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**COMBINED MANUAL  
REVISED SECTIONS – ISSUED 06/2006**

**§0002.03 (Glossary: Agent Orange...)** in the definition of APPEAL replaces "REFEREE" with "HUMAN SERVICES JUDGE" as the official title has changed. It also deletes the cross-reference to §0004.54 (Appeals for Emergency Programs) as the section no longer exists.

**§0002.31 (Glossary: Honoraria...)** adds a definition entry for HUMAN SERVICES JUDGE.

**§0002.55 (Glossary: Recipient...)** deletes the definition of REFEREE because the new title of this official is HUMAN SERVICES JUDGE and adds a cross-reference to §0002.31 (Glossary: Honoraria...).

**§0005.12.12 (Application Interviews)** in the 4th paragraph of FS adds clarifying language under the options of when a client misses an initial interview.

**§0012.06 (Requirements for Custodial Parents Under 20)** in the 1st sentence of the 1st paragraph of MFIP replaces "clients" with "participants" to clarify that these policies only apply to custodial parents under 20 who are MFIP participants.

**§0014.03.06 (Determining the Food Support Unit)** in FS adds two new bullets for children who live with their relative custodian and receive Relative Custody Assistance grants.

**§0017.15.63 (Relative Custody Assistance Grants)** moves GA to MSA provisions. In the 1st paragraph under FS it adds clarifying language for children and adds a new 2nd paragraph to exclude Relative Custody Assistance Grants.

**§0017.15.69 (Adoption Assistance)** in the 1st paragraph of FS clarifies who designates the adoption assistance payments.

**§0018.12.03 (Allowable Food Support Medical Expenses)** in FS deletes information about Medicare drug discount cards which are no longer allowed effective June 1, 2006. In the last bullet under the allowable medical expenses it clarifies that for applications or recertifications “received on or” after June 1, 2006 for households with Medicare Part D deductions, allow the listed actual incurred Medicare expenses. It also adds a new last paragraph listing which medical expenses are not allowed for the Medicare drug discount participants effective June 1, 2006.

**§0027.12 (Appeal Hearing Process)** replaces "referee" with "Human Services judge" throughout the text because the title of this official has changed.



**AGENT ORANGE:**

A herbicide used in the Vietnam War to eliminate foliage.

**AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC):**

The program authorized to provide financial assistance and social services to needy families with a MINOR CHILD. The PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY AND RECONCILIATION ACT (PRWORA) replaced AFDC with a block grant called TANF. In Minnesota, AFDC was replaced by the MINNESOTA FAMILY INVESTMENT PROGRAM. See MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) in §0002.41 (Glossary: Medically Necessary...).

**ALIMONY :**

An allowance for support that a court orders a person to pay to his or her SPOUSE.

**ALLOCATION :**

A DEDUCTION from 1 person's income for the maintenance needs of others. See §0018.30 (Allocations).

**ALTERNATIVE CARE (AC) :**

Payments made by Social Services for HOME CARE SERVICES for a person over age 65 who would otherwise require care in a NURSING FACILITY. See the Health Care Programs Manual.

**ALTERNATIVE EMPLOYMENT PLAN (AEP) :****MFIP :**

The AEP was replaced by the Employment Plan. See §0028.15 (Employment Plan (EP)) for further information.

**AMERASIAN :**

A person of Asian and American parentage. There are special provisions for non-citizen children of Vietnamese mothers and American fathers. See §0011.03.18 (Non-Citizens - People Fleeing Persecution).

**APPEAL :**

A client's or authorized representative's request to the **HUMAN SERVICES JUDGE** for review of a COUNTY AGENCY's action or inaction. See §0027 (Appeals).

**APPLICANT :**

A person who has submitted a request for assistance for whom no decision has been made regarding eligibility, and whose application has not been acted upon or voluntarily withdrawn.

**APPLICATION :**

A request for assistance made by submitting a signed and dated page 1 of the COMBINED APPLICATION FORM (CAF). See §0005 (Applications), §0009.06.03 (Recertification Processing Standards).

**APPLICATION DATE :**

Date of application varies depending on the program and the applicant's situation. See §0005.12.09 (Date of Application) for more specific information.

**APPRAISAL :**

Estimation of worth. See §0015 (Assets) for requirements for an acceptable appraisal.

**APPROVAL :**

The act of certifying that an APPLICANT is eligible to receive benefits.

