

0600

PURPOSE AND ADMINISTRATION OF GPA

0600.05

GENERAL PUBLIC ASSISTANCE PROGRAM

REV:05/1997

Title 40, Chapter 6, of the General Laws of the State of Rhode Island, entitled "Public Assistance Act," establishes the legal basis for a General Public Assistance Program.

This program covers eligible individuals; such individuals are eligible only for medical benefits. To be eligible for GPA, an individual must have an illness, injury, or medical condition as defined in Section 0608.10.05.

GPA shall not be provided to any individual who has been determined eligible for SSI or to any individual who is eligible or who would, but for income and resources, be eligible for Rhode Island Works (RIW) program cash assistance. GPA shall not be provided to any individual found eligible for the Federal/State Medical Assistance program. Also, GPA eligibility shall not exist for certain persons who are in the care of, confined by, or in the custody of another State Agency such as the Department of Corrections, the Department of Children, Youth and Families or the Department of Mental Health, Retardation and Hospitals.

0600.10

TYPES OF GPA ASSISTANCE

REV:05/1997

Vendor payments may be provided for physicians (doctor of medicine, osteopathy, and optometry) and providers of the approved, limited formulary of prescription drugs for eligible individuals. Interim cash assistance for the disabled is provided to individuals determined to have applied for and have been approved for Medical Assistance and to have applied for and pursuing a claim for SSI. Supplemental payments for funeral and burial costs may be provided through vendor payments as determined by Departmental regulations.

0602

RECORDING

0602.05

PURPOSE OF GPA RECORD

REV:05/1988

The GPA record is a written account of the agency's activity with an individual or family. It reflects how the agency determines eligibility and how the agency learns that an individual or family has a problem; the need for services; how it provides services; and how it fulfills its responsibilities.

The GPA record is used by the worker, the supervisor, and administrative personnel for a variety of purposes:

- by the worker - as a basic tool to determine eligibility and to help develop his/her service planning with the client in an initial and continuing

process to accomplish the objectives for goal achievement;

- by the supervisor - to help the worker become increasingly effective in determining eligibility and providing the service;
- by administrative personnel - for obtaining data on program effectiveness and establishing information for planning, altering, and changing programs; and
- by staff development - in the ongoing process of evaluating the performance of staff, identifying the needs of staff for help in improving the quality of work, and in planning supervision and other staff training activities to meet these needs.

The GPA record is a valuable and useful source of confidential information protected under the General Laws of Rhode Island and cannot be disclosed without the written consent of the client, except as otherwise specifically provided by law. Its content should be used with sensitivity to gain understanding of the individual or family. The previous experience of the agency with the client(s) may be important as a way of understanding the current situation. Reading and analysis of previous record material will prevent duplication of effort for the client and worker.

Good case recording establishes the factors of eligibility and helps to assure that each client is receiving service consistent with need and service goals.

Worker Responsibility

The worker has the primary responsibility for the maintenance, content and quality of the case record. S/He selects the significant and pertinent material in contacts with the client, dictates clearly and concisely, spelling proper names and technical terms, indicating paragraphs and punctuation and the number of copies to be made, and giving instructions as to where in the record the information is to be entered.

Clerical Staff Responsibility

The clerical staff has responsibility for prompt and accurate transcription of the dictation in the record and for knowing the established order of the material so that it can be re-filed properly after the dictation is transcribed.

0602.10 ORGANIZATION OF CASE RECORD

REV:01/1995

The GPA case record is organized by subject matter. The general order of the record is as follows:

Vital Statistics

Essential documents such as birth, baptismal, marriage, or death certificates, divorce decrees, Social Security cards, I-94s, I- 151s, G-845-AB, etc. are duplicated and retained inside the back cover for the life of the record.

Other Essential Materials

Apart from vital statistics information, essential forms and other materials are ordered from the front of the record, following the narrative, as follows:

- DHS-1 applications and DHS-2 Statement of Need forms, packaged as above and retained for the life of the record;
- MA-63's, AP-70's and other documents pertaining to medical history and employability, packaged as above;
- Documents pertaining to income and resources such as the AP-175, AP-175a, AP-175b and TPQY cards and replies.
- Miscellaneous items packaged as above; and
- Correspondence packaged as above.

All material contained in a GPA record is retained for a period of three (3) years plus the current year unless otherwise indicated.

0602.15 TOPICAL OUTLINE FOR RECORDING THE NARRATIVE

REV:05/1988

The Topical Outline (see Sections 0602.15.05 through 0602.15.20) is used by the worker to record the assessment of a client's problem(s) and, in cooperation with the client, to prepare a service plan directed toward specific goals. Only information pertinent to the client's particular problem(s) is gathered and recorded. Subsequent changes in circumstances and/or assessment, and/or a modification of the service plan, may not require use of the complete outline. Repetition is to be avoided. Reference can be made to the date of an earlier recording.

0602.15.05 Client Identification/Presenting Problem

REV:05/1988

For all cases, the client is identified by date of birth, marital status, family members, next of kin, and living arrangement.

This section also relates why the client is contacting the agency at this time and why the client is in need of GPA. It identifies monetary need, medical need, and other problems presented by the client.

0602.15.10 Assessment

REV:11/1996

An assessment is defined as the worker's understanding of the nature of the problem, its origin and the contributing factors.

The assessment is an ongoing process which changes as service is being provided. Its purpose is to make service effective.

A health problem is detailed in respect to its nature, the expected duration of its effect upon the client's functioning, the identity of the treatment facility, and the treatment modality (therapy, counseling, periodic monitoring, plans for surgery, medication, etc.). Reference is made to the MA-63. Of importance are the planned frequency of visits to the facility and whether the client is following through with the treatment.

Additional information necessary to establish eligibility and to formulate an assessment is recorded, as pertinent to the individual case. For Medical Only cases, the worker describes how eligibility was determined and what services (medical and/or supportive) may be necessitated by the health problems of the individual or family.

With respect to employment or underemployment problems, an assessment is made to include the feasibility of alternative employment, training and/or counseling for problems contributing to the client's low income status or lack of a job. A referral to employment counseling is sometimes indicated.

0602.15.15 Planning with Client

REV:01/1995

Planning for service is a cooperative effort between client and worker which involves the client at every step in the process, focusing upon the presenting of problem(s) with which the client wants help and applying the worker's assessment of the situation.

The plan should indicate that the worker has given the client information as to the services to be provided and by whom: the worker and/or another agency. It is important that the client's attitude about and understanding of the plan be recorded. The client's commitment to follow the treatment plan as prescribed on the MA-63 is obtained.

Short-term and long-term goals, and the agreed upon objectives to be accomplished to reach such goals, are established by client and worker and recorded. The roles of the client and the worker are identified. Tasks to achieve the agreed upon objectives are assigned to both client and worker. A reasonable time frame is established for completion of each task. Contacts between client and worker are planned for in order to carry out the objectives and review the planning.

The service plan is shared in its entirety with the client.

0602.15.20 File Instructions

REV:01/1995

Case reminder maintenance is done via the state's electronic eligibility system. Reminder instructions would be used to indicate the month in which any specific activity for the worker is to take place and to indicate when it is completed. Such activities include the updating of the MA-63, the DOCE due date, and closings.

0602.20 RECORDING OF CONTINUING ELIGIBILITY FACTORS

REV:11/1996

DOCE interviews are recorded, identifying any changes in the client's circumstances, such as any changes in the client's health or medical condition, as noted on an updated MA-63. All other pertinent interim changes should be a part of the case record.

0602.25 RECORDING OF THE CONTINUITY OF SERVICE

REV:05/1988

The ongoing activities between the worker and the client are recorded. These may be summarized, or recorded contact by contact, according to date, if important, and should reflect:

- the progress, or lack of progress, toward the achievement of the service plan;
- any changes in the direction of the goals; and/or
- the client's ability to participate in the plan.

In summarizing several contacts or activities, the worker should record the most pertinent service activities and the problem(s) precipitating such activities in chronological order. Such recordings assist the worker in evaluating the total situation and the service plan.

In those situations where it is essential to record each contact, the contact is dated and the important elements are recorded.

0602.30 TRANSFER OF RECORDS

REV:01/1995

When one worker is transferring a case to another worker, the current worker is responsible to assure that the record is in order and that activity has been dictated up to date. (For example, there may be a caseload redistribution or the current worker may transfer to another assignment.)

A Transfer Entry is required. This consists of a brief and concise overview of the current situation, pending activities and the current objectives to be accomplished.

When a client moves to another city or town, a memo is written by the worker describing pertinent facts related to eligibility and alerting the next worker as to any immediate problems or planning made with the client. The memo is signed by both the worker and the casework supervisor and the entire hard copy case file is transferred to the office which handles the case.

0602.35 CLOSED RECORDS

REV:01/1995

When a case is closed on GPA, a GPA-56 is sent to the client with a dated copy filed in the case record. This closing notice will indicate the effective date of the closing, the reason for the closing, and notify the client of his/her rights to appeal. See the General Provisions Manual, section 0110 in general and subsection 0110.30.20 in particular, for information about the appeal and hearing process for GPA recipients.

0606 THE APPLICATION PROCESS

0606.05 APPLICATION PROCESS

REV:01/1995

The application process for General Public Assistance starts when a person or his/her representative contacts the agency to request assistance, and ends with either the decision by the agency to approve or to deny assistance, or the decision by the applicant to withdraw his/her request for assistance.

The purpose of the application process is to ensure the right of a person to apply without delay for assistance. It provides an opportunity for the person to state his/her needs and to learn what the agency can do to help him/her. It also provides the initial opportunity for the person to know what his/her responsibilities are in his/her relationship with the agency.

An applicant may be assisted by an individual(s) of his/her choice and, when accompanied by such individual(s), may be represented by him/her. The agency requires a face-to-face interview be held during the application process.

The application process is one of the agency's major opportunities to provide service to people by learning from the person about his/her difficulty, by informing the person about the agency, and by offering the full scope of the agency's service, as appropriate.

0606.10 THE REQUEST FOR ASSISTANCE

REV:01/2002

A request for assistance may be received in the district office in person, by phone or by mail. The GPA caseworker gives, or mails to the applicant, the application packet. This packet, which provides information about the agency and conditions under which assistance is provided and the applicant's rights and responsibilities contains the:

- o DHS-1 Application for Assistance
- o DHS-2 Statement of Need
- o MA-63 Medical Diagnostic Study (for individuals)
- o AP-70 GPA Disability Supplement (for individuals)

0606.10.05 Preparation for Intake

REV:11/1996

The GPA caseworker plans for an intake appointment with the applicant. If an emergency intake is needed immediately, the GPA caseworker plans for the intake according to the district office system for handling emergencies. The applicant is asked to complete the DHS-1 and DHS-2, with the exception of the signatures, prior to the interview. The applicant is advised of the documentation of information required in the determination of eligibility. The applicant is also made aware that in completing the DHS-1 and DHS-2, s/he may be helped by a relative or friend, or the GPA caseworker.

The applicant is informed that the application period starts on the date the completed application is received and date stamped in the Department of Human Services district office. The stamped date, on either the DHS-1 or DHS-2 is the official filing date from which financial assistance begins if eligibility is later found to exist and to have existed when the application was filed. The applicant is accordingly advised that it may be in his/her best interest to complete and return the application as soon as possible. No one will be denied an application or an interview because they have not yet secured medical verification of their health status.

0606.10.10 Participation in SNAP

REV:08/1989

An applicant wishing to participate in the Supplemental Nutrition Assistance Program (SNAP) must be encouraged to file the DHS-1 at the time of the request for assistance in order to establish the earliest filing date and be screened for expedited service. If the information provided on the DHS-1 indicates that such applicant may be eligible for expedited service, the DHS-2 Statement of Need must be completed.

If eligibility exists, expedited service must be made available according to the processing standards in Section 1002 of the SNAP Manual.

0606.15 APPLICATION FORMS (DHS-1 & DHS-2)

REV:01/1995

The DHS-1 Application for Assistance and the DHS-2 Statement of Need are the basic documents used in the application process through which eligibility, or ineligibility, for GPA is determined.

These documents, along with appropriate supplementary forms, constitute the application for GPA financial assistance. Persons eligible for financial assistance are eligible to receive medical assistance under GPA without filing a separate application. For persons applying for SNAP benefits as an AP household, the DHS-2 serves as the SNAP application.

The DHS-1 and DHS-2 must be completed and signed, under penalty of perjury, by the applicant and his/her spouse, if living together, or by an authorized representative in cases of extreme incapacity or emergencies. Whenever feasible, both forms should be signed by the applicant.

The DHS-1 and DHS-2 must be completed and signed for all reopened cases when the case has been closed for more than one month. After the interview, the signature on the DHS-2 must be witnessed by the GPA caseworker at the bottom of page 27.

0606.20 INTAKE INTERVIEW/DETERMINING ELIGIBILITY

REV:01/1995

The Intake Interview is scheduled by appointment or plan. The DHS-1 and DHS-2 is reviewed with the applicant and the eligibility and need factors (as described in Sections 0608, 0610, and 0612) are verified through the appropriate documents supplied by the applicant. A list of the necessary documents is included on the DHS-2, Statement of Need.

If the necessary documentation is not supplied by the applicant at the initial intake, the worker must list the specific types of documentation needed to complete the application and how and when these items are to be submitted.

Staff should be aware that various vital statistics, such as birth, marriage and death certificates, can be verified at no cost to the client, through the use of the VS-75, Application for Copy or Verification. Staff should use this form as necessary to assist the applicant in completing the verification requirement.

The applicant is required to read or have read to him/her the Declaration of Applicant/Recipient on page 27 of the DHS-2 and to sign the form in the yellow section of the page. The agency representative must witness the signature of the applicant.

The applicant is advised that s/he must present the agency with some personal identification such as driver's license, Social Security number, birth certificate or other identification.

If it appears that a resource exists, or the applicant neglected to bring in the necessary verification, or further verification is needed, the applicant is advised of the necessary steps s/he, or the staff member, must take to obtain the information. The applicant is also advised that the agency uses on an ongoing basis: public records, other State agency files, (such as State employee payrolls, ESB records, TDI records, State Income Tax records) and Social Security information to document the applicant's information. If the applicant is unwilling to provide other verification, the determination of

eligibility cannot be made. In this instance, the applicant may choose to have his/her application rejected.

The applicant is further advised that s/he is responsible to inform the agency within ten (10) days of any changes in his/her financial or living situation which directly affects his/her continued eligibility for GPA and/or the GPA level of payment.

If the applicant is also an SSI applicant, or if s/he has been denied SSI but did not appeal within the time limitation and is now reapplying for SSI, such applicant is informed of the repayment agreement for any GPA funds authorized to her/him in the interim period, and the requirement to complete an AP-175 and an AP-175a. If the GPA applicant is also a potential SSI recipient, the procedure for applying for SSI is followed as outlined in Section 0606.25.

If the application for GPA is necessary by reason of accident, injury or illness for which a third party may be liable, such applicant is advised that the DHS-2, Statement of Need, contains an assignment of rights to the Department for Human Services (DHS), for and on behalf of the applicant and any person for whom s/he may legally act, for repayment limited to the amount of financial assistance plus medical assistance furnished by the Department (see Section 0606.30).

All applicants are informed of the requirement to enter into such an assignment and their further responsibility to report a pending settlement which may occur during the receipt of assistance. If an assignment is necessary, the applicant is advised that eligibility to receive medical services continues to exist, although payment of medical bills is suspended by the Department and is not the responsibility of such applicant pending the settlement.

Items on the DHS-2 are indicated as verified by entering in red the verification mark (V) beside the item in the verification area of the DHS-2. The documentary source for each factor of eligibility and need is indicated in the verification area.

