
Federal and State Time Limits

105 - FEDERAL AND STATE TIME LIMITS

Change # 02-2010

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I. INTRODUCTION

A. **Work First Time Limits**

The rules under the Personal Responsibility and Work Reconciliation Act of 1996 or PRWORA require that adults receiving assistance are expected to engage in work activities and develop the ability to support themselves before their time limited assistance runs out. As a result, adults who receive assistance under the Temporary Assistance for Needy Families (TANF) Block Grant are subject to a 60 month life time limit.

In addition to the 60 month lifetime limit on the receipt of TANF assistance, most families in North Carolina that include a work eligible adult are also subject to a 24 month time limit.

These time limits are a significant incentive for families to be focused and intensive in their efforts to prepare for and obtain stable long term employment that will support their families. The family's partner in this effort is the county department of social services. During this time the county department of social services must make intensive efforts to assess, plan, and support the family's efforts.

Families that exhaust their time limits may apply for an extension or hardship exemption, which may allow them to receive additional months of assistance. There are different rules regarding the verification, tracking, and family's request for additional time as it relates to the 24 month and 60 month time limits. These will be discussed later in greater detail.

B. **Definition of Assistance**

Any month in which a family receives benefits that meet the federal definition of assistance counts against the family's 60 month time limit. Not every month of assistances counts against the 24 month time limit. For example months when the person is coded "O" or "F". Benefits that have cash value (are cash-like) **and** are intended to meet basic, ongoing needs are defined as "**assistance.**" (The traditional, monthly cash assistance check is intended to meet basic, ongoing needs so it **is** considered assistance.)

Benefits are **not** considered assistance if they are:

- Nonrecurring, short-term benefits designed to deal with a specific episode of need;
- Not intended to meet recurring or ongoing needs; **and**
- Not extending beyond four months.

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In order to exclude a “cash-like” benefit from the definition of assistance, it must meet **all** three criteria in the bullets above.

The exceptions to this rule are transportation and childcare services. These are not considered assistance when provided to persons who are employed.

Benefits that are not cash-like (such as counseling, case management, peer support, information and referral, etc.) do not meet the definition of assistance. (Therefore, they never “count” against the time limits.)

EXAMPLE: Transportation is generally an ongoing need, and paying for or providing transportation would constitute “assistance” (except for employed persons). But, if the participant has a “specific episode of need,” you may be able to provide transportation that does not count as “assistance.” If the client’s car breaks down, transportation while the car is being repaired would be “non-recurrent, short-term benefits designed to deal with a specific episode of need” and, therefore, not assistance.

Or, if the participant rides with someone to a class and the driver’s car breaks down or the driver drops out of class, you might provide the participant with transportation until he/she arranges another ride. Then (if it does not exceed four months) it is not “assistance,” because it deals with a specific episode of need.

II. THE 60-MONTH TIME LIMIT (FEDERAL)

Beginning **January 1, 1997**, Work First families in North Carolina that include an adult became subject to a 60-month lifetime limit on the receipt of assistance under the Temporary Assistance for Needy Families (TANF) Block Grant, which includes Work First Family Assistance.

The 60-month time limit is a cumulative total and includes the months TANF assistance was received in other states.

The 60-month time limit applies to any case that includes an adult receiving Work First. In determining the number of months an individual received assistance, do not count months in which the individual received assistance as a minor child, including months they received as a minor parent. If the minor parent is emancipated, she/he is treated as an adult, and the months she/he received Work First count toward the 60-month lifetime limit.

When a request is made for Work First Family Assistance, check the Eligibility Tracking screen in EIS for **all the adults** in the family to verify the number of months, if any, each adult has on the 60-month time clock. If any adult included in the family has used up his or her time limit, the family is ineligible unless they qualify for a hardship exemption.

Families who have exhausted their 60-month time limit may apply for a hardship exemption that would allow them to receive additional months of assistance. Hardship exemptions are limited to no more than 20 percent of the average monthly Work First caseload state-wide. The percentage of exemptions will be monitored at the State Level by the Economic and Family Services Section.

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A. Verification of Receipt of Assistance in another State

If a family received TANF assistance in another State, Commonwealth, Territory, or "Federally Recognized" Tribe with a TANF program and moved to North Carolina on or after October 1, 1996, the caseworker must contact them to determine the number of months the family received assistance under TANF, if any. Only months the family received assistance **after** a State, Commonwealth, Territory, or "Federally Recognized" Tribe implemented the TANF Block Grant or Tribal TANF grant, count toward the 60-month lifetime limit.

The 60-month time limit only applies to months of assistance that are paid, in full or part, with Federal TANF funds. If a state, commonwealth, territory, or "federally recognized" tribe provides assistance that is funded only by MOE funds, with no TANF funds included, that assistance is not to be counted against the 60 month time clock.

When contacting another State, Commonwealth, Territory or "Federally Recognized" Tribe, always ask how many months of assistance have been counted on the family's 60-month federal time clock.