**ASSET LIMIT :**

The maximum amount of NET COUNTED ASSETS clients may own or have available and remain eligible for assistance. See AVAILABILITY in §0002.05 (Glossary: Assistance Standard...).

**ASSET TRANSFER :**

The conveying of ownership of an asset to another party.

**ASSETS :**

REAL PROPERTY and PERSONAL PROPERTY owned wholly or in part by the client.

**ASSIGNMENT :**

To transfer legal claim, such as assignment of CHILD SUPPORT or MEDICAL SUPPORT.

**ASSISTANCE :**

Benefits received from the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), FOOD SUPPORT (FS), MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE (GA), GENERAL ASSISTANCE MEDICAL CARE (GAMC),

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MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), REFUGEE MEDICAL ASSISTANCE (RMA), and EMERGENCY PROGRAMS. See the Health Care Programs Manual for the health care programs.

**ASSISTANCE PAYMENT :**

Assistance received from the MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), GENERAL ASSISTANCE (GA), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), and EMERGENCY cash programs.

**ASSISTANCE PROGRAMS :**

The MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP), FOOD SUPPORT (FS), MEDICAL ASSISTANCE (MA), GENERAL ASSISTANCE (GA), GENERAL ASSISTANCE MEDICAL CARE (GAMC), MINNESOTA SUPPLEMENTAL AID (MSA), REFUGEE CASH ASSISTANCE (RCA), REFUGEE MEDICAL ASSISTANCE (RMA), and EMERGENCY PROGRAMS. See the Health Care Programs Manual for the health care programs.



HONORARIA :

Payments given to professional people for services for which fees are not legally or traditionally required.

HOSPITAL :

An INSTITUTION used primarily for the treatment and care of people with illnesses other than mental diseases and tuberculosis.

HOUSEHOLD :

People who live together.

HOUSEHOLD REPORT FORM (HRF) :

A form (DHS-2120) used by CLIENTS to report income and circumstance changes.

HRF :

See HOUSEHOLD REPORT FORM (HRF) above.

HUBER LAW :

A federal law allowing people temporary release from jail to work, seek employment, or live with their families.

HUD :

The United States Department of Housing and Urban Development.

HUMANITARIAN PAROLE :

See §0011.03.24 (Non-Citizens - Lawfully Residing People).

**HUMAN SERVICES JUDGE :**

**A person who presides over APPEAL hearings and issues a recommendation on the appealed matter to the Commissioner of DHS.**

IEVS (INCOME AND ELIGIBILITY VERIFICATION SYSTEM) :

A set of data exchanges with other state and federal sources that is used to verify income and assets of applicants for or participants of MFIP or FS.

IMD :

See INSTITUTION FOR MENTAL DISEASES (IMD) in §0002.33 (Glossary: Independent...).

IMMIGRANT :

A person who leaves another country to settle permanently in the United States.

**IMMIGRANT SPONSOR :**

A person, church, organization, or group agreeing to help receive and place refugees in the United States.

**IMMIGRATION REFORM AND CONTROL ACT (IRCA) :**

The Immigration Reform and Control Act (IRCA) of 1986, Public Law 99-603, which amended the Immigration and Nationality Act (INA).

**IMMIGRATION STATUS :**

The status of a person who is not a United States citizen. See §0011.03 (Citizenship and Immigration Status).

**IMPROPER TRANSFER :**

When an ASSET is sold, given away, or otherwise disposed of for less than FAIR MARKET VALUE for the purpose of obtaining ASSISTANCE.

**IN-KIND INCOME :**

Payment for a service in a form other than money, or receipt of non-cash gifts or non-cash contributions such as food or clothing. See §0017.15.24 (In-Kind Income).

**GA :**

Income, benefits, or payments that are provided in a form other than money or LIQUID ASSETS, and which the APPLICANT or PARTICIPANT cannot legally require to be paid in cash to himself or herself, including goods, produce, services, privileges.

**INCOME :**

CASH or an IN-KIND benefit whether earned or unearned, received by or available to an APPLICANT or PARTICIPANT that is not an ASSET.

**INCOME COMPUTATION WORK SHEET :**

A state or COUNTY AGENCY form that shows the income and calculations used to determine NET INCOME.

**INCOME-PRODUCING ASSET :**

An ASSET, LIQUID or non-liquid, that earns interest or produces income for the CLIENT. See §0015.09 (Excluded Assets for Self-Support), §0015.42 (Excluded Assets - Liquid Assets) to determine whether to exclude or count INCOME-PRODUCING ASSETS.