During the intake interview, the applicant's rights and responsibilities, as outlined on the DHS-2, Statement of Need, are reviewed with the applicant.

0606.20.05 Forms and Materials Used at Intake

REV:10/2002

The forms and materials which may be used at the intake interview are:

DHS-1	Application for Assistance
DHS-2	Statement of Need
MA-63	Medical Statement
AP-70	Information for Determination of Disability
AP-175	Authorization for Reimbursement

0606.20.10 Review of the DHS-2

REV:08/1989

The agency representative reviews the DHS-1 and the DHS-2 for completeness, helping the applicant, as needed, to complete any omissions. Additions or changes are made in red by the agency representative, and the date and initials of both the applicant and the agency representative are included on the page to verify the change(s).

0606.25 POTENTIAL ELIGIBILITY FOR SSI

REV:01/1995

An applicant for GPA who will be 65 years of age within one (1) month, or an applicant who is disabled as noted on the MA-63 and as defined below, is required to file for and cooperate in the eligibility determination for SSI.

Disability is defined by the Social Security Administration (SSA) as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairments which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. To meet this definition, a person must have a severe impairment which renders him/her unable to engage in the previously performed work or in any other substantial gainful activity which exists in the national economy. To determine whether the person is able to do any other work, the SSA considers the person's residual functional capacity and his/her age, education and work experience.

At the Intake Interview, such applicant is advised of the Repayment Agreement, as described in Section 0606.25.10.

0606.25.05 SSI Application Procedures

REV:10/2002

Once the Authorization for Reimbursement (AP-175) is explained, the caseworker obtains the applicant's signature on all four (4) copies of the form.

The caseworker completes the RI/DHS/SSA-1 referral form in triplicate. This form contains pertinent information about the applicant.

- The original is attached to SSA's copy of the AP-175;
- One copy of the form is given to the client; and
- One copy is retained in the case record.

The caseworker refers the applicant to the correct SSA district office (see the list in Section 0606.25.05.05) to file an SSI application.

SSA district offices providing walk-in appointments should be utilized when such arrangement is advantageous to the applicant, particularly for an applicant with a special need such as an individual accompanied by and/or requiring an interpreter.

An application for SSI may be filed at any SSA district office.

The application is forwarded to the appropriate servicing SSA office on the applicant's behalf. However, it is preferable to initiate the application process at the correct SSA district office.

Forms and File Instructions

Within twenty-four (24) hours of the date the AP-175 is signed by the applicant, the GPA caseworker sends both the original RI/DHS/SSA-1 and the SSA copy of the AP-175 to the servicing SSA district office. The forms will generate a contact with the applicant from the SSI claims representative should the applicant fail to keep the arranged appointment. The GPA caseworker's name, address, and telephone number must be included on the form.

Case reminder instructions should be followed whenever needed.

(See Section 0602.15.20). The worker should also note in the eligibility system the date the AP-175 was signed and sent to the SSA. Reminder instructions may be inputted into the eligibility system regarding the date on which a follow-up on the application process is due.

The applicant is expected to file a written application for SSI within thirty (30) days from the date of the GPA intake appointment. Similarly, a GPA recipient who is advised by her/his GPA worker that s/he must apply for SSI, must file an application within thirty (30) days of notification.

The SSI claims representative returns the RI/DHS/SSA-1, within thirty (30) days, to the GPA caseworker. The form should contain the claim representative's name, whether or not the client has completed the application, and if so, the date of filing, and any other pertinent information.

If the individual does not apply within thirty (30) days, or applies and subsequently refuses to cooperate in the determination of SSI eligibility, a notice of GPA ineligibility is sent, and the case is closed due to non-compliance.

The AP-175 remains valid for one (1) year from the date signed, except when one of the events listed in Section 0606.25.10 occurs. However, the signed AP-175 must be forwarded to SSA within thirty (30) days of the date the individual signed the form to be binding. Furthermore, in order to protect the SSI filing date (which is the date the AP-175 is signed), the SSI application must be filed at an SSA office within sixty (60) days. This allows sufficient time for the applicant to complete the SSI requirement.

0606.25.05.05 *SSA District Offices*

REV:01/1995

Following are the SSA district offices with the respective telephone numbers:

SSA Office	Telephone Number
Pawtucket	724-9611
Providence	528-4501
Newport	849-3487
Warwick	822-1463

Section 0606.25.05.10 is an alphabetical city/town listing with the respective servicing SSA district offices.

0606.25.05.10 *Listing of Cities/Towns/District Offices*

REV:08/1988

CITY/TOWN	SERVICING OFFICE	CITY/TOWN	SERVICING OFFICE
Adamsville	Providence	Kingston	Warwick Albion
Woonsocket	LaFayette	Warwick Allenton	
Providence	Lincoln	Pawtucket Alton	
Providence	Little Compton	Newport Anthony	
Providence	Lonsdale	Pawtucket Barrington	
Providence	Manville	Woonsocket Block Island	
Warwick	Mapleville	Woonsocket Bradford	New
London Middleton		Newport Bristol	Providence
Misquamicut	New London	Bristol Ferry	Newport
Narragansett	Warwick	Carolina	Newport Natick
Providence Centerdale		Providence	Newport
Providence Central Falls		Pawtucket	North Kingston
Warwick Charlestown	New London	North Scituate	
Providence Chepachet		Woonsocket	North Smithfield
Woonsocket Clayville		Providence	Oakland
Woonsocket Coggeshall		Providence	Oaklawn
Providence Conimicut		Warwick	Pascoag
Woonsocket Coventry		Warwick	Pawtucket
Pawtucket Coventry Center	Providence	Peace Dale	
Warwick Cranston	Providence	Phenix	
Providence Cumberland	Pawtucket	Portsmouth	
Newport Cumberland Hills	Woonsocket	Potter Hill	New
London Davisville	Warwick	Providence	
Providence East Greenwich	Warwick	Prudence Island	
Newport East Providence	Providence	Quonset	Warwick
Edgewood	Providence	Riverside	Providence
Escoheag	Warwick	Rockville	Providence
Esmond	Providence	Rumford	Providence
Exeter	Warwick	Saunderstown	Warwick
Fiskesville	Providence	Saylesville	Pawtucket
Forestdale	Providence	Scituate	Providence

Foster Center	Providence	Shamrock	Warwick
Georgiaville	Providence	Slatersville	Woonsocket
Glendale	Providence	Slocum	Warwick Greene
Warwick	Smithfield	Providence Greenville	
Providence	Tiverton	Newport Greystone	
Providence	Valley Falls	Pawtucket Hamilton	
Providence	Wakefield	Warwick Harmony	
Woonsocket	Wallum Lake	Woonsocket Harrisville	
Woonsocket	Warren	Providence Hope	
Providence	West Barrington	Providence Hope Valley	New
London	Westerly	New London Hopkinton	New
London	West Kingston	Warwick Howard	Providence
West Warwick	Warwick Jamestown	Newport	Wood
River Junction	Warwick Johnston	Providence	Woonsocket
Woonsocket Kenyon	Warwick	Wyoming	
Warwick			

0606.25.10 Repayment Agreement for SSI Applicants

REV:10/2002

When an SSI applicant applies for and accepts a GPA payment to meet her/his needs while the Social Security Administration (SSA) is determining eligibility for the SSI program, s/he is advised that P.L. 92-368 provides for repayment of funds expended by the State to any SSI applicant who is awaiting a decision on eligibility for SSI and who accepts a GPA payment in the interim.

"Interim assistance" begins with the day on which the individual files an application for SSI benefits and is found eligible for SSI benefits. It ends when the individual receives the initial SSI check.

The Authorization for Reimbursement, form AP-175, is used by the State to obtain an SSI applicant's written permission for the Commissioner of SSA to withhold the individual's initial SSI payment and send such payment to the State. In the event that SSA does not send the initial SSI payment to the State, the individual agrees to endorse such payment to the State in accordance with R.I.G.L. 40-6-28.

The AP-175 is binding on the individual and the State for one (1) year beginning with the date it is signed by the individual and received by DHS, provided, however, that the form is transmitted to the Social Security Administration (SSA) within thirty (30) days of the date it was signed by the individual. It ceases to have effect at the end of one (1) year unless the individual files an application for SSI benefits within that time or one of the following events occurs earlier, in which case the authorization ceases to have effect as of the date of such event:

The Commissioner of SSA makes an initial payment on the individual's claim;

The Commissioner of SSA makes a final determination on the claim and no timely request for review is filed; or

The State and the individual agree to terminate the

authorization.

The form is completed in four (4) copies with the client's original signature on each copy when the GPA application is filed. The copies are distributed as follows:

The original is sent to the DHS Office of Financial Management;

One copy is sent to the appropriate Social Security Administration (SSA) district office;

One is filed in the case record; and,

One copy is given to the client.

0606.25.15 DHS Office of Financial Management

REV:10/2002

The DHS Office of Financial Management has the responsibility to:

- use the AP-175 form as the authorizing document to receive and disburse funds from the individual's retroactive check, for the repayment of GPA monies paid to her/him; and
- coordinate, with the appropriate certifying officer, the amount of the GPA disbursement to the individual.

The DHS Office of Financial Management is responsible for assuring the prompt accounting of GPA payments made to SSI applicants.

The AP-175 repayment agreement also applies to any GPA recipient who receives an SSI retroactive check directly.

Only GPA monies paid and vouchers actually issued to the recipient after the date of execution of the AP-175 are deducted from the retroactive check. Any balance of the recipient's retroactive monies will be paid to him/her by the Department within ten (10) days of receipt of the retroactive check. In addition to the retroactive check, an itemized accounting of the amount of the retroactive check retained by DHS for GPA monies and/or vouchers paid will be sent to the recipient.

The AP-175 form states that in the event of a disagreement between the DHS and the recipient regarding the amount of reimbursement, the recipient has a right to a hearing from the State with respect to such apportionment of her/his retroactive payment.

0606.25.20 SSI Denial

REV:10/2002

If upon review by the worker, or if the client reports to the worker that his/her SSI application has been denied, the worker should

instruct the client that s/he has sixty days from the SSI denial date in which to file for a reconsideration.

If the reconsideration is completed and subsequently denied, the client should be aware that, according to SSA policy, the client has sixty (60) days from the reconsideration denial to file a hearing.

Workers should encourage their potential SSI applicants to appeal a SSI denial, particularly if the client was denied benefits prior to March 1986.

If the client fails to apply for a hearing within the prescribed time period, but intends to pursue the application for SSI, a new AP-175 must be completed and processed according to the above procedure.

0606.30 APPLICATION FOR PAYMENT - COLLATERAL SOURCE

REV:08/1989

A collateral source is a third party who may be liable for accident, injury or illness of GPA applicants awaiting a decision on an application for payment. When an applicant needs and accepts a GPA payment and/or GPA medical assistance during the period in which application for payment from a collateral source is pending, the applicant is advised that repayment to the State of Rhode Island may be required if the applicant is subsequently found eligible for monies from the collateral source. When the DHS-2, Statement of Need, is signed by the applicant, s/he assigns all rights to the Department of Human Services (DHS) for and on behalf of herself/himself and any person for whom s/he may legally act, for amounts recoverable from a third party equal to the amount of financial and/or medical assistance provided as a result of said accident, injury or illness. The assignment policy and procedure are as follows.

Collateral Sources

Such collateral sources (third parties) include but are not limited to: insurance companies, employers, property owners, business establishments, service providers, and the like who may be liable for personal injury to the applicant as a result of on- the-job accidents, automobile accidents, slip-and-fall accidents malpractice claims, etc. and insurance companies liable for Worker's Compensation and other insurance who may be liable for payment to the insured. Generally, these payments are retroactive payments covering a period of time GPA was paid because the income from the collateral source was not available.

RSDI benefits are not subject to reimbursement.

Funds Subject to Assignment and Agreement Funds subject to such assignment and agreement may extend to and are limited to all GPA payments (monies and vouchers) provided to such applicant, any family members included in the applicant's GPA standard of assistance, and all GPA vendor payments made on behalf of the applicant for medical care related to the accident, injury or illness for which the third party

may be liable. The applicant is informed of her/his right to a hearing regarding the apportionment of such funds.

AP-175b

Form AP-175b, Collateral Assistance Information, is prepared in four (4) copies, with each copy dated, signed by the applicant and witnessed by the worker. It is important to include the complete address of the third party.

The AP-175b is routed as follows: the original is sent to the Collections, Claims and Recoveries Unit; one copy is given to the applicant; one copy is retained in the case record; and, one copy is forwarded to the certifying officer.

0606.30.05 Collections, Claims and Recoveries Unit

REV:05/1988

The Collections, Claims and Recoveries Unit has responsibility to:

- use the AP-175b as a notice to the parties and units involved, as required by each individual case;
- to use this form as an authorizing document to receive and disburse funds from the individual's settlement check, for repayment of all GPA monies and vouchers; and
- after making such repayments, to send the remainder, if any, to the recipient.

The fiscal clerk and certifying officer are responsible for identifying cases separately in the GPA fiscal files to assure prompt accounting of GPA payments made to such applicants. The date of the occurrence of the accident or injury, or the onset of illness, must be verified so that fiscal accounting of the GPA funds expended can be properly identified.

An accounting of such GPA funds expended will be furnished during the settlement process or upon request by the recipient.

0606.35 DETERMINATION OF INITIAL ELIGIBILITY

REV:08/1989

All items on the DHS-2 which were not verified at intake must be verified in the following contact. The worker should review the list of necessary documents (if any) that were not available at the initial intake to ensure all verifications have been obtained so the application can be completed in a timely manner.

If there is any question about the DHS-1 and or DHS-2, the agency representative gives the applicant the opportunity to clarify or complete it by whichever is the most appropriate method: telephone,

mail, or an office or field interview. If the applicant is unable, either alone or with the help of the agency representative, to clear up any inconsistencies or to provide any additional information needed, the agency representative advises the applicant that it will be necessary to use other sources and plans with the applicant how this is to be done.

0606.40 DECISION ON APPLICATION

REV:01/1995

The agency representative and the applicant both have responsibilities regarding the decision on the application.

The agency representative has the responsibility to act promptly upon the application. A decision on eligibility and payment is made within thirty (30) days from the date of the receipt of the signed application.

The only exception to this regulation occurs when an applicant requests, in writing, that s/he be granted an extension to protect the filing date of his/her application while s/he obtains needed documentation. The validity of the request must be determined by the casework supervisor. In no event will more than a fifteen day extension period be granted.

Within thirty days, the applicant is responsible to fulfill any eligibility requirements as prescribed in Section 0608 and to provide such verifying documentation as may be necessary to complete the application. If the applicant does not comply with the above procedural requirements, the case is rejected and the applicant is notified of her/his right to reapply.

When the applicant is found ineligible, the agency representative notifies him/her of the rejection through the use of the Rejection Letter (GPA-167). This letter also informs the applicant of her/his right to appeal the decision, and the method by which the applicant can request a fair hearing.

In addition, the GPA intake worker gives the recipient the information packet on the Lifeline Assistance Program and the Link-up-America Program. The certification card and letter are distributed at this time.

0608 ELIGIBILITY REQUIREMENTS FOR GPA

0608.05 GPA ELIGIBILITY

REV:05/1997

General Public Assistance (GPA) is provided only to those persons who meet the eligibility requirements for GPA as set forth in Section 0608. GPA shall not be provided to any individual who is eligible or who would, but for income and resources, be eligible for assistance from the RI Works Program. Also, GPA shall not be provided to any individual who has been determined eligible for Supplemental Security

Income (SSI). GPA shall not be provided to any individual who has been found eligible for Medical Assistance (MA). In addition, GPA eligibility may not exist for certain persons who are: in the care of; confined by; or, in the custody of; another State Agency, such as, the Department of Corrections, the Department of Children, Youth and Families or the Department of Mental Health, Retardation and Hospitals.

