

CHAPTER 133. REDETERMINING ELIGIBILITY**GENERAL PROVISIONS**

- Sec.
133.1. Policy.
133.4. Procedures.

**REDETERMINING ELIGIBILITY PROVISIONS
FOR TANF/GA**

- 133.23. Requirements.
133.24. Procedures.

**REDETERMINING ELIGIBILITY PROVISIONS FOR MA
FOR THE CATEGORICALLY NEEDY**

- 133.73. Requirements.
133.74. Procedures.

**REDETERMINING ELIGIBILITY PROVISIONS FOR MA
FOR THE MEDICALLY NEEDY**

- 133.83. Requirements.
133.84. MA redetermining eligibility procedures.

Cross References

This chapter cited in 55 Pa. Code § 123.22 (relating to definitions); 55 Pa. Code § 125.21 (relating to policy); 55 Pa. Code § 140.111 (relating to redetermination/reapplication requirements); 55 Pa. Code § 140.321 (relating to redetermination/reapplication eligibility); 55 Pa. Code § 140.531 (relating to notice, appeal and fair hearing); 55 Pa. Code § 141.21 (relating to policy); 55 Pa. Code § 141.51 (relating to policy); 55 Pa. Code § 148.12 (relating to temporary absence from county of residence); 55 Pa. Code § 148.13 (relating to temporary absence from this Commonwealth); 55 Pa. Code § 148.16 (relating to recipients absent from the United States); 55 Pa. Code § 148.81 (relating to placement by a state in an out-of-State institution); 55 Pa. Code § 165.71 (relating to notification); 55 Pa. Code § 183.104a (relating to additions to or deletions from a budget group—statement of policy); and 55 Pa. Code § 297.4 (relating to procedures).

GENERAL PROVISIONS**§ 133.1. Policy.**

- (a) If a recipient no longer meets eligibility conditions for whatever reason, he will cease to be eligible for assistance and assistance will be discontinued.

(b) A reapplication is timely as long as it is completed within the calendar month in which it is due.

Source

The provisions of this § 133.1 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended October 4, 1991, effective October 5, 1991, apply retroactively to November 1, 1989, 21 Pa.B. 4643. Immediately preceding text appears at serial pages (153001) to (153002).

§ 133.4. Procedures.

(a) *Notice.* A notice to recipients is required whenever an action is taken or the CAO has decided that an action should be taken. The single exception to individual notification is mass grant increases in which recipients are notified by inserts with their assistance checks.

(b) *Advance notice.* Use of Advance Notice shall conform with the following:

(1) *General.* In situations other than when the confirming notice is used the client shall be provided with an Advance Notice whenever the CAO proposes to do one of the following:

- (i) Decrease, suspend or discontinue a monthly assistance payment.
- (ii) Reduce or terminate MA payments.
- (iii) Reduce or terminate a service.
- (iv) Change the category of assistance from TANF to GA; from PA, PC or PJ to PD; from TA, TC or TJ to TD.
- (v) Establish a protective or vendor payment under §§ 291.23 and 291.24 (relating to requirements; and procedures).

(2) *Use requirements.* Use requirements are as follows:

(i) Advance notice is used to provide the client with timely and adequate advance notice of a proposed action, as specified in this section, so that the client has the opportunity either to provide or to clarify information needed to establish the client's continued eligibility or to appeal the decision. It is not used for general or miscellaneous communications such as scheduling interviews or redetermination appointments.

(ii) In addition to the necessary information required, the Advance Notice shall contain the date an appeal shall be received or post-marked if the client wants to appeal the decision and have a determination made whether assistance will continue pending the hearing. The date to be specified will be 10-calendar days from the date the Advance Notice is mailed.

(iii) The original of the Advance Notice shall be mailed to the client. A copy will be retained by the Department for 120 days from the date of the notice or until the point in question is resolved.

(3) *Timing and effect on decision.* The Advance Notice shall be mailed at least 10 days before the proposed action is taken. This means that the following shall occur:

(i) For cash assistance, the Advance Notice shall be sent to the client promptly, but no later than 10-calendar days before the telephone hold deadline of the payment date for the action decided on by the CAO.

(ii) For MA or medical services, the Advance Notice shall be sent at least 10-calendar days before the effective date for the proposed action.