**INDEMNITY BOND :**

A bond that provides reimbursement for a loss that results from a breach of trust. (For example, a **VENDOR** receives a check replacement and then cashes both the replacement check and the original check.)

**INDEMNITY POLICY :**

An insurance policy that pays benefits directly to people for each day of hospitalization or for a specified injury and does not limit using benefits to paying for medical expenses.



RECIPIENT :

See PARTICIPANT in §0002.47 (Glossary: OJT...).

RECOGNITION OF PARENTAGE :

See MINNESOTA VOLUNTARY RECOGNITION OF PARENTAGE in §0002.41 (Glossary: Medically Necessary...) for the definition of the form.

RECOUPMENT :

Withholding part of a UNIT's ASSISTANCE BENEFIT to recover an OVERPAYMENT.

RECOVERY :

The process of obtaining a repayment of an OVERPAYMENT.

RECURRING CHANGE :

A change in circumstances expected to occur on a regular basis.

RECURRING INCOME :

A form of income which is:

➤ Received periodically, and may be received irregularly when receipt can be anticipated even though the date of receipt cannot be predicted.

AND

➤ From the same source or of the same type that is received and budgeted in a prospective month and is received in 1 or both of the 1st 2 retrospective months.

RECURRING MEDICAL EXPENSES :

A medical expense that is reasonably expected to occur on a regular basis; for example, a drug prescription which is refilled every month. Also see NON-RECURRING MEDICAL EXPENSES in §0002.45 (Glossary: Netherlands' Act...).

REDETERMINATION :

See RECERTIFICATION in §0002.53 (Glossary: Qualified...).

REFEREE :

See HUMAN SERVICES JUDGE in §0002.31 (Glossary: Honoraria...).

REFUGEE CASH ASSISTANCE (RCA) :

A program that provides financial help to refugees ineligible for SSI or MFIP for up to 8 months after arrival in the United States. See §0030.03 (Refugee Cash Assistance).

REFUGEE MEDICAL ASSISTANCE (RMA) :

A federally authorized program providing Medical Assistance to refugees. See §0030.06 (Refugee Medical Assistance) and the Health Care Programs Manual.

REFUGEE RESETTLEMENT PROGRAM :

A program that reimburses state and county expenses of providing services to refugees. See §0030 (Refugee Resettlement Program).

REFUGEE UNACCOMPANIED MINOR :

A person who:

- Is under 18 years of age (or 21, under state law on benefits to children who were in foster care at age 18).

AND

- Entered the United States unaccompanied by and not destined to (a) a parent, (b) a close non-parental adult relative who is willing and able to care for the child, or an adult with a clear and court verifiable claim to custody of the minor.

AND

- Has no parents in the United States.

The U.S. Citizenship and Immigration Services (USCIS) determines Refugee Unaccompanied Minor status when a person enters the United States.

REFUGEES :

See §0010.18.24 (Verification - I-94 Cards), §0011.03.18 (Non-Citizens - People Fleeing Persecution), §0030 (Refugee Resettlement Program).

REGIONAL TREATMENT CENTER (RTC) :

State hospital.

REHABILITATION CENTERS :

See TREATMENT RESIDENCES in §0002.67 (Glossary: Third...).

## APPLICATION INTERVIEWS

0005.12.12

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Conduct a face-to-face interview with applicants or their authorized representatives before determining eligibility. Some programs grant EXCEPTIONS to this requirement; see the program provisions below. Also see §0005.12.12.03 (Waiving In-Office Interviews).

Offer applicants or their authorized representatives a single interview that covers all the programs for which they apply. For example, a Food Support interview must also cover any other programs for which the household applied. Advise people of any preliminary verifications they may bring to the interview. Give people written confirmation of the date, time, and location of their interview. Tell them they are responsible for rescheduling any interview they miss.

Units may bring anyone they choose to the interview. See §0005.06 (Authorized Representatives).

During the interview:

- Inform people of their responsibilities and rights, including their rights under the Americans with Disabilities Act (ADA). Provide them with the brochure “Do you have a disability?” (DHS-4133). Also see §0003.09.03 (Client Rights - Civil Rights).
- Review information on the application. Make sure the application is complete.
- Refer people to Social Services if they request help with family problems or family planning.
- Explain program eligibility requirements, benefits, processing standards, and payment methods.
- Give the client brochures on assistance programs and other available services.
- Review available verifications and get client consent for 3rd-party verifications. See §0010 (Verification).

