to the Service Reporting System (SRS).
- F. Monitor the case to ensure that eligibility continues, services are received, plans are adjusted as needed, SRS reporting is correct, and the case is canceled when appropriate.
- G. Ensure that services are unavailable elsewhere without cost to the client.

**Comment**

"Social casework" means working with the client to:

- A. Assess and identify individual and family strengths and needs,
- B. Develop a case plan to provide appropriate supports and services,
- C. Implement the case plan using community resources,
- D. Coordinate and monitor the provision of services, and
- E. Evaluate client progress and the case plan to determine continued need for services.

**Comment**

**Legal reference:** IAC 441--131.1(234) and 130.6(234)

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Assessment**Policy**

The Department worker shall work with the client to assess and identify individual and family strengths and needs. The worker shall complete the assessment prior to the development of the case plan. A summary of the assessment shall become part of the case plan.

**Comment**

**Legal reference:** IAC 441--130.7(3); 131.1(234), 131.2(234), and 131.3(234)

**Procedure**

When the referral for services comes as judicial notice that services have been court ordered, assessment shall begin at the time of the notice.

When an unanticipated service is provided for the protection and well being of a client, assessment shall begin immediately.

Based on mutual exploration with the client, the worker shall determine the functional level of the client in physical, psychological, social, or environmental areas in relationship to the client's ability to be self-sufficient and self-supporting.

The assessment process should identify the client's strengths and resources as well as the obstacles that are impeding the client. Those strengths, resources, and obstacles determine the nature and scope of services needed by the client.

Instructions in the appendix of this chapter for case plan forms identify assessment documentation necessary for children and for adult clients. Consult the specific service chapter for additional assessment instructions which may be required.

Assessment activities shall terminate when it is determined that the client is ineligible for Department services.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Plan Development**Policy**

The Department social worker shall develop a case plan with or on behalf of persons approved to receive services. However, a case plan is not required for:

1. Child or adult protective investigation,
2. Family planning,
3. Foster care cases in which the Department does not have custody, guardianship, or a voluntary placement agreement,
4. Day care for training or employment purposes, when day care is the only service provided, or
5. Services to a person with mental retardation, a developmental disability, or chronic mental illness approved under an individual program plan (IPP) developed by a case manager when the IPP meets Department case plan standards. (See Exceptions for Medicaid Case Management.)

**Comment**

A case plan is not required for licensure, studies, and monitoring. (These are known as "E" cases in the SRS system.)

If the case plan contains reference to a report of child abuse, follow redissemination guidelines for child abuse information. See XVI-E(1), Redissemination.

If services are purchased, the provider also develops a service plan which is supplied to the Department and placed in the case record. The provider's service plan is one component of the Department's comprehensive plan. It shall not replace the Department case plan. See XVI-A(1), Provider Service Plan or Individual Program Plan, for provider requirements.

The client shall participate in the development of this plan to the extent possible. The case plan shall be consistent with other service program plans.

**Legal reference:** 441 IAC 130.6(2) and 441 IAC 130.7(234)

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Plan Development (Cont.)**Procedure**

Base the case plan on the individual or family assessment of strengths and needs. Document the case plan in one of the following ways:

1. For adult services, use form SS-0607-0, *Individual Client Case Plan and Progress Review for Continuation or Closing*.
2. For children's services, use forms 427-1020, *Case Permanency Plan Face Sheet*; 427-1021, *Case Permanency Plan Review*; 427-1022, *Case Permanency Plan Initial Assessment*; and 427-1023, *Case Permanency Plan Problem and Responsibility List*.
3. For emergency foster care placement with a goal of family reunification, if no case plan is in effect, use Form 470-2921, *Emergency Placement Document for Goal of Family Reunification*.

Provide a copy of the case plan to the client, or when indicated, to the parent or representative of the client. The case plan shall become part of the client's case record.