(iii) If the Advance Notice cannot be sent within the set time limits in this paragraph for cash assistance, the effective date for the proposed action is the next regular payment date or issuance date.

(4) *Follow-up.* Follow-up requirements are as follows:

(i) The CAO shall take its proposed action when the client does not request a hearing by returning a completed and signed copy of the Advance Notice, or by another means as set forth in Chapter 275 (relating to appeal and fair hearing and administrative disqualification hearings) to the CAO within the specified 10-calendar day period.

(ii) If the client does respond to the Advance Notice by requesting a hearing within the specified 10-calendar day period or later, the CAO shall proceed under § 275.4(a)(3)(i) (relating to procedures).

(c) *Confirming notice.* The confirming notice is used to provide the client with confirmation of an action that has been taken. The original shall be mailed to the client. A copy will be retained by the Department for 120 days from the date of the notice or until the point in question is resolved, whichever is later. If the action to decrease or discontinue a budget results from information provided on a Monthly Reporting Form, and the client appeals within 10 days of the date on the notice, the CAO shall proceed under § 275.4(a)(3)(v)(C)(I). The CAO shall take its action and provide the client with a confirming notice whenever one of the following changes occur:

(1) An increase in a monthly assistance payment, MA benefits or services.

(2) A decrease or discontinuance of a monthly assistance payment, MA benefits or services resulting from one of the following:

(i) A written request signed by the client or someone acting on his behalf.

(ii) Notice of the death of a client, such as an obituary notice in the newspaper, except when the client lived alone.

(iii) Mass closings due to the end of a strike, lockout and the like.

(iv) An official notice that a client has been institutionalized or otherwise removed from the home, such as notification from a child welfare agency that a child has been removed from the home of a parent.

(v) A report from a client, or someone acting on his behalf, that the client has moved permanently to another county.

(vi) The whereabouts of the client are unknown and agency mail, such as correspondence or assistance check directed to him has been returned by the post office indicating no known forwarding address. If the client makes his whereabouts known prior to the next payment date, the check shall be

made available to the client; but if the client has not contacted the CAO prior to the next payment date, then the budget is closed.

(vii) Notice that the recipient has been placed in skilled nursing care, intermediate care or long-term hospitalization.

(viii) A recipient has been accepted for assistance in a new county following an intercounty transfer.

(ix) A change in level of medical care as prescribed by the physician of the recipient.

(x) Notification that a recipient of interim assistance has received his initial SSI payment.

(xi) Information provided on a Monthly Reporting Form.

(xii) Removal of a special allowance for child care from the grant.

(d) *Form PA 564-A (Late/Incomplete Notice Monthly Reporting Form)*. This notice is sent to the recipient if the Monthly Reporting Form is not received by the due date, or is received by the due date but is incomplete. The notice is mailed so that it arrives no later than the regular payment date and shall advise the recipient of the following:

(1) The Monthly Reporting Form was not received by the due date or was incomplete.

(2) The date of the affected check and the following stipulations:

(i) If the Monthly Reporting Form was not received by the due date, the check will be late.

(ii) If the Monthly Reporting Form was received by the due date but was incomplete, the check may be late.

(iii) If the complete Late/Incomplete Notice Monthly Reporting Form is received in the CAO by the due date indicated on the form, eligibility for that check is determined based on the information provided on the form.

(3) If the recipient has earned income and does not provide good cause for not reporting the income timely or completely, the earned income disregard, deductions and dependent care expenses under §§ 183.94 and 183.95 (relating to eligibility for TANF earned income deductions; and GA earned income deductions) are not allowed for the payment month affected.

(4) If the complete Late/Incomplete Notice Monthly Reporting Form is not received in the CAO by the due date indicated on the form, that assistance will be terminated for the payment month. The appropriate manual reference is cited.

(5) If an appeal is filed within 10 days, benefits will continue at the current level pending a hearing decision.

(6) The right to appeal an action within 30 days and to have a fair hearing.

(e) *Content of notices*. The notice shall contain the following:

(1) A statement of the action taken or to be taken and the effective date.

(2) The reasons for the action, including the facts on which the action is based in as much detail as possible.

- (3) A statement of the information needed to establish continued eligibility when applicable.
- (4) A citation and brief explanation of regulations used as the basis for the action.
- (5) The name and address of the legal services agency available in the county.