GPA benefits are provided to those individuals whose illness, injury or medical condition meets the eligibility requirements of the program. Specific eligibility requirements for individuals are discussed starting in Section 0608.10. In addition, there are other eligibility requirements for GPA applicants/recipients; these are outlined in Sections 0608.05.05 through 0608.05.20.

0608.05.05 Residence Requirements

REV:11/1992

To be eligible for GPA, a person must be a resident in a city or town in the state of Rhode Island. No person is eligible for GPA who moves out of Rhode Island.

HOMELESS PERSONS

A person does not have to reside in a permanent dwelling or have a fixed mailing address to be considered a resident of a city or town. To facilitate the application process of homeless persons for GPA, a sworn statement submitted by the applicant/recipient is acceptable verification of residence.

CHANGE OF RESIDENCE

When a recipient moves to another city or town in Rhode Island, the GPA payment is continued if eligibility continues to exist.

GPA case records are transferred between DHS offices in accordance with established procedures.

CASE RESPONSIBILITY FOR GPA APPLICANTS AND RECIPIENTS IN TREATMENT FACILITIES

For admissions in approved short-term treatment facilities (defined as less than thirty days), e.g. Edgehill, the district office responsible for servicing a case is determined by the applicant's or recipient's living arrangement prior to admission into the treatment facility. If an otherwise eligible applicant/recipient was homeless prior to admission, the district office that serves the city or town where the facility is located handles the case. For admissions in approved long-term treatment facilities (defined as thirty days or longer), e.g. Marathon House, GPA records are to be maintained by the district office that serves the facility.

0608.05.10 Citizenship and Alienage Requirements

REV:11/1992

To be eligible for GPA, an otherwise eligible applicant must be either a U.S. citizen or an alien lawfully admitted for permanent residence or otherwise residing in the United States under color of law. GPA benefits shall not be provided to undocumented or illegal aliens. An alien is any person who is not a citizen or a national of the U.S. There are resident aliens, non-resident aliens, and illegal aliens. The following gives the definition of resident and non-resident and illegal aliens and the policies to be followed for each.

RESIDENT ALIENS

For a person who is applying as an individual for GPA, a resident alien is defined as one who was lawfully admitted for permanent residence in accordance with the immigration laws, such status not having changed since admission. A resident alien, sponsored by an individual or an organization and applying for GPA within three (3) years following entry into the United States, is requested to obtain the cooperation of the sponsor, if possible, for the purpose of determining what income and resources, if any, are available. Income and resources are counted only to the extent that they are actually available to the resident alien.

NON-RESIDENT ALIENS

Non-resident aliens are foreign nationals who have applied for admission to the United States with the intention of merely visiting this country for a specific purpose (non-immigrants).

Non-resident aliens include the following: diplomats, visitors to the United States who come for business or for pleasure (tourists), people who are in transit through the United States, crewmen aboard ships, qualified students who are here to pursue a full course of study at an established institution of learning, a fiancé(e) who seeks to marry a United States citizen within 90 days after entry, and certain other people who were admitted to this country by the United States Immigration and Naturalization Service on temporary status. An applicant who is a non-resident alien is not eligible for GPA.

ILLEGAL ALIENS

Illegal aliens are those people who are not legally in this country. An applicant who is illegally in this country is not eligible for GPA.

0608.05.15 Verification of Citizenship and Alienage

REV:05/1988

Any document submitted as evidence of United States citizenship must show either the applicant's U.S. birthplace or indicate U.S. citizenship (e.g., a U.S. Passport). When needed, assistance in obtaining the necessary document(s) is provided to applicants by GPA staff.

Acceptable documents which may be used as evidence of U.S. citizenship by birth or naturalization include the following:

- Birth Certificate (including INS Form I-197);

- Naturalization Papers;
- United States Passport;
- Hospital record of birth;
- Baptismal record (only when the place and date of birth are shown);
- Military service records;
- Indian census record;
- Voter registration record;
- Applicant's name and place of birth on his/her child's birth certificate;
- Bureau of Vital Statistics or local government records of an applicant's place of birth; or
- Family Bible (the date of publication should be prior to the applicant's birth date).

When a question of authenticity arises, the document(s) is reviewed by the Casework Supervisor. A document is questionable when information in it is inconsistent with information in the application or information obtained from another documented source.

Staff should be aware, however, that various "documents" issued by an organization called the World Council of Washington, D.C. are considered bogus and unacceptable as evidence of identity, citizenship, age, etc., for enumeration or other official purposes. These "documents" include: World Birth Certificates, World Citizen Cards, World Identity Cards, and World Marriage Certificates.

0608.05.15.05 Use of Affidavit to Establish Citizenship

REV:05/1988

When verification of U.S. Citizenship is unobtainable from one of the sources listed in Section 0608.05.15, and the applicant can provide a reasonable explanation as to why such verification is unobtainable, an affidavit from a third party may be accepted as evidence of U.S. citizenship, age, and identity.

The affidavit from the third party is a signed and sworn statement indicating the facts that would demonstrate the probable U.S. citizenship of the applicant.

This affidavit is required from a person who is a U.S. citizen and who has first-hand knowledge of the facts indicating the probable U.S. citizenship of the applicant. It is not merely hearsay or a statement of belief based on the applicant's appearance. It must contain a statement of the basis of the third party's knowledge.

The facts attested to must be consistent with the information provided in the application and must not contradict other records or evidence in the case record.

The affidavit from the third party must be notarized and must contain the following:

- Name and address of the applicant;
- Name, address, occupation and length of time the third party has resided at the address indicated;
- Relationship to the applicant (e.g., friend, cousin, doctor, employer, teacher);
- How long s/he has known the applicant; and
- Statement of the basis of the third party's knowledge of the applicant's citizenship.

An affidavit from a third party is not the first source of verification. The applicant, together with the GPA social caseworker, must explore the availability of other sources of documentation.

Prior approval for the use of an affidavit to verify U.S. citizenship must be obtained from the Regional Manager, who reviews the affidavit, circumstances, availability of records and the efforts made to obtain documentary evidence, e.g., a letter to the state's bureau of vital statistics to obtain a birth certificate. When the review has been completed, the Regional Manager renders a decision to:

- Deny the use of the affidavit as verification of U.S. citizenship; or
- Grant a provisional thirty-day approval during which the affidavit is used as temporary evidence while efforts continue to obtain one of the acceptable documents used to verify U.S. citizenship; or
- Approve the use of the affidavit as permanent verification of U.S. citizenship.

0608.05.15.10 *Resident Alien Documentation*

REV:11/1992

An alien registration card (INS form I-151, I-551, AR-3 and AR-3a) or a re-entry permit constitutes acceptable documentation of citizenship, age, and identity. See Section 0104 of the General Provisions for additional information concerning Immigration and Naturalization Service documentation.

0608.05.20 *Age and Verification of Age*

REV:05/1997

The minimum age requirement for individuals and couples is eighteen (18). Verification of age is obtained through birth certificates, baptismal certificates, marriage certificates, or other vital records documents. Other acceptable documents on which age is specified are award letters for Retirement Survivors Disability Insurance (RSDI), insurance policies, passports, naturalization papers, and employment, school, or military records. When verification of age is unobtainable from such documents, a third party affidavit is acceptable evidence if the criteria set forth in Section 0608.05.15.05 are met.

0608.10 ELIGIBILITY REQUIREMENTS FOR INDIVIDUALS

REV:11/1996

General Public Assistance (GPA medical benefits only) is furnished to individuals who are eighteen (18) years of age or older provided that: they do not have a dependent child who is living in their home; all other eligibility requirements of the GPA regulations as set forth in the DHS Manual are met; and,

- o the individual is determined by the Department of Human Services to have an illness, injury or medical condition as documented by a physical examination by a licensed physician, that is reasonably expected to last for a period of at least thirty (30) days from the date the application for General Public Assistance is filed with the Department, and which precludes the individual from working, including full or part time work. The medical condition may be based on a primary diagnosis of alcoholism and/or substance abuse;
- o the individual has, within thirty (30) days of the application for General Public Assistance or notice from the Department, applied for and cooperated in the determination of eligibility for benefits under the Title XVI Supplemental Security Income (SSI) Program and/or the Title XIX Medical Assistance Program, if the applicant or recipient is determined by the Department to be potentially eligible for benefits from those programs.

| When a ~~husband and wife~~ married couple apply for assistance, each person must meet the eligibility requirements. However, it is possible that eligibility exists for one spouse and not for the other. Refer to Section 0618 to determine the appropriate standards for GPA medical eligibility.

0608.10.05 Determining Medical Condition Precludes Work

REV:11/1996

Determinations of illness, injury or medical condition which preclude an individual from work for purposes of GPA Medical eligibility will be made by the GPA supervisor. An individual must have an illness, injury or medical condition, as documented by a physical examination by a licensed physician, that is reasonably expected to last for a period of

at least thirty (30) days from the date of application for General Public Assistance and which precludes the individual from working, including full or part time work. Eligibility for GPA will not exist if an illness, injury or medical condition which precludes work cannot be reasonably verified. A decision on an application for General Public Assistance must be made within thirty (30) days of the Department's receipt of a completed application.

EVIDENCE OF ILLNESS, INJURY OR MEDICAL CONDITION

The agency medical form (MA-63), is used to establish the existence of a mental or physical condition(s) that is preventing the individual from working, including full or part time work.

The MA-63 form, completed by a licensed physician(s) pursuant to a physical examination, should demonstrate the effect the physical or mental condition has on the person's ability to work.

The extent of the illness, injury or medical condition and recommendations for treatment or care are also solicited on the form. The applicant's physician may submit copies of the patient's medical records or a letter which includes all relevant information in lieu of or in addition to the MA-63. Clients may submit MA-63's from all their treating physicians in order to establish a comprehensive health profile.

The MA-63 form must be completed by a Doctor of Medicine (MD) or a Doctor of Osteopathy (DO) for a medical, surgical or psychiatric diagnosis. A chiropractor may complete the form if the physical condition that is preventing the applicant/recipient from working is primarily related to a dysfunction of the back and spinal cord, such as, a chronic disc syndrome or degenerative arthritis. However, since the services provided by chiropractors are not included in the General Public Assistance Medical Program scope of services, payment cannot be rendered for such services.

The applicant is provided with an AP-70 form at the initial agency screening (or at another time as determined by local office procedures). This form, which is designed to be completed by the GPA applicant, gathers information on the person's condition and how it affects day to day activities. The information on the AP-70 will be considered by the Department as part of the process of determining whether the applicant/recipient meets the GPA eligibility criteria of illness, injury or medical condition which precludes the individual from working, including full or part time work. If the applicant fails to complete the AP-70, eligibility will be based on the MA-63 only.

MENTAL RETARDATION

An individual psychometric examination showing an I.Q. of 70 or less is evidence that a person is mentally retarded and that he or she meets the medical criteria for eligibility in Section 0608.10. The evidence is substantiated by use of the Agency Medical Form (MA-63). Previous examination reports may be used as evidence provided the examination was an individual one given within five (5) years. Referral for

Supplemental Security Income (SSI) benefits must be made in such a situation.

PERMANENT DISABILITY

An individual must be referred to the Social Security Administration (SSA) to apply for Supplemental Security Income and/or Social Security Disability Insurance Benefits if the individual is determined by the Department to be potentially eligible for benefits. "Disability" is defined by SSA as the inability to do any substantial gainful activity because of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months. To meet this definition, a person must have a severe impairment which renders him/her unable to engage in the previously performed work or in any other substantial gainful activity which exists in the national economy. To determine whether the person is able to do any other work, the SSA considers the person's residual functional capacity and his/her age, education and work experience. As an aid to the field staff, each GPA office has been provided with a copy of the Social Security handbook entitled "Disability Evaluation Under Social Security." Individuals who are referred to the SSA are done so through the use of the RI/DHS/SSA-1 which contains written notice to the applicant/recipient that s/he must file for SSI within thirty (30) days of the date of the referral.

REFERRAL PROCESS TO OFFICE OF MEDICAL REVIEW (OMR)

An individual shall also be referred to the Office of Medical Review (OMR) for a determination of disability if the individual is determined by the Department to be potentially eligible for Title XIX Medical Assistance benefits.

The referral process to the Office of Medical Review for a determination of disability for purposes of Title XIX Medical Assistance eligibility is as follows:

- (1) The MA-63 and the AP-70 are forwarded to the Office of Medical Review which will make the determination of disability for Title XIX Medical Assistance.
- (2) The Office of Medical Review may consult with the GPA field staff and request any other medical information that is available from the GPA record. The Office of Medical Review may also require the individual to undergo further medical evaluations arranged by the Department if these referrals have not already been made. The Office of Medical Review may also recommend that the GPA social worker refer the recipient to the Social Security Administration to file for disability benefits if this referral has not already been made.
- (3) If, in the opinion of the Office of Medical Review no disability exists for Medical Assistance, this finding is transmitted to the field staff.

0608.10.25**Care, Confinement, Custody of Another Agency**

REV:01/2002

Certain persons who are in the care of; confined by; or, in the custody of; another State Agency, such as, the Department for Children, Youth and Families, the Department of Corrections or the Department of Mental Health, Retardation and Hospitals, generally are not eligible for GPA.

Children in the Care and/or Custody of the Department for Children, Youth and Families, including but not limited to, children: in foster care; confined to institutions; in psychiatric treatment or evaluative facilities; or, in training facilities; are not eligible to receive GPA benefits.

Persons in the Custody of and/or Confined by the Department of Corrections, are under the control and jurisdiction of a penal authority, and therefore, are not eligible to receive GPA.

Persons who are under the control and jurisdiction of a jail, prison, correctional facility or penal authority are considered confined, and therefore, are not eligible for GPA assistance.

Persons Sentenced to Home Confinement are under the control and jurisdiction of a penal authority and therefore, are not eligible to receive GPA benefits.

This prohibition does not apply to persons on probation or parole, provided such persons are otherwise eligible.

Persons in the Witness Protection Program generally are not eligible to receive GPA benefits. Applications for assistance received from, or on behalf of, such persons must be reviewed by the correct area Regional Manager. The Regional Manager contacts the Administrator of Family and Adult Services before processing the application. If there is a question regarding the legal status of such applicants, the Associate Director will consult with the Assistant Director of Legal Services. No application for persons in the Witness Protection Program is accepted for GPA benefits without the express written approval of the Administrator of Family and Adult Services.

Such persons must meet the general and technical requirements for GPA, although their residence may not be verifiable due to the probability of criminal retribution.

Persons in the Custody of and Confined by the Department of Mental Health, Retardation and Hospitals, are not eligible to participate in the GPA program. Eligibility does not exist for any patient in a State medical or psychiatric facility.

0608.10.30**School Attendance (Individuals)**

REV:11/1992

Eligibility does not exist for an otherwise eligible individual who is attending a school, college or university as a full-time student, or who is attending a full-time program of vocational or technical

training, all of which are beyond the level of secondary education. Pos-secondary education means any public or private educational institution which normally requires for enrollment a high school diploma or equivalency.

Exceptions to the above prohibition are granted when the otherwise eligible individual is enrolled in a program under the auspices of R.I. Vocational Rehabilitation (VR) or R.I. Services for the Blind and Visually Impaired (SBVI).

