From: Sean Brown, Deputy Commissioner  
Economic Services Division  

Date: 1/31/20  

Subject: Reach Up Procedures  

Changes adopted effective 2/1/20  

Instructions:  
X Maintain Manual - See instructions below.  
___ Proposed Regulation - Retain bulletin and attachments until you receive  
Manuak Maintenance Bulletin: _____  
___ Information or Instructions - Retain Until ____________________  

Manual Reference(s):  
P-2201  P-2203  P-2210  P-2213  
P-2215  P-2220  P-2225  P-2230  
P-2231  P-2271  

This bulletin provides clarification to existing procedures around verification and notice requirements, assigning a temporary Social Security Number in caretaker households, information to share with households when they file for unemployment insurance, documenting review decisions on child support waivers, what to do when a head of household dies, and money mismanagement. Corrections were made to existing procedures about the amount of SSI income to count in the budget and the address for LUND. References to parents in the assignment of child support rights procedure was updated to match the Vermont Parentage Act. Additional ACCESS screenshots were added to several of the procedures. New procedures were created around Reach Up households with three or more parents in them, calculating the Reach Up benefit, as well as the overpayment and underpayment processes. Some minor renumbering was done to accommodate the new procedures.

Manual Maintenance  

Changes are highlighted in gray.

Remove
P-2201F (19-12)

Reach Up Procedure
Insert
P-2201F (20-02)
<table>
<thead>
<tr>
<th>Remove (con’t)</th>
<th>Insert (con’t)</th>
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<tbody>
<tr>
<td>P-2203A (19-04)</td>
<td>P-2203A (20-02)</td>
</tr>
<tr>
<td>P-2210B (19-04)</td>
<td>P-2210B (20-02)</td>
</tr>
<tr>
<td>P-2210E (19-04)</td>
<td>P-2210E (20-02)</td>
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<td>P-2220A (20-02)</td>
</tr>
<tr>
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<td>P-2225A (20-02)</td>
</tr>
<tr>
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<td>P-2230A (20-02)</td>
</tr>
<tr>
<td>P-2230B (19-04)</td>
<td>P-2230B (20-02)</td>
</tr>
<tr>
<td>Nothing</td>
<td>P-2230C (20-02)</td>
</tr>
<tr>
<td>Nothing</td>
<td>P-2230D (20-02)</td>
</tr>
<tr>
<td>Nothing</td>
<td>P-2230E (20-02)</td>
</tr>
<tr>
<td>P-2231B (19-04)</td>
<td>P-2231B (20-02)</td>
</tr>
<tr>
<td>P-2271 (19-04)</td>
<td>P-2271A (20-02)</td>
</tr>
</tbody>
</table>
P-2201 APPLICATION (continued)

P-2201F Verification (Reach Up rule 2211.3)(20-02)

Required verifications must be provided before approving the application. Because the Child and Medical Support Authorization, form 137, is assigning child support rights, and because the Initial Family Development Plan, form 614FDP, is where a participant signs when enrolling in the program, these forms cannot be signed and dated before the actual date the application is signed.

Response to Request for Verification

No Contact by Household

If the household does not submit the necessary information and does not indicate that there are any problems in obtaining the information, the application will be denied based on the due date of the ESD 202V.

Allow 2 additional business days past the due date for the scanning and dispatching process through ADPC.

Contact by Household

If the household indicates that they are having difficulty in obtaining any or all the information:

- assist the household in obtaining the verification.
- determine if the household has good cause for not providing the information.

Determining good cause

Acceptable good cause reasons are rare and should be discussed with the District Management Team.

There may be extraordinary circumstances when verification is unlikely to be available and obtaining it is beyond the control of the household. In such cases the District Management Team may waive the requirement of verification.

The District Management Team may seek guidance from AOPS to determine good cause.
**Household has good cause for not providing verification**

If there is good cause, keep the application pending an additional 30 days, which would be day 31 through day 60 from original date of application. Document the reason for the decision in CATN. If the information is received, grant back to the date when the needed information was received. If the information is not received within the second 30 days, deny the application.

The information on the ESD 202 must still be current before granting back to the date the information was received. This can be clarified in a quick conversation with the household—have there been any major changes since you put in your last application (for example in household composition, income, or resources)? If you cannot speak to them, assume it is current as households must report all changes within 10 days.

If the requested information is received more than 60 days after the date of application, a new ESD 202 is required.

**Household does not have good cause for not providing verification**

If there is no good cause, document the explanation given for the failure to obtain verification and explain why the explanation does not represent good cause. Deny the application on the 30th day from date of initial application if verification is still lacking.

**Verification Received 31 to 60-Days from Application Date with Good Cause**

If the application is denied on the 30th day (i.e. for other than an outright refusal), and the household provides the requested information and you later learn that a determination of good cause should have been made (as mentioned above, this is rare), grant back to the date when the needed information was received. The information on the ESD 202 must still be current. See above for more information. If the requested information is received more than 60 days after the date of application, a new ESD 202 is required.
Verification is used to confirm the accuracy of statements or information. Verification may be submitted by mail, fax, in-person or by telephone for collateral contact verifications.

Each item specifies the verification requirements at application, recertification, and reported changes.

**Household Responsibility**

The household has the primary responsibility to provide verification to support statements on the application and to resolve any questionable information.

If a household refuses to provide required verification or fails to respond to a request for verification without good cause, take the following actions:

- **Applications:** Deny for failure to cooperate; or approve benefits without the expense.
- **Recipients:** Close the case or adjust benefits as specified in the eligibility item that changed.

CATN why the action was taken.

**Agency Assistance**

If the household reports difficulty in getting verification, or requests help to get the verification the agency must offer to help.

**Request for Verification**

Request verification in writing. You may discuss the verification needed with the household, but you **must** follow up in writing. In the written verification request, allow at least 10 days for the verification to be returned.

Avoid requesting unnecessary verification, rejecting applications, or closing cases when verification is already available from electronic sources, imaging, or has been submitted as a hard copy.
**Verification Sources**

Sources of verification include:

- Written evidence
- Collateral contacts
- Home visits
- Automated resources

**Written Evidence**

The most common verification is written evidence of the household’s circumstances, such as wage stubs, rental agreements, award letters, etc.

**Collateral Contacts (Reach Up rule 2211.4)**

A collateral contact may be used instead of written evidence. A collateral contact is confirmation of the household’s circumstances by a person outside of the household. Make the collateral contact by telephone or in person with anyone who can be expected to give reliable information. Acceptable collateral contacts include, but are not limited to:

- Employers (no longer limited to last resort for Reach Up)
- Landlords
- Dependent care providers
- Community Service Agencies

A collateral statement form (607) may also be requested.

**Information received from FSD**

Accept information received from Family Services Division (FSD) as verified information. If a household claims the information is not correct, request further verification from the household.

**Home Visits**

Home visits are also an acceptable verification if written evidence or collateral contacts are not sufficient to make an eligibility determination. The home visit must always be scheduled in advance with the household. CATN why the home visit was completed.
Automated Resources

Use automated resources for verification, whenever possible. However,

- Give the household the opportunity to provide other verification if it disagrees with the automated information; and
- Do not delay timely authorization of benefits if automated resources are unavailable.

Automated matches are only used to obtain information on applicants, recipients, ineligible members whose income and resources are needed to determine household eligibility.

Income Eligibility and Verification System (IEVS)

IEVS has the following matches using the applicant's or recipient's SSN to obtain income and resource information. Household members, including a disqualified or ineligible household member, are included in the match request.

- Vermont Department of Labor
  - Quarterly wage, run monthly
  - Unemployment Compensation Benefits (UCB), ran twice a month
- SSA Beneficiary and Earnings Data Exchange (BENDEX), run monthly
  - Retirement Survivors and Disability Insurance (RSDI) benefits
  - Medicare Part A and Part B payer and premium amount
- State Data Exchange (SDX)
  - Supplemental Security Income (SSI), run daily
- Internal Revenue Services (IRS)
  - 1099 income: Income reported to IRS that is not from wages such as, but not limited to: interest, dividends, cash prizes, royalties, pensions, annuities, contract income. The match is run monthly.

Review all information available from data exchanges within 10 days of notification of a match. Compare it to case record information and act on the information, as required.

Information provided by BENDEX, SDX, UCB, and SAVE is "verified upon receipt". Use this information without further verification unless the household disagrees with the information and provides alternate verification.

Quarterly wages and IRS information reported must be reviewed to determine if the income was unreported. If more information is needed, request verification
from the household or third-party source. Allow at least 10 days for the household to return the information.

**National Directory of New Hire (NDNH)**

A monthly match on members 18 years of age or older from a national directory that identifies wage and income information.