Authority

The provisions of this § 133.4 issued under: sections 201(2) and 403(b) of the Public Welfare Code (62 P. S. §§ 201(2) and 403(b)); amended under: section 403(b) of the Public Welfare Code (62 P. S. § 403(b)).

Source

The provisions of this § 133.4 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended September 18, 1978, effective September 19, 1978, 8 Pa.B. 2307; amended July 27, 1979, effective August 27, 1979, 9 Pa.B. 2449; amended August 10, 1979, effective September 10, 1979, 9 Pa.B. 2622; amended July 4, 1980, effective September 3, 1980, 10 Pa.B. 2880; amended December 19, 1980, effective February 18, 1981, 10 Pa.B. 4723; amended June 25, 1982, effective June 26, 1982, 12 Pa.B. 1938; amended April 8, 1983, effective April 9, 1983, 13 Pa.B. 1259; amended August 26, 1988, effective November 1, 1988, 18 Pa.B. 3921; amended October 4, 1991, effective October 5, 1991, apply retroactively to November 1, 1989, 21 Pa.B. 4643; amended October 2, 1992, effective upon publication and apply retroactively to October 1, 1989, 22 Pa.B. 4875. Immediately preceding text appears on serial pages (163690) to (163692) and (165905) to (165906).

Notes of Decisions

An action for restitution of an overpayment of benefits is not an action proposing to decrease, suspend, or discontinue a grant and thus does not trigger the notice requirements of subsection (b). *Charlesworth v. Department of Public Welfare*, 471 A.2d 917 (Pa. Cmwlth. 1984).

In holding that a county assistance office was justified in issuing forms which put public assistance recipient on notice that his benefits would be terminated unless he was able to establish his continued eligibility, the court noted that the provisions of 55 Pa. Code § 133.4(b)(3) require that the notice include a citation to the specific regulations supporting the proposed action. *Juras v. Department of Public Welfare*, 457 A.2d 1020, n. 2 (Pa. Cmwlth. 1983).

This regulation applies only to redeterminations of eligibility and does not apply to reimbursement procedures. *Lynn v. Department of Public Welfare*, 391 A.2d 1093 (Pa. Cmwlth. 1978).

Cross References

This section cited in 55 Pa. Code § 133.74 (relating to procedures); 55 Pa. Code § 133.84 (relating to MA redetermining eligibility procedures); 55 Pa. Code § 142.23 (relating to requirements); 55 Pa. Code § 147.24 (relating to procedure); 55 Pa. Code § 165.44 (relating to verification for special allowances for supportive services); 55 Pa. Code § 168.41 (relating to verification requirements); 55 Pa. Code § 183.104a (relating to additions to or deletions from a budget group—statement of policy); 55 Pa. Code § 183.105 (relating to increases in income); 55 Pa. Code § 255.4 (relating to procedures); 55 Pa. Code § 275.4 (relating to procedures); and 55 Pa. Code § 291.23 (relating to requirements).

REDETERMINING ELIGIBILITY PROVISIONS FOR TANF/GA**§ 133.23. Requirements.**

(a) *Reapplication.* A reapplication or complete redetermination of eligibility shall conform with the following:

(1) *General requirements.* General requirements are as follows:

(i) A complete redetermination is a comprehensive review of eligibility factors which are subject to change, to determine continued eligibility of the budget group members. When eligibility for assistance is based on deprivation of support due to the absence of a parent, each caretaker, as provided in § 141.21(c) (relating to policy), with whom the child is living shall comply with the support requirements in § 187.23 (relating to requirements) as a condition of continued eligibility of the caretaker for cash assistance.

(ii) A reapplication form approved by the Department shall be completed in its entirety by the payment name at each reapplication interview.

(iii) The client, regardless of age, who is the payment name for the budget group shall complete and sign the reapplication form prior to or during the reapplication interview and provide the information necessary for the completion of the redetermination as a condition of continued eligibility for cash assistance. Recipients who are 18 years of age or older and emancipated minors 17 years of age or younger shall sign the reapplication form during the reapplication interview or within 15 working days of the interview date. Failure to sign shall result in ineligibility of the person required to sign the form.

(iv) The client shall consent to the disclosure of information by third parties to the CAO for the purpose of verifying the client's residence, citizenship, employment, applications for employment, income and resources as a condition of the client's continued eligibility for assistance under verification procedures in § 201.4 (relating to procedures).

