COMBINED MANUAL
DESCRIPTION OF CHANGES ATTACHMENT
REVISED SECTIONS – ISSUED 08/2015

The EFFECTIVE DATE of the changes is the same as the issuance date unless stated otherwise.

0001 (Table of Contents) changes the section title for 0002.21 (Glossary: Employment...), 0013.18.12 (GRH Basis - Requires Services in Residence), 0013.18.15 (GRH Basis - Permanent Illness), 0013.18.18 (GRH Basis - Temporary Illness), 0013.18.21 (GRH Basis - Unemployable), 0013.18.24 (GRH Basis - DD/MI), 0013.18.27 (GRH Basis - SSD/SSI Appl/Appeal Pend), 0013.18.30 (GRH Basis - Advanced Age), 0013.18.33 (GRH Basis - Learning Disability), 0013.18.36 (GRH Basis - Drug/Alcohol Addiction).

0002.21 (Glossary: Employment...) changes the section title to GLOSSARY: EMPLOYMENT…. It deletes the definition for EMPLOYABILITY DEVELOPMENT PLAN (EDP) because this no longer exists. It also adds SNAP provisions to the definition for EMPLOYMENT PLAN.

0002.27 (Glossary: FSET...) in the definition for GREEN THUMB updates the cross-reference to 0002.21 (Glossary: Employment...) due to section title change. No policy was changed.

0002.51 (Glossary: Professional...) adds GRH to program provisions in the definition for PROFESSIONAL CERTIFICATION.

0005.12.03 (What is a Complete Application) in general provisions in the 4th paragraph changes page 10 of the CAF to page 9.

0005.12.06 (Who Must Sign Applications) in general provisions in the 3rd paragraph and in GA changes page 10 of the CAF to page 9.

0010.18.01 (Mandatory Verifications - Cash Assistance) in GRH adds new verification requirements for recipients of the GRH Supplemental Service rate and for residents of Supportive Housing settings for people who were long-term homeless. This change is due to legislative changes and WAS EFFECTIVE 07/01/15.

0010.18.05 (Verifying Disability/Incapacity - Cash) in GRH deletes "For all other adults, there are no provisions." and adds provisions.

0011.39 (Qualified Professionals) moves GRH from no provisions to its own provisions. This change is due to legislative changes and WAS EFFECTIVE 07/01/15.

0012.15 (Incapacity and Disability Determinations) in GA in the 2nd paragraph deletes "medical certification" and adds "PROFESSIONAL CERTIFICATION" with a cross-

reference to 0002.51 (Glossary: Professional...). This change is due to legislative changes and WAS EFFECTIVE 07/01/15.

0013.18 (GRH Bases of Eligibility) in GRH adds and deletes information throughout.

0013.18.12 (GRH Basis - Requires Services in Residence) changes section title to GRH BASIS - REQUIRES SERVICES IN RESIDENCE. It also deletes all previous policy and adds new policy.

0013.18.15 (GRH Basis - Permanent Illness) changes section title to GRH BASIS - PERMANENT ILLNESS. It also in GRH deletes and adds information throughout.

0013.18.18 (GRH Basis - Temporary Illness) changes the section title to GRH BASIS - TEMPORARY ILLNESS. It also in GRH deletes and adds information throughout.

0013.18.21 (GRH Basis - Unemployable) changes section title to GRH BASIS - UNEMPLOYABLE. It also in GRH deletes wording for clarity, deletes the 1st, 3rd and 4th bullets and adds a cross-reference to GRH BASIS - UNEMPLOYABLE.

0013.18.24 (GRH Basis - DD/MI) changes section title to GRH BASIS - DD/MI. It also in GRH adds and deletes information throughout.

0013.18.27 (GRH Basis - SSD/SSI Appl/Appeal Pend) changes section title to GRH BASIS - SSD/SSI APPL/APPEAL PEND. It also in GRH adds and deletes information throughout.

0013.18.30 (GRH Basis - Advanced Age) changes section title to GRH BASIS - ADVANCED AGE. It also in GRH deletes and adds information throughout.

0013.18.33 (GRH Basis - Learning Disability) changes section title to GRH BASIS - LEARNING DISABILITY. It also in GRH deletes and adds information throughout.

0013.18.36 (GRH Basis - Drug/Alcohol Addiction) changes section title to GRH BASIS - DRUG/ALCOHOL ADDICTION. It also in GRH deletes and adds information throughout.

0017.15.99 (Housing Subsidy) in MFIP adds new 1st and 2nd paragraphs about when to count or not count housing subsidies. It also deletes the former 1st and 2nd paragraphs and the list of housing types that were exempt from counting $50 of housing subsidy.

0018.39 (Prior and Other Income Reductions) in GRH adds and deletes information throughout. This change is due to legislative changes and WAS EFFECTIVE 07/01/15.

0023 (Special Needs Payments) in GRH adds "For when to allow income deductions for representative payee services, see 0018.39 (Prior and Other Income Reductions).

0023.15 (Guardian or Conservator Fees) in GRH adds "For when to allow income deductions for guardian or conservator fees, see 0018.39 (Prior and Other Income Reductions).

0023.21 (Representative Payee Services) in GRH adds "For when to allow income deductions for representative payee services, see 0018.39 (Prior and Other Income Reductions)."

0025.03 (Determining Incorrect Payment Amounts) updates the cross-reference to 0002.21 (Glossary: Employment...) due to section title change. No policy was changed.

0028.18.03 (Suitable/Unsuitable Work) deletes GRH from no provisions and moves it to its own provisions. This change is due to legislative changes and WAS EFFECTIVE 07/01/15.

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EMPLOYMENT PLAN
MFIP, DWP : A plan developed by the job counselor and the participant which includes the participant's overall employment goal, activities necessary to reach that goal, and a time line for each activity. All DWP and pre 60-month MFIP participants MUST have an Employment Plan based on their individual assessment. There are special provisions for a client granted the Family Violence Waiver. See 0028.15 (Employment Plan (EP)).

SNAP : A SNAP E&T plan specifying employment services and job search activities a client must participate in and support services the COUNTY AGENCY or EMPLOYMENT AND TRAINING SERVICES provider will provide.

EMPLOYMENT PREFERENCE
See 0011.03.12 (Non-Citizens - Lawful Permanent Residents).

EMPLOYMENT SERVICES
The term Employment Services refers to programs, activities, and services that help clients become employed and self-sufficient. Services may include JOB SEARCH, job placements, client assessments, and training. See 0028 (Employment Services).

MFIP : See MFIP EMPLOYMENT SERVICES (MFIP-ES) in 0002.41 (Glossary: Medically Necessary...).

EMPLOYMENT SERVICES PROVIDER (ESP)
An agency or organization that operates under formal agreement with the county agency to provide employment services to certain clients on behalf of the county agency. In some instances the ESP is another unit of the county.

EMV
See ESTIMATED MARKET VALUE (EMV) below.

ENCUMBRANCE
A legal claim against REAL PROPERTY or PERSONAL PROPERTY payable when the property is sold.

ENROLLEE
An MA or MinnesotaCare participant who is enrolled in a MANAGED CARE HEALTH PLAN. See the Insurance Affordability Programs/Health Care Manuals.

EOMB
See EXPLANATION OF MEDICAL BENEFITS (EOMB).

EQUITY
The FAIR MARKET VALUE of property minus any ENCUMBRANCE.

ESCROW
A deed, bond, money, or piece of property held in trust by a 3rd party to be turned over to the grantee only on fulfillment of a condition.

ESTABLISHED DATE
The Date the Agency computes an overpayment. See TEMP Manual TE02.09.01 (Entering Claims).

ESTATE CLAIMS
A method of recovering ASSISTANCE from the estate of a deceased person. See 0025.21.12 (Estate Claims).

ESTIMATED MARKET VALUE (EMV)
The value assigned to real estate by the county assessor for the purpose of levying property taxes. Estimated market value is found on the annual property tax assessment statement.

EXCESS ASSETS
The amount of ASSETS which exceeds the client's ASSET LIMIT.

