

## **DEPARTMENT OF HUMAN SERVICES**

### **Income Maintenance**

#### **RULE MANUAL VOLUME 3 INCOME MAINTENANCE**

##### **9 CCR 2503-1**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

#### **STATEMENT OF BASIS AND PURPOSE, FISCAL IMPACT, AND SPECIFIC STATUTORY AUTHORITY OF REVISIONS MADE TO VOLUME 3**

Revisions to sections 3.663.83, .84, .85, .87, and .89 were finally adopted at the 10/4/85 State Board meeting, with an effective date of 12/1/85 (Document 1). Statement of basis and purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Sections 3.760.5 through 3.760.92 were deleted at the 11/1/85 State Board meeting, with an effective date of 1/1/86 (Document 11). Statement of basis and purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Sections 3.360.41 through 3.360.4; 3.370.31; 3.460.45 and 3.470.31 were adopted on an emergency basis at the 12/6/85 meeting, with an effective date of 1/1/86 (Document 3). Statement of basis and purpose, emergency statement, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.810.14 was finally adopted at the 12/5/85 meeting with an effective date of 2/1/86 (Document 8). Statement of basis and purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.240.16, 3.250.16, and 3.250.2 were finally adopted at the 1/3/86 meeting with an effective date of 3/1/86 (Document 9). Statement of basis and purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Sections 3.360.41 through 3.360.4; 3.370.31; 3.460.45 and 3.470.31 were extended as permanent rules at the 1/3/86 meeting, with an effective date of 3/1/85 (Document 8). Statement of basis and purpose, emergency statement, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.758.46 were emergency adopted at the 4/11/86 State Board Meeting, with an effective date of 4/11/86 (Document 21). Statement of Basis and Purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Addition of section 3.758.47 was emergency adopted at the 4/11/86 State Board Meeting, with an effective date of 4/11/86 (Document 21). Statement of Basis and Purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360.4; 3.370.3; and were finally adopted at the 6/6/86 meeting with an effective date of 8/1/86 (Documents 5 & 7). Statement of basis and purpose, fiscal impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.130.11, 3.130.31, 3-140.31-.35, 3.200.41, 3.210.12-.13, 3.210.15, 3.250.24, 3.600.16, 3.600.21-.22, 3.600.33, 3.600.41, 3.600.53, 3.630.21-.22, 3.650.21, 3.650.51, 3.660.11-.18, 3.662.71, 3.663.31-.4, 3.663.43, 3.663.45, 3.663.51, 3.663.71, 3.663.81-.99, 3.667.21-.41, 3.667.53, 3.667.7, 3.681.11-.13, 3.681.15-.17, 3.800.34, were finally adopted at the 8/1/86 meeting with an effective date of 10/1/86 (Documents 7, 8, 9, 10). Statement of Basis and Purpose, Fiscal Impact, and specific authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360.44; 3.460.45, were emergency adopted at the 8/1/86 meeting with an effective date of 9/1/86 (Document 14). Statement of Basis and Purpose, Fiscal Impact, and specific authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Additions of sections 3.622; 3.623; and revisions to sections 3.751.20, 3.751.28, 3.752.22, 2.752.25, 3.755.13, 3.755.44, 3.755.17, 3.758.45, and 3.757.46, were finally adopted at the 9/5/86 meeting with and effective date of 11/1/86 (Documents 2, 3, 12). Statement of Basis and Purpose, Fiscal Impact, and specific authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360.44 and 3.460.45 were emergency adopted at the 9/5/86 meeting with an effective date of 9/5/86 (Document 13). Statement of Basis and Purpose, Fiscal Impact, and specific authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.150.12, 3.150.13, 3.150.21 – 3.150.25, 3.220.12, and 3.220.51 – 3.220.53 were finally adopted at the 10/3/86 meeting with an effective date of 12/1/86 (Document 7). Statement of Basis and Purpose, Fiscal Impact, and specific authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.200.32, 3.661.13, 3.661.24, 3.662.22, and 3.666.26, were finally adopted at the 11/7/86 State Board meeting, with an effective date of 1/1/87 (Documents 11 & 12). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.360.4 were finally adopted emergency at the 11/7/86 State Board, meeting with an effective date of 10/3/86 (Document 6). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board

Administrator, Department of Social Services.

Revisions to sections 3.360.44, 3.360.45, and 3.470.31 were adopted emergency at the 12/5/86 State Board meeting, with an effective date of 12/5/86 (Document 5). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.622.33, 3.622.34, 3.622.35, 3.622.36, 3.622.9, 3.623.44, 3.623.54, 3.623.55, 3.623.64, 3.623.65, and 3.623.66 were finally adopted at the 12/5/86 State Board meeting, with an effective date of 2/1/87 (Documents 8, 9). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.360.44, 3.370.31, 3.460.45, 3.470.31 and 3.758.46 were adopted emergency at the 2/6/87 State Board meeting, with an effective date of 2/6/87 (Documents 13, 14). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.360.44, 3.370.31, 3.460.45, 3.470.31 and 3.758.46 were finally adopted emergency at the 3/6/87 State Board meeting, with an effective date of 2/6/87 (Documents 3, 4). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.210.11 – 3.210.16, 3.220.11 – 3.220.35, and 3.230.28 – 3.230.45 were finally adopted following publication at the 5/1/87 State Board meeting, with an effective date of 7/1/87 (Document 13). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.300.11 – 3.300.23, 3.660.12 – 3.660.19, 3.662 – 3.662.33, and 3.663 – 3.663.91 were adopted emergency at the 5/1/87 State Board meeting, with an effective date of 5/1/87 (Documents 16 and 17). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to sections 3.300.11 – 3.300.23, 3.660.12 – 3.660.19, 3.662 – 3.662.33, and 3.663 – 3.663.91 were finally adopted emergency at the 6/5/87 State Board meeting, with an effective date of 5/1/87 (Documents 2 and 3). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to section 3.480 were adopted emergency at the 6/5/87 State Board meeting, with an effective date of 6/5/87 (Document 4). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions and additions to section 3.480 were finally adopted emergency at the 7/10/87 State Board

meeting, with an effective date of 6/5/87 (Document 19). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Rewrite of sections 3.710 through 3.713.51 were finally adopted following publication at the 7/10/87 State Board meeting, with an effective date of 9/1/87 (Document 10). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.600 were adopted emergency at the 7/10/87 State Board meeting, with an effective date of 7/10/87 (Document 21). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.600 were finally adopted emergency at the 8/7/87 State Board meeting, with an effective date of 7/10/87 (Document 2). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.110, 3.120, 3.130, 3.200, 3.210, 3.250, 3.450, 3.751 – 3.760, and 3.860 were finally adopted following publication at the 9/11/87 State Board meeting, with an effective date of 11/1/87 (Documents 8, 10, 15, 16, and 17). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.600 and 3.667 were adopted emergency at the 9/11/87 State Board meeting, with an effective date of 9/11/87 (Documents 18 and 25). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.667 were finally adopted emergency at the 10/2/87 State Board meeting, with an effective date of 7/1/87 (Document 11). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.400, 3.450, and 3.910 were finally adopted following publication at the 10/2/87 State Board meeting, with an effective date of 12/1/87 (Documents 8 and 10). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.600 were emergency and final adoption at the 11/6/87 State Board meeting, with an effective date of 11/6/87 (Document 4). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.210, 3.230, and 3.667 were finally adopted following publication at the 11/6/87

State Board meeting, with an effective date of 1/1/88 (Documents 1 and 11). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.110, 3.120, 3.140 and 3.850 were finally adopted following publication at the 12/4/87 State Board meeting, with an effective date of 2/1/88 (Documents 4 and 7). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.470 were emergency adopted at the 12/4/87 State Board meeting, with an effective date of 12/4/87 (Document 17). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.470 were final adoption of emergency at the 1/8/88 State Board meeting, with an effective date of 12/4/87 (Document 1). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency and final at the 1/8/88 State Board meeting, with an effective date of 1/8/87 (Document 2). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.662 and 3.756 were adopted emergency at the 1/8/88 State Board meeting, with an effective date of 1/8/88 (Document 9 and 17). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.662 and 3.756 were final adoption of emergency at the 2/5/88 State Board meeting, with an effective date of 1/8/88. Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.610 and 3.910 were finally adopted following publication at the 2/5/88 State Board meeting, with an effective date of 4/1/88. Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.758 were adopted emergency at the 2/5/88 State Board meeting (CSPR# 88-1-13-1), with an effective date of 2/5/88. Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to section 3.758 were finally adopted emergency at the 3/4/88 State Board meeting (CSPR# 88-1-13-1), with an effective date of 2/5/88. Statement of Basis and Purpose, Fiscal Impact, and specific

statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.130 and 3.250 were finally adopted following publication at the 3/4/88 State Board meeting (CSPR#'s 87-8-10-1 and 87-11-12-1), with an effective date of 5/1/88. Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.710.33 through 3.711.17 were finally adopted following publication at the 4/1/88 State Board meeting, with an effective date of 6/1/88 (CSPR# 88-1-4-1). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 – 3.370, 3.460 – 3.470, and 3.480 were adopted emergency at the 4/1/88 State Board meeting, with an effective date of 4/1/88 (CSPR# 88-3-25-1 and 88-3-29-1). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 – 3.370, 3.460 – 3.470, and 3.480 were final adoption of emergency at the 5/6/88 State Board meeting, with an effective date of 4/1/88 (CSPR# 88-3-25-1 and 88-3-29-1). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.650, 3.666 – 3.667 and 3.681 – 3.683 were finally adopted following publication at the 5/6/88 State Board meeting, with an effective date of 7/1/88 (CSPR# 88-10-22-1). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 5/6/88 State Board meeting, with an effective date of 5/6/88 (CSPR# 88-3-8-2). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 6/3/88 State Board meeting, with an effective date of 5/6/88 (CSPR# 88-3-8-2). Statement of Basis and Purpose, Fiscal Impact, and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Administrator, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency and final at the 7/8/88 State Board meeting, with an effective date of 7/1/88 (CSPR# 88-5-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.210 and 3.230 were adopted emergency at the 7/8/88 State Board meeting, with an effective date of 7/8/88 (CSPR# 88-5-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available

for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.751– 3.758 and 3.760 were finally adopted following publication at the 7/8/88 State Board meeting, with an effective date of 9/1/88 (CSPR# 88-4-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.210 and 3.230 were final adoption of emergency at the 8/5/88 State Board meeting, with an effective date of 7/8/88 (CSPR# 88-5-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.140, 3.210, 3.230, 3.300, 3.400, 3.480, 3.600, 3.610, 3.630, 3.650, 3.667, and 3.710 were finally adopted following publication at the 8/5/88 State Board meeting, with an effective date of 10/1/88 (CSPR# 88-1-15-2, #88-3-8-1, #88-4-28-1, #88-5-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.480 were finally adopted following publication at the 9/9/88 State Board meeting, with an effective date of 11/1/88 (CSPR# 88-6-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.711 were emergency adopted at the 9/9/88 State Board meeting, with an effective date of 10/1/88 (CSPR# 88-8-22-2), and addition of section 3.360.6 was emergency adopted at the 9/9/88 State Board meeting, with an effective date of 9/9/88 (CSPR# 88-7-22-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.711 were final adoption of emergency at the 10/7/88 State Board meeting, with an effective date of 10/1/88 (CSPR# 88-8-22-2), and addition of section 3.360.6 was final adoption of emergency at the 10/7/88 State Board meeting, with an effective date of 9/9/88 (CSPR# 88-7-22-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Addition of section 3.770 was finally adopted following publication at the 10/7/88 State Board meeting, with an effective date of 12/1/88 (CSPR# 88-8-12-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were emergency adopted at the 10/7/88 State Board meeting, with an effective date of 10/7/88 (CSPR# 88-10-6-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency and final at the 12/2/88 State Board

meeting, with an effective date of 10/1/88 (CSPR# 88-10-6-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460, and 3.470 were emergency adopted at the 12/2/88 State Board meeting, with an effective date of 12/2/88 (CSPR# 88-10-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460, and 3.470 were final adoption of emergency at the 1/6/89 State Board meeting, with an effective date of 12/2/88 (CSPR# 88-10-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.120–3.130, 3.200, 3.230, 3.250, 3.601, 3.630, 3.640, 3.650, 3.660, 3.662, 3.666–3.667, 3.681–3.683, 3.830, 3.910, and 3.920 were finally adopted following publication at the 2/3/89 State Board meeting, with an effective date of 4/1/89 (CSPR# 88-9-21-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758 were emergency adopted at the 2/3/89 State Board meeting, with an effective date of 2/3/89 (CSPR# 89-1-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758 were final adoption of emergency at the 3/3/89 State Board meeting, with an effective date of 2/3/89 (CSPR# 89-1-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.622, 3.640, and 3.667 were finally adopted following publication at the 3/3/89 State Board meeting, with an effective date of 5/1/89 (CSPR# 88-12-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.630 were emergency adopted at the 3/3/89 State Board meeting, with an effective date of 3/3/89 (CSPR# 89-1-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.630 were final adoption of emergency at the 4/7/89 State Board meeting, with an effective date of 3/3/89 (CSPR# 89-1-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200, 3.210, 3.661, and 3.662 were emergency adopted at the 4/7/89 State Board



meeting, with an effective date of 4/7/89 (CSPR#'s 88-11-8-1 and 89-2-22-2), and sections 3.360 and 3.460 were emergency adopted at the 4/7/89 State Board meeting, with an effective date of 5/1/89 (CSPR# 89-2-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200, 3.210, 3.661, and 3.662 were final adoption of emergency at the 5/5/89 State Board meeting, with an effective date of 4/7/89 (CSPR#'s 88-11-8-1 and 89-2-22-2), and sections 3.360 and 3.460 were final adoption of emergency at the 5/5/89 State Board meeting, with an effective date of 5/1/89 (CSPR# 89-2-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 5/5/89 State Board meeting, with an effective date of 5/5/89 (CSPR# 89-2-21-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Addition of section 3.612 was adopted emergency at the 6/2/89 State Board meeting, with an effective date of 7/1/89 (CSPR# 89-5-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Addition of section 3.612 was final adoption of emergency at the 7/7/89 State Board meeting, with an effective date of 7/1/89 (CSPR# 89-5-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 7/7/89 State Board meeting, with an effective date of 5/5/89 (CSPR# 89-2-21-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.710 – 3.711 and 3.800 were finally adopted following publication at the 7/7/89 State Board meeting, with an effective date of 9/1/89 (CSPR#'s 89-3-24-1 and 89-4-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.840 – 3.855 and 3.920 were adopted emergency at the 7/7/89 State Board meeting, with an effective date of 7/1/89 (CSPR# 89-4-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.800, 3.840 – 3.855 and 3.920 were adopted emergency and final at the 8/4/89 State Board meeting, with an effective date of 7/1/89 (CSPR# 89-4-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.750 – 3.758 and 3.760 were finally adopted following publication at the 8/4/89 State Board meeting, with an effective date of 10/1/89 (CSPR# 89-5-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200, 3.220, 3.230, 3.250, and 3.661 were adopted emergency at the 8/4/89 State Board meeting, with an effective date of 8/4/89 (CSPR# 89-7-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200, 3.220, 3.230, 3.250, and 3.661 were final adoption of emergency at the 9/8/89 State Board meeting, with an effective date of 8/4/89 (CSPR# 89-7-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.663, 3.666, and 3.667 were final adoption following publication at the 10/6/89 State Board meeting, with an effective date of 12/1/89 (CSPR# 89-6-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.210 and 3.752 – 3.753 were adopted emergency at the 10/6/89 State Board meeting, with an effective date of 10/6/89 (CSPR#'s 89-8-11-2 and 89-9-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.210 and 3.752 – 3.753 were final adoption of emergency at the 11/3/89 State Board meeting, with an effective date of 10/6/89 (CSPR#'s 89-8-11-2 and 89-9-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.760 were adopted emergency at the 11/3/89 State Board meeting, with an effective date of 11/3/89 (CSPR# 89-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were, incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.760 were final adoption of emergency at the 12/1/89 State Board meeting, with an effective date of 11/3/89 (CSPR# 89-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions and additions to sections 3.360, 3.370, 3.460, 3.470, 3.622, and 3.630 – 3.650 were adopted emergency at the 12/1/89 State Board meeting, with an effective date of 1/1/90 (CSPR#'s 89-10-13-1 and 89-11-6-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions and additions to sections 3.360, 3.370, 3.460, 3.470, 3.622, and 3.630 – 3.650 were final

adoption of emergency at the 1/5/90 State Board meeting, with an effective date of 1/1/90 (CSPR#'s 89-10-13-1 and 89-11-6-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.110 were adopted emergency at the 1/5/90 State Board meeting, with an effective date of 1/5/90 (CSPR# 89-11-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.110 were adopted emergency at the 1/5/90 State Board meeting, with an effective date of 1/5/90 (CSPR# 89-11-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison. Department of Social Services.

Revisions to section 3.110 were final adoption of emergency at the 2/2/90 State Board meeting, with an effective date of 1/5/90 (CSPR# 89-11-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.450 and removal of a form from 3.910 were final adoption following publication at the 2/2/90 State Board meeting, with an effective date of 4/1/90 (CSPR# 89-11-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.710 – 3.711 and 3.712 were adopted emergency at the 2/2/90 State Board meeting, with an effective date of 2/2/90 (CSPR# 89-12-4-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.710 – 3.711 and 3.712 were final adoption of emergency at the 3/2/90 State Board meeting, with an effective date of 2/2/90 (CSPR# 89-12-4-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison. Department of Social Services.

Revisions to section 3.759 were final adoption following publication at the 3/2/90 State Board meeting, with an effective date of 5/1/90 (CSPR# 90-1-9-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison. Department of Social Services.

Addition of section 3.668 was adopted emergency at the 3/2/90 State Board meeting, with an effective date of 4/1/90 (CSPR# 89-11-22-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Addition of section 3.668 was final adoption of emergency at the 4/5/90 State Board meeting, with an

effective date of 4/1/90 (CSPR# 89-11-22-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption following publication at the 4/6/90 State Board meeting, with an effective date of 4/1/90 (CSPR# 90-1-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200 and 3.661 were final adoption following publication at the 6/1/90 State Board meeting, with an effective date of 8/1/90 (CSPR# 89-9-27-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.110, 3.130, 3.200, 3.230, 3.250, 3.600, 3.601, 3.602, 3.650, 3.660, 3.661, 3.662, 3.666, 3.668, 3.680, 3.683, 3.751 – 3.752, 3.754 – 3.755, 3.758, and 3.811 were final adoption following publication at the 8/3/90 State Board meeting, with an effective date of 10/1/90 (CSPR#'s 90-4-20-1, 90-5-25-1, 90-5-29-1, and 90-5-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.150, 3.632 – 3.633, 3.636 – 3.640, and 3.642 – 3.643 were adopted emergency at the 9/7/90 State Board meeting, with an effective date of 9/7/90 (CSPR# 90-6-22-2) and with an effective date of 10/1/90 (CSPR# 90-7-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.632 – 3.633, 3.636 – 3.640, and 3.642 – 3.643 were final adoption of emergency at the 10/5/90 State Board meeting, with an effective date of 10/1/90 (CSPR# 90-7-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.150 were adopted emergency and final at the 11/2/90 State Board meeting, with effective dates of 9/7/90 and 11/2/90 (CSPR# 90-6-22-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.610 – 3.612 and 3.630 – 3.643 were final adoption following publication at the 11/2/90 State Board meeting, with an effective dates of 1/1/91 (CSPR#'s 90-8-22-1 and 90-8-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.470 were adopted emergency at the 11/2/90 State Board meeting, with an effective date of 11/2/90 (CSPR# 90-10-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.470 were final adoption of emergency at the 12/7/90 State Board meeting, with an effective date of 11/2/90 (CSPR# 90-10-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.140, 3.200, 3.220, 3.240, 3.250 and 3.460 were final adoption of following publication at the 12/7/90 State Board meeting, with an effective date of 2/1/91 (CSPR# 90-9-17-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.460, and 3.758 were adopted emergency at the 2/1/91 State Board meeting, with an effective date of 2/1/91 (CSPR# 91-1-8-2 and 91-1-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758 was final adoption of emergency at the 3/8/91 State Board meeting, with an effective date of 2/1/91 (CSPR# 91-1-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency and final at the 3/8/91 State Board meeting, with an effective date of 2/1/91 and 3/8/91 (CSPR# 91-1-8-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.600, 3.602, 3.632 – 3.633, 3.634 – 3.635, 3.636, 3.639 – 3.643, 3.650 – 3.660, 3.661, and 3.710 – 3.712 were final adoption following publication at the 4/5/91 State Board meeting, with an effective date of 6/1/91 (CSPR#'s 90-11-19-1, 91-1-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 4/5/91 State Board meeting, with an effective date of 5/1/91 (CSPR# 91-3-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency and final at the 5/3/91 State Board meeting, with effective dates of 5/1/91 and 5/3/91 (CSPR# 91-3-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 and addition of section 3.500 were final adoption following publication at the 5/3/91 State Board meeting, with an effective date of 7/1/91 (CSPR#'s 91-2-26-1 and 91-3-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.150 were adopted emergency at the 5/3/91 State Board meeting, with an effective date of 6/1/91 (CSPR# 91-4-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.150 were adopted emergency at the 5/3/91 State Board meeting, with an effective date of 6/1/91 (CSPR# 91-4-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.150 were final adoption of emergency at the 6/1/91 State Board meeting, with an effective date of 6/1/91 (CSPR# 91-4-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.630 through 3.643 were final adoption following publication at the 6/7/91 State Board meeting, with an effective date of 8/1/91 (CSPR# 91-3-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 6/7/91 State Board meeting, with effective dates of 6/7/91 (CSPR# 91-5-9-1) and 7/1/91 (CSPR#91-3-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 7/12/91 State Board meeting, with effective dates of 6/7/91 (CSPR# 91-5-9-1) and 7/1/91 (CSPR# 91-3-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.661 and 3.663 were final adoption following publication at the 7/12/91 State Board meeting, with an effective date of 9/1/91 (CSPR# 91-4-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.751 and 3.810 – 3.811 were final adoption following publication at the 8/2/91 State Board meeting, with an effective date of 10/1/91 (CSPR# 91-6-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.750 through 3.770 were final adoption following publication at the 9/6/91 State Board meeting, with an effective date of 11/1/91 (CSPR# 91-5-29-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 9/6/91 State Board meeting, with

an effective date of 10/1/91 (CSPR# 91-7-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 10/4/91 State Board meeting, with an effective date of 10/1/91 (CSPR# 91-7-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.600, 3.602, 3.623, 3.642 – 3.643, and 3.800 were final adoption following publication at the 10/4/91 State Board meeting, with an effective date of 12/1/91 (CSPR#'s 91-7-17-2 and 91-8-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.710 – 3.711 were adopted emergency at the 10/4/91 State Board meeting, with an effective date of 11/1/91 (CSPR#'s 91-9-4-1 and 91-9-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.370, 3.460 and 3.710 – 3.711 were final adoption of emergency at the 11/1/91 State Board meeting, with an effective date of 11/1/91 (CSPR#'s 91-9-4-1 and 91-9-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.300, 3.600, 3.660, 3.662 and 3.667 were adopted emergency at the 11/1/91 State Board meeting, with an effective date of 12/1/91 (CSPR# 91-10-21-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.300, 3.600, 3.660, 3.662 and 3.667 were emergency and final adoption at the 12/6/91 State Board meeting, with an effective date of 12/1/91 (CSPR# 91-10-21-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370, 3.460, and 3.470 were adopted emergency at the 12/6/91 State Board meeting, with an effective date of 1/1/92 (CSPR#'s 91-10-21-1 and 91-11-8-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370, 3.460, and 3.470 were final adoption of emergency at the 1/10/92 State Board meeting, with an effective date of 1/1/92 (CSPR#'s 91-10-21-1 and 91-11-8-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.630 – 3.633, 3.634 – 3.643, and 3.710 – 3.711 were final adoption following publication at the 1/10/92 State Board meeting, with an effective date of 3/1/92 (CSPR#'s 91-10-16-1 and

91-10-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.900 – 3.926 were adopted emergency and final at the 1/10/92 State Board meeting, with an effective date of 2/1/92 (CSPR# 91-10-9-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.460, and 3.758.46 were adopted emergency at the 2/7/92 State Board meeting, with an effective date of 2/7/92 (CSPR#'s 91-12-2-1 and 92-1-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758.46 were final adoption of emergency at the 3/6/92 State Board meeting, with an effective date of 2/7/92 (CSPR# 92-1-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, and 3.460 were adopted emergency and final at the 3/6/92 State Board meeting, with effective dates of 2/7/92 and 3/6/92 (CSPR# 91-12-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, and 3.460 were adopted emergency and final at the 3/6/92 State Board meeting, with effective dates of 2/7/92 and 3/6/92 (CSPR# 91-12-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, and 3.460 were adopted emergency and final at the 3/6/92 State Board meeting, with an effective date of 4/1/92 (CSPR#'s 91-12-30-1 and 91-12-30-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.810 and 3.811 were final adoption following publication at the 3/6/92 State Board meeting, with an effective date of 5/1/92 (CSPR# 91-12-16-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.120, 3.600 – 3.601 and 3.650 were adopted emergency and final at the 4/3/92 State Board meeting, with an effective date of 5/1/92 (CSPR# 92-1-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.210, 3.500, 3.602, 3.660, 3.661 – 3.662, 3.663, 3.668, 3.810, 3.811, and 3.860 were final adoption following publication at the 5/1/92 State Board meeting, with an effective date of 7/1/92 (CSPR#'s 92-2-6-1 and 92-3-12-2). Statement of Basis and Purpose and specific statutory



authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200 were adopted emergency at the 5/1/92 State Board meeting, with an effective date of 5/1/92 (CSPR# 92-3-30-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.200 were final adoption of emergency at the 6/5/92 State Board meeting, with an effective date of 5/1/92 (CSPR# 92-3-30-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200 and 3.661 were adopted emergency at the 6/5/92 State Board meeting, with an effective date of 6/5/92 (CSPR# 92-4-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200 and 3.661 were final adoption of emergency at the 7/10/92 State Board meeting, with an effective date of 6/5/92 (CSPR# 92-4-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.200.41 were final adoption following publication at the 7/10/92 State Board meeting, with an effective date of 9/1/92 (CSPR# 92-4-29-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.600 were final adoption following publication at the 8/7/92 State Board meeting, with an effective date of 10/1/92 (CSPR# 92-4-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.250 were adopted emergency at the 8/7/92 State Board meeting, with an effective date of 8/1/92 (CSPR# 92-7-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.250 were final adoption of emergency at the 9/4/92 State Board meeting, with an effective date of 8/1/92 (CSPR# 92-7-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.750 – 3.754, 3.755 – 3.756, and 3.757 – 3.761 were final adoption following publication at the 9/4/92 State Board meeting, with an effective date of 11/1/92 (CSPR# 92-7-6-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by

reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption following publication at the 10/2/92 State Board meeting, with an effective date of 12/1/92 (CSPR# 92-3-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.602 were adopted emergency at the 10/2/92 State Board meeting, with an effective date of 10/2/92 (CSPR# 92-6-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.602 were final adoption of emergency at the 11/6/92 State Board meeting, with an effective date of 10/2/92 (CSPR# 92-6-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.668 and 3.900 through 3.926 were final adoption following publication at the 11/6/92 State Board meeting, with an effective date of 1/1/93 (CSPR#'s 92-7-24-1 and 92-8-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370 and 3.460 – 3.470 were adopted emergency at the 12/4/92 State Board meeting, with an effective date of 12/4/92 (CSPR# 92-10-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370 and 3.460 – 3.470 were final adoption of emergency at the 1/8/93 State Board meeting, with an effective date of 12/4/92 (CSPR# 92-10-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.900 through 3.913 and 3.921 through 3.924 were final adoption following publication at the 2/5/93 State Board meeting, with an effective date of 4/1/93 (CSPR# 92-10-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758.46 were adopted emergency at the 2/5/93 State Board meeting, with an effective date of 2/5/93 (CSPR# 93-1-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758.46 were final adoption of emergency at the 3/5/93 State Board meeting, with an effective date of 2/5/93 (CSPR# 93-1-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department

of Social Services.

Revisions to sections 3.900 – 3.903 and 3.905 – 3.913 were final adoption following publication at the 5/7/93 State Board meeting, with an effective date of 7/1/93 (CSPR# 93-3-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.632 through 3.643 were final adoption following publication at the 6/4/93 State Board meeting, with an effective date of 8/1/93 (CSPR# 93-3-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.100 – 3.110, 3.120, 3.130, 3.140, 3.250, 3.450, 3.600 – 3.602, 3.650, 3.662 – 3.665, 3.668, 3.811, and 3.850 – 3.860 were final adoption following publication at the 7/9/93 State Board meeting, with an effective date of 9/1/93 (CSPR# 93-3-25-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.750 through 3.760 were final adoption following publication at the 9/10/93 State Board meeting, with an effective date of 11/1/93 (CSPR# 93-6-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.460, 3.500 were adopted emergency at the 9/10/93 State Board meeting, with an effective date of 9/10/93 (CSPR#'s 93-7-12-1, 93-7-22-1, and 93-8-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360, 3.460, 3.500 were final adoption of emergency at the 10/1/93 State Board meeting, with an effective date of 9/10/93 (CSPR#'s 93-7-12-1, 93-7-22-1, and 93-8-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.500, 3.643 – 3.644, 3.800, 3.850, and 3.911 were adopted emergency and final at the 10/1/93 State Board meeting, with an effective date of 10/1/93 (CSPR#'s 93-6-4-1 and 93-7-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.904 were final adoption following publication at the 10/1/93 State Board meeting, with an effective date of 12/1/93 (CSPR# 93-7-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.600 and 3.663 were final adoption following publication at the 11/5/93 State Board meeting, with an effective date of 1/1/94 (CSPR# 93-8-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State

Board Liaison, Department of Social Services.

Revisions to sections 3.100, 3.140, 3.600 – 3.601, and 3.662 were final adoption following publication at the 12/3/93 State Board meeting, with an effective date of 2/1/94 (CSPR#s 93-8-18-2 and 93-9-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370, 3.460, and 3.470 were adopted emergency at the 12/3/93 State Board meeting, with an effective date of 1/1/94 (CSPR# 93-10-25-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.250, 3.360, 3.370, 3.460, and 3.470 were adopted emergency and final at the 1/7/94 State Board meeting, with effective dates of 1/1/94 and 1/7/94 (CSPR# 93-10-25-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to the Table of Contents and section 3.150 were final adoption following publication at the 2/4/94 State Board meeting, with an effective date of 4/1/94 (CSPR# 93-10-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758 were adopted emergency at the 2/4/94 State Board meeting, with an effective date of 2/4/94 (CSPR# 94-1-6-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.758 were final adoption of emergency at the 3/4/94 State Board meeting, with an effective date of 2/4/94 (CSPR# 94-1-6-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.110, 3.120, 3.230, and 3.450 were final adoption following publication at the 3/4/94 State Board meeting, with an effective date of 5/1/94 (CSPR# 93-11-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.870 were final adoption following publication at the 5/6/94 State Board meeting, with an effective date of 7/1/94 (CSPR# 94-1-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 5/6/94 State Board meeting, with an effective date of 7/1/94 (CSPR# 94-3-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 6/3/94 State Board meeting, with an effective date of 7/1/94 (CSPR# 94-3-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to sections 3.200, 3.230, 3.240 – 3.250 and 3.900 – 3.926 were final adoption following publication at the 6/3/94 State Board meeting, with an effective date of 8/1/94 (CSPR#'s 94-2-16-2 and 94-3-30-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the State Board Liaison, Department of Social Services.

Revisions to section 3.668 were final adoption following publication at the 7/8/94 State Board meeting, with an effective date of 9/1/94 (CSPR# 94-5-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.751 and 3.752 – 3.760 were final adoption following publication at the 9/9/94 State Board meeting, with an effective date of 11/1/94 (CSPR# 94-5-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.921 through 3.926 were adopted emergency at the 10/7/94 State Board meeting, with an effective date of 10/7/94 (CSPR# 94-8-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services. (Note: Final adoption failed at the 11/4/94 State Board meeting.)

Revisions to sections 3.110, 3.130, 3.140, 3.210, 3.230, 3.250, 3.360, 3.382, 3.460, and 3.636 – 3.638 were final adoption following publication at the 11/4/94 State Board meeting, with an effective date of 1/1/95 (CSPR#'s 94-7-21-1, 94-7-21-2, 94-8-29-1, and 94-9-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.360 – 3.370, 3.460 – 3.470, 3.900 – 3.911, and 3.921 – 3.924 were adopted emergency at the 12/2/94 State Board meeting, with an effective date of 12/2/94 (CSPR# 94-8-22-2) and 1/1/95 (CSPR# 94-10-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.900 – 3.911, and 3.921 – 3.924 were final adoption of emergency at the 1/6/95 State Board meeting, with an effective date of 12/2/94 (CSPR# 94-8-22-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.360 – 3.370 and 3.460 – 3.470 were adopted emergency and final at the 1/6/95 State Board meeting, with effective dates of 1/1/95 and 1/6/95 (CSPR# 94-10-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.500, 3.663, and 3.800 – 3.830 were final adoption following publication at the 2/3/95 State Board meeting, with an effective date of 4/1/95 (CSPR#'s 94-9-6-1 and 94-10-27-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.120 were final adoption following publication at the 3/3/95 State Board meeting, with an effective date of 5/1/95 (CSPR# 94-12-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.120, 3.130, 3.250 – 3.290, 3.600, 3.643, 3.650, 3.660 – 3.662, 3.663, 3.666 – 3.667, and 3.820 – 3.830 were final adoption following publication at the 4/7/95 State Board meeting, with an effective date of 6/1/95 (CSPR# 95-1-4-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.904 – 3.905, 3.908 – 3.911, and 3.921 – 3.926 were final adoption following publication at the 5/5/95 State Board meeting, with an effective date of 7/1/95 (CSPR# 95-2-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.130, 3.200, 3.210, 3.661 and 3.900 through 3.926 were final adoption following publication at the 6/2/95 State Board meeting, with an effective date of 8/1/95 (CSPR#'s 95-3-13-1 and 95-3-24-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.860 were adopted emergency at the 6/2/95 State Board meeting, with an effective date of 7/1/95 (CSPR# 95-3-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.860 were final adoption of emergency at the 7/7/95 State Board meeting, with an effective date of 7/1/95 (CSPR# 95-3-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.911 were adopted emergency at the 7/7/95 State Board meeting, with an effective date of 7/1/95 (CSPR# 95-6-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.911 were final adoption of emergency at the 8/4/95 State Board meeting, with an effective date of 7/1/95 (CSPR# 95-6-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.662 were adopted emergency at the 8/4/95 State Board meeting, with an effective date of 9/1/95 (CSPR# 95-6-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.662 were final adoption of emergency at the 9/8/95 State Board meeting, with an effective date of 9/1/95 (CSPR# 95-6-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.750 – 3.758, 3.760 – 3.770, 3.904, 3.906 – 3.909 and 3.921 – 3.926 were final adoption following publication at the 9/8/95 State Board meeting, with an effective date of 11/1/95 (CSPR#'s 95-6-23-1 and 95-6-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.710 – 3.712 were adopted emergency at the 9/8/95 State Board meeting, with an effective date of 10/1/95 (CSPR# 95-7-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.710 – 3.712 were adopted emergency and final at the 10/6/95 State Board meeting, with an effective date of 10/1/95 (CSPR# 95-7-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.900 – 3.904.1 and 3.906 were adopted emergency at the 12/1/95 State Board meeting, with an effective date of 1/1/96 (CSPR# 95-11-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.900 – 3.904.1 and 3.906 were adopted emergency and final at the 1/5/96 State Board meeting, with an effective date of 1/1/96 (CSPR# 95-11-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.200, 3.210, 3.250 and 3.912 – 3.913 were final adoption following publication at the 1/5/96 State Board meeting, with an effective date of 3/1/96 (CSPR#'s 95-10-6-1 and 95-10-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.130 and 3.662 were final adoption following publication at the 4/5/96 State Board meeting, with an effective date of 6/1/96 (CSPR#'s 95-12-28-1 and 96-1-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.667 were adopted emergency and final at the 4/5/96 State Board meeting, with an effective date of 4/5/96 (CSPR# 96-2-7-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.250, 3.360, and 3.460 were adopted emergency at the 4/5/96 State Board meeting, with an effective date of 5/1/96 (CSPR# 96-1-31-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.911 were final adoption following publication at the 5/3/96 State Board meeting, with an effective date of 7/1/96 (CSPR# 96-2-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 6/7/96 State Board meeting, with an effective date of 7/1/96 (CSPR# 96-5-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency at the 7/12/96 State Board meeting, with an effective date of 7/1/96 (CSPR# 96-5-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.450 were final adoption following publication at the 7/12/96 State Board meeting, with an effective date of 9/1/96 (CSPR# 96-2-28-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.210, 3.220–3.250, 3.360, and 3.460 were adopted as emergency at the 8/2/96 State Board meeting, with an effective date of 6/1/96 (CSPR# 96-7-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.210, 3.220–3.250, 3.360, and 3.460 were adopted as emergency and final at the 9/6/96 State Board meeting, with an effective date of 6/1/96 (CSPR# 96-7-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.360, 3.370, and 3.750 through 3.770 were final adoption following publication at the 9/6/96 State Board meeting, with an effective date of 11/1/96 (CSPR#'s 96-6-12-1 and 96-7-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.904 were final adoption following publication at the 11/8/96 State Board meeting,



with an effective date of 1/1/97 (CSPR# 96-8-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.350, 3.400 – 3.450, 3.650, 3.758, 3.761, 3.800 – 3.811, 3.820 – 3.850, and 3.880 were final adoption following publication at the 12/6/96 State Board meeting, with an effective date of 2/1/97 (CSPR#'s 96-9-11-1 and 96-10-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.350, 3.400 – 3.450, 3.650, 3.758, 3.761, 3.800 – 3.811, 3.820 – 3.850, and 3.880 were final adoption following publication at the 12/6/96 State Board meeting, with an effective date of 2/1/97 (CSPR#'s 96-9-11-1 and 96-10-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.150, 3.300 – 3.350, 3.360, and 3.460 were adopted emergency at the 12/6/96 State Board meeting, with an effective date of 1/1/97 (CSPR#'s 96-8-13-1, 96-10-16-1, and 96-10-21-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to section 3.150, 3.300 – 3.350, 3.360, and 3.460 were adopted emergency and final at the 1/3/97 State Board meeting, with an effective date of 1/1/97 (CSPR#'s 96-8-13-1, 96-10-16-1, 96-10-21-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of the External Affairs, Department of Human Services.

Revisions to sections 3.350, 3.400, and 3.491 were final adoption following publication at the 1/3/97 State Board meeting, with an effective date of 3/1/97 (CSPR#'s 96-9-20-1, 96-10-1-1, 96-12-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.350, 3.400, 3.450, 3.650, 3.758, 3.761, 3.800, 3.810, 3.811, 3.820, 3.830, and 3.840 through 3.850 were re-promulgated final adoption following publication at the 3/7/97 State Board meeting, with an effective date of 5/1/97 (CSPR# 96-9-11-1 and 96-10-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.758 were adopted emergency at the 3/7/97 State Board meeting, with an effective date of 3/7/97 (CSPR# 97-2-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.758 were final adoption of emergency at the 4/4/97 State Board meeting, with an effective date of 3/7/97 (CSPR# 97-2-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the “Table of Contents” , sections 3.140, 3.360, 3.460, 3.500 through 3.601, 3.650, 3.662, 3.666 through 3.667, 3.668 through 3.681, 3.684, 3.811, 3.900 through 3.905, and 3.921 through 3.924 were final adoption following publication at the 5/2/97 State Board meeting, with an effective date of 7/1/97 (CSPR#s 97-1-27-1, 97-2-26-1, 97-2-27-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.140, 3.300, 3.360, 3.400, 3.600 through 3.684, 3.700, 3.800, 3.810, 3.820 through 3.850, and 3.900 through 3.926 were adopted emergency at the 6/20/97 State Board meeting, with an effective date of 7/1/97 (CSPR#s 97-5-1-1, 97-5-16-1, 97-5-20-1, 97-5-29-1, 97-5-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.140, 3.300, 3.360, 3.400, 3.600 through 3.684, 3.700, 3.800, 3.810, 3.820 through 3.850, and 3.900 through 3.926 were adopted emergency and final at the 8/1/97 State Board meeting, with an effective dates of 7/1/97 and 8/1/97 (CSPR#s 97-5-1-1, 97-5-16-1, 97-5-20-1, 97-5-29-1, 97-5-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.750 through 3.761 and 3.905 through 3.911 were final adoption following publication at the 9/5/97 State Board meeting, with an effective date of 11/1/97 (CSPR#s 97-5-23-1 and 97-6-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the section 3.400 were adopted emergency at the 9/5/97 State Board meeting, with an effective date of 9/5/97 (CSPR# 97-7-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the section 3.400 were final adoption of emergency at the 10/3/97 State Board meeting, with an effective date of 9/5/97 (CSPR# 97-7-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.240 and 3.250 were final adoption following publication at the 10/3/97 State Board meeting, with an effective date of 12/1/97 (CSPR# 97-5-27-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.360 and 3.460 were emergency and final adoption at the 12/5/97 State Board meeting, with an effective date of 1/1/98 (CSPR# 97-10-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to the sections 3.500, 3.600 – 3.515, 3.619 – 3.629, 3.800, 3.840, 3.850, 3.870, 3.905, and 3.909 – 3.911 were final adoption following publication at the 12/5/97 State Board meeting, with an effective date of 2/1/98 (CSPR#s 97-9-4-1, 97-9-5-1, 97-9-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These

materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.490 through 3.491 were final adoption following publication at the 1/9/98 State Board meeting, with an effective date of 3/1/98 (CSPR# 97-10-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.140, 3.615, and 3.623 were final adoption following publication at the 2/6/98 State Board meeting, with an effective date of 4/1/98 (CSPR# 97-10-29-2 and 97-11-6-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.200 and 3.612 were final adoption following publication at the 3/6/98 State Board meeting, with an effective date of 5/1/98 (CSPR# 97-12-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.604 – 3.609, 3.613 – 3.615, 3.621 – 3.623, and 3.850 were final adoption following publication at the 6/5/98 State Board meeting, with an effective date of 8/1/98 (CSPR# 98-2-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.905 and deletion of Fee Schedule Table following Section 3.913.3 were final adoption following publication at the 8/7/98 State Board meeting, with an effective date of 10/1/98 (CSPR# 98-5-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.750 – 3.755, 3.757, 3.758, and 3.760 were final adoption following publication at the 9/4/98 State Board meeting, with an effective date of 11/1/98 (CSPR# 98-6-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.460 were final adoption following publication at the 11/6/98 State Board meeting, with an effective date of 1/1/99 (CSPR# 98-8-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.360 and 3.460 were adopted emergency at the 12/4/98 State Board meeting, with an effective date of 1/1/99 (CSPR# 98-10-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency rules at the 1/8/99 State Board meeting, with an effective date of 1/1/99 (CSPR# 98-10-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External

Affairs, Department of Human Services.

Revisions to sections 3.200, 3.300 – 3.350, 3.380 – 3.382, and 3.480 were final adoption following publication at the 1/8/99 State Board meeting, with an effective date of 3/1/99 (CSPR# 98-10-8-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.600 and 3.711 were final adoption following publication at the 3/5/99 State Board meeting, with an effective date of 5/1/99 (CSPR# 99-1-6-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.904, 3.905–3.908, and 3.921 were final adoption following publication at the 4/2/99 State Board meeting, with an effective date of 6/1/99 (CSPR# 99-1-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.500 – 3.602, 3.612 – 3.630, 3.760 – 3.770, 3.830 – 3.850, and 3.900 – 3.903 were final adoption following publication at the 5/7/99 State Board meeting, with an effective date of 7/1/99 (CSPR#s 99-2-16-1, 99-2-24-1, 99-2-25-1, 99-3-4-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.490, 3.491, 3.605, 3.620, and 3.630 were adopted emergency at the 6/4/99 State Board meeting, with an effective date of 7/1/99 (CSPR#s 99-4-16-1, 99-5-19-1, 99-5-24-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.491 were final adoption of emergency at the 7/9/99 State Board meeting, with an effective date of 7/1/99 (CSPR# 99-5-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.490, 3.605, 3.620, and 3.630 were adopted emergency and final at the 7/9/99 State Board meeting, with effective dates of 6/4/99 and 7/9/99 (CSPR#s 99-5-24-2 and 99-4-16-1 respectively). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to section 3.140 were final adoption following publication at the 7/9/99 State Board meeting, with an effective date of 9/1/99 (CSPR# 99-4-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.360 and 3.460 were adopted emergency the 8/5/99 State Board meeting, with an effective date of 9/1/99 (CSPR# 99-5-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of

Human Services.

Revisions to sections 3.360 and 3.460 were final adoption of emergency the 9/3/99 State Board meeting, with an effective date of 9/1/99 (CSPR# 99-5-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.750 – 3.752, 3.754, and 3.758 – 3.760 were final adoption following publication at the 9/3/99 State Board meeting, with an effective date of 11/1/99 (CSPR# 99-5-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to sections 3.600 “Table of Contents” , 3.603 – 3.605, 3.612, 3.616 – 3.618, and 3.626 – 3.627 were adopted emergency and final at the 9/3/99 State Board meeting, with an effective date of 10/1/99 (CSPR# 99-7-9-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to Sections 3.360 and 3.460 were adopted as emergency at the 12/3/99 State Board meeting, with an effective date of 1/1/2000 (CSPR# 99-10-14-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to Sections 3.360 and 3.460 were adopted as emergency and final at the 2/4/2000 State Board meeting, with an effective date of 1/1/2000 (CSPR# 99-10-14-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of External Affairs, Department of Human Services.

Revisions to Sections 3.605, 3.612, 3.616 – 3.618, and 3.627 – 3.628 were final adoption following publication at the 4/7/2000 State Board meeting, with an effective date of 6/1/2000 (CSPR# 00-1-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of Public Affairs, Department of Human Services.

Revisions to Sections 3.620 and 3.626 were final adoption following publication at the 7/7/2000 State Board meeting, with an effective date of 9/1/2000 (CSPR# 00-4-14-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of Public Affairs, Department of Human Services.

Revisions to Sections 3.610 and 3.617 were adopted as emergency at the 7/7/2000 State Board meeting, with an effective date of 7/1/2000 (CSPR# 00-6-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Office of Public Affairs, Department of Human Services.

Revisions to Sections 3.610 and 3.617 were adopted as emergency and final at the 8/4/2000 State Board meeting, with an effective date of 7/1/2000 and 8/4/2000 (CSPR# 00-6-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, State Board Administration.

Revisions to Sections 3.750 – 3.753, 3.755, 3.758, and 3.760 were final adoption following publication at the 8/4/2000 State Board meeting, with an effective date of 10/1/2000 (CSPR# 00-5-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, State Board Administration.

Revisions to Sections 3.904 through 3.908 were adopted as emergency at the 8/4/2000 State Board meeting, with an effective date of 9/1/2000 (CSPR# 00-6-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.904 through 3.908 were final adoption of emergency at the 9/8/2000 State Board meeting, with an effective date of 9/1/2000 (CSPR# 00-6-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.44 and 3.460.45 were adopted as emergency at the 12/1/2000 State Board meeting, with an effective date of 1/1/2001 (CSPR# 00-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.44 and 3.460.45 were final adoption of emergency at the 1/5/2001 State Board meeting, with an effective date of 1/1/2001 (CSPR# 00-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.605 and 3.628 were final adoption following publication at the 1/5/2001 State Board meeting, with an effective date of 1/1/2001 (CSPR# 00-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision to Section 3.603.4 was final adoption following publication at the 4/6/2001 State Board meeting, with an effective date of 6/1/2001 (CSPR# 01-2-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.900 – 3.924 were final adoption following publication at the 5/1/2001 State Board meeting, with an effective date of 8/1/2001 (CSPR# 01-3-22-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.603.5 and 3.615 were adopted as emergency at the 5/1/2001 State Board

meeting, with an effective date of 5/1/2001 (CSPR#s 01-4-25-1 and 01-5-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.603.5 and 3.615 were final adoption of emergency rules at the 7/6/2001 State Board meeting, with an effective date of 6/1/2001 (CSPR#s 01-4-25-1 and 01-5-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.751 through 3.760 were final adoption following publication at the 8/3/2001 State Board meeting, with an effective date of 10/1/2001 (CSPR# 01-5-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.44 and 3.460.45 were final adoption following publication at the 11/2/2001 State Board meeting, with an effective date of 1/1/2002 (CSPR# 01-8-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.810.13 were adopted emergency at the 11/2/2001 State Board meeting, with an effective date of 11/2/2001 (CSPR# 01-10-24-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.810.13 were final adoption of emergency at the 12/7/2001 State Board meeting, with a effective dates of 11/2/2001 and 12/7/2001 (CSPR# 01-10-24-3). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.600, 3.603, 3.605, 3.626, 3.631, 3.630, 3.632 were final adoption following publication at the 12/7/2001 State Board meeting, with an effective date of 2/1/2002 (CSPR#'s 01-8-3-1, 01-8-27-2, and 01-8-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.100 and 3.300, and addition of Section 3.390–3.392.1, were adopted as emergency at the 1/4/2002 State Board meeting, with an effective date of 1/4/2002 (CSPR# 01-12-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.100 and 3.300, and addition of Section 3.390–3.392.1, were adopted as emergency and final at the 2/1/2002 State Board meeting, with an effective dates of 1/4/2002 and

2/1/2002 (CSPR# 01-12-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.220, 3.250, 3.360, 3.370, 3.382, 3.450, 3.460, 3.600, 3.603, 3.613–3.615, 3.710–3.712 and 3.860 were final adoption following publication at the 3/8/2002 State Board meeting, with an effective date of 5/1/2002 (CSPR#'s 01-6-25-1, 01-10-24-2, 01-11-19-1 and 01-12-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.450.43 and 3.619 were final adoption following publication at the 4/5/2002 State Board meeting, with an effective date of 6/1/2002 (CSPR#'s 01-10-24-1 and 02-2-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.619 through 3.619.7, 3.810.13 through 3.810.31, 3.811.11, and 3.811.41–3.811.51 were adopted as emergency at the 7/12/2002 State Board meeting, with an effective date of 7/12/2002 (CSPR#'s 02-6-10-1 and 02-6-10-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.470.21 through 3.470.23 were adopted as emergency at the 7/12/2002 State Board meeting, with an effective date of 7/1/2002 (CSPR# 02-6-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.619 through 3.619.7, 3.810.13 through 3.810.31, 3.811.11, and 3.811.41–3.811.51 were final adoption of emergency rules at the 8/2/2002 State Board meeting, with effective dates of 7/12/2002 and 8/2/2002 (CSPR#'s 02-6-10-1 and 02-6-10-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.491.12 were adoption as emergency at the 8/2/2002 State Board meeting, with an effective date of 8/2/2002 (Rule# 02-7-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.491.12 were final adoption of emergency at the 9/6/2002 State Board meeting, with an effective date of 8/2/2002 (Rule# 02-7-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.470.21 through 3.470.23 were adopted as emergency and final at the 9/6/2002



State Board meeting, with effective dates of 7/1/2002 and 9/6/2002 (Rule# 02-6-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.752.22 – 3.752.23, 3.755.13, 3.758.47, 3.760.14, 3.760.21, 3.760.31, and addition of 3.760.5 – 3.760.53 were adopted following publication at the 9/6/2002 State Board meeting, with an effective date of 11/1/2002 (Rule# 02-4-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Deletion of Sections 3.410 through 3.410.34, addition of Sections 3.461 and 3.600.19 were adopted following publication at the 11/1/2002 State Board meeting, with an effective date of 1/1/2003 (Rule#'s 02-7-1-1 and 02-9-5-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.44 were adopted as emergency at the 12/6/2002 State Board meeting, with an effective date of 1/1/2003 (Rule-making# 02-11-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.390 through 3.392.1 were adopted following publication at the 1/3/2003 State Board meeting, with an effective date of 3/1/2003 (Rule-making# 02-9-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.470.21 and 3.470.23 were adopted as emergency at the 1/3/2003 State Board meeting, with an effective date of 1/3/2003 (Rule-making# 02-12-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.44 were final adoption of emergency at the 2/7/2003 State Board meeting, with an effective date of 1/1/2003 (Rule-making# 02-11-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.470.21 and 3.470.23 were final adoption of emergency at the 2/7/2003 State Board meeting, with an effective date of 1/3/2003 (Rule-making# 02-12-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.470.21 and 3.470.24, and addition of 3.470.25, were adoption following publication at the 3/7/2003 State Board meeting, with an effective date of 5/1/2003 (Rule-making# 02-12-9-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.491.12 were adoption following publication at the 3/7/2003 State Board meeting, with an effective date of 5/16/2003 (Rule-making# 02-12-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision to Sections 3.300.13–3.300.18, 3.300.21–3.300.23, 3.350.13, 3.350.15–3.350.17, 3.360.12–3.360.14, 3.360.21, 3.360.34, 3.360.51–3.360.53, 3.360.65, 3.360.67, 3.370.21–3.370.24, 3.380.13–3.380.32, 3.381.11–3.381.33, 3.382.24, 3.400.24–3.400.37 and 3.490.111–3.490.127; and deletion of Section 3.310–3.310.34 were adoption following publication at the 4/4/2003 State Board meeting, with an effective date of 6/1/2003 (Rule-making#s 02-12-23-1 and 03-1-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision to Sections 3.300.21–3.300.23, 3.370.22, and addition of Section 3.400.18 were adopted as emergency at the 4/4/2003 State Board meeting, with an effective date of 4/4/2003 (Rule-making#s 03-2-25-1 and 03-3-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision to Sections 3.300.21–3.300.23, and 3.370.22 were final adoption of emergency rule at the 5/2/2003 State Board meeting, with an effective date of 4/4/2003 (Rule-making# 03-3-24-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Addition of Section 3.400.18 was adopted as emergency and final at the 5/2/2003 State Board meeting, with effective dates of 4/4/2003 and 5/2/03 (Rule-making# 03-2-25-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.41 through 3.460.43, and 3.460.45 were adopted following publication at the 6/6/2003 State Board meeting, with an effective date of 8/1/2003 (Rule-making# 03-4-14-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Deletion of 3.390 through 3.392.1, and revisions to Sections 3.100.26, 3.751.17, 3.752.22, 3.755.13, 3.755.21, 3.758.46, 3.758.47, 3.759.12, 3.759.14-3.759.17, 3.759.3-3.759.32, and 3.760.43 were adopted following publication at the 9/5/2003 State Board meeting, with an effective date of 11/1/2003 (Rule-making# 03-5-27-1 and 03-7-16-1). Statement of Basis and Purpose and specific statutory authority for

these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.250.221, 3.460.31, and 3.460.45, 3.903, 3.904.1, 3.920, and 3.922 were adopted following publication at the 10/3/2003 State Board meeting, with an effective date of 12/1/2003 (Rule-making# 03-7-10-1, 03-7-14-1, 03-7-14-2 and 03-7-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.460.41-3.460.42 and 3.460.45 were adopted as emergency at the 12/5/2003 State Board meeting, with an effective date of 1/1/2004 (Rule-making# 03-11-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.460.41-3.460.42 and 3.460.45 were final adoption of emergency rules at the 1/9/2004 State Board meeting, with an effective date of 1/1/2004 (Rule-making# 03-11-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.42 were adopted as emergency at the 5/7/2004 State Board meeting, with an effective date of 5/7/2004 (Rule-making# 04-3-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.42 were final adoption of emergency at the 6/4/2004 State Board meeting, with an effective date of 5/7/2004 (Rule-making# 04-3-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.904.1, 3.905, 3.908, and 3.921 were adopted following publication at the 8/6/2004 State Board meeting, with an effective date of 10/1/2004 (Rule-making# 04-5-4-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.904.1 and 3.906 were adopted emergency at the 8/6/2004 State Board meeting, with an effective date of 8/6/2004 (Rule-making# 04-5-11-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.904.1 and 3.906 were final adoption of emergency at the 9/10/2004 State Board meeting, with an effective date of 8/6/2004 (Rule-making# 04-5-11-1). Statement of Basis and Purpose

and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Additions of Sections 3.751.28 - 3.751.29 and revisions to 3.752.1, 3.752.22, 3.752.27, 3.755.41, 3.755.51, 3.757.12, 3.758.46, and 3.758.47 were adopted following publication at the 9/10/2004 State Board meeting, with an effective date of 11/1/2004 (Rule-making# 04-4-22-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration

Revisions to Section 3.905 were adopted following publication at the 10/1/2004 State Board meeting, with an effective date of 12/1/2004 (Rule-making# 04-5-11-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.100 through 3.290.31 and 3.600 through 3.632.1 were adopted following publication at the 11/5/2004 State Board meeting, with an effective date of 1/1/2005 (Rule-making# 04-4-8-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.360.44 were adopted as emergency at the 12/3/2004 State Board meeting, with an effective date of 12/3/2004 (Rule-making# 04-11-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.360.44 were final adoption of emergency rules at the 1/7/2005 State Board meeting, with an effective date of 12/3/2004 (Rule-making# 04-11-1-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.100 through 3.491.4 were adopted following publication at the 6/3/2005 State Board meeting, with an effective date of 8/1/2005 (Rule-making# 04-8-23-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.752.22, 3.758.47, 3.760.14, and 3.760.43 were adopted following publication at the 9/9/2005 State Board meeting, with an effective date of 11/1/2005 (Rule-making# 05-5-18-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.758.46 were adopted on an emergency basis at the 11/4/2005 State Board

meeting, with an effective date of 11/4/2005 (Rule-making# 05-10-25-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.360.44 were adopted on an emergency basis at the 12/2/2005 State Board meeting, with an effective date of 1/1/2006 (Rule-making# 05-10-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.360.44 were final adoption of emergency rule at the 1/6/2006 State Board meeting, with an effective date of 1/1/2006 (Rule-making# 05-10-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision to Section 3.605 was adopted following publication at the 5/5/2006 State Board meeting, with an effective date of 7/2/2006 (Rule-making# 05-12-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.904.1, 3.905, and 3.921 were adopted following publication at the 6/2/2006 State Board meeting, with an effective date of 8/1/2006 (Rule-making# 06-3-16-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.45 were adopted on an emergency basis at the 6/2/2006 State Board meeting, with an effective date of 7/1/2006 (Rule-making# 06-5-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.460.45 were final (permanent) adoption of emergency rules at the 7/7/2006 State Board meeting, with an effective date of 7/1/2006 (Rule-making# 06-5-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.300.31, 3.350.1, 3.370.21-3.370.22, 3.400.15, 3.470.11, and 3.470.21 through 3.470.26 were final adoption following publication at the 7/7/2006 State Board meeting, with an effective date of 9/1/2006 (Rule-making# 06-3-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.120.21, 3.140.11, and 3.604.1 were adopted as emergency at a 7/31/2006

special emergency session of the State Board, with an effective date of 8/1/2006 (Rule-making# 06-7-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Addition of Sections 3.360.35-3.360.36 and 3.400.19 and revision of Section 3.400.18 were final adoption following publication at the 8/4/2006 State Board meeting, with an effective date of 10/1/2006 (Rule-making# 06-4-3-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.905.1 were adopted as emergency at the 8/4/2006 State Board meeting, with an effective date of 8/4/2006 (Rule-making# 06-6-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.905.1 were final (permanent) adoption of emergency rules at the 9/8/2006 State Board meeting, with an effective date of 8/4/2006 (Rule-making# 06-6-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.608.1, 3.612.1, 3.612.2, 3.751.1-3.751.2, 3.752.1, 3.752.22, 3.752.27, 3.754.1, 3.755.13, 3.755.21, 3.755.41-3.755.61, 3.758.14, 3.758.17, 3.758.47, 3.760.11-3.760.32, and 3.760.43 were final adoption following publication at the 9/8/2006 State Board meeting, with an effective date of 11/1/2006 (Rule-making#s 06-5-25-1 and 06-5-26-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.120.21, 3.140.11, and 3.604.1 were final (permanent) adoption of emergency rules at the 10/6/2006 State Board meeting, with an effective date of 8/1/2006 and 10/6/2006 (Rule-making# 06-7-20-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.12, 3.360.13, 3.360.44, 3.460.13, 3.460.14, and 3.460.45, and addition of Sections 3.720-3.720.5 and 3.730-3.738 were final adoption following publication at the 11/3/2006 State Board meeting, with an effective date of 1/1/2007 (Rule-making# 06-6-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.44 and 3.460.45 were adopted on an emergency basis at the 12/1/2006 State Board rule-making session, with an effective date of 1/1/2007 (Rule-making# 06-10-02-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and

Commissions Division, State Board Administration. [Emer. Rule eff. 1/1/2007]

Revisions to Sections 3.360.44 and 3.460.45 were final (permanent) adoption of emergency rules at the 1/5/2006 State Board rule-making session, with an effective date of 1/1/2007 (Rule-making# 06-10-2-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.490.21 and 3.490.22 were adopted as emergency at the 7/13/2007 State Board rule-making session, with an effective date of 7/13/2007 (Rule-making# 07-4-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration. [Emer. Rule eff. 07/13/2007]

Revisions to Sections 3.600.15 - 3.600.17, 3.602.1 - 3.602.82, 3.625.1 - 3.625.6, 3.626.5, 3.631.1 - 3.631.3, and 3.632.2 were final adoption following publication at the 6/8/2007 State Board rule-making session, with an effective date of 8/1/2007 (Rule-making# 07-3-12-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Section 3.400.19 were final adoption following publication at the 7/13/2007 State Board rule-making session, with an effective date of 9/1/2007 (Rule-making# 07-3-14-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.490.21 and 3.490.22 were final (permanent) adoption of emergency rules at the 8/3/2007 State Board rule-making session, with an effective date of 8/3/2007 (Rule-making# 07-4-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Deletion of Section 3.210.37 and revisions of Sections 3.900 through 3.924.4 were final adoption following publication at the 9/7/2007 State Board rule-making session, with an effective date of 11/1/2007 (Rule-making #06-10-2-2 and #07-3-14-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Addition of Section 3.636 was adopted as emergency at the 9/7/2007 State Board rule-making session, with an effective date of 10/1/2007 (Rule-making# 07-8-16-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Addition of Section 3.636 and re-numbering of subsequent subsections were final (permanent) adoption of emergency rules at the 10/5/2007 State Board rule-making session, with an effective date of 10/1/2007 for the prior emergency rules (Rule-making# 07-8-16-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are

available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision of Sections 3.120.28, 3.130.11, 3.608.1, 3.610.1, 3.612.1, 3.612.2, 3.618, 3.618.2, 3.810.6, 3.750 through 3.770 were final adoption following publication at the 10/5/2007 State Board rule-making session, with an effective date of 12/1/2007 (Rule-making#s 07-5-24-1 and 07-6-28-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration

Revision of Section 3.360.44 was adopted as emergency at the 12/7/2007 State Board rule-making session, with an effective date of 1/1/2008 (Rule-making# 07-5-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revision of Section 3.360.44 was final (permanent) adoption of emergency rules at the 1/11/2008 State Board rule-making session, with an effective date of 1/1/2008 (Rule-making# 07-5-30-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rules. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Performance Improvement, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.614.21, 3.614.4-3.614.51, 3.615.4, 3.616-3.617.2 were adopted on an emergency basis at the 8/1/2008 State Board rule-making session, with an effective date of 9/5/2008 (Rule-making# 08-7-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Human Resources, Compliance and Regulatory Affairs, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.140.13-3.140.131, 3.140.14, 3.705.1, 3.710.12, 3.710.21, 3.710.23, 3.710.31, 3.711.12, and 3.711.22 were final adoption following publication the 8/1/2008 State Board rule-making session, with an effective date of 10/1/2008 (Rule-making# 08-5-14-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Office of Human Resources, Compliance and Regulatory Affairs, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.614.21, 3.614.4-3.614.51, 3.615.4, 3.616-3.617.2 were final (permanent) adoption of emergency rules at the 9/5/2008 State Board rule-making session, with an effective date of 11/1/2008 (Rule-making# 08-7-1-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration. *[Eff. 11/1/2008]*

Revisions to Sections 3.720.21-3.720.22, 3.720.42-3.720.43-3.720.45, 3.720.5, 3.730-3.730.1, 3.730.21-3.730.22, 3.730.3, 3.730.42, 3.730.5, 3.736, 3.738, 3.751.1, 3.751.43, 3.751.54, 3.751.61, 3.752.1, 3.752.22, 3.752.23, 3.754.1, 3.755.13, 3.755.21, 3.755.41, 3.755.43, 3.756.12, 3.756.16, 3.756.18, 3.756.19, 3.756.2, 3.756.42, 3.758.47 – 3.758.48, 3.760.11-3.760.12, 3.760.14, and 3.760.43 were final adoption following publication at the 9/5/2008 State Board rule-making session, with an effective date of 11/1/2008 (Rule-making#s 08-5-27-1 and 08-6-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human



Services, Boards and Commissions Division, State Board Administration. *[Eff. 11/1/2008]*

Revisions to Sections 3.140.11 through 3.140.191 were final adoption following publication at the 11/7/2008 State Board rule-making session, with an effective date of 1/1/2009 (Rule-making# 08-1-31-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revisions to Sections 3.360.44, 3.614.21, 3.614.41, 3.615.4, 3.615.5, 3.616.1, and 3.616.2 and were adopted on an emergency basis at the 12/5/2008 State Board rule-making session, with an effective date of 1/1/2009 (Rule-making#s 08-9-4-1 and 08-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration.

Revisions to Sections 3.360.44, 3.614.21, 3.614.41, 3.615.4, 3.615.5, 3.616.1, and 3.616.2 were final (permanent) adoption of emergency rules at the 1/9/2009 State Board rule-making session, with an effective date of 3/1/2009 (Rule-making#s 08-9-4-1 and 08-10-10-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration. *[Eff. 03/02/2009]*

Addition of Sections 3.639 through 3.639.22 were adopted on an emergency basis at the 1/9/2009 State Board rule-making session, with an effective date of 1/9/2009 (Rule-making# 08-11-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration. *[Eff. 03/02/2009]*

Addition of Sections 3.639 through 3.639.22 were final (permanent) adoption of emergency rules at the 2/6/2009 State Board rule-making session, with an effective date of 4/1/2009 (Rule-making# 08-11-21-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration. *[Eff. 04/01/2009]*

Revisions to Sections 3.902-3.903, 3.905-3.912.4, 3.913-3.914, 3.915.1-3.915.4, 3.916.1-3.916.3, 3.917-3.917.2, 3.918, and 3.919-3.922 were final adoption following publication at the 2/6/2009 State Board rule-making session, with an effective date of 4/1/2009 (Rule-making# 08-8-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Boards and Commissions Division, State Board Administration. *[Eff. 04/01/2009]*

Addition of Section 3.755.43 was adopted on an emergency basis at the 3/6/2009 State Board rule-making session, with an effective date of 3/6/2009 (Rule-making# 09-2-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration. *[Emer. Rule eff. 03/06/2009]*

Addition of Section 3.755.43 was final (permanent) adoption of an emergency rule at the 4/3/2009 State Board rule-making session, with an effective date of 6/1/2009 (Rule-making# 09-2-13-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the

Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration. [Eff. 06/01/2009]

Revision of Sections 3.903 and 3.919 were adopted on an emergency basis at the 4/3/2009 State Board rule-making session, with an effective date of 4/3/2009 (Rule-making# 09-3-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.903 and 3.919 were final (permanent) adoption of emergency rules at the 5/1/2009 State Board rule-making session, with an effective date of 7/1/2009 (Rule-making# 09-3-19-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration. [Eff. 07/01/2009]

Revision of Sections 3.200.41, 3.626.12 through 3.626.15 and 3.626.21 were final adoption following publication at the 6/5/2009 State Board rule-making session, with an effective date of 8/1/2009 (Rule-making#s 08-10-10-2 and 09-1-15-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.605 and 3.638 were adopted on an emergency basis at the 6/5/2009 State Board rule-making session, with an effective date of 6/5/2009 (Rule-making# 09-3-31-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.605 and 3.638 were adopted on an emergency basis at the 6/5/2009 State Board rule-making session, with an effective date of 6/5/2009 (Rule-making# 09-3-31-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.605 and 3.638 were final (permanent) adoption of emergency rules at the 7/10/2009 State Board rule-making session, with an effective date of 9/1/2009 (Rule-making# 09-3-31-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.140.171, 3.600.14, 3.710.31, 3.711.11, 3.711.22, 3.751.1, 3.752.1-3.752.23, 3.752.25, 3.754.1, 3.755.13, 3.755.21, 3.755.41, 3.756.16, 3.756.19, 3.756.2, 3.758.47, 3.759.32, and 3.760.31 were final adoption following publication at the 8/7/2009 State Board rule-making session, with an effective date of 10/1/2009 (Rule-making#s 09-6-17-1 and 09-4-20-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.600.12, 3.612.1, and 3.711.11 were adopted on an emergency basis at the 12/4/2009 State Board rule-making session, with an effective date of 12/4/2009 (Rule-making# 09-10-8-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.600.12, 3.612.1, and 3.711.11 were final (permanent) adoption of emergency rules at the 1/8/2010 State Board rule-making session, with an effective date of 3/2/2010 (Rule-making# 09-10-8-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.639.12 through 3.639.14 were final adoption following publication at the 3/5/2010 State Board rule-making session, with an effective date of 5/16/2010 (Rule-making# 09-12-17-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of Sections 3.604.2, 3.604.4, 3.604.52, and 3.626.1 were final adoption following publication at the 4/9/2010 State Board rule-making session, with an effective date of 6/1/2010 (Rule-making# 09-12-17-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Revision of sections 3.140.171, 3.140.18, addition of sections 3.140.172 and 3.140.173, and revisions to sections 3.360.62, .3.360.63, and 3.360.68 were adopted on an emergency basis at the 6/4/2010 State Board rule-making session, with an effective date of 7/1/2010 (Rule-making# 10-4-29-1). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

Deletion of section 3.720.21 and 3.720.4 through 3.720.43; revision of sections 3.720.44 through 3.720.45, 3.730.3, 3.730.41 through 3.730.42, and 3.730.6 though 3.730.8, and addition of sections 3.721 through 3.721.62 were adopted on an emergency basis at the 7/9/2010 State Board rule-making session, with an effective date of 7/9/2010 (Rule-making# 10-6-2-2). Statement of Basis and Purpose and specific statutory authority for these revisions were incorporated by reference into the rule. These materials are available for review by the public during normal working hours at the Colorado Department of Human Services, Division of Boards and Commissions, State Board Administration.

## **GENERAL RULES**

### **3.100 ASSISTANCE PAYMENTS AND INTRODUCTION**

#### **3.100.1 LEGAL BASIS**

##### **3.100.11 State Board Role**

Colorado Revised Statutes, Title 26, Article 1, Section 107, created the State Board of Human Services. The State Board, among other things, adopts rules and regulations governing program scope and content, requirements, obligations, and rights of clients, recipients, providers, and other persons who may be affected by acts of the State Department.

##### **3.100.12 County Role**

A county has the traditional role of an arm of the State. Herein the county department exists for the convenient administration of the State government programs, to act as agent of the State for the administration of public assistance programs and related welfare activities in the respective

counties pursuant to the Social Services Code, and to carry out the will of the State thereon.

#### 3.100.13 Colorado Constitution

Constitution of Colorado, Article XXIV, Old Age Pensions, Section 6, established a basic minimum award of one hundred dollars monthly effective January 1, 1957. It gives the State Board of Human Services the power to adjust the basic minimum award above one hundred dollars when living costs have changed sufficiently to justify the action.

#### 3.100.14 Colorado Law

Colorado Revised Statutes, Title 26, Article 2, Sections 118, 119, and 120, provide for assistance payments for Colorado Works, Aid to the Needy Disabled (AND), and Aid to the Blind (AB) recipients to be on the basis of budgetary need as determined by the county department with due regard to any income, property, or other resources available to the recipient and in accordance with rules and regulations of the State Department.

### **3.100.2 GENERAL PROVISIONS**

#### 3.100.21 Definitions

"Assistance payments" shall mean aid to an eligible individual, who is eligible within statutory provisions, in the form of money payments for the purpose of meeting day-to-day ongoing living costs.

"County worker" shall mean an employee of the county department.

#### 3.100.22 Requirements

"Requirements" shall be defined as those items which are necessary to afford a minimum amount of economic security to an individual or a family.

#### 3.100.23 Recipient's Right to Decide

In accordance with the principle of the unrestricted money payment, a recipient shall have the right to decide how the monthly assistance payment shall be spent. The only exception shall be when protective payments are required.

#### 3.100.24 County Department's Right to Decide

The county department may provide, by means of its own funds, items which are needed by recipient and which are not included in the standards of assistance. Such provision for "unmet need" shall not be deducted as income in the budgeting process.

#### 3.100.25 For Colorado Works purposes, a recipient who is out of state temporarily shall be provided assistance on the same basis as one who is in the state.

For Adult Categories, a recipient who is out of state temporarily shall be provided assistance on the same basis as one who is in the state, provided the recipient does not leave the country for a period of 30 or more consecutive days.

### **3.100.3 FUNCTIONS OF STAFF**

#### 3.100.31 County workers shall:

- A. Receive applications and assist in completing applications as necessary;
- B. Review applications and determine eligibility for assistance;
- C. Make the initial home visit (when required);
- D. Refer applicant or recipient to the service divisions when appropriate; and,
- E. Prepare the agency's case for county department evidentiary hearings and State Department fair hearings or appeals.

### **3.100.4 INFORMATION SHARING**

3.100.41 There are areas that are to be jointly administered by program areas. This requires sharing of information. Communications from one division to the other shall be formalized and in writing so that they serve a purpose, and there is a record of that purpose. The State prescribed forms shall be used to share information.

### **3.110 THE APPLICATION PROCESS**

#### **3.110.1 RIGHT AND OPPORTUNITY TO APPLY**

3.110.11 Information concerning public assistance programs shall be available to all persons seeking information. Available information shall include:

- A. Information about coverage;
- B. Conditions of eligibility;
- C. Scope of benefits;
- D. Related services available; and,
- E. Rights and responsibilities of applicants and recipients.

#### **3.110.12 Application**

An application has been made when the county department receives the signed public assistance application form prescribed by the State Department. An application is distinguished from an inquiry which is a request for information about eligibility requirements for public assistance.

An individual shall have the opportunity to apply for any assistance without delay. When an individual is unable to make an application in the county department, the State Department's prescribed public assistance application form shall be mailed by the county department upon request.

#### **3.110.13 Apply to County Department**

An application for public assistance shall be made to the county department in the county where the applicant is living.

An application may be made by the applicant or an authorized representative or, when the applicant is incompetent or incapacitated, someone acting responsibly for the applicant.

The county department shall consider an application for public assistance for any category of

public assistance for which the applicant may be eligible.

#### 3.110.14 Proof of Eligibility

The county department shall not request any proofs or written statements for eligibility determination until a signed application is received by the county department.

#### 3.110.15 Application Assistance

An applicant may be assisted by an individual(s) of the applicant's choice in the various aspects of the application process and may be accompanied and represented by such individual(s) in contacts with the county department. Information shall not be released to the assisting individual(s) unless the individual is accompanied by the applicant, or a written authorization to release information to the assisting individual is obtained from the applicant. Upon request, the county department shall provide assistance in completing the application form.

When an applicant is unable to complete the forms due to physical, mental, or emotional disabilities, and has no one to help, the county department shall provide assistance. The county department may also refer the applicant to a legal or other resource.

### **3.110.2 RIGHT AND OPPORTUNITY TO REGISTER TO VOTE**

#### 3.110.21 Right to Register

An applicant of public assistance shall be provided the opportunity to register to vote.

#### 3.110.22 Voter Registration Application

The county department shall provide applicants of public assistance the prescribed voter registration application.

#### 3.110.23 County Responsibility

The county department shall not:

- A. Seek to influence the applicant's political preference or party registration;
- B. Display any political preference or party allegiance;
- C. Make any statement to an applicant or take any action, the purpose or effect of which is to discourage the applicant from registering to vote; and/or,
- D. Make any statement to an applicant or take any action, the purpose or effect of which is to lead the applicant to believe that a decision to register or not to register has any bearing on the availability of services or benefits.

### **3.110.3 CONFIDENTIALITY OF VOTER REGISTRATION RECORDS**

#### 3.110.31 Confidentiality

The county department shall ensure the confidentiality of applicants' and recipients' information regarding registering or declining to register to vote.

An application to register to vote completed at the agency is not to be used for any purpose other than voter registration.

### 3.110.32 Record Maintenance

Records concerning registration or declination to register to vote shall be maintained for two years by the county department. These records shall not be a part of the public assistance case record and are not subject to subpoena.

### 3.110.4 TRANSMITTAL OF VOTER REGISTRATION APPLICATIONS

3.110.41 A completed voter registration application shall be transmitted to the county clerk and recorder for the county in which the county department is located not later than ten (10) days after the date the county department receives the registration application, except that, if a registration application is accepted within five (5) days before the last day for registration to vote in an election, the application shall be transmitted to the county clerk and recorder for the county not later than five (5) days after the date of acceptance.

### 3.110.5 APPLICATION PROCEDURES

#### 3.110.51 County Procedure

The county department shall require written application, signed under penalty of perjury, using the State Department's prescribed public assistance form. The application form for assistance payment shall, at a minimum, contain the name, age, and residence of the applicant, the category or type of assistance sought, a statement of real and personal property in which the applicant has an interest, all income at the time of application, any other information required by state and federal law or regulation, as well as signature of the applicant or legal guardian.

The date of application shall be the date the county department receives a signed the application form, which indicates the applicant's desire to receive public assistance.

#### 3.110.52 SSI Applicants

The state and federal Social Security Administration have entered into an agreement under which SSI shall make the determination of medical assistance eligibility for SSI applicants. Applicants who have been determined to be eligible for SSI shall not be required to complete or sign an application for medical assistance.

No intake interview or home visit is required; however, the county department shall contact the SSI recipient if third party medical resources or prior medical bills are indicated on the State Data Exchange (SDX) list. See the chapter on "Medical Assistance for the Aged, Disabled or Blind" in the Department of Health Care Policy and Financing's Medical Assistance Manual (10 CCR 2505-10).

#### 3.110.53 Application Process

The application process shall consist of all activity from the date that Part 1 of the application form is received from the applicant until a determination concerning eligibility is made. The major steps in the application process shall include:

- A. An explanation to the applicant of the various assistance programs;
- B. An explanation to the applicant of the eligibility factors of the applicable program. Language translation via interpreter shall be provided as needed;
- C. An explanation of the applicant's responsibility to accurately and fully complete the application, provide documents to substantiate eligibility factors, and that the applicant

may use friends, relatives, or other persons to assist in the completion of the application;

- D. An assurance of the county worker's availability to assist in the completion of the application and to secure needed documentation which the applicant is unable to otherwise secure;
- E. An explanation of the procedures to review the application and the process to determine eligibility;
- F. An explanation of the applicant's rights including confidentiality of records and information, the right to non-discrimination provisions, the right to an evidentiary hearing, the right to a State-level appeal, the right to apply for another category of assistance and to determine the applicant's eligibility for such other assistance;
- G. An explanation that the applicant may terminate the application process at any time. If the applicant wishes to terminate the process before the application is completed, it shall be treated as an "inquiry." If the applicant wishes to terminate the process after the application is completed, it shall be treated as a "withdrawal/denial "; and,
- H. The agency shall inform all applicants in writing at the time of application that the agency will use the applicant's Social Security Number (SSN) to obtain information available through the Income and Eligibility Verification System (IEVS) to verify income, eligibility, and the correct amount of assistance payments and that such information may be shared with other assistance programs, other states, the Social Security Administration, the Department of Labor and Employment, and the Child Support Enforcement Program.

#### 3.110.54 Interview

County departments shall require no more than one interview for an applicant of financial assistance and Food Stamp benefits. If an interview is conducted, the county worker shall review the application for completeness and secure, if necessary, signed copies of the Authorization For Release of Information form, and any other forms necessary to determine eligibility.

#### 3.110.55 Social Security Number (SSN)

Each applicant for, or recipient of, financial assistance is required to provide a Social Security account number (SSN) to the county department. If an applicant has more than one number, all numbers shall be required. For an applicant or recipient who is unable to provide an SSN, an application form shall be completed by the applicant or recipient for each member of the assistance unit without an SSN for whom assistance is requested. The agency shall explain to the applicant or recipient that refusal or failure without good cause to provide an SSN will result in exclusion of the applicant for whom an SSN is not obtained. This exclusion applies only to the applicant for whom the SSN is not provided and not to the entire assistance unit.

The county department shall verify the Social Security numbers provided by the assistance unit with the Social Security Administration (SSA) in accordance with procedures established by the State Department for the Income and Eligibility Verification System (IEVS).

Upon proof of application for an SSN, the time required for issuance or to secure verification of the number shall not be used as a basis for delaying action on the public assistance application.

When an otherwise eligible applicant cannot provide an SSN, at the time of application, the county department shall initiate the following procedure:

The appropriate form and instructions may be obtained from the Social Security office. The form shall be provided to the applicant or recipient by the county department, as follows:



- A. In the lower right hand part of the form in the space labeled NPN (in the gray portion), the county shall enter the three (3) digit State code (060), a dash (-) and the ten (10) digit number. No dashes shall be inserted in the ten (10) digit case number.
- B. The applicant or recipient for whom assistance is requested shall be instructed to complete and immediately take the annotated form, along with required documentation, to the local SSA office. The applicant or recipient shall be instructed to secure a form or letter (receipt for application for Social Security number) completed and issued by the local Social Security Administration District Office (SSA-DO). The local SSA-DO has been requested to complete and issue a form for each applicant, or if one form is used for a family, it will indicate the names of all applicants.
- C. The applicant or recipient shall be further instructed to immediately bring this completed form or letter issued by the SSA back to the county worker in order to verify the completion of the application process. A copy of this form or other such documentation shall be included in the case record. In addition, the applicant shall be instructed to provide the SSN to the county worker as soon as it is received.

The local agency will assist the applicant or recipient in making applications for SSN. For purposes of AFDC foster care, the application for the SSN will be made by the county department.

The county department shall accept as verified a Social Security number which has been verified by any program agency participating in the Income and Eligibility Verification System (IEVS).

#### 3.110.56 When SSN Cannot Be Verified

When the county department receives notification through IEVS that an SSN cannot be verified or is otherwise discrepant (e.g., name or number do not match SSA records), the county department shall:

- A. Conduct a case record review to confirm that the SSN in the case record matches the SSN submitted to the SSA for verification. If an error occurred in the original submittal (e.g., digits transposed, incorrect name submitted) the county department shall correct the error and the SSN will be resubmitted through IEVS for verification.
- B. If no error is identified through A, above, the county department shall advise the assistance unit in writing that an SSN could not be verified, and instruct the assistance unit to contact the county department to resolve the discrepancy. However, this notice shall not constitute advance notice of adverse action.

The county department shall make every effort to assist the applicant(s) in resolving the discrepancy. This includes referral to the appropriate SSA office, and assisting to obtain available documents, etc., which may be required by the SSA.

#### 3.110.57 Review and Follow-Up

Applications shall be reviewed and any necessary follow-up activities such as collateral contacts, verifications, etc., shall be promptly initiated. Special priority shall be given to those applications where critical and emergent need is apparent.

#### 3.110.58 Special Situations

Applications for applicants in special situations shall be handled as follows:

- A. Applicants who are partially or totally illiterate and who cannot write their names shall make a mark, and such mark shall be witnessed by the signature of at least one witness. The address of such witness shall follow the signature. County workers may act as witnesses if not related to the applicant.
- B. An applicant receiving medical treatment in a medical facility shall make application to the county department in which the facility is located. When the applicant's place of residence is in another county, the application shall be forwarded to that county department for processing. When an applicant has no determinable county of residence, the county department in which the facility is located shall process the application.
- C. An application for an applicant in the Grand Junction, Pueblo, or Wheat Ridge Regional Center shall be processed by the county department in which the facility is located. Care and training is provided under their status as nursing homes.
- D. An application for the "Under 21 Psychiatric Program" shall be processed by the county department where the applicant has established residence.
- E. An application for an applicant in a public institution shall be processed by the county department where the applicant has established residence or the county in which the court is located which issued a confinement order. Public institutions shall mean the Colorado State Hospital, the Fort Logan Mental Health Center, and the Colorado State Veterans Center. When the application process is completed, the case shall become the responsibility of the county department in which the institution is located.

### **3.110.6 REINSTATEMENT IN LIEU OF APPLICATION**

3.110.61 When a request is made for the category of assistance from which the recipient was discontinued within 30 calendar days following the effective date of discontinuation, the following procedures shall be followed:

- A. A redetermination form shall be completed and signed by the recipient;
- B. Income and resources shall be verified;
- C. Other eligibility factors shall be verified unless satisfactory documentation is in the case record;
- D. Medical documentation shall be obtained unless the certified period of disability covers the current date; and,
- E. Eligibility determination shall be completed and appropriate actions shall be taken.

### **3.110.7 REOPENING IN LIEU OF APPLICATION**

3.110.71 Assistance Requested Prior to Effective Date of Discontinuation

When a recipient requests assistance prior to the effective date of the recipient's discontinuation from assistance, the following procedures shall be followed:

- A. A redetermination form or status report for monthly reporting cases shall be completed and signed by the recipient;
- B. Income and resources shall be verified;

- C. Other eligibility factors shall be verified unless satisfactory documentation is in the case record;
- D. Medical documentation shall be obtained unless the certified period of disability covers the current date; and,
- E. Eligibility determination shall be completed and appropriate actions shall be taken;
- F. If reopened, the Child Support Enforcement and other appropriate units shall be so advised.

### **3.120 DETERMINATION OF ELIGIBILITY**

#### **3.120.1 ELIGIBILITY ESTABLISHMENT**

##### **3.120.11 Eligibility Establishment**

The State Department's public assistance application form shall be used as the primary source of information for eligibility determination and to compute the amount of financial assistance. The applicant has the primary responsibility to provide necessary information needed to establish eligibility. When statements of the applicant are incomplete, unclear, or inconsistent, or appear to be inaccurate, the applicant shall be given the opportunity to clarify the questionable statements. If the applicant is unable to do so, the applicant shall be helped to obtain substantiating documents. Medical information needed to determine eligibility for AB, AND, and the Colorado Works Program shall be secured according to procedures for each program. The applicant shall have free choice of a physician.

##### **3.120.12 Review and Documentation**

Each decision of eligibility or ineligibility shall be supported by a review of the statements on the application form and by documentation as required. Assistance will not be denied, delayed or discontinued pending receipt of information requested through the Income and Eligibility Verification System (IEVS), if other evidence establishes the applicant's eligibility for assistance.

##### **3.120.13 SSI Approvals**

The SDX listing provided by the State Department shall provide a list of all new SSI approvals (Unmatched SSI - Not on the Automated System) and denials (Unmatched SSI - Cases Denied or Discontinued). This list shall indicate the reason for the denial; e.g., income, resources, disability, etc. The Unmatched SSI - Not on the Automated System Report shall be the primary source of information used to complete Medicaid approval for SSI Recipients. If an SSI recipient applies for financial assistance, a signed application and all other application procedures as described in "Application Procedures" shall be followed. See the chapter on "Medical Assistance for the Aged, Disabled and Blind" in the Colorado Department of Health Care Policy and Financing's Staff Manual Volume 8 (10 CCR 2505-10).

##### **3.120.14 Aged, Disabled, or Blind Applicants**

When an aged, disabled or blind applicant comes into the county department and requests assistance, the county department shall take an application for such assistance and refer the applicant to the local Social Security office to apply for SSI by use of the DO-88, Information and Referral Form - DSS/SSA. The applicant shall take the DO-88 referral form to the SSA office. The SSA office shall return the DO-88 to the county department indicating the application for SSI has been taken.

The referral to the SSA office for all aged, disabled, or blind applicants does not negate the

county department's responsibility to obtain and process an application for any other type of assistance for which the applicant may wish to apply (e.g., State AND or State AB).

Since application for SSI, as a potential benefit, is a requirement for all aged, disabled, or blind applicants receiving less than SSI maximum plus \$20 unearned income, the county department shall require documentation of application for SSI in determining eligibility.

