

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office
Use Only:

Effective Date 9/14/00

Code Number 016.20.00-020

Name of Agency Department of Human Services

Department Division of County Operations

Contact Person Sandra Miller Phone 682-8251

Statutory Authority for Promulgating Rules PL. 104-193, Food Stamp Act of 1977

Intended Effective Date

FSC 00-13

Legal Notice Published

☐ Emergency

Final Date for Public Comment

☒ 10 Days After Filing

Filed With Legislative Council

☐ Other

Reviewed by Legislative Council

Adopted by State Agency

Date
7-27-00
8-25-00
7-27-00
PM 4:10
BY SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

9-1-00

CERTIFICATION OF AUTHORIZED OFFICER

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

Ruth Whitney II
Signature

682-8375
Phone Number

Director
Title

7/19/00
Date

FILED
AR. REGISTER DIV.
00 AUG 25 PM 4:10
BY SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF COUNTY OPERATIONS
AMENDING LEGISLATIVE REGULATION
ARKANSAS LEGISLATIVE COUNCIL**

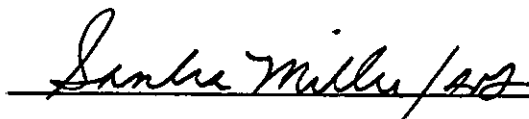
NUMBER AND TITLE: FSC 00-13, Request for Information (DCO-191).

PROPOSED EFFECTIVE DATE: September 1, 2000

STATUTORY AUTHORITY: The Personal Responsibility and Work
Opportunity Reconciliation Act of 1996

NECESSITY AND FUNCTION: Request for Information (DCO-191).
This form is designed to accompany the integrated application DCO-180P.

PAGES FILED: A total of 4 pages were filed.

A handwritten signature in cursive script, reading "Sandra Miller / asst", is written over a horizontal line.

**Sandra Miller
Assistant Director, Division of County Operations
Office of Program Planning and Development**

PROMULGATION DATE: September 1, 2000

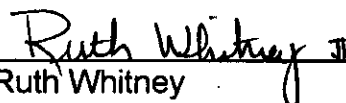
CONTACT PERSON: Sandra Miller
Assistant Director, Division of County Operations
Office of Program Planning and Development
P.O. Box 1437, Slot 1220
Little Rock, AR 72203-1437

(501) 682-8251

NOTICE OF RULE MAKING

Pursuant to the Food Stamp Act of 1977 and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, a proposed form DCO-191, Request for Information. This form is designed to accompany the integrated application DCO-180P.

Copies of the revised policy may be obtained by writing to the Division of County Operations, Attention: Food Stamp Policy Section, P. O. Box 1437, Slot 1241, Little Rock, AR 72203-1437. All comments must be submitted within 30 days of the date of publication of this notice. If you need any 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 political affiliation, religion, disability, age, veteran status, sex, race, color or national origin.



Ruth Whitney
Director
Division of County Operations

WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY HUMAN SERVICES

DIVISION COUNTY OPERATIONS

DIVISION DIRECTOR **Ruth Whitney**

CONTACT PERSON **Sandra Miller**

ADDRESS Donaghey Plaza South, P.O. Box 1437, Slot 1220, Little Rock, AR 72203-1437

PHONE NO. (501) 682-8251

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after “Short Title of this Rule” below.
- D. Submit two (2) copies of this questionnaire attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule? *FSC 00-13, Request for Information*

What is the subject of the proposed rule? *This form, the Request for Information (DCO-191), will be used with the combined Medicaid, Food Stamp and TEA Application (DCO-180P).*

2. Is this rule required to comply with federal statute or regulations? YES XX NO

If yes, please provide the federal regulation and/or the statute citation.

The policy is in compliance with the Food Stamp Act of 1977, as amended, which allows combined applications.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?

YES XX NO

If yes, what is the effective date of the emergency rule?

When does the rule expire?

Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act?

_____ YES _____ NO

5. Is this a new rule? XX YES NO

Does this repeal an existing rule? YES XX NO

Is this an amendment to an existing rule? YES XX NO

Is this an amendment to an existing rule? If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation. *NA*

7. What is the purpose of this proposed rule? Why is it necessary? *An integrated application was developed due to the implementation of an integrated, interactive computer system for DCO. This Request for Information is designed to accompany the integrated application.*

8. Will a public hearing be held on this proposed rule? YES XX NO

9. When does the public comment period end?

8-25-00

10. What is the proposed effective date of this proposed rule

9-1-00

11. Do you expect this rule to be controversial?
If yes, please explain.

 YES XX NO

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules. Please provide their position (for or against) if known.

