


State of New Jersey
Department of Institutions and Agencies
Division of Welfare

BUREAU OF ASSISTANCE

REGULATION # MANUAL OF ADMINISTRATIONISSUED: 6/59
(Date)REV.: _____
(Date)TITLE: None - (Relates to policy and procedure OAA and DA)SUBJECT: VariousSTATUTORY REFERENCE: R.S. 44:7-6


_____, Chief
Bureau of Assistance

Approved:

By: 

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

TRANSMITTAL LETTER #3

June 15, 1959

TO: COUNTY WELFARE BOARDS

Attached is one copy each of the following additional material for the Manual of Administration, staff copies of which are being forwarded under separate cover:

Title

Veterans Facilities (2227.4) - Note: Item 2227.3 to be developed.

Need for Care in Institution for Tuberculosis or Mental Condition (2240.-2245.)

Table of Contents (Temporary) Chapter 2500

Nature of Assistance Payments (2501.-2501.3)

Initial Payments (2510-2519.)

Additional Payments (2520.-2524.)

Instructions on Superseded Regulations:

Remove from Ruling Series and destroy:

Supplement to Ruling No. 9, issued 8/16/44
Ruling No. 14, revised 4/1/56

County Series No. 3 - in Section 14, starting on page 24, strike out sub-section C, 1, items a-1), 2), 3), 4), 5), 6).

Corrections for Manual material issued with Transmittal Letters #1, 2/28/59
and #2, 5/10/59

The following temporary footnotes may be eliminated:

2112.2 Strike out footnote symbol $\frac{2}{1}$ and the corresponding footnote

2113.3 Strike out footnote symbol $\frac{1}{1}$ (last paragraph) and corresponding footnote.

2114.3 Strike out footnote symbol $\frac{1}{1}$ and corresponding footnote

To County Welfare Boards
Re Transmittal Letter #3

6/15/59

- 2125.c Strike out footnote symbol ³ and corresponding footnote.
- 2127.2 Leave the footnote symbol ¹ but in the corresponding footnote amend it to read "Until 2947 is issued see Ruling No. 22."
- 2211.3 In the bracketed cross reference, strike out the words "when issued."
- 2212.3a Strike out footnote symbol ¹ and the corresponding footnote. (This was an error initially.)
- 2225.4a In the bracketed cross reference, strike out "and 2520 when issued"
3) b) so that the reference will read "See 2225.8 for further instructions"

Table of Contents (Temporary) Chapter 2200

- 2227.4 Veterans Facilities - strike out the bracketed phrase "[To be developed]" and write in the page designation 2227.4.
2240. Following 2229.3 write in "2240, Need for Care in Institution for Tuberculosis or Mental Condition. 2240-2245."

Note: As soon as 2230, Permanent and Total Disability is issued we will provide a revised page (iii) for this Table of Contents.

Very truly yours

IE/MCRd

Irving Engelman, Chief
Bureau of Assistance

Approved
Elmer V. Andrews, Director
Division of Welfare

Corrections for Manual material issued with Transmittal Letters #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 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Part II

The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Residence

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 Veterans Facilities

The Veterans Administration maintains two institutions in New Jersey.

The Veterans Administration Hospital, East Orange, Essex County, provides care and treatment comparable to that in a general hospital, and serves veterans with service connected disabilities and those with non-service connected disabilities who are eligible for admission under certain conditions.

The Veterans Administration Hospital, Lyons, located in Bernards Township, Somerset County, is a mental hospital to which veterans with mental disabilities may be admitted voluntarily or committed through the New Jersey Courts in the same manner as commitments to State mental hospitals.

a. Eligibility for Assistance

1) Veterans Administration Hospital, East Orange

Individuals who are discharged from this facility are eligible to apply for and receive any form of public assistance for which they qualify under the law.