Information about benefit and other eligibility related information available from SSA will be requested through the Income and Eligibility Verification System (IEVS), in accordance with procedures established by the State Department.

### **3.120.2 VERIFICATIONS REQUIRED**

- 3.120.21 Verification of a fact or statement means confirming the correctness by obtaining written evidence or other information that proves such fact or statement to be true. [ Emer. rule eff. 8/1/2006; Perm. rule eff. 12/01/2006 ]

Lawful presence in the United States must be verified in accordance with the rules found at Section 3.140.11.

#### **3.120.22 Income and Eligibility Verification System (IEVS)**

The Income and Eligibility Verification System (IEVS) provides for the exchange of information on Colorado Works, OAP, AND and AB recipients with the Social Security Administration (SSA), Internal Revenue Service (IRS) and the Colorado Department of Labor and Employment (DOLE). Through IEVS, recipient SSN's will be matched with source agency records on a regular basis to identify potential earned and unearned income, resources and/or assets, including the following:

##### **A. SSA (BENDEX, SDX)**

Social Security benefits, SSI, pensions, self-employment earnings, federal employee earnings.

##### **B. IRS**

Unearned income information including interest on checking or savings accounts, dividends, royalties, winnings from betting establishment, capital gains, etc.

##### **C. DOLE**

Wage and unemployment insurance benefits.

The county department shall act on all information received through the Income and Eligibility Verification System (IEVS). The county department shall at a minimum, prior to approval of benefits, verify potential earnings or unemployment benefits through the DOLE for all applicants, except institutionalized applicants. However, benefits shall not be delayed pending receipt of verification from a collateral source (e.g., employers). In addition, in cases where the county department has information that an institutionalized or group home recipient is working, wage and Unemployment Insurance Benefits (UIB) matches are required at application. All other matches will be initiated through IEVS upon approval of benefits.

#### **3.120.23 Notification**

At initial application and at redetermination an applicant or recipient of public assistance benefits

shall be notified through a written statement provided on or with the application form that information available through the Income and Eligibility Verification System (IEVS) will be requested, and that such information will be used, and shall be verified through sources, such as collateral contacts with the applicant or recipient when discrepancies are found by the county department; and that such information may affect the assistance unit's eligibility and level of benefits.

All information obtained through the Income and Eligibility Verification System (IEVS) shall be retained or documented in the case record.

#### 3.120.24 Other Verification Resources

In addition to the items verified through IEVS, the following shall be verified with collateral contacts made as necessary:

- A. Identity and residency;
- B. Alien status;
- C. Income not verified through IEVS - source and detail - including employment, self-employment, Veterans benefits, property income, or any other unearned income, etc.;
- D. Property - real and personal, including motor vehicles;
- E. Children who reside with a caretaker relative;
- F. School attendance;
- G. Family composition;
- H. Any other factors required in the programs that are deemed necessary as affecting eligibility.

The county department shall verify wage and unemployment compensation benefits for all applicants, recipients, and individuals whose income is considered in determining the amount of assistance, at application.

#### 3.120.25 County Reporting Requirements

The county department shall report the results of the verification in accordance with reporting requirements established by the State Department for the Income and Eligibility Verification System (IEVS).

#### 3.120.26 Verification of Alien Registration Numbers

Upon approval for assistance, the alien registration numbers of recipients shall be submitted to the State Department on the prescribed form for verification through the State's Systematic Alien Verification for Entitlements (SAVE) system. If the number and name submitted do not correspond, the State Department will notify the county department to take prompt action to terminate assistance to that recipient, following adequate prior notice. The other members of the assistance unit shall continue to receive assistance, if otherwise eligible. Confidentiality rules prohibit giving names and alien registration numbers of applicants or recipients to Citizens and Immigration Services (CIS).

#### 3.120.27 Action by County Department

The county department is required to act upon information received from the Colorado Income and Eligibility Verification System (IEVS) within 45 days of the receipt of such information.

The county department shall consider as verified upon receipt, Social Security and SSI benefit amounts obtained from SSA, Colorado Works Program, AND, OAP, and AB benefit amounts obtained from the State Department, and unemployment insurance benefit amounts obtained from the Colorado Department of Labor and Employment, unless the county department has reason to believe that the information may be questionable.

All other information received through the Income Eligibility Verification System, including wage data from the Colorado Department of Labor and Employment, and IRS unearned income information, shall be treated as not verified and shall be subject to verification by the county department. Such verification of Income and Eligibility Verification System information shall include contacting the assistance unit in writing informing them of the information received from the IEVS data source or an appropriate collateral contact.

If the county department chooses to notify the applicant or recipient of the receipt of the unverified IEVS data for purposes of obtaining verification or to resolve the discrepancy, such contact shall not constitute an advance notice of adverse action.

#### 3.120.28 Verification Requirements for Colorado Works

Additional verification requirements for the Colorado Works Program may be found in Section 3.600 et seq. of this manual.

### **3.120.3 DELAYS IN APPLICATION PROCESSING (Not applicable to Colorado Works)**

#### 3.120.31 Delay on the Part of the County Department

When the county department is unable to reach a decision within the standards of promptness rules for the specific program due to a delay on the part of the county department, the applicant or the physician or due to a situation that could not be controlled, the case record shall show the cause for delay. Notice shall be sent informing the applicant of the reason for the delay and of the right to appeal if dissatisfied with the delay.

#### 3.120.32 Delay When Applicant Moved to Another County

A delay may be caused by the applicant moving before a decision is made. Whether or not there is a delay, the county department in which an application has been filed shall have the responsibility for processing the application to decision. The original county department shall immediately notify the county department to which the applicant has moved and shall request verification of any eligibility factors affected by the move.

#### **3.120.4 (None)**

### **3.120.5 REPORTING CASE ACTIONS**

#### 3.120.51 Approval

"Approval": Approval action shall be completed when assistance is authorized by the county department and received by the applicant. The applicant shall be promptly notified of the action of the county department by the State-approved Notice of Action form.

#### 3.120.52 Denial

"Denial": An application shall be denied when the applicant fails to meet the eligibility requirements of the category of assistance desired.

A denial also may be on the basis of such factors as, but not limited to:

- A. Refusal of the applicant to furnish information necessary to determine eligibility;
- B. Applicant unwilling to have the county department contact a collateral source to secure information and refusal of the applicant to sign the State-approved Authorization for Release of Information form;
- C. Applicant does not supply information or otherwise fails to cooperate with the county department within the standards of promptness time limits and after having received notification of the reason for delay;
- D. Applicant moves to an unknown address before determination of eligibility has been completed;
- E. Refusal of a third party to provide documentation of essential verifications;
  - 1. If the applicant is unwilling to cooperate in obtaining such information personally. Authorization of the release of such information alone does not constitute cooperation if the county department requests further assistance from the applicant. Documentation of lack of cooperation must be entered in the case record.
  - 2. However, if the applicant is willing to cooperate but unable to obtain the information, no denial or delay action shall be taken.

The applicant shall be notified of the action of the county department via the State-approved Notice of Action form.

### 3.120.53 Withdrawal

"Withdrawal": A decision by the applicant to withdraw shall be treated as a denial by the county department. The applicant shall be notified of the action of the county department by the State-approved Notice of Action form.

### 3.120.54 Termination

"Termination": The recipient shall be promptly notified of the action of the county department to terminate assistance by the State-approved Notice of Action form, taking into account the prior notice rule.

### 3.120.55 Other Changes

"Other Changes": The recipient shall be promptly notified of any change to the amount of money payment by the State-approved Notice of Action form.

## **3.120.6 REQUIREMENT FOR COLLATERAL CONTACT OR HOME VISIT FOR ELIGIBILITY DETERMINATION**

### 3.120.61 Documentation

The applicant or recipient shall be given the opportunity to provide documentation necessary to

determine eligibility. When necessary, the county department shall assist the applicant or recipient to secure documentation. If documentation which is necessary to determine eligibility is not received which is necessary to determine eligibility, a notice shall be sent to the applicant or recipient to advise the applicant or recipient of the proposed action to deny or discontinue the case. The notice to applicant or recipient shall also include a specific description of the documentation necessary to determine eligibility.

In general, the county department shall rely on the applicant or recipient to provide the documentation necessary to determine eligibility. The applicant or recipient shall be advised that a collateral contact or home visit may be used only when documentary evidence is insufficient to make a determination of eligibility or benefit level, or cannot be obtained otherwise.

#### 3.120.62 Collateral Contact

A collateral contact is an oral or written confirmation of a household's circumstances by a person outside of the household. The county department shall rely on the household to provide the name of any collateral contact. If the applicant or recipient selects an unacceptable collateral contact who cannot be expected to provide accurate verification, the county department shall:

- A. Request the name of another collateral; or,
- B. Ask for alternative forms of verification or substitute a home visit; or,
- C. The county department may select or designate a collateral contact when the applicant or recipient selects a collateral contact(s) who is unacceptable. The applicant or recipient shall be informed of the selected collateral prior to contact.

#### 3.120.63 Confidentiality

The collateral contact may be made either in person or by telephone. County workers making the collateral contact are subject to the county department's standards of confidentiality as outlined in this staff manual section entitled, "Protections to the Individual".

#### 3.120.64 Home Visit When Documentary Evidence Cannot Be Obtained

A home visit may be used as verification only when documentary evidence is insufficient to make a determination of eligibility or benefit level, or when documentary evidence cannot be obtained.

#### 3.120.65 Documentation and Scheduling of Home Visit

If a home visit is determined to be necessary, the county department shall document the reason for the home visit in the case record including other attempts to secure necessary verifications and shall schedule, in advance, the appointment and give a specific date and approximate time of the appointment.

### **3.130 REDETERMINATION OF ELIGIBILITY**

#### **3.130.1 REQUIRED REDETERMINATIONS**

##### 3.130.11 Definition

A "redetermination of eligibility" shall mean a case review and necessary verification to determine whether the recipient continues to be eligible to receive assistance and, if eligible, the amount of such assistance. Beginning as of the case approval date, a redetermination shall be accomplished:



- A. Each 12 months for OAP, AND, and AB cases;
- B. Annually, a face-to-face interview for Colorado Works cash assistance cases.

#### 3.130.111 Eligibility for Abbreviated or "Paper" Redetermination (For adult Categories Only)

For adult categories only, an abbreviated or "paper redetermination" may be completed for stable cases on a bi-annual basis. A stable case is defined as an adult category case which meets all of the following criteria:

- A. The only income involved with the case is SSI and/or other unearned income;
- B. The case involved consists of no more than two persons;
- C. The case is an AND, AB, or OAP related case;
- D. Any income derived from the recipient's resources would not bring the case within \$200 of the resource limit for the category involved during the certification period;
- E. The case has no unresolved IEVS matches; and,
- F. There is no known transfer of assets involved.

An abbreviated redetermination must be followed by a full redetermination in accordance with subsection 3.130.2 or 3.130.3 in the following year.

#### 3.130.12 Opportunity to Register to Vote at Redetermination

In addition to the above requirements, the county department shall provide to the public assistance recipient the opportunity to register to vote in accordance with the provisions of Section 3.110.2 through 3.110.4 of this staff manual.

#### 3.130.13 Additional Redeterminations

In addition to the above requirements, the county department shall promptly redetermine eligibility when:

- A. It receives information which indicates a change in a recipient's circumstances which may affect continued eligibility for assistance or the amount of assistance to which the recipient is entitled;
- B. A recipient moves from one county to another (not applicable to Colorado Works Program and Medicaid for Families and Children);
- C. Direction to do so is received from the State Department;
- D. More frequent redeterminations are indicated due to case circumstances and characteristics; or,
- E. Resources are within \$200 of the maximum resource limit. A redetermination or desk review will be completed every six months. (Not applicable to the Colorado Works Program or SSI cases.)

#### 3.130.14 Redeterminations for Recipients of SSI

A recipient of SSI who has been approved for medical assistance only shall not be required to complete a signed redetermination of eligibility. SSI recipients who continue to receive SSI remain eligible for medical assistance. SSI applicants who have completed an application for financial assistance are required to complete a redetermination of eligibility.

The county department, upon obtaining or receiving information that may affect the SSI recipient's eligibility, shall forward such information to the local SSI office.

When an SSI recipient loses SSI financial assistance, the county department shall contact the recipient to determine if the recipient is eligible for Medicaid on some other basis, or to determine if the recipient wishes to apply for another type of financial assistance.

### **3.130.2 REDETERMINATION PROCEDURES - MAIL OUT**

#### **3.130.21 Forms**

Forms that are required to be completed by the recipient shall be mailed to the recipient at least 30 calendar days prior to the first of the month in which completion of eligibility redetermination is due. A review of the case record will indicate the forms required based on individual case circumstances. The following procedures relate to mail-out redetermination:

- A. A redetermination form shall be mailed to the recipient together with any other forms to be completed;
- B. A self-addressed, stamped, return envelope shall be mailed to the recipient with the required forms;
- C. Forms shall be completed, signed by the recipient, and returned to the county department no later than two weeks after their receipt;
- D. When the recipient is unable to complete the forms due to physical, mental, or emotional disabilities, and has no one to help, the county department shall either assist the recipient or refer the recipient to a legal or other resource. When initial arrangements or a change in arrangements are being made, an extension of up to thirty days may be allowed. The assistance or referral action of the county department shall be recorded in the case record.

#### **3.130.22 Follow-Up of Non-Returned Forms**

When the redetermination forms are not returned within the two-week period:

- A. A second set shall be mailed to the recipient;
- B. A State-approved notice of proposed action form shall be mailed with the forms to notify the recipient of the proposed discontinuation of benefits due to the recipient's failure to complete the redetermination of eligibility forms. This action to discontinue shall not be taken, however, if the completed and signed forms are returned within the prior notice period.
- C. If no response is received by the end of the prior notice period, the case shall be discontinued upon the effective date of the notice sent to the recipient with the second set of redetermination forms.

#### **3.130.23 Processing of Forms**

When the redetermination forms are received by the county department, they shall be date stamped. Within ten days, the forms shall be thoroughly reviewed for completeness, accuracy, and consistency. All factors shall be evaluated as to their affect on eligibility and money payment. Verifications shall be documented in the case file. The case file shall be used as a checklist in the redetermination process, and shall be used to keep track of matters requiring further action. When additional information is needed:

- A. Due to incomplete items, the forms shall be mailed back to the recipient with a letter specifying the items that require completion. A self-addressed, stamped, return envelope shall be enclosed;
- B. Due to inaccurate or inconsistent data, the recipient shall immediately be contacted by telephone, by a home visit, or be requested to make an office visit, so that the county worker may secure the proper information.

### **3.130.3 REDETERMINATION PROCEDURES - INTERVIEW**

#### **3.130.31 Use of Home Visits or Office Appointments**

County departments may use home visit or office appointment procedures as an alternative to the mail-out process. These procedures may be used for all cases, one category, or on an individual basis for adult category cases. For Colorado Works cases a face-to-face redetermination is required at least once every 12 months. When a redetermination interview is scheduled, the recipient shall be notified at least ten days in advance, in writing, of:

- A. The date, time, and place for the interview;
- B. Any documentation that may be needed;
- C. Income and resource verifications required;
- D. Any other eligibility factors such as household composition or school attendance that require verification;
- E. The opportunity to reschedule the appointment or make other arrangements in the event the recipient is ill or for other reason cannot keep the appointment.

#### **3.130.32 Appointments**

When the recipient does not keep the appointment and does not request an alternate time or arrangement:

- A. A second appointment notice shall be mailed to the recipient;
- B. A Notice of Action form shall be mailed with the notice notifying the recipient of termination but that such action will not be taken if the recipient keeps the second appointment or requests an alternate arrangements within the prior notice period;
- C. If no response is received by the end of the prior notice period, action to discontinue the case shall be taken.

#### **3.130.33 Interview Process**

During the interview, the worker shall:

- A. Explain the purpose of the interview and the use of the information supplied by the recipient on the redetermination form and any additional required forms;
- B. Inform all recipients in writing at the eligibility redetermination that Social Security Numbers for all recipients will be used to request and exchange information with other agencies as part of the eligibility process, including the Department of Labor and Employment (state wage and unemployment data), Social Security Administration, and Internal Revenue Service (unearned income). IEVS information may also be exchanged with other state or federal agencies administering public assistance programs, including the Department of Labor and Employment, Child Support Enforcement and the Social Security Administration.
- C. Have the recipient complete the forms or completes the forms on behalf of the recipient;
- D. Explain the appeal rights to the recipient;
- E. Witness the signature of the recipient and sign as a person who helped complete the forms, when applicable;
- F. Review documents, verifications, and any other information supplied by the recipient with the recipient in order to obtain clarification if needed.

#### **3.130.4 ABBREVIATED OR "PAPER" REDETERMINATION (For Adult Categories Only)**

##### **3.130.41 Definition of "Paper" Redetermination**

Adult category cases fitting the criteria of a stable case as defined in section 3.130.111 shall require only an abbreviated or "paper" redetermination. An application form shall not be required for a paper redetermination. Such a redetermination shall require:

- A. A desk review to determine if income and resources are still within the income limit for the category involved;
- B. A review of IEVS information received from the Internal Revenue Service; and,
- C. Documentation in the case record to show the above was completed and extending the redetermination date for one year.

#### **3.130.5 COMPLETION OF REDETERMINATION**

##### **3.130.51 Completion for State AND, OAP, and AB Programs**

A redetermination of eligibility for State AND, OAP and AB programs shall be complete when:

- A. All necessary forms concerning the redetermination are completed and have been reviewed;
- B. All factors are evaluated and decisions on continued eligibility and amount of money payment have been reached;
- C. Notice of change in payment, if applicable, is completed and mailed to the recipient. A State-approved notice of proposed action form shall be used for positive actions and for negative or adverse actions.

##### **3.130.52 Completion for Colorado Works**

A redetermination of eligibility shall be complete for Colorado Works when:

- A. All necessary forms concerning with redetermination are completed and have been reviewed;
- B. requested verification is obtained and recorded in the case file;
- C. All factors are evaluated and decisions on continued eligibility and amount of money payment have been reached;
- D. Notice of change in payment, if applicable, is completed and mailed to the recipient. A State-approved notice of proposed action form shall be used for positive actions and for negative or adverse actions.

### **3.130.6 STATE WITHHOLDING - NON-REDETERMINED CASES**

3.130.61 The State Department shall withhold financial reimbursement to the county departments on payments to a recipient when a redetermination is overdue. The State Department may grant an exception to the county department if the county department documents good cause for a waiver and the State Department approves a written request for waiver.

3.130.62 Withholding financial reimbursement shall be established from information in the State eligibility file that is created from the eligibility reporting forms submitted to the State Department by the county departments. Withholding financial reimbursement shall continue until redetermination is completed and reported, at which time reimbursement will be resumed.

3.130.63 Financial reimbursement shall be withheld beginning the second month following the month the redetermination was due.

### **3.140 GENERAL REQUIREMENTS FOR CITIZENSHIP AND LAWFUL PRESENCE**

#### **3.140.1 CITIZENSHIP AND ALIEN STATUS [Rev. eff. 10/1/88]**

The following are citizens of the United States and are generally eligible to receive social services and public assistance.

- A. Persons born in the United States, Puerto Rico, Guam, Virgin Islands (U.S.), American Samoa, or Swain's Island;
- B. Persons who have become citizens through the naturalization process;
- C. Persons born to U.S. citizens outside the United States with appropriate documentation.

#### **3.140.11 Verification of Citizenship in the United States [Rev. eff. 1/1/09]**

Citizenship may be verified by a birth certificate, possession of a U.S. passport, a certificate of U.S. citizenship (CIS form N-560 or NH-561), a certificate of naturalization (CIS form N-550 or N-570), a certificate of birth abroad of a citizen of the United States (Department of State forms FS-545 or DS-1350), or Identification Cards for U.S. citizens (CIS-I-179 or CIS-I-197). Documents that are acceptable as verification of citizenship can be found at 1 CCR 201.17, Attachment A.

#### **3.140.111 Verification of Questionable Citizenship Information [Rev. eff. 1/1/09]**

The following guidelines shall be used in considering questionable statement(s) of citizenship from applicant:

- A. The claim of citizenship is inconsistent with statements made by the applicant, or with other information on the application, or on previous applications.
- B. The claim of citizenship is inconsistent with information received from another source.

Application of the above criteria by the eligibility worker must not result in discrimination based on race, religion, ethnic background or national origin, and groups such as migrant farm workers or Native Americans shall not be targeted for special verification. The eligibility worker shall not rely on a surname, accent, or appearance which seems foreign to find a claim to citizenship questionable. Nor shall the eligibility worker rely on a lack of English speaking, reading or writing ability as grounds to question a claim to citizenship.

### **3.140.112 Ineligible Until Proof of Citizenship Obtained [Rev. eff. 1/1/09]**

The member whose citizenship is in question shall be ineligible to participate until proof of citizenship is obtained. If an alien is unable to provide any CIS document at all, there is no responsibility to offer to contact CIS on the alien's behalf. Responsibility exists only when the alien has a CIS document that does not clearly indicate eligible or ineligible alien status. The county department shall contact the State Department, not the CIS, to obtain information about the alien's correct status (see Section 3.120.23). The method used to document verification of citizenship and the result of that verification shall be contained in the case file.

### **3.140.12 Verification of Lawful Presence in the United States [Rev. eff. 1/1/09]**

Pursuant to Section 24-76.5-103, Colorado Revised Statutes (C.R.S.), requires verification of lawful presence in the United States, by the county departments, for applicants of state or local benefits, and federal benefits provided by the Colorado Department of Human Services or by the county departments of human/social services under the supervision of the State Department. All persons eighteen years of age or older must establish lawful presence in the United States prior to receiving public benefits with the exception of those exempt in the list provided in Section 3.140.12, D. The requirements of this section do not apply to applicants under the age of 18.

- A. For purposes of this section:

"Affidavit" means a State prescribed form wherein an applicant attests, subject to the penalties of perjury, that they are lawfully present in the United States. An affidavit need not be notarized.

"Applicant" means a natural person eighteen years of age or older who submits an application to receive a state or local public benefit, or a federal public benefit, on his or her own behalf.

"Application" means an initial or new application for benefits and renewal applications or redeterminations.

"Federal public benefits" has the same meaning as provided in 8 U.S.C. Section 1611; no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library.

"Produce" means to provide for inspection either: 1) an original or 2) a true and complete copy of the original document. A document may be produced either in person or by mail.

"State or local public benefits" has the same meaning as provided in 8 U.S.C. 1621; no

later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library.

B. In order to verify his or her lawful presence in the United States, an applicant must:

1. Produce and provide to the county department:

- a. A valid Colorado driver's license or a Colorado identification card issued pursuant to Article 2 of Title 42, C.R.S.; or,
- b. A United States military card or military dependent's identification card; or,
- c. A United States Coast Guard Merchant Mariner Card; or,
- d. A Native American tribal document; or,
- e. Any other document authorized by rules adopted by the Department of Revenue (1 CCR 201-17); or,
- f. Those applicants who cannot produce one of the required documents may demonstrate lawful presence by both executing the affidavit and executing a request for waiver. The request for waiver must be provided to the Colorado Department of Revenue in person, by mail, or online, and must be accompanied by all documents the applicant can produce to prove lawful presence. A request for a waiver can be provided to the Department of Revenue by an applicant representative.

Once approved by the Department of Revenue, the waiver is assumed to be permanent, but may be rescinded and cancelled if, at any time, the Department of Revenue becomes aware of the applicant's violation of immigration laws. If the waiver is rescinded and cancelled, the applicant has the opportunity to appeal.

The county department is responsible for verifying that the applicant is the same individual indicated as being lawfully present through the waiver.

2. Execute an affidavit saying that:

- a. He or she is a United States citizen or legal permanent resident; or,
- b. He or she is otherwise lawfully present in the United States pursuant to federal law.

C. The requirements of this section only apply to those programs that are considered either a "federal public benefit" or a "state or local public benefit" and require an application, but are not limited to, the following programs/services and applicants:

1. Temporary Assistance to Needy Families (TANF)/Colorado Works;
2. Aid to the Needy Disabled (AND);
3. Aid to the Blind (AB);

4. Old Age Pension (OAP);
5. Low-Income Energy Assistance Program (LEAP);
6. 18-21 year olds needing after care services such as housing, education funding, and support services;
7. Foster and adoptive parents receiving state subsidy;
8. Home Care Allowance;
9. Licensed child care providers.

D. The requirements of this section do not apply to the following applicants, programs and services:

1. For any purpose for which lawful presence in the United States is not required by law, ordinance, or rule;
2. For obtaining health care items and services that are necessary for the treatment of an emergency medical condition of the person involved and are not related to an organ transplant procedure;
3. For short-term, non-cash, in-kind emergency disaster relief;
4. For public health assistance for immunizations with respect to immunizable diseases and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are cases by a communicable disease;
5. For programs, services, or assistance such as soup kitchens, crisis counseling and intervention, and short-term shelter specified by federal law or regulation that:
  - a. Deliver in-kind services at the community level, including services through public or private non-profit agencies;
  - b. Do not condition the provision of assistance provided on the individual recipient's income or resources; and,
  - c. Are necessary for the protection of life or safety.
6. Pregnant women;
7. For individuals over the age of eighteen years of age and under the age of nineteen years who continue to be eligible for medical assistance programs after their eighteenth birthday;
8. Applications for the food assistance program;
9. Applications for Medicaid where federal law has prescribed a different verification process (see 8.100.53, A, 2, of the Colorado Department of Health Care Policy and Financing rules – 10 CCR 2505-10);
10. Child welfare services, except for application for family foster homes, adoptive homes, and youth 18-21 years of age as referenced in Section 7.406.1, JJ;



11. Adult protective services;
12. Refugee services;
13. Services provided under the Older Americans Act and state funding for senior services;
14. Crisis Intervention Program under the Low-Income Energy Assistance Program (LEAP);
15. Child support enforcement; and,
16. For the adult member of the child care application in the Child Care Assistance Program (CCAP).

### **3.140.13 Legal Immigrant [Rev. eff. 1/1/08]**

Legal Immigrant means an individual who is not a citizen or national of the United States and who was lawfully admitted to the United States by the Citizenship and Immigration Services (CIS) as an actual or prospective permanent resident or whose physical presence is know and allowed by the CIS.

### **3.140.14 Documentation of Legal Immigrant [Rev. eff. 1/1/09]**

An alien considered a legal immigrant will normally possess one of the following forms provided by the Citizenship and Immigration Services (CIS) as verification:

- A. I-94 Arrival/Departure Record.
- B. I-551: Resident Alien Card (I-551).
- C. Forms I-688B or I-766 Employment Authorization Document.
- D. A letter from CIS indicating a person's status.
- E. Letter from the U.S. Dept. of Health and Human Services (HHS) certifying a person's status as a Victim of a Severe Form of Trafficking.
- F. Iraqi and Afghan individuals who worked as translators for the U.S. military, or on behalf of the U.S. government, or families of such individuals; and have been admitted under a Special Immigrant Visa (SIV) with specific visa categories of SI1, SI2, SI3, SI6, SI7, SI9, SQ1, SQ2, SQ3, SQ6, SQ7, or SQ9. Eligibility limitations are outlined in Section 3.710.31, I.
- G. Any of the documents permitted by the Colorado Department of Revenue rules for evidence of lawful presence (1 CCR 201-17, Attachment B).

### **3.140.15 Verification with Systematic Alien Verification of Entitlement (SAVE) Program [Rev. eff. 8/1/05]**

Legal immigrants applying for public assistance must present documentation from CIS showing the applicant's status. All documents must be verified through SAVE (Systematic Alien Verification for Entitlements) to determine the validity of the document. Benefits shall not be delayed, denied or discontinued awaiting the SAVE verification.

### **3.140.16 Determination of Eligibility for Financial Assistance [Rev. eff. 1/1/09]**

As a condition of eligibility for financial assistance a legal immigrant must provide income and resource information about such legal immigrant and the legal immigrant's sponsors unless otherwise provided in the eligibility criteria found in the specific program chapter. It shall be presumed that an affidavit of support demonstrates the sponsor's ability to make income and resources available to an immigrant whom he or she sponsors at a minimum of one hundred twenty-five percent of the federal poverty level.

The applicant or recipient may rebut the county department's determination that the income and resources of the sponsor are available. If such a determination is made, the applicant or recipient may be eligible for financial assistance.

If it is determined that the legal immigrant received financial assistance benefits that were the responsibility of the sponsor, the State Department or county department may recover such funds from the sponsor or the legal immigrant via the following:

- A. Income assignments;
- B. State income tax refund offset;
- C. State lottery winnings offset; and
- D. Administrative lien and attachment.

Enforcement of duties under affidavit of support shall be the responsibility of the sponsored immigrant.

### **3.140.161 Affidavit of Support [Rev. eff. 1/1/09]**

Effective July 1, 1997, as a condition of eligibility for financial assistance, any legal immigrant applying for or receiving financial assistance shall agree in writing that, during the time period the recipient is receiving financial assistance, the recipient will not sign an affidavit of support for the purpose of sponsoring an alien seeking permission from CIS to enter or remain in the United States. A legal immigrant's eligibility for financial assistance shall not be affected by the fact that the legal immigrant has signed an affidavit of support for an alien before July 1, 1997.

### **3.140.17 Qualified Alien [Rev. eff. 1/1/09]**

A "qualified alien" is defined as follows:

- A. An alien lawfully admitted for permanent residence;
- B. An alien paroled into the United States under Section 212(d)(5) of the Immigration and Naturalization Act (INA) for a period of at least 1 year;
- C. An alien granted conditional entry pursuant to Section 203(a)(7) of the INA prior to April 1, 1980;
- D. A refugee under Section 207 of the INA;
- E. An asylee under Section 208 of the INA;
- F. An alien whose deportation is withheld under Section 243(h) or 241(B) (3) of the INA;
- G. A Cuban or Haitian entrant as defined in Section 501(3) of the Refugee Education Assistance Act of 1980;
- H. A Victim of Severe Form of Trafficking who has been certified as such by the U.S. Dept. of

Health and Human Services (HHS);

- I. Iraqis and Afghans granted Special Immigrant Visa status under Section 101(A)(27) of the INA;
- J. An alien who has been battered or subjected to extreme cruelty in the U.S. by a family member;
- K. An alien admitted to the U.S. as an Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988 (as amended by Public Law No. 100-461);
- L. An individual who was born in Canada and possesses at least fifty percent (50%) American Indian blood or is a member of an Indian tribe as defined in 25 U.S.C. Section 450B(e).

### **3.140.171 Five Year Period [Rev. eff. 7/1/10]**

Qualified aliens arriving in the U.S. on or after August 22, 1996, are generally barred from federal programs for five years unless they meet one of the following exceptions:

- A. An honorably discharged U.S. veteran or active U.S. military personnel and/or spouse, unmarried children, widow and widower, including lawfully admitted permanent resident who is a Hmong or Highland Lao veteran of the Vietnam war; or,
- B. A refugee, asylee, deportation withheld, or an alien granted status as a Cuban or Haitian entrant, a certified Victim of a Severe Form of Trafficking (these humanitarian immigrants maintain their original status when adjusting to Legal Permanent Resident (LPR) status and remain exempt from the five year bar); or,
- C. An individual who: 1) was born in Canada and possesses at least fifty percent (50%) American Indian blood, or 2) is a member of an Indian tribe as defined in 25 U.S.C. Sec. 450 B(e); no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library; or,
- D. An individual admitted to the U.S., as an Amerasian immigrant pursuant to Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988, as amended by Public Law No. 100-461; no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or any State Publications Library; or,
- E. A lawfully admitted permanent resident who is a Hmong or Highland Lao veteran of the Vietnam war.
- F. An Afghan Special Immigrant Visa (SIV) holder and an Iraqi SIV.

### **3.140.172 Five-Year Period for State Public Assistance Programs [Eff. 7/1/10]**

A qualified alien is generally barred from receiving assistance for a period of five years for the state means-tested public assistance programs that include the Old Age Pension, Aid to the Needy Disabled, and Aid to the Blind programs. The five-year period begins on the qualified alien's date of admission into the United States for legal permanent residence as verified through the Systematic Alien Verification for Entitlements (SAVE) system.

### **3.140.173 Exceptions From the Five-Year Bar for State Public Assistance Programs [Eff. 7/1/10]**

Exceptions from the five-year bar requirement under Section 3.140.172 applicable for the Old Age Pension, Aid to the Needy Disabled, and Aid to the Blind programs are:

- A. The exceptions allowed for qualified aliens under federal public assistance programs as described under Section 3.140.171, or,
- B. Qualified aliens who receive Supplemental Security Income (SSI) benefits, or,
- C. Hardship exceptions that include:
  - 1. Abuse or mistreatment by the sponsor: Suspension of five-year bar from benefits is permitted if there is credible evidence that the qualified alien has been physically abused, battered, or subjected to extreme cruelty by their sponsor in the United States, and meets the following requirements:
    - a. The qualified alien subject to such physical abuse, battery, or extreme cruelty does not live in the same household with the individual responsible for the physical abuse, battery, or extreme cruelty; and,
    - b. There is a substantial connection between the physical abuse, battery, or extreme cruelty and the need for benefits; and,
    - c. There is documented credible evidence of physical abuse, battery, or extreme cruelty, including, but not limited to:
      - 1) A copy of the protection order issued against the abuser or batterer of the qualified alien claimant, or,
      - 2) A copy of the verdict and the judgment or sentence against the abuser or batterer committing the act of violence against the qualified alien claimant, or,
      - 3) Reports or affidavits from police, judges, or other court officials, or,
      - 4) Written statements from medical/health professionals treating the individual, or,
      - 5) Verification from the U.S. Citizenship and Immigration Services or the Executive Office for Immigration Review (EOIR) that a petition to qualify under this category has been approved.
  - 2. Indigence: Suspension of the five-year bar from benefits is permitted if the qualified alien's income and resources, and income and resources of the qualified alien's sponsor(s) are so inadequate that the qualified alien is unable to obtain food and shelter. Income and resources of the sponsor(s) must be less than 125% of the Federal Poverty Guidelines for the household.

If the qualified alien does not have a sponsor, then their own income and resources would be considered.
  - 3. Abandonment by the Sponsor(s): Suspension of the five-year bar from benefits may be applicable when the qualified alien is abandoned by their sponsor(s) and the qualified alien's income and resources are so inadequate that the qualified alien

is unable to obtain food and shelter.

4. Eligibility under one of the hardship exceptions above will be reviewed and reassessed at redetermination or when changes in circumstance are reported.

### **3.140.18 Aliens and Temporary Residents Not Eligible for Assistance [Rev. eff. 7/1/10]**

The following individuals are not eligible for public assistance or social services programs:

- A. An alien with no status verification from the U.S. Citizenship and Immigration Service;
- B. An alien granted a specific voluntary departure date;
- C. An alien applying for a status; or,
- D. A citizen of foreign nations residing temporarily in the United States on the basis of visas issued to permit employment, education, or a visit.

### **3.140.2 RESIDENCE (Not Applicable to TANF/Colorado Works)**

#### **3.140.21 Colorado Residency**

To be eligible for assistance, an applicant shall be a resident of Colorado at the time application is made. There shall be no durational residence requirement. An applicant or recipient who establishes intent to remain in Colorado shall, for public assistance purposes, be considered a current resident. "Intent to remain" may be established by any or all of the following:

- A. Acquiring by purchase, rental, or other arrangements housing facilities used as a home;
- B. Household effects, equipment, and personal belongings being located in the home or being in transit;
- C. Securing employment or engaging in other self-supporting activity based in Colorado;
- D. Parents entering children in local schools;
- E. Completing the Affidavit of Intent – Residence form; and/or;
- F. Entering Colorado with a job commitment or in search of employment in Colorado.

#### **3.140.22 County of Residence**

An applicant must live in the county in which application is made. An applicant who resides in a county but who does not reside in a permanent dwelling nor have a fixed mailing address shall be considered eligible for assistance, provided all other eligibility requirements are met. In no instance shall there be a durational residency requirement imposed upon the applicant, nor shall there be a requirement for the applicant to reside in a permanent dwelling or have a fixed mailing address.

The county department must provide a means for each recipient to receive the recipient's financial assistance and medical assistance card.

#### **3.140.23 Temporary Residence**

Residence shall be retained until abandoned. A recipient temporarily absent from the state, but

who remains within the United States, shall retain Colorado residence. An absence shall be considered to be temporary when the recipient, at the time the recipient leaves, intends to return.

"Intent to return" may be established by any or all of the following:

- A. Maintaining a home, storing possessions, or casting absentee voter's ballot in election in this state;
- B. Returning to the state immediately upon termination of cause of absence.
- C. Frequent returns to the state;
- D. Expressing a plan to return made in writing prior to or during absence to relatives, neighbors, friends, etc.;
- E. Purchasing a roundtrip ticket at time of departure;
- F. Securing a non-resident hunting or fishing license or a temporary automobile permit in the state of temporary residence.

#### 3.140.24 Move Place of Residence

A recipient who moves out of the state with the apparent intention of making the recipient's place of residence in another state may have abandoned Colorado residence. Intent to abandon residence may be established by any or all of the following:

- A. Purchasing or obtaining a long-term lease of a dwelling unit in another state;
- B. Household effects, equipment, and personal belongings being removed to another state;
- C. Establishing voting residence in another state;
- D. Statements or other positive acts to the effect that the recipient has taken up residence in another state, including making application for assistance in that state;
- E. Titling or registering an automobile and securing auto license plates in another state; or,
- F. Securing resident hunting or fishing license in another state.

When a recipient declares the intent to maintain Colorado residence, assistance shall be continued unless evidence exists that supports intent to abandon residence. When such evidence exists, the county department shall make a presumption of intent to abandon residence and shall place the burden of establishing otherwise on the recipient. If the evidence is refuted, the grant shall be continued.

#### 3.140.241 Out-of-Country Visits and Loss of Residence

A recipient who leaves the state for 30 or more consecutive days to visit or move to another country shall be considered to have abandoned their Colorado residence. Upon return to Colorado, residence in the state and county must be reestablished before eligibility can be determined.

#### 3.140.25 Non-Resident

A non-resident shall mean a person who considers his/her place of residence to be other than

Colorado. An applicant or recipient who comes to the state to receive financial or medical assistance or for any other reason does not acquire residence as long as the applicant or recipient considers their permanent place of residence to be elsewhere.

An applicant receiving assistance from another state shall not be eligible for assistance during any month in which a payment is made by the other state. An applicant who comes to Colorado with the intent to remain shall receive assistance upon application and determination of eligibility.

### **3.140.3 INTER-COUNTY TRANSFER**

#### **3.140.31 Opportunity to Register to Vote**

A recipient becomes a resident of another county in the state, the county of residence shall provide to the public assistance recipient the opportunity to register to vote in accordance with the provisions of Section 3.110.2 through 3.110.4 of this staff manual.

#### **3.140.32 For State AND, OAP, and AB Programs Only**

A recipient who becomes a resident of another county in the state shall be entitled to receive public assistance for which the recipient is eligible from the other county department. To assure continuity of payment, the following procedures shall be used, except when the recipient moves from a private residence or home to a nursing home in another county or when the recipient moves from one nursing home to another nursing home in a different county: (for details, see the Colorado Department of Health Care Policy and Financing's Medical Assistance Manual/10 CCR 2505-10).

- A. When the recipient notifies the paying county department of new address in another county, the paying county department shall:
  - 1. Send a State Department's prescribed eligibility redetermination form to the recipient with instructions that it be completed and taken to the new county of residence, thus formalizing the recipient's intent to remain in the new county, and
  - 2. Provide prior and adequate notice of final payment due to transfer by the paying county department. Such notice shall not be issued with an effective date earlier than thirty (30) calendar days from the date the redetermination form was mailed. However, if both counties are mutually agreeable, the transfer process may be accomplished prior to the thirty (30) day time frame;
- B. When the recipient contacts the county of residence, that county department shall obtain the completed redetermination form and shall, within five (5) working days, request eligibility information from the paying county department using the Transfer Information Request form;
- C. The county of residence shall determine continued eligibility using information from the redetermination form and the information from the Transfer Information Request form within twenty (20) days of the date of mailing noted on the Transfer Information Request form;
- D. The paying county department shall forward to the county of residence within ten (10) working days, the information requested on the Transfer Information Request form along with notification as to when last payment will be made and/or a copy of the turnaround showing the date of discontinuation;
- E. The paying county department shall notify the recipient as to the last date of payment using

the Advanced Notice of Action form;

F. The resident county department shall notify the recipient of the effective date of approval.

In the event the paying county department has had no communication from the county department of residence by ten (10) calendar days prior to the proposed discontinuation date, the paying county department may send an advanced Notice of Action to the recipient's last known address advising of the pending closure with a copy to the resident county department.

#### 3.140.33 - 3.140.34 (None)

#### 3.140.35 Residents of Institutions

A recipient shall be considered a resident in an institution when the recipient's stay is at least 30 consecutive days. Medical institutions include general medical and surgical hospitals, nursing homes, assisted living residences, and mental institutions.

#### 3.140.36 Personal Needs Allowance

The following recipients shall be eligible for a monthly personal needs allowance when program requirements are met:

- A. Residents in a general medical and surgical hospital - public or private;
- B. Residents in a nursing home, assisted living residence, or intermediate care facility-public or private;
- C. Residents in a psychiatric facility when age 65 or more;
- D. Residents in a psychiatric facility when under age 21.

#### 3.140.37 Other Residents Eligible for Categorical Assistance

The following recipients shall be eligible for a categorical assistance payment when program requirements are met:

- A. Residents in a domiciliary institution. Domiciliary institutions are facilities whose main purpose is to provide shelter.
- B. Residents in a state home for the aged;
- C. Residents in an institution sponsored by a benevolent association when the association has a fixed monthly charge for care.

#### 3.140.38 Residents not Eligible for Personal Needs Payment

The following recipients are not eligible for a personal needs payments nor a categorical assistance payment:

- A. Residents in a penal institution; or,
- B. Residents in an unlicensed private or uncertified public institution.

### **3.150 FUNERAL, BURIAL AND CREMATION EXPENSES**



### **3.150.1**

- A. A death reimbursement benefit shall in some circumstances be available to assist in paying for the funeral, burial, and cremation expenses of deceased recipient of medical and/or public assistance.

Death reimbursement benefits paid for the disposition of deceased non-OAP recipient under these regulations are not entitlements. Benefit levels for such dispositions shall be adjusted by the State Department in order to contain expenditures within the available legislative appropriation.

- B. The total amount of death reimbursement benefit paid by the county department pursuant to this section shall not exceed \$1,500. To be eligible for a state contribution, the total combined reasonable charges (including those paid by the deceased recipient's estate, family, State Department funds, or any other source) for services, property, and supplies shall not exceed \$2,500.

### **3.150.2 WHEN STATE FUNDS MAY BE CONTRIBUTED**

A death reimbursement benefit covering reasonable funeral expenses or reasonable cremation or burial expenses or any combination thereof shall be paid by the State Department for a deceased recipient, subject to State appropriations, as follows:

- A. The expenses are incurred for the disposition of a deceased recipient who received public assistance and/or medical assistance while alive; and
- B. The deceased recipient's estate is insufficient to pay all or part of such expenses (a deceased recipient's estate is defined as property of any kind which the deceased recipient owned at the time of death); and,
- C. The resources of the party legally responsible for the support of the deceased recipient are insufficient to enable the responsible party to pay all or part of such expenses.
- D. The county department shall issued a written authorization and itemization of the services, property, and supplies for which the State Department funds shall be contributed. The total charge and amount of State Department funds authorized for each item shall be included in this authorization; and,
- E. The total, combined, reasonable charges (including those paid by the deceased recipient's estate, family, State Department funds, or any other source) for services, property, and supplies which have been authorized by the county department do not exceed \$2,500.

### **3.150.3 DISPOSITION BY FUNERAL, BURIAL, AND CREMATION**

In those cases where disposition of a deceased recipient is by funeral/memorial service and burial or cremation, the county department may authorize that State Department funds shall be contributed toward the expenses for the following:

- A. Transportation of the deceased recipient's body from the place of death to a funeral home or other storage facility;
- B. Storage of the body during the time prior to final disposition;
- C. Embalming, where necessary for preservation of the body;

- D. Funeral or memorial service;
- E. Purchase of casket;
- F. Preparation of body for placement in casket;
- G. Transportation of body and casket to site of funeral/memorial service and/or cemetery;
- H. Purchase of gravesite;
- I. Purchase of vault (liner), when required by the cemetery;
- J. Opening and closing of grave;
- K. Purchase and placement of grave marker;
- L. Perpetual care of gravesite by owner of cemetery;
- M. Cremation of body;
- N. Purchase of an urn or other receptacle for the cremated remains of the decedent;
- O. Burial of the cremated remains of the decedent, including purchase of gravesite, vault (liner) if required by the cemetery, opening and closing of grave, purchase and placement of grave marker, and perpetual care of gravesite;
- P. Storage of the cremated remains for no more than 120 days, in those cases where they are not buried and are not claimed by the decedent's family or friend; and,/or,
- Q. Any other items which are incidental to the funeral/memorial service and burial/cremation.

#### **3.150.4 ARRANGING FOR THE DETAILS OF DISPOSITION**

Even though State Department funds may be contributed toward the expenses for the items listed in the preceding sections, some of those items will not be requested, necessary or affordable in some situations (e.g., in the case of a direct burial with or without graveside service, or immediate cremation with no burial). In the course of contacting relatives of the deceased recipient in order to arrange for disposition, the county department and any provider which is involved (e.g., a funeral home or cemetery) should consult with the family members about the applicable regulatory provisions, the resources of the decedent's estate and family/friends, and the relative costs of the various types of disposition. In those cases where the recipient or family has requested that the disposition include items which cannot be provided within the limitations of these regulatory provisions, and where the family is unable or unwilling to make separate financial arrangements without a State Department contribution, the county department shall make arrangements for disposition of the recipient's body in a reasonable, dignified manner which approximates the wishes and the religious and cultural preferences of the recipient or family.

#### **3.150.5 LIMITATION ON TOTAL CHARGES FOR DISPOSITION**

Regardless of the manner of disposition, State Department funds shall not be contributed if the total charges (including those paid by the deceased recipient's estate, family, state funds, or any other source) for services, property, and supplies related to the disposition exceed \$2,500.

#### **3.150.6 PROCEDURES TO BE FOLLOWED BY COUNTY DEPARTMENT**

The county department in which the deceased recipient's case is active shall be responsible for determining whether and in what amounts State Department funds may be contributed for the disposition of the deceased recipient's body.

- A. When assistance for funeral, burial, or cremation services is requested on behalf of a deceased recipient of public or medical assistance, the county department shall obtain a completed application for funeral/burial/cremation assistance as prescribed by the State Department. This form is used to make a determination of eligibility for State Department funds for such services. The county department shall ensure that a choice of disposition by the recipient or a family member is made in writing. The choice of disposition may be made in the recipient's will, on the application for funeral/burial/cremation assistance, or by any other document which the county department deems to be credible. When a choice of disposition between burial and cremation was made by the recipient in writing, and the recipient is determined to be eligible for burial assistance, the choice shall be honored by the county department within the limits of costs and reimbursement available. If a choice of disposition was not previously made by the recipient, the county department shall request a family member (spouse, adult children, parents, or siblings) to make the choice. The application form provides a section to be used by the family to make a written choice of disposition. Once the choice of disposition is determined, the appropriate providers shall be contacted to obtain signed proposals of items and charges for disposition. The Provider's Proposed Charges for Funeral/Burial/Cremation of Deceased Recipient of Assistance form shall be used for this purpose. If more than one provider is involved, a separate form for each provider shall be used.

Once the application and proposals from providers are received, the county department shall be able to determine if a State Department funded death reimbursement is appropriate.

If the combined charges from the providers exceed two-thousand five hundred dollars (\$2,500), no death reimbursement shall be paid from State Department funds. Providers may seek contributions from non-responsible persons only to the extent that monies are available from such parties.

- B. In determining the extent of the State Department funded contribution, if any, toward the expenses of disposition, the county department shall proceed in accordance with the following steps:
1. If the recipient did not make a written choice between burial and cremation, the county department shall determine whether the recipient's family has any preference. The county department shall encourage such relatives, in making a choice of disposition, to consider the relatives' ability to contribute to the costs of the available options.
  2. After determining the method of disposition for the deceased recipient, the county department shall next determine whether any funds for disposition are available from the deceased recipient's estate or from those individuals legally responsible for the deceased recipient's support. The county department shall also inquire about the availability of such funds from persons who appear to be interested in the manner of the deceased recipient's disposition, even if such persons are not legally responsible for the deceased recipient's support.
  3. The county department shall require the legally responsible person to financially participate towards the charges for funeral, burial, or cremation unless their resources are less than the Supplemental Security Income resource limit which is \$2,000 for an individual and \$3,000 for a couple. The amount of resources over the SSI limit shall be used to reduce the State Department funded Death

Reimbursement payment. Money voluntarily contributed by the responsible party towards the burial, funeral, or cremation costs by the responsible party is also used to reduce the Death Reimbursement Benefit.

4. The value of a prepaid burial plot of \$2,000 or less when purchased is exempt and not counted toward the total funeral, cemetery, or burial expenses. If the final resting place was purchased by someone other than the deceased recipient and donated to the deceased recipient, it shall not be counted as personal resource of the deceased recipient or legally responsible person.
  5. Social security lump sum death benefits payable to a legally responsible person shall not be used in reducing the maximum Death Reimbursement Benefit.
  6. Funds disbursed from any insurance policy of the deceased recipient to a legally responsible person or non-responsible person who is named as beneficiary or a joint beneficiary of the deceased recipient's policy, are counted as available and shall be used to reduce the maximum Death Reimbursement. Providers may seek contributions from non-responsible persons to the extent that monies are available from such parties.
  7. Contributions made by non-responsible parties shall not reduce the Death Reimbursement Benefit. These funds are used to offset the maximum combined charges to the providers. The county department shall make every reasonable effort to minimize the contribution of State Department funds for a deceased recipient's disposition. The State Department may limit the maximum State Department contribution to a figure lower than \$1,500 in order to contain total State Department expenditures within the available legislative appropriation. The State prescribed form shall be used to inform the county department accounting office of itemized total charges and the total State Department contribution.
- C. The county department shall use the following procedures in cases where the county department becomes aware of a deceased recipient of public or medical assistance, and a family member cannot be located:
1. If a family member has not been located within twenty-four hours after the recipient dies, the county department shall have the deceased recipient's body refrigerated or embalmed.
  2. If a family member has not been located within seven days, the county department shall make the determination to bury or cremate the deceased recipient based on the best option available.
  3. The county department shall complete and send the State required form, Authorization of Cremation, to the appropriate funeral home/crematorium to authorize the cremation.

The county department may authorize payment for funeral, burial, and cremation expenses up to one year after the death of the recipient. Those persons who made arrangements for the disposition of the deceased recipient's body must provide all necessary information to enable the county department to determine whether and to what extent a contribution of State Department funds is appropriate.

### **3.150.7 PROVIDER AGREEMENT**

The county department shall have a statement of agreement between the providers which sets forth the charges and the amounts of any disbursement of funds by the county department. The agreement shall assure that the distribution of death reimbursement benefits are equitable. The agreement must be signed by all vendor(s) who are providing the services. The form must be approved and signed by the county department before death reimbursement is provided. Payment shall be made pursuant to the agreement.

### **3.160 CASE RECORDS**

#### **3.160.1 PURPOSE AND USE OF CASE RECORDS**

##### **3.160.11 Preparation of Case Record**

Preparation of the case record shall begin at the point of initial interview with the applicant and continue so long as the case is open for assistance.

##### **3.160.12 Purpose**

The major purposes of a case record shall be:

- A. To assist the county worker in reaching a valid decision concerning eligibility for and the amount of payment;
- B. To insure assistance based on factual information;
- C. To provide for continuity of assistance when a worker is absent, when a case is reopened, and when a case is transferred from one county worker to another;
- D. To assure valid administration of the county department in keeping with its function and purposes;
- E. To serve as a valuable basis for research, for interpretation of the work of the county department, and as a basis for development and evaluation of policy and procedure.

#### **3.160.2 CASE NUMBERING**

##### **3.160.21 Case Number**

A case number shall be assigned each family at the time of application for assistance.

#### **3.160.3 CASE RECORD NARRATIVE**

##### **3.160.31 Use of Narrative**

The narrative portion of the case record is not intended to be a report of activities. Information pertaining to eligibility and verification and documentation thereof shall be entered on the application, the redetermination, or the eligibility review record. Only in the most complicated, or difficult situations concerning income or property shall a recording be entered in the narrative section of the case record.

#### **3.160.4 ARRANGEMENT OF CASE RECORD CONTENTS**

##### **3.160.41 Case Maintenance**

All material pertaining to a case shall be secured to a durable folder plainly labeled with the name

and number of the case. A method such as use of a "charge-out" divider shall be used for location of any record not in the storage area in order that the record may be readily obtained and/or accounted for.

#### 3.160.42 Written Policy

Each county department shall develop a written policy stipulating the order of the case record, and the content of all records in that county department shall be filed according to that county department policy. The county department must stipulate that case record material must be fastened to the file folder in order to secure the information and maintain the filing order.

### **3.160.5 CUSTODY AND PRESERVATION OF RECORDS**

#### 3.160.51 County Storage of Records

The county department shall be responsible for the provision of a safe place for storage of case records and other confidential material to prevent disclosure by accident or as a result of curiosity of persons other than those involved in the administration of the programs. If a county department shares building space with other county offices, locked files to store case material shall be used. Janitors and other maintenance personnel shall be instructed concerning the confidential nature of information.

#### 3.160.52 State Authority Required for Removal of Case Records

Case records are the property of and shall be restricted to use by the State Department and county department. Only on authority of the State Department may case records be removed from the office of the county department.

### **3.170 COORDINATION OF FOOD ASSISTANCE CHANGES WITH ASSISTANCE PAYMENT CHANGES**

The county department shall promptly act to make changes in food stamp eligibility and benefits as necessary in all instances where an individual or mass change in public assistance eligibility or payment occurs. Such changes shall be made in accordance with food stamp rules contained in the Food Stamp rule manual chapter on "Changes During the Certification Period", (10 CCR 2506-1).

### **3.200 GENERAL FINANCIAL ELIGIBILITY CRITERIA**

#### **3.200.1 DETERMINATION OF NEED**

3.200.11 Determination of need must be made in accordance with the financial eligibility requirements for the specific assistance program.

#### 3.200.12 Consideration of Countable Income and Resources

For the purpose of determining need for assistance, all countable resources and income must be taken into consideration.

##### Definition of Countable Resources and Income

Countable resources and income mean those which are considered to be available to the applicant, recipient, or family budget unit after the application of appropriate exemptions, disregards, and deductions.

### **3.200.2 AVAILABILITY OF RESOURCES AND INCOME (Not applicable to Colorado Works)**

#### **3.200.21 When Resources and Income are Considered Available**

Resources and income shall be considered available both when actually available and when the applicant or recipient has a legal interest in a sum (includes cash or equity value of a resource) and has the legal ability to make such sum available for support and maintenance. If the resources and/or income have been transferred to a trust, the trust shall be submitted to the State Department of Health Care Policy and Financing for review in accordance with the Medical Assistance Staff Manual, Section 8.110.52 (10 CCR 2505-10). Eligibility shall not be determined until a response from the Department of Health Care Policy and Financing is received regarding the treatment of the trust.

#### **3.200.22 Securing Resources and Income**

An applicant or recipient must make every reasonable effort to secure potential resources and income:

- A. The time required to develop a resource or income to a state of availability must not be used as a basis for delaying action on an application;
- B. So long as an applicant or recipient is taking appropriate steps to secure a potential resource or income, assistance must be continued without adjustment until the resource or income is available;
- C. If an applicant or recipient refuses or fails to make a reasonable effort to secure a potential resource or income, such resource or income must be considered as if available, and timely and adequate notice must be given regarding a proposed action to deny, reduce, or terminate assistance;
- D. If upon receipt of the prior notice, the applicant or recipient acts to secure the potential resource or income, the proposed action to deny, reduce, or terminate assistance must be withdrawn, and assistance must be approved and/or continued without adjustment until the resource or income is, in fact, available.

#### **3.200.23 When a Resource or Income is Considered Potential**

A resource or income is considered as potential only if the county department has determined that the applicant or recipient could, in fact, secure such resource or income by taking appropriate steps.

#### **3.200.24 Potential Resource**

A potential resource means one in which the applicant or recipient has the legal ability to acquire or reacquire rights of ownership. Situations which may indicate the possibility of a potential resource are, for example, manipulation of resources by a trustee or conservator against the terms of a trust or estate, obstruction of an inheritance, or loss of property by deception or fraud.

#### **3.200.25 Potential Income**

Potential income means a benefit or payment to which the applicant or recipient may be entitled, such as annuities, pensions, retirement or disability benefits, veterans compensation and pensions, workmen's compensation, Old Age, Survivor's, and Disability Insurance (OASDI) benefits, SSI benefits, and unemployment compensation.

### 3.200.26 Colorado Works

The Colorado Works section 3.612, on "General Resource and Income Exemptions" , provides for exception to the requirement for securing potential income in the form of SSI benefits. Specific instructions regarding the exception are contained in that section.

### **3.200.3 DISTINGUISHING RESOURCES FROM INCOME (Not applicable to the Colorado Works Program)**

#### 3.200.31 Definitions

To distinguish resources from income to determine whether resources or income rules apply:

- A. "Resources" mean those properties an applicant or recipient or family already has as of the first of a calendar month, or as of the date of application if not counted as income for the application month;
- B. "Income" in general means any cash, payments, wages, in-kind receipt, inheritance, gift, prize, rents, dividends, interest, etc., that are received by an applicant, recipient, or family during a particular calendar month.

#### 3.200.32 Bona Fide Loans

Bona fide loans shall be considered exempt from income and resources for the purpose of determining program eligibility and payment in the month received. Bona fide loans are loans, either private or commercial, which have a repayment agreement. Such loans shall be verified by written statement. Any money from the loan proceeds that remain on the first day of the month after the proceeds were received is considered a countable resource and will be used in calculating the resource maximum. Specific instructions regarding the treatment of educational loans are contained in the income section on "Educational Loans and Grants" .

#### 3.200.33 Conversion of Resources

The conversion of one type of resource to another shall not represent income in the month of exchange. Conversions are:

- A. Proceeds from the sale of an item of property;
- B. Proceeds from fire or casualty insurance;
- C. Payments on the principal of a contract of sale (such as a note or mortgage); except that, when a contract has been evaluated as being non-negotiable, such payments shall be considered as income.

#### 3.200.34 Shifting of Resources

Shifting of resources from countable to exempt and shifting from one form of countable to another and from one form of exempt to another is permitted.

### **3.200.4 GENERAL RESOURCE AND INCOME EXEMPTIONS (Not applicable to Colorado Works; see Section 3.612 entitled, "General Resource and Income Exemptions")**

#### 3.200.41 Exemptions [Rev. eff. 8/1/09]

To determine eligibility for financial assistance and the amount of the assistance payment, the



following shall be exempt from consideration as either resources or income:

- A. The value of Food Stamp coupons and USDA donated foods;
- B. Benefits received under Title III, Nutrition Program for the Elderly, of the Older Americans Act;
- C. The value of supplemental food assistance received under the special food services program for children provided for in the National School Lunch Act and under the Child Nutrition Act, including benefits received from the special supplemental food program for women, infants and children (WIC);
- D. Home produce utilized for personal consumption;
- E. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act; relocation payments to a displaced homeowner toward the purchase of a replacement dwelling are considered exempt for up to 6 months (specific instructions are contained in the section on "Property Replacement Exemptions" );
- F. The value of any assistance paid with respect to a dwelling unit under:
  - 1. the United States Housing Act of 1937;
  - 2. the National Housing Act;
  - 3. Section 101 of the Housing and Urban Development Act of 1965;
  - 4. Title V of the Housing Act of 1949; or
  - 5. Section 202(h) of the Housing Act of 1959.
- G. Payments received for providing foster care;
- H. Payments to volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title I (VISTA) when the value of all such payments adjusted to reflect the number of hours such volunteers are serving is not equivalent to or greater than the minimum wage, and Title II and III of the Domestic Volunteer Services Act;
- I. the benefit provided an applicant, recipient, or household from the Low-Income Energy Assistance (LEAP) Program;
- J. Any grant or loan to any undergraduate student for educational purposes made or insured under any programs administered by the Commissioner of Education (Basic Educational Opportunity Grants, Supplementary Educational Opportunity Grants, National Direct Student Loans, and Guaranteed Student Loans);
- K. Any portion of educational loans and grants obtained and used under conditions that preclude their use for current living costs;
- L. Funds received by persons fifty-five (55) years of age and older under the Senior Community Service Employment Program (SCSEP) under Title V of the Older Americans Act are excluded from income;
- M. Payments received from the youth incentive entitlement pilot projects, the youth community

conservation and improvement projects, and the youth employment and training programs under the Youth Employment and Demonstration Project Act;

- N. Social Security benefit payments and the accrued amount thereof to a recipient when an individual plan for self-care and/or self-support has been developed. In order to disregard such income and resources, it must be determined that (1) SSI permits such disregard under such developed plan for self-care-support goal, and (2) assurance exists that the funds involved will not be used for purposes other than those intended;
- O. Any retroactive OASDI or SSI benefits still remaining after the month of receipt shall be exempt as a resource for six months following the month they are received;
- P. Compensation received by the applicant or recipient pursuant to the Colorado Crime Victims Compensation Act shall not be considered as income, property, or support available to the applicant or recipient. This is compensation paid to innocent victims or dependents of victims of criminal acts who suffer bodily injury;
- Q. Assistance from other agencies and organizations for items not included in the need standard is exempt;
- R. Monies received pursuant to the "Civil Liberties Act of 1988", P.L. No. 100-383, (by eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts);
- S. Any payment made from the Agent Orange Settlement Fund, pursuant to P.L. No. 101-201;
- T. The value of any commercial transportation ticket, for travel by an applicant or recipient (or spouse) among the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands, which is received as a gift by such applicant or recipient (or such spouse) and is not converted to cash;
- U. Effective 1/1/91, reparation payments made under Germany's Law for Compensation of National Socialist Persecution (German Restitution Act);
- V. Any money received from the Radiation Exposure Compensation Trust Fund, pursuant to P.L. No. 101-426 as amended by P.L. No. 101-510;
- W. Property which is held in trust for or distributed per capita to members of Native American tribes pursuant to federal law, including purchases made with such funds and the interest and investment income accrued on judgment funds held in trust (P.L. No. 93-134, 97-458, and 98-64);
- X. Effective 9/1/91, reparation payments made under Sections 500 through 506 of the Austrian General Social Insurance Act;
- Y. Effective 8/1/94, payments to applicants or recipients because of their status as victims of Nazi persecution pursuant to Public Law No. 103-286;
- Z. Income paid to children of Vietnam veterans who were born with spina bifida pursuant to P.L. No. 104-204; or,
- AA. Payments made from any fund established pursuant to a class settlement in Walker v. Bayer Corporation, et al. 96-C-5024 (N.D. Ill.).

### **3.210 RESOURCES-GENERAL DEFINITIONS**

### **3.210.1 PROPERTY OWNERSHIP (Not applicable to Colorado Works)**

#### **3.210.11 Definitions**

"Resources" are the real and personal property which an applicant or recipient or family owns:

- A. "Real property" means land, including (1) rights in land such as oil, mineral and water rights, and (2) buildings and other objects affixed to land;
- B. "Personal property" means all items of ownership that are not considered real property.

#### **3.210.12 Ownership**

"Ownership" means lawful title to, legal right of possession of, or legal interest in a property.

#### **3.210.13 Real Property**

In order for real property to be considered a resource to the applicant or recipient, the following must be determined:

- A. The actual value less encumbrances of the applicant's or recipient's ownership interest;
- B. The negotiability of the ownership interest (that is, there are no legal restrictions from selling the applicant's or recipient's property interest); and,
- C. The ability to sell the property interest (that is, that the ownership interest can, in fact, be sold on the open market at any price).

#### **3.210.14 Ownership Interest**

The degree of the applicant's or recipient's ownership interest is determined by the type of ownership. Generally, the types of ownership are:

- A. Sole ownership, in which the applicant or recipient is the only owner. If the applicant or recipient has the right to dispose of the property, the actual value less encumbrances of the property is determined and counted as a resource;
- B. Shared ownership, in which the property is owned by two or more individuals. The actual value less encumbrances is determined and charged in proportion to the applicant's or recipient's share of ownership. There are two kinds of shared ownership:
  - 1. Joint ownership or ownership in common, in which the property's actual value less encumbrances is divided equally among the owners; and,
  - 2. Tenancy in common, in which the property's actual value less encumbrances is divided by the number of owners in proportion to their stated interest (which may not necessarily be equal).

#### **3.210.15 Sale of Property**

Negotiability and, if applicable, the applicant's or recipient's ability to sell the property interest at a reasonable price must be determined. Negotiability refers to the applicant's or recipient's legal right to dispose of an ownership interest; ability to sell refers to legal ability to sell. Reasonable price is determined to be two-thirds of the actual value as defined in the section on equity value.

- A. Negotiability - there may be legal reasons why an applicant or recipient may not be able to sell the applicant's or recipient's property interest, such as, the estate is in probate or there is a lawsuit pending against the property. The refusal of co-owners to consent to the sale of a property interest is not a legal restriction of an applicant's or recipient's right to sell.
- B. For adult financial and Medicaid applicants or recipients, if the co-owner of the property uses the property as the principal place of residence and would be forced to move if the property were sold the property shall be exempted.
- C. For adult financial and Medicaid applicants or recipients, if the applicant or recipient cannot sell the property for two-thirds of the actual value as defined in the section on equity value the property shall be exempted provided that the applicant or recipient continues reasonable efforts to sell the property . This is done by listing the property with an agency or by advertising in the local media as examples. The county department must verify on a quarterly basis that a reasonable effort is being made to sell the property. If it is not determined to be a reasonable effort, the property shall not be exempted.

If the property interest cannot be disposed of because of legal technicalities, the applicant's or recipient's equity value is not a countable resource. In instances where limitations exist which prevent disposition of property, the case file shall contain an explanation of the barrier and whether such limitation is expected to be resolved. Such an explanation shall be supported by documentation of the nature of the limitation.

#### 3.210.16 Joint Checking and Savings Account

- A. Unless there is evidence of different intent as established by the owners, the applicant or recipient's share of cash in a joint checking or savings account shall be established as the proportion of net contributions by each to the sums on deposit. The amount shall be determined by:
  - 1. A written statement from the applicant or recipient giving the allegation of ownership of funds, the reasons for establishing joint accounts, and who made the deposits and withdrawals, and
  - 2. A corroborating statement from the other account holders.
- B. If the applicant or recipient or other account holder is incompetent, incapacitated or unable to sign a statement, a statement may be signed by a parent, other relative, legally appointed guardian or conservator acting responsibly on behalf of the applicant or recipient.
- C. In situations where the corroborating statement cannot be obtained or there is reason to doubt the applicant's or recipient's statement, the county department may obtain a client release to secure bank records to determine the proportion of net contribution.
- D. If the applicant or recipient establishes by a preponderance of evidence that the intent of ownership is other than the proportion of net contributions, the county department shall use the amount as established by the evidence. In cases where it has been shown the applicant or recipient has no interest in the account, the county department shall request:
  - 1. A change in the account designation removing the applicant's or recipient's name, and
  - 2. Submittal of the original and revised account records showing the change was made.

#### 3.210.17 Court Established Estate

If a court has established an estate for an applicant or recipient adjudicated mentally incompetent, the resources that appear in the inventory of the estate as accepted by the court must be considered available to such applicant or recipient.

### **3.210.2 PROPERTY OWNED BY A SPOUSE (Not applicable to Colorado Works)**

#### **3.210.21 Property Owned by One Spouse**

For most purposes, as long as a resource is owned by one spouse alone, its value must only be charged to that spouse. However, as of September 30, 1989, this subsection does not apply to the consideration of resources for certain married couples: where one spouse becomes institutionalized on or after September 30, 1989, and the other spouse remains in the community (see the sections in the Department of Health Care Policy and Financing Medical Assistance Staff Manual, Volume 8, under "Treatment of Income and Resources for Institutionalized Spouses" (10 CCR 2505-10)).

#### **3.210.22 Property Ownership When Couple is Permanently Separated**

If it is determined that a married couple is permanently separated, ownership of property by a non-applicant or non-recipient spouse does not affect an applicant's or recipient's eligibility for assistance.

#### **3.210.23 Permanent Separation**

A married couple is considered to be permanently separated when:

- A. They are divorced or legally separated; or,
- B. Both physical and financial ties have been dissolved and a relationship as spouses no longer exists.

#### **3.210.24 Presumption of Marriage**

Unless there has been a divorce or legal separation, the presumption is made that the couple is still married. Such presumption must be refuted by persons, other than the spouses, who can establish that they are in a position to know and assert that a complete and permanent separation does, in fact, exist.

### **3.210.3 TRANSFERS WITHOUT FAIR CONSIDERATION (Not applicable to Colorado Works)**

#### **3.210.31 Transfers Made With 36 Months Prior to Application**

An applicant or recipient who disposes of resources at less than fair market value any time within 36 months immediately prior to filing of an application for assistance, or makes such a transfer while receiving assistance, may be ineligible for public assistance. In regard to an applicant or recipient, such a transaction is considered as a transfer of resources without fair consideration and is a factor of eligibility if the transfer, assignment, or sale of a resource was:

- A. Voluntary,
- B. Without fair and valuable consideration; and,
- C. For the purpose of rendering such applicant or recipient eligible for assistance. The county department shall make a rebuttable presumption that the transaction was for such purpose when the transfer was made any time during the 36 month period immediately

prior to the filing of application for assistance or during such time that assistance was being received.

### 3.210.32 Presumption

An applicant or recipient must be given the opportunity to disprove a presumption by the county department that a transfer was made to establish or retain eligibility for assistance. Such presumption is nullified if the applicant or recipient can demonstrate to the county department that the transfer was for another purpose.

### 3.210.33 Other Purposes

Circumstances at the time of the transaction may indicate another purpose for a transfer without fair consideration. An applicant's or recipient's willingness to accept a sum which is less than a fair consideration may be shown to be reasonable based on a hardship just prior to the transaction. Examples of hardship are:

- A. A period of unemployment causing a need of funds to meet monthly bills, and costs of subsistence;
- B. An accident or severe illness causing a need of funds to meet large expenditures for medical care and services.

### 3.210.34 Involuntary Transfer

An involuntary transfer of a resource would not affect eligibility. Transfers which would be considered involuntary are:

- A. Loss of property through fraud, provided that the applicant or recipient can demonstrate that every reasonable effort has been made to recover the property, by court action or other procedures as indicated; or,
- B. Loss of property through legal action such as judgment, foreclosure, delinquent tax sale, etc.

### 3.210.35 Property Transfer

- A. Upon application, the county department will determine if the applicant or recipient transferred resources without fair consideration within the last 36 months. For an applicant or recipient of financial assistance, and/or the applicant's or recipient's spouse, who established a life estate on the applicant's or recipient's residence, a transfer of assets without fair consideration may occur. A transfer of assets without fair consideration occurs when a life estate was established on the residence by the applicant or recipient of financial assistance, and/or the applicant's or recipient's spouse, within 36 months from the date of application.
- B. The amount to be considered as a transfer of assets without fair consideration shall be computed by using equity value of the property and applying it to the life estate table contained in these rules as follows:
  - 1. Determine the equity value of the property at the time the life estate was established. The equity value of the residential property shall be determined by obtaining the actual value and subtracting encumbrances.
  - 2. The actual value shall be obtained by using the actual value reported by a county assessor or from the most recent property assessment notice. If the actual value

is not shown on the property assessment notice, the assessed value shall be divided by the appropriate percentage value for residential property as established by state law to obtain the actual value. Encumbrances include mortgages, liens, judgments, delinquent taxes, loan agreements, and other forms of indebtedness.

3. Multiply the equity value of the "Remainder" factor from the "Life Estate Remainder Interest Table" contained in these rules that corresponds to the applicant's or recipient's age at the time the life estate was established. The result is the amount to be considered as a transfer of assets without fair consideration.

When a life estate is established on the residence held by spouses in joint tenancy, the age of the younger spouse shall be used to calculate the amount of the transfer.

Once the transfer of asset amount is computed, the penalty period for transfer of assets without fair consideration is determined by using the steps as explained above.

3.210.351 (None)

3.210.352 Life Estate Remainder Interest Table (Not applicable to Colorado Works)

AGE	REMAINDER		AGE
.	.	.	.
0	.02812	.	35
1	.01012	.	36
2	.00983	.	37
3	.00992	.	38
4	.01019	.	39
.	.	.	.
5	.01062	.	40
6	.01116	.	41
7	.01178	.	42
8	.01252	.	43
9	.01337	.	44
.	.	.	.
10	.01435	.	45
11	.01547	.	46
12	.01671	.	47
13	.01802	.	48
14	.01934	.	49
.	.	.	.
15	.02063	.	50
16	.02185	.	51
17	.02300	.	52
18	.02410	.	53
19	.02520	.	54
.	.	.	.
20	.02635	.	55
21	.02755	.	56

22	.02880	.	57
23	.03014	.	58
24	.03159	.	59
.	.	.	.
25	.03322	.	60
26	.03505	.	61
27	.03710	.	62
28	.03938	.	63
29	.04187	.	64
.	.	.	.
30	.04457	.	65
31	.04746	.	66
32	.05058	.	67
33	.05392	.	68
34	.05750	.	69
.	.	.	.
70	.39478	.	90
71	.41086	.	91
72	.42739	.	92
73	.44429	.	93
74	.46138	.	94
.	.	.	.
75	.47851	.	95
76	.49559	.	96
77	.51258	.	97
78	.52951	.	98
79	.54643	.	99
.	.	.	.
80	.56341	.	100
81	.58033	.	101
82	.59705	.	102
83	.61358	.	103
84	.63002	.	104
.	.	.	.
85	.64641	.	105
86	.66236	.	106
87	.67738	.	107
88	.69141	.	108
89	.70474	.	109

3.210.353 Life Expectancy Table – Males (Not applicable to Colorado Works)

AGE	EXPECTANCY	.	AGE
.	.	.	.
0	71.80	.	40
1	71.53	.	41
2	70.58	.	42



3	69.62	.	43
4	68.65	.	44
5	67.67	.	45
6	66.69	.	46
7	65.71	.	47
8	64.73	.	48
9	63.74	.	49
10	62.75	.	50
11	61.76	.	51
12	60.78	.	52
13	59.79	.	53
14	58.82	.	54
15	57.85	.	55
16	56.91	.	56
17	55.97	.	57
18	55.05	.	58
19	54.13	.	59
20	53.21	.	60
21	52.29	.	61
22	51.38	.	62
23	50.46	.	63
24	45.55	.	64
25	48.63	.	65
26	47.73	.	66
27	46.80	.	67
28	45.88	.	68
29	44.97	.	69
30	44.06	.	70
31	43.15	.	71
32	42.24	.	72
33	41.33	.	73
34	40.23	.	74
35	39.52	.	75
36	38.62	.	76
37	37.73	.	77
38	36.83	.	78
39	35.94	.	79

3.210.353 Life Expectancy Table – Females (Not applicable to Colorado Works)

AGE	EXPECTANCY	.	AGE
.	.	.	.
0	78.79	.	40
1	78.42	.	41
2	77.48	.	42
3	76.51	.	43
4	75.54	.	44

5	74.56	.	45
6	73.57	.	46
7	72.59	.	47
8	71.60	.	48
9	70.61	.	49
10	69.62	.	50
11	68.63	.	51
12	67.64	.	52
13	66.65	.	53
14	65.67	.	54
15	64.68	.	55
16	63.71	.	56
17	62.74	.	57
18	61.77	.	58
19	60.80	.	59
20	59.83	.	60
21	58.86	.	61
22	57.89	.	62
23	56.92	.	63
24	55.95	.	64
25	54.98	.	65
26	54.02	.	66
27	53.05	.	67
28	52.08	.	68
29	51.12	.	69
30	50.15	.	70
31	49.19	.	71
32	48.23	.	72
33	47.27	.	73
34	46.31	.	74
35	45.35	.	75
36	44.40	.	76
37	43.45	.	77
38	42.50	.	78
39	41.55	.	79

### 3.210.36 Cash or Equity

An applicant or recipient may transfer cash or equity in a countable resource into joint ownership, one-half each, with the spouse, without being required to prove receipt of fair consideration; however, any amount transferred which is in excess of one-half must be regarded as a transfer without fair consideration.

## 3.210.4 EVALUATING PROPERTY TRANSACTIONS

### 3.210.41 Definition of Transfer Without Fair Consideration

A "transfer without fair consideration" means a property transaction in which the proceeds of the transfer, assignment, or sale are less than the value of the resource.

3.210.42 As used in this section regarding property transactions:

- A. Proceeds means actual proceeds of the transaction before consideration of expenses related to the transaction;
- B. Value - for real and personal property - means actual value the property could sell for less encumbrances (as defined in the section entitled "Property Valuation");
- C. Value - for liquid resources such as cash, savings/checking accounts, IRA accounts, etc. - means the current redemption rate, less encumbrances.

3.210.43 Transfer to a Trust

If assets are transferred into a trust, the trust documents shall be submitted to the Colorado Department of Health Care Policy and Financing for review in accordance with the Medical Assistance manual, Section 8.110.52 (10 CCR 2505-10), to determine how the trust is to be considered for eligibility purposes. Eligibility shall not be determined until a response is received from the Department of Health Care Policy and Financing regarding the treatment of the trust. This provision does not apply to trust deposits for burial expenses.

3.210.44 Procedures for Determining Effect of a Transfer

For the purpose of determining the effect of a transfer without fair consideration in regard to an applicant's or recipient's eligibility for assistance, the following procedures shall be used:

- A. To determine the amount of the transfer without fair consideration, the uncompensated value of the resource must be determined. The uncompensated value is the difference between the value of a resource and the amount received by the applicant or recipient as a result of the disposal when the disposal was for less than fair market value.
- B. For adult category programs, such value transferred without fair consideration must be divided by the applicable amortization rate to determine the number of months that the transfer without fair consideration makes the applicant or recipient ineligible for assistance.

3.210.45 Amortization

The amortization rate shall be equal to the current standard of assistance for the program under which the applicant or recipient has applied, or has received assistance, plus the monthly medical care costs, including health insurance premiums that the applicant or recipient is responsible to pay.

- A. The amortization period shall begin on the first day of the first month of the transfer and extend through the last complete month of the calculation. Partial months shall be dropped from the calculation.
- B. There shall be no maximum period of ineligibility for the uncompensated value of the transfer.

3.210.46 Period of Ineligibility

When an applicant or recipient transfers assets without fair consideration, the county department shall determine the number of months of ineligibility as follows:

- A. Determine the actual value less encumbrances;
- B. Determine the current standard of assistance for the applicable program;
- C. Add any monthly medical costs, including health insurance premiums that the applicant or recipient is responsible to pay;
- D. Divide the transfer without consideration by the standard of assistance (plus any monthly medical costs) and drop any decimal places from the result;
- E. This equals the number of months of ineligibility;
- F. The period of ineligibility for financial assistance shall be equal to the total period resulting from dividing the uncompensated value of the transfer by the current standard of assistance.

#### 3.210.47 Living Arrangements

If there has been a change in the applicant's or recipient's living arrangements since the date of transfer, the standard of assistance shall reflect the living arrangement applicable during the period of amortization. To determine the standard of assistance for an institutionalized applicant or recipient, see the SSI financial eligibility requirements section in the Colorado Department of Health Care Policy and Financing's Medical Assistance manual (10 CCR 2505-10).

#### 3.210.48 Recalculation of Period of Ineligibility

Upon the request of any applicant or recipient who has been discontinued or denied assistance because of a transfer without fair consideration, the county department shall re-compute the amortization time period when there is a subsequent increase in the standard of assistance or in the applicant's or recipient's monthly medical care costs. The county shall notify the applicant or recipient of any change in the period of ineligibility.

#### 3.210.49 Eligibility for Long-Term Care

To determine the effect of a transfer without fair consideration in regard to eligibility for long term medical assistance, refer to the Colorado Department of Health Care Policy and Financing's Medical Assistance manual (10 CCR 2505-10) section on SSI Financial Eligibility Requirements.

### **3.220 CONSIDERATION OF RESOURCES**

#### **3.220.1 COUNTABLE RESOURCES (Not applicable to Colorado Works)**

##### 3.220.11 Resource Limit

Unless otherwise specified, a resource is countable, and together with all other countable resources of the applicant, recipient, or family, must be considered against the applicable assistance program resource limit. The resource limit is \$2,000 for an individual and \$3,000 for a couple.

##### 3.220.12 Definition

The "countable resources" include cash on hand or in a savings or checking account, and the equity value of:

- A. Real property not used as the home and not exempt as income producing;

- B. Personal property in the form of a mobile home, trailer, or the like, not used as the home and not exempt as income producing;
- C. One motor vehicle per couple is exempt if it is equipped for a handicapped person, it is used to obtain medical treatment, or it is used for employment; otherwise, exemption of a motor vehicle for the applicant's, recipient's, or couple's use is limited to the first \$4,500 of the current market value of such vehicle;
- D. Stocks, bonds, and mutual fund shares;
- E. Mortgages, notes and similar properties that can be converted to cash;
- F. The total cash surrender value of life insurance policies that have a total original face value of more than \$1,500 (not applicable to OAP);
- G. The amount of a prepaid revocable funeral contract or burial expense trust deposit in excess of \$1,500, plus any interest accrued on the amount in excess of \$1,500;
- H. The value of the burial space in excess of that required to meet the burial needs of the immediate family even if not living in the home (exemption applies to each member of the immediate family even if not living in the home);
- I. Cash benefits received as proceeds of fire or casualty insurance in excess of the expenses incurred to repair or replace property which was damaged, destroyed, lost, or stolen;
- J. Proceeds of a loan not expended to meet the purpose of the loan (considered a resource when such loan is a bona fide debt with a definite repayment schedule);
- K. Proceeds from sale of the home property which are in excess of expenses incurred to purchase or build a replacement home; proceeds from the sale of a property item other than the home;
- L. Any increase in the value of monies (or other non-exempt property acquired with such monies) received pursuant to the "Civil Liberties Act of 1988", P.L. No. 100-383, (by eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts).

### **3.220.2 EXEMPT RESOURCES (Not applicable to Colorado Works)**

#### **3.220.21 Vehicle**

One motor vehicle per couple is exempt if it is equipped for a handicapped person, it is used to obtain medical treatment, or it is used for employment; otherwise, exemption of a motor vehicle for the applicant's, recipient's, or couple's use is limited to the first \$4500 of the current market value of such vehicle (not applicable to Colorado Works).

#### **3.220.22 Household Goods and Personal Effects**

Household goods and personal effects such as furnishings, appliances, and equipment used in the home, clothing, and personal jewelry with a total value of \$2000 shall be exempt (not applicable to Colorado Works).

#### **3.220.23 Home as Principal Place of Residence**

A home is any property in which an applicant or recipient (and spouse, if any) has an ownership interest and which serves as the applicant's or recipient's principal place of residence. This

property includes the shelter in which an applicant or recipient resides, the land on which the residence is located, and related outbuildings.

The home is not a countable resource regardless of its value. When there is an income producing property located on the home property, the income producing resource does not qualify under the home exemption unless assessed collectively with the home.

### 3.220.24 Absences from Home

Absences of the applicant, recipient or spouse from the home for trips, visits and hospitalizations, medical reasons or nursing home placements do not affect the home exemption as long as the applicant, recipient, or spouse intends to return home whether or not the applicant, recipient, or spouse actually returns home. An applicant or recipient individual who has been institutionalized for a period of six (6) months or more shall retain the principal place of residence as the home property, if the applicant or recipient intends to return to the exempted property for any reason. This intent to return home applies to the home the applicant, recipient or spouse was living in prior to being institutionalized or the replacement home as long as a spouse or dependent relative of the applicant or recipient continues to live there.

Such intent is documented by the following:

- A. A written statement from the applicant or recipient of the intent to return home (even if to die);  
or
- B. A written statement from the applicant's or recipient's authorized representative of the  
applicant's or recipient's intent to return home.

An absence of any duration is considered temporary so long as the applicant's or recipient's spouse or dependent relatives continue to live in the home. The case file shall contain a statement that the spouse or dependent relative continues to reside in the home, the relationship of the individuals, the basis of the dependency (e.g., financial, medical, etc.) and the reason for the absence therefrom.

For the purpose of this section, a relative is defined as son, daughter, grandson, granddaughter, stepson, stepdaughter, in-laws, mother, father, stepmother, stepfather, half-sister, half-brother, niece, nephew, grandmother, grandfather, aunt, uncle, sister, brother, stepsister, and stepbrother.

An arrangement by an applicant or recipient for occupancy of the home by another person, either on a rental basis, rent free, or in exchange for home maintenance, during a period of temporary absence shall not affect the home property exemption.

### 3.220.25 Absences for More than Six Months

In instances where an applicant's or recipient's absence from the home to a place other than a general medical institution is greater than six (6) months, the county department shall determine whether the recipient has established another principal place of residence. Only one residence at a time can be regarded as the principal place of residence.

When evidence exists that the applicant or recipient has established a new place of residence, other than a medical institution, the county department shall obtain a signed statement indicating which of these is the applicant's or recipient's permanent residence and, if different from the exempted home property, when the applicant or recipient intends to return home.

Sometimes a determination of principal place of residence is difficult to secure due to conflicting evidence. In these instances other sources shall be used to make a decision; such as voting

address, tax return address, addresses for Social Security and Medicare benefits, physician's statement, guardian's statement, representative payee statement, or the applicant's or recipient's address on driver's license, car registration or checkbooks. The county department shall weigh the evidence secured from the above sources to determine the principal place of residence.

#### 3.220.26 Change in Exemption of Principal Place of Residence

If an applicant's or recipient's home can no longer be excluded due to a change in an applicant's or recipient's principal place of residence, the equity value of the property must be counted as a resource in accordance with these rules.

### **3.220.3 PROPERTY ESSENTIAL TO SELF-SUPPORT (Not applicable to Colorado Works)**

#### 3.220.31 General Rule

Part or all of the value of property may be exempt if it is essential to the self-support of the applicant or recipient. The types of property eligible for this exemption are the following:

- A. Property used in a trade or business; or,
- B. Property which is used by the applicant or recipient as an employee; or,
- C. Non-business property used to produce goods or services necessary for the applicant's or recipient's daily activities; or,
- D. Non-business, income-producing property.

#### 3.220.32 Property Used in a Trade or Business

If an applicant or recipient is currently engaged in a trade or business, none of the property that is used in that trade or business is a countable resource. This exemption is effective as of May 1, 1990.

- A. To be considered a valid trade or business, the activity must be (1) currently ongoing rather than in the stage of preparation or inactivity, and (2) intended to make a profit. An applicant or recipient who is engaged in a trade or business is self-employed.
- B. The liquid resources (e.g., cash, funds in a checking account) considered necessary for use in the trade or business shall not exceed three times the average monthly cash expenditure for operating the business, unless there is a documented need for a larger amount.

#### 3.220.33 Property That is Used by the Applicant or Recipient as an Employee

The entire value of any property that is used by the applicant or recipient in connection with the applicant's or recipient's current employment by another (as opposed to self-employment in a trade or business) is not counted as a resource. Examples of such property include the tools of a tradesman, safety equipment, and uniforms, but do not include a motor vehicle which is used for transportation to and from work.

#### 3.220.34 Non-business Property Used to Produce Goods or Services Necessary for the Applicant's or Recipient's Daily Activities

A maximum of \$6,000 of the equity value of such property is not counted as a resource. Any equity value in excess of \$6,000 is a countable resource. Examples of this type of property include land which is used to produce vegetables or livestock only for personal consumption in

the applicant's or recipient's household, and personal property necessary to perform daily functions (e.g., a garden tractor), but do not include motor vehicles, boats or other special vehicles.

#### 3.220.35 Temporary Interruption in Use of Property

If property has been but is not currently in use for one of the purposes described in the three preceding sections, the exemption for such property shall continue for 12 months (24 months where nonuse is due to a disabling condition) if there is a reasonable expectation that the previous use of the property will resume within that time.

#### 3.220.36 Non-Business, Income-Producing Property

If an applicant or recipient owns non-business, income-producing property, a maximum of \$6,000 of the equity value of such property is an exempt resource, as long as the property produces a net annual income of at least 6% of the excluded equity. If the equity value of such income-producing, non-business property exceeds \$6,000, only the equity value above \$6,000 will be counted as a resource. If there is more than one potentially exempt property, the rate-of-return requirement applies individually to each. However, the total combined exemption for all such properties shall not exceed \$6,000.