**BPS Support**

**Forms to use for verification**

<table>
<thead>
<tr>
<th>Form Name</th>
<th>202C Interview Notice</th>
<th>202V Verification request</th>
<th>202RL2 Verification for Review</th>
<th>202VCR Verification Change Request</th>
<th>Free Form/Blank Letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Request household call or come in person for Interview</td>
<td>Request further information based on Pending Application</td>
<td>Request further information based on a Review Application</td>
<td>Request further information based on a Reported Change</td>
<td>Provide more Information about a case or request optional paperwork</td>
</tr>
<tr>
<td>Time Frame/ Due Date</td>
<td>5 Days (must occur within 30 days)</td>
<td>Give the household 10 days from the day the request is written</td>
<td>No Due date needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Printing verification forms in ACCESS**

Go to SPEC C FORMS. Enter "x" in front of form that is needed and press "enter".

![Screenshot of the ACCESS system](image-url)
P-2210 HOUSEHOLD COMPOSITION (continued)

P-2210B Minor Parents (20-02)

Living With Parents (Reach Up rule 2231.2, Reach Up Services rule 2336)

A minor parent living in the household of their parents may apply for Reach Up on behalf of themselves and their child. This is true even if the minor parent is the only child in the household. The grandparents’ income and resources are not considered.

Example: Minor Parent Living with Parents
The household consists of two parents with two minor children. One of the minor children, age 15, has a child. She will pay her parents (now referred to as grandparents) $400 a month in rent once she gets Reach Up. She applies for Reach Up for herself and the child. She has no income but her father earns $1200.00 a week. The grandparents own their own home outside Chittenden County and pay $800.00 a month in mortgage payments.

The minor parent and her child are eligible for Reach Up. Her $400 month shelter expense will be considered for the budget—but none of the grandparent’s income (the $1200/week) will be counted.

Living With Foster Parents or in DCF Custody (Reach Up rule 2263.4)

A minor parent who is committed to the care and custody of DCF is not eligible for Reach Up benefits if he/she has foster parents receiving foster care payments on their behalf. In order to be eligible for Reach Up, the foster care payments must be terminated. The minor parent, foster parents and DCF need to choose whether foster care payments (for the minor parent only) or Reach Up benefits (for the minor parent and child) would be more advantageous. If Reach Up is chosen, the minor parent's and child's needs should be budgeted as room/board.

There are some instances where a minor parent does not live with foster parents but lives on her own and receives payments from DCF. In order to be eligible for Reach Up, these payments need to be terminated.
**Foster Care Special Circumstances**

If the second parent of the minor parent’s child lives in the same household with the minor parent and the minor parent’s foster parents, the second parent and child can receive a Reach Up grant on their own.

**Example:** Sam lives with his uncle and aunt who receive a foster care stipend for him. Sam and Sally just had a baby, Suzannah. All three are now living with Sam’s uncle and aunt.

Sally and Suzannah can receive a Reach Up grant on their own. Sam can continue to receive a foster care stipend through his uncle and aunt. Ask during reviews if the foster care stipend continues. When payment ends, Sam should be added to the Reach Up grant.

**BPS Support**

Consult [ESD AOPS](#) if household composition is questionable

**Entering above Foster Care Special Circumstances in ACCESS**

Remove the X under RU on Sam’s MEMB panel and place a 6 under his RU Case Memb. Put through background.

Code Sam a 9 under RUFA Case Member and add a UNEA for SSI income with a $0.01 of income.

Add a DISA panel with D E 99 99 9999.

Enter a CATN and a WARN on case explaining why this was done and reminding BPS to check at every review if foster care payments are still being received on Sam’s behalf.

Do not add an ABSP panel, as Office of Child Support (OCS) will not consider him to be absent.

**Approved Living Arrangement Requirement**

Minor parents must be living in an approved living arrangement and “Y” must be placed in the “appr’d living arrangement” field on the STAT header panel to approve eligibility for a minor parent.
<table>
<thead>
<tr>
<th>12/27/19 11:06</th>
<th>STAT HEADER (STAT)</th>
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</thead>
<tbody>
<tr>
<td>(LAST UPDATED: 12/16/19 00:00 ; ASPACA )</td>
<td></td>
</tr>
<tr>
<td>EB DISCOVERY: 12 13 2019</td>
<td>RECEIPT DATE: 12 13 2019</td>
</tr>
<tr>
<td>FS RECEIPT: 12 13 2019 TYPE I</td>
<td>FS INTERVIEW DATE: 12 13 2019 METHOD P</td>
</tr>
<tr>
<td>VERIF STATUS REVIEW EXPEDITED WITHDRAWAL CODE &gt;30 DAYS CD</td>
<td></td>
</tr>
<tr>
<td>RUFA FS SF FREQ FS REASON RUFA FS SF EP PSE RUFA FS V V V 12</td>
<td></td>
</tr>
<tr>
<td>PARENT SHARE FAMILY FS/SF REFUGEE ENTRY DT MEDICAID NON-COOP CODE</td>
<td></td>
</tr>
<tr>
<td>OFFSET BONUS GF (Y-N) MM DD YYYY INELIG RSN RUFA FS SF</td>
<td></td>
</tr>
<tr>
<td>REPORTING STATUS APPE'D LIVING FS EITC REC'D? N PSE SCHOOL</td>
<td></td>
</tr>
<tr>
<td>THIS MO LATEST ARRANGEMENT REV LETTER MM/YYYY CLOSURE CD MEALS</td>
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</tr>
<tr>
<td>00 0000</td>
<td></td>
</tr>
<tr>
<td>***** REVIEW DATES *****</td>
<td></td>
</tr>
<tr>
<td>RUFA FS ? ME EP SF</td>
<td></td>
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<tr>
<td>NEXT REVIEW: 11 2020 Y 07 2019</td>
<td></td>
</tr>
<tr>
<td>COMPLETED: 12 13 2019</td>
<td></td>
</tr>
<tr>
<td>USER: 430 FNX: STAT MODE: D RPTGRP:</td>
<td></td>
</tr>
<tr>
<td>PERIOD: 12 19 COMMAND:</td>
<td></td>
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<tr>
<td>DO: Y IMS: SY3 REPORTING ADULT:</td>
<td></td>
</tr>
</tbody>
</table>
Dependent children living with a caretaker who is not the child(ren)'s parent, may be eligible for a Caretaker Reach Up grant. Legal guardianship is not necessary to be considered a caretaker.

Child support forms must be provided for all absent parents of the child(ren). Caretakers can complete the forms with as much information that they have available.

**Assigning a Temporary Social Security Number for the Head of Household**

Temporary Social Security Numbers (666 numbers) can be assigned to the head of household if the Caretaker is receiving Reach Up benefits for his/her own child(ren). If the Caretaker objects to a 666-number due to religious reasons, contact AOPS for a different temporary social security number.

If the Caregiver is not receiving Reach Up benefits for his/her own child(ren), but the Caregiver has minor children, a temporary social security number should still be assigned to the Caretaker benefit. This is to avoid potential conflict later if the Caretaker has to apply for Reach Up benefits for his/her own children.

When a temporary social security number is assigned to a Caregiver household, all case records, including child support records will be stored under the temporary social security number. If benefits end and the Caretaker reapply for a Caretaker Reach Up grant for the same child(ren), the previously assigned temporary social security number should be assigned for the case. To see if the Caretaker has already been assigned a 666 temporary social security number, complete a PERS/D search in ACCESS for the Caretaker’s name.

**Caretaker and Parent in the same household**

*Caretaker as the legal guardian*

If the caretaker is the legal guardian and a birth parent moves into the household with the caretaker and the child(ren), it is up to the caretaker to
decide if the parent should be included in the Reach Up grant or not. The caretaker remains the payee of the grant in either case.

**Caretaker not the legal guardian**

If the caretaker is not the legal guardian and a birth parent moves into the household with the caretaker and the child(ren), the birth parent must be included in the Reach Up grant.

**Child Only Grant**

Shelter expenses will be used to determine the Reach Up benefit. Encourage the caretaker to “charge” the children a shelter expense to maximize the grant ($490 outside Chittenden County; $540 within Chittenden County). See Procedure 2214B on Caretaker Shelter.

**Caretaker Applying for No Other Programs**

Questions on the ESD 202 should be answered as if the child is answering the questions. The children’s resources and income must be indicated.

**Caretaker Applying for 3SVT or Supplemental Fuel**

Questions on the ESD 202 must be answered for everyone in the household. Clarify income and resource information for the child so the Child Only Reach Up grant can be correctly determined.

**Caretaker Applying for Reach Up for their own children at same time**

Two separate applications are not necessary, but the application should be scanned into both cases in OnBase.

Take lots of notes on the application and/or put “stickies” in the case in OnBase so that it is clear who the application is for.

**Needy Caretaker Grant**

Only one caretaker may be included in an Reach Up household, even if the children have more than one caretaker (for example, two grandparents). However, income and resources of the caretaker’s spouse must be included in the budget. Questions on the ESD 202 must be answered for the caretaker, a spouse (if there is one) and the children.
Include the rent the caretaker pays (do not include the rent “charged” to the children for this budget).

Compute Reach Up budget for children and caretaker and compare countable income to payment maximum for household size.

Determine if the caretaker should be included in the Reach Up household. If the caretaker’s income is too high to qualify for a Reach Up grant, the caretaker should not be included in the household.

Caretakers can choose whether to be included on the Reach Up grant. If the caretaker is included on the Reach Up grant, he or she will be required to work with a Reach Up case manager.