2) Veterans Administration Hospital, Lyons

a) Terms of Release Defined

(1) Official Discharge from this facility means exactly the same as official discharge from a State mental institution. [Refer to 2227.2b.]

(2) Release without discharge refers to two arrangements under which voluntary or committed patients are permitted to live outside the institution as follows:

Trial Visit - for voluntary or committed patients released to live in their own home or with relatives.

Family Care - for voluntary or committed patients for whom arrangements are made for care in a supervised boarding home with unrelated persons. However, unlike the "Family Care" program operated by the State institutions, the Veterans Administration has no funds to pay for the patient's care in such a boarding arrangement.

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need - Residence

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 a. 2) b) Effect of Release Status on Eligibility

(1) Voluntary Admission

A patient who was voluntarily admitted to Lyons is eligible to receive OAA or DA, if otherwise eligible, provided he is living outside the institution and is free of institutional restraint, control or supervision prior to receipt of an assistance payment. This refers to patients returned to their own or relative's homes and to those placed in "Family Care."

(2) Court Commitment

A person who was involuntarily committed by a court and who has been officially discharged from Lyons is fully entitled to apply for and receive assistance in the same manner as any other needy aged or permanently and totally disabled person in the community.

A person who was involuntarily committed and who is released on Trial Visit or Family Care without official discharge is not eligible for OAA or DA.

An application may be registered and processed prior to discharge in connection with a plan to discharge a committed patient who will require assistance in order to complete arrangements to live in the community.

No assistance payment shall be issued until official discharge is a matter of record and verified by the welfare board.

Furthermore, if it is medically determined that the individual is not competent to handle his assistance payment, arrangement must be made for payment to a legal guardian or other approved method for payment on behalf of the incompetent recipient.

b. Referral for Old Age or Disability Assistance

Responsibility for initial planning for the return of the veteran to the community rests with the institution. However, when it appears that a plan cannot be completed unless the veteran can receive public assistance and he appears to be eligible for OAA or DA, then the plan must be cooperatively developed with the appropriate county welfare board.

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need - Residence

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Comrd.)

.4 b. 1) County to Receive Referral

The Hospitals at East Orange and Lyons will select the county welfare board to which to make referral on the basis of the following:

- a) If the patient has a home to return to but will require assistance in that home, then referral will be made to the welfare board of such county.
- b) If a living arrangement must be developed for the patient with the cooperation of the welfare board, then referral will be made to the county where he was living at time of admission to the Hospital; or, if the patient had no identifiable place of abode when admitted, referral will be made to the county from which he was admitted.

2) Referral Procedures for Veterans Administration Hospitals

a) Procedures for East Orange Hospital

(1) The Hospital

The hospital will make referral in writing, with the knowledge and consent of the veteran, to include the following minimum information:

- Identifying social data
- Place of abode at time of admission and date
- Anticipated date of discharge
- Description of any known or tentative living arrangement following discharge

In addition, the Hospital will complete, without charge, Form ODA-2D, Part II, Examining Physician's Report* and forward to the welfare board with the referral letter.

(2) The Welfare Board

Thereafter the county welfare board shall arrange for an application interview and shall process the application as in any other application from an individual planning to leave a general hospital.

*Stock supply to be provided by State Bureau.

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need - Residence

2227. County Responsibility and Procedures in Respect to Persons Released from Certain Institutions (Contd.)

.4 b. 2) b) Procedure for Lyons Hospital

(1) The Hospital

The hospital will make referral by letter in the same manner as in a), above. The letter of referral shall also specify whether the patient was voluntarily or involuntarily committed.

The hospital shall prepare routinely without charge the following forms to be forwarded with the referral:

- *Form ODA-2D, Examining Physician's Report
- *Form ODA-2E, Report of Findings by Psychiatric Diagnostic Group, together with an abstract of patient's hospital record.

