102.08.04 UTILZATION OF OTHER BENEFITS –GENERAL

As a condition of eligibility, an ABD or FCC applicant or recipient must take all necessary steps to obtain all benefits to which they are entitled when the benefit(s) is one of the following types:

Medicare - Medicare-entitled individuals must enroll in the program.

Unemployment Benefits - Unemployment insurance provides income to those who have been laid off or are unemployed due to no fault of their own and are able to work and are available for work. Potential eligibles should be referred for these benefits.

Worker's Compensation Benefits - If a client alleges either injury on the job or has what may be a work-related impairment, refer for these benefits.

Social Security Retirement, Survivors and Disability Insurance Benefits, Including Early Retirement At Age 62 - Any client who is not already receiving Social Security benefits or Railroad Retirement benefits at time of application must be referred to apply for either retirement benefits, including early retirement, disability benefits if under age 65 or survivor's benefits, if a widow(er) or disabled child of a deceased parent.

Retirement or Disability Benefits Including Veterans' Pensions And Compensation - Explore the possibility of entitlement to VA benefits if a client is a veteran, the child or spouse of a veteran, a widow(er) or previous spouse of a veteran or the parent of a veteran who died from service-connected causes.

When a client is determined to be ineligible for VA benefits at home, the case must be documented that a referral to VA will be needed if the client subsequently enters a nursing facility. Use DOM-312, Notice of Potential Eligibility for VA Benefits, to notify the client of the requirement to file and follow through with an application.

NOTE: VA Aid and Attendance is not a required benefit under this provision.

Annuity Or Pension Such As Private Employer Pensions, Civil Service Pensions, Union Pensions, Railroad Retirement Annuities And Pensions, Municipal, County Or State Retirement Benefits - Explore entitlement for private sector benefits if the client or former/deceased spouse worked for a private sector employer with a pension plan and if not already receiving or has not received a pension based on that employment.

Annuity or Pension (Continued)

- Explore entitlement for benefits if the client or former/deceased spouse (or deceased parent if the client is a child) is not already receiving or has not received a pension based on such employment and was employed in one of the following:
    - Federal Civilian Employment for a minimum of five years;
    - Federal Uniformed Service (Military) for a minimum of twenty years;
    - State or Local Government employment.

Benefits Exempt from Utilization Provision

The client is not required to apply for the following types of benefits:

- Temporary Assistance for Needy Families (TANF)
- General Public Assistance, including SSI
- Bureau of Indian Affairs General Assistance
- Victim's Compensation payments
- Other Federal, state, local or private programs with payments based on need
- Earned Income Tax Credits

Exempt Individuals

This provision applies only to eligible individuals (applicants or recipients). It does not apply to non-applicants or ineligibles. This includes the ineligible spouse or community spouse in ABD and non-applicant or ineligible parents or caretaker relatives of children; however, the responsible adult is required to file on behalf of children potentially eligible for other benefits as a condition of the child's eligibility.

Exception to the Utilization Provision

An individual is not required to accept another benefit if the resulting payment would be a reduction in current benefits payable to the individual. This does not include a reduction in Medicaid benefits.

Good Cause for Failure to Comply with Provision

The agency must require clients to take all steps necessary to apply for other benefits to which they are entitled, unless good cause can be shown for not doing so. A denial or dismissal of a claim for other benefits due to failure to submit required verification does not satisfy this requirement.

Good cause for not applying for other benefits may be found to exist if the individual does not apply due to:

- Illness and there is no authorized representative to apply on the client's behalf; or
- The individual previously applied and was denied and the reason for the denial has not changed; or,
- The individual was unaware of the availability of a benefit and the agency did not advise him of its availability.

If good cause does not exist for failure to comply with this requirement, eligibility will be denied or terminated as discussed later in this section.

Applying the Provision

The utilization of other benefits provision is applicable at the time of application and for the duration of eligibility. The individual potentially eligible for the types of benefits listed above or the responsible person, if the client is a child, must take steps to apply for the benefits. If eligible, the individual must accept the payment regardless of the impact the additional income will have on Medicaid eligibility.

Client and Regional Office Responsibilities

It is the client's responsibility to supply information regarding the possibility of other benefits. In addition the client must file for these benefits when informed by the regional office of potential eligibility and then follow through with all actions needed to obtain an eligibility decision. The case must be documented with actions taken and the award decision.

Client and Regional Office Responsibilities (Continued)

The Regional Office has the following responsibilities:

- Determining that the benefit is the type of benefit that must be pursued;
- Determining the likelihood of possible eligibility for the benefit;
- Providing the written notice of the actions the client must take in regard to the benefit;
- Referring the client to the proper agency; and
- Assisting the individual, as necessary, to comply with the requirement to file for the benefit and follow through to an eligibility determination.

Determination of Potential Eligibility

The Regional Office may become aware of potential eligibility for other benefits from:

- Responses to questions on the application;
- Interview discussion;
- Inquiries from other agencies;
- Staff knowledge of government and private pension plans and disability programs.

If staff determines an application for other benefits would not be beneficial, i.e., proof exists of a prior denial and there has been no change in circumstances, the individual should not be required to apply for the benefit. The case record must be documented with the reason for a decision not to require the client to file for the benefit.

If there is doubt about potential eligibility in a given case, the specialist must contact the agency or organization involved to determine if the client is potentially eligible. If the Specialist cannot determine that the client is not potentially eligible, the client must be notified of the requirement to apply for the benefit.

Notification Requirements

The client must be furnished with written request notice explaining the responsibility to apply for the potential benefit within 30 days of the notice for ABD and within 15 days of the notice for FCC.

The DOM-307, Request for Information, will be used to inform the individual of the following:

- The type of benefit the client appears to be eligible for;
- The agency or organization where an application should be filed:
- That the client has 30 days (or 15 for FCC) from the date of the notice in which to file an application for the potential benefit; and
- Proof that that application has been filed must be provided to the Regional Office within the 30-day (or 15-day) timeframe.

Agreement to Comply

An agreement to comply does not negate any prior action to deny or terminate benefits. The effective month of eligibility is the month in which the individual takes the steps necessary to obtain benefits from the other agency.

Other Issues

- A client may be eligible for more than one type of benefit. All potential sources of benefits must be identified.
- The election of a lower benefit when the individual has an option between a high and low benefit will result in denial or loss of eligibility.
- When a client has a choice regarding payment as a lump sum or an annuity, the annuity must be selected. A one-time total withdrawal of pension plan funds in this situation does not comply with the statutory requirements that mandate application for the annuity or pension, i.e., money payment at some regular interval.
- Recommend conversion of lump-sum applications in appropriate situations to focus on maximizing the use of the other benefits to provide ongoing support.