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# CHAPTER 10 - SERVICE ELIGIBILITY

10.00 SERVICE ELIGIBILITY DETERMINATION

10.04 DEFINITION OF SERVICE GOALS

10.08 ELIGIBLE PERSONS - FINANCIAL CRITERIA

10.10 FAMILY - DEFINITION

10.12 RIGHTS OF APPLICANT FOR SERVICES; DETERMINATION OF SERVICE ELIGIBILITY

# CHAPTER 10 - SERVICE ELIGIBILITY

## 10.00 SERVICE ELIGIBILITY FOR TITLE XX SERVICES IS DETERMINED ON A TWO PART TEST:

1. A need for one or more of the Title XX services described in the Comprehensive Annual Social Service Program Plan (CASSPP) directed at only one of the service goals specified in the plan and in the federal regulations, at any one time. Goals may change from time to time as appropriate, but only one goal may be pursued at a time.

2. A demonstrated financial need for the provision of the service due to either recipient status or income eligibility as described below.

## 10.04 DEFINITION OF SERVICE GOALS (WAC 388-15-010)

The following are the goals to which services for eligible individuals are directed:

1. Achieving or maintaining economic self support to prevent, reduce or eliminate dependency.

2. Achieving or maintaining self sufficiency, including reduction or prevention of dependency.

3. Preventing or remedying neglect, abuse or exploitation of adults unable to protect their own interests, or preserving, rehabilitating or reuniting families.

4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care.

5. Securing referral or admission for institutional care when other forms of care are not appropriate.

## 10.08 ELIGIBLE PERSONS - - FINANCIAL CRITERIA (WAC 388-15-020)

1. Individuals eligible for services are:

   a. Recipients of Aid to Families with Dependent Children (AFDC recipients).

   b. Individuals whose needs were taken into account in determining the needs of AFDC recipients.

   c. Recipients of Supplemental Security Income or State Supplementary payments related to Age, Blindness or Permanent and Total Disability.

b. Income table for 50% gross median income:

| Number in Family | Monthly Income | Annual Income |
|---|---|---|
| 1 | 304 | 3,648 |
| 2 | 397 | 4,771 |
| 3 | 491 | 5,894 |
| 4 | 584 | 7,017 |
| 5 | 678 | 8,140 |
| 6 | 771 | 9,262 |

c. Income table for 57% gross median income, one person family only.

| Monthly Income | Annual Income |
|---|---|
| 346 | 4,160 |

d. Incometables for 35% gross median income:

| Number in Family | Monthly Income | Annual Income |
|---|---|---|
| 1 | 212 | 2,554 |
| 2 | 278 | 3,340 |
| 3 | 343 | 4,126 |
| 4 | 409 | 4,912 |
| 5 | 479 | 5,698 |
| 6 | 540 | 6,484 |

e. Current grant standards:

| Family Size | Monthly Income |
|---|---|
| 1 | 179 |
| 2 | 260 |
| 3 | 315 |
| 4 | 370 |
| 5 | 425 |
| 6 | 480 |

e. Exceptions: (WAC 388-15-170 (4) (d))

Recipients of services under Titles IV-A (Family Services) and VI (Adult Services) on September 30, 1975 may continue to receive those services, if they are identified in the Title XX services plan, unitl eligibility is determined, but in no event later than March 31, 1976. Individuals who meet the conditions which had been established for group eligibility under Title IV-A or VI may begin participation after September 30, 1975 in a service provided in a facility on a group basis if:

4. Services may not be provided prior to the date of a signed application, nor if federal matching is to be recieved, provided prior to the date of determination of eligibility unless the determination is made within thirty (30) days of the date of application and the individual was found to be eligible when service was initiated.

5. Eligibility must be determined on an individual basis for each person in a family, as defined above. The DSHS 14-139(X) Social Services Application is used to determine service eligibility, and all income information must be verified. (See General Services Procedures 18.30 for redetermination of eligibility and Ch. 99 for instructions on the use of the DSHS 14-139(X)).

6. Notice (DSHS 14-145(X)) shall be given to applicants for or recipients of service to indicate that they have been found eligible or ineligible for services. The notice shall include information about the individual's right to request a fair hearing.

7. Service applications may be made by the individual, or others acting on his behalf, or may be the result of referral from another agency or member of the community. Where the individual is unable or too incompetent to sign his own application, another responsible or appropriate individual may sign on his behalf.

8. Services may be only provided to accomplish the specific goals for the particular services as designated in the state service plan and rules.