When the patient has a serious eye defect or impairment, the institution will complete Form AB-5, Eye Physician's Report.*

(2) The Welfare Board

Thereafter the welfare board shall arrange with the Social Service staff at Lyons for a joint interview with the patient, and shall follow the same procedures as for a referral from a State institution. [See 2227.2e, 1)-6).]

(3) Continuing Service by Lyons to Recipient

The social service staff of the institution may continue to visit with and consult the former patient from time to time, as may be arranged between the recipient and the institution's social worker. Such service shall be focused on the client's mental health and will have no concern with the utilization of his assistance payment.

If a question of the recipient's mental condition or adjustment comes to the attention of either the Lyons social worker or the welfare board caseworker, there shall be prompt consultation and joint planning for appropriate action.

*Stock supply to be provided by State Bureau

Part II The Individual and Public Assistance
2200 Determination of Eligibility Factors Other Than Need - Need
for Institutional Care

2240. NEED FOR CARE IN INSTITUTION FOR TUBERCULOSIS OR MENTAL CONDITION

2241. Legal Requirements

The fact that a person has tuberculosis or a mental condition does not of itself make him ineligible for OAA or DA. He may prove, on investigation, to be ineligible because of existing living arrangements in a prohibited institutional setting [See 2250] ¹, or because of a diagnosed need for care and treatment in an institution for tuberculosis or mental condition. The law does require that there shall be determination as to whether such a person is in need of institutional care. [R.S. 44:7-5]

2242. Applicants with Tuberculosis

Assistance shall not be denied to a person for the reason that he has tuberculosis. It may be denied if there is current medical evidence that he has active tuberculosis, and a positive medical finding that immediate institutional care is essential as determined by the following procedures:

.1 Old Age Assistance

a. When, on the basis of positive written medical evidence, it is determined that an OAA applicant requires immediate care in an institution because of active tuberculosis, he shall be so informed and shall be helped as necessary to enter an appropriate facility. The application shall be denied for the reason "Requires institutional care."

Should the applicant refuse institutional treatment the medical reports and a summary of the case situation shall be referred to the Medical Service Section of the Bureau for evaluation under the "reasonable refusal" policy established in 2234.5b (when issued). The application shall be held in pending status until instructions are received from the Medical Service Section.

b. When an applicant with a diagnosis of active tuberculosis is receiving drug therapy, and the attending physician approves a plan for home care in writing, (home may not include boarding home or nursing home) then he is eligible to receive assistance if he is otherwise eligible.

¹ - Until issued see Section 15, B, of County Series No. 3

Part II The Individual and Public Assistance

2200 Determination of Eligibility Factors Other Than Need - Need
of Institutional Care

2242. Applicants with Tuberculosis (Contd.)

.2 Disability Assistance

a. The procedures for determination by the Medical Service Section of the Bureau as to whether a DA applicant with a diagnosis of active tuberculosis is eligible are provided in 2234.2. =

b. When such an application is Disapproved by the Medical Service Section because it has been found essential that applicant receive institution care for tuberculosis, he shall be informed and shall be helped as necessary to enter an appropriate facility. If the applicant accepts the service, the application shall be denied for the reason "Requires institutional care."

However, should the applicant refuse institutional treatment, the record shall be returned to the Medical Service Section with an explanatory statement, for evaluation under the "reasonable refusal" policy. Such a Disapproved application shall nevertheless be held in pending status until further instructions are received from the Medical Service Section.

2243. Applicants with Psychosis or Mental Defect

The fact that a person has been diagnosed as having a psychosis or mental defect does not make him ineligible for OAA or DA. He may prove, on investigation, to be ineligible because of existing living arrangements in a prohibited institutional setting, or because of a diagnosed need for care and treatment in a mental institution. However, in no event shall assistance be denied on the ground that the person is in need of care in a mental institution unless such finding is supported by a professional opinion.