Case Plan Content**Policy**

The recorded case plan shall contain, but not be limited to, the following:

- a. The goal and objective to which the plan is directed, stated in a clear manner indicating the specific services required to achieve or maintain the goals to meet the needs of the particular client.
- b. Activities of clients, workers, and others involved in the plan related to specific services. These shall be measurable and have time frames for completion.
- c. A summary of all pertinent information relating to the client and the client's situation relative to need, and containing, but not limited to, the following:
  - (1) Emotional behavior.
  - (2) Social aspects.
  - (3) Historical perspective.
  - (4) Reasons for success or lack of success.



GENERAL PROVISIONS

**SOCIAL CASEWORK RESPONSIBILITIES** (Cont.)

**Case Plan Development** (Cont.)

**Case Plan Content** (Cont.)

**Policy** (Cont.)

- d. Information on case entries that will substantiate the client's eligibility for service.
- e. A target date for reevaluation of the case plan based on assessment of need, which shall not exceed six months.
- f. A review of financial eligibility.
- g. The reason for termination or reduction of any or all services.

**Comment**

Follow the instructions in the appendix for completion of the appropriate case plan form.

Goals are statements indicating the expected outcome, or the end results of service delivery, as seen during the assessment process. Enter the national goal most closely related to the client goal into the Service Reporting System.

Objectives are statements of the major accomplishments needed to reach client goals.

Responsibilities and action steps are statements indicating tasks, actions, activities, and time frames for accomplishment by the worker, the client, and the provider. This is the accountability portion of the case plan.

**Legal reference:** 441 IAC 130.7(2)

**Case Plan Time Lines**

**Policy**

The case plan shall be developed and filed in the case record before services being unless:

- a. The Department receives judicial notice that services have been court-ordered. The date of this notice shall be stated on Form 427-1022. The case plan shall be filed within 45 days from the

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Plan Development (Cont.)Case Plan Time Lines (Cont.)**Policy** (Cont.)

date the notice is received or within 60 days from the date the child entered foster care, whichever is the earlier date.

If the service ends before 30 days, the minimum case plan requirement for children's services is completion of Form 427-1020, *Face Sheet*, and of Form 470-2921, *Emergency Placement Document for Goal of Family Reunification*. Assessment shall begin at the time of the notice.

- b. An unanticipated provision of service is provided for the protection and well-being of a client. Assessment shall begin immediately. The case plan shall be filed within 45 days from the date services are initiated or within 60 days from the date the child entered foster care, whichever is the earlier date.

If the service ends before 30 days, the minimum case plan requirement for children's services is completion of Form 427-1020, *Face Sheet* and of Form 470-2921, *Emergency Placement Document for Goal of Family Reunification*.

**Comment**

See Evaluation for time frames and requirements for case plans done after the initial plan.

**Legal reference:** 441 IAC 130.7(3)

**Procedure**

- a. All Services Except Court-Ordered and Emergency Protective Services: Develop the case plan and file in the case record within 30 days of the acceptance for service, but before services begin.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Plan Development (Cont.)Case Plan Time Lines (Cont.)Procedure (Cont.)

## EXAMPLE 1

Mr. Smith submits application for adult residential services on May 1. The application is approved on May 30. Service begins on July 15.

Form SS-0607-0, *Individual Client Case Plan and Progress Review for Continuation or Closing*, is due on June 30.

## EXAMPLE 2

On May 1, Ms. Jones submits application for family-centered services. The application is approved on May 30. Service begin on June 2.

Case Permanency Plan forms due on June 2:

Form 427-1020, A: *Face Sheet*

Form 427-1022, B: *Initial Assessment*

Form 427-1023, C: *Problem and Responsibility List*

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Plan Development (Cont.)Case Plan Time Lines (Cont.)**Procedure** (Cont.)

- b. **Emergency and Court-Ordered Foster Care Placements:** When there is no case permanency plan in effect, the case plan shall be developed and filed in the case record at the time of placement. The case plan shall consist of form 427-1020, Face Sheet, and form 470-2921, *Emergency Placement Document for Goal of Family Reunification*.