Eligibility may exist for an otherwise eligible individual who is pursuing a course of study beyond the level of secondary education on a part-time basis when all other eligibility requirements for GPA are met. The attendance and program requirements of the educational institution are used as a guide in determining the "part-time" status of the individual. In the event the institution does not have attendance requirements, reference should be made to institutions of similar type.

0608.20 INTERIM CASH ASSISTANCE-BRIDGE FUND PROGRAM

REV:02/1996

Disabled individuals may be eligible to receive cash assistance in the form of a semi-monthly payment while they are awaiting the determination of SSI eligibility. This program of interim cash assistance is referred to as the "Bridge" fund or program.

This program is limited to individuals who have applied for and been found eligible for Title XIX Medical Assistance as disabled and who have applied for and are actively pursuing a claim for Supplemental Security Income (SSI) benefits. The income and resource limits for the Bridge fund are the same as for GPA Medical. See manual sections 0610 and 0612.

0608.20.05 Bridge Fund Eligibility Requirements

REV:10/2002

Eligibility for the Interim Cash Assistance for Disabled (Bridge Fund) is restricted to individual applicants only. Couples may apply as individuals (one or both could be found eligible as individuals). If both are eligible, each would receive individual bridge payments.

Applicants must meet the following eligibility requirements:

- o Must have filed an application (Bridge Fund-1 form) for Bridge Fund;
- o Must have been found eligible because of disability for Title XIX Medical Assistance;
- o Must have filed a claim for Supplemental Security Income (SSI) benefits and be actively pursuing the claim. (See section 0606.25.20);

- o Must have signed an agreement that if the SSI claim is waived in favor of Title II Social Security Disability Insurance (SSDI), the individual will repay DHS to the extent DHS would have been reimbursed through the SSI claim;
- o Must have completed the AP-175 Authorization for Reimbursement form before any benefits can be paid. (See section 0606.25.10);

-and-

- o Income and resources must be within the same limits (and subject to the same exclusions) established for GPA Medical. (See sections 0610 and 0612).

0608.20.05.05 *Filing Applications for Bridge Program*

REV:10/2002

The Bridge Fund-1 form is the application for the Interim Cash Assistance Program (Bridge Fund). These applications are available at any local GPA office and may be picked up in person or requested by phone or mail (see locations below).

Although the Bridge Fund-1 form is the basic document for filing for Bridge payments, several other forms and documents must also be filed. They are:

- o DHS-1 (Application for Assistance)
- o DHS-2 (Statement of Need)
- o AP-175 (Authorization for Reimbursement)
- o Verification of the filing of an application for Supplemental Security Benefits (SSI) with the Social Security Administration

Although there is no DOCE (Determination of Continuing Eligibility) filing required for continuing eligibility for the Bridge program, GPA workers are required to verify on a regular basis that individual's application for SSI benefits is still active.

* LOCATIONS OF GPA OFFICES *

Pawtucket Regional Office
 24 Commerce Street
 Pawtucket
 Tel. 728-2000 or toll free 1-800-984-8989

Providence Regional Family Center
 206 Elmwood Avenue
 Providence
 Tel. 222-7000
 222-7032 for hearing impaired

Warwick Office
100 Meadow Street
Warwick
Tel. 739-9530 or toll free 1-800-471-1757

Woonsocket Office
450 Clinton Street
Woonsocket
Tel. 235-6300 or toll free 1-800-510-6988
235-6490 for hearing impaired

Newport Family Center
110 Enterprise Center
Middletown
Tel. 849-6000 or toll free 1-800-675-9397

0608.20.05.10 *Forms Used in the Bridge Program*

REV:10/2002

The following forms are used exclusively in the Interim Cash Assistance (Bridge Fund) Program:

- o Bridge Fund-1 The application for the Bridge Fund.
- o Bridge Fund-2 The denial/termination notice to individuals.
- o Bridge Fund-3 Notice of reduction of payment level or termination of benefits sent to all recipients because of inadequate funds for the program.
- o Bridge Fund-4 Notice of acceptance and payment level.
- o Bridge Fund-175 Notice to applicants of the need to sign the AP-175 at the local GPA office.

0608.20.10 Bridge Fund Payments

REV:10/2002

Payments under the Bridge Fund will be made semi-monthly (approximately the 1st and 16th of the month). The payment level is \$200 per month but is subject to change. According to R.I.G.L. 40-6-28, the Director of the Department of Human Services is authorized to limit both the amount and the duration of Bridge Fund payments if the annual appropriation by the Rhode Island General Assembly is not adequate to provide cash assistance to eligible individuals. Consequently, it is possible that payments could either be reduced from the \$200 per month level or terminated altogether at some point.

The level of payments in force at the time of acceptance will be clearly indicated in the acceptance letter that is sent to eligible applicants. If there is a reduction in the amount or termination of Bridge payments to active recipients, notification with appeal rights (Bridge Fund-3 form), must be sent to the recipient ten (10) days before any action is taken.

Eligibility for Bridge payments will not begin until all eligibility requirements have been met. This means that an application for the Bridge fund must have been filed, eligibility for Title XIX Medical Assistance based on disability must have been determined, the AP-175 form must have been completed and signed by the applicant and an application for SSI benefits must have been made with the Social Security Administration.

All payments to eligible applicants will be made prospectively beginning with the next effective payroll after the above eligibility requirements have been met and approval granted.

Bridge payments will be limited to those otherwise eligible individuals whose monthly income is \$200 or less.

0608.20.15 Hearings and Continuation of Payments

REV:02/1996

When the Department intends to take an action to deny, terminate, change, or suspend Bridge payments, a written notice (Bridge Fund-2 or Bridge Fund-3 form as appropriate - see section 0608.20.05.10), must be sent to the applicant/recipient. This notice will be mailed to the applicant/recipient's last known address at least 10 days prior to the date of the intended action.

The applicant/recipient will be afforded an administrative hearing to contest the Department's intended action provided the written request for hearing is received by the Department within 10 days of the mailing date of the Department's notice to the applicant/recipient. This request for hearing should be made on the DHS-121 (Request for Hearing form) although any written request will be acceptable.

The DHS-121 will be mailed to the recipient/applicant together with either the notice of denial/termination (Bridge Fund-2 form) or the notice of reduction/termination (Bridge Fund-3 form). In order for benefits to be continued, an active recipient must indicate in writing that he/she wants to continue to receive Bridge payments until the administrative hearing decision is issued.

0610 GPA RESOURCES

0610.05 DETERMINATION OF RESOURCES

REV:05/1997

The GPA caseworker must explore the possible ownership of resources by individuals and couples at the initial application for assistance and at all subsequent determinations of continuing eligibility (DOCEs).

Ownership of real and personal property disqualifies an individual from receiving GPA unless the resource is specifically exempted.

Resources are defined in terms of real and personal property.

Real property is any interest in real estate and what is attached or affixed thereto. Personal property pertains to such items as household furnishings, automobiles, and boats. Also considered personal property are liquid assets such as cash, bank accounts, cash value of life insurance policies and similar properties.

Jointly held resources are considered to be those of the applicant/recipient. However, the individual is given an opportunity to rebut the presumption of ownership (see Medical Assistance Manual, Section 0365.15.10.22). The Administrator for General Public Assistance is consulted when a question of ownership of resources cannot be resolved. The Resource Unit is also available for guidance.

The individual's resources include those of the eligible or ineligible spouse in the home. However, in a joint GPA/SSI household, the resources that are solely the SSI recipient's are not considered in determining eligibility for GPA. A sponsored alien's resources include any resources of the sponsor and sponsor's spouse (if living together) actually contributed to the alien.

0610.10 EXEMPTED RESOURCES

REV:05/1988

Sections 0610.10.05 through 0610.10.25 discuss the resources that are exempted, that is, the real and personal property which an applicant/recipient may retain without resulting in disqualification for GPA. Ownership of real or personal property not exempted renders the individual or family ineligible for General Public Assistance.

0610.10.05 Exemption of Home

REV:09/1992

The home occupied by the individual or family is exempted. It is further defined as:

- the home, the usual residence of the assistance unit. The home exemption applies to any land that appertains to the home and any other buildings located on such land, for example, a barn or a shed. To appertain to the home, the real property must adjoin the plot on which the home is located and not be separated from it by intervening real property owned by others.
- the home, the usual residence, from which the assistance unit is only temporarily absent. The home exclusion applies, for example, to the home an individual or family leaves because of a catastrophic fire to reside in a shelter, with relatives or elsewhere, pending restoration of the property to habitable condition and with the

intention of resuming residence there as soon as possible.

- owned by a married couple (1) if the deed indicates the property is held by them as tenants by the entirety; and (2) if the property is not the home of the assistance unit (as defined above); and (3) if the spouse of the applicant/recipient refuses to sell his/her interest in the property. To ascertain if these conditions are met, the social caseworker must verify, by examination of the deed, that the parties own the property as tenants by the entirety and determine if the parties are still married. A divorce (but not a legal separation) automatically dissolves a tenancy by the entirety. If the three conditions specified above appear to be met, the caseworker must refer the case, through the Administrator for General Public Assistance, to the Department's Office of Legal Counsel for a determination whether the property should be excluded. The referral should include copies of the deed to the property and any other relevant documents.

0610.10.10 Exemption of One Automobile

REV:03/2001

Automobile means a passenger car, truck or other motor vehicle used to provide transportation of persons or goods. An exemption is provided for one automobile which:

- o has an equity value not exceeding four thousand six hundred fifty (\$4,650) dollars, or;
- o is necessary to transport a family member with a disability, where the vehicle is specially equipped and/or of a special type to meet the specific needs of the disabled person.

Equity value is determined by establishing the wholesale/average trade-in value of the vehicle as listed in the N.A.D.A. Official Used Car Guide. The difference between the wholesale/average trade-in value and the amount of any encumbrances (legal debts) is the equity value.

If no listing for the vehicle can be found or the applicant/recipient disputes the value as stated in the guide, due to the automobile's physical condition, a written appraisal by a licensed automobile dealer may be accepted.

Assistance Unit with One Automobile

If the equity value is \$4,650 or less, no further determination is necessary.

If the equity value is more than \$4,650, the vehicle is exempt if and only if it is specially equipped (e.g., wheelchair lift equipped) or of a special type and necessary to transport a disabled family member.

Eligibility does not exist if the vehicle does not meet either criteria listed above.

Assistance Unit with More than One Automobile

Eligibility does not exist when the applicant/recipient is the owner of more than one automobile.

0610.10.15 Exemption on Household Items and Effects

REV:05/1988

Household furnishings, appliances, clothing, personal effects and keepsakes of limited value are exempted.

0610.10.20 Exemption of Income-Producing Property

REV:09/1992

Tools of the Trade not to exceed an aggregate value of one thousand dollars (\$1,000) actually used or reasonably expected to be used to produce self-employment income may be exempted from consideration as a resource. Examples of such property are farm tools, carpenter tools and painter's equipment used in the production of goods and services. Vehicles, even though used in the course of employment, are not considered tools of the trade and therefore may not be exempted under income-producing property. (See 0610.10.10 for automobile exemption).

In addition to cases in which the property is currently being used to produce self-employment income, situations in which the applicant/recipient is temporarily unable to use the property are examined. The GPA caseworker evaluates the individual's potential for utilizing the resource in the future to again become self-supporting. If the aggregate value does not exceed one thousand dollars (\$1,000) and the property had previously been used by the applicant/recipient to generate income and a reasonable expectation exists that it will be used for that purpose in the foreseeable future, the property is exempted.

The statement of the applicant or recipient recorded on the DHS-2 as to the value of tools of the trade will be accepted when determining the aggregate value unless there is reasonable doubt regarding the value stated. The Administrator for General Public Assistance is consulted when the value of the resources cannot be resolved.

0610.10.25 Exemption of Liquid Assets

REV:08/1992

For individuals, couples and families, the resource limit for cash and other liquid assets is four hundred (\$400) dollars. Liquid assets include, but are not limited to, cash, savings accounts, checking accounts, stocks, savings bonds, mutual fund shares, time deposit shares, money market certificates, promissory notes, mortgages and the cash value of life insurance policies.

The combined value of all cash and liquid assets owned by each member of the assistance unit is counted toward the \$400 limit. If cash and other liquid assets exceed this limit, eligibility for GPA does not exist. Any cash value of life insurance policies must be included in this computation.

0610.10.25.05 *Life Insurance Policies*

REV:05/1988

Life insurance policies are available in several different types.

Common examples are whole life, universal life, group and term insurance. Generally, group and term life insurance policies have no cash surrender value and therefore are not counted as resources for GPA.

All life insurance policies should be examined to determine whether or not a cash surrender provision exists. Usually the policy contains a "Table of Value" which can be used to determine the current cash value. In other cases it may be necessary for the applicant/recipient to obtain a statement from the issuing company indicating the current cash surrender value of the policy.

0610.15 MEDICAL INSURANCE

REV:09/1992

Medical insurance, such as Blue Cross/Blue Shield, Major Medical, Federal Medicare (Part A, Part B), Harvard Community Health Plan, Delta Dental or other medical insurance is identified as a resource for medical payment, but is not considered a resource in the determination of eligibility. Information regarding medical insurance must be entered on the electronic eligibility system.

0610.20 RESOURCES ACQUIRED WHILE RECEIVING GPA

REV:05/1988

If at any time during the receipt of GPA, an individual acquires income or resources in excess of the amount previously reported, it shall be his/her responsibility and a condition of eligibility to notify the Department of this fact within ten (10) days of the receipt or possession of additional resources or income.

For example, if a recipient inherits real property which is being used, or is to be used by the recipient as his/her home, there is no barrier to continuing eligibility. Ownership of any additional real property or personal property not exempted renders the assistance unit ineligible for GPA.

0612 GPA INCOME

0612.05 DEFINITION OF INCOME

REV:01/1995

Income is the receipt of money, goods, services or money's worth which is available to the assistance unit. The prospective budgeting method is used to determine the income which will exist during the period of eligibility for GPA. This means that weekly income is converted to a monthly amount using the 4.3333 conversion method or the AP-79 conversion chart.

0612.05.05 DOCUMENTATION OF INCOME

REV:05/1988

The information the client supplies on the DHS-2 about income is documented. The document sources are business records, wage stubs, Income Tax returns, Award letters, or other similar documents, as well as reports from Social Security, Veterans' Administration, and other agencies. In some instances, when the client is unable to obtain the information requested, the agency's forms (Wage Report - AP 50, Bank Clearance - AP-91, Clearance with VA - AP-150 and AP-151) are used.

0612.05.10 INCOME INCLUDED IN DETERMINING ELIGIBILITY

REV:05/1997

All available income, both presently available and potentially available, unless excluded by policy, is considered in determining eligibility. This includes:

- All income, both earned and unearned, of any person for whom assistance is being sought; and
- All income of a spouse in the home, unless the spouse is an SSI recipient. The income of such SSI recipient(s), including the SSI benefit, is explicitly excluded in the determination of the household income (see Section 0612.20).

0612.05.15 Potential Sources of Income

REV:01/1995

When there appears to be potential eligibility for a benefit that an applicant/recipient does not yet have, such as RSDI, ESB, TDI, VA benefits, etc., the applicant/recipient is required to file for such benefits. Before GPA assistance can be provided, an applicant is required to verify that s/he has filed for the potential source of income. However, if the applicant does file for the potential benefit(s) within thirty days, GPA assistance is provided retroactive to the official GPA filing date providing eligibility existed in the retroactive period. (See Section 0606 for treatment of potential SSI applicants.)

If verification of filing is not received by the agency representative within thirty (30) days of application, the case is rejected (see Section 0606).