(v) A complete redetermination is required as often as appropriate to the individual budget but at least as frequently as the following:

(A) Every 6 months for TANF budgets not required to report monthly.

(B) Every 12 months for TANF budgets required to report monthly.

(C) Every 12 months for GA budgets.

(vi) The worker and the recipient or other individual will review and assess the progress in achieving self-sufficiency, including compliance with the responsibilities and obligations contained in the existing AMR. As necessary, the AMR will be modified.

(vii) A recipient or other individual who signs a new or modified AMR that is approved by the Department shall comply with the obligations and responsibilities including approved work and work-related activities specified on the AMR in accordance with § 125.1(i) (relating to policy).

(viii) A recipient or other individual who fails or refuses, without good cause, to sign or cooperate in the completion of an AMR or who fails, without good cause, to comply with the AMR shall be subject to the penalties described in § 125.1(g) and (h).

(2) *Items subject to review.* A redetermination shall conform with the following:

(i) Within the established limits, the decision on how often to redetermine eligibility will vary with a budget depending upon the possibility of change in eligibility.

(ii) In the redetermination of eligibility, the worker shall make a finding as to whether the client who is the payment name wants assistance to continue, what plans the client may have or be developing for self-support or self-care and when the plans may mature. This redetermination shall include at least one interview with the person who is the payment name for the budget group. If the client wants assistance continued, the worker shall redetermine those eligibility factors which are subject to change. The redetermination shall include a review of the need and resource items and verification of items subject to change:

(A) Household and family composition.

(B) Income, earned and nonearned, including income-in-kind.

(C) Income expense deductions.

(D) Assets.

(E) Special need items.

(F) Employability status.

(G) Activity in seeking work or training.

(H) Employment and training program participation status.

(I) Prior applications for Social Security numbers if not yet reported to the CAO.

(J) Plans for the continuing care of a TANF child who is temporarily not residing with a specified relative.

(K) Income of individuals residing with the budget group, income of an LRR residing elsewhere and income of sponsors of aliens as determined under §§ 183.34, 183.35 and 183.91—183.93, if applicable.

(L) Criteria that establish GA categorical eligibility.

(3) *Verification.* Requirements for reapplication are as follows:

(i) For TANF and GA budget groups, verification of the items of need and resources in paragraph (2) is required at the time of reapplication. The maximum time lapse for the client to provide needed verification is 15 working days following the reapplication interview, except for verification of incapacity or disability. Verification of incapacity or disability shall be provided within 30-calendar days following the reapplication interview. If the client is cooperating in the verification attempt and the delay in securing the information is due to a third party, assistance will continue until documenta-

tion is secured. Cooperation and progress on securing the documentation shall be reassessed every 30-calendar days. As a condition of eligibility for assistance, the recipient shall give consent to the CAO worker to contact third parties to secure verification of the eligibility factors in paragraph (1)(iv). Except in cases of suspected fraud, the CAO worker shall attempt to notify the client prior to contacting a collateral source for the purpose of verifying information about the client under verification procedures in § 201.4.

(ii) Verification of the individual client's accumulated personal property, including exempt property, as set forth in § 177.21 (relating to personal property), is required at reapplication. The current value of nonexempted personal property, as set forth in § 177.24(1) (relating to determining value of resources), shall be verified at each reapplication.

(iii) Those factors of eligibility already verified and not likely to change, such as birthdate, may not be reviewed unless there is something to indicate that a change may take place or has taken place. Social service needs and plans shall be reevaluated. The worker shall discuss with the client plans for the next interview and the client's responsibility to report changes.

(b) *Partial redetermination.* Partial redetermination procedures are as follows:

(1) A partial redetermination is a review that focuses on specific eligibility factors and need and resource items.

(i) A partial redetermination is required as frequently as indicated by the budget group circumstances, and is always conducted if previously unreported income is first discovered by a quarterly wage match.

(ii) When the partial redetermination focuses on address changes or a change in income or resources, a face-to-face interview is not required if, in the judgment of the worker, the credibility and reliability of the client are such that the client's statements may be accepted. In these instances, the redetermination may be made by telephone or correspondence. If the redetermination is made by telephone or correspondence, verification shall be submitted subsequently by the client.