EXCESS CHILD SUPPORT
Occurs when collections disbursed to applicable assigned support (current and any arrears assigned as condition of eligibility for

AFDC or MFIP) exceed the total of applicable assigned support. The total assigned support can never exceed the cumulative unreimbursed MFIP grant amount.

EXCLUDED INCOME
Income not used to determine eligibility.

EXCLUDED TIME
Excluded time varies by program. See 0006.18 (Excluded Time Facilities and Services).

EXCLUDED TIME RESIDENCE/FACILITY
A type of living arrangement which affects the determination of state residence and the county of financial responsibility. See 0006.18 (Excluded Time Facilities and Services), 0011.06.03 (State Residence - Excluded Time).

EXCLUDED TIME SERVICES
Excluded time varies by program. See 0006.18 (Excluded Time Facilities and Services).

EXEMPT MONTHS
MFIP : Refers to months that are not counted toward the 60-month time limit.

EXEMPT FROM EMPLOYMENT SERVICES
MFIP : Refers to a person who is not required to participate in Employment Service activities because he/she meets certain criteria.

SNAP : Refers to a person who is not required to participate in Employment Service activities because he/she meets certain criteria. See 0028.06.10 (Who Is Exempt From SNAP E&T).

EXPEDITED SERVICE
Special procedures and priority processing of APPLICATIONS to make BENEFITs available to people with immediate need. See 0004.04 (Emergency Aid Eligibility - SNAP/Expedited Food), 0004.06 (Emergencies - 1st Month Processing).

EXPERIENCE WORKS
Part of the Senior Community Service Employment Program authorized by the OLDER AMERICANS ACT, formerly known as GREEN THUMB. See TEMP Manual TE02.08.010 (Experience Works Income).

EXPLANATION OF MEDICAL BENEFITS (EOMB)
A statement from DHS, an insurance company, or a health plan reporting amounts paid, reduced, or denied for the client's health care expenses.

EXTENSION
MFIP : Allows families to receive additional months of MFIP beyond the 60-month time limit if certain criteria are met. See 0011.33 (MFIP Hardship Extensions).

FACE-TO-FACE INTERVIEW
A face-to-face meeting arranged to determine initial or ongoing eligibility for ASSISTANCE. See 0005.12.12 (Application Interviews), 0009.06.03 (Recertification Processing Standards), 0009.06.06 (Recertification Interview), 0011.27.03.01 (Drug Felons - SNAP), 0011.30.03 (MFIP Transition Period), 0011.30.06 (180 to 60 Days Before MFIP Closes), 0028.30.04 (Post 60-Month Empl. Services Sanctions).

FSET
See FOOD SUPPORT EMPLOYMENT AND TRAINING (FSET) in 0002.25 (Glossary: First Adult...).

FULL-TIME STUDENT
MFIP, DWP, GA : A person who is enrolled in a graded or ungraded primary, intermediate, SECONDARY, GED preparatory, trade, technical, vocational, or POST-SECONDARY SCHOOL, and who meets the school's standard for full-time attendance. Summer vacations and school holidays do not affect the student's full-time status.

SNAP: A person who meets the definition of full-time student as defined by the school the person is attending. Summer vacations and school holidays do not affect the student's full-time status.

FUNCTIONAL ILLITERACY
GA : Inability to read at or above the 8th grade level.

GA
See GENERAL ASSISTANCE (GA) below.

GAMBLING WINNINGS
SNAP: Unearned income which is the proceed of a monetary investment, for example: lottery tickets, scratch off tickets, raffle tickets or casino winnings in which money is invested to receive a benefit. See 00017.12.03 (Unearned Income).

GARNISHMENT
A legal withholding of a specified sum from wages to satisfy a creditor.

GED
See GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) below.

GENERAL ASSISTANCE (GA)
A program providing financial ASSISTANCE and services to people who are unable to provide for themselves.

GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED)
A certificate issued by the Minnesota Board of Education or a similar certificate from another state equivalent to a SECONDARY SCHOOL diploma.

GENERAL EQUIVALENCY DIPLOMA (GED)
See GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) above.

GIT
GROSS INCOME TEST. An eligibility test based on the gross income limit. See 0019 (Gross Income Test).

GOOD CAUSE
The circumstances beyond a person's control which keep the person from following program requirements or specific eligibility conditions.

GOOD CAUSE EXCEPTION
MFIP, DWP : A situation or circumstance beyond a participant’s control which may allow a sanction or disqualification to be removed retroactively or allow a person to be excused from some ES activities for a certain period of time.

GRANT DIVERSION
A program in which an EMPLOYMENT SERVICES provider arranges for the county agency to reimburse an employer for a portion of a client's wages. Reimbursement is from the ASSISTANCE payment that the CLIENT would be eligible for if the client were not employed.

GRANT STANDARD
See ASSISTANCE STANDARD in 0002.05 (Glossary: Assistance Standard...).

GREEN THUMB

Former name of a part of the Senior Community Service Employment Program authorized by the OLDER AMERICANS ACT, now called EXPERIENCE WORKS. See 0002.21 (Glossary: Employment...).

GRH
See GROUP RESIDENTIAL HOUSING (GRH) in 0002.29 (Glossary: Gross RSDI...).

GROSS EARNED INCOME
The income earned from employment before mandatory and voluntary payroll deductions. See 0017 (Determining Gross Income).

GROSS INCOME
Total non-excluded income (minus expenses for SELF-EMPLOYMENT and student income) before any DEDUCTION or DISREGARD.

GROSS INCOME TEST
An eligibility test based on GROSS INCOME. See 0019 (Gross Income Test).

GROSS RECEIPTS
The total amount of EARNED INCOME received from SELF-EMPLOYMENT, before DEDUCTION for expenses. See 0017.15.33 (Self-Employment Income).

PROFESSIONAL CERTIFICATION
MFIP, DWP, GA, GRH : A statement about a person's illness, injury, or incapacity that is signed by a licensed physician, licensed chiropractor, psychological practitioner, or licensed psychologist, qualified by professional training and experience to diagnose and to certify the person's condition. See 0011.39 (Qualified Professionals).

PROPERTY TAX STATEMENT
The official annual notification from the County Assessor's office of the ESTIMATED MARKET VALUE of the property, amount of taxes levied, any credits, any special assessments, and the owner and taxpayer of record.

PROPERTY TRANSFER
To cause right, title, or interest in REAL OR PERSONAL PROPERTY to pass from 1 person to another.

PRORATE
To divide, distribute, or assess proportionally.

PRORATION
An action in which initial BENEFITs are calculated from the date of APPLICATION or the date all eligibility factors are met, whichever is later. See PRORATION TABLE below.

PRORATION TABLE
A chart used to calculate PRORATED benefits. See 0022.12.03.03 (Proration Table).

PROSPECTIVE BUDGETING
A method of anticipating income and determining benefit levels in which the BUDGET MONTH and PAYMENT MONTH are the same. See 0022.03 (How and When to Use Prospective Budgeting), 0022.03.01 (Prospective Budgeting - Program Provisions), 0022.03.03 (Ineligibility in a Prospective Month - Cash), 0022.03.04 (Ineligibility in a Prospective Month - SNAP) for further information on prospective budgeting. Also see 0002.57 (Glossary: Relative....) for information on retrospective budgeting.

SNAP: A method of anticipating income and determining benefit levels based on the unit’s current AND anticipated income.

PROSPECTIVE ELIGIBILITY
Eligibility based on the UNIT'S estimated income and circumstances from the payment month.

PROTECTIVE PAYEE
People outside the UNIT who receive the entire assistance BENEFIT on behalf of the unit and are responsible for paying for the basic needs of the unit to the extent of the assistance payment.

PROTECTIVE PAYMENT
ASSISTANCE PAYMENTS made to a PROTECTIVE PAYEE.

PROTECTIVE SERVICES
Social service programs designed to prevent abuse or neglect and safeguard dependent children and VULNERABLE ADULTS.

PROVIDERS
See VENDORS in 0002.71 (Glossary: Two Party...).

PROVISIONS
Procedures established for the program policy being discussed.

PRWORA
See PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY AND RECONCILIATION ACT (PRWORA) in 0002.49 (Glossary: Permanent...).