Recipients who may be eligible for an alternate source of income must apply for that benefit within ten (10) days of the date the agency becomes aware of the potential benefit. Failure by the recipient to comply with the referral results in termination of eligibility. (See Section 0606).

0612.10 EARNED INCOME

REV:05/1997

Earned income is income, in cash or in kind, earned by an individual through the receipt of wages, salary, commissions, or profit from activities in which s/he is engaged as a self-employed individual or as an employee. It is counted as income only when it is received (or would have been received except for the decision of the recipient to postpone receipt) rather than when earned.

Earned income does not include returns from capital investment with respect to which the individual is not himself/herself actively engaged, such as dividends and interest. It also does not include benefits such as individual pensions, RSDI, ESB, TDI or Veterans' Benefits.

Earned income does include:

- Earnings over a period of time for which settlement is made at one given time.
- Income which the individual produces as a result of the performance of service, including managerial responsibilities, is classified as earned income. (Examples are income from a roomer or boarder and income from real property.)
- Earned Income Credit (EIC), including advance payments which the applicant/recipient actually receives. (See Section 0824 for treatment of EIC.)
- Training incentives under JTPA (Job Training Partnership Act) as well as wages from JTPA employment.

0612.10.05 Earned Income From Wages

REV:01/1995

When earned income is from wages, the GPA worker must determine an average weekly wage by reviewing the gross amount of wages for a four week period.

Any legal attachment on wages is considered unavailable and is not counted. Under law, the first \$50 of any pay is exempt from attachment and no attachment can be placed on the wage of a current or a former Assistance Payment recipient for one year following the termination of assistance. If an attachment exists, the recipient must be referred to Rhode Island Legal Services.

If check stubs or pay envelopes are not available, the client is helped to obtain a statement from the employer. If the client is unable to obtain this information directly, the client may request the agency to obtain this for him/her. An AP-50 is used for this purpose.

In determining the income to be applied to the assistance plan, the average weekly wage anticipated is used. The past wage is a good indication of the future income, unless the reason for the GPA application is due to a reduction in the work schedule and/or the hourly or weekly wage. In doing the computation of the countable income, the average weekly wage must be converted to a monthly amount by using the 4.3333 conversion method or the AP-79 conversion chart.

If the recipient has not worked for a four-week period, or is unable to provide wages for a four-week period, the amount of gross income is determined by multiplying the rate of pay by the number of hours of work.

The recipient is advised that any change in income must be reported within ten (10) days. Upon receipt of verification of actual wages received, a payment to make up any deficit is authorized when income is less than anticipated (see Section 0612.10.30 for procedure).

0612.10.10 EARNED INCOME FROM SELF-EMPLOYMENT

REV:05/1988

When earned income is from self-employment, the client provides the information on gross income and the actual costs of operating the business on a yearly basis. (When a business is carried on at home, no part of the overhead is considered a business expense.) Those self-employed work expenses directly relating to producing the goods or services and without which the goods or services could not be produced are allowed as deductions. However, items such as depreciation, personal expenses, i.e. personal transportation, the purchase of capital equipment and payments on the principal of loans for capital assets or durable goods, are not allowed as deductions.

Income considered from self-employment is the difference between the amount of gross income and the amount of allowable operating expenses for producing the income. In the initial determination of eligibility, either the reported income for the prior year or the estimated income for the current year, based on at least three months' operation, may be used, as appropriate.

The Regional Manager is available to assist staff in determining income from self-employment. In a memorandum directed to the Regional Manager, the GPA worker must identify the type of assistance needed along with the necessary information on the business (i.e., last year's income tax form, current book-keeping records and check books).

If, at the end of 60 days, the business is not providing the recipient with enough income to be independent, the case must be submitted to the Regional Manager for review of continued eligibility.

0612.10.15 INCOME FROM ROOMER OR BOARDER

REV:03/1989

When a client receives income from a roomer or boarder, the amount considered as income is computed by subtracting from the amount paid the following cost of maintaining such roomer or boarder. However, if the household can document cost in excess of this amount, the actual cost is considered:

	Month	Week	
Roomer	\$ 25.00	\$ 5.83	Boarder 115.00
	26.56		

Board Payment for a foster child(ren), paid by the Department for Children and Their Families to a GPA recipient, is disregarded.

The net income, after the above expenses are considered, is subject to the appropriate disregards for applicants and recipients.

0612.10.20 INCOME FROM REAL PROPERTY

REV:05/1989

When the client lives in the same dwelling from which s/he receives rental income, the tenant's share of the following property expenses is deducted from the gross rental income to determine the amount of money to be applied as net income to the recipient:

- (a) mortgage, interest on mortgage, taxes, insurance, water, sewer charges and special monthly assessments for sewer installation; and
- (b) the cost of the tenant's heat, gas and electric if provided in the rent by the homeowner.

To determine the net income of a property owner-recipient living in a two-family dwelling, one half of the expenses in (a) plus the expenses in (b) are deducted from the gross rental; in a three-family dwelling, two thirds of the expenses in (a) plus the expenses in (b) are deducted; in a four-family dwelling, three fourths of the expenses in (a) plus the expenses in (b) are deducted.

0612.15 UNEARNED INCOME

REV:01/1995

Unearned income may be accessed from many sources, including but not limited to: ESB, TDI, RSDI, Workers' Compensation, Veterans' Benefits, alimony and/or child support, lump sum death benefits, employment pensions, insurance settlements, income-in-kind (see section 0612.15.50), interest, dividends and income from legally liable sponsors.

Since unearned income is not derived from employment, no earned income disregards are applicable.

0612.15.05 FEDERAL AND STATE INSURANCE - ESB AND TDI

REV:01/2002

An applicant or recipient of GPA who has worked in the past 52 weeks is required to file a claim for either Employment Security Benefits (ESB) or Temporary Disability Insurance (TDI) and advise the GPA worker of the results.

The requirements for each program are listed below.

Employment Security Benefits

A person must be able to and be available for work in order to be eligible for ES benefits. S/He must have worked in covered employment for 20 weeks with earnings of at least \$80 per week or must have earned \$4,800 in covered employment in any number of weeks during the first 52 of the 53 calendar weeks immediately preceding her/his period of unemployment. Civilian employees of the federal government, ex-servicemen, and most ex-state employees are also eligible for benefits.

If a person quit a job without good cause, no benefits are paid until the person has returned to the job market and worked at least four (4) weeks at earnings of at least \$80 per week before being separated for good cause. A person who refuses suitable work without good cause or is discharged for proven misconduct, will not be paid benefits until s/he has returned to the job market and worked at least four (4) weeks at earnings of at least \$80 per week before being separated for good cause.

The Department of Labor and Training (DLT) recomputes the benefit level each year to establish a maximum that can be paid. Maximum rates are set at 67% of the average weekly wages of workers in employment covered by the Employment Security Act. An eligible claimant receives 60% of her/his average weekly wages, not to exceed the maximum established benefit for that year.

A claimant is entitled to a dependent's allowance for each dependent child under the age of 18 years (or over 18, if the child is mentally or physically incapacitated) up to a maximum of five (5) children.

Benefits are payable up to a maximum period of 26 weeks in any one benefit year.

Temporary Disability Insurance (TDI)

To be eligible for TDI benefits, a claimant must be unable to work because of illness and must have worked in covered employment for 20 weeks with earnings of at least \$85 each week, or must have earned \$5,100 in covered employment in any number of weeks during the first 52 of the 53 calendar weeks immediately preceding her/his period of unemployment due to illness.

The DLT recomputes the benefit level each year to establish the maximum benefit that can be paid. Maximum rates are set at 70% of the average weekly wages of workers in covered employment. An eligible person receives a benefit of 60% of her/his average wage, not to exceed the maximum established benefit for that year.

The actual number of weeks a claimant may collect benefits is based not only on benefit credits but also on the specific length of time that the claimant's physician certifies that s/he is unable to work up to a maximum of 30 weeks in any benefit year.

The benefit year is the 52 weeks following the effective date of an initial claim.

A claimant is also entitled to a dependent's allowance for each dependent child including an adopted or stepchild under the age of 18 years (or over 18, if the child is mentally or physically incapacitated) up to a maximum of five (5) children.

An otherwise eligible individual who is unemployed due to sickness resulting from pregnancy is entitled to receive benefits in the same manner as any other non-work-related illness.

0612.15.15 RETIREMENT, SURVIVORS & DISABILITY INSURANCE

REV:05/1988

In considering Retirement, Survivors and Disability Insurance (RSDI), the total amount of benefit received from RSDI is considered as income.

Sections 0612.15.15.05 through 0612.15.15.25 provide a guide for identifying those who may be eligible. A person or a specific relative must have been a wage earner or a self-employed person for a certain length of time in employment covered by the Social Security Act. Persons eligible for specific benefits are as listed in the following sections. Referral to SSA must be made for determination of eligibility, and GPA eligibility is dependent upon acceptance of this income.

0612.15.15.05 RETIREMENT BENEFITS

REV:05/1988

Retirement Benefits can be paid to:

- The insured wage earner or self-employed person who is eligible or can elect to receive benefits reduced by actuarial at age 62. Although the Social Security Act makes this provision elective (receipt of benefits age 62), eligibility for Assistance Payments is dependent upon acceptance of this source of income at age 62.
- The spouse of a retired or disabled worker who is age 62 or over, or has in care a child under age 16 or over age 16 and disabled, who is entitled to benefits on the

worker's Social Security record.

A spouse is eligible if the marriage has been in effect for one year and, in some instances, less than a year. Spouses of defective ceremonial marriages entered into in good faith are also eligible.

- The divorced spouse of a retired or disabled worker if age 62 or over and married to the worker for at least ten years.
- The divorced spouse of a fully insured worker who has not yet filed a claim for benefits if both are age 62 or over and have been finally divorced for at least two continuous years.
- The dependent, unmarried child of a retired or disabled worker entitled to benefits, if the child is under age 18; or age 18 or over but under a disability which began before age 22. This includes children born of natural parents, adopted children, step-children or children born out of wedlock.

0612.15.15.10 SURVIVORSHIP BENEFITS

REV:05/1988

Relatives of a deceased insured wage earner or self-employed person who may be eligible to receive monthly survivorship benefits include:

- The surviving spouse, including a surviving divorced spouse) if the widow(er) is age 60 or over.
- The disabled surviving spouse, including a surviving divorced spouse in some cases) if the widow(er) is age 50 to 59 and becomes disabled not later than seven (7) years after worker's death, or in case of a widow(er), within seven (7) years after s/he stops getting checks as a widow(er) caring for a worker's children.
- The surviving spouse, or surviving divorced spouse if caring for an entitled child (under age 16 or disabled) of the deceased.
- The dependent, unmarried child of a deceased insured worker if the child is under age 18, or age 18 or over but under a disability which began before age 22.
- The dependent parents of a deceased worker at age 62 or over.

0612.15.15.20 LUMP SUM DEATH BENEFITS

REV:05/1988

A lump sum death benefit of \$255 is payable upon the death of an insured worker. This payment is made in the following order of priority:

- To the spouse who was living in the same household with the worker at the time of death;
- To the spouse (excluding a divorced spouse) who is eligible for a widow(er)'s benefits for the month of death; and
- To children who are eligible for benefits on the worker's record for the month of death.

0612.15.15.25 *DISABILITY BENEFITS*

REV:05/1988

A worker who becomes severely disabled before age 65 can get disability checks. The disability must be a severe physical or mental condition which prevents employment and is expected to last (or has lasted) for at least 12 months, or is expected to result in death.

Benefits may begin as early as the sixth full month of disability and continue as long as the disability exists. If a person is severely disabled, benefits can be paid even though the person can do some work.

Dependent's benefits may be paid to certain members of a disabled worker's family as in the case of a retired worker (see Section 0612.15.15.05 on Retirement Benefits).

Non-Payment of Disability Benefits Affecting Prisoners and Their Families

Disability benefits are not paid for the months a person is confined to jail because of conviction for a felony. A person who is under the control and jurisdiction of the jail, prison, correctional facility or penal authority is considered confined.

The only exception to the rule disallowing payment of benefits to a prisoner occurs when s/he is actively and satisfactorily participating in a rehabilitation program "specifically approved" by a court of law for the person (not for a class of prisoners) and expected to result in the person's being able to do substantial and gainful work within a reasonable period after release.

If the person is still disabled when released, monthly checks will begin again, effective with the first full month the prisoner is no longer confined.

Entitled family members continue to receive their monthly checks, even though the disabled worker does not because of confinement, unless their benefits are excluded by a provision of the law, e.g., child disabled prior to age 21 and imprisoned for a felony conviction, or a student incarcerated for conviction of a felony committed after October 19, 1980.

Disabling Condition Occurs During Confinement

A physical or mental impairment or the aggravation of such that occurs while a person is imprisoned for conviction of a felony, committed after October 19, 1980, cannot form the basis for paying disability benefits as long as the person is confined to prison.

Even if a person can be found disabled because the impairment was not associated with prison, benefits are not paid while s/he is confined.

In the case of a disabled worker, an impairment that occurs during confinement can be used to establish a disability freeze. Cash benefits can begin upon release from prison provided the person continues to be disabled. The benefits are then effective with the first full month the prisoner is no longer confined. To receive these benefits a person must file a second application upon his/her release from prison.

For children disabled prior to age 22 and widows/widowers who become disabled prior to age 60, disabling impairments occurring during imprisonment cannot form the basis for the disability decision. Upon release from prison, all impairments can be considered in determining whether a person is disabled and eligible for benefits.

Unlike the provision regarding non-payment of benefits above, no benefits are payable to other family members under this provision.

Disabling Condition Occurs in Connection with a Felony

No impairment or aggravation of an impairment that occurs in connection with the commission of a felony after October 19, 1980, for which the person is convicted, can ever be used in determining disability.

This restriction applies to the disability decision for disabled workers, children disabled prior to age 22, and widows/widowers under age 60 who are claiming benefits because of disability.

No benefits are payable to other family members.

Ineligibility of Certain Prison Inmates for Student Benefits

No one is considered in full-time school attendance while imprisoned for conviction of a felony committed after October 19, 1980.

No monthly benefits are paid to students under this provision.

0612.15.15.30 *INFORMATION FROM THE SSA*

REV:01/2002

Information from the Social Security Administration Master Beneficiary Record and Supplemental Security Record about the amount of benefits a recipient is receiving is displayed through the INTERFACE function of the state's electronic eligibility system.

0612.15.20 EMPLOYMENT PENSIONS

REV:05/1988

Many employers provide for retirement or disability pensions for their employees under specific conditions. Among these are local governments, industrial plants, stores, railroad and steamship companies. If an applicant/recipient has had employment of ten (10) or more years with any one employer, the possibility of eligibility for a pension exists and should be determined.

0612.15.25 VETERANS ADMINISTRATION BENEFITS

REV:05/1988

All applicants and recipients who have been other than dishonorably discharged from any branch of the armed services should apply for VA benefits and/or services. An individual may be eligible as a veteran who has served during wartime or specific periods of qualifying peacetime, disabled or non-disabled, whether the disability is service-connected or not. Dependents and survivors of the veteran may also be eligible. Stepchildren may receive an allowance based on the stepparent's benefits, if living with the stepparent.

Individuals who may be eligible may be referred directly to the Veterans Administration Regional Office, 380 Westminster Street, Providence, RI 02903, Telephone 273-4910.

If the individual questions whether there is eligibility for a specific program or benefit, or needs help in completing the application, referral may be made to Veterans Affairs, Metacom Avenue, Bristol, RI 02908, Telephone 277-2488.

See Sec. 300, X., C. for information regarding the periods designated for the various wars and the types of benefits which are available.

