WELFARE ELIGIBILITY FOR PEOPLE IN DRUG TREATMENT

Most people who are in drug treatment programs should be eligible for cash assistance, medical assistance, and food stamps from DPW. But they often aren’t getting as much help as they are entitled to get.

- The welfare department makes a lot of mistakes, and turns people down, or puts them in the wrong category, so they get less than they should. If DPW doesn’t do what you want, be sure to appeal. Information about how to do a welfare appeal is attached to this handout.

- Your local legal services office can help. In Philadelphia, contact either Community Legal Services at 3638 North Broad Street (Broad & Erie), 215-227-2400 or Philadelphia Legal Assistance at 42 South 15th Street, 215) 981-3800.

What Other Benefits Should I Be Getting?

- If you are getting Cash Assistance or Food Stamps and you are in an education or training program (for example GED classes), DPW should give you “special allowances” to pay for things you need for the education or training program (like the fee to take the GED test), or transportation costs, or child care so you can go to the education or training program. This is true even if you are currently disabled and unable to work. You will need to volunteer for the DPW Employment and Training Program in order to get the special allowance. Appeal if you are turned down.

- DPW is supposed to pay for transportation to medical care, or to get prescriptions filled. Ask your caseworker for information about “Medical Assistance Transportation.”

Can I Get Cash Assistance?

- If you are pregnant, or your children are living with you, you can get cash assistance in the TANF (Temporary Assistance for Needy Children) category. You should also get a medical card and Food Stamps.

Can just my children get cash assistance?

- If you are getting SSI for yourself, your children can get cash assistance (TANF) without a time limit. The 60 month time limit only applies if an adult in the family is on the cash assistance grant along with the children. If you are not getting SSI, you must be on the cash grant with your children, and the 60 month time limit will apply to your family. In Pennsylvania Extended TANF benefits are available after the 60 month time limit

- If a child is living with other relatives, the rules are different. Other relatives who take care of a child are not required to be on the cash assistance grant. A grandmother (or
another adult relative) could decide not to be on the child’s grant, or go off the child’s grant before the 60 months would be up, and the child can continue to get benefits without a time limit.

**What if I don’t have children or my children are not living with me?**

- If you don’t have children, or if your children are living with you, you can only get cash assistance if you fit into one of the GA (General Assistance) categories.

- If you fit into one of these categories you should also get a medical card and Food Stamps. There are three categories that people who are in drug treatment are likely to fit into:

  **People with Disabilities**

  - People with disabilities should be eligible for GA benefits. There is no time limit for GA benefits based on disability. The benefits will continue as long as a doctor or psychologist says the person is still disabled. The DPW form the doctor or psychologist needs to fill out is called an “Employability Assessment Form.” A copy is attached to this handout.

  - Drug addiction or alcoholism count as disabilities for GA (even though they are no longer disabilities for SSI). If the person has another condition as well, dealing with DPW will be easier if the other condition is listed for (for example, depression and drug addiction). Some DPW caseworkers don’t understand that drug addiction or alcoholism can make someone eligible for GA in the “disabled” category, even if they don’t have any other conditions. If the caseworker makes this mistake, tell them to look at Cash Assistance Handbook §105.43 which says that someone can be eligible in this category “if the sole diagnosis is drug addiction or alcoholism.

  - If you get GA based on drug addiction or alcoholism as a disability, DPW can require that you participate in treatment unless you have “good cause”. If your DPW caseworker wants you to participate in a type of treatment that you disagree with, contact your local legal services program for help.

  - If the doctor or psychologist says the disability is temporary, they must put a date for when they expect the disability to end, and the person will need to get a new Employability Assessment Form filled out by that date.

**Individuals in Drug or Alcohol Treatment Programs That Prevent Work**

- Individuals who are in drug or alcohol treatment programs that prevent them from working can get nine months of GA benefits on that basis in their lifetime.

