

MINUTES

MONTANA HOUSE OF REPRESENTATIVES 53rd LEGISLATURE - REGULAR SESSION

JOINT SUBCOMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By CHAIRMAN JOHN COBB, on January 8, 1993, at
7:35 A:M

ROLL CALL

Members Present:

Rep. John Cobb, Chairman (R)
Sen. Mignon Waterman, Vice Chairman (D)
Sen. Chris Christiaens (D)
Rep. Betty Lou Kasten (R)
Sen. Tom Keating (R)
Rep. David Wanzenried (D)

Members Excused: None

Members Absent: None

Staff Present: Lisa Smith, Legislative Fiscal Analyst
Lois Steinbeck, Legislative Fiscal Analyst
Connie Huckins, Office of Budget & Program
Planning
John Huth, Office of Budget & Program Planning
Billie Jean Hill, Committee Secretary

Please Note: These are summary minutes. Testimony and
discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: DEVELOPMENTAL DISABILITIES;
DEVELOPMENTAL DISABILITIES PLANNING AND
ADVISORY COUNCIL; INTERGOVERNMENTAL
BUREAU WITHIN THE FAMILY SERVICES
DIVISION; FOOD STAMP PROGRAM WITHIN THE
FAMILY ASSISTANCE DIVISION; FOOD STAMP
OUTREACH WITHIN THE FAMILY ASSISTANCE
DIVISION; AID TO FAMILIES WITH DEPENDENT
CHILDREN WITHIN THE FAMILY ASSISTANCE
DIVISION; EMERGENCY ASSISTANCE TO NEEDY
FAMILIES WITH CHILDREN WITHIN THE FAMILY
ASSISTANCE DIVISION; AFDC TRANSITION TO
WORK ALLOWANCE WITHIN THE FAMILY
ASSISTANCE DIVISION; MONTANA DAY CARE
PROGRAMS WITHIN THE FAMILY ASSISTANCE
DIVISION; MEDICAID WITHIN THE FAMILY
ASSISTANCE DIVISION; AND EMERGENCY AFDC
DFS-SRS REFINANCING

Executive Action: NONE

HEARING ON DEVELOPMENTAL DISABILITIES

Tape No. 1:Side 1

Program Summary

Dr. Blouke discussed the Administration Program. EXHIBIT 1

HEARING ON DEVELOPMENTAL DISABILITIES PLANNING AND ADVISORY COUNCIL

Dr. Blouke introduced Mr. Greg Olson, Executive Director, Developmental Disabilities Planning and Advisory Council. EXHIBIT 1

HEARING ON DEVELOPMENTAL DISABILITIES DIVISION

Tape No 1:Side 1

Mr. Mike Hanshew, Administrator, Developmental Disabilities Division, addressed EXHIBIT 2, and responded to questions of committee members.

HEARING ON FAMILY ASSISTANCE DIVISION AND CLIENT APPLICATION PROCEDURE

Overview and Total Quality Management:

Roger La Voie, Administrator, Family Services Division, presented a brief preface to the information to be covered. He listed the people who will be resources for these programs. EXHIBITS 3, 4

Training

Mr. Jon Meredith, Bureau Chief, Field Services, Exhibit 5.

Application Process for Public Assistance

Ms. Tonya McCormack, EXHIBIT 6.

Mr. La Voie presented a graph that showed how the caseload has grown in 1991, 1992, and 1993. He compared it with the number of FTEs to service the programs. EXHIBIT 7

HEARING ON INTERGOVERNMENTAL BUREAU WITHIN THE FAMILY SERVICES DIVISION

Tape No. 1:Side 2

Mr. James Nolan, Bureau Chief, Intergovernmental Human Services Bureau, stated that one thing differentiated this bureau from

Mr. James Nolan, Bureau Chief, Intergovernmental Human Services Bureau, stated that one thing differentiated this bureau from most of state government. They deliver the services, not through state employees, but primarily through a network of private non-profit agencies, Human Resource Development Councils, food banks, and the summer camps for children. The following programs are under this bureau. EXHIBIT 8

BUDGET ITEM LOW-INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

BUDGET ITEM COMMUNITY SERVICES BLOCK GRANT

Human Resource Development Councils

BUDGET ITEM HOMELESS ASSISTANCE GRANTS

Emergency Shelter Grants Program

Emergency Community Services Homeless Grant Program

BUDGET ITEM WEATHERIZATION

BUDGET ITEM BUDGET ITEM FOOD DISTRIBUTION PROGRAM

Commodities

Food Distribution on Indian Reservations

BUDGET ITEM HUMAN RESOURCE DEVELOPMENT COUNCILS

Judith Carlson, representing HRDC's introduced two HRDC Directors who wished to testify. Mr. Gene Leuwer, Director, Helena HRDC, and Mr. Carl Vissar, Director, Billings HRDC, addressed the committee. EXHIBIT 9

HEARING ON FOOD STAMP PROGRAM WITHIN THE FAMILY ASSISTANCE
DIVISION

Mr. Roger La Voie, Administrator, Family Assistance Division, presented information to the committee. EXHIBIT 10

HEARING ON FOOD STAMP OUTREACH WITHIN THE FAMILY ASSISTANCE
DIVISION

Tape No. 1:Side 2

Mr. La Voie discussed this program administered by the Governor's Office on Aging. EXHIBIT 10

Mr. Charles Rehbein, Governor's Coordinator on Aging, answered questions about funding for the outreach program.

HEARING ON AID TO FAMILIES WITH DEPENDENT CHILDREN WITHIN THE
FAMILY ASSISTANCE DIVISION

Mr. La Voie, EXHIBIT 11

AFDC Longevity

Mr. La Voie, EXHIBIT 11

HEARING ON EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN
WITHIN THE FAMILY ASSISTANCE DIVISION

Tape No. 2:Side 1

Mr. La Voie, EXHIBIT 11

HEARING ON AFDC TRANSITION TO WORK ALLOWANCE WITH THE FAMILY
ASSISTANCE DIVISION

Mr. La Voie, EXHIBIT 11

HEARING ON MONTANA DAY CARE PROGRAMS WITHIN THE FAMILY ASSISTANCE
DIVISION

Mr. La Voie, EXHIBIT 12

HEARING ON MEDICAID WITH THE FAMILY ASSISTANCE DIVISION

Mr. La Voie, EXHIBIT 13

HEARING ON EMERGENCY AFDC DFS-SRS REFINANCING

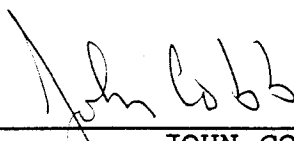
Tape No. 2:Side 1

Mr. La Voie, EXHIBIT 14

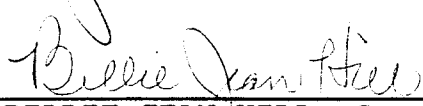
Dr. Blouke introduced Mr. Hank Hudson, Director, Department of Family Services. Mr. Hudson addressed the Supplemental Security Income (SSI) Refinancing project.

ADJOURNMENT

Adjournment: 12:00 noon



JOHN COBB, Chairman



BILLIE JEAN HILL, Secretary

JC/bjh

HOUSE OF REPRESENTATIVES

HUMAN SERVICES

SUB-COMMITTEE

ROLL CALL

DATE

Jan 8, 1993

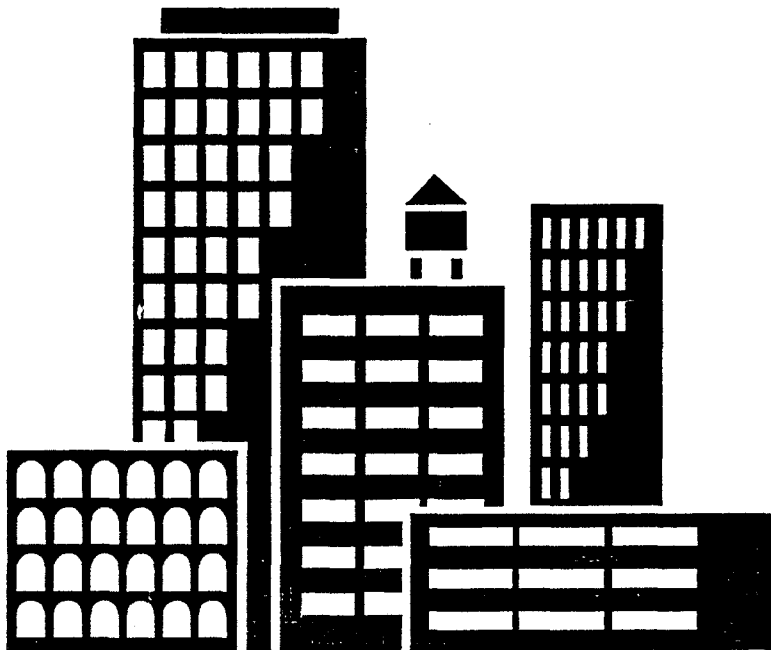
NAME	PRESENT	ABSENT	EXCUSED
REP. JOHN COBB, CHAIRMAN	✓		
SEN. MIGNON WATERMAN, VICE CHAIR	✓		
SEN. CHRIS CHRISTIAENS	✓		
SEN. TOM KEATING	✓		
REP. BETTY LOU KASTEN	✓		
REP. DAVID WANZENRIED	✓		

January 8, 1993

Exhibit 1 is 83 pages long. It describes the Department of Social and Rehabilitation Services and was presented to the committee on 1/6/93. Refer to microfiche from 1/6/93 to view document. The original of this document is stored at the Historical Society, 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

EXHIBIT 2
DATE 1-8-93
HB _____

COMMUNITY SERVICES FOR
INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES



Developmental Disabilities Division
Department of Social and Rehabilitation Services

January 1993

DEVELOPMENTAL DISABILITIES PROGRAM

DEVELOPMENTAL DISABILITIES DIVISION

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

JANUARY 4, 1993

PROGRAM OVERVIEW

A belief in human dignity, that each person is unique and capable of development, is the cornerstone for the Montana Developmental Disabilities Program. Developmental disabilities such as mental retardation, cerebral palsy, epilepsy and autism place obstacles in the way of individual development.

Over the past twenty years, both society's view of people with disabilities and the help offered to individuals and their families have changed. Community programs have been developed to provide alternatives to placement in state institutions. Montana's statutes document these changes and show a long history of concern for, and commitment to, people with disabilities.

Montana's thrust for providing services to persons with developmental disabilities calls for more normal and less institutional program settings, integration with non-handicapped people, and individual participation in decisions concerning their lives. These changes are a result of many events, including the growing concern for individual rights, the effectiveness of advocacy groups, and the successes of people with developmental disabilities in community programs.

DEVELOPMENTAL DISABILITIES DIVISION MISSION STATEMENT

The Developmental Disabilities Division(DDD) is responsible for the administration of community programs. The Division has adopted the following mission statement in order to guide its behavior:

"Through leadership, we plan, implement, evaluate and strengthen systems that assure opportunities for a good life for each Montanan who is at risk of having or has a developmental disability"

SERVICES PROFILE

The Division contracts with private, not-for-profit corporations for services to individuals with developmental disabilities. These services are located in communities throughout Montana and provide an array of residential and vocational opportunities for individuals depending upon their needs and abilities. Currently, almost 2,900 people are receiving one or more community-based services funded through DDD.

WORK AND OTHER DAY SERVICES

For most of us, part of being alive and a member of our community is to have a job and go to work. People with disabilities are no different. A variety of skill development or employment oriented services are funded through the DDD, including:

Intensive Adult Habilitation - Intensive adult habilitation services are provided to adults who are generally not ready for work oriented programs. Many of these people have few primary self-help skills, some have physical handicaps and some have challenging behaviors. These programs must have higher staff ratios to serve individuals with more intensive training needs. There are 15 intensive day programs.

Work Activity Centers - These services are provided to adults and include the majority of day programs in the state. These programs provide a range of services from functional academics, job skill training, supported employment, and paid work. There are 27 work activity centers in Montana.

Workshops - These services are provided in seven facilities across the state. The workshops provide work and other services similar to work activity centers, but the programs, in general, are in larger communities, and tend to have a stronger orientation towards paid employment.

Individual Job Placement - This service provides job placement for individuals into competitive or supported employment in jobs in the general work force. Training for the job and follow along services are provided. This service exists in 19 communities.

Senior Day Programs - These programs are not vocational, but rather provide training and activities more specific to the needs of the elderly, such as socialization skills, leisure skills, community activities and maintenance of self-help skills. These services better meet the need for a more relaxed, flexible program with less emphasis on employment. There are four senior day programs located in Billings, Butte, Great Falls and Helena.

RESIDENTIAL SERVICES INCLUDE:

Everyone needs a place to live. People with developmental disabilities have the same need for a nice home that we all have. In addition, people with disabilities need to live in a place that provides the training and support that will enable them to be full participants in community life. Residential services funded through DDD include:

Children's Group Homes - These homes serve only children who cannot remain in natural, foster, or adoptive homes. Many of these children have serious physical and medical disabilities, most are learning primary self-help skills like feeding and dressing, and some have challenging behaviors. There are nine children's group homes.

Intensive Group Homes - These homes are needed to serve adults who have very low self-help skills or have challenging behaviors. These homes provide a more intensive level of training and supervision with fewer residents (generally six) and a higher staff ratio. There are 36 intensive training homes.

Adult Group Homes - The majority of adults receiving residential services are living in eight-person group homes. Training is provided to help people become more independent in skills, such as cooking, housekeeping and leisure time. The goal of this service is to enable people to move to transitional or independent living. There are 53 adult group homes in the state.

Senior Group Homes - These homes serve elderly persons. Training is provided, with the primary intent to maintain the individual's skills. There are four senior group homes each serving eight individuals with two homes located in both Helena and Great Falls.

Transitional Living Services - This service was developed to provide an intermediate step between group home and independent living and promote movement out of group homes. This service assists individuals who are more responsible for doing their own cooking, shopping and cleaning. The individuals live in congregate apartments with staff living at the complex for supervision and training. There are 14 transitional living programs.

Independent Living Training - Independent living training provides support services to enable people to live in their own apartments. This service provides staff to visit individuals as needed on evenings and weekends to provide training in independent living skills such as menu planning and money management. Staff do not live at the apartment complex. There are 22 independent living training programs.

Supported Living - Supported living services are individually tailored arrangements of resources and supports that enable people to live in more integrated and normal ways that up until now have been unavailable to them because of their need for assistance. One example of a supported living arrangement might be a person who lives in an apartment with another disabled person and they pool their service dollars in order to fund the supervision and assistance that they both require. The key feature of supported living is the fact that the type of service provided is based on the individual's strengths, needs and desires, not on some preconceived model of service.

HOME BASED SERVICES TO FAMILIES

Families who have a child with a disability must cope with many challenges in order to keep the family together and allow the child to remain at home. In addition, the early part of a child's life is the most critical stage in terms of his or her development. Montana offers a variety of services to natural and foster parents of developmentally disabled children. Services that enable the family to stay together and assist the child in reaching his or her full potential. Family service program headquarters are located in Glasgow, Miles City, Billings, Great Falls, Helena and Missoula. Each of these programs provide outreach services in multi-county areas. Services to families include:

Family Support Services - Family support services provide training, support and assistance to the families of children with developmental disabilities who are older than 36 months of age. Services enable the child to remain in their home, and to help the family to meet the challenges associated with having a disabled member.

Part H Infant and Toddler Program - This federal/state program gives children birth to 36 months, who meet state-established eligibility criteria, entitlement to early intervention and family support services.

Respite Services - Respite services provide for temporary relief periods to parents from the continuous care of a family member with a disability.

Specialized Family Care - Specialized family care provides case management and extra support services for natural and foster families of children with severe disabilities in order to enable them to keep their children at home and avoid placement in an institution.

Supplemental Training & Support Services (OPI) - This program provides supplemental training and related services such as physical therapy and speech therapy to preschool children using Chapter 1 funds provided through PL89-313 and PL100-297.

SUPPORT SERVICES

The DDD provides funding for a variety of other services that provide the supports necessary to live and work in the community.

Adaptive Equipment - This service provides statewide adaptive equipment and consultation services for persons with physical handicaps and developmental disabilities. The program designs and provides specialized equipment such as wheelchairs.

Evaluation and Diagnosis Services - These services provide comprehensive evaluation services to determine handicapping conditions and recommend needed treatment and training services. There are three programs located in Missoula, Billings and Miles City.

Transportation - This service transports people to work and day training programs and to access the community.

FUNDING PROFILE

In fiscal year 1976 a total budget of \$2,909,885 was available to serve an initial 225 individuals in community settings. Sixty-seven percent of the funds were from federal sources while the remaining thirty-three percent were state dollars.

Currently, almost 2,900 individuals are receiving community-based services, at a projected benefits cost during fiscal year 1993 of \$33.2 million dollars. Federal funds represent about 60% of the total budget while the remaining 40% comes from the state general fund. The Medicaid Home and Community waiver is the largest single federal funding source, representing almost one-third of the benefits budget.

Administrative costs, primarily expenditures related to the Division's 42.75 FTE's, represent less than 5% of the total developmental disabilities budget.

1991 BIENNIUM SERVICE EXPANSION

The 1991 Legislature provided increased funding to serve a number of additional people in community services. Most of the new services are funded through the Medicaid Waiver, with the federal government paying about seventy cents of every dollar that is spent. Expanded services include:

Specialized Family Care: The specialized family care services for 30 additional families authorized by the legislature are all now in place.

Supported Living/Supported Work: The supported living services for 25 people authorized by the legislature were postponed until Fy 93 during the January 1992 special session. The locations and providers of the services have been identified. The individuals to served are now being selected, with the first services expected to begin this month.

Phase IV of the Governor's Plan: The Governor's plan for services called for the placement of an additional 30 people from state institutions into intensive community group homes during Fy 92 and

the development of services for 30 persons from the community intensive services waiting list during Fy 93. The 30 placements from the institution have occurred. Some of the services for the community waiting list people are underway, the remainder will be operating before the end of this fiscal year.

Part H Infants and Toddlers Program: Part H services for an additional 192 families are now in place, another 24 families are expected to begin services before the end of Fy 93.

Placements from Nursing Homes(OBRA): As required by federal law, 61 people will leave nursing homes this year to enter community placements. Eleven of those folks have already left nursing homes, the remaining fifty will leave before the end of this fiscal year.

WAITING LISTS

While the number of individuals receiving community-based services has increased substantially, a growing list of individuals still require services.

As of December 1, 1992 a total of 1,252 people are waiting for one or more community based services. Of that total, 438 are receiving no other DDD funded services at the present time. Among the services most in demand are:

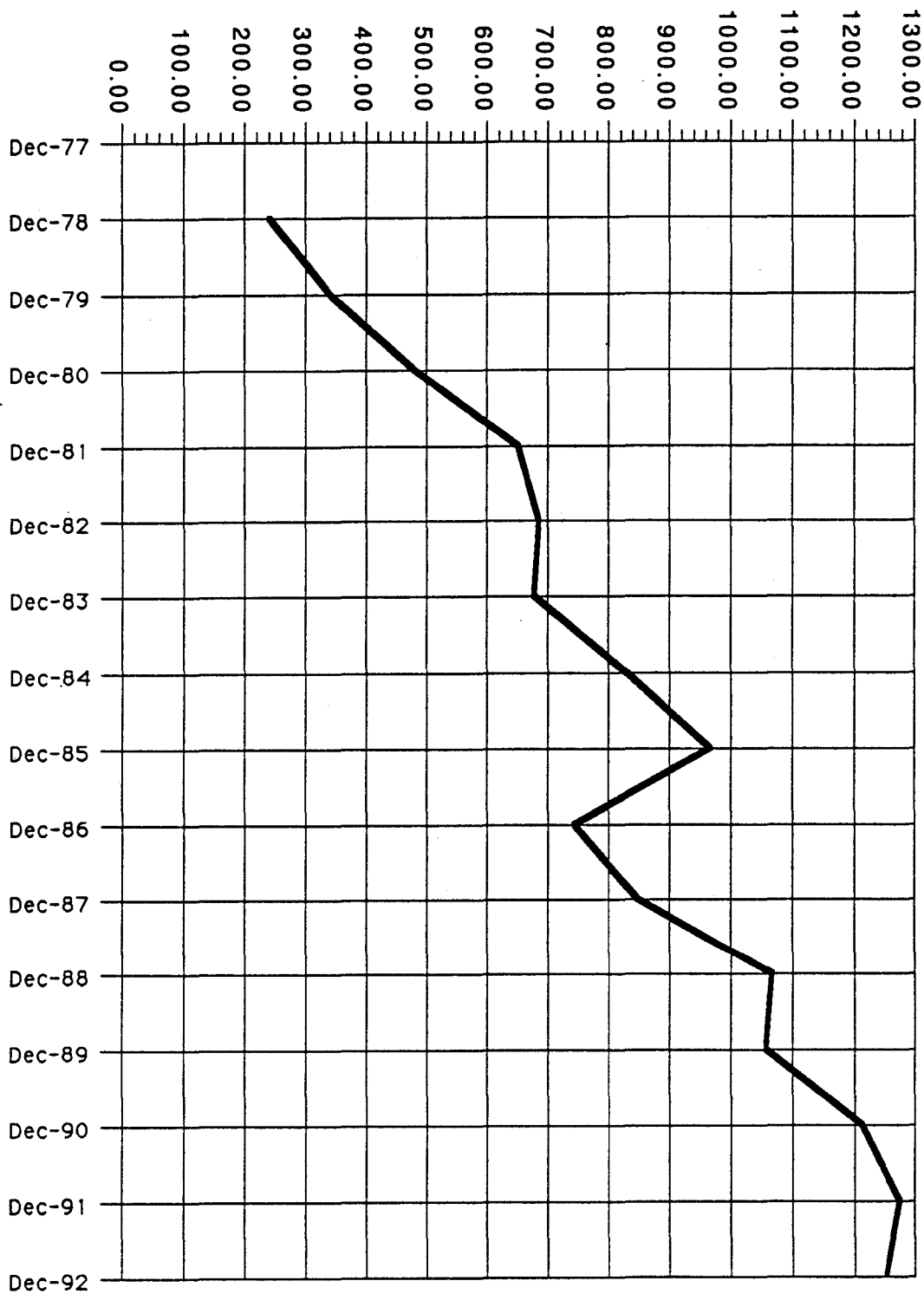
	<u>Currently Served</u>	<u>Currently Unserved</u>	<u>Total</u>
Adult Group Home	180	116	296
Intensive Group Home	104	57	161
Specialized Family Care	69	7	76
Individual Job Placement	266	115	381

DEVELOPMENTAL DISABILITIES DIVISION
Total Individuals in Services

EXHIBIT 2
DATE 1-9-93
HB _____



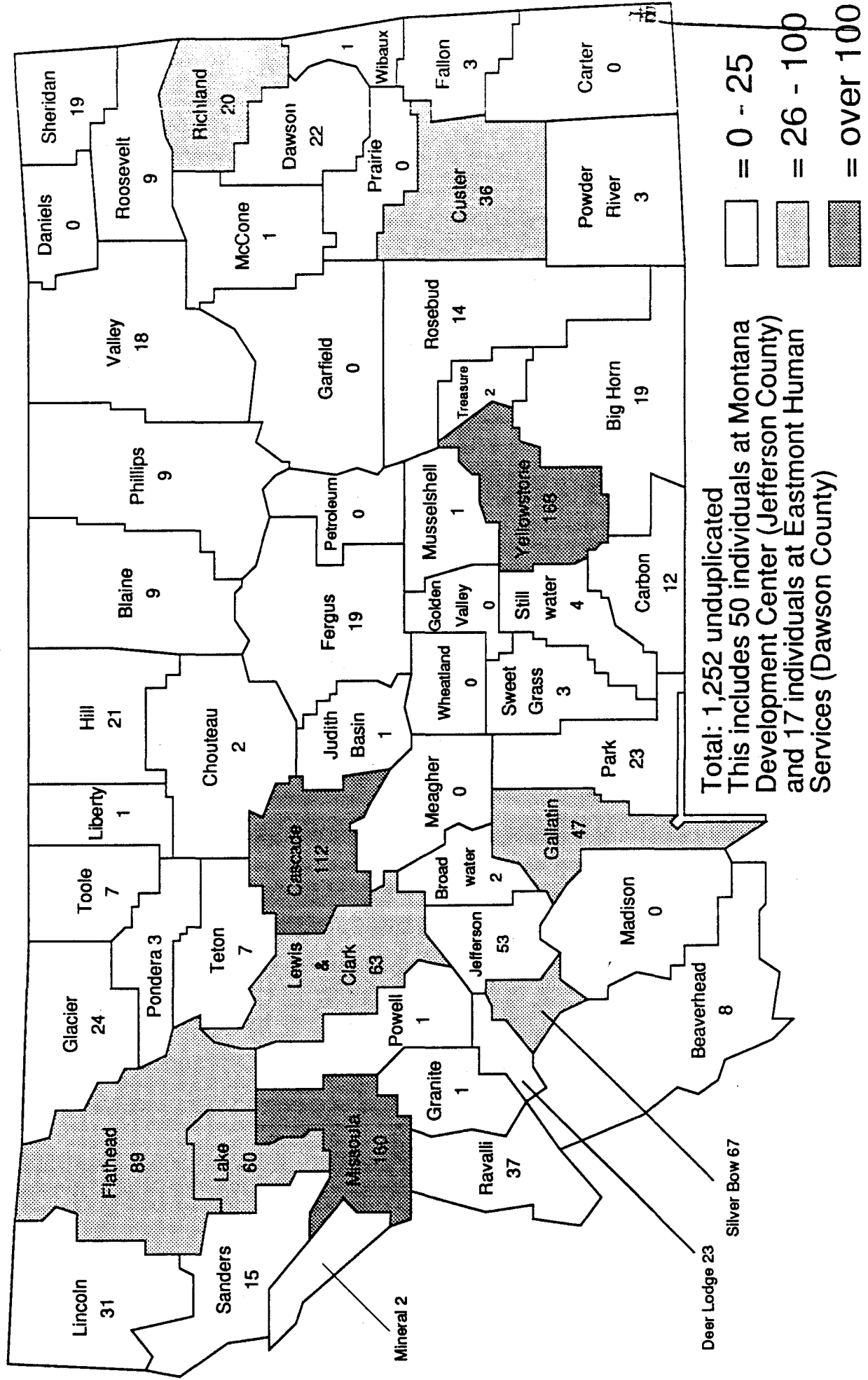
DEVELOPMENTAL DISABILITIES DIVISION COMMUNITY WAITING LIST FOR DD SERVICES



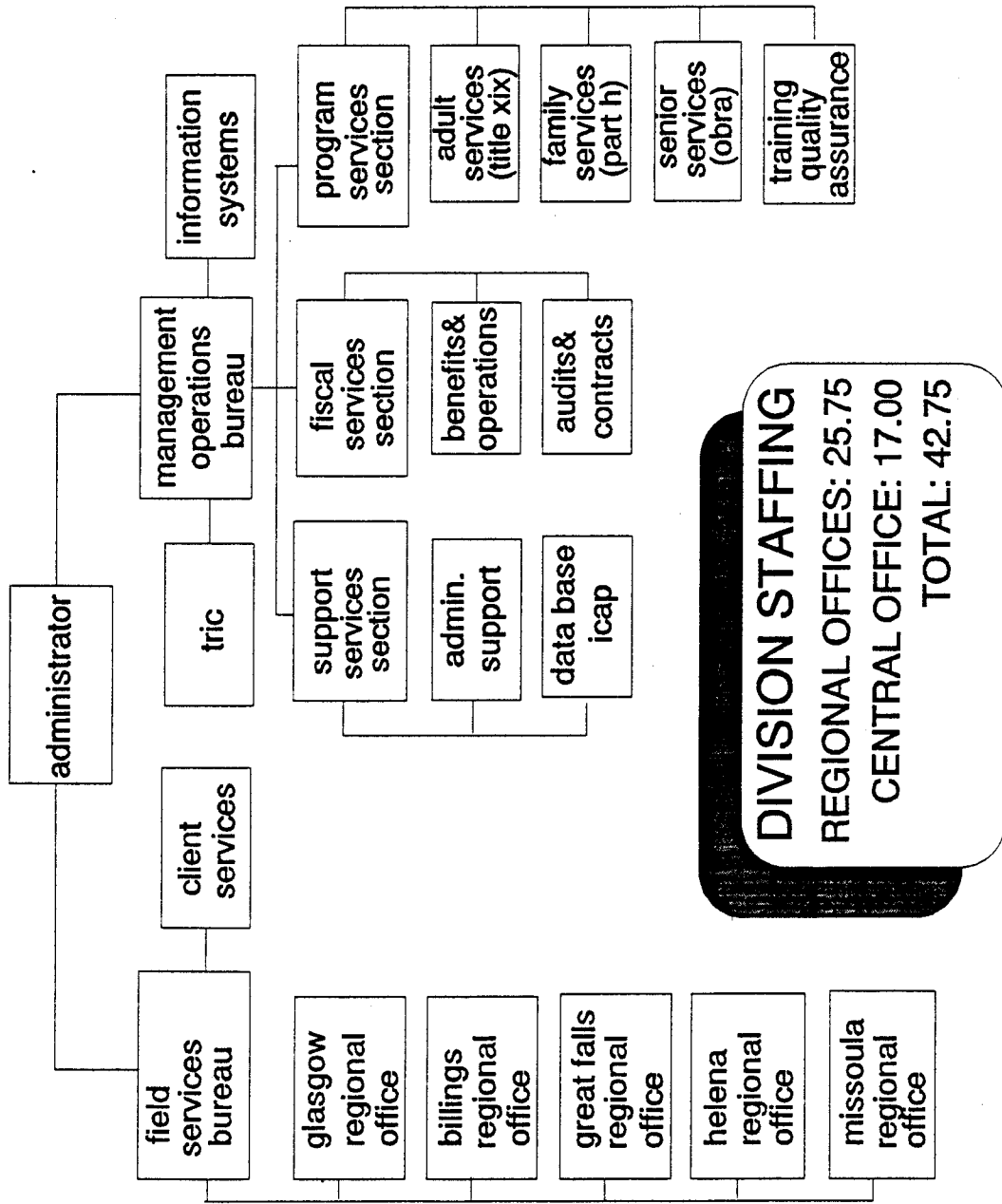
Developmental Disabilities Services

Waiting List

December, 1992



DEVELOPMENTAL DISABILITIES DIVISION: FY 94



TOTAL QUALITY MANAGEMENT
in the FAMILY ASSISTANCE DIVISION

The Family Assistance Division (FAD) in SRS is presently and aggressively implementing the components of a strategic management system, similar to Total Quality Management. We have been attempting to improve services for clients and the working environment for staff for approximately six months. The new system is essentially based on a quality approach with no tolerance for errors or for any work that does not add to the value of products or services. This management system is consistent with the approach being supported by Governor Racicot's administration.