.1 Old Age Assistance Applicant

a. When on the basis of available evidence, the agency cannot reach a specific determination as to the need for care in a mental institution, or the person's competency to handle his own affairs, the agency shall secure a professional opinion by referral to a mental

¹ Until issued see Section 16, D, and Section 17, C of County Series No. 3

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2200 Determination of Eligibility Factors Other Than Need - Need
for Institutional Care

2243. Applicant with Psychosis or Mental Defect (Contd.)

- a. (Contd.) hygiene or psychiatric clinic, to a psychiatrist, or a physician qualified to certify to a person's condition for purposes of commitment to a mental institution.*
- b. Such professional opinion shall be obtained on Form ODA-29 and become a part of the case record.
- c. The cost of securing such professional opinion is a matchable administrative expense. [See 2400 for allowable fees.] ¹
- d. When it is determined by professional opinion that an applicant for OAA is in immediate need of care in an institution for mental disease because of psychosis, the application shall be denied. Responsibility for initiating commitment procedures shall rest first with the family, next with the public or private agency from which the client is already receiving assistance, with an appropriate municipal official if client is not receiving assistance, and lastly, with the county director of welfare when necessary. [See Appendix for further data on commitment procedures, when issued.]
- e. When it is determined by professional opinion that an applicant for OAA should have care in an institution for the mentally deficient, arrangements for admission to such an institution shall be initiated, but until admission actually occurs, the client shall be considered eligible for OAA, if eligible in all other respects, but assistance shall not be paid until arrangements have been made for payment to a legal guardian or other approved arrangements have been made as specified in 2560. ²

*By statute (R.S. 30:4-29) a physician who is qualified to verify for commitment to a mental institution "...must be a reputable character, duly licensed to practice medicine in this State and holding a degree of doctor of medicine, a permanent resident of this State, and shall have been in the actual practice of his profession for at least five years." The law (R.S. 30:4-32) further states "No physician who is a relative, either by blood or marriage, of the patient, or director, chief executive officer or proprietor of any institution for the care and treatment of the insane to which it is proposed to commit any patient, or who is professionally employed as a resident physician at a regularly paid salary by the management thereof or who is financially interested therein, shall be qualified to certify as to the patient's insanity."

¹ Until issued see Attachment 7 to Co. Series No. 3
² - Until issued see Section 27 of Co. Series No. 3

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2200 Determination of Eligibility Factors Other Than Need - Need
for Institutional Care

2243. Applicant with Psychosis or Mental Defect (Contd.)

- .1 f. When it is determined by professional opinion that an OAA applicant is not in need of care in a mental institution, but is incompetent to manage his own financial affairs, the application shall not be denied on grounds of incompetency, but assistance shall not be paid until arrangements have been made for payment to a legal guardian, or other approved arrangements have been made, as specified in 2560. 1

.2 Disability Assistance Applicant

The State Board of Control has ruled that the determination of need for care in a mental institution, and competency to handle his own affairs, for DA applicants shall be made by special diagnostic procedures. For these special procedures see 2234.3 2

a. When an application is Disapproved by the Medical Service Section because the client requires care in an institution for mental disease because of psychosis, the provisions of 2243.1d, above, will apply.

b. When the Medical Review Team Approves an application for a person who is mentally deficient with recommendation for institutional care, the provisions of 2243.1e, above, will apply.

c. When the Medical Review Team Approves an application for a person who is not in need of institutional care but who is incompetent to manage his own financial affairs the provision of 2560. 1 will apply.

2244. Recipients with Tuberculosis or Mental Condition

See 2600, Continuing Eligibility. 3

2245. Need for Patient Care in Eligible Medical Institution

See 2250, Institutional Status and Eligibility 4

$\frac{1}{2}$ Until issued see Section 27 of Co. Series No. 3

$\frac{3}{3}$ Until issued see Section 14 of Co. Series No. 3

$\frac{4}{4}$ Until issued see Section 24 of Co. Series No. 3

- Until issued see Section 15, 16, 17 of Co. Series No. 3

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2501. The Nature of Assistance Payments

In public assistance the principle of assistance by money payments is based on the concept of affording every needy person the fullest reasonable opportunity to plan for himself, to decide what use of his assistance payment will best serve his interests, and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging the same responsibilities as do other members of the community.