- A. "Non-business" means that the property is not used in a trade or business as defined in Section 3.220.32. Examples of non-business, income-producing property are houses or apartments for rent, and land other than home property.
- B. If non-business, income-producing property is not producing net income of at least 6% of the excluded equity, the entire equity value is counted as a resource. However, the exemption for up to \$6,000 of the property's equity may continue if the property is earning less than 6% due to circumstances beyond the applicant's or recipient's control (e.g., crop failure, illness, etc.), and there is a reasonable expectation that, within 24 months, the property will again produce a 6% return.
- C. A permit, license, or other similar authority granted by a governmental agency to engage in an income-producing activity is not a countable resource.

#### 3.220.37 Examination of Tax Records

In order to help determine whether property is currently being used in a trade or business, or whether property is producing income, obtain a copy of the most recent tax returns (form 1040 and appropriate schedules) from the applicant or recipient. If a return has not yet been filed, obtain a current estimate of income and a copy of the previous year's return.

### **3.220.4 PROPERTY REPLACEMENT EXEMPTIONS**

#### 3.220.41 Proceeds from Fire or Casualty Insurance

Proceeds from fire or casualty insurance shall be considered exempt to the extent that they are used to restore or replace an exempt resource. This exemption shall be allowed for up to 3 months for restoration or replacement of exempt personal property and 6 months for restoration or replacement of exempt real property.

#### 3.220.42 Proceeds from Sale, Relocation, or Condemnation of Principal Place of Residence

Proceeds from sale of the home property, relocation payments, or condemnation awards from a governmental agency shall be considered exempt to the extent that they are used to purchase or



build a replacement home. This exemption is allowed for up to 6 months. Proceeds of a home sale are the net payments received by the seller after satisfaction of all actual encumbrances and sales expenses.

#### 3.220.43 Time Limits

The time periods specified above begin with the date the applicant or recipient receives such proceeds.

#### 3.220.44 Determination of Replacement Exemption

Establishing that the replacement exemption applies, and the time period for the exemption, requires:

- A. Obtaining appropriate documentation to verify the amount of proceeds and date they were received, and
- B. Verifying that the proceeds are to be used for restoration or replacement of exempt property by obtaining the applicant's or recipient's signed statement to that effect.

#### 3.220.45 Verification of Restoration or Replacement

The applicant or recipient must be contacted upon the expiration of the allowable time period to verify that restoration or replacement has occurred. Restoration or replacement shall be considered to occur when payment for such is made or contracted in writing to be made.

#### 3.220.46 Countable Proceeds

When the allowable time period ends, proceeds in excess of payments made or contracted to be made must be counted as a resource as of the month following the month in which the time period expired.

### **3.220.5 BURIAL CONTRACT OR TRUST DEPOSIT (Not applicable to Colorado Works)**

#### 3.220.51 Irrevocable Prepaid Contract or Irrevocable Trust for Burial Expenses

For the purpose of determining eligibility for financial assistance, an applicant or recipient may own an irrevocable prepaid contract for burial expense or, as an alternative, may set up an irrevocable trust for burial expense, without such contract or trust affecting the applicant's or recipient's eligibility for assistance. Irrevocable means that the contract cannot be terminated, sold, or transferred.

#### 3.220.52 Irrevocable Prepaid Contract or Revocable Trust for Burial Expenses

For the purpose of determining eligibility for financial assistance, if an applicant or recipient, does not own an irrevocable funeral contract, the applicant or recipient may own a revocable prepaid contract or trust for burial expenses not to exceed \$1,500. Such contract or trust does not affect the applicant's or recipient's eligibility for assistance. For the purpose of evaluating a prepaid revocable burial contract, the following shall apply:

- A. Only the paid-up amount of the contract, not the face value, is taken into consideration;
- B. The interest on the exempt \$1,500 is also exempt;
- C. Revocable means that the contract can be terminated, sold, or transferred.

### 3.220.53 Determination of Exemption

For the purpose of evaluating a trust deposit for burial expense, the \$1,500 exemption applies only when the trust:

- A. Is made with a federally insured bank or savings and loan association, or with a trust company under supervision of the State Banking Commissioner;
- B. Is revocable during the lifetime of the applicant or recipient and is to be paid by the trustee only upon death of the applicant or recipient for the purpose of burial expense; and,
- C. Provides for payment of the trust funds without limitation as to place of burial or provider of related services unless the trust was established prior to November 1966. In any case, however, the applicant or recipient is not precluded from indicating a preference as to place of burial or provider of related services.

### 3.220.54 Burial Spaces

The value of burial spaces required to meet the burial needs of the immediate family, even if not living in the home, are exempt. The immediate family includes the applicant's or recipient's spouse, minor and adult children, stepchildren, adopted children, brothers, sisters, parents, adoptive parents, and the spouses of those persons.

## 3.230 PROPERTY VALUATION

### 3.230.1 VALUE DETERMINATION

#### 3.230.11 Documentation

The means and detail of value determination, including verification sources, must be entered on the Eligibility Review Record.

#### 3.230.12 Sufficient Details

The applicant or recipient can usually supply all or most of the needed documentation. Entries on the review record of documentary information must be in sufficient detail so that the source document is accurately reflected and can be returned to the applicant or recipient for safekeeping.

#### 3.230.13 Authorization to Contact a Collateral Source

The applicant's or recipient's authorization must always be obtained for the county department to contact a collateral source for valuation information or verification.

#### 3.230.14 Right to Protest Determination

An applicant or recipient may protest any value determination made by the county department and may obtain another appraisal or valuation that must be considered; however, the responsibility for the decision on the value determination rests with the county department.

#### 3.230.15 Verification

The current amount in a savings or checking account is determined by verifying the balance in the account:

- A. From a passbook or a copy of a current statement of the account, or
- B. With the bank, credit union, or savings and loan association by phone or in writing.

#### 3.230.16 Authorization to Contact Additional Banks

A county department may selectively contact one or more local banks to establish whether an applicant or recipient has any bank account or has an account in addition to one declared. The applicant's or recipient's authorization must be obtained to make such contacts.

#### 3.230.17 Disclosure of Safety Deposit Box Contents

An applicant or recipient must disclose the contents of a safety deposit box on request of the county department. The value of the contents is determined by obtaining any necessary valuations for countable items.

### **3.230.2 EQUITY VALUE OF REAL PROPERTY FOR OAP-A, OAP-B, AND, AB, AND AND/AB/SSI-CS**

#### 3.230.21 Definition

For OAP-A, OAP-B, AND, AB, and AND/AB/SSI-CS, equity value of real property means actual value less encumbrances (legal debts). To determine equity value, first determine actual value, then subtract the encumbrances as defined below.

#### 3.230.22 Actual Value

Actual value of real property may be obtained by using the actual value reported by a county assessor or from the most recent property assessment notice. If the actual value is not on the assessment notice, it may be determined by dividing the assessed value, as shown on the property assessment notice, by the appropriate percentage value for residential or non-residential property as established by state law.

The assessed value shall be verified: (1) from a copy of the most recent property assessment notice, or (2) with the county assessor's office by phone, personal contact, or in writing.

#### 3.230.23 Encumbrances

Encumbrances include mortgages, liens, judgments, delinquent taxes, loan agreements, and other forms of indebtedness. Encumbrances must be verified. Only direct and documented encumbrances against a specific item or property shall be considered in determining its equity value. Verbal agreements of indebtedness shall not be accepted.

#### 3.230.24 Determination of Equity Value of Mining Claims and Oil, Mineral or Water Rights

The equity value of mining claims and oil, mineral or water rights, if assessed separately from land, is determined by using the equity value as defined above.

### **3.230.3 EQUITY VALUE OF PERSONAL PROPERTY**

#### 3.230.31 Property Used in Trade or Business

The actual value of any personal property which is assessed for taxation such as a mobile home, house trailer, or property used in a trade or business, is determined by using the actual value reported by a county assessor, or by obtaining a copy of the most recent property assessment notice. If the actual value is not on the assessment notice, the value may be determined by:

- A. Verifying the assessed valuation: (1) from a copy of the most recent property assessment notice, or (2) with the county assessor's office by phone, or other personal contact, or in writing, and
- B. Converting to actual value by dividing such assessed valuation by the percentage of valuation as determined by state law.

When personal property valuation is necessary, and the usual means of valuation is not possible, the county department may use available local resources or the classified ad section of the local or other state newspaper to determine and verify the actual value.

To determine the equity value of personal property, first determine the actual value, then subtract encumbrances as defined in section 3.230.23.

### 3.230.32 Appraised Value of Personal Property Not Assessed for Taxation

The actual value of any personal property which is not assessed for taxation is determined by obtaining the appraised value less liabilities, i.e., farm equipment and livestock, inventories of merchandise and materials.

Except as specified in the succeeding paragraph, the actual value of automobiles and trucks is determined by using the "wholesale" (trade-in) value given in the current issue of a value guide publication, or a lesser value if verified by a statement from a reliable source.

### 3.230.33 Actual Value of Personal Property Not Assessed for Taxation

For personal property which has not been assessed for taxation and vehicles which are not listed in the value guide publication, the actual value is based on statements given by the applicant or recipient; except that, when reasonable doubt exists concerning the applicant's or recipient's stated value, the actual value is determined and based on:

- A. Assessment standards obtained from the State or county motor vehicle office or county assessor's office, or
- B. Valuation obtained from a local merchant or dealer.

## **3.230.4 SECURITIES AND OTHER FINANCIAL DOCUMENTS**

### 3.230.41 Fair Market Value

The fair market value of stocks, mutual fund shares, municipal, corporate or government bonds, and other securities is based on the price as of the opening of the market on the date their value is determined by the county department. The market prices is obtained from the published quotations in daily newspapers or by contacting a local securities firm.

### 3.230.42 Valuation of Over-the-Counter Stocks

The value of stocks traded over-the-counter is expressed on a "bid" and "asked" basis. In such cases, the bid price is used to determine the market value.

### 3.230.43 Stocks or Securities With No Locally Determinable Value

When stocks or other securities have no locally determinable value, the market value is requested from the issuing company. The Office of the Secretary of State in each state will supply information as to whether the stock is still on the market, and the address of the issuing company.

#### 3.230.44 U.S. Savings Bonds and Treasury Notes

The current cash value of U.S. Savings Bonds, Treasury Notes, and the like is determined from the value tables appearing on the bonds themselves or by contacting a local bank.

#### 3.230.45 Failure to Sell

Failure to sell a mortgage, promissory note or similar property at the asking price or for a reasonable value does not exempt the resource. Under such circumstances, the county department must determine whether the property could be sold for two-thirds of the actual value. If the property can be sold at two-thirds of the actual value, that amount shall be counted as the value of the resource. Property that cannot be sold at two-thirds of the actual value shall be exempt from resource consideration in accordance with Section 3.210.15, C.

#### 3.230.46 Refusal of Two-Thirds Offer

If the adult financial or Medicaid applicant or recipient receives an offer for at least two-thirds of the actual value and refuses to sell the property, the property shall not be exempted.

#### 3.230.47 Right to Establish Lesser Value

The applicant or recipient shall have the right to submit evidence establishing a lesser property value. Such value may be established to be zero. The county department shall evaluate the evidence and redetermine the property value.

### **3.230.5 LIFE INSURANCE**

#### 3.230.51 Face and Cash Surrender Value

The owner of a life insurance policy is the only individual who can receive the proceeds under the cash surrender provisions of the policy. Life insurance policies owned by the applicant or recipient must be evaluated for original face value at the time of purchase and cash surrender value.

#### 3.230.52 Types of Policies

Most term life insurance carries no cash surrender value. However, such policies should be reviewed to determine if a cash surrender value exists. The following types of life insurance carry a cash surrender value:

- A. Whole life, also known as ordinary life or straight life;
- B. Limited payment life; and,
- C. Endowment.

#### 3.230.53 Cash Surrender Value of Whole Life Policies

Whole life insurance policies have a cash surrender value usually after the second year.

#### 3.230.54 Calculation of Cash Surrender Value

Most insurance policies that permit cashing-in have a section explaining the option and a table of values that are payable. The cash surrender value may be figured by using the table value as of the last anniversary date.

### 3.230.55 Obtaining Written Valuation

When the insurance policy does not provide needed information, or the owner has borrowed on the policy, the policy has lapsed or the status of the policy is otherwise in question, information regarding any current cash surrender value which may affect eligibility must be obtained by writing to the insurance company.

### 3.230.56 Determining Original Face Value

The original face value of a policy may be increased because of dividends and reinvestment of dividends. This increased face value is not used to determine eligibility. The original face value of the policy is the figure to be used to determine if the cash surrender value of the policy is exempt.

## 3.240 INCOME PROVISIONS

### 3.240.1 DETERMINING MONTHLY INCOME (Not applicable to Colorado Works)

#### 3.240.11 Definition

"Income", in general, is the receipt by an applicant or recipient of a gain or benefit in cash or in-kind during a calendar month.

#### 3.240.12 In-Kind Income

In-kind income must be something of value received for the applicant's or recipient's own benefit in providing the basic requirements of food, shelter, utilities, clothing and other needs as specified under the standards of assistance.

#### 3.240.13 Income Counted in Month Received

Income of an applicant or recipient shall be counted as income in the month it is received or is expected to be received, unless the income is averaged or prorated as provided in a subsequent paragraph of this section.

#### 3.240.14 When Income is Received

"Received", as is used in the preceding paragraphs, means "actually" received or legally becomes available, whichever occurs first; that is, the point at which the income first is available to the applicant or recipient to use.

#### 3.240.15 Anticipated Income

Income which can be anticipated with reasonable certainty concerning the amount and month in which it is to be received shall be counted.

#### 3.240.16 Expected Monthly Income

Generally, the expected monthly income amount is based on the income received in a previous month; except that, when the previous month does not provide an accurate indication of anticipated income, or under circumstances as specified below, a different period of time may be applicable:

- A. For new or changed income, a period shorter than a month may be used to arrive at a projected monthly amount;

- B. For contract employment in cases, such as in some school systems, where the employees derive their annual income in a period shorter than a year, the income shall be prorated over the term of the contract, provided that the income from the contract is not earned on an hourly or piecework basis;
- C. For regularly received self-employment income, net earnings will usually be prorated and counted as received in a three (3) month period, except for farm income. For further information see section on self-employment under countable earned income.
- D. For all other cases where receipt of income is reasonably certain but the monthly amount is expected to fluctuate a period of 12 months shall be used to arrive at an average monthly amount;
- E. For income from rental property to be considered as self-employment income the recipient must actively manage the property at least an average of 20 hours per week. Income from rental property will be considered as unearned income if the applicant or recipient is not actively managing the property an average of at least 20 hours per week. Rental income, as self-employment or as unearned income, shall be averaged over a 12 month period to determine monthly income. Income from jointly owned property must be considered as a percentage at least equal to the percentage of ownership or, if receiving more than percentage of ownership, the actual amount received;
- F. For cases where a change in the monthly income amount can be anticipated with reasonable certainty, such as with Social Security cost-of-living increases, or other similar benefit increases, the expected amount shall be considered in arriving at countable monthly income for the month received.

### **3.240.2 FINANCIAL RESPONSIBILITY OF RELATIVES (Not applicable to Colorado Works)**

#### **3.240.21 Family Groups**

In family groups living together, income of one spouse is considered available for the other spouse and income of a parent (or spouse of a parent) is considered available for unemancipated children except that, if a spouse or parent is receiving assistance under another category of public assistance, SSI benefits, or medical assistance, the income shall not be considered as available to the other spouse or to the children.

For the purposes of this rule, "unemancipated child" means (1) a child under age 18 who is living in the same household with a parent or spouse of a parent, or (2) a child under age 21 who is living in the same household with a parent or spouse of a parent, if the child is regularly attending a school, college, or university, or is receiving technical training designed to prepare the child for gainful employment.

#### **3.240.22 Non-Recipient Spouse (NRS)**

Non-recipient Spouse Income (NRSI) consists of all countable earned and unearned income received by the non-recipient spouse. Non-recipient Parental Income (NRPI) consists of all countable earned and unearned income received by the non-recipient parent and the spouse of the non-recipient parent.

#### **3.240.23 NRS Income Determination**

For the purpose of determining the amount of income available to a spouse or unemancipated child who is an applicant or recipient, the countable earned income of the non-recipient spouse (NRS), non-recipient parent (NRP), or non-recipient spouse of a NRP, shall be computed monthly

as follows:

- A. Determine the amount of gross earned income. From this amount, deduct \$65 plus one/half (1/2). The remainder is the amount of earned income deemed to the applicant or recipient.
- B. The remainder (after the above deductions) shall be considered income to the applicant or recipient and shall be deducted, together with any other income, from the grant of the applicant or recipient.
- C. When there is a categorical change of assistance to the recipient, the NRSI or NRPI shall be recomputed.

#### 3.240.24 Determination of Available Income to Spouse and Unemancipated Child

For the purpose of determining the amount of income available to a spouse or unemancipated child who is an applicant or recipient, the countable unearned income of the NRS, NRP, or non-recipient spouse of a NRP, shall be computed monthly as follows:

- A. Determine the total amount of unearned income of the non-recipient spouse or NRP;
- B. Deduct, for the needs of the NRS or NRP, an amount equal to the standard of assistance for the category of assistance being applied for or being received by the applicant or recipient;
- C. Deduct an amount to meet the needs of dependent children of the NRS or NRP equal to one/half the maximum SSI individual benefit level less the dependent child(ren)'s own income;
- D. Deduct any medical care payments by the NRS or NRP for the NRS or NRP or his/her dependents which are not covered by Medicare, Medicaid, or other health programs;
- E. With the exception of garnishment, deduct any amount of obligation of the NRS or NRP due to orders of judgment or for support by a court.

The remainder (after the above deductions) shall be considered income to the applicant or recipient and shall be deducted, together with any other income, from the grant of the applicant or recipient.

When there is a categorical change of assistance to the recipient, the NRSI or NRPI shall be recomputed.

#### 3.240.25 Earned and Unearned Income

When the NRS, NRP, or non-recipient spouse of a NRP, has income consisting of both countable earned and unearned income the countable earned income shall have the \$65 deduction, then the remainder is divided in half (1/2). The unearned income shall have the appropriate unearned income disregard applied. Add the earned and unearned income remainders together; this total is the amount of deemed income to the applicant or recipient.

#### 3.240.26 Income Greater Than the Assistance Grant

If the NRSI or NRPI is greater than the assistance grant or is greater when added to the applicant or recipient's other income, the applicant or recipient shall be determined ineligible.



### 3.240.27 Dispute in Calculation of Attributable Income

If an applicant or recipient disagrees with the amount determined to be attributable as income or alleges that such income actually is not available, the county department shall:

- A. In the instance of disputed amount attributable as income request the applicant or recipient to provide documentation that the amount used in the non-recipient spouse income computation is incorrect. If such documentation established that an incorrect computation has taken place an immediate correction and adjustment shall be made;
- B. In the instance of allegation that attributable income from the non-recipient spouse actually is not being received, the county department shall undertake a determination of the facts. If it is verified that the allegation is, in fact, true, the non-recipient spouse income deduction shall be suspended while corrective actions to assure such receipt are being sought or implemented. The case shall be referred to the county attorney for corrective action.

### **3.240.3 DISTINGUISHING EARNED INCOME FROM UNEARNED INCOME (Not applicable to Colorado Works)**

#### 3.240.31 Definitions

To distinguish earned income from unearned income to determine which income exemptions, disregards, and/or deductions apply:

- A. "Earned income" means payment in cash or in kind received by an applicant or recipient for services performed as an employee or as a result of the applicant or recipient being engaged in self-employment;
- B. "Unearned income" means any income that is not earned through employment or self-employment.

### **3.240.4 NET DEDUCTIBLE EARNED INCOME (NDEI)**

3.240.41 For the purpose of grant determination the countable earned income is referred to as the Net Deductible Earned Income (NDEI). The NDEI is the result of subtracting applicable earned income disregards from gross earned income.

## **3.250 CONSIDERATION OF INCOME**

### **3.250.1 COUNTABLE EARNED INCOME**

#### 3.250.11 Consideration Against Assistance Program Standard

Unless otherwise specified, any earned income is countable and the applicable net deductible earned income amount (NDEI) together with all other countable income of the applicant, recipient, or family must be considered against the applicable assistance program standard. The procedure for such consideration in relation to standards of assistance are specified in the chapters covering the different programs.

#### 3.250.12 Determining the Net Deductible Earned Income (NDEI)

The amount of wages, salaries, or commissions available to the applicant/recipient after the applicable disregards is the net deductible earned income (NDEI).

- A. Wages, salaries, and commissions mean all payments for services as an employee, or money

payments obligated to the employee and diverted to a third party for the employee's household or other expenses.

- B. Wages that are being garnished by a court order are classified as earned income.
- C. With the exception of contract employment, wages which are paid to an employee for a period for which services were rendered must be counted as earned when paid rather than when earned, except that wages held at the request of the employee are considered income in the month they would otherwise have been paid.

### 3.250.13 Self-Employment

An individual involved in a profit making activity shall be classified as self-employed.

- A. To determine the net profit of a self-employed applicant or recipient deduct the cost of doing business from the gross income.
  - 1. These expenses include, but are not limited to, the rent of business premises, wholesale cost of merchandise, utilities, interest, taxes, labor, and upkeep of necessary equipment.
  - 2. Depreciation of equipment shall not be considered as a business expense.
  - 3. The cost of and payments on the principal of loans for capital assets or durable goods shall not be considered as a business expense.
  - 4. Personal expenses such as personal income tax payments, lunches, and transportation to and from work are not business expenses, and are included in the applicable earned income disregards computation.
- B. Appropriate allowances for cost of doing business for applicants or recipients who are licensed, certified or approved day care providers are (1) for the first child for whom day care is provided, deduct \$55 and (2) for each additional child deduct \$22. If the applicant or recipient can document a cost of doing business which is greater than the amounts above set forth, the procedure described in A-1, shall be used.
- C. The resultant net profit amount, secured after the appropriate deductions described above, shall be treated as set forth in the OAP, AB/AND, or Colorado Works chapters concerning earned income.

### 3.250.14 Irregular Receipt of Self-Employment Income

Irregular receipt of self-employment income shall be averaged over a 12 month period. All self-employment income of Colorado Works applicants or recipients shall be considered income in the month received.

### 3.250.15 Other Types of Self-Employment Income

Some different types of self-employment income and how considered include, but are not limited to, the following:

- A. Farm Income - shall be considered on a yearly basis. Net income for the prior year shall be determined and averaged for the succeeding year. When an applicant or recipient ceases to farm, the income is no longer deducted.

- B. Rental income - shall be considered as self-employment income only if the applicant or recipient actively manages the property at least an average of 20 hours per week. Rental income shall be averaged over a 12 month period to determine monthly income.
- C. Board (to provide a person with regular meals only) payments shall be considered earned income in the month received to the extent that the board payment exceeds the maximum food stamp allotment for a one-person household per boarder and other documentable expenses directly related to provision of board.
- D. Room (to provide a person with lodging only) payments shall be considered earned income in the month received to the extent that the room payment exceeds documentable expenses directly related to the provision of the room.
- E. Room and board payments shall be considered earned income in the month received to the extent that the payment for room and board exceeds the food stamp allotment for a one-person household per room and boarder and documentable expenses directly related to the provision of room and board.

#### 3.250.16 Donated Services

- A. Donated in-kind countable earned income shall be defined as services donated without pay by an applicant or recipient that:
  - 1. Is regular and for a specific time period;
  - 2. Is a necessary service; and
  - 3. If not performed by the applicant or recipient someone would have to be hired to perform the service.
- B. If donated services meet these requirements, the value of these services is determined by:
  - 1. The going rate in the community; or,
  - 2. From two employers of like services.
- C. The applicant or recipient shall be informed that the continuation of donation of services will result in an income deduction from the assistance grant after all applicable earned income disregards have been applied.

#### 3.250.17 In-Kind Income in Exchange for Employment

In-kind income received in exchange for employment is employment income and shall have the appropriate earned income disregards applied to the total value of the income.

The amount considered as earned income when an applicant or recipient is paid in-kind is the value of the item supplied. The current market value of the item is used if the value of the item is not provided.

### **3.250.2 COUNTABLE UNEARNED INCOME**

#### 3.250.21 Consideration Against Assistance Program Standard

Unless otherwise specified, any unearned income is countable and together with all other countable income of the applicant, recipient, or family must be considered against the applicable

assistance program need and/or grant standards specified in the chapters covering the different programs.

### 3.250.22 In-Kind Support and Maintenance (ISM)

For certain applicants or recipients receiving OAP, AB/SSI-CS, or AND/SSI-CS and not paying their fair share of housing costs, an In-kind Support and Maintenance (ISM) amount must be determined and counted as unearned income. The maximum amount of ISM to be charged to the applicant or recipient shall not exceed the applicable amount of the shelter and utility component as described in the OAP or AND/AB/SSI-CS grant standards. This component is adjusted annually. The ISM provisions do not apply to the following for an applicant or recipient:

- A. Residing in and owning their own homes;
- B. Residing in subsidized housing;
- C. Receiving state AND or State AB;
- D. Receiving Colorado Works;
- E. With a life estate established on their homes;
- F. Considered to be boarders; or,
- G. Considered to be homeless.

### 3.250.221 Shelter Costs

Shelter costs of an applicant or recipient who is renting must be equal to the going rate in the community for the applicant or recipient to receive the full amount of the shelter component. If the applicant's or recipient's monthly shelter costs equal or exceed the current maximum amount established for the shelter component, no further action is necessary and no reduction shall be made in the applicant's or recipient's assistance grant. If the applicant's or recipient's monthly shelter costs are less than the current maximum amount established for the shelter component, a determination of In-kind Support and Maintenance must be made. To determine if the ISM provision must be applied, the county department must apply the following steps:

- A. Determine the current market rental value of the property. This is the amount the provider would charge if the dwelling was rented on the local open market. Included in this amount may be items such as the amount the household pays for mortgage payments, real property taxes or rent, heating fuel, gas, electricity, water, sewage and garbage collection.
- B. Determine monthly shelter costs and ISM, if applicable.
  - 1. If an applicant or recipient lives alone and pays rent, monthly shelter costs are defined as the rent payment plus any or all of the following components: mortgage payments, real property taxes or rent, heating fuel, gas, electricity, water, sewage and garbage collection. This amount is then compared with the current market value to determine if ISM is applicable.

If the applicant's or recipient's monthly shelter costs are more or less than the current market value, the amount of ISM shall be determined as follows:

- a. If the applicant or recipient is paying shelter costs less than the current market value, then the amount the applicant or recipient is actually paying is

subtracted from the maximum ISM that is in effect. The result is counted as unearned income to the applicant or recipient. If the result of the subtraction is a negative number, then no ISM is applicable and no reduction shall be made in the applicant's or recipient's assistance grant.

- b. If the applicant or recipient is paying shelter costs more than the current market value, then no further action is necessary and no reduction shall be made in the applicant's or recipient's assistance grant.
- 2. If an applicant or recipient is living with others, monthly shelter costs are defined as the applicant's or recipient's equal or fair share of the total household expenses. The monthly shelter costs, including any of the components listed above, are divided by the number of individuals in the household, including children. This amount is the applicant's or recipient's fair share of the monthly shelter costs.
  - a. If the applicant or recipient who is living with others is paying less than applicant or recipient fair share, then the amount the applicant or recipient is actually paying is subtracted from the applicant or recipient fair share amount. The result is counted as unearned income to the applicant or recipient.
  - b. If the applicant or recipient is paying an amount equal to or more than the fair share, no ISM is applicable.
- C. If the applicant or recipient is paying no shelter costs, and all shelter costs are supplied in full, then the maximum ISM amount in effect at the time is counted as unearned income to the applicant or recipient.
- D. An applicant or recipient may appeal the county department's determination of ISM in accordance with the regulations governing appeals in this manual.

### 3.250.222 In-Kind Items Other Than Shelter

In kind items, other than shelter and utilities, supplied in full at no cost to the applicant or recipient shall be considered as unearned income to the extent of the amount specified in the grant standard for that component item.

### 3.250.23 Countable Unearned Income

Countable unearned income includes but is not limited to the following, as well as other payments, from any source whatever, which can be construed to be a gain or benefit to the applicant or recipient and which are not earned income:

- A. Inheritance, gifts, and prizes;
- B. Dividends and interest received on savings bonds, leases, etc.;
- C. Income from rental property is considered as unearned income where the applicant or recipient is not actively managing the property on an average of at least 20 hours a week. Rental income is countable to the extent it exceeds allowable expenses. Allowable expenses are maintenance, taxes, management fees, interest on mortgage, and utilities paid, and do not include the purchase of the rental property and payments on the principal of loans for rental property.
- D. Support and alimony payments; specific instructions for treatment of support in regard to

Colorado Works assistance are contained in the Colorado Works program chapter, in the section on "Support";

- E. Educational loans and grants which are not exempt; the countable amount, after deduction of expenses necessary for school attendance, must be prorated over the period of months intended to be covered by the loan or grant; specific instructions for determining the countable amount are contained in the section on "Educational Loans and Grants";
- F. VA educational assistance (G.I. Bill) payments or any other benefits which are conditional upon school attendance are income to the extent that they exceed expenses necessary for school attendance; specific instructions for determining the countable amount are contained in the section on "Educational Loans and Grants";
- G. Proceeds of a life insurance policy to the extent that they exceed the amount expended by the beneficiary for the purpose of the insured recipient's last illness and burial which are not covered by other benefits;
- H. Proceeds of a health insurance policy or personal injury lawsuit to the extent that they exceed the amount to be expended or required to be expended for medical care;
- I. Strike benefits;
- J. Income from jointly owned property - in a percentage at least equal to the percentage of ownership or, if receiving more than percentage of ownership, the actual amount received;
- K. Lease bonuses (oil or mineral) received by the lessor as an inducement to lease land for exploration are income in the month received;
- L. Oil or mineral royalties received by the lessor are income in the month received;
- M. Stepparent and aliens' sponsors' attributable income for Colorado Works cases;
- N. (Not applicable to Colorado Works) OASDI or SSI benefits received by an applicant or recipient shall be considered income in the month received.
- O. income derived from monies (or other property acquired with such monies) received pursuant to the "Civil Liberties Act of 1988", P.L. 100-383, (by eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts).
- P. Amounts withheld from unearned income because of a garnishment are countable as unearned income.

#### 3.250.24 Lump Sum Payments to SSI Recipients

SSI recipients who receive a lump sum payment shall not lose medical benefits, but a recovery shall be established for financial assistance received in the month the lump sum payment is also received.

A recovery of financial and medical benefits shall be established for OAP-A and OAP-B recipients if the lump sum payment is received too late in the month to adjust the assistance paid to the recipient. A recovery shall be established in accordance with the rules found in the recovery of overpayments section of this manual.

#### 3.250.25 Periodic Payments

The following types of periodic payments are among those included in countable unearned income:

- A. Annuities - payments calculated on an annual basis which are in the nature of returns on prior payments or services; they may be received from any source;
- B. Pension or retirement payments - payments to an applicant or recipient following retirement from employment, such payments may be made by a former employer or from any insurance or other public or private fund;
- C. Disability or survivor's benefits - payment to an applicant or recipient who has suffered injury or impairment, or, to such applicant's or recipient's dependents or survivors; such payments may be made by an employer or from any insurance or other public or private fund;
- D. Worker's Compensation payments - payments awarded under federal and state law to an injured employee or to such employee's dependents; amounts included in such awards for medical, legal, or related expenses incurred by an applicant or recipient in connection with such claim are deducted in determining the amount of countable unearned income;
- E. Veteran compensation and pension - payments based on service in the armed forces; such payments may be made by the U.S. Veterans Administration, another country, a state or local government, or other organization. Any portion of a VA pension which is paid to a veteran for support of a dependent shall be considered countable unearned income to the dependent rather than the veteran.
- F. Unemployment Compensation - payments in the nature of insurance for which one qualifies by reason of having been employed and which are financed by contributions made to a fund during periods of employment;
- G. Railroad retirement payments - payments, such as sick pay, annuities, pensions, and unemployment insurance benefits, which are paid by the Railroad Retirement Board (RRB) to an applicant or recipient who is or was a railroad worker, or to such worker's dependents or survivors;
- H. Social Security benefits - old age (or retirement), survivors and disability insurance payments (OASDI or RSDI) made by the Social Security Administration; also included are special payments at age 72 (Prouty benefits) and Black Lung benefits;
- I. Supplemental Security Income (SSI) - public assistance payments made by the Social Security Administration to an applicant or recipient age 65 or older, or who is blind or disabled; such payments are considered in accordance with requirements specified in the applicable assistance program chapter;
- J. Child Support Income - payments made by absent parents for the support of children in a Colorado Works assistance unit shall be considered in accordance with the Colorado Works financial eligibility and payment rules. Child support paid the family by the Child Support Enforcement Unit shall be considered countable unearned income.

### 3.250.251 Supplementary Medical Insurance Benefits (SMIB)

Social Security "Medicare" supplementary medical insurance benefit is a voluntary program, therefore the full Social Security award amount is counted as income to determine eligibility and to determine the amount of financial assistance to the applicant or recipient. The lump sum SMIB refund received by the "buy-in" recipient is exempt income as the applicant or recipient has

previously been charged with that income.

#### 3.250.26 Trusts

A trust which benefits a Financial/Medicaid applicant or recipient shall be submitted to the State Department of Health Care Policy and Financing for determination as income or resources in accordance with the Department of Health Care Policy and Financing Manual, Section 8.110.52 (10 CCR 2505-10).

#### 3.250.27 Military Allotment

A military allotment received on behalf of an applicant or recipient for those individuals included in the budget unit shall be considered as income in the month received.

The military allotment received by the non-recipient spouse, parent, or stepparent on behalf of individuals not in the assistance unit shall be considered as income in the month received to the extent that such income exceeds the need standard concerning those persons not in the budget unit.

#### 3.250.28 Life Care Agreement

A life care agreement is an estate planning procedure where the applicant or recipient transfers real property to another individual but retains the right of occupancy and income from this property during the applicant's or recipient's lifetime. If the applicant or recipient's shelter is being provided in full, the shelter component shall be deducted from the assistance grant. This deduction shall not exceed the shelter component.

#### 3.250.29 Congregate Home

An applicant or recipient may purchase occupancy in a church sponsored, non-profit congregate home for the aged or individual private owner home. If the applicant's or recipient's shelter is being provided in full in such an arrangement, the amount of the shelter component shall be deducted as income from the grant.

### **3.250.3 EXEMPT INCOME**

#### 3.250.31 Income Taxes

Since income taxes are included when determining the amount of countable income of an applicant or recipient, a refund of such taxes shall not be counted as income in the month received. Any amount retained into the following month is counted as a resource.

The Earned Income Tax Credit (EIC) shall be exempt as a resource for the month in which the EIC payment is received and for the following month.

#### 3.250.32 Third Party Payments

The value of any third-party payment for medical care or social services paid on behalf of an applicant or recipient shall be exempt. This exemption also applies to room and board furnished during medical confinement and paid for by a third party.

#### 3.250.33 Emergency Assistance

Emergency Assistance other than home energy assistance received on a one time basis in cash or in kind from other agencies and organizations shall be exempt; except that, standards of



assistance components which are supplied in full, free of any cost to an applicant or recipient are countable in an amount equal to the standard for the supplied component.

#### 3.250.34 Energy Assistance

Home energy assistance granted to an applicant or recipient by a private non-profit organization or home energy supplier, whether in kind, by voucher, or vendor payment, is exempt income even if it duplicates the utilities standard component in full.

#### 3.250.35 Personal Care and Home Care

Personal care or home care allowances paid to a recipient or non-recipient spouse, parent, stepparent or child, from a federal, state or local government program for in-home supportive servicing (attendant, chore, housekeeping) shall be exempt as income in determining the amount of attributable non-recipient spouse, non-recipient parent or non-recipient stepparent income. However, it shall be classified as employment income in determining the attendant's own eligibility for assistance.

#### 3.250.36 VA Aid and Attendance

VA Aid and Attendance may be paid to qualified veterans in addition to their regular VA benefit. VA Aid and Attendance is exempt income to the applicant or recipient to determine eligibility for public assistance in the applicant's or recipient's own home, if used for medical supplies and medical or attendant care not covered by Medicare or Medicaid, or other health insurance programs. The remainder is deducted from the assistance grant. (Amounts for attendant care are treated in the same manner as specified in the preceding paragraph.)

#### 3.250.37 General Assistance

General Assistance granted to an applicant/recipient by the county department prior to or as a supplement to categorical assistance is exempt income, except as it duplicates the full component item in the standards. That duplicate component item may be recovered following the recovery regulations found in the Administrative Procedures section of this staff manual.

### **3.250.4 EDUCATIONAL LOANS AND GRANTS**

#### 3.250.41 Loans/Grants Administered by The U.S. Commissioner of Education

Any undergraduate loan or grant issued and administered by the U.S. Commissioner of Education is exempt income. Some of these grants are:

- A. Basic Education Grant (PELL);
- B. Secondary Educational Opportunity Grant (SEOG);
- C. National Direct Student Loans (NDSL);
- D. Guaranteed Student Loans (GSL); and,
- E. State Student Incentive Grants (SSIG).

#### 3.250.42 Undergraduate "Need-Based" Student Aid Grants, Loans, Fellowships, and Work Study Grants

Undergraduate "need-based" student aid grants, loans, fellowships, and work study grants issued via the school's financial aid office are exempt income. "Need-based" grants consist of computing

the student's total needs less income and available resources (including assistance grants). Scholarships given to individuals for education or training are exempt for Colorado Works eligibility determination.

#### 3.250.43 Bureau of Indian Affairs

Bureau of Indian Affairs educational grants (BIA) to students are exempt income and may be issued in lieu of other exempt educational grants.

#### 3.250.44 Determining Exempt Status

To determine the exempt status of an educational allowance inquiry of the school's financial officer is used to determine if the grant is:

- A. Made to an undergraduate student;
- B. Made or insured by the U.S. Commissioner of Education;
- C. Made as a part of a "need-based" package;
- D. Made by the BIA.

#### 3.250.45 Consideration of Other Grants/Loans

All graduate student grants/loans and undergraduate grant/loans not previously disregarded are considered as follows:

- A. If the grant/loan conditions specify its use is for educational expenses only, it is considered exempt;
- B. If the grant/loan does not specify use of funds, allow any educational expenses (including child care if not available through Title XX) as exemptions. The remainder is considered as income and deducted from the assistance grant for the period of time covered by the grant/loan;
- C. If the grant/loan supplies a component item in full, that component item shall be deducted from the grant.

#### 3.250.46 Work Study Income

"Work Study" income that exceeds the "need-based" grant is earned income in the month received.

### **3.300 OLD AGE PENSION (OAP) PROGRAM DEFINITIONS AND REQUIREMENTS**

#### **3.300.1 GROUPS ASSISTED UNDER THE OAP PROGRAM**

##### 3.300.11 Minimum Age

The OAP program provides financial and medical assistance to an eligible applicant or recipient who has attained a minimum age of sixty years or more.

##### 3.300.12 Definition

An eligible applicant or recipient shall mean one whose resources are below the State

Department resource limit and whose income is below the basic minimum award of one hundred dollars monthly as adjusted by the State Board of Human Services due to change of living costs.

#### 3.300.13 OAP-A or OAP-B Designation

An applicant or recipient who has attained a minimum age of sixty-five years or more shall be designated OAP-"A" " for identification purposes. An applicant or recipient who has attained the age of sixty years but has not reached the age of sixty-five years shall be designated OAP-"B" for identification purposes.

#### 3.300.14 Eligibility

To receive OAP assistance, an eligible An applicant or recipient shall:

- A. Be a citizen of the United States or be a qualified alien or legal immigrant as described in the "General Requirements" section of this manual on "Citizenship and Alien Status" ; and,
- B. Be a resident of Colorado; and,
- C. Not be receiving financial assistance from another OAP grant and not be a member of an assistance unit which receives Colorado Works; and,
- D. Not be an inmate of a public institution except as a patient in a public medical institution; and,
- E. Not be a patient of any institution admitted for tuberculosis or mental disease. This provision shall apply only to OAP "A" and OAP "B."

#### 3.300.15 Medical Benefits

A recipient of OAP-A or OAP-B financial assistance may be eligible to receive medical benefits from:

- A. Medicaid - recipient meeting the categorical eligibility criteria; or,
- B. The Old Age Pension Health Care Program which is subject to available appropriations. A recipient must meet the eligibility criteria as defined in the rules of the Colorado Department of Health Care Policy and Financing (10 CCR 2505-10).

County workers will ensure the State Department's prescribed automated systems reflect the appropriate program.

#### 3.300.16 Application Process

An Old Age Pension applicant, who may be eligible, must apply for Supplemental Security Income and Social Security benefits as part of the application process. The applicant must comply with any referrals made by the county department unless good cause is provided. Good cause is defined as follows:

- A. Income is over the maximum allowed for SSI for an individual or a couple; or,
- B. Resources exceed that allowed for SSI; or,
- C. Applicant or recipient is not disabled as defined in Section 3.400.25 of this manual; or,
- D. Extenuating circumstances as determined by the State OAP/SSI coordinator.

### 3.300.17 State OAP/SSI Coordinator

A State OAP/SSI coordinator shall be available to assist the applicant or recipient in the SSI application process. The State OAP/SSI coordinator will assist the OAP-A and OAP-B applicant to obtain necessary information or verification needed to determine eligibility. The State OAP/SSI coordinator will communicate with the county department and Social Security Administration to ensure the SSI applicant or recipient is following through with the application and appeal process if applicable. The OAP applicant or recipient must apply for, and follow through with, the SSI/SSA application and appeals process to be or remain eligible for an OAP financial payment.

## **3.300.2 OAP ELIGIBILITY CRITERIA**

### 3.300.21 OAP-A

OAP "A" applicant shall be a minimum age of sixty-five years or more by the time verification of eligibility is completed.

### 3.300.22 OAP-B

An OAP "B" applicant shall be a minimum age of sixty years but have not reached the age of sixty-five years by the time verification of eligibility is completed.

### 3.300.23 Attainment of Age 65

An OAP "B" recipient who reaches the age of sixty-five years on any day in a month shall be changed to OAP "A" for that month.

## **3.300.3 ESTABLISHING THE FACTS OF ELIGIBILITY**

### 3.300.31 [Rev. eff. 9/1/06]

The county department shall establish that an applicant meets the age eligibility criteria by viewing the records or documents presented by the applicant to support the age stated and by recording the source of verification and type of documents viewed on the application form. Acceptable verification of age shall include, but not be limited to:

A. One of the following valid government issued documents or identification:

1. Birth certificate;
2. Valid Colorado state identification or driver's license;
3. Valid out of state identification or driver's license;
4. Naturalization, immigration, and passport papers;
5. Legal documents from Vital Statistics; or,
6. Social Security information (SOLQ, SVES, SDX, and BENDEX).

B. Two or more of the following documents:

1. School records;
2. Baptismal certificates or other well documented church records;

3. Family Bible or other well documented family records of birth;
4. Voting records;
5. United States census records.

### **3.350 OLD AGE PENSION (OAP) PROCESSING STANDARDS AND PAYMENT POLICIES**

#### **3.350.1 OLD AGE PENSION (OAP) APPLICATION PROCESSING STANDARDS [Rev. eff. 9/1/06]**

A face-to-face interview is mandatory when applying for Old Age Pension with the following exception: a telephone, mail in, or home visit shall be available for individuals that are disabled who cannot travel to the application site or for whom such travel would create a significant physical, medical, or mental hardship.

##### **3.350.11 Processing Time Requirement**

Action to approve or deny an Old Age Pension application shall be taken within 45 calendar days from the date of receipt of a completed and signed application. Action shall mean that the notice is hand-delivered or mailed to the applicant on the State Department's prescribed form.

##### **3.350.12 Delay in Processing Time**

When an application is not processed within 45 days, a notice shall be sent to the applicant informing the applicant of the reason for the delay and of the applicant's right to appeal for a fair hearing if dissatisfied with the delay.

##### **3.350.13 Social Security Number**

When an applicant is not able to furnish a Social Security Number but has complied with the requirement to apply for the number, the time required for issuance or securing verification of the number shall not be used as a basis for delaying action on the application.

##### **3.350.14 OAP-A and OAP-B Referral for Social Security or Supplemental Security Income Benefits**

An Old Age Pension-A (OAP-A) and Old Age Pension-B (OAP-B) applicant or recipient who may be eligible for Supplemental Security Income (SSI) or any Social Security benefits shall be referred to the Social Security Office. An applicant is required to submit proof of application to the county department within 10 calendar days. The applicant shall be advised Supplemental Security Income (SSI) and Social Security benefits are components of the eligibility criteria and that the Old Age Pension application or redetermination shall be discontinued if the applicant fails to provide the appropriate verification of a current SSI/SSA application or appeal.

The applicant shall be advised that the SSI/SSA application must be completed prior to the approval of Old Age Pension benefits. To complete the SSI/SSA application process the applicant must:

- A. Contact the Social Security Office to set an appointment to apply for Supplemental Security Income and any Social Security benefits for which the applicant or recipient may be eligible; and,
- B. Comply with the Supplemental Security Income and Social Security benefit interviewing process.

##### **3.350.15 State OAP/SSI Coordinator Responsibility**

The State OAP/SSI coordinator shall assist the applicant or recipient when possible to obtain information or provide required verification to complete the Supplemental Security Income and the Social Security eligibility process. The State OAP/SSI coordinator shall notify the county department if the applicant or recipient has failed to cooperate with the Supplemental Security Income and/or the Social Security application and/or the appeal process.

### 3.350.16 County Responsibility

- A. The county department shall identify and refer the following applicant or recipient to the Social Security Administration to apply for Supplemental Security Income if the applicant's or recipient's income is less than the full Supplemental Security Income grant:
  - 1. An Old Age Pension-A (OAP-A) applicant or recipient whose income is less than the Supplemental Security Income grant or, if the applicant or recipient is married, the couple's combined income is less than the SSI couple limit; or,
  - 2. An Old Age Pension-B (OAP-B) applicant or recipient who appears or states that the applicant or recipient is disabled and has income less than the Supplemental Security Income grant or, if the applicant or recipient is married, the couple's combined income is less than the SSI couple limit; or,
  - 3. An Old Age Pension applicant or recipient who was on the State Aid to the Needy Disabled program for one or more years or who has medical records indicating a disability; or,
  - 4. An Old Age Pension applicant or recipient who has attained a minimum age of 60 years and has no employment history in the last five (5) years; or,
  - 5. An Old Age Pension applicant or recipient who indicates an inability to return to past employment due to some physical or mental impairment.
- B. The county department shall provide Supplemental Security Income referrals to the State OAP/SSI coordinator.
- C. The county department sends the applicant or recipient a Notice of Adverse Action to deny or discontinue the applicant's or recipient's case when the State OAP/SSI coordinator notifies the county department of the applicant's or recipient's failure to apply for Supplemental Security Income, Social Security benefits, or to cooperate with the appeal process. This may be waived if the State OAP/SSI coordinator recommends the applicant or recipient be given good cause for not completing the Supplemental Security Income and Social Security application and appeal process due to extenuating circumstances.

### 3.350.17 Appeal Process for Supplemental Security Income and Social Security Benefit Cases

The State OAP/SSI coordinator shall advise and assist the applicant or recipient to file for an appeal if the State OAP/SSI coordinator believes the denial is inappropriate.

## **3.350.2 OAP REDETERMINATION CYCLE**

### 3.350.21 Timeframes

OAP A and B cases shall be redetermined every 12 months.

### 3.350.22 Complying with SSI/SSA Application and Appeal Process

A recipient who meets the following conditions must comply with the SSI/SSA application and appeal process:

- A. The recipient has not been referred to SSI/SSA before; or,
- B. The recipient failed to follow through with the SSI/SSA application or appeal process; and,
- C. The recipient meets the requirements for SSI/SSA referral listed under OAP Applicant Processing standards.

### **3.350.3 OAP REPORTING REQUIREMENTS**

#### **3.350.31 Reporting Change in Circumstances**

A recipient of OAP shall notify the county department in writing within 30 calendar days of any change in resources or income or other change in circumstances which affect eligibility or the amount of financial assistance. If such resource or income is received infrequently or irregularly and does not exceed a total value of ninety dollars in any calendar quarter, such resource or income shall be excluded from the thirty-day written reporting requirement but shall be reported at the time of the next eligibility redetermination.

#### **3.350.32 County Department to Provide Explanation of Reporting Requirements**

As a part of the application process, the county department shall provide an explanation of the reporting requirement.

#### **3.350.33 County Department to Provide Recipients with Reporting Requirements and Report of Change Form**

At the time of the first assistance payment and at each redetermination, the county department shall mail the OAP recipients the notice concerning reporting requirements and a report of change form.

### **3.350.4 OAP PAYMENT POLICIES**

#### **3.350.41 Payment Made to Recipient**

Except as specified below, the money payment shall be made directly to the recipient. This includes cases where the recipient has been adjudged mentally incompetent and the county department is satisfied that the recipient is getting full use and benefit of the payment.

#### **3.350.42 Court-Appointed Guardian**

When a court-appointed guardian makes application on behalf of the applicant, and the applicant is subsequently approved for payments, the payment shall be made to the guardian. The payment shall be issued to the recipient by the guardian. The guardian shall make semi-annual reports to the county department of payments received and expenditures made on behalf of the recipient.

### **3.360 FINANCIAL ELIGIBILITY REQUIREMENTS FOR OAP**

#### **3.360.1 DETERMINATION OF NEED**

##### **3.360.11 Resources and Income**

Two elements shall be considered to determine the applicant's or recipient's need for financial assistance:

- A. Resources available to the applicant or recipient; and,
- B. Income available to the applicant or recipient.

### **3.360.12 Home Care Allowance [Rev. eff. 1/1/07]**

In addition to the needs of the applicant or recipient, a home care allowance may be included in the grant of an Old Age Pension applicant or recipient.

See Section 3.720, et seq., for Home Care Allowance eligibility requirements.

### **3.360.13 Adult Foster Care [Rev. eff. 1/1/07]**

In addition to the needs of the applicant or recipient, an adult foster care allowance may be included in the grant of an OAP recipient. A twenty dollar disregard is not allowed. See Section 3.730, et seq., for Adult Foster Care eligibility requirements.

## **3.360.2 OAP LIFE INSURANCE RESOURCE LIMITS**

### **3.360.21 Life Insurance Limits**

If the total face value of all policies owned by an applicant or recipient is equal to \$1,500 or less, the cash surrender value is exempt. Life insurance policies, with cash surrender values of \$50,000 or less which were purchased more than 48 months prior to application, are exempt. However, if the applicant has contributed additional monies to the policies within 48 months of application, those additional monies contributed are counted toward the resource limit; the original cash value amount prior to the 48 month period remains exempt. If the total cash surrender value of the life insurance policies is equal to \$50,000 or less but were purchased within the 48 months prior to application, the total cash surrender value is a countable resource.

## **3.360.3 OAP STANDARD OF ASSISTANCE**

### **3.360.31 OAP Standard of Assistance Table**

The OAP Standard of Assistance Table reflects the current maximum grant.

### **3.360.32 Seek and Claim All Potential Income**

The total countable income of the applicant or recipient shall be deducted from the standard to determine the payment amount. Income shall be countable in the month it is received. The applicant or recipient must pursue and accept all potential income to which they may be entitled.

### **3.360.33 Income from Non-Applicant Spouse**

In addition to the income of the applicant or recipient, net income in cash or in kind to an applicant or recipient from the non-recipient spouse shall be considered as income in the month received.

### **3.360.34 Gross Income in Excess of Need Standard**

If the gross income of the OAP applicant exceeds the need standard, the applicant shall not be eligible for assistance. In addition, if the total countable income equals or exceeds the standard of assistance, the applicant shall not be eligible for assistance.



### 3.360.35 Child Support is Not Countable Income [Eff. 10/1/06]

Child support received by the OAP applicant for a legally dependant child is not considered income to the OAP applicant or recipient.

### 3.360.36 TANF/Colorado Works Benefits [Eff. 10/1/06]

An OAP applicant or recipient with a dependant child is required to apply for and accept TANF/Colorado Works financial benefits, if eligible.

A grandparent or any other relative caretaker is not required to be a member of the TANF/Colorado Works case when the child is not a legal dependant. The funds received for the support of a child are not used in determining the relative caretaker's eligibility for OAP benefits.

A TANF/Colorado Works case may be denied or discontinued because of a sanction or disqualification. The applicant or recipient shall be ineligible for OAP benefits until the sanction or disqualification is removed and all TANF/Colorado Works benefits have been accessed. A TANF/Colorado Works recipient is not required to apply for the sixty month extension to be potentially eligible for OAP benefits.

## 3.360.4 OLD AGE PENSION (OAP) STANDARD OF ASSISTANCE TABLE

### 3.360.41 OAP Grant Standard Components

The grant standard represents a combined monthly allowance for components identified in the OAP grant standard of assistance table.

### 3.360.42 Determining Deduction for Items Supplied Without Cost

The table provides a breakdown of the component amounts. The information shall be used to arrive at a deduction when an item is supplied in full, without cost, to the applicant or recipient.

### 3.360.43 Patients in a Medical Institution

For every full calendar month that the applicant or recipient is a patient in a medical institution, such as a hospital or nursing home, only a personal needs allowance shall be provided.

### 3.360.44 Old Age Pension (OAP) Standard of Assistance Table

#### COMPONENTS [Eff. 03/02/2009]

#### Standard Allowance: [Eff. 03/02/2009]

Food	\$155.34
Clothing	66.00
Shelter	244.66
Utilities	combined with shelter
Household Supplies	42.00
Insurance	27.00
Medicine Chest	28.00
Routine Transportation	50.00
Personal Needs	86.00
TOTAL	\$699.00

Institutionalized Persons:

Personal Needs -

Medical Institutions	\$ 50 or
(for certain veterans	
or their widow(er)s)	\$ 90

Individuals qualifying for the Home Care Allowance or Adult Foster Care programs may have income higher than the OAP grant standard. These individuals are eligible for a partial Home Care Allowance (HCA) or Adult Foster Care (AFC) payment. See Sections 3.720 and 3.730 of this manual regarding Home Care Allowance and Adult Foster Care. County departments are to operate the Home Care Allowance (HCA) and Adult Foster Care (AFC) programs in accordance with the rules promulgated by the State Board of Human Services.

**3.360.5 OLD AGE PENSION (OAP) INCOME DISREGARDS**

An Old Age Pension applicant's gross income shall not exceed the grant standard. The applicant or recipient must pursue and accept all potential income to which they may be entitled. If the applicant's gross income exceeds the grant standard, the applicant is ineligible. If the gross earnings are less than the grant standard, apply the deduction as described below for recipients.

A. To determine countable earned income of an Old Age Pension recipient, the following shall apply:

1. \$65 shall be subtracted from the gross earned income; and,
2. The result shall be divided in half; and,
3. The remaining income is the countable earned income.

B. To determine countable unearned income of an Old Age Pension recipient who does not receive Supplemental Security Income (SSI), or who receives SSI in addition to other unearned income, the following shall apply:

1. Determine the monthly gross unearned income; and,
2. From this amount, deduct \$20; and,
3. The balance is the countable unearned income.

C. In the case of a couple, only one \$20 disregard is allowed and is divided between the two individuals (or \$10 for each member of a couple).

A recipient who receives SSI only, and does not receive any other unearned income, does not receive the \$20 unearned income disregard.

An Old Age Pension recipient living in an Adult Foster Care facility is not eligible to receive the \$20 unearned income disregard.

D. The countable earned and unearned income are added together and then subtracted from the standard of assistance.

### **3.360.6 CONSIDERATION OF ALIEN SPONSOR: DEEMING OF INCOME AND RESOURCES**

#### **3.360.61 Applications on or After August 22, 1996 [Rev. eff. 8/1/05]**

This section shall apply to aliens or legal immigrants who apply for financial assistance on or after August 22, 1996.

#### **3.360.62 Exclusions [Rev. eff. 7/1/10]**

Rules relating to deeming of the sponsor's income and resources do not apply to qualified aliens who were:

- A. Admitted into the United States as a refugee; or,
- B. Granted political asylum by the U.S. Attorney General; or,
- C. Sponsored by a relative, except when the sponsor is the qualified alien's spouse. A relative is defined as any relation by blood, adoption or marriage, who is within the fifth degree of kinship to the qualified alien. Kinship relations by marriage continue to exist even if the marriage is terminated by death or divorce.

#### **3.360.63 Sponsor Responsibilities [Rev. eff. 7/1/10]**

Sponsors are expected to meet their financial commitments to the qualified alien whom they sponsor and for whom they sign an affidavit of support until such time as the:

- A. Qualified alien has obtained U.S. citizenship; or,
- B. Qualified alien has worked, or can be credited with forty (40) qualifying quarters of coverage under Title II of the Social Security Act, 42 U.S.C. 401, et seq.; no later amendments or editions of this section are incorporated. Copies may be available for inspection by contacting the Colorado Department of Human Services, Division of Aging and Adult Services, 1575 Sherman Street, Denver, Colorado 80203, or any state publications library; or,
- C. Qualified alien leaves the United States and gives up lawful permanent resident status; or,
- D. Qualified alien dies; or,
- E. Sponsor of the qualified alien dies; the death of one sponsor does not terminate the support obligation of a joint sponsor.

#### **3.360.64 Definition**

A sponsor is any person or persons who executed an affidavit of support or similar agreement on behalf of an alien or legal immigrant as a condition of the alien's or legal immigrant's entry into the United States.

#### **3.360.65 Sponsor Deeming [Rev. eff. 7/1/10]**

The resources and income of an individual who is a sponsor other than a relative (unless the relative is the qualified alien's spouse) shall be deemed available to the sponsored alien or legal immigrant until citizenship has been obtained or the sponsored alien or legal immigrant provides legal documentation stating the sponsorship affidavit has ended.

#### **3.360.66 Resource Exclusions**

The sponsor's resources shall be determined and the appropriate exclusions given as if the sponsor is applying for assistance. The applicable resource exclusions are explained under "Resources" in this staff manual.

### **3.360.67 Sponsor's Income**

The sponsor's income shall be treated as follows:

- A. Add the sponsor's gross earned and unearned income for total countable income; and,
- B. Apply a deduction for the sponsor equal to 125% of the Federal poverty level for the number of people in the sponsor's family; and,
- C. The income remaining after the above deductions shall be considered available as unearned income to the alien or legal immigrant for the purpose of financial and/or medical assistance.

A legal alien or legal immigrant who has been sponsored by more than one person is deemed to have access to the resources and income of each sponsor.

### **3.360.68 Providing Sponsor Information and Documentation [Rev. eff. 7/1/10]**

The sponsored qualified alien shall be responsible for the provision of any information and documentation necessary to determine the identity of their sponsor(s) including the name and current address of the sponsor(s), the relationship of the sponsor(s) to the qualified alien, and income and resources of the sponsor(s) which may be deemed available to the qualified alien or considered for repayment from the sponsor of benefits paid to or on behalf of the qualified alien. The qualified alien shall obtain any cooperation or necessary information from the sponsor. If the qualified alien fails to provide such information, assistance shall be denied or discontinued.

## **3.370 OLD AGE PENSION (OAP) GRANT DETERMINATION**

### **3.370.1 THE APPLICANT OR RECIPIENT INCLUDED IN THE OAP GRANT**

#### **3.370.11 Computation on Individual Basis**

OAP grants shall be computed on an individual basis.

### **3.370.2 COMPUTING THE GRANT AMOUNT**

#### **3.370.21 Process [Rev. eff.9/1/06]**

To determine the initial grant amount for an applicant found eligible, the county department shall:

- A. Consider the gross monthly earned income available to the applicant;

If the Social Security Administration (SSA) is recovering any portion of the SSI payment of an applicant due to an overpayment of benefits, the Old Age Pension/Colorado Supplement will be calculated based on the gross SSI payment and not the received amount; and,

- B. Apply the applicable earned and unearned income disregards; and,
- C. Add the countable earned income to the unearned income of the applicant, including deemed income from the non-recipient spouse; and,

- D. Subtract the total countable income from the standard of assistance; and,
- E. On the first day of the month, the payment shall be based on the standard of assistance less countable income; and,
- F. On any other day of the month, the payment shall be based on the standard of assistance less countable income, prorated according to the number of days remaining in the month.
- G. An applicant or recipient shall receive an amount equal to the ongoing monthly grant payment in the month they turn sixty (60) years of age, as long as all eligibility requirements are met.

#### 3.370.22 Grant Payment Effective Date [Rev. eff. 9/1/06]

- A. The initial adult financial grant payment shall be effective the date of the pending application or the day the applicant meets all eligibility criteria, whichever is later, through the end of the month.
- B. An ongoing adult financial and/or adult medical case shall not have a delay in benefits when:
  - 1. There is a current application or redetermination verifying eligibility; and,
  - 2. All eligibility criteria have been met as described in this section.

#### 3.370.23 On-Going Grant Amount

To determine the ongoing grant amount, the county department shall consider the gross monthly income available to the recipient. If the amount is less than the OAP standard, apply the following deductions:

- A. Apply the appropriate earned and unearned income disregards; and,
- B. Add the countable earned income and the countable unearned income of the recipient, including deemed income from the non-recipient spouse; and,
- C. Subtract the total countable income from the standard of assistance.

### **3.380 OLD AGE PENSION - "C" (OAP "C" ) PROGRAM DEFINITIONS AND REQUIREMENTS**

#### **3.380.1 GROUPS ASSISTED UNDER THE OAP "C" PROGRAM**

##### 3.380.11 Groups Assisted Under the OAP "C" Program

The OAP "C" program provides financial assistance to a recipient who has attained a minimum age of sixty years and is a patient in an institution.

3.380.12 A recipient shall mean one whose resources are below the State Department resource limit and whose income is below the basic minimum award of one hundred dollars monthly as adjusted by the State Board of Human Services due to changed living costs.

3.380.13 The applicant must be in an institution, not penal in character, maintained by the State or by a municipality therein or county thereof.

##### 3.380.14 Eligibility

To receive OAP "C" assistance, an eligible applicant shall:

- A. Be a citizen of the United States or an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under Colorado of Law;
- B. Be a resident of Colorado;
- C. Not be receiving financial assistance from Colorado Works, AND, or AB, or from another OAP grant.

#### 3.380.15 Committed by Order of the District or Probate Court

Where the inmate has been committed to the institution by order of the district or probate court, the superintendent or chief administrative officer of the institution shall apply for OAP "C" for and in behalf of the inmate.

### **3.380.2 OLD AGE PENSION "C" (OAP "C" ) ELIGIBILITY CRITERIA**

#### 3.380.21 Eligibility Criteria for Applicants Age 65 and Over

The county department shall establish the eligibility of an OAP "C" applicant who has attained the minimum age of sixty-five years in the same way as for an OAP "A" applicant (see Section 3.360, et seq.).

#### 3.380.22 Eligibility Criteria for An Applicant Age 60 to 64

The county department shall establish the eligibility of OAP "C" applicant who has attained the minimum age of sixty years but has not reached age sixty-five years in the same way as for an OAP "B" applicant (see Section 3.360, et seq.).

### **3.381 OLD AGE PENSION "C" (OAP "C" ) PROCESSING STANDARDS AND PAYMENT POLICIES**

#### **3.381.1 OLD AGE PENSION "C" (OAP "C" ) APPLICATION PROCESSING STANDARDS**

##### 3.381.11 Where the inmate has been committed to the institution by order of the district or probate court, the superintendent or chief administrative officer of the institution shall apply for OAP "C" for and in behalf of the inmate.

When a guardian has been appointed by the district or probate court, application shall be made by the guardian on behalf of the applicant. Action to approve or deny the application will be taken within 45 calendar days from the date of receipt of a completed and signed application. Action shall mean that the notice to the applicant, guardian, or superintendent or chief administrative officer shall be hand-delivered or mailed on the State Department's prescribed form.

##### 3.381.12 Old Age Pension "C" (OAP "C") Redetermination Cycle

OAP "C" cases shall be redetermined every 12 months.

##### 3.381.13 Old Age Pension "C" (OAP "C") Payment Policies

Assistance payments under the Old Age Pension granted to a recipient shall be in the recipient's name in care of the chief financial officer of the institution within which the recipient is confined or in care of the court-appointed guardian. When payment is made in care of a court-appointed guardian, such person shall make semi-annual reports to the county department of payments received and expenditures made on behalf of the recipient.

A reserve shall be provided to the recipient by the financial officer of the institution or the guardian for personal needs.

### **3.382 FINANCIAL ELIGIBILITY REQUIREMENTS FOR OLD AGE PENSION "C" (OAP "C")**

#### **3.382.1 DETERMINATION OF NEED AT APPLICATION OR REDETERMINATION**

##### **3.382.11 Resources and Income**

At the time of application or redetermination, two elements shall be considered to determine an applicant's or recipient's need for financial assistance:

A. Resources available to the applicant or recipient, and,

B. Income available to the applicant or recipient.

#### **3.382.2 OLD AGE PENSION "C" (OAP "C") RESOURCE LIMITS**

##### **3.382.21 Limit**

For Old Age Pension "C" , the resource limit is \$2,000 for an individual and \$3,000 for a couple.

##### **3.382.22 Availability**

A resource is considered available when it is actually available or when it is legally accessible to the applicant or recipient. Real and personal property must have a cash value that is available to the applicant or recipient upon disposition to be considered a resource.

##### **3.382.23 Home Exemption**

The home of an Old Age Pension "C" recipient shall not be countable as a resource during the period of commitment.

##### **3.382.24 Life Insurance**

If the total face value of all policies owned by an applicant or recipient is equal to \$1,500 or less, the cash surrender value is exempt. Life insurance policies, with total cash surrender values of \$50,000 or less which were purchased more than 48 months prior to application, are exempt. However, if the applicant has contributed additional monies to the policies within 48 months of application, those additional monies contributed are counted toward the resource limit; the original cash value amount prior to the 48 month period remains exempt. If the total cash surrender value of the life insurance policies is equal to \$50,000 or less but the policies were purchased within the 48 months prior to application, the total cash surrender value is a countable resource.

##### **3.382.25 Resources in Excess of Limit**

If total countable resources exceed the individual or couple limit, the applicant or recipient shall not be eligible for Old Age Pension "C" .

#### **3.382.3 OLD AGE PENSION "C" (OAP "C") STANDARD OF ASSISTANCE**

##### **3.382.31 Standard Allowance**

The Old Age Pension "C" grant standard of assistance shall be the same as the standard

allowance for Old Age Pension "A" (OAP "A") and Old Age Pension "B" (OAP "B")."

#### 3.382.32 Countable Income

The total countable income of the applicant or recipient shall be deducted from the standard in determining the payment amount. Income shall be countable in the month it is received.

#### 3.382.33 Income in Excess of Grant Standard

If total countable income equals or exceeds the grant standard of assistance, the applicant or recipient shall not be eligible for assistance.

### **3.400 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) PROGRAM DEFINITIONS AND REQUIREMENTS**

#### **3.400.1 GROUPS ASSISTED UNDER THE AID TO THE NEEDY DISABLED AND AID TO THE BLIND PROGRAMS**

##### 3.400.11 Eligible Recipients Who are Disabled or Blind

The AND and AB programs provide financial assistance to eligible recipients who are disabled or blind.

##### 3.400.12 Income and Resources for an Eligible Applicant or Recipient

An "eligible applicant or recipient" shall mean one whose resources are below the State resource limit and whose income is below the applicable State standard of assistance.

##### 3.400.13 Eligible Applicant or Recipient

For the purpose of AND or AB, an "eligible applicant or recipient" shall mean one who meets the applicable program definition of disability or blindness.

##### 3.400.14 Types of Programs

There are two types of programs: State Aid to the Needy Disabled/Aid to the Blind (State AND/AB and Aid to the Needy Disabled/Aid to the Blind/Supplemental Security Income-Colorado Supplement (AND/AB/SSI-CS). Unless otherwise specified, AND and AB rules and the designation AND and AB shall apply to both types.

##### 3.400.15 Age Requirements for AND or AB [Rev. eff. 9/1/06]

There shall be no age requirement for the AND/SSI-CS, AB/SSI-CS, or State AB programs. To be eligible for assistance under the State AND program, the disabled person shall be 18 through 59 years of age. Acceptable verification of age shall include, but not be limited to:

A. One of the following valid government issued documents or identification:

1. Birth certificate;
2. Valid Colorado state identification or driver's license;
3. Valid out of state identification or driver's license;
4. Naturalization, immigration, and passport papers;



5. Legal documents from Vital Statistics; or,
  6. Social Security information (SOLQ, SVES, SDX, and BENDEX); or,
- B. Two or more of the following documents:
1. School records;
  2. Baptismal certificates or other well documented church records;
  3. Family Bible or other well documented family records of birth;
  4. Voting records;
  5. United States census records.

#### 3.400.16 General Requirements for AND or AB

To receive AND or AB assistance, an eligible recipient shall:

- A. Be a citizen of the United States, an alien or a legal immigrant as described in the "General Requirements" section of this manual on "Citizenship and Alien Status" ; and,
- B. Be a resident of Colorado; and,
- C. Not be receiving financial assistance from Colorado Works, Old Age Pension, AND or AB in any county; and,
- D. Not be an inmate of any public institution except as a patient in a public medical institution; and,
- E. Not be a patient of any institution admitted for tuberculosis or mental disease.

#### 3.400.161 Length of Time on State and While Primary Diagnosis is Alcoholism or Controlled Substance Addiction

For State AND assistance only, an eligible applicant or recipient shall not have received State AND for more than 12 cumulative months in a lifetime based on a primary diagnosis of alcoholism or controlled substance addiction. (Refer to the section on alcoholism and controlled substance addiction as a primary diagnosis in this section of the manual.)

#### 3.400.17 Requirement to Apply for SSI

Application for Supplemental Security Income (SSI), as a potential benefit, is a requirement for a disabled or blind applicant or recipient receiving less income than the SSI maximum plus \$20 unearned income. The county department shall require documentation of application for SSI to determine eligibility or shall document that, due to the applicant's income, an application for SSI is not required.

After application for SSI has been made, the county department shall verify that the applicant or recipient continues to appeal any denial of SSI benefits.

#### 3.400.18 Eligibility for Other State or Federal Income Assistance Programs [Rev. eff. 10/1/06]

An applicant or recipient eligible for other State or Federal income assistance programs (e.g.,

Colorado Works) shall pursue and exhaust eligibility in those programs prior to becoming eligible for State Aid to the Needy Disabled or State Aid to the Blind. Any existing sanction or disqualification, as defined by the program imposing the sanction or disqualification, will deem the applicant or recipient ineligible for State AND/AB. If the applicant's or recipient's income is over the limit for other State or Federal programs and the grant payment from the State or Federal program(s) is in excess of the State AND/AB maximum grant, the applicant's or recipient's income shall be considered over the limit for State AND/AB and the applicant or recipient will, therefore, be ineligible for State AND/AB.

A grandparent or any other relative caretaker is not required to be a member of the TANF/Colorado Works case when the child is not a legal dependant. The funds received for the support of a child are not used in determining the relative caretaker's eligibility for State AND/AB or AND/AB/SSI-CS benefits. A TANF/Colorado Works recipient is not required to apply for the sixty month extension to be potentially eligible for State AND/AB or AND/AB/SSI-CS benefits.

#### 3.400.19 Exemptions

To determine eligibility for financial assistance and the amount of the assistance payment, the following shall be exempt from consideration as either resources or income:

- A. Income received from a non-profit program to the State AND/AB applicant or recipient designed to assist in achieving self sufficiency.
- B. Child support received by the State AND/AB or AND/AB/SSI-CS applicant for a legally dependant child is not considered income to the State AND/AB or AND/AB/SSI-CS applicant or recipient.

#### 3.400.2 AND & AB ELIGIBILITY CRITERIA

##### 3.400.21 Programs for Assisting Disabled and Blind Persons

There shall be two types of programs for assisting disabled and blind persons:

- A. AND/SSI-CS (Colorado Supplement to Supplemental Security Income) and AB/SSI-CS (Colorado Supplement to Supplemental Security Income) - supplemental payments to an eligible applicant or recipient who receives SSI benefits; and,
- B. State AND/AB - assistance payments to an eligible applicant or recipient not receiving SSI benefits, who meets eligibility criteria established by the State Department.

##### 3.400.22 Eligibility for Financial Assistance Under AND/AB/SSI-CS

To be eligible to receive financial assistance under AND/AB/SSI-CS, the applicant or recipient shall:

- A. Have been determined by SSI to be disabled or blind; and,
- B. Be receiving an SSI money payment less than the maximum grant or supplement amount set by the State Department; and,
- C. Have completed an application.

##### 3.400.23 SSI Definitions

The SSI definitions for disability and blindness are the same as those used in the Social Security

Disability Insurance Benefits program:

- A. "Disability" means inability to engage in any substantial gainful activity due to a physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of 12 months or more;
- B. "Blindness" means (1) vision in the better eye of 20/200 or less with the use of a correcting lens, or (2) tunnel vision to the extent that the field of vision is no greater than 20 degrees.

#### 3.400.24 Eligibility for Financial Assistance Under State AND

To be eligible to receive financial assistance under State AND, the applicant or recipient shall:

- A. Be determined to have a total disability as defined in Section 3.400.25; and,
- B. Have total gross income and countable resources below the maximum State amount.

#### 3.400.25 Definition of Total Disability Under State AND

For the purpose of State AND, "total disability" means a physical or mental impairment that is disabling and, because of the factors below, precludes the applicant or recipient having such disability from engaging in a useful occupation as a homemaker or as a wage earner in any employment which exists in the community for which the applicant or recipient has competence. The total disability must have lasted or is expected to last six (6) months or more, and this requirement must be met before considering any of the other factors listed below:

- A. Education or training;
- B. Experience;
- C. Social setting:
  - 1. The applicant or recipient is homeless;
  - 2. There are available jobs for which the applicant or recipient has competence within a reasonable commute of the applicant's or recipient's home. "Reasonable" means a commute within one hour one way or within 30 miles one way, or within 50 miles one way in rural areas.

#### 3.400.26 Definitions for State AND

For the purpose of State AND:

- A. "Useful occupation" shall mean any occupation which can be considered as self-supporting. "Self-supporting" means minimum wage multiplied by 30 hours of work per week. "Protected" employment - as in a sheltered workshop - or other "made work" situations can not be considered as self-supporting;
- B. "Homemaker" shall mean one whose occupation would currently consist of homemaking services - such as cooking, laundering, and performed outside the applicant's or recipient's own home or in a "live in" situation in exchange for a room (or room and board) and wages;
- C. The phrase "employment which exists in the community" shall mean that there are jobs for

which the applicant or recipient has competence located within an area where the applicant or recipient might reasonably be expected to commute. It does not mean that there are actual job vacancies that the applicant or recipient could fill.

#### 3.400.27 Eligibility for Financial Assistance Under State AB

To be eligible to receive financial assistance under State AB the applicant or recipient shall:

- A. Be determined to be blind which includes the certification that the applicant or recipient has not more than ten percent visual acuity in the better eye with correction or not more than 20/200 central vision acuity in the better eye with correction, or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle of no more than twenty degrees, and
- B. Have total gross income and countable resources below the maximum State Department amount.

#### 3.400.28 Primary Diagnosis of Alcoholism or Controlled Substance Addiction (Does Not Apply to State AB)

For the purpose of State AND, if the recipient's primary diagnosis is alcoholism or controlled substance addiction, the additional following criteria shall apply:

- A. The recipient is eligible to receive AND benefits for a maximum of 12 cumulative months in a lifetime while the recipient's primary diagnosis on the State Department's prescribed medical report form is alcoholism or controlled substance addiction; and,
- B. The recipient must agree to treatment for the recipient's addiction and will be referred to a designated assessment/treatment agency of the Alcohol and Drug Abuse Division (ADAD), which will define the treatment for the recipient; and,
- C. The recipient's payments shall be sent, on the recipient's behalf, to the assessment center or treatment center to which the recipient has been referred, to then be turned over to the recipient. Payments may be made directly to the recipient as long as the recipient demonstrates compliance with the assessment/treatment program. These payments are the property of the recipient and are not transferable nor assignable; and,
- D. If the recipient fails to comply with treatment, the treatment center must give the recipient the payment and contact the county department within 24 hours of the recipient's termination from treatment. The county department shall discontinue the recipient's State AND assistance.
- E. If the recipient fails to appear for assessment/treatment and claim the recipient's payment, the recipient's State AND payment shall be returned to the county department no later than the end of the month for which the payment was issued.
- F. The treatment center may negotiate with the recipient to charge the recipient a fee based on a sliding fee scale; however, the county department shall not terminate State AND benefits if the recipient does not pay and therefore does not get treatment solely because of the facility's unwillingness to provide treatment.
- G. The recipient must submit to random testing to ensure the recipient remains free of alcohol/controlled substance(s).
- H. Anytime a recipient tests positive for alcohol or controlled substance(s), the recipient will be

warned by the treatment center, either verbally or in writing. Verbal warnings will be fully documented in the recipient's case file. If a recipient tests positive for alcohol or controlled substance(s) twice in any three-month period, the county department will be notified and the recipient will be removed from State AND.

- I. The initial partial month is not counted toward the 12-month maximum allowed. However, if a recipient is discontinued and subsequently reapplies and is approved, partial months after re-approval will count as a full month toward the 12-month maximum allowed.

### **3.400.3 ESTABLISHING THE FACTS OF ELIGIBILITY**

#### **3.400.31 Eligibility Criteria for Colorado Supplement Payment**

In addition to eligibility requirements concerning income and resource limitations, the county department shall establish that the applicant or recipient meets the eligibility criteria for a Colorado Supplement payment by:

- A. Verifying that the person is a recipient of SSI benefit payments and meets SSI disability or blindness standards, and
- B. Recording the source of verification on the State Department's prescribed medical report form.

#### **3.400.32 Eligibility Criteria for State AND/AB Payment if Receiving Social Security (DIB)**

For a disabled or blind applicant or recipient not receiving SSI benefits, but who is receiving Social Security Disability Insurance Benefits (DIB), the county department shall establish that the applicant or recipient meets the eligibility criteria for State AND or State AB by:

- A. Verifying that Social Security DIB payments are being paid to the applicant or recipient; and,
- B. Recording the source of verification on the State Department's prescribed medical report form; and,
- C. Referring the applicant or recipient to the Social Security District Office to apply for SSI benefits, if applicable, using the SSA referral form, when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, based on living arrangements, and,
- D. Obtaining verification of SSI application.

#### **3.400.33 Verification of SSI and Social Security DIB Payments**

Sources for verifying SSI and Social Security DIB payments shall include the benefit payment, the award letter, the State Beneficiary and Earnings Data Exchange (BENDEX) list, the State Data Exchange System (SDX) listing, or the State Verification Exchange System (SVES) listing for SSI. The Social Security information request form for Social Security benefits may be used when the information is not on a BENDEX, SDX, or SVES listing.

#### **3.400.34 Eligibility Criteria for State and Payment if not Receiving SSI or Social Security DIB**

For an applicant or recipient who receives neither SSI nor Social Security DIB, the county department shall establish that the applicant or recipient meets the eligibility criteria for State AND by:

- A. Referring the applicant or recipient to the Social Security Office to apply for SSI and Social

Security DIB when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, and based on living arrangements; the applicant or recipient must appeal any denial of eligibility by SSA for SSI benefits to remain eligible for State AND;

- B. Obtaining documentation of application for SSI and/or any appeals of SSI denial before approval for State AND;
- C. Obtaining the applicant's or recipient's authorization for release of medical information, using the State Department's prescribed medical report form;
- D. Advising the applicant or recipient of the requirement for medical examination using the State Department's prescribed medical report form;
- E. Securing the completed State Department's medical report form for AND/or State AND special examinations;
- F. Reviewing all medical information secured, and completing a determination of eligibility.
- G. Requesting a second opinion, using the State Department's prescribed medical report form, at the applicant's or recipient's expense. The county department is obligated to pay for only one medical exam for the applicant or recipient.
- H. The county department shall not be responsible for obtaining or arranging the medical exam for the applicant or recipient. However, the county department is responsible for payment as indicated in Section 3.490.21.

#### 3.400.35 State Department's Prescribed Medical Report Form to Determine Disability

In accordance with the definition of State AND disability as found in Section 3.400.25, the State Department's prescribed medical report form shall include the appropriate medical personnel's diagnoses, prognoses, and other relevant physical or mental factors relating to the disability of the applicant or recipient. The State Department's prescribed medical report form shall contain the appropriate medical personnel's certification that the applicant or recipient has or does not have a physical or mental impairment that has lasted or is expected to last six (6) months or longer and precludes the applicant or recipient from working.

#### 3.400.36 Veteran's Administration (VA) Prescribed Medical Form to Determine Disability

The VA prescribed form must be used to request medical information from a VA hospital. The applicant or recipient shall be responsible for securing additional medical information from the VA if the applicant or recipient wishes the county department to consider additional medical information to determine eligibility.

#### 3.400.37 Eligibility Criteria for State AB Payment if not Receiving SSI or Social Security DIB

If an applicant or recipient receives neither SSI nor Social Security DIB, the county department shall establish that the applicant or recipient meets the eligibility criteria for State AB by:

- A. Referring the applicant or recipient to the Social Security Office to apply for SSI and Social Security DIB when the applicant's or recipient's unearned income is less than the SSI maximum plus \$20, and based on living arrangements;

Any denial of eligibility by SSA for SSI benefits must be appealed by the applicant or recipient in order for the applicant or recipient to remain eligible for State AB;

- B. Obtaining documentation of application for SSI before approval for State AB, and/or any appeals of SSI denial;
- C. Obtaining the applicant's or recipient's authorization for release of medical information, using the State Department's prescribed medical report form;
- D. Referring the person for medical examination using the State Department's prescribed medical report form;
- E. Securing the completed State Department's prescribed medical report form which includes the qualified medical personnel's (as defined in Section 3.490.111) certification that the applicant or recipient has not more than ten percent visual acuity in the better eye with correction, or not more than 20/200 central visual acuity in the better eye with correction, or a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle of no more than twenty degrees;
- F. Reviewing all medical information secured and completing a determination of eligibility.
- G. Requesting a second opinion, using the State Department's prescribed medical report form, at the applicant's or recipient's expense. The county department is obligated to pay for only one medical exam for the applicant or recipient.
- H. The county department shall not be responsible for obtaining or arranging for the medical exam for the applicant or recipient

#### 3.400.38 Loss of SSI Payment

When an applicant or recipient loses SSI payment, for whatever reason, the applicant or recipient shall lose eligibility for the AND/SSI-CS or the AB/SSI-CS program. The following procedures shall be followed:

- A. Cases shall be changed to State AND or AB and the cases processed in accordance with the rules for that program; and,
- B. The recipient shall remain in the State Department program, if otherwise eligible, pending receipt of a medical decision of disability following the procedure described earlier in this section.

#### **3.410 - 3.440 (None)**

### **3.450 AND & AB PROCESSING STANDARDS AND PAYMENT POLICIES**

#### **3.450.1 AND & AB APPLICATION PROCESSING STANDARDS**

##### 3.450.11 AND/AB/SSI-CS Application on Behalf of a Minor

An AND/SSI-CS or AB/SSI-CS application made on behalf of a minor shall be signed by the applicant's parent or legal guardian.

##### 3.450.12 Processing Times

Action to approve or deny AND/AB applications shall be taken within sixty (60) days from the date of receipt of a completed and signed application. Action means the notice to the applicant and the eligibility reporting form are complete and mailed.

#### 3.450.13 Delay in Processing Time

When the processing time cannot be met due to any delay, notice shall be sent to the applicant including the reason for the delay and the right to appeal for a fair hearing if the applicant is dissatisfied with the delay.

### **3.450.2 AND & AB REDETERMINATION CYCLE**

#### 3.450.21 Eligibility Redetermination

A redetermination of eligibility for continued assistance on factors other than disability and blindness shall be completed every 12 months or sooner if there is reason to believe the recipient's situation has changed.

#### 3.450.22 Length of Time for Medical Redetermination

A redetermination of medical eligibility shall be completed as specified for State AND/AB on the State Department's prescribed medical report forms. If the applicant or recipient has been determined eligible for Medicaid through the Disability Determination Services (DDS) process, the diary date or medical re-examination date of the DDS decision becomes the medical eligibility re-examination date. Otherwise, the State Department's prescribed medical report form shall be used for the medical redetermination process.

#### 3.450.23 SSI Medical Redetermination

The redetermination of medical eligibility for those cases receiving SSI and/or Social Security DIB is the responsibility of Social Security. So long as the person receives an SSI or Social Security DIB money payment, it shall be assumed that the applicant or recipient meets the SSI medical criteria.

### **3.450.3 AND & AB REPORTING REQUIREMENTS**

#### 3.450.31 Recipient Reporting Requirements

A recipient of AND or AB shall notify the county department in writing within 30 calendar days of any change in resources or income or other change in circumstances which would affect eligibility or the amount of assistance. If such property or income is received infrequently or irregularly and does not exceed a total value of ninety dollars (\$90) in any calendar quarter, such property or income shall be excluded from the thirty-day written reporting requirement but shall be reported at the time of the next eligibility redetermination.

#### 3.450.32 Explanation of the Reporting Requirement

As a part of the application process, the county department shall provide an explanation of the reporting requirement.

### **3.450.4 AND & AB PAYMENT POLICIES**

#### 3.450.41 Money Payment Made Directly to Recipient

Except as specified below, the money payment shall be made directly to the recipient. This includes cases where the recipient has been adjudged mentally incompetent and the county department is satisfied that the recipient is getting full use and benefit of the payment.

#### 3.450.42 Exceptions to Money Payment Made Directly to Recipient



When a court-appointed guardian makes application on behalf of the applicant or recipient, the payment shall be made out to the recipient "by" the guardian. The guardian shall make semi-annual reports to the county department of payments received and expenditures made on behalf of the recipient.

### 3.450.43 Interim Assistance Reimbursement (IAR)

Payments of State AND and/or State AB made while an SSI claim is pending, in suspense, terminated, or in appeal shall be classified as interim assistance. At the time of application, the SSI payment procedure shall be explained to the applicant.

- A. As a condition of eligibility for State AND or State AB the applicant shall be required to sign the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form (IM-14). The authorization form is transmitted electronically to the Social Security Administration (SSA) in the manner prescribed by the State Department. Refer to the AND and AB Payment Policies section titled "Establishing the Facts of Eligibility". The applicant or recipient shall be required to give signed authorization for recovery directly from the applicant or recipient in the event that the first retroactive SSI check is sent to the applicant or recipient rather than the county department.
- B. The date of signature on the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form which is submitted to the Social Security Administration will be considered the date of SSI application. The authorization will be effective for one (1) year from the date it was signed by the applicant. If a timely request for an administrative or judicial review is filed within the time permitted under SSA's regulations, the authorization form will remain in effect, even if beyond the one calendar year period, until such time as:
  1. SSA makes the initial SSI payment or makes the initial SSI post eligibility payment on the claim;
  2. SSA makes a final decision on the case; or,
  3. The county department, as an agent of the State Department, and the applicant agree to terminate the authorization.
- C. At the time the initial SSI retroactive payment is received, the county department shall, within 10 working days, make an accounting of the interim assistance payments made, including the SSI initial payment received from SSA, the amount paid to the recipient, the amount retained by the county department, and the amount returned to SSA due to death, etc.
- D. The accounting shall be made on an individual recipient basis to SSA on the SSA prescribed form. A copy shall be mailed to the Social Security Administration Regional Office in Denver and one copy shall be kept in the case record at the county department.
  1. If the amount of interim assistance is larger than the SSI amount, the entire SSI payment is retained and the recipient notified of the amount of interim assistance paid and the amount of reimbursement payment received from SSI.
  2. If the SSI lump sum payment is larger than the amount of interim assistance the county department shall retain an amount equal to the interim assistance paid for the same month(s) SSI is received. The remainder is forwarded to the recipient within 10 days of receipt along with notification of the amount withheld.