The essence of our Strategic Management Approach is as follows:

- I. Increased involvement of all personnel. Responsibility is increased for individuals in FAD regarding the work that they complete. We emphasize everyone managing their own affairs and taking charge of their programs. Through this heightened participation encourage an increased ownership and pride in the work output.

The role of supervisors is changing. They are becoming less of a controller or rule enforcer, while becoming more of a coach and facilitator. Their function is now more to remove obstacles and to grease the skids so that the supervisees can

get their work done. During the last few months we changed one supervisor's position that of a "professional", i.e. a hands-on worker in the unit. Supervisors in general are becoming more of a leader and less of an overseer.

- II. Emphasis on customer focus. We recently reduced the size of our application form from 36 pages to 14. This was accomplished with the input of low income groups and clients so that the end product is more readable and useable.

Recently I traveled the state for five weeks to talk with over 400 individuals regarding welfare reform. My focus was to solicit input from our external customers, for example, our clients and the public, as well as our internal customers, for example, county staff. The information obtained will form part of the foundation for a comprehensive attempt to update our welfare system.

An objective I have for the very near future is to set up a Welfare Commission to further evaluate welfare reform and develop a comprehensive system for Montana. I would like to work with low income representatives, clients, staff from other state agencies, SRS Central Office staff and field staff, and any other experts in the field. Efforts are already underway to reach out to these people.

III. Continuous improvement. A concerted effort is underway to research what other states are doing in other areas of welfare reform and to determine what might work for Montana. (The basic question at this time seems to be whether to reform welfare or to change it completely to better meet the needs of the poor and society in general.) Information obtained from other states and from national authorities is shared with our staff in an effort to encourage their questions and ideas.

FAD is proud of its low error rate in virtually all of its programs. This is a result of a number of factors. County staff routinely emphasize quality and stress accuracy in their work - as well as prompt and courteous service. Central office staff have recently changed the format of Management Evaluations which are conducted on the operations of county offices. The Management Evaluations are now more helpful and better focused on possibly problematic areas. Finally, there is a new emphasis seeking to eliminate and/or reduce silly, unnecessary bureaucratic procedures, for example, the number of supervisory reviews and signoffs for the work of professionals.

IV. Ongoing Focus on Process. We are continually looking at how things are being done in an effort to eliminate any management practices which may be perceived as oppressive. At the same time we are encouraging staff to use their initiative and

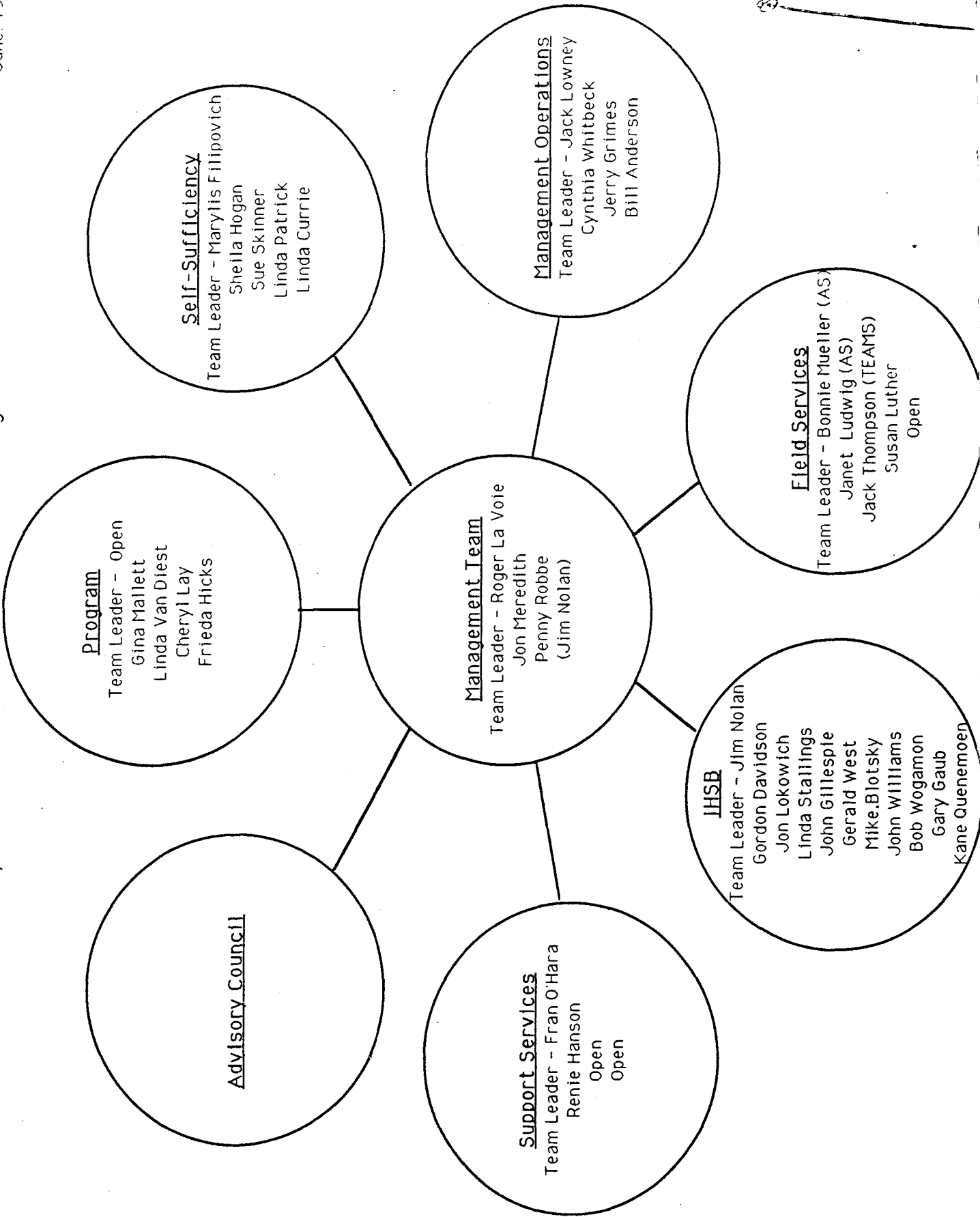
creativity to improve the quality of their work output. We are avoiding any tendency toward top-down decision-making while encouraging all staff to be treated as competent professionals capable of making decisions in their field. This requires that management provide a clear vision to all staff regarding the mission of the agency and the expectations of the present administration. Within such an environment efficient work is best accomplished when there is free flowing communication and sharing of information.

FAD is optimistically looking forward to working with the legislature to accomplish significant progress toward an even better welfare system. The dialogue and interaction of such a process is definitely viewed as being in the best interest of our clients, our staff, and of all of the people residing in the State of Montana.

TQMFAD.rlv

Family Assistance Division -- Functional Organizational Chart

June, 1992



DATE 11-18-92

FAMILY ASSISTANCE DIVISION TRAINING

Training currently provided Eligibility Staff includes:

Initial Inservice Training - Initial Inservice involves an overview of the agency and an introduction to the various types of services SRS provides. During this session trainers discuss such issues as Corrective Action, Overpayments, Child Support, Quality Control, Client Rights, Employee Rights and Confidentiality policies. In the second day of training the University of Montana presents an "Interviewing Techniques" workshop.

Policy and Computer Eligibility (PACE) Training - After the two days of Initial Inservice Training the trainees move into the SRS computer training room and begin the basic Policy and Computer Eligibility (PACE) Training. This training continues for seven consecutive days during which trainers cover Food Stamp, AFDC, AFDC Related Medicaid, and SSI Medicaid policy. As part of this training segment, specific directions on how to enter assistance application information onto the automated system are included.

Refresher Training - Central Office staff travel to ten selected sites around the state and provide three to four hours of advanced training twice a year. The training subject is based on current field staff needs which normally involve how to interpret recent federal and state policy modifications.

EXHIBIT 5
DATE 1-8-93
HB _____

University Training - In addition to policy and computer training, the Family Assistance Division (through a contract with the University of Montana) gains various other types of staff enhancement training from University staff. For instance the following workshops are being offered this year: Becoming a More Effective Change Agent, Street and Business Law, Writing For Specific Purposes, Self Esteem & Self Potential, Building Your Interview Skills and Coping With Difficult Clients.

6
EXHIBIT 6
DATE 1-8-93
HE

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

LEWIS & CLARK COUNTY OFFICE OF HUMAN SERVICES

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

The following information illustrates the process clients go through when applying for public assistance.

Tonya McCormack
Eligibility Specialist Supervisor
January 8, 1993

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
LEWIS & CLARK COUNTY OFFICE OF HUMAN SERVICES

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

I want to thank Chairman Cobb and the Committee for having me here today to address the application process clients go through when applying for public assistance.

The application process begins when the County Human Service Office is contacted by a client to inquire about the public assistance programs offered. Usually the first person contacted by the client is the receptionist. This contact is usually made by phone, however, clients are able to apply for assistance by coming in person too. Once the client has indicated or briefly described the circumstances surrounding their request, the receptionist then proceeds in scheduling a date and time for an appointment with an Eligibility Specialist. For clients living in remote areas the application and interview process is handled by telephone.

The client is then mailed the application, or in the case of in person walk-ins, they are given the application. Each client is instructed to complete the application and return it to our office as soon as possible to ensure and protect their date of application for assistance. The client is encouraged to bring the necessary and required verifications with them on the day of their appointment to facilitate the application process in an expedient manner. It is important to note that the majority of clients contacting county Human Service Offices for assistance are not seen the same day their request is made.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

Because most county offices work on an appointment basis, many clients find themselves waiting anywhere up to two weeks, sometimes longer, prior to being interviewed by an Eligibility Specialist from the initial date that they made their request and scheduled an appointment. Lewis & Clark County interviews approximately 104 clients during a one week time period, and this number varies from county office to county office.

Once the client's appointment day and time has arrived, they are required to go through an intake process where they present their application (which has been completed prior to coming to the appointment) to an Eligibility Assistant for review, and also to obtain any additional forms that are necessary for the program or programs which they are applying for. With this part of the application process completed, in some counties, they are required to view a group intake video with the other applicants. This group intake video introduces them to the county office where they are applying for assistance, and describes or gives a brief overview of the programs that are offered and administered through the county offices. As the title suggests, the video is viewed in a group setting. In Lewis & Clark County this could consist of 13-15 clients per group or intake day. In the other counties the number of clients would vary depending on their group and application process.

Once the video presentation is completed, the client is then greeted by their Specialist and escorted back to that Specialist's office, wherein, another part of the application process begins.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

The current application used in the county office consists of 14 pages, a drastic decrease in the number of pages compared to our old application, which consisted of 35 pages, and which clients referred to as the "book". Because of the programs offered as well as the different categories within each program, clients have questions concerning the application and information requested. As a result the Specialist often ends up completing sections of the application, according to the information provided by the client for the programs applied for.

As a client applying for assistance, this part of the application process, completion of the application, can be pretty overwhelming, but it doesn't end there. They are required to complete other forms that go along with each of the programs. For the Committee's benefit I have put together a packet containing the application that is used currently, the application that was used prior to September of 1992, and all of the necessary forms that the client is responsible to complete prior to, or at the time they are seen and interviewed by the Specialist. It is at this point that the Specialist reviews the application page by page with the client.

The interview sets the stage for the Specialist and client, and the Specialist is responsible for making that client feel as comfortable as possible, establishing a rapport and developing a professional relationship with the client. After all, the client is having to bare their soul, telling a stranger (the Specialist) about their work history, their income and resources, members of their family, and the circumstances surrounding their need for assistance.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

Often the questions that are asked by the Specialist are painful and embarrassing to the client, but they are necessary. For most this is the hardest part of the application process because they find themselves in a situation of having to ask for help.

During the interview the client is responsible for providing specific verification and documentation as requested by the Specialist. To help the client understand the reasons for the requested information the Specialist explains that federal and state law require that we obtain various items of verification for the information that they provided our office, in the application for assistance. It is further explained to them that we cannot approve a payment of assistance to them without the requested verification.

Specific verification and documentation required of all programs consists of identification, something that they can present to us that will establish their identity. Usually the client must provide at least one of the following items for all of their household members; a driver's license or pictured identification, a birth certificate, US passport, alien status card, baptismal record, medical records, a family bible or a marriage license. The client is responsible to provide a Social Security card for all household members. If the client indicates they do not have one or a member in their household does not have one, we assist them in applying for or instruct them on how to obtain a Social Security card.

Clients are asked to provide documentation of all income received by the household whether this is earned or unearned income.

EXHIBIT 6
DATE 1-8-93
BB

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

The verification the Specialist requests, consists of pay stubs or written statements from their employer identifying the gross wages earned, the number of hours that they work, and the dates that they are paid. If they are self employed we request that they provide us with readable records showing their income and expenses and the dates that this income is earned and the expenses incurred. This also includes income from babysitting jobs, spot jobs, tupperware, or delivering newspapers, to name a few.

To verify unearned income we request that they provide us with verification or award notices from the agencies that issue the income. This would include the Social Security Administration, Railroad Retirement Administration, Department of Labor and Industry for unemployment benefits, Workers Compensation, and Insurance Companies. Clients are informed the verification or documentation must indicate how often and the amount that is received by the individuals.

The client is also responsible to identify the resources that they have, liquid or non-liquid. This includes their checking or savings accounts, any stocks or bonds or certificates of deposit they may have, safe deposit boxes, real property, mineral, oil or lease rights as well as verifying all of their vehicles and providing vehicle registration slips.

If they are students, and we often deal with students particularly in counties where a university, college or vo-tech exist, they are required to identify any grants, loans, or scholarships that they have been awarded by providing us with the award letter from the school.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

If they are elderly, aged 60 and over, blind or disabled and applying for assistance, we ask that they provide documentation verifying their age and/or disability, along with cancelled checks or receipts to document their medical care, as well as verification of Medicare or health insurance premiums they pay.

The client also needs to provide us with verification of their shelter and utility obligations. This is usually a rent receipt, cancelled check for rent, a rental agreement, lot rent receipt, and copies of their property taxes and home owners insurance statements or receipts, if they own their own home. For verification of utility expenses the client must provide a copy of their electric bill, water and garbage bill, phone bill, and their heating or fuel bill is required. We request of the clients that the shelter and utility obligations be current ones, and we also advise them a written statement from the landlord and utility companies are acceptable documentation.

Additional requirements of the client for other programs, such as General Assistance, includes obtaining a current job registration card from Job Service, and verifying whether or not they have applied for or are eligible for any monetary awards such as unemployment benefits or training allowances through the Job Service, Department of Labor & Industry. If the client indicates or requests a medical infirmity, we require them to provide current medical documentation or arrange for an appointment to have a medical examination.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

Under the Aid To Families With Dependent Children Program additional verification requested of the clients to establish eligibility are; birth certificates for all of the children in the household, for which a request for assistance is made, copies of their divorce decree, and two signed statements from third parties stating that they are not living with the father or mother of the child or children for which the application for assistance is made. Any papers pertaining to property settlements, custody agreements, or any other special circumstances relating to their situation, and verification of day care expenses owing or paid.

Even though the client is told it is their responsibility to provide our office with all of the verification required, we do tell them that if they do not have the verification or cannot obtain it, we will assist them in doing so. The clients are further instructed that without the necessary documentation, the application cannot be processed. Clients are also instructed to be prepared to leave the verification as our office will return all documents when we are through with them. If this is not an acceptable arrangement, clients are encouraged to provide the Specialists with photographed copies of their documents. While we try to make the clients responsible for the process of applying for benefits as much as possible, anyone needing assistance is obliged and encouraged to inform their Specialist.

With the verification and documentation requirements out of the way the client is then informed of the programs they are eligible for, along with the specific requirements of those programs.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

It is at this point in time the client will be responsible to complete any additional program related forms (if necessary). By now the client may start to think that such a simple request for assistance involves completion of numerous and never ending forms. With the required paper work completed, the client is then informed of the budgeting process, where prospective and retrospective eligibility and the budgeting methodology is explained. This part of the eligibility determination always seems to bewilder and confuse the client, not because they lack the intelligence, but rather the process the Specialist uses in considering the income and when it was received is awkward. To compound or confuse things even further the client is then informed of how increases in wages, a job quit, marriage or an increase in household members will affect their eligibility for the programs and benefits.

The client is now approaching the end of their personal interview, here the Intake Checklist with the clients' rights and responsibilities is reviewed. In addition to advising the clients of their Civil Rights and rights to privacy, the Specialist explains their right to a prompt determination of eligibility, and for AFDC, the right to an unrestricted money payment. The Specialist explains to the client that they must have the clients eligibility determined and benefits authorized within thirty days from the date of the application. Provided any additional information requested is furnished in a timely manner by the client. One can only imagine what's going through the client's mind when they hear this.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

They may have waited at least two weeks before they were able to be seen by an Specialist and they now are being told they will receive benefits, if eligible, in an additional period of time. A pretty frightening prospect for most.

The client is further advised they have the right to inquire and be informed about their eligibility and benefits. The right to know that computer wage match and benefit reports are received and reviewed for all members in their household. The right to know the effect on their eligibility if employment and income is gained by any member of the household, and they are informed of their right to request a fair hearing if they believe they have been aggrieved by an adverse action taken by the Specialist.

The Specialist also addresses the clients responsibilities to the county office and SRS for receipt of assistance. The clients are instructed to report any change to their situation, as it exists currently, within ten days of having knowledge of these changes. Changes such as address, rent, income, school grants/loans, one time payments, resources, employment, anyone entering or leaving the household which includes return of an absent parent, increase in the number of children or death of a member. The clients are informed of their responsibility to cooperate with the Child Support Enforcement Division in obtaining child support, paternity assignment and medical support from the absent parent.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

Clients are also advised of their responsibilities to complete work registration and participate in employment and training programs as required, for the assistance programs they have applied for and been approved. They are instructed to report any and all third party liability that they may have or that someone outside their household may have on their behalf. For AFDC and Food Stamps, the client is advised of the monthly reporting requirements and penalties associated with submitting a late or incomplete monthly report, without good cause. For Medicaid Assistance they are advised eligibility is approved for a twelve month period and for continued eligibility they need to complete a redetermination form updating their need for the assistance. Clients are also informed of their need to cooperate with Quality Control/Assurance regarding the information they have provided the Specialist as well as the assistance they have received. Finally, the client is informed to provide all necessary information as requested for continued eligibility and benefit determination.

With explanation of the clients rights and responsibilities completed, the Specialist then addresses other resources and agencies available within the community, to assist the client and makes any necessary and appropriate referrals. Some of the resources and agencies the client is informed of include medical services, Mental Health and the Department of Family Services, Montana Legal Services, the Low Income Energy Assistance Program, housing assistance, food banks, and shelters for battered women and the homeless.

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

Once the contents of the Intake Checklist has been addressed and any questions or concerns raised by the client have been dealt with, they are required to sign the form. In signing the form the clients acknowledge they have been informed of and understand their rights, responsibilities and other information addressed on the form. They are then given a copy for their personal records.

The interview and application process comes to a close and by now the client has been saturated with information, handouts and pamphlets, in a time span of one hour or less, addressing the public assistance programs. Because the Specialists know the complexity of the application process and the programs themselves, the clients are encouraged and repeatedly instructed to contact the Specialist with any questions or concerns about their case.

During the interview the clients are informed that because we are an automated office, the information contained within the application will be input into TEAMS, our computer system. The Specialist explains that the information is then utilized in determining their eligibility for the various programs applied for.

TEAMS has saved the Specialist time in completing some aspects of their job, however, it is still important to note that many tasks and responsibilities related to eligibility have not changed. We have gone from doing every eligibility function manually, to automating some of the eligibility functions through the use of TEAMS. Although the manner of processing and determining eligibility may have decreased time wise, the number of individuals in need of and applying for assistance has not decreased.

EXHIBIT 6
DATE 1-8-93
HB

APPLICATION PROCESS FOR PUBLIC ASSISTANCE

There is no doubt that TEAMS is a benefit and welcomed addition to the clients, Specialists, and county offices. It has allowed for consistent application of programs/policy state wide, assisting in decreasing errors and effectively tracking client and benefit data. However, it is a continual challenge to use TEAMS to the best of the Agency and systems capabilities.

In summary, it is obvious the application process that a client must go through in applying for assistance can be viewed as cumbersome and overwhelming at best. However, the Specialist, an advocate of the client, continually tries to make the process as easy and painless as possible, cognizant of the state and federal statutes.

Considering the application process addressed, you can see why this may be an appropriate time for pursuing a single means test. A single means test would be procedurally advantageous to the clients and county offices in determining eligibility for public assistance programs.

Given everything the county offices are expected to do, treating clients in a humane manner and getting accurate benefits to them in a timely manner, it is important we have the staff to accomplish this.

Leg/TK/dc
01-08-93

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES
LEWIS & CLARK COUNTY OFFICE OF HUMAN SERVICES

PUBLIC ASSISTANCE APPLICATION FORMS

ALL PROGRAMS:

- (SRS-FA-250) APPLICATION FOR ASSISTANCE
- (SRS-FA-204) AUTHORIZATION TO RELEASE INFORMATION

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) & AFDC MEDICAID:

- (SRS-FA-220) ELIGIBILITY INTAKE CHECKLIST
- (SRS-FA-332) CHILD SUPPORT ENFORCEMENT REFERRAL
- (SRS-FA-333) NOTICE OF REQUIREMENT TO COOPERATE & RIGHT TO CLAIM GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT

MEDICAID-ONLY/MEDICALLY NEEDY:

- (SRS-FA/CS-337) MEDICAID-ONLY/MEDICALLY NEEDY REQUEST FOR MEDICAL SUPPORT ENFORCEMENT SERVICES ONLY

NURSING HOME RELATED MEDICAID:

- (SRS-FA-462) VETERAN'S REFERRAL

GENERAL ASSISTANCE/STATE MEDICAL (GR/GRM):

- (FA/SA-605) ACKNOWLEDGMENT OF RIGHTS AND RESPONSIBILITIES
- (SRS-FA-611) DECLARATION OF RESIDENCY
- (SRS-FA-651) PROJECT WORK PROGRAM CLIENT REGISTRATION FORM
- (SRS-MA-045) AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO STATE GENERAL RELIEF MEDICAL PROGRAM

NOTE: ADDITIONAL FORMS FOR SPECIFIC PROGRAMS ARE REVIEWED AND COMPLETED AT THE TIME OF THE FACE-TO-FACE INTERVIEW.

STATE OF MONTANA
APPLICATION FOR ASSISTANCE
Department of Social and Rehabilitation Services (SRS)

Case Number: _____
Date of Application: _____
Date of Interview: _____
☐ AFDC ☐ FFS ☐ Exp. ☐ MA ☐ CMB ☐ UGRA

THE ENTIRE APPLICATION MUST BE COMPLETED TO THE BEST OF YOUR ABILITY BEFORE YOUR INTERVIEW. You have the right to file an application on the same day you contact us. You do not have to be interviewed before filing the application. To file an application you must complete at least your name, the address where you live, your mailing address and your signature. For AFDC and Food Stamp benefits will be prorated from the date the application is filed.

You may either leave the application at the office or mail it. The application should be filled out by a member of the household or an authorized representative who knows the financial situations of all household members. The person filling out the application is responsible for the answers given and will usually be the person to whom Food Stamps, checks and medical identification cards are sent.

DO NOT WRITE IN SHADED AREAS OF THIS FORM. SHADED AREAS ARE FOR INSTRUCTIONS AND AGENCY USE ONLY.