(iii) When the partial redetermination focuses on an eligibility determination for Extended TANF, as defined in § 141.52 (relating to definitions), the CAO will update the existing Agreement of Mutual Responsibility (AMR) as defined in § 165.2 (relating to definitions) or complete a new AMR. The redetermination may be conducted by telephone or in a face-to-face interview. If the redetermination is completed by telephone, the CAO will send a copy of the updated or new AMR to the client. The client shall sign and return the AMR to the CAO. The AMR must be received by the CAO within 30 days of the CAO signature on the AMR. If the AMR is not received within 30 days, the client shall be ineligible for Extended TANF.

(2) A partial redetermination for budget groups in which there is an employable person shall focus on employment, employment efforts, income and resources. A partial redetermination relating to employment and employment efforts requires a personal interview which can be conducted by telephone. A face-to-face interview is not required.

(3) However, when the partial redetermination involves a loss or decrease in income in which a monthly assistance payment increase is requested or indicated, verification of the change in income is required. If verification is not available immediately, the monthly assistance payment may be increased without verification only if facts presented by the payment name are consistent and reasonable and a definite plan is made to obtain the needed verification. A monthly assistance payment increase without verification of the change in income is made only with the approval of a supervisor. The maximum lapse of time to obtain the verification is no more than 15 working days following the effective date of the monthly assistance payment increase.

(4) In addition to the provisions of this section, action will be taken promptly, but within 10-calendar days, in all cases to review pertinent eligibility factors if one of the following occurs:

(i) The client or someone on his behalf reports changes in circumstances to the agency or requests a special need allowance.

(ii) The agency learns of changes from a responsible source or the worker himself knows a change was anticipated.

(iii) Changes in the regulations of the Department make a redetermination necessary.

(iv) The payment name or someone on his behalf requests the addition of a mandatory budget group member, other than a newborn child, to the budget group. The payment name shall complete and sign a form approved by the Department and provide information only on the individual being added and on changes, financial or nonfinancial, in the budget group's circumstances. The added member, other than a newborn child, shall comply with § 201.4(a)(2)(ii).

(v) The addition of a newborn child to an open budget group as follows:

(A) Cash assistance benefits for a newborn child whose caretaker/relative is an open budget group will be authorized effective with the date of birth based solely on the notification of birth if notification occurs during the grace period. The grace period begins with the date of the child's birth and ends on the first day of the second month following the month of the child's birth or the mother's release from the hospital, whichever is later. Notification of birth includes an oral or written statement, by the caretaker/relative or a representative, made to the CAO, that the child has been born, or receipt by the CAO of the MA newborn eligibility form for the child.

(B) The CAO shall follow the common application system procedures when adding a newborn child to a cash budget group. The caretaker/relative shall file an updated common application form regarding the child and comply with necessary eligibility factors related to the child's eligibility by the end of the grace period. If the caretaker/relative fails to meet the deadline date to file the form and comply with the necessary eligibility factors related to the child's eligibility, benefits will be terminated with an advance notice.

(C) If the CAO has not been notified of the newborn child's birth by the end of the grace period, benefits for the child will be authorized effective with the date that the child is determined to be eligible, but no later than 15-calendar days after a common application form has been filed and a partial redetermination completed.

(D) Underpayments caused by administrative errors concerning newborn children's eligibility will be corrected in accordance with § 227.24(d)(1)(ii)(A)(IV) (relating to procedures).

(c) *Redetermination contacts.* Redetermination contacts with the client may be in the home or in the office, depending on the preference of the client. Office and home visits shall be scheduled with the client. It may not always be possible to plan a visit so that home visits to the client without notice may be occasionally necessary; for example, when substantiating information is required and urgent to determine the continued eligibility of the client. Home visits shall always be made in accord with the principle of the Department respecting the right of the client to privacy and personal dignity as set forth in § 121.1 (relating to policy).

(d) *Controls for redeterminations.* To carry out the function of redetermining eligibility, a central control of necessary future actions is maintained to provide a method whereby reasonably predictable changes in the total caseload can be acted on within appropriate time limits.