Do not require another interview for people who amend an application or request an additional category of assistance if you have not acted on the original application.

If you have taken action on an original application, clients must fill out a new CAF and have another interview.

## APPLICATION INTERVIEWS

0005.12.12

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If a client misses the initial interview and makes no further contact with the county agency, send a denial notice by the 30th day after the date of application. If the client contacts the county agency before the end of the 30-day processing period, reinstate the application effective the date you received the signed and dated page 1 of the CAF.

Do not require an interview for people who applied through a Regional Treatment Center (RTC) reimbursement officer unless more information is necessary.

**MFIP:** The interview may be with any caregiver(s) of the unit or their authorized representative.

Inform applicants that they are NOT automatically eligible for health care based on receiving cash assistance. Applicants who want to apply for health care must check “Y” for Health Care programs on the CAF when they apply. If an applicant does not check “Yes” or “No” for “health care programs”, follow up to determine if he or she wants to apply for health care coverage. Do not require the applicant to complete any additional application or other forms. Use the information on the CAF to determine health care eligibility. See the Health Care Programs Manual for additional instructions.

Refer people to the appropriate county person if they request help with family violence issues. See §0005.12.12.09 (Family Violence Provisions/Referrals). Give the client the Family Violence Referral (DHS-3323). Provide information about counseling and support services, exemptions, and permanent residence procedures for battered non-citizens. See §0010.18.33 (Verifying Family Violence).

Explain the living arrangement requirements to minor caregivers or minor pregnant women. See §0005.12.12.01 (Forms for New Applicants). Refer a minor caregiver to Social Services as soon as he or she applies and alleges that he or she or the minor child would be physically or emotionally jeopardized by living with the minor’s caregiver or legal guardian, or that the caregiver or legal guardian will not allow him or her to live at home. See §0012.06 (Requirements for Custodial Parents Under 20).

For units with 18- and 19-year old caregivers without a high school diploma or GED, ask if the applicant wants to pursue a high school diploma or GED, or wants to pursue work. The applicant’s choice must be entered on the EMPS panel prior to cash approval to get correct results. If the applicant wants to pursue a high school diploma or GED, enter “SC” on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for MFIP. If the

applicant states he/she does not want to pursue high school or GED and wants to pursue work, enter "EM" on the ES option field of the EMPS panel for the applicant. MAXIS will determine this applicant is eligible for DWP. Record the applicant's choice in CASE/NOTES. Counties using the DWP/MFIP Screening Question form (DHS-4026) as part of the application packet will have a documented answer to this question already available.

Explain the 60-month time limitation and that the unit may opt out of the cash portion of MFIP if a portion of the grant is not being vendor paid. See §0011.30 (60-Month Lifetime Limit), §0014.03.03.03 (Opting Out of MFIP Cash Portion).

If a child was previously in another case with a relative prior to the parent applying for the child, attempt to determine the circumstances. Make a child protection referral for any case that has an MFIP caregiver whose parental rights were terminated. To determine whether a parent whose rights have been terminated may be a caregiver, see §0014.03.03 (Determining the Cash Assistance Unit).

**DWP:** Follow MFIP, EXCEPT the 60-month time limit does NOT apply to DWP.

In addition:

- Conduct the interview within 5 working days of receipt of the application.
- Refer clients to Employment Services (ES) within 1 day of determining eligibility (this means from when you determine eligibility, not when you approve eligibility).
- The ES Provider MUST conduct the employment plan/interview within 10 days of referral.
- The ES Provider MUST notify the county agency of the ES plan approval within 1 day of signed plan.
- Issue DWP benefits within 1 day of being notified of the ES plan approval by the ES Provider.
- Include in the interview a discussion of goals, requirements, and services of the DWP.
- If child care is needed, obtain a child care application from the client before

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finishing the interview and forward the application to the appropriate child care assistance worker on the same day you received it. Make a referral to the appropriate Child Care Resource and Referral (CCR&R) agency if the job seeker needs help in finding a child care provider. The contact numbers for the CCR&Rs can be found in the “Do You Need Help Paying for Child Care?” brochure on-line at <http://edocs.dhs.state.mn.us/lfsrserver/Legacy/DHS-3551-ENG>

- Ensure that FS and health care are available to the client. If not already requested on the application, talk with the client about the availability of these benefits as well as others, such as Workers’ Compensation and Unemployment Insurance.