States, Commonwealths, and Territories implementation dates vary from October 1, 1996, to July 1, 1997. North Carolina's implementation date was January 1, 1997. (See Figure 105f1, Schedule of Implementation Dates.) Any months transferred from another State, Commonwealth, Territory, or "Federally Recognized" Tribe, must be entered as "transferred months" on the Eligibility Tracking screen. See the Work First User Manual.

The tracking of the 24 month time limit for North Carolina's Work First program began August 1996.

Contact the State Office of the state in which the Tribal Program is located for verification of months of assistance received under Tribal TANF.

EXAMPLE: A family received TANF assistance in Virginia from September 1996 until March 1998. Virginia implemented TANF effective February 1, 1997. The maximum number of months they used is 14 of their 60 months of eligibility in Virginia. If they are approved in North Carolina and the caseworker verifies the 14 months are countable, the 14 months from February 1997 through March 1998 must be keyed onto the "Transfer In" field on the ET screen in EIS.

B. Reviewing Cases Approaching the Time Limit

Special attention must be paid to cases on the 60-month time limit during months 30, 48, and 57 as discussed below.

1. Reviewing Cases

When the caseworker identifies cases with 30 months on the time clock:

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- Review each case to determine whether months on the time clock are accurate.
- Review all assessments and the current MRA Plan of Action for appropriateness and completeness.
- Evaluate cases with more than 30 months on their time clock for referral to other community agencies and resources designed to assist such families.

See the DSS-5292 as a suggested case summary/review document.

2. Reassessment of Cases Within Twelve Months of Termination

All cases that reach the 48th month must be given a thorough family assessment. The assessment must address family strengths, needs, and barriers to employment. The assessment should include an offer for a voluntary screening for disabilities. The assessment may help identify a disability (for example, when there is a pattern of non participation, behavioral cues, low test scores or poor performance in school or work assignments). If the participant declines the voluntary screening, document the case record.

If the participant has a disability and needs assistance in obtaining the necessary documentation, the caseworker should arrange for the needed assistance and document this in the case record.

The assessment should thoroughly explore all community resources available to assist the family in moving toward self-sufficiency before their time limit expires. For discussion of assessment, see Section [101](#) and Section [117](#).

The results of this assessment must be documented in the case record and must include an updated [MRA Plan of Action](#).

Cases in the final twelve months of eligibility should be given priority for employment services.

3. Cases Approaching the 60th Month on the Time Clock

Prior to the mailing of the 58th month check, an automated notice, [DSS-8220B](#), is produced informing the family that their Work First payment will soon terminate and notifying them of their right to appeal or request a hardship exemption. The notice also informs the family of benefits for which they may be eligible after their time limit expires.

During the 60th month, review the case to determine eligibility for Medicaid and transfer the case to the appropriate Medicaid program or terminate the case. If no determination is made by the 60th month, the case automatically transfers to Medicaid.

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If the only change affecting eligibility is the expiration of the time limit, key a DSS-8125 to transfer the case to MAF-C for the remainder of the existing payment review period. No separate eligibility determination is required. (See the Family and Children's Medicaid Manual)

Notify the Food and Nutrition Services caseworker of the family's Work First termination.

C. Appeals

When a family reaches the end of their 60-month time limit, they may request an appeal if they believe that the clock is in error and that they still have months remaining on their time limit. This appeal would be handled through the normal appeal process as described in [Section 264](#), Notice and Hearings Process.

D. Hardship Exemptions

1. A family may request an exemption from the 60-month time limit. This exemption is known as a hardship exemption and can be granted for a period of time not to exceed six months. A hardship exemption may be granted if a Work First family has experienced circumstances that have made leaving WFFA difficult. These circumstances must be beyond the family's control.

As a reasonable accommodation, individuals with disabilities are entitled to assistance in requesting a hardship exemption. All families should be informed of the rights of individuals with disabilities to receive such assistance.

The following conditions should be met before a family can be granted a hardship exemption.

- Both the family and the agency must have made good faith efforts to resolve the problems causing the hardship during the 60 months of receipt of Work First Family Assistance.
- Both the family and the agency must have made good faith efforts before the hearing is held to meet the family's present needs through other resources.
- The hardship conditions must be severe enough to prevent the caretaker in the household from working on a regular basis.

The agency's failure to meet the above conditions cannot be the reason that a hardship exemption is denied.