Name: _____ Social Security Number: _____

Mailing Address: _____ Daytime Phone Number: _____ Message Phone Number: _____

If you do not live at a street address, describe how to get to your home:

Street Address: _____

PENALTY WARNING: I SWEAR OR AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT.

X

SIGNATURE OR MARK OF APPLICANT (OR LEGAL GUARDIAN)

DATE

WITNESS TO MARK (NECESSARY ONLY IF APPLICANT CANNOT SIGN FULL NAME)

DATE

The original of this document is stored at the Historical Society at
225 North Roberts Street, Helena, MT 59620-1201. The phone number is
444-2694.

EXHIBIT 6
DATE 1/8/92

EXHIBIT 6
DATE 1/8/93

INSTRUCTION SHEET
EXHIBIT 6
DATE 1-8-93
HB

APPLICATION FOR ASSISTANCE

The Department of Social and Rehabilitation Services (SRS) offers several programs to help you. Complete this application form to apply for cash, medical assistance or food stamps. **ALL APPLICANTS FOR NURSING HOME CARE MUST CONTACT THE SCREENING TEAM IMMEDIATELY** (see page 9 for information).

IF YOU NEED HELP COMPLETING ANY PART OF THIS FORM, LET US KNOW.

- If you don't have time to fill out the whole application now, **COMPLETE YOUR NAME AND ADDRESS, SIGN YOUR NAME ON THE FRONT PAGE, AND TURN IN ONLY THE FRONT PAGE** (back of this "Instruction Sheet") **TODAY.**

- The amount of cash or medical aid or food stamps you receive depends on the day you return this information to us. You must still answer the rest of the questions on the application form and be interviewed before benefits are issued. Cash and food stamp benefits are prorated from the date the application is filed.

- If you are applying for food stamps only, you do not need to complete questions marked with an "***". However, your filing date is different if you are in a public institution and apply for food stamps at the same time you apply for Supplemental Security Income (SSI). In this case, your filing date is the date of release from the institution.

YOU MAY GET FOOD STAMPS WITHIN FIVE DAYS (EXPEDITED SERVICE) FROM THE DATE THIS APPLICATION IS COMPLETED AND FILED IF:

- your income and resources are not enough to cover your monthly

ALL OTHER ELIGIBLE HOUSEHOLDS WILL RECEIVE FOOD STAMPS WITHIN 30 DAYS OF THE DATE THIS APPLICATION IS FILED. A Food Stamp household includes your spouse, parents, children, brothers and sisters and all other people who live and share food with you.

TO GET FOOD STAMPS WITHIN FIVE DAYS (EXPEDITED SERVICE):

1. Fill out this form.
2. If you do not have time to fill out all the form today, complete the front page

STATE OF MONTANA
DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Family Assistance Division
Authorization to Release Information

EXHIBIT 6

DATE 1-8-93



This form is a request of _____ that information be provided to the
(Printed Applicant/Client Name)

Department of Social and Rehabilitation Services for the purpose of determining eligibility for public assistance. The applicant's legal Authorization for Release appears below.

Information Requested

The Department of Social and Rehabilitation Services requests:

Please provide information in the space below or on the back of this form.
(Attach any documents)

Sources From Which Information May Be Obtained:

Examples: Relatives, friends and neighbors; Landlords; Employers; Financial Institutions; Medical Providers; Health Care Facilities; Veterans' Administration; SS Administration; Job Service; County Assessors, Treasurers, and Clerks of Court; Buyers of contracts for deed/negotiable instruments; Social Service Agencies; Federal, State and Local Government Agencies; Insurance Companies.

PLEASE RETURN TO:

Authorization of Applicant/Client for Release

I authorize the Department of Social and Rehabilitation Services to obtain confidential personal, employment, medical, financial and other information about me and my household from any of the sources listed in Section 3. I direct this source to provide to the Department the information requested in Section 2.

The Department, in accordance with the relevant laws, will use the acquired information solely for purposes directly connected with the administration of public assistance. The Department will release confidential information only as authorized by law.

SIGNATURE of Applicant/Recipient
or Authorized Representative: _____

Street Address

City

State

Zip

Social Security #: _____

Date: _____

ELIGIBILITY INTAKE CHECKLIST

EXHIBIT

DATE

6
1-8-93

AFDC
MED
OMB

☐
☐
☐

APPLICANT/RECIPIENT: _____

HB

SS#: _____

A. CLIENT RIGHTS:

- ☐ 1. The right to a confidential relationship.
- ☐ 2. The right to a prompt determination of eligibility.
- ☐ 3. For AFDC, the right to an unrestricted money payment.
- ☐ 4. The right to a Fair Hearing.
- ☐ 5. The right to tell one's situation in one's own words.
- ☐ 6. The right to continue to be responsible for one's self and one's affairs.
- ☐ 7. The right to have your Civil Rights protected.
- ☐ 8. The right to inquire and be informed.
- ☐ 9. The right to know that computer wage match and benefit reports will be received.
- ☐ 10. The right to know the effect on eligibility if employment and income is gained.

B. CLIENT RESPONSIBILITIES:

- ☐ 1. To report changes such as ADDRESS, RENT, INCOME, SCHOOL GRANTS/LOANS, ONE TIME PAYMENTS, RESOURCES, EMPLOYMENT within 10 days of having knowledge of these changes. (Also required on the Monthly Report for AFDC.)
- ☐ 2. To report changes in household such as number of children, anyone entering or leaving the household, return of absent parent or death of a member within 10 days of having knowledge of these changes. (Also required on the Monthly Report for AFDC.)
- ☐ 3. To cooperate with the Child Support Enforcement Division regarding child support, paternity assignment and medical support.
- ☐ 4. For AFDC, to turn over to the Child Support Enforcement Division any child support received after application.
- ☐ 5. To furnish social security (SS) numbers for all persons requesting assistance and to submit necessary verification if applying for SS numbers.
- ☐ 6. To complete work registration and participate in employment and training programs as required.
- ☐ 7. For AFDC, to return a completed Monthly Report by the 8th of each month with verification attached. Late or incomplete monthly reports will result in reduced or terminated AFDC benefits, unless good cause is established.
- ☐ 8. For Medicaid, to return a completed redetermination form for continued eligibility.
- ☐ 9. To report any and all Third Party Liability.
- ☐ 10. To provide all necessary information as requested.
- ☐ 11. To cooperate with Quality Control/Assurance and Eligibility Technician/Investigator.

INFORMATION AND REFERRALS:

- | | |
|--|---|
| <input type="checkbox"/> Department of Family Services | <input type="checkbox"/> LIEAP |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Women, Infants & Children Program (WIC) | <input type="checkbox"/> Kids Count (EPSDT) |

BEFORE YOUR APPLICATION CAN BE COMPLETED, YOU MUST PROVIDE THE FOLLOWING INFORMATION.
IF THESE ITEMS ARE NOT SENT TO US BY _____/_____/_____, YOUR APPLICATION WILL BE DENIED.
min dd yy

I have been informed of and I understand my rights, responsibilities, and other information as listed above and I understand that this information applies to each person in my household. I have received a copy of this form.

Applicant's Signature: _____ Date: _____

E.T.s Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETION OF THE CHILD SUPPORT ENFORCEMENT REFERRAL

THESE ARE CARBON FORMS. PLEASE SEPARATE THE FORMS BEFORE YOU FILL THEM OUT. MAKE SURE THE WHITE AND YELLOW COPY OF EACH FORM STAY ATTACHED.

You have applied for a money grant through the Aid to Families with Dependent Children (AFDC) Program and/or medical assistance. To be eligible to receive an AFDC grant, you must help us obtain child support payments from the absent parent.

An "absent parent" is the child's natural or adoptive parent who is **not** living with the child. You must complete separate forms for EACH absent parent of each child for whom you are requesting assistance. If you are the child's mother, for instance, you must fill out a referral on the father of the child. If you are applying for or receiving AFDC for a child born out of wedlock, you must fill out forms on each person you believe to be the child's father. If you are not a parent of the child, you must fill out a referral on BOTH the mother and the father.

YOU MUST COMPLETE EACH BLOCK OF THE ATTACHED FORMS except the shaded gray areas marked "AGENCY USE ONLY." If you do not know the answer to a question write "UNKNOWN." If a question does not apply to your situation, write "N/A". DO NOT LEAVE ANY SECTION OF THE FORMS BLANK. Return the completed forms to your Eligibility Specialist. The forms will then be referred to the Child Support Enforcement Division (CSED) if your application for AFDC benefits or Medicaid is approved.

Upon your request or the request of the absent parent or the CSED, the CSED will review your support order to see if it qualifies for modification. Contact CSED for details.

For each page of the form, the instructions below refer to the letters at the left edge of the form.

PAGE 1:

- A — Answer these questions about YOURSELF. This information is important if CSED needs to contact you. On the last line, indicate how **YOU are related to the child**.
- B — If you are not receiving an AFDC grant, you may request medical support services only. If you do not want the CSED to establish a support order, or review your order for modification, or collect child support payments from the absent parent, check the first box. If you want complete child support services, check the second box. If you request child support services, all payments will be processed by the CSED and sent to you. There can be up to a 10 day turnaround time for payment processing.
- C — **Be sure to give complete information on the first two lines of this block.** This will help the CSED locate the absent parent and his/her assets. List the absent parent's address. If you do not know it, write "unknown." If the absent parent is dead, give the date and place of death and skip the rest of this section. Please provide some proof of the death (such as a death certificate, newspaper article, etc.). If the absent parent is alive, please list his/her current address. If you do not know this information, write "unknown."
- D — Answer these questions about **all the children of the absent parent** who are IN YOUR HOUSEHOLD. If you are applying for a child not yet born, be sure to indicate the **expected** date of birth.

PAGE 2:

- E — Answer these questions about the PARENTS of the children listed in Section D. The legal relationship between the children's parents is an important factor in how CSED will act on the case. (If the mother was married at the time of birth or within 10 months previous to the birth, her husband/ex-husband may be the **legal** father of the child whether or not he is the biological father.)
- F — If an AFDC grant has ever been paid **for your benefit or for the benefit of the child(ren) for whom you are applying**, please indicate in what state and city it was received, and when the last check was received. If the children were in someone else's care when the grant was received, indicate that person's name.

- G — Answer these questions concerning child support payments **made by the absent parent**. Any money paid directly to you after you have applied for AFDC must be turned over to CSED even if your eligibility has not yet been determined. **If you ever have questions concerning money you receive from the absent parent, call the CSED office handling your case.** If a court or other order concerning divorce, legal separation, custody, and/or child support has been issued (or filed), attach a certified copy to the referral.
- H — Please provide a physical description of the absent parent. This may be needed for identification purposes.
- I — This information will assist CSED in locating and keeping in touch with the absent parent. Even if you have supplied the absent parent's current or most recent address on page 1, prior addresses and the names and addresses of others may help at a later time if the absent parent cannot be located.

PAGE 3

- J — The absent parent's employment status and history is one of the most important things for CSED to know in trying to obtain and enforce child support. Please indicate the best information you have about any present or past employers, including the actual dates of employment. If the absent parent is now unemployed, please include information about previous employers, if known. If the absent parent is or has ever been in the military, please be sure to indicate the branch of service (including whether the absent parent is retired or in the reserves), and the dates of service.
- K — Please indicate any information you may have about assets of the absent parent.
- If the absent parent receives AFDC or General Relief Assistance, indicate county, state and when received.
 - If the absent parent is currently disabled, indicate whether you think the absent parent is getting Worker's Compensation, Social Security Disability, SSI, or some other form of disability pay.
 - If the absent parent owns any land, crops, mineral rights, or buildings, describe what kind of property it is and indicate where it is located.
 - If the absent parent owns any cars, motorcycles, RV's, boats, trailers, or other vehicles, describe the vehicle and indicate the county and state in which it may be registered.
 - If the absent parent has savings or checking accounts at any banks, savings and loans, credit unions, or other financial institutions, please indicate the type of account, the name of the institution, and where it is located.
 - If the absent parent has retirement income or a pension, please indicate the company or institution which pays the retirement and the amount of payment.
 - If you think the absent parent may have any other assets or income (for example: gun collections, pending inheritances, IRA's, etc.) please give details.
 - If the absent parent has an arrest record, indicate county, state and when arrested.

Please answer the last two questions in the section regarding disability and joint income tax returns.

- L — If the absent parent has medical insurance covering you or the children in your care (privately or through an employer or other group plan), please indicate as much as you know about who is covered, the name of the insurance company, and policy information.

PAGE 4

- M — The information requested in this section will be used to either establish or modify, if appropriate, a child support order based on the Montana Child Support Guidelines. It is important to answer all questions as completely as possible so that all the needs of the children can be considered in setting or adjusting a support amount.
- N — You must certify that you have been informed about cooperation with CSED, whether you have "Good Cause" for not cooperating, and that the information you have given is complete and accurate to the best of your knowledge. If you have any questions concerning cooperation or "Good Cause", ask your Eligibility Specialist. **Be sure to sign and date the form.**

STATE OF MONTANA
Department of Social and Rehabilitation Services

EXHIBIT 6
DATE 1-8-93

CHILD SUPPORT ENFORCEMENT REFERRAL

PLEASE PRINT ALL ANSWERS USING BLACK OR BLUE INK

AGENCY USE ONLY: IV-D Case Number		CLASS						
MY FULL NAME (First, Middle, Last)		SOCIAL SECURITY NUMBER	SEX M <input type="checkbox"/> F <input type="checkbox"/>					
OTHER NAMES USED Maiden		DATE OF BIRTH						
MARRIED/ALIAS								
MAILING ADDRESS		TELEPHONE NUMBER WHERE I CAN BE REACHED: HOME: WORK: MESSAGE:						
CITY	COUNTY	STATE	ZIP CODE					
MY RELATIONSHIP TO THE CHILD(REN) IS: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify)		RACE (Check appropriate box) (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Other (please specify)						
If you are applying for or receiving only Medicaid assistance, check one of the following boxes: <input type="checkbox"/> I WANT MEDICAL SUPPORT SERVICES ONLY. <input type="checkbox"/> I WANT CHILD SUPPORT ENFORCEMENT SERVICES. (This may include establishment of paternity, establishment of a support order, collection of child support and/or modification of a support order. If you request child support services, all payments will be processed by the CSED and sent to you. There can be up to a 10 day turnaround time for payment processing.)								
ABSENT PARENT'S FULL NAME (First, Middle, Last)		SOCIAL SECURITY NUMBER	RACE					
OTHER NAMES USED (Alias, Maiden, Married)		DATE OF BIRTH	PLACE OF BIRTH (City & State)					
CURRENT OR LAST KNOWN ADDRESS OF ABSENT PARENT: (indicate if mailing or street address)		LAST DATE KNOWN TO BE THERE	TELEPHONE NUMBERS: HOME: WORK:					
CITY	COUNTY	STATE	ZIP CODE					
IS THE ABSENT PARENT DECEASED? <input type="checkbox"/> NO <input type="checkbox"/> YES If Yes, date of death: City/State of death:								
CHILDREN OF THE ABSENT PARENT (Include all children for whom YOU are making application.)								
NAME OF CHILD (First, Middle, Last) (Do not use nicknames)	ACTUAL OR EXPECTED DATE OF BIRTH	PLACE OF BIRTH	SEX (Opt.)	SOCIAL SECURITY NUMBER	AGENCY USE ONLY		MAO	IVE FC
			M F RACE		INCLUDED ON GRANT	YES NO		
COMPLETION OF ALL FIELDS IS MANDATORY.								
TEAMS CASE NUMBER								
As an authorized representative of the Department of Social and Rehabilitation Services, I have determined that:								
Good Cause: <input type="checkbox"/> Exists <input type="checkbox"/> Does Not Exist								
Please: <input type="checkbox"/> Pursue <input type="checkbox"/> Do Not Pursue Household Composition: Adult(s) Children								
NEW CASE: Date of Eligibility: 1st Mo Grant: \$ Mo/Yr: 2nd Mo Grant: \$ Mo/Yr								
ONGOING CASE: Additional Person's Date of Eligibility: Supplement Amount \$ Mo/Yr								
Name of Person Added: Relationship to Custodian:								
Are Payee Name and SSN different from name on top line? <input type="checkbox"/> No <input type="checkbox"/> Yes								
If Yes, list Payee Name and SSN								
COUNTY DIRECTOR/DESIGNEE: DATE: E.S. Initials								
(Signature) (Co. Number)								

EXHIBIT 6
DATE 1-8-93
~~HB~~

Were the parents of the children listed above ever married to each other? ☐ YES ☐ NO
If yes, date: _____ Place (City, State) _____

(Check one box)
Are the parents: ☐ Divorced? ☐ Legally Separated? ☐ Starting Legal Action? ☐ None of These

(State and County where Order issued or action started) (Order/Decree/Cause Number) (Date)

Attorney's name, address, phone number _____

Could someone else be the father of the child(ren)? ☐ YES ☐ NO
If the parents weren't married, is the father's name on the birth certificate? ☐ YES ☐ NO
REMINDER: Include blood test results, if available.

Did the father sign an Acknowledgement of Paternity? ☐ YES ☐ NO
If yes, where can CSED find a copy? _____ (Attach copy if you have one.)

Was the mother married to someone OTHER than the child's father at the time of birth or within 10 months before the birth of the child?
☐ YES ☐ NO (if YES, fill out a separate referral on this spouse.)

Have you or the children you are applying for, ever received an AFDC grant before? ☐ YES ☐ NO
If yes, Where? _____ In whose name? _____
(city, state)
What date did you last receive a payment? _____ What child support office did you work with? _____

Has the ABSENT PARENT been ordered to pay child support? ☐ YES ☐ NO
(NOTE: Attach a copy of any existing court or administrative order)
Are you receiving support payments? ☐ YES ☐ NO If yes, how much? _____
How often? _____ Amount of most recent payment: \$ _____ Date of payment: _____
Support payments being made to: ☐ Montana Child Support Office ☐ Clerk of Court (specify below) ☐ Me
☐ Another Child Support Agency (specify) ☐ Other _____
(name and address)

Physical description of absent parent:
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Complexion/Scars/Marks, Other Information: _____

FORMER ADDRESS(ES) OF THE ABSENT PARENT

Address	City, State, Zip	Date Lived There
(1) _____	_____	_____
(2) _____	_____	_____

NAME AND ADDRESS OF ABSENT PARENT'S FATHER (If deceased, indicate and give full name)

NAME AND ADDRESS OF ABSENT PARENT'S MOTHER (If deceased, indicate and give full name. Include maiden name)

RELATIVES OR FRIENDS OF ABSENT PARENT WHO MIGHT KNOW HIS/HER WHEREABOUTS

Full Name	Address	City, State, Zip	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

EXHIBIT 6
DATE 1-8-93

EMPLOYMENT OF ABSENT PARENT. List the last three known employers of the ABSENT PARENT ~~including military service~~. If military, specify Army, Navy, Air Force, Marine, etc. Please include ALL employment, including self-employment.

NAME OF EMPLOYER	ADDRESS	PHONE NUMBER	DATES ABSENT PARENT WORKED THERE
CURRENT			
FORMER			
FORMER			

If the ABSENT PARENT is unemployed or self-employed, list the type of work he/she usually does. _____

ANSWER THE FOLLOWING QUESTIONS AND GIVE DETAILS IN THE SPACE PROVIDED.

Does the Absent Parent:

YES NO

- ☐ ☐ RECEIVE AFDC OR GENERAL ASSISTANCE? (Where? When?)
- ☐ ☐ RECEIVE SOCIAL SECURITY OR SSI BENEFITS? (Which one? How much?)
- ☐ ☐ OWN PROPERTY? (Where?)
- ☐ ☐ OWN VEHICLES? (Make/Model? Year? Condition?)
- ☐ ☐ HAVE A BANK ACCOUNT? (Indicate savings or checking, give name and location of bank.)
- ☐ ☐ RECEIVE WORKERS COMPENSATION? (How much? Who pays it?)
- ☐ ☐ RECEIVE A RETIREMENT INCOME OR PENSION? (Source? Amount?)
- ☐ ☐ RECEIVE VETERAN'S BENEFITS? (How much?)
- ☐ ☐ HAVE OTHER ASSETS? (What? Where?)
- ☐ ☐ HAVE AN ARREST RECORD? (Give Details.)

Is the absent parent disabled? ☐ Yes ☐ No If yes, what is the absent parent's income? (Monthly amount): \$ _____

Source: _____

Have you ever filed joint income tax returns with the absent parent? ☐ Yes ☐ No

-If Yes, when? _____ Where? _____

Do you know if the absent parent has health insurance for the child(ren)? ☐ Has insurance ☐ Doesn't have insurance ☐ I don't know
If there is coverage, fill in as much information as you know about the insurance maintained by the absent parent.

NAME(S) OF INDIVIDUAL COVERED (First, Middle, Last)	INSURANCE COMPANY	POLICY NUMBER	GROUP NUMBER

EXHIBIT 6

DATE 1-8-93

IF YOU ARE APPLYING FOR AFDC, OR IF YOU ARE APPLYING FOR MEDICAL ASSISTANCE AND WANT COMPLETE SUPPORT ENFORCEMENT SERVICES, COMPLETE THIS SECTION:

1) Do you have a job? ☐ Yes ☐ No If yes, how many hours a week do you work? _____

Employer's Name _____ Address _____

2) Are you attending school? ☐ Yes ☐ No ☐ Part-Time ☐ Full-Time

If yes, name of school: _____

3) Do you pay for health insurance (other than Medicaid) for your children? ☐ Yes ☐ No

If yes, how much per month? _____

4) Do you have any sources of income other than wages? ☐ Yes ☐ No

If yes: What are they? _____

How much do you receive? _____

How often do you receive it? _____

5) If you are not working now, what was the last job you had? _____

Dates: _____ Rate of Pay: _____

Why did you leave this job? _____

6) Are you currently seeking employment? ☐ Yes ☐ No

How many jobs have you applied for in the last month? _____

What kind of work are you seeking? _____

7) Do you pay daycare for any of your children when you work? ☐ Yes ☐ No

If yes: How much do you pay? _____ How often? _____

On the average, how many hours a week are your children in day care? _____

Names and ages of the children in daycare: _____

8) Are there any special circumstances that require you not to work so you can care for a special needs child? ☐ Yes ☐ No

If yes, explain: _____

9) Is there a medical reason you cannot work? ☐ Yes ☐ No

If yes, explain: _____

I have read and I understand the form explaining "good cause" for not cooperating in obtaining child support.
I understand that my AFDC grant will be reduced if I refuse to cooperate in obtaining child support without "good cause".

Check one: ☐ I will cooperate with the Child Support Enforcement Division.
☐ I have good cause for not cooperating with the Child Support Enforcement Division.

I CERTIFY, UNDER PENALTY OF LAW, THAT ALL THE INFORMATION ON THESE PAGES IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

X

(Signature of Applicant/Recipient)

(Date)

EXHIBIT 6
DATE 1-8-93
HB

NOTICE OF AUTOMATIC ASSIGNMENT OF RIGHTS

NOTICE TO THE APPLICANT/RECIPIENT:

By signing an application for public assistance, you have automatically assigned and transferred all rights to child, spousal and medical support to the State of Montana, Department of Social and Rehabilitation Services (SRS), and the County Welfare/County Office of Human Services. The assignment is effective for current support, delinquent support accrued prior to the assignment and for medical obligations. The assignment takes effect upon a determination that your household is eligible for aid and remains in effect with respect to any unpaid support and medical obligations which accrued at any time prior to the termination of the grant and/or the medical assistance.

If you are applying for and approved for medical assistance only and have requested medical support services only, you are assigning your rights to medical payments only.

The automatic assignment is made pursuant to Montana Code Annotated (MCA) § 53-2-613 and under the terms and conditions of §402(a)(26) of Title IV of the Social Security Act, as amended.

The Department of SRS, Child Support Enforcement Division (CSED), is the agency designated by law to establish and enforce all support obligations thus assigned.

Under this assignment, you may not commence or maintain an action to recover a delinquent support obligation without notifying the CSED. The Department may then release or relinquish its assigned interest or enter the proceeding. Under this assignment, you may not take any action to modify or make any agreement to modify, settle, or release any past, present, or future support obligation unless CSED is given written notice and an opportunity to participate.

AS LONG AS AFDC IS PAID TO YOU OR TO ANY PERSON FOR WHOM YOU ARE MAKING APPLICATION, YOU MUST FORWARD ANY MONEY RECEIVED FROM THE ABSENT PARENT TO THE CHILD SUPPORT ENFORCEMENT DIVISION. CONTACT YOUR ELIGIBILITY EXAMINER IF YOU HAVE ANY QUESTIONS.

CSED requested your social security number and the social security numbers of your children. You are required to provide these numbers to aid in the determination of eligibility for public assistance. In turn, these numbers are passed to CSED for child support enforcement purposes. The numbers make case processing more efficient. They are used to track cases on the computer system, to credit payments and in enforcement activities. Although the CSED does not normally release these numbers, the other party may discover them during the course of an enforcement action.

I, the undersigned, hereby certify that I have applied for public assistance in the form of Aid to Families with Dependent Children (AFDC) and/or Medical Assistance.

X

(Signature of Applicant/Recipient)

(Date)

NOTICE TO THE CLERK OF COURT:

This authorizes you, until further written notice from the Child Support Enforcement Division of the Department of SRS, to send any support money received under the order specified in the attached "Notice of Statutory Interest" to:

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Child Support Enforcement Division
P.O. Box 5955
Helena, Montana 59604

It is the policy of the Montana Department of Social and Rehabilitation Services to provide equal agency services to all persons regardless of race, color, religion, creed, sex, national origin, age, handicap, marital status or political belief.

**NOTICE OF REQUIREMENT TO COOPERATE & RIGHT TO CLAIM ~~GOOD CAUSE~~
FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ENFORCEMENT**

ASSIGNMENT OF RIGHTS TO SUPPORT

As a condition of eligibility, any rights to support are assigned to the Child Support Enforcement Division, Department of Social and Rehabilitation Services (SRS), as provided in Section 53-2-613, Montana Code Annotated.

BENEFITS OF CHILD SUPPORT ENFORCEMENT

Your cooperation in the child support enforcement process may be of value to you and your child because it might result in the following benefits:

- Finding the absent parent;
- Legally establishing your child's paternity;
- The possibility that support payments might be higher than your public assistance grant; and
- The possibility that you and your children may obtain rights to future social security, veterans or other government benefits.

WHAT IS MEANT BY COOPERATION?

The law requires you to cooperate with the public assistance and child support agencies to get any support owed to you and any of the children for whom you want AFDC, unless you have good cause for not cooperating.

In cooperating with the public assistance or child support agency, you may be asked to do one or more of the following things:

- Name the parent of any child applying for or receiving AFDC, and give information you have to help find the parent;
- Help determine legally who the father is if your child was born out of wedlock;
- Give help to obtain money owed to you or the children receiving AFDC; and
- Pay to the State any money which is given directly to you by the absent parent (you will continue to get your full AFDC grant from the State).

You may be required to come to the public assistance office, child support office, or court to sign papers or give necessary information.

WHAT IS MEANT BY GOOD CAUSE?

You may have good cause not to cooperate in the State's efforts to collect child support. You may be excused from cooperating if you believe that cooperation would not be in the best interest of your child, and if you can provide evidence to support this claim.