Authority

The provisions of this § 133.23 amended under sections 201(2), 401(a), 403(b), 405, 405.1, 405.3, 432 and 432.21(a) of the Public Welfare Code (62 P. S. §§ 201(2), 401(a), 405, 405.1, 405.3, 432 and 432.21(a)); the Support Law (62 P. S. §§ 1971—1977); Titles I and III of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193) (PRWORA), creating the Temporary Assistance for Needy Families (TANF) Program, and amending 42 U.S.C.A. §§ 601—619, 651—669(b) and 1396u-1; section 5543 of the Balanced Budget Act of 1997 (Pub. L. No. 105-33) (42 U.S.C.A. § 653(p)); the Federal TANF regulations in 45 CFR 260.10—265.10; the Domestic Relations Code, 23 Pa.C.S. §§ 4301—4381, 5103, 7101—7901 and 8101—8418; and the act of May 16, 1996 (P. L. 175, No. 35).

Source

The provisions of this § 133.23 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended October 27, 1978, effective November 27, 1978, 8 Pa.B. 2909; amended February 22, 1980, effective March 1, 1980, 10 Pa.B. 850; amended November 6, 1981, effective November 7, 1981, 11

Pa.B. 3959; explained November 6, 1981, 11 Pa.B. 3954; corrected July 9, 1982, effective June 26, 1982, 12 Pa.B. 2171; amended June 25, 1982, effective June 26, 1982, 12 Pa.B. 1938; amended April 8, 1983, effective April 9, 1983, 13 Pa.B. 1259; amended August 26, 1988, effective November 1, 1988, 18 Pa.B. 3893; amended August 26, 1988, effective November 1, 1988, 18 Pa.B. 3921; amended October 4, 1991, effective October 5, 1991, apply retroactively to November 1, 1989, 21 Pa.B. 4643; amended February 7, 1992, effective upon publication and apply retroactively to February 1, 1990, 22 Pa.B. 590; amended July 28, 2000, effective retroactive to July 1, 1995, 30 Pa.B. 3779; amended September 13, 2002, effective retroactively to March 3, 1997, with the exception of subsection (a)(1)(i)(A) which becomes effective September 14, 2002, 32 Pa.B. 4435; amended October 11, 2002, effective October 12, 2002, 32 Pa.B. 5048. Immediately preceding text appears at serial pages (290892) to (290897).

Notes of Decisions

Burden of Proof

Since the duty to demonstrate eligibility is on the claimant, the denial of assistance is proper if the claimant fails to return the information forms concerning the income available to her legally responsible relatives. *Dempsey v. Department of Public Welfare*, 404 A.2d 1373 (Pa. Cmwlth. 1979).

Issues Before the Court

Since a client could sign the form requiring ethnic and citizenship data without perjuring himself under 62 P. S. § 481, there was no question of validity or constitutionality before the court. *El v. Department of Public Welfare*, 406 A.2d 1198 (Pa. Cmwlth. 1979).

Notice

Since the caseworker was aware of the recipient's eligibility for the allowance for medical transportation expenses, the caseworker was required under 55 Pa. Code § 133.23(a)(2)(ii)(E) (relating to requirements) to inform the recipient of the availability of such allowance, even though such information was available in the county office newsletter. *Scott v. Department of Public Welfare*, 400 A.2d 1350 (Pa. Cmwlth. 1979).

Residence

Testimony of the recipient, her son, and her daughter as to the fact that recipient's husband did not reside in the household, coupled with evidence of the husband's repeated denials of residence with recipient, constituted sufficient substantial evidence to reverse the Secretary's reversal of the Hearing Examiner's opinion reinstating recipient's benefits. *Augelli v. Department of Public Welfare*, 468 A.2d 524 (Pa. Cmwlth. 1983). Information was available in the county office newsletter. *Scott v. Department of Public Welfare*, 400 A.2d 1350 (Pa. Cmwlth. 1979).

Cross References

This section cited in 55 Pa. Code § 133.73 (relating to requirements); 55 Pa. Code § 140.103 (relating to verification of income); 55 Pa. Code § 141.21 (relating to policy); 55 Pa. Code § 147.24 (relating to procedure); 55 Pa. Code § 175.22 (relating to definitions); 55 Pa. Code § 175.23 (relating to requirements); 55 Pa. Code § 183.5 (relating to income verification); 55 Pa. Code § 187.23 (relating to requirements); 55 Pa. Code § 201.3 (relating to requirements); 55 Pa. Code § 225.24 (relating to procedures); and 55 Pa. Code § 227.24 (relating to procedures).