NAME	GROUP/ORGANIZATION	ADDRESS
<i>David Manley Attorney at Law</i>	<i>Legal Services of Arkansas</i>	<i>209 West Capitol Little Rock, AR 72203</i>

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT HUMAN SERVICES

DIVISION COUNTY OPERATIONS

PERSON COMPLETING THIS STATEMENT Betty Helmbeck

TELEPHONE NO. 682-8284

FAX NO. 682-1469

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 FSC 00-13

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? YES XX NO
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. *There are no substantial changes in this rule making.*
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

General Revenue	\$ -0-
Federal Funds	\$ -0-
Cash Funds	\$ -0-
Special Revenue	\$ -0-
Other	\$ -0-
Total	\$ -0-

2001-2002 Fiscal Year

General Revenue	\$ -0-
Federal Funds	\$ -0-
Cash Funds	\$ -0-
Special Revenue	\$ -0-
Other	\$ -0-
Total	\$ -0-

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 \$ -0-

2001-2002 Fiscal Year \$

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

2000-2001 Fiscal Year \$ -0-

2001-2002 Fiscal Year \$

FILED
AR. REGISTER DIV.
00 AUG 29 PM 4:10
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☐ Policy ☒ Form ☐ Policy
Directive

Issuance Number FSC 00-13

Food Stamp Certification Manual

Issuance Date 09/01/00

From: Ruth Whitney
Director

Expiration Date Until
Superseded

Subj: *Request for Information – Medicaid, Food Stamp and TEA Programs (DCO-191)*

<u>Forms to be deleted</u>	<u>Dated</u>	<u>Forms to be added</u>	<u>Dated</u>
None		DCO-191	09/00

Summary of Changes

The DCO-191 is an optional form to be used with the combined application (DCO-180P). This form may not be used to assign appointments for an interview.

Issuance

This form will be distributed to each county office as the ANSWER system is implemented in that county. It will also be available on DHS Gold. Although you may download and print the form from DHS Gold, it will not be an interactive form. You must complete the form manually.

Inquiries to: Betty Helmbeck, Food Stamp Section, (501) 682-8284
(betty.helmbeck@mail.state.ar.us)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
REQUEST FOR INFORMATION - MEDICAID, FOOD STAMP AND TEA PROGRAMS

APPLICANT'S NAME & ADDRESS 	APPLICANT'S SSN COUNTY OFFICE ADDRESS & PHONE #
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You must provide the following information so that we may process your application for: ☐ TEA ☐ Medicaid
☐ Food Stamps - Initial Timely Subsequent Untimely Subsequent

ADDRESS / RESIDENCE / IDENTITY

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

☐ Verification of residence

☐ Verification of identity for _____

HOUSEHOLD INFORMATION

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

☐ Verification that _____ purchase
their food and prepare their meals separate from other household members.

☐ Proof of citizenship for _____

☐ Social security numbers for _____

☐ Birth certificates for _____

☐ Other - _____

RESOURCES

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

☐ Verification of bank account at _____ (Name of bank)

☐ Verification of bank account at _____ (Name of bank)

☐ Verification of ownership and value of real property located at _____

☐ Title or vehicle registration for the following vehicle: _____

☐ Proof of current amount owed on the following vehicle: _____

☐ Other - _____

INCOME

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

☐ Verification of _____'s income from _____

☐ Verification of _____'s income from _____

☐ Verification of _____'s income from _____

☐ Other - _____

EXPENSES

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

☐ Verification of current medical expenses for _____

☐ Verification of unpaid medical expenses for _____ for the months _____, _____, & _____

☐ Verification of the following shelter costs: (____ rent) (____ mortgage payment) (____ real estate taxes on your residence)
(____ insurance on your residence) (____ natural gas, butane or other heating or cooking fuel) (____ electricity)
(____ water and sewer) (____ garbage and trash collection) (____ telephone) (____ other _____)

☐ Verification of child support payments made by _____ during the period beginning
_____ and ending _____

☐ Verification of dependent care payments to _____ for the care of _____

Other Information

We need this information for the ☐ TEA PROGRAM ☐ MEDICAID PROGRAM ☐ FOOD STAMP PROGRAM

1) _____

2) _____

THIS INFORMATION MUST BE PROVIDED ON OR BEFORE _____ FOR YOUR MEDICAID APPLICATION, ON OR BEFORE
_____ FOR YOUR FOOD STAMP APPLICATION AND ON OR BEFORE _____ FOR YOUR TEA APPLICATION.
IF THIS INFORMATION IS NOT PROVIDED BY THIS DATE, YOUR APPLICATION (S) MAY BE DENIED. (SEE THE BACK OF THIS FORM.)

WORKER NAME _____ TELEPHONE NUMBER _____

DCO-191 (REV. 09/00)

PROVIDING INFORMATION

The information checked on the other side of this form is needed to continue processing your application. You are responsible for providing this information, and you are expected to cooperate with the worker's request to provide it.

How Long will it Take to Process my Applications?

Your applications must be processed within state and federally established time frames.