**BPS Support**

**Caretaker Household Examples**

*Example:* Caretaker with no Spouse or Children of their own (biological, step or adopted)

A child with SSA income of $250 lives with an aunt who is her caretaker.
- The aunt applies for Reach Up on behalf of the child.
- The aunt does not live with a spouse or her own children.
- The aunt’s only resource consists of $1200 equity in a car.
- She has a job earning an average of $450/month.
- She has no unearned income.
- She pays $575 a month rent and charges the child $490. She lives outside Chittenden County.

**STEP #1 - DETERMINE IF THE CHILD IS ELIGIBLE**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Needs for one</td>
<td>$585</td>
</tr>
<tr>
<td>Rent charged by caretaker</td>
<td>+$400</td>
</tr>
<tr>
<td>(use max housing allowance)</td>
<td></td>
</tr>
<tr>
<td>Special Housing Allowance</td>
<td>+ $90</td>
</tr>
<tr>
<td>Total Needs</td>
<td>$1075</td>
</tr>
<tr>
<td>Ratable Reduction</td>
<td>X .496</td>
</tr>
<tr>
<td>Payment Standard</td>
<td>$533</td>
</tr>
<tr>
<td>Child’s unearned income (SSA)</td>
<td>- $250</td>
</tr>
<tr>
<td>Reach Up grant for child</td>
<td>$283</td>
</tr>
</tbody>
</table>
Since the child's unearned income is less than the payment standard of $533 a month, the child is eligible for a child only grant.

**STEP #2 - DETERMINE IF THE CARETAKER IS NEEDY**

**Compute Reach Up earned income:**

<table>
<thead>
<tr>
<th>Gross income</th>
<th>$450.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income disregard</td>
<td>-$250.00</td>
</tr>
<tr>
<td>= $200</td>
<td></td>
</tr>
<tr>
<td>X .25 of $200 =</td>
<td>- $50</td>
</tr>
<tr>
<td>Countable earned income</td>
<td>=150</td>
</tr>
</tbody>
</table>

**Compute Reach Up budget for caretaker and child:**

| Basic Needs for two | $771 |
| Rent payed by caretaker (use max housing allowance) | + $400 |
| Special Housing Allowance | + $90 |
| Total Needs | = $1261 |
| Rateable Reduction | X .496 |
| Payment Standard | = 625 |
| Child’s unearned income (SSA) | - $250 |
| Countable earned income | - $150 |
| Reach Up Grant | = $225 |

The combined income of the caretaker and child is less than the Reach Up payment standard so she is needy and could receive a Needy Caretaker grant.

The Caretaker in this household can decide which type of grant she would like to receive, a Child Only grant of $283 or a Needy Caretaker grant of $225.
P-2210 HOUSEHOLD COMPOSITION (continued)

P-2210H Three or more Parent Household (20-02)

Households where three or more parents are living together must apply for Reach Up benefits together.

Example:
Sam and Pat have a daughter, Anna.
Sam and Blake have a son, Jon.

The three adults (Sam, Pat and Blake) live together with the two children (Anna and Jon).

Since Anna and Jon are half-siblings, the household would have to apply for Reach Up benefits together.

All three adults would have to sign Family Development Plans (FDPs), meet with a Case Manager and share the family work requirement.

BPS Support

For the example case above, ACCESS would have to be set up by coding the family members as follows:

Sam (Head of Household) code as “01” Self.

Pat code as “02” Spouse or Civil Union Partner or code as “03” Eligible Parent of the Applicant’s Child, depending on if Sam and Pat are married.

Blake, code as “13” RUFA Essential Person.
A PARE panel would also have to be added in order to clarify who are the biological parents for each child.

In this case:

- Pat, PARE.01 for child Anna
- Blake, PARE.02 for child Jon.
Unearned Income is cash or contributions received by a person for which they do not perform work or provide a service. (i.e. Alimony Payments, Social Security, Unemployment Compensation, Worker’s Comp, Child Support, $70 HUD Fuel and Utility subsidy or $30 utility-only subsidy, Pension plans. etc.)

The full amount of received and available unearned income is countable, except for disregards/excluded income listed in rule 2276.

**Social Security Unearned Income**

To verify SSA, SSDI, or SSI, check the INFC function in ACCESS. (SDX.01)

**SSA** (Social Security retirement) - Countable Unearned income.
SSA is for individuals who have paid social security taxes through history of employment. Regular social security retirement, or Survivor benefits for children or spouses, or Benefits for children/spouses whose parent/spouse is disabled and receiving SSDI.

**SSDI** (Social Security Disability) - Countable Unearned income.
For individuals who have paid social security taxes through history of employment. If individual receives a combination of SSI and SSDI, they can't get Reach Up. (Rule 2210.2)

**SSI** (Supplemental Security Income) - Partially countable if received by a parent.
SSI provides benefits to adults and children who have limited income and resources and are: Age 65 or older; Blind or Disabled. This benefit is paid when an individual didn’t pay enough social security taxes to receive the full Social Security benefit- either retirement (SSA) or disability (SSDI).

**Social Security Income notes**

Someone can get both SSI and SSA/SSDI benefits.

Anyone who receives any SSI is not eligible to be on the Reach Up grant. Most income and all resources don’t count. If a family member is on SSI and working, their job income is NOT counted.
Counting $77 of SSI

Reach Up counts up to $77 per household of adults’ SSI income. Children’s SSI income is NOT countable. Any combination of adult SSI income over $77 is not countable. If adult’s SSI is less than $77, count only up to that lesser amount. ACCESS will figure this automatically.

SSI 1619(b) Status

Disabled individuals who received SSI/AABD and became gainfully employed, can be granted 1619(b) status by the Social Security Administration. They shall continue to be considered SSI recipients during any months in which their 1619(b) status remains in effects, whether or not they receive a SSI benefits. These individuals, and their income, are excluded from the Reach Up household and budget while they have 1619(b) status.

Unemployment Insurance (UI)

In order for a household to be eligible for Reach Up, they have to pursue all other forms of income, including unemployment. All Reach Up applicants who have left a job in the last 60 days are required to apply for UI benefits. Reach Up participants who have left a paying job and could be eligible for Unemployment Insurance benefits (UI) need to apply for UI or their Reach Up could be closed.

Before denying or closing a case check with Department of Labor (DOL) to see if the household has applied for Unemployment.

Remind households that they must continue to file their unemployment claims each week until they are found ineligible. It is up to the household to inform us if they start to receive unemployment.

Enter an Unearned Income (UNEA) panel in ACCESS after confirming that the household did apply. As long as the UNEA is entered, ACCESS will automatically run a tape match if they start receiving something. If the UNEA switches to $0 but there is money left in the claim send a VCR asking the household to explain what is happening.
Fuel and Utility Subsidy (Reach Up rule 2271F)

Families in subsidized housing, who pay for fuel and/or utilities out of their own pocket, have their rent reduced by the housing authority in the form of a Fuel and Utility Subsidy. This rent reduction/subsidy is considered unearned income. Either $70 or $30 is added back into the Reach Up budget as unearned income. This ensures that the value of any Fuel and/or Utility subsidy is counted in the grant calculation.

$70.00 – for a family with a subsidized housing fuel or fuel-and-utility subsidy or $30.00 – for a family with a utility-only subsidy.

The following table demonstrates the different subsidy scenarios

<table>
<thead>
<tr>
<th>Heat &amp; Util included in rent (not getting the subsidy.)</th>
<th>$0 Fuel and Utility Subsidy considered as Unearned Income.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat not included in rent. (Paying on own, rent reduced accordingly. Rent reduction considered unearned income.)</td>
<td>$70 Fuel and Utility Subsidy considered as Unearned Income.</td>
</tr>
<tr>
<td>Utilities not included in rent. (Paying on own, rent reduced accordingly. Rent reduction considered unearned income.)</td>
<td>$30 Fuel and Utility Subsidy considered as Unearned Income.</td>
</tr>
<tr>
<td>Neither heat or utilities included in rent. (Paying on own, rent reduced accordingly. Rent reduction considered unearned income.)</td>
<td>$70 Fuel and Utility Subsidy considered as Unearned Income.</td>
</tr>
</tbody>
</table>

BPS Support

Checking 1619b status in ACCESS

Option 1: Check the UNEA panel where the SSI income would be listed. On the bottom of the screen, you would see “1619B MED CONT” if the participant has an approved 1619B status.
Option 2: Check the INFC screen for the SSI recipient. Under Medical eligibility you would see “1619B Med Cont.” if the participant has an approved 1619B status.

If the participant states that they have been approved for the 1619B status but ACCESS is not showing it, please contact the Social Security office to clarify.
Checking Fuel/Utility Subsidy in ACCESS

For subsidy payments, enter "Y" in the "Subsidized/Public Housing" fields on the RENT panel and ACCESS will automatically count the proper amount as unearned income in the budget (the 3rd panel in ELIG).
P2215 CHILD SUPPORT (Reach Up rule 2235)

P2215A Assignment of Child Support Rights (20-02)

Child support must be pursued from any parent that is not in the household. These parents are considered the “Absent Parent” (ABSP) or “Non Custodial Parent” (NCP).