2. The following are examples of situations that might constitute hardship status:
 - A family member was battered or subject to extreme cruelty. This includes physical injury, sexual abuse, and

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- sexual activity involving a dependent child, mental abuse, neglect, or deprivation of medical care.
- Severe disorder or condition affecting the child(ren) or caretaker(s) including, for instance: mental retardation, mental illness, developmental disabilities, etc., or an acute condition that causes the caretaker to lose or interrupt employment.
- Severely limited education that prevents employment.
- Severe unemployment or lack of job opportunities in the local economy.
- Necessary childcare is not available (especially in cases of medical problems, etc., that require specialized childcare).
- The caretaker in the household is unable to work due to participation in substance abuse treatment.
- The caretaker in the household has a criminal history that makes obtaining employment unusually difficult.
- Homelessness or sub-standard housing that interferes with obtaining or maintaining employment.
- One or more children are receiving Child Welfare Services in order to remain in the home.
- Inadequate access to Employment Services during the 60 months of Work First Family Assistance.
- Lack of transportation.
- Any other hardship that interferes with obtaining or maintaining employment as determined by the county Board of Social Services or their designee.

E. Hardship Exemption Hearings

Families may request a hardship exemption within the last three months, at the end of the 60-month time limit or at any time following termination after the 60-month time limit was reached.

A Hardship Exemption may be granted to a family following a review of their case by a committee designated by the county Board of Social Services.

Recommended committee members include: Work First case manager, Child Welfare social worker, Vocational Rehabilitation counselor, Food and Nutrition Services caseworker, Child Support agent, and Qualified Professional in Substance Abuse. The committee will hold a hardship hearing to approve or deny hardship status to the case.

If a hardship is verified, an exemption from the time limit may be granted.

Exemptions can be granted for any number of months up to six months. All exemptions expire after six months. The family may request another exemption, and this request must be reviewed again by the hardship review committee. The county must complete the hardship hearing process and issue benefits or send a denial notice within 45 days from the date of the request.

1. Requesting a Hardship Exemption

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The family or its representative:

- May request a hardship hearing verbally or in writing; **and**
- May request information from the case file to help prepare their case for the hearing. This does not include third party confidential information; **and**
- May choose to attend or not to attend the hearing (The family's choice not to attend the hearing does not prevent the hearing from being held.); **and**
- May delay the hearing one time, more than once if the delay is related to the provision of reasonable accommodations for individuals with disabilities; **and**
- May have anyone present at the hearing, such as legal counsel obtained at their expense; **and**
- May present, at the hearing, new information not previously provided to the county department of social services; **and**
- Must provide the information needed to determine their current eligibility within 10 calendar days of the county's request for information.

Give or send the family the Notice of Hardship Exemption Hearing, DSS-5293, indicating the date, time, and location of the hearing.

Provide information requested by the family from the case file to assist them in their preparation for the exemption hearing. This does not include confidential third-party information.

Exemption months may be retroactive only to the month the family **requested** the exemption, provided the family is eligible and has not already received Work First assistance in that month.

There is not a limit on the number of hardship exemptions that can be granted. However, to receive additional benefits, the family must meet all Work First eligibility criteria.

2. Approving a Hardship Exemption

When notified that an exemption was granted:

- Determine the family's eligibility for Work First using the DSS-8228, WFFA Application and Review Documentation Workbook or comparable instrument. Follow all Work First eligibility criteria, and have the family sign a Mutual Responsibility Agreement.
- Request information needed to determine the family's eligibility for Work First. Give the family 10 calendar days to provide the information. If the information is not received by the deadline, treat the request for additional

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months of Work First as a denied application due to applicant's failure to provide necessary information. Send a [DSS-8109](#), Notice of Denial of Benefits. Evaluate the family members for any appropriate Medicaid programs.

- If the family is eligible, complete and mail a manual [DSS-8108](#), Notice of Benefits, to the family approving the additional months of Work First Family Assistance. Remember, even though an exemption may be granted by the county Board of Social Services or its Designee, the family must meet all Work First eligibility criteria. (Refer to 3. below for information on denying an exemption.)

The notice must:

- Inform the family of the board's decision;
- Show the length of the exemption;
- Show the amount of the assistance check; **and**
- Give instructions detailing when the family's situation must be re-evaluated.
- Approve an administrative reapplication for the months of the exemption. The application date is the first day of the first month of the exemption.
- Enter a "Y" in the override field on the Eligibility Tracking (ET) screen.

3. Denying a Hardship Exemption

When the caseworker is notified the exemption has been denied, complete and mail a Notice of Decision on Hardship Status Request , DSS-5294, to the family. This notice must inform the family of the county Board of Social Services or its Designee's decision and the reason for the decision. The family may request a State-level hearing, as described in Section 264, to appeal this decision.

The DSS-5294 is used in this situation because an appeal of a denial of exemption is heard at the State level, and the deadline for requesting a State-level hearing is 15 days, not the 60 days as stated on the [DSS-8109](#).

Evaluate the family members for any appropriate Medicaid programs.

F. Case Management of Hardship Cases

Work Eligible adults included in cases that are granted exemptions must have an updated MRA Plan of Action that addresses each identified hardship criterion and are expected to work toward resolution of the problems as appropriate.

It is strongly recommended that cases that have been granted hardship exemptions receive group staffing at least monthly.