IF YOU DO NOT COOPERATE AND DO NOT HAVE GOOD CAUSE

- You will be ineligible for AFDC.
- Your children will still be eligible for AFDC for their own needs. Your children's grant will go to another person, called a "protective payee".

HOW & WHEN YOU MAY CLAIM GOOD CAUSE

If you want to claim good cause, you must tell your Eligibility Technician that you think you have good cause. You can do this at any time you believe you have good cause not to cooperate.

GOOD CAUSE CIRCUMSTANCES

You may claim to have good cause for refusing to cooperate if you believe that such cooperation would not be in the best interest of your child. The following are circumstances under which the public assistance agency may determine that you have good cause for refusing to cooperate:

- Cooperation is anticipated to result in serious physical or emotional harm to the child;
- Cooperation is anticipated to result in physical or emotional harm to you which is so serious it reduces your ability to care for the child adequately;
- The child was born after forcible rape or incest;
- Court proceedings are going on for adoption of the child; or
- You are working with an agency helping you to decide whether to place the child for adoption.

PROVING GOOD CAUSE

It is your responsibility to:

- Provide the public assistance agency with the evidence needed to determine whether you have good cause for refusing to cooperate. (If the reason for claiming good cause is your fear of physical harm and it is impossible to obtain evidence, the public assistance agency may still be able to make a good cause determination after an investigation of your claim.)
- **Give the necessary evidence to the agency within 20 days after claiming good cause. The public assistance agency will give you more time only if it determines that more than 20 days are required because of the difficulty in obtaining the evidence.**

The public assistance agency may:

- Decide your claim based on the evidence which you give to the agency, or
- Decide to conduct an investigation to further verify your claim. If the public assistance agency decides an investigation is needed, you may be required to give information such as the absent parent's name and address to help the investigation. The agency will not contact the absent parent without first telling you.

NOTE: If you are an applicant for assistance, you will not receive your share of the grant until you have given the agency the evidence needed to support your claim and, if requested, the information needed to permit an investigation of your claim.

EXAMPLES OF ACCEPTABLE EVIDENCE

The following are examples of acceptable kinds of evidence the public assistance agency can use in determining if good cause exists.

If you need help in getting a copy of any of the documents, ask the public assistance agency. The public assistance agency will give you reasonable assistance which is needed to help you obtain the necessary documents to support your claim.

- Birth certificates, or medical or law enforcement records, which indicate that the child was conceived as the result of incest or forcible rape;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that the alleged or absent father might inflict physical or emotional harm on you or the child;
- Medical records which indicate emotional health history and present health status of you or the child for whom support would be sought; or written statements from a mental health professional indicating a diagnosis or prognosis concerning the emotional health of you or the child;
- A written statement from a public or private agency confirming that you are being assisted in resolving the issue of whether to keep or give up the child for adoption; and
- Sworn statements from individuals, including friends, neighbors, clergymen, social workers, and medical professionals who might have knowledge of the circumstances providing the basis of your good cause claim.

CHILD SUPPORT AGENCY PARTICIPATION AND ENFORCEMENT

The Child Support Enforcement Division may review the public assistance agency's findings and the basis for a good cause determination in your case. If you request a hearing regarding this issue of good cause for refusing to cooperate, the Child Support Enforcement Division may participate in that hearing.

If you are found to have good cause for not cooperating, the Child Support Enforcement Division may attempt to establish paternity or collect support only if the County Welfare Office/Office of Human Services determines that this can be done without risk to you or your child. This will not be done without first telling you.

WHAT IF AN ABSENT PARENT IS LOCATED AND REFUSES TO PAY CHILD SUPPORT?

Your AFDC payment will continue. The Child Support Enforcement Division will seek court or other legal remedies that could result in withholding of the absent parent's property or wages to pay for child support.

I have read this notice concerning my right to claim good cause for refusing to cooperate.

(Signature of applicant/recipient)

(Date)

I have provided the applicant/recipient with a copy of this notice.

(Signature of Eligibility Technician)

(Date)

**MONTANA DEPARTMENT OF SOCIAL AND
REHABILITATION SERVICES**

**MEDICAID-ONLY/MEDICALLY NEEDY
REQUEST FOR MEDICAL SUPPORT ENFORCEMENT
SERVICES ONLY**

Name _____ Soc. Sec. No. _____

Section 1912 of the Social Security Act requires individuals receiving Medicaid to cooperate with the Child Support Enforcement agency in securing medical support.

The Child Support Enforcement Division must provide to the Medicaid recipient all appropriate services related to securing medical support. These services will include the establishment of paternity in cases where paternity has not been established, location of the absent parent, establishment of a health insurance order if none has previously been established, and enforcement of the health insurance order. These services are mandatory and cannot be refused by the Medicaid recipient unless the Office of Human Services has determined it is against the best interests of the child to receive the services.

The Child Support Enforcement Division will also provide services unrelated to securing medical support. These services include establishment of a child support order, collection of child support payments, and enforcement of the child support order. Services will be provided automatically unless the Medicaid recipient informs the Child Support Enforcement Division these services are not wanted.

If you do not want the Child Support Enforcement Division to establish a child support order, collect child support payments from the absent parent, or enforce the child support order, you may sign below.

I, _____, do not want the Child Support Enforcement Division to establish a child support order, collect child support payments from the absent parent, or enforce a child support order.

Medicaid-Only/Medically Needy Recipient

Date

VETERAN'S REFERRAL (Part 1)

EXHIBIT 6
DATE 1-8-93
HB

County Office _____ Date _____

Client Name _____ Soc. Sec. # _____

INSTRUCTIONS: Applicant, please enter a check mark on all things that apply to you. Complete all appropriate items in Sections A, B and C and **SIGN** your name in Section D.

SECTION A: (Check the following items which apply to you or the individual you are applying for.)

- ☐ 1. I am an honorably discharged Veteran.
- ☐ 2. I am the widow or widower of a wartime Veteran.
- ☐ 3. I am the widow or widower of a Veteran who died or was killed while on active duty OR who died as a result of a service related disability.
- ☐ 4. I was married to a wartime Veteran who died of non-service related disabilities and I am not married now.
- ☐ 5. I was married to a Veteran who died or was killed while on active duty OR who died as a result of a service related disability. I am not married now.
- ☐ 6. I am the child of a deceased Veteran and I am under 23 years of age.
- ☐ 7. I am the child of a Veteran who died as a result of a service related disability and I am under 23 years of age.
- ☐ 8. I am the parent of a Veteran who died while on active duty OR who died as a result of a service related disability.

SECTION B: (If you checked any of the above, check the following items which apply to you or the individual you are applying for.)

- ☐ 1. I have service related disabilities.
- ☐ 2. I am totally disabled because of non-service related disabilities.
- ☐ 3. I am age 65 or older.
- ☐ 4. I need hospital care or nursing home care.
- ☐ 5. I need in-home care.
- ☐ 6. I need residential care.

SECTION C: (If you checked items in **both** Section A and B above, complete this section.)

VETERAN'S NAME _____
last name first name middle name

VETERAN'S SOCIAL SECURITY NUMBER: _____

VETERAN'S CLAIM NUMBER (if known): _____

SECTION D: (Read the following carefully. Sign and return this form to your local Office of Human Services/Department of Public Welfare.)

I declare that the information given above is correct, true and complete to the best of my knowledge. I understand that I may be required to contact a Veteran's Service Office as a necessary part of the application process. I hereby authorize the Department of Social and Rehabilitation Services and Veteran's Service Offices to release information necessary to determine my eligibility for benefits.

Applicant's Signature _____ Date _____

VETERAN'S REFERRAL (Parts 2, 3 & 4)

EXHIBIT 6

EXHIBIT

DATE 1-8-93

MB

PART 2: To be completed by Office of Human Services/Department of Public Welfare.

APPLICANT: As a necessary part of the application or reapplication process, you are required to contact the Veteran's Service Office listed below on or before: _____ date

VETERAN'S SERVICE OFFICE ADDRESS:

_____ Phone #: _____

APPLICANT'S NAME, ADDRESS AND SOCIAL SECURITY NUMBER:

SSN: _____

_____ Phone #: _____

NOTE: A referral to a Veteran's Service Office is required when one or more check marks are made by the applicant in both Sections A and B on Part 1.

PART 3: To be completed by Veteran's Service Office and returned to office listed in Part 4.

- ☐ 1. Ineligible.
- ☐ 2. Currently receiving Aid and Attendance benefits of \$_____.
- ☐ 3. Currently receiving maximum benefits of \$_____.
- ☐ 4. Refused to apply.
- ☐ 5. Failed to contact office by required dates.
- ☐ 6. Claim for benefits filed.
Type of benefit: _____
- ☐ 7. Expect decision by: _____
- ☐ 8. Referred to: _____

Signature of Veteran's Service Office Representative

Title

Date

PART 4: Office of Human Services/Department of Public Welfare Address.

ADDRESS: (Use stamp if available.)

SRS Representative Signature

Title

Date

MONTANA DEPARTMENT OF
SOCIAL & REHABILITATION SERVICES

EXHIBIT 6

DATE 1-8-93

ACKNOWLEDGMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE: General Relief Assistance benefits will be prorated from the date of application if you are otherwise eligible. Any month in which you receive a benefit is considered as a benefit assistance month. For employable persons, GRA benefits are limited to 4 or 6 months in a 12 month period.

I. Applicant Rights

- To make application without delay.
- To ask and be informed orally and in writing about coverage, conditions of eligibility, scope of program and other services available.
- To be determined eligible or ineligible within 30 days of application.
- To be informed of fair hearing rights.
- To receive written notice of denial, reduction or termination of all or part of assistance.
- To choose whether to begin Project Work immediately, or wait to begin Project Work until after eligibility is determined.

II. Applicant Responsibilities

- Fill out an application (FA250), a client registration form (FA274), Monthly Report (FA274), and Release of Confidential Information (FA204).
- Inform Eligibility Technician (E.T.) of household and financial situation.
- Provide verification and documentation as requested.
- If unemployability claimed because of infirmity, complete an FS/SA #630 and #631 and cooperate to establish infirmity.
- Participate forty (40) hours per week in Project Work if determined employable.

III. Repayment of Benefits

By signing this form, you promise to repay any General Relief Assistance benefits you receive under the following conditions:

- You receive benefits from another source for a period when General Relief Assistance was provided;
- You receive benefits fraudulently;
- You receive benefits because of an administrative mistake;
- You choose to continue receiving benefits while appealing an adverse action and the adverse action is upheld.

IV. Fair Hearing

- You have a right to Fair Hearing if you disagree with any action taken by this department.
- Fair Hearing requests must be in writing and must be made within 90 days of the benefits being reduced, suspended, terminated, or denied.
- You may continue to receive benefits while in the fair hearing process.

Applicant's Signature/Date

Eligibility Technician's Signature/Date

Distribution: Original - Client
Copy - Case File

EXHIBIT 6
DATE 1-8-93
MB

DECLARATION OF RESIDENCY

I hereby declare that:

☐ I am a resident of Montana.

I currently reside in _____ County.

☐ I am not a resident of Montana.

I am currently or was last a resident of

County

State

If last residency is unknown, please explain:

I certify, under penalty of perjury, that my answers are correct and complete to the best of my knowledge.

Signature

Date

CLIENT REGISTRATION FORM

FOR COUNTY GENERAL RELIEF ASSISTANCE
USE: COUNTY OFFICE OF HUMAN SERVICES

APPT TIME _____
DATE _____

Appl Date _____
PWP Date _____

List all persons who are living in your home (list your name first).

Full Name	Relationship to Applicant (Parent, child, spouse, other related, unrelated)	Social Security No.	Date of Birth mm/dd/yy	Sex M or F	Race (optional) - White, Black, Asian, Hispanic Amer Indian, Other
1. SELF					
2.					
3.					
4.					
5.					
6.					

11. How long have you lived in Montana? ____ 1 month ____ 1-6 months ____ 6-12 months ____ over 12 months
111. If you have lived in Montana 12 months or less, (A) What state did you come from? ____
(B) Why did you move to Montana? ____ work ____ like Montana
____ other ____ relatives

FOR COUNTY USE:

Initial Referral ____ Case # ____
Re-Referral ____ Case # ____
Add to Existing Case ____ Case # ____

PWP Appt Time _____
Date _____
Location _____

FOR EMPLOY SPEC USE:

INITIAL REFERRAL		EMPL CODE		BEGIN PWP	
No	Show			Now	After
1.					Eligib
2.					
3.					
4.					
5.					
6.					

-EMPLOY CODES-
XCR - Caretaker Relative
XAG - Child under 16
XST - Student
XJT - JTPA
EMP - Employable
UAG - 55 +
UIT - Temp Infirm
UIP - Perm Infirm
PND - Pending
TRW - Trans to work

EMPLOYMENT SPECIALIST SIGNATURE _____

IMPORTANT

Actions taken on your case by the County Welfare Department/Office of Human Services must conform to the applicable laws, regulations and policies. If you disagree with the action taken, you may request a fair hearing. You have ninety (90) days from the mailing date of this notice to make such a request.

If a fair hearing is requested within ten (10) days of the mailing date of this notice, you may choose to continue to receive benefits at your current rate. However, if a decision is made against your case, you **must** repay the value of the extra benefits you received.

The fair hearing process includes the following three steps:

1. A request for a fair hearing is made by:
 - a. contacting your local County Welfare Department/Office of Human Services for assistance with your request for a fair hearing; and
 - b. completing the bottom part of this form and mailing **the entire form** to the Office of Fair Hearings — Box 4210 — Helena, MT 59604;
2. An administrative review is held to discuss your case. At this time:
 - a. you will be able to tell your story in your own words. You may be represented at this review (and future proceedings) by an attorney or any other person of your choice or you may represent yourself. If you cannot afford an attorney, Montana Legal Services Association may be able to help you. Call, toll free, 1-800-666-6124.
 - b. you can present additional information about your case;
 - c. the county will present facts regarding its decision; and
 - d. any possibilities of settlement of the differences will also be explored.
3. If your case cannot be resolved in the administrative review, a fair hearing will be conducted by a Montana State Department of Social and Rehabilitation Services Hearings Officer. Decisions made by the Hearings Officer must conform to federal and state law, regulation or policy and must be based exclusively on evidence and other material introduced at the hearing. If you disagree with the decision made by the Hearings Officer, you may appeal the decision by contacting the Board of Social and Rehabilitation Services Appeals.

REQUEST FOR FAIR HEARING

CLAIMANT'S NAME:	SOCIAL SECURITY NO:	PHONE:
STREET ADDRESS:	CITY:	ZIP CODE:

This is to request a fair hearing. I am making this request because: _____

I have an attorney: ☐ Yes ☐ No. My attorney's name is: _____
His/her address is: _____ His/her phone number is: _____

If you are requesting a hearing because of a reduction or termination in benefits, please check one of the following:

- [] I want to continue receiving the benefits I now receive until the hearing. If I lose the hearing I will repay any excess benefits I receive.
- [] I do not want to continue receiving the benefits I now receive until the hearing. If I win the hearing I will be restored any benefits I lost.

(CLAIMANT OR AUTHORIZED REPRESENTATIVE)

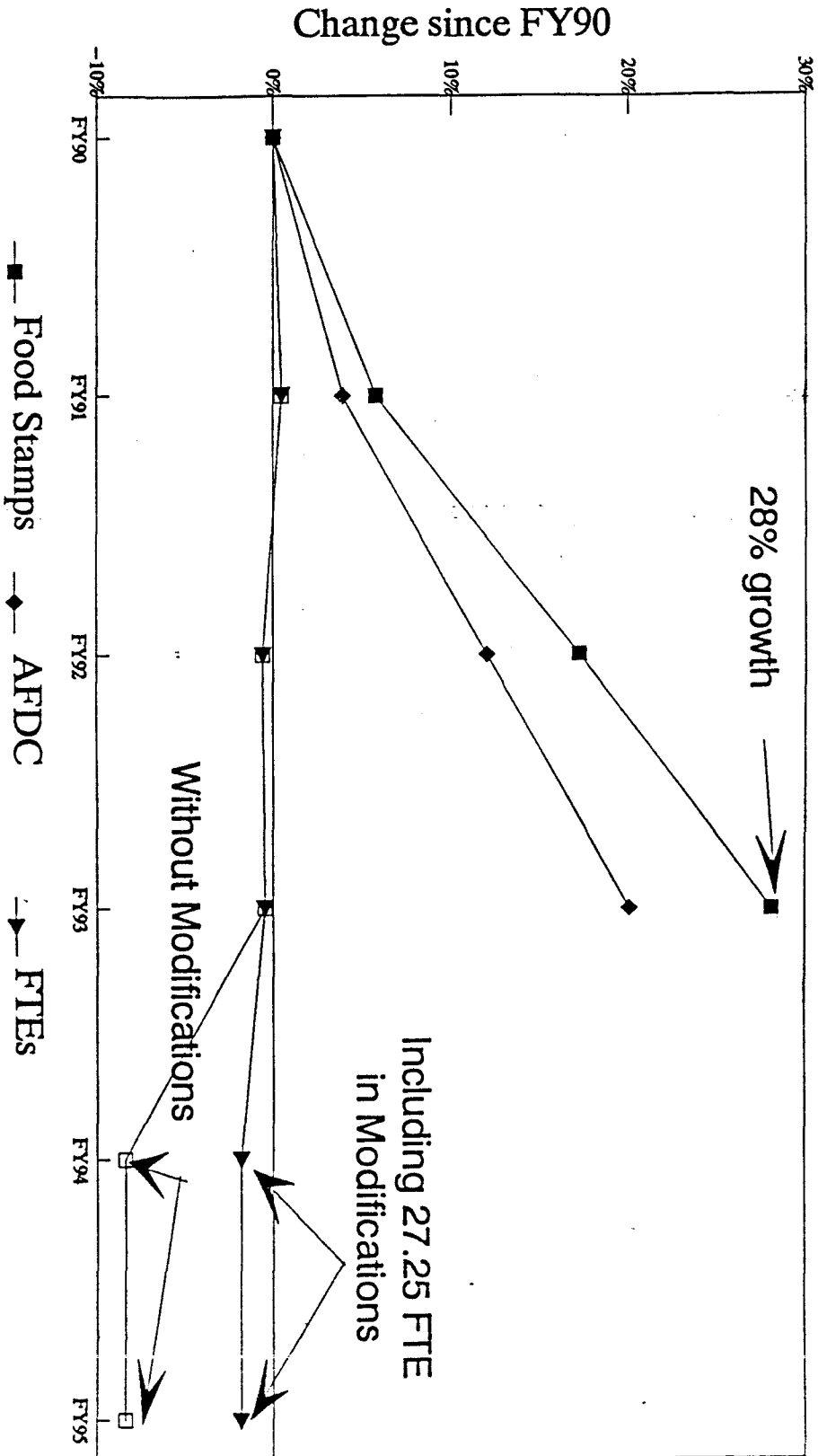
(DATE)

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO
STATE GENERAL RELIEF MEDICAL PROGRAM**

CLAIMANT'S AUTHORIZATION		Date
<p>I hereby authorize the Montana Department of Social and Rehabilitation Services and its designated review organizations to have access to my medical records or other information regarding my treatment, hospitalization and/or outpatient care for my condition(s) (including psychological, drug abuse, alcoholism or psychiatric impairments) during the period(s) I am eligible for medical services through the Montana State General Relief Medical Program. I also hereby authorize that a photocopy of this authorization be accepted with the same authority as this original.</p> <p>The Department, in accordance with relevant legal authorities, will use the acquired information solely for purposes directly connected with the administration of the State General Relief Medical Program. The Department will release confidential information only as authorized by law.</p> <p>I understand that this authorization is subject to revocation by me at any time. In the absence of my prior revocation, this authorization will expire when my eligibility for State Medical expires or, if a matter relating to eligibility or receipt of services is at issue at the time eligibility expires, upon the resolution of that matter. I understand my eligibility for State General Relief Medical may be contingent upon my release of certain medical information to the program.</p>		
Signature of Claimant (or person acting on his/her behalf)	Relationship to Claimant	Claimant's Date of Birth
Street Address	Phone	Claimant's Social Security Number
City	State	Zip Code
<p>A witness is required only if this statement has been signed by mark (X) above. If signed by mark (X), one witness to the signing who knows the person making the statement must sign below, giving their full address.</p> <p>1. Signature of Witness</p>		
Address (Number and street, city, state and ZIP code)		

County Office Comparison

Caseload Growth vs. FTE decline



LOW-INCOME ENERGY ASSISTANCE PROGRAM (LIEAP)

PURPOSE

Attempts to help households below 125% of poverty meet some of their home heating costs. Anticipated caseload this year is 22,000 households. A similar caseload was served last year.

Three types of assistance are available:

- Basic benefits determined by a series of matrices which factor a household's income, fuel type, size and type of home and local climatic conditions. Average benefit this year is \$235.
- Supplemental benefits of up to \$150 for households below 100% of poverty who have paid at least 5% of their income toward their heating cost and still owe. We anticipate approximately 3,500 households to participate.
- Emergency assistance of up to \$250 to cover unforeseen events. We expect to serve approximately 550 such households.

SUCSESSES

We proposed, and the Montana Power Company and the Public Service Commission agreed, to allow MPC LIEAP clients a 10% discount on their heating costs. That discount should qualify SRS for a federal "leveraging" grant next spring which will be added to next year's available funds.

LIEAP eligibility and payments were automated in FFY92.

Consequently, we eliminated \$16,000 in data entry costs.

COMMUNITY SERVICES BLOCK GRANT

PURPOSE

CSBG is intended to allow local communities the opportunity to design local solutions and programs to poverty in their areas. By federal law, the state's Human Resource Development Councils are the recipients of CSBG funding. CSBG is the core funding which enables all other HRDC activities to exist. Without CSBG, it is likely that few, if any, of the HRDCS could function.

The HRDCs are a multi-purpose, community based network which provides numerous human service programs to over 100,000 Montanans annually. The HRDCs now contract with state, federal and local governments to deliver a number of programs. Some examples include:

Family Planning (DHES) Senior Citizens Center (AOA/local)

Section 8 Housing (DOC) Meals on Wheels (AOA/local)

Microbusiness Enterprises (DOC) Energy Share (Private)

Weatherization (SRS and MPC) Foster Grandparents (ACTION)

Fuel Assistance (SRS) Emergency Food and Shelter (SRS)

Commodities (SRS) Green Thumb (USDA)

JOBS/Project Work (SRS) Drug Education/prevention (HHS)

Food Stamp Issuance (SRS) Head Start (HHS)

Youth & Older Worker Employment (DOLI) VISTA (ACTION)

Transportation services (local)

What differentiates the HRDCs from all other human service agencies is:

- They already deliver a very broad range of services to a diverse service population. As evidenced above, old and young, disabled, veterans and others benefit from their activities. Although the primary purpose of an HRDC is to alleviate poverty, they have evolved into human service and community development agencies.
- They are private, non-profit corporations whose Boards of Directors are comprised of 1/3 public officials, 1/3 low-income representatives and 1/3 representing local business, charitable or professional organizations.
- All serve areas congruent to the substate planning districts established by Executive Order. Statewide coverage is ensured.

ISSUE

SRS is allowed to retain 5% for special projects. However, the last legislature mandated that only 2.5% be so used. Those funds were primarily used to finance the Health Care Task Force of Governor Stephens. HRDC involvement in that process was considerable and, we believe, positive. Potential projects for the next biennium could include a Welfare Reform Task Force.

HOMELESS ASSISTANCE GRANTS

DESCRIPTION

The Departments of Health and Human Services (HHS) and Housing and Urban (HUD) provide funds for the renovation, rehabilitation or operating cost of homeless shelters and for the provision of follow-up and long-term services to help homeless people.

Shelters to be assisted and services to be delivered are determined by the HRDCs. Last year 22 shelters received help.

ISSUES

The HRDCs have done an excellent job of using extremely limited resources to help not only shelters but individuals through the provision of emergency services. We believe an area that needs investigation is the nature and extent of homelessness in Montana. As demand for services has increased, we have nothing more than anecdotal information to try to better channel resources. We are currently conducting a project which will identify the numbers of persons receiving services, who they are, what has caused their predicament and examine policy options for addressing homelessness.

December 28, 1992

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

EMERGENCY SHELTER GRANTS PROGRAM - STEWART B. MCKINNEY HOMELESS ASSISTANCE ACT OF 1988 (P.L. 100-628)

ELIGIBLE ACTIVITIES:

1. Renovation, major rehabilitation or conversion of buildings for use as emergency shelters for the homeless.
2. Provision of essential services to the homeless. (30% funding cap)
3. Payment of maintenance, operation (including administration but excluding staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.
4. Developing and implementing homeless prevention activities. (30% funding cap)

If funds are to be used to assist families that have received eviction notices or notices of termination of utility services, the following conditions must be met:

- The inability of the family to make the required payments must be the result of a sudden reduction in income;
- The assistance must be necessary to avoid eviction of the family or the termination of services to the family;
- There must be reasonable prospects that the family will be able to resume payments within a reasonable period of time; and
- The assistance must not supplant funding for preexisting homeless prevention activities from any other sources.

Each grantee must match the funding provided by HUD with an equal amount of funds from sources other than HUD funds. This can be the value of any donated material or building, the value of any lease on a building, any salary paid to staff of the grantee or to any recipient or nonprofit recipient in carrying out the Emergency Shelter program and the time and services contributed by volunteers to carry out the Emergency Shelter program determined at the rate of \$5 per hour.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) - FAMILY SUPPORT
ADMINISTRATION (FSA) (NOW ADMINISTRATION FOR CHILDREN AND FAMILIES
(ACF))- OFFICE OF COMMUNITY SERVICES (OCS)

EMERGENCY COMMUNITY SERVICES HOMELESS GRANT PROGRAM - STEWART B.
MCKINNEY HOMELESS ASSISTANCE ACT (P.L. 100-77, AS AMENDED BY P.L.
100-628)

USE OF FUNDS:

1. Expand comprehensive services to homeless individuals to provide followup and long-term services to help them make the transition out of poverty.
2. Renovation of buildings to be used to provide such services, except that not more than 50% of such amounts may be used for such purpose, and provide that all procedures required under the National Historic Preservation Act are followed.
3. Provide assistance in obtaining social and maintenance services and income support services for homeless individuals.
4. Promote private sector and other assistance to homeless individuals.
5. Provide assistance under certain conditions to individuals who have received a notice of foreclosure, eviction or termination of utility services in order to prevent them from becoming homeless. (25% funding cap)

Conditions:

- The inability of the individual to make mortgage, rental or utility payments is due to the sudden reduction in income.
 - The assistance is necessary to avoid the foreclosure, eviction or termination of utility services.
 - There is reasonable prospect that the individual will be able to resume the payments within a reasonable period of time.
6. Provision of, or referral to, violence counseling for homeless children and individuals and the provision of violence training to persons working with the homeless children and individuals.

Funds must be awarded to community action agencies.

Not more than 50% of the funds may be used for the purpose of renovation of buildings used for providing services to the homeless.