- It is always better to be in the “disabled” category rather than in the “drug or alcohol treatment” category, because of the 9 month limit. People often need treatment more
than once in their lifetime, or for longer than 9 months altogether. It is better to save those 9 months for a time when the person might not be “disabled” but still needs treatment and still needs cash assistance and medical assistance.

**Domestic Violence Survivors**

- Survivors of domestic violence can get nine months of GA benefits on that basis in their lifetime. They need to be getting some service in connection with the domestic violence for example, having a PFA order, or getting counseling or medical treatment for problems resulting from the violence.

- Again, it is always better to be in the “disabled” category than in the domestic violence, category because of the time limit. Post-traumatic stress disorder or depression, or any other condition you might have as a result of the violence could make you eligible in the “disabled” category if a doctor or psychologist fills out the DPW Employability Assessment Form and says that you are unable to work as a result of the condition.

**How Do I know What Category I’m in?**

- You can find out by asking your DPW caseworker.

- If you’re applying for benefits now, tell the caseworker you need the DPW Employability Assessment Form to take to the doctor or psychologist. They should give you an “Employability Assessment Form to take to the doctor psychologist. They should also give you a temporary medical card to pay for the doctor’s visit to get the form filled out.

**How Can I Get Switched to the Disabled Category?**

- Have a doctor or psychologist fill out the DPW Employability Assessment Form.

- The doctor or psychologist must say that you have a “temporary” or “permanent:” disability that prevents you from working.

- Take the form to your DPW caseworker. If you leave the form at the welfare office front desk, be sure to get a receipt. Ask your caseworker to change your category to “disabled” and to send you a notice that says that they have changed your category. If your caseworker doesn’t do it, you should appeal.

**What if I Don’t Fit Any of These Categories?**

- If you don’t fit any of these categories, you should still apply at DPW. There are some other categories for GA benefits that aren’t as common (for example), someone who is taking care of a disabled individual).
• Even if you are not eligible for cash assistance, you should still be eligible for Food Stamps, and possibly for a medical card. People who are not eligible for cash assistance can still get a medical card if they are working at least 100 hours per month or if they are 59 or older, under 21, or pregnant, or disabled under the test for SSI, or families with children.

If you are turned down, ask your local legal services office for help.

Community Legal Services Inc.
3638 N. Brad Street (Broad & Erie)
Philadelphia, PA 19140
(215) 227-2400

Philadelphia Legal Assistance
42 S. 15th Street
Philadelphia, PA 19102
(215) 981-3800
Cash Assistance Handbook

CATEGORY

105.4 GA CATEGORICAL REQUIREMENTS

The CAO will use the appropriate qualification code to identify the reason why the individual qualified for assistance under D category. This entry is mandatory for adults and children. The qualification code may need to be added, changed or deleted based on the activity of the individual affected. See Chapter 105, Appendix A for a complete list of codes.

Every client must provide verification of all factors used to establish GA status. Specific verification requirements are listed under each criterion.

The CAO will record the verification of eligibility for GA status.

The CAO will assist the client in obtaining the necessary verification, if he cannot obtain it himself.

105.41 UNDER AGE 21

An individual may qualify for GA if he is under age 18, or is age 18 through 20 and attending a secondary or secondary-level vocational or technical school full-time and expected to graduate before he is age 21.

NOTE: An individual under age 18 may qualify for GA

55 Pa. Code § 141.61(d)

55 Pa. Code § 141.61(c)(1)(i)
regardless of marital or emancipation status or school attendance.

NOTE: A GA minor parent must comply with minor parent requirements. See Chapter 110, Budget Groups, Section 110.7, GA Minor Parents.

The caretaker/relative must report if a student age 18 through 20 stops attending school.

The CAO will verify age for every individual. If the child is a student age 18 through 20, the CAO will also verify school enrollment, attendance, and date of graduation. The CAO will also verify school attendance on a quarterly basis.

Acceptable verification includes, but is not limited to, birth certificates, hospital certificates, school records or statement, and graduation notices. Once age has been documented, it does not need to be verified again.

REMEMBER: The CAO will first determine if the child under age 19 qualifies for TANF.