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G. Cases Approaching the end of the Exemption Period

1. When granting hardship exemptions, take the following actions in EIS:

When a hardship exemption is granted for one or two months and the family is eligible, approve an administrative reapplication as an open/shut case. Evaluate all family members for continuing Medicaid eligibility according to Family and Children's Medicaid Policy.

When exemptions are granted for three or more months and the family is eligible, approve an administrative reapplication and key a '4' and the month and year the exemption period ends in the SPECIAL REVIEW Field on the DSS-8125. This will cause the case to appear on the Case Management Report one month prior to the end of the exemption period with the message, "Income to end." At that time, complete and mail a timely notice giving the ending date for the Work First Family Assistance.

2. When the exemption period ends:

- Notify the Food and Nutrition Services case worker of the termination of Work First Family Assistance if the family is receiving food and nutrition services benefits .
- Evaluate all family members for Medicaid eligibility. If you are unable to determine Medicaid eligibility before Work First
- terminates, transfer the case to MAF-C until Medicaid eligibility can be evaluated.

A family may request another hardship exemption at this time.

III. WORK FIRST 24-MONTH TIME LIMIT (STATE)

In addition to the 60-month lifetime limit on receipt of TANF, most families in North Carolina that include a work eligible adult **and** are active in Employment Services, are also subject to a 24-month time limit on the receipt of Work First Family Assistance. North Carolina began counting cases on the 24-month time clock effective **August 1996**. Do not count months a family received benefits prior to this date.

Months when a family received assistance in another state **do not** count against the 24-month time limit. The receipt of services that are not defined as assistance such as Emergency Assistance (EA), Services for Families At or Below 200% of Poverty or Benefit Diversion, does not count against the 24-month limit.

The 24-month time limit is a significant incentive for families to be focused and intensive in their efforts to prepare for and obtain stable, long-term employment that will support their families.

For each month during which a family's 24-month clock is ticking, the county department of social services must also be making intensive efforts to assess, plan, and support the family's efforts.

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After receiving 24 cumulative months of Work First Family Assistance and Employment Services in North Carolina, these families are ineligible for assistance. They are ineligible for 36 consecutive months following termination, unless an extension is granted

During a family's 36 months of ineligibility, they may apply for and receive Services for Families At or Below 200% of Poverty, Benefit Diversion and/or Emergency Assistance if they are eligible. These services do not meet the definition of assistance and are not an extension.

A. STARTING THE 24-MONTH TIME CLOCK

Families are subject to the 24-month time limit on Work First benefits when they:

- Are receiving Work First Family Assistance with a payment type of 2 or S; and
- Have a work eligible adult with a work registration code of B, C, L, Q, or W; and
- Have a work eligible individual open and active in EPIS. (in some cases a work eligible individual removed from the case in EIS due to noncooperation with Child Support may still be subject to the time limit but not active in EPIS); and
- Are receiving supportive services or the county is attempting to work with the participant. For months in which a participant did not complete any hours of participation, the case record must have documentation of the county's efforts to provide Employment Services in order for the months to count against the 24 month limit.

Each time a request is made for Work First assistance, complete an inquiry into each adult's Eligibility Tracking (ET) screen in EIS to determine the status of the family's time clock. EIS indicates the number of months an individual has been subject to the 24 month time limit and when appropriate, tracks the 36 month ineligibility period following termination. If **any adult in the family** has received assistance for 24 months (cumulative) and 36 months have not passed since the last receipt of assistance, the family is not eligible to apply. The 24-month time limit on Work First cash assistance begins in the month **following** the date an individual is activated in EPIS. A system-generated notification letter (DSS-5290) is sent informing the family about the 24-month time limit and identifies the month the 24-month time clock starts.

EXAMPLE: A work eligible individual began participating in Employment Services and was activated in EPIS in July. The family is notified automatically, and EIS begins tracking their 24-month time limit in August.

B. STOPPING THE 24-MONTH TIME CLOCK

Counties have some discretion in stopping a family's 24-month time clock. The assessment process should identify any supportive services that the family needs in order to participate. (See Section 117, Ongoing Assessment and

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Services). If at any time the county departments of social services or other community resources are not able to provide needed services, the family's clock should be stopped.

The caseworker must carefully evaluate participants' capability to participate full-time in work activities. Some participants will have physical, mental, or emotional barriers that make full-time work unrealistic. Counties have the discretion of stopping the 24-month time clock for such participants, while continuing to work with them in employment services. Any applicant or recipient that meets the ADA definition of disabled and those individuals caring for family members who are disabled should be provided reasonable accommodations, if needed. This will encourage these participants to work to the best of their ability while recognizing that their limitations may make the 24-month time limit an unrealistic requirement.

The caseworker must document in the case narrative the decision to stop the clock and the reason, and maintain documentation of medical, psychological, or other assessments that support the decision.

