

DEPARTMENT OF HUMAN RESOURCES FAMILY INVESTMENT ADMINISTRATION	TEMPORARY CASH ASSISTANCE MANUAL	
NOTICES AND LETTERS 317	COMAR: 07.03.03.18	TECHNICAL ELIGIBILITY 300

317.1 APPROVALS AND DENIALS

- A. Send a written notice when the application is:
1. Approved for payment, or
 2. Denied
- B. If approved for payment, the approval notice must include the:
1. Amount of the initial benefit
 2. Amount of the on-going benefit
 3. Income which is considered to calculate the benefit
 4. Months in the eligibility period
 5. Right to request an Administrative Hearing about the decision or amount of the benefit
 6. An additional 4 lines of free form text
- C. If the case is denied, the notice must include the:
1. Reason for the denial
 2. COMAR citation to support the action
 3. Right to request an Administrative Hearing
 4. An additional 4 lines of free form text
- Note:** At application, a case may be denied for the month of application and approved for the following month or visa versa. Both the approval and denial notification are incorporated into a single CARES notice.
- D. Follow the same notice requirements for all subsequent case actions.
1. When the benefit level increases, use case approval requirements
 2. When the benefit level decreases, follow the rules for both approvals and denials, including the:
 - a. Amount of the new benefit
 - b. Reason for the action
 - c. Income that is used to calculate the benefit
 - d. COMAR citation that supports the action

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- e. Months in the certification period
 - f. Effective date of the new benefit
 - g. Right to appeal the decision and request a fair hearing
3. When benefits terminate, use the denial notice requirements as stated in Requirement C. 1-3 above
- Include the effective date of the action

EXAMPLES

Example 1. The Smiths applied on April 27 and are eligible for a prorated grant in April and a full month benefit in May. The notice includes:

- The April benefit amount, prorated from April 27
- COMAR 07.03.03.05 is the citation for the decision for April
- The May benefit amount
- The certification period of April – September
- The income section will be blank, reflecting no income
- The right to request an appeal

Example 2. The Joneses applied on May 2 and are ineligible for May because of earned income, but are eligible for a partial benefit beginning in June. The notice includes:

- The May denial because of overscale earnings
- The COMAR 07.03.03.11 for the May overscale income
- Income used in May's calculation
- The benefit for June and subsequent months with countable earnings – COMAR 07.03.03.13
- Income used in June's calculations
- The certification period of June – November
- The right to appeal both May and June decisions

Example 3. The Gordon's application of July 10th was denied on August 9th because Ms. Gordon did not complete her job search requirements. The notice includes:

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- The reason – failure to complete job search during the application process
- The COMAR to support the decision – 07.03.03.04

317.2 ADVERSE ACTION

- A. Customers must be notified in advance of any negative action on their benefits.
- B. Any negative action taken on an application or an active assistance unit is an adverse action; these are:
 1. Denial of an application for assistance because:
 - a. FIP or other eligibility requirements not met
 - b. Requested verifications are not received
 - c. The applicant fails to cooperate with child support
 - d. The applicant fails to comply with work requirements
 - e. The applicant dies
 - f. The applicant withdraws the request for assistance
 2. Reduction in benefits because:
 - a. The size of the assistance unit decreases (an assistance unit member leaves home, or turns age 18 or 19 graduating from school)
 - b. The countable income of the assistance unit increases
 - c. An assistance unit member begins to receive new countable income (Supplemental Security Benefits, Social Security Benefits, Unemployment Benefits, etc.)
 - d. The needs of a sanctioned assistance unit member were removed
 - e. Proof of a social security number was not received (nor was proof of filing for one received)
 - f. An assistance unit member dies

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3. Suspension of benefits because:
 - a. The case is in an active no pay status (Grant diversion)
 - b. The grant amount is under \$10
 4. Closing of benefits (termination of benefits) because:
 - a. Requested verifications are not received
 - b. A full family sanction is applied
 - c. Case eligibility no longer exists
 - d. Income is higher than the grant amount
 - e. The only child in the assistance unit turns 18 or 19 graduating from school or no longer in school
 - f. Children are removed from the home and/or enter another household
 - g. Assets are over the allowable limit
 - h. The customer requests case closing
 - i. The family moves to another state
 - j. The customer failed to comply with Quality Control
 - k. The customer did not cooperate with the mandatory DEAP/TCA process
 - l. The customer dies
- C. Notify the applicant or customer, in writing, when adverse action is anticipated. Since CARES implementation, adverse action notices are automated through the system.
- D. Adverse action is effective the 1st day of the month following the month in which the adverse action period of 10 calendar days expires, unless the adverse action period is waived by the customer.

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317.3 ADEQUATE AND TIMELY NOTICE

- A. Notify the customer, during the application, recertification, or interim change process, that:
1. An eligibility factor needs to be verified or clarified
 2. Required proofs must be received in the local department by the date noted in the notice

Case managers usually provide the customer with a Request for Information form or as it is called a 1052 letter.

- B. If the customer fails to respond, send the customer adequate and timely notice which includes the following:
1. The date the notice is sent
 2. A statement of the intended action
 3. The effective date of the intended action
 4. The reason for the intended action
 5. The Code of Maryland Regulations (COMAR) supporting the intended action
 6. The rights of the customer
 7. Appeal for Fair Hearings information
 - **DHR/FIA 334 form, Appeal for Fair Hearings**
 8. The circumstances under which assistance can continue, through the end of the reconsideration period, without interruption or reduction
 9. An additional 4 lines of text on the adverse action notice

The adequate and timely notice is not a request for information.