PUBLIC INSTITUTION
A facility that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control.

PUBLIC INTEREST PAROLE (PIP)

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

PUBLIC LIABILITY INSURANCE
Insurance coverage against claims arising from the conduct or property of the client during the operation of a business.

PUBLIC RIGHT OF WAY
The land used for a public road, by a public utility (such as for a transmission line), or for another public purpose.

PUBLICLY ASSISTED HOUSING
Government owned, operated, or subsidized housing for low income people, senior citizens, and disabled people.

All applicant households must complete an application. For information on setting the application date, see 0005.12.09 (Date of Application). If a client returns page number 1 of the Combined Application Form (DHS-5233) (PDF) (CAF) or submits an ApplyMN application with the program code UNKWN in the file name but fails to return the remainder of the CAF or come for an interview, deny the application 30 days after the date on page number 1 of the CAF or ApplyMN application. See 0005.12.12 (Application Interviews), 0026.15 (Notices of Denial, Termination, or Suspension).

A complete application is a signed and dated application with all questions answered, with the EXCEPTIONS for SNAP and MFIP noted below. See 0005.09 (Combined Application Form (CAF)), 0005.12.06 (Who Must Sign Applications).

The only time you may return page number 1 of the CAF is when the necessary signatures are incomplete or missing. Complete other missing or incomplete information on the CAF at the time of interview.

When an ApplyMN application has missing or incomplete information, complete the missing or incomplete information at the time of the interview. If additional signatures are needed, obtain them at the time of the interview or send the applicant page 9 of the CAF.

Counties which have fax machines may accept faxed applications. When you get a faxed page number 1 of the CAF or the entire CAF, enter the information on MAXIS. Deny an application after 30 days if the applicant fails to attend a required application interview.

Consider faxed applications you get on weekends, holidays, or after hours to be received on the same day as the fax date stamp of the application. If the fax machine is located outside the human services agency, the county will need to address data privacy issues for applicants.

The client is responsible for verifying the county received the fax.

MFIP:
Relative caregivers who choose not to receive MFIP for their own needs have the option of answering only those questions relevant to determining eligibility for the children for whom they are applying.

DWP, MSA, GA, GRH:
Follow general provisions.

SNAP:
Clients have the option of answering only those questions relevant to the SNAP program.

Any member of an applicant household or his/her authorized representative MAY sign the application.

ApplyMN allows 1 person to sign the application electronically by typing his/her name in the signature field provided on the application. The electronic signature is a legally valid signature. Accept the electronic signature as entered into ApplyMN, if the name and spelling entered represents one of the allowable applicant signees in the household.

After you determine which applicants are members of a unit, there are certain people who MUST sign the application. When a Combined Application Form (CAF) is submitted, the signatures are required on page 9. When an ApplyMN application is submitted, obtain the additional signatures at the interview or send the applicant page 9. See the program provisions below for more specific information.

If multiple units appear on the same application, signature requirements apply to each separate unit.

MFIP, DWP:
The following people must sign the application:

- All adult members of the unit or their authorized representative acting on their behalf.
- The spouse of an assistance unit member, if the spouse lives with the applicant.
- The parents and stepparents of a minor child, if they live with the applicant.
- All minor caregivers.

SNAP:
One adult member of each unit or his/her authorized representative must sign the application.

MSA:
The following people must sign the application:

- The applicant or authorized representative acting on the applicant's behalf.
- The applicant's spouse, if the spouse lives with the applicant.
- The parents of a minor blind child, if they live with the applicant.

GA:
The following people must sign the application:

- The applicant or their authorized representative acting on the applicant's behalf.
- All adult members of the unit or their authorized representative acting on their behalf.
- The spouse of a unit member if the spouse lives with the applicant.

In addition, county workers must sign and date page number 1 and page 9 of the CAF.

GRH:

WHO MUST SIGN APPLICATIONS

0005.12.06

The following people must sign the application:

- The applicant or their authorized representative acting on the applicant's behalf.
- The parents of a minor blind child, if they live with the applicant.

See 0010.18 (Mandatory Verifications) for mandatory verifications that apply to all programs.

See 0010.18.02 (Mandatory Verifications - SNAP) for additional mandatory verification provisions that apply to SNAP.

See provisions below for ADDITIONAL mandatory verification provisions that apply to each specific cash program.

MFIP:
See 0010.03 (Verification – Cooperation and Consent) for circumstances when a signed personal statement from the client is acceptable verification.

VERIFY THE FOLLOWING AT INITIAL APPLICATION:

- Costs of child care when applying the initial eligibility test. See 0018.09 (Dependent Care Deduction).
- Stop work, if necessary to verify income in the month of application.
- The number of hours worked each month.
- Checking and savings accounts.
- Savings certificates, stocks, bonds, retirement accounts, trusts.
- Source and purpose of deposits and withdrawals from business accounts.
- Presence of a minor child in the home, if questionable.
- Identity of adults.
- Age, if related to eligibility or benefit level.
- Social Security number, unless the unit member qualifies as a non-citizen who is a victim of battery and/or cruelty. See 0011.03.21 (Non-Citizens - Victims of Battery/Cruelty). Do not require a Social Security card to verify the social security number (SSN) a client provides. Only keep copies of social security cards in a case file if they are used to resolve an IEVS discrepancy or an SSN DAIL message. See 0010.18.03 (Verifying Social Security Numbers). Do not require undocumented persons to provide a Social Security number.
- Child and spousal support payments to people outside the household, to be allowed as a deduction.
- School attendance, if related to eligibility.
- Burial accounts.
- Real property, homestead and non-homestead. See 0015.12.06 (Repayment Agreements on Real Property).
- Vehicles. See 0015.39 (Excluded Assets - Vehicles).
- Relationship of caregivers to the child. See 0005.12.12 (Application Interviews), 0010.03 (Verification Cooperation and Consent), 0010.06 (Sources of Verification - Documents), 0014.03.03 (Determining the Cash Assistance Unit).
- Pregnancy, if related to eligibility. See 0013.03.03 (Pregnant Woman Basis – MFIP/DWP).
- State residence. See 0011.06 (State Residence), 0011.06.09 (State Residence – 30-Day Requirement). For applicants with a Safe At Home Identification Card, see 0029.29 (Safe At Home Program).
- The number of months the unit received TANF funds in another state only if the applicant checks "yes" on the application to receipt of assistance in another state. See 0011.30 (60-Month Lifetime Limit), 0013.05 (DWP Bases of Eligibility).

- Application for other maintenance benefits. See 0012.12 (Applying for Other Benefits).
- Disability or illness, if needed to determine eligibility for Family Stabilization Services (FSS) or 60-month extension. See 0011.33 (MFIP Hardship Extensions). For information on FSS, see the Employment Services Manual.
- Family violence if used as a basis to qualify for a family violence waiver. See 0005.12.12.09 (Family Violence Provisions/Referrals), 0011.30 (60-Month Lifetime Limit), 0010.18.33 (Verifying Family Violence).
- Shelter costs, as required for vendor payments. See SHELTER COSTS in 0002.61 (Glossary: SELF...), 0024.09 (Protective and Vendor Payments).
- The amount of a housing subsidy and exceptions to counting the subsidy. See 0017.15.99 (Housing Subsidy).
- Living arrangement of a minor caregiver. See 0012.06 (Requirements for Caregivers Under 20).
- Sponsor income and assets. See 0015.48 (Whose Assets to Consider), 0016 (Income From People Not in the Unit).

Counties must verify immigration status for ANY person reported on the Combined Application Form (CAF) who is NOT a United States citizen and for whom the applicant is requesting benefits. DO NOT request verification of immigration status for people listed on the application who are NOT applying for assistance. DO NOT verify citizenship when the applicant reports on the CAF that they are a United States citizen.

See Chapter 11 (Technical Eligibility), TE02.05.98 (IMIG Status and Cards With Expiration Dates), the Guide to Non-citizen Eligibility for Cash and Food Support when a document presented to verify immigration status has expired.