105.42 TWO-PARENT BUDGET GROUP

All two-parent households with children must be reviewed for TANF eligibility before GA can be authorized. See Section 129.4 for examples of TANF-U budget groups with deprivation based on unemployment. It is highly unlikely that a family with children will qualify for cash assistance as a two-parent GA household.

Individuals who are parents residing in a two-parent household with their child may qualify for GA if their child is under age 13 or age 13 or older and disabled. For purposes of this section, a disabled child is a child who receives SSDI or Supplemental Security Income (SSI) benefits. The disability must be verified.
It is not necessary for both parents and the child to apply for GA. One parent may apply as long as the child is not eligible for TANF on the basis of a deprivation factor, or the child does not meet the requirements for citizenship or refugee status. Or, one parent along with the child can apply.

However, when only one parent applies, that parent must provide all income and resource information for the other parent. Eligibility is determined as if both were in the applicant group. The appropriate earned income deductions are applied to any earned income of either parent. The resulting net income is then compared to the FSA for one. This computation applies regardless of whether the parents are married.

Once the budget group composition and the ages of the budget group members are verified, they do not have to be verified again. If a change occurs in the budget group such as the addition of another member, that budget group member’s date of birth must be verified. The new member’s birthdate can be verified by, but is not limited to, hospital records, birth certificates, etc.

105.43 PHYSICAL OR MENTAL DISABILITY

A client may be eligible for GA if he has a temporary or permanent physical or mental disability that:

- permanently prevents him from working in any gainful employment;

- temporarily prevents him from working in any gainful employment.

If the disability involves drug or alcohol addiction, the CAO will first determine status under this section. An individual with a temporary disability must seek appropriate treatment as a condition of eligibility unless the individual has good cause for not seeking treatment.

http://www.dpw.state.pa.us/oimpolicymanuals/manuals/bop/ca/105/105-03.htm

2/27/2008
REMININDER: A client who is unable to engage in any gainful employment because of a disability must apply for SSI as a condition of eligibility unless the disability is expected to be temporary. A client with a disability which is permanent or expected to last for twelve months or more must apply for SSI/SSDI and should be referred to the Disability Advocacy Program (DAP). If the sole diagnosis is drug addiction or alcoholism, do not refer the case to DAP. These individuals are not eligible for SSI/SSDI. See Supplemental Handbook Chapter 820, Disability Advocacy Program. However, clients may be eligible for SSI if they suffer from an addiction and another disability. Please refer to Section 105.32 for noncitizens ineligible for SSI.

NOTE: If, in the doctor's opinion, an individual is considered employable only by use of health-sustaining medication for an acute or chronic medical condition, he may be eligible for medical assistance with the same benefit package available to GA recipients. In this instance, a doctor will have to provide information regarding the diagnosis and the medication being used. See MAEH 305.52 and 305, Appendix A-1.

105.431 DOCUMENTATION OF DISABILITY

The CAO will determine GA status based on a physical or mental disability from the information provided on the Employability Assessment Form (PA 1663) (see Appendix B), the Temporary Disability Reassessment Form (PA 1664) (see Appendix C) and the Health-Sustaining Medication Assessment Form (PA 1671) (see Appendix D). The PA 1671 is given to the client for completion if the client indicates that he is taking health-sustaining medication for an acute or chronic medical condition, but is otherwise employable. See Section 105.5 for guidelines.

These forms must be completed and signed by one of the
following medical providers: a physician, physician's assistant, certified registered nurse practitioner or psychologist. Information from a chiropractor, podiatrist, or oral surgeon is not acceptable medical verification. Documentation supporting the diagnosis of temporary or permanent disability may accompany the form at the discretion of the medical provider.

It is permissible to accept documentation of a physical or mental disability from other sources including, but not limited to, the SSA, the Department of Veterans Affairs (DVA) or from the DPW's Medical Review Team (MRT). The PA 1663, PA 1664 or PA 1671 will still be used if documentation from another source is unavailable, is incomplete or does not relate the disability to employability. If any of this documentation is older than six months and does not involve a documented permanent or chronic condition, a new assessment is required.

