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Bulletin

March 19, 2007

Minnesota Department of Human Services P.O. Box 64941 St. Paul, MN 55164-0941

OF INTEREST TO

- County Social Services Directors
- County Financial Assistance Supervisors
- County Financial Workers

ACTION/DUE DATE

Please read for information

Expiration Date

March 19, 2009

GROUP RESIDENTIAL HOUSING: QUESTIONS AND ANSWERS

TOPIC

This bulletin answers questions that are frequently asked about the MAXIS conversion of the Group Residential Housing (GRH) Program.

PURPOSE

Provide clarification and additional GRH policy information for processing GRH cases in the MAXIS system. This bulletin replaces bulletin 99-25-9.

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BACKGROUND
In March, 1999 Group Residential Housing (GRH) was installed as a separate public assistance program in the MAXIS system. As the department provided training sessions for county staff throughout the state, a number of recurring questions about the GRH program were identified. This bulletin states those questions and provides information to resolve the issues.

QUESTIONS AND ANSWERS

Q. 1 Non-Supplemental Security Income (SSI) clients with $100 or less earned income are not required to report monthly. After application of earned income disregards some clients may still have counted earned income. How are we to track earned income for these clients? Can we require them to report monthly? Can we totally disregard earned income of less than $100?

A. Clients with earned income under $100 a month are not required to report monthly, but may be required at the county's option. Clients are required to report changes within 10 days on the Change Report Form, including income changes for clients with earned income under $100 a month. When calculating net income, clients who earn $100 or less a month may have income to apply toward their need. Earned income of $100 or less a month cannot be totally disregarded.

Q. 2 Policy requires that guardianship/representative fees cannot be allowed as a deduction unless incurred prior to entry into the facility. Does this hold true even when the fees are court ordered after entry? If the guardianship/representative fee is established while a client is in one facility, can it be allowed as a deduction after the client enters a second facility?

A. For GRH recipients who are SSI recipients, guardian/conservator/representative payee fees or other income deductions incurred prior to entry into the current GRH setting are allowed deductions from the federal benefit rate. For GRH recipients who are non-SSI recipients, guardian/conservator/representative payee fees or other income deductions incurred prior to entry into the current GRH setting are allowed deductions from their income. Mandatory fees and payments (such as those ordered by a court) incurred after GRH entry are allowed deductions from their income.

Q. 3 What is the difference between guardianship and representative fees? What are the maximum deductions for each?

A. Guardians and conservators are appointed by the court and the court determines if a fee is allowed and the amount of that fee. Representative payees serve and are paid fees under program rules and policies of agencies such as the Social Security Administration (SSA) or county human services.

Q. 4 Are recoupments from Retirement, Survivors, Disability Insurance (RSDI) and/or SSI treated the same in regard to prior income reduction policy? When is prior income reduction not allowed as an income reduction? If an overpayment occurs while a client is in one facility, can it be allowed as a deduction after the client enters into a second facility? If an overpayment occurred during a prior placement in a facility, is it an allowable income deduction after the client re-enters the same facility?

A. GRH policy for allowable income deductions for prior income reductions is defined under the answer to Question 2, above. An income reduction may be allowed for recoupment of an overpayment that occurred while the client previously lived in another facility and when a client, following placement or residence elsewhere, re-enters the facility where an overpayment occurred.

Q. 5 When is a plan required? Is it for all stays longer than 30 days? Is it for any stays that the amount exceeds Rate 1? Does that include a difficulty of care supplement that exceeds Rate 1?

A. A GRH plan is not required for:

- clients in GRH with a basic board and room rate at or below the "MSA equivalent rate" ($737 effective July 1, 2006)
- clients who live in a GRH with a basic room and board rate above the "MSA equivalent rate" ($737 effective July 1, 2006) for up to 30 days in a calendar year.

A GRH plan is required for all clients in a GRH setting with a basic room and board rate in excess of the "MSA equivalent rate" ($737 effective July 1, 2006) and who reside in a GRH setting for 31 or more days in a calendar year. The difficulty of care rate or other payments for services are not considered part of the basic board and room rate.

The GRH statute requires the county agency to develop/approve an individual GRH plan for certain GRH residents, as indicated above, for GRH payment approval. If the agency has developed another social service or treatment plan for the client that indicates that the client has an illness or incapacity that prevents the person from living independently in the community and that the individual's illness or incapacity requires the services available in the GRH, a new GRH plan need not be developed. However, the other plan should be specifically noted/referenced in the case notes or other case documentation.

Q. 6 Are all monthly reporters mandatory post-pay or is it a county option?

A. Payment to GRH providers for all mandatory monthly reporters must be post-pay.

Q. 7 Are personal needs paid by warrants or Electronic Benefits Transfer (EBT)? When is it appropriate to issue warrants or EBT?

A. Cash benefits are always approved to go out in the form of EBT unless the client meets EBT exclusion criteria and the financial worker updates MONY/DISB. Refer to CM 0024.04.

Q. 8 In the past, budgets for the aged, blind and disabled implied MSA eligibility. For non-SSI recipients is potential MSA eligibility still a requirement for these Elig Types? In other words, in order to use these Elig Types a client must be eligible for SSI except for the sole reason of excess income.

A. For non-SSI recipients who are aged, blind, or disabled, MSA and GRH programs require the client to be certified according to SSA criteria and meet the SSI asset limitations. In other words, the client is eligible for SSI except for excess income.

Q.9 How many asset limits are there for the GRH program? What are the asset limits for each Elig Type?

A. There are two standards of asset limits:

- aged, blind, and disabled clients follow SSI - the asset limit for one person is $2000
- other adults follow general assistance - the asset limit for one person is $1000

A Minnesota Family Investment Program (MFIP) client placed in a GRH setting is considered asset eligible for the GRH program.

Q. 10 Are representative payee deductions coded on the STAT/MSMA panel? If so under which field tag should they be listed?

A. Guardianship fees and representative payee fees are coded on the PDED panel in STAT. These are automated fields and carry over to ELIG. The MSMA panel expired 12/31/01.

Q. 11 When is the asset window in GRH ELIG completed? Is it only when the client has assets in excess of the asset limit?

A. Enter the total amount of assets at initial application in STAT and whenever there is a change requiring an update. Add a case note for future reference/clarification. Refer to Te18.05.01 on when to enter assets in GRH ELIG.

Q. 12 Is there a hierarchy to the GRH Elig Type codes? Can this be explained in field PF12?

A. The PF1 table on Elig Type is not listed in hierarchy form. The hierarchy, listed in order below, will be added to PF12:

- SSI
- MFIP
- AGED
- BLIND
- DISABLED
- ADULT

Special Needs
This information is available in other forms to people with disabilities by contacting us at 651-431-3850 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).