

George E. Pataki Governor

NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243-0001

Brian J. Wing Commissioner

Informational Letter

Section 1

Transmittal:	03 INF 22					
To:	Local District Commissioners					
Issuing	Temporary Assistance					
Division/Office:						
Date:	May 27, 2003					
Subject:	Temporary Assistance: Individuals in Residential Treatment Programs					
Suggested	Temporary Assistance Staff					
Distribution:	Food Stamps Staff					
	Child Support Coordinators					
Contact	DTA at 1-800-343-8859					
Person(s):	Central Team at extension 4-9344; Eastern Team at extension 3-1469					
Attachments:	Attachment 1: NYC State Examples					
	Attachment 2: Rest of State Examples					
Attachment Available On –						
Line:						

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
97 ADM-23 90 ADM-18 02 INF-35		349.4 351.2(c) 351.2(i) 352.30(a) 369.2(b); 369.4(c); 369.7; 370.2(b)(3)	131-c; 131.6	PASB X111-D- 10-all FSSB V-D (all)	

Section 2

I. Purpose

The purpose of this release is to reinforce the policy stated in 90 ADM-18 by providing information about frequently asked questions regarding the determination of Temporary Assistance (TA) eligibility and the category of assistance and case type (CT) when an individual enters a Residential Treatment Program.

II. Background

Social Services Districts (SSD's) are frequently unsure about how to determine the eligibility and appropriate case type of a TA applicant or recipient who is requesting help to meet the cost of residential substance abuse treatment in a Level II OASAS certified facility. The issue causes some confusion when the individual requesting help is a member of a multi-person household; an individual in care whose child is residing with him or her; a temporarily absent individual; or, a minor.

III. Program Implications

Once an application has been filed, and it is determined that the level of care is appropriate for the individual, then the policies that apply to the determination of eligibility, degree of need and category of assistance for TA applicants and recipients apply to those individuals in residential treatment.

A. Determine Household Composition:

Determine if the applicant or recipient is a temporarily absent member of a family unit. To determine this, the SSD will depend on the applicant's or recipient's expressed intent as long as the facts are not inconsistent with the expressed intent. When an applicant or recipient is a minor, SSD will depend on the expressed intent of the minor and the minor's parents unless the facts are inconsistent with the expressed intent.

Examples will help to illustrate the determination of temporary absence:

- 1. An applicant listed his address prior to entering the program as that of his wife who is employed full time. The applicant maintained that he was not returning to his wife's home. After investigating, the district determines that the applicant had moved several times in the months prior to entering treatment, had been separated from his wife for those months and was provided shelter in her home for a short period until he got into the treatment program. The district determines that the applicant is not temporarily absent from his wife's home but is separated from his wife.
- 2. A 17-year-old girl is in a residential treatment program that serves adolescents. One of the goals of the program is that each adolescent will be reunified with his or her family. However, the SSD must make an independent decision about temporary absence or permanent absence by finding out the intent of the minor and the minor's parents. The minor indicates that she does not want to return home after treatment and she relates instances of abuse by her parents. The district is aware of this family's situation and would not require the minor to return there after treatment even if the home was available. This individual is not temporarily absent.
- 3. The parents of a 16-year-old boy apply on behalf of their son who is in need of residential treatment for alcohol abuse. They list themselves, their son in treatment and their other children on the application. They intend for him to return to their home after treatment. When the worker asked for income information and explained filing unit rules, they got angry and left the office. Later that day, the boy's father called to say that they would not allow him to return after his treatment and therefore, he would not provide income information or apply. The SSD found the stated intent to be inconsistent with the facts, found the minor to be temporarily absent, and denied the application when the parents continued to refuse to cooperate.

4. The mother of a 17-year-old girl filed a TA application on behalf of her daughter who is currently in a court ordered residential treatment program. The mother stated that her daughter had run away from home several times, was a disruptive influence on her younger sister when home, and, at the time of her arrest was living with her boyfriend. She states that she will do what she can to see that her child receives the necessary treatment but she cannot allow her to return home after treatment. The SSD reviews the circumstances of the case, the parent's intent, etc. and determines that the minor is not temporarily absent.

Every case will be different and some will be less clear-cut than the examples above. SSDs should document the facts that went into their decision to determine that the individual is temporarily absent, or a separate household, from their family.

B. <u>Determine Who Must Apply:</u>

- If a minor under age 18 is applying for assistance and is temporarily absent from his or her family, filing unit rules apply. The minor's blood related and adoptive parents and siblings under age 18 who live in the same dwelling unit must apply, unless exempt from filing unit rules. (For example, an SSI individual; an ineligible or undocumented alien; a person ineligible due to the receipt of a lump sum; a child on whose behalf an adoption subsidy payment is received).
- If a Safety Net Assistance adult is applying, the applicant must also apply for his or her minor children under age 18 who reside in the same dwelling unit. The minor's blood related and adoptive parents and siblings under age 18 who live in the same dwelling unit must apply, unless exempt from filing unit rules.

NOTE: An individual, who has been determined temporarily absent from his or her family, is considered to be residing in the same dwelling unit as the family.

• If the applying individual is determined to be permanently absent from parents or spouse, the eligibility of the individual will be based on his or her needs, income and resources but not on those of the parents or spouse.