For a client with a pending Social Security Administration (SSA) disability application, an updated PA 1663/1664 or any additional documentation is not required until the SSA decision. If SSA denies the disability (or if the decision is appealed and the SSA denies the appeal), remove the status code 50 and retain qualification code 04 or 24, whichever applies. At that time, if the client’s disability documentation is outdated, request that the client submit an updated PA 1663/1664 form to the CAO within 30 days.

The DVA-determined disability will be used to establish GA only if the disability is 50 percent or more. If the DVA-determined disability is less than 50 percent, then a more comprehensive medical determination and employment evaluation must be completed.

NOTE: If DVA hospitals or DVA outpatient centers will not complete the PA 1663, PA 1664 or PA 1671, a veteran must obtain the documentation from another source using DPW forms. The CAO will help the veteran find another medical provider for documentation purposes, if necessary.

The client must provide proof of the disability and its effect on 55 Pa. Code
his ability to work as follows: § 141.61(c)(1)(iii)

(A)

- **Applicants:** Proof must be provided before eligibility for GA can be determined.

- **Recipients:** Proof must be provided within 30 days of the redetermination interview or change in circumstances.

**NOTE:** The CAO will make a referral to DAP if the worker believes that the client is not able to provide the necessary documentation because of a mental disability. See Supplemental Handbook, Chapter 820, Disability Advocacy Program.

If an applicant is not able to provide proof of his disability, he is not eligible for GA. He will remain ineligible until he provides proof of his disability or qualifies under another criterion. 55 Pa. Code § 141.61(c)(1)(iii) (C)

The CAO will document any change in circumstances that may affect the individual's eligibility for GA.

The CAO will review and verify the disability at application and reverify the disability at reapplication only when there is potential for change in the client’s condition as previously indicated by a medical provider or because of a change either in circumstances or the DPW's regulations. Redetermination of the existence of the disability is not necessary as long as the individual continues to receive SSA or DVA benefits based on disability. 55 Pa. Code §§ 133.23(a)(2)(ii) and (3)(i)

**NOTE:** MH or MR types of disabilities, particularly the degree of mental retardation, do not often change although the employability aspects of the diagnosis may change. Additionally, some applicants and recipients with MH or MR disabilities may also experience difficulty finding medical providers. Consequently, applicants and recipients with
these types of disabilities may find it hard to obtain medical verification to establish their MH or MR disability. Therefore, it is important that every effort be made to assist clients in obtaining the required medical documentation. The CAO will make a referral to DAP if the IMCW believes that the client is not able to provide the necessary documentation because of a mental disability. See Supplemental Handbook, Chapter 820, Disability Advocacy Program.

If the client’s disability is drug or alcohol addiction, the CAO will deny or discontinue benefits if the client fails without good cause to participate in and comply with the treatment, even when the abuse is a secondary diagnosis. See Section 105.45. A client with a disability which is permanent or expected to last for twelve months or more must apply for SSI/SSDI and should be referred to DAP. If the sole diagnosis is drug addiction or alcoholism, do not refer the case to DAP. These individuals are not eligible for SSI/SSDI. See Supplemental Handbook Chapter 820, Disability Advocacy Program.

NOTE: Entry into a training program or employment does not automatically mean that a client is no longer disabled. However, if the CAO suspects that the client’s medical status has changed, the CAO will obtain documentation. For a client active with OVR or an MH/MR Base Service Unit, the CAO will obtain documentation from the OVR medical consultant or the MH/MR Base Service Unit psychologist or physician. This ensures that the documentation is provided by a specialist familiar with the client’s physical or mental disability and its effect on employability.

105.44 CARING FOR A CHILD OR PERSON WHO IS ILL OR DISABLED

An individual who is a non-parental caretaker required to be in the common residence to care for a child under age 13 may be eligible for GA if all the following conditions are met:

- The non-parental caretaker is not a specified relative. If the caretaker is a specified relative, the case should be TANF.