3. The appropriate State Department's prescribed form shall inform the recipient of the right to appeal computation of the amount of interim assistance paid and the amount withheld.
  4. Recoveries directly from a retroactive SSI payment can only be made from the first such payment.
- E. When the SSI payment is received by the recipient, the county department shall consider the payment as income in the month received.
- F. In the event that a recipient receives the initial retroactive SSI payment directly, the county department shall establish a recovery from the client. Subject to the client hardship provisions stated in this section, the county department may agree to recover interim payments by periodic payments or through a lump sum recovery. Any such recovery(ies) made shall be coded as Interim Assistance Reimbursement (IAR) Recovery(ies). Any amount recovered in the same month as the month in which it was received shall not be counted as income.
- G. The county department/State Department shall not pay any portion of its share of the Federal SSI lump sum payment to the recipient or to any third party for legal, professional, or other fees incurred by the recipient in securing SSI benefits. All of the IAR payment shall be used to reimburse the State AND program for benefits paid to the recipient as interim assistance in accordance with the agreement between the Colorado Department of Human Services and the Social Security Administration. The recipient is not required to obtain legal or other third party representation in order to apply for and/or obtain SSI benefits, and the recipient is solely responsible for any fees incurred in this process. Any excess money received from the retroactive SSI payment shall be sent to the recipient.

#### 3.450.431 Suspension or Termination of SSI Payment

At the time an SSI recipient's SSI payment is suspended or terminated, the county department shall have the recipient complete the "Authorization for Reimbursement of Interim Assistance Initial Payment or Initial Post Eligibility Payment" form (IM-14) and check the post eligibility box. This authorization shall be entered electronically in the manner prescribed by the State Department.

#### 3.450.44 When SSI Payment is Received

When the SSI payment is received, the county department shall change the category of assistance from State/AND to AND/SSI/CS or from State AB to AB/SSI/CS. The Colorado Supplement shall be paid retroactively to date of SSI eligibility, if otherwise eligible or to date of application with the county department, whichever is later.

### **3.460 FINANCIAL ELIGIBILITY REQUIREMENTS FOR AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB)**

#### **3.460.1 DETERMINATION OF NEED**

##### 3.460.11 Income and Resources

Two elements shall be considered in determining an applicant's or recipient's need for financial assistance:

- A. Resources available to the applicant or recipient, and

B. Income available to the applicant or recipient.

#### 3.460.12 Needs of the Essential Spouse

In addition to the needs of the disabled or blind applicant or recipient, the needs of the essential spouse shall be included in the grant of an AND/AB/SSI-CS recipient when:

- A. The spouse is providing a service which, if the recipient were living alone, would have to be provided for an applicant or recipient; and,
- B. The countable resources do not exceed the allowable maximum for an applicant or recipient; and,
- C. The countable income does not exceed the current allowance for an essential spouse.

#### 3.460.13 Home Care Allowance [Rev. eff. 1/1/07]

In addition to the needs of the disabled or blind applicant or recipient, a home care allowance may be included in the grant of an AND/AB/SSI-CS or State AND/AB applicant or recipient.

See Section 3.720, et seq., for Home Care Allowance eligibility requirements.

#### 3.460.14 Adult Foster Care [Rev. eff. 1/1/07]

In addition to the needs of the disabled or blind applicant or recipient, an adult foster care allowance shall be included in the grant of an AND/AB/SSI-CS recipient when:

- A. The need for such care has been determined by the county worker;
- B. The care is authorized by the county department; and,
- C. The individual is or will be residing in a certified Adult Foster Care facility. See Section 3.730, et seq., for Adult Foster Care requirements and the Colorado Department of Human Services' Section 7.103 "Program for the Protection of At Risk Adults Unable to Protect Their Own Interests" (12 CCR 2509-2).

#### 3.460.2 (Reserved for Future Use)

#### 3.460.3 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) STANDARDS OF ASSISTANCE

##### 3.460.31 Maximum Grants

The Colorado Supplement for AND and AB Standards of Assistance Tables, located in Section 3.460.45, reflect the current maximum grant payable based on the program for which the applicant or recipient qualifies.

##### 3.460.32 Total Gross Countable Income

The total gross countable income of the applicant or recipient shall be deducted from the applicable standard in determining the payment amount. With the exception of SSI initial lump sum payments received by the county department, income shall be countable the month it is received.

##### 3.460.33 Income of Non-Recipient Spouse

In addition to the income of the recipient, net income in cash or in kind to a recipient from the non-recipient spouse shall be considered as income in the month received.

#### 3.460.34 income of an Unemancipated Child

In the case of an unemancipated child who is applying for AND/SSI-CS or AB/SSI-CS, the income of the child and the child's parents/guardians shall be considered. See the provisions in this staff manual entitled "Financial Responsibility of Relatives". Persons under 18 are not eligible for the State Only AND program.

#### 3.460.35 Total Gross Countable Income Equal to or Exceeds the Appropriate Standard of Assistance

If total gross countable income equals or exceeds the appropriate standard of assistance, the applicant shall not be eligible for assistance.

#### **3.460.4 AID TO THE NEEDY DISABLED (AND), AID TO THE BLIND (AB), & AND/AB/SUPPLEMENTAL SECURITY INCOME (SSI)-COLORADO SUPPLEMENT (CS) STANDARDS OF ASSISTANCE**

##### 3.460.41 State AND/AB and AND/AB/SSI-CS Appropriation Limits

Appropriation limits shall be maintained in accordance with Section 3.470.25.

##### 3.460.42 AND/AB/SSI-CS Supplemental Payments (Does not apply to State AND/AB)

The Colorado Department of Human Services shall provide periodic supplemental payments, in addition to the regular monthly AND/AB/SSI-CS grant payments, to all AND/AB/SSI-CS recipients when necessary to comply with the Federal Maintenance of Effort (MOE) requirements. These payments, when necessary to be made, are supplements to regular grant payments, and do not affect grant standards.

##### 3.460.43 Components

The table located at Section 3.460.45 provides a breakdown of the component amounts. Each standard represents a combined monthly allowance for essential items such as food, shelter, etc. The information shall be used only for arriving at a deduction when an item is supplied in full, without cost, to the recipient. For AND/AB/SSI-CS, only the component percentages for items other than shelter and utilities are used. Shelter and utilities for AND/AB/SSI-CS amounts are determined in accordance with the In-kind Support and Maintenance (ISM) regulations.

##### 3.460.44 Medical Institution

For every full calendar month that the recipient is a patient in a medical institution, such as a hospital or nursing home, only a personal needs allowance shall be provided.

#### **3.460.45 Aid to the Needy Disabled/Aid to the Blind/Supplemental Security Income-Colorado Supplement (AND/AB/SSI-CS) Standards of Assistance Table [Emer. rule eff. 1/1/07; perm. rule eff. 3/4/07]**

##### AND/SSI-CS and AB/SSI-CS Components :

Standard Allowance:	Percentages
Food	20.5%
Clothing	8.8%
Shelter	36.6%

Utilities	*
Household Supplies	5.0%
Insurance	4.2%
Medicine Chest	5.0%
Routine Transportation	5.7%
Personal Needs	14.2%
Total Standard Allowance	100%

\* Shelter and Utilities costs are combined.

The grant amount is computed by multiplying the standard allowance percentage for the component (see table above) by the current standard of assistance for the applicable program.

The total standard allowance may change at any time as necessary to stay within the current appropriation.

Applicants or recipients qualifying for the Home Care Allowance or Adult Foster Care programs may have higher income for eligibility purposes. See Section 3.720 et seq., regarding the Home Care Allowance program and Section 3.730 et seq., regarding the Adult Foster Care program.

County departments are to operate the Home Care Allowance (HCA) and Adult Foster Care (AFC) programs in accordance with the rules promulgated by the State Board of Human Services.

Institutionalized Recipients in Medical Institutions:

Personal Needs	\$50 or
For certain veterans	\$90

### **3.460.5 AID TO THE NEEDY DISABLED (AND) AND AID TO THE BLIND (AB) INCOME DISREGARDS**

#### **3.460.51 Countable Income of a State AND Applicant or Recipient and/or Spouse**

In determining the countable income of a State AND applicant or recipient, all income is counted whether earned or unearned and is considered dollar-for-dollar, with no disregards.

To determine the countable earned income of the spouse of a State AND applicant or recipient to be deemed to the applicant or recipient, the following shall apply:

- A. Determine the monthly gross earnings;
- B. From this amount, deduct \$20;
- C. From the remainder, deduct one-half (1/2) but no more than \$30;
- D. From the remainder, subtract the mandatory deductions (withholding taxes, etc.);
- E. From the remainder, deduct \$30 or the actual reasonable expenses of employment, whichever is greater;
- F. The remaining income of the applicant or recipient and/or deemed spousal income is the

countable earned income and shall be subtracted from the standard of assistance.

3.460.511 Countable Earned Income of an AND/SSI-CS Applicant or Recipient and/or Spouse

To determine the countable earned income of an AND/SSI-CS applicant's or recipients or spouse's income to be deemed to the applicant or recipient, the following shall apply:

- A. \$65 shall be subtracted from the gross earned income;
- B. The result shall be divided in half; and,
- C. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.52 Countable Income of a State AB Applicant or Recipient and/or Spouse

To determine the countable income of a State AB applicant or recipient, all income is counted whether earned or unearned, and is considered dollar-for-dollar, with no disregards.

To determine the countable earned income of a spouse of State AB applicant or recipient to be deemed to the applicant or recipient, the following shall apply:

- A. Determine the monthly gross earnings;
- B. From this amount, deduct \$85;
- C. From the remainder, deduct one-half (1/2);
- D. From the remainder, subtract the mandatory deductions (withholding taxes, etc.);
- E. From the remainder, deduct \$30 or the actual reasonable expenses of employment, whichever is greater; and,
- F. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.521 Countable Earned Income of an AB/SSI-CS Applicant or Recipient and/or Spouse

In determining the countable earned income of an AB/SSI-CS applicant's or recipients or spouse's income to be deemed to the applicant or recipient, the following shall apply:

- A. \$65 shall be subtracted from the gross earned income;
- B. The result shall be divided in half; and,
- C. The remaining income of the applicant or recipient and/or deemed spousal income is the countable earned income and shall be subtracted from the standard of assistance.

3.460.53 Countable Unearned Income of an AND/AB/SSI-CS Applicant or Recipient and/or Spouse

In determining the countable unearned income of an AND/SSI-CS or AB/SSI-CS applicant's or recipient's or spouse's income to be deemed to the applicant or recipient, who receives SSI and/or other unearned income, the following shall apply

- A. Determine the monthly gross unearned income;

- B. From this amount, deduct \$20;
- C. The balance is the countable unearned income and shall be subtracted from the assistance standard.
- D. In the case of a couple, only one \$20 disregard is allowed and is divided between the two individuals.

#### **3.460.54 Other Sources of Unearned Income**

An applicant or recipient receiving AND/SSI-CS or AB/SSI-CS, who does not receive another source of unearned income other than SSI, does not receive the \$20 unearned income disregard.

#### **3.460.55 \$20 Unearned Income Disregard Not Applicable to State AND/AB**

An applicant or recipient receiving State AND/AB is not eligible for the \$20 unearned income disregard.

A State AND/AB AND/AB/SSI-CS recipient living in an Adult Foster Care facility is not eligible to receive the \$20 unearned income disregard.

### **3.461 CALCULATING THE AND/AB/SSI COLORADO SUPPLEMENT**

If the Social Security Administration (SSA) is recovering any portion of the SSI payment of an applicant or recipient due to an overpayment of benefits, the Colorado Supplement will be calculated based on the gross SSI payment and not the received amount.

### **3.470 AND & AB GRANT DETERMINATION**

#### **3.470.1 PERSONS INCLUDED IN THE AND OR AB GRANT**

##### **3.470.11 Needs of the Applicant or Recipient [Rev. eff. 9/1/06]**

AND and AB grants shall be computed on an individual basis. It shall include only the needs of the disabled or blind applicant or recipient.

#### **3.470.2 COMPUTING THE GRANT AMOUNT**

##### **3.470.21 Determining the Grant Amount [Rev. eff. 9/1/06]**

An applicant's gross income must be less than the current grant standard. The county department shall determine the initial grant amount for an eligible applicant or recipient by the following:

- A. Take the gross monthly income available to the applicant;
- B. Add any non-recipient spouse/non-recipient parent (NRS/NRP) deemed income to the gross income of the applicant;
- C. Add the net income of the essential spouse, when the spouse is included in the grant, to the countable income of the applicant;
- D. This amount is the total countable income (TCI) of the applicant;
- E. Subtract the total countable income from the appropriate standard of assistance; and,

F. Prorate the grant amount, beginning the day the applicant became eligible, through the end of the month.

G. An initial grant beginning:

1. On the first day of the month shall be based on the full appropriate standard of assistance less countable income;
2. On any other day of the month shall be based on the appropriate standard of assistance, less countable income, prorated according to the number of days remaining in the month.

#### 3.470.22 Application Processing [Eff. 9/1/06]

A face-to-face interview is mandatory when applying for State AND/AB and AND/AB/SSI-CS with the following exception: a telephone, mail in, or home visit shall be available for individuals that are disabled who cannot travel to the application site or for whom such travel would create a significant physical, medical, or mental hardship.

#### 3.470.23 Eligibility Effective Date [Rev. eff. 9/1/06]

Eligibility begins with the date of application or the date the applicant or recipient meets all eligibility requirements, whichever is later. In the case of State AND and State AB, if the applicant or recipient is delayed in completing the paperwork and appointment process for SSI and/or the medical exam through no fault of the applicant or recipient, the date of application may be used as the date of eligibility.

All eligibility requirements must be met in full before actual approval of the case.

#### 3.470.24 Grant Payment Effective Date [Rev. eff. 9/1/06]

- A. The initial adult financial grant payment shall be effective the date of the pending application or the day the applicant meets all eligibility criteria, whichever is later.
- B. An ongoing adult financial and/or adult medical case shall not have a delay in benefits when:
  1. There is a current application or redetermination verifying eligibility; and,
  2. All eligibility criteria have been met as described in this section.

#### 3.470.25 Determination of Ongoing Grant Amount [Rev. eff. 9/1/06]

To determine the ongoing grant amount, the county department shall:

- A. Consider the gross monthly income available to the applicant;
- B. Subtract any appropriate disregards, depending on the program requirements;
- C. Add any NRS/NRP deemed income to the gross income of the applicant;
- D. Add to the countable income of the applicant the net income of the essential spouse when the spouse is included in the grant;
- E. This amount is the total countable income (TCI) of the applicant;



F. Subtract the total countable income from the appropriate standard of assistance.

#### 3.470.26 Maintaining Appropriation Limits [Rev. eff. 9/1/06]

The Department of Human Services shall manage the State AND/AB budget and the AND/AB/SSI-CS program budget to hold expenditures within the budget appropriation limits. This may include reducing or suspending grants for the necessary month(s) of each fiscal year. This decision is not appealable.

### **3.480 AID TO THE BLIND TREATMENT (AB-T) PROGRAM DEFINITIONS AND REQUIREMENTS**

#### **3.480.1 GROUPS ASSISTED UNDER THE AID TO THE BLIND TREATMENT (AB-T) PROGRAM**

##### 3.480.11 Eligibility

The Aid to the Blind Treatment program provides assistance to eligible applicants who are in need of eye surgery and/or treatment to prevent blindness or to restore sight and who do not meet the eligibility factors for a categorical assistance program that provides medical coverage or for eye treatment services under the State Rehabilitation Services program.

##### 3.480.12 Income and Resources

An eligible applicant is one whose resources are at or below \$2,000 for an individual and \$3,000 for a couple, and whose income is insufficient to meet the necessary medical expenses.

##### 3.480.13 Age Requirement for AB-T

There shall be no age requirement for Aid to the Blind Treatment.

##### 3.480.14 General Requirements for AB-T

To receive Aid to the Blind Treatment, an eligible person shall:

- A. Be a citizen of the United States; or be an alien lawfully admitted for permanent residence in the U.S. (refer to the section "General Rules for Alien Status Verification" );
- B. Be a resident of Colorado;
- C. Not be an inmate of a public institution except as a patient in a public medical institution;
- D. Not be a patient of any institution admitted for tuberculosis or mental disease.

##### 3.480.15 Referral

Prior to determining eligibility for the Aid to the Blind Treatment program, the individual shall be referred to the Division of Vocational Rehabilitation. If denied eye treatment services offered through the Division of Vocational Rehabilitation, eligibility for the State Aid to the Blind Treatment program shall be determined and Aid to the Blind Treatment services may be authorized.

##### 3.480.16 Prior Authorization

Prior authorization under this program shall be subject to available appropriations. The State Department shall notify the State Board of Human Services and the county department within 30 calendar days of funds being fully expended.

#### **3.480.2 AID TO THE BLIND TREATMENT (AB-T) PROCESSING STANDARDS**

#### 3.480.21 Documentation

For an applicant determined by the county department to be eligible and who is recommended for surgery, treatment, or subnormal vision aids, two copies of the State Department's prescribed AB-T form shall be:

- A. Mailed to the attending ophthalmologist; or,
- B. Mailed to the attending optometrist. Optometrists' services are limited to recommending subnormal vision aids.

#### 3.480.22 Medical Report Form

The attending ophthalmologist or optometrist shall complete and return to the county department the State Department's prescribed medical report form giving the recommended treatment and estimated costs.

#### 3.480.23 County Recommendation

The county department shall forward the forms to the Colorado Department of Human Services, Division of Vocational Rehabilitation, with recommendation for approval or denial completed by the attending physician for prior authorization of services.

#### 3.480.24 Required Prior Authorizations

All of the following charges require prior authorization by the Colorado Department of Human Services, Division of Vocational Rehabilitation, on the State Department's prescribed medical report form:

- A. Hospital bills;
- B. Surgical fees;
- C. The assistant's fee;
- D. The anesthetist's fee;
- E. Corrective glasses when prescribed by the ophthalmologist or optometrist following eye operations;
- F. Glasses to prevent blindness or to restore sight;
- G. Drugs;
- H. Treatment fees;
- I. Charges for subnormal vision aids;
- J. Examination fees;
- K. Travel;
- L. Care in nursing home during treatment;
- M. Other necessary costs such as taxi expense to and from the hospital or doctor's office.

### 3.480.25 Payment

The ophthalmologist performing the operation or treatment shall accept, as payment in full, payment made under the AB-T program and shall not bill the patient for any supplemental charges except for those non-covered items or services not reimbursable under the AB-T program. The ophthalmologist's signature on the State Department's prescribed medical report form shall constitute certification.

## **3.490 ADMINISTRATIVE RULES - ELIGIBILITY FACTORS DETERMINATION**

### **3.490.1 PROCESSING APPLICANT OR RECIPIENT DETERMINATIONS**

#### 3.490.11 Responsibility of County Department

##### 3.490.111 Qualified Medical Personnel

The county department shall provide the applicant with the appropriate State Department's prescribed medical report form for completion by the examining physician, physician assistant certified in this state, an advanced practice nurse, or a registered nurse licensed in this state who is functioning within the scope of such nurse's license and training. For purposes of this rule, the above list of medical personnel shall be called "qualified medical personnel" .

##### 3.490.112 Inclusions on the State Department's Prescribed Medical Report Form

The State Department's prescribed medical report form shall be in accordance with the eligibility requirements of the specific category and include:

- A. Medical report(s); and,
- B. Determination of eligibility.

##### 3.490.113 Completion of the State Department's Prescribed Medical Report Form

Medical reports for State AND shall be certified by qualified medical personnel. Qualified medical personnel, as defined in Section 3.490.111, and licensed psychologists bordering on Colorado, may be used for medical examinations when the nearest Colorado-based physician is located 20 or more miles from the applicant's or recipient's place of residence and the "out-of-state" qualified medical personnel or psychologist is closer. In addition to a physician, an applicant may be examined by other qualified medical personnel as defined in Section 3.490.111. The supervising physician, the physician or nurse who conducted the examination shall certify in writing upon the State Department's prescribed medical report form the diagnosis, prognosis, and other relevant medical or mental factors relating to the disability of the applicant. The State Department's prescribed medical report form for AB may be completed as to visual acuity by a licensed optometrist. Medical eye examinations for objective medical basis for blindness, (inclusive of visual acuity and both sides of the form) shall be completed by an ophthalmologist. Forms provided for authorization of and treatment of a recipient to prevent or correct blindness under the AB-T program shall be completed by an ophthalmologist.

The initial exam/re-exam may be completed by a specialist in lieu of a general medical examination as determined appropriate for the applicant or recipient.

An applicant or recipient to whom the State Department's prescribed medical form is given shall receive an explanation as to its importance as documentation concerning disability or blindness, promptness in securing necessary examinations, arrangements for payment of examination fee, the potential effects and process concerning delays, and other necessary explanations.

#### 3.490.114 Social Setting

After the State Department's prescribed medical report form for State AND has been completed and is received by the county department, if necessary, the county department shall consider the social setting for the applicant as defined in Section 3.400.25, C.

#### 3.490.115 Failure to Arrange for or Submit to Necessary Medical Examination

If the applicant or recipient fails to make arrangement for or submit to necessary medical examination within 45 calendar days following date of application, the county department shall consider such failure as evidence of desire to withdraw application or to have assistance terminated. The prior notice of adverse action form prescribed by the State Department shall be initiated in such instances.

#### 3.490.116 Qualified Medical Personnel Bordering on Colorado

Qualified medical personnel, as defined in Section 3.490.111, and licensed psychologists bordering on Colorado may be used for medical examinations when the nearest Colorado-based physician is located 20 or more miles from the individual's place of residence and the "out-of-state" qualified medical personnel or psychologist is closer.

The examining qualified medical personnel, as defined in Section 3.490.111, or psychologist shall be granted a mileage allowance in addition to the medical examination fee when such examination must be provided in the applicant's or recipient's home. Prior authorization shall be secured in such instances with mileage not in excess of 50 cents (\$.50) per mile one way and for the distance the qualified medical personnel must travel in excess of five miles from the office or from the city limits, whichever is greater.

#### 3.490.117 Completeness and Legibility of the State Department's Prescribed Medical Report Form

The State Department's prescribed medical report form shall be reviewed for completeness and legibility and to determine whether the information submitted is in conflict with other medical data. In the event the form is incomplete, illegible, or missing information, correction shall be secured.

#### 3.490.118 Special Examinations

Medical examination and vocational rehabilitation information shall be used in determining eligibility when available.

The county department shall request special medical examinations or additional medical information as needed. In instances involving special examinations, the county department shall contact the recipient in order to explain the need for and securing of such medical evaluation. When such special examination cannot be secured at the local level, referral may be made to any public hospital or clinic that may be available.

The county department shall contact the examining physician or other qualified medical personnel, as defined in Section 3.490.111, suggesting public hospitals or clinics for referral for diagnostic evaluation and appointment. Results of the special examination shall be forwarded to the county department for review and decision.

#### 3.490.12 Responsibility of County Department to Re-determine Disability

##### 3.490.121 Redetermination of Recipient's Disability

The county department shall re-determine the recipient's disability at the time designated on the

initial examination or the last most recent redetermination. The redetermination shall be completed at six months or at such later time as designated by the county department.

#### 3.490.122 Obtain New Medical Examination at Time of Redetermination

At the time of redetermination of disability, the county department shall obtain a new medical examination which indicates the recipient's current condition. The county department shall obtain a recipient release of information and send any prior medical findings to the examining physician or other qualified medical personnel as defined in Section 3.490.111. The physician or other qualified medical personnel shall be required to make a comparison of the recipient's current and past medical condition. If the recipient fails to make arrangement for or submit to the necessary medical reexamination within 30 days of the request, the county department shall initiate procedures to terminate assistance.

#### 3.490.123 Terminating Assistance

In order to terminate assistance, the county department must determine that:

- A. There has been improvement in the recipient's medical condition as evidenced by the State Department's prescribed medical report form; or,
- B. The recipient's circumstances have altered sufficiently to warrant a determination that total disability has ceased; or,
- C. There was an administrative error in the prior disability determination.
- D. Discontinuation of assistance for other than income and resources shall be based on medical information provided on the State Department's prescribed medical report form.

#### 3.490.124 Improvement in Recipient's Medical Condition

Improvement in the recipient's medical condition means that in comparison to the most recent disability determination, the physical or mental impairment(s) which prevented the recipient from engaging in a useful occupation, has decreased to the point that the recipient can now engage in a useful occupation. Such improvement may be demonstrated by medical evidence consisting of:

- A. Signs, symptoms or laboratory findings which demonstrate positive changes in the recipient's functional abilities; or,
- B. Signs, symptoms or laboratory findings which demonstrate that the affect of the impairment(s) on the recipient has decreased.

#### 3.490.125 Alteration of Circumstances

A sufficient alteration of circumstances to warrant a determination that total disability has ceased may be demonstrated by:

- A. New medical evidence which shows that while the recipient's underlying condition may not have changed, advances in medical therapy or technology have reduced or eliminated the effect that the condition had on the recipient; or,
- B. New or improved diagnostic techniques or other medical evaluations show that the recipient's previously determined medical condition is not as serious as indicated at the time of the most recent disability determination; or,

- C. New evidence shows that while the recipient's underlying condition may not have changed, the recipient's vocational abilities have so improved through education or training that the recipient is able to engage in a useful occupation; or,
- D. Vocational opportunities for which the recipient has competence have become available in the community since the most recent disability determination; or,
- E. There has been a change in prognosis; or,
- F. The recipient has compensated or adjusted to the medical condition which enables the recipient to engage in a useful occupation; or,
- G. The State Department's prescribed medical report form indicates a total disability does not exist; or,
- H. The recipient's medical condition is correctable and the recipient refuses without good cause to obtain prescribed medical treatment to correct the condition.

Good cause may include, but is not limited to:

- 1. Treatment is contrary to established teachings of the recipient's religion; or,
- 2. Surgery previously performed with unsuccessful results and the same surgery is again being recommended for the same impairment; or,
- 3. The treatment because of its magnitude (e.g. open heart surgery) or unusual nature (e.g. organ transplant) or other reason is very risky; or,
- 4. Cost of treatment is prohibitive or cannot be obtained through public funding.

#### 3.490.126 Administrative Error

"Administrative error" means the prior determination of disability was clearly incorrect based on substantial evidence.

#### 3.490.13 Responsibilities of the State Adult Financial Eligibility Unit

##### 3.490.131 Administrative Monitoring of the State AND Program

The State Adult Financial Eligibility Unit shall monitor the administration of the State AND program. It shall offer technical assistance to a county department requesting such.

##### 3.490.132 Fiscal Sanctions for Overdue Redeterminations

The State Department shall withhold or recover financial reimbursement to the county department concerning all cases in which redetermination forms are not completed by the dates due. Such fiscal sanction shall, in the absence of good cause finding, be initiated the month following the month in which overdue and for each month thereafter in which the overdue submittal continues.

##### 3.490.133 Waiver of Fiscal Sanctions

The above-described fiscal sanction may be waived, upon showing of good cause by the county department including, but not limited to, physician's or other qualified medical personnel as defined in Section 3.490.111 non-return of the State Department's prescribed medical report form, acute illness of the recipient, or similar problems. In such circumstances, however, the county

department shall be responsible for appropriate follow-up to correct the reason for delay.

### **3.490.2 ALLOWABLE MAXIMUM FOR MEDICAL EXAMINATION, TREATMENT, AND OTHER FISCAL PROVISIONS**

#### **3.490.21 Payment for Medical Examinations**

The county department shall authorize payment for examinations for State AND/AB medical determination examinations. Fees and costs shall be reimbursed to the county department using the 80% state share, 20% county share.

#### **3.490.22 Fee Setting**

The county department shall set a fee applicable to providers, provide appropriate forms, and shall make such payments in a timely manner.

#### **3.490.23 Billings for Aid to the Blind Treatment Program**

The billings for AB-T shall be reviewed and authorized by the State Department.

#### **3.490.24 Negotiated Fees are Payment in Full**

Providers shall accept fees for services as negotiated as payment in full. No individual applicant or recipient shall be assessed any additional or supplementary fee.

### **3.491 AID TO THE NEEDY DISABLED MEDICALLY CORRECTABLE PROGRAM**

#### **3.491.11 Program Participants**

The Medically Correctable program is designed to identify State Aid to the Needy Disabled (AND) recipients who have medically correctable conditions and who are ineligible for SSI since the disability is not considered to last twelve months or more. The Medically Correctable program will pay for medical procedures for individuals accepted to participate in this program within State Department appropriations. Standards for services are based upon least costly medical treatment and high potential to return to work.

#### **3.491.12 Participants in this program shall be subject to available appropriations.**

The Executive Director of the Department of Human Services shall manage the Medically Correctable program fund to assure that if at any time during the course of a fiscal year it is determined by the Governor, pursuant to Section 24-2-102(4) or 24-75-201.5, C.R.S., that the budget will be exceeded or a budget reduction is necessary, the Executive Director of the Department of Human Services shall take action to establish a wait list and/or reduce expenditures as needed by reducing and/or suspending the Medically Correctable program.

The Executive Director of the Department of Human Services shall consider reducing and/or suspending services individually or in any combination based upon the shortest duration of time and considering the least impact on the Medically Correctable client.

### **3.491.2 TARGET POPULATIONS**

#### **3.491.21 Eligibility Criteria**

Within available appropriations, a recipient eligible for payment of medical expenses to correct medical conditions must meet the following criteria:

- A. Active on State AND at the time the recipient receives medical services;
- B. Ineligible, or deemed to be ineligible, for Supplemental Security Income program due to the fact that the recipient has a medically correctable condition;
- C. Disability that can be corrected by medical treatment that does not exceed twenty thousand dollars (\$20,000) and will allow the applicant or recipient to return to employment; and,
- D. Currently not receiving Workers' Compensation.

### **3.491.3 AID TO THE NEEDY DISABLED MEDICALLY CORRECTABLE PROGRAM PROCESS**

#### **3.491.31 Responsibility of the Medically Correctable Coordinator**

Pursuant to appropriations of the Medically Correctable program, a medically correctable coordinator will be assigned in Aging and Adult Services

For a recipient who is determined to be a candidate for the Program, the Medically Correctable coordinator shall consult with a person located at Disability Determination Services (DDS). The Medically Correctable coordinator shall be responsible for the following:

- A. Review referrals received on SSI applications denied for having a medically correctable condition;
- B. Review all case files of a recipient referred to the Division of Vocational Rehabilitation (DVR) who has not placed an application due to the mutual decision between the applicant or recipient and DVR that the applicant or recipient states the applicant or recipient is not ready for focusing on job training or employment at this time;
- C. A recipient is selected for the Program based on criteria listed under Target Population;
- D. Obtain a client choice statement form from the applicant or recipient;
- E. Negotiate with the doctor and other medical providers for the services needed and fees;
- F. Contact the county department with case specific information on selected candidates, including date of operation and projected recovery period;
- G. Make arrangements for medical re-examination during the last month of the recovery period; and,
- H. Notify the county department of the recipient's disability status and forward copy of the new State Department's prescribed medical report form.

#### **3.491.4 Physician's Acceptance of Payment in Full**

The physician performing the medically correctable service shall accept, as payment in full, payment made under the program and shall not bill the patient for any supplemental charges except for those not-covered items or services not previously agreed to therefore reimbursable. The physician's signature on the State Department's prescribed medical report form shall constitute certification of the cost containment for the medical expenses.

### **3.500 COLORADO WORKS/AFDC INTENTIONAL PROGRAM VIOLATION (IPV)**

All applicants for Colorado Works must be provided with a written notice of the penalties for an IPV on the



Colorado Works application form. All participants of Colorado Works or prior AFDC recipients shall be notified of the penalties for an IPV on the monthly status report (MSR).

A county department is required to conduct an investigation of any individual member of a family who has applied for or received Colorado Works or AFDC whenever there is an allegation or reason to believe that individual has committed an intentional program violation (IPV) as described below.

Following investigation, action must be taken on cases where documented evidence exists to show an individual has committed one or more acts of IPV. Action must be taken through:

- A. obtaining a "Waiver of Intentional Program Violation" ; or
- B. an administrative disqualification hearing; or
- C. referral for civil or criminal action in a state or federal court.

In proceeding against such an individual, the county department must coordinate any action with actions taken under the Food Stamp Program where the factual issues are the same or related.

Overpayment collection activities shall be initiated immediately in all cases even if administrative disqualification procedures or referral for prosecution is not initiated.

### **3.500.1 DEFINITION - INTENTIONAL PROGRAM VIOLATION (IPV)**

3.500.11 An IPV is an intentional act committed by an individual, for the purpose of establishing or maintaining a Colorado Works or prior AFDC household's eligibility to:

- A. receive benefits for which it is not entitled; or
- B. increase benefits for which it is not entitled; or
- C. prevent a reduction of benefits.

3.500.12 An IPV is committed when an individual makes a false or misleading statement or fails to disclose by misrepresentation or concealment of facts or any action intending to mislead or conceal any eligibility factor on any application or other written communication.

### **3.500.2 CRITERIA FOR DETERMINING INTENTIONAL PROGRAM VIOLATION (IPV)**

3.500.21 The determination of IPV shall be based on clear and convincing evidence that demonstrates intent to commit IPV. Intent is defined as a false representation of a material fact with knowledge of that falsity or omission of a material fact with knowledge of that omission.

"Clear and convincing evidence " is stronger than "a preponderance of evidence" and is unmistakable and free from serious or substantial doubt.

### **3.500.3 WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING**

3.500.31 Supporting evidence warranting the scheduling of an IPV must be documented with a county department supervisory review. If the county department determines there is evidence to substantiate that person has committed an IPV, the county shall allow that person the opportunity to waive the right to an administrative disqualification hearing.

A state approved Notice of Alleged Intentional Program Violation form including the client's rights, the Waiver of Intentional Program Violation Hearing form, and the request for an Administrative

Disqualification Hearing for Intentional Program Violation form shall be mailed to the individual suspected of an IPV. The individual shall have 15 calendar days from the date these forms are mailed by the county to return the completed Waiver of IPV hearing.

The completion of the waiver is voluntary and the county department may not require its completion nor by its action appear to require the completion of the request of waiver.

#### **3.500.4 INTENTIONAL PROGRAM VIOLATION ADMINISTRATIVE DISQUALIFICATION HEARINGS (IPV/ADH)**

3.500.41 An IPV/ADH is to be requested whenever facts of the case do not warrant civil or criminal prosecution, where documentary evidence exists to show an individual has committed one or more acts of IPV, and the individual has failed to sign and return the Waiver of IPV form.

3.500.42 An IPV/ADH shall not be requested against an accused individual whose case is currently being referred for prosecution on a civil or criminal action in a state or federal court.

3.500.43 A county department may conduct an IPV/ADH or may use the Department of Administration to conduct the IPV/ADH. A state prescribed form to request the administrative disqualification hearing for intentional program violation must be used for this purpose.

The participant may request that the State Department of Administration conduct the ADH/IPV in lieu of a county level hearing. Such a hearing must be requested ten (10) calendar days before the scheduled date of the county hearing.

3.500.44 Notice of the date of the disqualification hearing on a form prescribed by the State Department of Human Services must be mailed by certified mail, return receipt requested, to the individual alleged to have committed an IPV at least thirty (30) calendar days prior to the hearing date, at his/her last known address. The notice form shall include a statement that the individual may waive the right to appear at an administrative disqualification hearing.

3.500.45 The Administrative Law Judge or hearing officer shall not enter a default against the participant or applicant for failure to file a written answer to the notice of IPV hearing, but shall base the initial decision upon the evidence introduced at the hearing.

3.500.46 The administrative hearing must be continued once at the accused individual's request upon good cause shown. The request for continuance must be received by the affected hearing officer at least ten (10) calendar days prior to the disqualification hearing. The hearing shall not be continued for more than a total of thirty (30) calendar days from the original hearing date. One additional continuance is permitted at the hearing officer or ALJ's discretion.

If the hearing officer or ALJ considers it necessary, a medical assessment may be ordered to corroborate or disprove a statement of an accused individual. Such assessment shall be obtained at agency expense and made part of the record.

#### **3.500.5 DISQUALIFICATION FOR IPV**

3.500.51 If the individual signs and returns the request for waiver of IPV hearing within the fifteen (15)-day deadline or an individual is found to have committed an intentional program violation through a hearing process, that person and the caretaker relative, if a different person, shall be provided with a notice of the period of disqualification. The disqualification shall begin no later than the first day of the second month which follows the date of notice of disqualification unless the household in which a disqualified person is living is ineligible.

When the individual is no longer receiving financial assistance and an individual's disqualification

is a result of a prior receipt of financial assistance, the disqualification will be postponed until financial assistance for Colorado Works is resumed.

When the individual has other program sanctions imposed, such as failure to cooperate with Colorado Works or Child Support Enforcement, the Colorado Works or AFDC IPV disqualification must be served concurrently with other program sanctions.

Once the disqualification has been imposed, the period shall run without interruption even though the participant becomes ineligible for Colorado Works.

3.500.52 The penalty shall be in effect for twelve (12) months upon the first occasion of any such offense; twenty-four (24) months upon the second occasion of any such offense and permanently upon the third such offense.

3.500.53 The disqualification penalties affect only the individual(s) concerned. The disqualified individual's needs shall not be considered for the period of the disqualification. Any income or resources of the disqualified individual will be considered available to the assistance unit. Disqualified persons are not entitled to the earned income disregards.

3.500.54 The penalty period shall remain in effect unless and until the finding is reversed by the Office of Appeals or a court of appropriate jurisdiction.

3.500.55 A penalty imposed by one county department shall be used when determining the appropriate disqualification penalty for that individual in another county department.

3.500.56 The disqualification penalties may be in addition to any other penalties which may be imposed by a court of law for the same offenses.

3.500.57 Previously established AFDC disqualifications will be continued under the Colorado Works Program.

### **3.500.6 NOTIFICATION OF HEARING DECISION**

3.500.61 If the local level hearing officer or ALJ finds the individual has committed an IPV as a result of a hearing, a written notice shall be provided to notify the individual and the caretaker relative, if a different person, of the decision. The county department shall notify the individual and caretaker relative, if different, of the amount of the Colorado Works payment as a result of the disqualification. The local level hearing decision notice shall be a state prescribed form, which includes a statement that a state level hearing may be requested with the request form attached.

3.500.62 In a hearing before an Administrative Law Judge (ALJ), the determination of IPV shall be an initial decision which shall not be implemented while pending state department review and final agency action. The initial decision shall advise the applicant or participant that failure to file exceptions to provisions of the initial decision will waive the right to seek judicial review of a final agency decision affirming those provisions.

3.500.63 When an individual waives his or her right to a disqualification hearing, a written notice of the disqualification penalty and the amount of the Colorado Works payment as a result of the disqualification shall be mailed to the individual. This notice shall be on a state prescribed notice form.

## **COLORADO WORKS**

### **3.600 COLORADO WORKS PROGRAM**

### 3.600.1 ELIGIBILITY

Members of the same assistance unit who meet the requirements of the program shall receive basic cash assistance or may receive diversion grants under the Colorado Works Program subject to availability of funds and program requirements in these rules. Families may receive a separate county diversion grant or Family Preservation and/or other assistance under the Colorado Works Program as determined by the county and subject to available appropriations and program requirements in these rules. Nothing in these rules shall be construed to convey any entitlement to receipt of benefits under the Colorado Works Program.

The Colorado Works Program will conform to all applicable federal laws and regulations including, but not limited to, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and Title VI of the Civil Rights Act of 1964.

3.600.11 Eligibility and exemption criteria for families with two parents shall be the same as for families with one parent. The basic assistance grant will be based upon the need standard for two parents plus child(ren).

3.600.12 Participation Criteria [Rev. eff. 3/2/10]

To participate in the Colorado Works Program, an applicant or participant must:

- A. Be a resident of Colorado. There shall be no durational residence requirement and an individual who establishes intent to remain in Colorado shall be considered a resident. Residence shall be retained until abandoned. Persons receiving TANF assistance from another state shall not be eligible for TANF/Colorado Works cash assistance during any month an assistance payment was made by the other state: and,
  - 1. A citizen of the United States; or,
  - 2. A Qualified Legal Alien who entered the United States prior to August 22, 1996; or,
  - 3. A Qualified Legal Alien who entered the United States on or after August 22, 1996, who has been in a qualified alien status for a period of five years or, if less than five years, is in a federal exempt category pursuant to the federal "Personal Work Opportunity Reconciliation Act of 1996", 8 U.S.C. 1613(B); no amendments are included. Copies of these federal laws are available from the Colorado Department of Human Services, Director of the Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or at any State publications depository library.
    - a. A qualified legal alien includes a legal permanent resident alien with 40 quarters of work by the individual, his/her spouse or parent, battered spouses under certain circumstances and defined at 3.140.13; and,
    - b. Refugees are qualified aliens exempt from the five-year bar. Those Refugees eligible for assistance through TANF/Colorado Works shall submit an application to their county of residence. Those applications that have been approved shall be referred to the Colorado Refugee Services Program for Other Ongoing Case Management and services offered through the TANF/Colorado Works program.
      - 1) The Colorado Refugee Services Program (CRSP) is responsible for performing the eligibility assessment as required by Section 3.625.1 for all refugees referred to them by county departments

and will apply uniform guidelines that apply to all county departments regarding the assessment of refugees.

- 2) Based on the assessment of the refugee, CRSP will make recommendations to the county departments and will apply uniform guidelines that apply to all county departments regarding the assessment of refugees. These recommendations shall include, at a minimum:
  - a) Whether the refugee is determined to be job-ready or not-job-ready;
  - b) The type(s) of activities that will be most beneficial to the refugee; and,
  - c) The amount and duration of supportive services and other assistance payments necessary to achieve self sufficiency for the refugee.
- 3) The county department shall consider the recommendations of CRSP and the recommended supportive services and other assistance within the county policy, within an agreed upon timeframe not to exceed forty-eight (48) hours.

B. Be a member of an assistance unit who meets income and resource requirements and who is:

1. a dependent child(ren) under the age of eighteen (18); or,
2. a dependent child(ren) between the ages of eighteen (18) and nineteen (19) who is a full-time student in a secondary school, home school, or in the equivalent level of vocational or technical training and expected to complete the program or graduate before age nineteen (19). Such children are eligible through the month of completion; or,
3. a caretaker relative(s) age 18 or older or emancipated, such as a parent(s) or specified relative(s) of a dependent child, including pregnant parents commencing with the sixth month of pregnancy; or,
4. an unemancipated minor parent under age 18.

C. Be a noncustodial parent who may receive services, but not a basic cash assistance grant.

D. Not be admitted to an institution as a patient for tuberculosis or mental disease, unless the person is a child and receiving "under 21" psychiatric care under Medicaid benefits.

E. Not be an inmate of any institution, except as a patient in a public medical institution.

### 3.600.13 Indian Tribe Eligibility

Members of an Indian Tribe not eligible for assistance under a Tribal Family Assistance Plan are eligible for Colorado Works.

### 3.600.14 Individuals Ineligible for Colorado Works Program [Rev. eff. 10/1/09]

The following individuals shall not be eligible under the Colorado Works Program:

- A. Fugitive felons, parole violators, or probation violators;
- B. Caretaker relatives who fail to report without good cause within five (5) working days a child(ren) who is expected to be out of the home for longer than forty-five (45) calendar days remain ineligible for assistance for ninety (90) calendar days from the date that it is determined he/she should have reported the expected absence;
- C. Persons convicted of a drug-related felony on or after July 1, 1997, unless the county has determined that the person has taken action toward rehabilitation, such as, but not limited to, participation in a drug treatment program;
- D. Persons participating in a strike;
- E. Qualified legal aliens or those who are not federally exempt, who entered the United States on or after August 22, 1996, are ineligible for cash assistance for five (5) years from date of entry into the United States.

#### 3.600.15 Ineligible Assistance Units

The following assistance units shall not be eligible to receive benefits under the Colorado Works Program:

- A. Assistance units which include an unmarried minor parent(s) under the age of eighteen (18) who is not living in his/her parent's home or another adult relative's home, or in another arrangement approved by the county;
- B. Assistance units which include an unmarried minor parent(s) under the age of eighteen (18) who has a child at least twelve (12) weeks of age and who has not completed his/her high school education or GED, and who is not participating in educational activities or an approved training program.

Counties shall assist minor parents under age 18 who are otherwise eligible and are not living in a county approved living arrangement to find an approved arrangement.

#### 3.600.16 Work Eligible Individuals

- A. The following are defined as work eligible individuals and are subject to work activities under Section 3.631.2 or other county defined work activities as determined through the participant assessment:
  - 1. An adult or minor child head-of household receiving assistance under TANF or a separate state program, unless excluded in #2, below.
  - 2. A non-recipient parent living with a child receiving assistance, unless the parent is a member of one of three excluded groups:
    - a. A minor parent who is not a head-of-household or spouse of head-of-household;
    - b. An alien who is ineligible to receive assistance due to his or her immigration status; or,
    - c. At state option on a case-by-case basis, a recipient of supplemental Social Security Income (SSI) benefits.

### 3.600.17 Requirements for Receipt of Cash Assistance After Month 24 and Subsequent Month

All assistance units which include an adult member who has received cash assistance for 24 cumulative months shall have such adult member in a work activity, either federal or county defined (reference Section 3.631) as outlined in his/her Individual Responsibility Contract (IRC), in order to receive Colorado Works assistance in month 25 and all subsequent months.

### 3.600.18 Reasonable Accommodation

County departments shall make reasonable accommodations for persons with disabilities that assure equal access to TANF/Colorado Works benefits and services based on an individualized assessment, unless the reasonable accommodation fundamentally alters the Colorado Works Program.

### 3.600.19 Grandparent Guardianship

Subject to available appropriation, county departments may choose to provide a basic cash assistance grant to a grandchild who was in foster care and who exited foster care into the legal custody or legal guardianship of a grandparent. The county department has the option to determine eligibility for this population based on either of the following and must specify in the county plan if option "B" is used:

- A. The Colorado Works need standard at Section 3.614.2; or,
- B. The need standard equal to the average foster care home maintenance payment. This need standard shall be established annually by the State Department, based on the prior year's statewide average foster care home maintenance payment.

### **3.600.2 PERSON(S) WHO MAY BE ELIGIBLE FOR BENEFITS UNDER COLORADO WORKS OR SSI or OAP-A**

- A. Must be advised of the benefits available under each program;
- B. May apply for a determination of eligibility under all programs;
- C. Have the option to receive benefits under the program of their choice, but may not receive benefits under Colorado Works and the other programs at the same time; and
- D. May change their selection if their circumstances change or if they decide later that it would be more to their advantage to receive benefits from the other program.

### **3.600.3 SCHOOL ATTENDANCE**

A dependent child is still considered to be a student in regular attendance during official school or training program vacation periods, absences due to illness, convalescence or family emergencies.

#### 3.600.31 Regular attendance means enrolled and physically attending a program of study or training leading to a certificate or diploma.

- A. Full-time attendance in secondary school, vocational or technical school, or cooperative training programs means twenty-five (25) clock hours per week or as defined by the school system.
- B. Part-time attendance means a minimum of twelve hours of school attendance per week, or as defined by the school system.

### **3.601 FAMILY PRESERVATION ELIGIBILITY**

3.601.1 To receive Family Preservation Services as provided in the “Social Services” staff manual, Section 7.001.45 (12 CCR 2509-1), under “Title IV-A Emergency Assistance” , a family’s income and resources must meet all of the following guidelines:

- A. The family income must be under \$75,000 yearly; and,
- B. The child must meet out-of-home placement criteria; and,
- C. The child lived with a specified relative within the last six months.

### **3.602 OTHER POLICIES**

#### **3.602.1 DEFINITION OF DOMESTIC VIOLENCE [ Perm Rule 8/1/07]**

Domestic violence is defined as a pattern of coercive control one individual inflicts upon a another in the context of familial, household or intimate partner (current or former) relationships including marriage and dating. Violence may be inflicted through a variety of means including, but not limited to:

- A. Physical abuse, including hitting, punching, slapping or biting;
- B. Intimidation resulting in fear of imminent bodily harm through the use of gestures, displays of weapons or destruction of property, including pets;
- C. Threats to inflict bodily harm or other means of coercion and control;
- D. Sexual abuse or threats to inflict nonconsensual sexual acts, including sexual activity with a minor;
- E. Emotional, psychological or mental abuse including degradation, constant put-downs or humiliation that results in an inability to engage in daily activities;
- F. Isolation from friends, family or any type of emotional support system;
- G. Neglect or deprivation of medical care;
- H. Stalking;
- I. Economic abuse or control of finances through withholding money or sabotaging attempts to attain economic self-sufficiency.

#### **3.602.2 DOMESTIC VIOLENCE POLICY [Perm. Rule eff. 8/1/07]**

Counties shall provide information to all applicants and participants of Colorado Works benefits regarding domestic violence. Individuals who are trained in domestic violence and have participated in Colorado Work’s Family Violence Option training shall provide this information. Information shall be available throughout the applicant’s participation and in a format that permits applicants to readily understand. Information includes, but is not limited to:

- A. An immediate referral to domestic violence services including health care, emergency shelter, child protection or law enforcement if violence is imminent;
- B. Oral presentations (formal or informal) on domestic violence;



- C. Written information on domestic violence including service brochures from local domestic violence and batterer's intervention service providers, criminal justice victim advocate information, victim's compensation and other informational handouts and a domestic violence safety plan. Applicants and participants should only receive written information when it is safe for them to take it home (i.e. the batterer will not use information to inflict further abuse);
- D. Procedures for voluntarily and confidential self-identifying themselves as victims of domestic violence;
- E. Procedures for applying for waivers from any program requirements and extension of time limits; and,
- F. Policy with regard to how domestic violence information will be used to determine program waivers.

### **3.602.3 FAMILY VIOLENCE OPTION (FVO) [Perm. Rule eff. 8/1/07]**

Section 402(A)(7) of the Social Security Act requires that a state which elects the Family Violence Option (FVO) shall establish and enforce the following standards and procedures. A county department that elects FVO shall, in the county plan, define how the county will:

- A. Screen and identify individuals receiving federal TANF and Maintenance of Effort (MOE) assistance with a history of domestic violence; and,
- B. Maintain the confidentiality and privacy of such individuals; and,
- C. Refer such individuals to community-based counseling and support services, and,
- D. Provide waivers of good cause, at any point during participation, of normal program requirements to such individuals, for so long as necessary, in cases where compliance would make it more difficult for the individual to escape domestic violence, or would unfairly penalize the individual who is or has been victimized by domestic violence or who is at risk of further domestic violence.

#### **3.602.31 FVO Good Cause Waiver**

- A. The waiver shall meet the federal definition of a "federally recognized good cause domestic violence waiver" .

Good cause for not participating in any program requirements, other than cooperation with child support and work requirements, is defined as anything that would potentially endanger or unfairly penalize a participant or his/her family if he/she participated in the program requirement as documented by a county. For child support enforcement, reference Section 3.604.6

Good cause may include, but is not limited to:

- 1. A history of domestic violence that interferes with an individual's ability to obtain or maintain employment;
- 2. An abuser's use of a pattern of coercive control that includes violence, intimidation, threats, stalking or harassment;
- 3. Results of victimization such as post-traumatic stress disorder, depression or other

mental health consequences; or,

4. Physical disabilities related to the abuse.

B. Waivers may be granted at any time during the applicant's participation and be partial or full or permanent or temporary and must:

1. Identify the specific program requirements that are being waived which may include work requirements or time limits;
2. Be granted based on a case-by-case basis and need as determined by an individualized assessment by a person trained in domestic violence, who has participated in Colorado Works' Family Violence Option training and be re-determined at least every six (6) months; and,
3. Be accomplished by a service plan that:
  - a. Includes domestic violence service participation that may be required;
  - b. Is developed by a person trained in domestic violence;
  - c. Reflects the individualized assessment and any revisions indicated by the re-determination; and,
  - d. Is designed to lead to employment.

#### **3.602.4 REFERRAL TO SERVICES [Perm. Rule eff. 8/1/07]**

If an applicant or participant self identifies as a victim of domestic violence, counties shall make appropriate referrals to domestic violence and supportive services, and document such referral in the case file.

The State prescribed or State approved domestic violence screening form shall be completed for such clients. Domestic violence issues shall be considered by the county department in completing the Individual Responsibility Contract (IRC). Screening must occur in a private, confidential and safe location.

#### **3.602.5 CONFIDENTIAL INFORMATION [Rev. eff. 1/1/05]**

All information that an applicant or participant provides concerning domestic violence, referrals for supportive services and waivers, applications for and approval or denial of waivers, shall remain confidential as required in the administrative procedures section entitled "Protection to the Individual".

#### **3.602.6 EXEMPTION FROM REFERRALS TO CHILD SUPPORT ENFORCEMENT (CSE) [Rev. eff. 7/1/99]**

A finding of domestic violence shall be considered in the determination of good cause exemption from referral to the Child Support Enforcement (CSE) Unit as defined in the Child Support Enforcement staff manual, Section 6.230.1 (9 CCR 2504-1).

#### **3.602.7 DOMESTIC VIOLENCE WAIVERS OF WORK REQUIREMENTS**

##### **3.602.71 Waiver Opportunity**

If the county department and the client cannot agree to the terms of the IRC related to work requirements, the client shall be offered the opportunity to request a waiver from the work

requirement in the IRC.

#### 3.602.72 Submit to State Department

Counties shall submit requests for waivers of work requirements to the State Department for a determination of whether good cause exists to grant such waivers only if the client and the county department cannot agree on granting of the waiver or the terms of the waiver. The county department shall help the client complete the waiver application if requested.

#### 3.602.73 State Department Appeal for Work Requirement Waiver

In the event that the county department and the participant do not agree on granting the waiver or the terms of the waiver, the county department shall forward to the State Department the waiver application, a copy of the screening document, a copy of the IRC, documentation regarding the domestic violence, a statement regarding the county's position for including the contested activity in the IRC and the client's statement regarding the reasons for contesting the activity within ten (10) working days from the completion of the application.

- A. The State Department shall review the material submitted by the county and notify both the county and the client of the opportunity to submit additional information. Each party shall have ten (10) working days to submit such information.
- B. The decision on the waiver shall be made by a panel appointed and acting on behalf of the department. The panel will consist of at least one person knowledgeable in state program issues and at least one person knowledgeable in domestic violence issues.
- C. The panel shall notify the county department and the client of the waiver decision within thirty (30) working days from date of receipt of the application.
- D. Unless the panel's decision is under appeal, county departments and clients shall implement the IRC in accordance with the decision of the panel within ten (10) working days. The adverse action or decision of the panel may be appealed through the county dispute resolution process as outlined in Section 3.840 or administrative hearing process as outlined in Section 3.850.

#### 3.602.74 Reapply for Waiver

Clients denied domestic violence waivers may reapply for a waiver when their circumstances change or their participation requirements, as set out in the Individual Responsibility Contract (IRC), change.

#### 3.602.75 Waiver Update

Waivers approved by the State shall be updated by the county every six (6) months and must include a determination by the State of the continuation of the waiver of work requirements.

### **3.603 APPLYING FOR COLORADO WORKS**

3.603.1 Application for Colorado Works shall be made by a specified caretaker relative with whom the dependent child is living. A specified caretaker relative is any relation by blood, marriage or adoption, who is within the fifth degree of kinship to the dependent child.

3.603.2 Counties shall accept applications for Colorado Works during normal business hours. They will not be restricted to a certain day or time of day. Counties shall not deter applicants from applying for Colorado Works by creating pre-eligibility requirements or referring applicants to community

resource providers in place of allowing them to apply for Colorado Works benefits or otherwise limiting opportunities to apply for Colorado Works.

3.603.3 If the specified caretaker relative is not able to participate in the completion of the application forms due to physical or mental incapacity, the spouse, other relative, friend, responsible party, or representative may complete the forms. When no such person is available to assist in these situations, the county department must assist the relative in the completion of the necessary forms.

3.603.4 At the time of application, the county shall provide the specified caretaker relative information regarding program benefits and requirements, including information concerning child care assistance, applicable to the family members. The county shall, when appropriate, provide the information verbally and in written form.

3.603.5 Persons required to be in the same assistance unit (parents, siblings, and half siblings of the dependent child) shall apply for Colorado Works as one assistance unit. However, a half sibling who is receiving child support shall not be required to be in the assistance unit. The half sibling receiving child support or his/her parent or legal guardian shall decide whether to include such half sibling receiving child support in the assistance unit.

In addition to consideration of the needs of the children and parents who must be included in the assistance unit, the needs of the caretaker relative who is responsible for providing goods and services to the child(ren) may be included in the assistance unit. There shall only be one specified caretaker relative of any individual dependent child in the assistance unit unless the child(ren) is living with both parents.

Persons not required to be in one assistance unit, but residing in the same household, shall have the option of applying for Colorado Works as separate units. Each assistance unit shall be budgeted using the appropriate need standard for the unit.

3.603.6 The county shall consider an application for Colorado Works to be an application for any category of public assistance, except for child welfare services, for which the applicant may be eligible. This determination of eligibility for Colorado Works shall be made within forty-five (45) calendar days of the original date of application unless the applicant has requested and the county has approved the extension of time.

3.603.7 The county shall provide to the participant the opportunity to register to vote in accordance with the provisions of Section 3.110.2.

3.603.8 In order to receive Colorado Works, the signature of the applicant or the caretaker relative with whom the dependent child is living is required on the application form, except for Family Preservation Services and contracted services.

3.603.9 A single parent with a child(ren) under age six (6) shall be notified in writing of the terms and conditions under which a county determines that child care is unavailable .

This notification shall be in written format and shall include the county's definition of the unavailability of child care. This definition must include the criteria listed at 3.626.4, B.

This notice shall inform an individual of the procedures for applying for and being considered for an exemption from the work requirements and the procedures for applying for the exemption. The notice shall also include the statement that this exemption does not exempt the single parent from program time limits.

### **3.604 ESTABLISHING ELIGIBILITY**

### **3.604.1 VERIFICATION [ Emer. rule eff 8/1/2006; Perm. rule eff. 12/01/2006]**

- A. All income shall be verified through the Income and Eligibility Verification (IEVS) system. Assistance shall not be denied, delayed or discontinued pending receipt of information requested through IEVS, if other evidence establishes the individual's eligibility for assistance.
- B. The applicant/recipient shall provide to the county the following information:
  - 1. Lawful presence in the United States; see Section 3.140.11.
  - 2. A Social Security Number (SSN) for each individual applying for benefits or proof that an application for a SSN has been made.
  - 3. Verification of earned income of any member of the assistance unit or other household member whose income is used to determine eligibility and payment, who earned money within thirty (30) calendar days of the date of application.
  - 4. Verification of pregnancy, if not observable.
- C. Counties may require verification of any information which is questionable or inconsistent. The determination that information is questionable or inconsistent must be documented in the applicant's case file. An applicant may request an extension of time beyond the 45 day maximum to process an application for Colorado Works benefits in order to obtain necessary verification. The extension may be provided at county discretion.
- D. Information that exists in another case record shall be used to verify those factors that are not subject to change, if the information is reasonably accessible.
- E. All immigrants shall have alien status verified through the Systematic Alien Verification for Entitlements (SAVE) system. Assistance shall not be delayed or discontinued pending this verification.

### **3.604.2 CHILD SUPPORT [Rev. eff. 6/1/10]**

Applicants for Colorado Works statutorily assign all rights to child support on his/her own behalf or on behalf of any other member of the assistance unit for whom the application is made. An applicant's failure to sign the application form to avoid assignment of support rights precludes eligibility for the assistance unit. Effective July 1, 2010, failure to cooperate with Child Support Enforcement at application and/or while receiving a basic cash assistance grant, without good cause, will result in the termination or discontinuation of the Colorado Works basic cash assistance grant.

This assignment is effective for both current and accrued support, takes effect upon a determination of eligibility for Colorado Works cash assistance, and remains in effect with respect to the amount of any unpaid support obligation accrued under the assignment that was owed prior to the termination of Colorado Works cash assistance to the participant. The application form shall contain acknowledgement of these provisions and shall be signed by the applicant.

- A. Applicants and participants may request that their case not be referred to Child Support Enforcement based upon good cause. Claims found to be valid are:
  - 1. Potential physical or emotional harm to a child(ren);
  - 2. Potential physical or emotional harm to a parent or caretaker relative;
  - 3. Pregnancy or birth of a child related to incest or forcible rape;

4. Legal adoption before court or a parent receiving pre-adoption services.

B. Every applicant and participant shall be given notice and the opportunity to claim that his/her case should not be referred to Child Support Enforcement based upon good cause.

3.604.21 Any support income paid directly to an assistance unit on behalf of a member of the assistance unit, that is not turned over to the child support enforcement program, shall be counted as unearned income to determine eligibility and payment for the assistance unit.

3.604.22 If a family is ineligible for Colorado Works basic cash assistance due to child support income and the income received from child support is either not received or is less than the family need standard, the family may request to be reinstated for assistance in that month. The income from the current month will be used to determine eligibility and payment prospectively.

### **3.604.3 CONFIDENTIALITY**

Information regarding families shall remain confidential and available only for the purposes authorized by federal or state law pursuant to Section 3.860.4.

### **3.604.4 IMMUNIZATION [Rev. eff. 6/1/10]**

As a condition of eligibility, the caretaker relative shall provide verification or written confirmation by a physician or nurse pursuant to records in the Immunization Tracking System as set forth in Section 26-2-111.1, C.R.S., that all children whose needs are included in the assistance unit receiving Colorado Works benefits are being brought up-to-date with immunization and that, no later than the first redetermination of eligibility, each child has received all immunization for which the child is eligible according to the age of the child, unless exempt due to religious or medical reasons in accordance with Federal law. Verification of immunizations shall be requested at the time of application. The participant has until the first redetermination of eligibility to provide verification of immunizations for each child. Failure to provide immunization records by the first redetermination shall result in termination or discontinuation of the basic cash assistance grant for failure to comply with eligibility requirements.

### **3.604.5 OTHER ELIGIBILITY CRITERIA**

3.604.51 A county shall perform an assessment for an applicant or participant who is eighteen (18) years of age or older, or who has not completed high school or obtained a certificate of high school equivalency, and is not attending high school.

3.604.52 [Rev. eff. 6/1/10]

Individuals applying for Colorado Works benefits that are subject to the required assessment shall be required to enter into an Individual Responsibility Contract (IRC) with the county department.

3.604.53 Children may remain eligible for Colorado Works and be absent from the home for a period greater than forty-five (45) calendar days for the following reasons:

- A. Child(ren) receiving medical care or education which requires him/her to live away from the home; or,
- B. Child(ren) visiting an absent parent; or,
- C. Child(ren) residing in voluntary foster care placement.

3.604.54 In determining eligibility for Colorado Works for household members, financial responsibility is limited to a spouse for his/her spouse, and parent for his/her child. Financial responsibility of

parents for a child is not changed by the fact that the child may be pregnant or is a mother and caretaker of her own child.

3.604.55 Determining and processing eligibility for the basic cash assistance grant and State diversion shall be based on rules at Section 3.613.

### **3.605 DEFINITIONS**

A “caretaker relative” is the relative who has care and control of a dependent child whether or not a court order exists.

“Cash assistance” is payments, vouchers, and other forms of benefits designed to meet a family’s ongoing basic needs such as food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Cash assistance includes supportive services to families who are not employed, such as transportation and child care assistance, as referenced in Section 3.617.

All state diversion payments and county diversion payments of less than four (4) consecutive months are not cash assistance.

A “dependent child(ren)” is a person who resides with a parent or a specified caretaker relative and who is:

- A. Under eighteen (18) years of age; or
- B. Between the ages of eighteen (18) and nineteen (19) who are full-time students in a secondary school or in the equivalent level of vocational or technical training and expected to complete the program before age nineteen (19). Such children are eligible through the month of completion.
- C. Participation in a General Equivalency Diploma (GED) program is not defined as a student in a secondary school, or in a vocational or training program.

A “disqualified or excluded person” is a person who would be a member of the assistance unit but is ineligible due to program prohibitions.

A “diversion grant” is a grant of assistance authorized pursuant to Colorado Revised Statutes, Section 26-2-707, and as defined at Sections 3.619.1 and 3.621.1.

“Employment” means an individual is considered an employee by the employer, or who is self-employed.

“Medical services” are those services which are allowable or reimbursable under Title XIX of the Social Security Act.

A “noncustodial parent” means an individual who, at the time he/she requests and receives program services:

- A. Is a parent of a minor child; and,
- B. Is a resident of Colorado; and,
- C. Does not live in the same household as the minor child.

A “non-recurrent cash payment” means a Colorado Works/TANF payment made to or on behalf of the assistance unit that meets the following terms and conditions:

- A. Payment is paid to deal with a specific crisis situation or episode of need;
- B. Payment is not intended to meet recurrent or ongoing needs; and,
- C. Payment will not extend past four (4) consecutive months.

A “parent” means an adoptive or natural parent, including an expectant parent.

A “participant” means an individual who receives any form of assistance or services or who participates in a specific component of the Colorado Works Program.

A “person with disabilities” is defined as a person who has a physical, mental or learning impairment, including a learning disability, that substantially limits one or more major life activities, such as mobility, understanding and use of language, self care, self-direction or capacity for independent living, or has a history or record of such impairment or is regarded as having such an impairment.

“Program prohibitions ” means any of the following that prevents a required member of the assistance unit from participating in the Colorado Works program.

- A. The individual has misrepresented his/her residence to receive TANF benefits in two or more states;
- B. The individual is a fleeing felon;
- C. The individual has been convicted of a drug-related felony;
- D. The individual is an alien who does not meet the definition of an eligible qualified alien;
- E. The individual has been convicted of welfare fraud under the laws of this state, any other state, or the Federal government;
- F. The individual lacks or failed to provide a Social Security Number (SSN) or proof of application for a SSN.

A “qualified alien” means an alien who, at the time the alien applies for, receives, or attempts to receive, a federal public benefit, is:

- A. An alien who is lawfully admitted for permanent residence under the federal “Immigration and Nationality Act” ; or,
- B. An alien who is granted asylum under Section 208 of the federal “Immigration and Nationality Act” ; or,
- C. A refugee who is admitted to the United States under Section 207 of the federal “Immigration and Nationality Act” ; or,
- D. An alien who is paroled into the United States under Section 212(D)(5) of the federal “Immigration and Nationality Act” for a period of at least one year;
- E. An alien whose deportation is being withheld under section 243(H) or section 241(B)(3) of the federal “Immigration and Nationality Act” ; or,
- F. An alien who is granted conditional entry pursuant to Section 203(A)(7) of the federal “Immigration and Nationality Act” as in effect prior to April 1, 1980; or,



G. An alien who is a Cuban and Haitian entrant, as defined in Section 501(E) of the Refugee Education Assistance Act of 1980; or,

H. An alien who (or whose child or parent) has been battered or subjected to extreme cruelty in the United States and otherwise satisfies the federal requirements.

A “specified caretaker relative” is any relation by blood, adoption or marriage, who is within the fifth degree of kinship to the dependent child. Kinship relations by marriage continue to exist even if the marriage is terminated by death or divorce.

### **3.606 LIVING IN THE HOME OF A CARETAKER RELATIVE**

3.606.1 A dependent child is considered to be living in the home of the caretaker relative as long as the parent or specified relative exercises responsibility for the care and control of the child and even though:

A. The child is under the jurisdiction of the court;

B. Legal custody is held by an agency that does not have physical possession of the child;

C. The child is in regular attendance at a school away from home;

D. Either the child or the relative is away from the home to receive medical treatment;

E. Either the child or the relative is temporarily absent from the home for less than forty-five (45) calendar days; and,

F. The child is in voluntary foster care placement for a period not expected to exceed three (3) months. Should the foster care plan change within the next three months and the placement become court-ordered, the child is no longer considered to be living in the home as of the time the foster care plan is changed.

3.606.2 A dependent child is considered to be living in the home of the caretaker relative who has physical custody of the child more than 50% of the time in the month for which assistance is requested.

3.606.3 A parent is considered to be living in the home if the parent(s) is temporarily away from home to perform active duty in the uniformed service of the United States.

### **3.607 DETERMINATION OF NEED**

#### **3.607.1 COUNTABLE INCOME AND RESOURCES**

3.607.11 For purpose of determining need, all countable income and resources of members of the assistance unit must be considered.

3.607.12 Countable resources and income mean those income and resources that are considered to be available to the individual or assistance unit after the application of appropriate exemptions, disregards and deductions.

#### **3.607.2 AVAILABILITY OF RESOURCES AND INCOME**

3.607.21 Resources and income shall be countable when actually available and when the applicant or participant has a legal interest in a sum, and has the legal ability to make such sum available for support and maintenance.

3.607.22 An applicant/participant must make every reasonable effort to secure potential resources and income.

- A. The time required to make a resource or income available shall not be used as a basis for delaying the processing of an application.
- B. When the participant is taking appropriate action to secure a potential resource or income, assistance to the assistance unit shall continue without adjustment until the resource or income is available.
- C. If the applicant/participant refuses to make a reasonable effort to secure a potential resource or income, such resource or income must be considered as if available. Timely and adequate notice must be given to the assistance unit regarding a proposed action to deny, reduce or terminate assistance, based on the availability of the resource or income.
- D. If, upon the receipt of the prior notice, the person acts to secure the potential resource or income, the proposed action to deny, reduce or terminate assistance shall be withdrawn and assistance must be approved and/or continued without adjustment until the resource or income is, in fact, available.

### **3.608 RESOURCE REQUIREMENTS**

#### **3.608.1 COUNTABLE RESOURCES [Eff. 12/1/2007]**

The assistance unit's total countable resources must be no more than \$15,000. Any countable resource held by members of the assistance unit is considered in determining eligibility for the Colorado Works Program.

Countable resources include cash on hand, in a checking or savings account, or in other accounts such as certificates of deposit, and the equity value of:

- A. Real property not occupied as the home. Real property means land, including rights in land such as oil, mineral and water rights, buildings and objects affixed to land;

In order for real property to be considered a resource to the individual, the following must be determined:

- 1. The actual value less encumbrances.
- 2. The negotiability of the ownership interest (i.e., are there any legal restrictions prohibiting the applicant/participant from selling his/her interest in the property).

The inability of the owner to sell the property at the asking price or estimated market value does not exempt the real property as a resource. The county department must determine if the property could be sold for a lesser price and, if so, the lesser price is the value of the resource. In making this determination the county will contact two knowledgeable resources in the area of property sale and evaluation, such as, but not limited to, banks, property appraisers or mortgage companies.

The applicant/participant shall have the right to submit evidence establishing a lesser property value. Such value may be established to zero. The county shall evaluate the evidence and re-determine the property value.

- 3. The degree of ownership interest is determined by the type of ownership. Generally, the types of ownership are:

- a. Sole ownership, in which the individual is the only owner; or,
  - b. Shared ownership, in which the property is owned by two or more individuals. There are two types of shared ownership. Joint ownership or ownership in common in which the property is owned by more than one person, and each own equal shares in the property. Tenancy in common is where individuals own specified interests in the property.
- B. Personal property in the form of a mobile home, trailer, or the like not used as the home. Personal property means items of ownership that are not considered real property;
- C. Secondary vehicles, unless exempt under Section 3.612.2, A;
- D. Stocks, bonds and mutual fund shares;
- E. Mortgages, notes and similar properties which can be converted to cash;
- F. Cash benefits received as proceeds of fire or casualty insurance in excess of the expenses incurred to repair or replace property which was damaged, destroyed, lost or stolen;
- G. Proceeds from the sale of home property which are in excess of expenses incurred to purchase or build a replacement home, or proceeds from the sale of a property item other than the home;
- H. Items of personal property not considered to be essential to day-to-day living;
- I. Crime victim compensation to the extent that it exceeds expenses for which it was designated, i.e., medical and/or burial expenses;
- J. Any increase in the value of moneys received pursuant to the "Civil Liberties Act of 1988" , P.L. No. 100-383; and

### **3.608.2 TRANSFERS WITHOUT FAIR COMPENSATION**

3.608.21 An individual who disposes of resources at less than fair market value any time within 12 (twelve) months immediately prior to applying for Colorado Works assistance, or who makes such a transfer while receiving assistance, may be ineligible for Colorado Works assistance. The transfer is considered as a transfer of resources without fair consideration and is a factor of eligibility if the transfer, assignment or sale of a resource was:

- A. Voluntary;
- B. Without fair and valuable consideration; and,
- C. For purpose of rendering the applicant/participant eligible for Colorado Works assistance. The county shall make a rebuttable presumption that the transaction was for such purpose when the transfer was made any time during the 12 month period immediately prior to the filing of the application or during the time assistance was received.

An applicant/participant shall be given the opportunity to disprove a presumption by the county. The presumption is considered void if the individual can demonstrate to the county that the transfer was for another purpose.

3.608.22 The applicant/participant's willingness to accept a sum that is less than fair market value may be shown to be reasonable based on hardship just prior to the transfer. Examples of hardship are:

- A. A period of unemployment causing a need for funds to meet monthly bills and monthly living expenses;
  - B. An accident or severe illness causing a need for funds to meet large medical or other expenses.
- 3.608.23 An involuntary transfer of a resources is not considered a transfer without fair compensation. Involuntary transfers include, but are not limited to:
- A. Loss of property through fraud;
  - B. Loss of property through legal action such as judgment, foreclosure, delinquent tax sale, etc.
- 3.608.24 In order to assess the effect of a transfer of resources without fair compensation in regard to eligibility and payment, the county shall:
- A. Determine the fair market value of the resource;
  - B. Determine the amount received by the applicant or participant for the resource;
  - C. Subtract the amount received for the resource from the fair market value, to determine the uncompensated amount;
  - D. Add the uncompensated amount to other countable resources to determine the total resources. If the resources exceed the resource maximum in a given month, the assistance unit is ineligible for Colorado Works basic cash assistance and state diversion.

### **3.608.3 SHIFTING OF RESOURCES**

- 3.608.31 The conversion of one type of resource to another shall not represent income in the month of exchange. Such resources include, but are limited to:
- A. Proceeds from the sale of an item of property;
  - B. Proceeds from fire or casualty insurance;
  - C. Payments on the principle of a contract of sale (such as a note or mortgage); except that, when a contract has been evaluated as being non-negotiable, such payments shall be considered as income.
- 3.608.32 Shifting of resources from countable to exempt is permitted as is shifting from one form of countable resource to another, and from one form of exempt resource to another.

### **3.608.4 SECONDARY REAL PROPERTY**

- 3.608.41 Real property not used as a home and which affects eligibility shall be excluded for a period of six (6) months if the family agrees to make a good faith effort to sell the property.
- 3.608.42 If the property is sold while the family is receiving Colorado Works benefits within the six (6) month period, the amount of repayment shall not exceed the net proceeds from the sale.
- 3.608.43 If the net proceeds from the sale of the property, together with all other resources, are under the resource limit, no overpayment has occurred.

3.608.44 If the family is discontinued from Colorado Works during the six (6) month period, all received during such a period is considered an overpayment. If the family remains otherwise eligible, but the sale is not completed within six (6) months, eligibility ends with the sixth (6) month and all benefits received during the period are considered an overpayment.

### **3.609 COUNTABLE INCOME FOR INDIVIDUALS APPLYING FOR OR RECEIVING COLORADO WORKS**

#### **3.609.1 INCOME**

For applicants of TANF/Colorado Works cash assistance all countable income of the assistance unit received and expected to receive in the month of application shall be used to determine eligibility. If the gross countable income exceeds 185% of the appropriate need standard for the assistance unit, the assistance unit shall be ineligible, unless as specified at Section 3.614.31.

3.609.11 Income in general, is the receipt by an individual of a gain or benefit in cash or in-kind during a calendar month. Received means the date on which the income becomes legally available.

3.609.12 Earned in-kind income shall be income produced as a result of the performance of services by the applicant or participant, for which he/she is compensated for in cash, shelter or other items in lieu of wages.

3.609.13 "Earned income" is:

- A. Wages, salaries, and commissions paid for services as an employee, or money payments obligated to the employee and diverted to a third party for the employee's household or other expenses;
- B. Wages that are being garnished by a court order are classified as earned income;
- C. With the exception of contract employment, wages which are paid to an employee for a period for which services were rendered must be counted as earned income when paid rather than when earned, except that wages held at the request of the employee are considered income in the month they would otherwise have been paid.

3.609.14 Compensation received from the Crime Victims Compensation Act shall be considered as income to the extent that it exceeds the expenses for which it was designated.

3.609.15 Compensation paid to a member of the assistance unit to provide Home Care Allowance services is countable earned income.

3.609.16 All earned income of dependent children who are not students shall be considered in determining eligibility for Colorado Works.

3.609.17 Earnings received by a caretaker relative from Workforce Investment Act (WIA) is countable income. Payments for work experience programs and on-the-job training under WIA are considered wages.

#### **3.609.2 CONSIDERATION OF THE INCOME OF A NON-PARTICIPANT STEPPARENT AND A NON-PARTICIPANT PARENT OF AN UNMARRIED MINOR PARENT**

Countable income of a stepparent is considered available to stepchildren included in the assistance unit as dependent children. The countable income of a non-participant parent(s) of an unmarried minor parent, who is living in the same home as the minor parent, shall also be deemed to the assistance unit. The countable income equals gross earned income minus the employment disregard of \$90, the maintenance

or child support paid to others outside the assistance unit, the amounts actually paid by the individual to other individuals not living in the home and who could be claimed by the individual for federal income tax purposes, plus any unearned income received by the stepparent or non-participant parent. The needs of the parent of the minor parent or step-parent and the needs of those individuals living in the home for whom they are responsible shall be deducted from the result to determine the amount attributed to the assistance unit.

The resources of the stepparent shall not be countable to his/her dependent stepchildren.

### **3.609.3 SPONSORED ALIENS**

Net income and resources of an alien's sponsor and the sponsor's spouse shall be deemed to the assistance unit. Sponsor net income equals gross earned income minus 20% or \$175, whichever is less, minus support paid to the dependents not living in the sponsor's home, plus any unearned income. The remaining income shall be considered available as unearned income to the alien for the purpose of establishing eligibility and payment for Colorado Works.

### **3.609.4 EXCLUDED MEMBERS OF THE ASSISTANCE UNIT**

Net income of persons who are required to be included in the assistance unit and who are excluded due to failure to meet citizenship, alien status, or Social Security Number, or are ineligible as defined in Section 3.600.14, shall be deemed to the assistance unit. Net income equals gross earned income minus employment disregards and employment incentives plus any unearned income.

### **3.609.5 SELF-EMPLOYMENT INCOME**

3.609.51 An individual involved in a profit making activity shall be classified as self-employed.

- A. To determine the net profit of a self-employed applicant/participant, deduct the cost of doing business from the gross income.
  - 1. These expenses include, but are not limited to, the rent of business premises, wholesale cost of merchandise, utilities, interest, taxes, labor and upkeep of necessary equipment.
  - 2. Depreciation of equipment shall not be considered as a business expense.
  - 3. The cost of and payments on the principle of loans for capital assets or durable goods shall not be considered as a business expense.
  - 4. Personal expenses such as personal income tax payments, lunches, and transportation to and from work are not business expenses.
- B. Appropriate allowances for cost of doing business for participants who are licensed, certified or approved day care providers are:
  - 1. Deduct \$55 for the first child, and
  - 2. Deduct \$22 for each additional child.

If the applicant/participant can document a cost of doing business that is greater than the amounts above, the procedure described in A, 1, shall be used.
- C. The result of the net profit amount derived after the appropriate deductions described above shall be considered countable earned income.

3.609.52 All self-employment income shall be considered income in the month it is received.

3.609.53 Some different types of self-employment income and how they are considered include, but are not limited to, the following:

- A. Farm income - shall be considered in the month it is received.
- B. Rental income - shall be considered as self-employment income only if the participant actively manages the property at an average of 20 hours per week.
- C. Board (to provide a person with regular meals only) payments shall be considered earned income in the month received to the extent that the board payments exceeds the maximum Food Stamp allotment for a one-person household per boarder and other documentable expenses directly related to provision of board.
- D. Room (to provide a person with lodging only) payments shall be considered earned income in the month received to the extent that the room payment exceeds documentable expenses directly related to the provision of the room.
- E. Room and board payments shall be considered earned income in the month received to the extent that the payment for room and board exceeds the Food Stamp allotment for a one-person household per room and boarder and documentable expenses directly related to the provision of room and board.

3.609.54 Donated Services

- A. Donated in-kind countable earned income shall be defined as services donated without pay when it:
  - 1. Is regular and for a specific time period;
  - 2. Is a necessary service; and,
  - 3. If not performed by the applicant/participant, someone would have to be hired to perform the service.
- B. If the donated services meet these requirement, the value of these services is determined by:
  - 1. The going rate in the community; or,
  - 2. From two employers of like services.
- C. The applicant/participant shall be informed that the continuation of the donation of services shall result in income deductions from the assistance grant and all applicable earned income disregards shall be applied.

### **3.610 UNEARNED INCOME**

3.610.1 Countable unearned income includes but is not limited to the following:

- A. Rental income shall be considered unearned income unless the applicant or participant actively manages the property at least an average of twenty (20) hours per week, then the rental income shall be considered self employment income, as defined at Section 3.609.

- B. Inheritance, gifts, and prizes;
- C. Dividends and interest received on savings bonds, leases, etc.;
- D. All support and alimony payments shall be used to determine eligibility. Child support returned to families in a county that exercises the option to pass through the state and county share of current child support collection shall be disregarded when determining the Colorado Works grant amount;
- E. Non-exempt educational grants;
- F. Annuities, pensions, or retirements payments;
- G. Disability or survivor's benefits;
- H. Workmen's Compensation payments;
- I. Unemployment Compensation;
- J. Social Security benefits;
- K. Veteran Compensation and pension.

### **3.611 CONSIDERATION OF LUMP SUM INCOME**

- 3.611.1 Lump sum income is considered non-recurring if the payment is not expected to be received more than once from the same source and is considered to meet the future needs of the assistance unit. Non-recurring lump sum income received in the month of application by a member of the assistance unit but after the date of application shall be considered to meet the future needs of the assistance unit. Non-recurring lump sum income received in the first two months of eligibility shall be budgeted prospectively, and budgeted retrospectively thereafter.
- 3.611.2 Income which is exempt shall also be exempt if received as a lump sum or excluded if designated or legally obligated for legal fees related to obtaining the lump sum payment, medical bills, funeral and burial expenses or income taxes.
- 3.611.3 The countable lump sum income is added to the net earned and unearned income and the total is compared to the need standard for the household size. If the total is over the need standard, the assistance unit shall be ineligible for the number of full months derived by dividing the total by the need standard.
- 3.611.4 The period of ineligibility may be shortened by a county due to unforeseen and/or life threatening circumstances.
- 3.611.5 Persons who are not required to be included in the assistance unit that receive a lump sum payment have the option of being removed from the assistance unit. Lump sum income of such individual shall not affect the unit.

### **3.611.6 INCOME DEDUCTIONS FOR SUPPLIED NEED STANDARD COMPONENTS**

The following table shall be used to compute Colorado Works/TANF grants when one or more of the component items are supplied in full and the assistance unit has no obligation to perform service for the component or to pay for the component in cash.

Need Standard Component	Percentage of Need Standard Component
----------------------------	--



	Deducted
Shelter	27%
Utilities	7%
Food	40%
Clothing	5%
Personal needs, educational expenses, and household supplies	21%

3.611.61 The shelter and utility components shall not be deducted for residents of government subsidized housing.

3.611.62 Applicants/participants of Colorado Works who are obligated to pay component items included in the need standard shall have their grants computed with those component items included.

### **3.612 GENERAL RESOURCE AND INCOME EXEMPTIONS**

#### **3.612.1 EXEMPTIONS FROM CONSIDERATION AS RESOURCES OR INCOME [Rev. eff. 3/2/10]**

For the purpose of determining eligibility for Colorado Works, the following shall be exempt from consideration as either resources or income:

- A. A bona fide loan.
- B. Benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act.
- C. The value of supplemental food assistance received under the special food services program for children provided for in the National School Lunch Act and under the Child Nutrition Act, including benefits received from the special supplemental food program for Women, Infants and Children (WIC).
- D. Home produce utilized for personal consumption.
- E. Payments received under Title II of the Uniform Reconciliation Act and Real Property Acquisition Policies Act; relocation payments to a displaced homeowner toward the purchase of a replacement dwelling are considered exempt for up to six (6) months.
- F. Experimental Housing Allowance Program (EHAP) payments made by HUD under Section 23 of the U.S. Housing Act.
- G. Payments from Indian judgment funds and tribal funds held in trust by the Secretary of the Interior and/or distributed per capita; and the initial purchase made with such funds (P.L. No. 98-64 and P.L. No. 97-458).
- H. Distributions from a native corporation formed pursuant to the Alaska Native Claims Settlement Act (ANCSA) which are in the form of: cash payments up to an amount not to exceed \$2,000 per individual per calendar year; stock; a partnership interest; or an interest in a settlement trust. Cash payments, up to \$2,000, received by a recipient in one calendar year which is retained into subsequent years is excluded as income and resources; however, cash payments up to \$2,000 received in the subsequent year would be excluded from income in the month(s) received but counted as a resource if retained beyond that month(s).

- I. Assistance from other agencies or organizations that are provided for items not included in the need standard or do not duplicate a component of the need standard in total.
- J. Major disaster and emergency assistance provided to individuals and families, and comparable disaster assistance provided to states, local governments and disaster assistance organizations.
- K. Payments received for providing foster care.
- L. Payments to volunteers serving as foster grandparents, senior health aids or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title I (AmeriCorps VISTA) when the value of all such payments adjusted to reflect the number of hours such volunteers are serving is not equivalent to or greater than the minimum wage, and Title II and Title III of the Domestic Volunteer Services Act.
- M. Any grant or loan to any undergraduate student for educational purposes made or insured under any programs administered by the Commissioner of Education as a part of a need-based package; or by the Bureau of Indian Affairs (BIA) (Basic Education Opportunity Grants, Supplementary Education Opportunity Grants, National Direct Student Loans and Guaranteed Student Loans; Pell Grant Program, the PLUS Program, scholarships given to individuals for education and training, the BYRD Honor Scholarship programs and the College Work Study Program). To determine exempt status of an educational grant, the county department may contact the financial aid office of the educational institution.
- N. Any portion of educational loans and grants obtained and used under conditions that preclude their use for current living cost.
- O. Financial assistance received under the Carl D. Perkins Vocational and Applied Technology Education Act that is made available for attendance cost shall not be considered as income or resources. Attendance cost includes tuition, fees, rental or purchase of equipment, materials or supplies required of all students in the same course of study, books, supplies, transportation, dependent care and miscellaneous personal expenses of students attending the institution on at least a half-time basis, as determined by the institution.
- P. Training allowances or training scholarships granted by Workforce Investment Act (WIA) or other programs to enable any individual to participate in a training program is exempt as long as the funds do not fully duplicate a component of the Colorado Works need standard.
- Q. Payments received from the Youth Incentive Entitlement Pilot Projects (YIEPP), the Youth Community Conservation and Improvement Projects (YCCIP), and the Youth Employment and Training Programs (YETP) under the Youth Employment and Demonstration Project Act (YEDPA).
- R. Social Security benefit payments and the accrued amount thereof paid to a person when an individual plan for self-care and/or self-support has been developed under the following conditions: (1) SSI permits such disregard under such developed plan for self-care-support goal, and (2) assurance exists that the funds involved will not be for purposes other than those intended.
- S. Payments made from the Agent Orange Settlement Fund or any fund established pursuant to the settlement in the Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
- T. Money received from the Radiation Exposure Compensation Trust Fund, P.L. No. 101-426 as amended by P.L. No. 101-510.
- U. Reimbursement of out-of-pocket expenses.

- V. Payments received by individuals because of their status as victims of Nazi persecution pursuant to P.L. No. 103-286.
- W. Individual Development Accounts (IDAs).
- X. Retirement savings accounts.
- Y. Health care savings accounts.
- Z. Income paid to children of Vietnam veterans who were born with spina bifida pursuant to P. L. No. 104-204.
- AA. Income of an applicant or participant who is attending school (student in a secondary education or undergraduate degree program) shall be considered as follows:
  - 1. Income received from a college work study program grant shall be exempt when it is part of a “needs-based” package administered by the U.S. Commission of Education. Work study income which exceeds the amount specified in a needs-based package shall be considered earned income.
  - 2. All earned income, including earned income from WIA, that is received by a dependent child who is a full-time student or a part-time student who is not a full-time employee shall be disregarded.
- BB. Educational savings accounts.
- CC. Scholarships.
- DD. Educational stipends.
- EE. The income and resources (including any share in resources or income jointly owned or received) of an individual receiving SSI shall be disregarded for purposes of determining eligibility and payment for other members of the assistance unit.
- FF. Income tax refunds shall not be counted as income or resources in the month it is received. Any amount retained into the following month is considered a resource.
- GG. Earned Income Tax Credit (EITC) shall be exempt as income and resources for purposes of determining eligibility and payment for Colorado Works assistance.
- HH. Refugee resettlement funds in the form of reception and placement money.

