

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



January 19, 1996

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 96-02

RESTRICTIONS IN SOCIAL SECURITY PAYMENTS FOR PERSONS DISABLED DUE TO DRUG ADDICTION OR ALCOHOLISM

A new category of adult Supplemental Security Income (SSI) recipients may be contacting the counties to report changes which counties must act upon. Such changes may impact their Medi-Cal eligibility which is currently based on receipt of SSI. This situation is occurring at this time because the Social Security Administration (SSA) has begun restricting Title II Social Security Disability Insurance (SSDI) and Title XVI SSI benefit payments for those persons who are disabled due to drug addiction or alcoholism (DA&A) and have not followed through on required treatment programs. A sample of the letter that the suspended SSI recipient will receive from Social Security Administration (SSA) is enclosed for your information.

This All County Welfare Directors Letter (ACWDL) concerns those who are suspended from SSI due to noncompliance with required treatment. Since federal law provides that Medi-Cal benefits are to continue if the suspended DA&A individual is otherwise eligible, counties will be required to take certain actions when these suspended DA&A persons contact the counties. This letter also concerns those SSI recipients who are terminated after 12 months of noncompliance and when the benefits cease after 36 months of payments.

Action-Pending Formal Implementation

Although counties may not make any major changes for these persons on the Medi-Cal Eligibility Data System (MEDS) until April 1, 1996, counties may be required to make minor changes to MEDS and will be required to "flag" cases who appear to have excess property/income so that they can be reported to MEDS after April 1, 1996.

Background

The Social Security Independence and Program Improvement Act of 1994 (Public Law 103-296) affects persons receiving disability benefits due to DA&A effective March 1, 1995. A diagnosis of DA&A means that drug addiction or alcoholism is a contributing factor material to the finding of disability and that the individual would not be found disabled if the person discontinued using drugs or alcohol. The intent of these provisions is to establish barriers to using cash benefits to support an addiction. There are approximately 30,000 persons in California receiving benefits under this disability.

Some of the major DA&A provisions are:

- o Payments will usually be made to a preferred type of representative payee.
- o The recipient must undergo and make progress in treatment, when available, at approved facilities.
- o Payments will be suspended for a minimum of two months, three months, and six months respectively, for the first, second, and third or subsequent instances of noncompliance. The period of suspension continues even if the person becomes compliant during that time. A person who complies but still has suspended payment is referred to as a sanctioned person. Medicare and Medicaid based on SSI eligibility continue if they continue to be disabled due to drug addiction or alcoholism and they would be eligible for SSI had they not been suspended or sanctioned. Non-SSI Medicaid may be provided if they are determined disabled and they meet all other Medicaid requirements.
- o Payments will be terminated for noncompliance after 12 consecutive months of suspension for noncompliance. Medicaid may be provided if they are determined disabled and they meet all other Medicaid requirements. Medicare will cease.
- o Payments will be terminated after 36 months of payment. Suspended or sanctioned months are not counted towards the 36-month limit. Months for which appropriate treatment is not available are not counted for persons receiving SSDI but are counted for those receiving SSI. Medicaid and Medicare will continue beyond the 36-month limit for those entitled as long as the individual remains disabled, is otherwise eligible, and was not terminated for noncompliance with treatment.
- o Retroactive one-time payments of past-due benefits must be paid in installments unless there is a high risk of homelessness.

Identification of Suspended DA&A Persons

These individuals are considered SSI recipients even though their SSI payments are suspended. They may go back to pay status depending on whether they comply with treatment.

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Persons in suspended payment status can be identified on the State Data Exchange (SDX) screen of the MEDS with a payment status code of N10 (noncompliance with treatment requirements for substance addiction) or N11 (compliant with treatment, but must finish serving sanction months) and will have the letter "P" in the Medicaid eligibility code field on the SDX (QX) screen.

On April 1, 1996, Data Systems Branch will begin identifying these persons on MEDS with an eligibility status code of "_76", i.e., a "7" in the second digit and a "6" in the third digit. Counties will then be able to control the record and make major changes, if required. There were approximately 450 records on MEDS with this status at the last count (shortly after this program was implemented by SSA).