1. Stop the 24-month clock when:

- The work eligible individual(s) becomes ill, disabled or incapacitated or demonstrates limited physical or mental ability to progress toward self-sufficiency (as discussed above); **or**
- Necessary supportive services (such as child care, transportation or reasonable accommodations necessary for participation) cannot be located or provided; **or**
- The work eligible individual becomes exempt due to being the single parent of a child under 12 months of age (according to the guidelines stated in the county's Work First Plan); **or**
- The work eligible individual(s) becomes ineligible for Work First.

The 24 time clock in these cases is stopped by changing the individual's work registration code in EIS to F, H, I, O, or S, whichever is appropriate.

Even when the 24-month time clock is stopped for one of the above reasons, the 60-month time clock continues.

The 24-month time clock is not stopped for temporary absences from work activities.

Exception: A child who enters a new household may be able to receive Work First even if the adults in the family in which the child originally lived terminated from Work First due to the time limit. The time limit "follows" the adult (the participant who was active in EPIS); therefore, a child may enter a new household and be eligible in the new household. Also, if the adult whose 24-month time limit expired moves out of the household, the family may again apply for Work First.

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2. 24-month Time Limit Waiver for Post-secondary Education

Recipients will have their 24-month time limit waived for up to 36 months when participating in post-secondary education with at least a 2.5 grade point average or its equivalent. **This does not affect the 60-month time limit or counting toward the Work Participation Rate (see Section 118).**

For the purposes of granting this waiver, post-secondary education is defined as instructional classes that are provided by an institution of higher learning and for which the student earns credit hours from the institution and receives a letter grade. This applies to persons who hold a high school diploma or its equivalent.

Whenever possible, categorize post-secondary education as defined above as Vocational Educational Training, as described in Section 118. In these cases, it would be a countable work activity for participation rate purposes (EPIS Component "VT"). **Otherwise, post-secondary education is not a countable activity for participation rate purposes and does not meet the federal work requirement.**

There is no minimum number of hours in which participants must be enrolled to have their 24-month time limit waived. As with any other approved activity, enrollment in post-secondary education must be documented on the MRA Plan of Action.

For these participants, review their grades at the end of each term and delete from their eligibility tracking (ET) screen all months when they were enrolled and maintained a 2.5 grade point average or its equivalent.

If the participant's 24-month time limit is due to expire *during a school term*, override the time clock via the ET screen and evaluate the participant's grades at the end of the term. (Overriding the clock prevents the case from automatically transferring to MAF-C.) If the participant *fails to maintain a 2.5 grade average and the months need to be counted*, send a timely notice and transfer to MAF-C due to expiration of the 24-month time limit. (See Family and Children's Medicaid Manual.)

C. Evaluating the 24-MONTH TIME CLOCK

Special attention must be paid to cases on the 24-month time limit during months 12, 18 and 24. A time line for evaluating and assessing these cases is shown below.

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MONTH	ACTION
<u>12</u>	<u>Review ET screen, EPIS, and case record for accuracy of time clock</u>
<u>18</u>	<u>Complete a full employability assessment and other assessments as needed</u>
<u>22</u>	<u>Automated notice mailed by EIS</u>
<u>24</u>	<u>Evaluate Medicaid eligibility and transfer as appropriate. Complete case summary</u>

1. Cases on the 24-month Time Clock

Cases on the 24-month time clock should be evaluated monthly for accuracy. Use the monthly report in NCXPTR entitled 'DHREJA 24 Month Time Clock' to determine which cases to review.

Once cases are identified with 18 months, review the employment services case record and the employment/ component history in EPIS case for accuracy of the time clock. Pay special attention to months in which no activity is reported in EPIS. The DSS 5299 may be used as the checklist for this review.

The following guide may assist in determining whether an adjustment is needed to a family's 24-month time clock.

- Was the client offered employment services for the report month and refused to participate in any activity? If yes, add those months to the time clock. The participant is notified that the clock will start when he/she signs the Mutual Responsibility Agreement Plan of Action.
- Was a Mutual Responsibility Agreement Plan of Action developed with activities and supportive services outlined for the report month? If no, remove those months from the time clock.
- Was the correct work registration code used (B, C, L, Q or W) to trigger the time clock? If no, add those months to the time clock .
- For suspension months and zero pay cases, did the family receive assistance as defined at 105, I., B.? If no, remove those months from the time clock.

Answering these questions will help the caseworker determine whether the 24-month time clock needs to be adjusted and will ensure cases are not incorrectly terminated from Work First. When the caseworker determines that an adjustment should be made to the 24-month time clock, follow the instructions in the Work First User Manual. Anyone with update capability in EIS can make changes to the time clock. The caseworker must notify the participant when adjustments are made to the time clock.

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2. Reassessment of Cases Within Six Months of Termination

No later than the end of the 18th month, all cases on the 24-month time limit must be given a full assessment. This full assessment should include an offer for a voluntary screening for disabilities. The assessment may help identify a disability (for example, when there is a pattern of non participation, behavioral cues, low test scores or poor performance in school or work assignments). If the participant declines the voluntary screening, document the case record to reflect such.