FY 1991-1993 CSBG ALLOCATIONS

EXHIBIT 8
DATE 1-8-93
BY

		FY 1991	FY 1992	FY 1993	FY 1993	FY 1993
		ALLOCATION	ALLOCATION	ALLOCATION	% CHANGE	% CHANGE
					OVER FY 1992	OVER FY 1991
AEM		\$182,744	\$209,584	\$204,881	-2.24%	12.1%
DIST 4		\$88,418	\$97,911	\$99,998	2.13%	13.1%
OPP. INC.		\$194,225	\$229,458	\$239,886	4.54%	23.5%
DIST 6		\$86,860	\$94,979	\$88,307	-7.02%	1.7%
DIST 7		\$208,735	\$255,097	\$273,240	7.11%	30.9%
RMDC		\$107,456	\$126,606	\$133,220	5.22%	24.0%
DIST 9		\$120,438	\$145,744	\$160,365	10.03%	33.2%
NWMHR		\$169,490	\$207,573	\$228,790	10.22%	35.0%
DIST 11		\$177,982	\$215,094	\$230,507	7.17%	29.5%
DIST 12		\$137,489	\$155,581	\$161,752	3.97%	17.6%
TOTALS		\$1,473,837	\$1,737,627	\$1,820,945	4.79%	23.6%

WEATHERIZATION PROGRAM COMPARISON

UNITS COMPLETED

PROGRAM	1990	1991	1992	TOTAL
DOE WEATHERIZATION	1,024	1,214	1,002	3,240
LIEAP WEATHERIZATION	774	751	698	2,223
EXXON AND STRIPPER WELL	151	246	351	748
TOTAL:	1,949	2,211	2,051	6,211

TOTAL ELDERLY/HANDICAPPED HOUSEHOLDS SERVED	720	815	521	2,056
--	-----	-----	-----	-------

THE MONTANA POWER COMPANY and
THE MONTANA DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
WEATHERIZATION ASSISTANCE PROGRAM(S) LANDLORD AGREEMENT

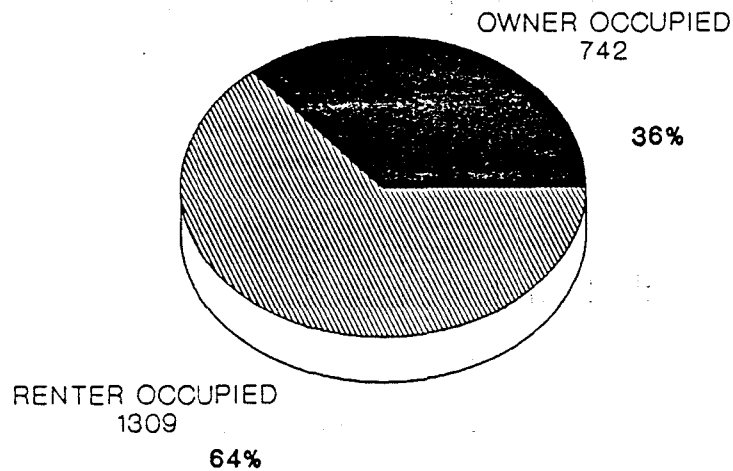
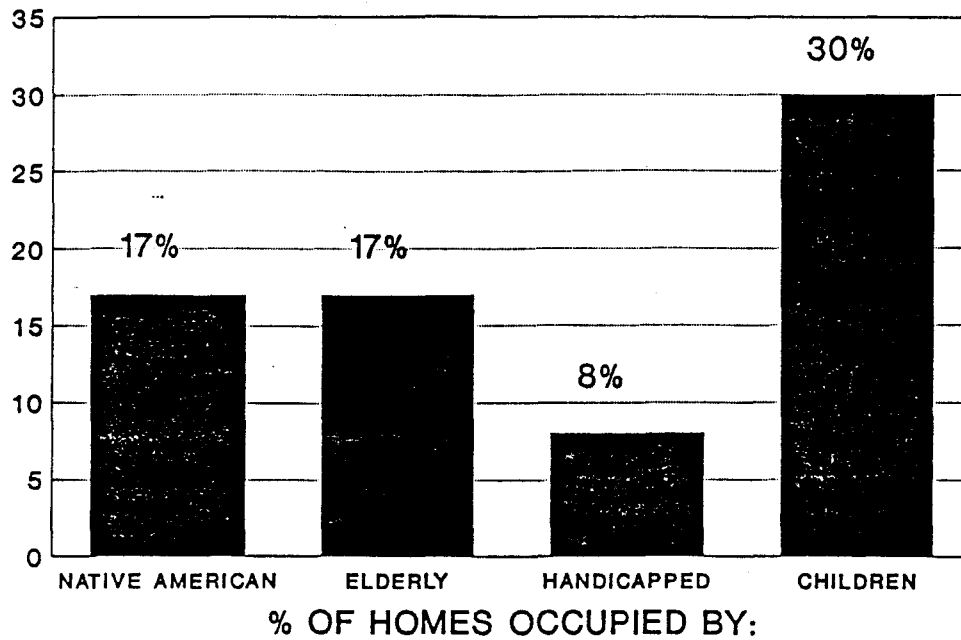
Tenant: _____ File: _____
Address: _____ Phone: _____
City: _____ Zip Code: _____

This agreement is intended for the purpose of assuring that the primary beneficiary of weatherization shall be the low income tenant or any successor tenant. The landlord agrees to the following terms:

1. That the rent for the above described premise is \$ _____ per month.
2. That the amount of rent shall not be raised within five (5) years of the weatherization work because of any increase in value due to weatherization assistance. The amount of rent charged the tenant may, however, be raised to reflect the tenant's prorated share of increased property taxes, actual cost of amortized improvements (other than weatherization) accomplished on or after the date of this agreement, or increased costs of maintaining and operating the property.
3. That the sole purpose of the weatherization is to efficiently prevent heat loss by performing measures prescribed by the energy audit.
4. That the weatherization measures are to remain with the home and the landlord assumes any responsibilities or duties related to them, including maintenance.
5. That the landlord will not evict, terminate, or institute any court action for possession against any covered tenancy following the completion of work except in accordance with Montana Law.
6. Landlord hereby agrees to hold The Montana Power Company (MPC), The Montana Department of Social and Rehabilitation Services (SRS), Energy Share of Montana (ESM), District 7 Human Resource Development Council, (District 7 HRDC) and _____ (to the extent that any of these entities provided funding or services), their officers, _____ (local agency) agents, servants, and employees, harmless from any and all claims, demands, actions, and causes of action for damages to property or injury to persons, debts, liens, obligations and liabilities of every kind and character whatsoever, in law and equity, which landlord may have or assert resulting from, or in connection with the weatherization work.
7. Landlord further understands that neither MPC, SRS, ESM, District 7 HRDC nor _____ (local agency) (to the extent that any of these entities provide funding or services) guarantee the work of the weatherization contractors and, as consideration for providing the weatherization work at no charge, agree that landlord's only recourse in the event of any defects in workmanship or materials related to the installation shall be against the weatherization contractors and there shall be no recourse against MPC, SRS, ESM, District 7 HRDC or _____ (local agency).
8. That the program contractor will provide a copy of this agreement to the tenant and landlord within 15 (fifteen) days of the effective date of this agreement.
9. That the present tenant, or any successor tenant is the intended beneficiary of this agreement and shall have a right of enforcement.

Landlord (or authorized representative): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

WEATHERIZATION ASSISTANCE PROGRAM HOMES WEATHERIZED DURING PY 1992-1993



PROGRAM YEAR 1992-1993 YEAR-TO-DATE LIEAP STATISTICS
(JANUARY 6, 1993 REPORT EAP05016.1)

HOUSEHOLDS WITH INCOMES:

SIZE OF HOUSEHOLD	0% – 50% OF POVERTY		51% – 100% OF POVERTY		101% – 125% OF POVERTY		% OF TOTAL HOUSEHOLDS	
1	536	3,456	1,302	5,294	41.83%			
2	887	1,092	695	2,674	21.13%			
3	864	760	297	1,921	15.18%			
4	651	538	231	1,420	11.22%			
5	351	348	134	833	6.58%			
6	125	142	45	312	2.47%			
7	48	49	15	112	0.88%			
8	20	21	8	49	0.39%			
9	12	9	1	22	0.17%			
10	4	5	0	9	0.07%			
11	4	2	0	6	0.05%			
12	2	0	0	2	0.02%			
13	2	0	0	2	0.02%			
TOTAL	3,506	6,422	2,728	12,656	100.00%			

% OF ALL
HOUSEHOLDS 27.70% 50.74% 21.55% 100.00%

EXHIBIT 8
DATE 1-8-93
HB

EXHIBIT TABLE (6 RAT FALLS AREA)

(16)

(c)

DISTRICT 5

EXHIBIT 8

DATE 1-8-93

100%

HB

<u>SINGLE FAMILY</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$153	\$344	\$264	\$300	\$133	\$123
2 BEDROOMS	\$187	\$421	\$322	\$366	\$166	\$154
3 BEDROOMS	\$212	\$478	\$366	\$416	\$200	\$184
4 BEDROOMS	\$238	\$535	\$411	\$466	\$233	\$215

<u>MULTI FAMILY</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$133	\$299	\$230	\$261	\$116	\$107
2 BEDROOMS	\$163	\$366	\$280	\$318	\$145	\$134
3 BEDROOMS	\$184	\$416	\$319	\$362	\$174	\$160
4 BEDROOMS	\$207	\$466	\$357	\$405	\$203	\$187

<u>MOBILE HOME</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$142	\$320	\$246	\$279	\$124	\$114
2 BEDROOMS	\$174	\$391	\$300	\$340	\$155	\$143
3 BEDROOMS	\$197	\$445	\$341	\$387	\$186	\$171
4 BEDROOMS	\$221	\$498	\$382	\$433	\$217	\$200

75%

<u>SINGLE FAMILY</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$115	\$258	\$198	\$225	\$100	\$ 92
2 BEDROOMS	\$140	\$316	\$242	\$275	\$125	\$115
3 BEDROOMS	\$159	\$359	\$275	\$312	\$150	\$138
4 BEDROOMS	\$179	\$402	\$308	\$349	\$175	\$161

<u>MULTI FAMILY</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$100	\$225	\$172	\$196	\$ 87	\$ 80
2 BEDROOMS	\$122	\$274	\$210	\$239	\$109	\$100
3 BEDROOMS	\$138	\$312	\$239	\$271	\$130	\$120
4 BEDROOMS	\$155	\$349	\$268	\$304	\$152	\$140

<u>MOBILE HOME</u>	<u>NATURAL GAS</u>	<u>ELECTRIC</u>	<u>FUEL OIL</u>	<u>PROPANE</u>	<u>WOOD</u>	<u>COAL</u>
1 BEDROOM	\$107	\$240	\$184	\$209	\$ 93	\$ 86
2 BEDROOMS	\$130	\$293	\$225	\$255	\$116	\$107
3 BEDROOMS	\$148	\$333	\$256	\$290	\$139	\$129
4 BEDROOMS	\$166	\$373	\$286	\$325	\$163	\$150

COMMODITIES

EXHIBIT 8
DATE 1-8-93
HB

PURPOSE

To improve the diets of needy people and to increase the market for domestically produced foods acquired under price support programs.

SUCCESES

In FY 93, all aspects of the commodities program are expected to distribute over 9,000,000 pounds of food worth more than \$4,200,000. All seven Indian reservations and several hundred non-profit organizations helping low-income people receive this help.

SRS also stores and transports food for the Montana Food Bank Network, without charge.

In FY91, SRS distributed surplus food from Desert Share worth \$500,000 to organizations statewide. It also paid the administrative and handling charge for that Desert Share food made available to low-income feeding organizations.

ISSUES

The effectiveness of our Food Distribution section is such that USDA has asked us to transport food for them to Wyoming. Demand on our service has grown enough that we are exploring purchasing a new warehouse facility with federal funds.

FOOD DISTRIBUTION

Program Summary

The Food Distribution section is responsible for the distribution of commodities through six different programs to eligible participants throughout the state in accordance with state law and applicable Federal regulations.

Program Elements

Charitable Institutions Program (CI)

The Charitable Institutions Program provides price-support commodities (primarily grain and dairy products) to non-profit tax exempt institutions. Those currently participating in the program include: hospitals, nursing homes, state-operated institutions, DD group homes, Job Corps and detoxification centers, aftercare group homes, and battered women and children centers. There are 159 institutions participating in this program.

Nutritional Program for the Elderly (NPE)

This program orders, stores, and ships USDA commodities to aging sites statewide where the food is prepared for congregate feeding situations. Participating agencies are awarded an annual cash entitlement based on the number of meals served. The entitlement may be received in cash, be used to purchase commodities at the USDA value, or in a combination. Participants in this program are required to undergo no means testing for eligibility; the eligibility for congregate feeding under NPE is based exclusively on participants having reached their sixtieth birthday. There are 11 Area Agency on Aging services with 93 subsites which participate in this program.

Summer Camps for Children

The Summer Camp Program provides price-support foods to non-profit, tax-exempt organizations which operate summer camps for persons eighteen years of age or younger. There are 55 summer camps currently listed in this program.

Soup Kitchen/Food Bank

Congress appropriated funding to provide for the purchase of products to be distributed primarily to agencies for the congregate feeding of needy and homeless individuals. Secondary purpose of the program was to use food products that were found to be in excess of the needs of soup kitchens to be distributed through the states food banks to provide assistance to needy families for home consumption. The program also allows this agency to facilitate for the Montana Food Bank Network.

EXHIBIT 8

DATE 1-8-93

HB

Food Distribution on Indian Reservations (FDIR)

The FDIR Program provides USDA donated foods to needy households on all seven Indian reservations in Montana. This program offers processed food from all food groups (i.e.: canned meats, canned vegetables, canned fruits, grains and cereals, powdered milk, etc.) No fresh foods are available. Eligibility for this program is income based. Eligible households have the option of participating in this program or in the Food Stamp Program but may not participate in both at the same time.

The Emergency Food Assistance Program (TEFAP)

TEFAP provides needy families with supplemental surplus commodities distributed nationwide by the USDA. This program consists primarily of price support products. Individuals who are currently participating in other subsidy programs such as WIC, Food Stamps, Medicaid, and AFDC, are unemployed or have incomes below 150% of poverty are eligible to receive TEFAP commodities. There are 10 Human Resource Development Councils and 5 Indian reservations which contract with SRS to distribute the commodities. These agencies oversee 156 subsites which issue the food to eligible recipients. The most common subsites are senior centers. Other subsites include community centers, churches, food banks, private homes, stores, bars, a funeral home, and "tailgate" distributions.

HRDC DIRECTORS' ASSOCIATION

c/o Judith H. Carlson
408 Washington Drive
Helena, MT 59601
406-442-7462

January 8, 1993

For the Joint Subcommittee on Human Services

The state's 10 Human Resource Development Councils (HRDCs) are a multi-purpose, community based network which provides numerous human service programs to more than 100,000 annually. Also known as "community action agencies, the primary mission of an HRDC is to alleviate poverty. They have evolved into broad human service and community development agencies. Pursuant to federal and state laws, the HRDCs now contract with state, federal and local governments to provide the following services:

Youth & Older Worker Employment
Section 8 Housing
Weatherization
Fuel Assistance (LIEAP)
Food commodities
Microbusiness enterprises
Family planning
Senior Citizens Centers
Area Agencies on Aging
Green Thumb employment
Displaced homemakers programs

Head Start
Energy Share
Foster Grandparents
Emergency Food/Shelter
JOBS/Project Work
Transportation
Child Care
Info & referral services
Meals on Wheels
Drug education/prevention
Food Stamp issuance

Not all HRDCs offer all of these services because the decisions on who provides the service is determined locally. But all HRDCs offer a broad range of services to a diverse group of people - the old and young, disabled, veterans, single mothers, low income families.

HRDCs are known by a variety of names, again determined locally when the associations were established. They are private non-profit corporations whose Boards are comprised of 1/3 public officials, 1/3 low-income representatives, and 1/3 private sector representatives.

The HRDC areas are the same as the Governor's 12 planning districts and thus blanket the state. The 3 areas of Eastern Montana are served by a single HRDC, Action for Eastern Montana.

HRDCs use funds channeled through SRS from the Community Services Block Grant (CSBG) as the core for administration and local projects.

EXHIBIT 10
DATE 1-8-93
HB

FOOD STAMPS



FAMILY ASSISTANCE
FOOD STAMP PROGRAM

EXHIBIT 10
DATE 1-8-93
FB

FOOD STAMP PROGRAM GOAL.

The goal of the food stamp program is to increase the food purchasing power of low-income households in order to improve their diet and promote better health.

PROGRAM DESCRIPTION:

The Food Stamp program is a federal program, conducted by the U.S. Department of Agriculture and administered by the Family Assistance Division of the Department of Social and Rehabilitation Services (SRS). The program was put into law by The Food Stamp Act of 1977.

Eligibility for the program is based on income and resources. The maximum gross monthly income level is 130% of poverty. The maximum net monthly income level is 100% of poverty. The benefit amount is based on a figure called the " Thrifty Food Plan".

The Thrifty Food Plan amount is set by the federal government. It is based on the nutritional needs for a family of four and is adjusted periodically to reflect changes in food prices.

The resource limit is \$2000.00 for households with no one over the age of 60, and \$3000.00 for households where at least one member is over the age of 60.

POPULATION SERVED:

The average number of households receiving food stamps in Montana per month is 24,675. The average number of people receiving food stamp benefits per month is 64,608. This is 8.1% of the total population of the State. The total value of the food stamps issued to residents of Montana in FY92 was \$50,531,306.00. This is 100% federal money.

<u>FY 88</u>	<u>FY 89</u>	<u>FY 90</u>	<u>FY 91</u>	<u>FY 92</u>
21,635	21,082	21,052	22,271	24,675

The Food Stamp caseload increased 10.79% between FY 91 and FY 92 due to the declining economy and because more people are aware of the program. Studies show that 19.9% of the children in Montana live below the national poverty level.

In addition to the benefits derived from the program by the low-income segment of the population, the general economy of the state is influenced by the federal dollars that come into the state in the form of food stamp benefits.

Federal matching funds for the administration of the program are 50% federal and 50% state general fund.

legfjh.fjh

Income Eligibility Standards

The eligibility of households for the Food Stamp Program, except those in which all members are receiving public assistance (PA) or supplemental security income benefits (SSI), is determined by comparing their incomes to the appropriate income eligibility standards (limits). Households containing an elderly or disabled member need to have net incomes below the net income limits, while households which do not contain an elderly or disabled member must have net incomes below the net income limit and gross incomes below the gross income limit. Households in which all members are receiving PA or SSI are categorically eligible; their incomes do not have to be below the income limits.

In addition, elderly individuals (and their spouses) who are unable to prepare meals because of certain disabilities, may be considered separate households, even if they are living and eating with another household. 7 U.S.C. 2012(i). The Act limits separate household status to those persons who meet both of the following requirements:

- (1) Their own income may not exceed the net income eligibility standards, and
- (2) The income of those with whom they reside may not exceed 165 percent of the poverty line.

The net and gross income are derived from the Federal income poverty guidelines. The net income limit is 100 percent of the guidelines; the gross income limit is 130 percent of the guidelines. The guidelines are updated annually. Based on that update, the Food Stamp Program's income eligibility standards are updated annually. The effective date of October 1 is required by the Food Stamp Act of 1977, as amended.

Thrifty Food Plan (TFP) and Allotments

The TFP is a plan for the consumption of foods of different types (food groups) that families might use to provide nutritious meals and snacks for family members. The plan suggests amounts of food for men, women, and children of different ages, and it meets most dietary standards. The cost of the TFP is adjusted monthly to reflect changes in the costs of the food groups.

The TFP is also the basis for establishing food stamp allotments. Food stamp allotments are adjusted periodically to reflect changes in food cost levels. Section 3(o)(11) of the Food Stamp Act of 1977, as amended (7 U.S.C. 2012(o)(11)) provides for an adjustment on October 1, 1991, based upon 103 percent of the June 1991 cost of the TFP for a family of four persons consisting of

a man and woman ages 20-50 and children 6-8 and 9-11. In June 1991, the cost of the TFP was \$451 in Alaska, \$578.20 in Hawaii, \$530.70 in Guam, and \$462.90 in the Virgin Islands.

The maximum food stamp benefit or allotment is paid to households which have no net income. For households which have some income, their allotment is determined by reducing the maximum allotment for their household size by 30 percent of the household's net income. To obtain the maximum food stamp allotment for each household size, the TFP costs for the four-person household were increased by 3 percent, divided by four, multiplied by the appropriate household size and economy of scale factor, and the final result was rounded down to the nearest dollar.

Gross Monthly Income Eligibility Standards (130 Percent of Poverty Level)

1	718	899	825
2	982	1,204	1,107
3	1,207	1,510	1,388
4	1,452	1,815	1,670
5	1,697	2,121	1,952
6	1,942	2,426	2,233
7	2,187	2,732	2,515
8	2,431	3,037	2,797
Each additional person	+245	+306	+282

Gross Monthly Income Eligibility Standards for Households Where Elderly Disabled Are a Separate Household (165 Percent of Poverty Level)

1	911	1,140	1,047
2	1,221	1,528	1,404
3	1,532	1,916	1,782
4	1,843	2,304	2,119
5	2,154	2,691	2,477
6	2,464	3,079	2,834
7	2,775	3,467	3,192
8	3,086	3,855	3,549
Each additional person	+311	+388	+358

Net Monthly Income Eligibility Standards (100 Percent of Poverty Level)

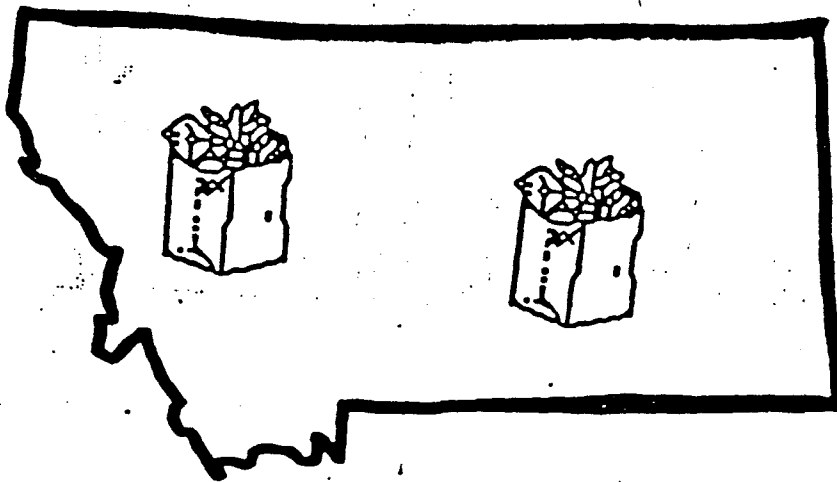
1	\$552	\$681	\$635
2	740	925	851
3	929	1,161	1,068
4	1,117	1,396	1,295
5	1,305	1,631	1,501
6	1,494	1,866	1,718
7	1,682	2,101	1,935
8	1,870	2,336	2,151
Each additional person	+189	+235	+217

ALLOTMENT AMOUNTS

Household size	48 States and D.C.
1	\$111
2	200
3	292
4	370
5	440
6	528
7	584
8	667
Each additional person	+83

EXHIBIT 10
DATE 1-8-93
HB

OUTREACH PROGRAM



FAMILY ASSISTANCE:

EXHIBIT 10
DATE 1-8-93
HB

FOOD STAMP Outreach Program:

PROGRAM DESCRIPTION:

The Outreach Program is administered by the Governor' s Office on Aging.

Funding for the program is provided for in the Hunger Prevention Act of 1988. The federal government provides \$157,549.00 or 50% of the funding. The other 50% is provided by the Office on Aging.

The Outreach Program's purpose is to advise potentially eligible households of the eligibility requirements for the Food Stamp Program, assist them with filling out food stamp applications, sometimes accompany them to the Human Services Office to file an application, and advocate for utilization of food stamp benefits to supplement the nutritional needs of low-income households.

Two public service announcements have been produced and were aired on television and radio throughout the State. Both of these have been captioned for the deaf and hard of hearing. Articles have also been placed in newspapers and senior citizen publications.

Flyers are distributed and periodically replenished in churches,

grocery stores, senior centers, food banks, and other places where people congregate.

The Outreach Program cooperates with other programs such as Healthy Mothers, Healthy Babies, in disseminating information, and promotes utilization of the Food Stamp Program in their contacts with senior citizens through the Agency on Aging. The Agency on Aging has 65 workers state wide who work with Food Stamp Outreach in addition to their duties with other programs. Some of the workers are paid a minimal wage, some are reimbursed for travel, some are volunteers.

POPULATION SERVED:

The current focus of the program is to assure the "at risk" segment of the population (elderly, disabled, pregnant women, and children) are informed about the food stamp program and have access to it. The Outreach Program began in FY 91. Since that time 6,851 personal contacts have been made and 563 groups have been addressed with 14,335 people in attendance. 760 households have chosen to report to the Outreach Worker that they are receiving food stamp benefits as a direct result of Outreach's efforts. Fifty nine percent (59%) of these households were not aware that they might be eligible for food stamp benefits prior to having contact with the Outreach Worker. While it is unknown how many households are receiving benefits as a direct result of Outreach, (because some

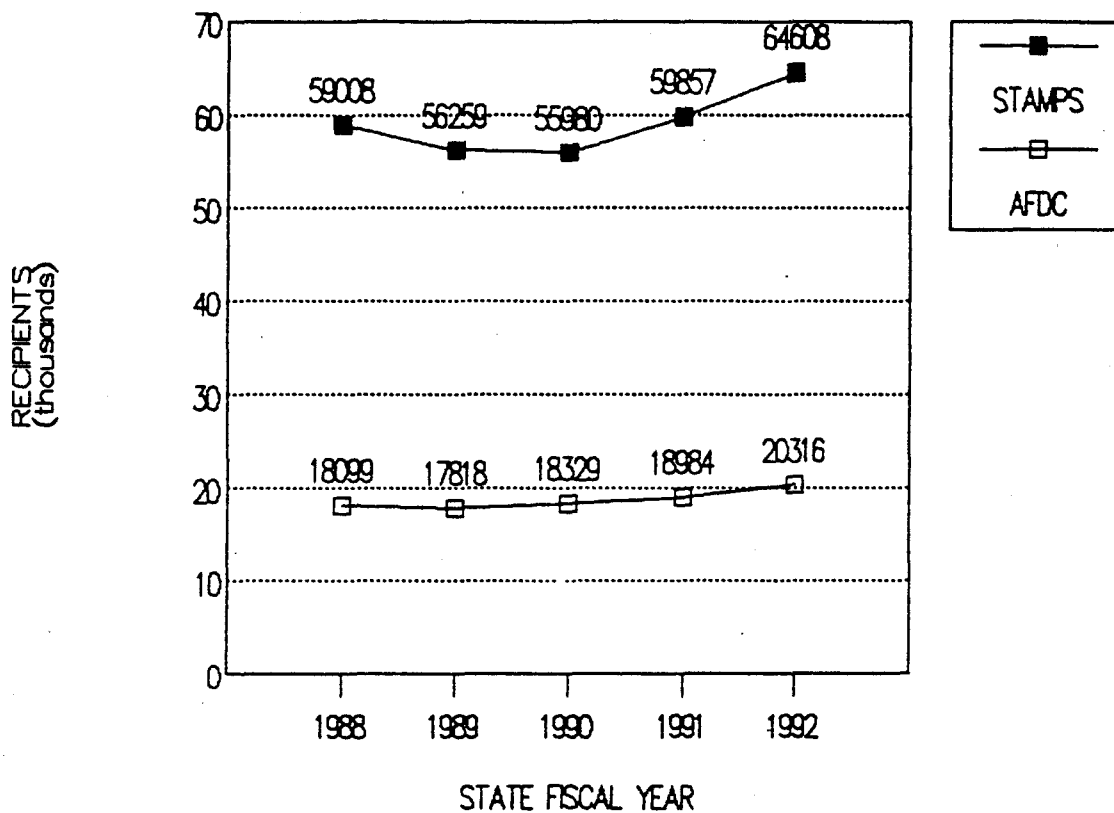
households have chosen not to report back to the Outreach Worker), during this same period the average monthly caseload has risen by 4,740 households.