C. Category of Assistance:

If the individual in residential treatment is temporarily absent from his or her family home, determine the category of assistance based on the family unit's categorical eligibility.

- 1. Family Assistance (FA) (CT 11) or non-cash Safety Net Assistance-Federally Participating (non-cash SNA-FP)(CT 12):
 - a. If the household includes a pregnant woman, or an individual under age 18 (or age 18 and regularly attending full-time secondary school or the equivalent) in the care of a related adult, the case type will be FA (CT 11) or non-cash SNA-FP (CT 12). This is true unless the family includes an adult member who has exhausted the 60-month time limit and the case does not qualify for a time limit exemption, or unless the family is ineligible for FA or SNA-FP due to their alien status.

- 1. If the individual in residential treatment is an <u>adult</u> who has been assessed as unable to work due to the substance abuse problem, the family unit's case type is non-cash SNA-FP (CT12).
- 2. If the individual in residential treatment is a pregnant or parenting minor head-of-household, the family unit's case type is non-cash SNA-FP (CT12).
- 3. If the individual in residential treatment is a dependent child (under age 18, or age 18 and regularly attending full-time secondary school or the equivalent level) he or she is not subject to the mandatory substance abuse screening, assessment and treatment requirements. Therefore, the case type is FA (CT 11).
- 2. Non-cash Safety Net Assistance-Federally Non-Participating (non-cash SNA-FNP) (CT 17) or cash Safety Net Assistance (SNA) (CT 16):
 - a. CT 16 or 17 with Maintenance of Effort (MOE) claimed is correct when:
 - The household includes a pregnant woman, or an individual under age 18 (or age 18 and regularly attending full-time secondary school or the equivalent) living with a related adult caretaker relative, and the family includes an adult member who has had 60 months of assistance, and the case does not qualify for a time limit exemption.
 - The individual, or family members would otherwise be eligible for FA or noncash SNA-FP but are not eligible for federal reimbursement due to their alien status.

If the individual in residential treatment is an <u>adult</u> who has been assessed as unable to work due to the substance abuse problem, the family unit's case type is non-cash SNA-FNP (CT17).

If the individual in residential treatment is a dependent child under age 18 (or age 18 and regularly attending full-time secondary school or the equivalent), he or she is not subject to the mandatory substance abuse screening, assessment and treatment requirements. Therefore, the child's need for treatment does not affect his/her family's case category. Unless there is another reason why the CT must be 17, the family is in CT 16.

3. CT 16 or 17 without Maintenance of Effort (MOE) claimed is correct when:

4

- CT 16: The temporarily absent individual in residential treatment is a child in the care of a non-related caretaker and the SNA 24 month cash limit has not been exhausted.
- CT 17: The individual in residential treatment is an adult, a nonpregnant/parenting minor head-of-household, or a child living with a nonrelated caretaker and the 24 month cash limit has been exhausted.

D. Determine the Standard of Need:

- 1. Multi-person household at least one person in a Level II residential treatment program. The standard of need is based on the number of individuals in the TA household, including temporarily absent member(s):
 - Basic Allowance; Home Energy Allowance (HEA); and, Supplemental Home Energy Allowance (SHEA) for the number in the TA household but <u>not including the person temporarily absent in the residential treatment program</u>.
 - Shelter Allowance, Heating Allowance (if applicable) <u>including</u> the person temporarily absent in the residential treatment program.
 - Applicable additional allowances such as the cost of the residential treatment program and the Personal Needs Allowance (PNA).

Please note that the individual in the residential treatment program receives a PNA for basic needs and, therefore, cannot also be included in the Basic Allowance, the HEA and the SHEA.

- 2. Parent and child in the residential program some facilities will provide care for the individual in need of treatment and will allow the child or children of the individual to reside with the parent on a room and board basis. In such cases, Level II rate including the Level II PNA is provided for the parent only. The child is provided with a negotiated room and board rate plus a \$45 PNA in a group residence or a basic TA grant (pre-add, Home Energy Allowance and Supplemental Home Energy Allowance and a prorated shelter) in an apartment-like facility. Please see section G. below for Food Stamps implications for these room and board children.
- 3. Single person case The standard of need will be the Level II rate including the PNA.

E. Income:

<u>Please note:</u> For cases that have the Level II treatment program shelter type or have that additional need, ABEL will bypass the Poverty Level test. The 185% Gross Income Test will still apply.

Once the individual has been determined to be temporarily absent from his or her family, the usual TA budgeting to determine eligibility for the household, including the individual in residential treatment, is used.

- The income, after appropriate disregards, and the resources of all persons required to apply to be included in the filing unit must count when determining the eligibility of the filing unit.
- 2. For a household with a non-applying stepparent, use stepparent deeming to determine the amount of the stepparent's income to count against the assistance unit.

NOTE: The stepparent deeming worksheet is on the reverse of the LDSS-548 (Rev 10/01) – the manual TA budget worksheet. The LDSS-548 is available on the OTDA Intranet.

3. For a three-generation household with a minor parent under age 18, grandparent deeming is used to determine how much income of the minor's non-applying parent(s) must count against the assistance unit of the under age 18 individual and her child.

5

The stepparent deeming worksheet is also used for the grandparent deeming calculation.