If the participant has a disability and needs assistance in obtaining the necessary documentation, the caseworker should arrange for the needed assistance and document this in the case record.

The assessment must address family strengths, needs, and barriers to employment. It should thoroughly explore all community resources available to assist the family in moving toward self-sufficiency before their time limit expires. (Refer to Section 117, Ongoing Assessments and Services.)

The results of this assessment must be documented in the case record, and be included on an updated MRA Plan of Action.

Cases in the final six months of eligibility should be given priority for employment services.

3. Cases Approaching the 24th Month on the Time Clock

In the 21st month, when the 22nd check is to be mailed, an automated notice (DSS-8220A) is produced informing the family that their Work First payment will soon terminate and notifying them of their right to appeal or request an extension. The notice also informs them of benefits for which they may be eligible after their time limit expires.

During the 24th month:

- Evaluate and transfer to Medicaid or terminate the case. If no determination is made by the regular run deadline for month 24, the case automatically transfers to MAF-C for the remainder of the payment review period or two months, whichever is greater.
- If the only change affecting eligibility is the expiration of the time limit, separate eligibility determination is not required. See the Family and Children's Medicaid Manual.
- Complete a case summary, (DSS-5292, Work First Participation Summary) and file in the case record. If the review shows that one or more months need to be removed from the 24-month clock, adjust the clock via the ET screen and notify the family of the new expiration month.

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- Notify the Food and Nutrition Services worker of the family's Work First termination.

D. APPEALS AND EXTENSIONS

A family may request an appeal or extension at the end of their time limit. An appeal is requested when the family believes the clock is in error and that they still have months remaining on their time limit. If the family agrees that the months on the time clock are correct and they want to ask for additional months of assistance, they must request an **extension**.

A flow chart of the appeal and extension process is shown in Figure 105f-2.

1. Appeals

If the family disagrees with the number of months on the time clock, they may appeal the action taken to terminate their case. Follow the regular local and State appeals process. Refer to Manual, Section 264, for information on appeals. A family may also request an appeal if the county Board of Social Services or its designee denied the family's request for an extension.

The family must request a State level appeal within 15 days of notification of the local extension decision. If the decision is overturned at the State level, the State Hearing Officer must determine the number of extension months.

If the family is receiving benefits at the time they request an appeal, benefits are continued, pending a decision by the local hearing officer.

If the family is not receiving benefits at the time of the appeal request, benefits are not given or continued, pending a decision by the local hearing officer.

2. Extensions

Families may request an extension to their Work First when they are notified of the proposed termination of Work First, during the 24th month, or any time during the 36 month ineligibility period. There is not a limit to the number of extensions a family can request during the 36 months of ineligibility after receiving 24 cumulative months of Work First. The family must request an extension from the county department of social services in the county in which they reside at the time of the request.

- Extension hearings are held before the county Board of Social Services or its Designee. For extension requests, **benefits are not continued** pending a decision by the county Board of Social Services or its Designee.

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The county must complete the extension hearing process and issue benefits or send a denial notice within 45 days from the date of the extension request.

Requests for Work First after the 36 consecutive months of ineligibility are reapplications.

The NC Division of Social Services will monitor all Work First extensions. Any necessary follow up or consultation will occur on a case by case basis.

E. REQUESTING AN EXTENSION

1. The Role of the Family

The family:

- May request an extension to the months of Work First benefits verbally or in writing; **and**
- May request information from the case file to help prepare their case for the extension hearing (this does not include third party confidential information); **and**
- May choose to attend or not to attend the extension hearing. (the family's choice not to attend the extension hearing does not prevent the hearing from being held); **and**
- May delay the extension hearing one time, more than once if the delays are related to the provision of reasonable accommodations; **and**
- May have anyone present at the extension hearing, such as legal counsel obtained at their expense; **and**
- May present, at the hearing, new information not previously provided to the county department of social services; **and**
- **Must** provide the information needed to determine their current eligibility within ten calendar days of the county's request for information.

2. The Role of the Worker

When a family requests an extension to their Work First benefits, the extension hearing must be completed and, if the extension is granted, benefits issued within 45 days of the request if the family meets all eligibility and MRA requirements.

If the extension is denied by the county Board of Social Services or its Designee or if the family does not meet the eligibility and /or MRA requirements, a denial notice (DSS-5300) must be sent within 45 days of the date of the extension request.

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The following actions must be taken when an extension request is made.

- Check the Eligibility Tracking screen in EIS to determine if the family has received 24 cumulative months of Work First benefits in North Carolina.
- If the family **has not** received 24 cumulative months of Work First benefits in North Carolina or the 36 consecutive months of ineligibility have passed, the family’s request for additional Work First is a **reapplication**. Follow the procedures for Work First Family Assistance reapplications.
- If the family **has** reached the 24 cumulative month time limit, complete the Extension Hearing Request (DSS-5301) and gather the information necessary for the extension hearing. When possible, this includes information to determine eligibility; **and**
- Refer the family to the county Board of Social Services or its Designee to schedule an extension hearing as soon as possible after the extension request is made to ensure the 45 day time frame is met; **and**
- Give or send the family the Notice of Extension Hearing (DSS-5288) indicating the date, time, and location of the hearing; **and**
- Provide information requested by the family from the case file to assist them in their preparation for the extension hearing. This does *not* include confidential third-party information.