Example: A woman is married to her second husband and lives with her two children from her first marriage. Pursue support from her first husband, the birth father of her children.

Caretakers must agree to pursue any support for children they are caring for. The Office of Child Support (OCS) can clarify how this process works for caretakers.

Determining who to list as Head of Household

If household is applying and only one parent has a child or children with an absent parent, and that parent is not the Head of Household according to the application, ask if the household minds if that parent is listed in ACCESS first. If they agree, enter a voluntary withdrawal for the Head of Household and APPL the household under the other parent’s name. Ask the Application & Document Processing Center (ADPC) to mirror the documents in both cases.

If the family does not want us to switch the Head of Household in our system, see below under Signing the Child Support Authorization (137)

Example: Pat and Sam are newlyweds. Pat’s son is 5 years old from a previous marriage. When the family submitted their application, Sam was listed as the Head of Household. Since Sam is not the birth parent, it would be easier for OCS to direct the payments to the department if Pat was the Head of Household.

Determining who to list as the Absent Parent

Ask the household to list any and all possible absent parents to the child. OCS will assist the household through the process of identifying the birth parent if necessary.
If the household claims they cannot identify a parent, ask them for the names of all potential parents, complete 137’s for each of them, and create an ABSP panel for each possibility in ACCESS.

**Deceased Absent Parent**

Initial Reach Up applications must have one Child Support Authorization (137) that indicates ABSP is deceased. Ask the household if they would like to work with OCS to pursue parentage of the deceased absent parent. There are times when a child may be eligible for survivors’ benefits if parentage is established.

Enter code 3 for Absent Parent Assign Code on the ABSP panel. Enter a CATN and a WARN on case. If the household is interested in working with OCS, send an email to AHS.DCFOCS137Submission@Vermont.gov.

If household has been on Reach Up before, and a copy of the original Child Support Authorization is available in OnBase, print the original 137 that indicates parent is deceased and then rescan with current date to demonstrate it has been documented. Enter a new CATN and update WARN as needed.

**Absent Parent Removal Reasons**

Certain individuals have been ruled out as having an obligation to a child. This occurs when someone has had their parental rights terminated, or when OCS has determined through DNA testing that an individual is not considered a parent.

OCS enters the correct removal reason. The child’s name will have to be removed from the absent parent panel, or the panel should be deleted if there are no other children listed.

New Child Support Authorizations (137) will need to be collected if there are other potential parents.

For households where parental rights have been terminated, enter 1 or more ABSP panels using the name “Unknown Unknown” with a temporary social Security number. Code the Absent Parent Coop Code 7 for a lifetime waiver.

**Assigning child support rights to the department**

Signing the form **Child (and Medical) Support Authorization (137)** assigns child support rights of the parent/caretaker to the Department for Children and
Families (DCF). It is also an application to work with the Office of Child Support (OCS).

If the household refuses to assign support attempt to get the refusal in writing. The document will then be scanned into OnBase. Make a note in CATN and deny the application.

**Children receiving SSI**

Signing the Child Support Authorization (137) does NOT assign child support rights related to a child that receives SSI. However, cooperation with OCS is required for any child of an individual receiving Reach Up, regardless of whether the child is included in the Reach Up household. In addition, OCS collects information about all children living with the custodial parent to ensure that they distribute child support correctly.

**Child support received while applying for Reach Up**

Explain that until a decision is made on the grant, the household may use any child support received for living expenses but must report it to the department. All support received after a grant has been made must be forwarded to the department.

**Past due child support**

Any past-due support owed to the household by any noncustodial parent prior to application may be used after the household is approved to reimburse the department for any benefits paid to the household or to pay off any money owed to the department that accumulated while the household was on benefits. Amounts more than the department’s reimbursement will be paid to the household.

**Requesting a child support waiver**

Explain what a waiver of cooperation is. Households can request a waiver by marking off Waiver Request in Section 8 of the Child Support Authorization (137), and completing a Waiver of Cooperation for Child and Medical Support (form 137W). See procedure 2215B for more information.
**Signing the Child Support Authorization (137)**

The Head of Household/custodial parent should complete the Child Support Authorization (137).

If ESD knows missing information about the Absent Parent, add the information onto the Child Support Authorization (137) itself, or by adding a note to the document in OnBase and update the ABSP panel correctly. Indicate in the note what information was completed by the department.

If the household marked the waiver box incorrectly, have the household cross it out, initial and date the change; or collect a new Child Support Authorization (137) where the waiver box is not checked off.

**Two parent household absent parent associated with second adult**

The custodial parent must co-sign the Child Support Authorization (137) if they are not the Head of Household but are included in the Reach Up household.

**Example:** Tom and Jane are not married but have a child (Rowan) in common. Jane also has a child (Maya) that lives with them from a previous relationship. They apply for Reach Up with Tom as the Head of Household (listed first on the application). Tom and Jane must both sign the Child Support Authorization (137) for Maya’s absent parent, Bill.

**Minor parents**

If the applicant is a minor, their guardian must also sign and date the Child Support Authorization (137) for the paperwork to be considered valid by OCS.

**Legal caretakers and parents living together**

In households where the caretaker remains the payee because they have legal guardianship and have agreed to add the birth parent to the Reach Up benefit, the Child Support Authorization (137) will have to be completed and signed by all parties that have either a legal or parental relationship to the child.

**Example:** Melissa took in her niece Shelley of whom she has legal custody per court order; she has a Reach Up child only grant. Shelley’s mom, Renee moved into Melissa’s home. Melissa agrees to have Renee added to the Reach Up household but remains the payee of the benefit. Child Support Authorization should be signed by both Melissa and Renee.
Assigning a temporary SSN for an absent parent

If a Social Security number of the absent parent is unknown, a temporary (666) number will have to be assigned.

Follow the local district procedure for obtaining a temporary SSN. Do not assign a temporary number until you have thoroughly checked for a known number (either a Social Security number or a previously assigned temporary number) for the absent parent.

Places to look:

- Look up the Head of household or custodial parent’s name in PERS D to see if the noncustodial parent is listed.
- Look up the Head of household or custodial parent’s name in CUST D (this is the child support side of ACCESS) to see if the noncustodial parent is listed.
- Look up the child in PERS D to see if the noncustodial parent is already listed from another case.

Sharing information with OCS

When a Reach Up/PSE case is approved, enter a CATN in ACCESS and send a copy of the CATN/TODO to the OCS Record Center worker number FMU.

**Include the following information in the CATN/TODO:**

- Which program is approved (Reach Up/PSE)
- 137 Status in OnBase (137 is available in OnBase/137 being scanned to OnBase)
- If applicant is requesting a waiver include: Waiver has been requested.

**If there are more than one ABSP also indicate:**

- Name of HOH
- Number of 137s
- Initials of each ABSP

**Examples of CATN/TODO to FMU if there is only one ABSP/137s:**

Reach Up is approved. 137 is in OnBase.

Or
PSE is approved. 137 is being scanned to OnBase today. Waiver has been requested.

**Examples of CATN/TODO to FMU there are multiple ABSPs/137s:**

*Chris Dorer (HOH/CP SSN) has been approved Reach Up. Two 137s available in OnBase for BS and JJ.*

Use the top portion of the CATN screen to enter the CATN/TODO so that a copy remains available in CATN.

The CATN/TODO should only be sent to FMU. Delete the worker number that pre-populates in the “Send Reminder to workers” field and replace it with “FMU”.*

Do not enter the CATN/TODO while the case is pending Reach Up/PSE.

Example:

*If the ESD worker number is left in the reminder section it will not send to the OCS worker number.*
Reach First applications

If a household is granted Reach First, collect a 137 and scan to OnBase. Enter information in an ABSP panel and enter code 4 in the Absent Parent Assign Code. Do not enter the CATN/TODO to OCS when the case is approved.

If a case transitions from Reach First to Reach Up request a new 137 using a 202V. If Reach Up is approved enter a CATN and send a copy of the CATN/TODO to the OCS worker number FMU when transfer is complete. Indicate if 137 form is available in OnBase or is being scanned. Indicate if a Waiver has been requested.

Changes to Reach Up household

Adding a child with an absent parent

If, at some future date, a child whose parent is absent enters the household, a new 137 must be obtained using a 202V for the new absent parent before the child is added to the benefit.

If the child is added, enter a CATN and send a copy of the CATN/TODO to the OCS worker number FMU, that a new child has been added to a Reach Up benefit. Indicate if 137 form is available in OnBase or is being scanned. Indicate if a Waiver has been requested.

Unborn children with absent parent

Unborn Children should not have the 137’s gathered until that child is born.

When the birth of the child is reported, mail the 137’s to the parent with a 202VCR with a 10-day time frame to return the 137’s.

Inform OCS as done above for adding a new child.

137 for new baby not returned

If the 137’s are not returned, deny the case if that is the only child on the benefit. If there are other children, do not add the needs of the newborn child to the Reach Up benefit.
**ABSP joins Reach Up household**

If the absent parent of a child joins the Reach Up household, delete the ABSP panel, and send a TODO to the OCS worker indicated on the CATN C screen.

