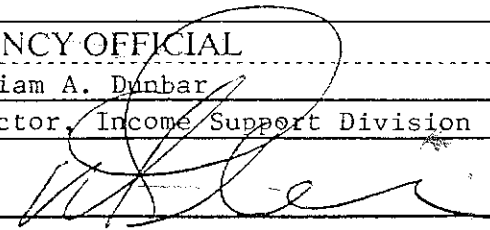
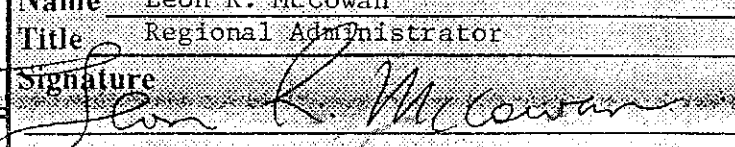


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

TO: REGIONAL ADMINISTRATOR FOR FAMILY ASSISTANCE Department of Health and Human Services REGION <u>VI</u>		STATE <u>NEW MEXICO</u>
TYPE OF PLAN MATERIAL		TRANSMITTAL NUMBER <u>AFDC 92-2</u>
<input checked="" type="checkbox"/> AFDC (Title IV-A) <input type="checkbox"/> JOBS (Title IV-F) <input type="checkbox"/> SUPPORTIVE SERVICES	<input type="checkbox"/> New State Plan <input type="checkbox"/> Amendment to be considered as new Plan <input checked="" type="checkbox"/> Amendment [*COMPLETE FOLLOWING SECTIONS]	PROPOSED EFFECTIVE DATE <u>6-1-92</u> *FEDERAL REGULATION CITATION <u>233.28</u>
*Number of new plan section or attachment Section 2.3 Page 9 Section 2.3 Page 9a Section 2.3 Page 10 Attachment 2.3E Page 1, 2 Attachment 2.3J Page J, 1a	*Number of superseded plan section or attachment Section 2.3 Page 9 Section 2.3 Page 9a Section 2.3 Page 10 Attachment 2.3E Pages 1, 1a, 1b, and 1c Attachment 2.3F Pages 1b through 1g Attachment 2.3 J Page 1	
*Subject of amendment Continuation of monthly reporting and retrospective budgeting.		
GOVERNOR'S REVIEW		
<input type="checkbox"/> Governor's office reported no comment <input type="checkbox"/> Comments of Governor's office enclosed <input type="checkbox"/> No reply received within 45 days of submittal		<input checked="" type="checkbox"/> Other [SPECIFY] As approved by Income Support Division Director of Human Services Department
STATE AGENCY OFFICIAL Name <u>William A. Dunbar</u> Title <u>Director, Income Support Division</u> Signature  Date _____		FOR REGIONAL OFFICE USE ONLY REGIONAL OFFICIAL Name <u>Leon R. McCowan</u> Title <u>Regional Administrator</u> Signature  DATE RECEIVED <u>6/9/92</u> DATE APPROVED <u>7/6/92</u> EFFECTIVE DATE OF APPROVED MATERIAL <u>6/1/92</u>
RETURN TO: Financial Assistance Bureau Human Services Department P.O. Box 2348 - Pollon Plaza Santa Fe, New Mexico 87504-2348		REMARKS

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STATE OF NEW MEXICO

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CITATIONS

402(a)(14)

E. Monthly Reporting and Other Reporting of
Income

1. The State elects to require monthly reporting by some or all of its recipients.

No

Yes, and the State elects to have the following categories of recipients report monthly Statewide:

All recipients

Recipients with earned income

Recipients with recent work history

Other categories as specified:

402(a)(14)

2. The State elects to require reports less frequently than monthly by some or all of its recipients

No

Yes, by the following categories of recipients:

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- 402(a)(14) 3. The State elects to have the categories of recipients identified in E. 2. report:
- [] Quarterly
- [] Semi-annually
- [] Other, as specified:
-
- 233.36(a) 4. The monthly or other less frequent report of earned income is not timely if it is received later than _____ days after the end of the budget month.
-
- 233.36(a) 5. A report of changes in earned income which affect eligibility and the amount of payment is not timely if it is reported later than 10 days after the change occurred _____.

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F. Budgeting

402(a)(13)
233.32

1. The State's time period covered by the payment month is a:

Calendar month

Fiscal month beginning on the _____ day of the month

Other:

402(a)(13)

2. The State elects to use retrospective budgeting for the following categories of recipients who are required to report monthly:

All monthly reporters

Recipients with earned income

Recipients with recent work history

Other recipients who are required to report monthly:

233.33

3. For those cases that are budgeted prospectively the agency computes the assistance payment using its best estimate of income which will exist in the payment month. Attachment 2.3-J describes the method the State uses to calculate the best estimate of income.