If the applicant cannot provide proof of immigration status for a MANDATORY unit member, you must:

- Offer to help obtain the verification.
- Obtain a signed release of information from the client.
- Continue the application process excluding the mandatory unit member. See 0011.03.27.03 (Protocols for Reporting Undocumented People), 0014.03.03 (Determining the Cash Assistance Unit).

See TE02.05.98 (IMIG Status and Cards With Expiration Dates) when a document presented to verify immigration status has expired.

If the applicant does not want you to contact the U.S. Citizenship and Immigration Services (USCIS) for proof of citizenship for an OPTIONAL unit member and indicates that he/she is here unlawfully:

- Determine eligibility for the remaining unit members. No further verification of immigration status would be requested.
  AND
- Do not report this optional unit member to DHS because it is not known that he or she is in the United States unlawfully. See 0011.03.27.03 (Protocols for Reporting Undocumented People).

If the client has given you permission to contact the U.S. Citizenship and Immigration Services (USCIS), see 0011.03.27.03 (Protocols for Reporting Undocumented People).

VERIFY THE FOLLOWING AT RECERTIFICATION:

- Income, unless excluded.
- Self-employment expenses used as a deduction. See 0010.18.09 (Verifying Self-Employment Income/Expenses).
- Source and purpose of deposits and withdrawals from business accounts.
- Presence of a minor child in the home, if questionable.
- Inconsistent information. See 0010.15 (Verification - Inconsistent Information).
- Assets when the value is within $200 of the asset limit.
- Whether a caregiver is eligible for Family Stabilization Services (FSS). For information on FSS, see the Employment Services Manual.
- Child and spousal support payments to people outside the household. See 0018.33 (Child and Spousal Support Deductions).

VERIFY THE FOLLOWING CHANGES WHEN REPORTED:

See 0007.15 (Unscheduled Reporting of Changes – Cash) for changes participants are required to report within 10 days.

- Unit member whose earnings or hours are counted starts a job. See 0007.12 (Agency Responsibilities for Client Reporting).
- Unit member whose earnings or hours are counted terminates a job. See 0008.06.15 (Removing or Recalculating Income).
- Unit member whose earnings or hours are counted starts or stops a business, or the business undergoes a major change. See 0010.18.09 (Verifying Self-Employment Income/Expenses); 0017.15.33.03 (Self-Employment, Convert Inc. to Monthly Amt).
- Unit member whose income is counted reports initial receipt of unearned income or a lump sum. See 0022 (Budgeting and Benefit Determination).
- Birth and relationship of newborn to father when he is in the home. See 0008.06.12.09 (Converting a Pregnant Woman Case), 0010.03 (Verification Cooperation and Consent), 0010.06 (Sources of Verification - Documents).
- Returns to the home of unit members and financially responsible people. See 0008.06.06 (Adding a Person to the Unit – Cash); 0008.06.12 (Adding a Person's Income).
- Temporary absences of unit members from the home. See 0014.09 (Assistance Units – Temporary Absence).
- A change in the custody of a minor child or a change in visitation schedule. See 0014.12 (Units for People With Multiple Residences).
- Child and spousal support payments to people outside the household. See 0018.33 (Child and Spousal Support Deductions).
- Full-time school attendance and anticipated graduation date of 18 year old minor children in the assistance unit.
- Half-time school attendance of an employed minor child in the assistance unit and caregivers under age 20 to determine exclusion of earnings.
- School attendance for parents under age 20 who are required to attend school as part of an Employment Services Plan. See 0028.12 (Education Requirements).

- Illness or disability if needed to determine eligibility for a hardship extension or to change to FSS. See 0011.33 (MFIP Hardship Extensions).

- Family violence at the time it is claimed. See 0010.18.33 (Verifying Family Violence).

- A change in United States Citizenship and Immigration Service (USCIS) status. See the Guide to Non-citizen Eligibility for Cash, SNAP and Child Care Assistance (DHS-4864) (PDF).

- Application for a benefit a participant may be eligible for. Counties can use Notice to Apply for Other Maintenance Benefits (DHS-2116) (PDF) to notify participant of this requirement. See 0012.12 (Applying for Other Benefits).

DWP:
See 0010.03 (Verification – Cooperation and Consent) for circumstances when a signed personal statement from the client is acceptable verification.

Follow MFIP. In addition, verify:

- Family maintenance needs before the expense can be allowed in the DWP grant calculation, see 0022.12 (How to Calc. Benefit Level - MFIP/DWP/GA), FAMILY MAINTENANCE NEEDS in 0002.23 (Glossary: Fair Hearing...).
  AND
- Receipt of DWP or MFIP within the last 12 months. See 0013.05 (DWP Bases of Eligibility).
  AND
- Receipt of TANF-funded assistance months, used to determine DWP eligibility. See 0013.05 (DWP Bases of Eligibility).

SNAP:
See 0010.18.02 (Mandatory Verifications - SNAP).

MSA:
For SSI recipients, verify the client's receipt of SSI and the Federal Benefit Rate used to determine the client's SSI benefits.

For non-SSI recipients, verify:

- Assets.

- Social Security number of all people applying for assistance. See 0010.18.03 (Verifying Social Security Numbers).

- Basis of eligibility (age, blindness, or disability). See 0010.18.05 (Verifying Disability/Incapacity - Cash).

GA:
Verify:

- Assets.

- Identity of each person applying for assistance.

- Age, if required to determine eligibility.

- State residence. See 0011.06 (State Residence), 0029.29 (Safe At Home Program).

- GA eligibility basis. See 0013.15 (GA Bases of Eligibility).

- Basis of claim for exemption from SNAP E&T participation (GA category).
- Date and reason of employment termination, and date last paid. Verify at the point of employment termination for participants, and for any employment terminated within 90 days of application for applicants.
- Social Security number. See 0010.18.03 (Verifying Social Security Numbers).

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

For all recipients of the GRH Supplemental Service rate, verify the following information on the Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF) at application and recertification:

- Has an illness or disabling condition which limits their ability to work and provide self-support.
- Needs assistance to access or maintain housing.

For residents of Supportive Housing settings for people who were long-term homeless, verify all of the following at application:

- Receipt showing they were assessed to need supportive housing through their local Coordinated Entry system, if applicable.
- Approved habitability inspection. Use Habitability Inspection Form Group Residential Housing – Supportive Housing Setting (DHS-7123) (PDF).
- Meets DHS' criteria for long-term homelessness with an approved MN Housing Long Term Homeless Verification Form. The Long Term Homeless Verification Form form is on the Minnesota Housing Finance Agency web site.
  - Person has been homeless continuously for 1 year or more, or at least 4 times in the past 3 years.
  - Exclude any period of institutionalization or incarceration when determining the length of homelessness.

Social Security Administration (SSA) determinations and benefits may be verified with the State Verification and Exchange System (SVES) interface between MAXIS and SSA. See TEMP Manual TE02.12.13 (SVES TPQY Interface) for more information on this interface.

MFIP:
Do not ask for proof of illness or disability you expect to last less than 30 days unless the claim is questionable.

For households extended under the Ill/Incapacitated category which you expect to last 30 days or more, types of proof are:

- Social Security Administration (SSA) disability status.
- A qualified professional's or psychologist's report based on the results of a current medical examination or a current psychiatric evaluation (no older than 12 months). The medical statement must state the time period the disability will last. See 0011.39 (Qualified Professionals).

  If the qualified professional's or psychologist's report alone does not prove disability, get a vocational history for the last 5 years to supplement the medical statement.

When possible, the county agency should determine disability. When you cannot tell if the evidence proves disability, refer the case to the State Medical Review Team (SMRT).

Counties may submit a Referral to SMRT by Fax or SIR Email:
Fax to 651-431-7461 or 1-800-311-3137.
SIR Email to the SMRT Case emailbox at dhs.smrtcases@state.mn.us

All submissions must be in the following format:

- Documents must be in a multipage format. Do not send individual documents.
- Documents must be arranged in a portrait orientation. Do not use not sideways or upside down orientation.
- Documents must be placed in the following order:

1. State Medical Review Team Referral for Disability Determination (DHS-6123) (PDF).
2. State Medical Review Team Authorization to Release Protected Health Information (DHS-6124) (PDF).
3. State Medical Review Team Adult Disability Worksheet (DHS-6125) (PDF) or State Medical Review Team Children's Disability Worksheet (DHS-6126) (PDF).
4. Medical Documentation. Medical evidence from the last 3-6 months relevant to the disabling condition.