### **3.612.2 RESOURCE EXEMPTIONS FOR COLORADO WORKS [Eff. 12/1/07]**

For the purpose of determining eligibility for Colorado Works, the following shall be exempt from consideration as a resource.

- A. One motor vehicle and an additional motor vehicle for each employed member of the assistance unit, who is employed, job ready or in a Federally countable work activity.
- B. The primary residence or homestead property of a family applying for assistance.
- C. Any real estate asset that does not produce or provide income for the participant and is not a secondary residence of the participant.

- D. Household goods and items or personal property such as, but not limited to clothing, furniture, appliances, jewelry and other such items.
- E. Personal property necessary for self employment such as, sales stock, inventory or tools.
- F. Burial plots and burial insurance plans.
- G. Life or disability insurance policies that may have a cash value.

3.612.3 For the purpose of determining eligibility for Colorado Works, the following shall be exempt from consideration of income.

- A. The benefits provided from the Low Income Energy Assistance Program (LEAP).
- B. A child receiving subsidized adoption funds shall be excluded from the assistance unit and his/her income and resources shall be exempt from consideration for Colorado Works eligibility and payment, unless such exclusion results in lower benefits to the family.

### **3.613 COLORADO WORKS ELIGIBILITY DETERMINATION FOR CASH ASSISTANCE AND STATE DIVERSION**

3.613.1 All countable gross income of the assistance unit, including child support and maintenance support received and expected to be received in the month of application, shall be used to determine eligibility.

3.613.2 To determine initial eligibility for Colorado Works cash assistance and State diversion, the countable gross income of an assistance unit shall not exceed one hundred and eighty-five percent (185%) of the need standard, as specified for that unit.

3.613.3 If the countable gross income is equal to or less than 185% of need standard for the household size, subtract \$90 from the gross earned income, add the unearned income to determine the countable net income. The countable net income is compared to the need standard for the household size. If the countable net income is equal to or greater than the need standard for the household size, the assistance unit is not eligible for Colorado Works cash assistance or State diversion benefits.

#### **3.613.4 DEFINITIONS**

The following definitions shall apply to the budgeting process in determining eligibility and payment for Colorado Works cash assistance and State diversion.

“Best estimate ” - an income or circumstance prediction based on past amounts and reasonable, verified knowledge or future circumstances which affect eligibility or income to be received in the payment month.

“Budget month ” - the calendar month from which circumstances are considered in the determination of eligibility and/or payment amounts.

“Complete and correct ” - the term for an MSR which has been properly filled out and which reflects all household circumstances for the budget month, and which has all necessary verifications attached.

The "countable income" - countable earned income minus applicable earned income disregards, plus countable unearned income.

“Filing deadline” - the date by which the Colorado Works participant’s complete and correct monthly

report must be received by the county department if payment is to be made.

“Gross income” - earned income before deductions plus countable unearned income.

“Monthly Status Report ” (MSR)” - the form used to secure a participant’s information and used to determine continuing eligibility and/or payment.

“Payment month” - the calendar month during which financial assistance is provided and intended to cover.

“Processing month ” - the calendar month during which eligibility and/or payment is determined.

“Prospective eligibility ” - the consideration of circumstances for a month to determine eligibility for the same month. Eligibility may be based on the “best estimate” of circumstances that will exist during the payment month.

“Reporting period ” - the same as the budget month or report month.

“Retrospective eligibility ” - considering circumstances from a previous period of time to determine eligibility for an upcoming period or payment month, i.e., January circumstances used to determine eligibility for March.

“Reporting, processing and payment cycle for ongoing Colorado Works cash assistance cases ” - determination of eligibility, payment and monthly reporting shall be based on the following 3-month processing cycle:

- A. The first month shall be the budget month;
- B. The second month shall be the processing month;
- C. The third month shall be the payment month.

“Retrospective payment ” - considering circumstances from a previous period of time to determine payment amount for an upcoming payment month (i.e., January circumstances used to determine payment for March).

“Timely reporting of circumstances ” - an applicant/participant shall report changes in income and other circumstances within ten (10) calendar days after the date of the change in circumstances or receipt of income. Changes in income or circumstances may also be reported on the Monthly Status Report form for those households who are reporting monthly.

### **3.614 CASH ASSISTANCE GRANTS**

#### **3.614.1 PAYMENTS OF BASIC CASH ASSISTANCE GRANTS**

3.614.11 Counties or groups of county departments shall not reduce any basic cash assistance grant, restrict eligibility, or impose sanctions that are inconsistent with State and federal laws.

3.614.12 Basic cash assistance payments shall be considered part of the un-reimbursed public assistance (UPA) as defined in the Child Support Enforcement staff manual at Section

3.614.13 Each month for which a basic cash assistance grant is received shall be counted toward the time limits for any adult participant.

3.614.14 The basic cash assistance grant amount is subject to available appropriations and may be

reduced or eliminated in accordance with State law.

3.614.15 The county may pay the basic cash assistance grant to vendors on behalf of the participant for protective payments or to vendors on behalf of the participant with the participant's voluntary agreement. In all other situations the payment shall be made to the participant.

3.614.16 A county may pay basic cash assistance in a lump sum payment. A single lump sum payment shall not exceed six (6) months of the cash assistance grant. A lump sum payment shall be a multiple of the basic assistance grant up to six (6). The family shall not receive additional basic cash assistance grants or any diversion grant in the county of receipt or any other county during the period covered by the lump sum payment. The family remains eligible for cash assistance during the period of time covered by the lump sum.

3.614.17 For eligibility and payment, income and resources shall be determined prospectively for the first two months and retrospectively thereafter.

### 3.614.2 COLORADO WORKS STANDARDS OF ASSISTANCE

3.614.21 [Eff. 03/02/2009]

Basic cash assistance benefits shall be determined based upon zero income using the following grant amount:

Table – Caretaker Relative(s) of Children

CARETAKER RELATIVE(S) OF CHILDREN		NUMBER OF DEPENDENT CHILDREN											
		0	1	2	3	4	5	6	7	8	9	10	Ea. Add.
None	Need Std.	-----	117	245	368	490	587	678	755	830	904	977	67
	Grant Amt.	-----	128	269	404	539	646	746	832	913	995	1076	72
One	Need Std.	253	331	421	510	605	697	770	844	920	992	1065	67
	Grant Amt.	278	364	462	561	665	767	847	929	1012	1092	1172	72
Two	Need Std.	357	439	533	628	716	787	861	937	1009	1082	1155	67
	Grant Amt.	392	483	586	691	787	865	947	1032	1111	1190	1271	72

3.614.22 All cases with employed persons will have their payment determined using the income disregards.

3.614.23 Income and resources of parents of unmarried minor parents who apply for or receive Colorado Works benefits living in the same household shall be attributed to the assistance unit.

3.614.24 Pregnant parents are eligible for payment, including the \$5.00 pregnancy food allowance, beginning with the sixth (6th) month of pregnancy. When the pregnancy terminates by other than

a live birth, eligibility for assistance payment continues through the month of release from the hospitalization for the delivery or termination of the pregnancy.

- 3.614.25 Income received from short-term employment (three months or less), as specified in the IRC, shall not be considered in any month after the termination of such employment. The two-thirds disregard and the \$30 + 1/3 disregard are not used to determine initial eligibility.

### **3.614.3 EARNED INCOME DISREGARDS**

- 3.614.31 For the purpose of payment, the following employment disregards shall be applied to gross wages for participants who are employed:

- A. Two-thirds of the participant's gross earned income shall be applied for twelve cumulative months. The gross income test shall not apply to a participant during those months.
- B. After the receipt of twelve cumulative months of the two-thirds disregard, the following disregards shall apply:
  - 1. Employment expense disregard of \$90; and
  - 2. The \$30 + 1/3 disregard for four (4) consecutive months; and,
  - 3. The \$30 disregard for eight (8) calendar months following four (4) consecutive months in which the \$30 + 1/3 disregard was applied.
  - 4. The \$30 + 1/3 disregard shall not apply to any person who has received the \$30 + 1/3 disregard for the maximum number of months until that person has not received basic cash assistance for twelve (12) consecutive months.

- 3.614.32 Any county that operates a manual or electronic system for increasing earned income disregards that was in place and known to the State Department as of December 31, 2000, may continue with that calculation or follow the requirements of the two-thirds disregard as specified in Section 3.614.31.

### **3.614.4 INITIAL PAYMENT AND CALCULATIONS OF PARTIAL MONTH'S PAYMENT [Eff. 11/1/2008]**

The initial payment to eligible applicants shall include assistance beginning with the date of application. Should the assistance unit be ineligible on the date of application, but become eligible prior to the time that a determination of eligibility is made, the initial payment shall include assistance beginning with the date on which the assistance unit became eligible. *[Eff. 11/1/2008]*

- 3.614.41 Calculation *[Eff. 03/02/2009]*

To calculate the partial month payments: *[Eff. 03/02/2009]*

- A. Determine the grant amount based on the size and composition of the assistance unit; *[Eff. 03/02/2009]*
- B. Deduct the total net countable income; *[Eff. 11/1/2008]*
- C. Determine the number of days for which payment is to be made and based on the table at 3.614.52; find the decimal figure corresponding to the number of days of eligibility; *[Eff. 11/1/2008]*
- D. Multiply the authorized grant for the entire month by such decimal figure to determine the

authorized grant amount for the partial month; [Eff. 11/1/2008]

- E. Subtract from authorized grant amount any appropriate deductions, unless the authorized grant is less than \$10, in which case no payment is made, or if the deductions from the partial month payment results in an amount less than \$10, such lesser amount shall be paid except when the amount is less than \$1.00. [Eff. 11/1/2008]

#### 3.614.42 Calculation Table [Eff. 11/1/2008]

To calculate the partial month payments, the following table shall be used: [Eff. 11/1/2008]

DAYS	STANDARD MONTH	DAYS	STANDARD MONTH
1	.03288	11	.36164
2	.06575	12	.39452
3	.09863	13	.42739
4	.13151	14	.46027
5	.16439	15	.49315
6	.19726	16	.52603
7	.23014	17	.55890
8	.26302	18	.59178
9	.29590	19	.62466
10	.32876	20	.65754

### 3.615 PROSPECTIVE ELIGIBILITY AND PAYMENT DETERMINATION [Eff. 11/1/2008]

For the first two months of eligibility, the county shall determine eligibility and payment prospectively. [Eff. 11/1/2008]

#### 3.615.1 COUNTABLE INCOME [Eff. 11/1/2008]

All countable income, including earned and unearned income received or expected to be received in the month of application, shall be used to determine eligibility for the assistance unit. [Eff. 11/1/2008]

#### 3.615.2 GROSS INCOME [Eff. 11/1/2008]

To be eligible for Colorado Works basic cash assistance and State diversion the gross earned and unearned income together shall not exceed 185% of the need standard for the household size. [Eff. 11/1/2008]

#### 3.615.3 GROSS INCOME AND COUNTABLE INCOME [Eff. 11/1/2008]

The gross earned income minus the \$90 earned income, plus any countable unearned income received or expected to be received by members of the assistance unit, shall not equal or exceed the need standard for the household size. [Eff. 11/1/2008]

#### 3.615.4 CALCULATION STEPS [Eff. 03/02/2009]

If the assistance unit is eligible, calculate the payment utilizing the following steps:

- A. Deduct the earned income disregard(s) from the gross earned income, received by or expected to be received by members of the assistance unit, in the month of application pursuant to 3.614.3;



B. Add to the result the unearned income received or expected to be received by members of the assistance unit;

C. Deduct the total at B, above, from the grant amount for the household size.

### **3.615.5 SECOND PROSPECTIVE MONTH GRANT [Eff. 03/02/2009]**

The authorized grant for the second month shall be calculated utilizing rule 3.615.14.

### **3.615.6 FIRST MONTH OF PROSPECTIVE PAYMENT [Eff. 11/1/2008]**

For an assistance unit that is determined ineligible in the month of application but is determined eligible in the following month, the first month in which a payment is made is considered the first month of prospective payment. [Eff. 11/1/2008]

### **3.616 RETROSPECTIVE ELIGIBILITY AND PAYMENT [Eff. 11/1/2008]**

The third and subsequent months following the first two months of eligibility shall be calculated using retrospective eligibility and payment. [Eff. 11/1/2008]

A. When an assistance unit reports the receipt of unearned income only, to be eligible, the income shall not exceed 185% of the standard of need for the household. [Eff. 11/1/2008]

B. If the unearned income is less than 185% of the standard of need, the unearned income shall not equal or exceed the standard of need for the household size. [Eff. 11/1/2008]

#### **3.616.1 REPORTING OF EARNED INCOME [Eff. 03/02/2009]**

When the assistance unit reports earned income:

A. Apply the appropriate earned income disregards to the gross earned income of each employed member of the assistance unit; and,

B. Add the unearned income received by each member of the assistance unit; and,

C. Compare the total to the need standard for the household size.

If the net countable income equals or exceeds the need standard, the assistance unit is not eligible for Colorado Works basic cash assistance.

#### **3.616.2 CALCULATION OF ELIGIBLE ASSISTANCE UNIT [Eff. 03/02/2009]**

To calculate the basic cash assistance grant amount for an eligible assistance unit:

A. Deduct the net countable income from grant amount for the assistance unit; and,

B. Drop the cents, and the remainder is the authorized grant.

### **3.617 ADDITION AND DELETION OF A MEMBER OF THE ASSISTANCE UNIT [Eff. 11/1/2008]**

The application for Colorado Works assistance shall be the only required application for the assistance unit. This application shall cover all members who join the assistance unit later. [Eff. 11/1/2008]

#### **3.617.1 NEW MEMBERS [Eff. 11/1/2008]**

A new member(s) who is added to an existing assistance unit shall be added effective on the day the person entered the household. The income and resources of the new person shall be counted retrospectively to determine ongoing eligibility and payment for the assistance unit. The assistance unit shall provide all appropriate verification such as Social Security Numbers, verification of earned income, and proof of pregnancy if not observable, for the new person before payment is made. *[Eff. 11/1/2008]*

3.617.2 When a member of the assistance unit leaves the home, the county department shall not consider the individual's income and resources in the subsequent months following the month the individual left the home. *[Eff. 11/1/2008]*

3.617.3 If the individual who left the home was not a member of the assistance unit, but one income was used to determine eligibility and payment for the assistance unit, the individual's income shall not be counted as of the first day of the month following the month the person left the home. *[Eff. 11/1/2008]*

### **3.618 REDETERMINATION OF ELIGIBILITY [Eff. 12/1/07]**

A redetermination of eligibility shall mean a face-to-face review with necessary verifications to determine whether the participant continues to be eligible for Colorado Works. A redetermination shall be accomplished annually.

#### **3.618.1 VOTER REGISTRATION**

The county shall provide to the participant the opportunity to register to vote, in accordance with the provisions of Section 3.110.2.

#### **3.618.2 REOPENS AND REINSTATEMENTS [Eff. 12/1/07]**

Cases may be reopened prior to the effective date of closure with good cause and reinstated with retrospective budgeting if closed less than thirty (30) calendar days.

### **3.619 OPTIONAL STATE DIVERSION GRANT FOR APPLICANTS AND PARTICIPANTS ELIGIBLE FOR THE COLORADO WORKS PROGRAM**

**3.619.1 An applicant or participant in the Colorado Works Program may receive a diversion grant under the following terms and conditions:**

- A. The applicant or participant meets eligibility requirements for basic cash assistance.
- B. The applicant or participant does not need long-term cash assistance, or a basic cash assistance grant as determined by the assessment.
- C. The applicant or participant demonstrates a need for a specific item or type of assistance, including but not limited to, cash, supportive services, housing, or transportation.
- D. Such assistance may be provided in the form of vendor payments or in-kind services.
- E. The applicant or participant enters into a written mutual agreement that shall be the IRC that shall:
  - 1. Document the reason why the participant does not need a basic cash assistance grant; and,
  - 2. Define the expectations and the terms of the diversion grant; and,

3. Specify the need(s) for and the specific type(s) of non-recurring cash payment being delivered; and,
  4. Specify the possible impacts on other assistance including Medicaid, Food Stamps, and Child Care.
- F. The applicant or participant shall agree not to apply for any further Colorado Works assistance in the county where he/she received the diversion grant or any other county for a period of time to be established by the county.
- G. If the participant through circumstances beyond his/her control, is unable to sustain the agreement of the IRC, he/she may apply for and the county may grant basic cash assistance or a diversion grant prior to the period of time that was established and agreed upon by both the county and client in the IRC.
- H. All recipients of state diversion who receive a one-time or non-recurrent cash payment are not required to assign child support rights, and their time clock does not advance.

3.619.2 A participant shall not receive a state diversion grant for any month in which he/she receives a basic cash assistance grant.

### **3.620 OTHER ASSISTANCE FOR PARTICIPANTS**

- 3.620.1 A county may provide other assistance, including but not limited to supportive services and additional cash assistance, in addition to the basic cash assistance grant. This assistance shall be intended to promote sustainable employment. Any other assistance with a monetary value to the participant shall be included as un-reimbursed public assistance (UPA) as defined in the Child Support Enforcement staff manual at Section 6.002 (9 CCR 2504-1).
- 3.620.2 Supportive services paid to employed individuals is non-cash assistance, is not intended to meet ongoing basic needs of food, shelter, clothing, utilities, household goods, personal care items, and general incidental expenses, and does not apply towards the un-reimbursed public assistance (UPA).
- 3.620.3 Counties shall provide referrals for any available supportive services to applicants and participants who are:
- A. Homeless; or,
  - B. In need of mental health services; or,
  - C. In need of substance abuse counseling or services.
- 3.620.4 Counties shall provide assistance to help participants apply for and receive the federal Earned Income Tax Credit (EITC).
- 3.620.5 Counties shall make available opportunities for participants to have Individual Development Accounts (IDA) for home purchase, business capitalization, or higher education.
- 3.620.6 The county may pay the participant an amount equal to fifty percent (50%) of the state share and one hundred percent (100%) of the county share of child support collection made by the noncustodial parent. The county shall not consider the child support returned to the family as income for purposes of calculating the basic cash assistance grant.

### **3.620.7 NON-CASH ASSISTANCE FOR PARTICIPANTS**

3.620.71 Counties may provide the following assistance to an assistance unit whose income is below

\$75,000 per year, or lower as defined by the county department in their county plan. The assistance unit must meet all non-financial eligibility criteria for the Colorado Works program.

- A. Work subsidies such as payments to employers or third parties to help cover the cost of employee wages, benefits, supervision and training;
- B. Supportive services such as child care and transportation provided to families who are employed;
- C. Refundable Earned Income Tax Credits;
- D. Contributions to, and distributions from, Individual Development Accounts (IDA's);
- E. Services such as counseling, case management, peer support, child care information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support.

### **3.621 COUNTY OPTIONAL DIVERSION FOR APPLICANTS WHO ARE NOT ELIGIBLE UNDER THE COLORADO WORKS PROGRAM**

#### **3.621.1**

A county may establish a separate and optional diversion program for applicants who are not eligible for cash assistance under the Colorado Works Program. The county may use Colorado Works funds to fund this optional diversion program.

#### **3.621.2 COUNTY DIVERSION FOR WORKING FAMILIES**

Supportive services paid to working families as county diversion is non-assistance and is not cash assistance.

3.621.21 An applicant or participant must meet requirements set forth in Section 3.619.1, B - G, in order to qualify for and receive a county optional diversion grant.

3.621.22 A county shall establish any other eligibility criteria for such a diversion program. The county diversion program shall be based upon fair and objective criteria and shall include eligibility criteria as determined by county policy.

### **3.622 TIME LIMITS**

#### **3.622.1 EXTENSION**

An assistance unit containing an individual who has received Federal TANF assistance in Colorado or another state as an adult for sixty (60) or more cumulative months shall not be eligible for Federal TANF assistance in Colorado unless granted an extension by the county department due to hardship or domestic violence.

- A. The State shall send a notification to participants who are approaching the sixty (60) month time limit on Federal TANF assistance. The county department shall make all reasonable efforts to contact these participants by phone or in person to explain the extension process and to accept a request for an extension.
- B. All participants shall have the opportunity to request an extension. Requests for an extension

of Federal TANF assistance shall be made in the county of residence and may be made in person, by phone, or in writing. An approval or a denial of an extension shall be established by the applicant's county of residence. The county department shall provide to the individual applying for an extension notification of the decision pursuant to "applicant/recipient's right to notice of action" , Section 3.830.

- C. The county shall have thirty days after the receipt of a request for an extension to make a decision whether to grant or deny the extension. The county shall send a notice to the participant concerning the decision.
- D. If the request for an extension is denied, the notice shall include the reason for the denial and the right to appeal the decision per Section 3.830. A participant who has been granted an extension may request an additional extension prior to the end of the current extension period. If a request is not made timely, an extension may be granted by the county department if the participant is able to demonstrate good cause: good cause shall be determined by the county and is not appealable.
- E. An extension may be granted for up to six (6) months. A participant who has been granted an extension may request additional extensions, but the request must be made prior to end of the current extension period.
- F. Nothing in these rules shall be construed to prohibit a former participant from requesting a hardship or domestic violence extension, after the lapse of the 60-month lifetime limit, when new hardship or domestic violence factors occur, to the extent permissible under State and Federal law.

### **3.622.2 HARDSHIP**

Hardship is defined as one or more of the following that prevents the adult member(s) of the assistance unit from securing or maintaining employment:

- A. Disability of the caretaker relative, his/her spouse, the dependent child(ren) or immediate relative for whom the caretaker is the primary caregiver, pursuant to the definition of "persons with disabilities" adopted by the State (ADA rules) at Section 3.605; or,
- B. Involvement in the judicial system by a member of the assistance unit; or,
- C. Family instability which may include a caretaker with proven inability to maintain stable employment or inability of the caretaker to care for the children in their own home or in the home of a relative; or,
- D. Inadequate or unavailable:
  - 1. Child care,
  - 2. Housing,
  - 3. Transportation, or
  - 4. Employment opportunities.

County departments shall include additional criteria for Item " D" specific to the county. A county department may define additional reasons for granting an extension due to hardship. The detailed information for Item "D" and additional hardship reasons shall be defined and described in the county plan and county policies.

### **3.622.3 HARDSHIP DUE TO DOMESTIC VIOLENCE**

3.622.31 Domestic violence extension may be granted when domestic violence problems, as defined at Section 3.602, prevent the adult member(s) from participating in work activities or securing employment.

3.622.32 All appropriate members of the assistance unit that is granted an extension of Colorado Works/TANF assistance due to any hardship, including domestic violence, shall complete an Individual Responsibility Contract (IRC). The IRC shall include the participation activities required of the participant(s) as a condition of the extension as well as the IRC requirements at Section 3.820. Failure to comply with all terms and conditions of the IRC without a determination of good cause shall result in sanctions or termination of assistance pursuant to Section 3.626, "Sanctions and Disqualifications for Basic Cash Assistance Grants" .

### **3.622.4 APPEAL RIGHTS**

Colorado Works/TANF participants may appeal adverse actions consistent with the administrative procedures at Section 3.830.24.

### **3.623 EXEMPTIONS FROM THE 60-MONTH TIME LIMIT**

Any month of receipt of assistance by an adult while living in Indian Country, or a Native Alaskan village where at least 50 percent of the adults were not employed, shall not be counted toward the 60 cumulative months of assistance. Indian Country is defined in Section 1151 of Title 18, Part 1, Chapter 53, United States Code, as of January 6, 1999, of the federal law; no later editions of this section are incorporated. Copies of these federal laws are available from the Colorado Department of Human Services, Division of Colorado Works, 1575 Sherman Street, Denver, Colorado 80203, or at any state publications depository library.

### **3.624 TWENTY PERCENT (20%) ALLOCATION OF EXTENSIONS**

3.624.1 Up to twenty percent (20%) of statewide caseload that receive Federal TANF assistance may be granted an extension beyond the 60-month time limit due to hardship or domestic violence. A county department shall have the authority to provide an extension of Colorado Works/TANF assistance due to hardship or domestic violence, to a specified number of the statewide caseload as determined by the Colorado Department of Human Services. The number of extensions for each county department shall be based on the percentage of the county department's cases used to establish the twenty percent (20%) maximum statewide caseload pursuant to Federal law. Each county department will begin with a minimum of at least one allocation. The State shall notify county departments of their allocation.

3.624.2 At any point that records indicate that the State will exceed the twenty percent (20%) maximum on the number of Colorado Works/TANF extensions granted to assistance units, the State will determine if this is due to the provision of federally recognized good cause domestic violence waivers. If the records support this determination, as allowed by federal law, the State shall provide information to the federal government to demonstrate that the reason for exceeding the 20% maximum was due to granting federally recognized good cause domestic violence waivers.

### **3.625 ASSESSMENTS AND INDIVIDUAL RESPONSIBILITY CONTRACT (IRC)**

#### **3.625.1 ASSESSMENT [Rev. eff. 1/1/05]**

A county shall perform an assessment which shall consist of an evaluation of basic skills, past employment, employability, educational level, and other relevant factors for an applicant or participant who is eighteen (18) years of age or older, or who is 16 years of age or older but is not yet 18 years old and has not completed high school or obtained a certificate of high school

equivalency, and is not attending high school or a high school equivalency program. Supportive services or other non-basic cash assistance benefits will be based on the results of the assessment.

- A. Applicants for the Colorado Works Program shall have an initial assessment within thirty (30) calendar days from the date of application for services or assistance.
- B. Updated assessments may be conducted at county department discretion.
- C. Services or benefits will be based on each individual in a family.

#### 3.625.2 IRC [ Perm. Rule eff. 8/1/07]

County departments shall develop an Individual Responsibility Contract (IRC) for applicants/participants of cash assistance and diversion as a condition of Colorado Works eligibility. The initial IRC shall be completed within thirty (30) days after completing the participant's initial assessment. The IRC shall be limited in scope to matters relating to preparing for, securing and maintaining training, education, or work.

#### 3.625.3 CONSEQUENCES AND CONDITIONS [Rev. eff. 1/1/05]

All consequences and conditions associated with the IRC shall be listed and explained to the applicant/participant.

#### 3.625.4 PARTICIPATION INVOLVEMENT [Rev. eff. 1/1/05]

The county department shall seek the input and involvement of the participant when developing the IRC.

#### 3.625.5 NOTIFICATION [Rev. eff. 1/1/05]

Every IRC must notify a participant of the following in bold print at the top of the document:

- A. No individual is legally entitled to any form of assistance under the Colorado Works Program;
- B. The IRC is a contract between the participant and the county that specifies the terms and conditions under which a participant may receive assistance under the Colorado Works Program and specifies the responsibilities of the county and the participant. The Individual Responsibility Contract does not create a legal entitlement to benefits; and,
- C. A participant's failure to comply with the IRC without good cause may result in sanctions, including but not limited to, the termination of the basic cash assistance grant.

#### 3.625.6 MODIFICATION REQUEST [Rev. eff. 1/1/05]

Either a county or a participant may request a modification of their contract.

#### 3.625.7 IRC SIGNATURE

An applicant or participant shall indicate by his/her signature on the Individual Responsibility Contract (IRC) that he/she either agrees with the terms and conditions of the IRC or that the applicant or participant requests a county dispute resolution conference of the proposed Individual Responsibility Contract (IRC), pursuant to a county department's written policy.

If an applicant or participant requests a county dispute resolution conference, the county shall provide a person not directly involved in the initial determination to conduct the review which shall be limited to the terms of the Individual Responsibility Contract (IRC).

### **3.625.8 OPTIONS FOR INCLUDING DRUG AND ALCOHOL TREATMENT AS A BENEFIT UNDER THE INDIVIDUAL RESPONSIBILITY CONTRACT (IRC)**

Upon an assessment and rehabilitation plan developed by a certified drug or alcohol treatment provider, a county department may require a participant to participate in a drug or alcohol abuse control program purchased by the county and incorporate those requirements into a participant's Individual Responsibility Contract. The participant's Individual Responsibility Contract may include, but is not limited to, the following:

A. Random drug and alcohol testing.

B. Drug or alcohol treatment or other rehabilitation activities.

If a participant does not follow his/her rehabilitation plan, tests positive on a random test, or refuses to participate in drug and alcohol testing, the county department may impose a sanction for not participating in a work activity.

Sanctions for failure to participate cannot be imposed if transportation or child care is not available, if services required are not available, or if the costs of the services are prohibitive as determined by the county.

## **3.626 SANCTIONS AND DISQUALIFICATIONS FOR BASIC CASH ASSISTANCE GRANTS**

### **3.626.1 REASONS FOR COUNTIES TO IMPOSE SANCTIONS [Rev. eff. 6/1/10]**

Counties shall impose sanctions on all Colorado Works applicants or participants who do fail to comply with the terms and conditions of his/her Colorado Works IRC.

3.626.11 The time limits on the receipt of Federal TANF assistance shall continue during the first and second sanction periods.

3.626.12 Recognizing Sanctions from Other Counties [Rev. eff. 8/1/09]

All sanctions shall be cured when a participant moves from one county to another. If a sanction occurred in a county of previous residence, it must be cured in the new county prior to cash assistance approval. The criteria that are used to cure such sanction can be found at Section 3.626.2, F, 3.

3.626.13 Recognizing Sanctions from Other States [Eff. 8/1/09]

IRC sanctions coming from other states will not be recognized in the State of Colorado.

3.626.14 Effect of a Colorado Works Sanction on Food Stamps and Medicaid [Rev. eff. 8/1/09]

Sanctions imposed pursuant to Section 3.626.1 shall not adversely affect the participant's eligibility to receive Medicaid or Food Stamps beyond those allowable in federal and state law.

3.626.15 When to Impose a Sanction [Rev. eff. 8/1/09]

Counties shall set forth in county policy with guidance from the State Department and the rules found at Section 3.626.2, et seq.:



- A. The circumstances that result in a sanction due to the IRC; and,
- B. Good cause for not imposing a sanction(s).

### **3.626.2 EFFECT OF SANCTION ON THE ASSISTANCE GRANT**

#### **3.626.21 Effect on the Colorado Works Cash Benefit [Rev. eff. 8/1/09]**

The Colorado Works cash benefits grants shall be affected due to a sanction imposed against a member of the assistance unit as follows:

##### **A. First Level Sanction**

The sanction for the first violation of rules as established in Section 3.626.1 shall be twenty-five percent (25%) of an assistance unit's cash benefit. The first sanction shall be in effect for one (1) month. A first violation not cured by the end of the sanction time period shall be subject to the sanction as set forth in "B", below.

##### **B. Second Level Sanction**

The sanction for a second violation by a member of the assistance unit, or as a progression of the sanction from "A", above, shall be fifty percent (50%) of an assistance unit's cash assistance. The second sanction shall be in effect for one (1) month. A violation, sanctioned in accordance with this subsection and not cured by the end of the sanction time period, shall progress to the sanction set forth in "C", below.

##### **C. Third Level Sanction**

The sanction for a third violation by a member of the assistance unit, or as a progression from sanction level "B", above, shall result in the termination of cash assistance for the assistance unit. The sanction shall be in effect for three (3) months.

##### **D. Continuing a Sanction That Has Not Been Cured**

Assistance units that include an individual who has not cured a third level sanction by the end of the sanction time period shall continue to have cash assistance terminated until the sanction is cured. A new application, assessment, and IRC must be completed prior to receipt of cash assistance.

##### **E. Sanctioning a Participant That Has Been Sanctioned Previously**

Once a participant serves a third level sanction under Section "C", above, all subsequent sanctions shall be sanctioned in accordance with level "C".

##### **F. Sanctioning More Than One Participant in an Assistance Unit**

Each violation of these rules during a pay period by a member of the assistance unit shall be counted separately and sanctioned cumulatively such that if the member of the assistance unit violates two requirements as specified at Section 3.626.1 within the same time period, the sanction would be 50% of the grant for the assistance unit. Similarly, if two members of the same assistance unit each violate a requirement at Section 3.626.1, the sanction(s) would result in a 50% reduction in the grant for the assistance unit.

##### **G. Serving and Curing a Sanction**

All sanctions imposed by a county must be served and cured by the individual. The county department shall impose a sanction on an individual who fails to comply with one of the requirements at Section 3.626.1. If that sanction is not otherwise cured, the application following a sanction shall be considered the action for curing that sanction.

#### 1. Revision to the Individual Responsibility Contract

For the purpose of this section, revisions to the Individual Responsibility Contract (IRC) means that once an IRC is negotiated, agreed upon, and signed by both the county worker and the participant, that IRC agreement is binding and the participant is subject to sanction or closure if the terms of the agreement are not met by the participant, without good cause. If, at any time during the proposed timeframe of the IRC, the participant and the county worker revise the IRC for any reason, the prior IRC is void. The new IRC with new time periods and possibly new work activities will be used as the basis for determining if the participant is complying with the IRC, or failing or refusing to cooperate with the requirements of the IRC. If a new IRC is the result of a "good cause" conciliation meeting, the content of the new IRC and not any prior IRC and/or activities associated with a prior IRC shall be taken into consideration when determining failure or refusal to participate.

#### 2. Good Cause Conciliation

For the purpose of this section, good cause conciliation meeting means the period prior to sanction or closure, during which the program participant and the county worker are attempting to resolve any dispute related to the IRC. If during the state specified timeframe, it becomes apparent that the participation dispute cannot be resolved through good cause conciliation efforts, the process shall terminate and the participant shall be sanctioned or the participant's case closed for demonstrable evidence. The determination of sanction versus closure for demonstrable evidence is dependent upon county policy.

a. Good cause conciliation period shall begin on the day the county worker and the participant meet, in person, to renegotiate the IRC and will last no longer than thirty calendar days. When a good cause conciliation period ends unfavorably within the thirty calendar days after the meeting and the participant:

- 1) Did not attend the scheduled meeting; and/or,
- 2) Failed to participate without good cause; and/or,
- 3) Failed to provide good cause for not participating.

b. The Notice of Adverse Action shall be sent to the participant with the result of the good cause conciliation period within five working days of that determination.

c. Good cause reasons for not imposing sanctions for failure to cooperate with the Colorado Works program can be found in the county policies.

#### 3. Curing a Sanction

For the purpose of this section, curing the sanction occurs after a Notice of Proposed Action has been sent to a participant notifying him/her of the impending

sanction, when the participant contacts the county worker and indicates an interest in participating or curing the cause of the sanction, that conference or meeting shall be set. The appointment must take place within fifteen (15) working days of contact with the participant requesting to cure. The notice of the scheduled meeting shall be sent to the participant once the meeting or conference is set. The date the participant contacts the county worker shall be the date that the formal cure process commences which shall include:

- a. Entering the date and activity of the contact by the county worker, which is the formal cure start date, into the automated client tracking system.
- b. If the participant fails to show for the meeting or conference to revise the IRC, the cure is considered failed and the sanction remains uncured. Only one reschedule of this meeting will be allowed.
- c. If the participant attends the cure meeting, revises the IRC and is scheduled to attend work activity and/or county defined work activities as outlined in the IRC.
- d. The cure period, as outlined in "C" , above, shall not last for more than ten working days. At or before the 10th day action shall be taken to continue a sanction or to cure.
- e. If the determination is made that the sanction is cured, the notice to cure shall be issued to the participant and the determination entered into the automated tracking system within five working days of the determination.

### **3.626.3 APPEAL OF PROPOSED SANCTION**

The appeal period for proposed sanctions for Colorado Works begins with the mailing of a notice of proposed action, listing the proposed action and the participant's appeal rights.

A notice of proposed action shall not be issued by the county department for proposed Colorado Works sanctions until good cause, as determined by county policy for non-cooperation with the Individual Responsibility Contract, has been determined.

### **3.626.4 COLORADO WORKS SANCTIONS FOR NOT COOPERATING WITH INDIVIDUAL RESPONSIBILITY CONTRACTS (IRCs)**

- A. Colorado Works applicants and participants shall not be required to participate in work activities if good cause exists as defined in the county policy. Good cause does not constitute an exemption from work or time limits. However, good cause is a proper basis for not imposing a sanction for non-participation in a work activity.
- B. Colorado Works applicants and participants who are caring for a child(ren) who is under age six (6) may not be sanctioned if the individual has a demonstrated inability to obtain needed child care due to the lack of:
  1. Appropriate child care within a reasonable distance from the person's home or work site; or
  2. Available or suitable child care by a relative or other individual; or
  3. Appropriate and affordable child care arrangements within the rate structure defined in the approved county child care rate plan.

**3.626.5 DENIAL OR DISCONTINUATION DUE TO REFUSAL TO COOPERATE WITH IRC [ Perm. Rule eff. 8/1/07]**

The basic cash assistance grant for an application or participant of the Colorado Works Program may be denied or discontinued in its entirety as determined by the county for a minimum of one month, if the applicant/participant refuses to participate in training, education, or work as agreed to in the IRC. A refusal constitutes:

- A. An affirmative statement by the participant; or,
- B. Demonstrable evidence in which the participant has not engaged in one or more of the activities agreed to in the IRC; or,
- C. The participant fails to update their IRC without good cause.

**3.627 PENALTIES FOR DISQUALIFIED AND EXCLUDED PERSONS**

Persons who are required members of the assistance unit, but are disqualified or excluded from Colorado Works due to program prohibitions or violations, shall be removed from the assistance unit.

The following disqualified or excluded individuals who are removed from the assistance unit shall have such month counted as a month of participation in the calculation of his/her overall sixty-month lifetime maximum as referenced for adults under "Time Limits" , Section 3.622.

- A. Individuals convicted by a court for misrepresenting his/her residence in order to obtain assistance in two states at the same time shall have their Colorado Works assistance denied for ten (10) years.
- B. Commission of fraud as determined by a court or determination of an Intentional Program Violation (IPV) by administrative hearing, shall result in the disqualified caretaker being removed from the grant for a twelve (12) month period for the first offense, twenty-four (24) months for the second offense, and lifetime for the third offense.
- C. Individuals who are fugitive felons, parole violators, or probation violators (reference Section 3.600.14, A).
- D. Individuals who have been convicted of a drug-related felony (ref. 3.600.14, C).
- E. Individuals who have failed to apply for a Social Security Number.
- F. Individuals who are aliens, but do not meet the definition of a qualified legal alien (reference Section 3.600.14, E).

**3.628 INTER-COUNTY TRANSFERS**

3.628.1 Colorado Works participants transferring from one county to another shall remain eligible for the basic cash assistance and shall continue to be eligible until assessed by the new county. The benefits shall continue without interruption.

3.628.2 Recipients who are transferring to another county are required to continue to file a monthly report, and the transferring county shall continue to process the participant's monthly report during the period in which the transfer to another county is in process.

- A. Participants shall continue to complete Monthly Status Reports as required by the paying county; and,

- B. The paying county shall continue its activities in connection with the monthly report form; and,
- C. The paying county shall resolve all problems concerning the participant's continuing eligibility or termination under the monthly reporting system before transfer is completed; and,
- D. The paying county shall assure that the case is updated in a timely way to enable acceptance of the county of residence.

3.628.3 The new county of residence shall complete a new assessment and IRC within thirty (30) calendar days from the date of approval of benefits in the county of residence.

### **3.629 MONTHLY REPORTING**

- 3.629.1 Colorado Works participants shall report information concerning income, household composition, and other specific essential elements of eligibility. Such information shall be submitted by use of a Monthly Status Report (MSR) in accordance with the schedule established by the county department. If the assistance unit is not required to report monthly, the unit shall use other methods for reporting changes to the county department within 10 days of the change.
- 3.629.2 Counties shall mail Monthly Status Reports no later than the day prior to the last working day of the month to participants who are required to report.
- 3.629.3 Counties shall issue Monthly Status Reports to Colorado Works applicants the day prior to the last working day of the month of application. When the application date is later than two working days prior to the end of the month, the Monthly Status Report shall be issued on the application date.
- 3.629.4 Colorado Works participants who are required to report shall file their Monthly Status Report with the county by the filing deadline. The first filing deadline is the first working day following the sixth (6) day of the processing month. Participants must have a minimum of five working days from the date they receive the Monthly Status Report to return their Monthly Status Report to the county.
- 3.629.5 If a required Monthly Status Report is not received by the first deadline, a failure to file notice shall be sent within the next four (4) working days advising the participant that a Monthly Status Report was not received timely. No employment disregards will be applied unless the applicant or participant can show good cause for the delay in returning the form. This notice will also provide a final filing deadline and shall inform the participant that he/she has an additional ten (10) working days to file the Monthly Status Report, and that termination from the Colorado Works Program will result if the Monthly Status Report is not filed by the final deadline.
- 3.629.6 If the Monthly Status Report is received by the first filing deadline, but it is incomplete, a correction notice shall be sent to the participant advising the participant that the Monthly Status Report is incomplete and must be corrected by the correction deadline to avoid termination. The earned income disregards shall be applied when a Monthly Status Report is filed by the first filing deadline and corrected by the correction deadline. A Monthly Status Report corrected after the correction deadline shall be processed upon receipt without the application of disregards.
- 3.629.7 When the information provided on the Monthly Status Report, or otherwise provided by the participant, is the basis for reduction in the amount of assistance or in termination of assistance, such actions shall be taken after adequate notice, as defined in Section 3.830, is given.

### **3.630 OVERPAYMENTS AND UNDERPAYMENTS**

- 3.630.1 All overpayments shall be promptly established as an accounts receivable pursuant to recovery of overpayment rules at Section 3.810.

3.630.2 An overpayment shall be adjusted by an underpayment for a prior period.

3.630.3 For overpayments to non-active cases, the county shall establish a monthly repayment plan with the family which shall be no more than ten percent (10%), but not less than five percent (5%) of the family's gross income.

3.630.4 A county shall correct any underpayments by the month following the identification of such underpayments.

### **3.631 ENGAGED IN WORK ACTIVITIES**

3.631.1 [Perm. Rule eff. 8/1/07]

A parent or caretaker relative receiving assistance as an adult is required to engage in one or more of the following work activities or any county defend work activities. This requirement includes dependent children between the ages of sixteen (16) years and eighteen (18) years old who are not attending school. All activities in the IRC shall relate to the outcome of both initial and ongoing assessments.

3.631.2 ALLOWABLE WORK ACTIVITIES [Perm. Rule eff. 8/1/07]

Work activities are defined as:

- A. Unsubsidized employment - Part-time or full-time employment in the public or private sector that is not subsidized by TANF or other public program.
- B. Subsidized private or public sector employment - Part-time or full-time work with any private or public sector employer for which wages are paid by the employer and for which the employer receives a subsidy; from TANF or other public funds to offset some or all of the wages and costs of employing a recipient.
- C. Work experience – A work activity performed in return for Colorado Works assistance payments, that provides an individual with an opportunity to acquire the general skills, training, knowledge and work habits necessary to obtain employment. Work experience assignments must improve the employability of those who cannot find unsubsidized employment.
- D. On-The-Job-Training - Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job.
- E. Job search and job readiness assistance - Job search may be conducted in either a group or individual setting and may include employer contacts either in person, by telephone, or by electronic methods; job readiness assistance includes activities supporting preparation of an individual to seek or obtain employment. This includes activities such as preparing a resume or job application, training in interviewing skills, instruction in work place expectations, as well as life skills training. Substance abuse treatment, mental health treatment, or rehabilitation activities are allowed for those who are otherwise employable. Such treatment or therapy must be determined necessary and certified by a qualified medical or mental health professional.
- F. Community service programs – Structured work programs performed for the direct benefit of the community under the auspices of public or non-profit organizations. Community services programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural

redevelopment, welfare, recreation, public facilities, public safety and child care.

- G. Vocational educational training - Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training other than a baccalaureate or advance degree.
- H. Child care for community service participants - Providing child care services to an individual who is participating in a community service program. It does not include providing child care to enable a TANF recipient to participate in any of the other ten allowable work activities. Child care provided to individuals in community service must adhere to established child care licensing rules and statutes.
- I. Job skills training directly related to employment - Training and education for job skills required by an employer or to advance or adapt to the changing demands of the workplace, including basic remediation, English as a second language, and/or short term training directly related to local labor market demands.
- J. Education directly related to employment shall be an option only in the case of a participant who has not received a high school diploma or a certificate of high school equivalency. This work activity is used for education courses designed to provide knowledge and skills for specific occupations or work settings and may include adult basic education, English as a Second Language (ESL) and education leading to a General Education Development (GED) or high school equivalency diploma.
- K. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence shall be an option only in the case of a participant who has not completed secondary school or received such a certificate. Regular attendance, in accordance with the requirements of the secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate. This activity may not include other related educational activities, such as adult basic education or language instruction.

3.631.3 [Perm. Rule eff. 8/1/07]

For purposes of meeting the work participation requirements of this section, a Colorado Works participant shall be considered to be engaged in work if they are participating in the work activities listed in Section 3.631.2 or in any other work activities designed to lead to self sufficiency as determined by the county and as outlined in their IRC.

3.631.4 No person in a work activity shall be employed by, or assigned to, an employer if:

- A. Any other person is on layoff from the same or any substantially equivalent job with such employer; or,
- B. Such employer has terminated the employment of any regular employee or otherwise caused an involuntary reduction of the work force in order to fill the vacancy with a participant; or,
- C. Placement of the person with the employer will result in a reduction of hours, regular or overtime, wages, or benefits of a person currently employed by the employer; or,
- D. The position is available due to a labor dispute, strike, lockout, or violation of a collective bargaining agreement.

3.631.5 A uniform statewide grievance procedure for resolving complaints of alleged violations of displacements shall be established by the Department of Labor and Employment.

3.631.6 All State and Federal laws affecting workers and employers shall apply to all participants.

3.631.7 All participants shall be entitled to the same wages and benefits, including but not limited to, sick leave and holiday and vacation pay, as are offered to employees who are not participants and who have similar training or experience performing the same or similar work at a specific work place.

### **3.632 PARTICIPATION RATES**

#### **3.632.1 WORK PARTICIPATION RATE**

A separate work participation rate will be established by the State Department based on federal requirements for all families and for two parent families. The rate to be achieved by each county shall be negotiated and will be included in the annual performance contract.

#### **3.632.2 FEDERAL PARTICIPATION RATE CALCULATIONS [Perm. Rule eff. 8/1/07]**

A Colorado Works participant is considered to be engaged in work for a month if he/she is participating in work activities included in Items A through K in Section 3.631.2 for at least the minimum number of hours per week as required by Federal law.

The Federal work participation rate guidelines are outlined below:

- A. The federal all families work participation rate requirement is an average of thirty (30) hours per week per calendar month.
- B. The federal two-parent participation rate requirement is an average of thirty-five (35) hours per week if no federally funded child care is provided. If federal child care is provided, the average weekly hours must meet or exceed fifty-five (55) hours per calendar month.
- C. A parent(s) under twenty (20) years of age is considered to be engaged in a work activity if he/she is maintaining satisfactory attendance in high school or GED, or participating in education directly related to employment for an average of at least twenty (20) hours per week during a calendar month.
- D. A single parent with a child(ren) under age six (6) is deemed to be meeting work participation requirements if he/she is engaged in work for an average of twenty (20) hours per week during a calendar month.
- E. Excused absences and holidays will be counted as hours toward the federal work participation rate for only scheduled work activities as outlined in Section 3.631.2 and contained in the participant's Individual Responsibility Contract. Absences and holiday hours are allowed only as approved in the most current Colorado Works work verification plan submitted and approved by the U.S. Department of Health and Human Services, Office of Family Assistance.

3.632.3 All cases subject to time limitations shall be included in the denominator for calculating the work participation rate.

### **3.633 COLORADO WORKS FUNDS**

3.633.1 In addition to other categories of expenditures, Colorado Works funds may be used by counties to provide vouchers for approved job placement agencies.

3.633.2 Federal TANF funds may not be used to pay for medical services, except for pre-pregnancy



family planning services not available through Medicaid and medical services allowed under Titles IV-A and IV-F (Job Opportunities and Basic Skills Training) of the Social Security Act in effect as of September 30, 1995.

3.633.3 Counties may provide employment incentives to participants or employers as provided in the county plan.

3.633.4 Colorado Works funds may be used for home heating and cooling costs.

### **3.634 ADMINISTRATIVE REVIEW**

3.634.1 All Colorado Works applicants and participants whose benefits have been denied or reduced or terminated shall receive timely and adequate notice, and the right to appeal a county's action in accordance with state rules pursuant to Section 3.830.

3.634.2 A Colorado Works participant receiving basic cash assistance shall have benefits continued if an appeal is filed timely in accordance with rules at Section 3.830.24.

### **3.635 PERFORMANCE CONTRACTS AND WRITTEN POLICIES**

3.635.1 The Colorado Works Program shall operate in all counties of Colorado and shall be administered locally by the Board of County Commissioners. An annual performance contract shall be entered into between a county or group of counties and the state department.

3.635.2 County Boards of Commissioners shall adopt written policies for the operation of the Colorado Works Program that a county has the authority to determine under state statute and these rules. Such county policies shall not be construed to create an entitlement for any service or benefit under the Colorado Works Program and shall include, but not be limited to, the following:

A. A description of the kinds of benefits or services available under the Colorado Works Program within the county, including the types of community resources in which the county invests pursuant to Section 26-2-707.5, C.R.S.

B. The purposes for such benefits or services.

C. County-defined eligibility criteria for benefits or services.

D. The process by which eligibility for benefits or services is determined.

E. The county's dispute resolution process (reference Section 3.840).

The Board of County Commissioners in each county shall make such policies available to applicants and participants.

3.635.3 The types of additional benefits or services and amounts shall be described in each county policy. Benefits or services provided over and above the basic cash benefit may vary from county to county.

3.635.4 If the State and the county or group of counties are unable to reach agreement on a performance contract, either party may request a hearing with the State Board of Human Services.

### **3.636 WORK VERIFICATION PLAN [Eff. 11/30/07]**

The Board of County Commissioners (BOCC), or other governing body if no Board exists, shall adopt standards and written policies that fully adhere to requirements set forth in Colorado's most current

federally certified Work Verification Plan. The Work Verification Plan is written in accordance with federal regulations.

Failure to adhere to work verification requirements as set forth under the above certified plan can result in a work verification penalty assessment to the county block grant allocation. The following are the minimum requirements of the Work Verification Plan that counties must adhere to:

- A. Countable work activity definitions;
- B. Documentation and case file maintenance;
- C. Work activity hour verifications;
- D. Daily supervision requirements for work activities;
- E. Application of excused absence and holiday allowances;
- F. Requirements for secondary stage case file review; and,
- G. Timely and accurate reporting of relevant information into the electronic data system.

### **3.637 PRIVATE CONTRACTING [Eff. 11/30/07]**

The Board of County Commissioners may contract all or part of the Colorado Works Program operation to private or public providers. Contracts which are paid for with county block grant funds and which are designed to invest in the development of community resources pursuant to Section 26-2-707.5(1), C.R.S., do not require that Colorado Works participants complete an application, a written agreement, or an Individual Responsibility Contract (IRC). Counties continue to have the authority to require such written documentation in their individual contracting procedures.

3.637.1 The contracting procedures for benefits or services provided through community resource investment contracts must:

- A. Ensure that county block grant funds be used only to support Temporary Assistance for Needy Families (TANF)-eligible applicants or participants and support the purposes of the Federal "Personal Responsibility and Work Opportunity reconciliation Act of 1996."
- B. Approximate, with reasonable certainty, the number of TANF-eligible persons to be served and include the method used to calculate this number.
- C. Outline the provider's eligibility verification process.
- D. Explain the methodology used as the basis upon which the costs for the services are calculated. Such methodology must be an accounting or statistical system that gives a reasonably accurate calculation of the costs for TANF-eligible services that support TANF-eligible applicants or participants.
- E. Prohibit supplantation: "supplantation" means the replacement of county funds serving Colorado Works participants with block grant funds and the use of those county fund savings for purposes other than Colorado Works.
- F. Include a regular accounting of activity at least twice a year. All expenditures for goods, services, or start-up funds must be documented with purchasing document.

3.637.2 Counties who contract with religious organizations for the payment of cash assistance or

provision of services must provide alternative means for families to receive basic cash assistance or services if the client objects to being served by the religious provider chosen as a contractor by a county.

### **3.638 OPTIONAL NONCUSTODIAL PARENT PROGRAMS**

A county may provide services under the Colorado Works Program to a noncustodial parent (as defined in Section 3.605), in accordance with the county's approved plan.

- A. A noncustodial parent shall not be eligible to receive a basic cash assistance grant under the program.
- B. Such services provided to a noncustodial parent shall be intended to promote the sustainable employment of the noncustodial parent and enable such parent to pay child support.
- C. Provision of such services shall not negatively impact the eligibility for benefits or services of the custodial parent.
- D. Any services offered to a noncustodial parent shall be based on the county's review of:
  - 1. The noncustodial parent's request for services; and,
  - 2. The county's assessment of the noncustodial parent's needs.
- E. All services offered to a noncustodial parent shall be outlined in an Individual Responsibility Contract entered into by the county and the noncustodial parent. *Eff. 11/30/2007*
- F. Services may include, but are not limited to, parenting skills, mediation, workforce development, job training activities, job search, and county diversion. *Eff. 11/30/2007*

### **3.639 STATEWIDE STRATEGIC USE FUND [Eff. 04/01/2009]**

#### **3.639.1 PURPOSE**

The Statewide Strategic Use Fund (SSUF) is intended to support strategic initiatives that will address the purposes of the Temporary Assistance for Needy Families (TANF) program and are delivered on behalf of Colorado's TANF eligible population. SSUF funding is contingent upon an annual legislative appropriation. SSUF funds shall be used for projects and initiatives that:

- A. Address at least one of the four purposes of the Colorado Works Program, as specified in Section 26-2-705, C.R.S.; and,
- B. Either have demonstrated effectiveness in achieving, or represent an innovative approach that is likely to achieve, one or more of the following goals:
  - 1. Enhancing the long term self-sufficiency of eligible, low-income Colorado families;
  - 2. Reducing the number of children and families living in poverty;
  - 3. Strengthening families who are living in poverty; or,
  - 4. Increasing the participation of Colorado Works participants in meaningful work activities.

#### **3.639.11 Entities Eligible for SSUF Funds**

Entities eligible to receive allocations from the SSUF include:

- A. County departments of social/human services; and,
- B. Nonprofits or not-for profits; and,
- C. State agencies; and,
- D. Other entities specified by State Board.

#### **3.639.12 Application Process [Rev. eff. 5/16/10]**

No eligible entity will receive an allocation from the SSUF unless that entity has successfully complied with the application process.

#### **3.639.13 Application Process for SSUF Grants [Eff. 5/16/10]**

The application process for SSUF grants shall:

- A. Establish and announce an application release and due date; and,
- B. Require that the submitted applications be a complete document; and,
- C. Require that the submitted application must be received by the State Department on or before the date specified as due for review by the Strategic Allocation Committee (SAC); and,
- D. Establish and provide for a technical assistance forum, including the ability to submit questions and receive answers from the Colorado Works Program staff; and,
- E. Require that all applications be reviewed by the Strategic Allocation Committee (SAC); and,
- F. Require that each entity submitting an application receive a response regarding the decision of the Executive Director.

#### **3.639.14 Reporting Requirement [Rev. eff. 5/16/10]**

Eligible entities or group of entities receiving allocations from the SSUF shall report at least annually to the State Department and the SAC on their progress. The State Department, in consultation with SAC, shall:

- A. Regularly review entities' implementation of their respective initiatives; and,
- B. Report to the State Board of Human Services on an annual basis.

#### **3.639.2 STRATEGIC ALLOCATION COMMITTEE'S CHARGE**

The Strategic Allocation Committee (SAC) is charged with making recommendations to the Executive Director of the Colorado Department of Human Services (CDHS) regarding allocations from the Statewide Strategic Use Fund (SSUF). The Committee will also advise the Executive Director regarding the criteria and procedures by which the allocations are made.

#### **3.639.21 Grant Recommendations**

- A. The SAC shall review all applications received that meet the minimum qualifications as specified in Section 3.639.12 and make recommendations to the Executive Director for allocations from the Statewide Strategic Use Fund, within available appropriations. Each recommendation by the SAC shall require the approval of at least nine of the committee members.

- B. The Executive Director of the Colorado Department of Human Services may approve or not approve the recommendations of the Strategic Allocation Committee for allocation by the State Department of moneys in the Statewide Strategic Use Fund.

### **3.639.22 Denial of Grant Recommendation**

- A. If the Executive Director does not approve a recommendation for approval from the Strategic Allocation Committee, the Committee may submit the recommendation to the State Board of Human Services for action.
- B. If the State Board approves the recommendation, the State Department shall allocate the moneys as recommended by the SAC.

## **3.700 OTHER ASSISTANCE PROGRAMS**

### **3.705 NONCITIZEN EMERGENCY ASSISTANCE PROGRAM**

#### **3.705.1 GENERAL DEFINITIONS [Eff. 10/01/2008]**

“Legal Immigrant” means an individual who is not a citizen or national of the United States and who was lawfully admitted to the United States by the Immigration and Naturalization Services (INS) as an actual or prospective permanent resident or whose physical presence is known and allowed by U.S. Citizenship and Immigration Services (USCIS), and:

- A. Is a resident of Colorado,
- B. Meets the requirements for public assistance or Food Stamps other than citizenship,
- C. Is not eligible for or receiving any other public assistance and/or Food Stamps.

#### **3.705.11 EMERGENCY ASSISTANCE**

- A. Emergency Assistance may be available to legal immigrants, as defined above. To receive emergency assistance the applicant/recipient must:
  - 1. provide documentation of immigrant status (see Section 3.140),
  - 2. provide income and resource information and the sponsor's income and resource information (sponsor's income and resources, if applicable, are deemed to be available to the legal immigrant).
  - 3. provide a copy of the Affidavit of Support signed by the immigrant's sponsor, if applicable,
  - 4. establish that the sponsor's income and resources are not available, or that meeting the responsibilities of the affidavit would cause an undue hardship on the sponsor. Hardships may include loss or substantial reduction of income, or catastrophic or irreconcilable circumstances affecting the sponsor's household.
  - 5. while receiving Emergency Assistance, refrain from executing an Affidavit of Support for the purposes of sponsoring an immigrant, and
  - 6. assign rights under an Affidavit of Support to the state department up to the amount of Emergency Assistance received, as a condition of receipt of public assistance.

B. Emergency Assistance may include, but is not limited to:

1. housing
2. food
3. clothing
4. social services for children.

C. Requests for funding to counties under this program shall be subject to approval by the State Department.

D. Assistance under this program is limited by funding as appropriated and assistance will cease when such funds are exhausted.

E. Applicants and recipients whose benefits have been denied, reduced, or discontinued shall receive adequate and timely notice, and have the right to appeal such actions in accordance with state rules.

### **3.705.2 SPONSOR RESPONSIBILITY**

Sponsors shall be expected to meet their commitments to the immigrants whom they sponsor and for whom they sign affidavits of support.

#### **3.705.21 RECOVERIES**

Public assistance that was improperly paid may be recovered from the immigrant or the sponsor, as described under Sponsor Responsibility. These recoveries may include, but no limited to, the following:

- A. Income assignments;
- B. State income tax refund offset;
- C. State lottery winnings offset; and,
- D. Administrative lien and attachment.

Enforcement of duties under an affidavit of support shall be the responsibility of the sponsored immigrant.

### **3.710 COLORADO REFUGEE SERVICES PROGRAM (CRSP)**

#### **3.710.1 PROGRAM SUMMARY**

3.710.11 The Colorado Department of Human Services, through the Colorado Refugee Services Program (CRSP), is the single State agency with responsibility for the overall supervision and coordination of this program in Colorado. The Colorado Refugee Services Program (CRSP) operates under the Refugee Act of 1980 and Title IV of the Immigration and Naturalization Act (INA), as amended.

#### **3.710.12**

The intent of the Colorado Refugee Services Program is to provide necessary financial, medical and social services to eligible refugees who have entered the United States, to promote early self-sufficiency through employment and integration in the community.

3.710.13 This program is 100% federally funded and is subject to and contingent upon the continued availability of those funds. If said funds are increased, decreased or become unavailable, the services provided herein shall be increased, decreased or terminated accordingly.

### **3.710.2 GENERAL DEFINITIONS**

#### **3.710.21 Groups of Refugees**

The following categories are refugees for purpose of CRSP eligibility:

- A. A “refugee” is a person who is outside his/her country of nationality (or habitual residence) who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution on account of race, religion nationality, membership in a particular social group or political opinion A refugee has been granted refugee status outside of the United States.
- B. An “asylee” is a person who has been granted asylum by the U.S. Citizenship and Immigration Service (USCIS) while residing in the United States. An asylee has the same rights and benefits as refugees from their date of entry. An asylee's entry date is the date that the individual was granted final asylum in the U.S. by USCIS and not the date that individual was admitted into the U.S. Individuals admitted to the United States who are classified by USCIS as “applicants for asylum” are not eligible for CRSP benefits unless they are Cuban or Haitian (refer to Sections 3.710.21, C and 3.710.31, D).
- C. Cuban/Haitian entrants, parolees or asylum seekers. For documentation requirements, refer to Section 3.710.31, D.
- D. Certain Amerasians with the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, AM-8 on one of the following documents: form I-551, temporary I-551 stamp in passport, I-94 form, or any verification from the USCIS or other authoritative document.
- E. “Victims of a Severe Forms of Trafficking” are persons who have been certified as such by the U.S. Department of Health and Human Services (HHS). and are eligible for benefits and services to the same extent as refugees.
- F. Iraqi and Afghan individuals who worked as translators for the U.S. military, or on behalf of the U.S. government, or families of such individuals; and admitted under a Special Immigrant Visa (SIV) with specific visa categories of SI1, SI2, SI3, SI6, SI7, SI9, SQ1, SQ2, SQ3, SQ6, SQ7, or SQ9. Eligibility limitations are outlined in Section 3.710.31, I.
- G. An I-551 (“Green Card” ) holder with class or admission codes AS-6 through AS-8, RE-6 through RE-9, CH-6.

#### **3.710.22 CRSP Case Manager**

A “CRSP Case Manager” is an employee of the Colorado Department of Human Services, Colorado Refugee Services Program, VOLAG, or designee who has the responsibility of assisting a refugee in all phases of available services in order to help achieve self-sufficiency.

#### **3.710.23 Sponsor**

A “sponsor” is an individual, family, church, civic group or other local community organization. Deeming of sponsor income does not apply.

#### **3.710.24 Voluntary Agency**

A “Voluntary Agency (VOLAG)” is the initial resettlement agency for refugees entering the United States. Such agencies also have responsibility for recruiting local sponsors to aid in the initial resettlement process.

### **3.710.3 VERIFICATION OF STATUS**

#### **3.710.31 Refugee [Rev. eff. 10/1/09]**

Applicants for assistance under the Colorado Refugee Services Program as a “refugee” must possess in their name, documentation provided by the United States Citizenship and Naturalization Service (USCIS) under the Immigration and Nationality Act (INA) with one of the following statuses:

- A. Admitted as a refugee under Section 207 of the INA.
- B. Granted as an asylee under Section 208 of the INA; may have an I-94 form with Section 208 notation or, as an alternative, the individual may have a letter from the U.S. Department of Justice Executive Office for Immigration Review immigration judge indicating that final asylum has been granted and the date of asylum status.
- C. Paroled as a refugee or asylee under Section 212(D)(5) of the INA;
- D. Cuban/Haitian entrants, parolees, or asylum seekers who have an I-94 form with a stamp indicating “Cuban/Haitian entrant” or a notation indicating “parolee” , with a notation of 212(D)(5)(a); any documents indicating pending exclusion or deportation proceedings; any documents indicating a pending asylum application, including a receipt from an USCIS asylum office indicating filing of form I-589 application for asylum; form I-688B employment authorization document coded 274A.12(A)(4) or 274.12(C)(11) or I-766 employment authorization document with code A04 or C11; or I-551 with an adjustment code of CH6.
- E. Certain Amerasians with the following codes: AM-1, AM-2, AM-3, AM-6, AM-7, AM-8 on one of the following documents: form I-551, temporary I-551 stamp in passport, I-94 form or any verification from the USCIS or other authoritative document.
- F. Adult Victims of a Severe Form of Trafficking will have an original letter from the U.S. Department of Health and Human Services certifying the person as a Victim of a Severe Form of Trafficking. Children under eighteen (18) years of age who have been subjected to trafficking do not need to be certified in order to receive benefits. The Office of Refugee Resettlement (ORR) will issue a letter stating that the person is a Victim of a Severe Form of Trafficking. Confirmation of the certification letter or similar letter may be made by calling the trafficking verification line 1-866-401-5510 and notifying ORR of the benefits for which the individual has applied.
- G. Iraqi and Afghan SIVs who meet one of the criteria listed below are eligible for refugee services and other federal means tested public benefits for eight months from date of entry into the U.S.
  - 1. A holder of an Iraqi or Afghan passport with a Department of Homeland Security visa noting the individual has been approved for admission under one of the Immigrant Visa (IV) categories of SI1, SI2, SI3 and a Department of Homeland Security admission stamp on the passport or I-94 noting date of entry.
  - 2. A holder of a green card (I-551) showing Iraqi or Afghan nationality, or Iraqi or Afghan passport, showing one of the following immigrant visa categories: SI6, SI7, SI9.



3. A holder of an Iraqi passport with a Department of Homeland Security visa noting the individual has been approved for admission under one of the Immigrant Visa (IV) categories of SQ1, SQ2, SQ3 and a Department of Homeland Security admission stamp on the passport or I-94 noting date of entry.
  4. A holder of a green card (I-551) showing Iraqi nationality, or an Iraqi passport, showing one of the following immigrant visa categories: SQ6, SQ7, SQ9.
- H. An I-551 form ("green card" ) with class of admission codes AS-6, AS-7, AS-8, RE-6, RE-7, RE-8, RE-9, CH-6, HA6, HB6, GA6, GA7, GA8.

If not eligible for the assistance of TANF/Colorado Works, individuals with this immigration status may be eligible for Cares cash assistance through the Colorado Refugee Services Program if income eligibility criteria are met.

Individuals admitted to the United States who are classified by USCIS as "Applicants for Asylum" are not eligible for CRSP benefits. Once granted asylum, those individuals are eligible. The exception to this rule is Cuban and Haitian individuals applying for asylum who are eligible for CRSP benefits.

3.710.32 Social services shall be provided in accordance with state regulations pertaining to social services found in the Social Services Staff Manual (12 CCR 2509-1 through 8).

3.710.33 All refugees are entitled to all services and shall have the same rights and protection as set forth in the Colorado Department of Human Services rules for Public Assistance recipients including confidentiality, prior and adequate notice, rights to appeal and fair hearings.

### **3.711 DETERMINATION OF ELIGIBILITY**

#### **3.711.1 ELIGIBILITY REQUIREMENTS FOR ASSISTANCE FUNDED UNDER CRSP**

##### **3.711.11 TANF/Colorado Works Eligibility [Rev. eff. 3/2/10]**

Refugees are qualified aliens exempt from the five-year bar and are subject to the TANF/Colorado Works eligibility requirements.

Refugees eligible for assistance through TANF/Colorado Works shall submit an application to their county of residence. Those applications that have been approved shall be referred to the Colorado Refugee Services Program for other ongoing case management and services offered through the TANF/Colorado Works program.

- A. The Colorado Refugee Services Program (CRSP) is responsible for performing the eligibility assessment as required by Section 3.625.1 for all refugees referred to them by county departments and will apply uniform guidelines that apply to all county departments regarding the assessment of refugees.
- B. Based on the assessment of the refugee, CRSP will make recommendations to the county departments and will apply uniform guidelines that apply to all county departments regarding the assessment of refugees. These recommendations shall include, at a minimum:
  1. Whether the refugee is determined to be job-ready or not-job-ready;
  2. The type(s) of activities that will be most beneficial to the refugee; and,

3. The amount and duration of supportive services and other assistance payments necessary to achieve self sufficiency for the refugee.
- C. The county department shall consider the recommendations of CRSP and the recommended supportive services and other assistance within the county policy, within an agreed upon timeframe not to exceed forty-eight (48) hours.

#### 3.711.12 Documentation

In the absence of documentation as to age, birth, etc., pertinent information appearing on USCIS documents and documentation supplied by the refugee's Voluntary Agency is acceptable. A copy of such documentation shall be placed in the case record.

When there are no written records of any kind to support the applicant's statements, the case shall be referred to the Colorado Refugee Services Program for assistance in determining eligibility

#### **3.711.2 REFUGEE MEDICAL ASSISTANCE (RMA)**

- 3.711.21 Each individual member of a household that applies for medical assistance must first be screened for eligibility under the State Medicaid Program. If the individual is determined ineligible for Medicaid, then a determination of eligibility under the Refugee Medical Assistance (RMA) Program must be made. A "household" is defined as a single adult with no children, a married couple, a single parent with minor children, or a married couple with their minor children.

Any individual of a household who is not eligible for Medicaid shall be considered for Refugee Medical Assistance (RMA).

Persons applying for Refugee Medical Assistance will use the State prescribed application for Medicaid. Applicants will first be screened for State Medicaid programs in accordance with the Colorado Department of Health Care Policy and Financing's Medical Assistance Manual (10 CCR 2505-10).

- 3.711.22 Initial Refugee Medical Assistance Determination and Definitions (Eligibility Determinations)  
[Rev. eff. 10/1/09]

Refugees residing in the U.S. fewer than eight months, asylees who are within eight months from the date that their final asylum was granted, Victims of a Severe Form of Trafficking who are within their eight months from date of certification, and SIVs within their eight-month period of eligibility who lose their eligibility for Medicaid because of earnings from employment, will be transferred to RMA without an eligibility determination and the 200% of poverty rule shall not be applied. The increased earnings from employment shall not affect the refugee's continued medical assistance (RMA) eligibility. In cases where a refugee obtains private medical coverage, Third Party criteria applies in accordance with the Colorado Department of Health Care Policy and Financing's Medical Assistance manual, Sections 8.060-8.066 (10 CCR 2505-10)

- A. RMA shall continue until the individual eligible for refugee services reaches the end of his or her 8-month eligibility period. For Afghan SIVs, the duration of RMA is six months from their date of entry into the United States.
- B. Initial RMA eligibility determination (where the applicant was not previously eligible for Medicaid) is based on 200% of the federal poverty level.
  1. In determining eligibility for and receipt of RMA, the following are not considered: in-kind services and shelter provided to an applicant by a sponsor or local resettlement agency and any cash assistance payments provided to an

applicant. This includes the Cares Program grant from the voluntary agency, matching grant, and reception and placement (R&P) grant payments.

2. Determination of RMA eligibility will be based on an applicant's income on the date of application.
3. Denial or termination of Cares payments does not cause denial or termination of RMA benefits.

### **3.720 HOME CARE ALLOWANCE**

#### **3.720.1 DEFINITION [Eff. 1/1/07]**

Home Care Allowance (HCA) is a special allowance for the purpose of securing services to an individual in his/her home, based on the case manager's assessment. The Home Care Allowance is a non-entitlement program. The HCA program is designed to serve those recipients with the lowest functional abilities and the greatest need for paid care. Eligibility for, and authorized amounts of, the Home Care Allowance are subject to available appropriations.

#### **3.720.2 FINANCIAL ELIGIBILITY [Eff. 1/1/07]**

Eligibility for the Home Care Allowance program shall be based on financial need, the applicant's or recipient's functional capacity score, the applicant's or recipient's need for paid care score, and available appropriations. The applicant or recipient must meet all eligibility criteria required for the appropriate program (OAP, State AND/AB, or AND/AND/SSI-CS).

In determining financial need, the applicant's or recipient's Home Care Allowance authorized amount is added to the appropriate categorical grant standard for OAP, State AND/AB or AND/AB/SSI-CS. Total countable income is deducted from the total of the Home Care Allowance authorized amount and the categorical grant standard to derive the net payment to the recipient.

#### **3.720.3 FUNCTIONAL ELIGIBILITY**

##### **3.720.31 Functional Capacity Score [Eff. 1/1/07]**

- A. In order to be eligible for the Home Care Allowance Program, each applicant or recipient must meet the minimum functional capacity score of 21 points in the following areas and shall score a minimum of one (1) point on the total need for paid care score:
  1. Activities of daily living: includes transfers, bladder care, bowel care, mobility, dressing, bathing, hygiene, eating;
  2. Basic instrumental activities of daily living: includes meal preparation, housework, laundry, shopping;
  3. Supportive services: includes medicine management, appointment management, money management, accessing resources, and telephoning.
- B. The need for skilled personal care shall not be included in the case manager's scoring of the need for paid care score. Skilled personal care is not a paid service of the Home Care Allowance program (see HCPF rules, Section 8.489.30 (10 CCR 2505-10) for the definition of skilled personal care).

##### **3.720.32 Need for Paid Care Score [Eff. 1/1/07]**

The need for paid care score shall be based on the frequency of the applicant's or recipient's need for paid care as follows:

<u>Frequency of Need for Paid Care</u>	<u>Need for Paid Care Score</u>
No need for paid care	0
Up to and including once a week	1
More than once a week and up to seven days a week	2
At least two times per day, five days per week	3

### **3.720.33 Home Care Allowance Authorized Payment Amount [Eff. 1/1/07]**

The case manager shall approve each applicant or recipient, who meets the minimum requirements for the HCA program, an authorized amount of Home Care Allowance. The case manager shall determine the authorized HCA amount, up to the maximum amount allowable, based upon the need for paid care score. The three ranges of the need for paid care score are listed below. The maximum HCA authorized amount in each range is approved by the Colorado Department of Human Services and is subject to change. The case manager shall not approve the maximum authorized HCA amount if the applicant's or recipient's needs can be fully or partially met from other paid or unpaid sources, if the HCA provider is able to provide the authorized services for less than the maximum authorized amount, or if the applicant or recipient is unwilling or unable to use the maximum authorized amount. In determining the authorized HCA amount, the case manager shall ensure that there is no duplication of services in accordance with HCPF rules, Section 8.393.23, C, 4 (10 CCR 2505-10).

#### Need for Paid Care Score

1-23

24-37

38 and over

- A. Payment of the Home Care Allowance authorized grant will begin on the first day of the month following the month in which the HCA is authorized.
- B. There shall be no retroactive Home Care Allowance payments. The hardship provisions shall not apply to Home Care Allowance grant payments.
- C. The Home Care Allowance recipient's grant standard will increase based on the authorized HCA amount which is found in Section 3.360.44 of the Old Age Pension rules, 3.460.13 of the State AND/AB section, and 3.460.45 of the AND/AB/SSI-CS section.
- D. HCA payments shall be adjusted by the Colorado Department of Human Services based on available appropriations. A county conference or State appeal need not be granted unless the reason for an individual appeal is incorrect grant computation.

### **3.720.4 Services for HCA Recipients [Rev. eff. 7/9/10]**

- A. Services include:

1. The areas listed in Section 3.720.31;
2. Electronic monitoring; and,
3. One-time deep cleaning if referral is initiated by Adult Protective Services and determined necessary by the Single Entry Point case manager.

### **3.720.5 COUNTY RESPONSIBILITIES [Eff. 11/1/2008]**

- A. The county department must retain a copy of the State prescribed assessment form in the physical case record. *[Eff. 11/1/2008]*
- B. The county department must review each State prescribed form for completion. *[Eff. 11/1/2008]*
- C. The county department must update any changes in the case record. These changes must be updated in the current computer system and documented in the physical case record. *[Eff. 11/1/2008]*
- D. The county shall have the case organized and available for State review. *[Eff. 11/1/2008]*

### **3.721 FUNCTIONS OF THE SINGLE ENTRY POINT AGENCIES FOR THE HOME CARE ALLOWANCE (HCA) AND ADULT FOSTER CARE (AFC) PROGRAMS**

#### **3.721.1 CASE MANAGEMENT AND PROGRAM FUNCTIONS [Eff. 7/9/10]**

Case management and program functions for the Home care Allowance and Adult Foster Care programs shall be administered through the Single Entry Point agencies designated by the Colorado Department of Health Care Policy and Financing pursuant to Section 25.5-6-106, C.R.S.

#### **3.721.11 Definitions [Eff. 7/9/10]**

“Assessment” means a comprehensive evaluation by the case manager with the client and appropriate collaterals (such as family members, friends and/or caregivers) to determine the client's level of functioning, service needs, available resources, and necessity for paid care. The functional needs assessment shall be documented on the State prescribed assessment tool.

“Care planning” means identifying client goals and choices for the care needed, services needed, appropriate service providers based on the client assessment and knowledge of the client and of community resources. The care plan shall be documented on the State prescribed care plan tool.

“Case management” means the assessment of a client's long-term care needs, development and implementation of a care plan, coordination and monitoring of the long-term care service delivery, evaluation of service effectiveness, and periodic reassessment of client needs.

“Intake/screening/referral” means the initial contact with individuals by the Single Entry Point agency and shall include, but not be limited to, a preliminary screening in the following areas: an individual's need for long term care services, an individual's need for referral to other programs or services, an individual's eligibility for financial and program assistance, and the need for a comprehensive assessment.

“Ongoing case management” means the evaluation of the effectiveness and appropriateness of services, on an ongoing basis, through contacts with the client, appropriate collaterals, and service providers.

“Program” means a publicly funded program, including Adult Foster Care or Home Care

Allowance.

“Reassessment” means a comprehensive re-evaluation by the case manager with the client and appropriate collaterals (such as family members, friends and/or caregivers) to determine the client’s level of functioning, service needs, available resources, potential funding resources, and necessity for paid care. The reassessment of functional needs shall be documented on the State prescribed assessment tool.

“Single Entry Point (“SEP” ) agency” means the agency selected by the Colorado Department of Health Care Policy and Financing to provide case management functions for persons in need of long term care services within specific demographic areas.

“State prescribed assessment tool” means the form approved by the Department for use in determining functional eligibility for the Home Care Allowance and Adult Foster Care programs.

### **3.721.12 Allocations and Reimbursement [Eff. 7/9/10]**

- A. At the beginning of each fiscal year, the Department allocates funds for case management services provided by Single Entry Point agencies within the amount appropriated. Payments to Single Entry Point agencies shall not exceed this allocation unless additional funding is appropriated by the General Assembly.
- B. The Department shall make monthly payments to each designated Single Entry Point agency based upon the methodology established by the Department.

### **3.721.13 Audit [Eff. 7/9/10]**

Single Entry Point agencies may be audited by representatives of the Department, its designee, and/or independent audit firms in accordance with State rules.

### **3.721.14 Service Functions of the Single Entry Points [Eff. 7/9/10]**

- A. The Single Entry Point agency shall provide case management services in compliance with rules by the Department.
- B. If at any time throughout the case management process the case manager suspects an individual to be a victim of abuse, neglect or exploitation, the case manager shall immediately refer the individual for protective services to the county department of social/human services in the individual’s county of residence and/or the local law enforcement agency.

### **3.721.2 CASE MANAGEMENT REQUIREMENTS [Eff. 7/9/10]**

#### **3.721.21 Intake/Screening/Referral [Eff. 7/9/10]**

- A. The intake/screening/referral function of a Single Entry Point agency shall include, but not be limited to, the following activities:
  - 1. The completion of the Department prescribed long term care Single Entry Point intake form;
  - 2. The provision of information and referral to other agencies, as needed;
  - 3. The determination of the appropriateness of a referral for a client assessment;

4. The identification of potential payment source(s), including the availability of private funding resources; and,
  5. The implementation of a Single Entry Point agency procedure for prioritizing urgent inquiries.
- B. If a referral to Single Entry Point long term care services is determined to be appropriate, the State prescribed intake form shall be completed with the applicant or applicant's representative within two (2) working days of the referral.
- C. When reimbursement for long term care services are requested through the Home Care Allowance or Adult Foster Care programs, the Single Entry Point staff shall:
1. Verify the applicant's current financial eligibility status;
  2. Refer the applicant to the county department of social/human services of the client's county of residence for application; or,
  3. Refer other community resources that can assist in the process of completing the application; and,
  4. Document follow-up on return of forms.
- D. The determination of the applicant's financial eligibility shall be completed by the county department of social/human services for the county in which the applicant resides.
- E. Single Entry Point staff shall obtain the client's or representative's signature on the intake form.
- F. The SEP shall notify the applicant, at the time of his or her application for publicly funded long term care services, of the right to request a fair hearing before an Administrative Law Judge in accordance with Section 3.850, and to appeal adverse actions of the SEP, county department of social/human services, or contractors acting on behalf of the Department.

### **3.721.22 Assessment [Eff. 7/9/10]**

- A. The Single Entry Point (SEP) case manager shall complete an assessment when the county department of social/human services provides the Medicaid application date for the client. If the client is being discharged from a hospital or nursing facility, the Single Entry Point case manager shall complete the assessment regardless of whether the Medicaid application date has been provided by the county department.
- B. The SEP case manager shall complete an assessment within the following time frames:
1. For a client who is being transferred from a hospital to the Home Care Allowance or Adult Foster Care program, the SEP case manager shall complete the evaluation within two (2) working days after notification.
  2. For a client who is being transferred from a nursing facility to the Home Care Allowance or Adult Foster Care program, the SEP case manager shall complete the evaluation within five (5) working days after notification.
  3. For an individual who is not being discharged from a hospital or a nursing facility, the client evaluation shall be completed within ten (10) working days.

C. The SEP case manager shall conduct the following activities for a client assessment:

1. Determine the client's functional capacity during an evaluation, with observation of the client and family, if appropriate, in his or her residential setting and determine the functional capacity score in each of the areas on the State prescribed assessment tool.
2. Determine the need for paid care for Home Care Allowance (HCA) clients to determine the monthly HCA authorized amount in accordance with Section 3.720.32.
3. Determine if the Home Care Allowance services provided by a caregiver living with the client are above and beyond the workload of the normal family/household routine. If services are not beyond normal family/household routine, the client may not be scored as needing paid care for that service.
4. For HCA, score children age zero (0) through thirteen (13) years in both functional capacity and need for paid care according to the following age appropriate criteria:
  - a. Toileting: a child age 0 to 36 months will not be scored for bowel and bladder incontinence.
  - b. Mobility and positioning: a child age 0 to 36 months will not be scored for mobility and positioning.
  - c. Dressing: a child age 0 to 60 months will not be scored for dressing.
  - d. Bathing and hygiene: a child 0 to 60 months will not be scored for bathing and hygiene.
  - e. Eating: a child 0 to 48 months will not be scored for eating.
  - f. Transfers: a child 0 to 48 months will not be scored for transfers. A child 0 to 60 months will not be scored for car seat, highchair, or crib transfers.
5. Determine the ability and appropriateness of the client's caregiver(s) who must be at least eighteen (18) years of age or older to provide the client assistance in activities of daily living;
6. Determine the client's service needs, taking into consideration services available, or already being received, from all funding sources;
7. If an out-of-home placement is required, review placement options based on the client's needs, the potential funding sources, and the availability of resources;
8. Maintain appropriate documentation of the authorization for Home Care Allowance or Adult Foster Care program eligibility;
9. Refer the client to alternative services, if the client does not meet the eligibility requirements for Home Care Allowance or Adult Foster Care programs administered by the Department;
10. The State prescribed assessment form and the appropriateness of placement form shall be completed to determine eligibility for the Adult Foster Care program.



### **3.721.23 Care Planning [Eff. 7/9/10]**

- A. The SEP case manager shall develop the care plan after completion of the client assessment and prior to the arrangement for services. The SEP case manager shall complete the care plan using the State prescribed care plan form within ten (10) working days after determination of program eligibility.
- B. Care planning shall include, but not be limited to, the following tasks:
  - 1. The identification and documentation of care plan goals and client choices;
  - 2. The identification and documentation of services, including type, duration and frequency;
  - 3. The formalization of the care plan agreement, including appropriate signatures, in accordance with program requirements;
  - 4. For the Adult Foster Care clients, The arrangement for services by contacting service providers, coordinating service delivery, negotiating with the provider and the client regarding service provision, and formalizing provider agreements in accordance with program rules;
  - 5. The completion of program requirements for authorization of services;
  - 6. Referral to community resources as needed and development of resources for individual clients if a resource is not available within the client's community;
  - 7. The explanation of complaint procedures to the client as listed on the care plan document;
  - 8. The explanation of appeals process to the client, if necessary.
- C. Authorization of Home Care Allowance
  - 1. The case manager shall negotiate with the applicant or recipient and care provider to arrive at the total number of paid care hours to be provided monthly. The applicant, recipient or designated representative and the provider shall sign the state prescribed provider agreement. Each party shall receive a copy of the agreement.
  - 2. In all cases, Home Care Allowance payments shall be made directly to the applicant, recipient or designated representative who is responsible for paying the provider the agreed upon, authorized amount monthly. No portion of the authorized HCA amount shall be withheld by the recipient for personal use and must be spent for HCA services each month.
  - 3. The case manager shall send a signed copy of the assessment instrument to the county eligibility worker authorizing payment of the Home Care Allowance.
- D. Prudent Purchase of Services
  - 1. The case manager shall meet the client's needs, with consideration of the client's choices, using the most cost effective methods available.
  - 2. When services are available to the client at no cost from family, friends, volunteers, or

others, these services shall be utilized before the purchase of services, providing these services adequately meet the client's needs.

3. When public dollars must be used to purchase services, the case manager shall encourage the client to select the lowest cost provider of service when quality of service is comparable.
4. The case manager shall assure there is no duplication in services provided by Single Entry Point programs and any other public or privately funded services.

### **3.721.24 Ongoing Case Management [Eff. 7/9/10]**

#### **A. The case manager shall:**

1. Monitor the quality of care provided to clients;
2. Identify and resolve any problems with service delivery, including corrective action processes, as appropriate;
3. Identify changes in the client's needs that may require a full reassessment or a change in the care plan; and,
4. Make changes in service plans as appropriate to client needs.

#### **B. Ongoing case management shall include, but not be limited to, the following tasks:**

1. Review of the client's assessment, care plan, and service agreements to include changes in client functioning, service effectiveness, appropriateness, and cost-effectiveness;
2. Contact with service providers concerning service coordination, effectiveness and appropriateness, as well as concerning any complaints raised by the client or others;
3. Contact with appropriate individuals in the event any issues or complaints have been presented by the client or others;
4. Conflict resolutions and/or crisis intervention, as needed;
5. Notification of appropriate law enforcement and/or protective services agencies, as needed; and,
6. Referral to community resources as needed.

#### **C. The case manager shall immediately report to the appropriate agency any information that indicates an overpayment, incorrect payment or misuse of any public assistance benefit, and shall cooperate with the appropriate agency in any subsequent recovery process in accordance with the rules in Section 3.810.**

#### **D. The case manager shall complete a review of the client's current assessment or reassessment and the care plan with the client six months following the assessment or reassessment. The review shall be conducted by telephone, at the client's place of residence, at the place of service or other appropriate setting as determined by the client's needs. A face-to-face home visit shall be completed when significant changes in the client's condition are identified.**

- E. The case manager shall contact the service providers to monitor service delivery as determined by the client's needs or as required by the specific service requirements.

### **3.721.25 Reassessment [Eff. 7/9/10]**

- A. The case manager shall complete a face-to-face reassessment with the client within twelve (12) months of the initial client assessment and every twelve months thereafter. A reassessment shall be completed sooner if the client's condition changes.
- B. The case manager shall update the information provided at the previous assessment or reassessment, utilizing the State prescribed assessment tool. When a new assessment is completed for a Home Care Allowance or Adult Foster Care client, a copy shall be sent to the county department of human/social services within thirty (30) days of the reassessment.
- C. Reassessment shall include, but not be limited to, the following activities:
  - 1. For Adult Foster Care clients, obtain diagnoses from the client's medical provider at least annually, or sooner if the client's condition changes;
  - 2. Assess client's functional status face-to-face at the client's place of residence;
  - 3. Review the care plan, service agreement, and provider contract or agreement;
  - 4. Evaluate service effectiveness, quality of care, and appropriateness of services;
  - 5. Verify continuing financial and program eligibility;
  - 6. Annually, or more often if indicated, complete new care plan and service agreement;
  - 7. Refer the client to community resources, as needed;
  - 8. For Adult Foster Care clients, a State prescribed appropriateness of placement form must be completed.

### **3.721.3 CASE DOCUMENTATION AND PROGRAM EVALUATION**

#### **3.721.31 Case Documentation [Eff. 7/9/10]**

- A. Documentation of contacts and case management activities shall be entered into the data system(s) prescribed by the State within five (5) working days of the contact or activity.
- B. All information related to intake, assessment, and care planning shall be thoroughly documented within ten (10) working days of the intake, assessment or care planning using forms and data system(s) prescribed by the State.
- C. Additional documentation that cannot be entered into the data system(s) prescribed by the State shall be maintained in the case file.