.1 State Definition of Money Payments

State law defines "assistance" as "money payments", and directs that assistance shall be granted in the form of cash or check. Money payments include unrestricted payments, restricted payments, and vendor payments. These three terms are defined as follows:

a. Unrestricted payments are checks drawn to the order of the recipient, or his legally appointed guardian, or to the parent or person accepted as acting in loco parentis of a recipient who is a minor, and delivered to such payee so as to be immediately available for his unconditional negotiation and use upon delivery.

b. Restricted payments are checks drawn to the order of one of the persons specified in a, but which are subject to some condition or restriction which prevents immediate and unconditional negotiation and use by the payee upon delivery; or, checks which are drawn to the order of a third person (not a vendor) other than one of those specified in a, intended for use on behalf of the client.

Note: Restricted payments, as defined above, are authorized only under special circumstances as provided in 2560. ¹

c. Vendor payments are checks drawn to the order of a person who has provided goods or services to or for the client, and representing payment to such person for the goods or services provided.

Note: Vendor payments, as defined above, are not authorized for any purpose other than medical care, and are limited to those medical services specifically authorized in 2570. ²

¹ Until issued see Section 27 of Co. Series No. 3

² Until issued see Attachment 10, item B of Co. Series No. 3

2501. The Nature of Assistance Payments (Contd.)

The Federal definition of "money payments" is more limited than the State definition presented above. Under Federal interpretation "money payments" mean only cash, checks, or warrants immediately redeemable at par, made to the grantee or his legal guardian with no restrictions imposed by the agency on the use of the funds by the individual". Thus, the Federal definition of "money payments" is limited to the State's definition of unrestricted money payments.

a. Federal participation is limited to

- 1) unrestricted money payments to an eligible recipient, his legal guardian, or parent or person acting in loco parentis of a minor, and
- 2) payments to the vendor of a medical service for the recipient, provided the payment is for a class of medical service specially authorized in the State Plan.

1) The check must be drawn to the order of and be delivered to the recipient, or his legally appointed guardian, or to the parent or person acting in loco parentis of a minor.

- 2) Payments must be made without direction on the check or by letter or by agreement as a condition of receiving the payment, or by other notification, that the recipient must use his money in a specified way or for a specified purpose.

A restriction may be found to attach to an entire assistance payment or only to part of the payment. If the restricted portion or portions are definitively distinguishable from the remaining unrestricted matchable payment, the latter portion may be counted in the claim for Federal matching.

1) Directing that all or part of the assistance payment must be applied to specific bills for the purchase of specific goods or services;

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2501. The Nature of Assistance Payments (Contd.)

.3

- c. 2) Requiring that the recipient submit receipts for the purpose of showing how he has spent all or any part of his assistance payment;
- 3) Requiring the return to the agency or deposit with the agency of all or part of the assistance payment for use in a manner designated by the agency;
- 4) Providing services to recipient's creditors, such as assisting creditors in the collection of the recipient's debts;
- 5) Securing the endorsement of recipients on checks when death appears imminent, or recipient is about to enter an ineligible institution, the CWB then disbursing the money for outstanding bills.

d. An explanation, oral or written, to the recipient as to how the amount of his payment is determined is not considered restrictive, but such explanation must not state nor imply that the recipient must pay for a specific item of goods or service, or allocate his money in the same way and for the same requirements as shown in his assistance budget.

e. The CWB staff may need to perform certain services for recipients who are infirm, bedridden or otherwise incapacitated which would be in appropriate if performed to help able-bodied persons secure the goods and services they need. If the recipient's money is spent in accordance with his choices and desires, no question arises about violation of the unrestricted money payment principle.