If the placement lasts more than 30 days, complete form 427-1022, *Part B: Initial Assessment*, and form 427-1023, *Part C: Problem and Responsibility List*, within 60 days from the date of placement.

- c. **Other Court-Ordered or Emergency Services:** Complete form 427-1020, *A: Face Sheet*, at the time of service initiation. Complete form 427-1022, *Part B: Initial Assessment*, and form 427-1023, *Part C: Problem and Responsibility List*, within 45 days.

Case Record Content**Policy**

The social worker shall document social casework activities.

**Comment**

**Legal reference:** 441 IAC 130.6(234)

**Procedure**

Each case record shall contain at a minimum the following information:

1. Application for services, or court document which orders service.
2. A Department case plan, when a plan is required.
3. Provider service plans and progress reports when service is purchased.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Record Content (Cont.)**Procedure** (Cont.)

4. Notice of decision, or court document which orders the service.
5. Relevant legal or service-specific documents (i.e., medical reports, psychiatric reports, court orders, etc.)
6. Narrative to document worker contact with the client or collateral sources.

**Narrative****Policy**

The case file shall contain a narrative record of the worker's efforts to assist the client in reaching or maintaining the established goal. Enough detail needs to be recorded to support the worker's actions and decisions. The narrative shall be written in such a way as to tie together in a logical sequence any supporting documents, including forms, correspondence, court orders, etc.

Recording must also contain an entry verifying each significant worker and client or collateral contact.

**Comment**

Good narrative recording requires logical order. Narrative recording should relate to the goals, objectives, and actions relative to the client and the case. Narrative recording should tie into activities and contacts and have purpose.

Information already in the case plan does not have to be included in narrative.

**Legal reference:** 441 IAC 130.6(234)

**Procedure**

Determine the information critical to objective achievement and accountability. Establish the rationale for casework activity and record information pertinent to the service given.

Three principles apply:

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Record Content (Cont.)Narrative (Cont.)Procedure (Cont.)a. Clarity

Most information falls into one of three categories: facts, observations or interpretations. It is important that narrative recording distinguish these clearly to the reader.

Fact: A piece of information presented as having objective reality.

Observation: A judgment on or inference based on facts.

Interpretation: An explanation of the meaning of facts or observations.

b. Objectivity

The standard for objectivity is that the fact, observation, or interpretation is verifiable.

## EXAMPLE

Fact: During the eight-piece puzzle task, Tommy was distracted several times by the telephone answering machine, which he had ignored during the doll play. Tommy did not complete the puzzle task.

Observation: Tommy was not very interested in the puzzle.

Interpretation: I feel that this was a passive way to avoid a "right-wrong" situation and is related to the harsh discipline he has experienced in the past.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Case Record Content (Cont.)Narrative (Cont.)Procedure (Cont.)C. Descriptiveness

Relevant details are important.

## EXAMPLE

Mr. W missed the workshop bus on May 2, May 7, May 12, and June 1. These were all days which he was scheduled to work in the sorting room with Mr. M.

This information is objective and adds a descriptive detail that may be critical in assessing the situation.

Coordination and Monitoring of Service**Policy**

The Department social worker shall coordinate and monitor the provision of services.

**Comment**

**Legal reference:** IAC 441--131.1(234)

**Procedure**

The worker providing social case work services shall refer the client to other workers or agencies through proper channels and coordinate all workers involved in the case.

The Department social worker has primary responsibility for ensuring that the Department case plan is implemented, unless the client has a Medicaid case manager. This responsibility cannot be delegated to a provider agency.

The worker shall furnish appropriate sections of the case plan to provider agencies and review the provider service plan to ensure that it is compatible with the Department case plan.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Implementation of the Case Plan**Policy**

The Department social worker shall implement the case plan using community resources.