- 4. For a three-generation household with an age 18, 19 or 20 parent, the income of the middle parent's own parents count against him or her <u>but not the grandchild</u>. The deeming worksheet is also used to determine the parent's ability to meet the 18, 19 or 20 year old child's needs. If the parents do not verify their income, they are presumed able to meet their child's needs.
- 5. When the applying individual is an 18, 19 or 20 year old child living with his or her non-applying parents, <u>Allen</u> budgeting is used to determine the amount of income of the non-applying parent that must count. (<u>Allen</u> budgeting is described below.)
- 6. When the applying individual is living with his or her non-applying spouse, <u>Allen</u> budgeting is used to determine the amount of income of the non-applying spouse that must count.

Non-exempt resources of non-applying legally responsible family members in the household are considered when determining the eligibility of the individual in the residential treatment program.

Allen Budgeting:

This budgeting methodology is found in 18 NYCRR 352.30(e)(1).

- (i) The needs of the public assistance household are calculated as if the non-applying or ineligible person were applying for assistance as a member of the public assistance household.
- (ii) The pro rata share of the amount calculated in subparagraph (i) which is attributable to the non-applying person is determined.
- (iii) If the non-applying or ineligible person's income is less than his or her pro rata share of the amount in subparagraph (i), such person's needs and income are not counted when calculating the budget deficit or surplus of the public assistance household and only the needs and income of the persons actually applying are considered.
- (iv) If the non-applying or ineligible person's income is equal to or greater than his or her pro rata share of the amount in subparagraph (i), such person's needs and income are counted when calculating the budget deficit or surplus of the public assistance household, as if the person were applying for assistance.

The following examples will illustrate two possible outcomes of <u>Allen</u> budgeting according to the regulations.

Example #1 illustrates the outcome in (iv):

A family consists of three persons: The mother, her 7-year-old child, and her applying 18-year-old child. The mother has unemployment income of \$150 per week. Mom does not want to apply for herself or for the 7-year-old child. Because the applying child is over age 17, Mom and the sibling do not have to apply. However, Mom does have to verify her income and resources and provide her Social Security number.

Total monthly income is \$650 per month. (\$150 x 4.3333). According to the regulation, we determine if we should count the mother and her income in the calculation by first finding her pro rata share of the needs. The standard of need for a two-person family in NYC is \$468. (We are not <u>vet</u> including special needs such as the cost of residential care costs because that is a special need attributable to the 18-year-old.)

\$468 divided by 2 = \$234. Mom's pro rata share of the needs is \$234. Mom's income of \$650 is more than her pro rata share of the needs. Mom and her income must be included in the calculation. Now, the calculation will include the additional needs of the applying 18-year-old. With special needs, including in this example the cost of residential treatment, the standard of need is \$1,367. Mom's UIB income of \$650 would be applied against that need. In this example, there will be a deficit of \$717.00 per month. That is the amount of TA that can be paid to the treatment program.

Even though Mom is not actually a recipient of assistance, she must report changes. That is because changes, for example, in her income may affect the amount of TA for the recipient 18-year-old.

Example #2 illustrates the outcome in (iii):

A family consists of three persons: The mother, her 7-year old child, and her applying 18-year-old child. In this example, the mother has gross earned income of \$300 per month. In addition, she receives \$300 per month child support for the 7-year-old. Mom does not want to apply for herself or for the 7-year old child. Because the applying child is over age 17, Mom and the sibling do not have to apply.

The standard of need for two (Mom and the 18-year old) is \$468. That amount divided by two = \$234 and is Mom's pro rata share of the needs. From Mom's gross earned income of \$300, we deduct \$90 then 50% of the remainder. Mom has <u>countable</u> earned income of \$105. Because Mom's countable income is less than her pro rata share of the needs, we will <u>not include her needs or her income</u> in the determination of eligibility of the applying 18-year-old.

<u>Please note</u> that in both examples, only the applying person and the legally responsible person with income are considered. The 7-year old is not considered unless Mom decides to include herself and the child in the application.

F. <u>Child Support and Spousal Support Requirements</u>:

A permanently absent individual in residential treatment must cooperate with child support enforcement requirements to the same extent as any other applicant or recipient of temporary assistance. However, some matters that would usually be handled by an office visit may need to be handled by mail or telephone when the individual is in residential treatment. When the individual will not comply with child support enforcement requirements, the household needs must be reduced by 25%.

The individual who is living apart from his or her spouse is required to pursue the potential resource of spousal support through court order when spousal support is not otherwise court ordered. The individual may not pursue establishment of spousal support through the child support program.

G. Food Stamp Implications:

Food stamp eligibility and household composition rules for residents of residential treatment centers are described in the <u>Food Stamp Source Book</u> (<u>FSSB</u>) section V-D-1.1 through V-D-3.2. Budgeting for households in residential treatment centers is addressed in FSSB section X-B-1 through X-B-4 and in 02 INF-35.

Н. Medicaid Implications: None

Issued By Name: Patricia A. Stevens

Title: Deputy Commissioner Division/Office: Division of Temporary Assistance

NYC Examples

Scenario: Household consists of an unemployed mom, Harriet James, and her two children, Beatrice, age, 17 and George, age 7. Beatrice is leaving the household to enter a Level II Residential Treatment Facility and is expected to return to the household. In this situation, the individual entering the facility is leaving an intact family receiving PA.