If the recipient is too ill to make decisions for himself and does not have relatives, friends or a guardian to act for him, the CWB should be prepared to do so. However, if it is necessary for CWB to continue to act for him regularly and frequently, the question arises as to whether the unrestricted money payment best meets his needs.

f. Endorsement of a check by a person to whom the recipient has given a duly authorized power of attorney does not alter the unrestricted character of the payment, provided the check is drawn to the order of and delivered to the recipient for his unconditional use.

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2500. The Nature of Assistance Payments (Contd.)

3.
 - a. Requesting that the recipient submit receipts for the purpose of showing how he has spent all or any part of his assistance payments;
 - b. Requesting the return to the agency or deposit with the agency of all or part of the assistance payment for use in a manner designated by the agency;
 - c. Providing services to recipient's creditors, such as assisting creditors in the collection of the recipient's debts;
 - d. Securing the advancement of recipient on checks when death or permanent disability, or recipient is about to enter an institution, the CWS then disbursing the money for outstanding bills.
 - e. In explanation, oral or written, to the recipient as to how the amount of his payment is determined is not considered restrictive, but such explanation must not state the recipient must pay for a specific item of goods or service, or allocate his money in the same way and for the same recipients as shown in his assistance budget.
 - f. The CWS staff may need to perform certain services for recipients who are ill, bedridden or otherwise incapacitated which would be in appropriate if performed to help ill-bedded persons secure the goods and services they need. If the recipient's money is spent in accordance with his choice and desire, no question arises about violation of the unrestricted money payment principle.
 - g. If the recipient is too ill to make decisions for himself and does not have relatives, friends or a guardian to act for him, the CWS should be prepared to do so. However, it is necessary for CWS to ascertain to act for his regularly and frequently, the question arises as to whether the unrestricted money payment best meets his needs.
 - h. Entrustment of a check to a person to whom the recipient has given a duly authorized power of attorney does not alter the unrestricted character of the payment, provided the check is drawn to the order of and delivered to the recipient for his unconditional use.

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2500 Assistance Payments - Initial Payments

2510. INITIAL PAYMENTS

.1 Legal Provisions

By law the county welfare board is responsible for approving all grants of assistance including initial, continuing and adjusted payments. The law establishes a principle of "reasonable promptness" in issuing and modifying assistance payments, and grants specific authority to the director of welfare to issue and modify payments prior to formal board action.

All payments authorized by the director are subject to ratification, revision, or termination by the welfare board. Therefore, in exercising this authority the director has a special responsibility to expedite further investigation, if any is required, to have the formal record of the case completed, and to present the case to the welfare board at its next subsequent meeting for action thereon.

The law places on the State Bureau responsibility for establishing the conditions under which and the procedures by which all grants of assistance are to be made.

.2 Purpose of Payment by Director's Authority

The purpose of payment through an administrative action of the director is to facilitate and expedite initial payments of assistance to eligible applicants, and to make additional payments available to recipients, under certain conditions herein defined.

It is intended that the director shall exercise his authority to the fullest extent and that initial payments to eligible applicants shall normally be accomplished by this method. The purpose of the procedure is not limited to so-called "emergency need."

In exercising his authority to issue initial payments in advance of welfare board action, the director shall observe the following principles and procedures.

2511. Initial Determination of Eligibility by Director

An applicant shall be eligible for an initial payment of assistance as soon as the director can determine by evaluation of available evidence that the applicant meets all the requirements and conditions of eligibility for OAA or DA, as appropriate.

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2511. Initial Determination of Eligibility by Director (Contd.)

.1 Exceptions

a. Relatives Out-of-County

When a responsible relative lives beyond county limits, and information concerning capacity to support cannot be promptly secured by direct contact, then the lack of a completed evaluation of such relative's capacity shall not bar the issuance of an initial payment to an applicant who is otherwise eligible.

