DSS ADMINISTRATIVE LETTER ECONOMIC AND FAMILY SERVICES SECTION

WF-10-09

| TO: | County Directors of Social Services |
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| ATTENTION: | Work First Managers and Supervisors |
| DATE: | October 29, 2009 |
| SUBJECT: | Child Support Enforcement and Quarterly Reporting |
| EFFECTIVE: | Upon Receipt |

I. GENERAL INFORMATION

The purpose of this letter is to provide additional guidance on Child Support Enforcement (CSE) and the elimination of Quarterly Reporting (QR) as it relates to Work First Benefits (WFB).

II. IMPLEMENTATION PROCEDURES

A. Child Support Enforcement

If an individual applies for Work First Family Assistance (WFFA) and is currently in sanction for non-cooperation with Child Support, approve the application with a payment type 'S'. The adult in non-cooperation status is not eligible for Medicaid unless the individual is pregnant.

For ongoing cases, a (DSS-8110) timely notice must be sent when the Work First participant appears on the Caseworker IV-D Work List. The notice must be sent within ten work days from the date the individual first appears on the IV-D Work List. This action will propose termination of the individual from the case and end their Medicaid eligibility, unless the individual is pregnant or receives Medicaid through SSI. The entire assistance unit will be ineligible for WFB for one month. There is not a cure for the sanction beyond the ten day timely notice period. A sanction must be applied.

The sanction month will always be the month the non-coop adult is no longer receiving Medicaid unless the individual is pregnant.

Example 1:

If the participant cooperates within the ten day notice period, and all other Mutual Responsibilities Agreement requirements (MRA) are met, the worker can release the WFB check. Do not apply the sanction.

| Work list item shows "non-coop" | November 13 |
|---------------------------------------|-------------|
| Worker issued the DSS-8110 | November 16 |
| Ten day notice expires | December 01 |
| Work list item shows "coop" | November 21 |
| Participant cured non-coop during the | |
| 10 day notice period. Issue November | |
| check in December if all other | |
| requirements are met. | |

Example 2:

If the participant completes all MRA requirements except for CSE and the ten day notice has not expired, release the check for the prior month. The case will transfer to Medicaid effective the first day of the following month.

| Work list item shows "non-coop" | November 23 |
|--|-------------------------------|
| Worker issued the DSS-8110. | November 23 |
| Ten day notice expires | December 09 |
| Participant provides documentation for | December 04 (Release November |
| other MRA requirements. Counties | check) |
| should not hold the November WFB | |
| check because the timely notice | |
| expires after the 5 th workday. | |
| Worker verified the participant has not | December 10 |
| cooperated with CSE. | |
| Worker evaluates and transfers the | December 10 |
| case to Medicaid effective 1/1/10. | |
| January is the "sanction" month, | |
| because the case transferred to | |
| Medicaid effective January 1, 2010. | |
| The participant "may" be eligible for the | |
| December check in January. | |

In this example, the sanction month is January, the month following the expiration of the DSS-8110. January is the first month that the participant can be removed from the case to prevent issuance of Medicaid (unless pregnant).

If the participant reapplies for WFB in January and complies with CSE, January would be the sanction month and February would be the first month that the participant is eligible to receive cash assistance. The February check would be issued in March if the participant meets all requirements.

B. Quarterly Reporting

Effective November 1, 2009, there will no longer be Quarterly Reporting (QR) for participants with a payment type '2'. In the event a payment type '2' case is selected in error, workers should continue to update the Work First/Transitional Quarterly Reporting screen. If a payment type '2' QR case transferred to Medicaid, workers are to key an administrative reapplication (DSS-8124). Participants are still required to report changes within ten days. Employment Services and Cash Assistance workers must communicate when a participant provides notification of a change in situation and document the case file accordingly.

For payment type '1' child only cases transferred to Medicaid due to QR, continue to use code 5L to transfer from MAF to payment type '1'.

III. EFFECTIVE DATE

This policy is effective upon receipt. Should there be additional questions, please contact your Work First Representative

Sincerely,

Dean Simpson

Dean Simpson, Chief Economic and Family Services

DS/kha/mh

cc: Sherry S. Bradsher Jack Rogers Sarah Barham Hank Bowers Charisse Johnson Carolyn McClanahan Debbie Hawkins Work First Local Support Local Business Liaisons