The Department worker shall ensure that services identified in the Department case plan are provided. Documentation of service provision and the client's progress toward the stated goals and objectives in the case narrative is required.

**Comment**

**Legal reference:** IAC 441--130.6(234) and 131.1(234)

**Procedure**

Once the case plan is in place, the Department social worker shall arrange for the delivery of the service, coordinate services, and follow along the progress of the client to ensure that services continue to be appropriate and accessible.

Evaluation**Policy**

The reevaluation of the case plan shall include all components listed under Case Plan Content and shall be filed at least every six months. The reevaluation shall be filed more often when there are significant changes, when required by the court, or when required according to the rules of the service.

"Evaluate" means to periodically assess the appropriateness of services provided under the case plan and to continue or terminate them as appropriate.

**Comment**

The six months is counted from the time the last case plan was developed. An amendment does not affect this time limit.

The purpose of this review is to measure the client's progress towards goals and to modify objectives and services as needed.

**Legal reference:** IAC 441--130.7(4) and 131.1(234)



GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Evaluation (Cont.)**Procedure**

For family and children's services, complete *Case Permanency Plan* form 427-1020 (Part A), if there are any changes, and forms 427-1021 (Part B) and 427-1023 (Part C) according to the instructions in XIII-A-Appendix.

For adult services, complete form SS-0607-0 according to the instructions in XIII-A-Appendix.

Amendment of the Case Plan**Policy**

The case plan may be amended between evaluation periods. Participants in the plan shall receive a copy of the amendment.

**Comment**

**Legal reference:** IAC 441--130.7(5)

**Procedure**

For family and children's services, follow the instructions in XIII-A-Appendix for form 427-1023, *Problem and Responsibility List*, and form 427-1021, *Review*.

For adult services, use the following procedure:

1. The worker shall complete a written description of the proposed change to the plan and the reason for the change.
2. Notice shall be given to the client or representative according to the requirements under Notification in this chapter.
3. All participants in the proposed change, other than the client or representative, shall receive a copy of the amendment with a written statement that agreement with the amendment shall be presumed, unless the person responds in writing within ten days of the date the amendment was issued. Do not use the *Notice of Decision: Services*, form SS-1104-0, for this written statement.

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Exceptions for Medicaid Case Management**Policy**

When there is a Medicaid case manager, the Medicaid case management policies on time limits, plan format and on who develops the plan shall apply for adults and for children whose services are not court ordered. The Department social worker shall determine eligibility for these services provided by the department.

If the Medicaid case manager's individual program plan does not meet the standards of the Department case plan, the Department social worker shall either complete a Department case plan or addendum to the individual program plan and coordinate with the Medicaid case manager to ensure distribution to the persons who receive the individual program plan.

When Department services are provided before a Medicaid case management individual program plan is approved, a department case plan must be developed.

When Medicaid case management services are being provided, the Medicaid case manager shall distribute the case plan and shall be responsible for making referrals and for coordinating workers as specified in the individual program plan.

**Comment**

**Legal reference:** IAC 441--130.6(234) and 130.7(234)

**Procedure**

The application shall be approved or denied no later than the date that the Department service manager, who is part of the interdisciplinary team, signs the individual program plan.

The timeliness for completion of the individual program plan (IPP) shall apply unless the instructions in this manual under "Case Plan Time Lines" are more restrictive.

The date of acceptance for services is the date the Department worker signs the IPP as a member of the team.

When the Medicaid case manager is not a Department employee, the following responsibilities apply to the Department worker when the Department is funding a service other than social casework:

GENERAL PROVISIONSSOCIAL CASEWORK RESPONSIBILITIES (Cont.)Exceptions for Medicaid Case Management (Cont.)**Procedure** (Cont.)

1. Serve as a member of the IPP team.
2. Determine initial and ongoing eligibility for the service.
3. Take application and send notice.
4. Fill out the SRS.
5. Ensure the service is not available elsewhere without charge.
6. Assess whether the IPP fulfills the requirements of a Department case plan. If it does not, the worker completes an addendum to the IPP and distributes it, or writes up a separate Department plan.
7. Terminate the service when appropriate.