0612.15.30 DEPENDENTS OF MEN/WOMEN IN ARMED SERVICES

REV:05/1988

The armed forces expect military personnel to provide for the support of their legal dependents unless they can prove exemption from this responsibility by court order or mutual consent. The following dependents may receive an allotment:

- A lawful spouse, including a common-law spouse;
- Unmarried legitimate children under the age of 21 or unmarried legitimate children over the age of 21, if incapable of self-support because of mental or physical disability, if dependent upon the military person for over one-half of their support; and
- Unmarried stepchildren and adopted children under the

age of 21, if dependent upon the military person for 30% or more of their support, as determined by military authorities.

Required allotments are paid directly to eligible dependents of military personnel in some instances. In others, military personnel may provide for their dependents either by a direct contribution or by allotment of pay, or both.

When a military person is not contributing to the support of his/her dependents, a referral to OCSS is made. Red Cross Home Service may be consulted about the appropriateness of the amount being received. They are also available to the dependents of military personnel in resolving any problems.

0612.15.35 WORKERS' COMPENSATION

REV:05/1988

Under the Workers' Compensation Act, benefits are payable if an employee sustains a personal injury arising out of or in the course of employment or develops an occupational disease. The possibility of this resource should be discussed with the injured client and follow up made if this is a potential income. As a probable third party liability, Workers' Compensation benefits are subject to the assignment and reimbursement provisions described in Sections 0606 and 0626.

0612.15.40 INSURANCE

REV:05/1988

Money received from an insurance settlement is considered income unless it is used to replace exempt resources. If the insurance settlement is received as a result of fire, flood, lightning or severe wind, and if it is used to replace, within a reasonable time, the loss caused by the fire, flood, lightning or severe wind, it is not considered as income. If only part of the money is used to replace the loss, any remaining balance is considered as available income.

0612.15.45 CONTRIBUTIONS

REV:05/1988

Regular and substantial contributions are considered income.

Gifts and contributions of small value and occurring infrequently and unpredictably as expressions of affection are not related to support and are not considered income.

0612.15.50 Income-in-Kind

REV:01/1995

Regular payment of rent or mortgage expenses made by non-legally liable or legally liable relatives or friends on behalf of a recipient is considered as income. The table below, by plan size, is used to determine the amount of monthly income to be considered unless the in-kind shelter payment is less than this amount. In that instance, the actual amount of the payment is considered.

This policy does not apply in the situation where a recipient is living in the home of another whether or not s(he) is paying toward the rent, or where the client is sharing rent with another.

Plan	Weekly	Plan	Weekly
Size	Shelter	Size	Shelter
2	.....\$ 90.89	7	.....\$ 115.48
3	..... 105.20	8	..... 113.55
4	..... 109.18	9	..... 109.44
5	..... 113.07	10	(and over).... 119.11
6	..... 115.02		

0612.15.55 INTEREST AND/OR DIVIDENDS

REV:05/1988

When a recipient retains resources in accordance with Section 0610 and receives interest or dividends, they are considered income, when available, and are applied to the assistance plan.

0612.15.60 INCOME FROM LIABLE SPONSORS

REV:01/1989

Income actually available from a liable sponsor is treated in the same manner as any other unearned income in determining the amount of the GPA assistance payment.

0612.20 INCOME EXCLUSIONS

REV:05/1988

In determining the amount of GPA assistance payment, the following kinds of income are excluded:

- All the weekly earned income of each child under the age of 18 receiving GPA, if the child is a full-time student or a part-time student who is not a full-time employee. The child cannot be attending a school beyond the level of secondary education.

- The income of an SSI recipient (including the SSI benefit.)
- Income equal to expenses attributable to the earning of the income of a self-employed individual (see Section 0612.10).
- The value of home produce of an applicant/recipient utilized by him/her and his/her household for their own consumption.
- The value of U.S. Department of Agriculture donated foods.
- Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended.
- The value of supplemental food assistance received under the Child Nutrition Act of 1966, as amended, and the special food service program for children under the National School Fund Act, as amended, (Public Law 92-433 and Public Law 93-150).
- The value of SNAP benefit allotments.
- Foster care payment paid by the Department for Children and Their Families.
- Any grant or loan for an undergraduate student for educational purposes made or insured under any programs administered by the U.S. Commissioner of Education.
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
- The value of government rent and/or housing subsidies.
- Payments or allowances received under the Federal Low-Income Home Energy Assistance Program.
- Assistance, in the form of cash or vendor payments from other agencies and organizations, is disregarded if the assistance is for a different purpose, goods, or service not provided in the Consolidated Standard. No duplication may exist between assistance provided by other agencies and that provided by this agency for the former to be excluded.
- Payments for reimbursement of out-of-pocket expenses made to individual volunteers serving as foster grandparents, senior health aides or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title II and Title III of the Domestic Volunteer Service Act of 1973.

- Payments to individual volunteers under Public Law 96-143, the Domestic Volunteer Service Act of 1979, which governs the Volunteers in Service to America (VISTA) Program.
- Income from any source, when Federal Law prohibits its inclusion. The applicant/recipient must present evidence of the Federal prohibition.

0618 GPA STANDARDS OF ASSISTANCE

0618.05 STANDARDS OF ASSISTANCE

REV:05/1997

The GPA Standards of Assistance are used to determine eligibility for individuals/couples. Income is applied to the standard after deductions specified in policy are made and eligibility is then determined.

0618.10 CONSOLIDATED STANDARD -INDIVIDUALS/COUPLES

REV:07/1994

The consolidated standard of assistance is computed according to the number of eligible persons in the GPA household. The table below lists the GPA Monthly Standards for an individual and for a married couple. The couple must be married by virtue of a ceremonial or other legal marriage.

When only one spouse is eligible, eligibility is based on the couple standard. Income available to the couple is compared to the couple standard to determine eligibility.

TABLE I - INDIVIDUALS/COUPLES

PLAN SIZE	GPA MONTHLY STANDARD
Individual	\$327.00
Couple	\$449.00

0620 STANDARDS FOR VENDOR PAYMENTS

0620.05 ELIGIBILITY FOR FUNERAL AND BURIAL EXPENSES

REV:12/2005

0620.05 ELIGIBILITY FOR FUNERAL AND BURIAL EXPENSES REV: 12/2005

Eligibility for the expenditure of GPA funds for a funeral or burial does not exist for anyone who at the time of their demise, was confined by and/or in the custody of the Department of Corrections, the

Department For Children, Youth and Families or the Department of Mental Health, Retardation and Hospitals.

For the Department to consider granting assistance to those persons who may be eligible, application for payment of funeral and burial expenses must be made on behalf of the deceased within thirty (30) days of the date of death. An application for payment of funeral and burial expenses shall also be deemed as received on behalf of a decedent when a person with custody of an unclaimed body contacts the Department of Human Services (DHS) to report the unclaimed body.

0620.05.05 Conditions of Eligibility

REV:09/2000

Payment is made to meet the cost of funeral and burial expenses up to the cost standard for any person who dies and leaves no, or insufficient, resources and/or income to meet these expenses.

Resources

All resources of the deceased are deducted from the cost standard in determining the amount of payment. A deceased's resources include, but are not limited to:

- life insurance policies, and/or fraternal insurance, when the beneficiary is the deceased's estate or a legally liable relative;
- cash, securities, bonds, patient accounts for those in a nursing home, or other assets left by the deceased; and
- any real property not being used as a home by dependent survivors.

For the purposes of determining eligibility for GPA burial assistance, the following are EXCLUDED:

1. Veterans' benefits
2. Social Security lump sum death benefits

Note that proceeds of life/fraternal insurance policies are not deducted from the cost standard in determining the amount of payment if the beneficiary is not the deceased's legally liable relative or the deceased's estate. However, see Section 0620.05.05.10 for policy regarding private supplementation toward funeral expenses.

Non-exempt resources (Section 0610) in excess of four hundred dollars (\$400.00) of legally liable relatives (i.e., parents for minor children and spouses who were living together for each other) are considered available to meet the cost of funeral and burial expenses.

Income

The income of legally liable relatives, except for a relative on RIW, GPA, or SSI, must be considered in determining eligibility for and the

amount of payment. The determination is made on a monthly basis. From the gross monthly income, certain deductions, listed in Section 0620.05.05.05 are made. The amount remaining, after applying the appropriate deductions, is compared to the approved funeral and burial cost expenses. If a deficit exists, that amount is met through the GPA Program.

0620.05.05.05 *Income Disregards*

REV:12/2005

0620.05.05.05 Income Disregards REV: 12/2005

The following are deducted from the monthly gross income of the legally liable relative in determining the amount of the payment for funeral or burial expenses.

Work Expense Disregard

From the monthly gross earned income, disregard ninety dollars (\$90) from the monthly gross income for each person employed.

Dependent Care Disregard

From the monthly gross earned income, disregard the actual cost, if any, of care for each dependent child under thirteen (13) years of age or incapacitated person who is living in the home and is claimed or could be claimed as a dependent for the purposes of Federal personal income tax liability. For the legally liable relative employed full-time (100 hours or more per month), this disregard may not exceed one hundred sixty dollars (\$160.00) per month per child or incapacitated person. For the legally liable relative employed part-time (less than 100 hours per month), this disregard may not exceed eighty dollars (\$80.00) per month per child or incapacitated person.

Consideration of dependent care expenses is only given when the care is provided by a person not living in the dependent's household.

Maintenance Expense Disregard

An amount is also disregarded for the support of the legally liable relative and any other individuals who are living in the home and are claimed or could be claimed as dependents for purposes of determining Federal personal income tax liability.

The amount disregarded equals the appropriate monthly GPA consolidated standard for individuals and couples or the appropriate RIW standard based on the size of the legally liable relative's family group.

Medical Expense Disregard

A deduction is made to meet the cost of specific incurred medical expenses or medical services verified as needed for the month.

Such medical expenses include the amount paid for health insurance plus the amount of verified required monthly medical services that are within the scope of the GPA program.

EXAMPLE:

In December a parent applies for funeral and burial expenses for a child age 15. The family is comprised of a father, mother and a surviving sibling, age 10. The father works 40 hours per week and grosses two hundred dollars (\$200.00) per week. Since the mother is at home, there are no child care expenses. The family has Blue Cross purchased on their own at a cost of fifty dollars (\$50.00) per month. The ten-year old child has a chronic medical problem and must visit the doctor once a month and take medication at a cost of forty dollars (\$40.00) monthly. The equity value of the family's automobile is below one thousand five hundred dollars (\$1,500.00) and therefore is an excluded resource. The only other resource is the parents' joint three hundred and fifty dollar (\$350.00) bank account. Since this is below the four hundred dollar (\$400.00) resource limit, it does not prohibit eligibility. The approved cost of the funeral and burial expenses is one thousand three hundred and fifty dollars (\$1350.00).

Computation is as follows:

Father's Monthly Gross Income	
(\$200 x 4.3333)	866.66 Less Work Expense
Disregard 90.00	
	776.66 Less deduction for the
Monthly Standard Plan Size of three (3)	\$ 554.00
	\$ 222.66 Less deduction for
Medical Expenses (\$50 monthly health insurance payment and \$40 monthly verified medical expense) -90.00	
Amount available	\$ 132.66

The one hundred thirty-two dollars and sixty-six cents (\$132.66) is considered available from the legally liable relative and is applied to the one thousand three hundred and fifty dollar (\$1350.00) cost of funeral and burial expenses. The balance of one thousand two hundred seventeen dollars and thirty-four cents (\$1217.34) is paid through the GPA Program.

0620.05.05.10 Private Supplementation of Funeral Expenses

REV:09/2000

Friends or family of the decedent (other than legally liable relatives) may privately contract with the funeral director for additional or upgraded services and merchandise. Those individuals may contribute up to one thousand six hundred dollars (\$1,600.00), for additional funeral home services and merchandise, without affecting eligibility for the nine hundred dollar (\$900.00) basic allowance. For each additional one dollar (\$1.00) that those individuals contribute over the one thousand six hundred dollar (\$1,600.00) allowable supplement, a corresponding one dollar (\$1.00) is deducted from the basic allowance to be paid by the state.

The following are examples of items which might be contracted for privately by the family:

- Preparation of deceased for viewing (embalming, hairdressing, etc.);
- Use of funeral home for visitation or funeral services;
- Transportation for family members or friends to funeral services;
- Additional or upgraded funeral merchandise (casket, vault, cards, etc.).

Payment of fees by the family or friends to clergy, church musicians, florists, newspapers, state officials, or city officials for certified copies of death certificates in no way diminishes the amount that the family is permitted to supplement toward services or merchandise provided by the funeral director.

0620.05.10 Funeral and Burial Arrangements

REV:12/2005

Relatives and/or friends have a choice among those undertakers willing to provide a quality of service in accordance with the cost standard. Church and municipally-owned cemeteries often provide, free of charge, burial lots and/or the cost of opening and closing graves for persons unable to pay. The Rhode Island Veterans Cemetery also provides the above to eligible veterans and their eligible dependents. These resources must be explored and utilized, where available. Additionally, if a city or town provides burial space free of charge, or if the Director of Public Welfare is able to arrange for burial free of charge, this resource must be used. If the above resources are not available, burial costs can be met in accordance with the cost standards.

Payment of funeral and burial expenses by the department is not considered unless an application is filed on behalf of the deceased within thirty (30) days of the date of death.

When no relatives or friends are available, the local Director of Public Welfare or the Administrator of the GPA Program makes the arrangements appropriate to the faith of the deceased, when known.

0620.05.15 Application for Payment of Burial Costs

REV:12/2005

The application is made in the city/town of the residence of the deceased. When a client dies in a nursing/group home, the community in which the home is located is responsible for burial if need exists.

For Active Recipients

If the deceased was a recipient of RIW, GPA, MA, SNAP, or Long Term Care at the time of death, the information in the eligibility system is used to determine eligibility for GPA burial assistance.

If the deceased was a recipient of SSI at the time of death, contact is made with Social Security to determine available resources to document the application. If this information is unobtainable, and there are no relatives or friends, the application is filed by the Local Director or by the Administrator of the General Public Assistance Program to the best of his/her ability in behalf of the decedent.

For Non-Recipients

If the deceased had filed an application within ninety (90) days prior to death, and the current information is available to the agency, a determination of eligibility may be made from the information on file.

If the deceased was not previously known to the agency, an application must be made on behalf of the deceased to obtain information to determine eligibility.

0620.05.20 Cost Standard for Burial

REV:08/1992

The agency can provide payment up to its cost standard minus the resources and/or income of the deceased, including any amount deemed from legally liable relatives. The cost standard covers at least the following services and merchandise:

Professional Services

Basic management and supervisory services of the funeral director and staff in handling all arrangements relative to final disposition;

Use of Facilities and Equipment;

Transportation (includes local (within ten mile radius) transfer of deceased to funeral home, local transfer of deceased to church and/or cemetery or crematory.

Merchandise (includes minimum burial casket (generally flat-top grey cloth covered) or appropriate cremation container; and casket name plate (when required by the cemetery).

A bill must be submitted by the funeral director, itemizing the cost of services, by category, as indicated above. The bill must also include the amount non-legally liable relatives and/or friends have paid or agree to pay toward the expense. If eligibility exists, the department meets the balance, up to the cost standard, less any resources that must be considered.

Refer to Section 0620.05.05.10 for specific items for which family and/or friends may pay, without diminishing the amount the Department may pay as defined by this section.

Cemetery and/or crematory expense is separate and distinct from the funeral director/funeral home expense and should be treated as such. Although the funeral director will often coordinate the arrangements with the cemetery, the cemetery should be recognized as a separate vendor, which will bill the Department of Human Services.