**FS:** The interview may be with any responsible member(s) of the unit or their authorized representative.

You must offer adult members of a unit that includes children (of any age) in the home, or adults with parental control over children in the home, the right to designate the principal wage earner (PWE). See §0028.03.06 (Determining FS Principal Wage Earner).

Determine if the household is categorically eligible for FS. Ask the household if any member is receiving or authorized to receive Basic Sliding Fee Child Care (including At-Home Infant Child Care (AHIC) program), Transition Year Child Care. See §0013.06 (Food Support Categorical Eligibility).

If a client misses the initial interview, **call the client or** send a SPEC/LETR to the client informing him or her of the missed interview and the responsibility to reschedule another interview. Sample SPEC/LETR notices are available in TEMP Manual TE02.05.15 (Missed Interview Notice). SPEC/LETR allows a choice of letters depending on the county's interview scheduling procedures. One letter is used to inform the applicant when page 1 of the CAF is received without scheduling an interview. Use the other letter when a scheduled interview has been missed. **If you do not use either SPEC/LETR notice, be sure to provide all the same information either verbally or in writing.** Also, document your **method of contact and the information provided** in CASE/NOTEs.

EXCEPT for recertification interviews, do not require units to report for a face-to-face interview during the certification period. See §0009.06.06 (Recertification Interview).

**MSA, GA:**

The interview may be with any responsible member of the unit or his/her authorized representative.

Inform applicants of the need to request health care programs on the CAF if they want the county to determine eligibility for health care in the event that the application for cash is denied. See the Health Care Programs Manual for additional instructions.

**GRH:** The interview may be with the applicant or his/her authorized representative.



**MFIP:** There are special educational and social service requirements for **participants** under age 20 who are natural or adoptive parents of a minor child in the home (custodial parents). In addition, there are special living arrangement requirements for minor caregivers or pregnant women under age 18.

#### EDUCATIONAL AND SOCIAL SERVICES REQUIREMENTS

Unless exempt, custodial parents under age 18 without a high school diploma or GED must attend school. See §0028.12 (Education Requirements).

Counties must allow 18- and 19-year old teen parents who do not have a high school diploma or its equivalent to choose an Employment Plan (EP) with an education option.

With an education option means that the EP includes education requirements (high school or its equivalent). The 60-month clock **STOPS** for teen parents who choose this option. Plans that include both secondary school attendance and work fall under this option. Under this option income **IS NOT** counted toward the MFIP grant.

Without an education option means the EP includes activities under the regular Employment Services track. The 60-month clock **DOES NOT** stop for teen parents who choose this option. Under this option earned income **DOES** count for teens who choose employment option.

County and Employment Services staff working with 18- and 19-year old parents should explain the new options and make specific efforts to inform those who are in sanction for not attending school that this may be a way to come into compliance.

Refer minor caregivers under age 18 to social services within 30 days of approving MFIP, or to the agency with whom your county has contracted to provide minor caregiver services. The minor caregiver must cooperate in developing and participating in an educational progress assessment and an Employment Plan (EP). See §0028.06.03 (Who Must Participate in Empl. Services/FSET), §0028.12 (Education Requirements), §0028.15 (Employment Plan (EP)).

Follow the sanction procedure in §0028.30 (Sanctions for Failure to Comply - Cash) for minor caregivers and custodial caregivers who fail to cooperate with education or social service requirements.

### LIVING ARRANGEMENT REQUIREMENTS

Minor caregivers or pregnant women under age 18 are required to live with a parent, legal guardian, other appropriate adult relative or other caregiver, or in an adult-supervised supportive living arrangement in order to receive MFIP.

When 2 unmarried minor caregivers live together with their minor child:

- At least 1 minor caregiver must meet the living arrangement requirement in order for the minor child along with the minor caregiver to receive MFIP. The minor caregiver who does not meet the living arrangement requirement is not eligible for MFIP but may be eligible for Uncle Harry Food Support.

If neither minor caregiver meets the living arrangement requirement, there is no MFIP eligibility for the unit.

- If BOTH minor caregivers meet the living arrangement requirement, they are both eligible along with the child to receive MFIP. In addition, they must establish paternity by completing the Recognition of Parentage (ROP) or by adjudication.
- When the 2 minor caregivers live with 1 of the caregiver's parent(s), the minor caregiver who is not related to the parental household is not eligible for MFIP, unless the county has approved this living arrangement. If the county does not approve the living arrangement, the unrelated minor caregiver is not eligible for MFIP but may get Uncle Harry Food Support.