When Medicaid case management is terminated, the service worker shall continue the case according to the procedures of this chapter, if the service worker is part of the IPP team, and the client continues to be eligible for a Department service.

When the Department service worker is not part of the IPP team because the Medicaid case manager was a Department employee, and the client continues to be eligible for a Department service, the Medicaid case manager will provide copies of the Medicaid forms and originals of the Department documents in the case record so the Department service case can continue. The case shall then be handled as a transfer, and the service worker shall continue the case according to the procedures of this chapter.

**FEES****Policy**

The Department may set fees to be charged to clients for services received. The fees will be charged to all clients who are eligible except those receiving services without regard to income due to a protective service situation. A client may voluntarily contribute toward the costs of service.

GENERAL PROVISIONS**FEES** (Cont.)**Comment**

Fee schedules apply to all services. However child day care is the only service which assesses fees at this time. See XVI-B, FEE SCHEDULE, for instructions on computing fees. Parental liability for foster care is not considered as a fee under this policy.

**Legal reference:** IAC 441--130.4(234)

**Procedure**

The Department worker determines the amount of fee according to the established fee schedule for the service. The worker communicates the amount of the fee to the provider on forms appropriate to the particular service. The worker also informs the client of the obligation to pay the fee and the amount of the fee.

**Collection****Policy**

The provider shall collect fees from clients. The provider shall maintain records of fees collected, and these records shall be available for audit by the Department or its representative. When a client does not pay the fee, the provider shall demonstrate that a reasonable effort has been made to collect the fee. Reasonable effort to collect means an original billing and two follow-up notices of nonpayment.

**Comment**

The billing should be issued at the end of the month in which services were received. The client may have the following full month to make full or partial payment of the fees assessed.

**Legal reference:** IAC 441--130.4(1)

**Inability to Pay Fees****Policy**

When the client reports in writing the inability to pay the fee due to the existence of one or more of the conditions below, the worker shall assess and verify the condition.

GENERAL PROVISIONS**FEES** (Cont.)**Inability to Pay Fees** (Cont.)**Policy** (Cont.)

1. Extensive medical bills for which there is not payment through the Medicaid, Medicare, or other insurance coverage.
2. Shelter costs in excess of 30 percent of the household income.
3. Utility costs, not including the cost of a telephone, in excess of 15 percent of the household income.
4. Additional expenses for food resulting from diets prescribed by a physician.

Service shall be continued until the condition no longer exists and the client is able to participate in the current fee of service. The reduced fee shall then be charged until full participation in fees is possible.

**Comment**

Documentation of nonpayment and the inability to pay shall be recorded in the case record.

**Legal reference:** IAC 441--130.5(6)

**Nonpayment of Fees****Policy**

When no payment or partial payment has not been received within 30 days following the issuance of the last billing, provision of service shall be terminated, unless the client establishes inability to pay.

**Comment**

**Legal reference:** IAC 441--130.5(2)"f"

**Procedure**

The Department worker shall notify the client of any adverse action. See ADVERSE ACTIONS for procedures.

GENERAL PROVISIONSFEES (Cont.)Nonpayment of Fees (Cont.)Procedure (Cont.)

The written notice, issued by the worker, should include the time period the client has to respond; the options available to enable services to continue, i.e., (a) pay fees owed in full, (b) plead inability to pay according to reasons listed, (c) negotiate pay partially; and the client's right and process to appeal.

The notification of termination of services for nonpayment of client fees shall be given at least ten calendar days before the date the action would be effective. During this time, the client may respond by appealing the decision or making payment. When the client does not respond, terminations shall take place at the end of the ten-day period.

Documentation of inability to pay shall be recorded in the case record pending an appeal decision.

TRANSFER OF ACTIVE SERVICE CASES**Policy**

The social worker shall refer the client to other workers through proper channels.