55 Pa. Code § 125.1(i)(1) and § 133.23(a)(1)(vii) and (viii)

55 Pa. Code § 141.61(c)(1)(iv)
There is no other adult in the household who is capable of providing the care without requiring GA.

The age of the child is verified by birth certificate, hospital records, etc.

55 Pa. Code § 145.44(a)

An individual who is a caretaker required to be in the common residence to provide care for any person who is ill or disabled may be eligible for GA if all the following conditions are met:

The medical condition of the ill or disabled individual, the need for a caretaker and the estimated duration of the illness or disability is verified by a medical provider's written statement. For a list of approved medical providers, please see Section 105.431. A DPW medical assessment or employability assessment form is not required, but may be used if the ill or disabled individual is a recipient.

There is no other adult in the household who is capable of providing the care without requiring GA.

REMINDER: If the ill or disabled person is a TANF child and the caretaker qualifies as a specified relative, the case should be TANF.

The CAO will review all criterion at redetermination or if circumstances change.

NOTE: The child or the individual who is ill or disabled does not have to be a member of the budget group, but he/she must be a member of the common residence. For the individual to qualify under this criterion, the determining factor is whether there is someone else in the common residence who can provide the care without requiring GA.
Further, it is not a requirement that the caretaker provide continuous care 24 hours a day. For example, the caretaker may receive GA under this criterion if the disabled individual attends therapy or rehabilitation every day. The caretaker may also be employed. However, his or her net income must meet eligibility limits as specified in Chapter 160, Income Deductions.

105.45 UNDERGOING TREATMENT FOR A DRUG OR ALCOHOL PROBLEM

A client who is currently undergoing active treatment for substance abuse in a drug or alcohol abuse program may be eligible for GA if the treatment program precludes any form of employment. The treatment must be in a program licensed or approved by the Department of Health or administered by an agency of the Federal Government.

NOTE: Because abuse of drugs or alcohol may result in a serious physical or mental disability, the CAO will first determine GA eligibility due to a disability by following the procedures under Section 105.43.

The CAO will verify that participation in the program precludes employment. It is not required that the treatment facility or the CAO justify this preclusion based on the number of hours of active treatment. The CAO will also verify attendance. Acceptable verification includes, but is not limited to, a written statement from the director or professional staff of the program and official attendance records.

A client may be eligible for GA under this criterion for no more than nine months in his lifetime, regardless of whether he is still in treatment at the end of nine months.

This time-limited criterion should be used only if there is no other longer-term appropriate GA criterion.

The CAO must:

55 Pa. Code § 141.61(c)(1)(v)
- Review the GA clock in CIS to validate the number of days the individual received GA under the Drug and Alcohol criterion.

- If there are zero days entered, check CIS history for receipt of any GA cash or GA-related medical benefits received by an individual based on participation in an approved Drug and Alcohol program prior to June 26, 2006 (implementation of the GA clock).

- Clocks should be manually adjusted as needed with time used prior to authorization to ensure that proper notices are generated.

**NOTE:** The 9-month lifetime limit is converted to 275 days for tracking purposes.

If the individual never received GA under this criterion, or if any time remains from a previous authorization, the CAO will authorize GA accordingly.

If an individual has received fewer than 275 days but more than 246 days, process the budget as an NCE for the remaining days.

If the client states he is participating in a treatment program, he will sign a Drug and Alcohol Treatment Information Form (see Appendix E). The client will hand-carry the form to the treatment center for completion and return it to the CAO with the necessary verification information. The only time the form will be mailed to the treatment center is if the client is or will be in residential treatment. The CAO will determine eligibility for GA based on information from the treatment center which specifies the date the client was enrolled in treatment and the expected length of treatment needed by the client. **NOTE:** GA will not be authorized until the completed form is returned to the CAO.