Example #1 (Eligible):

Step 1. Determine eligibility of Intact Family (Including teen entering the RTC).

Household Screen (NSBL02) entries:

- PA and FS household = 2
- ADDL: TY 40 Indicates temporarily absent individual in Congregate Care/RTC facility). Use of Code 40 bypasses the Poverty Level Test for the household.
- Fuel 1 Includes the shelter expense of the temporarily absent individual.

Individual Screen (NSBL06) entries/Line 01-Harriet James:

- Income Source 25 (Severance Pay) \$250/month
- SPEC NDS 21 \$987 (\$124 PNA + \$883 RTC Shelter cost of the facility individual)

Results (NSBL80 Screen): Household eligible for PA grant of \$705.50 s/m.

Step 2. Determine Eligibility/Grant of Remaining Household Members

Household Screen (NSBL02) – Repeat entries above.

Individual Screen (NSBL06) entries/Line 01 Harriet James:

■ Income Source 25 (Severance Pay) \$250/month

Results (NSBL80 Screen): Household is <u>eligible</u> for a \$212 PA s/m, \$219 FS.

Step 3. Determine Eligibility/Grant for Beatrice James in RTC Facility.

Household Screen (NSBL02) entries:

Shelter Type 31 (for facilities located in NYC, Nassau, Suffolk, Rockland or Westchester Counties). If the facility is located in a county other than one of those, use Shelter Type 32).

Individual Screen (NSBL06) entries: None required.

Results (NSBL80 Screen): Household is <u>eligible</u> for \$493.50 PA s/m, \$73 FS.

Example #2 (Ineligible):

This example uses the same scenario as example #1, an unemployed mom, Harriet James, and her two children, Beatrice, age 17 and George, age 7. Beatrice is leaving the household to enter a Level II Residential Treatment Facility and is expected to return to the household. However, in this example the family has different income. Mom has UIB of \$900/mo. And Beatrice has Social Security Dependents benefits of \$700/mo.

Step 1. Determine Eligibility of Intact Family (Including teen entering the RTC).

Household Screen (NSBL02) entries:

- PA and FS household = 2
- ADDL: TY 40 Indicates temporarily absent individual in Congregate Care/RTC facility). Use of Code 40 bypasses the Poverty Level Test for the household.
- Fuel 1 Includes the shelter expense of the temporarily absent individual.

Individual Screen (NSBL06) entries/Line 01-Harriet James:

- Income Source 36 (UIB) \$900/month
- Income Source 30(Social Security Dependent Income) \$700/month. Beatrice James' Income is input on this line because her line is closed.
- SPEC NDS 21 \$987 (\$124 PNA + \$883 RTC Shelter cost of the facility individual).

Results (NSBL80 Screen): <u>Ineligible</u> – Fails Net Income Test Ineligible – Budget Surplus = \$54.50 s/m Total Income = \$800 s/m

Example #3 (Mom and child in Level II):

Household consists of Shirley Turner and her daughter, Amy, age 5. Ms. Turner is receiving care in a Level II Residential Treatment Center and Amy is with her. To determine eligibility and benefits, the following entries are required.

Household Screen (NSBL02):

- Shelter Type = 31 (Facility located in NYC, Nassau, Suffolk, Rockland or Westchester Counties. If facility is located in another county, use Shelter Type 32)
- Shelter Amount = \$450 (Room and board rate for Amy). Per = 06
 Indicates shelter cost is paid monthly.

Individual Screen (NSBL06) of Line 01, Shirley Turner:

 Income Source 85 – Indicates that Shirley Turner is the "Individual in Care".

Results (NSBL80 Screen):

Household is eligible for \$741.00PA s/m which represents PNA = \$84.50 (\$62 Shirley + \$22.50 Amy) and Shelter = \$656.50 (\$431.50 Shirley + \$225.00 Amy). FS results are incorrect. A Bottom Line Budget is required to input the results of manual /offline FS**calculation. See ** below.

Off line Calculation of FS Benefits: **Figures that are underlined and bolded are required for BLB FS area.

Step 1 – Determine the FS income for **each** household member and total the amounts.