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- C. Mail the manual notice at least 10 calendar days before the date of the intended action (timely notice).
- D. If an automated notice is being sent, allow 13 days before the date of the intended action.
 - CARES allows 3 days mailing time, which adds 3 days to the adverse action time.
- E. When benefits continue pending the decision of the appeal hearing, do not allow benefits to continue beyond the end of the redetermination due date.

Note: The application of an individual who has filed for hearing **remains denied** pending the hearing because no benefits have been issued.

- F. The CARES system generally cancels the benefit and closes the case effective the 1st day of the month after the adverse action period ends. However, see the exception section below for additional information on this process.

317.4 EXCEPTIONS TO TIMELY AND ADEQUATE NOTICE

- A. Under certain circumstances it is not necessary to give the applicant or customer **timely notice (10 days)**. These exceptions are when:
 1. There is a report from a reliable source or confirmation that the payee or an assistance unit member has died
 2. The applicant or customer provides the local department with a clearly written and signed statement requesting withdrawal of an application or the closing of an active case and waives the adverse action period on the active case
 3. The customer has been advised of a grant benefit reduction or closing of the case, waives the right to the 10 calendar days adverse action period, and provides the local department with a clearly written and signed statement of the understanding
 4. Mail sent to the applicant or customer is returned to the local department by the Post Office indicating that the individual has moved and left no forwarding address
 - The local department must make attempts to locate the individual by telephone or through social services if an active service case exists and note the outcome in the case record

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5. There is a report from a reliable source or confirmation that the household member is permanently residing in another state
 - When a case manager or representative of an out of state agency contacts the LDSS and advises that a customer is living in their state and has applied for benefits, there is no need to have written documentation.
 - Obtain the new address from the out of state contact and enter it in CARES. Waive the 10 day adverse action time and send the notice to the new address.
 6. A child is removed from the home by court order or voluntarily placed in Foster Care by the caretaker
- B. Anytime the count of an adverse action period begins in one month and expires in the next month, the intended action is effective the 3rd month.

Note: Adequate (what the notice says) notice is **always** required, even when **timely** (10 days) notice is not needed.

EXAMPLES:

Example 1. Mrs. Bradshaw applied for cash assistance on January 4th. She called the on January 7th and requested withdrawal of her application. The case manager sent the denial letter the same day.

Example 2. Mr. Ghee has been receiving assistance for himself and his family. He found full-time employment and wishes to close his TCA case. He came into the office on February 25th and signed a letter requesting cancellation of his case and also waiving his right to timely notice. Mr. Ghee assured the case manager that he understood he would not receive cash assistance for the month of March.

The cash assistance case was closed effective March 1. The family was given the medical assistance and child care extensions and the food supplement benefits went into TFS. If Mr. Ghee had not waived his right to timely notice, the case manager would have mailed adequate and timely notification on February 25th and the case would have been closed effective April 1.

Example 3. Mrs. Toler has been receiving assistance as a needy non-parent caretaker relative with her two nephews. On March 6th she called and reported she began to receive Worker's Compensation and requested to be removed

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from the benefit. The case manager sent a notice of Adverse Action (timely and adequate) on March 7 advising Ms. Toler, that she would be removed from the TCA effective April 1.

317.5 CONCILIATION AND GOOD CAUSE NOTICES

- A. Non-compliant customers are entitled to one 30 day conciliation period for each program requirement as described in Section 1000.1 of this Manual.
- B. Case managers use the conciliation period to:
 1. Advise the customer of their non-compliant behavior
 2. Investigate good cause
 3. Discuss with the customer what steps they must take to comply with the requirements
- C. The case manager must send a Notice of Non-Compliance (NONC) to the customer to advise the customer of their non-compliant behavior.
 - The local department may develop its own Notice of Non-Compliance or use the one developed at Central
- D. At each instance of non-compliance, the case manager must investigate whether the customer had good cause for not complying (not cooperating and not complying are the same).
 1. Investigating good cause can be completed through a telephone call, or by mail, e-mail or other means
 2. A face to face interview may be scheduled, but is not required
 3. Mailing a good cause letter to the customer asking for contact by the customer by a specific date is sufficient
 - The customer is responsible for contacting the case manager and try to resolve the non-compliance before a sanction is imposed

NOTICE OF NON-COMPLIANCE

Department of Social Services

Name of Local Department of Social Services /District Office

Address of Local Department of Social Services

Date of Notice

Customer Name

Assistance Unit ID

Customer Street Address

Customer City and State

Dear Mr./Mrs./Ms:

Name of Customer

Customer ID

You or a member of your family did not attend your/their appointment/assignment at

Name & Address of Appointment or Work Assignment

On

Date(s)

Family Member Who Did Not Comply

Because you or a member of your household failed to comply with a work requirement you may be subject to sanction.

You or the member of your family must:

Go to

DSS Appointment or Assignment Name and Address

on _____
Date

at _____
Time

Call

Name of case manager

at _____ by
Telephone Number

Date to contact case manager by

Call the case manager at the number above, if you or your family member has a good reason why you or the member of your family did not go to the previous appointment/assignment or cannot go to the new appointment/assignment.

IF WE DO NOT HEAR FROM YOU, WE WILL REDUCE OR CLOSE YOUR BENEFITS.