				(1st quarter)
	FY 91	FY 92	FY93	Total
Personal contacts made:	2,156	3,564	1,131	6,851
Groups addressed:	216	270	77	563
Attendance at groups:	4,439	7,589	2,307	14,335
Increase in average				
monthly FS caseload:	1,219	2,404	1,117	4,740

This program year, SRS has required that an independent evaluation of the Outreach Program be conducted. A preliminary report will be submitted to the Family Assistance Division on March 1, 1993, with a final report due April 30, 1993.

legisfjh.fjh

AVG MONTHLY RECIPIENTS FOOD STAMPS & AFDC



Source: State of Montana, Department of Social & Rehabilitation Services,
STATISTICAL REPORT, State Fiscal Year. 1988 to 1992

EXHIBIT 11
DATE 1-8-93
HB _____

AID TO FAMILIES WITH DEPENDENT CHILDREN



AID TO FAMILIES WITH DEPENDENT CHILDREN

GOAL

The goal of the Aid to Families with Dependent Children (AFDC) program is to provide temporary financial assistance to needy children and their families. AFDC eligible families also receive medical assistance.

DESCRIPTION

AFDC is the major program in the United States concerned with the welfare of needy children - those deprived of parental support - recognizing that it is better for children to be raised in their own homes by their own parent(s) than to be raised in an institution. In 1935, Congress passed the Social Security Act to provide a measure of economic security through insurance (Social Security benefits) and public assistance programs.

It is well to remember that in 1935, lack of parental support usually resulted from the death of the wage-earning father. Then came World War II and a massive movement of women into the work force. In the years that followed, the nation witnessed a dramatic increase in divorce and out-of-wedlock births. The term "deprivation" was enlarged to encompass the death, continued absence, incapacity, or the unemployment of a parent.

AFDC remains an income transfer program whereby the state agrees to comply with federal statutes and regulations but, at the same time,

has some latitude in how it operates the program. Such latitude affects the level of federal funding, program options and specific standards of need.

AFDC is intimately tied to social services, work incentive programs and child support enforcement. The Family Support Act of 1988 created the Jobs Opportunities and Basic Skills Training (JOBS) Program. This program provides needed employment-related training activities and support services to AFDC recipients.

ELIGIBILITY

Eligibility for AFDC is determined by evaluating specific nonfinancial and financial criteria established by federal and state regulations.

Nonfinancial criteria:

1. The dependent child...
 - a. Is deprived of parental support or care by reason of death, continued absence from the home, physical or mental incapacity, or the unemployment of a parent;
 - b. Is living with a specified relative; and
 - c. Is within the age limit - (if age 18 must be attending school and expected to complete the program before age 19);
2. To be included in the assistance unit, the dependent child and other family members must also...

- a. Be a state/county resident;
- b. Be a U.S. citizen or legal alien; and
- c. Provide a Social Security number.

The dependent child and family must meet the following financial criteria:

1. Resources must be less than \$1000 in equity value;
2. Countable income must be less than the income standards per family size; and
3. Child Support payments must be assigned to the state.

CASELOAD

In Montana, the welfare population has grown over the past five years. These increases have caused a great deal of concern since they have coincided with declining state revenues.

It is apparent that all growth spurts in the AFDC program since the early 1970s have occurred around recessions. A Congressional Budget Office (CBO) study notes that increases in AFDC rolls began in late-1989 when the economy stalled. Montana's caseload mirrors this national trend:

	1992	1991	1990	1989	1988
December Cases	11,500*	10,237	9,850	9,490	9,286

* estimate

The current AFDC caseload is 11,232; 1021 Unemployed Parent cases (11/30/92). The average AFDC household consists of 2.9 members, usually one adult and two children. The average December benefit payment is \$355 (for basic needs: food, shelter/utilities, clothing, personal care items, and household supplies).

Nationally, the recession - which officially began in July 1990 - has swollen the poverty rolls. Many families now joining the welfare rolls have recently lost their jobs and are unable to find jobs above minimum wage. Jobs are scarce, and even many formerly middle-class people now have no choice but to rely on government assistance.

In such an economy, cutbacks in AFDC are certain to lead to increased hardship and even to homelessness. When unemployment is high, it is no time to expect poor people to find new jobs.

SUCCESSSES

1. New benefits available to AFDC families under the 1988 Family Support Act - JOBS, Transitional Child Care, Transitional Medicaid - have provided much needed employment-related training and incentives to recipients.
2. Adopted the "fill-the-gap" budgeting methodology in the determination of AFDC benefits to provide an additional work-related income disregard to encourage employment.
3. Adopted the Transition-to-Work Allowance to assist AFDC

recipients accept employment and avoid long term welfare dependency.

CHALLENGES

1. Avoid reductions in AFDC benefit payments by identifying ways to maximize available federal funding for state welfare and Medicaid budgets and other cost savings by:
 - a. Consolidating fragmented delivery of employment and training services; and
 - b. Continuing to enhance child support enforcement measures.
2. Change how the welfare system operates, for example...
 - a. As an immediate (i.e., within one year) solution to reducing the AFDC caseload, within current federal guidelines:
 - (1) Require a minor parent or pregnant minor to live with a parent or legal guardian;
 - (2) Restrict the scope of and the expenditures for, services under Emergency Assistance for needy families with children; and
 - (3) Count the value of the housing subsidy up to \$50 as unearned income in the determination of the monthly AFDC benefit.
3. As a long-term solution to reducing the AFDC caseload, establish a Welfare Commission headed by the Family Assistance

Division administrator, to prepare federal waivers to test new approaches through experimental, pilot, or demonstration projects that would eliminate current penalties on work, such as:

- (1) Eliminate the 100 hour rule in AFDC/UP cases;
 - (2) Remove the time-limit on the receipt of the earned income disregards; and
 - (3) Increase and simplify the earned income disregard.
3. Continue to face the challenge of helping dependent children attain maximum levels of self-support and self-sufficiency.

FISCAL ISSUES

The AFDC program is funded at the FFP rate: FY92 at 71.71% federal and 28.29% state general fund.

Cases	Amount	Avg/case	Last Yr Cases	Last Yr Avg/Cse	Five Yrs Ago Cses	Five Yrs Avg/Case
11232*	\$3,956,338	\$352.24	10523	\$351.33	9,406	\$330.61
*11/30/92 data						

State AFDC expenditures leverage substantial federal matching funds. Any budget cuts to AFDC will result in a net loss of state income. It is imperative that priorities to avoid welfare cuts be set. Welfare cuts literally take food out of children's mouths and push families into homelessness.

EXHIBIT 11
DATE 1-8-93
HB

RECENT CHANGES

The "fill-the-gap" budgeting methodology was implemented October 1, 1992. It is too soon to assess its effectiveness. However, the projected outcome is an increase in the percentage of AFDC recipients with earned income leading to a gradual reduction in caseload.

testAF931.gm

AFDC LONGEVITY

EXHIBIT 11
DATE 1-8-93
MB

MONTANA

There were 11,080 eligible cases in March 1992; 440 were new approvals with no history of AFDC participation in Montana. Of these specific cases, 72% were closed within nine (9) months. Old data indicates an additional 15% of the caseload leave at 18 months. The rate of recidivism is unclear at this time.

WASHINGTON

Half of new applicants leave the AFDC roles within one year and 70-75% leave within two years. Within three years many participants returned to assistance and usually remained for the same length of time. Ten percent received continuous benefits for at least five years.

MINNESOTA

A six to eight year study indicates that 55% of the AFDC population received benefits a total of 24 months, i.e., not necessarily continuous months; 7-12% received benefits the full 6-8 years.

testlong.gm

AFDC Longevity

Percent of Cases Still on After

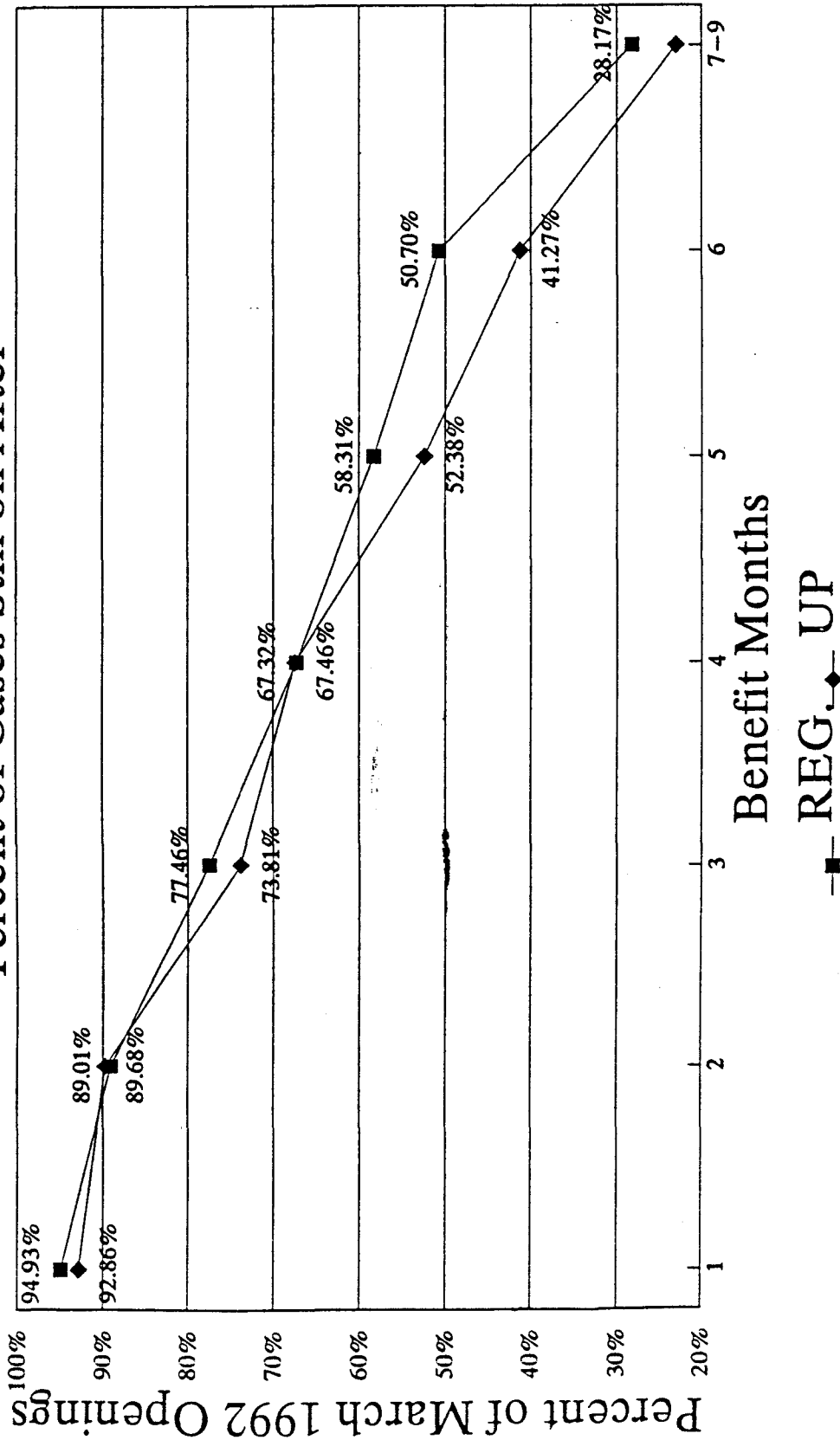


EXHIBIT 11
 DATE 1-8-93
 HB _____

Table 1 Maximum AFDC Benefits for a Family of Three (January 1992)

State	1992		Benefits as Percent of Poverty Line	
	Maximum Benefit	Rank	AFDC	Combined AFDC and Food Stamps
Alabama	\$149	50	13.3%	44.9%
Alaska	\$924	1	95.3%	106.5%
Arizona	\$334	34	31.3%	62.6%
Arkansas	\$204	46	21.8%	53.1%
California	\$663	5	74.3%	91.8%
Colorado	\$356	30	38.1%	66.4%
Connecticut	\$680	2	72.8%	90.7%
D.C.	\$409	20	45.8%	71.8%
Delaware	\$338	33	36.2%	65.1%
Florida	\$303	38	31.5%	62.7%
Georgia	\$280	41	30.0%	61.2%
Hawaii	\$666	4	67.6%	87.1%
Idaho	\$317	37	33.9%	63.5%
Illinois	\$367	27	39.3%	67.3%
Indiana	\$288	40	30.8%	62.1%
Iowa	\$426	16	45.6%	71.7%
Kansas	\$422	18	43.8%	70.4%
Kentucky	\$228	44	24.4%	55.6%
Louisiana	\$190	47	20.3%	51.6%
Maine	\$453	15	48.5%	73.7%
Maryland	\$377	25	43.4%	70.2%
Massachusetts	\$539	8	57.7%	80.1%
Michigan	\$459	14	56.2%	79.1%
Minnesota	\$532	9	56.9%	79.6%
Mississippi	\$120	51	12.8%	44.1%
Missouri	\$292	39	31.2%	62.5%
Montana	\$390	24	39.6%	67.5%
Nebraska	\$364	28	38.9%	67.0%
Nevada	\$372	26	35.3%	64.5%
New Hampshire	\$516	12	55.2%	78.4%
New Jersey	\$424	17	45.4%	71.5%
New Mexico	\$324	36	33.2%	63.0%
New York	\$577	6	61.7%	83.0%
North Carolina	\$272	42	29.1%	60.3%
North Dakota	\$401	23	42.9%	69.8%
Ohio	\$334	35	35.7%	64.8%
Oklahoma	\$341	32	36.5%	65.3%
Oregon	\$460	13	47.5%	73.0%
Pennsylvania	\$421	19	45.0%	71.3%
Rhode Island	\$554	7	59.3%	81.3%
South Carolina	\$210	45	22.5%	53.7%
South Dakota	\$404	21	41.2%	68.6%
Tennessee	\$185	48	20.9%	52.1%
Texas	\$184	49	19.7%	50.9%
Utah	\$402	22	43.0%	69.9%
Vermont	\$673	3	72.6%	90.6%
Virginia	\$354	31	37.9%	66.3%
Washington	\$531	10	56.8%	79.5%
West Virginia	\$249	43	26.6%	57.9%
Wisconsin	\$517	11	55.3%	78.5%
Wyoming	\$360	29	38.5%	66.7%
U.S. (median)	\$372		39.3	67.3

SOURCE: Congressional Research Service, Center on Budget and Policy Priorities and the Center on Social Welfare Policy and Law.

Table 2

Maximum Monthly AFDC Benefit for Family of Three, in January 1992 Dollars

State	Benefits in Constant (1992) Dollars				Percent Change in Buying Power of AFDC Benefits	
	July 1970	July 1980	January 1990	January 1992	1970-1992	1980-1992
Alabama	\$231	\$197	\$128	\$149	-35%	-24%
Alaska	\$1,163	\$764	\$918	\$924	-21%	21%
Arizona	\$489	\$338	\$318	\$334	-32%	-1%
Arkansas	\$316	\$269	\$221	\$204	-35%	-24%
California	\$660	\$791	\$753	\$663	1%	-16%
Colorado	\$684	\$485	\$386	\$356	-48%	-27%
Connecticut	\$1,004	\$794	\$705	\$680	-32%	-14%
Delaware	\$567	\$445	\$361	\$409	-28%	-8%
D.C.	\$692	\$478	\$444	\$338	-51%	-29%
Florida	\$404	\$326	\$319	\$303	-25%	-7%
Georgia	\$379	\$274	\$296	\$280	-26%	2%
Hawaii	\$801	\$783	\$654	\$666	-17%	-15%
Idaho	\$748	\$540	\$344	\$317	-58%	-41%
Illinois	\$823	\$482	\$398	\$367	-55%	-24%
Indiana	\$426	\$426	\$313	\$288	-32%	-32%
Iowa	\$713	\$602	\$445	\$426	-40%	-29%
Kansas	\$787	\$577	\$444	\$422	-46%	-27%
Kentucky	\$521	\$314	\$248	\$228	-56%	-27%
Louisiana	\$312	\$254	\$206	\$190	-39%	-25%
Maine	\$479	\$468	\$492	\$453	-5%	-3%
Maryland	\$574	\$452	\$430	\$377	-34%	-17%
Massachusetts	\$950	\$634	\$585	\$539	-43%	-15%
Michigan	\$777	\$711	\$560	\$459	-41%	-35%
Minnesota	\$908	\$697	\$578	\$532	-41%	-24%
Mississippi	\$199	\$161	\$130	\$120	-40%	-25%
Missouri	\$369	\$415	\$314	\$292	-21%	-30%
Montana	\$716	\$433	\$390	\$390	-46%	-10%
Nebraska	\$606	\$518	\$395	\$364	-40%	-30%
Nevada	\$429	\$438	\$358	\$372	-13%	-15%
New Hampshire	\$929	\$579	\$549	\$516	-44%	-11%
New Jersey	\$1,071	\$602	\$460	\$424	-60%	-50%
New Mexico	\$528	\$368	\$287	\$324	-39%	-12%
New York	\$989	\$659	\$626	\$577	-42%	-12%
North Carolina	\$514	\$321	\$295	\$272	-47%	-15%
North Dakota	\$755	\$559	\$419	\$401	-47%	-28%
Ohio	\$571	\$440	\$363	\$334	-41%	-24%
Oklahoma	\$539	\$472	\$353	\$341	-37%	-28%
Oregon	\$652	\$472	\$469	\$460	-30%	-2%
Pennsylvania	\$940	\$555	\$457	\$421	-55%	-24%
Rhode Island	\$812	\$569	\$589	\$554	-32%	-3%
South Carolina	\$301	\$216	\$224	\$210	-30%	-3%
South Dakota	\$936	\$537	\$409	\$404	-57%	-25%
Tennessee	\$397	\$204	\$200	\$185	-53%	-9%
Texas	\$525	\$194	\$200	\$184	-65%	-5%
Utah	\$621	\$602	\$420	\$402	-35%	-33%
Vermont	\$947	\$823	\$719	\$673	-29%	-18%
Virginia	\$798	\$518	\$384	\$354	-56%	-32%
Washington	\$915	\$766	\$544	\$531	-42%	-31%
West Virginia	\$404	\$344	\$270	\$249	-38%	-28%
Wisconsin	\$652	\$743	\$561	\$517	-21%	-30%
Wyoming	\$755	\$527	\$391	\$360	-52%	-32%
U.S. (median)	\$652	\$482	\$395	\$372	43%	24%

SOURCE: Congressional Research Service and U.S. House of Representatives Ways and Means Committee. The CPI-U was used to adjust for inflation; the CPI-U for January 1992 was 138.3 based on inflation of 3.3% as estimated by the Congressional Budget Office.

Table reads "After adjusting for inflation, AFDC benefits in Alabama fell from \$231 in 1970 to \$149 in 1992. This means that the buying power of these benefits fell by 35 percent during that time."

Table 3

Selected Characteristics of AFDC Families, By State, FY 1989

State	Total Families	White	Race of Parent			Percent With One or Two Children	Percent in Public Housing or Receiving Any Rent Subsidy
			Black	Hispanic	Other		
Alabama	44,820	20.2	79.3	0.1	0.4	70.4%	33.9%
Alaska	7,415	50.8	8.3	2.6	38.4	80.9%	24.5%
Arizona	36,044	33.4	10.8	35.9	19.9	70.5%	23.6%
Arkansas	23,914	32.3	66.7	0.4	0.5	71.4%	34.4%
California	604,761	33.9	23.1	28.2	11.1	74.9%	11.1%
Colorado	33,851	41.6	16.5	38.1	3.5	72.2%	33.4%
Connecticut	38,311	30.3	33.9	35.1	0.6	71.1%	41.5%
Delaware	7,462	30.6	64.5	4.8	0.0	69.7%	32.1%
D.C.	18,126	0.2	98.7	0.9	0.0	75.6%	36.2%
Florida	118,582	27.6	59.5	12.4	0.2	69.7%	23.5%
Georgia	92,654	20.1	79.5	0.1	0.2	70.0%	31.2%
Hawaii	13,873	24.5	1.3	2.9	69.7	71.8%	28.4%
Idaho	6,198	83.5	0.6	9.0	6.2	72.8%	29.4%
Illinois	206,895	27.6	62.7	9.2	0.5	67.9%	21.1%
Indiana	51,611	54.6	35.8	3.6	0.6	73.7%	26.9%
Iowa	34,819	87.5	10.3	0.9	0.1	78.1%	21.1%
Kansas	25,213	64.2	28.2	3.7	4.0	68.8%	16.8%
Kentucky	58,717	78.3	21.3	0.0	0.3	78.2%	21.3%
Louisiana	92,194	16.0	82.9	0.3	0.7	68.0%	29.3%
Maine	17,948	40.0	N/A	N/A	N/A	80.3%	20.8%
Maryland	63,230	27.2	69.8	1.0	0.6	74.5%	23.6%
Massachusetts	88,187	52.4	17.0	22.2	5.6	73.6%	44.4%
Michigan	211,919	50.6	46.4	1.9	0.1	73.9%	11.7%
Minnesota	54,639	70.8	14.4	3.2	11.3	75.4%	35.4%
Mississippi	59,860	13.2	86.5	0.1	0.1	64.9%	25.3%
Missouri	68,040	52.8	46.5	0.5	0.2	74.2%	23.7%
Montana	9,329	68.4	0.0	2.5	28.7	76.9%	44.6%
Nebraska	14,210	63.2	27.2	3.5	6.1	72.7%	38.2%
Nevada	7,292	51.0	42.1	4.4	2.5	71.8%	33.6%
New Hampshire	4,901	85.3	1.4	1.9	0.0	73.2%	29.2%
New Jersey	102,519	20.8	52.4	26.1	0.5	72.5%	17.2%
New Mexico	20,372	21.1	5.8	58.0	14.5	68.2%	37.1%
New York	337,300	24.1	35.4	36.8	1.2	67.2%	24.3%
North Carolina	77,066	24.9	71.9	0.6	2.6	76.7%	30.6%
North Dakota	5,489	65.6	0.6	0.3	33.5	73.8%	61.2%
Ohio	222,187	58.4	38.4	2.9	0.1	75.9%	25.9%
Oklahoma	35,930	54.7	32.7	1.8	10.7	74.4%	32.9%
Oregon	32,060	84.6	8.4	3.2	3.6	79.1%	28.9%
Pennsylvania	174,577	48.3	42.8	7.3	1.3	72.3%	21.1%
Rhode Island	15,057	61.9	14.6	17.5	4.8	77.1%	35.0%
South Carolina	37,466	17.2	82.1	0.1	0.4	67.3%	26.8%
South Dakota	6,632	46.5	1.0	0.0	52.5	71.3%	42.1%
Tennessee	70,574	43.9	55.4	0.2	0.3	74.1%	35.9%
Texas	181,598	18.1	41.5	39.2	1.3	66.5%	33.1%
Utah	14,969	79.7	2.2	11.2	6.9	72.7%	23.1%
Vermont	7,015	98.5	0.3	0.0	0.9	79.9%	19.7%
Virginia	53,918	31.1	66.4	0.7	1.7	74.8%	33.5%
Washington	78,031	73.2	10.6	5.4	10.2	75.7%	21.2%
West Virginia	36,087	92.1	7.6	0.0	0.0	80.5%	23.7%
Wisconsin	81,981	52.5	35.4	4.9	7.0	72.3%	16.8%
Wyoming	5,122	71.9	4.6	13.9	0.0	77.6%	18.8%
U.S. (median)	3,710,966	38.4	40.1	15.9	4.0	72.2%	23.5%

DATE 1-8-93 4.

Table 4

HUD Fair Market Rents as Percent of Maximum AFDC Benefits, By State

State	HUD 1991 Fair Market Rents*			One-Bedroom Rent As % of Benefits, Family of Three	Two-Bedroom Rent As % of Benefits, Family of Three
	Emc.	1 Bedr.	2 Bedr.		
Alabama	\$270	\$340	\$390	228%	262%
Alaska	380	470	550	51%	60%
Arizona	400	490	570	147%	171%
Arkansas	280	350	410	172%	201%
California	530	640	750	97%	113%
Colorado	330	410	480	115%	135%
Connecticut	480	580	680	85%	100%
D.C.	510	620	730	152%	178%
Delaware	420	500	590	148%	175%
Florida	360	440	520	145%	172%
Georgia	350	430	500	154%	179%
Hawaii	490	590	700	89%	105%
Idaho	380	460	540	145%	170%
Illinois	420	520	610	142%	166%
Indiana	320	380	450	132%	111%
Iowa	330	400	470	94%	77%
Kansas	320	390	460	92%	109%
Kentucky	290	350	410	154%	180%
Louisiana	330	400	470	211%	247%
Maine	390	490	590	108%	130%
Maryland	420	520	610	138%	162%
Massachusetts	540	660	780	122%	145%
Michigan	340	410	490	89%	107%
Minnesota	370	450	530	85%	100%
Mississippi	300	370	430	308%	358%
Missouri	320	390	450	134%	154%
Montana	340	410	480	105%	123%
Nebraska	310	370	440	102%	121%
Nevada	480	580	680	156%	183%
New Hampshire	460	560	660	109%	128%
New Jersey	450	550	650	130%	153%
New Mexico	360	430	510	133%	157%
New York	430	600	610	104%	106%
North Carolina	290	360	420	132%	154%
North Dakota	310	370	440	92%	110%
Ohio	310	380	440	114%	132%
Oklahoma	310	370	440	109%	129%
Oregon	350	430	510	93%	111%
Pennsylvania	350	430	510	102%	121%
Rhode Island	430	520	610	94%	110%
South Carolina	280	350	400	167%	190%
South Dakota	300	370	430	92%	106%
Tennessee	300	370	430	200%	232%
Texas	320	390	460	212%	250%
Utah	290	350	410	87%	102%
Vermont	450	540	640	80%	95%
Virginia	400	480	570	136%	161%
Washington	370	450	530	85%	100%
West Virginia	310	380	450	153%	181%
Wisconsin	330	390	470	75%	91%
Wyoming	420	510	600	142%	167%
U.S. (median)	\$350	\$430	\$510	122%	145%

*The Fair Market Rent is the U.S. Department of Housing and Urban Development's estimate of the local cost of a modest apartment and is the standard HUD uses in its low income housing assistance program. The FMR is the 45th percentile of rents paid by recent movers.

SOURCE: State FMRs are weighted averages calculated by Cushing Dolbeare, a consultant on housing issues, from HUD data.