![Image of CASE ACTION LOG showing deletion of ABSP panel when absent parent joins Reach Up household](image1)

**Child ages out of Reach Up Household**

When a child ages out of the Reach Up household and the Reach Up benefit is adjusted, ACCESS will automatically delete the ABSP panel if the child is the only one listed on it. Send a TODO to the OCS worker indicated on the CATN C screen letting OCS know the child is no longer on Reach Up.

![Image of CASE ACTION LOG showing removal of child from Reach Up household](image2)
Checking absent parent information at time of recertification

At every annual recertification check that a Child Support Authorization (137) is available in OnBase. If one is not available, request a new one using a 202RL2.

Review with the household the current information about the absent parent available in ACCESS, such as:

- an address or employment change for the absent parent.
- a change in the financial circumstances of the absent parent.
- Social Security Number of the absent parent if previously unknown.
- a divorce since last review.
- court orders since last review.
- the addition of a child of the same noncustodial parent.

A source of information to assist in this check would be the “common update” (COMM) screen in ACCESS. To view this screen, type in the command COMM/D and the head of household and/or custodial parent’s SSN and C as the tenth digit. This will give the latest information OCS has on the absent parent such as his/her most recent employment. Review the information on the screen with the household.

If any information from the household is more current than what OCS has on COMM or what is in the ABSP panel, send a TODO or email message to the OCS worker.

BPS Support

Absent parent assignment code

<table>
<thead>
<tr>
<th>ASHADMCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSP Assign Codes</td>
</tr>
<tr>
<td>1 Assigned.</td>
</tr>
<tr>
<td>2 Refused Assignment - case closed or denied.</td>
</tr>
<tr>
<td>3 Absent Parent Deceased - no IV-D case.</td>
</tr>
<tr>
<td>4 No assignment needed- R First or R Ahead.</td>
</tr>
</tbody>
</table>

Place cursor on desired line and hit enter to select code.
**Absent parent removal reasons**

<table>
<thead>
<tr>
<th>Removal Reasons</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D1</strong> ON ANFC - OVER AGE FOR 4D</td>
<td></td>
</tr>
<tr>
<td><strong>D2</strong> ON IV-D - OVER AGE FOR PA</td>
<td></td>
</tr>
<tr>
<td><strong>D3</strong> CHILD WITH AP OR OTHER REL</td>
<td></td>
</tr>
<tr>
<td><strong>D4</strong> EMANCIPATED MINOR</td>
<td></td>
</tr>
<tr>
<td><strong>D5</strong> AP EXCLUDED BY BLOOD TEST</td>
<td></td>
</tr>
<tr>
<td><strong>D6</strong> ADOPTED</td>
<td></td>
</tr>
<tr>
<td><strong>D7</strong> TERMIN OF PARENTAL RIGHTS</td>
<td></td>
</tr>
<tr>
<td><strong>D9</strong> OTHER</td>
<td></td>
</tr>
</tbody>
</table>

Press enter to continue.

4D = Child Support side of ACCESS  
PA = TANF funded public assistance

Removal reasons D1, D3, and D9 are only informational and will allow you to continue. All other codes will require the child to be removed from the panel, or for the panel to be deleted.
P2215 CHILD SUPPORT (continued)

P2215B Child Support Waiver (Reach Up rule 2235.4) (20-02)

Requesting a Waiver

If the household claims in the interview or on the Child (and Medical) Support Authorization (form 137) that due to domestic violence it is not in the best interest of the child to pursue the establishment of paternity or support, you will:

- Enter Absent Parent Coop Code 2 (pending waiver) on the ABSP panel.
- If the waiver request was not indicated on the original 137, do the following:
  - If in person, ask the household to correct the 137, initial the change and sign the 137 with a new date.
  - If over the phone, add a sticky note to the 137 document in OnBase, indicating that a waiver has been requested.
- Offer the parent the paperwork Domestic Violence You Don’t Have to Face it Alone (form 201DV).
- Explain that the decision to grant or deny a waiver of cooperation is up to the District Management team.
- When appropriate refer participant to contact the District DV Liaison.
- Consider using the Absence Questionnaire (202AQ) to gather information from the household. Ignore question 6 which is obsolete at this time.
- Have the household complete and sign a Waiver of Cooperation for Child Support (form 137W).
- When possible, review the 137W with the household and discuss what supporting information is available. Offer to help if the household has difficulty getting the information without assistance. OCS has access to some records.
- Make sure a copy of the Child Support Authorization 137 is scanned into OnBase. The 137W and other supporting documents should not be scanned to OnBase but maintained in the District’s Classified file.
- Inform OCS through CATN/TODO when the Reach Up is approved (see P-2215A for the process). OCS will suspend collection activity for households that request a waiver.

Send a written request for the 137W and allow 10 days as the due date. Allow 2 additional business days past the due date for the scanning and dispatching process through the Application & Document Processing Center (ADPC).
• The household will be granted 5 additional business days if there is a delay in obtaining information.

Making decision on a waiver request

When all available evidence has been collected or the last deadline has been reached, whichever comes first, complete the Waiver of Cooperation for Child Support Supplement (form 137WS) and complete the top of the Notice of Decision-Waiver Request (form 220W).

Send the 220W, the 137W, 137WS, 137, 202AQ (if available), and the household’s information to the designated member of the District Management Team for decision.

The District Management Team designee reviews the waiver request packet. Decisions on whether the waiver should be granted or denied should be made using the guidance found at rules 2235.3 and 2235.4 which includes if the waiver should be permanent or reviewed annually. If there are questions or the Management Team is considering denying the waiver, they should call the household member to see if there is any further information that would support the waiver being approved rather than denied.

When the decision has been made, the District Management Team designee completes the 220W, mails the original to the household, and sends a copy of the decision to OCS via email.

The District Management Team designee then enters the appropriate Absent Parent Coop Code in ACCESS, 1-waiver denied and parent is cooperating, 3-waiver was granted and needs a review date or 7-waiver granted and it is permanent, no review needed.

A clear CATN should be entered regarding the Waiver decision.

Waiver denials

A new 137 is not required by OCS if a waiver has been requested, the request was denied and the denial notice of decision has been sent to the participant and OCS.

Waiver request not pursued
If the household decides not to pursue a waiver after checking the waiver box on the 137, OCS will need to have the household indicate that a waiver is not being pursued. It is not enough that ESD emails or CATNs this information.

Ask the household to either:

- initial and explain on the original 137 that a waiver is NOT being requested or
- complete a new 137 with the waiver box not checked.

Keep the Absent Parent Coop Code as 02 (pending waiver) while waiting for new 137. If a new 137 is not provided, follow the process to officially deny the waiver.

**Fair Hearing request on waiver decision**

If a household requests a Fair Hearing based on the child support waiver decision, email OCS of the request. Enter a CATN explaining that a Fair Hearing request has been made on the waiver decision.

OCS will wait for 90 days following a denial before working a case to make sure the decision is not being appealed.

**Waiver Reviews**

At each regularly scheduled eligibility review, review the circumstances of the waiver. The decision of a waiver review must be CATN-ed.

**No change to waiver**

If there have been no changes, and the household wishes to continue with the waiver, no new forms or supporting material are required. Update the review date to align with the next eligibility review date.

**Waiver circumstances changed**

If a change has occurred (for example, the household is now in contact with the absent parent) and you believe the waiver request needs to be evaluated again, follow the same procedures as for an initial waiver. The household does not need to resubmit information already in the case record. Since the District Management Team designee has a copy of that information, you do not need to
attach it. Encourage the household to submit any new information (for example, new or continuing threats) and include that information with the required forms.

**Reapplying for Reach Up with waiver**

Reach Up households granted a child support waiver who then close and re-open with a break in benefits, must still complete a new 137 and request the waiver by checking the box on the 137. However, supporting documentation does not need to be completed. Write on the 137WS that the participant had a waiver in place.

The District Management Team designee can extend a new waiver approval based on the previously provided documentation. A new Notice of Decision-Waiver Request (form 220W) must be sent to the household and to OCS via email.

Example: Participant applied for Reach Up on 1/20/18 and requested a child support waiver. A 137W was sent to the participant and returned. Waiver was granted with a yearly review and Reach Up was approved 2/1/2018. Waiver granted through 1/31/19.

At the end of July (7/31/18), participant’s Reach Up is closed, as they did not return their Interim Report. On 8/1/2018, participant re-applies and new 137 is completed. Participant marks “waiver requested” on the 137 again. At this time, the department can still see that the previous waiver was approved (ABSP panel with code 3 or 7) and writes on the 137WS that waiver has already been approved through 1/31/19 in this case. The District Management Team Designee completes a new 220W based on the waiver information that was provided in 1/2018. The new 220W is sent to both participant and OCS.