Notices to Beneficiaries

The Department of Health Services' Data Systems Branch will be automatically sending out a notice to all newly suspended persons meeting the above criteria. This notice will provide the person with a county address for reporting changes. A list of these suspended persons will also be provided to the county.

County Contact Person

We will use the same name, address and telephone number as used on the Pickle notice. If this is not convenient, please contact Mary Maestas-Sandoval at (916) 657-1248. A new list must then be created which will require a system change.

Changes Reported By the Beneficiary

Counties are currently able to change an address or make other changes, e.g., name change, by using the EW 55 transaction. Should the person report changes in family circumstances, income, resources, living circumstances which require the completion of an MC 210 and a face-to-face interview, the county will have the capability to change the current aid code of 60 to a 64, 67, 30, or other appropriate aid code if they do not meet SSI requirements after January 1, 1996. The changes which affect SSI eligibility should be reported to SSA via the SSA 1610 under Item No. 5 "Remarks" or any form that a county has developed to report such changes. A copy of the SSA 1610 is enclosed for your information.

NOTE: An allegation of another or additional disability also should be reported by counties to SSA via the SSA 1610 so that SSA may change the classification of disability to something other than DA&A if applicable.

Determination of Eligibility

According to federal law, these suspended individuals remain SSI recipients and are entitled to zero share-of-cost (SOC) Medi-Cal unless there is a change which would impact such eligibility. Therefore, when a change is reported, the county must redetermine SSI property and income eligibility. The suspended DA&A recipient must complete the MC 210 and provide appropriate verification.

If the individual does not meet SSI income and property requirements, he/she must be reevaluated under Medi-Cal-only rules to determine whether he/she would be eligible for Medi-Cal with or without a SOC.

According to the SSA, there should not be any children under the age of 18 years who are suspended DA&A recipients. Generally, any individual 18 years or older is considered an adult for SSI purposes. If the county becomes aware of a suspended DA&A who is under age 18, please inform the DA&A analyst in the Medi-Cal Eligibility Branch. The DA&A analyst currently is Mary Maestas-Sandoval who can be reached at (916) 657-1248.

The following describes how such SSI eligibility is determined.

A. Property Methodology

1. SSI Property Limits

The resource limit for a single person is \$2,000. The resource limit is \$3,000 for a married couple. The resource limits do not increase even if the suspended DA&A recipient and/or his/her spouse have children living in the home.

2. Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

3. Property Eligibility

Compare the suspended DA&A recipient's net nonexempt property to the appropriate SSI property limit. If net nonexempt property exceeds the limit, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

B. Income Methodology

1. SSI/SSP Income Standards

These standards vary according to the living arrangement of the individual. These standards are distributed to the counties each year, usually in January, as part of the ACWDL updating the Pickle (Lynch v. Rank) handbook. The SSI/SSP chart which was distributed in ACWDL 95-04 is enclosed. This chart is also found on page 16-1 of the Pickle handbook.

2. Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The suspended DA&A recipient is a disabled person when determining deductions and exemptions.

Note: The term SSI recipient includes an individual who is a suspended DA&A recipient who is still in aid code 60, i.e., he/she has not reported any changes to the county which impacts his/her SSI eligibility.

Exceptions - There are two exceptions to the use of Article 10.

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

- (i) A spouse (referred to as the ineligible spouse) who is not an SSI recipient, before his/her income is used for determining the SSI income eligibility of the other spouse.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person who is not on SSI who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

- c. How to determine the amount of the parental allocation:
- (i) Determine the standard allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, likely in January.
 - (ii) Subtract each ineligible child's own income from the standard allocation.

Student deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1,620 per year, if the ineligible child is regularly attending a school, college, university, or course of vocational training to prepare him/her for gainful employment.

- (iii) The remainder is each ineligible child's parental allocation.
- (iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.
- (v) This allocation is applied first to the ineligible spouse's/parent's unearned income and then to his/her earned income.

Exception 2: Non-Deeming By the Ineligible Spouse:

In the situation where only one spouse of a married couple is a suspended DA&A SSI recipient, there is one instance where income from the ineligible spouse is not considered in determining the SSI income eligibility of the other spouse. This occurs when the income of the ineligible spouse (after any allocation to ineligible children, if applicable) is less than the standard allocation. The standard allocation is the difference between the couple FBR and the individual FBR.