Submissions must not include copies of medical bills, health care applications, driver's licenses, birth certificates, Explanation of Medical Benefits (EOMB), or other documents that are not medical records.

The county agency must pay for costs the client incurs for medical reports using MA administrative account funds.

Clients who do not cooperate in the process cannot use disability as a basis of exemption from Employment Services.

The SMRT returns its determination and the supporting evidence to the county agency. In some cases the SMRT must request additional information. A SMRT decision is binding on the county agency, although clients may appeal. See 0027 (Appeals).

DWP:
Follow MFIP, EXCEPT do not ask for proof of illness or disability you expect to last less than 30 days unless the claim is questionable.

SNAP:
See 0010.18.06 (Verifying Disability/Incapacity - SNAP).

MSA:
Verify blindness or disability by either:

- Receipt of RSDI or SSI based on the person's blindness or disability.
  OR
- The person has SSA 1619B status as indicated on MAXIS. See TEMP Manual TE02.07.259 (1619 A and B Status).

GA:
Use any 1 of the following as proof of illness or disability/incapacity:

- The Request for Medical Opinion (DHS-2114) (PDF) (for non-SMRT referrals) signed by a qualified professional. The DHS-2114 certification is valid for 6 months from the date of last examination unless a permanent condition or longer time frame for the condition is indicated on the form. See 0011.39 (Qualified Professionals).

- The SMRT Determination of Disability

- The person has SSA 1619B status as indicated on MAXIS. See TEMP Manual TE02.07.259 (1619 A and B Status).

- Other medical certification. See MEDICAL CERTIFICATION in 0002.39 (Glossary: Lump Sum...).

GRH:
Follow MSA, for blind, aged, and disabled clients.

For all other adults, verify that a person has a disabling condition that limits the ability to work and provide self-support according to a person's basis of eligibility as follows:

- Permanent illness. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  OR
  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

- Temporary illness. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  OR
  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

- Requires services in residence. See 0011.39 (Qualified Professionals).

  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

- Unemployable.

  - Assessment by vocational specialist. See 0013.18.21 (GRH Basis – Unemployable).

- Medically certified as having developmental disability or mental illness. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  OR
  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

- Application or appeal pending for Social Security Disability or SSI. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  AND
  - Proof of application or appeal to the Social Security Administration.

- Advanced age.

  - Assessment by vocational specialist. See 0013.18.21 (GRH Basis – Unemployable).
  OR
  - Proof of work history showing decreased occupational status. See 0013.18.30 (GRH Basis – Advanced Age).

- Learning disability. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  OR
  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

- Drug/alcohol addiction. See 0011.39 (Qualified Professionals).

  - Request for Medical Opinion (DHS-2114) (PDF).
  OR
  - Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

The provisions in this section describe who may be considered as qualified professionals for diagnosing and/or determining a client's specific physical illness and/or mental condition.

MFIP, GA:
Qualified professionals as defined in this section may diagnose and/or determine if a person meets certain medical criteria in order to bank months or to qualify for, Family Stabilization Services (FSS), an MFIP hardship extension, a good cause claim, or to meet a GA basis of eligibility. See 0011.33 (MFIP Hardship Extensions), 0011.36 (Special Medical Criteria), 0013.15 (GA Bases of Eligibility), 0028.06.03 (Who Must Participate in Empl. Services/SNAP E&T), 0028.18 (Good Cause for Non-Compliance -- MFIP/DWP).

- **FOR DEVELOPMENTAL DISABILITIES (DD):** Professionals qualified to administer the tests necessary to make a determination (tests of intellectual functioning, assessment of adaptive behavior, adaptive skills, and developmental function) include licensed psychologists, certified school psychologists, or a certified psychometrist working under supervision of a licensed psychologist. These professionals must also be trained and experienced in administration of the tests. See PEOPLE WITH DEVELOPMENTAL DISABILITIES in 0002.47 (Glossary: OJT...).

- **FOR LEARNING DISABILITIES:** A qualified professional is a licensed psychologist or school psychologist with experience determining learning disabilities. See 0011.33.06 (MFIP Hard to Employ Extension Category).

- **FOR PEOPLE WITH MENTAL ILLNESS (MI), SERIOUS AND PERSISTENT MENTAL ILLNESS (SPMI), AND SEVERE EMOTIONAL DISTURBANCE (SED):** A qualified mental health professional is indicated in the bullets below. Documentation can be provided by a licensed physician or a qualified mental health professional as listed below, for questions about counting months toward the 60-month time limit AND related extensions:

  - **FOR CHILDREN IN PSYCHIATRIC NURSING:** The mental health professional must be a registered nurse who is certified as a clinical specialist in child and adolescent psychiatric or mental health nursing by a national nurse certification organization or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

  - **FOR ADULTS IN PSYCHIATRIC NURSING**: A registered nurse who is certified as a clinical specialist in adult psychiatric and mental health nursing by a national nurse certification organization or who has a master's degree in nursing or 1 of the behavioral sciences or related fields from an accredited college or university or its equivalent, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

  - **IN CLINICAL SOCIAL WORK:** A person licensed as an independent clinical social worker (LICSW), a licensed professional clinical counselor (LPCC), or a person with a master's degree in social work from an accredited college or university, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

  - **IN PSYCHOLOGY:** A person licensed by the board of psychology who has stated to the Board of Psychology competencies in the diagnosis and treatment of mental illness.

  - **IN PSYCHIATRY:** A physician licensed and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.

  - **IN MARRIAGE AND FAMILY THERAPY:** The mental health professional must be a marriage and family therapist with at least 2 years of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness.

- **FOR PHYSICAL ILLNESS, INJURY, OR INCAPACITY**: A qualified professional means a licensed physician, a physician's assistant, a nurse practitioner, a certified nurse midwife, or a licensed chiropractor.

DWP:
If there are situations requiring determinations from the qualified professionals listed above, consider conversion to MFIP. See 0008.06.24 (DWP Conversion or Referral to MFIP).

SNAP, MSA:
No provisions.

GRH:
Follow MSA for clients who are aged, blind, or disabled.

For all other adults, the Qualified Professionals defined for MFIP, GA may determine if a person has an illness or disabling condition which limits the ability to work and provide self-support. Qualified Professionals also include the following:

- **FOR CHEMICAL DEPENDENCY:** A treatment director, an alcohol and drug counselor supervisor, a licensed alcohol and drug counselor (LADC), or licensed physician.
- A county human services agency may designate other qualified professionals as authorized to sign a Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

The purposes of determining disability vary by program. Clients may appeal disability determinations.

MFIP, DWP:
For information on the ill/incapacitated category, see 0010.18.05 (Verifying Disability/Incapacity - Cash). Also see 0028 (Employment Services) for Employment Services requirements on disability determinations.

SNAP:
Units with permanently disabled clients qualify for special medical deductions, shelter deductions, exclusion from the gross income test, and the choice of certification as separate units. See 0014.03.06 (Determining the SNAP Unit), 0018.12 (Medical Deductions), 0018.15 (Shelter Deductions), 0019.09 (GIT for Separate Elderly Disabled Units).

Clients who do not cooperate with verifying disability cannot use the special deductions, separate household option, or gross income test exclusion. See 0010.18.06 (Verifying Disability/Incapacity - SNAP).

Disability may also affect able-bodied adult status. See 0011.24 (Able-Bodied Adults Without Dependents).

MSA:
Disability as a basis of eligibility requires proof. See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0012.15.06 (State Medical Review Team (SMRT)), 0013.09.09 (MSA Basis - Disabled Age 18 and Older).

Normally, use an SSA disability determination. When there is no eligibility for SSA because a disabled client has excess income for SSI and not enough quarters for RSDI, the SMRT makes the disability decision.

GA:
The county agency should make this determination EXCEPT in cases of undocumented and non-immigrant people who are blind or disabled. In those cases, refer the determination to SMRT. Include current objective medical information describing the applicant's disability.