3. The Role of the County Board or its Designee

The county Board of Social Services or its Designee must maintain confidentiality with regard to the extension hearing process. This means that extension hearings must be closed sessions before the county Board of Social Services or its Designee.

The county Social Services Board or its Designee must evaluate each case to determine if the family’s net household income is less than the maximum Work First payment for the family size.

To calculate the family’s income:

- Subtract 27.5% of the gross earned income as a work-related expense allowance; **and**

EXAMPLE:	<u>Person # 1</u>	<u>Person #2</u>
<u>Gross Monthly Earnings</u>	<u>\$100.00</u>	<u>\$200.00</u>
<u>Work Related Deduction</u>	<u>-27.50</u>	<u>-55.00</u>
<u>Net Earnings</u>	<u>\$ 72.50</u>	<u>\$ 145.00</u>

Federal and State Time Limits

- Add each individual's net earned and unearned income; and

EXAMPLE:	Person # 1	Person #2
<u>Net Earnings</u>	\$ 72.50	\$ 145.00
<u>Unearned Income</u>	25.00	0.00
<u>Total Income Per Person</u>	\$ 97.50	\$ 145.00
TOTAL INCOME FOR THE FAMILY = \$242.50		

- Compare the total income to the maximum Work First Family Assistance payment for the family size.
- If the total income is greater than or equal to the State's maximum payment for the family size, the family has a net income of at least the State's maximum Work First payment for the family size, the family is not eligible for an extension.
- If the total is less than the State's maximum payment for the family size, the family does not have a net income of at least the State's maximum Work First payment for the family size, the family may request an extension.

EXAMPLE:

<u>Total Family Income = \$242.50</u>
<u>Number in the Family Unit = 3</u>
<u>Maximum Work First Payment Amount for 3 = \$272</u>
<u>Is the income (\$242.50) greater than or equal to the maximum Work First payment amount for 3 people (\$272)?</u>
<u>If yes, the family is not eligible for an extension</u>
<u>If no, the family meets the income test for an extension.</u>

F. GRANTING AN EXTENSION

When granting an extension, the county Board of Social Services or its Designee must also determine the length of the extension and specify when the extension begins and ends. Each extension must be a minimum of one month to a maximum of six months.

Extension months are additional months of Work First benefits and must not be given for months the family has already received Work First benefits. Extension months may be retroactive only to the month the family requested the extension, provided the family is eligible and has not already received Work First benefits in that month.

There is not a limit on the number of extensions a family can be granted providing the family does not exceed the federal lifetime limit of 60 months of assistance. However, to receive additional benefits, the family must meet all Work First eligibility criteria and the requirements of the Mutual Responsibility Agreement(s).

Federal and State Time Limits

1. The Role of the County Board of Social Services or Designee

The county Board of Social Services or its Designee may grant the extension when it is determined that:

- The Work First active participant substantially complied with all provisions of their Mutual Responsibility Agreement, considering good cause exceptions listed below; and
- The Work First active participant, through no fault of their own, is unable to obtain or maintain employment that provides a net income of at least the State's maximum Work First payment for the family size.

Good Cause is defined as:

- Disability of the caretaker as substantiated by a statement from a licensed Health Care Professional or the receipt of disability benefits of any type (Supplemental Security Income, Social Security, etc.).
- Incapacity of the caretaker. Incapacity is defined as a physical or mental condition, illness, or impairment that substantially reduces or eliminates the caretaker's ability to support or care for a child.
- Disability of a child or other family member which requires the caretaker to remain at home and provide care. (This must be substantiated by a statement from a licensed Health Care Professional.)
- A family crisis or change
- A lack of necessary child care.
- The only available employment does not meet basic requirements of health and safety as determined by the county board.
- Any other reason deemed sufficient by the county Board of Social Services or its Designee which prevents the participant from obtaining or retaining employment.

The county Board of Social Services or its Designee completes the Extension Hearing Request (DSS-5301) and returns it to the Work First supervisor as soon as possible after a decision is reached.

2. The Role of the Worker

When the caseworker receives notification that the extension was granted:

- Determine the family's eligibility for Work First using the DSS-8228 or comparable instrument. Follow all Work First eligibility criteria and sign the Mutual Responsibility Agreement(s).