**BPS Support**

*Absent Parent Coop Codes*

```markdown
<table>
<thead>
<tr>
<th>ABSP Coop Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cooperating.</td>
</tr>
<tr>
<td>2 Requested Waiver (pending) - no CS collected.</td>
</tr>
<tr>
<td>3 Waiver Granted - needs review date, no CS collected.</td>
</tr>
<tr>
<td>4 Not cooperating - 25% grant reduction; Med Support Denial/Close.</td>
</tr>
<tr>
<td>5 R First or R Ahead - no assignment of support required.</td>
</tr>
<tr>
<td>7 Waiver Granted - permanent, no CS collected.</td>
</tr>
</tbody>
</table>

Place cursor on desired line and hit enter
```
Unscheduled changes are those that are reported outside of the Interim Report or Recertification.

Allow the household ten days from the date the change is reported to provide required verifications.

The date a change is reported is the date:

- the household reports the change by telephone,
- the household reports the change in-person,
- information is received from another source regarding a household change, or
- a written notice is received in the office, including a change report form (200).

Inform the participant in writing that their grant will be closed if they do not provide necessary verification without good cause within those ten days.

CATN the date the change is reported and the actions taken.

Act on changes within ten days of the date the verification was received.

ACCESS generates a Notice of Decision, to inform the household of the effect of the change on their benefits.

If a notice is not computer generated, the manual notice must contain the old and new amounts of income, expenses, or household members used to compute the benefit amount.

**Adding a New Household Member**

A new ESD 202 is required and an interview must be completed when adding an additional parent, spouse or civil union partner of a parent, or a Reach Up essential person to the household, except if the additional parent receives SSI and their needs will not be included on the grant.
**Death of Head of Household**

If the Head of Household of a Reach Up household dies, and there is another parent or caretaker in the household, benefits may be switched to the other parent or caretaker without a new application if the benefit would not change other than possibly decreasing due to the death of the HOH.

- Use the same recertification period as the original household.
- Ask that current documents be mirrored into the new Head of Household SSN in OnBase.
- After the case is transferred, send a VCR asking for a new child support authorization form (137) for any absent parents.

This is the process if the deceased Head of Household was a member of the Reach Up household or not (parent receiving SSI or caretaker).

**Change of Address**

Households reporting a change of address must also report the shelter expenses for the new address. Verification of shelter expenses is not required unless questionable.

Act within ten days to change the address and determine the new benefit amount based on the shelter expenses for the new address, when all information is provided.

**Shelter Expense Information Needed**

If shelter expense information is not provided with the address change:

- Call the household to get the needed information about the new shelter expenses.
- If the household cannot be reached or the information provided is questionable, send the household a verification change request form (202VCR), to request the shelter expense information. Allow the household ten days to respond.
- Keep the existing shelter expenses while waiting for the household to respond to the VCR.

Budget the shelter expenses for the new address within ten days from the date the information is provided.
**Household Fails to Provide Shelter Expense Information**

Change the shelter expense to $0 if the household fails to provide the requested information by the VCR due date.

**Minimum wage increase**

Participants are responsible to report a change in their income. If we become aware a participant has received an increase in pay, we would request updated paystubs. If necessary, process an overpayment.

**When Changes in Benefits are Disbursed**

**Increases in benefits**

Increases are effective as soon as the action is taken in ACCESS, except for certain situations listed under “Other effective dates” below. A notice will be mailed.

**Other effective dates**

- For adding a new household member, including through childbirth or adoption, the arrival date or birthdate, if the change is reported within 10 days.
- For increased shelter costs, the first of the month in which the change occurred.
- For decreased income, the first of the month.

In most cases, if action cannot be taken on the change within the same month, approve the benefit change for the first full month after the change. If the addition of a household member will cause an increase in the benefit, an underpayment may need to be issued (see BPS support below).

**Decreases in benefits**

Decreases are effective on the 1st or the 16th of the payment month. Action must be taken and a notice mailed at least 10 days prior to the effective date of the change.
**BPS Support**

*Adding a new household member to a Reach Up household*

**Change reported timely**

If the change is reported timely (within 10 days), the household member should be added to the household’s benefit as of the date of arrival--enter this date as DATE ARRIVED on MEMB panel.

![DATE ARRIVED MO DA YEAR]

**Change not reported timely**

If not reported timely (more than 10 days), the household member will be added to the household’s benefit as of the date reported—enter the date reported as the DATE ARRIVED on MEMB panel.

**Change to benefit in current month**

If the entered date of arrival is within the current month, ACCESS will prorate the benefit for the correct number of days.

**Change to benefit in previous month**

If the entered date of arrival is in the previous month, districts will have to determine what the benefit amount should have been in the previous month and submit form to the Claims Unit for an underpayment.
P-2225 RECERTIFICATION (continued)

P-2225A Interview (Reach Up rule 2213) (20-02)

An interview is required at recertification.

Use the ESD 202C, Benefits Interview Appointment Notice, when you receive the ESD 202. Send an ESD 202D, Notice of Missed Interview (NOMI) via ACCESS if the interview is not completed within 5 days. The NOMI date should be the final day of the certification period. See P-2201B for more information.

During the interview follow these steps:

- Check the ESD 202 for the participant’s signature, even if not all necessary questions have been answered, or all verification has been provided.
- If any necessary verifications are not provided, mail the participant an ESD 202RL2 (Verification Review Letter) with a specific date when the information must be received for the benefits to continue.
- Utilize the ESD 201DV (Domestic Violence Notice – You Don’t Have to Face it Alone) and follow the script at P-2201 K.

If no interview has been completed by adverse action of the review month, enter a Non Coop Code on the STAT panel. A Notice of Decision will be created by ACCESS.
P-2230 BENEFITS

P-2230A Calculating Net Income and Benefits (20-02)

Calculate the household’s eligibility for a Reach Up benefit by comparing the household’s total countable net income to the household’s maximum benefit. The maximum benefit is also called the payment standard. It is based on the number of household members, their allowable housing expenses, and where the household lives. These factors are used to determine the household’s total need, which is then ratably reduced to 49.6% and results in the maximum benefit.

Calculating Net Income

Net earned income

Follow the steps below to calculate the household’s net earned income (per household member):

1. Total gross wages and net self-employment

2. Subtract allowable dependent care paid for incapacitated adult or non-Reach Up member (very rare) (Form 203RU will be updated to reflect this)

3. Subtract court ordered alimony and child support paid out

4. Subtract $90 deduction or $250 disregard

5. The result, thus far is the subtotal

6. If $250 was used in (4) above, calculate 25% of the subtotal and subtract

7. The result is the net earned income

Net unearned income

Follow the steps below to calculate the household’s net unearned income (per household member):

1. Total gross unearned income
2. Subtract balance of any court ordered alimony and child support paid out (Form 203RU will be updated to reflect this)

3. The result is the net unearned income

**Total net income**

Add the net earned income with the net unearned income for all household members for the household’s total net income.

**Determine household maximum benefit**

Follow the steps below to calculate the household’s maximum benefit:

1. Basic need standard for RU household size

2. Add the housing standard ($450 for Chittenden County, $400 for outside Chittenden County)

3. Add up to the special housing allowance (maximum of $90)

4. Multiply by the ratable reduction (0.496)

**Calculating Benefit Amount**

Follow the steps below to determine if and how much of a Reach Up benefit the household is eligible to receive:

1. Subtract the household’s total net income from the household’s maximum benefit.

2. If the net income is more than the maximum benefit, the household is not eligible for Reach Up. Deny or close the benefit.

3. If the net income is less than the maximum benefit, drop the cents. The household is eligible for this monthly benefit.

4. To determine the initial month of benefit, do not drop the cents, instead use the proration table below and multiple the benefit by the percentage based on
the date of approval (no matter how many days in the month). Then drop the cents. The household is eligible for this initial benefit.

<table>
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<tr>
<th>Date</th>
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**BPS Support**

Use page 2 of the Reach Up Eligibility Intake Worksheet (**203RU**) to calculate the household’s benefit amount.
P-2230 BENEFITS (continued)

P-2230B New applications after mid month closure (Reach Up rule 2216.2)(20-02)

Households that close mid-month and then reapply within the same month are entitled to a percentage of the grant they are eligible to receive for the remainder of the month.

These benefits must be manually determined and issued through the COPS unit.

Example: A household received $260 on 6/1/18 in RUFA benefits, and then closed 6/15/18. They reapplied for benefits on 6/19/18.

The benefit amount for the remainder of the month would be $174. Since this amount is less than what they already received ($260), ACCESS will not issue any more benefits for that month. A percentage of $174 should be issued to the household.

This will only happen in the second half of the month (15th-30th/31st).

BPS Support

Determining benefit amount

To determine the benefit amount, use the Money Payment chart found in Reach Up rule 2216.2. Begin counting the first day the household does not receive benefits. Count the number of days closed until the date of approval. Use the number of days closed to determine the percentage of benefit the household should receive for the month from the Money Payment chart.

Multiply the total monthly benefit by the percentage. This will give the percentage of monthly benefit the household is eligible for.

Subtract what the household already received for the month from the household’s percentage of monthly benefit amount they are eligible for.