3. Income Eligibility

Compare the suspended DA&A recipient's net nonexempt income to the appropriate SSI payment level standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

Aid Codes for Eligible Individuals

If the suspended DA&A recipient remains eligible for SSI after the above SSI determination, he/she should remain in aid code 60 and continue to be treated as a PA recipient for Medi-Cal Family Budget Unit (MFBU) purposes. If he/she is ineligible for SSI but is eligible for a Medi-Cal-only program, he/she should be placed into the appropriate aid code such as 64 (disabled) if there is no share of cost or 67 if there is a SOC. Regular MFBU rules for non-PA persons would then apply. The MC 309 DA&A Notice of Action (see enclosures) may be used in either case.

EXAMPLES

Example 1:

Mr. Smith contacts the county on July 15 to tell them that his monthly income will increase from \$500 unearned income to \$1,385 gross income (\$485 earned and \$900 unearned). According to MEDS, Mr. Smith has been in aid code 60 with an eligibility status code (ESC) of _76 since April. He is therefore a suspended/sanctioned DA&A recipient. He lives alone in an independent living arrangement. He has no property. The county provides him with an MC 210 and other forms used during a redetermination.

The county will first apply SSI rules. Since he has no property, he meets SSI property requirements. The county will then apply SSI income rules.

A. SSI Income Determination:

\$	900	unearned income
-	<u>20</u>	any income deduction
\$	880	net nonexempt unearned income
\$	485	gross earnings
-	65	\$65 earned income deduction
-	<u>210</u>	1/2 of remainder earned income deduction
\$	210	net nonexempt income
\$	1,090	Total net nonexempt income (\$880 + 210)

Assume the SSI/SSP payment level is \$614.40.

Mr. Smith is income ineligible for SSI. The county will inform SSA of Mr. Smith's increase in income and then determine his eligibility for Medi-Cal-only.

B. Medi-Cal-Only Determination:

Assume Mr. Smith is property eligible.

Medi-Cal Share of Cost Determination

\$ 900	unearned income
- 20	any income deduction
\$ 880	net nonexempt unearned income
\$ 485	gross earnings
- 65	\$65 earned income deduction
- 210	1/2 of remainder earned income deduction
\$ 210	net nonexempt income
\$ 1,090	Total net nonexempt income (\$880 + 210)

Medi-Cal maintenance need income level (MNIL): \$600

Mr. Smith has a share of cost of \$490 and the county puts him in aid code 67 with a \$490 share of cost.

Example 2:

Mr. Brown contacts the county to tell them he just got married. Based on his current aid code, the county determines he is a suspended/sanctioned DA&A recipient. Mrs. Brown works and earns \$1,655 (gross). Mr. Brown has no income. They have one car and a \$2,500 savings account. There is no other property.

The county will first determine whether Mr. Brown remains SSI eligible.

A. SSI Property Determination:

The car is exempt and the remaining property (savings account) is under the \$3,000 property limit for a couple. Mr. Brown is property eligible.

B. SSI Income Determination:

There are no ineligible children for Mrs. Brown to allocate to. Since Mrs. Brown's income of \$1,655 is greater than the SSI standard allocation (\$229 in 1995), Mrs. Brown's income is deemed.

\$ 1,655	Gross earned income of Mrs. Brown
- 20	Any income deduction (There is no unearned income to apply this against)
- 65	\$65 earned income deduction
- <u>785</u>	1/2 of remainder earned income deduction
\$ 785	Net nonexempt income

Assume the SSI payment level for this couple is \$1,101.71. Mr. Brown is income eligible. Mr. Brown remains SSI eligible. He remains in aid code 60.

Case Counts

Counties will receive a new case count for suspended, sanctioned, or terminated persons if the beneficiary indicates a change in circumstances that requires a redetermination of eligibility (MC 210) even if there is no aid code change. Counties will not receive a case count for simple changes such as a change of address.

Persons Terminated From SSI After 12 Months of Suspension

Persons who have been in suspended or sanctioned SSI payment status for 12 consecutive months will be terminated from SSI by SSA. If the person was in aid code 60, MEDS will show a payment status code of T31 and will usually have a "R" on the SDX (QX) screen. These persons will receive the same "Ramos" notice (Type 7A), forms, and instructions as any SSI recipient in this status code who is terminated for "other" reasons. Counties will receive a list of these persons. NOTE: This process is not applicable if the county has previously determined that they were income ineligible for SSI and placed them in aid code 64, 67, or another Medi-Cal Only aid code.