Also see §0014.03.03 (Determining the Cash Assistance Unit).

Inform affected applicants of this requirement both orally and in writing. Use the brochure MFIP For Minor Caregivers (DHS-3238). Advise them of the possible exemptions listed below. If a minor caregiver or pregnant woman under age 18 states that 1 of these exemptions applies, assist the minor in obtaining the necessary verifications. Exemptions from this requirement are:

- The minor caregiver has no living parent, other appropriate adult relative, or legal guardian whose whereabouts are known.
- No living parent, other appropriate adult relative, or legal guardian of the minor parent allows the minor parent to live in her or his home. If a minor parent

claims this exemption, refer the case to social services for an evaluation. Use the Referral of Minor Parent to Social Services (DHS-2882).

- The minor caregiver has lived apart from her or his own parent or legal guardian for a period of at least 1 year before either the birth of the minor child or the minor parent's application for MFIP.
- The physical or emotional health or safety of the minor caregiver or minor child would be jeopardized if the minor caregiver and minor child resided in the same residence with the minor caregiver's parent(s), other appropriate adult relative, or legal guardian. If a minor caregiver claims this exemption, use the DHS-2882 to refer the case to Child Protection Services for an evaluation. A new referral is not necessary if one has been made within the last 6 months, unless there has been a significant change in circumstances which justifies a new referral and determination.
- An adult-supervised supportive living arrangement is not available for the minor caregiver and the minor child in the county in which the minor caregiver currently resides. If such an arrangement becomes available within the county, the minor caregiver and child must reside in that arrangement.

If a minor caregiver is not living with a parent or legal guardian due to meeting an exemption in the 1st, 2nd, or 4th bullet above, the minor caregiver must reside, when possible, in an adult-supervised supportive living arrangement. Social services will help the minor caregiver (in consultation with the family of the minor caregiver, when appropriate) locate an appropriate adult supervised supportive living arrangement.

When a minor caregiver and minor child live with the minor caregiver's parent, another adult relative, a legal guardian or legal custodian, or in an adult-supervised supportive living arrangement, MFIP must be paid, when possible, in the form of a protective payment on behalf of the minor caregiver and minor child. See §0024.09 (Protective and Vendor Payments).

Re-evaluate the living arrangement at recertification and when there is a change in living arrangement or household composition. The living arrangement requirement applies ONLY through the month of the minor parent's 18th birthday.

**DWP:** Caregivers 18 or 19 years of age WITHOUT a high school diploma or its equivalent who choose to have an Employment Plan WITHOUT an education option, follow MFIP. However, if only 1 parent in a 2-parent family meets these criteria, the

**COMBINED MANUAL**

**ISSUE DATE 06/2006**

**REQUIREMENTS FOR CUSTODIAL PARENTS UNDER 20**

**0012.06**

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family must participate in DWP. For more information on caregivers under 20, see §0013.05 (DWP Bases of Eligibility).

**FS, MSA, GA, GRH:**

No provisions.

**DETERMINING THE FOOD SUPPORT UNIT****0014.03.06**

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Also see §0014.06 (Who Must Be Excluded From Assistance Unit) for people who must be excluded from the unit because they are not eligible or due to disqualification due to non-cooperation with a program procedure.

**MFIP:** See §0014.03.03 (Determining the Cash Assistance Unit), §0022.24 (FS Only Benefits for Mixed Households), TE02.08.143 (Food Support When MFIP is Closed).

**DWP, MSA, GA, GRH:**  
No provisions

**FS:** With the EXCEPTIONS noted below, the following rules determine FS units:

- People who live together and buy and prepare food together must be in the same unit.
- Children and stepchildren who live with their parent(s) and are under age 22 must be in the same Food Support unit as their parent(s), regardless of whether they also live with their spouse and/or children or purchase and prepare food separately.
- Foster children and adults who live with their foster parent(s) may be excluded from the unit, but if they apply for FS they must be in the same unit as their foster parent(s).
- **Children who receive Relative Custody Assistance grants and who live with their relative custodian(s) may be excluded from the unit, but if they apply for FS they must be in the same unit as their relative custodian(s).**
- Children under the age of 18 who are under the parental control of a unit member must be in the unit with that member.
- Spouses who live together must always be in the same unit.