§ 133.24. Procedures.

(a) *Redetermination procedures.* Redetermination procedures are as follows:

(1) Eligibility will be redetermined when the worker receives notice from the Central Control or receives reports of change from the client or other source.

(2) Eligibility for financial assistance will be redetermined in accordance with the regulations governing the type of assistance granted, and the principles set forth in § 125.21 (relating to policy).

(3) Forms may be used as guides in redetermining eligibility.

(b) *Reapplication interview.* The interview shall conform with the following:

(1) The worker will interview a client when redetermining eligibility.

(2) The decision on when to redetermine eligibility will be based on the anticipation of change in the circumstances of the client and on the time requirements for the specific category of financial assistance granted.

(3) The CAO worker will take the responsibility to initiate further controls for needed budget actions. The purpose of the interview is as follows:

(i) To review with the client information he has previously provided to determine whether there will be changes necessary in the information to reflect his present circumstances accurately.

(ii) To determine whether the information provided will need substantiation, and what additional information or substantiating evidence will be needed to establish continued eligibility.

- (iii) To obtain the agreement of the client to develop potential resources.
- (iv) To review with the client his rights and responsibilities as set forth in § 125.24 (relating to procedures).
- (v) To review with the client the services the agency will provide.
- (vi) To determine the possibility of change in the circumstances of the client in order to decide when the eligibility of the client will need to be redetermined.

Source

The provisions of this § 133.24 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended October 4, 1991, effective October 5, 1991, apply retroactively to November 1, 1991, 21 Pa.B. 4645. Immediately preceding text appears at serial pages (130378) and (153003).

Cross References

This section cited in 55 Pa. Code § 111.4 (relating to procedures); and 55 Pa. Code § 133.74 (relating to procedures).

REDETERMINING ELIGIBILITY PROVISIONS FOR MA FOR THE CATEGORICALLY NEEDY

§ 133.73. Requirements.

The requirements of § 133.23 (relating to requirements) apply to categorically needy recipients and should be checked for complete details. However, the following brief points should be noted:

- (1) *Complete redetermination.* A complete redetermination will be required according to the intervals established in § 133.23. A complete redetermination for NMP clients will be carried out every 6 months. A Form PA 743-R and Form PA 743-TPR or Form PA 743-TPR-T will be completed at each redetermination only if medical indicator 2, 3, or 7 has been entered in item 35 of the Form PA 743.
- (2) *Partial redetermination.* A redetermination of specific eligibility factors will be required according to each case, but must be done at intervals of not less than 3 months for cases in which there is an employable person, according to the provisions set forth in § 133.23 and § 165.24 (relating to procedures; and reserved).

Source

The provisions of this § 133.73 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended February 22, 1980, effective March 1, 1980, 10 Pa.B. 850. Immediately preceding text appears at serial page (38976).

Cross References

This section cited in 55 Pa. Code § 140.311 (relating to verification requirements).

§ 133.74. Procedures.

The provisions of §§ 133.4 and 133.24 (relating to procedures) will apply and should be referred to for guidance.

Source

The provisions of this § 133.74 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180.

**REDETERMINING ELIGIBILITY PROVISIONS FOR MA
FOR THE MEDICALLY NEEDY****§ 133.83. Requirements.**

(a) *Factors for redetermination.* Redetermination of resources which may be available to the client will be required in order to establish continuing eligibility.

(1) Earned and nonearned income will be redetermined at the earliest of the following times:

- (i) Reapplication.
- (ii) Semiannual redetermination.
- (iii) When the family unit or person acting on behalf of an individual requests a review.
- (iv) When other circumstances suggest that a review would be appropriate.

(2) Income expense deductions.

(3) Property, including the following:

- (i) Real property.
- (ii) Life insurance.
- (iii) Tools, equipment and stock.
- (iv) Liquid personal property.

(4) Support from LRRs.

(b) *Redetermination of available income.* If the redetermination is made before 6 months have passed since the last application or reapplication or last redetermination, the county office will make a finding as to how much the client has paid or has obligated himself to pay, during this period for medical services out of the amount previously considered available. This amount will be deducted from the new income computation, and only the excess will be considered available in determining the amount to meet the cost of MA care, in accordance with § 177.83(c)(8) (reserved).