Some bases of eligibility require PROFESSIONAL CERTIFICATION of a temporary or permanent disability, see PROFESSIONAL CERTIFICATION in 0002.51 (Glossary: Professional...). Also see 0010.18.05 (Verifying Disability/Incapacity - Cash), 0013.15 (GA Bases of Eligibility). Deny or terminate eligibility if clients do not cooperate with the process and no other basis of eligibility exists.

GRH:
Follow MSA for aged, blind, and disabled participants. Follow GA for all other adults.

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they:

- Are SSI recipients.
  OR
- Would be eligible for SSI EXCEPT for excess income AND:

  - Are age 65 or older, or will be age 65 in the application month. See 0013.18.03 (GRH Basis - Age 65 or Older).
    OR
  - Are blind. See 0013.18.06 (GRH Basis - Blind).
    OR
  - Are age 18 or older and disabled. See 0013.18.09 (GRH Basis - Disabled Age 18 and Older).

  OR
- Have a verified disabling condition that limits the ability to work and provide self-support according to 1 of the following categories:

  - Permanent illness. See 0013.18.15 (GRH Basis - Permanent Illness).

  - Temporary illness. See 0013.18.18 (GRH Basis - Temporary Illness).

  - Requires services in residence. See 0013.18.12 (GRH Basis – Requires Services in Residence).

  - Unemployable. See 0013.18.21 (GRH Basis - Unemployable).

  - PROFESSIONAL CERTIFICATION as having a developmental disability or mental illness. See 0013.18.24 (GRH Basis - DD/MI).

  - Application or appeal pending for Social Security Disability or SSI. See 0013.18.27 (GRH Basis - SSD/SSI Appl/Appeal Pend).

  - Advanced age. See 0013.18.30 (GRH Basis - Advanced Age).

  - Learning disability. See 0013.18.33 (GRH Basis - Learning Disability).

  - Drug/alcohol addiction. See 0013.18.36 (GRH Basis - Drug/Alcohol Addiction).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they:

- Have an illness or condition which limits their ability to work and provide self-support.

  AND

- Need assistance to access or maintain housing.

See 0010.18.05 (Verifying Disability/Incapacity - Cash).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they have a PROFESSIONAL CERTIFICATION of a permanent illness or incapacity which limits their ability to work and provide self-support, see PROFESSIONAL CERTIFICATION in 0002.51 (Glossary: Professional...). Also see 0010.18.05 (Verifying Disability/Incapacity - Cash), 0012.12 (Applying for Other Benefits), 0028.18.03 (Suitable Work/Unsuitable Work).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they have a PROFESSIONAL CERTIFICATION of temporary illness, injury, or incapacity which is expected to continue for at least 30 days and which limits their ability to work and provide self-support, see PROFESSIONAL CERTIFICATION in 0002.51 (Glossary: Professional...). See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0010.18.06 (Verifying Disability/Incapacity - SNAP), 0028.18.03 (Suitable/Unsuitable Work). If the PROFESSIONAL CERTIFICATION specifies a rehabilitation plan, the client must follow the plan.

Use this basis of eligibility for the duration of the incapacity or illness only.

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they have been assessed by a vocational specialist and, with the agreement of the county agency, have been determined to be unemployable.

- It is the applicant's or recipient's duty to obtain a vocational assessment.
- The person must cooperate with a treatment, rehabilitation and/or training plan if there is one.
- The person's eligibility under this category must be reassessed at least annually. Provide 30 days notice to the person before eligibility ends, informing the person of the date eligibility will end and the need for a vocational assessment.

See VOCATIONAL SPECIALIST in 0002.73 (Glossary: Victim...), 0010.18.05 (Verifying Disability/Incapacity - Cash), 0028.18.03 (Suitable Work/Unsuitable Work).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH when diagnosed or certified by a qualified professional as having a developmental disability (DD) or as having a mental illness, and their condition limits their ability to work and provide self-support.

For this purpose, developmental disability means a condition that is severe and chronic AND meets ALL of the following conditions:

- Is attributable to cerebral palsy, epilepsy, autism, and Prader-Willi syndrome and any other condition other than mental illness or emotional disturbance.
- Is found to be closely related to a developmental disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with developmental disabilities.
- Requires treatment or services similar to that of people with developmental disabilities.
- Is manifested before the person reaches 22 years of age.
- Is likely to continue indefinitely.
- Results in substantial functional limitations in 3 or more of the following areas of major life activity:
  - Self-care.
  - Understanding and use of language.
  - Learning.
  - Mobility.
  - Self-direction.
  - Capacity for independent living.

See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0012.12 (Applying for Other Benefits), 0028.18.03 (Suitable Work/Unsuitable Work). Also see MENTAL ILLNESS in 0002.41 (Glossary: Medically Necessary...).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they:

- Have an application pending for, or are appealing termination or denial of, Social Security Disability (RSDI) or Supplemental Security Income (SSI).

  AND

- Have a professionally certified permanent or temporary illness, injury, or incapacity which is expected to last for more than 30 days AND which limits their ability to work and provide self-support. See 0010 (Verification), 0010.18.05 (Verifying Disability/Incapacity - Cash), 0012.12 (Applying for Other Benefits), 0028.18.03 (Suitable Work/Unsuitable Work).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they are age 55 or older, and have limited ability to work and provide self-support. A person's work history must show a marked deterioration compared to their work history before age 55 as indicated by decreased occupational status, reduced hours of employment, or decreased periods of employment. See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0028.18.03 (Suitable/Unsuitable Work).

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH if they have a PROFESSIONAL CERTIFICATION as having a learning disability and are following a rehabilitation plan if the county agency has developed or provided a plan for them, see PROFESSIONAL CERTIFICATION in 0002.51 (Glossary: Professional...).

Learning disability means a disorder in 1 or more of the psychological processes involved in perceiving, understanding, or using concepts through verbal language or non-verbal means. Also see LEARNING DISABLED in 0002.37 (Glossary: Learning...). The disability must severely limit the person's ability to work and provide self-support. See 0010 (Verification), 0010.18.05 (Verifying Disability/Incapacity - Cash), 0028.18.03 (Suitable/Unsuitable Work).

Learning disabled does not include learning problems that are primarily the result of visual, hearing, motor disabilities, developmental disability, emotional disturbance, or environmental, cultural, or economic disadvantage.

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
People have a basis of eligibility for GRH when alcohol or drug addiction is a material factor that limits the person's ability to work and provide self-support. This means that if the client was to stop the addictive behavior, no disabling condition would remain.

Drug or alcohol addiction (DA&A) must be verified through 1 of the following:

- Termination of SSI/RSDI benefits from the Social Security Administration (SSA) based on drug or alcohol addiction.
- A SMRT determination that the client's disabling condition is the result of continued drug or alcohol addiction.
- A physician's certification that the client's disabling condition is the result of continued drug or alcohol addiction. Use the Minnesota Department of Human Services Request for Medical Opinion (DHS-2114) (PDF).
- A qualified professional verifies that the client's disabling condition is the result of continued drug or alcohol addiction. Use the Group Residential Housing - Professional Statement of Need (DHS-7122) (PDF).

Follow the procedures in 0012.30 (Chemical Use Assessment) to determine if a client should be evaluated for chemical dependency.

After DA&A has been verified, enter "Y" on "Verified Material DA&A" field on the MAXIS DISA panel. MAXIS will send a DAIL message to change the eligibility basis to "Disability Based on DA&A".

Review the DA&A basis of eligibility at each recertification.

See 0010.18.05 (Verifying Disability/Incapacity - Cash), 0028.18.03 (Suitable/Unsuitable Work).

MFIP:
Count up to $50 of the value of Housing and Urban Development (HUD) funded housing subsidies as unearned income toward the cash portion of the MFIP grant. Count the full amount of the subsidy if it is less than $50. HUD funded subsidies include HUD public housing, HUD funded project-based properties, and HUD funded Housing Choice Voucher (Section 8) rental subsidies.

Public housing or rental subsidies not provided by HUD funding do not have up to $50 of the value of the public housing or rental subsidy counted as unearned income toward the cash portion of the MFIP grant.

