

**Kansas Department of Social and Rehabilitation Services**  
**Janet Schalansky, Secretary**

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**MEMORANDUM**

To: EES Chiefs  
EES Staff

Date: December 17, 2002

From: Sandra C. Hazlett

RE: Implementation Instructions KEESM  
Rev. 12 Effective January 1, 2003

This memo provides implementation instructions and information for the following January 1, 2003 KEESM changes:

- KEESM 2223 - Temporary absence of a child or caretaker
- KEESM 2510 - Categorical eligibility for the Food Stamp Program
- KEESM 2520 - Able-bodied Adults without dependents - new 3 year eligibility period
- KEESM 2673 - Elimination of the Partial LMB Program

The January 1, 2003 KEESM is now available online on the KEESM home page. The hard copy is being issued to staff at this time.

1. **KEESM [2223](#) - Temporary Absence of a Child or Caretaker** - (See Summary of Changes, item 9.)  
The following examples help to illustrate this change in policy. Please note that the examples only apply to TAF. There is no comparable temporary absence policy for food stamps.

- Example 1 - A single mother with 3 children seeks substance abuse treatment as part of her self-sufficiency plan. The RADAC recommends that the mother enter a 45 day treatment facility and further recommends that she reside in a half-way house for 90 days following treatment. The grandmother will care for the children in her absence. Because the mother will be absent due to fulfilling a work requirement, she remains eligible for assistance during her absence.
- Example 2 - A mother leaves her 3 children with their grandmother while she goes to help her sister with newborn twins. She plans to be gone for two months. Because her anticipated length of absence is less than 180 consecutive days, she remains eligible for TAF assistance during her absence.

Who should be the payee in the examples above? The mother should remain the payee even though the grandmother has come to stay with the children during her absence. This would also be true if the children went to stay at Grandma's house during the mother's absence. It will be up to the mother to determine whether to give Grandma access to her EBT account or make other arrangements to support the children in her absence.

What if Grandma works and needs child care? Grandma is eligible for child care assistance with no family fee.

- Example 3 - A mother is sent to jail for 90 days. Does she remain eligible for assistance under the temporary absence policy? No. Residents of penal institutions are never eligible for assistance. This policy includes children who are sent to juvenile detention or correctional facilities, but does not include juvenile offenders who are placed in foster care or group homes.
- Example 4 - A mother is hospitalized on January 4. The hospital stay is expected to last approximately 90 days, which would place her release around the end of March, beginning of April. Does she remain eligible for assistance under the temporary absence policy? This is a situation in which the worker will have to use his or her best judgment. The policy states that in cases of hospitalization, eligibility may continue if the hospital stay is not expected to exceed the month of admission and the two following months. In this example, the anticipated stay is within 4 days of the eligibility cut-off date. However, the 90 day time frame is only an estimate at the time the worker is determining continued eligibility and could be off a week in either direction. It would be within a worker's discretion to determine that it is likely the client will be released by March 31 and approve on-going eligibility for the mother. If the mother isn't actually released until April 2, there is no overpayment. The worker made a good judgment based on the information available at the time.
- Example 5 - The only children in a TANF household go to visit their father for 2 months in the summer. The children should remain on their mother's case since they are only temporarily absent. CSE should be notified of the visit. The mother and father must work out arrangements for financial support of the children during the visit. If the father does apply for assistance during the children's visit and if he is eligible, a case may be opened for him and one of the children coded "SS" on his case while remaining "IN" on the mother's case. The system will allow this. The goal is to allow the mother to maintain the home for the children's return.

For food stamps, the children must be coded "OUT" on the mother's case. If the father applies for food stamps, the children would be coded "IN" during the months they are with their father.

- Example 6 - A child is placed in foster care with the expectation to be returned home within 180 days. The child must be coded "out" on TANF because the child may not receive a TANF payment and a foster care payment in the same month. If it is the only child on the TANF case placed in foster care, the child will be coded "SS" on SEPA and the mother will remain eligible.

What verification is required that the foster care is expected to last 180 days or less? If it is your area's goal for every foster child to be returned home within 180 days when possible, individual verification on the expected length of absence is not required. However, it is within an area's discretion to require verification of each temporary absence.

- Example 7 - A child receives a scholarship for a boarding school in New England and will be gone nine months of the year. Both the mother and child remain eligible for TANF in Kansas. Note: There is no 180 day time limit when the absence is to attend school.
- Example 8 - A child goes to live with her grandmother in New York so that she may attend a special school for the performing arts. This is not a boarding school; the child resides with the grandmother with visits home at Christmas and a month in the summer. Grandma makes the decisions on the child's curfew, spending money, privileges, etc. This child is not eligible to remain on the mother's TANF case in Kansas. Although the purpose of the absence may be to attend school, the mother has given care and control of the child to the grandmother for more than 180 days. (This must be determined on a case by case basis.) If this is the mother's only child, she is no longer eligible for TANF in Kansas.