#### **3.721.32 Completion of Single Entry Point Forms [Eff. 7/9/10]**

The SEP case manager shall notify applicants and clients of their services status using the State prescribed form at the time of initial eligibility, when there is a significant change in the client's payment or services, when an adverse action is taken, or at the time of discontinuation.

### **3.721.4 Denials or Discontinuations [Eff. 7/9/10]**

Clients shall be denied or discontinued from the Home Care Allowance or Adult Foster Care programs if they are determined ineligible and shall be informed of appeal rights in accordance with rules under Section 3.850, et seq.

#### **A. Financial Eligibility**

The county department of social/human services shall notify the applicant or client of denial for reasons of financial eligibility. The SEP case manager shall not attend the appeal hearing for a denial or discontinuation based on financial eligibility unless subpoenaed or requested by the State.

#### **B. Level of Care**

The Single Entry Point agency shall notify the applicant or client of denial for reasons of level of care when:

1. Home Care Allowance functional capacity and/or need for paid care scores do not meet minimum requirements.
2. Adult Foster Care appropriateness for placement criteria is not met.
3. Persons who are developmentally disabled or who are receiving, or are eligible to receive, services administered by the Colorado Department of Human Services, Division of Developmental Disabilities, are not eligible for AFC.

The case manager shall attend the appeal hearing to defend a denial or discontinuation.

#### **C. Receipt of Services**

The SEP case manager shall notify the current client of denial for reasons of receipt of service when the client or authorized representative:

1. Has not received services for one month;
2. Has refused to schedule an appointment for an initial assessment, six-month review, or reassessment twice within a thirty (30) day consecutive period;
3. Has failed to keep three (3) scheduled appointments within a thirty (30) consecutive day period;
4. Has refused to schedule an appointment for a required visit after an inter-district transfer;
5. Refuses to use the Home Care Allowance or Adult Foster Care payment to pay for services or uses the payment for services not identified in the service agreement; or,
6. Refuses to sign the intake form, care plan, or other documents and forms required to receive services.

The case manager shall attend the appeal hearing to defend the denial or discontinuation.

#### **D. Institutional Status**

The SEP case manager shall notify the applicant or current client of denial or discontinuation for

reasons of institutional status when:

1. The applicant is a resident of a nursing facility, hospital, or other institution;
2. The current client enters a hospital for treatment and hospitalization continues for thirty (30) days or more;
3. An applicant for Home Care Allowance (HCA) is residing in an Adult Foster Care or alternative care facility; or,
4. A current client receiving HCA has resided in such a facility more than thirty (30) days.

The case manager shall attend the appeal hearing to defend the denial or discontinuation.

#### E. Service Limitations Related to Safety or Cost Effectiveness

The SEP case manager shall notify the applicant or client of denial or discontinuation when the case manager determines that the applicant or client cannot be safely served given the type and/or amount of services available or the level of service need is not cost effective under the Home Care Allowance or Adult Foster Care programs.

1. The case manager shall attend the appeal hearing to defend the denial or discontinuation.
2. To support a denial or discontinuation for safety reasons related to service limitations, the case manager shall document the limitations and evidence of safety concerns, when available, including, but not limited to:
  - a. The results of an adult protective services assessment;
  - b. A statement from the client's physician attesting to diminished mental capacity;
  - c. Lack of available services and/or providers;
  - d. Assessment score indicating a level of need for services in excess of those available under the Home Care Allowance or Adult Foster Care programs;
  - e. Other available information or evidence that will support the determination that the client's safety is at risk.
3. To support a denial or discontinuation due to cost effectiveness the case manager shall document the level of service need and more cost effective alternatives.

#### F. Living Arrangements

The SEP case manager shall notify the applicant or client of denial for reasons of living arrangements when:

1. A Home Care Allowance applicant or client is residing in a licensed or unlicensed facility.
2. An Adult Foster Care (AFC) applicant or client is residing anywhere other than an approved AFC facility.

#### G. Move Out of State

The SEP case manager shall notify the client of discontinuation when the client has moved out of

state. Discontinuation shall be effective the day after the date of the move. Clients who leave the state on a temporary basis with intent to return to Colorado within thirty (30) calendar days shall not be discontinued.

#### H. Voluntary Withdrawal from the Program

The SEP case manager shall notify the client of discontinuation from the program effective upon the day after the date on which the client requests withdrawal from the program.

#### I. Death

A client shall be discontinued from the program effective upon the day after the date of death. No notice of discontinuation shall be sent.

### **3.721.41 Referrals and Notifications Upon Denial or Discontinuation [Eff. 7/9/10]**

In the case of denial or discontinuation, the case manager shall:

- A. Provide appropriate referrals to other community resources, as needed, within one (1) working day of discontinuation.
- B. The case manager shall notify all providers on the care plan within one (1) working day of discontinuation.
- C. The case manager shall notify the county department of human services within one (1) day of discontinuation.

### **3.721.42 Notification to the County Department [Eff. 7/9/10]**

The Single Entry Point agency shall notify the income eligibility section of the appropriate county department of social/human services:

- A. At the same time that it notifies the applicant or client of the adverse action;
- B. When the applicant or client has filed a written appeal with the Single Entry Point agency; or,
- C. When the applicant or client has withdrawn the appeal or a final agency decision has been entered.

### **3.721.5 Communication Requirements [Eff. 7/9/10]**

In addition to any communication requirements specified elsewhere in these rules, the case manager shall be responsible for the following communications:

- A. Informing the income maintenance technician of any and all changes effecting the client's participation in the Home Care Allowance or Adult Foster Care programs, including changes in income, within one working day after the case manager learns of the change.
- B. Informing the client's adult protective services caseworker, if applicable, of the client's status. The case manager shall participate in mutual staffing of the client's case.
- C. Reporting to the Colorado Department of Public Health and Environment any congregate facility that is not licensed.

### **3.721.6 CASE TRANSFERS**

### **3.721.61 Intercounty Transfers [Eff. 7/9/10]**

Single Entry Point agencies shall complete the following procedures to transfer case management clients to another county:

- A. Notify the income maintenance technician of the client's plans to relocate to another county and the date of transfer and instruct the technician to follow the procedures for intercounty transfers (see Section 3.140.3).
- B. If the client's current service providers do not provide services in the area where the client is relocating make arrangements, in consultation with the client, for new service providers.
- C. If an Adult Foster Care client is moving from one county to another county to enter a new facility, forward copies of the following client records to the facility prior to the client's admission to the facility:
  - 1. Current client assessment;
  - 2. Verification of Medicaid eligibility status.

### **3.721.62 Interdistrict Transfers [Eff. 7/9/10]**

Single Entry Point agencies shall complete the following procedure in the event a client transfers from one Single Entry Point district to another single entry point district:

- A. The transferring Single Entry Point agency shall contact the receiving Single Entry Point agency by telephone to give notification that the client is planning to transfer, to negotiate a transfer date, and to provide information.
- B. If the transfer is from one county to another county, the transferring Single Entry Point agency shall notify the income maintenance technician of the client's plans to relocate to another county and the date of transfer, and instruct the technician to follow the procedures for intercounty transfers (see Section 3.140.3).
- C. The transferring Single Entry Point agency shall forward copies of the client's case records, including forms required by the publicly funded program, to the receiving Single Entry Point agency prior to the relocation, if possible, but in no case later than five (5) working days after the client's relocation.
- D. If the client is moving from one Single Entry Point district to another Single Entry Point district to enter an Adult Foster Care facility, the transferring Single Entry Point agency shall forward copies of client records to the facility prior to the client's admission to the facility in accordance with the procedures for intercounty transfers.
- E. The receiving Single Entry Point agency shall complete a face-to-face meeting with the client and a case summary update within ten (10) working days after notification of the client's relocation, in accordance with assessment procedures (see Section 3.721.22) for Single Entry Point agency clients.
- F. The receiving Single Entry Point agency shall review the care plan and the assessment tool and change or coordinate services and providers, as necessary.
- G. If indicated by changes in the care plan, the receiving Single Entry Point agency shall revise the care plan and service authorization forms as required by the publicly funded program.

### **3.730 ADULT FOSTER CARE**

"Adult Foster Care (AFC)" means care provided on a 24-hour basis for no more than sixteen (16) residents in a non-medical facility. The facility is licensed by the Department of Public Health and Environment. This program serves the frail elderly, physically or emotionally disabled adults, 18 years of age and over, who do not require 24-hour medical care.

#### **3.730.1 DEFINITIONS [Eff. 11/1/2008]**

- A. "Adult Foster Care Facility" means a licensed Assisted Living Residence (ALR) that meets all applicable federal, state, and local laws and regulations. AFC facilities shall provide the following: *[Eff. 11/1/2008]*
1. Twenty-four hour residential care for no more than 16 residents; *[Eff. 11/1/2008]*
  2. An environment which is sanitary and safe from physical harm; *[Eff. 11/1/2008]*
  3. Adequate sleeping and living areas; and, *[Eff. 11/1/2008]*
  4. Adequate recreational areas. *[Eff. 11/1/2008]*
- B. "Adult Foster Care Services" means those services which shall be provided by an AFC facility to each resident. These services shall include, but are not limited to: *[Eff. 11/1/2008]*
1. Availability of three balanced meals per day with provision for special diets when those diets have been prescribed as part of a medical plan;
  2. Assistance with transportation;
  3. Protective oversight;
  4. Assistance with basic personal tasks, such as bathing, hair care, and dressing;
  5. Supervision of self-administration of medications;
  6. Housekeeping services such as changing of bed linen, cleaning of living areas, and rearrangement of furniture as needed to promote freer mobility;
  7. Laundering of resident's clothing and bedding; and,
  8. Opportunities for structured recreational activities and socializing.
- C. "Operator" means any person who owns an AFC facility or an individual with authority delegated by the owner who manages, controls or performs the day-to-day tasks for operating an AFC facility.
- D. "Protective Oversight" means guidance of a resident, as required by the needs of the resident or as reasonably requested by the resident, including the following:
1. Being aware of a resident's general whereabouts, although the resident may travel independently in the community;
  2. Monitoring the activities of the resident while on the premises to ensure the health, safety, and well-being of the resident, including monitoring of prescribed medications;
  3. Reminding the resident to carry out activities of daily living; and,



4. Reminding the resident of any important activities, including appointments.
- E. "Resident" means an individual who has met all the eligibility requirements for Adult Foster Care, has met the appropriate placement criteria for the AFC program, and has been approved for placement or currently resides in a certified Adult Foster Care facility.
- F. "Restraint" means any physical or chemical device, application of force, or medication which is designed or used for the purpose of modifying, altering, or controlling behavior for the convenience of the facility and excludes medication prescribed by a physician as part of an on-going treatment plan or pursuant to a diagnosis. Restraints as defined herein are prohibited.
- G. "Staff" means a paid employee of the facility.
- H. "Substance Abuse" means the use of any mind or mood altering material in a manner which deviates from standard medical practice in the community, which acts to the detriment of the individual residents or the public, and which includes but is not limited to, alcohol, dangerous drugs, or narcotic drugs.
  1. Alcohol refers to beverage alcohol, ethylene alcohol, or ethanol.
  2. Dangerous drugs refers to cannabis or any depressant drug, hallucinogenic drug, stimulant drug, or tranquilizer, or any such mixture or compound with any other substances.
  3. Narcotic drugs refers to any drug to which the Federal Controlled Substance Act of 1970 may apply and any drug found by the State Board of Health to be addiction forming or to have an addiction sustaining character similar to morphine or cocaine.
- I. "Universal Precautions" refers to a system of infection control, which assumes that every direct contact with body fluids is potentially infectious. This includes any reasonably anticipated skin, eye, mucous membrane or potential contact with blood, blood-tinged body fluids, or other potentially infectious materials.

### **3.730.2 ELIGIBILITY [Eff. 1/1/07]**

Eligibility for the Adult Foster Care program shall be based on financial need, the recipient's need for 24-hour supervision and assistance with activities of daily living, appropriateness for the AFC program, and available appropriations. The applicant or recipient must meet all eligibility criteria required for the appropriate program, OAP or AND/AB/SSI-CS.

#### **3.730.21 Financial Eligibility [Eff. 11/1/2008]**

The county department eligibility worker in the recipient's county of residence shall determine financial eligibility for Adult Foster Care. In determining financial need, the applicant's or the recipient's total countable income is subtracted from the AFC grant amount to derive the net payment to the applicant or recipient. [Eff. 11/1/2008]

- A. In addition to the needs of the individual, an Adult Foster Care allowance shall be included in the grant of an AND/AB/SSI-CS or OAP recipient when: [Eff. 11/1/2008]
  1. The need for such care has been determined by the Single Entry Point agency; [Eff. 11/1/2008]
  2. The care is authorized by the Single Entry Point agency; and, [Eff. 11/1/2008]
  3. The applicant or recipient is or will be residing in a currently licensed Adult Foster

Care facility. [Eff. 11/1/2008]

- B. The maximum amount which can be allowed as Adult Foster Care is the difference between the AND/AB/SSI-CS or OAP standard and the State approved Adult Foster Care rate plus \$50 personal needs allowance. [Eff. 11/1/2008]
- C. The AFC payment to providers may be adjusted by the State Department to stay within available appropriations. [Eff. 11/1/2008]

**3.730.22 County Responsibilities [Eff. 11/1/2008]**

- A. The county department must retain a copy of the State prescribed assessment form in the physical case record. [Eff. 11/1/2008]
- B. The county department must review each State prescribed form. [Eff. 11/1/2008]
- C. The county department must update any changes in the case record. These changes must be updated in the current computer system and documented in the physical case record. [Eff. 11/1/2008]
- D. The county department shall have the case organized and available for State review. [Eff. 11/1/2008]

**3.730.3 FUNCTIONAL ASSESSMENT [Rev. eff. 7/9/10]**

Refer to Section 3.721.22 for functional assessment responsibilities of the Single Entry agencies.

**3.730.4 ADMISSION PROCEDURE**

**3.730.41 Applicant Intake [Rev. eff. 7/9/10]**

Refer to Section 3.721 for the Adult Foster Care intake responsibilities of the Single Entry Point agencies.

**3.730.42 Assessment [Rev. eff. 7/9/10]**

Refer to Section 3.721 for the Adult Foster Care assessment responsibilities of the Single Entry Point agencies.

- A. After the State prescribed assessment form and the Appropriateness of Placement forms have been completed by the case manager, the information from these forms shall be used in determining if the applicant or recipient is functionally eligible for Adult Foster Care (AFC).
- B. If determined functionally eligible, the recipient cannot be placed and the AFC payment cannot begin until an appropriate AFC facility is found.

**3.730.43 Appropriate Facility Review [Eff. 1/1/07]**

The case manager shall review available Adult Foster Care facilities to determine if the applicant's or recipient's needs can be met by a current facility. This review may include contact with other counties which have AFC facilities.

**3.730.44 Agreement to Placement Services [Eff. 1/1/07]**

A recipient shall not be placed in an Adult Foster Care facility unless one or more of the following

conditions are met:

- A. The competent recipient gives informed consent for placement; or,
- B. The court-appointed guardian of the recipient requests placement; and,
- C. The recipient or his legal representative understands and agrees to adhere to facility rules.

### **3.730.5 CARE PLANNING**

When the decision is made that the applicant is appropriate for Adult Foster Care and that an appropriate AFC facility exists, the case manager shall:

- A. Discuss the needs of the recipient with the Adult Foster Care provider to determine if the provider is capable of meeting the recipient's needs;
- B. Discuss the facility and the provider with the recipient;
- C. Arrange for an initial visit by the recipient to the facility;
- D. Have a care plan negotiated with and signed by the recipient and case manager prior to admission. The care plan shall be developed in conjunction with the ALR Board and Care Plan required and must be renewed at least every twelve months or sooner if there is a change in the recipient's condition;
- E. Have a current provider agreement signed by the manager of the Adult Foster Care facility prior to placement. This agreement shall be renewed at least annually, contingent upon the facility having a license as an Assisted Living Residence.
- F. After supervisory review and sign-off, the case manager shall send a signed copy of the State prescribed form to the county eligibility worker authorizing the Adult Foster Care payment.
- G. In all cases, Adult Foster Care payments shall be made directly to the recipient or the recipient's designated representative. The recipient or representative is responsible for paying the AFC provider the agreed amount on a regular monthly basis.
- H. The case manager shall explain that the recipient or recipient's designated representative is responsible to pay the AFC provider on a monthly basis.
- I. An appropriateness of placement form must be completed when the recipient has been determined to be financially and functionally eligible for AFC. The Adult Foster Care payment effective date shall be the date that the applicant was admitted to the AFC facility or the date they are determined to be financially eligible, whichever is later. The date on the Appropriateness of Placement form shall not exceed a period longer than forty-five (45) calendar days prior to the recipient's placement in an AFC Facility. If the date is past the forty-five day period, the case manager must reassess the recipient, make needed changes on the form, enter the date of the new assessment, and re-sign the form.

### **3.730.6 (None) [Rev. eff. 7/9/10]**

### **3.730.7 SINGLE ENTRY AGENCY FUNCTIONS [Rev eff. 7/9/10]**

Refer to Section 3.721, et seq.

### **3.730.8 NOTIFICATION OF ACTION AND APPEAL RIGHTS [Rev. eff. 7/9/10]**

Refer to Sections 3.830, et seq., and 3.850, et seq.

### **3.731 OPERATOR/STAFF QUALIFICATIONS [Eff. 1/1/07]**

Qualifications for operator(s), staff, and volunteers shall be as follows:

- A. Any person providing any service under these rules shall strictly comply with all federal, state and local laws, regulations and ordinances.
- B. All operators and staff shall read, be familiar with, and follow the rules and regulations for the operation of AFCs. Ignorance of these rules and regulations is not an acceptable defense for their violation.
- C. All operators and staff must be trained as defined in Section 3.733.
- D. The operator or staff person responsible for protective oversight of the residents must be able to recognize and respond to emergencies, including contacting emergency services such as 911, ambulance, fire and police departments.
- E. At all times there must be at least one staff person on duty who is 18 years of age or older and who is trained to provide protective oversight.
  - 1. If a facility can document to the State or its designee the provision for one staff person on duty at all times may be waived in writing by the State Department.
  - 2. The criteria which must be met and documented in order for the State to waive the requirement that one person shall be on duty at all times shall include, but not be limited to:
    - a. All residents must be in a day treatment program, in a job training program or on the job. This must be written in each resident's treatment or care plan. A staff person must be at the facility at the time the first resident returns.
    - b. If a resident becomes ill, leaves the day treatment program, job training or work early, the facility must have a telephone number which is manned at all times for the resident to call. A staff person who can meet the resident at the facility and stay with him/her until permanent staff arrives must be available at all times.
  - 3. If a resident cannot be depended upon to follow his/her treatment plan and either stay at day placement or call the designated telephone number, then s/he is not appropriate for that facility and must be moved into a licensed facility that is staffed 24 hours per day or a waiver cannot be granted to that facility.
  - 4. If a resident is ill or refuses to go to day placement or work, a staff member must stay with him/her or s/he must be taken to a licensed/certified residential facility that is staffed 24 hours per day.
  - 5. At no time may a resident be present in an Adult Foster Care facility without a staff member also being present in the facility who is trained to provide protective oversight.
- F. The operator and staff must, prior to beginning duties, have a doctor's statement that they are free of communicable and infectious diseases.
- G. All operators, staff, and volunteers providing direct client care or food preparation must have TB testing prior to beginning duties and annually thereafter.

- H. Facilities must maintain a 1:10 staff-to-resident ratio unless the operator can document to the Colorado Department of Human Services or its designee that a ratio of less than 1:10 does not jeopardize the health and safety of the residents. Based on adequate documentation, a written staffing waiver may be issued by the State.

A written request for a staff-to-resident waiver must be submitted to the State Department. The State may request further information which will be reviewed along with the most current Assisted Living Residence deficiency report and fire safety survey. Information which must be submitted to the State for review includes, but is not limited to:

1. The types of physical/mental limitations of residents in the facility such as confusion, Organic Brain Syndrome or Alzheimer;
  2. A diagram of the layout of the facility;
  3. The number and type of staff and their location during day and night;
  4. The number of back up staff who will respond to the emergency and the distance they must travel;
  5. Types of training regular staff and back up staff has had in fire safety and other emergency procedures and how often this is done;
  6. The facility's procedure for evacuation in case of fire or other emergency;
  7. The number of fire drills held each year;
  8. Time scores in evacuating residents during a fire drill;
  9. The distance of the nearest fire department that will respond to the call;
  10. A description of the facility's sprinkler system, smoke alarms, special items for fire safety which have been installed in the facility (dedicated alarm line directly to fire station, 2 hour fire wall, alarms in each room hooked to a central alarm, etc.);
  11. Assurance that staff carry two-way radios or pagers for use in an emergency; and,
  12. Staff-to-resident ratio requested.
- I. Any person who is involved in substance abuse, uses alcohol excessively, uses narcotic drugs or dangerous drugs shall not be approved as an operator; nor be employed, act as a volunteer, or reside in a certified facility.

### **3.732 TRAINING [Eff. 1/1/07]**

- A. Facility operators must satisfactorily complete an introductory training on AFC rules and regulations prior to certification of the facility. This introductory training shall be conducted by the State Department or its designee.
- B. Certified facilities having operators who have not yet had this introductory training will be required to have their operator attend the next available training offered or document to the State Department or its designee that they have had previous training equivalent to the required training.
- C. The operator, staff, and volunteers who provide direct recipient care or protective oversight must be trained in First Aid and in emergency procedures prior to assuming responsibilities. Facilities

certified prior to the effective date of this rule shall have sixty (60) days to satisfy this training requirement.

- D. The operator and staff must have training specific to the needs of the populations served (e.g., chronically mentally ill, frail elderly, Acquired Immune Deficiency Syndrome, Alzheimer's disease).
- E. Thereafter, periodic training may be required of facility operators and/or staff, addressing needs identified by operators and/or by the agency designated by the State and/or Colorado Department of Health Care Policy and Financing.
- F. Training in the use of universal precautions for the control of infectious or communicable disease shall be required of all operators, staff, and volunteers. Facilities certified prior to the effective date of these rules shall have sixty (60) days to satisfy this training requirement.

### **3.733 APPROPRIATENESS OF PLACEMENT [Eff. 1/1/07]**

Only residents whose needs can be met by the facility shall be admitted to that facility. A facility shall not admit or keep any resident requiring a level of care or type of service which the facility does not provide or is unable to provide. In no event shall a facility admit or keep a resident who:

- A. Needs skilled services on more than an intermittent basis. If skilled services are provided on an intermittent basis, they must be provided by a skilled provider.
- B. Is unable or unwilling to meet his/her own personal hygiene needs under supervision.
- C. Has an acute physical illness which cannot be managed through medications or prescribed therapy.
- D. Has a substance abuse problem, unless the substance abuse is no longer acute and physician determines it to be manageable.
- E. Has ambulation limitation, unless compensated for by an assisting device with minimal assistance from staff.
- F. Has a reportable communicable or infectious disease, unless the transmittal of the disease can be managed through the use of universal precautions and appropriate medical and/or drug treatment.
- G. Is consistently disoriented to time, person, and place to such a degree that he/she poses a danger to self or others.
- H. Has seizure disorders which are not adequately controlled by medications.
- I. Requires tray food services on a continuous basis.
- J. Exhibits behavior which poses a physical threat to self or others. Such behavior includes, but is not limited to, violent and disruptive behavior and/or any behavior which involves physical, sexual or psychological force or intimidation.
- K. Requires intravenous or tube feeding.
- L. Is consistently unwilling to take medications prescribed by a physician.
- M. Is incapable of self-administration of medications unless the facility has a staff member trained in medication administration, in accordance with Section 25-1-107, C.R.S., et seq., or who possesses all necessary licenses to do so.

- N. Is a person whose, physical safety cannot be assured in an AFC.
- O. Is consistently, uncontrollably incontinent of bowel or bladder that cannot be managed by resident with assistance from staff.
- P. Needs restraints, as defined herein, of any kind.
- Q. Has a primary diagnosis of mental illness and is unwilling to comply with medications prescribed by the physician and is not receiving services from the local community mental health center or other mental health professional.
- R. A copy of the ALR Board and Care Plan, jointly developed by the resident, family, caseworker, and operator, must be provided to all parties prior to admission to the facility.
- S. Any client admitted for respite care in an AFC must meet the requirements for appropriate placement described above.

### **3.734 RESIDENT RIGHTS/HOUSE RULES [Eff. 1/1/07]**

All facilities must ensure that the following residents rights are not violated:

- A. Residents may voluntarily participate in performing housekeeping duties and other tasks but cannot be required to perform duties of staff.
- B. If a resident is reimbursed by the facility for services performed, there must be a written agreement regarding duties and reimbursement between the resident and the operator. The amount of compensation must be reported to the income maintenance staff of the county department of human/social services and the Single Entry Point agency case manager.
- C. All house policies regarding smoking and the use of alcohol shall apply equally to operator, staff, volunteers, residents, and others residing in the facility.
- D. The withholding of food and water is prohibited unless indicated by written physician's orders or a pharmacist's medication instructions.
- E. The facility must provide an environment free from physical restraint, involuntary confinement, and financial, sexual or any other exploitation or threat of intimidation.
- F. The facility must provide an accessible telephone with toll free local calls; and,
- G. The facility shall provide residents with written information about the individual's rights under state law to accept or refuse medical treatment; the right to formulate advance directives, and the providers' policies respecting the implementation of such rights. Documentation shall be kept in the individual's record as to whether the individual has executed an advance directive.
- H. The operator must have the resident or designated guardian sign that the house rules and resident rights have been read, were explained, and are understood.

### **3.735 SERVICES PROVIDED [Eff. 1/1/07]**

Facilities shall provide those services indicated in Section 3.730.1, A and B, of these rules.

### **3.736 PROVIDER AGREEMENT [Eff. 11/1/2008]**

- A. Providers who are currently licensed by the Colorado Department of Public Health and Environment

as an Assisted Living Residence may enter into a provider agreement with the Colorado Department of Human Services or its designee. *[Eff. 11/1/2008]*

- B. Facilities shall not accept Adult Foster Care payments from AFC recipients unless the facility is currently licensed as an Assisted Living Residence and has signed a provider agreement with the Colorado Department of Human Services or its designee. *[Eff. 11/1/2008]*

### **3.737 RECORDS AND REPORTING REQUIREMENTS [Eff. 1/1/07]**

- A. The facility shall maintain records sufficient to document compliance with the Colorado Department of Human Services rules and contract requirements, including proof of insurance, licenses, permits, and surety bonds for a period of at least six (6) years.
- B. The facility shall notify the State Department or its, designee within five (5) working days of any suspension, revocation or termination of any required license, permit, insurance, or surety bond.
- C. Facilities which accept responsibility for resident's personal funds shall post a surety bond in a minimum amount of \$10,000.
- D. Personnel records for each employee or volunteer must include name, age, sex, home address and phone number, documentation of training and/or work experience, and results of TB testing for any employee or volunteer providing direct care to residents or involved in meal preparation or food handling.
- E. Residents' records shall include, as appropriate, the name and address of a spouse, the date of termination or transfer from the facility, and the new forwarding address of the resident.
- F. The facility shall notify the case manager within five (5) days of the need for changes to the Board and Care Plan.
- G. The facility shall, within twenty-four (24) hours, notify the case, manager of the death or serious injury of any recipient living in an AFC facility with an ALR Board and Care Plan, and any severe deterioration in a resident's medical condition or behavior.

### **3.738 REIMBURSEMENT METHOD FOR ADULT FOSTER CARE [Eff. 11/1/2008]**

- A. AFC facilities shall negotiate a standard rate of payment per resident, per month with the agency designated by the State. *[Eff. 11/1/2008]*
- B. AFC facilities shall not submit bills or otherwise attempt to collect payments from recipients or recipients' estates for any services provided to the recipient which are benefits reimbursable under the program in accordance with the rules of the Colorado Department of Human Services. *[Eff. 11/1/2008]*
- C. AFC facilities shall charge private pay residents an amount at least equal to that charged to AFC residents. *[Eff. 11/1/2008]*
- D. Adult Foster Care payments shall not be made to residents in facilities that are not licensed by the Colorado Department of Public Health and Environment. *[Eff. 11/1/2008]*
- E. AFC operators must immediately notify the Single Entry Point agency of any planned or unplanned absence of a resident for more than 24-hours. The Single Entry Point agency may continue to fund an Adult Foster Care placement while a resident is on medical, programmatic or non-medical leave; however, the combined leave may not exceed a total of forty-two (42) days in a 12 month period beginning with the date the client was admitted into the program. The three types of leave



are defined as follows:

1. "Medical leave" is the absence of the resident from the Adult Foster Care facility due to admittance to a hospital or other institution. This must be on the order of a physician and there must be a presumption on the part of the physician that the resident will be returning to the AFC facility.
2. "Non-medical leave days" are defined generally as days of leave from the AFC for non-medical reasons and are not part of a recipient's care plan.
3. "Programmatic leave days" are days of leave prescribed by a physician for participation in therapeutic and/or rehabilitative programs and may entail visits to family, friends, or guardians. Any therapeutic and/or rehabilitative programs and visits to family, friends, or guardians must be prescribed by a physician and documented as part of the recipient's care plan to qualify as programmatic leave.

### **3.740 (None)**

## **3.750 LOW-INCOME ENERGY ASSISTANCE PROGRAMS**

### **3.750.1 AUTHORITY**

3.750.11 Programs authorized under the Low-Income Home Energy Assistance Act include a Basic Program and a Crisis Intervention Program. [Rev. eff. 11/1/84]

3.750.12 The Basic Program is intended to help meet winter home heating costs of households composed of low-income families and individuals. [Rev. eff. 11/1/93]

3.750.13 The Crisis Intervention Program is intended to assist households composed of low-income families and individuals who are in home heating crisis situations. [Rev. eff. 11/1/99]

3.750.14 State authority for the programs is contained in the Governor's Executive Order and in accordance with rules adopted by the State Board of Human Services. This program is contingent on the availability of federal funds. [Rev. eff. 11/1/95]

3.750.15 This program is federally and privately funded and is subject to and contingent upon the continued availability of those funds. If said funds are increased, decreased or become unavailable, the services provided herein shall be increased, decreased or terminated accordingly. [Rev. eff. 11/1/93]

### **3.751 GENERAL PROVISIONS**

#### **3.751.1 DEFINITIONS [Rev. eff. 10/1/09]**

"Applicant": The person who completes and signs the basic LEAP application form. This is also the only household member who is required to provide proof of lawful presence as defined in these rules.

"Bulk Fuel" : Bulk fuel is an energy source for home heating which may be purchased in quantity from a fuel supplier and stored by the household to be used as needed. Normally, bulk fuel includes wood, propane, kerosene, coal and fuel oil.

"Completed Application" : A basic LEAP application shall be considered to be a completed application when:

- A. The applicant has provided an adequate response to all application questions which are

necessary to determine eligibility and payment level;

- B. The applicant has provided all required verification. A Social Security Number (SSN) for each household member or proof of application for a SSN can be requested. A SSN is not required to determine eligibility, but may be used exclusively as a unique identifier and for data matches;
- C. The application is signed;
- D. The applicant has provided proof of lawful presence in the United States (see Section 3.140.11).

“Date of Application” . For purposes of the Low-Income Energy Assistance Programs, the date of application shall be the date an application form that contains a legible name and address is received by the county department. *[Eff. 11/1/2008]*

“Disabled or Handicapped” . For purposes of the Low-Income Energy Assistance Programs, the term disabled or handicapped means persons who receive vocational rehabilitation assistance; such as Social Security disability, SSI, AB, AND, or veterans disability payments or who provide a physician's statement which indicates incapacity to engage in gainful employment. This definition may be different for other public assistance programs. *[Eff. 11/1/2008]*

“Elderly” : For the purposes of these rules, the term elderly means aged 60 or over.

“Eligibility Period” : There shall be one eligibility period for the Basic Low-Income Energy Assistance Programs from November 1st through April 30th. If April 30th for a particular calendar year ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day. The furnace repair/replacement component of the Crisis Intervention Program shall operate year round. All other components of the Crisis Intervention Program shall operate from November 1 through April 30. These programs are contingent upon the continued availability of funds in accordance with Sections 3.750.15 and 3.758.48.

“Emergency/Expedited Applicant” : This is a household which has had heat service discontinued or is threatened with discontinuance, or is out of fuel or will run out of fuel within fourteen calendar days. Applications for households in these situations shall be processed expeditiously and the emergency addressed within ten working days of notification of the emergency by the applicant to the county department. *[Eff. 11/1/2008]*

“Estimated Home Heating Costs” : The amount of the heating costs incurred during the previous heating season for the applicant's address at the time of application to be used as an estimate, or projection, of the anticipated heating costs for the current heating season (November 1st through April 30th). Such estimated heating costs shall not include payment arrearages, investigative charges, reconnection fees, or other such charges not related to residential fuel prices and consumption levels.

"Heat Related Arrearage": Any past due amounts for the primary heating fuel and/or supportive fuel.

“Home Heating Costs” : Charges related directly to the primary heating fuel used in a residential dwelling.

“Household” :The term “household” shall mean any individual or group of individuals who are living together as one economic unit for whom primary heating fuel is customarily purchased in common or who make undesignated payments for heat in the form of rent. *[Eff. 11/1/2008]*

Any individual considered as part of an approved household cannot subsequently be considered as part of another household during the same eligibility period. *[Eff. 11/1/2008]*

Each person living at a residence must be counted as either a member of the applicant's household or a member of a separate household. *[Eff. 11/1/2008]*

The maximum number of household members shall be fifteen (15). The maximum number of separate households shall be nine (9). *[Eff. 11/1/2008]*

The following cannot be classified as separate households: *[Eff. 11/1/2008]*

- A. Husband and wife living together; *[Eff. 11/1/2008]*
- B. Unemancipated minor(s) under the age of 18 and living in the same dwelling as the parent or guardian. *[Eff. 11/1/2008]*
- C. Supplemental Security Income (SSI) recipients in shared households receiving reduced benefits. *[Eff. 11/1/2008]*

"Non-Bulk Fuel" : Non-bulk or metered fuel is an energy source for home heating which is provided by a utility company and is regulated and metered by the utility company. Normally, non bulk fuel includes natural gas and electricity.

"Non-Traditional Dwelling": A non-traditional dwelling means a structure that provides housing that is not affixed to a permanent physical address and includes tents, lean-to's , cars, vans, or buses.

"Poverty Level" : The term poverty level as used in these rules describes federal guidelines updated annually by the U.S. Department of Health and Human Services. The guidelines, printed in the Federal Register, establish minimum subsistence income levels by household size.

"Primary Heating Fuel" : The primary heating fuel is the main type of fuel used to provide heat within the dwelling. When heat (such as natural gas and/or electric) is included in the rent, this may be reflected as "utilities" included in rent. *[Eff. 11/1/2008]*

"Primary Heating Source" : The primary heating system that provides heat to the dwelling such as a furnace, wood burning stove or boiler.

"Program Year" : The term program year means from November 1st through April 30th for the Basic Program. If April 30th for a particular calendar year ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day. The furnace repair/replacement component of the Crisis Intervention Program shall operate year round. All other components of the Basic and Crisis Intervention Program shall operate November 1st through April 30th. These programs are contingent upon the continued availability of funds in accordance with Sections 3.750.15 and 3.758.48.

"Public Assistance Income" : For purposes of verifying income under the Low-Income Energy Assistance Programs, the term public assistance income shall mean income received from the following types of Department of Human Services programs:

- A. Colorado Works;
- B. OAP (Old Age Pension, both the SSI-supplement and State-only groups);
- C. AND (Aid to the Needy Disabled, both the SSI-supplement and State-only groups);
- D. AB (Aid to the Blind, both the SSI-supplement and State-only groups);
- E. NCRA (Non-Categorical Refugee Assistance).

"Safe Indoor Temperature": A temperature that is maintained by the dwelling's primary heating system to prevent endangering the life, health, or safety of the household members. A LEAP contractor shall make an on-site determination as to whether the above conditions exist and make a recommendation to LEAP to remedy the situation. LEAP will make the final determination as to the level of repairs to be authorized under these conditions.

"Subsidized Housing" : Subsidized housing means housing in which a tenant receives a governmental or other subsidy (e.g., assistance provided by a church) and the amount of rent paid is based on the amount of the tenant's income.

"Supportive Fuel": Supportive fuel is an energy source needed to operate the primary heating system in a residential setting, such as electricity as a supportive fuel required to operate a natural gas furnace.

"Traditional Dwelling": Traditional dwelling means a structure that provides a housing or residential environment that is affixed to a physical address. These structures include houses, apartments, townhomes, mobile homes, recreational vehicles (RV's), 5th Wheel's, and campers.

"Vendor" : A vendor is an individual, a group of individuals, or a company who is regularly in the business of selling fuel (bulk or non bulk) to customers for residential home heating purposes.

### **3.751.2 (None)**

### **3.751.3 NON DISCRIMINATION POLICIES/RIGHT AND OPPORTUNITY TO APPLY**

#### **3.751.31 Non-Discrimination**

Non-discrimination policies as outlined in this rule manual shall apply to all households applying for Basic Program and Crisis Intervention Program benefits.

#### **3.751.32 Opportunity to Apply [Rev. eff. 11/1/84]**

All persons shall be provided an opportunity to file an application form on the date of initial contact with the county department during the application period.

#### **3.751.33 Interpreters**

An interpreter shall be available to assist persons known to the Department to be non-English speaking in completing application forms and to provide information.

#### **3.751.34 Program Information [Rev. eff. 11/1/84]**

Public Assistance and food stamp households shall be notified during the certification and recertification procedures of the availability of the Low Income Energy Assistance Programs and the eligibility criteria for receiving such assistance.

#### **3.751.35 Authorized Representative [Rev. eff. 11/1/84]**

An authorized representative may apply on behalf of an applicant household when the applicant household is unable to apply on its own behalf.

### **3.751.4 NOTICE AND HEARINGS**

#### **3.751.41 Timely and Adequate Notice**

The requirements for providing timely and adequate notice of proposed actions and opportunity

for hearings and appeals are as provided in the chapter on “Administrative Procedures” in this rule manual except as specifically provided in the rules governing the Basic Program and Crisis Intervention Program.

**3.751.42 Denials [Rev. eff. 11/1/84]**

Notices of denial shall advise the applicant of the reason for the denial, the regulation citation relied on by the county department, and appeal rights and procedures. For purposes of the Crisis Intervention Program and advance payments of the Basic Program, notices of denial shall advise the applicants of their right to a forthwith hearing.

**3.751.43 Request for a State Level Fair Hearing [Eff. 11/1/2008]**

County departments shall notify the State LEAP office in writing within seven (7) days upon receipt of a request for a State level fair hearing by an applicant on Basic Program and Crisis Intervention Program. See Sections 3.850.1 – 3.850.56 of this rule manual. [Eff. 11/1/2008]

**3.751.5 RECOVERY AND FRAUD PROCEDURES**

**3.751.51 Recoveries [Rev. eff. 10/1/01]**

County departments must institute recoveries to ensure that Basic Program or Crisis Intervention Program benefits do not exceed the maximum amounts described in these rules. Recovery procedures shall be the same as in adult program rules as described in the “Administrative Procedures” Chapter or as otherwise specified in these rules. (Note: Sections 3.810.13, 3.810.14, and 3.810.32 do not apply to LEAP.)

**3.751.52 Determination of Recovery of Overpayment [Rev. eff. 10/1/01]**

When overpayments, made directly to the client, have been verified by the county department, a determination as to whether recovery is appropriate shall be made within fifteen (15) calendar days after receipt of reports issued by the State Department designed to assist county departments in identifying and correcting such payments.

**3.751.53 Definition of Overpayment [Rev. eff. 11/1/84]**

Overpayment of Basic Program or Crisis Intervention Program benefits shall mean a household has received benefits in excess of the amount due that household based on eligibility and payment determination in accordance with these rules.

**3.751.54 Establishment of Recovery [Eff. 11/1/2008]**

Recoveries shall be established for households that have received program benefits and are subsequently determined to be ineligible or which received benefit amounts greater than the household was entitled to for the eligibility period. [Eff. 11/1/2008]

**3.751.55 Recovery Procedures**

Recovery proceedings shall be handled in accordance with the procedures described in the “Administrative Procedures” chapter of this rule manual when applicable. (Note: Sections 3.810.73 through 3.810.75 do not apply to LEAP.)

**3.751.56 State Income Tax Refund Intercept**

If a client receives an overpayment of benefits, the county department may seek to recover the

overpayment through the offset (intercept) of the client's State income tax refund. The procedures applicable to this method of recovery are the same as those for non TANF recoveries in the Administrative Procedures chapter of this rule manual.

### **3.751.6 REPORTING AND MONITORING**

#### **3.751.61 Reporting [Eff. 11/1/2008]**

All recoveries shall be reported to the State Department at the conclusion of the program year.  
[Eff. 11/1/2008]

#### **3.751.62 Reports and Fiscal Information [Rev. eff. 11/1/98]**

County departments shall provide the State Department with reports and fiscal information as deemed necessary by the State Department.

#### **3.751.63 Monitoring [Rev. eff. 11/1/98]**

The State Department shall have responsibility for monitoring programs administered by the county departments based on a monitoring plan developed by the State Department. Such plan shall include provisions for programmatic and local reviews and methods for corrective actions.

### **3.751.7 REIMBURSEMENT AND SANCTIONS**

#### **3.751.71 Reimbursements**

Subject to allocations as determined by the State Department, county departments shall be reimbursed up to 100% for all allowable costs incurred for the operation of the Basic Program, Crisis Intervention Program, outreach, and other administrative costs.

#### **3.751.72 Sanctions**

County departments which fail to follow the rules of the Basic Program and Crisis Intervention Program shall be subject to administrative sanctions as determined by the State Department (see 11 CCR 2508-1).

### **3.752 LOW-INCOME ENERGY ASSISTANCE PROGRAMS: BASIC PROGRAM**

#### **3.752.1 APPLICATION PERIOD [Rev. eff. 10/1/09]**

To apply for LEAP, the general public shall submit a written State prescribed application form (IML-4) during the period of November 1st through April 30th. If April 30th for a particular calendar year ends on a holiday or weekend, then the eligibility periods shall be extended until the next business day. These programs are contingent upon the continued availability of funds in accordance with Sections 3.750.15 and 3.758.48. The county department shall accept all application forms that are received or postmarked during the application period. Facsimile copies of completed application forms shall be accepted as valid. Preference shall be given to application forms received from public assistance households (such as Colorado Works, OAP, AND, AB, and NCRA). Such applications received prior to November 1st shall be accepted and may be processed; however, eligibility shall not be effective until November 1st (see Section 3.759.31 for application mailing dates). Application forms received or postmarked after the closing date shall be denied. Eligibility will be determined based on the applicant's circumstances as of the date the application is received. Although applications may be accepted and processed earlier, the effective date of application shall not be before November 1.

#### **3.752.2 PROGRAM ELIGIBILITY REQUIREMENTS**

### 3.752.21 [Rev. eff. 10/1/09]

To be determined eligible for a Basic Program payment, households must, at time of application, be vulnerable to the rising costs of home heating, and meet income and other requirements of the program as defined in these regulations.

The following factors shall be considered as of the date of application: Colorado state residency, U.S. citizenship/alien status, lawful presence, income, vulnerability, fuel type, household composition, shared living arrangements, and estimated home heating costs.

### 3.752.22 Income and Household Size Criteria [Rev. eff. 10/1/09]

A. For purposes of determining a household's eligibility, income shall be the countable gross income in any four (4) weeks of the eight (8) weeks prior to application, which best represents the applicant's current income situation.

#### B. Determining Monthly Income

If a household member is paid less than monthly, the county department shall determine gross monthly income by:

##### 1. Weekly/Bi-Weekly Income

###### a. Weekly Income

Calculate an average weekly income by adding the gross earnings for 4 weeks and divide by 4. Multiply the average weekly income by 4.3333 to compute the gross monthly income.

###### b. Bi-Weekly Income

To calculate an average weekly income using bi-weekly income, add 2 pay stubs to get 4 weeks of income. Divide by 4 to get weekly average and multiply by 4.3333 to compute the gross monthly income. If there are 3 pay periods during a given month, add all three and divide by 6, then multiply by 4.3333.

##### 2. Semi-Monthly Income

Adding gross semi-monthly amounts to obtain total monthly income.

##### 3. Partial Month Income

###### a. Terminated Income

If a household member's income is terminated as of the application date, use actual income received/expected for the application month (do not use 4.3333 calculation).

###### b. Earned Income

If a household member has a new source of earned income as of the application date, use projected income for the month (do not use 4.3333 calculation).

c. Unemployment/Other Unearned Income

If a household member has not received his/her first check from this source of income as of the application date, do not count any income from this source. If the household member has received the first check from this source of income as of the application date, use projected income for the month (do not use 4.3333 calculation).

- C. All applicant households whose countable income for the eligibility period is equal to or less than 185% of the poverty level, shall meet the income requirements for the Basic Program.

The amounts shown below indicate the maximum gross income limits as adjusted by family size.

HOUSEHOLD SIZE	MONTHLY INCOME (185%)
1	\$1,670
2	2,246
3	2,823
4	3,400
5	3,976
6	4,553
7	5,129
8	5,706
Each Extra Person	577

- D. Income shall be treated in accordance with the rules as contained in the Resources and Income chapter of this staff manual pertaining to the adult programs.
- E. Households which have been denied basic benefits and have had changes in circumstances may reapply.
- F. At each county's option, the county department may approve or deny shared household residents who move into a residence after a household(s) currently residing at the same residence that has been approved for 100% of the LEAP benefit. County departments shall consider whether the new resident has an actual home heating paying liability when determining that household's LEAP eligibility.

The county department may deny an applicant if that applicant is a new resident of a shared household and a full LEAP benefit has already been approved; or, the county department may approve an applicant if that applicant is a new resident of a shared household and the full basic LEAP benefit has already been approved. The applicant must meet all other eligibility criteria and will have the benefit based on the number of shared households residing at the residence at time of application.

3.752.23 Income Exclusions [Rev. eff. 10/1/09]

The following exclusions and income calculation procedures shall be applied to household gross income:

- A. Payments or benefits excluded as defined in the General Resource and Income Exemption



Section of the "Resources and Income" chapter in this staff manual at Section 3.200.4, except that the following sections do not apply: 3.240.16, B-F; 3.240.41; 3.250.14; 3.250.15.

- B. All financial aid monies, including educational loans, scholarships, and grants as defined in Section 3.250.4 in this staff manual.
- C. Earned income of children under the age of 18 who are residing with a parent or guardian.
- D. Reimbursement received for expenses incurred in connection with employment from an employer.
- E. Reimbursement for past or future expenses, to the extent they do not exceed actual expenses, and do not represent gain or benefit to the household.
- F. Payments made on behalf of the household directly to others.
- G. Payment received as foster care income. Foster children are not considered household members.
- H. Home care allowance, if paid to a non-household member.
- I. State/county diversion payments.
- J. Reverse mortgages.
- K. Subsidized housing utility allowances.

#### 3.752.24 Resources [Rev. eff. 10/1/01]

There is no resource criteria for the Low-Income Energy Assistance Program.

The value of the household's resources shall not be considered for the purpose of determining eligibility for assistance.

#### 3.752.25 Vulnerability [Rev. eff. 10/1/09]

- A. A household shall be vulnerable in order to qualify for Basic Program benefits. Vulnerability shall mean the household must be affected by the rising costs of home heating as defined below:
  - 1. The household is paying home heating costs directly to a vendor and is subject to home heating cost increases; or,
  - 2. The household is living in non-subsidized housing and is paying home heating costs either in the form of rent or as a separate charge in addition to rent; or,
  - 3. The household resides in subsidized housing as defined in the "Definitions" Section of these rules; and, 1) the unit has an individual check meter which identifies specific heating usage of that unit and the household is subject to a surcharge or increased cost for home heating, or 2) the tenant is subject to a heating surcharge assessed by means other than an individual check meter. Such surcharges may include percentage fees assessed to the tenant for home heating. Under no circumstances shall rental costs be assumed to be subject to change due to an increase in home heating costs unless otherwise verified in

writing by the county department.

4. The applicant household in a residence where more than one household resides shall be considered vulnerable if the applicant household contributes toward the total expenses of the residence. These expenses include, but are not limited to, shelter and utilities.

5. The applicant household must live in a traditional dwelling.

B. Households in the following living arrangements shall not be considered to be vulnerable:

1. Institutional group care facilities, public or private, such as nursing homes, foster care homes, group homes, alcoholic treatment centers, or other such living arrangements where the provider is liable for the costs of shelter and home heating, in part or in full, on behalf of such individuals;

2. Correctional facilities;

3. Dormitory, fraternity or sorority house;

4. Subsidized housing as defined in the "Definitions" section of these rules which does not have an individual check meter for heat for each unit or which cannot provide other evidence of responsibility for paying home heating surcharges.

5. Any applicant, or applicant household who is considered homeless or resides in non-traditional dwellings.

Landlords or other providers of shelter shall not be considered to be vulnerable unless they meet the definition of household and the eligibility requirements of the Basic Program.

Vulnerability shall be verified for all applicant households as defined in these rules.

### 3.752.26 Residency Requirements

Applicant households must meet the state residency requirements as contained in this rule manual.

### 3.752.27 Citizenship - Alien Requirements

The applicant must meet the lawful presence in the United States requirements as contained in Section 3.140 of this rule manual, with the exception that there is no requirement for length of residency in the United States.

A household member who does not meet citizenship/alien requirements shall not be included as a household member; however, all countable income of this individual shall be counted as part of the household's total income.

### 3.752.28 Mandatory Weatherization

Households approved to receive a LEAP benefit must agree to have their dwelling weatherized if contacted by a state-authorized weatherization agency. Failure to permit or complete weatherization may result in denial of LEAP benefits for the following year.

#### A. Exemptions

1. Households containing a member(s) whose mental or physical health could be exacerbated by weatherization shall be exempt.
2. A household whose landlord refuses to allow weatherization shall not have benefits denied.
3. The local weatherization agency shall fully document the circumstances permitting the exemption.

#### B. Households Who Refuse Weatherization

1. Households who refuse or terminate weatherization before completion shall not be approved for LEAP benefits for the following year and a LEAP denial hold shall be placed on the household at that address by the State LEAP office. The hold can only be removed by the State LEAP office.
2. If the household has moved to another address that has been weatherized, the household may be approved for a LEAP benefit if otherwise eligible. If the new dwelling is not already weatherized, weatherization must be completed before approved for LEAP.
3. If a denied household subsequently allows the dwelling to be weatherized or weatherization completed, the household must reapply and, as long as other eligibility criteria are met, may be approved for LEAP benefits after notification from the local weatherization agency that the weatherization is completed.

#### C. Energy Saving Partners' (State Weatherization Office) Responsibilities

1. Assure that standards, as delineated in Sections A and B above, are applied uniformly and equitably.
2. Notify the state LEAP office by September 30th of all households who refuse weatherization.
3. Notify households who refuse weatherization, by first-class mail, that their refusal may result in denial of LEAP benefits for the following year.
4. Weatherization shall be completed as soon as possible on dwellings where the household previously refused or didn't complete weatherization and subsequently allows the dwelling to be weatherized.
5. Any Crisis Intervention Program (CIP) work performed by the Energy Saving Partners and their agencies shall be completed in accordance with Sections 3.760-3.760.53.

#### **3.753 (None)**

#### **3.754 REASONS FOR DENIAL OF ASSISTANCE**

##### **3.754.1 FACTORS FOR DENIAL [Rev. eff. 10/1/09]**

Any of the following factors shall be the basis for the denial of an applicant household:\*

- A. Excess income; 3.752.22 (04).
- B. Not vulnerable to rising home heating costs; 3.752.25 (03).
- C. A household not meeting citizenship/alien status requirements; 3.752.27 (13).
- D. A household is a duplicate household or was previously approved as part of another household; 3.751.1, "Household" (06).
- E. The household has voluntarily withdrawn its application; 3.756.18 (09).
- F. The household has received Basic Program benefits from another county; 3.756.17 (10).
- G. The household has failed to provide complete application information or required verification; 3.756.12 (11).
- H. The household is not a resident of Colorado; 3.752.26 (07).
- I. The household failed to sign the application form; 3.751.1, "Completed Application" , C (21).
- J. The household filed an application outside of the application period; 3.752.1 (14).
- K. Unable to locate; 3.756.19 (25).
- L. Refused weatherization services from a state weatherization agency; 3.752.28 (26).
- M. Household(s) currently residing at this residence has already received the full basic LEAP benefits; 3.752.22, G (27).
- N. The applicant failed to provide valid identification; 3.140.11, B, 1 (05).
- O. The applicant failed to provide an affidavit; 3.140.11, B, 2 (08).
- P. The applicant failed to provide valid identification; 3.140.11, B, 1, and the applicant failed to provide an affidavit; 3.140.11, B, 2 (18).

(\*Note: The rule citation is shown followed by the denial reasons which are to be used when coding the worksheet and data entering into the computer system.)

### **3.755 VERIFICATION POLICIES AND CASE RECORD DOCUMENTATION**

#### **3.755.1 GENERAL**

3.755.11 [Rev. eff. 10/1/00]

Income, estimated home heating costs, and vulnerability shall be verified in determining initial eligibility and/or payment amount.

3.755.12 [Rev. eff. 10/1/00]

If the county obtains information which would affect the initial determination of an applicant household's eligibility or payment level and which is different than information provided by the applicant, the county shall inform the applicant and provide an opportunity for response or explanation. Eligibility shall be determined by using the correct information. In these cases, an applicant who meets eligibility criteria shall not be denied because the applicant provided

information that was different than information subsequently obtained by the county. Information used to determine eligibility and benefit level shall be documented. However, in appropriate cases, the counties may institute fraud proceedings.

### 3.755.13 [Rev. eff. 10/1/09]

The case record shall contain at a minimum:

- A. The application and any other supplemental forms the applicant is required to submit;
- B. Documentation of all verification as required in these rules;
- C. Copy(ies) of completed IML 3T worksheets. All actions (except case pending) must have a corresponding hand coded IML-3T (turn-around).
- D. Written explanation on a report of contact sheet or other such document of any discrepancy between information contained on the application and information reported on the IML 3 worksheet;
- E. Calculations used to compute income, documentation of the source of estimated home heating costs and any other written notations on a report of contact sheet or other similar document necessary to provide a clear and adequate record of action taken on the case. The eligibility workers shall date and initial each entry.
- F. Copies of all written notices, including hand-written letters and system generated notices, sent to the applicant household requesting missing information and/or verification necessary to determine eligibility and/or payment level.
- G. Complete documentation in emergency or expedited cases including when, to whom, and how a vendor contact is made.

## **3.755.2 VERIFYING INCOME**

### 3.755.21 Adequate Verification of Income [Rev. eff. 10/1/09]

The case record shall contain adequate verification of income. Adequate verification is defined as any of the following:

- A. Unearned income, such as pensions or retirement income, veteran's benefits, workman's compensation, unemployment or supplemental security income shall be verified in writing, such as an award letter or cost of living adjustment (COLA) letter, issued after the last general increase for that type of assistance, which shows the gross amount before any deductions. Copies of bank deposits or checks shall not be adequate verification of gross income.
- B. Verification of child support income shall include at a minimum:
  - 1. Verification through the Automated Child Support Enforcement System (ACSES); or,
  - 2. Verification through the Family Support Registry (FSR); or,
  - 3. Copies of checks, money orders or other document(s) including written statements or affidavits from the non-custodial parent that documents the income paid directly to the custodial parent.

4. An exception shall be made in cases of domestic violence defined in Section 3.602.1 of this manual. Client declaration shall be sufficient in such cases.
- C. Social security income may be verified by an award letter, issued by the social security administration, after the last general increase. Gross social security income includes income before any deductions for Medicare or other medical insurance. Copies of bank deposit or checks shall not be adequate verification of gross social security income.
- D. Earned income shall be verified for at least four (4) weeks of the 8 weeks prior to the application date and shall consist of pay stubs or statements from employers which state the period worked, pay frequency and the actual gross income earned, as long as that income is reflective of income at the time of application.
- E. Public assistance income shall be verified through the most current active county records. The Low-Income Energy Assistance Program case record must specifically reference the source document of the income information via federal and/or state system inquiries (i.e., a copy of applicable CBMS screens).
- F. Verification of income other than public assistance income of applicant households may be obtained through the most current active county records. The Low-Income Energy Assistance Program case record must specifically reference the source document of the income verification (i.e., source document name and/or number and document date).
- G. Verification may be obtained by telephone, provided that the case record contains complete information on the name and title of the person contacted, the name of the employer or agency, the period of employment and the actual gross income received, earned or unearned.
- H. In verifying zero income, the county shall examine income of all adult members of the household by one or more of the following methods:
  1. Obtain a reasonable explanation in writing from the household on how they meet living expenses;
  2. Verify eligibility for unemployment benefits or verify final date of employment with last employer;
  3. Colorado Benefits Management System (CBMS).
- I. Verification of self-employment income shall include, at a minimum:
  1. Profit and loss statements, i.e., self-employment ledger; and,
  2. Receipts for business-related expenses are required to be considered as deductions.

### **3.755.3 (None)**

### **3.755.4 VULNERABILITY**

#### **3.755.41 Evidence of Vulnerability [Rev. eff. 10/1/09]**

All households shall be required to provide evidence of vulnerability for the primary heating fuel for the residence at the time of application. Evidence shall consist of items, such as a copy of the current or most recent fuel bill which the household is responsible for paying or a copy of the current or previous month's rent receipt if heat is included in rent. In instances where a rent

receipt is used to provide proof of vulnerability, the rent receipt must specifically notate that heat and/or utilities are included in rent. A lease or rent statement from the applicant's landlord is required if the rent receipt is not specific. The county may use prior year's fuel bill if the information supplied matches the current application/information. If historical information is being used to verify vulnerability, a notation must be made in the case record. If the fuel bill that is submitted as evidence of vulnerability is in the name of a person other than the applicant household, the case record shall contain a notation that explains the discrepancy in names. A disconnect notice from the heating fuel provider, that does not show primary heating fuel consumption, is not adequate evidence of vulnerability.

#### 3.755.42 Subsidized Housing Rent Documentation [Rev. eff. 11/1/93]

Applicant households, living in subsidized housing units, where home heating costs are paid as part of rent, shall be required to provide a copy of a rental agreement or other documentation specifying that the household is subject to rent increases or heating surcharges when home heating usage exceeds the amount of the household's heating allowance.

#### 3.755.43 Wood Permits [Rev. eff. 6/1/09]

Applicants who cut their own wood shall be required to provide a copy of their wood cutting permit. If a permit is not available, the applicants must provide a written and signed statement that they cut their own wood, plus documented proof that they cut it on their own land or that they have permission from the landowner.

### **3.755.5 ESTIMATED HOME HEATING COSTS**

#### 3.755.51 Verification [Rev. eff. 11/1/06]

County departments shall obtain verification of estimated home heating costs. Verification shall consist of evidence provided by fuel vendor or applicant for the residence at the time of application.

If the county changes the estimated home heating costs (EHC) originally provided by the fuel vendor, the county must obtain written verification of this change from the fuel vendor. The written verification from the vendor shall be placed in the case record.

### **3.755.6 OTHER FACTORS AFFECTING ELIGIBILITY AND PAYMENT AMOUNTS [Rev. eff. 11/1/06]**

Other factors affecting eligibility and payment amounts of an applicant household may be verified if determined necessary by a county department.

### **3.756 PROCEDURES FOR PROCESSING APPLICATIONS AND NOTIFYING APPLICANT HOUSEHOLDS**

#### **3.756.1 PROCEDURES**

##### 3.756.11 Application

Basic Program applicants shall submit a completed application form as defined in the "Definitions" section of these rules to the county department either in person, by facsimile, or by mail in order to be considered for Basic Program benefits. The county department shall not require office interviews for purposes of determining eligibility.

##### 3.756.12 Application Processing [Rev. eff. 12/1/07]

The county department shall be required to date stamp all application forms, verification, and information upon receipt. Beginning November 1st, all applications must be entered into the LEAP database in a pending status within fifteen (15) business days from the date the applications received in the county LEAP office. All applications received within the eligibility period must be added and either approved or denied no later than June 19th. The county department shall be required to review for duplicate applications. The county department shall determine if an application is complete as defined in the "Definitions" section of these rules. If an application is not complete, the county department shall notify the applicant household, in writing through a LEAP system-generated letter, of information or verification necessary to determine eligibility and/or payment level. The applicant household shall be provided two (2) calendar weeks from the date the notice is postmarked to provide the requested information and/or verification. Clients who fail to submit the required verification shall be denied. However, the county department shall extend the period upon a showing of good cause for the applicant's failure to provide the necessary information or verification within the two (2) week period. The term "good cause" as used above is defined as conditions outside the control of the individual such as sudden illness, hospitalization, fire, theft, acts of God, and natural disasters. *[Eff. 11/1/2008]*

#### 3.756.13 Lost Applications [Rev. 11/1/96]

If a household reports to the county that it has mailed or otherwise made application for basic benefits and the county department cannot locate the application for the household, such application shall be deemed "lost". The procedures for handling "lost" applications shall be prescribed by the State Department. The client must notify the county of the lost application no later than 30 calendar days after the end of the application period.

#### 3.756.14 Determination of Eligibility [Rev. eff. 11/1/93]

A county department shall have up to fifty (50) calendar days from the date of application as defined in the "Definitions" section of these rules to determine eligibility.

#### 3.756.15 Notification of Approval or Denial [Rev. eff. 10/1/01]

Upon determination of eligibility, the household shall be notified in writing of approval or denial in accordance with the notice requirements in these rules.

#### 3.756.16 County of Residence [Rev. eff. 10/1/09]

The county of residence for applicant households shall be the county where the applicant household is residing as of the date of application. An application received from a non-resident of the county shall be forwarded to the county of residence within five (5) working days. Processing time begins upon receipt of the application by the county of residence. The county forwarding the application shall, simultaneously, notify the applicant household, in writing, of the name, address, and phone number of the county to which the application was forwarded.

#### 3.756.17 Relocation [Rev. eff. 11/1/94]

If an approved household moves from one county to another within Colorado, the original county of residence in which eligibility was determined, shall remain responsible for processing that case throughout the program year. The new county of residence shall provide assistance to the case processing county as requested. If an applicant then applies in the new county of residence, the application shall be denied, and the applicant notified that benefits will be paid by the original county.

#### 3.756.18 Withdrawn Application [Rev. eff. 11/1/08]



An applicant who voluntarily withdraws his/her application in writing prior to eligibility being determined shall be denied. The applicant must notify the county in writing that they are voluntarily withdrawing their application.

3.756.19 Unlocated Applicant [Rev. eff. 10/1/09]

An applicant who cannot be located prior to eligibility being determined shall be denied. The county must attempt to locate the applicant by mailing a forwardable letter to the last known address. If the applicant does not respond within fifteen (15) business days, the application shall be denied.

**3.756.2 ADVANCE PAYMENT OF THE BASIC PROGRAM BENEFIT (applicable only when a signed Vendor Agreement has not been secured) [Rev. eff. 10/1/09]**

When a request for an advance of the Basic Program benefit(s) has been filed with the county department, it shall notify the appropriate fuel vendor the same day or next working day to attempt to forestall a termination of service or to restore service. The need for an advance payment due to an emergency shall be documented by:

- A. A shut-off notice or other documentation of intent to terminate heating services by the heating supplier or landlord or that termination of service has occurred; or,
- B. For households that use bulk fuel, a written declaration by the household that the fuel supply has been or will be depleted within the next two weeks and the specific amount needed to maintain heat in the home until payroll runs.
- C. Eviction notice that clearly states heat is included in the rent.

For purposes of advance payment, notices of denial shall advise the applicants of the reason for denial, appeal rights and procedures including, but not limited to, a hearing.

**3.757 PROCEDURE FOR REPORTING ELIGIBILITY AND PAYMENT INFORMATION**

3.757.11 [Rev. eff. 11/1/98]

After determining eligibility, the county department shall complete the IML-3 Worksheet in accordance with instructions developed by the State Department. The county will be required to correct any inaccuracies as they may result in an erroneous payment amount and/or incorrect eligibility determination. Information reported on the household's income, family size, estimated home heating costs, subsidized housing heat allowance, and number of separate households is the basis for amount of benefit.

3.757.12 [Rev. eff. 11/1/87]

County departments shall enter IML-3 Worksheet data into the LEAP automated system at least on a weekly basis.

3.757.13 [Rev. eff. 11/1/87]

The State Department shall provide the following reports to the county departments on a regular basis:

- A. Possible duplicate report;
- B. Master file;

C. Other reports as determined necessary.

3.757.14 [Rev. eff. 11/1/97]

The county department shall be required to review, code, and submit the possible duplicate report and the overpayment report to the State Department based on time lines established by the State Department.

3.757.15 [Rev. eff. 11/1/91]

The State Department shall provide the county departments with a payroll register.

**3.758 PAYMENT POLICIES**

**3.758.1 GENERAL**

3.758.11 [Rev. eff. 11/1/83]

The Basic Program is designed to assure that the highest level of assistance shall be furnished to households with the lowest income and highest heating costs in relation to income, taking into account family size. Renters and homeowners shall be treated equitably.

3.758.12 [Rev. eff. 11/1/84]

The Basic Program is designed to help low-income households meet home heating costs. Payments to eligible households shall vary according to the following factors:

- A. Poverty level (income and family size)
- B. Estimated home heating costs

3.758.13 [Rev. eff. 11/1/96]

Payments to eligible households which share living arrangements will vary according to the same payment factors, except that the estimated home heating costs will be divided by the total number of households sharing the living arrangement.

3.758.14 [Eff. 12/1/07]

The benefit will be disbursed in two payments. Initial payments will be issued beginning in November. Final payments will be issued beginning in February unless the program is shortened due to inadequate funding in accordance with Sections 3.750.15 and 3.758.48.

3.758.15 [Rev. eff. 11/1/99]

The State Department has responsibility for issuing payment to or on behalf of eligible households. If an eligible household refuses payment on its behalf, the State Department shall make provision for accepting the returned or refused payment.

3.758.16 (None)

3.758.17 Electric Diversions [Rev. eff. 11/1/06]

- A. Counties may allow eligible households to divert up to one-half of the LEAP benefit to a vendor supplying electricity needed to operate their furnace. Counties may approve

electric diversions when electricity is provided by a different vendor than the primary heating fuel and the eligible household has an electric shut-off notice or has had electric services discontinued.

- B. The household must furnish a written statement requesting a benefit diversion and provide a copy of the electric discontinuance notice. The statement and discontinuance notice shall be date stamped by the county upon receipt.
- C. In cases of pending electric shut-offs, the county department shall contact the vendor the same day or the next working day to attempt to forestall the service discontinuance. Counties shall process electric diversion requests within ten working days of the written request. If the maximum allowance is not enough to forestall the shut-off or restore service, the electric diversion shall not be allowed.
- D. When the LEAP basic benefit is paid to:
  - 1. An approved heat vendor (vendor pay), the electric diversion must be approved prior to committing a benefit payment to the heat vendor.
  - 2. An eligible household (client pay), the electric diversion may be made at any time as long as there is a benefit remaining.
- E. Counties must notify the State Department in writing no later than November 1 if they wish to administer electric diversion payments. The decision will remain in effect throughout the current LEAP program year.

### **3.758.2 (None)**

### **3.758.3 CHANGES IN HOUSEHOLD COMPOSITION AFFECTING ISSUANCE OF PAYMENT**

#### **3.758.31 [Rev. eff. 11/1/95]**

If, prior to payment, an eligible household's circumstances change, which involves separation or divorce of a marriage or common law arrangement, and the household includes dependent children, the Basic Program payment(s) shall be provided to the parent or guardian who resides with and has the responsibility for the care of the dependent children.

If the household does not include dependent children, the Basic Program payment(s) shall be paid to the person listed as applicant.

#### **3.758.32 Death of Payee Affecting Issuance of Payment [Rev. eff. 11/1/97]**

When the payee for a Basic Program benefit dies, any payment to which the payee was entitled shall be kept available for three (3) months. The following rules apply:

- A. The surviving spouse or other household member shall be entitled to the Basic Program payee's benefit provided that the surviving spouse or other household member was included as part of the Basic Program payee's household upon Basic Program eligibility determination.
- B. In the case of a single member household, the next Basic Program payment that would have been issued to the payee shall be released to a personal representative, when such person presents a court order or proper affidavit.
- C. In cases where the surviving spouse or other household member is entitled to the Basic

Program benefit, as previously described, the county department shall cancel the deceased Basic Program payee's payment and re-issue the payment to the surviving spouse or other household member, within five (5) working days upon notification.

- D. If a benefit is not properly claimed within the three (3) month period, the county department shall expunge the payment and issue a notice to the payee's address of cancellation of the payment.

### **3.758.4 PAYMENT METHODS**

#### **3.758.41 Basic Program Payment**

For an approved household which pays home heating costs directly to a fuel vendor, payment shall be made as a vendor payment, provided a written vendor agreement has been secured. The State Department shall be required to provide vendors servicing their county with an opportunity to sign the state prescribed vendor agreement. County departments shall provide vendors with applications, brochures, envelopes, and other outreach material. In cases where a written vendor agreement has not been secured, payment shall be issued directly to the eligible household.

For an approved household that pays home heating costs to a landlord, payment of the Basic Program payment shall be made directly to the eligible household. Under no circumstances shall a direct payment be made to a landlord.

#### **3.758.42 - 3.758.45 (None)**

#### **3.758.46 Vendor Payment Procedures**

- A. When a direct vendor payment is made, the county department shall be required:

1. To notify each household of the amount and month such assistance is scheduled to be paid on its behalf,
2. To notify the household of the vendor to be paid on the household's behalf,
3. To contact the vendor to explain the vendor payment process, when applicable.
4. To notify each eligible household in writing of the eligible household's responsibilities to continue to pay toward the household's heating costs. Such notification shall advise the household that the Basic Program payment is not intended to totally pay a household's heating costs.

If the household has received a notice from the vendor to terminate services or has already had services terminated, the household is responsible to negotiate a payment arrangement with their vendor.

5. To notify the vendor in writing of each household's eligibility and projected payment amount.

- B. Prior to any Basic Program payment being made directly to a fuel vendor on behalf of an eligible household, the following terms of agreement shall be obtained from the fuel vendor in writing and notice of the same shall be included with the Basic Program payment in accordance with a State prescribed form. Any revision or modification of the assurances below, necessitated by unique circumstances, shall be submitted in writing to the State Department for approval prior to execution of the vendor agreement.

- C. Refer to the State approved vendor agreement for specific requirements, conditions and procedures. This agreement is available on the Colorado Department of Human Services web site.

3.758.47 Methodology for Calculating Basic Program Benefits [Rev. eff. 10/1/09]

The payment amount for an eligible basic program household shall be determined in accordance with the following method:

Step A. Determine Estimated Home Heating Costs (EHC)

The county department shall determine estimated home heating costs for November 1st through April 30th for the household's current residence at the time of application. The methodology for calculating estimated home heating costs is outlined below.

The county department shall determine the applicant household's estimated home heating costs as follows:

1. An applicant household's estimated home heating cost shall consist of the total actual home heating costs for the primary heating fuel for November 1st through April 30th, of the prior year's heating season. Vendors serving applicant households shall be required to supply actual home heating costs for November 1st through April 30th of the prior year's heating season.
2. For any applicant whose home heating costs for the prior year's heating season are not available or determined by the county department to be invalid, the following flat rate amounts, based on the household's primary heating fuel, shall be used as the amount of estimated home heating costs:

FLAT RATES 2009-2010

TYPE OF DWELLING - FLAT RATE AMOUNTS

.	Nat'l Gas	Propane / Fuel Oil	Electric
House/mobile home	\$626	\$1,352	\$1,121
Duplex, triplex, fourplex, townhouse	\$516	\$937	\$784
Apartment/condominium, rooming/boarding house, hotel	\$406	\$1,144	\$660
Cabin, RV, 5th wheel, camper	\$468	\$881	\$618

Other fuels may include wood pellets and corn or corn products.

3. For any applicant whose home heating costs are included as part of the rental costs, the following standard rate amounts shall be used as the estimated home heating costs. The standard amounts for heat in rent are based on a percentage of the flat rate chart.

STANDARD RATE FOR HEAT IN RENT 2009-2010

TYPE OF DWELLING - STANDARD RATE AMOUNTS

.	NAT'L GAS	PROPANE / FUEL OIL	ELECTRIC
House/mobile home	\$250	\$541	\$448
Duplex, triplex, fourplex, townhouse	\$206	\$375	\$314
Apartment/condominium, rooming/boarding house, hotel	\$162	\$458	\$264
Cabin, RV, 5th wheel, camper	\$173	\$352	\$247

Step B. Initial Statewide Adjustment [Eff. 11/1/2008]

The state LEAP office will adjust benefit levels at the beginning of each LEAP program year based upon the projected number of leap applications to be received and the estimated level of funding. Annually, this calculation determines the percentage of the estimated home heating costs (EHHHC) of the applicant household to be adjusted. [Eff. 11/1/2008]

Step C. Adjustment for electric heat [Eff. 11/1/2008]

Households using electric heat will have their electric usage costs reduced to the percentage amounts listed below. [Eff. 11/1/2008]

HEAT PORTION OF TOTAL ELECTRIC EHHHC [Eff. 11/1/2008]

House/mobile home	62% for heat
Townhouse / duplex / triplex / fourplex	48% for heat
Apartment, condominium, hotel, rooming house	43% for heat
Cabin, RV, 5th wheel, camper	50% for heat

Step D. Adjustment for Shared Living Arrangements [Eff. 11/1/2008]

The estimated home heating costs shall be adjusted if the household shares living arrangements with other households but is determined to be a separate household as defined in the "Definitions" section of these rules. If the household shares living arrangements with other households, the estimated home heating cost shall be divided by the number of separate households sharing the living arrangements, whether or not all households sharing the living arrangements are eligible for the basic program. [Eff. 11/1/2008]

Step E. Adjustment for Subsidized Housing Home Heating Allowance [Eff. 11/1/2008]

The State Department shall adjust the amount of estimated home heating cost remaining after Step B if the household resides in subsidized housing (as defined in the "Definitions" section of these rules). A flat rate rental cost allowance for heating (\$30 per month or \$180 per heating season) shall be deducted from the remaining amount of estimated

home heating costs. If the household does not live in subsidized housing, the amount remaining after Step B shall be the estimated home heating cost. [Eff. 11/1/2008]

Step F. Determine Income Contribution [Eff. 11/1/2008]

The amount of an eligible household's income contribution towards payment of home heating costs shall be determined according to the household's level of poverty. To determine poverty level, the total income for a household shall be divided by the applicable poverty level index for the appropriate family size. Once poverty level has been determined, the eligible household's income contribution will be calculated as follows: [Eff. 11/1/2008]

LEVEL OF POVERTY	HOUSEHOLD CONTRIBUTION
0-75%	0%
76-100%	1% of countable income
101-150%	2% of countable income
151-185%	3% of countable income

Step G. Determine Basic Program Amount [Eff. 11/1/2008]

The State Department shall determine a benefit amount for each eligible household by subtracting the applicable adjustments listed above, in Steps B-F from the household's estimated home heating costs (EHC) determined in Step A, 1-3. Any eligible household will receive at least the minimum, up to and including, the maximum benefit amount established by the Department for the program year. [Eff. 11/1/2008]

3.758.48 Adjustments [Eff. 11/1/2008]

The State Department will provide the county departments advance written notice of any statewide benefit level adjustments. [Eff. 11/1/2008]

Any statewide adjustment to the LEAP benefit level cannot be appealed. [Eff. 11/1/2008]

The benefit amount in a prior LEAP season is not indicative of a current LEAP season benefit amount and benefit levels may vary from season to season depending on funding and the applicant pool. [Eff. 11/1/2008]

3.758.49 Forfeiture of Benefit [Eff. 11/1/98]

If the benefit is not properly claimed within the current federal fiscal year for the period of intended use, the household will forfeit the remaining benefit.

**3.759 OUTREACH AND REFERRAL**

**3.759.1 COUNTY DEPARTMENTS**

3.759.11 Operation [Rev. eff. 11/1/83]

The county department has responsibility for the operation of a county wide outreach program. The outreach program shall be operated in accordance with guidelines contained in this section. The county may opt to contract with other agencies to perform all or part of the required outreach activities. Counties must assure that outreach includes:

- A. Coordination with other agencies, organizations, and groups to facilitate the participation of potentially eligible persons with emphasis on most vulnerable (e.g., elderly, disabled, home bound, non-English speaking);
- B. Access to Basic Program information and application forms. Outreach staff must identify locations in the county, such as community action programs, social security offices, low income housing sites, etc., for distribution of information, taking of applications, etc., through these sites. In addition, the county must have sufficient telephone lines to ensure access to information without requiring office visits;
- C. An effective county wide information and referral system involving local agencies and organizations;
- D. A referral system to weatherization and other energy conservation programs in the county;
- E. Special efforts to meet the needs of target groups (e.g., home visits for home bound, outstationing of outreach staff, etc.). County departments shall assist disabled and elderly (as defined in the "Definitions" section of these rules) applicants in completing applications and securing the required verification;
- F. Regular communications with cooperating agencies to identify concerns, problems, etc.;
- G. Encourage utility companies to refer their customers to the county departments.

#### 3.759.12 Outreach Plan [Rev. eff. 11/1/03]

The county department shall develop an outreach plan which describes specific activities the county will perform to carry out the specific responsibilities outlined in 3.759.11, above. The plan shall be available for public inspection at the county department.

#### 3.759.13 Reporting Requirements

County departments shall comply with outreach reporting requirements as prescribed by the State Department. Failure to comply may result in the recovery of outreach funds.

### **3.759.2 OUTREACH ACTIVITIES**

#### 3.759.21

Outreach materials shall be distributed to various community agencies targeting groups such as elderly, persons with disabilities, veterans, migrant seasonal workers, renters, Native Americans, and non-English or limited English speaking communities.

### **3.759.3 TIMELINES FOR OUTREACH IMPLEMENTATION**

#### 3.759.31 Implementation [Rev. eff. 11/1/03]

The Basic Program outreach program shall be implemented in accordance with the timelines established by the State Department.

These timelines will establish specific deadlines for implementation of Basic Program outreach tasks by State and county program staff.

#### 3.759.32 Application Distribution [Rev. eff. 10/1/09]



The State Department shall annually provide LEAP applications to Public Assistance (PA) categories such as OAP, AND, AB, TANF, SSI, Medicaid, all prior year "LEAP-only", and non-PA food assistance households between October 1 and April 30th.

### **3.759.4 WEATHERIZATION REFERRAL**

3.759.41 [Rev. eff. 11/1/83]

Eligible households shall be referred for participation in weatherization, energy conservation and other related assistance upon the household's request.

### **3.760 LOW-INCOME ENERGY ASSISTANCE PROGRAM (LEAP): CRISIS INTERVENTION PROGRAM (CIP)**

#### **3.760.1 OVERVIEW**

3.760.11 Federal Funds *[Eff. 11/1/2008]*

The State Department shall reserve a reasonable amount of federal funds based on data from prior years authorized to the Department of Human Services under the Low-Income Home Energy Assistance Act for the Crisis Intervention Program. Crisis Intervention Program funds shall be available from November 1 through April 30th for full benefit coverage and May 1st through October 31st exclusively for the repair or replacement of the primary heating system for households who received Low-income Energy Assistance Program (LEAP) benefits during the preceding November 1 through April 30. The program dates may be modified by the State Department if circumstances occur requiring LEAP intervention. Impacted counties shall be authorized to provide emergency assistance to eligible households. *[Eff. 11/1/2008]*

3.760.12 Purpose of CIP *[Eff. 11/1/2008]*

The Crisis Intervention Program is intended to assist households composed of low-income families and individuals. The program is for eligible households up to 185% of the poverty level to address non-fuel related emergencies and is primarily intended to assist eligible households with heating system repairs or replacements for the primary heating source only. The Crisis Intervention Program does not provide heating system maintenance of any kind including, but not limited to, heating system filter cleaning or routine maintenance. *[Eff. 11/1/2008]*

3.760.13 Applications

Applications for Crisis Intervention Program benefits shall be taken from November 1st through April 30th or until funds are exhausted, whichever occurs first, and in addition, applications exclusively for furnace repair or replacement shall be taken from May 1 through October 31 unless funds are exhausted. The program dates may be modified by the State Department if circumstances occur requiring LEAP intervention. Impacted counties shall be authorized to provide emergency assistance to eligible households. It is the responsibility of the county LEAP office to manage any and all non-fuel related emergencies, including taking immediate action to remedy the situation which may include providing temporary heat to the eligible household through a crisis intervention vendor. All application forms which are received or postmarked during the application period shall be accepted by the county department. Crisis Intervention Program (CIP) applications, exclusively for furnace repair or replacement received from persons who were found eligible for LEAP during the preceding November 1 through April 30, shall be accepted from May 1 through October 31 and sent to the state LEAP office for eligibility and payment determination by State staff. Application forms received prior to November 1st shall be accepted; however, no applications received prior to November 1st shall be processed until November 1st. Application forms received or postmarked after the closing date shall not be

approved by the county department unless the application period is extended. The type of assistance offered under these conditions shall be determined by the State Department and impacted counties.

In addition, LEAP will be responsible for locating an CIP provider to provide the service. There is not a requirement to obtain more than one estimate to perform the CIP.

### 3.760.14 Eligibility *[Eff. 11/1/2008]*

To be determined eligible for the Crisis Intervention Program, households must meet eligibility requirements for the Basic Program and, in addition, meet the following requirements: *[Eff. 11/1/2008]*

- A. Households shall be in a home heating related crisis as defined in these rules in order to qualify for Crisis Intervention Program benefits. *[Eff. 11/1/2008]*
- B. Counties/state personnel must approve the CIP application and authorize the work before such work may begin. The county/state department shall deny any CIP non-fuel application where repair work begins prior to county authorization unless such work is essential to remedy a life-threatening situation. *[Eff. 11/1/2008]*

A life-threatening situation exists when the health and safety of an applicant household is in jeopardy as a result of a heating system failure or excessive loss of heat to a residence during periods of extreme cold weather. If a life-threatening situation occurs during non-business hours (i.e., nights, weekends, holidays) and emergency repair work is required, the county department may retroactively approve a CIP application if the application is submitted within 5 working days. This may be extended if the applicant provides proof of extenuating circumstances, including, but not limited to, acts of God, weather-related emergency, or family emergency. In addition, the emergency must be fully documented and the costs of the repair work justified. *[Eff. 11/1/2008]*

County departments shall provide some form of assistance to any eligible household in a heating crisis within forty-eight (48) hours of application. Such assistance will be provided to eligible households in energy related life threatening situations within eighteen (18) hours of application. Such form of assistance may include, but is not limited to, referrals to other human service agencies, fuel providers, or other individuals or agencies which are capable of remedying the crisis situation. *[Eff. 11/1/2008]*

- C. County or State personnel shall obtain permission from a landlord, or authorized landlord representative, before conducting Crisis Intervention Program repairs at a rental unit. Such permission may be acquired in written form or verbally. Verbal approval must be documented in the case file. Exceptions may be made in cases where renters provide proof of written authority (e.g., in a lease agreement) to approve work on the rental property.

County or State personnel shall provide some form of assistance to Crisis Intervention Program applicants, such as space heaters, for ten (10) working days from the date of application or until they can obtain landlord permission and complete permanent repairs, whichever comes first. County or State LEAP staff shall deny the Crisis Intervention Program application if they cannot secure landlord approval within ten (10) working days of the application filing.

If county/state eligibility personnel determine that the Crisis Intervention Program applicant remains in an unsafe or potentially unsafe situation, the staff shall refer the case to local public health, law enforcement, adult protection, child protection, social services,

or other appropriate agency for immediate remedial action after no more than five (5) working days of unsuccessfully trying to obtain landlord approval.

### 3.760.15 Emergency Situations [Rev. eff. 11/1/93]

The procedures pertaining to eligibility determination as described in the rules of the Basic Program shall apply except that eligibility determination shall be expedited to handle the emergency situation. Documentation and verification of heat related emergencies shall be maintained in the case record.

### 3.760.16 CIP Application

Crisis Intervention Program applicants shall submit a written application form (IML-4) and a State prescribed Crisis Intervention Program supplemental form (IML-4C) to the county department either in person or by mail in order to be considered for assistance. Applications for furnace repair or replacement received between May 1st and October 31st shall be submitted to the county office or to an authorized weatherization agent who will in turn transmit the CIP application to the State LEAP office for eligibility determination and payment processing. The agency responsible for processing the CIP application shall locate a CIP vendor to provide the service. Neither the county department nor the State office shall require office interviews or more than one estimate to perform the service. These forms and all verification/information must be date stamped upon receipt. The Crisis Intervention Program application may be signed by any adult household member listed on the original LEAP application. CIP applications must be processed within four (4) working days. If a CIP application is denied, a written denial notice must be sent to the household within the above time frames. If the CIP application has been received and being processed on the same date as the basic LEAP application, and additional information is required of the LEAP applicant in order to process the basic LEAP application, then the four (4) day processing requirement of the CIP application shall be extended accordingly.

## 3.760.2 BENEFIT COVERAGE

### 3.760.21 Home Heating Related Crisis [Eff. 11/1/2008]

A home heating related crisis is defined as follows: [Eff. 11/1/2008]

- A. Primary heating system failures that have resulted in no heat, such as, replacement of motor belt, thermostat or other emergency repairs. [Eff. 11/1/2008]
- B. Other situations where heat is escaping from the dwelling to such an extent that the primary heating system cannot maintain a safe indoor air temperature as defined in these rules. [Eff. 11/1/2008]
- C. Severe snowstorms that require emergency removal of snow. [Eff. 11/1/2008]
- D. Funds for or actual provision of emergency clothing or blankets, emergency shelter and/or alternative fuel provisions in cases of severe cold, major heating systems failure, fire, flood, or fuel shortage where the heating system's failure cannot be corrected by minor repairs, the household is burned out or flooded out or the fuel supplier cannot deliver due to inability to maintain his supply for sale.
- E. Energy costs necessary to operate a life support system which is necessary for the health of an approved applicant or member of an approved household.
- F. Other crises which are directly related to home heating costs other than payment of the primary heating fuel or heating utility bills, except as defined in these rules, which are

approved by the county director.

**3.760.22 Energy Conservation and Maintenance [Rev. eff. 7/1/99]**

Counties/state shall require contractors performing CIP non-fuel services to provide recipient households with verbal and written information regarding energy conservation and efficient maintenance of home energy systems. Such information may include, but not be limited to, written fact sheets showing home energy conservation measures, answers to questions regarding home energy, and other information regarding energy conservation.

**3.760.3 PAYMENT POLICIES**

**3.760.31 Non-Fuel Related Payments [Rev. eff. 10/1/09]**

Non-fuel related payments to eligible households shall be the minimum amount required to avert or alleviate each crisis not to exceed \$1,800 total during the entire program year. Households that share living arrangements shall not receive more than \$1,800 in combined non-fuel benefits during the qualifying program year. If the maximum amount of non-fuel related payments available will not remedy the emergency, the application must be denied.

County/state departments will request landlords to participate financially in alleviating or averting each emergency associated with their rental property.

**3.760.32 Non-Fuel Related Emergencies**

For non fuel related emergencies, the Crisis Intervention Program payment may be made directly to an eligible household or to a vendor/repair company. Any payment made to an eligible household as reimbursement for a non-fuel related emergency must be accompanied by proof of payment. Payments shall not be made payable to a landlord or other provider of shelter except for emergency shelter as provided in the section on "Benefit Coverage" in these rules.

**3.760.4 NOTICE TO APPLICANTS**

**3.760.41 [Rev. eff. 10/1/00]**

The county department shall notify the applicant of eligibility approval or denial of Crisis Intervention Program benefits.

**3.760.42 Notice of Denial of CIP Benefits [Rev. eff. 11/1/84]**

An applicant shall be determined eligible for crisis intervention benefits when all eligibility criteria are met. An applicant not meeting all eligibility criteria shall be denied crisis intervention benefits. Applicants denied crisis intervention benefits shall be notified no later than four (4) working days from the date of the completed application and shall be entitled to a forthwith hearing.