For those terminated SSI persons in aid code 60, the county will apply the regular "Ramos" procedures specified in Articles 5E of the Medi-Cal Eligibility Procedures Manual (MEPM). If application forms are received timely, the county will place these persons in an appropriate aid code such as aid code 64 or 67, if otherwise eligible.

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In addition, the county will obtain and submit a complete disability packet to the State Programs Disability Evaluation Division (SP-DED), as specified in Article 22 of the MEPM. The county will specify "New Referral" in Item 8 of the MC 221 and "SSI benefits terminated for DA&A noncompliance --independent disability evaluation required" in Item 10, the County Worker Comments section. If SP-DED determines that the person is not disabled, the county will send the appropriate 10 day Notice of Action to discontinue the person.

Persons Terminated After 36 Months of SSI Payments For DA&A

Beginning March 1995, SSA began limiting those persons receiving SSI or SSDI to 36 months of payments for DA&A. Months of suspension will not be counted in the 36 months for either program. Medi-Cal and Medicare will continue for those beneficiaries if their disability continues, even though the SSI and SSDI payments are stopped.

SSA has not identified the termination status codes for these persons. It is probable that these persons will receive certain "Ramos" notices and forms to complete for continued Medi-Cal. More information will be provided on this group in the future. The earliest date payments can be terminated by SSA under this provision is March 1998 unless Congress amends this provision.

Notices of Action (NOAs) and Forms

Samples of NOAs and work sheets for suspended and sanctioned DA&A persons and other pertinent forms have been enclosed for your information.

Pickle Persons

SSA has advised us that a DA&A person who is in SSA's suspended status will not be reported to DHS as a potential Pickle person. That is, even if a DA&A person would have been discontinued from SSI due to the SSA cost of living adjustment (COLA), he/she will not be on the Pickle 503 leads report. However, should such a DA&A person be inadvertently reported as a potential Pickle person, he/she should be treated as any other potential Pickle person, including having eligibility established for zero share of cost Medi-Cal under the Pickle program for January and ongoing as appropriate even if the county has previously changed them into another aid code due to increased income.

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Thank you for your cooperation. If you have any questions, please contact Mary Maestas-Sandoval of my staff at (916) 657-1248. For questions about DED packets for terminated SSI individuals, please contact Marie Taketa at (916) 657-1250.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

**MEDI-CAL
NOTICE OF ACTION
CONTINUATION OF BENEFITS
SUSPENDED SSI RECIPIENT**

S

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(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(Name)

A

Your redetermination for the Medi-Cal Program has been approved. You will continue to receive Medi-Cal services at no share-of-cost.

Carry your Benefits Identification Card (BIC) with you at all times. Present it to your doctor or any other health care provider when you are requesting services.

M

For additional information, contact your case worker.

Within ten days, you must tell the county about any changes in income, property, or other information you gave us.

P

Eligibility Worker

Phone

Date

L

E

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE FROM AUTOMATIC SSI CASH-BASED MEDI-CAL

S

(COUNTY STAMP)

CASE NAME: _____
CASE NO.: _____
DISTRICT: _____
THIS AFFECTS: _____

(Name)

A

As of _____ your eligibility for Medi-Cal, including the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits, is discontinued. This is because your property of _____ is more than the property level of \$2000 for an individual or \$3000 for a couple.

M

As of _____ your eligibility for the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits is discontinued because your income is more than the SSI/SSP income level of _____.

HOWEVER, YOU ARE ELIGIBLE FOR MEDI-CAL WITH A SHARE-OF-COST.

You will receive a separate notice of action about your share-of-cost.

P

Your share-of-cost was computed as follows:

Gross income	\$	_____
Net nonexempt income	\$	_____
Maintenance need	\$	_____
Excess income/share-of-cost	\$	_____

L

Keep your Benefits Identification Card (BIC). Your card will show your provider the amount of your share-of-cost. This is the amount you must pay or obligate to the provider.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50653 and 50420.