Shirley Turner - Code 85 Individual

- 1. Only income is monthly PA grant of \$987 (PNA \$124 + Shelter \$863).
- In the calculation of FS benefits, Ms. Turner is entitled to Group Home Exclusion equal to the amount of income that exceeds a "Normal Grant". (Normal Grant = \$352: \$112 Basic Allowance + \$215 Shelter + \$14.10 HEA I + \$11 HEA II.)
- 3. Ms. Turner's income for FS Gross Income Test = \$352.
- Amy Turner Child residing in the RTC with her mother, Shirley Turner
 - 1. Only income is monthly PA grant of \$495 (PNA \$45 + Room and Board Rate \$450).
 - 2. In the calculation of FS benefits, Amy Turner is entitled Group Home Exclusion equal to the amount of income that **exceeds** a "Normal Grant". (Normal Grant for individual not in care = \$397: \$112 Basic Allowance + \$215 Shelter + \$14.10 HEA I + \$11 HEA II + \$45 PNA.) Note: If income is less than the Normal Grant, there is no Group Home Inclusion.
- 3. Amy Turner's income for FS Gross Income Test = \$397.
- Total monthly income to be used for FS Gross Income Test = \$749.
- Step 2 Does household pass the FS Gross Income Test of \$1294? Yes. Step 3 Compute the FS Adjusted Income (Total monthly income less Deductions).
 - **Adjusted Income = \$615 (\$749 less \$134).
- Step 4 Compute FS Shelter for **each** household member and **Total** the amount s.
 - Shirley Turner Code 85 individual
 - Since Ms. Turner's actual PA Needs = more than the "Normal Grant", her FS shelter component is calculated as follows:
 - a. Normal Grant less Thrifty Food Plan Amount (For one individual currently \$139).
 - 2. Ms. Turner's share of total FS shelter = \$89 (\$352 less \$139 and less \$124 PNA).
 - Amy Turner Child residing in the RTC with her mother, Shirley Turner
 - 1. Use the following steps below to calculate the FS shelter for individual(s) residing in the RTC with the person in care
 - a. Determine the amount input in FS Shelter Amount field.
 - b. Determine the number of individuals active for FS residing in the RTC with the person in care.
 - c. Determine the Thrifty Food Plan table look-up for 1b. above.
 - d. Multiply the result in 1 b. above by current PNA/Boarder Lodger rate of \$45.
 - e. Subtract the result from 1c. + 1 d. from 1a.
 - Amy Turner's share of Total FS shelter = \$213 (Of the child's negotiated room and board rate (\$450) count only the "normal grant" (\$352) plus the PNA for a total of \$397. From the \$397, deduct the TFP of \$139 and the \$45 PNA = \$213.00)

**Total FS Household Shelter = \$302 (\$89 + \$213).

Step 5 – Compute the FS Excess Shelter (Total FS Shelter less ½ Adjusted Income capped at \$367 unless Aged/Disabled).

- Adjusted Income from Step 3 = \$615, with one half = \$307.50.
- Total FS Shelter from Step 4 = \$302.
- FS Excess Shelter = 0 since one half Adjusted Income exceeds Total FS Shelter.

Step 6 – Compute FS Net Income (Adjusted Income less FS Excess Shelter)

- Adjusted Income from Step 3 = \$615.
- FS Excess Shelter from Step 5 = \$0.0.
- **Net FS Income = \$615.00 (\$615 less 0).

Step 7 – Does household pass the Net Income Test of \$995? Yes

Step 8 – Calculate the Coupon Allotment (Net Income X .3. If amount = a figure with more than .01, round up to next dollar. Subtract result from FS TFP table lookup.)

- Net Income from Step 6 = \$615.00 with \$615.00 X .3 = \$184.50(\$185).
- TFP Table Look-up for Household of 2 = \$256.
- **Coupon Allotment = \$71 FS (\$256 less \$185).

Bottom Line Budget - After completing the off line calculation of FS Benefits, worker must create a Bottom Line Budget as follows:

Household Screen (NSBL02) – Worker must duplicate entries noted above. Individual Screen (NSBL06) of Line 01 – Worker must duplicate entries noted above.

Budget Results Screen NSBL80):

- Print a copy of the NSBL80 Screen so that PA results can be duplicated on the PA/FS Bottom Line Budget Results Screen (NSBL70).
- In order to initiate a Bottom Line Budget, worker must enter Y after the Bottom Line? Question and transmit to the Bottom Line Budget Screen (NSBL60).

Bottom Line Budget Screen (NSBL60)

 Since household if eligible for PA and FS, the worker must enter E in the DISP fields for FS Suffix and PA Suffix and transmit to the PA/FS Bottom Line Budget Results Screen (NSBL70).

PA/FS Bottom Line Budget Results Screen (NSBL70)

- Using the PA data on the print of the Budget Results Screen (NSBL80) and **areas of the off line FS calculation, input the following amounts.
 - 1. Monthly Food Stamp Budget Results
 - a. ADJ INC 61500 (No \$ and decimal point)
 - b. SHELTER AMOUNT 30200
 - c. NET FS INCOME 61500
 - d. COUPON AMOUNT 7100
 - 2. Semi-Monthly Public Assistance Budget Results
 - a. BASIC ALLOW 8450
 - b. SHELT ALLOW 65650
 - c. ENERGY ALLOW 000
 - d. FUEL ALLOW 000
 - e. OTHER ALLOW 000
 - f. NET PA INCOME 000
 - g. PA GRANT 74100

 Press and Transmit Key to access the System Acknowledgement Screen (NSYSAK).

System Acknowledgement Screen (NSYAK)

Enter "Y" after the Save? Question located in the lower right hand corner of the screen and press the transmit key to access a second NSYSAK screen will appear stating "Transaction Saved for Case # ______ Budget Identification Number _____.
 Worker must authorize the saved Bottom Line Budget by the use of Form DSS-

Worker must authorize the saved Bottom Line Budget by the use of Form DSS-3517 Turnaround Document (TAD).

Rest of State Examples:

Example #1 (Eligible):

Samantha James resides in Albany County with her two children, Anna (age 16) and Joey (age 10). Anna has a substance abuse problem and is in need of residential substance abuse treatment. She will be temporarily absent from the home.

Samantha applied for TA to pay for the substance abuse treatment for Anna. Filing unit rules require that Joey and Samantha must be included in the TA unit. The only income in the household is Samantha's wages of \$450.00 per month.