**Comment**

Change of residence is not an adequate reason to close a service case if service is still needed. It is important that the Department assure the continued provision of needed services when the client moves. Immediate transfer of a client's case record when the client moves provides for continuity of services. The worker providing services does not lose case responsibility until the case has been transferred.

When a person from an active case is temporarily placed only for care or treatment outside the jurisdiction of that office, responsibility shall remain with the placing office where permanent residence remains. District administrators negotiate and mutually approve reassignment of case responsibilities.

**Legal reference:** IAC 441--130.6(3)

GENERAL PROVISIONSTRANSFER OF ACTIVE SERVICE CASES (Cont.)**Procedure**

When a client who is receiving services moves outside the jurisdiction of a Department office or institution providing the service, that office or institution shall see that the case is transferred to the office or institution of new jurisdiction for the provision of any needed services. If reassessment indicates services are not needed, the case shall be closed.

Active protective service and guardianship cases must remain open. The Bureau of Adult, Children and Family Services shall be notified promptly when a guardianship case is transferred. Referral of a protective services case is essential to the protection of the client.

The office transferring the case shall send the case record by first-class mail, Purolator courier, or by hand delivery by a DHS employee to assure delivery and protect confidentiality. Transfer of the case record constitutes a request for service for the client. The office receiving the client's case record shall assign the case immediately in order to expedite the assessment and decision regarding continued service within 30 calendar days. All child protective service and guardianship cases must be reviewed within five days of the receipt of notice that the client has transferred.

Active service clients who move out of state shall be referred to the other state when continued service is needed. Protective services cases shall be referred by telephone within 24 hours, followed by a written referral within 48 hours. All other referrals shall be made within five working days from the date of the move or when it is known the move has taken place. This in no way negates the use of the Interstate Compact where appropriate. Refer to XIII-N, "Interstate Compact," for procedure for transferring a child into or out of the state. All interstate cases should be processed according to current guidelines.

ADVERSE ACTIONSDenial of Services**Policy**

Services shall be denied when the Department worker determines that:

1. The client is not in need of service, or
2. The client is not financially eligible, or
3. The service to be provided is not in the annual Pre-expenditure Report, or is not listed as available for the period requested, or

GENERAL PROVISIONSADVERSE ACTIONS (Cont.)Denial of Services (Cont.)**Policy** (Cont.)

4. There is another community resource available to provide the service or a similar service free of charge to the client that will meet the clients needs, or
5. In cases other than protective service investigation, the client, parent, or representative refuses to sign the application form, or
6. The service for which the client is eligible is currently not available, or
7. Funding is not available to provide the service, or
8. Slots are not available for child day care services.

A list of the services which are currently not available shall be posted in each local office including those not available due to lack of funding.

**Comment**

**Legal reference:** 441 IAC 130.5(1)

Reduction of Services**Policy**

A particular service may be reduced when the Department determines that:

1. Continued provision of service at its current level is unnecessary. The Department shall determine the level to which a service may be reduced without jeopardizing the client's continued progress achieving or maintaining the goal.
2. Another community resource is available to provide the same or similar service free of charge to the client, that will meet the client's needs.
3. Funding is not available to continue the service at the current level. The client shall be reassessed to determine the level of service to be provided.
4. Units of child day care services for which payment will be made are limited on a statewide basis based on the availability of funds.



GENERAL PROVISIONSADVERSE ACTIONS (Cont.)Reduction of Services (Cont.)**Comment**

The Department worker determines that services are to be reduced based on the client's need for service (addressed in specific service manuals) or the availability of other community resources to provide services. When services are reduced or funding is limited, the worker shall determine the appropriate level of service that shall be provided. The client shall be notified of the decision. (See Notification.)