Federal and State Time Limits

- Request information needed to determine the family's eligibility for Work First. Give the family ten calendar days to provide the information. As a reasonable accommodation, individuals with disabilities are entitled to additional time and/or assistance with obtaining needed information. All families should be informed of the rights of individuals with disabilities to receive such assistance.
- If the information is not received by the deadline, treat the request for additional months of Work First as a denied application due to applicant's failure to provide necessary information. Send a DSS-8109, Notice of
- Denial of Benefits. Evaluate the family members for any appropriate Family and Children's Medicaid programs.
- If the family is eligible, complete and mail a manual DSS-8108, Notice of Benefits, to the family approving the additional months of Work First benefits. Remember, even though an extension may be granted by the county Board of Social Services or its Designee, the family must meet all Work First eligibility criteria. (Refer to G. below for information on denying an extension.)

The notice must:

- Inform the family of the board's decision;
- Show the length of the extension;
- Show the amount of the assistance check; and
- Give instructions detailing when the family's situation must be reevaluated.
- Approve an administrative reapplication for the months of the extension. The application date is the first day of the first month of the extension.
- Enter a "Y" in the override field on the Eligibility Tracking (ET) screen.
- Notify the Food and Nutrition Services worker of the extension, or inform the family of the Food and Nutrition Services application process.

3. The Role of the Family

The family is responsible for providing all information necessary to determine their eligibility for Work First within ten calendar days of the county's request for the information. As a reasonable accommodation, individuals with disabilities are entitled to additional time and/or assistance with obtaining needed information. All families should be informed of the rights of individuals with disabilities to receive such assistance.

If eligible for Work First, the family is subject to all of the terms and conditions of the regular Work First Program, including compliance with the Mutual Responsibility Agreement(s), sanctions, and time limits.

Federal and State Time Limits

If the family was granted an extension but they do not meet the Work First eligibility and/or MRA requirements, complete and mail a manual DSS-8109. Evaluate the family members for any appropriate Family and Children's Medicaid programs.

G. DENYING AN EXTENSION

1. The Role of the County Board of Social Services or Designee

The county Board of Social Services or its Designee must deny the extension when it is determined that:

- The Work First participant failed to substantially comply with the Mutual Responsibility Agreement Plan of Action without good cause; or
- The Work First participant was dismissed from a job or demoted from a position with cause; or
- The Work First participant voluntarily quit a job without good cause; or
- The Work First participant failed to accept a bona fide job offer without good cause.

2. The Role of the Worker

When the caseworker is notified the extension was denied, complete and mail a Notice of Denial of Extension (DSS-5301) to the family. This notice must inform the family of the county Board of Social Services or its Designee's decision and the reason for the decision.

The DSS-5301 is used in this situation because an appeal of a denial of extension is heard at the State level, and the deadline for requesting a State level hearing is 15 days, not 60 days as stated on the DSS-8109.

H. CASES APPROACHING THE END OF THE EXTENSION PERIOD

When an extension is granted for one or two months and the family is eligible, approve an administrative reapplication as an open/shut case. When extensions are granted for three or more months, key a '4' and the month and year the extension period ends in the SPECIAL REVIEW Field on the DSS-8125. One month prior to the end of the extension period, EIS will display the message, "Income to end," on the Case Management Report.

At that time, the caseworker will complete and mail a timely notice giving the ending date of the Work First Family Assistance. If the family is receiving food and nutrition services, notify the Food and Nutrition Services Unit of the termination of Work First Family Assistance.

Evaluate all family members for Medicaid eligibility. If the caseworker is unable to determine Medicaid eligibility before Work First terminates, transfer the case to one-month MAF-C until eligibility can be determined.

Federal and State Time Limits

A family may request another extension at this time or anytime during their 36-month period of ineligibility.

I. FAMILIES MOVING FROM ANOTHER COUNTY

1. The Role of the Family

Families must request an extension of Work First benefits in the county in which they live. The request can be verbal or written.

2. The Role of the County

When the caseworker receives a request for Work First benefits, check the Eligibility Tracking (ET) screen in EIS to determine if the family has received 24 cumulative months of Work First benefits in North Carolina.

If the family **has not** received 24 cumulative months of Work First benefits in North Carolina or the 36 consecutive months of ineligibility have passed, the family's request for additional Work First is a **reapplication**. Follow the procedures for Work First reapplications.

If the family **has** received 24 cumulative months of Work First benefits in North Carolina **and** it is within the 36 consecutive months of ineligibility, their request for additional Work First benefits is an **extension request**.

Contact the county where the family last received Work First, as soon as possible, to request needed information and ensure the 45-day extension hearing time frame is met.

That county must ensure the file contains complete documentation about the case. If the case record does not contain a detailed narrative, the county must provide a summary of the case before sending the record to the county. (See DSS-5292, Work First Participation Summary, for a suggested summary format.)

The county must forward the file to the county within five working days.

The extension hearing **must** be held by the Board of Social Services or its Designee in the county where the family is living due to possible changes in the family's situation.

The extension hearing must be completed and benefits approved or a denial notice sent by the county in which the family is living within 45 days of the extension request. Counties **must** work together to ensure this time frame is met.

In cases of dispute, the receiving county may contact their Work First Program Consultant to help resolve the dispute.