The budget follows:

- Case type is 11 Anna is a child, not an adult, for the purposes of the mandates in 18 NYCRR 351.2(i). Therefore, the case type is not required to be non-cash Safety Net Assistance (FP).
- HH and CA counts = 02 (Samantha and Joey)
- 01 in the DP-CA field will provide shelter allowance of up to the Albany County maximum for three persons. Anna, the temporarily absent person, is included in the shelter allowance.
- Other PA Allowance code 40 "Temporarily Absent Person(s) in Congregate Care" = \$957.00 (Residential Care cost in other then NYC, Rockland, Westchester, Nassau and Suffolk Counties.)

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WBGTPA
         ** PA BUDGET **
                           VERSION
                                              DIST ALBA 02/27/2003
CASE NAME
                     CASE NO.
                               OFC UNIT WORKER TRAN CASE IVD
                                    AA BB
SAMANTHA JAMES
                       SCRATCHPAD
                                             CC
                                                   02
                                                        11
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                       ****** EARNED INCOME ******
                             # LN 30I 30M SRC FRQ D HRS CCR
02 02
          01
TY R
         ACTUAL ALLOW
                                 1:01 1
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   BASIC
               17900
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                2250 **** OTHER INCOME ****
   ENRGY
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           45000 24500
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****** RECOUPMENT *******
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TY BALANCE % MO AMT
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FS CASE NO.
                       SEMI N-CASH
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WBGTFS
         ** FS BUDGET **
                            VERSION
                                              DIST ALBA 03/04/2003
CASE NAME
                    CASE NO. OFC UNIT WRKR TT SD CT CE # SH AD IT
                                                   11 Y 02
SAMANTHA JONES
                      SCRATCHPAD AA BB
                                          CC
                                               02
        ACTUAL ALLOW UNEARNED INCOME
                                         EARNED INCOME
                                                           ***** ADDL *****
 01 SHELT 45000 45000 LN SRC FRQ AMOUNT LN SRC FRQ AMOUNT ** EXCLUSIONS **
   WATER
            0
                 0
                            0 01 01 M 45000 BRD/LDG
                                                          0
X O HT/AC
             0 45100
                               o
                                           O NEG-FRM
   DISP
           o
                0
                                         PSNL CR
                           o
                                TOTAL
                                       45000 SPONSOR
   UTIL
           0
                o
                                                          o
            o
                 o
                     PΑ
                           28300 HRS # 1 2 3
   PHONE
   OTHER
            0
                 o
                     PΑ
                             0
                                   100
   TOTAL SHELT
                90100
                        TOTAL
                               28300
                                           ***** DEDUCTIONS ******
                                       ACTUAL
                                               ALLOW
$$ FS ALLOTMENT $$ ******** CLAIMS ***********
                                                    DEP CARE
           73300 TIDISQ BALANCE AMOUNT MO REM
                                                  DEP CARE
TOTAL INC
                                       DEP CARE
ADDL EXCL
              o
                   o
                         0
                             0
                                    0
TOTAL DED
            59100
                    0
                                        MEDICAL 0
                                                          0
                                          SUPPORT
FS NET INC
           14200
                  RECALC
                                                      o
CLAIM AMT
              0
                                     20% EARNED
                                                      9000
$$$$ BENEFIT $$$$$
                                       STANDARD
                                                       13400
                    ** EFFECTIVE DATE **
                                              EXC SHELT 64650
MONTHLY
           21300
                                                               36700
                030103 TO 033103
                                       TOTAL DEDUCTIONS
                                                         59100
               DATE STORED
```

NOTE that the FS budget for Samantha and Joey includes TA income of \$283. Neither Anna or the allowance for the Level II, \$957, is included in this budget.

Anna's FS budget follows:

```
CASE NAME
                    CASE NO. OFC UNIT WRKR TT SD CT CE # SH AD IT
                    SCRATCHPAD AA BB
ANNA JONES
                                         CC
                                             02
                                                 31 Y 01
        ACTUAL ALLOW UNEARNED INCOME
                                         EARNED INCOME
                                                           ***** ADDL *****
 10 SHELT
          5800
                 5800 LN SRC FRQ AMOUNT LN SRC FRQ AMOUNT ** EXCLUSIONS **
   WATER
            0
                 o
                            0
                                        O BRD/LDG
                             0
  O HT/AC
             0
                 0
                                         O NEG-FRM
                                                       О
   DISP
           0
                0
                           0
                                       O PSNL CR 63600
   UTIL
           0
                            0
                                TOTAL
                                          O SPONSOR
                o
                 0
                     PA
                           95700 HRS # 1
                                          2 3 TOTAL
                                                         63600
   PHONE
            0
            0
   OTHER
                    PA
                             0
   TOTAL SHELT
                5800
                       TOTAL
                               95700
                                           ***** DEDUCTIONS ******
                                       ACTUAL
                                               ALLOW
$$ FS ALLOTMENT $$ ******** CLAIMS ***********
                                                    DEP CARE
           95700 TIDISQ BALANCE AMOUNT MO REM
TOTAL INC
                                                   DEP CARE
                                                               0
                                         DEP CARE
ADDL EXCL
           63600
                          0
                               0
                                                      o
                    0
TOTAL DED
           13400
                    o
                          0
                               o
                                        MEDICAL 0
                                                     Λ
                                                          o
FS NET INC
           18700
                  RECALC
                                          SUPPORT
                                     20% FARNED
                                                       o
CLAIM AMT
              o
$$$$ BENEFIT $$$$$
                                                       13400
                                       STANDARD
           8200
                    ** EFFECTIVE DATE **
                                             EXC SHELT
MONTHLY
                                                          0
                030103 TO 053103
                                       TOTAL DEDUCTIONS
                                                         13400
              DATE STORED /
```

NOTE: An NPA Case Type 31 would need to be opened for Anna. The FS budget would be calculated as follows:

Attachment 2 (Page 3 of 5)

- Enter \$957.00 as PA income.
- The following off-line calculations are required to complete the ABEL calculation of the FS budget.
 - Determine the amount to enter as shelter by finding the standard of need for one person (heat included)- in this case that = \$321.00. From that amount deduct the PNA, currently = \$124.00 and the Thrifty Food Plan, currently = \$139.00. The result is \$58.00. Enter \$58.00 as the shelter cost.

Determine the "PSNL CR" expense by deducting the standard of need from the Level II cost. \$957 – 321 = \$636.00. Enter \$636.00 in the "PSNL CR" field. Transmit.

Example #2 (Ineligible):

This example uses the same scenario as Example #1: Samantha, residing in Albany County with her two children, Anna (age 16) and Joey (age 10). Anna has a substance abuse problem and is in need of residential substance abuse treatment. However, in this example, Samantha is employed full-time. In addition, she receives Social Security Survivor's benefits of \$500/mo. for each of the two children.

The standard of need includes the Basic, Home Energy and Supplemental Home Energy Allowances for two persons, the shelter for three (Anna is temporarily absent) and the cost of the residential program plus the PNA. Note that although the household gross income exceeds \$1,252.00, the 2002 Federal Poverty Level amount for a family of three, ABEL bypasses the poverty level test. The 185% Gross Income Test still applies.

The TA budget follows:

```
WBGTPA
         ** PA BUDGET **
                           VERSION
                                              DIST ALBA 02/27/2003
CASE NAME
                     CASE NO.
                               OFC UNIT
                                         WORKER TRAN CASE IVD
SAMANTHA JAMES
                       SCRATCHPAD AA BB
                                             CC
                                                   02
                                                        11
HH CA DP-HH DP-CA HC LF PI SI PSP PSF
                                       ****** EARNED INCOME *******
02 02
                             # LN 30I 30M SRC FRQ D HRS CCR
          01
TY R
         ACTUAL ALLOW
                                 1:01 1
                                           01 M F 160
   BASIC
               17900
                               2:
                2250 **** OTHER INCOME **** 162800 GROSS
   FNDGV
                                                               0
   SPMNT
                1700 LN SRC F AMOUNT EXEMPT
                                                O TAXES
                                                             0
           45000 24500 02 43 M 50000
                                                O NYS DIS
                                                             o
   SHELT
                                          0
   WATER
             0
                  0 03 43 M 50000
                                           O WORK EXP
    FUEL
                 0
                                 0
                                      0 EXEMPT
40 X OTHER
            95700 95700
                                                               0
                            TOTAL NET
                                      100000
                                                 O CH CARE
                  0
   OTHER
             0
                       $$$$ PA GRANT $$$$$
                                             O CH CARE
                                                           o
    OTHER
             o
                  0
                      GROSS LIMIT 262793
                                             O CH CARE
   STATE STANDARD 142050
                                       262800
                                                   DISREGARD
                            TOTAL INC
****** RECOUPMENT ******* CD / AMT S
                                                    O TOT DED
                                                                 0
TY BALANCE %
              MO AMT
                       REM
                            RECOUPMENT
                                            0
                                                 O UNAVAIL
                                                                0
     0.00
                0
                    0 UTIL/RES
                                    0 162800 NET INC
     0.00
                0
                   O SHELT/RES
                                     0
                                     0 * EFFECTIVE DATE *
                    0
                     RESTRICTED
RECALC
         00.0
                  0
                        SEMI CASH
                                         030103 TO
                                       o
FS CASE NO.
                       SEMI N-CASH
                                         DATE STORED
```

Note the TA budget. The case type is 12 – non-cash SNA (FP). The HH and CA count = 1. The Level II cost for Brenda is \$957 (\$833 plus the \$124 PNA). The district and the facility arrive at a negotiated room and board rate for the child of \$340.00. The \$45 PNA is added to that amount for a total of \$385.00. That is input with Other PA Allowance Type 45 – "Person(s) Not in Care – Residing in Congregate Care Facility".

Attachment 2 (Page 4 of 5)

Example #3 (Mom and child in Level II):

Brenda Lee has applied for TA for herself and her child, Bonnie. Brenda is in a Level II D/A Treatment Facility and Bonnie is with her.

The TA budget follows:

```
WBGTPA ** PA BUDGET ** VERSION DIST ALBA 03/05/2003
CASE NAME CASE NO. OFC UNIT WORKER TRAN CASE IVD
BRENDA LEE SCRATCHPAD AA BB CC 02 12
HH CA DP-HH DP-CA HC LF PI SI PSP PSF ********* EARNED INCOME **********
```