Eligibility Worker

Phone

Date

E

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE
NOTICE PREPARATION DATE:

MEDI-CAL
NOTICE OF ACTION

SUSPENSION OF SSI/SSP;
EXTENDED MEDI-CAL ELIGIBILITY
(Drug Addiction and Alcoholism)

Social Security Number:
Beneficiary ID Number:

The Social Security Administration (SSA) has informed us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check because you did not comply with your treatment program; however, you will not lose your free Medi-Cal benefits. You will continue to get FREE Medi-Cal unless your income, property, or living conditions change.

If you have changes such as your address, income, property, marital status, etc., please inform the county contact listed below.

IF YOU HAVE NO CHANGES, YOU DO NOT NEED TO GO INTO THE COUNTY OFFICE OR CONTACT THE PERSON BELOW.

If you have contacted SSA and have been told that you will once again receive an SSI/SSP check, please disregard this notice.

If you are Medicare eligible, the state will continue to pay your Medicare Part B premiums and Part A and B coinsurance and deductibles. If you are a Qualified Medicare Beneficiary (QMB), the state will also continue to pay your Part A premiums.

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU MAY CONTINUE TO USE IT FOR YOUR MEDI-CAL BENEFITS.

KEEP THIS NOTICE.

Name and Address of County Contact

PUBLIC ASSISTANCE AGENCY INFORMATION REQUEST

This report is authorized by section 402(a) of the Social Security Act.
Requested information cannot be provided without a submittal of this form

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SOCIAL SECURITY WAGE EARNER INFORMATION

WAGE EARNER'S NAME	b. SEX	c. DATE OF BIRTH	d. DATE OF DEATH	e. SOCIAL SECURITY NUMBER <small>(If unknown see instructions)</small>	f. CLAIM SYMBOL
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	(Mo., Day, Yr.)	(Mo., Day, Yr.)		

TO:
SOCIAL SECURITY ADMINISTRATION

3. PUBLIC ASSISTANCE CLAIMANT INFORMATION

a. CLAIMANT'S NAME	
b. SOCIAL SECURITY NUMBER	
c. DATE OF BIRTH <small>(Mo., Day, Yr.)</small>	d. CASE NUMBER
e. ADDRESS (include ZIP Code)	
f. TELEPHONE NO. (include area code)	
g. RELATIONSHIP TO WAGE EARNER	

PUBLIC ASSISTANCE AGENCY REQUEST

Is the requested information available on BENDEX, SDX, BUY-IN?
If no, explain.

Yes No

Information is needed for:

Dates: _____
Program: _____

Purpose:

Title IV _____	Title XIX _____	Entitlement _____	Referral _____
Title XVI _____	Food Stamps _____	Fraud _____	Other _____
Title XVIII _____	Other _____	QA _____	

Please complete the checked blocks for the individuals whose names, dates of birth and SSN are given below:

FOR REQUESTING AGENCY USE		FOR SSA USE						
ID SOCIAL SECURITY NUMBER OF BENEFICIARY	DATE OF BIRTH <small>(Mo., Day, Yr.)</small>	TYPE OF BENEFIT	DATE OF ENTITLEMENT	AMOUNT OF BENEFIT		EFFECTIVE DATES	PAYMENT STATUS	SMIB EFFECTIVE DATE
				Gross	Net			
N								
V								
V								
V								
V								
V								
V								
IN								

OTHER

REMARKS (If additional space is needed use reverse of this sheet)

RETURN TO:

6. Signature of Requesting Official	
Title	Date:
7. Signature of SSA Official	
Title	Date:

NAME AND ADDRESS OF AGENCY (include ZIP Code)

**Social Security Administration
Supplemental Security Income**

Notice of Planned Action

308
75 HAWTHORNE ST.
SAN FRANCISCO, CA 94105
Phone: 666-6666
Office Hours: 8:00 TO 4:30

September 22, 1995

Mr. Joe Blow
Anystreet
Any Town, California 11111

Dear Mr. Blow:

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are changing your payments for future months. The rest of this letter will tell you more about this change.

Your Payments Will Be Changed As Follows:

From: 10/1/95

Through: Continuing

Amount Due Each Month: 0

We will stop your payment as shown above beginning 10/1/95.

Why Your Payments Changed

Because you stopped going for treatment for drug addiction, we cannot pay you beginning 10/95.