However, when an initial payment is issued under this exception there must be continued effort to obtain the necessary information regarding the out-of-county relatives, with appropriate written evidence of such effort in the case record.

b. Joinder ODA-10 by Spouse Out-of-State

When the applicant has accepted the reimbursement provision by execution of the agreement to reimburse, but the spouse lives out-of-State and there is no known evidence of ownership of real estate by client or spouse, and report of spouse's willingness to sign the agreement has not been received within 28 days from date of application, or, the spouse's whereabouts are unknown and cannot be ascertained by the applicant or the CWB within 28 days from date of application, then the lack of the spouse's signature shall not bar the issuance of an initial payment to the applicant who is otherwise eligible.

When an initial payment is issued under this exception, full compliance with policy in respect to the agreement to reimburse must be met by the time of formal board action, either by presentation of evidence that the spouse has signed the agreement, or by recommendation to the board for continuing assistance to the recipient, without joinder by the spouse, based on a showing of good and sufficient cause for so doing, as authorized by the statute and Bureau policy.

2512. Initial Determination of Eligibility by Board

If the director believes that there is valid cause to question the available evidence on any point of eligibility, or because the case presents a special problem, he may hold the application for presentation to the welfare board for its specific determination to approve, deny, or to request further investigation. If so held, the application shall be identified in the narrative portion of the Minutes, and in each instance shall include a brief statement of the question or special problem involved and the decision of the board. [See 2942.] ¹

¹ - Until issued see Ruling No. 22, item 5d.

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2513. Date of Eligibility for Initial Payment

An eligible applicant shall be entitled to receive an initial payment starting with whichever of the following dates is more recent:

- a. The first day of the month in which eligibility is officially established;
- b. The date of application for assistance.

2514. Deferred Payment

When the investigation is completed prior to the date on which the applicant would be eligible for first payment, but such date of eligibility will occur within three calendar months following completion of investigation, the application may be approved by director or welfare board, and payment deferred to the date of eligibility. If eligibility will not exist during the three calendar months following completion of investigation, the application shall be denied. [For instructions on scheduling deferred payments in Board Minutes see 2942.] ¹

2515. Minimum Requirements for Case Record

Prior to authorization of an initial grant by the director, a case record shall be compiled to include the following as a minimum:

.1 Case Record Forms

All required case record forms except Form PA-3B for relatives living beyond county limits for whom information could not be secured, and Form ODA-10 to be executed by a spouse under conditions in 2511.

.2 Summary Report

A summary report to include

- a. Sufficient information to show that eligibility has been established in respect to all factors and conditions of eligibility if not otherwise documented on case record forms;
- b. Explanation of any basic and special circumstance requirements which have been provided for all or part of the current month, either from applicant's resources or by another public or private agency (as verified through inter-agency consultation);

¹ Until issued see Ruling No. 22, item 5d.

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2515. Minimum Requirements for Case Record (Contd.)

- .2 c. Explanation of the reasons for any allowance for indebtedness recommended for inclusion in the initial payment; and
- d. Specific notation of any further investigation required prior to presentation of the case for action by the welfare board.

2516. Authorization of Payment

If, after review of the required case record, the director or deputy director of welfare is satisfied that the applicant meets all eligibility requirements, he should immediately authorize an initial payment.

Authorization shall be by personal signature of the director or deputy director, which signature may be accomplished by typescript or facsimile signature if personally initialed by an authorized member of staff.

The director may designate the casework supervisor to act for him at any time, or a caseworker to act for him in authorizing initial payments in the event that the director, the deputy director, and the case supervisor will all be absent from the office for two or more consecutive working days.

2517. Issuance of Payment

The initial payment shall be issued as promptly as possible following authorization, and in no event later than four (4) working days after authorization.