Year	Cases
1988	9,286
1989	9,490
1990	9,850
1991	10,237
1992	11,521

AFDC Cases for December 1988 to 1992

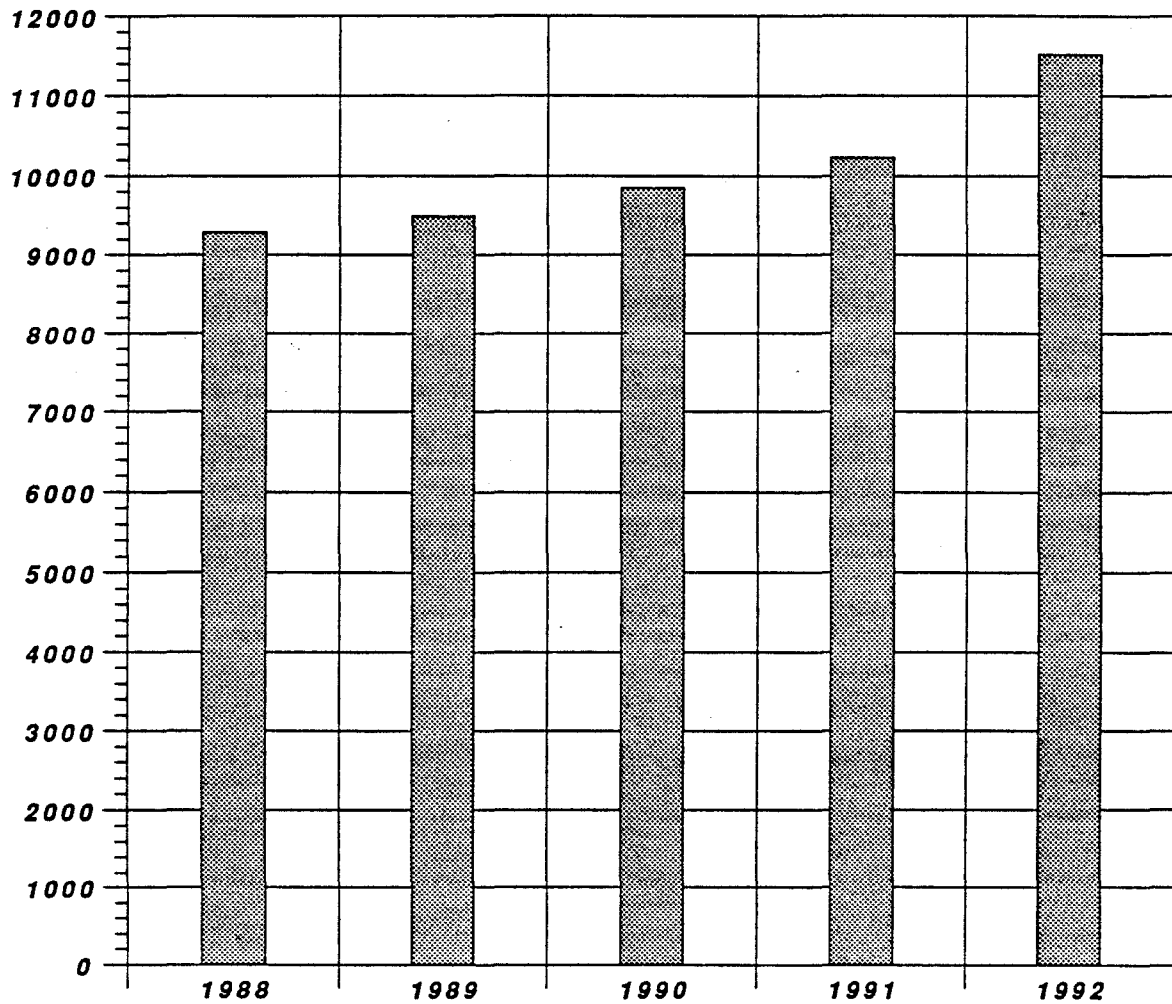


EXHIBIT 11
DATE 1-8-93
HB

EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN



EMERGENCY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN

GOAL

To provide such temporary assistance as necessary to ensure the safety and well being of the child who might otherwise be in jeopardy or to provide living arrangements in a home for such child in the event of an emergency.

DESCRIPTION

Emergency Assistance is an optional program offered under Title IV-A of the Social Security Act, providing aid to needy families with children in the event of an emergency. An emergency is an unforeseen event - one in which the individual could not anticipate that the event would occur and was not able to avoid its outcome.

Emergency Assistance may be provided to transients, migrant workers, and permanent state/county residents. There are no residency requirements.

Emergency Assistance is not provided to pay for any basic need or service that an individual has chosen not to pay with currently available means. Assistance may cover food, shelter/utilities, clothing, furniture, bedding, necessary household equipment, transportation, and medical service.

The receipt of Emergency Assistance is limited to one period not to exceed thirty consecutive days in any twelve consecutive months.

ELIGIBILITY

Eligibility for Emergency Assistance is determined by evaluating specific nonfinancial and financial criteria established by federal and state regulations.

Nonfinancial criteria:

1. The dependent child ...
 - a. Is under 21 years of age; and
 - b. Is (or, within 6 months prior to the month of request, has been) living with a specified relative;
2. The emergency need did not arise because the child or relative refused without good cause to accept employment or training for employment; and
3. The emergency situation could not have been foreseen nor was it under the household's control.

Financial criteria:

1. The household is without resources immediately accessible to meet the emergent needs; and
2. Emergency Assistance is necessary to avoid destitution of the child or to provide living arrangements for him/her in a home.

FISCAL

	FY92
Families served	962
Total cost	\$243,599
Avg. cost/family	\$ 253

The greatest usage of Emergency Assistance is for shelter and/or utilities expenses due to eviction and/or power shut-offs.

In the 12 state assumed counties, Emergency Assistance is funded with 50% federal funds and 50% state funds. In the non-assumed counties, funding is 50% federal and 50% county funds.

RECENT CHANGES

Due to increased expenditures under Emergency Assistance statewide, specific restrictions on eligible services were put into effect December 1, 1992. For example, Emergency Assistance is no longer allowed to pay for medical services (without prior approval from the Central Office), past due medical bills, burials, rental/utility deposits, or legal fees. All federally mandated eligibility requirements must remain in effect.

It is too soon to assess the effectiveness of the recent restrictions on the use of Emergency Assistance. However, projected savings should be considerable.

testEA931.gm

EXHIBIT 11
DATE 1-8-93
RB

AFDC TRANSITION TO WORK ALLOWANCE

AFDC TRANSITION-TO-WORK ALLOWANCE

GOAL

To help AFDC recipients accept employment and avoid long term welfare dependency.

DESCRIPTION

This special supportive service became effective October 1, 1991. AFDC recipients request the Transition-to-Work Allowance to assist with travel and relocation costs that will be incurred in order to reach the job sight. These costs may include gas, motels, meals, housing, etc. Recipients are required to contact other agencies to determine if other funds are available.

Once employment is verified, the amount of the Allowance is determined. This amount is not to exceed four times the AFDC benefit amount the client is receiving at the time of request.

CASELOAD

	FY92 (10/01/91 to 06/30/92)	FY93 (07/01/92 to 12/01/92)
Households served	21	23
Costs	\$21,054	\$20,432
Average payment	\$ 1,002	\$ 888
Cost Neutral*	9.18 mons.	8.13 mons.

* Number of months household must remain off AFDC

EXHIBIT 11
DATE 1-8-93
~~HB~~

Four (4) households have remained on the AFDC roles after receipt of this Allowance as of 12/31/92; seven (7) households remaining in the state receive Transitional Medicaid.


FISCAL

The funds expended for the Transition-to-Work Allowance are 100% General Fund.

testtrans.gm

12

EXHIBIT 12
DATE 1-8-93
HB



MONTANA DAY CARE PROGRAMS

**HELPING FAMILIES REACH
TOWARD SELF-SUFFICIENCY**

DAY CARE PROGRAM LEGISLATIVE TESTIMONY

* All SRS Day Care Programs are funded at the FMAP rate, which is approximately 71% federal funds matched to 29% state funds.

I. **Transitional Day Care**

Program Goal: The goal for this program is to help families make the difficult transition from welfare (AFDC) to work and self-sufficiency.

Program Description: Transitional Day Care began in Montana April 1, 1990. SRS is required to provide day care for all families who meet the eligibility requirements for this program. This program is designed to help former AFDC recipient families make the transition from AFDC dependency to self sufficiency through working. It helps working low income families who need day care assistance for up to 12 months after AFDC is closed.

Families must pay a co-payment based on their income which must be below 75% of the state median income. For example, a family of three (a parent and two children) must have gross monthly income below \$1,780 to be eligible. At the top of the income range, a three member family would pay a co-payment of \$174.

The transition from welfare to work is often very difficult for families. Without help, many families fail to remain employed and again become welfare dependent. This program helps ease families into self-sufficiency by paying for a portion of their day care expenses and helps shrink the numbers on AFDC.

Families who use this program are typically high school educated, single families headed by a female with 1.9 children. Recent monthly averages for this program include approximately 197 families, compared to 162 families in FY 92.

Fiscal Issues/Recent Changes: This program has recently grown from an average of approximately 162 families each month for FY 92 to an average of approximately 197 families each month so far in FY 93. Part of the reason for this growth may be that information regarding this program has been distributed, more AFDC families are finding employment and also there was an increase in day care provider rates. We are spending \$53,712 monthly in FY 93 compared to \$40,597 in FY 92.

II. JOBS Day Care

Program Goal: The goal for this program is to provide day care to JOBS participants so these participants can attend activities aimed at getting them jobs and becoming self-sufficient.

Program Description: The Family Support Act of 1988 established the JOBS Program (Job Opportunities and Basic Skills) which began in Montana in July, 1990. Certain AFDC recipients are required to participate in JOBS components which include: education, training, work activities, and supportive services. One of the components of the supportive services is the JOBS day care, which is required to be provided to all clients who are participating in JOBS and need day care in order to participate.

Fiscal Issues/Recent Changes: This day care program has grown recently from an average monthly cost of \$54,723 in FY 92 to an average monthly cost of \$81,490 so far in FY 93. This is due to increased enrollment in the JOBS program and because day care provider rates have increased.

III. Self-Initiated Day Care

Program Goal: The goal for this program is to provide day care for AFDC recipients who attend post-secondary education or training programs so they can obtain employment and get off welfare (AFDC).

Program Description: This program pays for day care for AFDC families while they are attending training or educational activities. These families start their education or training activities prior to being required to participate in JOBS. This program was the fastest growing of the IV-A (AFDC related) programs and has recently been limited to a

pre-set number of slots based on funding available. Montana is required to pay for day care for families who are enrolled in self-initiated education or training activities, but can limit the number of participants.

In FY 91 there was a monthly average of 390 families participating in the self-initiated program. In FY 92 there was an average of 529 families participating each month. In order to stay within budget, SRS limited this program to an average of 425 families participating each month.

This group of AFDC recipients may be more motivated to move off AFDC than the rest of the general AFDC population. They hope to accomplish this through education or training so they may become self-sufficient through employment. If this program was severely limited, more families may not obtain the kind of employment that will get them completely off AFDC and our state could see increased costs through increased AFDC caseloads. A greater cost to Montana families would be that many children would grow up in poverty on the public dole instead of seeing their parents succeed through employment. A spot check of 2 months of those participating in a self-initiated program in 1989 was conducted. The check showed 70% are no longer receiving AFDC.

Fiscal Issues/Recent Changes: In FY 92 monthly expenditures for this program averaged \$126,925. As a result of program limitations, so far in FY 93, monthly expenditures for this program have averaged \$68,748.

EXHIBIT 12
DATE 1-8-93
HB

IV. At-Risk Day Care

Program Goal: The goal for this program is to help low income working families remain self-sufficient and off welfare (AFDC).

Program Description: This program began in Montana July 1, 1992 with pilot programs in Yellowstone and Missoula counties, using private and county donations to match to the available federal funding. This program is designed to subsidize day care for low income families who need day care in order for the family to work. Families are required to pay a portion of their own day care based on their income. This is an optional program.

The financial eligibility criteria for this program are the same for this program as they are for the Transitional Day Care Program. Families must make a co-payment based on their income which must be below 75% of the state median income. For example, a family of three (a parent and two children) must have gross monthly income below \$1,780 to be eligible and at the top of the income range, would pay a co-payment of \$174.

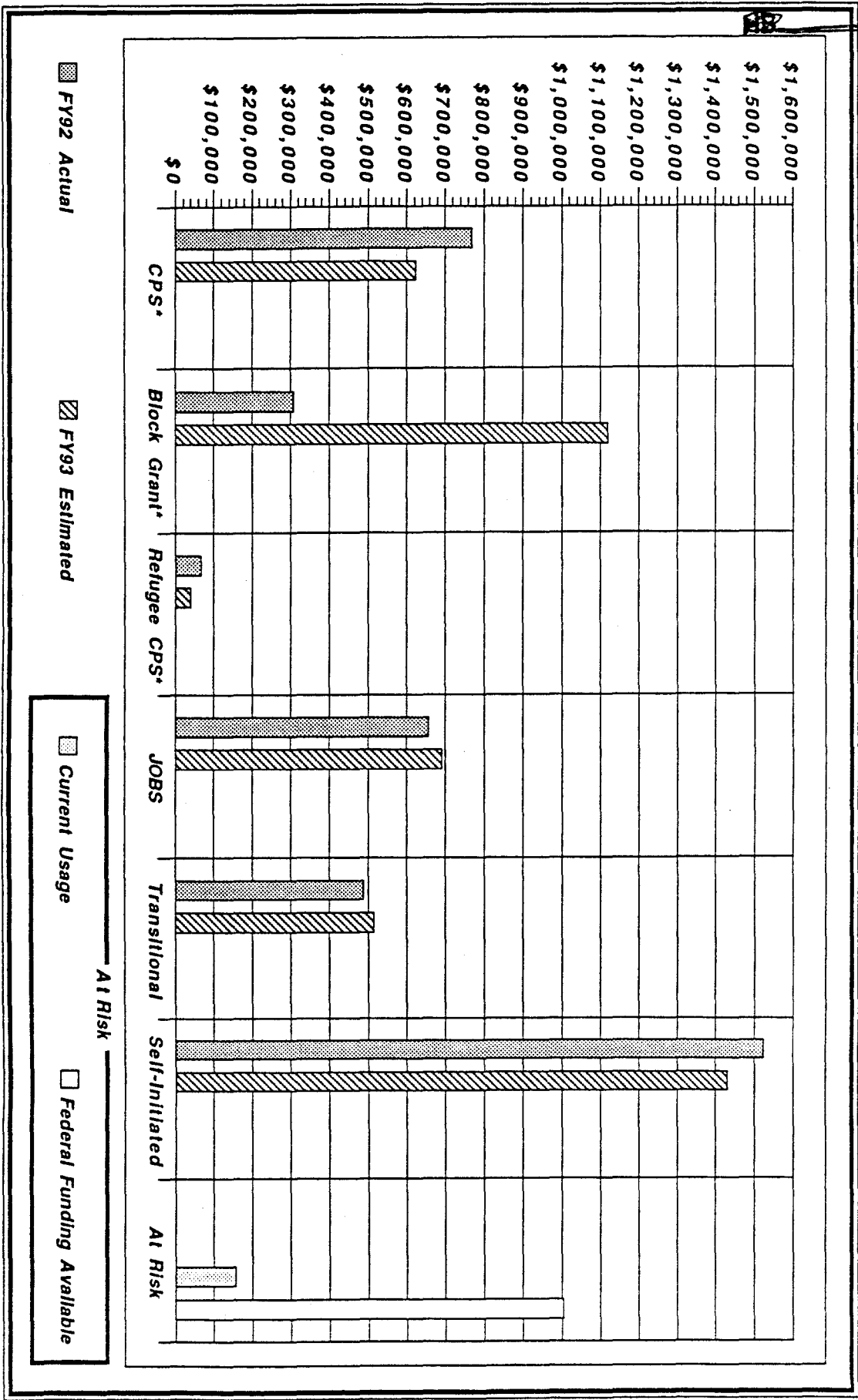
Day care expenses are one of the barriers to employment for low income families. This program helps remove that barrier so families can remain employed. This program is funded from private and county funds which are matched at the rate of 29% state to 71% federal.

EXHIBIT 12
DATE 1-8-93
HB

Fiscal Issues/Recent Changes: Currently more than 25 families are using this program. No state general fund is expended. Projected expenditures for SFY 93 in Missoula and Yellowstone Counties are \$220,762. Approximately \$1 million in federal funds are available if matching funds can be found.

leg-tes.lb

MONTANA SRS/DFS DAY CARE EXPENDITURES

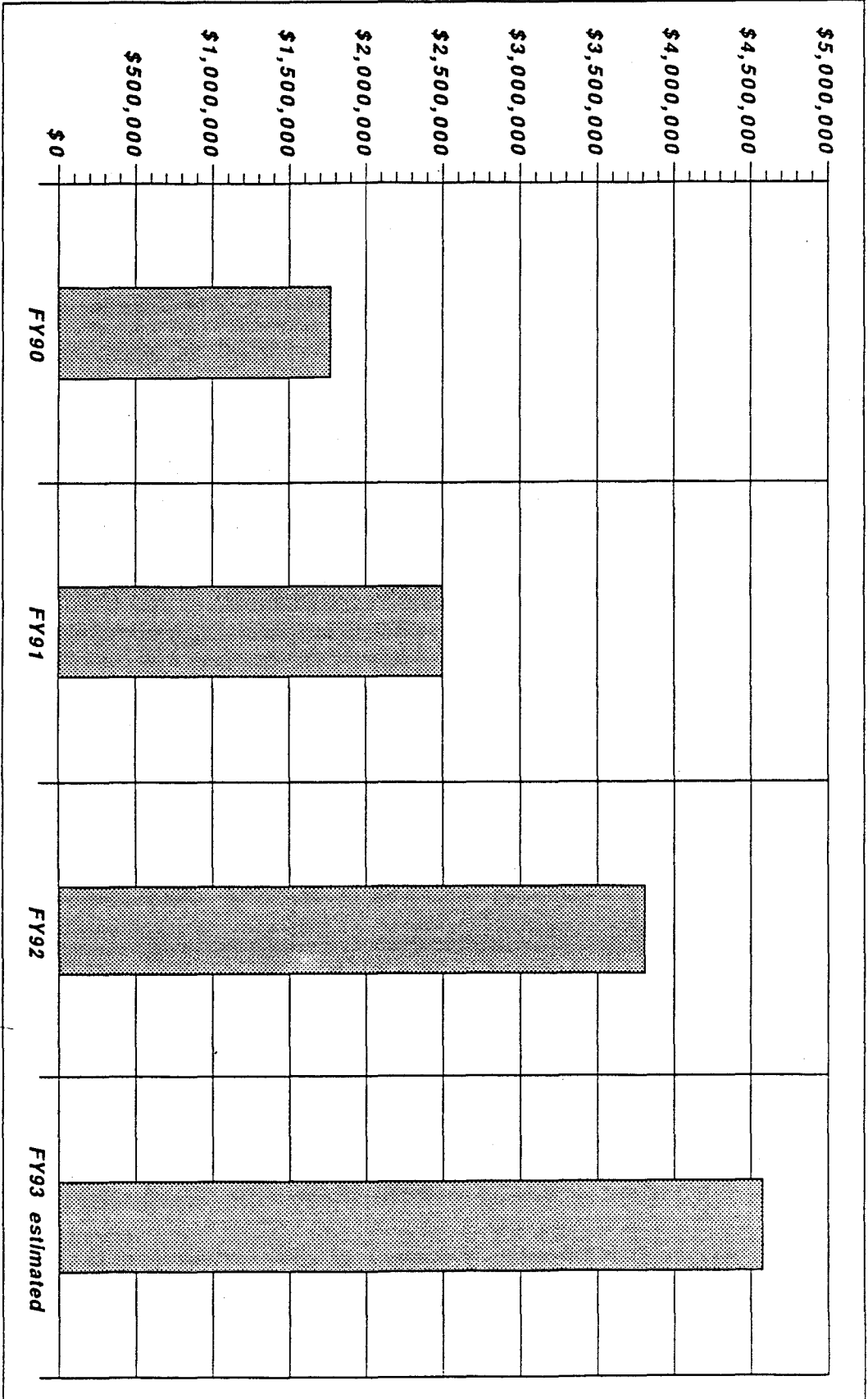


*Department of Family Services Expenditure.
CPS = Child Protective Service

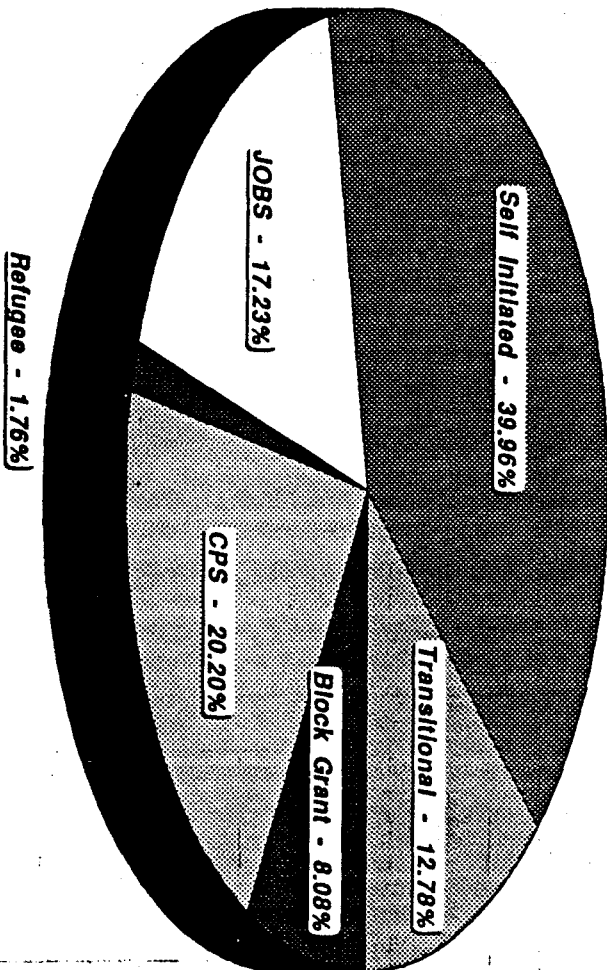
TOTAL DAYCARE EXPENDITURES State Fiscal Years 90-91-92-93

The state fiscal year runs from July 1 to June 30.

Fiscal Year	Amount
FY90	\$1,771,761
FY91	\$2,500,767
FY92	\$3,811,741
FY93 estimated	\$4,575,228