We will also stop your monthly installment payments.

Your payments will not begin again until you are both back in treatment and making progress for 2 months in a row.

We told you that we determined that drug addiction is a contributing factor material to your disability. So, the law says you must go for treatment when it is available and make progress in your treatment or your payments will be stopped. The law also says that we cannot begin paying you right away even when you are once again going for treatment and making progress.

Your Payment Is Based On These Facts

See Next Page

SSA-L8155

As of 9/10/95, the facts in your file show that you did not go for required treatment beginning 9/1/95. Your payments will not begin until you are both back in treatment and making progress for 2 months in a row. We will also stop your monthly installment payments. We will send you another letter when your payments begin.

Things To Remember

- o If we must stop your payments for 12 months in a row because:
 - you do not go for required treatment, or
 - you do not make progress in your treatment, or
 - you do not meet other SSI rules,you will have to file a new application to get SSI again.
- o For information about any change to your Medicaid eligibility caused by this action, you should get in touch with the county welfare department.
- o This decision refers only to your claim for SSI payments.
- o This determination replaces all previous determinations for the above periods.

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have.

- o You have 60 days to ask for an appeal.
- o The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- o You must have a good reason for waiting more than 60 days to ask for an appeal.
- o To appeal, you must fill out a form called "Request for Reconsideration." The form number is SSA-561. To get this form, contact one of our offices. We can help you fill out the form.

See Next Page

Appeal In 10 Days To Keep Getting The Same Check

If you appeal within 10 days, you will continue to get the same check amount until we decide your case.

- o The 10 days start the day after you get this letter.
- o If you lose your appeal, you might have to pay back some or all of this money.

However, even if you appeal in 10 days, we may stop the check in 10/1/95 as shown on page 1 if both of the following are true:

- o Our new decision is the same as the one you appealed, and,
- o We send or give you a letter with our new decision in time to reduce the check.

How To Appeal

There are three ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- o Case review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case.
- o Informal Conference. You'll meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.
- o Formal Conference. This is a meeting like an informal conference. The difference is we can make people come to help prove you're right. We can make them bring important papers about your case, even if they don't want to help you. You can question these people at your meeting.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

See Next Page

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

If you have any questions, you should call, write, or visit any Social Security office. If you call or visit our office, please have this letter with you and ask for Jane Doe. The telephone number is shown at the top of page one.

MS. ANYONE
MANAGER

P I C K L E H A N D B O O K

SSI/SSP
SECTION 16--PAYMENT STANDARDS
JANUARY 1, THROUGH DECEMBER 31, 1995

	Independent Living Arrangement			Household of Another with In-Kind Room and Board			Independent Living Arrangement Without Cooking Facilities (RMA)* /			Nonmedical Board and Care Licensed Facility/Household of Relative Without In-Kind Room & Board		
	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP	Total	SSI (FBR)	SSP
INDIVIDUAL:												
Aged or Disabled	614.40	458.00	156.40	473.80	305.34	168.46	632.40	458.00	224.40	760.00	458.00	302.00
Blind	669.40	458.00	211.40	539.40	305.34	234.06				760.00	458.00	302.00
Disabled Minor*	521.40	458.00	63.40	372.17	305.34	66.83				760.00	458.00	302.00
NMOHC*/				614.34	305.34	309.00						
COUPLE:												
Both are:												
Aged or Disabled												
Per couple	1,101.71	687.00	414.71	910.02	458.00	452.02	1,237.71	687.00	550.71	1,520.00	687.00	833.00
BLIND:												
Couple--Both are blind												
Per couple	1,285.18	687.00	598.18	1,093.49	458.00	635.49				1,520.00	687.00	833.00
BLIND/AGED OR DISABLED												
Couple One is blind, the other is aged or disabled												
Per couple	1,216.73	687.00	529.73	1,025.05	458.00	567.05				1,520.00	687.00	833.00
NMOHC*/												
Per Couple				1,276.33	458.00	818.33						
NONMEDICAL BOARD AND CARE						FEDERAL BENEFIT RATE (FBR)						
	<u>Minimum</u>		<u>Maximum</u>									
TOTAL	\$ 760.00		\$ 760.00		INDIVIDUAL:							\$ 458.00
Board and Room	324.00		324.00		Aged, Blind, or Disabled							
Care and Supervision	279.00 Min.		347.00 Max.		COUPLE:							\$ 687.00
Personal and Incidental Needs	157.00 Max.		89.00 Min.		Aged, Blind, or Disabled							
* Independent living arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and his/her parents live in the household of someone else, i.e., grandparents, etc.												
*/ RMA - Restaurant Meals Allowance												
/ NMOHC - Nonmedical out-of-home care living in household of relative with In-Kind Room and Board.												