Email COPS to have the remaining benefit amount issued to the household.
Example: If benefits close on 6/15/17 and the household reapply and is approved for benefits again on 6/20/17, count 4 days (6/16, 6/17, 6/18, and 6/19). If the household was closed for 4 days we would use 90% shown in the chart below.

<table>
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<th>Effective Date</th>
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<th>Effective Date</th>
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</table>

If the monthly benefit is $434 multiple by 90% which equals $391. The household would be eligible for $391 for the month of June. Since the household received $260 on 6/1/18, subtract $260 from $391, which is $131. The household would be eligible for $131 in benefits for the remainder of the month. Email COPS and they will manually issue the $131.
ACCESS will not issue a benefit amount less than $10. A notice will be created automatically.
P-2230 Benefits (continued)

P-2230D Benefit Overpayment and Recoupment (20-02)

Overpayments are worked by the Fraud and Claims Unit (FACU). Any suspected overpayment should be sent to FACU email group after the Claim Referral Form, ESD 108CRF has been completed.

Any questions regarding a recoupment should be sent to FACU.

Types of Overpayments

Inadvertent Household Error (IHE)

An overpayment resulted from a misunderstanding or unintended error on the part of the household.

Example:
- Incorrect or incomplete information was provided.
- Required changes were not provided to the agency; or if reported, they were not reported timely.
- Fair hearing decision upheld the agency’s actions and continued benefits were issued to the household.

Agency Error

An overpayment caused by the agency’s action or failure to take action.

Example:
- Failure to take prompt action on a reported change.
- Incorrect computation of the benefit amount.

Fraud

Overpayment resulted from an intended error on the part of the household.

Example:
- Incorrect or incomplete information was provided.
• Required changes were not provided to the agency; or if reported, they were not reported timely.

Determining the Overpayment

Determine the correct amount of benefits from the date of discovery back to the month the overpayment occurred, but not beyond 12 months, except fraud, which has a 3 year look-back period.

Calculating Overpayment Amounts

Correct only those items that were incorrect when calculating the overpayment amount. For example, if the overpayment was caused by incorrect unearned income, use the corrected unearned income amount but don’t change any other items from the original budget.

• Obtain verification.
• Determine the correct amount of benefits for each month that an overpayment occurred.
• Use the Reach Up Eligibility Worksheet, ESD 203RU, or the Quick Eligibility Check function. Attach copies of the worksheet to the Reach Up Claim Notice (ESD 220R) form filed in the case record.
• Send a copy of the worksheets along with the ESD 220R to the Fraud and Claims Unit (FACU).
• Remember to use the rules and benefit tables that were in effect at the time of the overpayment.

Overpayment Establishment

Reach Up Overpayments must be established, within 180 days from date of discovery. An Overpayment is active when it is entered into RECO/D in ACCESS.

Complete an entry in RECO and send a notice to the household.

Repayment Process

Each adult receiving Reach Up benefits when the overpayment occurred is responsible for the repayment of the benefit.

The FACU initiates collection action against the household.
When an adult member of an overpayment household moves to a different household, ACCESS issues an informational message to the BPS. Notify FACU if this message is received. FACU will transfer the overpayment in RECO to the new case (DISP panel) if the overpayment will be pursued in the new household.

**Notice Procedures**

The Reach Up Claim Notice (ESD 220R), is sent the day after the claim is entered into RECO. Refer all repayment questions to the FACU.

**Suspended Collection**

The FACU may suspend collection action when there is no useable address to contact the client. The overpayment is written off after twelve months if a reapplication has not been submitted or the agency hasn’t located a usable address.

**Terminated Overpayments**

The fraud supervisor may terminate and write off the overpayment if:

- All household members are deceased;
- A fair hearing finds no overpayment;
- The overpayment has a balance less than $35 and no payment has been received in the last 90 days; or
- There has not been a payment on the overpayment for 3 years or more.

**Repayment**

Overpayments may be repaid as follows:

**Recoupment**

Recoupment will be set up based on Reach Up rule (2225).

- 5% - agency error
- 10% - IHE+ Fraud
Exception: (See rule 2225 if the household has additional earned/unearned income and how recoupment is calculated)

**Benefits Expungement**

The overpayment amount is reduced by any expunged benefits.

**Household Repayment**

When the household is no longer active on Reach Up they may pay the overpayment partially or in full with cash, check, money order, or with unused EBT benefits. Households who are still active on Reach Up may also chose a deduction from ongoing benefits. FACU is responsible for obtaining a written agreement from the household prior to using active EBT benefits to repay an overpayment. A one-time repayment may be authorized verbally if the receipt is sent to the participant.

**Underpaid Benefits**

Underpaid benefits must first offset the overpayment amount. Amounts remaining after offsetting the claim are issued to the household.

**BPS Support**

**Overpayment Process**

1. BPS completes Claims Referral Form 108CRF and emails it to the Fraud and Claims Unit (FACU).
   
   Email: AHS.DCFESDClaimsUnit@vermont.gov

2. FACU will confirm receipt of ESD 108CRF.

3. FACU will send a copy of the ESD 220R and budgets to ADPC as a work complete documents.

4. FACU will maintain separate files with all supporting claims documents.

5. FACU enters RECO in ACCESS the same day the ESD 220R is sent. Complete the following fields:
- Over issuance (ACCESS term for Overpayment) period
- Type of claim
- Over issuance Reason (Overpayment) reason
- Total overpayment amount

6. The Reach Up Claim Notice (ESD 220R), is mailed to the household the day after RECO is completed.

- The household is instructed to contact the FACU for questions or repayment.

**Inquiries**

Inquiries about repayments should be directed to the FACU at 1-888-488-1484.

Direct inquiries about the amount of the overpayment and how it was calculated to the FACU at 1-888-488-1484.

**Recipient Death**

Review RECO for an overpayment when notification is received that a recipient died. If there is an overpayment, e-mail the FACU.

If there is no other responsible adult, the overpayment will end.
P-2230 Benefits (continued)

P-2230E Benefit Underpayment (20-02)

Underpayments are worked by the Fraud and Claims Unit (FACU). Any suspected underpayment should be sent to FACU email group after the Claim Referral Form, ESD 108CRF has been completed.

Any questions regarding an underpayment should be sent to FACU.

When to Restore Underpaid Benefits

Restore benefits due to an underpayment because of:

• an agency error,
• changes in State or Federal regulations or laws, or
• a fair hearing decision reversing an action taken on the case.

Restore underpayments even if the household is not currently eligible. The household is not required to request issuance of the underpayment.

Timeframes

Restore underpaid benefits for not more than 12-months before the date of discovery:

• the household requests the underpayment be restored, including requesting a fair hearing,
• the underpayment is discovered, or
• the agency is notified of the underpayment, including fair hearing decisions reversing agency actions.

Note: If more than one occurs at the same time restore benefits from the date that occurred first.

Agency Error

Underpayments due to agency error occur when the agency failed to provide the household with the correct amount of benefits.
**Incorrect Amount**

Calculate underpayments for the time the household was eligible and had an open case. Issue the difference between the amount the household received and the correct amount.

**Case Closed in Error**

Reopen the case and restore benefits beginning with the first day benefits were not received after closure.

**Application Delay or Denial**

Restore benefits from the day of application and any other months when the application was:

- not processed timely, or
- denied in error.

**Recertification Delay or Denial**

Timely recertification applications denied in error or delayed must have benefits restored beginning the first month following the end of the previous certification period.

**Changes in State or Federal Laws or Regulations**

Restore any underpaid benefits when required and as directed by State or Federal laws or regulations.

**Fair Hearing Decision**

Restore benefits when a fair hearing decision states the agency’s actions regarding the household’s benefit amount or eligibility were incorrect. Issue underpaid benefits for not more than 12-months from whichever timeframe date occurred first.
Determining the Amount to Restore

Determine the months that benefits were potentially underpaid when the household was eligible or should have been eligible. Exclude months:

- when the household was ineligible, or
- more than 12-months before the timeframes.

Compare the amount of benefits:

- the household received,
- to what the household should have received.

If the household received less than they were due, the difference between the amounts is the underpayment.

Subtract any claims to be offset from the underpayment amount.

Information Needed for Determination

The household must provide any missing information needed to determine a potential underpayment when the case record doesn’t contain all necessary information. Send the household the Verification Change Request form, ESD 202VCR, requesting the missing information for each month needed. Deny restored benefits due to an underpayment for the months the household fails to provide the missing information.

Offsetting Overpayment Claims

Restored benefits for underpayments must be used to offset any unpaid Reach Up claims including compromised overpayments. Amounts remaining after offsetting the claim are issued to the household.

*Exception:* Restored underpayments are not used to offset a claim when restoring benefits due to an underpayment for an initial month’s benefit, unless the household agrees to the reduction.

Apply underpayments to a prior claim by faxing the Lost Benefits Restoration Worksheet, ESD 203R to the Fraud and Claims Unit at 802-241-0960, ATTN: Supervisor.
Issuing Benefits

Issue underpayments to the household’s account in addition to any amounts the household normally receives via:

- check,
- direct deposit to their checking or savings account, or
- through an EBT card for households without a bank account.