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   a. Recipients of Aid to Families with Dependent Children (AFDC recipients).

   b. Individuals whose needs were taken into account in determining the needs of AFDC recipients.

   c. Recipients of Supplemental Security Income or State Supplementary payments related to Age, Blindness or Permanent and Total Disability.

d. Recipients of Federal Aid Medical Care Only categorically related to Title XVI supplemental security income or AFDC, provided Gross Family Income does not exceed 80% of the state median gross income for a family of four, adjusted for family size.

e. Any individual or family regardless of age, blindness or disability, whose gross family income does not exceed 80% of the state median gross income for a family of four, adjusted for family size, except that:

(1) No individual or family is eligible for chore Services, Family Planning or Alcoholism Services whose gross family income is in excess of 50% of the state median gross income for a family of four, adjusted for family size. However, a single individual may receive chore services if his gross income does not exceed 57% of the states median gross income for a family of four adjusted for family size.

(2) No individual is eligible for Migrant Day Care Services whose income is in excess of 35% of the state median gross income for a family of four, adjusted for family size.

(3) No nonrecipient of financial assistance is eligible for general child day care whose gross income is in excess of the Department's financial assistance standard.

(4) Information and Referral and Protective Service may be given to any individual regardless of the level of gross family income. When chore services, homemaker services, day care, or emergency foster care not available under IV B (Child Welfare Services) are an integral, but subordinate part of a protective service plan, they may be provided without regard to income, only if they can be paid for from state funds.

2. Gross Median Income

Gross median income for a family of four in the State of Washington is $14,034. 80% = $11,228.

a. Income table for 80% gross median income:

| Number in Family | Monthly Income | Annual Income |
|---|---|---|
| 1 | 486 | 5,838 |
| 2 | 636 | 7,635 |
| 3 | 786 | 9,431 |
| 4 | 935 | 11,228 |
| 5 | 1,085 | 13,024 |
| 6 | 1,235 | 14,821 |
| 7 | 1,263 | 15,158 |
| 8 | 1,291 | 15,495 |

b. Income table for 50% gross median income:

| Number in Family | Monthly Income | Annual Income |
|---|---|---|
| 1 | 304 | 3,648 |
| 2 | 397 | 4,771 |
| 3 | 491 | 5,894 |
| 4 | 584 | 7,017 |
| 5 | 678 | 8,140 |
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c. Income table for 57% gross median income, one person family only.

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d. Incometables for 35% gross median income:

| Number in Family | Monthly Income | Annual Income |
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e. Current grant standards:

| Family Size | Monthly Income |
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e. Exceptions: (WAC 388-15-170 (4) (d))

Recipients of services under Titles IV-A (Family Services) and VI (Adult Services) on September 30, 1975 may continue to receive those services, if they are identified in the Title XX services plan, unitl eligibility is determined, but in no event later than March 31, 1976. Individuals who meet the conditions which had been established for group eligibility under Title IV-A or VI may begin participation after September 30, 1975 in a service provided in a facility on a group basis if:

(1) The individuals live in the geographic location where the facility was delivering the service on a group eligibility basis as of July 1, 1975 as approved under Title IV-A or VI, and

(2) The same services are contained in the State's Title XX plan. Such individuals may receive the service on the basis of group eligibility, but only in such a facility in such a geographic location until their individual eligibility is determined, or until March 31, 1976, whichever is earlier.

(3) These exceptions apply to all services, but are particularly pertinent to General Day Care, Migrant Day Care and Chore Services.

## 10.10 FAMILY - DEFINITION (WAC 388-15-020 (3))

1. Family means two or more persons related by blood, marriage or adoption, residing in the same household.

   a. Husband and wife are considered a two-person family.

   b. Related individuals residing together who are not dependent on the income of only one of the individuals, are each considered a separate family.

   c. An individual living alone or with unrelated persons only is considered a one-person family.

2. For those individuals whose eligibility is based on income status, all income must be verified either by documentation supplied by the individual, or ascertained from the other appropriate sources.

## 10.12 RIGHTS OF APPLICANT FOR SERVICES; DETERMINATION OF SERVICE ELIGIBILITY (WAC 388-15-030)

1. Any individual has the right to request services from the Department, make a service application and have his eligibility for services determined.

2. Eligible individuals shall be given requested services, or other needed services, that are offered by the Department, and included in the Department's service plan to meet the goal appropriate to his service need.

3. Applicants or recipients for service may request a fair hearing concerning the denial, reduction or termination of a service, or failure to act upon a request for services within 45 days of service application.