TOTAL DAY CARE PROGRAM FY92



SRS

■ Transitional - 12.78%

■ Self Initiated - 39.96%

■ At Risk - 0%

□ JOBS - 17.23%

■ Refugee - 1.76%

DFS

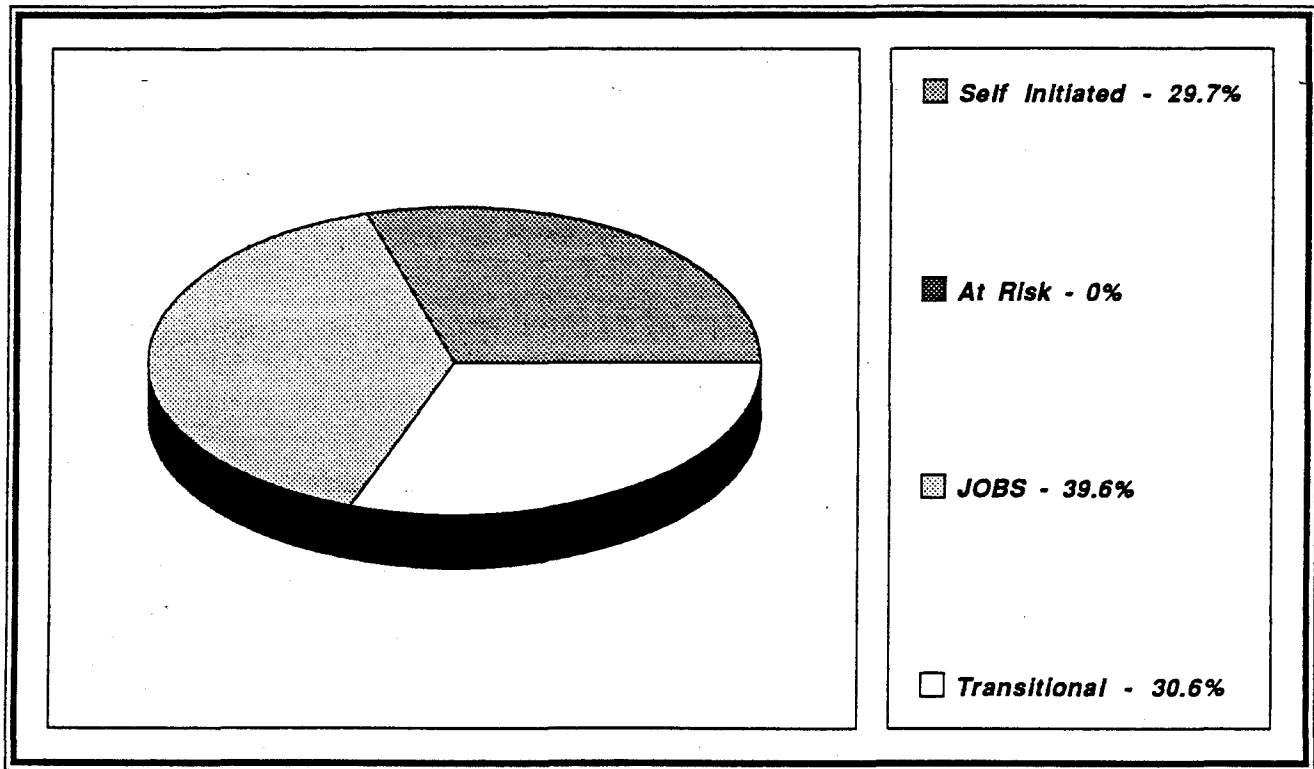
■ CPS - 20.20%

■ Block Grant - 8.08%

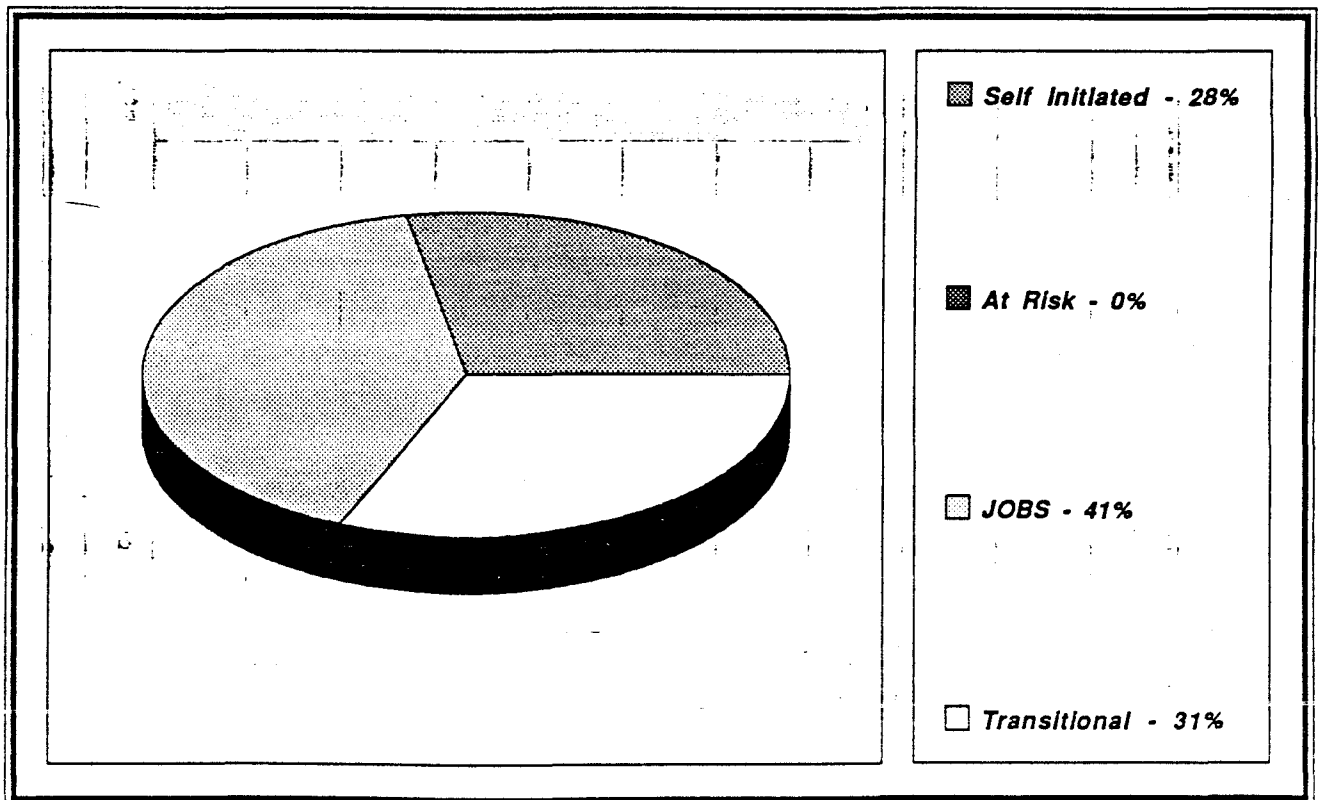
REQUESTED FUNDING FOR DAY CARE

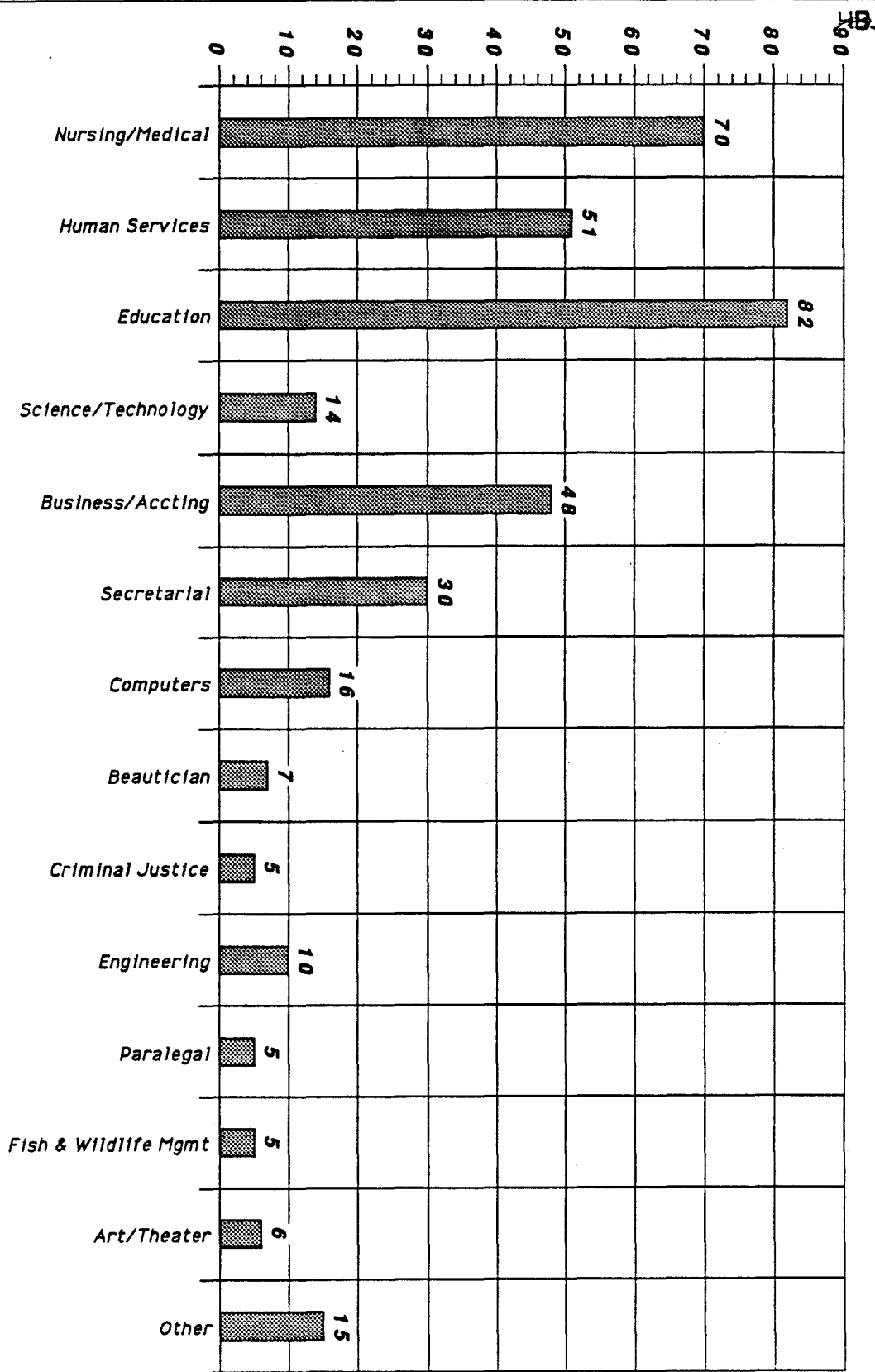
General Fund FY94

EXHIBIT 12
DATE 1-8-93
HB _____



General Fund FY95

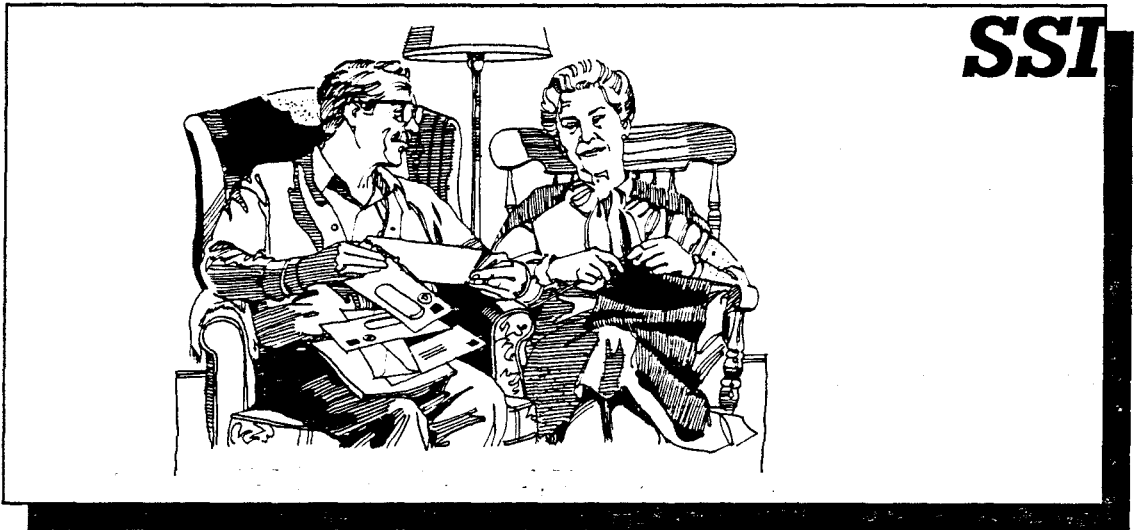


Self-Initiated Program Enrollment

13

EXHIBIT 13
DATE 1-8-93
SS

MEDICAID



LEGISLATIVE TESTIMONY
MEDICAID

EXHIBIT 13
DATE 1-8-93
SB

MEDICAID PROGRAM GOAL

Medicaid is a medical assistance program designed to provide certain people who have low-income and limited resources access to mainstream health care. These people include the "working poor" who are unable to purchase high cost health insurance.

PROGRAM DESCRIPTION

The Family Assistance Division is responsible for determining whether applicants are eligible for either Aid to Families with Dependent Children (AFDC) related or Supplemental Security Income (SSI) related Medicaid.

Individuals and families who are either receiving either SSI or AFDC cash assistance are "categorically" eligible for Medicaid benefits. When these people meet all other eligibility criteria except their income exceeds the allowable standards, they are considered "medically" needy. Medically Needy individuals are eligible for Medicaid benefits after they have incurred medical expenses equal to the difference between the countable income and the appropriate income standard for the family size.

Since 1965 when the Medicaid Program was established, there have been continual changes and expansions. The last major change occurred in July 1991 as part of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90). OBRA 90 mandated full Medicaid coverage for children born after 9/30/83, who have attained age 6, and family income does not exceed 100% of poverty (commonly known as the "Poverty 6" coverage group).

Nearly all coverage groups receiving Medicaid benefits are federally mandated to receive the benefits. Medicaid eligible clients are entitled to receive 27 optional services in addition to the ten mandated services. The Medicaid Services Division will be addressing Medicaid services provided to eligible recipients during their testimony.

ELIGIBILITY SERVICES PROVIDED

Eligibility services provided Medicaid applicants/recipients include timely and accurate Medicaid eligibility determinations performed by county eligibility staff.

EXHIBIT 13
DATE 1-8-93
SD

POPULATION SERVED

<u>October 1988</u>	<u>October 1991</u>	<u>October 1992</u>
25,899 cases	33,977 cases	37,569 cases

The Medicaid caseload has increased during the past five years because of expanded coverage groups as federally mandated, Montana's population is aging (i.e., 65+), medical care costs are rising, and Montana's receding economy.

AFDC related cases represent the major number of cases. However, as you will hear during the Medicaid Service Division's testimony, the major portion of the Medicaid budget is expended on SSI-related (i.e., aged and disabled) individuals.

Source: L. A. Times, 1/8/93, p. 1, col. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 1026, 1027, 1028, 1029, 1030, 1031, 1032, 1033, 1034, 1035, 1036, 1037, 1038, 1039, 1040, 1041, 1042, 1043, 1044, 1045, 1046, 1047, 1048, 1049, 1050, 1051, 1052, 1053, 1054, 1055, 1056, 1057, 1058, 1059, 1060, 1061, 1062, 1063, 1064, 1065, 1066, 1067, 1068, 1069, 1070, 1071, 1072, 1073, 1074, 1075, 1076, 1077, 1078, 1079, 1080, 1081, 1082, 1083, 1084, 1085, 1086, 1087, 1088, 1089, 1090, 1091, 1092, 1093, 1094, 1095, 1096, 1097, 1098, 1099, 1100, 1101, 1102, 1103, 1104, 1105, 1106, 1107, 1108, 1109, 1110, 1111, 1112, 1113, 1114, 1115, 1116, 1117, 1118, 1119, 1120, 1121, 1122, 1123, 1124, 1125, 1126, 1127, 1128, 1129, 1130, 1131, 1132, 1133, 1134, 1135, 1136, 1137, 1138, 1139, 1140, 1141, 1142, 1143, 1144, 1145, 1146, 1147, 1148, 1149, 1150, 1151, 1152, 1153, 1154, 1155, 1156, 1157, 1158, 1159, 1160, 1161, 1162, 1163, 1164, 1165, 1166, 1167, 1168, 1169, 1170, 1171, 1172, 1173, 1174, 1175, 1176, 1177, 1178, 1179, 1180, 1181, 1182, 1183, 1184, 1185, 1186, 1187, 1188, 1189, 1190, 1191, 1192, 1193, 1194, 1195, 1196, 1197, 1198, 1199, 1200, 1201, 1202, 1203, 1204, 1205, 1206, 1207, 1208, 1209, 1210, 1211, 1212, 1213, 1214, 1215, 1216, 1217, 1218, 1219, 1220, 1221, 1222, 1223, 1224, 1225, 1226, 1227, 1228, 1229, 1230, 1231, 1232, 1233, 1234, 1235, 1236, 1237, 1238, 1239, 1240, 1241, 1242, 1243, 1244, 1245, 1246, 1247, 1248, 1249, 1250, 1251, 1252, 1253, 1254, 1255, 1256, 1257, 1258, 1259, 1260, 1261, 1262, 1263, 1264, 1265, 1266, 1267, 1268, 1269, 1270, 1271, 1272, 1273, 1274, 1275, 1276, 1277, 1278, 1279, 1280, 1281, 1282, 1283, 1284, 1285, 1286, 1287, 1288, 1289, 1290, 1291, 1292, 1293, 1294, 1295, 1296, 1297, 1298, 1299, 1300, 1301, 1302, 1303, 1304, 1305, 1306, 1307, 1308, 1309, 1310, 1311, 1312, 1313, 1314, 1315, 1316, 1317, 1318, 1319, 1320, 1321, 1322, 1323, 1324, 1325, 1326, 1327, 1328, 1329, 1330, 1331, 1332, 1333, 1334, 1335, 1336, 1337, 1338, 1339, 1340, 1341, 1342, 1343, 1344, 1345, 1346, 1347, 1348, 1349, 1350, 1351, 1352, 1353, 1354, 1355, 1356, 1357, 1358, 1359, 1360, 1361, 1362, 1363, 1364, 1365, 1366, 1367, 1368, 1369, 1370, 1371, 1372, 1373, 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 1388, 1389, 1390, 1391, 1392, 1393, 1394, 1395, 1396, 1397, 1398, 1399, 1400, 1401, 1402, 1403, 1404, 1405, 1406, 1407, 1408, 1409, 1410, 1411, 1412, 1413, 1414, 1415, 1416, 1417, 1418, 1419, 1420, 1421, 1422, 1423, 1424, 1425, 1426, 1427, 1428, 1429, 1430, 1431, 1432, 1433, 1434, 1435, 1436, 1437, 1438, 1439, 1440, 1441, 1442, 1443, 1444, 1445, 1446, 1447, 1448, 1449, 1450, 1451, 1452, 1453, 1454, 1455, 1456, 1457, 1458, 1459, 1460, 1461, 1462, 1463, 1464, 1465, 1466, 1467, 1468, 1469, 1470, 1471, 1472, 1473, 1474, 1475, 1476, 1477, 1478, 1479, 1480, 1481, 1482, 1483, 1484, 1485, 1486, 1487, 1488, 1489, 1490, 1491, 1492, 1493, 1494, 1495, 1496, 1497, 1498, 1499, 1500, 1501, 1502, 1503, 1504, 1505, 1506, 1507, 1508, 1509, 1510, 1511, 1512, 1513, 1514, 1515, 1516, 1517, 1518, 1519, 1520, 1521, 1522, 1523, 1524, 1525, 1526, 1527, 1528, 1529, 1530, 1531, 1532, 1533, 1534, 1535, 1536, 1537, 1538, 1539, 1540, 1541, 1542, 1543, 1544, 1545, 1546, 1547, 1548, 1549, 1550, 1551, 1552, 1553, 1554, 1555, 1556, 1557, 1558, 1559, 1560, 1561, 1562, 1563, 1564, 1565, 1566, 1567, 1568, 1569, 1570, 1571, 1572, 1573, 1574, 1575, 1576, 1577, 1578, 1579, 1580, 1581, 1582, 1583, 1584, 1585, 1586, 1587, 1588, 1589, 1590, 1591, 1592, 1593, 1594, 1595, 1596, 1597, 1598, 1599, 1600, 1601, 1602, 1603, 1604, 1605, 1606, 1607, 1608, 1609, 1610, 1611, 1612, 1613, 1614, 1615, 1616, 1617, 1618, 1619, 1620, 1621, 1622, 1623, 1624, 1625, 1626, 1627, 1628, 1629, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1637, 1638, 1639, 1640, 1641, 1642, 1643, 1644, 1645, 1646, 1647, 1648, 1649, 1650, 1651, 1652, 1653, 1654, 1655, 1656, 1657, 1658, 1659, 1660, 1661, 1662, 1663, 1664, 1665, 1666, 1667, 1668, 1669, 1670, 1671, 1672, 1673, 1674, 1675, 1676, 1677, 1678, 1679, 1680, 1681, 1682, 1683, 1684, 1685, 1686, 1687, 1688, 1689, 1690, 1691, 1692, 1693, 1694, 1695, 1696, 1697, 1698, 1699, 1700, 1701, 1702, 1703, 1704, 1705, 1706, 1707, 1708, 1709, 1710, 1711, 1712, 1713, 1714, 1715, 1716, 1717, 1718, 1719, 1720, 1721, 1722, 1723, 1724, 1725, 1726, 1727, 1728, 1729, 1730, 1731, 1732, 1733, 1734, 1735, 1736, 1737, 1738, 1739, 1740, 1741, 1742, 1743, 1744, 1745, 1746, 1747, 1748, 1749, 1750, 1751, 1752, 1753, 1754, 1755, 1756, 1757, 1758, 1759, 1760, 1761, 1762, 1763, 1764, 1765, 1766, 1767, 1768, 1769, 1770, 1771, 1772, 1773, 1774, 1775, 1776, 1777, 1778, 1779, 1780, 1781, 1782, 1783, 1784, 1785, 1786, 1787, 1788, 1789, 1790, 1791, 1792, 1793, 1794, 1795, 1796, 1797, 1798, 1799, 1800, 1801, 1802, 1803, 1804, 1805, 1806, 1807, 1808, 1809, 1810, 1811, 1812, 1813, 1814, 1815, 1816, 1817, 1818, 1819, 1820, 1821, 1822, 1823, 1824, 1825, 1826, 1827, 1828, 1829, 1830, 1831, 1832, 1833, 1834, 1835, 1836, 1837, 1838, 1839, 1840, 1841, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857, 1858, 1859, 1860, 1861, 1862, 1863, 1864, 1865, 1866, 1867, 1868, 1869, 1870, 1871, 1872, 1873, 1874, 1875, 1876, 1877, 1878, 1879, 1880, 1881, 1882, 1883, 1884, 1885, 1886, 1887, 1888, 1889, 1890, 1891, 1892, 1893, 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901, 1902, 1903, 1904, 1905, 1906, 1907, 1908, 1909, 1910, 1911, 1912, 1913, 1914, 1915, 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 22

SSI-RELATED MEDICAID ELIGIBILITY

Non-financial criteria:

- A. Categorical eligibility (age 65+, blind or disabled)
- B. U. S. citizen or lawful alien
- C. State resident
- D. Social Security Number

Financial criteria:

- A. Resources (assets) may not exceed \$2,000 for one person or \$3,000 for two people.
- B. Some assets are not counted toward the resource limit, for example:
 - 1. the principal place of residence
 - 2. one vehicle (if certain conditions are met)
 - 3. designated burial funds of \$1,500 or an irrevocable burial contract for any amount
 - 4. household goods and personal effects
- C. Income (anything which can be converted to meet the client's need for food, clothing or shelter):
 - 1. Income types:
 - a. unearned income (e.g., social security, unemployment benefits, annuity proceeds)
 - b. earned income (e.g., wages, commissions, net self-employment income)
 - c. in-kind income (e.g., rent in exchange for labor)
 - 2. Income disregards:
 - a. \$20 general income disregard
 - b. \$65 earned income disregard
 - c. 1/2 remaining earned income
 - 3. Medicaid income standards are based on the maximum AFDC benefit payment amounts as set by Montana's legislature:

<u>Family size</u>	<u>Income level</u>
1	\$ 416
2	416

- a. Individuals with income at or below the income standard are "categorically needy" and eligible for Medicaid coverage from the first day of the month through the last day of the month.

- b. Individuals with income exceeding the income standard are "medically needy" eligible and must incur medical expenses equal to the difference between their total countable income and the income level for the family size. Medicaid coverage begins the day the client incurs adequate medical expenses and ends the last day of the month.

SSI-RELATED MEDICAID COVERAGE GROUPS

A. Mandatory Coverage Groups:

1. Individuals receiving Supplemental Security Income (SSI) cash assistance (i.e., categorically eligible).
2. Long-term care (Nursing Home) - mandated for "categorically needy" individuals (i.e., with countable income not exceeding \$416 per month).
3. Qualified Medicare Beneficiaries (QMB) - benefits are limited to payment of Medicare premiums, co-insurance and deductibles.
4. Special Low-Income Medicare Beneficiaries (SLMB) - benefits are limited to payment of Medicare Part B (physician) premiums.

B. Optional Coverage Groups:

1. Home and Community Based/Waiver services - offered to clients who would otherwise enter into a long-term care setting (HCBS/Waiver slots are limited in number). HCBS/Waiver services are available so long as the client requires that level of care and the services do not exceed the long-term care costs the client would otherwise incur.
2. Medically Needy (MN):
 - a. Community living - client must incur medical expenses equal to the difference between the income standard and the client's total countable income (incurment/spend down obligation). Medically Needy coverage begins the day the client incurs adequate medical expenses and ends the last day of the month.

- b. Long-term care (nursing home) - client must incur nursing home expenses equal to the difference between the income standard and the client's countable income. Coverage begins the first day of the month. However, clients must pay all income except personal disregards toward their cost of care.

NOTE: States may limit long-term care eligibility to:

1. "Categorically needy" clients only;
2. "Medically needy" clients (current Montana policy); or
3. Clients whose income does not exceed the 300% special income limit (300% of the SSI cash benefit for one (300% X \$434 = \$1,302)).



AFDC-RELATED MEDICAID ELIGIBILITY

Non-financial criteria:

- A. Categorical eligibility (families with dependent children)
- B. U. S. citizen or lawful alien
- C. State resident
- D. Social Security Number

Financial criteria:

- A. Resources (assets) may not exceed:
 - 1. \$1,000 for categorically eligibles; and
 - 2. \$2,000 for one person, \$3,000 for two people plus \$100 for each additional person under medically needy coverage.
- B. Some assets are not counted toward the resource limit, for example:
 - 1. the principal place of residence
 - 2. one vehicle valued at \$1,500 or less
 - 3. designated burial funds of \$1,500 or an irrevocable burial contract for any amount
 - 4. household goods and personal effects
- C. Income (anything which is available for current use to meet the client's need for food, clothing or shelter):
 - 1. Income types:
 - a. unearned income (e.g., social security, unemployment benefits, annuity proceeds)
 - b. earned income (e.g., wages, commissions, net self-employment income)
 - c. in-kind income (e.g., rent in exchange for labor)
 - 2. Income disregards for categorically eligibles:
 - (a) \$90 general income disregard
 - (b) \$30 time limited disregard (12 mo. max.)
 - (c) 1/3 remaining earned income disregard (4 mo. max.)
 - (d) day care expenses (max. contingent on child's age)

Note: In general, gross income is compared to the income standards for other coverage groups.

3. Income Standards:

- (a) Categorically Needy - same as AFDC standards
- (b) Medically Needy - income standards are based on the maximum AFDC benefit payment amounts as set by Montana's legislature:

<u>Family size</u>	<u>Income level</u>
1	\$ 416
2	416
3	443
4	470
5	550

NOTE: For household sizes of four or more, the Medically Needy standards are the same as the maximum AFDC benefit payment amounts.

"Medically needy" eligibles must incur medical expenses equal to the difference between their total countable income and the income level for the family size. Medically Needy coverage begins the day the client incurs adequate medical expenses and ends the last day of the month.

- (c) Poverty Six (Children born after 9/30/83 who are age 6 or older) - 100% of poverty
- (d) Poverty Pregnant Women and Children under age 6 - 133% of poverty

AFDC-RELATED MEDICAID COVERAGE GROUPS:

A. Mandatory Coverage Groups:

- 1. Families receiving AFDC cash assistance (i.e., categorically eligible)
- 2. Children in foster care or subsidized adoption who would be eligible for AFDC financial assistance or would have been eligible if an application had been filed at the time of placement or adoption.
- 3. Poverty Pregnant Women and Children under age 6 - income standard is 133% of poverty (states have the option of choosing income standards between 133% and 185% of poverty). As of March 1992, 28 states covered these groups at a standard higher than 133%.

4. Poverty 6 (Children born after 9/30/83 and have attained age 6) - income standard is 100% of poverty.
5. Automatic/Continuous Newborn - an infant born to a woman who was eligible and receiving Medicaid at the time of birth may remain eligible until age one regardless of any income increase.

B. Optional Coverage Groups:

1. Medically Needy (MN) Families - Resources must be within the resource standard, income can exceed the Income Level, and households must incur medical expenses equal to the difference between the income standard and the household's total countable income (incurment/spend down obligation).

NOTE: Caretaker relatives (i.e., parents) are no longer eligible for Medically Needy coverage due to 1991 legislative action.

LEGPPR05.L0V

EXHIBIT 14
DATE 1-8-93
SB

EMERGENCY AFDC
DFS-SRS REFINANCING

SRS and the Department of Family Services have been working for a number of months to enable DFS to receive federal match money for children in need of services to deal with abuse, neglect or delinquency. These children may meet the criteria for receiving Emergency AFDC payments.

SRS has already submitted and has received an approved state plan which will allow DFS to capture administrative expenditures for those services to eligible children retroactive to July 1, 1992.

DFS is anticipating to give a detailed explanation about their portion of this program when they testify before the Subcommittee.

MONTANA LEGAL SERVICES ASSOCIATION

NEIL HAIGHT
DIRECTOR

VIVIAN MARIE
MANAGING ATTORNEY

801 NORTH LAST CHANCE GULCH
HELENA, MONTANA 59601
406-442-9830
FAX (406) 449-7322
1-800-666-6124

SUSAN GECHO GOBBS
STAFF ATTORNEY

JEAN WHITTINGHILL
STAFF ATTORNEY

January 8, 1993

EXHIBIT
DATE 1-8-93
SB

Human Services Appropriations
Joint subcommittee

Montana Legal Services Association strongly supports the concept of State participation in obtaining SSI benefit for children under care of Department of Family Services.

1. This provides a stable base of support for disabled children.
2. It brings new money to the community benefiting business.
3. It relieves the State of a significant financial burden.

I would like to present this testimony in person but am required to attend another hearing.

Sincerely,



Neil Haight

NH/pjc

**HOUSE OF REPRESENTATIVES
VISITOR'S REGISTER**

14 U Serv COMMITTEE BILL NO. _____
DATE 1-8-93 SPONSOR(S) _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	SUPPORT	OPPOSE
JUDITH CARLSON	HRDC Dir Assn		
Susan Gobb	Montana Lbr / Serv		
Dorothy Geh	Senate Health		
Beverly Barkum	House Human Serv		
24 Liz Smith	#48-		
Ann O'Neil	SPS		
Roger LaVoie	"		
Jack Lanning	"		

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.