

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 026
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 5/28/00 Code Number 016.20.00-012

Name of Agency DIVISION OF COUNTY OPERATIONS

Department OF HUMAN SERVICES

Contact Person Linda Greer, Acting Assistant Director, DCO, OPPD

Statutory Authority for Promulgating Rules Arkansas Code 20-76-401 (the Arkansas Personal Responsibility and Public Assistance Act of 1997) as amended by Arkansas Act 1567 of 1999.

	Date
Intended Effective Date	
<input type="checkbox"/> Emergency	Legal Notice Published 4-12-00
<input checked="" type="checkbox"/> 10 Days After Filing	Final Date for Public Comment 5-12-00
<input type="checkbox"/> Other	Reviewed by Legislative Council 5-04-00
	Adopted by State Agency 5-27-00

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

[Signature]
Signature

682-8375

Phone Number

Director

Title

03/20/00

Date

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

00 MAY 18 PM 1:36

AR. REGISTER DIV.

FILED

**Arkansas Department of Human Services
Division of County Operations
Notice of TEA Time Limit Determination**

TO: _____ DATE: _____
FROM: _____

Section I. TEA 24-MONTH TIME LIMIT EXTENSION NOTICE

Your TEA cash assistance will be extended for _____ months, beginning the month of _____ through the month of _____.

- ☐ You must come in for an Employment Plan Update to discuss your current situation. Your appointment for the Employment Plan Update is scheduled for:

_____ at _____
(Date) (Time)

Please contact me at the telephone number below if you cannot keep this appointment.

Our policy supporting this action is **Transitional Employment Assistance (TEA) Policy 4141 & 4141.1**

Section II. NOTICE OF TEA CASH ASSISTANCE CASE CLOSURE

- ☐ Your TEA cash assistance case will not be extended. Your case will be closed effective _____. The last month in which a TEA cash benefit will be added to your EBT account will be _____.

- ☐ Because you are employed, you will receive 2 months of extended support services-transportation assistance beginning _____. You will receive an employment bonus in _____ if you have not already received one in the past 12 months. These will be added to your EBT account. If you need child care assistance contact your Case Manager.

- ☐ Your extension period has been shortened for the reason shown below. Your cash assistance case will close due to the time limit effective _____. The last month in which a TEA cash benefit will be added to your EBT account will be _____.

Reason:

Our policy supporting this action is **Transitional Employment Assistance (TEA) Policy 4141 & 4141.1**. If you appeal this action by _____ your assistance may be continued at its present level until a hearing decision is issued. However, if the county office action is upheld you will be liable for repayment of monies paid to you to which you were not entitled.

PLEASE READ THE BACK OF THIS NOTICE FOR INFORMATION ABOUT WHAT TO DO IF YOU DISAGREE WITH THIS ACTION.

Signature of County Administrator

Phone Number

FILED
AR REGISTER DIV.
00 MAY 18 PM 1:36
TAMON: RIEST
SECRETARY OF STATE
OFFICE OF ARKANSAS

SECTION III. YOUR RIGHT TO A HEARING

If you disagree with the closure of your TEA cash assistance case, you may request and receive a Hearing.

If you request a Hearing by the date shown in the box on the front page, your assistance may be continued at its present level pending a decision on your appeal. If assistance is continued at its present level you will be required to repay the additional benefits if the hearing decision is not in your favor.
The latest date you may file an appeal is 30 days from the date of this notice.

If you wish to discuss this action with your case manager, you may contact him/her at your local county office.

SECTION IV. HOW TO FILE FOR A HEARING

If you are not satisfied with the decision on your case, you may request a Hearing by writing or talking to an employee of the local Human Services Office or by writing the Appeals and Hearings Section, P. O. Box 1437, Little Rock, AR 72203-1437.

SECTION V. YOUR RIGHT TO REPRESENTATION

If you request a Hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. If you wish to have a lawyer, you may ask your local Human Services Office to help you arrange for one. If free legal services are available where you live, you may ask your Human Services Office for their address and phone number.

Prior to the hearing, you and/or your representative have the right to review your record and other evidence that will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses, and to question any person who is presented as a witness against you.

INSTRUCTIONS for DCO-177

Purpose

The DCO-177 is used to notify a TEA recipient subject to the 24-month time limit of the decision to extend TEA benefits, or close the case. This form will be sent to the recipient after the 22-month case staffing and at any time during an extension period that it is deemed appropriate.

Section I is used to notify the recipient that an extension has been granted. This section is also used to notify the recipient of an Employment Plan Update appointment, if such appointment is determined appropriate.