Changes to household composition

If the household’s composition changed, issue benefits to the household containing the majority of members at the time the underpayment occurred. When the majority of household members can’t be located or determined, issue benefits to the household containing the person who was the head of household at the time the underpayment occurred.

Notification

Send the household the Notice of Decision, form ESD 220, advising the household of the underpayment being restored including the:

- amount of the underpayment,
- reason for the underpayment, and
- household’s right to a fair hearing if they disagree.

When underpayments are used to offset a claim, the notice must also include:

- an explanation that the claim amount was adjusted,
- the amount of the underpayment used to offset the claim,
- the new claim amount, and
- the amount of underpayment to be issued, if any.

Household Disagrees with Amount or Decision

Disagrees with the Amount

Households that do not agree with the underpayment amount have the right to request a fair hearing within 90-days of the date they are notified of the restored underpayment. Issue the original underpayment amount to the household,
pending the hearing decision. Do not adjust the underpayment amount unless the hearing decision rules in favor of the household and requires an additional underpayment issuance.

**Disagrees with the Decision**

When a determination is made finding the household was not underpaid, and the household disagrees with the decision, they have 90-days to request a fair hearing. Restore benefits to the household only when the fair hearing rules in favor of the household.

**BPS Support**

**Restoring Underpayments**

BPS completes the Claim Referral Form, ESD 108CRF, and emails it to the Fraud and Claims Unit (FACU) and district management group.

   Email: AHS.DCFESDClaimsUnit@vermont.gov

Note: Do not email ESD 108CRF if no underpayment occurred. CATN reason it was not done.

FACU will complete the Lost Benefit Restoration Worksheet, ESD 203R, to calculate benefits for each month of the potential underpayment.

1. Enter the claim number, district code, customer’s name and address.

2. Check off the reason for the error.

3. Summarize why the error occurred.

4. Compare the amount of benefits:

   - the household received,
   - against what the household should have received. If the household received less than they were due, the difference between the amounts is the underpayment.

5. Subtract any unpaid claims to be offset from the underpayment.
6. Mark the ESD 203R indicating any offset and net amount issued.

7. Issue the balance, if any, to the household.

8. Go to ACCESS, CHK/C/RUFA
   - Enter the start date and end date for the underpayment.
   - Enter each corrected month and amount for that month, line by line.
   - Enter the pass code.

9. Emails result of ESD 108 CAR to district management.

10. Upload a copy of the ESD 203R to Onbase as a work complete document.

11. Maintains files with supporting documentation.

12. CATN:
   - the reason for the underpayment,
   - the calculation,
   - the months restored,
   - if benefits were used to offset a claim, and
   - the amount of the underpayment before and after an offset.
P-2231 PROTECTIVE PAYMENTS (continued)

P-2231B Money Mismanagement (Reach Up rule 2226.1)(20-02)

Determine if non-payment of bills threatens the loss of services and thereby jeopardizes the health and safety of children in the household.

Money Mismanagement Letter

When suspected money mismanagement is reported, send a VCR with a Money Management Letter form (202MM) and a due date of 10 days.

If the participant responds determine if there is good cause (Reach Up rule 2226.1B)

If money mismanagement is established and a protective payee can be found, payments are made to the payee only. No CVPs are allowed.

If no protective payee can be found, then CVP/RVP should be used. Current rent should be paid.

Money Mismanagement and Arrears

Participants cannot be forced to make additional payments toward arrears, though they can be encouraged to do so.

If arrears payments are to be made, have participant sign a Protective Payment Agreement form (207) as well.

BPS Support

Money Mismanagement through RVPs

Vendor payments based on money mismanagement can be set up through RVP (automatic Rent Vendor Payments), however text must be added to the notice when this is done.
Add the following language to the eligibility notice or a blank notice if RVPs are used for money mismanagement:

Your <INSERT PROGRAM NAME> will not be sent to you as of <INSERT DATE RVPs WILL START> because of money mismanagement (rule 2226). A Benefits Program Specialist will pay your shelter costs up to the amount of your grant. Please contact our Benefits Service Center at 1-800-479-6151 about the payments. Note: the Cash Benefit Payment Summary on your notices will still show the full amount of your grant. However, only the amount left over after your shelter costs have been paid will be sent to you.

**Money Mismanagement through CVP**

To set up Money Mismanagement related CVP

Enter SUBS/C
Then enter CVP in command.

Select reason 2 “Money Mismanagement” with 99 99 9999 as the end date. The earliest possible start date will autofill if after adverse action. Otherwise enter current date as start date.

To write checks follow Issuing Benefits through CVP P-2231E.
Families who are eligible for Reach Up and stay at Lund can qualify to get benefits to cover the cost of Lund. Reach Up benefits will be paid to the Lund Residential Program for the participant, outside of ACCESS.

Lund Residents must complete the ESD 202 Application, an interview, and provide all necessary verifications needed before the benefit can be approved.

All Lund cases are approved by Benefit Programs Specialists who manage Lund cases (Lund BPS). Their worker number and phone number will be listed in the case warning.

Lund BPS will have weekly contact with a Lund Residential worker to prepare for any upcoming needs: initial applications, departures, interim (temporary) reports, and reviews. Documents will be sent directly to the Lund BPS to process.

Approving Reach Up benefits for Lund Residents

When the interview has been completed and all verifications (example: Child Support Form 137) have been received, Lund BPS approves the Reach Up benefit. Processing Lund cases should be a priority and benefits should be approved no later than 3 days after all the required verifications have been submitted.

Approve the Reach Up benefit paid to Lund for a partial month, even if the participant already received a benefit themselves, prior to moving into Lund.

Example: Participant receives regular Reach Up benefit in October, and then on 10/16 moves into Lund. Approve Reach Up Lund benefit from 10/16 as we have to pay Lund for her stay. Do not wait until 11/1 to pay the benefits.

LUND and 3SVT benefits

Lund Residential program provides meals for their residents and if the household has been receiving 3SVT benefits, their 3SVT grant should close.
Closing Reach Up benefits for Lund Residents

When leaving or discharged from Lund, the Reach Up Lund benefit will stop. The Lund Residential program must verify the participant’s leave date (when the participant physically left) and the discharge date (the last day that the Reach Up grant covered the participant’s costs) before the participant can start receiving their own Reach Up benefit.

Approve a child’s benefit in a different household within the same month if the child leaves Lund. The money paid to Lund is for the mother not the child, so this is not a duplicate benefit.

Example: If Mom and Baby were at Lund in November and Lund received the full November Reach Up benefit. Baby then went to live with Grandma as of 11/13. Approve the Reach Up grant for the child in Grandma’s household as soon as 11/13. Do not wait until 12/1.

Reapplying for Reach Up benefits outside of Lund

If the participant wants to get benefits on their own they need to re-apply using the ESD 202 application. The Lund BPS will help the participant in the process. Participants are eligible for pro-rated benefits after they complete a new interview and provide all necessary verifications.

If the participant leaves the program suddenly and then re-applies for benefits on their own, the District receiving the new application must send the Lund BPS a copy of the ESD 202 application. The Lund BPS processes the case together with the District that received the new application.

If the participant sent in their new application before physically leaving the Lund residential program, the 3SVT application should be denied and re-approved from the day that they left the program.

BPS Support (specific to Lund BPS)

Follow the Reach Up Lund Case Worksheet.

Updating ACCESS for new Lund Residents

Transfer the case location to Burlington: GB1, by entering SPEC/C/XFER.
Ask a Supervisor to have the case locked for their specific worker’s number.

Update Mailing Address to:
LUND
76 Glen Road
Burlington, VT 05401

Update Physical Address to:
LUND Family Center
76 Glen Road
Burlington, VT 05401

Update phone number to: 802-864-7467. If participant has a phone, enter it as an alternate number.

Enter all applicable panels and add an Institution Panel, by entering STAT/C/INST.

Enter code 30 for INST TYPE and fill in the admission date as the ASSOCIATED DATE.

Place a WARN on the case by entering WARN/C with 99/99/9999 as an end date.

The WARN should state: “LUND cases are locked, and changes can only be made by worker XYZ. Please contact worker XYZ with any changes or questions.

Note for Healthcare Staff: escalate health insurance questions to HAEEU.”

To close the 3SVT benefit, enter STAT/C/RBEX. For Room and Board Expense Type, enter 3-Board, 3 Meals.
Remove all household members who are not moving with the participant to Lund, by entering a leave date on the member’s panel.

Check INQD/D/Reach Up to make sure that no Reach Up benefit was issued directly to the participant through ACCESS.

**Reapplying for Reach Up benefits outside of Lund**

Delete the INST panel.

Calculate the benefit the household is entitled to by using manual budgets. Email the prorated benefit amount to the COPS unit who will adjust the Reach Up grant for the month. The pro-rated benefit will be issued to the participant through Controlled Vendor Payments. Continuing benefits can be approved through ELIG/D/RUFA in ACCESS.

Email a Supervisor to remove the restriction from the case. This will allow other BPS to make changes to the case.

Remove the case WARN about the participant residing at LUND.