- ♦ In the TEA Program, applications must be processed within 30 days.
- ♦ In the Medicaid Program, applications must be processed within 45 days unless a disability determination is involved in the application process. If a disability determination is involved, the Medicaid application must be processed within 90 days.
- ♦ In the Food Stamp Program, there are two types of applications - initial applications and subsequent applications. **SEE THE FRONT OF THIS FORM TO DETERMINE WHAT TYPE OF APPLICATION YOU SUBMITTED.** An initial application is one submitted by a household that has never before received food stamp benefits or by a household that was not currently participating in the Food Stamp Program at the time of application. Initial applications must be processed within 30 days of the date of application. A subsequent application is an application submitted by a household that is currently participating in the Food Stamp Program. Usually, a subsequent application is submitted by a household in the last month that household is certified to receive food stamp benefits. A subsequent application filed before the 15th day of the last month of certification is timely filed. A subsequent application filed after the 15th day of the last month of certification is untimely filed. *(An application submitted by a household certified for one or two months must be submitted within 15 days of the date of application approval to be considered timely.)*

Special Information for Food Stamp Applicants

- ♦ *If you filed an initial application, you have 30 days from the date of application to provide the needed information. If you do so and the worker finds that you are eligible to receive food stamp benefits, we will authorize benefits for your household back to the date of application.*
- ♦ *If you filed a timely subsequent application, you have until the last date of the month in which you reapplied to provide information. (NOTE: If you were certified for one or two months and submitted a timely subsequent application, you must provide information within 30 days of date your last application was approved.) If you provide benefits before the specified deadline and the worker finds that you are eligible to receive food stamp benefits, you will continue to receive your benefits without interruption.*
- ♦ *If you filed an untimely subsequent application, you have 30 days from the date of application to provide the needed information. If you do, you will receive benefits without interruption. However, your benefits may become available after your normal date of availability.*

Are You Having Trouble Getting This Information?

If you cannot get the information you need or if you have trouble getting it before the date shown on the other side of this form, let your worker know as soon as possible. If you are having trouble getting the needed information and you contact your worker before the deadline date, your worker may be able to help you get the information.

Special Information for TEA and Medicaid Applicants

If you have applied for TEA and/or Medicaid, your worker may be able to allow extra time for you to get this information. You must contact the worker to request this extension.

What Will Happen if I Don't Provide This Information?

If you don't provide the information requested to establish your eligibility for TEA benefits, your application may be denied. If you don't provide the information requested to establish your eligibility for Medicaid, your application may be denied. If you don't provide the information requested to establish your eligibility for food stamp benefits, your application may be denied. *(In the Food Stamp Program, if you fail to provide verification of a deductible expense, we will not deny the application based solely on your failure to provide this information. Instead, the expense will be disallowed when we determine your household's eligibility and benefit level.)*

What if I am not Satisfied With the Action You Take on my Applications?

You or your representative may request an Administrative Hearing if you are not satisfied with the action taken on any of your applications or if no action is taken on your application within a reasonable period of time. A reasonable period of time will be 30 days for TEA and food stamp applications or about 45 days for non-disability related Medicaid applications. To file for a hearing, you or your representative may complete an Appeal for Hearing (form DHS-1200) and submit it to the county office or send it directly to the address shown below. You may obtain the form at the DHS County Office. You may also send a letter explaining your problem directly to the address shown below. *Requests for TEA and Medicaid appeals must be submitted in writing. However, you may request Food Stamp Program appeals by telephone.*

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Attention: Appeals and Hearings
P.O. Box 1437
Little Rock, AR 72203
(501) 682-8622
TDD for Hearing Impaired - 1-800-285-1131

REQUEST FOR INFORMATION
DCO-191

INSTRUCTIONS FOR COMPLETION

Purpose

Use the DCO-191 to request necessary information from an applicant when the ANSWER system is used to process an application for Medicaid, food stamp, or TEA benefits.

NOTE: The DCO-191 is a request for information only. If the application (Medicaid, Food Stamps or TEA) is denied for failure to provide any of the requested information, an official denial notice will be sent to notify the applicant of the denial.

Completion

1. Enter the following information:
 - Applicant's name, address and social security number (SSN).
 - Type of application – Check all applicable types – TEA, Medicaid or Food Stamps. If the household is making application for food stamp benefits, indicate whether the application is classified as an initial application, a timely subsequent application or an untimely subsequent application.
 - County office address and telephone number – You may use a stamp or labels.
2. Indicate what information the applicant must provide by checking the appropriate boxes and writing in a description of the needed information. Be sure to indicate the program (or programs) for which this information is needed.
3. Enter the date by which the information must be provided. If applicant has applied for benefits in more than one program, enter the date by which information must be provided for each program.
4. Sign and date the form.

Routing/Retention

Give or send the original DCO-191 to the applicant.

If the DCO-191 requests only information needed to determine information for the TEA and/or Medicaid Programs, the form may be discarded when all the needed information is received.

If the form requests information for the Food Stamp Program or if all of the information requested for either the TEA or the Medicaid Program is not returned, retain a copy of the form in the case record for three years from the month of origin.