Section II is used as an advance notice to notify the TEA recipient that his/her TEA cash assistance case has reached the 24-month time limit and the date the case will be closed.

Completion

Section I - Completion is self-explanatory. Please note that the County Administrator must sign the form.

Section II - Because the DCO-177 serves as the required "timely" and "adequate" notice of case closure due to the time limit, it is important that this section be completed in the same manner as the DCO-1. The effective date of closure will be the first day of the month following the last month of cash assistance. The last month of cash assistance will be entered in the appropriate space. The date shown in the box is the date by which the recipient must file an appeal to have benefits continued pending the hearing. This date must be 10 days from the date of the notice. The date of the notice is the date the County Administrator signs the form.

Example: **Date of closure notice: April 10, 2000**
 30-day appeal must be made no later than May 10, 2000.
 Appeal date for benefits to continue must be made by April 20, 2000.
 Effective Date of Closure: July 1, 2000

If the individual is eligible for the Employment and Transportation Bonus, check the box in this section and enter the appropriate months in the blanks.

Routing/Retention

The original DCO-177 will be sent to the recipient with a copy filed in the Eligibility section of the TEA case record. The copy will be retained until the case record is destroyed.

**Arkansas Department of Human Services
Division of County Operations
Final Notice of TEA Time Limit Determination**

TO: _____ **DATE** _____
_____ **FROM:** _____

You were previously notified that your TEA cash assistance case would be closed effective _____ because of the time limit. This notice is to advise you that your TEA cash assistance has been closed.

Your Food Stamp and/or Medicaid case is not effected by the time limit requirement. You will receive a separate notice if any changes occur in your Food Stamp and/or your Medicaid case.

Our policy supporting this action is **Transitional Employment Assistance (TEA) 4141 and 4141.1.**

Signature of Case Manager

Phone Number

Instructions for DCO-178

Final Notice of Time Limit Determination

Purpose

Form DCO-178, Final Notice of Time Limit Determination, will be used as a reminder notice when closing the TEA cash assistance case to notify the client that his/her case has been closed due to reaching the time limit or the end of the extension period.

Completion

Completion of the DCO-178 is self-explanatory.

Routing / Retention

The original DCO-178 will be sent to the recipient with a copy filed in the Eligibility section of the TEA case record. The DCO-178 will be retained in the case record until it is destroyed.

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Linda Greer, Acting Assistant Director

Office of Program Planning & Development

TELEPHONE: 682-8257

FAX NO. 682-8281

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – TEA Form DCO-177, Notice of Time Limit Determination and Form DCO-178, Final Notice of Time Limit Determination

- 1. Does this proposed, amended, or repealed rule or regulation have a financial impact?**

Yes

No X

- 2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.**
- 3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.**

2000-2001 Fiscal Year

2001-2002 Fiscal Year

IMPLEMENTATION COSTS ONLY

General Revenue

Federal Funds

Cash Funds

Special Revenue²

Other

Total *

General Revenue

Federal Funds

Cash Funds

Special Revenue

Other

Total *

SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

00 MAY 18 PM 1:36

APR. REGISTER DIV.

50

*We anticipate no additional cost per fiscal year.

- 4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?**

2000-2001 Fiscal Year

None

2001-2002 Fiscal Year

None

- 5. What is the total estimated cost by fiscal year to the agency to implement this regulation?**

None

• • WEDNESDAY, APRIL 12, 2000 • 11G •

NOTICE
OF

Rulemaking

Pursuant to Arkansas Code 20-76-401 (the Arkansas Personal Responsibility and Public Assistance Reform Act of 1997) as amended by Arkansas Act 1567 of 1999, the Director, Division of County Operations, issues proposed new forms for use in the Transitional Employment Assistance (TEA) program. Form DCO-177, Notice of Time Limit Determination will be used to notify a TEA recipient when the TEA cash assistance case is being closed due to reaching the time limit or if an extension to the time limit is being granted. Form DCO-178, Final Notice of Time Limit Determination, will serve as a reminder notice after the case is closed.

Copies of the proposed change may be obtained by writing the Division of County Operations, P.O. Box 1437, Slot 1220, Little Rock, AR 72203-1437, Attention: Office of Program Planning & Development. All comments must be submitted in writing to the address indicated above no later than 30 days from the date of this notice.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages, and delivers services without regard to age, religion, disability, political affiliation, veteran status, sex, race, color or national origin.

Ruth Whitney
Director
1317555f