**Legal reference:** IAC 441--130.5(3)

Termination of Services**Policy**

A particular service may be terminated when the Department determines that:

1. The specific need to attain the goals and objectives toward which service was directed has been achieved, or
2. After repeated assessment, it is evident that the family or individual is unable to achieve or maintain the goals set forth in the case plan, or
3. After repeated efforts, it is evident that the family or individual is unwilling to accept further service, or
4. The client's income or resources exceed the financial guidelines, or
5. The service is no longer in the annual Pre-Expenditure Report or otherwise available through Department funding.
6. No payment or partial payment of client fees has been received within 30 days following the issuance of the last billing,
7. Another community resource (person, agency, program, or funding source) is available to provide the service or a similar service free of charge to the client that will meet the client's needs, or
8. The client refuses to allow documentation of eligibility as to need, income, and resources.

GENERAL PROVISIONSADVERSE ACTIONS (Cont.)Termination of Services (Cont.)**Policy** (Cont.)

9. Funding is not available to provide the service. A list of services not available due to lack of funding shall be posted in each local office.

**Comment**

Services may also be terminated at the request of the client. Notice of this action is required.

The client's case should always be closed if the client is no longer receiving services.

The recorded case plan shall contain the reason for termination of any or all services.

**Legal reference:** IAC 441--130.5(2)

**Procedure**

For adult services, follow the notification process and close the SRS.

For family and children's services, follow the instructions for case permanency plans in XIII-A-Appendix, for form 427-1021, Part D, Review, and enter the termination summary in Section IV. Follow the notification process, and close the SRS.

Notification**Policy**

Whenever the local office accepts or rejects an application the applicant shall be notified of the decision. The decision shall be mailed or given to the applicant on the date the determination is made.

Whenever the local office proposes to terminate, reduce, or suspend services, it shall give timely and adequate notice of the pending action.

"Timely" means that the notice is mailed at least ten calendar days before the date the action would become effective. The timely notice period shall begin on the day after the notice is mailed.

GENERAL PROVISIONS**ADVERSE ACTIONS** (Cont.)**Notification** (Cont.)**Policy** (Cont.)

"Adequate" means a written notice that includes:

1. A statement of what action is being taken;
2. The reasons for the intended action;
3. The manual chapter number and subheading supporting the action;
4. An explanation of the client's right to request a fair hearing; and
5. The circumstances under which service is continued when a hearing is requested.

**Comment**

**Legal reference:** IAC 441--7.7(1) and (5), IAC 441--130.5(5)

**Procedure**

Form SS-1104-0, *Notice of Decision: Services*, shall be used to notify clients of adverse actions. The notice shall be given at least ten calendar days before the date the action would become effective. During this time, the client may respond by appealing the decision. When the client does not respond, the action shall take place at the end of the ten-day period.

An appeal shall be granted to any applicant or client aggrieved by an action of the Department of Human Services when the right to a hearing is granted by state or federal constitution, law, or regulation.

When a request for a hearing is made within 30 calendar days after official notification of an action, a hearing shall be held. When the request for a hearing is made more than 30 calendar days, but less than 90 calendar days after notification, the director's designee shall determine whether a hearing shall be held. The time in which to appeal an agency action shall not exceed 90 days.

If a denial, termination, or reduction of services is appealed within the timely notice period, services shall continue at least until the time of the hearing.

GENERAL PROVISIONS

**ADVERSE ACTIONS** (Cont.)

**Notification** (Cont.)

**Comment**

Termination of local-purchase services because the time limit is reached or the service is not available in the Pre-Expenditure Report from one year to the next is not considered an adverse action, so form SS-1104-0, *Notice of Decision: Services*, which extends the right of appeal, shall not be used to inform clients of the action.

Whenever possible, the worker shall inform the client by letter at least ten days prior to the termination of SSBG payment. The letter shall state the date that SSBG payment will end according to the provisions of the Pre-Expenditure Report. If the service will not be disrupted because it will be paid for by another source, the letter shall identify that source. For example, a joint county board of supervisors and DHS letter may be used to inform the client of the change in funding.