EXEMPTIONS:

The policy also does not apply to an assistance unit which includes a participant who is:

- Age 60 or older.
  OR
- A caregiver who is suffering from an illness, injury, or incapacity that has been certified by a qualified professional when the illness, injury, or incapacity is expected to continue for more than 30 days and the condition severely limits the person's ability to obtain or maintain suitable employment.

  NOTE: Severely limits the person's ability to obtain or maintain suitable employment means that a qualified professional has determined that the person's condition prevents the person from working 20 hours or more per week.
  OR
- A caregiver whose presence in the home is required due to the illness or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the illness/incapacity and the need for the participant's presence in the home has been certified by a qualified professional and is expected to continue for more than 30 days. This includes participants who have family members in the home who meet the Special Medical Criteria or receive waivered services.
  OR
- A caregiver who is an SSI recipient. **NOTE:** Do NOT apply this exemption to families with a child on SSI.

Apply the following procedures for someone who lives in public housing, a HUD project-based property, or a Section 8 rental property:

- Deny applications when applicants do not provide verification of the amount of the subsidy.

- Close cases of participants who fail to provide verification of the rent subsidy amount:

  - At the time of the Recertification.
    OR
  - When there is a change in the amount of the subsidy.
    OR
  - When the participant moves to a property that provides a subsidy to the MFIP unit.

For MAXIS procedures or information on how to properly complete the STAT/SHEL panel, see TEMP Manual TE02.08.159 (Housing Subsidy).

DWP, SNAP, MSA, GA, GRH
No provisions.

MFIP, DWP, SNAP, MSA, GA:
No provisions.

GRH:
For SSI clients, allow income deductions from the SSI Federal Benefit Rate (FBR) if the SSI monthly benefit is reduced, except when it is reduced due to receipt of other income. Deductions can include guardianship or conservator fees established by the court, representative payee fees allowed by the Social Security Administration (SSA) or other programs, SSI recoupment or RSDI repayments, support ordered by court, and similar types of deductions.

For non-SSI clients, follow the procedures for SSI clients. In addition, allow income deductions for other mandatory fees or payments incurred and not deducted elsewhere. For MFIP clients, also allow MFIP recoupment. For non-SSI clients, count income that is actually available.

MFIP, DWP, SNAP:
No provisions.

MSA:
A participant's living arrangement does not affect eligibility for special needs payments for representative payee services. See 0023.21 (Representative Payee Services). Participants living in group residential housing (GRH), nursing homes, or regional treatment centers are not eligible for any other special needs payments.

Clients may have a special needs payment for certain items added to their assistance standard. See 0020.21 (MSA Assistance Standards), 0023.12 (Special Diets), 0023.15 (Guardian or Conservator Fees), 0023.18 (Restaurant Meals), 0023.21 (Representative Payee Services), 0023.24 (MSA Housing Assistance).

Clients may be eligible for a separate special need payment for home repairs, or for furniture and appliances. See 0023.06 (Home Repair), 0023.09 (Household Furnishings and Appliances). Usually, the county agency must approve these payments before the client incurs the cost. A client incurring an expense outside of working hours because of an emergency may contact the agency on the next working day to request help. County agencies must have written procedures for making special need payments. They must keep a record of requests for assistance and the disposition of each request. Clients must request special need payments in writing. County agencies may require clients to verify the need for an item. If a client is on vendor or protective payee status, pay the vendor directly. See 0024.09 (Protective and Vendor Payments). In other cases, issue the payment directly to the client or as a vendor payment. Also see TEMP Manual TE02.08.035 (How to Issue Special Needs Payments) for information on how to issue special needs payments.

GA:
No provisions. See 0004 (Emergencies), 0028.16 (Support Services).

GRH:
No provisions. For when to allow income deductions for special needs payments, see 0018.39 (Prior and Other Income Reductions).

MFIP, DWP, SNAP, GA:
No provisions.

MSA:
An allowance for guardian or conservator fees may be paid to MSA clients who are not residents of a nursing home, regional treatment center, or group residential housing facility.

Add an amount for the fee of a guardian or conservator to the monthly assistance standard. Use the fee amount negotiated by the county agency or approved by the court. The maximum fee is 5% of the unit's income, up to $100 a month.

Do not allow for a fee if the guardian or conservator is a county agency employee.

GRH:
No provisions. For when to allow income deductions for guardian or conservator fees, see 0018.39 (Prior and Other Income Reductions).

MFIP, DWP, SNAP, GA:
No provisions.

MSA:
MSA allows a recurring special need payment of up to 10% of a client's gross income OR $25, WHICHEVER IS LESS, to pay for representative payee services. Clients must provide a statement from the organization that the SSA has authorized it to collect a fee for representative payee services. Clients must verify the authorization at application and whenever there is a change in representative payee.

Special need payments for representative payees are available to MSA participants living in GRH, nursing homes, or regional treatment centers, as well as clients living in the community.

GRH:
No provisions. For when to allow income deductions for representative payee services, see 0018.39 (Prior and Other Income Reductions).

When you find a payment was incorrect, reconstruct each budget month and corresponding payment month using the policies and procedures that were in effect for the payment month. The overpayment or underpayment is the difference between the benefit amount the client actually received and the benefit amount the client should have received. Overpayments, once computed, are set up as claims to initiate recovery from the client. See 0025.12.06 (Repaying Overpayments - Participants), 0025.12.09 (Repaying Overpayments - Non-Participants).

To determine if a client was overpaid, refer to other sections of this manual. For example, see 0022.21 (Income Overpayment Relating to Budget Cycle) to determine if an increase in income results in an overpayment. See 0008 (Changes in Circumstances) for information on other changes that may cause an overpayment or underpayment.

When computing overpayments, allow earned income disregards and work expense deductions only for earned income reported timely. Timeliness varies between programs, see program provisions. Do not allow the earned income disregard on income reported through other means such as IEVS, a "New Hire Message", or a person other than the client, the authorized representative, or guardian. If a client reports only part of his/her earned income, do not allow earned income disregards on the income not reported timely. (For example, a client has 2 jobs but fails to report the 2nd job. When computing the overpayments, allow all the disregards on the earnings from the 1st job but not the 2nd job.) Also see 0018.06 (Work Expense Deductions), 0018.18 (Earned Income Disregards).

NOTE: Enter all claims on MAXIS through CCOL/CLAM menu panel. See 0025.21.07 (JOL - Establishing Claims), 0026.39 (Notice of Overpayment and Recoupment). Enter claims you suspect are fraud claims as client error initially, and adjust them later to fraud if appropriate. See 0025.24.03 (Recovering Fraudulently Obtained Assistance).

When processing a restored benefit on a case that has a claim for the same period, ALWAYS enter the claim first. MAXIS will apply the restored benefit amount to the claim when appropriate. See TEMP Manual TE02.08.025 (Restored Benefits Applied to a Claim).

Determine Discovery and Established Dates as part of the process for calculating a claim. See DISCOVERY DATE in 0002.15 (Glossary: Deed...), ESTABLISHED DATE in 0002.21 (Glossary: Employment...), TE02.09.01 (Entering Claims). Documents needed to calculate a claim could be wage stubs, W-2s, bank statements, employer verification, etc.

Do not include any amounts in the overpayment calculation that occurred more than 6 years prior to the Discovery Date for overpayments due to client error or fraud. Do not include amounts that occurred more than 1 year prior to the Discovery Date for overpayments due to agency error.

If the Discovery Date is not correctly identified it can result in monthly overpayments erroneously being included or excluded in a claim. See 0025.12.12 (Action On Overpayments - Time Limits).

MFIP:
DO NOT establish an overpayment or underpayment for prospectively budgeted units for any month for which you based the assistance issued on the best information available at the time, if you applied the correct policy, and there was no client error.

DO NOT charge an overpayment when a 100% sanction has not been imposed due to the agency's failure to act. See 0028.30.03 (Pre 60-Month Type/Length of ES Sanctions).

Use retrospective budgeting CONTINUOUSLY for all previously retrospectively budgeted months whether or not there were months of total ineligibility. DO NOT change budget cycles due to months of ineligibility.