2. **KEESM 2510 - Categorically Eligibility Households** - (See Summary of Changes, item 11.) As stated in the Summary of Changes, the food stamp change to the categorical eligibility provisions is

mandated by federal policy. Effective with this revision, households are considered categorically eligible only if all members of the household receive or are authorized to receive TAF, GA or SSI cash assistance, or if all adult members receive or are authorized to receive TAF funded work support services. The previous policy that conferred categorical eligibility to households in which some members received TAF or GA cash, or TAF funded support services is no longer applicable. This new interpretation of categorical eligibility shall be applied to all applications and reviews processed on or after January 1, 2003. For ongoing cases, the new policy shall be applied at the time of the next food stamp eligibility review.

The following examples illustrate households that are categorically eligible.

- Example 1 - Mary Smith and her 4 children receive TAF. Her disabled mother lives with her and receives GA.
- Example 2 - Bill Jones and his family of 5 have been receiving TAF. He gets a job that make the family ineligible for cash assistance. Bill is eligible for TAF funded support services for 12 months following TAF closure.
- Example 3 - Sam Smith receives SSI. His wife and children receive TAF.
- Example 4 - Mary Jones and her daughter Jenny both receive SSI. They live with Jenny's older brother George, who is receiving GA.

The examples below are of households that are not considered categorically eligible under the new policy:

- Example 5 - Sally Berry receives TAF for herself and 3 children. Her boyfriend (not the children's father) lives in the home and purchases and prepares meals with Sally and family. He is employed full time and has \$2,500 in countable resources.
- Example 6 - Amanda Miller is pregnant and receiving TAF. She is only 19 and lives with her parents and siblings who also want to receive FS. They do not receive TAF.

3. **KEESM [2520](#) - Able-Bodied Adults Without Dependents (ABAWD)** - (See Summary of Changes, item 12.) - January 1, 2003 starts a new 36 month eligibility period for ABAWDS. The 36 month period will end December 31, 2005. The following policies apply:

- ABAWDs that are receiving benefits at the end of the 36 month period (3rd month is December 2002) do not have to reapply for benefits to continue into the new 36 month period. They should just be continued through March 2003.
- ABAWDs who are in their first or second ABAWD month in December 2002, shall continue receiving the full three months of ABAWD benefits, then start their new 3 month eligibility period. For example, an ABAWD is certified in October 2002. November through January are the first three months of eligibility as an ABAWD. Since a new three year period started January 1, eligibility can continue for another three months, or until April 2003.
- ABAWDs that have received their 3 months and been taken off of FS (SEPA code DI) on active FS cases should be added back onto active FS cases for the benefit month of January 2003, if appropriate. A new application is not required. The person should be treated just like adding a person to an active case. All factors of eligibility must be met to read the person to the case.

To assist staff in this effort, a printout of ABAWDs on active FS cases is attached to this memo. Persons listed are coded AB on JOPR with a SEPA code of DI (and DF - read on). In reviewing the printout, I noted quite a few ABAWDs coded DF. The policy change that changed SEPA

coding for ABAWDs from DF to DI was effective 10/1/01. Cases were to have been changed for the benefit month of November 2001. Cases that were not changed correctly, or ABAWDs on new cases coded incorrectly since the policy change was effective are potentially due lost benefits if the ABAWD had income. All cases with ABAWDs coded DF on the attached printout must be reviewed for potential lost benefits.

- ABAWDs on cases that are closed will have to reapply to receive benefits in the next 36 month period. No notification of possible eligibility in the new period is required.
  - The ABAWD Eligibility Tracking Form, ES-4312, has been revised. We did not get it into the January manual revision in time, so a copy of the revised form in WP is attached to this memo. This version will be added to the KEESM website, and a hard copy will be included in the May 2003 revision.
4. **KEESM [2673](#) - Partial LMB - (See Summary of Changes, item 15.)** - Due to the expiration of federal authority to provide benefits, the Partial LMB program will be eliminated beginning January 1, 2003. Persons eligible under this program are provided a refund for payment of a portion of the Medicare Part B premium. Administrative processes for Partial LMB provided the entire annual benefit in a single payment and cases for eligible participants are generally opened only for a single month. Immediately following authorization of coverage, the case is closed. Payments for the benefit are made internally and the Medicare buy-in process is not used in this process. Because there are no open cases authorizing Partial LMB benefits, no additional action is needed to terminate coverage for any persons who is currently eligible for Partial LMB.

Persons meeting eligibility criteria shall be approved for benefits through 2002, including applications processed after 01-01-03. Eligibility may also be considered for persons requesting prior medical, but only for 2002 benefits. Benefits are not available for effective dates of 01-01-03 or later.

For example, an individual applying on 1-10-03 requests prior medical. If the individual is eligible, the full 2002 payment of \$43.92 shall be authorized. However, unless the individual qualifies for other types of medical assistance in future months, the case shall be closed and no further benefits provided.

Applicants specifically requesting Partial LMB for dates on or after 01-01-03 shall be informed that the program has terminated. The Partial LMB denial notice, the N265, has been modified to include language regarding the sunset of the program. Because any denial or termination of benefits provided under the Partial LMB program is due to Federal law, an opportunity for a fair hearing need not be provided. It is appropriate to enter a Motion to Dismiss for fair hearing requests related to this change.

The Special Medical Indicator (PICK code) of LP will not be available for authorization for benefit months past 12-02. Staff attempting to use this code will receive an error message. Case processing instructions for benefit months through 12-02 are not changing.

SCH:PJ:jmm