0620.05.25 Standards for Funeral and Burial Expenses

REV:09/2000

Basic standards for funeral and burial expenses follow:

Stillborns

An amount up to twenty-five dollars (\$25.00) may be authorized for the funeral and an additional amount up to forty dollars (\$40.00) may be authorized for the burial of a stillborn. These amounts are authorized regardless of the duration of the pregnancy.

Adults and Children

For adults and children the following standards apply.

An amount up to nine hundred dollars (\$900.00) may be authorized to meet funeral expenses of an adult or child.

Further, with regard to burial or cremation of an adult or child, when the cost of the lot, opening and closing of the grave and/or cement grave liner is required, or when a crematory fee is required, in lieu of opening and closing the grave, consideration is given to these costs according to the following maximum amounts:

- Cost of a lot - one hundred fifty dollars (\$150.00);
- Opening and closing of the grave - one hundred seventy-five dollars (\$175.00);
- Cement liner, if required by the cemetery - one hundred twenty-five dollars (\$125.00); and
- Crematory fee - one hundred fifty dollars (\$150.00).

Note that payment to meet burial or crematory costs in excess of these amounts may be authorized only when the Administrator of the GPA Program ascertains and documents the existence of special circumstances.

0620.05.30 Example: Application of Cost Standards

REV:09/2000

An indigent adult dies. Within two (2) weeks his family applies for GPA to help defray the cost of funeral and burial expenses.

The funeral director submits the following itemized bill:

	Cost Actually Incurred	Agency Standard
Professional Services, including: Removal and basic body preparation:		
\$ 800	\$ 900 (embalming and preparation for viewing incurs an extra charge).	

Transportation: (Extra charge \$ 200 incurred for transporting relatives to the funeral services).

Casket: (non-standard version) \$ 900 _____

Use of Facilities and Equipment: \$ 250 (for visitation, incurs an added _____ cost).
\$ 2150 _____ 900

Actual and countable donations -1800 \$-200 by non-
legally liable relatives and friends. _____

_____ Balance \$ 350 \$ 700

Burial Expenses, including:	Cost Actually Incurred	Agency Standard
Cemetery Lot	\$ 250	\$ 150 Opening
and Closing of Grave + 175		+ 175 Cement Liner
+ 125 + 125		
	_____	_____
	\$ 550	\$ 450

Payment of the Funeral Bill

In the example, the two hundred dollars (\$200.00) over the maximum one thousand six hundred dollar (\$1600.00) donation is deducted from the agency standard resulting in a balance of seven hundred dollars (\$700.00). Since that amount would be in excess of the actual balance of three hundred fifty dollars (\$350.00), only the actual balance is payable.

Payment of the Burial Expenses

No contributions were made that would decrease the maximum burial costs. However, the five hundred fifty dollar (\$550.00) bill incurred is in excess of the agency cost standard of four hundred fifty dollars (\$450.00). Therefore, only the four hundred fifty dollars (\$450.00) is payable.

In the example, if the standard services were requested for an indigent individual with no legally liable relatives and no contributions from friends or relatives, a maximum of one thousand three hundred and fifty dollars (\$1,350.00) could be allocated.

Of the maximum, nine hundred dollars (\$900.00) would be directed to professional services and merchandise and four hundred and fifty dollars (\$450.00) for the cost of the cemetery lot, opening and closing of the grave and the cement liner, if required.

0620.05.35 Additional Costs in Special Circumstances

REV:12/2005

With the approval of the Administrator of the GPA Program, the following costs can also be met.

Transportation

If a funeral director must transport a body from one community to another, beyond a radius of ten miles, the mileage above and beyond the ten miles is reimbursable at the following rate:

- Travel by road: \$2.00 per mile - one way.
- Travel by train or air: the verified train or air fare.

Special Expenses

Funeral and burial expenses in excess of the basic standard because of individual needs such as, but not limited to, a special sized casket and special sized outer container to accommodate the casket are taken into consideration when such need is documented by the undertaker and approved by the Administrator of the GPA Program.

0620.05.40 Payment of Funeral and Burial Expenses

REV:09/2000

The Department makes payment only to service providers and does not reimburse any other person for payment of funeral and burial expenses.

As indicated in Section 0620.05.30, a bill presented for payment must be itemized. GPA payment of the expenses may not exceed the appropriate cost standards and, after application of the total resources available to the deceased, is limited to either the actual balance or the cost standard, whichever amount is less.

If payments for funeral and burial expenses are made by non-legally liable relatives or friends, the GPA payment in such cases may not, in combination with payments made by friends and/or non-legally liable relatives, exceed the two thousand five hundred dollar (\$2500.00) maximum for funeral expenses, and may not exceed the separate maximum for burial and/or crematory fees as described in Section 0620.05.25.

In determining the maximum payment for financial expenses, refer to Section 0620.05.05.10 for items that are independent of and not counted toward the maximum payment.

Determination of eligibility and authorization of payment for approved burial expenses are the responsibility of the district office GPA Unit. If the deceased was a recipient of assistance other than GPA, the GPA worker bases the determination of eligibility on the information contained in the eligibility system (see Section 0620.05.15).

0620.05.40.05 Recoupment of Funeral and Burial Expenses

REV:12/2005

0620.05.40.05 Recoupment of Funeral and Burial Expenses by DHS EFF:
12/2005

If, subsequent to payment of funeral and burial expenses on behalf of a decedent by DHS through the GPA Program, resources are discovered, the Director or his/her designee shall determine if efforts will be made by the Department to recoup the cost of funeral and burial expenses from the resources of the decedent or legally liable relative, or, if applicable, recovery in accordance with R.I. G. L. 40-8-15 is to be made, DHS shall file necessary Petitions with probate Court.

Recoupment of expenses by DHS may be made by acceptance of cash, or any of its generally accepted equivalents, including checks money orders and credit/debit cards.

0620.10.05 GPA Burial of Unclaimed Bodies

REV:12/2005

0620.10.05 General Public Assistance Burial of Unclaimed REV:
12/2005 Bodies

Payment of funeral and burial expenses by the department is not considered unless an application is filed on behalf of the deceased within thirty (30) days of the date of death, or if the Department is contacted by a person, entity, agency, or funeral director to request a public expense burial. In such instances, the person having custody of the unclaimed body shall attempt, within the first twenty-four (24) hours after death, to locate relatives or friends of the decedent who will assume responsibility. If no such person is found within twenty-four (24) hours after death, the person having custody of the dead body shall notify the director of the Department of Human Services or his or her designee who shall arrange for the removal of the unclaimed body.

If a body is unclaimed at or before the expiration of thirty (30) hours, DHS shall make a reasonable effort to find relatives or friends of the decedent. If no one is located, the Director or his/her designee shall have the authority to authorize a public expense burial in accordance with R. I. G. L. 23-18.1. For the purpose of these rules, a public expense burial may be treated as a General Public Assistance (GPA) burial. After a reasonable period of time, the Director or his/her designee shall have decision-making authority for the funeral and burial arrangements, appropriate to the faith of the deceased, when known.

If a non-legally liable relative or friend of a decedent comes forward, that contact shall be deemed a request for a general public assistance burial on behalf of the decedent. This person is encouraged to make application for general public assistance burial on behalf of the decedent. The application shall be processed in accordance with Section 0620.05.15 of these rules.

Application made by a legally liable relative shall be processed in accordance with 0620.05.05. DHS shall make every attempt to ascertain income and resources of the decedent in either case.

If there are relatives unwilling to authorize burial, or unwilling to pay for the decedent's burial, the GPA burial application shall be

processed and the Director or his/her designee shall determine if recovery of the decedent's assets shall be made by DHS.

To the extent that the Department of Human Services makes payment of the burial expenses, it shall have the right to recover the burial expenses from the estate of the deceased person if there are resources.

If the Director or his/her designee determines recovery should be made to reimburse DHS for payment of burial expenses or for estate recovery in accordance with R.I.G.L. 40-8-15, then an affidavit shall be obtained from the relative(s) not willing to authorize burial, stating the names and addresses of all known relatives, and a statement attesting to the fact that they that particular relative(s) waives their rights to the decedent's estate, if any.

0622 GPA CHECK REPLACEMENT PROCEDURES

0622.05 STAFF RESPONSIBILITIES

REV:07/1994

Checks which have been undelivered/lost/stolen or destroyed may be replaced in accordance with the procedures listed in this section.

Agency personnel have responsibility in the authorization process to assure that recipients are properly assisted as determined by the provisions of the policy.

0622.10 UNDELIVERED/LOST/STOLEN/DESTROYED GPA CHECKS

REV:02/1999

When a recipient reports to the agency that s/he has not received a GPA check, including an Interim Cash Assistance/Bridge Fund check, or that such check was lost, stolen, or destroyed after its receipt in the mail, the worker must enter the date of this notification in the eligibility system. This date serves as the control for any future replacement of the check.

Undelivered in Mail (Incorrect Address)

When a recipient reports the non-receipt of a GPA check, including an Interim Cash Assistance/Bridge Fund Check, in the mail, the worker verifies the client's current address and the address to which the check was mailed (also reviewing Alternate Issuance to see if the check was sent to the local office). If the check was mailed to an incorrect address, the worker must first determine if the check has been returned by the Postal Service by viewing the "Distribution History Display" or DISD panel under the CASE function. In the event that the check has been returned by the Postal Service, the worker re-mails the check.

If the check has not been returned by the Postal Service, the worker immediately requests a stop payment on the check by sending an electronic mail message addressed to "STOPPAY". The mail message must contain the case I.D. number, the name, the date of the check, the

amount of the check, and check number. The worker then follows the procedures outlined in "Replacement of Checks", Section 0622.10.05.

Undelivered in Mail

If the check was mailed to the correct address and less than 24 hours have elapsed since the expected delivery time, the client is asked to wait until the next scheduled delivery date and then to inform the agency if the check has still not been received. The client is advised to notify the local post office of the non-delivery. Notification of non-delivery provides an opportunity to learn from postal officials of any problem that has occurred in her/his area or it may serve to alert officials of a potential problem of which they were not aware. Verification of client contact with the postal authorities is not required.

If the check has still not been received after 24 hours, the worker then requests a stop payment on the check by sending an electronic mail message addressed to "STOPPAY". The case I.D. number, the name, the date of the check, the amount of the check, and check number are to be included in the mail message. The worker then follows the procedures outlined in 0622.10.05 for check replacement.

Lost, Stolen, or Destroyed after Receipt in Mail

When a recipient reports that a GPA, including Bridge, check was lost, stolen, or totally destroyed (meaning that there are no remnants of the check remaining) after its receipt in the mail, the worker immediately requests a stop payment on the check by sending an electronic mail message addressed to "STOPPAY". The case I.D.

number, the name, the date of the check, the amount of the check, and check number are to be included in the mail message. The worker then follows the procedures outlined in Section 0622.10.05.

The recipient is directed to file a report of loss or theft with the local police department. The worker must verify that a report has been made to the police by obtaining a copy of the report from the recipient. This activity is recorded in the SPEC/CLOG. The worker then follows the procedures outlined in Section 0622.10.05 for check replacement.

If a previously lost or stolen check is subsequently recovered and returned to the agency, it is sent to the E&SS Business Office at Central Office for cancellation. Staff should write "VOID" on the check and return it with an AP-59.

0622.10.05 Replacement of Checks

REV:02/1999

When a recipient reports that a GPA check, including a Bridge Fund check, has not been received (is undelivered in the mail) or has been lost, stolen, or totally destroyed (after its receipt in the mail), the stop payment procedures in Section 0622.10 are followed. The recipient is told that a replacement check can not be issued until at least three

(3) business days after the date of the report of the non-delivery, loss, theft, or total destruction.

The worker must not approve the request for replacement until at least three (3) business days after the date of the client's report (not date of issuance or date of expected delivery in the mail). For example, the recipient reports the non-receipt, loss, or theft on a Monday. The earliest day a replacement could be approved would be Thursday. If the report was made on a Wednesday, the earliest day a replacement could be approved would be the following Monday.

The recipient is required to sign an affidavit (DHS Form AP-55 or AP-55S) in duplicate attesting to the non-receipt, loss, or theft of an assistance check. The worker should fully review the contents of the AP-55/55S with the recipient at the time of its completion. Both copies are filed in the case record.

Replacement Procedures

Prior to authorizing a replacement check, the worker must telephone the Payroll Unit in the Business Office (464-2631) to determine whether the original check has been cashed. If the check has not been cashed, the worker proceeds with the check replacement.

The payment will be scheduled for the day of the approval and the check will be issued as part of the nightly payroll run and mailed to the client.

If the assistance check has been cashed, the worker obtains a copy of the transacted check and two (2) copies of R.I.

Department of Treasury form entitled Forged Check Affidavit.

These documents will be sent to the worker by the Business Office as soon as a copy of the check is received from banking officials. Prior to authorizing a replacement check, the recipient is scheduled for an office interview and shown the transacted assistance check. If the recipient maintains that s/he did not cash or receive money from the check, s/he signs both copies of the Forged Check Affidavit (original signatures only). The worker then proceeds with the check replacement process. The payment will be scheduled for the day of the approval and the check will be issued as part of the nightly payroll run and mailed to the client.

Both copies of the Forged Check Affidavit are returned to the Business Office at Central Office along with one copy of the AP-55/55S that the recipient signed when the non receipt, loss, or theft of the assistance check was reported to the district office. The Business Office then forwards the packet to appropriate authorities for further investigation.

If the missing check is cashed subsequent to the issuance of a replacement, the Business Office will initiate the sending of the packet (copy of the canceled check and Forged Check Affidavit) to the local district office. The same procedures as above are followed. However, if the recipient acknowledges having cashed the check or having received money from it, the Forged Check Affidavit is not

completed. Instead, the case must be referred to the Fraud Investigation Unit for a determination of the means of recovering the duplicate payment.

0622.10.10 Precautions for Securing Future Checks

REV:02/1999

When a recipient reports a lost or stolen check, the worker must advise him/her to take precautions to reduce the chances that future checks will be similarly lost. For example, the recipient is instructed to meet the mailman on check day, if possible, or make sure that the mailbox is locked.

If two (2) checks are reported lost or stolen in the same six month period, the case is referred to the Program Administrator or his/her designee, who reviews the case history of reported lost or stolen checks and any measures the recipient has taken to secure future checks. At the Administrator's discretion, a conference may be scheduled to discuss the problem. If a conference is held, the participants include, but are not limited to, the Program Administrator (or his/her designee), supervisor, social worker, and the recipient and her/his representative.

If after a thorough review it appears that the recipient's checks remain susceptible to loss or theft and no other solution presents itself, the Administrator may decide that the recipient's checks must be sent to the district office and picked up there by the recipient. This arrangement continues until the recipient can show that checks can be safely mailed to the home.

0622.15 LOST OR STOLEN CASH

REV:08/1992

A recipient who has lost money or from whom money has been stolen and who is without food or SNAP benefits, may be given assistance to obtain food only, pending the receipt of the next assistance check or receipt of other income, whichever is first. The food need is computed based on the standard from the table below for the appropriate number of days that food is required for each person in the GPA assistance unit.

The recipient must report the loss or theft to the police department and sign an affidavit (AP-55) attesting to the loss or theft before the payment can be authorized. Payment is authorized via the state's electronic eligibility system.

WEEKLY STANDARD FOR FOOD

PLAN SIZE	AMOUNT
1	\$16.30
2	29.80
3	42.00
4	52.40
5	65.50
6	78.60
7	91.70

8 . . . . .	.104.80
9 . . . . .	.117.90
10 (and over).	131.00

Add \$13.10 for each person in the plan size over 10.