The CAO will monitor the client's progress and document
continued participation in treatment. At the end of the first month of cash assistance receipt, a Drug and Alcohol Treatment Information Form will be sent to the treatment center requesting information about the client’s status. Following the “first month” contact, subsequent contacts will be on a quarterly basis using the Department form, phone call, a written statement or a copy of official attendance records from the director or professional case management staff of the program, or other acceptable documentation to verify continued participation and employability. If treatment is terminated early, the treatment center may advise the CAO. NOTE: The treatment center is not required to apprise the CAO of the client’s status; consequently, it is the CAO’s responsibility to ensure that the monitoring process continues. Notes on telephone contacts must be entered in the case record and forms received must be kept in the record.

The client is still required to inform the CAO of any change in circumstances that may affect his eligibility. Any GA benefits the client receives while he is no longer eligible must be processed as an overpayment.

The client is ineligible if he fails to participate in or comply with the treatment program without good cause, even when substance abuse is a secondary diagnosis.

The CAO will determine GA eligibility based on a statement from the treatment center which specifies the date of admittance and the expected length of treatment needed by the client.

The client will no longer be GA under this criterion if the treatment ends prior to the exhaustion of the nine months or the treatment plan changes and the individual is considered employable. The client may still receive GA if he meets one of the other criterion.

When the nine months end, the client can no longer be considered GA under this criterion even though the treatment for drug or alcohol abuse continues.
If the client does not meet any other GA criterion at the end of nine months, the client will no longer be eligible for GA.

105.46 VICTIMS OF DOMESTIC VIOLENCE

A client who is a victim of domestic violence may be eligible for GA. An individual receiving GA under this criterion is eligible for a maximum of nine months in his/her lifetime. This time-limited criteria should be used only if there are no other appropriate GA criteria. The victim may qualify for GA for only up to nine months in a lifetime even though protective services continue after the expiration of the nine-month time limit.

The victim must be pursuing or receiving protective services as described below:

- The receipt of protective services must be verified prior to authorization of GA cash assistance. Verification may be obtained from:
  - a domestic violence center;
  - a district magistrate office;
  - law enforcement records;
  - the client;

- Forms of verification may include:
  - phone contact with a domestic violence center;

55 Pa. Code § 141.61(c)(1)(vii)
• written verification from a domestic violence center;

• the police; or

• the courts (a restraining order), etc.

The verification must be noted in the case record.  
55 Pa. Code § 141.61(c)(1)(vii)

The various types of protective services include, but are not limited to, one of the following services:

• the domestic violence victim may be living in an emergency shelter or emergency housing for abuse victims;

NOTE: GA-based on domestic violence will be available only for nine months in the person’s lifetime.

• the victim may be receiving supportive counseling from an abuse program;

• the victim may be receiving services to prevent further potential abuse;

• the victim may be receiving services necessary to remain at home;

• the victim may be filing assault or battery charges against the abuser at a police department; or
the victim may be obtaining a restraining order or a peace bond against the abuser.

any service by any branch of government (including the courts or the police) or agency meant to counsel or protect the individual from abuse. It is not necessary that the service be continuous or rendered on a daily, weekly or monthly basis.

The CAO must:

- Review the GA clock in CIS to validate the number of days the individual received GA under the domestic violence criterion.

- If there are zero days, check CIS history for receipt of any GA cash or GA-related medical benefits received by an individual based on domestic violence prior to June 26, 2006 (implementation of the GA clock).

- Clocks should be manually adjusted with time used prior to authorization to ensure that proper notices are generated.

NOTE: The 9-month lifetime limit is converted to 275 days for tracking purposes.

If the individual never received GA under this criterion, or if any time remains from a previous authorization, the CAO will authorize GA accordingly.

If an individual has received fewer than 275 days and more than 246 days, process the budget as an NCE for the remaining days.

105.47 MEDICALLY VERIFIED PREGNANCY
A woman whose pregnancy has been medically verified may qualify for GA if she is not eligible for TANF. For TANF eligibility, see Section 110.211.

NOTE: A statement from a medical source, that may include a medical clinic or a nurse/midwife, is required for verification.

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