**DRUG ADDICTION AND ALCOHOLISM (DA&A)
PROPERTY WORK SHEET
ADULT
(18 Years of Age and Older or Married)**

NAME	CASE NUMBER	MONTH
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STEP I
Determine net nonexempt property in accordance with Article 9.

STEP II

1. Only consider the net nonexempt property of the DA&A applicant (and spouse); do not consider the property of any other family members in the home.

2. Net nonexempt property of DA&A applicant (and spouse): \$ _____

3. Property limit for one person (or two persons if there is a spouse): \$ _____

4. Is line II.B. less than or equal to line II.C.?

Yes, DA&A property requirement met.

No, ineligible due to excess property.

Eligibility Worker Signature	Worker Number
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DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM INCOME ELIGIBILITY WORK SHEET (Individual or couple, applicant with an ineligible spouse)

Applicant's name _____ Case number _____

Applicant's name _____

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

- Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income. \$ _____
- Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or DA&A-eligible children or children applying for the DA&A program. \$ _____

CHILD NO. 1	CHILD NO. 2	CHILD NO. 3	CHILD NO. 4
Name	Name	Name	Name

- Standard SSI allocation (couple Federal Benefit Rate [FBR] minus individual FBR) _____
 - Subtract child's income (evaluate for student deduction) _____
 - Total allocation _____ + _____ + _____ + _____ = \$ _____
- Remaining unearned income (subtract line 1.2.c. from 1.1.) \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Ineligible spouse's gross earned income. \$ _____
- Unused portion of allocation for ineligible child(ren). \$ _____
- Remaining earned income (subtract II.2. from II.1.) \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3. and II.3.)

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV. \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income

- Applicant's gross unearned income. \$ _____
- Ineligible spouse's unearned income (line I.3.) \$ _____
- Combined unearned income (add lines IV.1. and IV.2.) \$ + _____
- Subtract general income exclusion \$ _____
- Combined countable unearned income. \$ -20

Total Unearned

Earned Income

- Earned income of applicant and spouse (use amount from line II.3. for ineligible spouse) \$ _____
- Subtract balance of general exclusion not offset by unearned income (line IV.4.) \$ _____
- Remaining earned income \$ _____
- Subtract work expense exclusion \$ -65
- Remaining earned income \$ _____
- Subtract 1/2 remaining earned income \$ -
- Countable earned income \$ _____

Total Earned

13. Total countable income (add lines IV.5. and IV.12.) \$ _____

Combined Total

PART V. DA&A ELIGIBILITY CALCULATION

- Current SSI/SSP income standard for an individual or a couple \$ _____
- Enter total countable income (line IV.13.) \$ _____

If line V.2 is less than or equal to V.1., the applicant is DA&A income eligible.

Worker signature _____ Worker number _____ Computation date _____ County used _____

INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 307 DA&A
(Individual or couple, applicant with an ineligible spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line I.1. Enter the ineligible spouse's unearned income.
- Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the DA&A program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,260 per year of student income. On line 2.c., enter the remainder for each child and total the allocation for each child.
- Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line II.1. Enter the ineligible spouse's gross earned income.
- Line II.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I.2.c. minus line I.3.). If line I.1. is equal to or greater than line I.2.c., enter zero in line II.2.
- Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate [FBR] for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current SSI/SSP payment level for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current SSI/SSP payment level for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line I.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line II.3. for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12. and enter total. This is the amount of income to be considered in determining DA&A eligibility. Enter on line V.2.

PART V. DA&A ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable SSI/SSP payment level. If income is deemed from the ineligible spouse, use the SSI/SSP payment level for a couple. Otherwise use the SSI/SSP payment level for an individual.
- Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current SSI/SSP payment level, the applicant(s) is/are income eligible for the DA&A program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's DA&A income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.