**3.760.43 Factors as Basis for Denial [Eff. 11/1/2008]**

Any of the following factors shall be the basis for the denial of an applicant household for Crisis Intervention Program benefits: [Eff. 11/1/2008]

A. Work began on CIP Non-Fuel Emergency before approval and authorization, 3.760.14, B (12); [Eff. 11/1/2008]

B. The household is a duplicate household, 3.751.1, "Household" (06); [Eff. 11/1/2008]

- C. The household has voluntarily withdrawn its application, 3.756.18 (09); *[Eff. 11/1/2008]*
- D. The household has failed to provide complete application information or required verification, 3.756.12 (11); *[Eff. 11/1/2008]*
- E. The household is not in a home heating related emergency situation when the household applies for Crisis Intervention Program assistance, 3.760.14, A (17); *[Eff. 11/1/2008]*
- F. The Crisis Intervention Program benefit will not remedy the emergency situation, 3.760.31 (19); *[Eff. 11/1/2008]*
- G. The household in life-threatening situation failed to apply for CIP non-fuel within 5 working days or as extended by the county, 3.760.14, B(20); *[Eff. 11/1/2008]*
- H. The household has received the maximum program benefits, 3.760.31(16); *[Eff. 11/1/2008]*
- I. The household filed an application after the program deadline, 3.752.1(14); *[Eff. 11/1/2008]*
- J. The household failed to sign the application, 3.751.1, "Completed Application" , C (21); *[Eff. 11/1/2008]*
- K. The household has moved to another county while the application was pending, 3.756.16 (24); *[Eff. 11/1/2008]*
- L. Unable to locate, 3.756.19 (25); *[Eff. 11/1/2008]*
- M. Does not meet eligibility requirements for Summer CIP, 3.760.11 (22); *[Eff. 11/1/2008]*
- N. Landlord, or authorized landlord representative, refused CIP, 3.760.14, C (15); *[Eff. 11/1/2008]*
- O. The applicant is not Basic Program eligible, 3.760.14 (28); *[Eff. 11/1/2008]*
- P. CIP does not cover routine maintenance, 3.760.12 (29); *[Eff. 11/1/2008]*
- Q. Someone other than LEAP paid for the CIP repair in its entirety, 3.760.31 (30). *[Eff. 11/1/2008]*

(Note: The rule citation is shown followed by the denial reasons which are to be used when coding the worksheet and entering data into the computer system.)

#### 3.760.44 Documentation of Denial *[Eff. 10/20/82]*

If an applicant is denied, sufficient documentation shall be maintained in the case record to substantiate the denial decision.

### **3.760.5 CIP VERIFICATION/DOCUMENTATION**

#### 3.760.51 Vendor Referrals *[Eff. 11/1/02]*

All CIP vendor referrals must be signed and dated, and the name of the vendor must be listed either in the LEAP computer information system or on a report of contact sheet.

#### 3.760.52 Work Completion Verification *[Eff. 11/1/02]*

County/state departments shall require CIP contractors to obtain a signed statement from each LEAP recipient for whom CIP work is completed, attesting that the prescribed work was satisfactorily completed. The county shall place a copy of this signed statement in each CIP client's case record.

### 3.760.53 Documentation

Before payment can be made to the vendor, the agency responsible for processing the CIP application shall include the following documentation in the case record:

- A. Brand and model number of furnace, when applicable;
- B. Cost of furnace, when applicable;
- C. Other materials and parts used in repair;
- D. Labor charges;
- E. Other charges (itemized);
- F. A signed statement from client that work was satisfactorily completed as required in Section 3.760.52;
- G. The original signed CIP application;
- H. Documentation of notification to vendor of approval or denial of CIP application;
- I. Any written notations on a report of contact sheet or other similar document necessary to provide a record of action taken on the case. The eligibility worker shall sign and date each entry.

### **3.770 ALLOCATION FOR ADMINISTRATION AND OUTREACH [Rev. eff. 11/1/96]**

The county may transfer funds from Program Code 4510 Administration to Program Code 4520 Outreach. The county may not transfer funds from Program Code 4520 Outreach to Program Code 4510 Administration.

The county is to budget its allocation of funds for Program Code 4510 Administration and Program Code 4520 Outreach to cover all expenditures which may be incurred from October 1 to the following September 30. The county department shall not be reimbursed for expenditures in excess of the county's allocation of Program Code 4510 and Program Code 4520 funds. The county's allocation of Program Code 4510 Administration funds will not be increased unless the State Department allocates additional funds to all counties or unless the county meets the following criteria:

- A. The county submits a written letter of request which includes the county's original budget plan for expenditure of its allocation of administrative funds, a description of expenditures to date for administrative costs, a budget of anticipated costs for the remainder of the program, and a narrative justification of actual and anticipated expenditures for the program.
- B. The request for additional funds must be justified on the basis of one or both of the following factors:
  - 1. That the county incurred or expects to incur extraordinary costs which were or are beyond county control and were or will be necessary to implement the program:

2. That the county's caseload in relation to its allocation of administrative funds was significantly greater than the caseload of other similar sized counties in relation to their allocation of administrative funds.

Actual provision of additional funds is contingent upon availability of administrative funds.

The county's allocation of Program Code 4520 Outreach funds shall not be increased unless the county submits a request for additional outreach funds, which explains and justifies the need for such funds or unless the state department allocates additional funds to all counties.

### **3.800 PAYMENT POLICIES**

#### **3.800.1 RIGHT TO PAYMENT**

- .11 The right of an eligible individual to receive the current month's payment vests at 12:01 a.m. on the first day of the month.
- .12 When the county department determines that a recipient was ineligible for all or a part of the money payment, the county department shall, subject to prior notice and recovery rules, establish a recovery.
- .13 When a recipient of any category of assistance dies before 12:01 a.m. on the first day of a month, no entitlement to a money payment for the following month exists.
- .14 When a recipient of any category of assistance dies after 12:01 a.m. on the first day of a month, any payment to which the person was entitled shall be kept available, for release to the recipient's personal representative, for a maximum of three months. The following rules apply:
  - A. the personal representative may present a court order to the county department, in which case the payment is made available to the person named in the order;
  - B. the personal representative may present an affidavit to the county department to collect the payment, in which case the county department shall consult its legal advisor to insure the affidavit is proper and to protect the department in releasing the payment to the affiant;
  - C. a payment payable to a deceased AFDC payee may be released to a personal representative when such person presents a court order or a proper affidavit, or it may be released to the person who has assumed financial responsibility for the children when such person presents a proper affidavit;
  - D. for OAP Class C recipients, the responsibility for ensuring the above policies and procedures are followed lies with the institution.

#### **3.800.2 AMOUNT OF PAYMENT (NOT APPLICABLE TO AFDC)**

- .21 The initial payment to eligible applicants shall include assistance beginning with the date of application. Should the applicant be ineligible on the date of application but become eligible prior to the time a determination of eligibility is made, the initial payment shall include assistance beginning with the date the applicant became eligible. Thereafter, eligible recipients shall receive monthly assistance payments.

- .22 To calculate partial month payments, the following table shall be used:

Days	Standard Month	Days	Standard Month
------	----------------	------	----------------

1	.03288	11	.36164
2	.06575	12	.39452
3	.09883	13	.42739
4	.13141	14	.46027
5	.16439	15	.49315
6	.19726	16	.52603
7	.23014	17	.55890
8	.26302	18	.59178
9	.29590	19	.62466
10	.32876	20	.65754

The following procedure shall be used to figure pro rata payments:

- A. compute the net monthly payment amount by deducting the total income from the total requirements;
- B. determine the number of days for which payment is to be made;
- C. multiply the net monthly payment amount by the decimal figure for the number of days; i.e., net monthly payment amount of \$235  $\times$  .32876 for 10 days = \$77.26.

.23 The net payment amount is rounded to the nearest dollar.

- A. computed payment amount between \$77.01 and \$77.49 is rounded down to \$77.00;
- B. computed payment amount between \$77.50 and \$77.99 is rounded up to \$78.00;
- C. When the computed payment amount is between .01 and .49, the exact amount is paid;
- D. an OAP recipient may notify the county department in writing that he wishes to receive the exact computed payment amount rather than a rounded amount. The request is honored and is in effect as long as the person receives assistance.

### **3.800.3 UNRESTRICTED PAYMENT**

.31 Categorical assistance are money payments made to the eligible individual or made in his behalf to his legal guardian.

.32 The recipient of assistance has the same rights and responsibilities in the use of his money and the discharge of his obligations as any other person. For this reason:

- A. the requirement items used to set the standards of assistance lose their identify when the net payment amount is established;
- B. the county department shall not impose any restriction, either direct or implied, on a recipient's use of his money payment;
- C. the county department shall not require the recipient to account for the use of the money payment.

.33 Payments issued a categorical assistance recipient are not transferable or assignable, nor are the



funds paid or payable subject to execution, levy, attachment, garnishment, or other similar legal process.

The county department shall not give assistance to creditors in the collection of the recipient's debts.

- .34 If a recipient requests a local dispute resolution conference or state level fair hearing within the prior notice period, financial assistance, or the basic cash assistance payment under the colorado works program, shall continue during the dispute resolution process or state level appeal period until the final agency decision is entered unless the recipient voluntarily agrees to the reduction/ discontinuation of benefits or abandons the appeal.

#### **3.800.4 HOLDING AND DISPOSING OF PAYMENTS**

- .41 A payment shall not be held beyond the normal authorization date. The following are the only exceptions:

- A. The 10-day due process period has expired;
- B. A recipient has made a voluntary written request;
- C. A final agency decision has been made authorizing the action;
- D. In cases where a corrected payment is to be issued, the corrected payment shall be issued by the effective date of the original warrant and the original payment shall be cancelled.
- E. When it is verified that the recipient no longer resides at the last known address and attempts to locate the person through the Post Office, relatives, friends, etc., have been unsuccessful, the current payment and two additional payments may be issued and held. If the recipient has not contacted the department and the address is still unknown at the end of the third month, the payments shall be canceled and the case discontinued;
- F. When a recipient dies after 12:01 a.m. on the first day of the month, the payment shall be held for three months for possible release to the recipient's personal representative. If not released, it shall be canceled subject to reissue if claimed at a later date.
- G. When the county department obtains facts which indicate an overpayment because of probable fraud or an intentional program violation and such facts have been verified to the extent possible, the payment may be held after a five-day due process period has expired.

#### **3.800.5 CORRECTION OF UNDERPAYMENTS**

- .51 For participants of the State AND, OAP, and AB Programs, the county department shall take prompt action to correct underpayments to current recipients and those who would be current recipients if the error causing the underpayment had not occurred. Underpayment means a financial assistance payment(s) received by or for an assistance unit which is less than the amount for which the assistance unit was eligible, or failure to issue a financial assistance payment to an eligible assistance unit if such payment should have been issued. When the possibility of an underpayment is discovered or brought to the attention of the county department, the income maintenance staff must:

- A. record the date of the discovery;
- B. investigate and verify the facts;

- C. determine whether an underpayment has occurred.

When it is determined that an underpayment has occurred, the county department shall take action to correct the payment. The two principal means of correction are:

- A. issue an additional payment so that the payment and the authorization are in agreement;
- B. issue a retroactive payment when the authorization is incorrect.

#### FOR STATE AND, OAP, AND AB PROGRAMS ONLY

When the possibility of an underpayment is brought to the attention of the county department and it is determined that an underpayment has not occurred, the county department income Maintenance staff shall:

- A. record the facts and basis for the conclusion in the case record;
- B. notify the assistance unit in writing of the determination including the facts and basis for the conclusion;
- C. send a copy of the notification letter to the appropriate program area of the State Department.

When it is determined that the assistance unit is not currently eligible for assistance or would not be currently eligible for assistance if the error causing the underpayment had not occurred, the county must notify the assistance unit in writing that the underpayment cannot be corrected and send a copy of notification letter to the appropriate program area of the State Department.

#### 3.800.52 AFDC/COLORADO WORKS PROGRAM ONLY

The county department shall take prompt action to correct underpayments to former AFDC applicants/recipients, as well as current recipients of AFDC/Colorado Works Program cash benefits. There are two types of underpayments: (1) a financial assistance payment(s) received by or for an assistance unit which is less than the amount which the assistance unit should have received but not a denial or termination, or (2) the failure of the county department to issue a financial assistance payment to an eligible assistance unit, i.e., denials or termination of AFDC/Colorado Works benefits.

- 3.800.53 A. When a claim of an underpayment is brought to the attention of the county department, after the appeal time specified in sections entitled "Local Level Dispute Resolution Process" and "Appeal and State Hearings" has expired, the county department shall:
  - 1. determine if an underpayment occurred, and
  - 2. record the facts and basis of its determination in the case record.
- B. If the county department determines that there is an underpayment, it shall correct the underpayment within seven (7) working days.
- C. If the action giving rise to the claim of an underpayment is a denial or termination, the county department shall notify the assistance unit, via notification letter, of its determination on the claim of underpayment, the facts and basis for the determination and that the determination may not be appealed.
- D. If the action giving rise to the claim of an underpayment is a reduction in benefits, other than a

denial or termination, the county department shall notify the assistance unit, via SMR-3, of its determination on the claim of underpayment, the facts and basis for the determination and that the determination may be appealed as outlined in sections entitled "Local Level Dispute Resolution Process" and "Appeal and State Hearings" .

.54 A "retroactive payroll" is used for correction of underpayments.

Prompt action shall be taken to correct underpayments, without regard to the length of time that has passed since the underpayment occurred. It is recommended that retroactive payments not be made unless the amount is one dollar (\$1.00) or more.

Authorization for payments on the "retroactive payroll" is the Authorization for Retroactive Payment, Form 5475.

### **3.800.6 REISSUANCE OF PAYMENT (SEE ALSO THE FINANCE STAFF MANUAL CONCERNING REISSUANCE PROCEDURES)**

The county department shall reissue a lost or stolen payment if it is determined that such loss was beyond the recipient's control.

.63 If the payee alleges the warrant has been forged, the county department shall:

- A. Request the original warrant from the treasurer along with such other documentation as is required to conduct a thorough investigation.
- B. Determine if the warrant appears to be forged in conjunction with a local law enforcement agency by comparing the signature on the warrant with available samples of the payee's signature. If the warrant does not appear to be forged, referral shall be considered in accordance with the fraudulent acts section as described in the chapter on Administrative Procedures.
- C. Obtain a sworn, notarized statement from the payee that the warrant is forged.
- D. Have the payee execute an assignment to the county department of the right to sue based on a forged endorsement.

Upon completion of the above, a duplicate warrant shall be issued.

.64 The county department shall review the information collected and determine possible courses of action to recover lost funds; i.e., collect from business who cashed the forged warrant, present case to the district attorney for further investigation and/or prosecution.

### **3.810 RECOVERY OF OVERPAYMENT**

#### **3.810.1 DEFINITIONS**

3.810.11 A "recovery" is the receipt of repayment for excess public assistance paid for which a recipient was not entitled.

3.810.12 To "legally establish" the amount of overpayment means a generally accepted legal method has been used to create an obligation to pay. This includes but is not limited to:

- A. An executed promissory note;
- B. A court judgment;

- C. A final agency action.
- D. A signed public assistance repayment agreement.

### 3.810.13 Repayment

#### A. Adult Programs Only

When establishing a claim for repayment from a recipient, "recipient" shall mean an individual whose needs are included in an assistance payment and an individual who is legally liable for the support of and/or who acts as a payee for individuals included in an assistance payment.

#### B. AFDC Program Only

Repayment of overpayments shall be the responsibility of: 1) the assistance unit which was overpaid; or, 2) any assistance unit of which a member of the overpaid assistance unit has subsequently become a member; or, 3) any individual members of the overpaid assistance unit whether or not currently a recipient.

The county department is required to pursue collection of the overpayment from the caretaker relative who managed and administered the AFDC funds, provided this individual was also a member of the overpaid assistance unit. The county shall pursue all available overpayment recovery options to collect the overpayment from the caretaker relative first, and during this time all collection activities against other members of the assistance unit shall be suspended if the caretaker has been located.

In the event the caretaker relative cannot be located or is deceased, collection must be pursued from the members of the overpaid assistance unit or their current assistance units. Once the caretaker relative is located, the responsibility of the other members of the overpaid assistance unit is suspended unless the caretaker relative subsequently dies or cannot be located. Located means: 1) the physical whereabouts of the caretaker relative has been identified; and, 2a) the recoupment can be obtained from the AFDC or Colorado Works payment, or 2b) appropriate state law remedies can be pursued to collect the overpayment from the caretaker relative. If the courts have issued an order or judgment requiring the caretaker relative to repay the AFDC overpayment, no collection of the overpayment shall be initiated from the dependent children on the overpaid AFDC case.

If the caretaker relative was not an overpaid individual because the person was not a member of the assistance unit when the overpayment occurred, collection must be pursued from the members of the overpaid assistance unit or their current assistance units.

The county shall only pursue collection of unpaid AFDC overpayments from individual members of the assistance unit who were dependent children at the time of the overpayment, when the individual has reached 95 years old, and whose individual income is at or above 250% of the Federal poverty level for that household's size.

When the caretaker relative was not a member of the overpaid assistance unit, there is no priority regarding the order in which recovery from the overpaid members is to be pursued. Failure to recover from one member or their current assistance unit does not discharge the remaining members or their current assistance units.

#### C. Colorado Works Only

Recovery of overpaid Colorado Works benefits shall not be pursued from individual members of the assistance unit who were dependent children at the time the overpayment occurred.

3.810.14 For individuals no longer receiving public assistance, a county department may choose to write off an unpaid overpayment of less than thirty-five dollars (\$35).

3.810.15 The county may write-off an unpaid overpayment of \$35 or more for an individual who is no longer receiving public assistance, and it has been six (6) or more years since the overpayment was established, and the county department has determined that it is no longer cost effective to pursue collection. The recovery policies for the Colorado Works/TANF program shall be included in the Colorado Works county plan.

3.810.16 Counties shall receive fiscal incentives to pursue fraud recoveries in all public assistance programs. The procedures for claiming these incentives are contained in the Finance staff manual (11 CCR 2508-1). For the purpose of these fiscal incentives, "fraud recovery" means a recovery which involves one or more of the following conditions:

- A. The district attorney prosecutes;
- B. The district attorney establishes deferred prosecution;
- C. A nolo contendere plea is entered;
- D. A public assistance recovery is established using the same basis as was used to establish a food stamp or AFDC recovery through an administrative hearing or waiver of the administrative hearing.

### **3.810.2 WHEN OVERPAYMENT IS NOT RECOVERED**

3.810.21 In any case in which more than the correct amount of payment has been made, there shall be no recovery from any person:

- A. Who is without fault in the creation of the overpayment, and
- B. Who has reported any increase in income or change in resources or other circumstances affecting the recipient's eligibility within the timely reporting requirements for the program, and
- C. If such recovery would deprive the person of income required for ordinary and necessary living expenses or would be against equity and good conscience.

3.810.22 When the overpayment is not to be recovered, such fact, together with the reason, is to be entered in the case record.

### **3.810.3 WHEN OVERPAYMENT IS RECOVERED**

3.810.31 When the county department has determined that a recipient has received public assistance for which he was not entitled due to an increase in income, a change in resources, or any other change in circumstances that would affect the recipient's eligibility or payment, the department:

- A. Determines if the overpayment is to be recovered;
- B. Determined whether there was willful withholding of information and considers or rules out possible fraud;

- C. Establishes the amount of overpayment;
- D. Notifies the recipient of the amount due and the reason for the recovery using the prior notice rules;
- E. Enters the amount of the overpayment and other specific factors of the situation in the case record.

3.810.32 To establish the amount of overpayment when ineligibility is due to excess resources:

- A. Determine the amount, on a monthly basis, that the countable resources exceeded the allowable limit;
- B. Determine the amount, on a monthly basis, of the assistance payments received by the recipient;
- C. Compute the total amount due by using the lesser of the excess resources or the assistance payment made for each month of ineligibility;
- D. If, in addition to excess resources, the recipient had income not considered in computing the money payment, two claims are established with the excess resource claim taking precedence.

#### **3.810.4 RECOVERIES CONCERNING MISUSE OF TRUST PROPERTY OR RECIPIENT'S POWER OF ATTORNEY**

3.810.41 The county department shall, in instances where a trustee has used a recipient's trust property in a manner contrary to the terms of the trust, as defined in the chapter on "Resources and Income - Property Ownership" :

- A. Determine whether an overpayment has occurred as a result;
- B. Consult with the county attorney or other legal resource to assure proper procedure;
- C. Advise the trustee of the overpayment circumstances; and
- D. If the trustee disagrees with such circumstances and overpayment, pursue the recovery establishment and collection through appropriate legal means; or
- E. Take appropriate steps to secure repayment with the cooperation of the trustee; or
- F. Take such other legal action against the trustee as deemed appropriate to assure protection of the recipient's rights in the trust.

3.810.42 The county department shall, in instances where the individual holding the recipient's power of attorney has used the power for purposes other than for the benefit of the recipient;

- A. Determine whether an overpayment has occurred;
- B. Consult with the county attorney or other legal source to assure proper procedure;
- C. Advise the holder of the power of attorney of the overpayment circumstances; and
- D. If the holder of the power of attorney disagrees with the overpayment circumstances, pursue the recovery establishment and collection through appropriate legal means; or

- E. Take appropriate steps to secure repayment with the cooperation of the holder of the power of attorney; or
- F. Take such other legal action against the holder of the power of attorney as deemed necessary to assure protection of the recipient's rights and benefits.

### **3.810.5 DOCUMENTATION OF RECOVERY AMOUNT CONCERNING ADULT CATEGORICAL CASES (OAP, AB, AND)**

3.810.51 The county department shall act promptly, within 30 working days, to verify the facts concerning a recovery, and the amount of assistance overpaid in cases of ineligibility. The circumstances and facts shall be entered in the case record.

3.810.52 When a recovery is determined to be necessary, the county department shall provide prior and adequate notice concerning the facts and circumstances. The county department shall complete and attach Form 5223, "Recovery Statement" as instructed in the section "Statement of Recoveries Due" in the Finance Staff Manual (11 CCR 2508-1) chapter on "Accounts Receivable and Refunds" .

3.810.53 If, after the prior notice period, and county and/or state appeal hearing as indicated (and such appeal decision upholds the recovery action), the circumstances requiring recovery action continue to exist, the county department shall finalize the recovery action in accordance with the Finance Staff Manual (11 CCR 2508-1) chapter on "Accounts Receivable and Refunds" .

### **3.810.6 LIMITATIONS - TIME AND AMOUNT - NOT APPLICABLE TO AFDC/COLORADO WORKS**

3.810.61 A claim for repayment of excess public assistance is established when the overpayment occurred during the 12 months preceding the month in which the overpayment was discovered except:

- A. When the criteria for not recovering an overpayment are met;
- B. If willful misrepresentation is determined to have occurred, all overpayments are to be recovered.

3.810.62 When a single overpayment or several overpayments have been made within the prior twelve months and the overpayments total less than \$15, a claim for repayment is not made.

### **3.810.7 METHODS OF RECOVERY - NOT APPLICABLE TO AFDC**

3.810.71 "Refund" : A refund is the immediate repayment by a recipient of public assistance to which he/she was not entitled.

3.810.72 "Future Collection" : A legally established claim for repayment at a later time when the recipient is self-sufficient and able to repay. Repayment from a former recipient is not sought when such repayment will cause financial hardship for the individual or his family. Repayment plans shall not exceed 25% of available monthly income.

3.810.73 "Deduction from Assistance Payment" : When overpayment is caused by the recipient's willful withholding of information concerning income, resources, or other changes in circumstances, such prior overpayment shall be deducted from subsequent assistance payments.

Willful withholding of information means (1) willful misstatement, including understatement, overstatement, or omission, whether oral or written, made by a recipient in response to oral or written questions from the department; (2) willful failure by a recipient to report changes in

income, resources, or other circumstances which may affect the amount of payment; (3) willful failure by the recipient to report receipt of a payment which the recipient knew represented an overpayment or to notify the county department of receipt of a check which exceeded the amount to which he/she was entitled.

When the county department determines that a recipient has willfully withheld information, referral is made to the District Attorney when sufficient evidence of fraud exists. Whether or not referral is made, the county department shall establish a recovery by deduction from subsequent assistance payments. The following rules apply:

- A. The recipient is notified of the action to be taken, including the fact of willful withholding of information, using the prior notice rules;
- B. Generally, the deduction will be for the same length of time as were the overpayments;
- C. If hardship would be imposed on the recipient by a deduction for the same length of time as were the overpayments, the rate of recovery shall be at least 5% of the net assistance payment. If this rate would cause irreparable harm to the recipient, the recovery rate shall be established at 1% of the net monthly assistance payment;
- D. The recipient may choose to repay the county department the amount of the overpayment. In such an instance, the fraud charge should be discussed with the District Attorney.

3.810.74 "Voluntary Deduction from Assistance Payment" : When overpayment is not due to the recipient's willful withholding of information concerning income, resources, or other change in circumstances, such prior overpayment may be voluntarily deducted from subsequent assistance payments if:

- A. The recipient requests a voluntary deduction, in writing, and
- B. The recipient is notified in writing that he/she has the right to stop the voluntary deduction at any time by written request.

3.810.75 "Claim against Estate" : A claim if filed against the estate of a recipient for repayment for excess public assistance paid for which the recipient was ineligible. This includes cases where the value of the estate is in excess of the maximum allowable resources and where overpayments were made and not recovered. The department's legal advisor is consulted in determining the amount of assistance payments for which claim is to be filed.

3.810.76 Offset against Taxpayer's State Income Tax Refund

- A. In accordance with Sections 26-2-133 and 39-21-108, C.R.S., the state and county departments may recover overpayments of public or medical assistance benefits through the offset (intercept) of a taxpayer's state income tax refund. Rent rebates are not subject to the offset procedure. This method may be used to recover overpayments which have been:

- 1. Determined by final agency action, or
- 2. Ordered by a court as restitution, or
- 3. Reduced to judgment.

Prior to certifying the taxpayer's name and other information to the Department of Revenue, the State Department of Human Services shall notify the taxpayer, in writing at



his/her last-known address, that the state intends to use the tax refund offset to recover the overpayment. In addition to the requirements of 26-2-133(2), C.R.S., the pre-offset notice shall include the name of the county department claiming the overpayment, the program which made the overpayment, and the current balance owed.

B. Effective August 1, 1991, the taxpayer is entitled to object to the offset by filing a request for a county dispute resolution conference or state hearing within 30 calendar days from the date that the state department mails its pre-offset notice to the taxpayer. In all other respects, the procedures applicable to such hearings shall be those which are stated elsewhere in this staff manual. At the hearing on the offset, the county department or ALJ shall not consider whether an overpayment has occurred, but may consider the following issues if raised by the taxpayer in his/her request for a hearing: whether

1. The taxpayer was properly notified of the overpayment,
2. The taxpayer is the person who owes the overpayment,
3. The amount of the overpayment has been paid or is incorrect,
4. The debt created by the overpayment has been discharged through bankruptcy, or
5. Other special circumstances exist, including but not limited to the circumstances described in section 3.810.21, i.e., facts which show that the taxpayer was without fault in creating the overpayment and will incur financial hardship if the income tax refund is offset.

### **3.811 CRITERIA FOR THE ESTABLISHMENT AND RECOVERY OF AFDC AND COLORADO WORKS/TANF OVERPAYMENTS**

#### **3.811.1 WHEN AN AFDC OR COLORADO WORKS OVERPAYMENT SHALL BE RECOVERED**

3.811.11 When it is determined that the overpayment is to be recovered, the county department shall promptly act to recover the overpayment.

The county department shall take one of the following three actions by the end of the quarter following the quarter in which an overpayment is first identified to ensure prompt recovery of the overpayment. Those actions are:

- A. Recover the overpayment;
- B. Take action to locate and/or recover the overpayment from a former recipient including appropriate legal remedies; and,
- C. Begin recovery deductions from the subsequent assistance payments of a current recipient or obtain a public assistance repayment agreement.

Overpayments shall be recovered from the member of the assistance unit who was the caretaker relative or payee who was overpaid or fraudulently received the assistance. Overpayments shall be recovered from such individual's estate.

#### **3.811.2 RECOVERY PROCESS**

3.811.21 When it is determined that an overpayment has occurred, the county department shall:

- A. Document the facts and situation which produced the overpayment and retain this

documentation until the overpayment is paid in full;

- B. Initiate timely and adequate notice as set forth in the "Prior Notice" section in the chapter on "Administrative Procedures". Such notice shall include a complete explanation, including applicable rules, concerning the overpayment and recovery sought;
- C. Following the 10-day prior notice period and the county dispute resolution and/or state appeal hearing process, take action to ensure prompt recovery;
- D. Pursue all legal remedies in order to recover the overpayment. Legal remedies include, but are not limited to, judgments, garnishments, claims on estates and the State Income Tax Refund Intercept process.
- E. In accordance with Sections 26-2-133 and 39-21-108, C.R.S., the state and county departments may recover overpayments of public assistance benefits through the offset (intercept) of a taxpayer's state income tax refund. Rent rebates are not subject to the offset procedure. This method may be used to recover overpayments which have been:
  - 1. determined by final agency action, or
  - 2. ordered by a court as restitution, or
  - 3. reduced to judgment.

Prior to certifying the taxpayer's name and other information to the Department of Revenue, the State Department of Human Services shall notify the taxpayer, in writing at his/her last-known address, that the state intends to use the tax refund offset to recover the overpayment. In addition to the requirements of 26-2-133(2), C.R.S., the pre-offset notice shall include the name of the county department claiming the overpayment, a reference to TANF as the source of the overpayment, and the current balance owed.

Effective August 1, 1991, the taxpayer is entitled to object to the offset by filing a request for a county dispute resolution conference or state hearing within 30 calendar days from the date that the state department mails its pre-offset notice to the taxpayer. In all other respects, the procedures applicable to such hearings shall be those which are stated elsewhere in this staff manual. At the hearing on the offset, the county department or ALJ shall not consider whether an overpayment has occurred, but may consider the following issues if raised by the taxpayer in his/her request for a hearing: whether

- 1. the taxpayer was properly notified of the overpayment,
- 2. the taxpayer is the person who owes the overpayment,
- 3. the amount of the overpayment has been paid or is incorrect, or
- 4. the debt created by the overpayment has been discharged through bankruptcy.

### **3.811.3 DETERMINING OVERPAYMENT AMOUNTS FOR COLORADO WORKS/TANF RECOVERY**

3.811.31 When the overpayment involves earned income and the recipient either:

- A. Terminated or reduced employment without good cause, or
- B. Failed, without good cause, to make a timely report of additional earned income or an increase in earnings, the amount of the overpayment shall be determined without

inclusion of normally applicable employment income disregards.

3.811.32 When the overpayment involves earned income and the basis is erroneous administrative action, or inaction (“administrative error” ), the amount of overpayment shall be determined by inclusion of applicable employment income disregards.

#### **3.811.4 COMPUTATION OF THE COLORADO WORKS/TANF OVERPAYMENT**

3.811.41 Computation of recoveries for Colorado Works/TANF uses retrospective budgeting procedures unless the overpaid amount was a prospectively budgeted payment. Retrospective budgeting is used until the first month of ineligibility. Subsequent months are computed using prospective budgeting methods.

All earned and unearned income received by the assistance unit and any child support payments received by the county Child Support Enforcement office is taken into consideration in the computation.

3.811.42 The procedure for computing the monthly over/under payments:

A. Determine the “as paid” Colorado Works/TANF amount by:

- starting with the amount of the payment;
- adding any withholding amounts;
- subtracting child support payments used to reimburse the payment;
- the result is the “as paid” amount, also known as the “monthly non-reimbursed public assistance (UPA).

B. Determine the “correct” payment by:

- determining the need standard for the correct assistance unit for the month;
- subtracting all earned income (without employment disregards when the income is not reported timely);
- multiplying the result by the ratable reduction;
- subtracting the result from the amount of the payment plus any withholdings.

Compare the total “monthly UPA” to this amount and collect as an overpayment the lesser of the two. The arithmetical result may indicate an underpayment.

The overpayment amount is reported to ACSES and reduces the total case UPA. In the event the overpayment amount is less than the total case UPA, the recovery amount is the lesser of the two.

#### **3.811.5 ESTABLISHING RECOVERY DEDUCTIONS FOR COLORADO WORKS/TANF CASES**

When the recovery amount is not to be repaid immediately, or other arrangements have not been made for repayment, and the assistance case remains active, the county department shall establish a monthly recovery deduction from subsequent assistance payments.

3.811.51 The following procedure shall be used to arrive at the monthly recovery deduction amount:

- A. If the error is a result of an agency error and the participant does not meet criteria set forth at Section 3.810.21, compute five percent (5%) of the authorized payment amount or, if the error is result of a client error, compute ten percent (10%) of the authorized payment amount. If the resulting percentage amount is less than \$10, the deduction from the authorized payment amount shall be \$10.
  - B. Deduct the percentage amount, or \$10 when the percentage amount is less than \$10, from the authorized grant amount to arrive at the payment amount. This amount shall be rounded to the next lower whole dollar amount, if not already a whole dollar amount. This rounded amount is the payment amount.
- 3.811.52 When recovery deductions reduce the payment amount to less than \$10, such lesser amount shall be paid except when that amount is less than \$1.00 in which case no payment is made.
- 3.811.53 When the authorized payment amount is less than \$10, no deduction shall be made from such "no payment" case.
- 3.811.54 When recovery deductions reduce the payment amount to less than \$1.00 and as a result no payment is made, such case shall be considered to be an active TANF case.
- 3.811.55 When the recovery is due to a fraudulent action on the part of the recipient and interest is added thereto in accordance with rules in the "Fraudulent Acts" section of this chapter, the interest amount shall not be included in the payroll deduction unless the recipient agrees to such inclusion. If the recipient does not so agree, the interest amount shall be collected separately.
- 3.811.56 The amount of recovery deduction shall be recorded in the recipient's case file and collected via the automated system.
- 3.811.57 Previously established claims will be deducted from cash assistance under the TANF program in accordance with the AFDC Recoupment policy.

### **3.820 FRAUDULENT ACT**

#### **3.820.1 DEFINITION - FRAUD**

.11 "Fraud" means an individual secured or attempted to secure or aided or abetted another person in securing public assistance to which the individual was not entitled by means of willful misrepresentation or intentional concealment of an essential fact.

.12 Fraud is subject to criminal action and must be proven beyond a reasonable doubt. The three basic elements which have to be proven are

- A. the misrepresentation or concealment must have been deliberate and done intentionally. Fraud does not exist if the misrepresentation or concealment is the result of an unintentional act, a misunderstanding, or mental incompetency;
- B. the fraudulent act must have been for the express purpose of receiving or attempting to receive or obtain assistance to which the individual was not entitled;
- C. it must be shown that, if the county department had been aware of the facts, assistance should not have been granted or should have been granted in a lesser amount.

#### **3.820.2 ESTABLISHING FRAUD**

.21 The misrepresentation or concealment must concern a fact that would affect eligibility or payment.

This includes household composition, resources, income, and any other eligibility factor.

- .22 The misrepresentation may be oral or written. It can be in the form of an application for assistance, a written communication to the department, a redetermination form, a conversation with a technician, a telephone conversation, or failure to notify the department of a change in circumstances that would affect eligibility or payment.
- .23 Criminal intent must be proved beyond a reasonable doubt; therefore, the misrepresentation or concealment must be verified by written documentation and must relate to facts that existed at the time of the misrepresentation or concealment.
- .24 Colorado Statutes provide for fraud charges to be filed against a person who aided another person in securing public assistance for which he was ineligible by misrepresenting or concealing essential facts.
- .25 In collecting evidence of fraud, the county department shall not violate the legal rights of the individual. Examples of such violation would be invasion of the privacy of the home, unreasonable search and seizure, denial of due process of law, denial of the right to legal counsel, etc. When the department questions whether an action it contemplates might violate the legal rights of the individual, it shall seek the advice of its legal advisor.
- .26 Determination of whether fraud exists and referral to the District Attorney are within the administration of public assistance programs involved and are not considered a violation of safeguards and restrictions provided by confidentiality rules and regulations.

### **3.820.3 REFERRAL TO DISTRICT ATTORNEY**

- .31 When the county department determines that it has paid or is about to pay a recipient an assistance payment as a result of a fraudulent act, the facts used in the determination shall be reviewed with the department's legal counsel and/or a representative from the District Attorney's office. If suspected fraud is substantiated by the available evidence, the case shall be referred to the District Attorney. All referrals to the District Attorney shall be made in writing and shall include the amount of assistance fraudulently received by the recipient.
- .32 When the District Attorney prosecutes, the amount of overpayment due will be taken into consideration and probably included in the court decision and order. If a deduction is being made from the recipient's assistance payment it may need to be adjusted to agree with the court order. If the individual is no longer a recipient, another method of recovery shall be used.
- .33 Interest shall be charged from the month in which the overpayment was received until the date it is recovered.

Interest shall be calculated at the legal rate.

- .34 When the District Attorney decides not to prosecute, the amount of overpayment due, as established by the department, will continue to be recovered by deduction from subsequent assistance payments or other method of recovery if the individual is no longer a recipient.

### **3.820.4 REPORTING REQUIREMENTS**

- .41 The county department shall forward the following reports to the district attorney/law enforcement officials each month:
  - A. a listing of each case denial or payment reduction related to a fraud investigation;

- B. IM-48.3 reports for each case investigated during the month;
- C. the number of cases having a deduction from payment due to fraud and the total amount deducted. Information is obtained from the payrolls;
- D. the number of cases and amounts of fraud recoveries as reported on the monthly report of cash refunds and as reported on the distribution of child support payments by case.

### **3.830 APPLICANT/RECIPIENT'S RIGHT TO NOTICE OF ACTION**

Each applicant for or recipient of public and financial assistance, or a basic cash grant or other services provided under Colorado Works Program, is entitled to receive prior written notice of any agency action affecting his/her eligibility for or receipt of benefits or service.

#### **3.830.1 NOTICE OF FAVORABLE ACTION**

The applicant or recipient shall be notified in writing of county department approval of:

- A. an application for financial assistance or cash assistance or services through the Colorado Works Program;
- B. an application for medical assistance;
- C. a request for public assistance or social services; and,
- D. an increase in the amount of assistance.

To the extent practicable, notice shall be in his/her primary language and shall be mailed or delivered promptly after the determination is made, and within the time period required by the specific program's rules. If the client is illiterate, the action shall be explained verbally. If the applicant or recipient is dissatisfied with the effective date of eligibility, or the amount or type of assistance or services authorized, he/she has the right to a county dispute resolution conference and/or state level fair hearing.

#### **3.830.2 NOTICE OF ADVERSE ACTION**

An applicant or recipient shall be given adequate and timely notice of any action by the county department, or any person or agency acting on its behalf, which adversely affects the person's eligibility for, or right to public or medical assistance benefits, or basic cash assistance or services provided or authorized under the Colorado Works Program.

##### **3.830.21 ADEQUATE NOTICE**

Failure to give prior adequate notice of an adverse action shall be grounds for setting aside the action on appeal. to be "adequate" , the notice must meet the following standards:

- A. The notice must be in writing; and,
- B. It must describe clearly in terms that are understandable to the applicant or recipient the action to be taken and the reason(s) for the action; and,
- C. It must refer specifically by number to the section(s) of the State Department's rules and/or in the Colorado Works Program, the county's official written policy(s) that require or permit the action being taken, or cite the specific changes in federal or state law requiring the action; and,

- D. It must state the effective date of the proposed action; and,
- E. It must explain the individual's right to request a local level dispute resolution conference and state level fair hearing, the time period for requesting a conference or hearing, and the steps which must be taken to obtain a conference or hearing; and,
- F. It must explain the recipient's right to continued benefits and the obligation to repay if it is determined that the recipient was not entitled to receive them; and,
- G. It must inform the individual of his/her right to be represented or assisted by legal counsel, a relative, a friend or a spokesperson of his/her choosing.
- H. To the extent practicable, notice shall be in his/her primary language. If s/he is illiterate, the action shall also be explained verbally.

### **3.830.22 TIMELY WRITTEN NOTICE**

Any adverse action shall be preceded by a prior notice period of at least 10 calendar days. "Timely" notice means that written notice is mailed to the applicant or recipient at least 10 calendar days before the effective date stated in the notice. The prior notice period begins the day following the date of certification of mailing of the Notice form.

The 10-day prior notice period constitutes the period during which assistance is continued and no adverse action is to be taken during this time.

### **3.830.23 EXCEPTIONS TO THE 10-DAY PRIOR NOTICE REQUIREMENT**

Timely prior notice, i.e., at least 10-day prior notice, is not required:

- A. when facts indicate an overpayment because of probable fraud or an intentional program violation and such facts have been verified to the extent possible, prior notice is considered "timely" when mailed at least 5 calendar days before the proposed effective date;
- B. when the proposed adverse action is based on a clear, written statement signed by the individual which states that s/he no longer wishes to receive assistance or services.
- C. When the county department/agency has confirmed the death of a recipient or of the payee when there is no relative available or willing to act as the new payee.

### **3.830.24 APPLICANT/RECIPIENT RIGHTS REGARDING PROPOSED ACTIONS**

An applicant or recipient who disagrees with a proposed action has the right to:

- A. A local level dispute resolution conference which must be requested prior to the effective date of the proposed action;
- B. If the individual does not wish to utilize the local/county conference to resolve the dispute, a state level fair hearing before an Administrative Law Judge, if the issue is appealable, and if the written request is mailed or delivered to the Division of Administrative Hearings no later than 90 calendar days from the date the notice of action is mailed to the applicant/recipient.
- C. If the individual is dissatisfied with the outcome of the local dispute resolution conference, a state level fair hearing before an administrative law judge if the written request for hearing

is mailed or delivered to the Division of administrative hearing no later than 90 calendar days after the date notice of proposed action was mailed by the county department/agency;

- D. Judicial review of the final agency decision in the appropriate state district court, after exhausting the administrative appeal rights granted under these rules; and,
- E. If the appellant is receiving financial assistance, medical assistance, social services, or basic cash assistance under the Colorado Works Program at the time a conference or fair hearing is requested, all benefits shall be continued pending the outcome of the state level fair hearing and final agency decision, only if the request for local conference and/or state level fair hearing is made prior to the effective date of the proposed action being appealed or the 10 day period for appealing a county dispute resolution decision to the state department. Continued benefits shall be authorized unless the appellant states in writing that continued benefits are being waived.

### **3.830.3 CATEGORICAL PAYMENT ADJUSTMENTS**

3.830.31 When changes in either state or federal law require payment adjustments for all persons receiving a particular category of assistance, timely notice shall be given which shall be adequate if it includes a statement of the intended action, the reasons for such action, the specific change in law requiring such action, and the circumstances under which a county dispute resolution conference and/or state level hearing may be obtained and financial assistance continued.

A county conference or state appeal need not be granted unless the reason for an individual appeal is incorrect grant computation.

### **3.840 COUNTY DISPUTE RESOLUTION PROCESS**

In order to resolve disputes between county departments of social services or the service delivery agency and applicants/recipients, county departments shall adopt procedures for the resolution of disputes consistent with this section. The procedures shall be designed to establish a simple non-adversarial format for the informal resolution of disputes.

#### **3.840.1 OPPORTUNITY FOR CONFERENCE**

- .11 The county department or local service delivery agency, prior to taking action to deny, terminate, recover, initiate vendor payments or modify financial assistance, public assistance, or basic cash assistance or services provided under the Colorado Works Program to an applicant or recipient, shall, at a minimum, provide the individual opportunity for a county dispute resolution conference.
- .12 The right of an individual to a local conference is primarily to assure that the proposed action is valid, to protect the person against an erroneous action concerning benefits, and to assure reasonable promptness of county action. The individual may choose, however, to bypass the county dispute resolution process and appeal directly to the state Division of Administrative Hearings, pursuant to the section on APPEAL AND STATE HEARING.
- .13 The applicant/recipient is entitled to:
  - A. be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesman, or s/he may represent her/himself;
  - B. with the exception of names of confidential informants, privileged communications between the county department and its attorney, and the nature and status of pending criminal prosecutions, examine the contents of the case file and all documents and records used



by the county department or agency in making its decision at a reasonable time before the conference as well as during the conference;

C. present new information or documentation to support reversal or modification of the proposed adverse action;

- .14 Failure of the applicant/recipient to request a local conference within the prior notice period, or failure to appear at the time of the scheduled conference without making a timely request for postponement, shall constitute abandonment of the right to a conference, unless the applicant/recipient can show good cause for his/her failure to appear.
- .15 "Good Cause" includes, but is not limited to: death or incapacity of an applicant/recipient, or a member of his/her immediate family, or the representative; any other health or medical condition of an emergency nature; or, other circumstances beyond the control of the applicant/recipient, and which would prevent a reasonable person from making a timely request for a conference or postponement of a scheduled conference.

### **3.840.2 CONDUCT OF COUNTY DISPUTE RESOLUTION CONFERENCE**

- .21 The local dispute resolution conference shall be held in the county department or agency where the proposed decision is pending, before a person who was not directly involved in the initial determination of the action in question. The individual who initiated the action in dispute shall not conduct the local level dispute resolution conference.
  - .22 The person designated to conduct the conference shall be in a position which, based on knowledge, experience, and training, would enable him/her to determine if the proposed action is valid.
  - .23 Two or more county departments/service delivery agencies may establish a joint dispute resolution process. If two or more counties/service delivery agencies establish a joint process, the location of the conference need not be held in the county or agency taking the action, but the conference location shall be convenient to the applicant/recipient.
  - .24 The local level conference may be conducted either in person or by telephone. A telephonic conference must be agreed to by the applicant/recipient.
  - .25 The county/agency caseworker or other person who initiated the action in dispute, or another person familiar with the case, shall attend the local level conference and present the factual basis for the disputed action.
  - .26 The local level dispute resolution conference shall be conducted on an informal basis. Every effort is to be made to assure that the applicant/recipient understands the county department/agency's specific reasons for the proposed action, and the applicable state department's rules, or county policy. In the event the applicant/recipient does not speak English, an interpreter shall be provided by the county department/agency.
  - .27 The county/agency shall have available at the conference all pertinent documents and records in the case file relevant to the specific action in dispute.
- 3.840.28 To the extent possible, the local dispute resolution conference shall be scheduled and conducted within the prior notice period. If the county department cannot conduct the conference within this period, for whatever reason, the adverse action shall be delayed and benefits continued until a conference can be held, unless continued benefits are waived by the individual.

The county department/local service agency shall provide reasonable notice to the individual of the scheduled time and location for the conference, or the time of the scheduled telephone

conference. Notice should be in writing, however, verbal notice may be given to facilitate the dispute resolution process.

- 3.840.2 9 The county department may consolidate disputes regarding other assistance payments programs, the Colorado Works Program, the food stamp program, Medicaid eligibility, or any other public assistance program if the facts are similar and consolidation will facilitate resolution of all disputes.

### **3.840.3 NOTICE OF DISPUTE RESOLUTION CONFERENCE DECISION**

At the conclusion of the conference, the person presiding shall have the agreement entered into by the parties reduced to writing. Such agreement shall be signed by the parties and/or their representatives and shall be binding upon the parties. A copy of the written decision shall immediately be provided to the applicant/recipient and/or his/her representative. If the conference is held by telephone, the agreement need only be signed by the person presiding. A copy of the agreement will be promptly mailed or delivered to the other party(s). In the event the dispute is not resolved, the person presiding shall prepare a written statement indicating that the dispute was not resolved.

- 3.840.31 The decision shall include a statement explaining the applicant or recipient's right to request a state level fair hearing before an Administrative Law Judge, the time limit for requesting a state level hearing, and if appropriate, a statement that financial assistance will continue pending a final state decision if appealed to the state within 10 calendar days from the date of the conference decision.

## **3.850 APPEAL AND STATE LEVEL FAIR HEARING**

### **3.850.1 OPPORTUNITY FOR STATE LEVEL FAIR HEARING**

- 3.850.11 These rules apply to all state-level appeals of county department actions concerning assistance payments, social services, medical assistance eligibility, child welfare services, child care, and actions taken pursuant to state rules or official county policies governing the Colorado Works Program. An affected individual who is dissatisfied with a county department action or the result of a county dispute resolution conference or failure to act concerning benefits may appeal to the Division of Administrative Hearings for a fair hearing before an independent Administrative Law Judge. This will be a full evidentiary hearing of all relevant and pertinent facts to review the decision of the county department. The time limitations for submitting a request for an appeal are:

- A. When the individual elects to avail himself of a county dispute resolution conference, but is dissatisfied with that decision, the request must be submitted in writing and mailed or delivered within 10 calendar days of the date the county dispute resolution conference decision was mailed or delivered to the applicant or recipient in order to receive continued benefits pending state appeal; otherwise, the 90-day period specified in B, below, applies;
- B. When the individual elects not to avail himself of a county dispute resolution conference but wishes to appeal directly to the state, a written request for an appeal must be mailed or delivered not later than 90 calendar days from the date prior notice of the proposed action was mailed to the person;
- C. A request for an appeal must be mailed or delivered to the Division of Administrative Hearings.

- 3.850.12 Requests for state hearings may result from such reasons as:

- A. The opportunity to make application or reapplication has been denied;

- B. An application for assistance or services has not been acted upon within the maximum time period for the category of assistance;
- C. The application for assistance has been denied, the benefit has been modified or discontinued, vendor payments have been initiated, requested reconsideration or a benefit amount deemed incorrect has been refused or delayed, payment has been delayed through the holding of payments, the county is demanding repayment for any part of an award to a recipient or former recipient which the recipient does not believe is justified, or the applicant or recipient disagrees with the type or level of benefits or services provided.

3.850.13 The basic objectives and purposes of the appeal and state hearing process are:

- A. To safeguard the interests of the individual applicant or recipient;
- B. To provide a practical means by which the applicant or recipient is afforded a protection against incorrect action on the part of the representatives of the state or county departments;
- C. To bring to the attention of the state department and county department information which may indicate need for clarification or revision of state and county policies and procedures;
- D. To assure equitable treatment through the administrative process without resort to legal action in the courts.

3.850.14 Any clear expression in writing by the individual, or someone legally authorized to act for him, that he wants an opportunity to have a specific action of a county department reviewed by the state department is considered an appeal and a request for a hearing. The county department shall, when asked, aid the person in preparation of a request for a hearing. If the request for a hearing is made orally, the county department shall immediately prepare a written request for the individual's signature or have the recipient prepare such request, specifying the action on which the request is based and the reason for appealing that action.

3.850.15 The applicant/recipient is entitled to:

- A. Be represented by an authorized representative, such as legal counsel, relative, friend, or other spokesman, or he may represent himself;
- B. With the exception of the names of confidential informants, privileged communications between the county departments and its attorney, and the nature and status of pending criminal prosecutions, examine the complete case file and any other documents, records, or pertinent material to be used by the county at the hearing, at a reasonable time before the date of hearing and during the hearing.

3.850.16 The applicant/recipient, staff of the county department, and staff of the state department are entitled to:

- A. Present witnesses;
- B. Establish all pertinent facts and circumstances;
- C. Advance any arguments without undue interference;
- D. Question or refute any testimony or evidence, including opportunity to confront and cross-examine adverse witnesses.

### **3.850.2 AUTHORITY AND DUTIES OF STATE ADMINISTRATIVE LAW JUDGE**

- .21 One or more persons from the State Department of General Support Services/Personnel, Division of Administrative Hearings, are appointed to serve as Administrative Law Judges for the State Department of Human Services.
- .22 The State Administrative Law Judge shall, prior to the hearing, review the reasons for the decision under appeal and be prepared to interpret applicable departmental rules and/or official written county policies governing the Colorado Works Program and pertaining to the issue under appeal in preparation for conduct of the hearing.
- .23 For purposes of these rules, the terms “official written county policies governing the Colorado Works Program” , or “county policies” are policies or amendments which have been formally adopted by the county board of commissioners setting forth the nature of the Colorado Works Program in that county, subject to the requirements of state rules, state law, federal regulations, and federal law. Such policies include county plan submittals required by the state department.

The county shall forward copies of its policies and any subsequent amendments, including effective dates, to the state department and to the Office of Appeals. Individuals appealing a county action shall be provided reasonable opportunity to examine the county's policies.

- .24 When the applicant/recipient and/or the department are not represented by legal counsel, the Administrative Law Judge shall assist in bringing forth all relevant evidence and issues relating to the appeal. This will include granting the right of either party to submit pertinent questions to the other pursuant to appropriate rules of civil procedure.

### **3.850.3 STATE RESPONSIBILITIES**

- .31 Upon receipt by the Division of Administrative Hearings of an appeal request, it is assigned a number. A hearing date is set at least 10 days in advance, and a letter by First Class or Certified Mail is sent to the appellant and the county department notifying them of the date, time, and place of the hearing. The appellant is told that if these arrangements are not satisfactory to notify the Division of Administrative Hearings and, if good cause therefor exists, consideration will be given to changing them. An information sheet shall be enclosed to explain the hearing procedures to the appellant. The appellant is informed of his right to representation, that he or his representative has the right to examine all materials to be used at the hearing, before and during the hearing. The appellant also is informed that failure to appear at the hearing as scheduled, without having secured a proper extension in advance, or without having shown good cause for failure to appear, shall constitute abandonment of the appeal and cause a dismissal thereof. Information which the appellant or his representative does not have an opportunity to see shall not be made a part of the hearing record or used in a decision on an appeal. No material made available for review by the Administrative Law Judge may be withheld from review by the appellant or his representative.
- .32 In assistance payments, Colorado Works Program and medical assistance eligibility appeals, the Administrative Law Judge has 20 days from the hearing date to arrive at an initial decision. The initial decision shall not be implemented pending review by the Office of Appeals and entry of a final agency decision. All agency decisions on these appeals shall be made within ninety (90) days from the date of the request for hearing is received.
- .33 In all other appeals, the Administrative Law Judge shall arrive at an initial decision (which is not to be implemented) within a reasonable timeframe. All final agency decisions on those matters shall also be made within a reasonable period of time.
- .34 Once the initial decision has been made, it shall immediately be delivered to the State Department of Human Services, Office of Appeals, for determination of the final agency decision.

#### **3.850.4 COUNTY RESPONSIBILITIES**

- .41 When the applicant/recipient has had a local dispute resolution conference and wishes to appeal the county department's decision, the following procedures are to be followed:
  - A. as part of the local conference the applicant or recipient is informed that if he wishes to appeal to the Division of Administrative Hearings for a hearing, the county department will assist him in organizing the facts supporting his claim, if he so desires, and that he may have the opportunity to examine materials as described in the section concerning OPPORTUNITY FOR STATE LEVEL FAIR HEARING;
  - B. the county will forward a copy of the decision and a copy of the written notification given to the applicant/recipient of the proposed adverse action to the Division of Administrative Hearings.
- .42 When the applicant/recipient makes his/her appeal directly to the Division of Administrative Hearings, a copy of the notice to the appellant setting a date for the hearing is forwarded to the county department. Upon receipt by the county department, the county department prepares and mails a letter to the appellant with a copy to the Division of Administrative Hearings, no later than 5 days prior to the hearing, giving the following information:
  - A. the reasons for the decision of the county department and specific explanation of each factor involved, such as the amount of excess property or income, assignment or transfer of property, residence factors, service needs;
  - B. the specific state rules and/or the official written county policy(s) governing the Colorado Works Program on which the decision is based and numeric reference to each such rule, including the appropriate Code of Colorado Regulations (CCR) cites;
  - C. notice that the county department will assist him/her in organizing the facts supporting his/her claim, if s/he so desires, and that s/he may have the opportunity to examine regulations and other materials to be used at the hearing concerning the basis of the county decision;
- .43 If the dispute concerns services or benefits under the Colorado Works Program, the county shall forward a copy of the county's official written policy(s) to the Division of Administrative Hearings.
- .43 If the appellant indicates that s/he desires to withdraw his/her appeal, a statement to that effect shall be obtained from him/her in writing and forwarded to the Division of Administrative Hearings. The county department shall also advise the Division of Administrative Hearings by telephone, as soon as it is ascertained that the appeal has been withdrawn and that the appellant will not attend the hearing.
- .44 If an individual who files an appeal is to be represented by legal counsel, or other representative, at the pending hearing, the county department will not discuss with the individual the merits of the appeal or the question of whether or not to proceed with it unless in the presence of, or with the permission of, such counsel or such other designated representative.
- .45 If the county department learns that the applicant or recipient will be represented by legal counsel, the county department shall make every effort to insure that it too is represented by an attorney at the hearing. The county department may be represented by an attorney in any other appeal that it considers such representation desirable.
- .46 If the appellant has a language difficulty, the county department shall arrange to have present at the hearing a qualified interpreter who will be sworn to translate correctly.

- .47 The fact that an appellant and the county department have been notified that a hearing will be held does not prevent the county department from reviewing the case and considering any new factors which might change the status of the case, taking such action as may be indicated to reverse its decision or otherwise settle the issue. Any change which results in a voiding of the cause of appeal shall be immediately reported to the Division of Administrative Hearings by telephone.
- .48 Upon receipt of notice of a State hearing on an appeal, the county department shall arrange for a suitable hearing room appropriate to accommodate the number of persons, including witnesses, who are expected to be in attendance, taking into consideration such factors as privacy; absence of distracting noise; need for table, chairs, electrical outlet, adequate lighting and ventilation, and conference telephone facilities.

### **3.850.5 CONDUCT OF STATE HEARINGS**

- .50 Conference telephonic hearings may be conducted unless otherwise requested by any of the parties, as an alternative to face-to-face hearings. All applicable provisions of the face-to-face hearings procedures will apply, such as the right to be represented by counsel, the right to examine and cross-examine witnesses, the right to examine the contents of the case file, and the right to have the hearing conducted at a reasonable time and date.
- .51 The Administrative Law Judge shall conduct the hearings in accordance with the Colorado Administrative Procedure Act (Section 24-4-105, C.R.S.).
- .52 The county department shall have the burden of proof, by a preponderance of the evidence, to establish the basis of the ruling being appealed. Every party to the proceeding shall have the right to present his case or defense by oral and documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts. Subject to these rights and requirements, where a hearing will be expedited and the interests of the parties will not be subsequently prejudiced thereby, the Administrative Law Judge may receive all or part of the evidence in written form or by oral stipulations.

### **3.850.6 PROCEDURE OF HEARING**

- .61 The following provisions govern the procedure at state hearings before the Administrative Law Judge:
- A. the hearing is private; however, any person or persons whom the appellant wishes to appear for him may be present, and, if requested by the appellant and in the record, such hearing may be public;
  - B. the purpose of the hearing is to determine the pertinent facts in order to arrive at a fair and equitable decision in accordance with the rules of the State Department. In arriving at a decision, only the evidence and testimony introduced at the hearing is considered, except that the Administrative Law Judge may permit the introduction of medical or other evidence after the hearing, provided the opposing party is also furnished a copy and is afforded the opportunity to controvert or otherwise respond to such evidence, in circumstances when it is shown, at the hearing, that such evidence could not, for good cause, be obtained in time for the hearing. Delays in rendering the Initial Decision will be charged to the party requesting the delay;
  - C. although the hearing is conducted on an informal basis and an effort is made to place all the parties at ease, it is essential that the evidence be presented in an orderly manner so as to result in an adequate record;
  - D. a complete and exact record of the proceedings shall be made by electronic or other means. When required, the Division of Administrative Hearings shall cause the proceedings to be

transcribed:

- 3.850.62 When the Administrative Law Judge dismisses an appeal for reasons other than failure to appear, the decision of the Administrative Law Judge shall be an initial decision, which shall not be implemented pending review by the Office of Appeals and entry of an agency decision.
- 3.850.63 The Administrative Law Judge shall not enter a default against any party for failure to file a written answer in response to the notice of hearing, but shall base the initial decision upon the evidence introduced at the hearing. An appellant may be granted a postponement of the hearing, however, if the county department has failed to provide the statement required by section 3.850.42 and the appellant has therefore been unable to prepare for the hearing.
- 3.850.64 When an appellant fails to appear at a duly scheduled hearing, having been given proper notice, without having given timely advance notice to the Administrative Law Judge of acceptable good cause for inability to appear at the hearing at the time, date and place specified in the notice of hearing, then the appeal shall be considered abandoned and an order of dismissal shall be entered by the Administrative Law Judge and served upon the parties by the Division of Administrative Hearings. The dismissal order shall not be implemented pending review by the Office of Appeals and entry of an agency decision.

The appellant, however, shall be afforded a ten-day period from the date the order of dismissal was mailed, during which the appellant may explain in a letter to the Administrative Law Judge the reason for his/her failure to appear. If the Administrative Law Judge then finds that there was acceptable good cause for the appellant not appearing, the Administrative Law Judge shall vacate the order dismissing the appeal and reschedule another hearing date.

If the appellant does not submit a letter seeking to show good cause within the 10-day period, the order of dismissal shall be filed with the Office of Appeals of the State Department. The Office of Appeals shall confirm the dismissal of the appeal by an agency decision, which shall be served upon the parties. The county department shall immediately carry out the necessary actions to provide assistance or services in the correct amount, to terminate assistance or services, to recover assistance incorrectly paid, and/or other appropriate actions in accordance with the rules.

If the appellant submits a letter seeking to show good cause and the Administrative Law Judge finds that the stated facts do not constitute good cause, the Administrative Law Judge shall enter an initial decision confirming the dismissal. The appellant may file exceptions to the initial decision pursuant to Section 3.850.72, A.

3.850.65 Interim Relief (Not Applicable to Colorado Works or Child Care Assistance Programs)

- 3.850.651 Upon written sworn application accompanied by appropriate financial statement, the appellant may, at any time prior to the hearing of an action concerning termination or reduction of assistance or services, apply for an agency order (the Administrative Law Judge is designated as representing the agency in such matters) granting interim relief to prevent irreparable injury. The order, if made, shall continue in force until the Final Agency Decision. The order shall contain a specific finding based upon evidence submitted to the Administrative Law Judge that specified irreparable damage will result if the order is not granted. A copy of such decision shall be sent to the county department. In the event the Final Agency Decision is against the appellant, recovery shall be considered for all funds expended under the order of interim relief subject to recovery rules.
- 3.850.652 The county department shall provide to the appellant the assistance or service specified in an agency order granting interim relief as soon as possible but not later than ten calendar days from the date of receipt of such order.

3.850.653 The appellant need not request interim relief if he/she is eligible for continued benefits pursuant to Section 3.800.34 of this staff manual.

### **3.850.7 DECISION AND NOTIFICATION**

#### **.71 INITIAL DECISION**

Following the conclusion of the hearing, the Administrative Law Judge shall promptly prepare and issue an initial decision and file it with the Office of Appeals of the State Department of Human Services.

The initial decision shall make an initial determination whether the county or state department or its agent acted in accordance with, and/or properly interpreted, the rules of the state department and/or the official written policies of the county board of social services for administering the Colorado Works Program. The Administrative Law Judge may determine whether statutes were properly interpreted and applied only when no implementing state rules or county department policy exist. The Administrative Law Judge has no jurisdiction or authority to determine issues of constitutionality or legality of departmental rules or county policy governing the county's Colorado Works Program.

The initial decision shall advise the applicant/recipient that failure to file exceptions to provisions of the initial decision will waive the right to seek judicial review of a final agency decision which affirms those provisions.

The Office of Appeals shall promptly serve the initial decision upon each party by first class mail, and shall transmit a copy of the decision to the division of the state department which administers the program(s) pertinent to the appeal.

The initial decision shall not be implemented pending review by the Office of Appeals and entry of an agency decision.

#### **.72 REVIEW BY THE OFFICE OF APPEALS**

The Office of Appeals of the State Department, as the designee of the Executive Director, shall review the initial decision of the Administrative Law Judge and shall enter a final agency decision affirming, modifying, reversing, or remanding the initial decision.

- A. Any party seeking an agency decision which reverses, modifies, or remands the initial decision of the Administrative Law Judge shall file exceptions to the decision with the State Department, Office of Appeals, within fifteen (15) days (plus three days for mailing) from the date the initial decision is mailed to the parties. Exceptions must state specific grounds for reversal, modification or remand of the initial decision.

If the party asserts that the Administrative Law Judge's findings of fact are not supported by the weight of the evidence, the party shall simultaneously with or prior to the filing of exceptions request the Division of Administrative Hearings to cause a transcript of all or a portion of the hearing to be prepared and filed with the Office of Appeals. The exceptions shall state that a transcript has been requested, if applicable. Within 5 days of the request for transcript, the party requesting it shall advance the cost therefor to the transcriber designated by the Division of Administrative Hearings unless prior payment is waived by the transcriber.

A party who is unable because of indigency to pay the cost of a transcript may file a written request, which need not be sworn, with the Office of Appeals for permission to submit a copy of the hearing tape instead of the transcript. If submission of a tape is permitted, the party filing exceptions must promptly request a copy of the tape from the Division of Administrative Hearings and deliver it to the Office of Appeals. Payment in



advance shall be required for the preparation of a copy of the tape.

If the exceptions do not challenge the findings of fact, but instead assert only that the Administrative Law Judge improperly interpreted or applied State rules or statutes, the party filing exceptions is not required to provide a transcript or tape to the Office of Appeals.

The Office of Appeals shall serve a copy of the exceptions on each party by first class mail. Each party shall be limited to ten (10) calendar days from the date exceptions are mailed to the parties in which to file a written response to such exceptions. The Office of Appeals shall not permit oral argument.

The Office of Appeals shall not consider evidence which was not part of the record before the Administrative Law Judge. However, the case may be remanded to the Administrative Law Judge for rehearing if a party establishes in its exceptions that material evidence has been discovered which the party could not with reasonable diligence have produced at the hearing.

While review of the initial decision is pending before the Office of Appeals, the record on review, including any transcript or tape of testimony filed with the Office of Appeals, shall be available for examination by any party at the Office of Appeals during regular business hours.

- B. The Division(s) of the state department responsible for administering the program(s) relevant to the appeal may file exceptions to the initial decision, or respond to exceptions filed by a party, even though the division has not previously appeared as a party to the appeal. The division's exceptions or responses must be filed in compliance with the requirements of 3.850.72, A, above. Exceptions filed by a division that did not appear as a party at the hearing shall be treated as requesting review of the initial decision upon the state department's own motion.
- C. In the absence of exceptions filed by any party or by a division of the State Department of Human Services, the Office of Appeals shall review the initial decision, and may review the hearing file of the Administrative Law Judge and/or the taped testimony of witnesses, before entering a final agency decision. Review by the Office of Appeals shall determine whether the decision properly interprets and applies the rules of the state department, or relevant statutes, and whether the findings of fact and conclusions of law support the decision. If a party or division of the state department objects to the agency decision entered upon review by the Office of Appeals, the party or division may seek reconsideration pursuant to section 3.850.73, below.
- D. The Office of Appeals shall mail copies of the final agency decision to all parties by first class mail.
- E. For purposes of requesting judicial review, the effective date of the final agency decision shall be the third day after the date the decision is mailed to the parties, even if the third day falls on Saturday, Sunday, or a legal holiday. The parties shall be advised of this in the agency decision.
- F. The state or county department shall initiate action to comply with the final agency decision within three working days after the effective date. The department shall comply with the decision even if reconsideration is requested, unless the effective date of the agency decision is postponed by order of the Office of Appeals or a reviewing court.

### **3.850.73 RECONSIDERATION OF AGENCY DECISION**

A motion for reconsideration of a final agency decision may be granted by the Office of Appeals for the following reasons:

- A. Upon a showing of good cause for failure to file exceptions to the initial decision within the 15 day period allowed by section 3.850.72, A; or
- B. Upon a showing that the agency decision is based upon a clear or plain error of fact or law. An error of law means failure by the Office of Appeals to follow a rule, statute, or court decision which controls the outcome of the appeal.

No motion for reconsideration shall be granted unless it is filed in writing with the Office of Appeals within 15 days of the date that the agency decision is mailed to the parties. The motion must state specific grounds for reconsideration of the agency decision.

The Office of Appeals shall mail a copy of the motion for reconsideration to each party of record and to the appropriate division of the state department.

- .74 When an appeal results in a decision that an action of the county or state department was not in accordance with rules of the department, or when the county or state department so determines after a request for a hearing is made, the adjustment or corrective payment is made retroactively to the date of the incorrect action.
- .75 The applicant/recipient is to be fully informed by the final agency decision of his further right to apply for judicial review of the Agency Decision by the filing of an action for review in the appropriate State District Court. Any such action must be filed in accordance with the Rules of Civil Procedure for Courts of Record in Colorado within 30 days after the Final Agency Decision becomes effective.
- .76 The state department will establish and maintain a method for informing, in summary and depersonalized form, all county departments and other interested persons concerning the issues raised and decisions made on appeals.
- .77 The Executive Director or designee shall have the power to enter declaratory orders. The Executive Director or designee may, in his/her discretion, entertain and promptly dispose of petitions for declaratory orders to terminate controversies and/or remove uncertainties as to the applicability to the petitioners of any statutory provisions or of any rule. The order of the Executive Director or designee disposing of the petition shall constitute final agency action subject to judicial review.

### **3.850.8 GROUP HEARINGS AND EXCEPTIONS**

.81 When a number of individual requests for hearing are received and if the sole issue involved is one of state or federal law or changes in state or federal law, a single group hearing may be conducted. In all group hearings, the policies governing hearings must be followed. Each individual shall be permitted to present his own case or be represented by his authorized representative and is entitled to receive a copy of the written decision.

.82 A hearing shall not be granted when either state or federal law requires an automatic benefit adjustment for classes of recipients unless the sole reason for an individual appeal is incorrect benefit computation. Furthermore, a hearing shall not be granted when either state or federal law requires or results in a reduction or deletion of a medical benefit.

.83 Unless properly designated as a representative of an individual, a provider of medical assistance, or any other provider of goods and services to applicants or recipients, shall not be granted a hearing concerning an alleged adverse action to an applicant or recipients.

### **3.850.9 PROVIDER APPEALS**

In the case of an appeal by a licensed or certified provider or vendor of services of an adverse action by a county department or the state department related to provider status, rates, or purchased services, the decision of the Administrative Law Judge is the Final Agency Decision and is not subject to state department review or modification. The decision of the Administrative Law Judge is subject to judicial review, pursuant to 24-4-106 and 26-1-106, C.R.S.

### **3.860 PROTECTIONS TO THE INDIVIDUAL**

#### **3.860.1 CONFIDENTIALITY**

- .11 All information obtained by the county department concerning an applicant for or a recipient of assistance payments is confidential information. This is to prevent exploitation of applicants and recipients, to eliminate embarrassment to them, and is in recognition of their rights as self-determining individuals who are not limited because of their need for assistance.
- .12 The county department shall acquaint county officials and other persons who have dealings with the department as to the confidential nature of information which may come into their possession through transaction of department business.

When a technician consults a bank, former employer of an applicant, another social agency, etc., to obtain information or verification to determine eligibility, the identification of the technician as an employee of the county department will, in itself, disclose that an application for assistance has been made by an individual. In this type of contact, as well as other community contacts, the department should strive to maintain confidentiality whenever possible.

- .13 Privacy for interviewing and confidentiality of information are essential. This involves both office facilities and discretion by the technician. Office procedures and facilities should be such that information is not inadvertently revealed to persons not concerned with the affairs of a particular individual. The technician must also use discretion in mentioning department business outside the office.

#### **3.860.2 INFORMATION NOT CONFIDENTIAL**

- .21 General information not identified with any individual is not confidential and may be released for any purpose. This includes
  - A. total expenditures;
  - B. number of recipients;
  - C. statistical data obtained from studies;
  - D. social data obtained from studies, reports, or surveys.
- .22 Information not deemed confidential may be published by newspapers. This includes:
  - A. expenditures by category of assistance;
  - B. expenditures for administration;
  - C. salaries paid employees;
  - D. sum of all department expenditures.

### **3.860.3 INFORMATION CONFIDENTIAL**

- .31 Information secured by the county department for the purpose of conducting the administration of the assistance payments programs; e.g., determining eligibility and need, is deemed confidential.
- .32 Unless disclosure is specifically permitted by the state department, the following types of information are the exclusive property of and are restricted to use by the state, and county departments:
  - A. names and addresses of applicants for and recipients of assistance; and/or the amounts of assistance;
  - B. information contained in applications, reports of medical examinations, correspondence, and other information concerning any person from whom, or about whom, information is obtained by the county department;
  - C. records of state or county departmental evaluations of the above information.
  - D. All information obtained through the Income and Eligibility Verification System (IEVS).

### **3.860.4 DISCLOSURE OF CONFIDENTIAL INFORMATION**

- .41 No one outside the county department shall have access to records of the department except for individuals executing Income and Eligibility Verification System (IEVS); Child Support Enforcement officials; federal and state auditors and private auditors for the county; and the applicant/recipient of public assistance. These individuals shall have access only for purposes necessary for the administration of the program. The following individuals shall have access to the records of the department if one of the following conditions is met:
  - A. The applicant or recipient is notified and his/her prior permission for release of information is obtained unless the information is to be used to verify income, eligibility or the amount of medical assistance payment under administration of the Income and Eligibility Verification System (IEVS). If, because of an emergency situation in which the applicant/recipient is physically or mentally incapacitated to the extent that he/she cannot sign the release form, and time does not permit obtaining an applicant's or recipient's consent prior to release of information, the county department must notify the applicant or recipient immediately after supplying the information. The notification shall include the name and address of the agency which requested the information, the reason the information was requested and a summary of the information released. If the applicant or recipient does not have a telephone or cannot be contacted immediately, the county department must send written notification containing the required information within three (3) working days from the date the information was released.
  - B. A District Attorney requests information for the purpose of either prosecution for fraud or tracing a parent who has deserted a child.
  - C. Verified information obtained from the Internal Revenue Service through the Income and Eligibility Verification System may be provided only to persons or agencies directly connected with the administration of the Child Support Enforcement program (if administered by an agency outside of the county department), Department of Labor and Employment, the Social Security Administration and other agencies in the state when necessary for the administration of the AFDC, Medicaid, Food Stamp or other state or federally funded means tested assistance programs, or the unemployment insurance program. County departments shall not release information regarding applicants or recipients to law enforcement agencies.

D. Upon request to the State Department of Human Services by the Colorado Bureau of Investigation, with the responsibility for location and apprehension of fugitive felons (i.e., a person with an outstanding felony arrest warrant), the addresses of a fugitive felon who is a recipient of OAP, AND, AB, or AFDC shall be released.

- .42 The applicant/recipient shall have an opportunity to examine such pertinent records concerning him as constitute a basis for adverse action and in the case of a county evidentiary hearing or a State appeal. Other requests for information shall be honored only when the individual makes the request in person and his/her identity is verified or the request is in the form of a written, signed, notarized statement.

The applicant/recipient may designate an individual, firm, or agency to represent him at conferences, hearings, and appeals. The representative shall be designated by the completion of Form IM-17, "Designation of Representative." The representative shall have access to all pertinent records.

- .43 Information concerning applicants for or recipients of assistance may be released to District Attorneys or County Commissioners upon their presenting a written request accompanied by evidence that a fraud or deserting parent situation is the reason for the request. The release is strictly conditioned upon the information being used solely for one of the two purposes authorized and the person requesting the information must certify the use to be made of the information and that it will not be disclosed or used for any other purpose. No certification shall be required of the county board of social services when its members are acting in their official capacity in administration of social services programs.

- .44 The applicant/recipient may give a formal written release for disclosure of information to other agencies, such as hospitals, or the permission may be implied by the action of the other agency in rendering service to him. Before information is released, the county department should be reasonably sure the confidential nature of information will be preserved, the information will be used only for purposes related to the function of the inquiring agency, and the standards of protection established by the inquiring agency are equal to those established by the State Department. If the standards for protection of information are unknown, a written consent from the recipient shall be obtained.

- .45 Information obtained through the Income and Eligibility Verification System (IEVS) will be stored and processed so that no unauthorized personnel can acquire or retrieve the information. County departments are responsible for limiting IEVS data to only those individuals requiring access to determine eligibility or otherwise administer the programs.

All persons with access to information obtained pursuant to the Income and Eligibility Verification requirements will be advised of the circumstances under which access is permitted and the sanctions imposed for illegal use or disclosure of the information.

- .46 The name of a recipient is not given to a group or individual sponsoring Christmas or other holiday projects without first clearing with the recipient to determine whether the family desires to participate in such a project. In most cases, plans may be worked out by which recipients may benefit by the projects without violation of the confidential nature of records.
- .47 Case records shall not be available to volunteer workers for reading. Selected information concerning an individual or family will be available to a volunteer only if such information is determined necessary by the volunteer's supervisor.
- .48 When a County Commissioner or a District Attorney wishes information about a recipient which is not in the possession of the county department, the requestor, with the aid of the department, contacts the State Department, Income Maintenance Division, as to the appropriate methods of

securing such information.

- .49 Upon request of the county board; county directors, State Department, or District Attorney of the State, the county department shall supply all information on hand regarding the absent parent including but not limited to location, employment, income, and property. This information shall be used only in enforcing support liability of the absent parents or for the prosecution of such persons and shall not be used for any other purpose.

### **3.860.5 Protection Against Discrimination**

3.860.51 County departments are to administer assistance programs in such a manner that no person will, on the basis of race, color, sex, age, religion, political belief, national origin, or disability, be excluded from participation, be denied any aid, care, services, or other benefits of, or be otherwise subjected to discrimination in such program.3.860.5

2 The county department shall not, directly or through contractual or other arrangements, on the grounds of race, color, sex, age, religion, political belief, national origin, or disability:

- A. Provide any aid, care, services, or other benefits to an individual which is different, or is provided in a different manner, from that provided to others;
- B. Subject an individual to segregation barriers or separate treatment in any manner related to access to or receipt of assistance, care services, or other benefits;
- C. Restrict an individual in any way in the enjoyment or any advantage or privilege enjoyed by others receiving aid, care, services, or other benefits provided under assistance programs;
- D. Treat an individual differently from others in determining whether he/she satisfies any eligibility or other requirements or conditions which individuals must meet in order to receive aid, care, services, or other benefits provided under assistance programs;
- E. Deny an individual an opportunity to participate in programs of assistance through the provision of services or otherwise, or afford him/her an opportunity to do so which is different from that afforded others under programs of assistance.
- F. Deny a person the opportunity to participate as a member of a planning or advisory body that is an integral part of the program.

3.860.53 The references to “aid, care, services or other benefits” includes all forms of assistance. including direct and vendor payments, work programs, social services, and information and referral services.

3.860.54 No distinction on the grounds of race, color, sex, age, religion, political belief, national origin, or disability is permitted in relation to the use of physical facilities, intake and application procedures, caseload assignments, determination of eligibility, and the amount and type of benefits extended by the county department to assistance recipients.

3.860.55 The county department shall assure that other agencies, persons, contractors and other entities with which it does business are in compliance with the above prohibition of discrimination requirements on a continuing basis. The county department staff is responsible for being alert of any discriminatory activity of other agencies and for notifying the State Department concerning the situation.

3.860.56 The State Department, through its various contacts with agencies, persons, and referral

sources, will be continuously alert to discriminatory activity and will take appropriate action to assure compliance by the offender. If corrective action is not taken, the State Department will notify the agency of termination of payments and association in regard to recipients or applicants. The county department, on notification by the State Department, will also terminate payments to or association with any agency, person, or resource being used which has been found to continue discriminatory activity in regard to applicants or recipients.

3.860.57 An individual who believes he/she is being discriminated against may file a complaint with the county department, the State Department, or directly with the Federal government. When a complaint is filed with the county department, the county director is responsible for an immediate investigation of the matter and taking necessary corrective action to eliminate any discriminatory activities found. If such activities are not found, the individual is given an explanation. If the person is not satisfied, he/she is requested to direct his/her complaint, in writing, to the State Department, Complaint Section, which will be responsible for further investigation and other necessary action consistent with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act (ADA), the Age Discrimination Act of 1975. The State Department will also carry out these activities in regard to a complaint received directly from an individual.

3.860.58 Upon receipt of a complaint alleging discrimination due to race, color, sex, age, religion, political belief, national origin, or disability, the State Department shall explain public assistance policy to the individual. If there is insufficient information as to the nature or other detail concerning the complaint, the State Department shall contact the county department in writing to obtain such information. Copies of the letter shall be sent to the complainant and field administrator. The county department shall reply in writing.

If the State Department determines the county department action is not discriminatory and the applicant/recipient disagrees, the applicant/recipient has the right to appeal the case to the State Department. This appeal shall be filed in accordance with the appeal regulations as described in the "Protections to the Individual" section.

If it is found that a county department practice or action is discriminatory, the State Department shall immediately initiate a corrective action to assure that any and all discriminatory practices are permanently terminated.

### **3.870 QUALITY ASSURANCE**

#### **3.870.1 PURPOSE AND METHODS OF QUALITY ASSURANCE REVIEW**

.11 Quality assurance reviews of the Aid to Families with Dependent Children (AFDC) program are federally mandated to: (1) reduce incorrect expenditures by identifying the nature, magnitude and causes of all errors; (2) improve the accuracy of payments to recipients of AFDC assistance; (3) obtain data on the correctness of negative case actions; (4) reduce the incidence of incorrect denials for and terminations of assistance; (5) calculate state AFDC error rates; and, (6) disallow federal financial participation when the state's payment error rate is in excess of the national standard (federal error rate target). These data are gathered through continuous review of statistically random samples of active and negative AFDC cases. The reviews are conducted during the annual federal quality assurance review period, which is the 12-month period from October 1 of each calendar year through September 30 of the following calendar year. Results of quality assurance reviews are used as the basis for corrective action planning to reduce or eliminate the causes of incorrect AFDC payments, denials or terminations.

.12 An "active case" means all individuals whose needs, income and resources were considered in the determination of eligibility and payment for the sample month. The review establishes whether the sampled active case was, in fact, eligible and whether the proper payment amount was authorized prior to sample selection and issued for the review month.

A “negative case” means an action taken by the county department to terminate assistance effective for the sample month or an action taken to deny an application for assistance in the sample month. The review establishes whether the action taken to terminate assistance or deny an application was correct.

- .14 The quality assurance review includes an examination and analysis of the case record; a field investigation with a face-to-face interview on all cases in the active sample; a desk review of negative case actions; verification and documentation of all required elements through contacts with appropriate collateral sources of information; the securing of specified primary and secondary evidence; a determination of the correctness of the eligibility and payment decisions; and, the reporting of the review findings.

### **3.870.2 QUALITY ASSURANCE REVIEW PROCEDURES**

- .21 Each month a random sample of active and negative cases is selected for quality assurance review. Case records for the monthly selected samples may be reviewed by Quality Assurance in the county departments, or the county may be requested to forward the case records to the appropriate State Quality Assurance office for review.
- .22 When the county department receives a request for one or more cases for quality assurance review, the following steps shall be taken in preparing the case record:
  - A. All forms and notes pertinent to the case review shall be included in the case record. The last known address shall also be included.
  - B. The case record is either made available for the Quality Assurance reviewer to review in the county department or is mailed to the appropriate State Quality Assurance office.
- .23 The active and negative case records selected for review are analyzed and evaluated for conformity to the policies and procedures set forth in federal regulations and in the state rules. The focus of the active review is on testing eligibility and correctness of payment for the sample month and whether the documentation in the case file supports the eligibility determination. The focus of the negative review is to verify through the documentation in the case file whether the decision to deny or terminate assistance was correct and that the county adhered to adequate notice, hearing requirements and continued benefits when appropriate.
- .24 Field investigations are conducted by the reviewer for all selected active cases. Clients are ordinarily visited in their own homes. During the interview the reviewer shall establish the identity, relationship and actual living arrangements of all members of the household; obtain the recipient's statement and documentation concerning each eligibility and payment element; obtain documentary evidence; secure information about collateral sources of verification; and, obtain the names of collateral contacts. All information gathered in the course of the case record analysis and the field visit relating to eligibility is verified.

### **3.870.3 QUALITY ASSURANCE FINDINGS AND REQUIRED RESPONSES**

- .31 Quality Assurance shall notify the county departments on state prescribed forms of the review findings for each sampled active and negative case. Brief descriptions of the findings shall be given with references to applicable staff manual sections.
- .32 When the review findings document no error and/or only other observations have been noted, no further action is required by the county department.
- .33 When the review findings document that an error resulted in ineligibility, overpayment, underpayment, or an incorrect negative action the county department shall respond to the review findings by



completing the state prescribed form documenting the corrective action taken or rebutting the amount or finding of error. The response shall be forwarded to the State Department within ten (10) working days from receipt of the Quality Assurance review finding notification.

- .34 Upon receiving the county department's response to the quality assurance review findings, the State Department shall review the action taken by the county department and either concur with the quality assurance findings; concur with the county rebuttal; or concur/nonconcur with the corrective action taken by the county. The county department shall be notified of the final quality assurance review findings.

### **3.870.4 FEDERAL QUALITY ASSURANCE REVIEWS**

For purposes of validating the state's Quality Assurance payment error findings, the Administration for Families and Children Federal Regional Office conducts a subsample re-review of the state's sample. As part of this re-review process the Federal Regional Office may request case files. County departments shall forward case records that are selected to be subsampled by Federal Quality Assurance to the Regional Office within ten (10) days of the request.

### **3.880 LISTINGS TO COUNTIES FROM STATE**

#### **3.880.1 PURPOSE OF LISTINGS**

- .11 The listings and reports are computer printed and are to be used as tools by the county departments in their administration of the programs.

#### **3.880.2 LISTINGS - ALL CATEGORIES**

##### **.21 BENDEX**

- A. a monthly report that combines information from the SMIB Buy-In report and the AP-700 file;
- B. the report is used to obtain and verify SSA amounts.

##### **.22 IDEX**

- A. a quarterly report that combines information from the Department of Labor and Employment and the AP-700 file;
- B. the report is used to obtain and verify individual earnings.

##### **.23 Motor Vehicle Ownership**

- A. a periodic report that combines information from the Motor Vehicle Division and the AP-700 file;
- B. the report is used to verify automobile ownership when evaluating resources of an individual or family.

##### **.24 Redeterminations**

- A. the following reports are prepared monthly from the AP-700 file:
  - 1. listing of cases due for redetermination - 1 1/2 months prior to due date,
  - 2. listing of overdue redeterminations as of last day of due month,

3. listing of cases where reimbursement is to be withheld;

B. the reports are used as tickler files for the redetermination process.

**.25 SDX**

A. a monthly report that combines information from the Social Security SSI report and the AP-700 file;

B. the report is used to obtain and verify SSI and SSA amounts.

**.26 Social Security Numbers**

A. a periodic report from information provided by Social Security of assigned account numbers when the SS-5 has county identification;

B. the report is used to obtain and verify SSA account numbers.

**COLORADO CHILD CARE ASSISTANCE PROGRAM [Eff. 04/01/2009]**

**3.900 COLORADO CHILD CARE ASSISTANCE PROGRAM (CCCAP)**

**3.901 MISSION [Eff. 04/01/2009]**

The purpose of CCCAP is to provide eligible families with financial assistance for child care of their choosing; to provide families with timely and efficient access to quality child care; and to assist families in meeting their self sufficiency goals by providing referrals to needed support services.

**3.902 CHILD CARE PROGRAM ELIGIBILITY [Eff. 04/01/2009]**

Eligible Colorado Child Care Assistance Program populations must be an adult caretaker(s) of a child and meet one of the following criteria:

A. Participants in the Colorado Works Program who have a signed Individual Responsibility Contract that requires them to be in an eligible activity, as defined in Section 3.631.3, can receive Colorado Works child care for up to forty-five (45) calendar days while additional assessment is completed. Participants must be eligible for and receiving state diversion or basic cash assistance to continue receiving Colorado Works child care assistance past the forty-five (45) calendar days (refer to Section 3.631.3).

B. Low income adult caretaker(s) who is/are in an eligible activity and need child care assistance for that same period.

C. Families eligible for Child Welfare Child Care through Child Welfare (refer to Social Services staff manual, Section 7.302 (12 CCR 2509-4)).

D. Teen parents are included as a target population in A and B, above.

E. Food assistance recipients who are participating in the Employment First Program (refer to the Food Stamp staff manual, Section B-4215 (10 CCR 2506-1)).

**3.903 DEFINITIONS [Eff. 07/01/2009]**

“Adult caretaker” means a person who is the parent, adoptive parent, step-parent, or person acting in “loco parentis” . (Examples for determining in “ loco parentis” include, but not limited to, attending parent

teacher conferences, providing financial support for the child, and regularly taking the child to doctor appointments.)