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GOOD CAUSE

CITATIONS
233.20(a)(11)

Good Cause for:

- A. Terminating employment
- B. Reducing earned income and
- C. Refusal to accept employment is:

It will be recognized that good cause for reducing earnings or refusing or termination employment exists in any of the following circumstances:

- (1) the job available pays less than the prevailing wage paid for comparable employment in the community;
- (2) temporary illness which prevents the client from carrying out the duties of the job;
- (3) the client lives far from employment and transportation cannot be arranged;
- (4) excessive travel time is required to reach the place of employment which leaves the client with insufficient time to carry out necessary homemaking activities;
- (5) heavy home burdens;
- (6) the client has a child(ren) with special needs which cannot be met by other persons;
- (7) the client has an incapacitated spouse requiring the client's care or is needed to render service to another person in the home;
- (8) costs of child care and travel to employment are excessive in terms of income gained from employment;

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- (9) the demands of the job are excessive, because of split shifts, hours in excess of a regular working day, etc.;
- (10) women whose pregnancy is medically verified to be at least 6 months;
- (11) any other sound social reason which indicates that employment of the client would not be in the best interest of the client or the client's family.

Where a recipient has within the prior 30 days refused a bona fide offer of employment, terminated employment, or reduced his earnings, without good cause, the Earned Income Disregard (\$30 and 1/3 or \$30) will not be granted to the budget group for a month. The penalty will remain in effect as long as the job, or the potential for increased earnings, remains open and the recipient continues to refuse, without good cause, to take advantage of the job. No penalty will be assessed if a recipient refuses to accept employment, terminates employment, or reduces earnings when any of the good cause criteria listed above exists.

Verification of a bona fide offer of employment will be determined by receipt of written notice from an employer that employment has been offered. Verification of refusal of employment, reduction of earnings or termination will also be by written notice from the employer.

Good Cause for:

D. Failing to make a timely report on earned income is:

If the recipient can show, including required documentation, that the recipient was effectively precluded from timely reporting because of the existence of a health-related problem, including death, of a specified relative during the period of time allowed to complete and return the form. The health problem must have been of such severity and duration as to effectively preclude the recipient from reporting on time. To document the good cause claim, the recipient must provide proof of the existence of the health problem and must explain the circumstances which precluded the recipient from completing the report.

The determination of good cause will be made by the ISS, subject to the review and approval of the county director or his/her designee.

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CITATIONS
233.33
233.20(a) (13)

BEST ESTIMATE

For prospective budgeting, the agency computes the assistance payment using its best estimate of income which will exist in the payment month. This estimate is based on the agency's knowledge of past and current circumstances and (1) accurately reflects all facts that occurred (whether known or unknown to the State); (2) establishes a specific time frame which the State uses to determine the estimate; (3) is calculated correctly; and (4) remains an accurate reflection of the likely situation in the payment month because no change in circumstances has occurred since the time frame used for the estimate. If the actual case circumstances differ from those used to calculate the estimate, the agency must reconcile the differences by recovering any overpayment or issuing a check to remedy any overpayment.

The following methodology is used by the agency to calculate a best estimate of income:

The Budget Group's eligibility and benefit level in the month of approval and the months up to and including the month of the periodic review will be determined by considering the income already received by the budget group during the month of application and any income the budget group will receive during the remainder of the months through the month of the scheduled periodic review. If the amount of income or the receipt of income is uncertain, it will not be considered. The exact income the budget group anticipates to receive during the month will be counted unless the budget group chooses to have the income averaged. Exact income is the actual income which the budget group has already received and anticipates to receive during the month.

Average income is the average pay period income received on a weekly or biweekly basis which is converted to a monthly amount through the use of the conversion factors 4.3 or 2.15. Use of the conversion factors will negate the necessity to adjust the monthly income amounts for those months in which an extra pay check is received. Instead, the amount of the extra check is averaged over the months through the month of the scheduled periodic review. Continued on page 1a

Indicate how often the best estimate is recalculated and under what circumstances:

At the time of application and when it is determined that factors affecting income are going to change in the current or future months. Such factors include starting of income source, termination of income source, increase in income, or decrease in income.

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CITATIONS
233.33
233.20(a)(13)

- (1) If the date of application and the date of interview are in the same month, the income which has been received prior to the date of interview and the income which is anticipated to be received in the remainder of the month will be used to anticipate income for the application month and future months provided that the applicant and the ISS are reasonably certain the income amounts are indicative of future income.

If the applicant and the ISS determine that the income is not indicative of income anticipated to be received in future months, then income received during the 30 days prior to the date of interview will be used to anticipate income for the application month and the remaining months. If the 30 day period is not indicative of income anticipated to be received, than a longer period of past time, up to 8 weeks beginning with the date of interview, may be used if it will provide a more accurate indicator of anticipated income. If the longer period of past time does not provide a more accurate indication of anticipated income will be obtained from the income source.

- (2) If the date of application and the date of interview are in different months, the income which has been received in the 30 days prior to the date of interview will be used to anticipate income for the application month and future months provided that the applicant and the ISS are reasonably certain the income amounts are indicative of future income.
- (3) If the date of interview is early in the month and no income has been received thus far in the interview month or the income is fluctuating and only one pay check has been received in the interview month, the income which as been received in the 30 days prior to the date of interview ill be used to anticipate income for the application month and future months provided that the applicant and the ISS are reasonably certain the income amounts are indicative of future income.

If the applicant and the ISS determine that the income from the past 30 days is not indicative of income anticipated to be received in the application month and future months, then income from a longer period of past time, up to 8 weeks, may be used if it will provide a more accurate indication of anticipated income. Verification of anticipated income also may be obtained from the income source. Either method is acceptable.

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