4. Services may not be provided prior to the date of a signed application, nor if federal matching is to be recieved, provided prior to the date of determination of eligibility unless the determination is made within thirty (30) days of the date of application and the individual was found to be eligible when service was initiated.

5. Eligibility must be determined on an individual basis for each person in a family, as defined above. The DSHS 14-139(X) Social Services Application is used to determine service eligibility, and all income information must be verified. (See General Services Procedures 18.30 for redetermination of eligibility and Ch. 99 for instructions on the use of the DSHS 14-139(X)).

6. Notice (DSHS 14-145(X)) shall be given to applicants for or recipients of service to indicate that they have been found eligible or ineligible for services. The notice shall include information about the individual's right to request a fair hearing.

7. Service applications may be made by the individual, or others acting on his behalf, or may be the result of referral from another agency or member of the community. Where the individual is unable or too incompetent to sign his own application, another responsible or appropriate individual may sign on his behalf.

8. Services may be only provided to accomplish the specific goals for the particular services as designated in the state service plan and rules.

## 10.44 SUMMARY OF ONGOING SERVICES

Ongoing services will use the socialization model primarily, be client advocate when needed, clarify rights and responsibilities, help the client to use community resources and to know and use social systems including the Agency system. This unit provides all services other than brief services given in Entry, utilizing the following concepts:

1. Contractual Service.

Ongoing services will develop a time-limited contract with the applicant stating a specific area or problem which will be given attention by the worker and the client. This contract shall be entered into the case record as soon as it has been developed. Contracts may vary in length of time, but most should be completed in one or two months. In unusual cases they may extend to 90 days or be re-negotiated for a longer period. In the area of specialized services, the contract may be completed in one or two interviews.

There need be no specific pattern of contacts, e.g., one client may be seen once every two weeks for twelve weeks and terminated for service, another might be seen every working day for six contacts and terminated, still another could be seen weekly for eight weeks. Contacts may be scheduled as agreed upon by worker and client in office, home, school, etc. The caseworker and supervisor should be aware of the interrelationship between number of contacts and time limit. It will require practice to put available casework time to best use. An average, meaningful contact requires approximately two hours. This allows for preparation, travel, note taking and dictation. Number of cases per se is not so important as scheduling within the individual contracts. The goal is to maximize use of total contact time available.

The worker and the client will review and evaluate what has transpired at the end of the time indicated in the contract. At this point, the case may be terminated for services or the contract re-negotiated.

When the case is terminated, the case record will be returned to Ongoing service control. It is essential that in the termination interview, the caseworker review the agency system with the recipient so he is aware as to how he may request services in the future.

2. Specialized Services

Specialized services are to be provided by Ongoing service on a contractual basis. No case (except protective service cases) will be opened unless there is a contract for action and the case will be terminated for service when the activities are completed and evaluated.

The purpose of creating specialized work loads is to protect the time-limited contractual casework in the Ongoing section, to free Entry services to do crisis intervention and the very short-term contacts, to make possible specialized training, to protect certain caseloads to provide a basis for evaluation of services and to provide data for establishing workload standards.

## 10.48 DIRECT REFERRAL TO ONGOING FROM RECEPTION OR TELEPHONE

Cases such as the following shall be referred directly to specialty units in Ongoing service:

1. Protective service
2. Foster home finding
3. Adoptive home finding
4. Day care home finding
5. Adult alternate care placement
6. Homemaker service

Except for complaints alleging abuse, neglect and exploitation of children, complaints relating to cases assigned to an ongoing service worker will be referred directly to the service worker. For procedures relating to handling of complaints see Chapter 14.

## 10.52 RELATIONSHIP WITH FINANCIAL SECTION

1. Refer to financial section clients who have been receiving service only but who wish to apply for financial assistance or non-grant medical care.

2. Receipt of financial information by Ongoing workers should be handled as follows:

   a. explain to the client how to contact the financial section and advise him to do so; or

   b. if client cannot or will not take the recommended action, the Ongoing worker shall use himself as role-model in showing client exactly how this is done. This may include going with him to the office or helping him complete the 14PA02 (Change of Circumstance form); or

   c. inform client that it is a responsibility of the worker to report this information if the client will not, and that he will send a memo to the financial section with the appropriate information.

Service workers in both the entry and ongoing service units shall notify the appropriate control sections when a case is transferred from the bank to ongoing service and from ongoing service to the bank.

## 10.56 DESCRIPTION OF SERVICE DELIVERY

The Ongoing service worker conducts service-oriented interviews with clients in which the worker:

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