“Adult caretaker education” means information relayed to adult caretakers about their child care options and other available services.

“Adverse action” means any action by the counties or their designee, which adversely affects the person’s eligibility for or right to services provided or authorized under the Colorado Child Care Assistance Program.

“Applicant” means the adult caretaker(s) who sign(s) the application form, re-determination form, and/or the client responsibilities agreement form.

“Application process” means an application process which includes all of the following:

- A. The state approved, signed form completed by the applicant, and any other adult caretaker(s) or his/her authorized representative, which includes appeal rights, counties with head start programs may accept the head start application in lieu of the low-income child care application for those children enrolled in the Head Start program; and,
- B. The client responsibilities agreement form signed by the applicant and any other adult caretaker(s); and,
- C. The required verification supporting the information declared on the application form; and,
- D. As a county option, an orientation for new applicants may be necessary.

“Attestation of mental competence” means a signed statement from an exempt family child care home provider declaring that no one in the provider’s home has been determined to be insane or mentally incompetent by a court of competent jurisdiction; and specifically that the mental incompetency or insanity is not of such a degree that the provider cannot safely operate an exempt family child care home.

“Authorized care” means licensed or exempt child care services for which social services will authorize payment.

"Basic cash assistance" means payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs such as food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses. Cash assistance includes supportive services to families who are not employed, such as transportation and child care assistance, as referenced in Section 3.617. All state diversion payments of less than two (2) consecutive months are not basic cash assistance. County diversion payments are not basic cash assistance.

“Child care certificate” means State prescribed form given to the household and the provider(s) of the household’s choosing which authorizes the purchase of child care and includes the parental fee, payable by the adult caretaker(s) to the provider(s), for children listed on the child care certificate and will serve as notice to the adult caretaker(s) and provider(s) of approval or change of child care services. Colorado’s child care certificates are vouchers for the purposes of the Colorado Child Care Assistance Program.

“Child Care Automated Tracking System (CHATS)” means the automated system or systems prescribed by the State to support the Colorado Child Care Assistance Program.

“Child Care Fiscal Agreement” means a state prescribed agreement between counties or their designees and provider(s), which defines the rate payable to the provider(s) and responsibilities of the counties or their designees and the provider(s).

“Child care providers” means licensed individuals who provide less than twenty-four (24) hour care and are licensed or exempt including child care centers, preschools, and child care homes. Exempt child care includes care provided in the child's own home, in the home of a relative, or in the home of a non-relative.

“Child care staff” means staff who are designated by counties to provide child care subsidy services for eligible Colorado Child Care Assistance Program adult caretaker(s).

“Child Welfare Child Care” means less than 24 hour child care assistance to maintain children in their own homes or in the least restrictive out-of-home care when there are no other child care options available. See the “Social Services” staff manual, Section 7.302, Child Welfare Child Care (12 CCR 2509-4).

"Citizen/legal resident" means a citizen of the United States, current legal resident of the United States, or lawfully present in the United States pursuant to Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Public Law 104-193; Federal Register notices 62 FR 61344 and 63 FR 41657-41686. (No later amendments or editions are incorporated. Copies of this material may be inspected by contacting the Colorado Department of Human Services, Director of the Division of Child Care, 1575 Sherman Street, Denver, Colorado; or any state publications depository library.) . Since the child is the beneficiary of child care assistance, the citizen/legal resident requirement only applies to the child who is being considered for assistance.

"Colorado Accounts Receivable System (CARS)" means the automated system prescribed by the State to support recoveries, including state income tax intercepts, from the primary applicant of child care assistance.

“Colorado Child Care Assistance Program (CCCAP)” means a program of the Division of Child Care which provides child care subsidies to families in the following programs: Low-Income, Colorado Works, and Child Welfare. The Division of Child Care is responsible for the oversight and coordination of all child care funds and services which are awarded to the Colorado Department of Human Services.

“Colorado Works” means a program of public assistance which assists participants in achieving self-sufficiency by promoting job preparation and employment.

“Colorado Works households” means members of the same TANF budget unit who meet requirements of the Colorado Works program, through receipt of basic cash assistance or state diversion payments while working toward achieving self sufficiency through eligible work activities and eventual employment where the parent/caretaker is included in the assistance unit, as defined in Sections 3.600.12 through 3.600.19 and Section 3.631.3.

“Confirmed” means any report of an act or omission that threatens the health or welfare of a child that is found by counties, law enforcement agency, or entity authorized to investigate abuse or neglect to be supported by a preponderance of the evidence.

“Cooperation with child support enforcement (county option)” means applying for child support enforcement for all children with an obligor regardless of CCCAP eligibility within thirty (30) calendar days of completing the Child Care Assistance Program application and maintaining compliance with child support enforcement case(s) unless a good cause exemption exists. The county IV-D administrator or designee determines cooperation with Child Support Enforcement. If child care benefits are terminated due to failure to cooperate, the household will remain ineligible in counties that utilize this option until cooperation is verified.

“Counties” means the county departments of social/human services or other agency designated by the Board of County Commissioners as the agency responsible for the administration of the Colorado Child Care Assistance Program.

“Current immunizations” means immunization records or a statement from a qualified medical professional showing that immunizations are current and up-to-date according to the recommended shot schedule issued by the Colorado Department of Public Health and Environment for the child(ren) based on their current age unless there is a signed statement from the adult caretaker(s) indicating an exemption for religious or medical reasons.

“Deemed income” means countable income from excluded members of the Colorado Works assistance unit, as found in Sections 3.609.2 – 3.609.4.

“Eligibility worker” means an employee of the counties or their designee, whose responsibility is to determine eligibility for the Colorado Child Care Assistance Program (CCCAP).

“Eligible child” means a child under the age of thirteen (13) years who needs child care services during a portion of the day, but less than 24 hours, and is physically residing with the eligible adult caretaker(s) during the same period care is needed; or a child under age nineteen (19) who is physically or mentally incapable of caring for himself or herself or is under court supervision. Any child served through the Colorado Works Program or the Low-Income Child Care Program must be a citizen of the United States or a qualified alien as defined in Section 3.919, H, 1.

“Employment” means holding a part time or full time job for which wages, salary, in-kind income or commissions are received.

“Employment First” means a self sufficiency program funded by the Department of Agriculture for food benefit recipients not participating in Colorado Works

“Employment verification” means the county form or a signed statement from the employer or employer’s authorized designee stating employment begin date, hourly wage or gross salary amount, work schedule, payment frequency, date of first paycheck and verifiable employer contact information This is for initial employment verification or to verify ongoing work schedule, not to verify ongoing employment.

“Entered employment” means upon starting a new job the employment verification letter shall be used to anticipate income for the first three months. At the beginning of the third month of new employment, the county shall require pay stubs from the previous three months to determine an average of actual income for future months (this does not supersede the client’s responsibility to report changes in circumstances).

“Equivalent full-time units” means all part-time units times a factor of .55 to be converted to full-time units. The full-time equivalent units added to the other full-time units must be less than thirteen (13) in order to be considered part-time for parental fees.

“Exempt family child care home providers” means a child care provider who is exempt from licensing standards under Social Services staff manual, Section 7.701.11, B, 4, 5 and 8 (12 CCR 2509-8).

“Fingerprint-based criminal background check” means a complete set of fingerprints for anyone eighteen (18) years of age and older residing in the provider’s home, taken by a qualified law enforcement agency, and submitted to the Colorado Department of Human Services, Division of Child Care, for subsequent submission to the Colorado Bureau of Investigations (CBI). If the adult has been living in Colorado for less than two years, he/she will also be required to submit a background check with the Federal Bureau of Investigation (FBI). Costs for all investigations are the responsibility of the person whose fingerprints are being submitted.

“Fraud” means an individual who has secured or attempted to secure or aided or abetted another person in securing public assistance to which the individual was not eligible by means of willful misrepresentation/withholding of information or intentional concealment of an essential fact. Fraud is determined as a result of any of the following:

- A. Obtaining a "Waiver of Intentional Program Violation"; or,
- B. An administrative disqualification hearing; or,
- C. Civil or criminal action in a state or federal court.

"Good cause exemption for child support" includes potential physical or emotional harm to the adult caretaker or child; if a pregnancy was related to rape or incest; legal adoption or receiving pre-adoption services; or, when the county director or his/her designee has/have determined any other exemptions.

"Household composition" includes all children in the home who are the responsibility of the adult caretaker(s) and the adult caretaker(s).

"Incapacitated" means a physical or mental impairment which substantially reduces or precludes the person from providing care for his/her child(ren). Such condition must be documented by a physician's statement or other medical verification which establishes a causal relationship between the impairment and the ability to provide child care.

"Income eligibility" means that eligibility for child care subsidies is based on income, as listed in Section 3.920, and determined by measuring the countable family income and size against eligibility guidelines. Income eligibility can be based on the most recent prior consecutive month's income for initial application, a best estimate of anticipated income from the employment verification letter, or an average of the previous three through twelve month period for ongoing eligibility. Families shall not be required to provide income verification on a monthly basis.

"Intentional Program Violation (IPV)" means an intentional act committed by an individual for the purposes of establishing or maintaining a Colorado Child Care Assistance Program household's eligibility to receive benefits for which they were not eligible.

"Involuntarily out of the home" means circumstances where an adult caretaker is out of the home due to circumstances beyond his/her immediate control to include, but not be limited to, incarceration, military service, resolution of immigration issues, and/or restraining orders.

"Irregular income" means any income in the certification period that totals less than \$50 in a calendar month, such as slight fluctuations in regular monthly income and/or that which is received too infrequently or irregularly to be reasonably anticipated, shall not be counted.

"Job search" means an eligible activity for low-income child care adult caretaker(s) that is limited to 180 actual days of child care in a 12-month period, when approved and monitored to ensure that activities comply with county standards. The 12-month period begins on the first actual day of job search. *[Eff. 07/01/2009]*

"Low-Income Program" means a child care component within the Colorado Child Care Assistance Program that targets families with an adult caretaker(s) who is/are in an eligible activity and not participants in the Colorado Works assistance unit or Employment First program.

"Negative licensing action" means a Final Agency Action resulting in the denial, suspension, or revocation of a license issued pursuant to the Child Care Licensing Act or the demotion of such a license to a probationary license. The Colorado Child Care assistance Program cannot do business with any provider who has a denied, suspended or revoked child care license.

"One adult caretaker eligible household composition" means:

- A. The adult caretaker is engaged in an eligible activity and needs child care for that same period, or

B. A two-adult caretaker household is considered a one-adult caretaker household when one adult caretaker is involuntarily out of the home.

“Overpayment” means child care assistance that an adult caretaker was paid or a provider received, for which they were not eligible.

“Parent” means a biological, adoptive or stepparent of a child who is eligible for child care subsidies under the Low-Income Program.

“Parental fee” means a child care co-payment made by a parent to the child care provider(s) and is paid prior to any state/county child care funds being expended.

“Pay stubs” means a form or statement from the employer indicating the name of the employee, the gross amount of income, mandatory and voluntary deductions from pay (i.e. FICA, insurance, etc.), net pay and pay date, along with year-to-date gross income.

“Prudent person principle” means that the rules contained herein are intended to be sufficiently flexible to allow the eligibility worker to exercise reasonable judgment in executing his/her responsibilities.

“Recipient” means the person receiving the benefit. For the purposes of the Colorado Child Care Assistance Program, the recipient is the child.

“Re-determination (Redet)” is the process to update eligibility for the Colorado Child Care Assistance Program (CCCAP). This process includes completion of the state approved form which is completed every six months or a time period determined through state approved waiver, and verification needed to determine continued eligibility.

“Relative” means a blood or adoptive relative to include, but not limited to: a brother, sister, uncle, aunt, first cousin, nephew, niece, or persons of preceding generations denoted by grand, great, great-great, or great-great-great; a stepbrother, stepsister; or, a spouse of any person included in the preceding groups even after the marriage is terminated by death or divorce.

“Self-employment” means an employed person who is responsible for all taxes and/or other required deductions from income.

“Slot contracts (county option)” means a type of rate paid to providers in communities where care may not be otherwise available to CCCAP children if the county did not reserve slots.

“Special needs” means a child who is physically or mentally incapable of caring for himself or herself or under court supervision and who has special needs identified by an Individual Health Care Plan (IHCP), Individual Education Plan (IEP), or child welfare treatment plan. The IHCP, IEP or documentation from the child welfare caseworker must be in the child’s file.

“State or local public benefit” means any grant, contract, loan, professional license, or commercial license provided by an agency of a state or local government or by appropriated funds of a state or local government.

“Substantiated” means that the investigating party has found a preponderance of evidence to support the complaint.

“Target population” means a population whose eligibility is determined by different criteria than other child care populations and have a priority to be served regardless of waiting lists, based upon appropriations. (Current target populations are families whose income is at or below 130% of the current federal poverty guidelines and teen parents.)

“Teen parent” means a parent under nineteen (19) years of age (or under 22 years of age if attending junior high/middle school, high school, GED program, or vocational/technical training activity).

“Timely written notice” means, for the purpose of CCCAP rules, that any adverse action shall be preceded by a prior notice period of eleven (11) calendar days. “Timely” means that written notice is mailed to the household the business day following the date the action was taken. The eleven (11) calendar day prior notice period constitutes the period during which assistance is continued and no adverse action is to be taken during this time.

“Training (county option)” means educational programs including post secondary training for a bachelor's degree or less, or vocational or technical job skills training for a period of up to 48 months per eligible adult caretaker(s). Educational activities such as GED, high school diploma, English as a Second Language, or adult basic education are considered training for a period of up to twelve (12) months per eligible adult caretaker.

“Transition families” means families ending their participation in the Colorado Works Program due to employment or training who have signed a client responsibilities agreement form and verified eligibility for Low-Income Child Care Assistance.

“Two parent eligible household compositions” include:

- A. A two parent household where both “parents” are engaged in an eligible activity during the same hours and neither can care for the child(ren); or,
- B. A two parent household when one parent is voluntarily absent from the home for a temporary period of time but both parents are in an eligible activity; or,
- C. One parent is engaged in an eligible activity and the second parent is incapacitated such that, according to a medical professional (i.e. a physician or licensed certified psychologist), they are unable to care for the child/ren.

“Units” or “unit of care” means the period of time care is billed by a provider and paid for a family. (These units would be full-time or part-time units.)

“Voluntarily out of the home” means circumstances where a parent is out of the home due to his/her choice to include, but not be limited to, employment, vacations, and/or family emergencies.

“Willful misrepresentation/withholding of information” means a willful misrepresentation/withholding of information, including understatement, overstatement, or omission, whether oral or written, made by a household in response to oral or written questions from the department, and/or a willful failure by a household to report changes in income, or other circumstances which may affect the amount of payment.

### **3.904 ELIGIBILITY FOR THE COLORADO CHILD CARE ASSISTANCE PROGRAM [Eff. 04/01/2009]**

(Reserved for Later Use)

### **3.905 ARRANGEMENT FOR CHILD CARE SERVICES [Eff. 04/01/2009]**

#### **A. Adult Caretaker**

Counties shall provide adult caretakers with information on all available types of providers in the community: centers, family child care homes, exempt family child care home providers and in-home child care. In addition, counties shall provide adult caretakers with information as required by the State including, but not limited to, information regarding health care coverage for their children, voter registration, and applications for food benefits.



## B. Parental Fees

1. Parental fees are based on gross countable income for the child care household compared to the household size and in consideration of the number of children in care. Parental fee revisions for child care may occur upon reported changes and/or re-determination (refer to section 3.919).

Colorado works recipients in a paid employment activity will pay parental fees based on gross countable income. If the household has countable deemed income, that amount will be included in the gross pay calculations for parental fees.

2. All parents are required to pay a fee except in the following cases:
  - a. One or two teen parent households who are in middle/junior high, high school, GED, or vocational/technical training activity and for whom payment of a fee produces a hardship. The parental fee may be waived entirely and documented in the case file. The parental fee waiver must be reviewed during each re-determination.
  - b. Colorado Works participants enrolled in activities other than paid employment.
  - c. Child Welfare Child Care households as defined in the Social Services rule manual, Section 7.302.6 (12 CCR 2509-4).
  - d. Employment First households as defined in the Food Stamp staff manual, Section B-4215 (10 CCR 2506-1).
3. The initial or revised fee shall be effective the first full calendar month after the end of the timely written notice period. A parental fee shall not be assessed or changed retroactively.
4. The fee is due on the first calendar day of each month and shall be paid by the parent directly to the provider(s). Parental fees are used as the first dollars paid for care. The counties or their designee shall not be liable for the fee payment.
5. When more than one provider is being used by the same family, child care staff shall designate to whom the parent pays a fee or in what proportion the fee shall be split between providers. The full parental fee must be paid each month, but parental fees shall not exceed the cost of care.
6. Adult caretakers will be informed of their responsibilities related to fee payment on their signed client responsibilities agreement form.
7. Loss of eligibility for child care subsidies will occur if parents do not pay their parental fees; do not make acceptable payment arrangements with the providers; or, do not follow through with the arrangements. Notice of termination for such loss of eligibility shall be given in accordance with Section 3.915.3. Providers shall report non-payment of parental fees no later than the end of the month following the month the parental fees are due unless county policy requires it earlier. If a household's benefits are terminated for non-payment of parental fees, that household will remain ineligible until:
  - a. Delinquent parental fees are paid in full; or,
  - b. Adequate payment arrangements are made with the provider to whom the fees are owed and an agreement is signed by both parties; or,
  - c. County determination of verified good faith efforts to make payment to the provider(s),

when the client was unable to locate the provider(s).

8. The parent and provider(s) must be given timely written notice of the parental fee amount, on the child care certificate, at least eleven (11) calendar days prior to the first of the month the parental fee is effective.

9. Parental fees shall be assessed based on the following formula:

- a. For families whose household income is below 50% of the Federal poverty levels, the fee is equal to 7% of the household income.
- b. For families whose household income is at least 50% and below 75% of the Federal poverty levels, the fee is equal to 8% of the household income.
- c. For families whose household income is at least 75% and below 100% of the Federal poverty levels:
  - 1) The fee for the first child in care is equal to 9% of the household income;
  - 2) The fee will be increased by \$5 for each additional child in care.
- d. For families whose household income is at least 100% and below 130% of the Federal poverty levels:
  - 1) The fee for the first child in care is equal to 10% of the household income;
  - 2) The fee will be increased by \$15 for each additional child in care.
- e. For families whose household income is at least 130% and below 160% of the Federal poverty levels:
  - 1) The fee for the first child in care is equal to 11% of the household income;
  - 2) The fee will be increased by \$25 for each additional child in care.
- f. For families whose household income is at least 160% and below 185% of the Federal poverty levels:
  - 1) The fee for the first child in care is equal to 12% of the household income;
  - 2) The fee will be increased by \$35 for each additional child in care.
- g. For families whose household income is at least 185% and below 205% of the federal poverty levels:
  - 1) The fee for the first child in care is equal to 13% of the household income;
  - 2) The fee will be increased by \$40 for each additional child in care.
- h. For families whose household income is at least 205% and at or below 225% of the federal poverty levels:
  - 1) The fee for the first child in care is equal to 14% of the household income;
  - 2) The fee will be increased by \$40 for each additional child in care.

- i. For families who become ineligible because their income exceeds the gross monthly income as set by the county, who meet the guidelines as outlined in Section 3.919, H, and whose household income does not exceed 85% of the State's median income:
    - 1) The fee for the first child in care is within the range of 12% to 25% of the household income;
    - 2) The fee will be increased by \$40 for each additional child in care;
    - 3) The parental fees shall be increased incrementally as outlined by the individual family transition plan up to the six month limit.
  - j. Parental fees, as assessed by the parental fee formula, may be reduced to \$5 for hardship reasons for up to six (6) months per hardship award. The county director or his/her designee must approve fee reductions and a written justification placed in the case file and noted in the case record on the Child Care Automated Tracking System. Any hardship award may be extended so long as justification for extending the hardship award exists.
10. Counties will be notified of the parental fees at various income levels based on the above formula through at least a yearly Agency Letter following the annual issuance of the Federal poverty levels. Counties shall update parental fees no later than the next scheduled re-determination.
11. When all children in a family are in part-time care, the parental fee shall be assessed at 55% of the above-calculated fee. Part-time care is defined as an average of less than 13 full-time units or equivalent full-time units of care per month.

#### C. Adult Caretaker Responsibilities

- 1. Adult caretakers shall sign the State prescribed client responsibilities agreement form, which outlines child care program participation requirements.
- 2. Adult caretakers have the responsibility to report and verify any changes in writing within ten (10) calendar days.
- 3. Adult caretakers must provide current immunization records for their children in care as required by the county.
- 4. Households must cooperate with the Child Support Enforcement Unit or the delegate agency for all children with an absent parent, regardless of receipt of child care assistance for that child, as required by the county (see Section 3.919, L).
- 5. Adult caretakers must report changes in child care providers prior to the change.
- 6. All adult caretakers must sign the application/re-determination form and releases.
- 7. All adult caretakers must verify the schedule of their eligible activity.
- 8. When a primary adult caretaker is attesting to the identity of his/her child, a picture ID of the adult caretaker is needed to verify attestation authority.

#### D. Authorization for Payment

Counties shall use the state prescribed child care certificate form to purchase care on a child by child basis and identify the amount of care and length of authorized care. Payment for care will be authorized for providers who have a license or who are exempt and have a current, signed fiscal agreement with the county (see 3.908 Eligible Facilities).

1. When payment will be made to the provider(s), the county must forward the child care certificate form to the provider(s) within seven (7) working days of determined eligibility. This time limit applies to original, changed and terminated actions. The state may not reimburse counties if the seven working day requirement is not met.
2. Child care will be paid for children under the age of thirteen (13) for a portion of a day, but less than 24 hours. Child care for eligible activities will include reasonable transportation time from the child care location to eligible activity and from eligible activity to child care location.
3. Children over the age of 13 but up to age nineteen (19), who are physically or mentally incapable of caring for himself or herself or under court supervision, may be eligible under special needs child care criteria for a portion of a day but less than 24 hours. Counties may pay more for special needs child care based upon verified individual needs and documented in county policy, but rates cannot exceed the provider's published private pay rates.
4. Counties may pay for activity fees if the provider charges such fees, and if the Child Care Fiscal Agreement contains the provider's policy on activity fee costs. Counties shall set their own limit on activity fees with prior notice to the State Department.
5. Counties may pay for transportation costs if the provider charges such costs, and if the Child Care Fiscal Agreement contains the provider's policy on transportation costs. Allowable costs include the provider's charges for transportation from the provider's facility to another child care or school facility. Transportation costs do not include travel between a parent's home and the provider's facility. Counties shall set their own limit on transportation fees with prior notice to the State Department.
6. Counties may pay for registration fees if the provider is licensed, and if the Child Care Fiscal Agreement contains the provider's policy on registration costs. Counties shall set their own limit on registration fees with prior notice to the State.

### **3.906 PURCHASE OF SERVICES [Eff. 04/01/2009]**

#### **A. Exempt Family Child Care Home provider requirements:**

1. Child care provider(s) shall be at least eighteen (18) years of age (Social Services rule Section 7.707.41, A, 3; Section 26-6-106(1)(a), C.R.S.; and, 45 CFR 98.2 Subtitle A (10-1-03 edition)).
2. An exempt family child care home provider and any adult eighteen years of age or older who resides in the provider's home shall be subject to the fingerprint-based criminal history records check and a review of the state administered database for previous agency contacts regardless of where the care is provided, as part of the following procedures:
  - a. Upon submission of the completed background check packet, as determined by state procedures, an exempt family child care home provider shall submit certified funds (i.e., money order or cashier's check) to cover all fees indicated below.

- 1) A fee for the administrative costs referred to in Section 7.701.4, F (12 CCR

2509-8).

- 2) A fee for each set of submitted fingerprints for any adult in the home, 18 years of age or older, to offset the costs associated with processing the criminal background check through the Colorado Bureau of Investigation and the Federal Bureau of Investigation if the individual lived in Colorado for less than two (2) years. Payment of the fee for the criminal record check is the responsibility of the individual being checked.
- b. An exempt family child care home provider who has submitted to a background check may be eligible to receive moneys from publicly funded State child care assistance programs.
  - c. As a prerequisite to signing a fiscal agreement with a county department of social/human services or its designee, an exempt family child care home provider shall sign an attestation. The attestation affirms he or she, and any adult residing in the exempt family child care home, has not been adjudged by a court of competent jurisdiction to be insane or mentally incompetent to such a degree that the provider cannot safely care for children.
  - d. The provider(s) may continue to receive publicly funded State Child Care Assistance Program moneys as long as the provider(s) or other adult is not ineligible due to the following circumstances:
    - 1) Conviction of child abuse, as described in Section 18-6-401, C.R.S.;
    - 2) Conviction of a crime of violence, as defined in Section 18-1.3-406, C.R.S.;
    - 3) Conviction of any felony offense involving unlawful sexual behavior, as defined in Section 16-22-102 (9), C.R.S.;
    - 4) Conviction of any felony that on the record includes an act of domestic violence, as defined in Section 18-6-800.3, C.R.S.;
    - 5) Conviction of any felony involving physical assault, battery or a drug-related/alcohol offense within the five years preceding the date of the fingerprint-based criminal background check;
    - 6) Conviction of any offense in another state substantially similar to the elements described in Items 1) to 5), above;
    - 7) Has shown a pattern of misdemeanor convictions within the ten (10) years immediately preceding submission of the application. "Pattern of misdemeanor" shall include consideration of Section 26-6-108(2), C.R.S., regarding suspension, revocation and denial of a license, and shall be defined as:
      - a) Three (3) or more convictions of 3rd degree assault as described in Section 18-3-204, C.R.S., and/or any misdemeanor, the underlying factual basis of which has been found by any court on the record to include an act of domestic violence as defined in Section 18-6-800.3, C.R.S.; or,
      - b) Five (5) misdemeanor convictions of any type, with at least two (2) convictions of 3rd degree assault as described in Section 18-3-

204, C.R.S., and/or any misdemeanor, the underlying factual basis of which has been found by any court on the record to include an act of domestic violence as defined in Section 18-6-800.3, C.R.S.; or,

c) Seven (7) misdemeanor convictions of any type.

8) Has been determined to be responsible in a confirmed report of child abuse or neglect.

e. An exempt family child care home provider shall notify the county with whom he or she has contracted pursuant to a publicly funded state Child Care Assistance Program, within ten (10) calendar days of any circumstances that result in the presence of any new adult in the residence.

3. For renewals, the county shall mail fiscal agreements at least sixty (60) calendar days prior to the end date of the previous fiscal agreement. Fiscal agreements are effective on the first calendar day of the month the fiscal agreement is completed, signed, and received by the county.

4. When a county opts to make payments directly to parents under subsection C below, the parent must sign a parental payment agreement agreeing to all the terms and conditions therein.

B. Licensed facility requirements:

1. The provider(s) shall be licensed.

2. For renewals, the county shall mail fiscal agreements sixty (60) calendar days prior to the end date of the previous fiscal agreement. Fiscal agreements are effective on the first calendar day of the month the fiscal agreement is completed, signed and received by the county.

C. Payment methods for all providers:

Payment for purchased child care shall be made to the provider(s) under the following options:

1. County makes payment through an automated system to the provider(s) if it is an exempt family child care home provider(s) or licensed facility.

2. If the parent has selected an exempt family child care home provider, the county may opt to make payment through an automated system to the parent.

a. The parent shall pay the provider(s) the full amount of the payment including any parental fee.

b. The parent shall lose eligibility for child care subsidies if the parent does not pay these funds or make acceptable payment arrangements with the provider(s). Notice will be provided to the parent in accordance with section 3.915.3.

c. If benefits are terminated for non-payment the parent will remain ineligible for future child care program assistance until arrangements are made for payment with the provider(s) or until county determination that a verified good faith effort was made to pay the provider(s).

- D. Providers who are denied a Fiscal Agreement or whose Fiscal Agreement is terminated may request an informal conference with staff responsible for the action, the supervisor for that staff and the county director or director's designee to discuss the basis for this decision and to afford the provider(s) with the opportunity to present information as to why the provider(s) feels the county should approve or continue the Fiscal Agreement. Any request for a conference shall be submitted in writing within fifteen (15) calendar days of the date the provider is notified of the action. The county shall hold that conference within two (2) weeks of the date of the request. The county shall provide written notice of its final decision to the provider(s) within fifteen (15) business days after the conference.

**3.907 (RESERVED FOR LATER USE) [Eff. 04/01/2009]**

**3.908 ELIGIBLE FACILITIES [Eff. 04/01/2009]**

Child Care Services may be purchased from the following facilities:

**A. Exempt Child Care Providers**

1. Exempt family child care home: a non-licensed family child care home in which less than twenty-four (24) hour care is given at any one time for only one child, two or more children who are siblings from the same family household, or children who are a relative of the provider. This includes the following relationships for types of care:
  - a. "Relative in-home care" means care provided by a relative in the child's own home by a person who does not meet the definition of "adult caretaker" in Section 3.903.
  - b. "Relative out-of-home care" means care provided by a relative in another location by a person who does not meet the definition of "adult caretaker" in Section 3.903.
  - c. "Non-relative in-home care" means care provided by a person, who is not related to the child, in the child's own home by a person who does not meet the definition of "adult caretaker" in Section 3.903.
  - d. "Non-relative out-of-home care" means care provided by a person, who is not related to the child, in another location by a person who does not meet the definition of "adult caretaker" in Section 3.903.
2. Other exempt child care facilities: this includes a facility that is approved, certified, or licensed by any other state department or agency, or by a federal government department or agency, which has standards for operation of the facility and inspects or monitors the facility, and who has been declared exempt from the Child Care Licensing Act as defined in rule manual 7, Section 7.701.11, B (12 CCR 2509-8).

**B. Licensed Facilities**

The following facilities are required to be licensed and comply with Licensing Rules as defined in the Social Services rule manual, Sections 7.701 through 7.712 (12 CCR 2509-8):

1. Family Child Care Homes
2. Child Care Centers which are less than 24-hour programs of care by whatever name known, as defined in Section 26-6-102(1.5), C.R.S.

**3.909 REGISTRATION OF LEGALLY EXEMPT PROVIDERS [Eff. 04/01/2009]**

The counties or their designee shall register exempt child care providers and include the following provider information: name, address (not a P.O. Box #), phone number and social security number. Pursuant to Section 24-76.5-103, C.R.S., counties or their designee must verify the lawful presence in the United States of all applicants for state or local public benefits, or federal benefits provided by the Colorado Department of Human Services, or by the county departments of human/social services or their designee under the supervision of the State Department pursuant to Section 3.140.11. Any contract provided by an agency of a state or local government is considered a public benefit.

### **3.910 PROVIDER RATES [Eff. 04/01/2009]**

Counties will be notified of the State recommended provider(s) rates via agency letter. Counties may opt to adopt those rates or may elect to set their own rate limits. If counties elect to set their own rates, they must notify the state on the state-prescribed form prior to implementation of those rates. State and county set rates must be paid in accordance with payment policies set forth below.

- A. Payments shall be made in part time/full time daily rates. Part- time is defined as under five hours per day; full time is defined as five hours through eleven hours. Beginning with the twelfth hour of care, an additional unit of care may be paid. Part time is paid at fifty-five percent (55%) of the full time rate, unless the county designates otherwise. Counties may set rates for basic and alternative care as defined by the county and reported in the county plan.
- B. Counties shall pay for absences in accordance with the policy set by the county. Any absence policy set by the county shall address payments to hold a child's slot with a provider when the child is not in care to include, but not limited to, payments for scheduled school breaks, absences, and, holidays.
- C. Upon notice to the State, counties may negotiate fiscal agreements that are modified to include rates and fees in a single rate of payment in a slot contract.
- D. Providers who contend that the county has not made payment for care provided under the Colorado Child Care Assistance Program in compliance with these rules may request an informal conference with staff, the appropriate supervisor, the county director or the director's designee, and, if requested by the provider(s), state program staff. Any request for a conference shall be submitted in writing within fifteen (15) calendar days of the date of the action. The county shall hold that conference within two (2) weeks of the date of the request. The county shall provide written notice of its final decision within fifteen (15) business days of the conference. The purpose of the conference shall be limited to discussion of the payments in dispute and the relevant rules regarding payment.

### **3.911 CHILD CARE PROVIDER RESPONSIBILITIES [Eff. 04/01/2009]**

- A. Providers shall maintain a valid child care license as required by Colorado statute unless exempt from the Child Care Licensing Act.
- B. Providers shall report to the county if their license has been revoked, suspended, or denied within three calendar days of receiving notification or a recovery will be established of all payments made as of the effective date of closure.
- C. Providers shall sign the child care fiscal agreement and all other county or state required forms and payment shall not begin prior to the first of the month the fiscal agreement has been signed and received by the county.
- D. Providers shall develop an individualized care plan for special needs children based upon the IEP, IHCP, or child welfare treatment plan and provide a copy to the county eligibility worker.



- E. Providers shall maintain proof of current immunizations for the children in their care, if required by county policy. Immunization records shall be obtained from adult caretakers either at the time of admission or within thirty (30) calendar days of the date of admission and shall be updated annually. For children whose adult caretakers object to immunizations on religious grounds or for children whose medical condition contraindicates immunization, providers shall maintain a statement in the child's file signed by the adult caretakers stating the reason for not immunizing. This rule does not apply to the following:
1. Providers caring for children in the child's own home; or,
  2. Providers caring only for children related to the provider such as grandchildren, great-grandchildren, siblings, nieces, or nephews, etc;
- F. Providers shall maintain sign in/out sheets that the person authorized to drop off/pick up the children has signed with the time the children arrive and leave each day they attend. These records must be available for county review upon request and maintained for the current year plus three years.
- G. Providers shall report non-payment of parental fees no later than the end of the month following the month the parental fees are due unless county policy requires it earlier. The unpaid parental fees can be reported by e-mail, in writing or on the billing form.
- H. Providers shall notify the county of unexplained, frequent and/or consistent absences within ten (10) calendar days of establishing a pattern.
- I. Providers shall not charge counties more than their established private pay rates.
- J. Providers shall not charge parents rates in excess of those agreed upon in the fiscal agreement (this includes the agreed upon registration, mandatory activity and transportation fees if the county pays these fees).
- K. Providers shall offer free, age appropriate alternatives to voluntary activities.
- L. Providers shall bill counties monthly for services authorized, based on county payroll policies, and forfeit payment for services if the original billing form is submitted more than sixty (60) calendar days following the month of service.
- M. Providers shall bill only for care authorized and provided.

### **3.912 COMPLAINTS ABOUT PROVIDERS [Eff. 04/01/2009]**

Counties and the public may access substantiated complaint files regarding complaints about procedures other than child abuse at the Colorado Department of Human Services, Division of Child Care, or on the Division of Child Care's website at <https://gateway.cdhs.state.co.us/cccls/PublicFileReview.aspx>.

#### **3.912.1 COMPLAINTS ABOUT LICENSED PROVIDERS**

The following guidelines shall apply to complaints received by counties about providers:

- A. If the complaint concerns child abuse or neglect, the county shall immediately refer the complaint to the appropriate county protective services unit.
- B. If the complaint concerns a difference of opinion between a provider and a parent, the counties shall encourage the provider and parent to resolve their differences.
- C. Complaints shall be referred to the Colorado Department of Human Services, Division of Child Care

licensing staff or appropriate contracted counties the same day as it is received by the county when the complaint is about a family child care home or child care center and is related to non-compliance licensing issues.

### **3.912.2 COMPLAINTS ABOUT EXEMPT FAMILY CHILD CARE HOME PROVIDERS**

Complaints shall be referred to the Colorado Department of Human Services, Division of Child Care Licensing staff or appropriate contracted agencies the same day as it is received by the county when:

- A. The complaint is about a relative or legally exempt family child care home provider, who is alleged to be providing illegal care.
- B. The complaint is related to issues in a relative or legally exempt family child care home provider such as violation of non-discrimination laws or denial of parental access (does not include investigation of illegal care).

### **3.912.3 COUNTIES OR THEIR DESIGNEE STAFF ACCESSIBILITY TO PROVIDER INFORMATION**

The county shall make available the following provider information, including protective services information, to all staff whose responsibilities include child care subsidy services:

- A. Information known to licensing staff.
- B. Information from previous agency contacts.
- C. Information obtained from the Child Care Fiscal Agreement renewals.
- D. Information obtained from parents, caseworker visits, and other sources.
- E. Information about corrective action intervention by the counties, their designee(s), or State Department.

### **3.912.4 COUNTY REFUSAL TO AUTHORIZE CARE**

- A. Counties have the authority to refuse to enter into a Fiscal Agreement with a provider. Counties have the authority to terminate a Fiscal Agreement after eleven (11) calendar days notice by mail. The counties have the authority to terminate a Fiscal Agreement without advance notice if a child's health or safety is endangered or if the provider is under a negative licensing action as set forth in Section 7.701.26 (12 CCR 2509-8).
- B. The county may notify the provider of an immediate termination verbally, but written notice of that action shall be forwarded to the provider within eleven (11) calendar days. Any notice regarding denial or termination of a Fiscal Agreement shall include information regarding the provider's right to an informal conference as set forth in section 3.906, D.

### **3.913 COUNTY RESPONSIBILITIES [Eff. 04/01/2009]**

- A. Counties shall administer the Child Care Assistance Program in compliance with State Department fiscal and program regulations and in accordance with the terms associated with their allocation. Counties will be allocated child care funds annually. *[Eff. 04/01/2009]*
- B. Counties or their designee shall establish administrative controls to ensure appropriate internal controls and separation of duties (this means that the same employee shall not authorize and process payment for child care services). *[Eff. 04/01/2009]*

- C. Counties shall use forms as specified when required by the State Department.
- D. The county will make a decision on whether to approve or deny an application within fifteen (15) calendar days of the date the applicant or their authorized representative completes the application process. If all verification has not been submitted within thirty (30) calendar days of the application date then the county may require a new application.
- E. Counties shall act on any reported change within ten (10) calendar days of receiving information and all required verification.
- F. Counties shall make reasonable efforts to advise county residents of services available to target groups through press releases, presentations, pamphlets, and other mass media.
- G. Acceptance of inter-county transfers shall be determined by the receiving county on a case by case basis in conformance with the following:
  - 1. The parent notifies the sending county of the need to transfer services.
  - 2. The sending county contacts the receiving county to determine if the parent will receive services.
  - 3. The sending county informs the parent of the decision and, if applicable, sends appropriate paperwork to the receiving county.
  - 4. If the receiving county accepts the transfer, the counties shall negotiate the length of time that the sending county is responsible for making provider payments, not to exceed the end of the month after the date the parent moved into the receiving county. If the receiving county does not accept the transfer, the sending county terminates the case in conformance with termination procedures.
- H. Counties shall respond to requests for information or assistance from other agencies in a timely and attentive manner.
- I. The counties shall report to the State Department, in a timely and attentive manner, at such times and in such manner and form as the State Department requires.
- J. County business offices shall complete at least a random monthly review of sign in/out sheets received from the provider(s) compared to the billing sheets submitted. If the review indicates: *[Eff. 04/01/2009]*
  - 1. Unexplained, frequent absences and/or consistent absences, the county shall take action to correct the problem or terminate the placement. *[Eff. 04/01/2009]*
  - 2. That the provider(s) may have submitted an inaccurate report of attendance. Counties shall contact the provider(s) and parent to resolve the inaccuracy. *[Eff. 04/01/2009]*
  - 3. That either the parent or the provider has attempted to defraud the program or receive benefits to which they were not eligible. The county department or its designee shall report that information to the appropriate legal authority as set forth in Section 3.820. *[Eff. 04/01/2009]*
- K. Any information that is available to any eligibility program office, in which the applicant and family resides, is considered available to all county offices and shall be acted on accordingly. If an applicant and family notify their new county of their move, it is the responsibility of that county to notify the previous county of this change. *[Eff. 04/01/2009]*

- L. The county shall refer, within fifteen calendar days of establishing recovery, to the appropriate investigatory agency and/or the district attorney, any alleged discrepancy which may be a suspected fraudulent act by a household or provider of services pursuant to Section 3.912. *[Eff. 04/01/2009]*
- M. Counties shall take whatever action is necessary to recover payments when households and/or providers owe money to the State because of overpayments, ineligibility and/or failure to comply with applicable state laws, rules or procedures. Recoveries shall be done in accordance with Section 3.916, et seq. *[Eff. 04/01/2009]*
- N. County child care staff shall advise low-income parent(s) in writing and orally of the parent's responsibility to report within ten (10) calendar days, changes of circumstances and provide them with a State prescribed change of circumstance form. *[Eff. 04/01/2009]*
- O. Counties shall advise adult caretakers of their responsibility to cooperate and participate with the counties or their designee in planning for child care services. *[Eff. 04/01/2009]*
- P. Counties shall notify exempt family child care home providers in writing of the requirement to submit to the fingerprint background check at least sixty (60) calendar days prior to their current fiscal agreement ending. *[Eff. 04/01/2009]*
- Q. Counties are responsible for verifying proof of lawful physical residence in the United States for any exempt family child care home provider(s) (refer to section 3.909). *[Eff. 04/01/2009]*
- R. Counties must code child care expenditures to the appropriate program, as prescribed by the state. Failure to do so will result in non-reimbursement or other actions as deemed appropriate by the state. *[Eff. 04/01/2009]*
- S. Counties shall use the Child Care Automated Tracking System (CHATS) as prescribed by the State for the Low-Income, Colorado Works, Employment First, and Child Welfare Child Care programs. Counties which do not use CHATS as prescribed by the state will not be reimbursed. *[Eff. 04/01/2009]*
- T. Counties shall monitor expenditures of Child Care funds and may suspend enrollments, as necessary, to prevent over-expenditures in child care. *[Eff. 04/01/2009]*
- U. Counties shall obtain immunization records for children in the Low-Income Child Care Program or monitor child care providers to ensure compliance with Section 3.911, E, that require providers to maintain proof of current immunizations for the children in their care. *[Eff. 04/01/2009]*
- V. The county shall document changes in child care eligibility on the state prescribed system (provider/case note screens). *[Eff. 04/01/2009]*
- W. The parent shall be mailed notice of all actions made to the subsidy pursuant to Section 3.915.3. *[Eff. 04/01/2009]*
- X. The provider(s) shall be mailed notice of child care changes to existing subsidy pursuant to Section 3.915.3. *[Eff. 04/01/2009]*
- Y. Counties shall pay providers monthly for services provided the previous month, based on county payroll policies. If payment is delayed for any reason, the county shall notify the provider(s) in a timely manner and document the circumstances on the State prescribed system (provider note screen). *[Eff. 04/01/2009]*
- Z. In any cases where payments to licensed centers or homes are delayed more than three (3) calendar

months past the end of the month care was provided, county-only money shall be used to pay for this care. *[Eff. 04/01/2009]*

- AA. If the county opts to require Child Support Enforcement as outlined in Section 3.919, L, the county shall coordinate with the county Child Care Assistance Program or delegate agency and the delegate county Child Support Enforcement Unit. This includes, but is not limited to, the county: *[Eff. 04/01/2009]*
1. Must develop a referral process and notify the delegate Child Support Enforcement Unit within its county within fifteen calendar days of referring a family. *[Eff. 04/01/2009]*
  2. Shall determine good cause procedures pursuant to Section 3.919. Counties shall notify the delegate Child Support Enforcement Unit within its county within fifteen calendar days of making the good cause determination. *[Eff. 04/01/2009]*
  3. Shall develop cooperation and non-cooperation procedures which shall include timelines and processes for inter-department communication. *[Eff. 04/01/2009]*
  4. Shall notify Child Support Enforcement within eleven (11) calendar days of low-income case closure. *[Eff. 04/01/2009]*
- BB. If a county reduces its income eligibility requirements, a child receiving child care assistance services when the change is implemented shall continue to receive said services until the family's next eligibility re-determination or for six months, whichever is longer, so long as the family's household income remains at or below the prior income eligibility. *[Eff. 04/01/2009]*
- CC. The counties or their designee will complete a review of the state administered database for child abuse and neglect on the exempt family child care home provider(s) and any one in the provider's household who is eighteen (18) years and over. *[Eff. 04/01/2009]*
- DD. The counties or their designee shall screen the exempt family child care home provider(s) and any other adult eighteen (18) years of age and older for current or previous agency contacts. *[Eff. 04/01/2009]*
- EE. The counties or their designee shall verify the residence of any applicant for child care assistance to ensure that they live in the county where they are applying for assistance. *[Eff. 04/01/2009]*
- FF. When a case is approved for child care, the start date shall be the date the application was completed, signed and received by the county or when the client became eligible, whichever is later. *[Eff. 04/01/2009]*
- GG. If a family is not transitioned from Colorado Works to Low-Income Child Care, the county shall provide notice as set forth in sections 3.915.3 and 3.915.4. *[Eff. 04/01/2009]*
- HH. Whenever possible in processing re-determinations of eligibility for current clients, counties shall use information that is already available in other sources to document citizenship and identity. *[Eff. 04/01/2009]*
- II. Counties shall allow applicants who declare their children are citizens of the U.S. no more than six months to obtain the documents needed to meet the citizenship documentation requirement for the children. *[Eff. 04/01/2009]*
- JJ. The county will act within five (5) business days on any referrals from Colorado Works that requests child care or makes changes to child care. *[Eff. 04/01/2009]*

- KK. The county shall not close any Colorado Works child care cases until the end of the month the Colorado Works case is closed. Since clients are eligible for Colorado Works for the entire month, they are also eligible for Colorado Works child care. *[Eff. 04/01/2009]*
- LL. The county shall not require Social Security Numbers or cards for any man, woman or child who applies for child care assistance. Social Security Numbers or cards may be used as documentation for proof of citizenship for the children in care. *[Eff. 04/01/2009]*
- MM. Prior to approving a fiscal agreement with any provider, the county shall compare the provider's private pay rates to the county's rates to ensure that county payments do not exceed private pay rates. *[Eff. 04/01/2009]*
- NN. Counties shall review fiscal agreements on a random basis at least twice yearly to ensure that the provider's current private pay rates are not less than the agreed-upon county rates. If private pay rates are found to be less than the agreed upon county rates, a new fiscal agreement shall be negotiated and a recovery established against the provider. *[Eff. 04/01/2009]*
- OO. Counties shall have fiscal agreements signed by the provider and county staff prior to updating them in the State prescribed system. *[Eff. 04/01/2009]*

### **3.914 PROGRAM FUNDING *[Eff. 04/01/2009]***

The Colorado Child Care Assistance Program will be funded through annual allocations made to the counties. Nothing in these rules shall create a legal entitlement to child care assistance. Counties may use annual allocation for child care services which include direct services, administration, and expanding availability, affordability, and accessibility of child care. A minimum of seventy percent (70%) of annual child care allocation shall be spent on direct services (refer to 45 CFR 98.2 Subpart F, revised 10-1-07).

Each county shall be required to meet a level of county spending for the Colorado Child Care Assistance Program that is equal to the county's proportionate share of the total county funds set forth in the annual general appropriation Act for the Colorado Child Care Assistance Program for that State fiscal year. The level of county spending shall be known as the county's maintenance of effort for the program for that State fiscal year.

The Maintenance of Effort (MOE) calculation for SFY2003-2004 will make up fifty percent (50%) of the difference between the current county MOE percentage compared to the current percentage of the total allocation that each county receives. The Maintenance of Effort allocation for SFY2004-2005 will make of the additional fifty percent (50%) of the difference between the current county MOE percentage compared to the current percentage of the total allocation that each county receives, to bring the counties to one hundred percent (100%) concurrence by SFY2005-2006. At that time, each county's MOE percentage will be fully proportionate to that county's allocation percentage.

### **3.915 APPLICANT RIGHTS *[Eff. 04/01/2009]***

#### **3.915.1 ANIT-DISCRIMINATION**

Child care programs shall be administered in compliance with Title VI of the Civil Rights Act of 1964 (42 USC 2000(d)), Title II of the Americans with Disabilities Act (42 USC 12132(b)), and the requirements of Section 504 of the Rehabilitation Act of 1973 (29 USC 794); no later amendments or editions are incorporated. Copies of this material may be inspected by contacting the Division of Child Care, 1575 Sherman Street, Denver, Colorado; or any state publications depository library.

- A. Counties or their designee shall not deny a person aid, services, or other benefits or opportunity to participate therein, solely because of age, race, color, religion, sex, national origin, political beliefs, or disability.

- B. No otherwise qualified individual with a physical or mental disability shall solely, by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity provided by the counties or their designee(s).
- C. The county shall make services available to all eligible parents, subject to appropriations, including those with mental and physical disabilities and non-English speaking individuals, through hiring qualified staff or through purchase of necessary services.

### **3.915.2 CONFIDENTIALITY**

The use or disclosure of information by the counties or their designee(s) concerning current or prior applicants and recipients shall be prohibited except for purposes directly connected with the administration of public assistance and welfare and related State Department activities which include:

A. Administration of county child care programs:

- 1. Establishing of eligibility.
- 2. Determining amount and type of child care assistance to be provided.
- 3. Providing child care assistance.

B. Any investigation, recovery, prosecution, or criminal or civil proceeding in connection with the administration of the program.

### **3.915.3 TIMELY WRITTEN NOTICE OF ADVERSE ACTION**

A decision to take adverse action concerning an applicant or a provider for assistance payments will result in a written notice mailed to the applicant or provider within one (1) business day of the decision. Eleven (11) calendar days will follow the mailing of the notice before adverse action is actually taken with the following exceptions, which require no prior notice:

- A. When facts indicate an overpayment because of probable fraud or an intentional program violation and such facts have been verified to the extent possible.
- B. When the proposed adverse action is based on a clear, written statement signed by the individual which states that s/he no longer wishes to receive assistance or services.
- C. When the counties or their designee(s) have confirmed the death of a recipient or of the applicant when there is no other eligible applicant(s) available or willing to act as the new payee.
- D. The counties have the authority to terminate a fiscal agreement with any provider without advance notice if a child's health or safety is endangered or if the provider is under a negative licensing action.

### **3.915.4 APPLICANT/RECIPIENT AND PROVIDER APPEAL RIGHTS**

Counties' or designee(s)' staff shall advise adult caretakers in writing at the time of application and in the notice of adverse action of their right to a county dispute resolution conference or state level fair hearing pursuant to Sections 3.840 and 3.850, "Applicant/Recipient Rights Regarding Proposed Actions".

Providers shall be informed of their right to a county dispute resolution conference on the reverse side of their copy of the child care certificate pursuant to Section 3.840, "County Dispute Resolution Process".

### **3.916 CHILD CARE AND RECOVERY [Eff. 04/01/2009]**

### **3.916.1 WHEN OVERPAYMENT IS RECOVERED**

When the counties or their designee have determined that a recipient has received public assistance for which he or she was not eligible due to an increase in income, or any other change in circumstances that would affect the recipient's eligibility or payment; or a child care provider has received child care payments they were not eligible for:

- A. The department, or its designee(s), determines if the overpayment is to be recovered. Exception from recovery includes all of the following for the household:
  - 1. Who is without fault in the creation of the overpayment; and,
  - 2. Who has reported any increase in income or change in resources or other circumstances affecting the recipient's eligibility within the timely reporting requirements for the program.
- B. The department or its designee determines whether there was willful misrepresentation/withholding of information and considers or rules out possible fraud;
- C. The department or its designee determines the amount of overpayment;
- D. The department or its designee notifies the household or provider(s) of the amount due and the reason for the recovery using the prior notice rules;
- E. The department or its designee enters the amount of the overpayment and other specific factors of the situation in the case record, including the calculation used to determine the recovery amount, and in the Colorado Automated Recovery System (CARS).

### **3.916.2 LIMITATIONS – TIME AND AMOUNT**

- A. A claim for repayment of excess public assistance is established when the overpayment occurred during the twelve (12) months preceding the month in which the overpayment was discovered except:
  - 1. When the criteria for not recovering an overpayment are met (refer to Section 3.916.1, A);
  - 2. When a single overpayment or several overpayments have been made within the prior twelve (12) months and the overpayments total less than \$50, a claim for repayment is not made.
- B. If an overpayment occurs due to willful misrepresentation or withholding of information and the county is unable to determine income and activity eligibility criteria for child care previously provided, either through verification from the client or provider(s) or access to other verification sources, the county shall recover the entire benefit for the affected months.
  - 1. For willful misrepresentation/withholding of information, all overpayments will be pursued regardless of how long ago they occurred.
  - 2. For willful misrepresentation/withholding of information, there is no minimum recovery amount.

### **3.916.3 RECOVERY PROCESS**

- A. When it is determined that an overpayment has occurred, the counties or their designee shall:
  - 1. Document the facts and situation which produced the overpayment and retain this documentation until the overpayment is paid in full;



2. Determine what benefits the client was eligible for, whenever possible, and only recover benefits for which the client(s) were found to be ineligible, except in the case of willful misrepresentation or withholding of information (refer to Section 3.916.2, B);
  3. Determine for what payments the provider was not eligible and only recover those payments;
  4. Initiate timely and adequate notice as set forth in the "Prior Notice" section. Such notice shall include a complete explanation, including applicable rules, concerning the overpayment, recovery sought and appeal rights;
  5. Following the eleven (11) calendar day prior notice period and the county dispute resolution and/or state appeal hearing process, take action to ensure prompt recovery;
  6. Pursue all legal remedies available to the county in order to recover the overpayment. Legal remedies include, but are not limited to, judgments, garnishments, claims on estates and the State Income Tax Refund intercept process.
  7. In accordance with Sections 26-2-133 and 39-21-108, C.R.S., the state and counties or their designees may recover overpayments of public assistance benefits through the offset (intercept) of a taxpayer's State Income Tax Refund. Rent rebates are not subject to the offset procedure. This method may be used to recover overpayments which have been:
    - a. Determined by final agency action; or,
    - b. Ordered by a court as restitution; or,
    - c. Reduced to judgment.
- B. Prior to certifying the taxpayer's name and other information to the Department of Revenue, the Colorado Department of Human Services shall notify the taxpayer, in writing at his/her last-known address, that the state intends to use the tax refund offset to recover the overpayment. In addition to the requirements of Section 26-2-133(2), C.R.S., the pre-offset notice shall include the name of the counties claiming the overpayment, a reference to child care as the source of the overpayment, and the current balance owed. The taxpayer is entitled to object to the offset by filing a request for a county dispute resolution conference or state hearing within thirty (30) calendar days from the date that the State Department mails its pre-offset notice to the taxpayer. In all other respects, the procedures applicable to such hearings shall be those stated elsewhere in Section 3.840 and Section 3.850. At the hearing on the offset, the counties or their designee, or an Administrative Law Judge (ALJ), shall not consider whether an overpayment has occurred, but may consider the following issues if raised by the taxpayer in his/her request for a hearing whether:
1. The taxpayer was properly notified of the overpayment,
  2. The taxpayer is the person who owes the overpayment,
  3. The amount of the overpayment has been paid or is incorrect, or
  4. The debt created by the overpayment has been discharged through bankruptcy.

### **3.917 FRAUD [Eff. 04/01/2009]**

Fraud is subject to criminal action and must be proven beyond a reasonable doubt by a court of appropriate jurisdiction. The three basic elements, which have to be proven, are:

- A. The misrepresentation or concealment must have been deliberate and done intentionally. Fraud does not exist if the misrepresentation or concealment is the result of an unintentional act, a misunderstanding, or mental incompetence; and,
- B. The suspected fraudulent act must have been for the express purpose of receiving or attempting to receive or obtain assistance to which the individual was not eligible; and,
- C. It must be shown that, if the counties or their designee had been aware of the facts, assistance should not have been granted or should have been granted in a lesser amount.

### **3.917.1 ESTABLISHING FRAUD**

Colorado statutes provide for fraud charges to be filed against an individual and any person who aided another person in securing public assistance for which he or she was ineligible by misrepresenting or concealing essential facts.

- A. The misrepresentation or concealment must concern a fact that would affect eligibility or payment. This includes household composition, income, eligible activity, and any other eligibility factor.
- B. The misrepresentation may be oral or written. It can be in the form of an application for assistance, a written or verbal communication to the Department, a re-determination form, or failure to notify the Department of a change in circumstances that would affect eligibility or payment.
- C. Criminal intent must be proven beyond a reasonable doubt; therefore, the misrepresentation or concealment must be verified by written documentation and must relate to facts that existed at the time of the misrepresentation or concealment.
- D. In collecting evidence of fraud, the counties or their designee shall not violate the legal rights of the individual. When the Department questions whether an action it contemplates might violate the legal rights of the individual, it shall seek the advice of its legal advisor.
- E. Determination of whether fraud exists and referral to the District Attorney are within the administration of the public assistance programs involved and are not considered a violation of safeguards and restrictions provided by confidentiality rules and regulations.

### **3.917.2 REFERRAL TO DISTRICT ATTORNEY**

When the counties or their designee(s) determine that they have paid or are about to pay for child care as a result of a suspected fraudulent act, the facts used in the determination shall be reviewed with the counties' legal advisor, investigatory unit and/or a representative from the District Attorney's office. If the available evidence supports suspected fraud, the case shall be referred to the District Attorney. All referrals to the District Attorney shall be made in writing and shall include the amount of assistance fraudulently received by the recipient.

The following actions may be taken:

- A. When the District Attorney prosecutes, the amount of overpayment due will be taken into consideration and may be included in the court decision and order.
- B. Interest may be charged from the month in which the amount of overpayment due was received by the collection entity until the date it is recovered. Interest shall be calculated at the legal rate.
- C. When the District Attorney decides not to prosecute, the amount of overpayment due will continue to be recovered by all legal means.

### **3.918 (RESERVED FOR FUTURE USE)**

### **3.919 ELIGIBILITY FOR LOW-INCOME PROGRAM FAMILIES [Eff. 07/01/2009]**

In order to be eligible for child care assistance the following criteria must be met:

- A. All applicants and recipients must be residents of the county from which assistance is sought and received.
- B. The applicant(s) must be an adult caretaker who meet(s) the following criteria:
  - 1. Is actively participating in an eligible activity and needs child care assistance for that same period.
  - 2. Meets the low-income eligibility guidelines set by the county and state.
  - 3. Must have physical custody of the child for the period they are requesting care.
- C. The application process must be completed and adult caretaker(s) must sign the required application forms. This includes:
  - 1. The State approved, signed form completed by the applicant or their authorized representative, which includes appeal rights. Counties with Head Start programs may accept the Head Start application in lieu of the Low-Income Child Care application for those children enrolled in the head start program; and,
  - 2. The client responsibilities agreement form; and,
  - 3. The required verification supporting the information declared on the application form; and,
  - 4. An orientation for new applicants as a county option.
- D. For families ending their participation in the Colorado Works Program due to employment or training, a Low-Income Child Care application shall not be required for transition families, except as outlined in items below. Adult caretakers shall be required to complete and sign a client responsibilities agreement form and provide verification of income and eligible activity as set forth in Section 3.919, E and J. Counties shall obtain needed verification, if available, through other public assistance programs. Counties shall re-determine the transition family's circumstances as defined in Section 3.921.

Counties shall not be required to transition families if any of the following apply:

  - 1. The family leaves the Colorado Works Program due to an Intentional Program Violation (IPV) as determined in Section 3.621 or as outlined in county policy; or,
  - 2. The family needs child care for training and the residing county does not include training as an eligible activity or the applicant has exceeded the maximum allowable training period for that county; or,
  - 3. The residing county's maximum income level is below that of the transitioning family; or,
  - 4. The residing county has a waiting list and the county waiting list policy does not exempt transition families; or,
  - 5. If a family is not transitioned for the reasons outlined above, the county shall provide notice as

set forth in Sections 3.915.3 and 3.915.4.

#### E. Low-Income Eligibility Guidelines

1. Family gross income may not exceed the maximum defined by the county of residence of the applicant. Each county shall determine its maximum gross monthly income guidelines not to exceed 85% of the state median income. Income eligibility cannot be set below 130% of federal poverty guidelines.
2. Generally, the expected monthly income amount is based on an average of the income received in the previous months; except that, when the three previous months do not provide an accurate indication of anticipated income or under circumstances as specified below, a different period of time may be applicable:
  - a. For new or changed income, a period shorter than a month may be used to arrive at a projected monthly amount;
  - b. For contract employment in cases, such as in some school systems, where the employees derive their annual income in a period shorter than a year, the income shall be prorated over the term of the contract, provided that the income from the contract is not earned on an hourly or piecework basis;
  - c. For regularly received self-employment income, net earnings will usually be prorated and counted as received in a three (3) month period, except for farm income. For further information, see Section 3.920, A, 1-2, on self-employment under countable earned income.
  - d. For all other cases where receipt of income is reasonably certain but the monthly amount is expected to fluctuate, a period of up to twelve months shall be used to arrive at an average monthly amount;
  - e. For income from rental property to be considered as self-employment income, the adult caretaker(s) must actively manage the property at least an average of twenty (20) hours per week. Income from rental property will be considered as unearned income if the adult caretaker(s) is not actively managing the property an average of at least 20 hours per week. Rental income, as self-employment or as unearned income, shall be averaged over a twelve (12) month period to determine monthly income. Income from jointly owned property must be considered as a percentage at least equal to the percentage of ownership or, if receiving more than percentage of ownership, the actual amount received.
  - f. For cases where a change in the monthly income amount can be anticipated with reasonable certainty, such as with Social Security cost-of-living increases, or other similar benefit increases, the expected amount shall be considered in arriving at countable monthly income for the month received.
  - g. Income inclusions and exclusions (Section 3.920) shall be used in income calculations.
  - h. Teen parent eligibility is determined by calculating the teen parent household's (one or two parents) gross monthly income. It does not include income from other individuals residing with the teen parent(s), including other family members.
  - i. Irregular child support income shall be averaged over a period of time up to 12 months in order to calculate household income.

### 3. Income Verification at Application

- a. Written documentation of earned and unearned income is required within thirty (30) calendar days of the date of application. Three full months of pay stubs are needed for ongoing employment or an employment verification letter for new employment.
- b. If written documentation is not available at time of eligibility determination, verbal verification from the employer or other person issuing the payment may be obtained. Written documentation supporting the verbal verification must still be provided within thirty (30) calendar days. Counties will document the verbal verification in the case file to include the date that the information was received, who provided the information, and a contact phone number.
- c. If income is not verified in writing within thirty (30) calendar days, the applicant's case will be closed and they will need to reapply for child care subsidies.

### 4. Income Eligibility at Re-Determination

Beginning with the first six-month re-determination, counties may adopt the following eligibility criteria for employed and self-employed families whose incomes exceed 130% of federal poverty guidelines. Gross monthly earned household income for employed and self-employed adults must exceed county child care payments by the following percentages:

- a. Twenty percent (20%) if one or two children are in child care.
- b. Ten percent (10%) if three or more children are in child care.
- c. County may exempt a household from meeting a percentage requirement, on a case by case basis, if five or more children are in care.

An adult caretaker may volunteer to pay a child care fee that is higher than the required fee in order to meet the eligibility criteria of this rule.

If criteria 4, a or b are not met, the family shall not be eligible for assistance.

Families who become ineligible for child care due to the provisions of this rule and re-apply for Low-Income Assistance shall meet the conditions of this rule at time of application.

This eligibility criterion may be adopted by counties within the regulatory confines contained herein upon notice to the State Department.

### F. Eligible Households

1. Eligible household compositions include the following situations:
  - a. Adult caretaker households (see Section 3.903);
  - b. Two separate adult caretakers who share custody but live in separate households may apply for the same child during periods that they have physical custody.
2. All adult caretakers are engaged in an eligible activity and cannot care for the child(ren).

3. An unrelated individual who is/are acting as an adult caretaker(s) for an eligible child, is required to obtain an affidavit from the child's biological parent or legal guardian which identifies the unrelated individual as the child's primary adult caretakers.
4. An adult caretaker, other than the biological parent, caring for children who are receiving basic cash assistance through the Colorado Works Program may be eligible for Low-Income Child Care if the adult caretaker is not a participant; and, she/he meets all other Low-Income program criteria.
5. Colorado Works applicants who meet low-income program criteria and have not yet been approved for benefits or have not received their first benefits are eligible if they meet the low-income program criteria. If it is within the first forty-five days of their Colorado Works application, they shall receive child care assistance during the Colorado Works assessment process.

#### G. Ineligible Household Compositions

1. Incapacitated single adult caretakers who are not in an eligible activity are not eligible for the low-income program.
2. Certified foster parents (relative or non-relative) who receive Title IV-E funds under foster care provider reimbursement rates for child maintenance shall not receive Low-Income Child Care for those same children. ("Foster care reimbursement rates for child maintenance" is reimbursement to cover the cost of providing food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, and reasonable travel to the child's home for visitation; refer to Social Services rule manual, Section 7.418.1, A (12 CCR 2509-5).)

#### H. Eligible Child

An "eligible child" is the child of an eligible applicant. See definition of eligible child in Section 3.903.

1. All children who have had an application made on their behalf for or are receiving child care assistance must verify that they are a U.S. citizen or qualified alien and provide proof of identity as defined by Agency Letter. Documents evidencing citizenship status must be original and unexpired (see Definitions Section 3.903, "Citizen/Legal Resident" ).
2. Children who are not attending school as defined by the Colorado Department of Education and are receiving care must provide a copy of their immunization record indicating that the children are age-appropriately immunized, unless exempt due to religious or medical reasons (see Sections 25-4-902 and 25-4-908, C.R.S.).
  - a. Counties may require a copy of the current immunization record as a part of the application process and annually thereafter in conjunction with the family's re-determination of eligibility. Families would have thirty (30) calendar days from the date of application to provide the information.
  - b. Counties that choose not to require immunization records as a part of the application and re-determination process must require providers to maintain immunization records indicating that the children are age-appropriately immunized and monitor those providers to ensure their compliance as set forth in Sections 3.911, E and 3.913, U.

#### I. Eligible Activities

Applicants must meet the criteria of at least one of the following activities:

1. Employment Criteria

Applicants may be employed full or part time. Applicants must submit written verification of employment and wages within thirty (30) calendar days of application. Owners of LLC's and S-Corporations, because they have limited personal liability for the debts and actions of the business, are considered employees of the corporation. This verification must be three months of pay stubs if ongoing employment or an employment verification letter if it is new employment.

2. Self-Employed Criteria

- a. At time of application, self-employed applicants must submit written verification of self-employment status. This verification would be a self-employment form from the Internal Revenue Service (IRS) or any other government agency with the authority to make this determination.
- b. The person must submit a ledger listing his/her income and work-related expenses. All expenses must be verified or they will not be allowed.
- c. The person must submit an expected weekly employment schedule that includes approximate employment hours. This is only required upon beginning self-employment, at application, and at re-determination.
- d. The person must show that he/she has maintained an average income that exceeds their business expenses from self-employment.
- e. The person must show that his/her taxable gross income divided by the number of hours in the employment activity equals at least the current federal minimum wage.

3. Job Search Criteria *[Eff. 07/01/2009]*

Job search child care is limited to 180 actual days of child care in a 12 month period beginning with the first actual day of job search activity. The amount of care authorized each day shall be commensurate with the amount needed to complete the job search tasks. Job search child care shall be approved in the following situations: *[Eff. 07/01/2009]*

- a. When individuals lose their jobs while enrolled in the Low-Income program and job search child care is approved and monitored. *[Eff. 07/01/2009]*
- b. For new applicants, when approved and monitored by the county worker to ensure that job search activities comply with county standards. *[Eff. 07/01/2009]*

4. Training Criteria

- a. Training is an eligible activity for teen parents who are attending junior high/middle school, high school, a GED program, or vocational/technical training activity and are under nineteen (19) years of age.
- b. For parents who are not teen parents, counties may opt to offer training as an eligible activity within the regulatory confines set forth herein. If a county intends to include training for adult caretakers as an eligible activity, the county must notify

the Colorado Department of Human Services in writing of its intention and the effective date of implementation. Child care staff may refer adult caretakers to community employment and training resources for assistance in making a training decision.

- 1) At the option of the county, educational programs include post secondary education for a first bachelor's degree or less, or vocational/technical job skills training which result in a diploma or certificate, for a maximum of forty-eight (48) months. This is limited to coursework for the degree or certificate.
- 2) In addition to the months of assistance available for post secondary and vocational or technical training, up to twelve (12) months of assistance is allowable for GED, high school diploma, English as a Second Language or adult basic education.
- 3) A maximum number of months allowed by the county for post-secondary, vocational and technical education, plus the allowable months for GED, high school diploma, English as a Second Language or adult basic education is available for each adult caretaker.

#### J. Transition Off Low-Income Assistance

At the option of the county, families receiving Low-Income Child Care Assistance, who become ineligible because their income exceeds the gross monthly income guidelines set by the county, may continue to receive assistance for up to six months following the date they became ineligible when the following criteria are met:

1. The family's gross monthly income does not exceed 85% of the state's median income, published annually by the U.S. Department of Health and Human Services, Administration for Children and Families, based on family size.
2. The family and the county work together to prepare the family for the transition off assistance.
3. Counties selecting this option notify the state in advance of their selection of this option, including an outline of the county's transition plan strategies for families.

#### K. Child Support Enforcement (County Option)

At the option of the county, families receiving Low-Income Child Care Assistance must apply for and cooperate with Child Support Enforcement pursuant to Section 26-13-106(2), C.R.S., for child support establishment, modification and enforcement services related to any support owed by absent parents to their children.

1. Counties shall refer all dependent children with a non-custodial parent regardless of child care eligibility to the Child Support Enforcement Unit or their delegates unless a good cause exemption has been granted.
  - a. Counties shall inform all adult caretakers of their right to apply for a good cause exemption in writing at the time of application as well as any time while receiving child care. Counties shall extend benefits until good cause determination is complete.
  - b. "Good cause" shall include, but not be limited to, the following valid claims:



- 1) Potential physical or emotional harm to a child or children; or,
  - 2) Potential physical or emotional harm to an adult caretaker relative; or,
  - 3) Pregnancy or birth of a child related to incest or forcible rape; or,
  - 4) Legal adoption in a court of law or a parent receiving pre-adoption services.
- c. The county director or designee shall make determination of good cause exemption.
2. The adult caretaker(s) must apply for and cooperate with the Child Support Enforcement Unit or delegate agency within thirty (30) calendar days of initial date of approval for child care. For existing child care cases, the county shall require the adult caretaker(s) to cooperate with Child Support Enforcement within thirty (30) calendar days of the date the county provides written notification of the requirement. If the adult caretaker(s) fails to cooperate within the required time frames and written notice is provided to the Child Care program by the IV-D administrator or delegate agency, the child care assistance case shall be closed.
  3. For Low-Income Child Care Assistance recipients adult caretaker(s), "cooperation" is defined as:
    - a. Applying for Child Support Enforcement within thirty (30) calendar days of being notified of the requirement; and,
    - b. Maintaining an active Child Support Enforcement case while receiving ongoing Low-Income Child Care Assistance benefits; and,
    - c. Cooperation is required for all children in the household with an absent parent regardless of child care eligibility.
  4. If the Child Care Assistance Program receives written notice within required timeframes from the Child Support Enforcement Unit that the household has not cooperated, the following steps shall be taken:
    - a. The county shall notify the household within eleven (11) calendar days, in writing, that he/she has fifteen (15) calendar days from the date the notice is mailed to cooperate or request a good cause exemption.
    - b. The household shall also be notified that the child care case and all authorizations shall be closed within fifteen calendar days, unless the household cooperates or requests a good cause exemption.
    - c. If the adult caretaker(s) fail(s) to cooperate within the required time frames and the IV-D Administrator or delegate agency, the child care assistance case shall be closed. The county shall extend benefits until good cause determination is complete, as long as the household meets all other eligibility criteria. The county shall make a good cause determination within fifteen (15) calendar days of the request.
  5. If a household's benefits are terminated due to failure to cooperate, that household shall remain ineligible in all counties that have this option until cooperation is verified by the Child Support Enforcement Unit or delegate agency.
  6. At the time of referral from the Colorado Works Program to the Low-Income Child Care

Assistance Program, the Low-Income Child Care Assistance Program shall notify households in writing within eleven (11) calendar days of the referral of his/her continued requirement to cooperate with the Child Support Enforcement Unit. The county shall also inform the Child Support Enforcement Unit of that household's continued requirement to cooperate within the same time frame.

7. The Child Care Assistance Program shall notify Child Support Enforcement within eleven (11) calendar days when a household is transitioned from Colorado Works child care to Low-Income Child Care Assistance and the household's continued requirement to cooperate.
8. Households shall not be required to cooperate with Child Support Enforcement if:
  - a. Good cause has been established; or,
  - b. The child support case is closed pursuant to Section 6.260.51 (9 CCR 2504-1); or,
  - c. The Low-Income Child Care case is a two-parent household if there are no absent parents for any children in the home.

### **3.920 ELIGIBILITY INCLUSIONS/EXCLUSIONS/ADJUSTMENTS [Eff. 04/01/2009]**

#### **A. Income Inclusions**

1. Wages, salary, armed forces pay, commissions, tips, and cash bonuses are counted before deductions are made for taxes, bonds, pensions, union dues and similar deductions. If child care is provided for an employment activity, then taxable gross wages divided by the number of hours care is provided for the employment activity only must equal at least the current federal minimum wage.
2. Taxable gross income (gross receipts minus verified business expenses from one's own business, professional enterprise, or partnership) from non-farm self-employment.
  - a. These verified business expenses include, but are not limited to:
    - 1) The rent of business premises; and,
    - 2) Wholesale cost of merchandise; and,
    - 3) Utilities; and,
    - 4) Taxes; and,
    - 5) Mileage expense for business purposes only; and,
    - 6) Labor; and,
    - 7) Upkeep of necessary equipment.
  - b. The following are not allowed as business expenses from self employment:
    - 1) Depreciation of equipment; and,
    - 2) The cost of and payment on the principal of loans for capital asset or durable goods; and,

- 3) Personal expenses such as personal income tax payments, lunches, and transportation to and from work.
  - c. If child care is provided for an employment activity, then taxable gross wages divided by the number of hours care is provided for the employment activity only must equal at least the current federal minimum wage. To determine a valid monthly income taxable gross income may be averaged for a period of up to 12 months.
3. Taxable gross income (gross receipts minus operating expenses from the operation of a farm by a person on his own account, as an owner, renter or sharecropper) from farm self-employment.
  - a. Gross receipts include, but are not limited to:
    - 1) The value of all products sold; and,
    - 2) Government crop loans; and,
    - 3) Money received from the rental of farm equipment and/or farm land to others; and,
    - 4) Incidental receipts from the sale of wood, sand, gravel, and similar items.
  - b. Operating expenses include, but are not limited to:
    - 1) Cost of feed, fertilizer, seed, and other farming supplies; and,
    - 2) Cash wages paid to farmhands; and
    - 3) Cash rent; and,
    - 4) Interest on farm mortgages; and,
    - 5) Farm building repairs; and,
    - 6) Farm taxes (not state and federal income taxes); and,
    - 7) Similar expenses.
  - c. The value of fuel, food, or other farm products used for family living is not included as part of net income. If child care is provided for an employment activity, then taxable gross wages divided by the number of hours care is provided for the employment activity only must equal at least the current federal minimum wage. To determine a valid monthly income, taxable gross income may be averaged for a period of up to twelve months. For all other cases where receipt of income is reasonably certain but the monthly amount is expected to fluctuate, a period of up to twelve months shall be used to arrive at an average monthly amount.
4. An in-kind benefit is any gain or benefit received by the household as compensation for employment, which is not in the form of money such as meals, clothing, public housing or produce from a garden.
5. Vendor payments are money payments that are not payable directly to a household, but are paid to a third party for a household expense and are countable when the person or organization making the payment on behalf of a household is using funds that otherwise

would need to be paid to the household and are part of the compensation for employment.

6. Railroad retirement insurance.
7. Veteran's pensions paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to veterans as GI insurance premiums.
8. Pensions and annuities include retirement benefit payments, 401(k) payments, IRA payments, pension payments or any other payment from an account meant to provide for a retired person or their survivors. Early payout from these accounts is countable income minus the amount deducted for penalties.
9. Dividends, interest (on savings or bonds), income from estates or trusts, net rental income or royalties include dividends from stockholders or memberships in association, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store, or other property to others, receipts from boarders or lodgers, and net royalties.
10. Inheritance, gifts, and prizes.
11. Proceeds of a life insurance policy, minus the amount expended by the beneficiary for the purpose of the insured individual's last illness and burial, which are not covered by other benefits.
12. Proceeds of a health insurance policy or personal injury lawsuit to the extent that they exceed the amount to be expended or must be expended for medical care.
13. Strike benefits.
14. Lease bonuses and royalties (e.g., oil and mineral).
15. Social Security pensions, survivor's benefits and permanent disability insurance payments made prior to deductions for medical insurance.
16. Unemployment insurance benefits.
17. Worker's compensation received for injuries incurred at work.
18. Maintenance payments made by an ex-spouse for support of the spouse as a result of dissolution of a marriage.
19. Child support payments.
20. Military allotments.
21. Non-recurring lump sum payments are included as income only in the month received. If the payment was not reported in the month received, it will be included as income the month following receipt.
22. WIA wages earned in work experience or on-the-job training.
23. AmeriCorps income.

24. CARES payments – refugee payments from Refugee Services.

B. Income Exclusions

1. Earnings of a child in the household. If the child is a teen parent, this exclusion does not apply (refer to Section 3.919, F, 2, h).
2. Supplemental Security Income under Title XVI.
3. Any payment made from the Agent Orange Settlement Fund, pursuant to P.L. No. 101-201.
4. The value of Food Stamp coupons.
5. Benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act.
6. The value of supplemental food assistance received under the special food services program for children provided for in the National School Lunch Act and under the Child Nutrition Act, including benefits received from the special supplemental food program for women, infants and children (WIC).
7. Payments received under Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act.
8. Experimental Housing Allowance Program (EHAP) payments made by HUD under Section 23 of the U.S. Housing Act.
9. Payments made from Indian judgment funds and tribal funds held in trust by the Secretary of the Interior and/or distributed per capita.
10. Distributions from a native corporation formed pursuant to the Alaska Native Claims Settlement Act (ANCSA).
11. Major disaster and emergency assistance provided to individuals and families, and comparable disaster assistance provided by states, local governments and disaster assistance organizations.
12. Payments received from the county or state for providing foster care, or for an adoption subsidy.
13. Payments to volunteers serving as foster grandparents, senior health aides, or senior companions, and to persons serving in the Service Corps of Retired Executives (SCORE) and Active Corps of Executives (ACE) and any other program under Title I (VISTA) when the value of all such payments adjusted to reflect the number of hours such volunteers are serving is not equivalent to or greater than the minimum wage, and Title II and III of the Domestic Volunteer Services Act.
14. Low-Income Energy Assistance (LEAP) Program benefits.
15. Social security benefit payments and the accrued amount thereof to a recipient when an individual plan for self-care and/or self-support has been developed.
16. Earned Income Tax Credit (EIC) payments.
17. Monies received pursuant to the “Civil Liberties Act of 1988,” P.L. No. 100-383 (by

eligible persons of Japanese ancestry or certain specified survivors, and certain eligible Aleuts).

18. Any grant or loan to any undergraduate student for educational purposes made or insured under any programs administered by the Commissioner of Education (Basic Educational Opportunity Grants, Supplementary Educational Opportunity Grants, National Direct Student Loans, and Guaranteed Student Loans); Pell Grant Program, the PLUS Program, the Byrd Honor Scholarship programs, and the College Work Study Program.
19. Training allowances granted by WIA to enable any individual, whether dependent child or caretaker relative, to participate in a training program are exempt.
20. Payments received from the youth incentive entitlement pilot projects, the youth community conservation and improvement projects, and the youth employment and training programs under the Youth Employment and Demonstration Project Act.
21. Any portion of educational loans and grants obtained and used under conditions that preclude their use for current living costs and that are earmarked for education.
22. Financial assistance received under the Carl D. Perkins Vocational and Applied Technology Education Act that is made available for attendance costs. Attendance costs include: tuition, fees, rental or purchase of equipment, materials, supplies, transportation, dependent care and miscellaneous personal expenses.
23. Any money received from the Radiation Exposure Compensation Trust Fund, pursuant to Public Law No. 101-426 as amended by Public Law No. 101-510.
24. Resettlement and Placement (R & P) vendor payments for refugees.
25. Supportive service payments under the Colorado Works Program.
26. Home Care Allowance under adult categories of assistance.
27. Loans from private individuals as well as commercial institutions.
28. Public cash assistance grants including Old Age Pension (OAP), Aid to the Needy Disabled (AND), and Temporary Assistance to Needy Families (TANF).

#### C. Income Adjustments

Verified court-ordered child support payments for children not living in the household shall be deducted prior to applying the monthly gross income to the maximum gross monthly income guidelines and when calculating parental fees. There must be a verification that payments are court ordered and actually made. Such verification must be made at the time of initial approval of eligibility for services and at the time of each re-determination of eligibility, or more frequently if there has been a change in support payments.

#### **3.921 RE-DETERMINATION [Eff. 04/01/2009]**

- A. A re-determination of eligibility shall be conducted every six (6) months. The State prescribed eligibility re-determination form shall be mailed to households at least forty-five (45) calendar days prior to the re-determination due date. Adult caretaker(s) shall complete and return to Child Care staff by the re-determination due date. Adult caretaker(s) who do not return eligibility re-determination forms and all required verification shall not be eligible for child care subsidies.

1. Employed adult caretaker(s) shall submit documentation of employment status, scheduled hours, and income.
  2. Adult caretaker(s) in training shall submit documentation from the training institution which indicates that the adult caretaker(s) is/are making satisfactory progress in school, verifies school schedule, and verifies current student status.
  3. Adult caretaker(s) shall submit current copies of immunization records as required by the county but no more than annually.
- B. Families who are transitioned from the Colorado Works Program to Low-Income Child Care shall be re-determined as defined in county policy within six (6) months of the date the Low-Income case is opened.
- C. In addition to the 6 month re-determinations, adult caretaker(s) shall report and verify all changes within ten (10) calendar days. If reported changes are substantial in nature, the county may require a re-determination prior to the six (6) month due date. Substantial changes include household composition, eligible activity, and/or change in employment.
- D. Parental fees shall be reviewed upon a reported change or at re-determination. An adjusted parental fee will be based on an average of at least the past three months gross income or a best estimate of anticipated income in the event of new employment or a change in the adult caretaker(s)' regular monthly income. The fee change shall be effective the first full calendar month after the change is reported and verified, and timely written notice is provided.
- E. If an adult caretaker(s) fails to report changes, which makes the adult caretaker(s) ineligible for all or a portion of the child care subsidies, the county shall recover the appropriate child care subsidies made during the period of ineligibility.
- F. For adult caretaker(s) whose children are enrolled in Head Start, counties may opt to extend re-determination of eligibility to annually coincide with the Head Start school schedule. These families are still responsible for notifying the county of any changes that may impact eligibility (see paragraph C. of this section).

### **3.922 TERMINATION OF CHILD CARE SERVICES [Eff. 04/01/2009]**

- A. Child care subsidies will cease for the following eligibility related reasons:
1. Eligible child exceeds age limits.
  2. Household's income exceeds eligibility guidelines.
  3. Adult caretaker(s) did not pay parental fees, an acceptable payment schedule has not been worked out between the provider(s) and adult caretaker(s) or the adult caretaker(s) has/have not followed through with the payment schedule.
  4. Adult caretaker(s) fails to report and verify eligibility changes.
  5. Adult caretaker(s) exceeds activity time limits.
  6. Adult caretaker(s) fails to comply with re-determination requirements
  7. Adult caretaker(s) is not involved in an eligible activity
  8. Adult caretaker(s) has become a participant in Colorado Works.

9. Household's income does not exceed child care costs by the required percentage at re-determination of eligibility.
  10. Adult caretaker(s) did not pay provider(s) after receiving payment, an acceptable payment schedule has not been worked out between the provider(s) and adult caretaker(s), or the adult caretaker(s) has/have not followed through with the payment schedule.
  11. Adult caretaker(s) did not submit required immunization records.
  12. Household's 6-month post-eligibility period has expired.
  13. Adult caretaker(s) is/are no longer a resident of the county.
  14. Adult caretaker(s) is/are not cooperating with child support establishment, modification or enforcement services, at county option, and, if the adult caretaker(s) has/have applied for a good cause exemption, the county director or designee has determined that the adult caretaker(s) is/are not eligible for a good cause exemption.
- B. Reason for termination shall be documented on the State prescribed document and mailed to the participant pursuant to Section 3.915.3.
- C. The provider(s) and adult caretaker(s) shall be mailed notice of termination of child care subsidy pursuant to Section 3.915.3.
- D. Upon termination from the Child Care Program, the adult caretaker(s) will have thirty (30) days from the effective date of closure to correct the information without having to reapply for benefits. Upon correcting the information, eligibility will continue as of the date the missing information was provided.
- E. Nothing in this section shall preclude an adult caretaker(s) from voluntarily withdrawing from the Low-Income program.

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## **Editor's Notes**

### **History**

Sections 3.600; 3.602; 3.625; 3.626; 3.631; 3.632 eff. 8/1/2007.

Section 3.490.21 – 22 Emer. Rule eff. 07/13/2007.

Section 3.400.19 eff. 09/01/2007.

Sections 3.490.21 and 3.490.22 eff. 09/30/2007.

Sections 3.636 through 3.638 Emer. Rule eff. 10/01/2007.

Section 3900 eff. 11/01/2007; Section 3.210.37 Repealed eff. 11/01/2007.

Sections 3.636 through 3.638 eff. 11/30/2007.

Sections 3.120; 3.130; 3.608; 3.610; 3.612; 3.618; 3.750 through 3.770; 3.810 eff. 12/01/2007.

Section 3.360.44 Emer. Rule eff. 01/01/2008.



Rule Section 3.360.44 eff. 03/01/2008.

Sections 3.614 – 3.617 Emer. Rule eff. 09/05/2008.

Sections 3.140, 3.705, 3.710, 3.711 eff. 10/01/2008.

Sections 3.614 – 3.617, 3.720, 3.730, 3.736, 3.738, 3.751, 3.752, 3.754, 3.755, 3.756, 3.758, 3.760 eff. 11/1/2008.

Section 3.140.1 eff. 01/01/2009.

Sections 3.360.44, 3.614.21, 3.614.41, 3.615, 3.616 Emer. Rule eff. 01/01/2009.

Section 3.639 Emer. Rule eff. 01/09/2009.

Sections 3.360.44, 3.614.21, 3.614.41, 3.615, 3.616 eff. 03/02/2009.

Rule Sections 3.639, 3.900 – 3.922 eff. 04/01/2009.

Sections SB&P, 3.755.43 Emer. Rule eff. 03/06/2009.

Sections 3.903, 3.919 Emer. Rule eff. 04/03/2009.

Rule Sections SB&P, 3.755.43 eff. 06/01/2009.

Sections 3.605, 3.638 Emer. Rule eff. 06/05/2009.

Rule Sections 3.903, 3.919 eff. 07/01/2009.

Sections 3.200.41(L), 3.626.12 – 3.626.15 and 3.626.21 eff. 08/01/2009.

Sections 3.605, 3.638 eff. 09/01/2009.

Sections SB&P, 3.140.171(F), 3.600.14, 3.710.31(G-H), 3.711.11, 3.711.22, 3.751.1(B), 3.752.1 – 3.752.23, 3.752.25(A), 3.754.1, 3.755.13 – 3.755.21(D), 3.755.41, 3.756.16, 3.756.19 – 3.756.2, 3.758.47, 3.759.32, 3.760.31 eff. 10/01/2009.

Sections SB&P, 3.600.12(A), 3.612.1 (HH), 3.711.11 Emer. Rule eff. 12/04/2009.

Sections SB&P, 3.600.12(A), 3.612.1 (HH), 3.711.11 eff. 03/02/2010.

Sections SB&P, 3.639.12 – 14 eff. 05/16/2010.

Sections SB&P, 3.604.2, 3.604.4, 3.604.52, 3.625.7, 3.626.1 eff. 06/01/2010.

Sections SB&P, 3.140.171 – 3.140.18, 3.360.6 – 3.360.63, 3.360.65, 3.360.68 emer. rule eff. 07/01/2010.

Sections SB&P, 3.720.21 (Deleted), 3.720.4, 3.721, 3.730.3 - 3.730.4, 3.730.6 - 3.730.8 emer. rule eff. 07/09/2010.

## **Annotations**

Rule 3.639.12 (adopted 02/06/2009) was not extended by Senate Bill 10-060 and therefore expired 05/15/2010.