**EXCEPTIONS:**

- Exclude all people listed in §0014.06 (Who Must Be Excluded From Assistance Unit).
- People who are 60 or older and permanently disabled and their spouses who live with them may be certified separately from others with whom they live, if they

## DETERMINING THE FOOD SUPPORT UNIT

0014.03.06

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are unable to buy and prepare food separately from the others and if the gross income of the others is not greater than 165% of the federal poverty guidelines. See §0012.15 (Incapacity and Disability Determinations), §0019.09 (GIT for Separate Elderly Disabled Units).

- A boarder who pays reasonable compensation to a member of a unit for meals. Reasonable compensation is the amount of the Thrifty Food Plan (TFP) for more than 2 meals a day, or 2/3 of the TFP for 2 or fewer meals. See §0022.12.01 (How to Calculate Benefit Level - FS/MSA/GRH). If possible, count only the amount the boarder pays for food. Do not certify a boarder as a separate unit. Do not consider as a boarder any parent, child, spouse, or any child under 18 who is under the parental control of a unit member.
- A roomer who compensates a household for lodging, but does not receive meals, may participate as a separate unit.
- Foster children and adults (including siblings) under the foster care of a unit member may be excluded from the unit.
- **Children receiving Relative Custody Assistance grants may be excluded from the unit.**
- Each woman, or woman with children, living in a battered women's shelter is an individual unit regardless of how food is purchased and meals are prepared.
- Residents of institutions as listed in the FS EXCEPTIONS in §0011.12 (Institutional Residence) are certified as 1-person units or grouped together according to relationship policies.
- A personal care live-in attendant who resides with a unit to provide medical, housekeeping, child care or similar personal services may be certified separately even if the attendant purchases and prepares food with the people for whom the attendant cares. The attendant cannot be a child or spouse of the people needing the care.

## RELATIVE CUSTODY ASSISTANCE GRANTS

0017.15.63

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A Relative Custody Assistance Grant is a monthly financial assistance payment administered by Social Services for relatives who take permanent legal and physical custody of children with special needs upon a juvenile court determination that the children are unable to return to their parent's home. See §0029.03.18 (Relative Custody Assistance Program)

**MFIP, DWP:**

Exclude Relative Custody Assistance Grants as income.

**FS:**

Count Relative Custody Assistance Grants as unearned income **for the child(ren) if the child(ren) are part of the unit.**

**Exclude Relative Custody Assistance Grants for a child(ren) who are not part of the unit.**

**MSA, GA:**

Count Relative Custody Assistance Grants as unearned income for the child only. Exclude Relative Custody Assistance Grants as income to the custodial relative(s) so long as the grants are not co-mingled with household accounts.

**GRH:** Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.



**MFIP, DWP:**

Exclude adoption assistance payments.

**FS:** Count adoption assistance payments as unearned income, excluding any portion designated by the county Adoption Assistance worker as reimbursement for special need items other than normal living expenses.

**MSA:** Count adoption assistance payments as unearned income for the child only. Exclude adoption assistance payments as income to the caregiver so long as the payments are not co-mingled with household accounts.

**GA:** Count adoption assistance payments as unearned income.

**GRH:** Follow MSA for aged, blind, or disabled clients. Follow GA for all other adults.



**MFIP, DWP, MSA, GA, GRH:**

No provisions.

**FS:** Allow the following medical expenses for units meeting the criteria in §0018.12 (Medical Deductions):

- Medical and dental care including psychotherapy and rehabilitation provided by a state licensed practitioner or other licensed professional.
- Hospital, outpatient treatment, nursing care, and nursing home care.
- Unreimbursed out-of-pocket prescription drug expenses and over the counter medication approved by a state licensed practitioner or other health professional.
- Medical or sickroom supplies and other prescribed equipment.
- Health and hospitalization insurance and Medicare premiums.
- Dentures, hearing aids, prescription eye glasses, and prosthetics.
- Purchase and maintenance costs of service animals for people with disabilities.
- Transportation and lodging needed to get medical care. Use the same transportation expense rate as allowed for self-employment transportation. See §0017.15.33.12 (Self-Employment Transportation Expenses).
- Maintaining an attendant, homemaker, home health aide, child care services, or housekeeper needed due to age, infirmity, or illness. Also allow an amount equal to the Thrifty Food Plan (TFP) amount for 1 person if the unit provides the majority of the attendant's meals. Treat attendant care costs as a medical expense if they could qualify both as a medical and a dependent care deduction. See §0018.09 (Dependent Care Deduction).
- Expenses used to meet an MA spenddown. See the Health Care Programs Manual. However, do not automatically allow the total spenddown amount as an expense, unless you verified the expenses used to meet the spenddown at FS application or recertification and the unit has not reported further changes. Use a client's total medical expenses up to the amount of the spenddown. Do not assume clients in prospectively budgeted households who are on manual monthly spenddowns will always meet their spenddown. Estimate anticipated