Source

The provisions of this § 133.83 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended July 21, 1978, effective July 22, 1978, 8 Pa.B. 2060. Immediately preceding text appears at serial pages (29036) to (29037).

§ 133.84. MA redetermining eligibility procedures.

(a) *Redetermining permanent and total disability.* The degree of a person's disability may change so that he will no longer be totally disabled or so that he will have become totally disabled. Whenever any kind of change takes place in the condition or circumstances of an individual or when new information

becomes available that may affect his eligibility for MA, the case should be reevaluated. In these cases information in the record that was submitted earlier will be resubmitted to the review team with the new medical findings and current social information.

(b) *Reapplication.* If a disabled person who was previously found eligible reapplies for MA, an evaluation will be made of the physical, emotional and social situation of the client to determine whether the permanence or totality of the disability has changed. If this study indicates there has been no change in these conditions, the original disability certification will still be valid. However, if there is reason to believe there may have been a change in the permanence or totality of the disability, a review and finding of permanent and total disability will be required. If a reexamination or social information had been required by a specific date and the person reapplies after the date, this information will be obtained as promptly as possible and sent to the review team.

(c) *Complete redetermination.* A complete redetermination is a review of eligibility factors. A personal interview will be required, except for patients in State institutions and children in court determined placement provided by a county children and youth social service agency. A Form PA 743-R and Form PA 743-S are completed and signed at each complete redetermination. Also, a Form PA 743-TPR or Form PA 743-TPR-T is completed at each complete redetermination only if medical indicator 2, 3 or 7 has been entered in item 35 on the Form PA 743. This information will be used to ensure that medical assistance payments are not made when another person or organization is responsible for the medical bills of the recipient. The decision on when to redetermine eligibility is based on the eligibility requirements for the individual, the possibility of change in the circumstances of the individual, and the frequency requirements for redetermination for the specific category. Appropriate controls must be established. Eligibility will be redetermined as frequently as warranted by the circumstances of the individual case, but no less frequently than the following:

- (1) At least every 12 months for aged, blind and disabled categories. Note, however, that Income and Assets Evaluation must be made every 6 months as required by subsection (d)(1).
- (2) At least every 6 months for other categories.
- (3) Within 30 days following the receipt of the case record of a person who has made a permanent move into the county.
- (4) When a person is added to an existing family unit.

(d) *Partial redetermination.* A partial redetermination is a review that focuses on specific eligibility factors. A partial redetermination will be required as frequently as indicated by the individual case circumstances, including a determination of income and assets every 6 months for MA persons in the aged, blind and disabled categories. A personal interview will not be required for a partial redetermination and a Form PA 743-R will not be required. The review may be made by telephone or correspondence, pending subsequent verification if, in the work-

er's judgment, the client's credibility and reliability are such that his statements about his circumstances can be accepted without a face-to-face contact. When the partial redetermination involves a change in income, verification of the change is required and the income change is recorded on the Form PA 742. If verification is not available immediately, MA may continue only if the facts presented by the client are consistent and reasonable and a definite plan is made to obtain the needed verification. The maximum lapse of time to obtain the verification will be no more than 30 days following the date of the partial redetermination. A partial redetermination will be required as follows:

(1) Every 6 months for aged, blind and disabled cases.

(2) Within 5 days of anticipated changes in circumstances about which there is advance information on hand.

Example: Mass Social Security, VA, Railroad Retirement increases and the like.

(3) Within 10 days following the receipt of information indicating a possible change in eligibility.

(e) *Redetermination forms.* The provisions of § 133.4 (relating to procedures) will apply.

Source

The provisions of this § 133.84 adopted August 4, 1977, effective August 5, 1977, 7 Pa.B. 2180; amended July 21, 1978, effective July 22, 1978, 8 Pa.B. 2060; amended February 22, 1980, effective March 1, 1980, 10 Pa.B. 850; amended December 24, 1981, effective December 26, 1981, 11 Pa.B. 4444. Immediately preceding text appears at serial pages (49734) and (49735).

Cross References

This section cited in 55 Pa. Code § 141.81 (relating to eligibility policy for Medically Needy Only); 55 Pa. Code § 140.741 (relating to complete redetermination); and 55 Pa. Code § 140.742 (relating to partial redetermination).

[Next page is 140-1.]

133-16

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