```
# LN 30I 30M SRC FRQ D HRS CCR
01.01
TY R
         ACTUAL ALLOW
                                  1:
   BASTC
               12400
                                2:
   ENRGY
                  O **** OTHER INCOME ****
                                                O GROSS
                                                              ō
                  O LN SRC F AMOUNT EXEMPT
                                                O TAXES
   SPMNT
                                                              o
            83300
10 X SHELT
                   83300
                                   0
                                             O NYS DIS
                                                            ٥
                                        0
                                        O WORK EXP
   WATER
             0
                  0
                              o
                                   0
                              O.
                                  o
                                        0 EXEMPT
                                                      o
   FUEL
                  0
                   38500
45 X OTHER
            38500
                             TOTAL NET
                                                   CH CARE
                                                                o
             0
                  0
                       $$$$ PA GRANT $$$$$
                                               O CH CARE
                                                              o
   OTHER
             0
   OTHER
                  0
                       TOTAL NEEDS 134200
                                               O CH CARE
   TOTAL NEEDS
                 134200
                           TOTAL INC
                                               O DISREGARD
                                                                0
****** RECOUPMENT ******* CD / AMT
                                           D 134200
                                                        O TOT DED
                                                                      o
TY BALANCE
               MO AMT
                       REM
                             RECOUPMENT
                                             0
                                                   0
                                                     UNAVAIL
                    0 UTIL/RES
                                            O NET INC
     0 00.0
                0
                                   12400
     0.00
                      SHELT/RES
                0
                    0
                                   83300
     0.00
                o
                    0
                      RESTRICTED
                                    38500 * EFFECTIVE DATE *
RECALC
         00.0
                   0
                         SEMI CASH
                                        0
                                           030103 TO 053103
FS CASE NO.
                        SEMI N-CASH
                                          DATE STORED //
                                        Ο.
```

For Food Stamps, SF8 to the FS budget.

- Enter 02 in the case count.
- ABEL will display PA income of \$957.00.
- ABEL will determine and display the "PSNL CR" expense by deducting the one-person standard of need from the Level II cost. \$957 - 321 = \$636.00.
- The worker must enter the child's share as a second PA income amount \$366.00.
 - PLEASE NOTE that when, as in this example, the negotiated room and board rate for the child is in excess of the private/commercial room and board maximum (total of the district's basic, home energy allowance, supplemental home energy allowance, and shelter with heat included maximum), do not count any of the excess in the FS budget. Count only that maximum plus the child's \$45.00 PNA as FS income. (\$321.00 plus \$45.00 = \$366.00).
- The following off-line calculation is required to determine the amount to enter as shelter:
 - Find the standard of need for one person (heat included). In this case that = \$321.00. From that amount deduct the PNA, currently = \$124.00 and the Thrifty Food Plan, currently = \$139.00. The result is \$58.00. This is the shelter expense of the person in care.
 - From the child's PA income of \$366.00, deduct the \$45.00 PNA and the Thrifty Food Plan amount, currently = \$139.00. The result is \$182.00. This is the child's shelter
 - Add \$58.00 and \$182.00 for a total of \$240.00. Enter \$240.00 as the shelter expense.

The FS budget follows:

Attachment 2 (Page 5 of 5)

```
BGTFS
        ** FS BUDGET **
                          VERSION
                                             DIST ALBA 03/26/2003
CASE NAME
                   CASE NO. OFC UNIT WRKR TT SD CT CE # SH AD IT
BRENDA LEE
                    SCRATCHPAD AA BB
                                        CC
                                            02
                                                 12 Y 02
       ACTUAL ALLOW UNEARNED INCOME
I/TY
                                         EARNED INCOME
                                                          ***** ADDL *****
 10 SHELT
          24000 24000 LN SRC FRQ AMOUNT LN SRC FRQ AMOUNT ** EXCLUSIONS **
                            0
   WATER
            0
                0
                                        O BRD/LDG
                                                      0
            0
                 0
                            0
                                                      0
   HT/AC
                                        O NEG-FRM
                0
                           0
                                       0 PSNL CR 63600
   DISP
   UTIL
           0
                0
                           0
                                TOTAL
                                         O SPONSOR
                                                        0
                     PA
                           95700 HRS # 1
   PHONE
            0
                 0
                                          2
                                             3 TOTAL
                                                        63600
   OTHER
                0
                    PΑ
                          36600
                                           ***** DEDUCTIONS ******
               24000
   TOTAL SHELT
                        TOTAL 132300
                                      ACTUAL ALLOW
$$ FS ALLOTMENT $$ ******** CLAIMS ***********
                                                   DEP CARE
                                                                     o
TOTAL INC 132300 T DISQ BALANCE AMOUNT MO REM
                                                                    0
                                                  DEP CARE
                                                               0
ADDL EXCL
                                        DEP CARE
                                                     0
           63600
                    0
                          0
                               0
                                     0
```

TOTAL DED 13400 0 0 0 MEDICAL 0 0 0
FS NET INC 55300 RECALC 0 SUPPORT 0 0
CLAIM AMT 0 20% EARNED 0
\$\$\$\$ BENEFIT \$\$\$\$\$ STANDARD 13400
MONTHLY 9000 ** EFFECTIVE DATE ** EXC SHELT 0 0
030103 TO 053103 TOTAL DEDUCTIONS 13400
DATE STORED / /