## ALLOWABLE FOOD SUPPORT MEDICAL EXPENSES

0018.12.03

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medical bills and spenddown amounts based on previous months' bills and income.

- For applications and recertifications **received on or** after June 1, 2006, for households with Medicare Part D deductions, allow the actual Medicare expenses incurred. This could include the following items:
  - Medicare Part D premiums, if any
  - Unreimbursed out-of-pocket prescription costs
  - Other allowable medical expenses as outlined in this section.

Expenses must be within the FS time guidelines for acceptable expenses, and must be for people listed in §0018.12 (Medical Deductions). Some expenses used to meet a MA spenddown may be too old for FS purposes, and medical expenses for people other than the person eligible for the medical deduction may be used to meet a spenddown.

Budget monthly spenddown expenses as recurring medical expenses, 6-month spenddown expenses as nonrecurring. See §0018.12 (Medical Deductions).

DO NOT allow the following expenses as medical deductions:

- Premiums for health and accident policies which pay lump sum settlements for death or dismemberment, or policies which continue loan or mortgage payments while a person is disabled.
- Expenses paid for or reimbursed by a source outside the unit.
- The cost of special diets.

**Effective June 1, 2006, DO NOT allow the following medical expenses for Medicare drug discount participants:**

- **Enrollment fees up to \$30 and any co-payments for the Medicare-approved discount card programs paid by the unit.**
- **Medical drug discount credit (\$600).**
- **Actual or standard medical expense for Medicare Drug discount participants.**

Send the written request for an appeal to the appeals office within 5 working days of receiving the client request.

Send the appeal summary to the client and the appeals office at least 3 working days before the date of the hearing.

Before the hearing, offer the client an agency conference to resolve the appealed issue informally. The conference must include a supervisor or the agency director. If the conference resolves the issue, ask the client to sign a written request to withdraw the appeal. Do not delay sending the appeal request to the Appeals Office pending an informal conference.

To allow for proper notification, the Appeals Office normally holds hearings at least 5 days (10 for FS) after it receives the appeal notice. Hearings can be held sooner if the client and **Human Services judge** consent. The **Human Services judge** may conduct a hearing face to face, or by telephone if the client agrees. County agencies must have equipment necessary to conduct telephone hearings (such as a telephone speaker attachment).

Summarize the issues (including timeliness) and county actions leading to the appeal on the State Agency Appeal Summary form (DHS-0035). Provide copies to the client and DHS. The client may give additional evidence at the hearing. Evidence given at the hearing is the basis for the **Human Services judge's** recommendation and the commissioner designee's decision.

The **Human Services judge** recommends an order to the commissioner designee, who then issues an order affirming, reversing, or modifying the action of the agency or DHS. If the commissioner designee disagrees with the **Human Services judge's** recommendation, each party has 10 days to present additional written arguments. The commissioner designee then issues a decision.

The client or the county agency may ask the commissioner designee to reconsider within 30 days after the date the commissioner designee issues the order. A request to reconsider should state the reason(s) the dissatisfied party believes the original order is incorrect. The commissioner designee may reconsider an order upon request of either party or on the commissioner designee's own motion, and will then issue an amended order or an order affirming the original order. The original order takes effect even if there is a request to reconsider.

The client or the county agency may also appeal to district court within 30 days after the date the commissioner designee issues, amends, or affirms an order. Either party may also appeal to district court to enforce an appeal decision.

The commissioner designee can order that the client receive benefits during the entire time of appeal.

**MFIP, DWP, MSA, GA, GRH:**

Follow general provisions.

**FS:** Clients may also orally withdraw their request for a hearing. Send the client a notice indicating that you have withdrawn their request for a hearing per their oral request.

If a client requests an agency conference to contest a denial of expedited benefits, schedule it within 2 working days of the denial.