0624 MEDICAL CARE

0624.05 PROVISION OF MEDICAL SERVICES

REV:05/1997

General Public Assistance medical benefits are provided to eligible individuals who have a documented illness, injury, or medical condition and who are not eligible for Title XIX Medical Assistance. Persons eligible for GPA medical benefits are entitled to free choice of physician (doctor of medicine or osteopathy or optometry) and providers of the approved limited formulary of prescription drugs, unless otherwise restricted because of excessive or inappropriate utilization of prescribed drugs.

Payment of Services

All medical services and supplies provided within the scope of service (except hospital in- and out-patient services) are met by direct payment to the vendor through the General Public Assistance Medical program.

Payments to physicians and other providers of medical services and supplies, provided on a fee for service basis, are made pursuant to the applicable fee schedule for the particular service that is used by the Rhode Island Medical Assistance program, reduced by fifty percent (50%). Payments to physicians and other providers of medical services and supplies represent full and total payment. No supplementary payment by the recipient or any one acting on his/her behalf is allowed.

0624.10 GPA DRUG UTILIZATION REVIEW PROGRAM

REV:08/1992

The General Public Assistance Drug Utilization Review (GPA/DUR) Program has been established to prevent recipients of GPA from obtaining excessive quantities of prescribed drugs through multiple visits to physicians and pharmacies.

Legal Base

Title 40, Chapter 6 of the General Laws of Rhode Island authorizes the Department of Human Services (DHS) to "Promulgate rules and regulations to detect and prevent program abuse by recipients and providers of assistance."

Records of medical expenditures are reviewed by the state's electronic eligibility system to determine if a recipient is obtaining excessive quantities of prescribed drugs through multiple visits to physicians and/or pharmacies.

0624.10.05 Overuse of Prescription Drugs

REV:11/1988

If the Division of Medical Services determines that a recipient has utilized GPA to obtain prescribed drugs at a frequency or amount that is not medically necessary (as determined from published current medical and pharmacological references which include but are not limited to, The Physicians Desk Reference published by the Medical Economics Company and the Pharmacological Bases of Therapeutics published by the MacMillan Company), such recipient is "locked-in" for fifteen months to specific providers in order to:

- Protect the individual's health and safety;
- Provide continuity of medical care;
- Avoid duplication of service by providers;
- Avoid inappropriate or unnecessary utilization of Medical Assistance as defined by community practices and standards; and
- Avoid excessive utilization of prescription medications.

The casework supervisor is advised of the disposition of the referral. If the referral is determined to be appropriate, the Division of Medical Services sends a written notice (GPA/DUR-1) by certified mail to the recipient thirty (30) days prior to the implementation of the restriction advising of:

- His/Her excessive utilization;
- His/Her right to choose a primary pharmacy and a primary physician as a single source of medical care (by use of the enclosed GPA/DUR-2);
- The requirement that the primary physician make all referrals to other physicians, on the client's behalf, except for bona fide emergencies;
- The right of the Department to designate a primary pharmacy/physician of adequate quality and within reasonable access should the recipient fail to complete and return the GPA/DUR-2; and
- His/Her right to request a fair hearing within thirty days.

0624.10.10 Authorization Process

REV:08/1992

The Division of Medical Services notifies the referring casework supervisor, in writing, of the restriction regarding use of prescription drugs as specified in Section 0624.10.05.

Two (2) copies of the GPA/DUR-1 are sent to the appropriate district office.

- One copy is used as verification that the client is participating in the DUR program and is retained in the case record, and
- One copy is sent to the Chief of Pharmacy Services at Central Office to alert him/her to the client's participation in the program.

If the recipient completes the GPA/DUR-2 and returns the form letter to the DUR program, the program representative forwards two (2) copies of the letter to the referring district office casework supervisor.

- One copy is kept in the service record, and
- One copy is returned to the Chief of Pharmacy Services so that accurate vendor payment may be made.

The GPA/DUR program representative mails one (1) GPA/DUR identification card to the referring casework supervisor. The casework supervisor ensures that the recipient's GPA medical identification document contains the restriction information. The "Services Restricted" line on the GPA check stub or medical care identification document will be marked to indicate that a pharmacy restriction is in place.

0624.10.15 GPA/DUR Restrictions

REV:08/1992

The following restrictions apply to the recipient(s) whose name(s) appear(s) on a GPA identification card when a pharmacy services restriction is in place.

- No pharmacy, except the recipient's pharmacy of choice, may receive payment from the GPA Medical Program for drugs dispensed to the recipient. The only exception is an emergency verified by an authorized physician. In that instance, a pharmacy other than the pharmacy of choice may dispense a maximum of a 72 hour supply of a drug to a restricted recipient.
- The Division of Medical Services, on a monthly basis, sends to all pharmacies in the state a notice (GPA/DUR-3) listing the case number for each recipient requiring Drug Utilization Review (DUR). The notice will also advise that payment for services rendered by other physicians/pharmacies will be denied except in cases of an emergency or by direct referral by the designated physician.
- The recipient may change either the primary pharmacy or the primary physician for reasonable cause by notifying the GPA/DUR Program. The new

primary pharmacy or physician should be noted on the GPA/DUR-2 and sent to the GPA/DUR Program at the Division of Medical Services.

- The GPA/DUR Program reviews the recipient's drug usage at the end of the restricted period. Unless there is evidence of continued abuse, the restriction will be terminated.

0624.10.20 Role of GPA Caseworker in GPA-DUR Program

REV:11/1988

The GPA social caseworker initiates involvement with the individual/family in order to assess the situation, counsel and, as appropriate, refer to such resources as CODAC or Vocational Rehabilitation. Protection of the individual's health and safety is the primary consideration.

The caseworker shall cooperate with the Division of Medical Services by participating in any meeting which includes the recipient.

0624.10.25 Reapplying for GPA Medical Services

REV:11/1988

If the client reapplies for GPA, participation in the GPA/DUR Program is still required. Similarly, if the client is found eligible for Rhode Island Medical Assistance, participation in the MA/DUR Program is mandated.

0624.15 RESPONSIBILITIES OF THE GPA CASEWORKER

REV:07/1994

When an applicant requests GPA, the GPA caseworker is responsible:

- To determine initially and at each DOCE whether the recipient has any medical coverage, such as but not limited to Blue Cross, Blue Shield, Harvard Community Health Plan, Ocean State Health Insurance, other insurance, or Worker's Compensation, and to keep the GPA Medical Unit informed of such resources (or loss of such resources) by use of the state's electronic eligibility system.
- To review with the recipient the medical care program, the types of services available, and to explain the method by which medical bills are paid.
- To refer, as appropriate, to alternative medical assistance programs for which the client may be eligible. Such referrals may be made to:
 - R.I. Medical Assistance (MA);

- Rhode Island RiteCare program for pregnant uninsured women whose income is less than 350% of the Federal Poverty Guideline and children under six (6) whose income is less than 250% of the Federal Poverty Guideline;
- Refugee Medical Assistance;
- Department of Elderly Affairs' RIPAE program (R.I. Pharmacy Assistance for the Elderly);
- To provide service when a recipient of GPA medical assistance requests service or if need for service is apparent.

0624.15.05 Medical Insurance Resource

REV:08/1992

When a applicant/recipient has a medical resource, the information must be entered into the state's electronic eligibility system on the INSU panel. It is important that this be done to avoid duplication of payment for medical bills.

Subsequent changes in medical resource status, e.g., change in type of coverage, loss of coverage, etc. must be updated as the information becomes known.

0624.20 REASONABLE AND NECESSARY MEDICAL SERVICES

REV:07/1994

Categories of services provided include the following:

- o A limited formulary of prescription drugs.
- o Out-patient Physician Services to include Community Health Center services and the physician component of Community Mental Health Center services and optometric services.

Although GPA reimbursement is not made for in-patient and out-patient hospital services, GPA recipients may receive these services without charge under R.I. law which mandates voluntary hospitals (except psychiatric hospitals) to provide these services free to GPA recipients.

These free services include:

- o In-patient hospital services;
- o Out-patient hospital services including:
 - Clinic
 - Emergency Room

-- Pharmacy

0624.20.05 Reimbursement for Services

REV:07/1993

Vendor payments for General Public Assistance medical expenses shall be paid at fifty percent (50%) of the appropriate Medical Assistance fee schedule allowance (community health centers shall be reimbursed at the physician's fee schedule allowance).

Further, GPA shall not provide payments to:

- In-patient psychiatric facilities;
- Out-patient psychiatric facilities;
- Nursing facilities; or
- Rhode Island State Medical facilities.

Rhode Island law provides that hospital in-patient and out-patient services are provided free of charge to GPA recipients by the voluntary hospitals of the State.

0624.20.10 Out-of-State Medical Services

REV:08/1992

Payment for out-of-state medical services is limited to GPA reimbursable services for eligible Rhode Island GPA recipients.

Payment for covered services is made on a prior authorization basis. Payment for out-of-state in-patient and out-patient hospital services will not be made.

When requiring prior authorization for out-of-state medical services, the covered service which is required and being requested by the attending physician for a patient must not be available within the State of Rhode Island.

Exceptions to the requirement for prior authorization for out-of-state covered medical services pertain to emergencies and physicians located in close proximity to the Rhode Island State line, i.e., Attleboro, Fall River and New London.

0624.25 ELIGIBILITY FOR GPA MEDICAL SERVICES

REV:07/1994

GPA medical care includes covered physicians services and prescription drugs provided within established costs to eligible individuals/couples and/or families. Medical payment is made for unpaid covered services and prescription drugs on behalf of an individual or family who is eligible for GPA from the date of application. Eligibility for medical coverage continues only until the effective date of the GPA closing.

Furthermore, there is no retroactive eligibility for GPA medical benefits.

Individuals found eligible for GPA Medical shall be eligible for an initial period of up to six (6) months, renewable for a period of up to another six (6) months. To receive GPA Medical for a period greater than twelve (12) months, individuals must reapply for both Title XIX Medical Assistance and GPA Medical.

0625 PAYMENT CHANGES AND CLOSINGS

0625.05 CHANGES IN CIRCUMSTANCES

REV:07/1993

In the initial contact with the agency, and in any subsequent contacts, the recipient is made aware of his/her responsibility to report changes in circumstances within ten (10) days. Financial need is subject to change whenever there is a change in the plan size, the living arrangement, or in income or assets. There are changes in factors other than need which can affect eligibility, some of which the agency may be aware of in advance, and others which are unexpected and the agency can learn about only when the recipient or another source makes the information known.

When it is anticipated that changes in circumstances such as income, assets, plan size, living arrangements, or eligibility factor will occur at a specific time, the worker utilizes the state's electronic eligibility system to remind him/her of the change a month before that date. The worker will then review the situation and take appropriate action for the next effective date. Information on such changes as well as forms completed are noted in the Case Log, CLOG.

0625.10 PAYMENT CHANGES

REV:01/1995

Whenever a change in circumstances results in a reduction of the payment or ineligibility for the program, the client must be notified. The GPA-56, Notice of Agency Action, is mailed to the client which notifies him/her of the date and reason for discontinuance. See the General Provisions Manual, section 0110.30.20 for information about the client appeal process.

0625.10.05 Notification of Changes in Assistance

REV:01/1995

When it is determined that a change in the recipient's circumstances will result in a reduction, suspension, or discontinuance of assistance, the recipient must be notified by mailing a GPA-56 at least 10 days prior to the effective date.

The Case Log (CLOG) must show the date that the notice was mailed.

The notice must:

- contain the reason for the proposed action and the agency policy which requires this action;
- explain the opportunity to discuss the action with the staff person authorizing discontinuance, suspension, or reduction in the payment;
- explain the opportunity to have an Adjustment Conference with the casework supervisor or program administrator
- explain the provision for continuation of the payment only if a hearing is requested within the ten-day period of the date of the notice and a written request for continuation of the payment is included in the request for hearing.
- explain the opportunity the client has to request a Fair Hearing within 10 days of the date of the notice.

An advance or ten day notice is not required when:

- the agency has factual information concerning the death of a recipient or the payee when there is no relative available to serve as new payee;
- the agency receives a clear written statement signed by a recipient that s/he no longer wishes assistance, or that gives information which requires discontinuance or reduction of assistance, and the recipient has indicated, in writing, that s/he understands that this must be the consequence of supplying such information;
- the recipient has been admitted or committed to an institution and there is no other person included in the payment;
- the recipient has been placed in skilled nursing care, intermediate care, or long-term hospitalization;
- the claimant's whereabouts are unknown and agency mail directed to him/her is returned by the post office indicating no known forwarding address. The claimant's check must, however, be made available to him/her if his/her whereabouts become known during the payment period covered by a returned check;
- a recipient is accepted on RIW, SSI, or assistance in another state and that fact has been established; or
- a child is removed from the home as a result of a judicial determination, or voluntarily placed in foster care.

However, adequate notice must be sent not later than the date of action. The record and/or Case Log must show that the GPA-56 has been sent.

0625.10.10 Required Action

REV:01/1995

A client has a right to request a hearing within ten (10) days of the agency's notice of action regarding an impending reduction, suspension, or discontinuance of assistance. If a request for a hearing is made within the ten-day advance notice period of the date of the notice and a written request for continuation of assistance is included in the request for hearing, no action for reduction, suspension, or discontinuance is taken until the hearing decision is reached except in the following instances:

- When the reduction, suspension or discontinuance is caused by a change in State law that requires automatic grant adjustment for classes of recipients, a timely notice of such grant reduction can be issued by mass mailing, and the payment is not continued and no hearing need be granted. However, a hearing is granted and the payment is continued when the reason for the appeal is incorrect grant computation. The casework supervisor will review the issue to determine this and will inform the recipient, in writing, of the action that will be taken. If the payment is continued and, at the hearing, a determination is made that the sole issue is one of State law or policy or change in State law and not one of incorrect grant computation, assistance is reduced, discontinued or suspended immediately and the recipient must be promptly informed, in writing, of the action. However, the formal hearing decision is issued within the time limits for hearing decisions.
- When a second change occurs while the hearing decision is pending, and the recipient does not request a hearing within the advance notice period on the second issue, assistance is reduced, suspended or discontinued and the recipient must be promptly informed of this in writing.

At the end of the ten-day period, the action remains in force if the client has not responded and requested a hearing and submitted a written request for continuation of benefits. No hearing will be granted unless requested within ten (10) days of the date of the notice.

0625.10.15 Conditions Under Which Assistance Continued

REV:01/1995

If the request for a fair hearing is made within the ten (10) day advance notice period and a written request for continuation of assistance is included in the request for hearing, no action for reduction, suspension, or discontinuance is taken until the fair hearing decision is rendered.

If the reduction, suspension, or discontinuance is caused by the application of a change in agency policy which affects all recipients,

a timely notice can be issued by mass mailing. If the client requests a hearing regarding the change in policy itself, assistance is not continued. However, when the request is based on improper determination of benefits in the individual situation, assistance is continued.

0626 RENEWAL/REAPPLICATION

0626.05 RENEWAL AND REAPPLICATION REQUIREMENTS

REV:05/1997

Because no formal redetermination of continuing eligibility process is required for GPA recipients, if the agency becomes aware of a change in the financial circumstances of the recipient that would result in ineligibility, GPA will be terminated.

For GPA applicants, initial eligibility may be granted for a period of up to six (6) months, renewable for a period of up to an additional six (6) months. Prior to the expiration of the initial period of eligibility, the GPA field staff must notify the client of the procedures to be followed to have another period of eligibility considered. In order to receive GPA for a period greater than twelve (12) months, individuals must reapply for General Public Assistance and Title XIX Medical Assistance.