A client who receives an initial payment for a partial month as provided in Chapter 700 of the Budget Manual, shall receive an end of the month payment to meet his monthly budgetary deficit, unless there has been a subsequent determination that he is ineligible, or payment has been ordered suspended. If a board meeting does not occur between the date of initial payment and the end of the month in which such payment is made

- a. the end of month payment shall be authorized by the director in the same manner as an initial payment, or
- b. the director may authorize the payment for the balance of the current month and the payment for the succeeding month to be issued in one check as the initial payment.

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Assistance Payments - Initial Payments

2518. Formal Board Action

By statutory requirement, when an initial payment is authorized by the director of welfare prior to the board meeting in that month, the application must be presented to the board for formal action in the same month.

When the initial payment is authorized subsequent to the board meeting in that month, the application shall be presented for formal action at the next regular or special meeting of the board following initial payment.

[Refer to 2842.] ¹

2519. Reports to State Bureau

Reporting new and reopened cases for which initial payments are authorized by the director, is accomplished by procedures in Ruling No. 4, Report on Receipt and Disposition of Applications.

In Old Age Assistance, form OA-14, Social Data Card, shall be forwarded to the Bureau at the end of the month in which the initial payment is made.

¹ Until issued refer to Ruling No. 22, item 5d

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2518. Formal Board Action

By statutory requirement, when an initial payment is authorized by the director of welfare prior to the board meeting in that month, the application must be presented to the board for formal action in the same month.

When the initial payment is authorized subsequent to the board meeting in that month, the application shall be presented for formal action at the next regular or special meeting of the board following initial payment.

[Refer to 2512.] $\frac{1}{2}$

2519. Reports to State Bureau

Reporting now and required cases for which initial payments are authorized by the director, is accomplished by procedures in Bulletin No. 1, Report on Receding and Disposition of Applications.

In Old Age Assistance, form DA-10, Social Data Card, shall be forwarded to the Bureau at the end of the month in which the initial payment is made.

$\frac{1}{2}$ Initial issued refer to Bulletin No. 22, Item 24

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Assistance Payments - Additional Payments

2520. ADDITIONAL PAYMENTS

.1 Definition

An additional payment is an extra amount which the director authorizes to be paid to an approved recipient within a given month where the authorization occurs after the last regular or special board meeting in such month.

Where the payment of an extra or additional amount to an approved recipient within a given month occurs before the last regular or special board meeting in such month, the amount so paid will be directed to the board's attention for action at such meeting. It thereby becomes merely a factor in change of grant for such month, duly authorized by regular board action. Such an adjustment is therefore not within the definition of an "additional payment" for purposes of this regulation, and should not be so considered in any statistical or accounting reporting.

2521. Authorized Additional Payments

- a. The recipient is in need of additional funds to pay for a basic requirement previously budgeted in a lesser amount, or for a special circumstance requirement authorized by the Budget Manual and not previously budgeted, and such need for additional funds is immediate in the sense that it cannot reasonably wait for normal adjustment in the next regular assistance payment.
- b. The recipient is in immediate need of additional funds because he is the victim of catastrophic event, such as fire, flood, accident, or robbery.
- c. The recipient has a sudden loss of income from other sources, or an unexpected increase in his proportionate share of expenses because one or more persons move from the household and he cannot meet his expenses for the balance of the month.
- d. The recipient has accumulated medical bills, not already allowed in previously issued payments, and the director wishes to issue a payment to cover these bills prior to recipient's admission to an institutional facility.

[See 2225.8 in relation to responsibility for outstanding medical bills on change of county residence.]

2522. Case Record Explanation

Whenever an additional payment is authorized, there shall be an appropriate explanation recorded in the case record.

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2523. Authorization of Payment

The additional payment shall be authorized by the director in the same manner as an initial payment.

2524. Ratification by Welfare Board

The additional payment shall be presented to the welfare board for ratification at its next regular or special meeting by listing on a specified Schedule of the Minutes. [See 2942.] ¹

¹ Until issued see Ruling No. 22, Special Instructions for Schedule III C.