For purposes of allowing the earned income disregard, a report is timely when the client or authorized representative reports income within 2 calendar months following the end of the month in which the income was received.

Reporting procedures and client notice requirements used when clients report timely do not apply when changes in household composition are not reported timely.

- When a mandatory unit member enters the household and the unit fails to report the change timely, calculate the overpayment starting with the month the mandatory unit member arrives.

- When a mandatory unit member leaves the household and the unit fails to report the change timely, if the agency could have reduced or terminated assistance for 1 or more payment months had a delay in reporting the change not occurred, determine whether timely notice could have been issued on the day that the change occurred. Determine the correct benefit amount beginning with the 1st month in which you could have given timely notice.

Subtract the benefit the unit should have received for the payment month from the actual MFIP issued.

For overpayments for months PRIOR TO JANUARY 2001, consider the amount of current child support collected as reimbursement if the amount of monthly current retained child support is greater than the monthly grant for which the unit is eligible. Deduct the child and spousal support or the amount the unit was eligible to receive, whichever is greater, from the assistance that was actually received. (Support arrearage cannot be used to offset an overpayment unless the obligation for all other months has been satisfied.)

Subtract the full amount of entitlement the unit should have received (disregard any recoupment previously deducted) from the full amount of entitlement the unit actually received (disregard any recoupment previously deducted) for each month in the overpayment period. The difference is the overpayment amount.

NOTE: The housing subsidy deduction reduces only the cash portion of the MFIP grant. See 0017.15.99 (Housing Subsidy). When determining the correct overpayment amount, do NOT use the housing subsidy to reduce the food portion of the benefit amount.

If the client refuses to provide information to establish the amount of the overpayment and if no information is available to estimate a claim amount, assign an overpayment for the full amount of MFIP issued for the period in question.

Notify the client of the right to provide proof to establish a smaller overpayment. Close the case if it is not possible to establish current eligibility.

DWP:
Follow general provisions. In addition, do not establish an overpayment or underpayment if the determination of the DWP grant amount is based on the best information available at the time of approval, even when there is additional income to the family unit. See 0022.12 (How to Calc. Benefit Level – MFIP/DWP/GA).

SNAP:
Do not establish an overpayment or underpayment because of changes that were not required to be reported by the unit during the certification period. However, for any reported change, take appropriate action. See 0007.15.03 (Unscheduled Reporting of Changes - SNAP).

When calculating overpayments or underpayments for SNAP, use the amount of cash assistance actually received in the payment month even if the cash assistance was later determined to be an overpayment.

Do not allow the work expense deduction on income not reported timely. Timely reporting means that required changes be reported by the 10th of the month following the month of the change.

CALCULATING AN OVERPAYMENT

Determine whether the unit IS or is NOT categorically eligible for SNAP:

- If the SNAP unit IS categorically eligible, they are subject to the budgeting provisions that were in place at the time of the overpayment. See 0013.06 (SNAP Categorical Eligibility/Ineligibility), 0022.09.03 (When to Switch Budget Cycles - SNAP).

- For overpayments that occurred PRIOR to 03-01-09: If the SNAP unit is NOT categorically eligible, they must meet prospective eligibility requirements. If the overpayment is caused by unreported income, the unit remains in retrospective budgeting unless there are 2 or more consecutive months of ineligibility. If there are 2 or more consecutive months of

ineligibility, the case would be presumed closed. Switch the unit to prospective budgeting and presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible. See 0022.03.01 (Prospective Budgeting - Program Provisions).

- For overpayments that occurred ON OR AFTER 03-01-09: Continue to budget all months prospectively. EXCEPTION: For Uncle Harry Food Support (UHFS) units, follow the instructions for determining overpayments that occurred prior to 03-01-09.

If the ineligibility is caused by any reason other than unreported income, and there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible.

MSA:
Follow general provisions.

In addition, if the client receives SSI and SSA does not establish an overpayment or charge a partial overpayment, do not establish an MSA overpayment. For any month in which there is a total SSI overpayment, establish an MSA overpayment. If the total SSI overpayment is due to excess assets, the entire MSA benefit is an overpayment. If the total SSI overpayment is due to excess income, evaluate income to determine the amount of the MSA overpayment.

Do not allow the work expense deduction on income not reported timely. See 0018.06 (Work Expense Deductions).

When there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day of the month they were eligible.

GA:
Follow general provisions.

Do not allow the work expense deduction on income not reported timely. See 0018.06 (Work Expense Deductions).

When there is 1 month or more of total ineligibility and then 1 month or more of eligibility, presume that the unit reapplied on the 1st day they were eligible. Calculate the amount the unit should have received based on the 1st day they were eligible. Prorate if necessary; see 0022.12.03 (Proration).

GRH:
Follow MSA for clients who are aged, blind, or disabled, EXCEPT do NOT recalculate assistance after you receive the retroactive SSI check from SSA. See 0012.12.03 (Interim Assistance Agreements).

Follow GA for all other clients.

GRH also accepts as a timely report an income report from other reliable sources. Other reliable sources include case manager, job coach, the GRH vendor, employer, or other source that is assisting the client with life tasks.

In addition, if the client receives SSI and SSI does not establish an overpayment or charges a partial overpayment, do not establish a GRH overpayment.

Establish a GRH overpayment for any month in which there is a total SSI overpayment. If the total SSI overpayment is due to excess assets, the entire GRH benefit is an overpayment. If the total SSI overpayment is due to excess income, evaluate income to determine the amount of the GRH payment.

There is no MAXIS claims functionality for GRH. Claims against GRH settings are a county collection process, with collections forwarded to the DHS Financial Management Division. Record client claims and hold them for later entry.

MFIP, DWP:
Work is unsuitable when:

- The hourly gross wages are less than the federal or state minimum wage for that type of employment, whichever applies. See minimum wage figures in Temp Manual TE12.05 (Minimum Wage).
- The work is not within the client's physical and mental capacity.
- The work does not meet health and safety standards established by the Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Employment and Economic Development.
- There is discrimination at the work site on the basis of age, sex, race, creed, marital status, status with regard to public assistance, disability, religion, or place of national origin.

SNAP:
Participants must accept any bona fide offer of suitable employment, and must not quit suitable employment without good cause. Work is unsuitable when:

- The work is temporary day labor.
- The wages are less than the highest of:
  - The applicable federal or state minimum wage. See the minimum wage figures in TEMP Manual TE12.05 (Minimum Wage).
  - 80% of the federal minimum wage if neither the federal or state minimum wage applies.
  - The work is offered on a piece-rate basis and hourly yield is likely to be less than the applicable minimum wage listed above.
- The person is required to do any of the following as a condition of employment:
  - Join a union.
  - Resign from a union.
  - Refrain from joining a labor organization.
- The work offered is at a site undergoing a strike or lockout. (Consider work offered at a site undergoing a strike or lockout as suitable if the court issues an injunction under Section 10 of the Railway Labor Act or the strike has been enjoined under the Taft-Hartley Act.).
- The degree of risk to health and safety is unreasonable when compared to federal, state, and local health and safety regulations.
- The person is physically or mentally unfit to perform the work as documented by medical evidence or by other reliable information.
- The work offered within the 1st 30 days of registration is not in the person's major field of experience. After 30 days, a job need not be in the major field of experience.
- The round trip commuting time from the person's residence to the place of work is more than 2 hours by available means of transportation.
- The working hours or nature of the work interfere with the person's religious observances, convictions, or beliefs.

MSA:
No provisions.

GA:
Suitable work is a job within the local labor market that:

- Meets existing health and safety standards set by federal, state, or local regulations.
- Is within the physical and mental ability of a person.
- Provides a gross weekly income equal to the federal or state minimum wage applicable to the job for 40 hours per week, or a monthly income which, after allowable exclusions, deductions, and disregards would exceed the standard of assistance for the assistance unit, whichever is less.
  AND
- Includes employment offered through Workforce Investment Act (WIA), the Minnesota Employment and Economic Development Act, and other employment and training options, but does not include temporary day labor.

GRH:
Follow MSA for clients who are aged, blind, or disabled.

Follow GA for all other adults.